



CHARLIE CRIST
GOVERNOR

ANDREW C. AGWUNOBI, M.D.
SECRETARY

Measuring Consumer Satisfaction The Florida Health Plan Consumer Information Website

Statutory Mandate:

- In 1999, the Florida Legislature directed AHCA to "conduct an annual survey of the satisfaction of members of health maintenance organizations" (s. 641.58 (4), F.S.).
- From 1999 to 2005, the process was voluntary for all Florida HMOs, but nearly all participated.
- In 2006, the Legislature mandated that all Commercial health plans forward information on customer satisfaction.
- An Administrative Rule (59B-14, F.A.C.) was created to guide the process. Commercial plans contract with NCQA-Certified Vendors to administer the surveys and provide results to AHCA.
- Surveying for Medicaid and Healthy Kids plans is still voluntary, though all participate.
- Satisfaction results for Medicare plans is obtained by visiting the CMS/Medicare website ("Compare Health Plans in Your Area").

Target Audience:

- Companies, organizations and individuals in Florida that are seeking to purchase or switch health insurance coverage.
- All citizens of the State of Florida.

Instrument Selected:

- Consumer Assessment of Healthcare Providers and Systems (CAHPS version 4.0H). Developed jointly by the U.S. Agency for Healthcare Research and Quality (AHRQ), and the National Committee for Quality Assurance (NCQA).
- Separate surveys conducted for (1) Adults and (2) Child-Parent units.

CAHPS Questions Posted on the AHCA Website

Ease in Getting Needed Care or Treatment: "How much of a problem, if any, was it to get the care, tests or treatment you or a doctor believed necessary?" Score shows percent responding "Not a problem."

Ease in Seeing a Specialist: "How much of a problem, if any, was it to see a specialist that you needed to see?" Score shows percent responding "Not a problem."

Find and Understand Information About Plan: "How much of a problem, if any, was it to find or understand information about how your health plan works?" Score shows percent responding "Not a problem."

Getting Help from Customer Service: "How much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?" Score shows percent responding "Not a problem."

How Well Providers Communicate with Members: "How often did doctors or other health providers communicate well with you?" Score shows percent responding "Always."

Plan Handles Claims Correctly: A question from the CAHPS member satisfaction survey: "How often did your health plan handle your claims correctly?" Score shows percent responding "Always."

Plan Handles Claims in a Reasonable Time: A question from the CAHPS member satisfaction survey: "How often did your health plan handle your claims in a reasonable time?" Score shows percent responding "Always."

Overall Plan Satisfaction: "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?" Score shows percent responding "Best Health Plan Possible."

Supplemental (Non-CAHPS) Questions:

Rate the Number of Doctors to Choose From: "How would you rate the number of doctors you had to choose from?" Score shows percent responding "Excellent."

Recommend Health Plan to Family or Friends: "Would you recommend your health plan to your family or friends?" Score shows percent responding "Definitely yes."

Would You Select Your Current Plan Again: "If today you could select any health plan company in your area, would you select your current plan again?" Score shows percent responding "Definitely yes."

Administration:

- **Medicaid** and **Healthy Kids** health plans were polled by the University of Florida's Survey Research Center.
- A goal of 411 completed surveys is set for each health plan, though a smaller number of surveys is completed for some plans.
- Survey mode was mainly via telephone.
- Members of **commercial managed care** and **tradition health insurance** plans were polled by NCQA-Certified Vendors, under contracts from each health plan. Approximately 411 surveys were completed for each health plan.

Data Analysis and Ratings:

- Health plan ratings, shown as checkmarks (✓), are assigned to each health plan for each indicator based on the plan's score for the indicator (for example, overall satisfaction with the plan).
- Some plan scores are eliminated from calculations if the "n" is too small. Score is rejected if the Margin of Error is < 0.10.
- First, all scores for a specific question are grouped by product line (for example, Medicaid or commercial HMOs).
- Then, the average (mean) score for the group is calculated. Plans that score at or near the group average are given three checkmarks.

For each indicator, plans are assigned a rating as follows:

- ✓✓✓✓✓ 1 or more standard deviations above the average score (Highest rank)
- ✓✓✓✓ 0.5 standard deviations above the average score
- ✓✓✓ Within 0.5 standard deviations (above or below) of the average score
- ✓✓ 0.5 standard deviations below the average score
- ✓ 1 or more standard deviations below the average score (Lowest rank)

Dissemination of Results:

- From 2000 – 2005, a hardcopy report was printed and distributed ("Choosing a Quality Health Plan, The Florida HMO Report").
- Beginning in 2006, all survey data are posted on the AHCA Health Plan Website:
<http://healthplans.floridahealthstat.com/>

Suggested Improvements to the Process:

- Use of NCQA-Certified Vendors to administer all health plan surveys.
- Use of NCQA-Certified Auditors to judge the validity of the member sample for surveying.
- Employ AHRQ's recommendations for aggregating survey questions into groups.
- Employ AHRQ's recommendations for rating health plan scores, i.e., calculation of statistically-significant differences of individual plans from the mean.
- Use a three-point scale, rather than a five- point scale.
- Follow AHRQ/NCQA recommendations for mode of administration (mainly a mailed survey).