

**Implementation of the Medicare Managed Care
CAHPS®: The Effects of Health Transitions on
Subgroup Ratings—Final Report**

Purpose: The Medicare Managed Care (MMC) Consumer Assessment of Health Plans Study (CAHPS®) surveys were created to obtain information from enrollees in Medicare managed care plans. They have been conducted annually since 1997. Respondents are asked questions concerning their assessment of their plans and providers, their overall health status, health conditions, and health system utilization in the last six months. Results from the 1999 survey were statistically analyzed to examine the relationship between changes in health status and enrollees' ratings of their health plans. Specifically, the analyses examined the following questions: 1) How important are changes in health status in explaining ratings of plan performance? 2) Are changes in health status more important influences on rating for certain plan enrollee subpopulations than for the general enrolled population? and 3) Which types of ratings are most sensitive to changes in health status, both for the general enrolled population and certain subpopulations?

Results: The data set from the 1999 survey was augmented with information characterizing the health plan and the market in which it operated. The MMC enrollee populations identified for this study included: Medicare disability enrollees under age 65; Medicare enrollees age 65 and over with limited independence, reporting "fair" or "poor" self-assessed health status; African-Americans; Hispanics/Latinos; enrollees who completed 8th grade or less; and enrollees receiving Medicaid assistance for Medicare Part B. Results revealed the following:

- Change in health status is indeed an important factor in explaining variations in plan ratings.
- By controlling for changes in health status in multivariate analyses, other variables that are intended to proxy a variety of special needs/difficulties (e.g., demographically defined population subgroups) are shown to be less important in explaining aggregate plan rating differences.
- There are two possible areas for further research:
 1. Research to disentangle the effects of changes in health status on plan ratings from changes in plan ratings on health status.

Individuals who are satisfied with their plan might be more likely to follow recommended courses of treatment or changes in lifestyle, and hence improve their health status. Conversely, individuals with

improved health status, regardless of the source of this improvement, might rate their plans higher.

2. Research to determine whether those who experience declines in health status face additional barriers to obtaining needed health care in the managed care environment, whether these barriers in turn result in poorer health outcomes, and whether these barriers are more severe for certain population groups.