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## **What is CG-CAHPS and how is it related to CAHPS and Star ratings?**

The Clinician and Group Consumer Assessment of Healthcare Providers and Systems<sup>®</sup>, or CG-CAHPS, is a nationally recognized survey used widely for data collection for patient experience and provider performance monitoring. The survey will be sent to a random sample of our Medicare Advantage members annually.

Using CG-CAHPS allows us to compare our results to national benchmarks. The survey is designed to assess visit-specific Centers for Medicare & Medicaid Services Star measures related to provider interactions with health care providers and staff in doctors' offices, including access to care, care coordination and health and drug plan ratings. (See addendum for a copy of the questionnaire.)

### **Why are Blue Cross Blue Shield of Michigan and Blue Care Network conducting a CG-CAHPS patient experience survey?**

Member perceptions based on CAHPS measures are a crucial component of the CMS Star ratings and will soon have a larger impact. In 2021, CAHPS measures represent 32% of the overall Star rating, and will increase to 60% by 2023.

Blue Cross and BCN continue to center efforts on improving patient experience measures to improve Star performance. Our research shows positive member experiences drive strong provider relationships and affect health care perceptions. This survey will allow us to:

- Monitor key patient experience metrics on an ongoing basis and identify areas for improvement.
- Further develop our support efforts for physician organizations to help improve patient experiences and ratings.

### **When is the survey starting? What is the survey period?**

The survey period begins in June 2021 and will last for a 12-month period with monthly mailings.

### **How is the survey being administered? Is an independent research firm involved?**

Blue Cross and BCN have commissioned SPH Analytics, a CMS-certified research company, to administer the survey by mail with multiple completion options, including returning the survey by mail or completing it online or by phone.

SPH Analytics will call members who do not respond to the survey to encourage them to complete it.

### **How long is this survey and what are the topics of the questions being asked?**

The survey asks 39 questions and will take 10 to 12 minutes to complete. The survey topics include:

- Getting timely appointments, care, and information
- How well providers communicate with patients

- Providers' use of information to coordinate care and follow-up with test results
- Patients' rating of the provider and office staff, health plan and drug plan

## Who will be surveyed?

Medicare Plus Blue and BCN Advantage members will be eligible for the survey if our claims data indicates they have had an office or telehealth care experience within the past 45 days with a primary care physician practice or one of five coordinated care specialists:

- Cardiologists
- Endocrinologists
- Nephrologists
- Oncologists
- Pulmonologists

## How many members will be surveyed?

Among eligible members, 1,000 randomly selected members per physician organization per year will be invited to take the survey, and 350 respondents are expected per physician organization per year. These survey sampling rules will limit the number of surveys any member receives:

- Members who see multiple providers within 12 months won't receive more than two surveys within 12 months.
- No member will be asked to complete a survey for the same provider more than once within 12 months.

## Are survey responses anonymous or private?

The information members provide will be kept completely private and confidential. Responses will be reported in aggregate, but members can give permission in the survey for their individual responses to be shared with their doctor's offices.

### Who will get the results? How will the results be reported?

Physician organizations will be authorized to access results online via the Physician Group Incentive Program Collaboration website. When the reporting website is available, physician organizations will receive instructions on how to request access.

Results will be reported at the physician organization level, not by practice or individual physician, and will include:

- Physician organization-specific results
- An aggregate of all physician organizations
- National benchmark comparisons

**For non-PGIP providers**, survey results will be reported in aggregate only, for internal use. We don't expect to have enough responses from any one provider's office to share practice level or individual physician results.

### How do the survey results impact PGIP, Patient-Centered Medical Home or other incentives and program requirements or capabilities?

Blue Cross is exploring options to incorporate patient experience metrics from this survey into contracting and incentives within the next 12 months. More information about contract changes will be provided to physician organizations.

This survey is not meant to replace any existing patient satisfaction or experience surveys that physician organizations and practices have in place to satisfy PCMH capabilities or for other efforts. Survey results will be reported at the physician organization level only, not by practice or individual physician.

### What if my practice or physician organization is already conducting a patient satisfaction or experience survey?

We know many physician organizations and practices are already administering patient experience surveys and we don't expect the CG-CAHPS survey to disrupt those activities.

Our patient experience survey volume will be drawn on a monthly basis and will engage only a very small proportion of Blue Cross and BCN Medicare Advantage patients for the vast majority of physician organizations. Between one-tenth and one-quarter of

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patients within a physician organization will receive surveys, depending on the total number of patients within a physician organization.

### **How should physician organizations use the survey to make improvements?**

Physician organizations will be able to identify opportunities to improve patient experience based on their comparisons to state and national performance benchmarks.

