

# Humana Healthy Horizons™ in Louisiana

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| Department: Quality                                       | Policy and Procedure No: MCD-LA-QLT-XXX |          |
| Policy and Procedure Title: Enrollee Satisfaction Surveys |   |          |
| Process Cycle: Annual                                     | Responsible Departments: Quality        |          |
| Approved By: Quality Director (TBD)                       | Issue Date:<br>07/1/2022                | Revised: |

## **CONTRACT REFERENCE:**

### **2.16.12 Enrollee Satisfaction Surveys**

**2.16.12.1** The Contractor shall conduct annual Consumer Assessment of Healthcare Providers and Subsystems (CAHPS) surveys.

**2.16.12.2** The Contractor shall enter into an agreement with a vendor that is certified by NCQA to perform CAHPS surveys.

**2.16.12.3** The Contractor's vendor shall perform CAHPS Adult surveys and CAHPS Child surveys, including the Children with Chronic Conditions survey supplement.

**2.16.12.4** Survey results and a description of the survey process shall be reported to LDH separately for each required CAHPS survey. CAHPS survey results shall be submitted to LDH, NCQA and LDH's EQRO annually according to NCQA's data submission timeline for health plans to submit final Medicaid CAHPS results.

**2.16.12.5** The CAHPS survey results shall be reported to LDH or its designee for each survey question. These results may be used by LDH for public reporting. Responses shall be aggregated by LDH or its designee for reporting. The survey shall be administered to a statistically valid random sample of clients who are enrolled in the Contractor at the time of the survey.

**2.16.12.6** The surveys shall provide valid and reliable data for results.

**2.16.12.7** Analyses shall provide statistical analysis for targeting improvement efforts and comparison to national and state benchmark standards.

**2.16.12.8** The most current CAHPS Health Plan Survey for Enrollees shall be used and include:

**2.16.12.8.1** Getting Needed Care;

**2.16.12.8.2** Getting Care Quickly;

**2.16.12.8.3** How Well Doctors Communicate;

**2.16.12.8.4** Health Plan Customer Service; and

**2.16.12.8.5** Global Ratings.

**2.8.1.2** The Contractor's continuity of care activities shall provide processes to support effective interactions between Enrollees and providers, and to identify and address interactions that are not effective. The Contractor shall monitor service delivery through Enrollee surveys, medical and treatment record reviews, and explanation of benefits (EOBs) to identify and overcome barriers to primary and preventive care that an Enrollee may encounter. The Contractor shall implement a Corrective Action Plan with its providers on an as needed basis and as determined by LDH.

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## **ACRONYMS & DEFINITIONS:**

- **CAHPS** – The Consumer Assessment of Healthcare Providers and Systems is a standardized survey of enrollees' experiences with ambulatory and facility-level care established by the Agency for Healthcare Research and Quality (AHRQ).
- **External Quality Review (EQR)** – The analysis and evaluation by an external quality review organization of aggregated information on quality, timeliness, and access to the health care services that a Contractor or its subcontractors furnish to Medicaid enrollees.
- **External Quality Review Organization (EQRO)** – An organization that meets the competence and independence requirements set forth in 42 C.F.R. §438.354, and performs EQR and other EQR-related activities as set forth in 42 C.F.R. §438.358, or both.

## **PURPOSE:**

To outline the process of conducting an enrollee survey that measures how well Humana meets enrollees' expectations and goals; to determine which areas of service have the greatest effect on enrollees; overall satisfaction; and to identify areas of opportunity for improvements to aid in increasing the quality of care provided.

## **POLICY AND PROCEDURE:**

**Policy:** This policy outlines the procedure for conducting a Consumer Assessment of Healthcare Providers and Subsystems (CAHPS) Survey for the Plan's enrollees.

### **Procedure:**

1. Humana contracts with an NCQA-certified vendor to complete the CAHPS survey. The most current Adult survey and CAHPS Child survey, including the Children with Chronic Conditions survey supplement, are conducted annually.
2. The most current CAHPS Health Plan Survey for Medicaid Enrollees shall be used and include:
  - a. Getting Needed Care
  - b. Getting Care Quickly
  - c. How Well Doctors Communicate
  - d. Health Plan Customer Service
  - e. Global Ratings
3. Using a mixed (mail and telephone) survey administration methodology, valid surveys are collected during the approved time frame from the eligible enrollee population using a statistically valid random sample. In this way, the surveys shall provide valid and reliable data
4. The results of each CAHPS survey, including a comparison to national and state benchmark standards, are reviewed by the Quality Assessment and Performance Improvement Committee and areas of opportunities for improvement are identified and action plan developed by Humana's Medicaid Market.
5. Survey results and a description of the survey process are reported to Louisiana Department of Health (LDH) separately for each required CAHPS survey. CAHPS survey results are submitted to

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LDH, NCQA and LDH's External Quality Review Organization (EQRO) annually according to NCQA's data submission timeline for health plans to submit final Medicaid CAHPS results.

6. The CAHPS survey results will be reported to LDH or its designee for each survey question, and can be used by LDH for public reporting once aggregated.

## **ADDITIONAL RESOURCES:**

## **VERSION CONTROL:**

| Version.Review.Approval History |                    |                           |         |                                |
|---------------------------------|--------------------|---------------------------|---------|--------------------------------|
| Department:                     | Purpose of Review  | Reviewed and Approved By: | Date:   | Additional Comments:           |
| Quality                         | Policy Development | Jack Millaway/Sue Molnar  | 10/1/21 | Initial Copy                   |
| Quality                         | Policy Update      | Jack Millaway             | 3/1/22  | Additional contract item added |
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## **DISCLAIMER:**

Humana follows all federal and state laws and regulations. Where more than one state is impacted by an issue, to allow for consistency, Humana will follow the most stringent requirement.

This document is intended as a guideline. Situations may arise in which professional judgment may necessitate actions that differ from the guideline. Circumstances that justify the variation from the guideline should be noted and submitted to the appropriate business area for review and documentation. This (policy/procedure) is subject to change or termination by Humana at any time. Humana has full and final discretionary authority for its interpretation and application. This (policy/procedure) supersedes all other policies, requirements, procedures or information conflicting with it. If viewing a printed version of this document, please refer to the electronic copy maintained by CMU to ensure no modifications have been made.

## **NON-COMPLIANCE:**

Failing to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules and regulations.

Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions

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related to non-compliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana's secure intranet of Hi! (Workday & Apps/Associate Support Center).