### **Are there resources to help physician organizations and practices make improvements? Who should providers contact?**

Since 2017, Blue Cross has been providing complimentary skilled customer experience consultants and best practice ideas to provider offices to help improve their patient experiences and ratings. These services are customized to meet the practice where they are in the patient experience improvement journey and offer training, working sessions, best practice tactic kit implementation and more to the practice.

For more information on how our resources can support your patient experience focus and to schedule a session, contact Sandi Nielsen-Gessert at [snielsen-gessert@bcbsm.com](mailto:snielsen-gessert@bcbsm.com).

### **Who is the contact person for more details about the survey?**

For survey questions, contact Sherri Dansby at [sdansby@bcbsm.com](mailto:sdansby@bcbsm.com).

For patient experience improvement resources, contact Sandi Nielsen-Gessert at [snielsen-gessert@bcbsm.com](mailto:snielsen-gessert@bcbsm.com).



# Health Care Experience Survey

## SURVEY INSTRUCTIONS

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

Yes → **If Yes, go to Question 1**  
 No

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

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

*If you want to know more about this study, please call 1-877-866-2460. TTY users, call 711.*

## YOUR PROVIDER

1. Our records show that you got care from the provider named below in the last 6 months.

<<UDEF09>>, <<UDEF04>>

Is that right?

Yes  
 No → **If No, go to Question 30**

*The questions in this survey will refer to the provider named in Question 1 as "this provider." Please think of that person as you answer the survey.*

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

Yes  
 No

3. How long have you been going to this provider?

- Less than 6 months
- At least 6 months but less than 1 year
- At least 1 year but less than 3 years
- At least 3 years but less than 5 years
- 5 years or more

## YOUR CARE FROM THIS PROVIDER IN THE LAST 6 MONTHS

*These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.*

4. In the last 6 months, how many times did you visit this provider to get care for yourself?

- None → **If None, go to Question 30**
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

5. In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury, or condition that needed care right away?

- Yes
- No → **If No, go to Question 7**

6. In the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?

- Never
- Sometimes
- Usually
- Always



7. In the last 6 months, did you make any appointments for a check-up or routine care with this provider?

- Yes
- No → *If No, go to Question 10*

8. In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?

- Never
- Sometimes
- Usually
- Always

9. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

- Never
- Sometimes
- Usually
- Always

10. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?

- Yes
- No → *If No, go to Question 12*

11. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- Never
- Sometimes
- Usually
- Always

12. In the last 6 months, how often did this provider explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

13. In the last 6 months, how often did this provider listen carefully to you?

- Never
- Sometimes
- Usually
- Always

14. In the last 6 months, how often did this provider seem to know the important information about your medical history?

- Never
- Sometimes
- Usually
- Always

15. In the last 6 months, how often did this provider show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

16. In the last 6 months, how often did this provider spend enough time with you?

- Never
- Sometimes
- Usually
- Always

17. In the last 6 months, how often was it easy to get the care, tests or treatment you needed?

- Never
- Sometimes
- Usually
- Always

18. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

- Yes
- No → *If No, go to Question 20*

19. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?

- Never
- Sometimes
- Usually
- Always

20. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

Worst provider possible					Best provider possible					
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. In the last 6 months, did you take any prescription medicine?

- Yes
- No → *If No, go to Question 24*

22. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?

- Never
- Sometimes
- Usually
- Always
- I did not use my prescription drug plan to get any medicines in the last 6 months

23. In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?

- Never
- Sometimes
- Usually
- Always

24. In the last 6 months, did you need help from anyone in this provider's office to manage your care among different providers and services?

- Yes
- No → *If No, go to Question 26*

25. In the last 6 months, did you get the help you needed from this provider's office to manage your care among these different providers and services?

- Yes, Definitely
- Yes, Somewhat
- No

26. Using a 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?

Worst health care possible					Best health care possible					
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### CLERKS AND RECEPTIONISTS AT THIS PROVIDER'S OFFICE

27. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always

28. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

### YOUR COMMENTS ABOUT THIS PROVIDER'S OFFICE

29. What, if anything, could your provider do to improve their care or services for you?

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## YOUR HEALTH AND PRESCRIPTION DRUG PLAN

Now we'd like to ask you some questions about your health plan and prescription drug coverage plan.

30. 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?

Worst health plan possible						Best health plan possible				
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your prescription drug plan?

Worst prescription drug plan possible						Best prescription drug plan possible				
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ABOUT YOU

32. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

33. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

34. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

35. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

36. What is your race? (Mark one or more.)

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Other

37. Do you give permission for your survey responses to be shared with your provider?

- Yes
- No

38. Did someone help you complete this survey?

- Yes
- No →

*Thank you.*

*Please return the completed survey in the postage-paid envelope.*

39. How did that person help you? (Mark one or more.)

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

**Thank you for completing this survey.**

**Please return it using the postage-paid envelope or send to:  
SPH Analytics • P.O. Box 985009  
Ft. Worth, TX 76185-5009**

