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The Basics
Organization and Scoring of CAHPS Specifications for Consumer Reporting

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Figure 1: Summary of "The Basics" Reporting Categories

Sub-category	Questions	Response Choices
	Doctor Care	
1. Doctor communication		
2. Doctor office service		
3. Getting care quickly		
4. Overall rating of doctor care		
	Rules for Getting Care	
5. Approvals and referrals		
6. Choosing a doctor		
	Information and Service	
7. Information		
8. Complaints		
9. Claims processing		
	Satisfaction	
10. Overall satisfaction		

The Basics: Accountability to Consumers for Health Care Access and Service

Purpose

This measurement and performance scoring tool assesses "The Basics" of access to care and getting good service. This tool captures and reports the consumer's perspective on key aspects of access, service and their health care experiences in their health plan or health care organization. The focus is not on the consumer's state of health, well being or on the activities that directly influence health. The tool organizes a series of patient reported experiences and ratings into four topics:

- Doctor care
- Rules for getting care
- Information and service
- Satisfaction

Target Population

The Basics measures can be applied to a cross-section of a general population of healthy and sick people. The target population may be defined by enrollment in a health plan, affiliation as a patient with a medical group, or as a resident of a specified geographic area.

When reporting The Basics results, the quality performance context should be communicated to the consumer audience; particularly if the topic is health plan performance. In many cases, "doctor care" performance may not be representative of the care and service that an individual will experience in a given health plan which typically is comprised of many distinct medical groups and delivery systems. Also, a local health care market structure may be characterized by extensive overlap of medical groups and delivery systems among the health plans. FACCT purposefully organized the "doctor care" related topics under the umbrella of the single "doctor care" category to communicate topics in a meaningful way to consumers, distinguish health plan and doctor performance and to balance the relative importance of the plan and the doctor topics

Creating the Reporting Categories

Consumers' experiences of service and care, as measured by the Consumer Assessment of Health Plans Survey (CAHPS) have been organized into four categories:

Doctor Care
High scores means that members:
- have an easy time getting routine care
- have an easy time getting urgent care
- get good service from the doctor's office
- have a doctor who spends time and listens
- get good overall doctor care

Rules for getting care
High scores mean that members:
- get timely approvals and referrals for needed care
- have an easy time choosing a doctor

Information and service
High scores mean that members:
- claims' and payments' are handled well
- receive clear information and have an easy time completing paperwork
- have few complaints

Satisfaction
High scores mean that members:
- are satisfied with their health plan/health care organization

These reporting categories were derived from a "top down" approach in which FACCT interviewed several hundred consumers to identify quality topics that were important to them and to understand how consumers would organize these topics into a concise and meaningful information set. This consumer driven framing of quality topics was supplemented by a "bottom up" step, in which the available data – the CAHPS survey -- was mapped into categories based on a combination of expert judgment and emperical analyses of survey results. An additional consideration in fashioning these categories was to provide a small, managable set of general satisfaction indicators that consumers can used in conjunction with quality indicators across the remaining four domains of the FACCT Consumer Information Framework.

A second layer of reportable quality scores are available beneath these four categories. Ten topics, which are nested within these four categories, are categorized into the ten sub-categories listed in Attachment I. FACCT recommends that these sub-category topics and scores be available to consumers where electronic report formats are used and interested consumers can drill down for this level of detail.

Identifying the Eligible Population

HEDIS Specifications for CAHPS 2.0H Survey

The eligible population for a commercial and Medicaid populations are detailed in HEDIS 1999 Volume 3 specifications. See Attachment VIII for full references for the commercial, Medicare and Medicaid case finding, sampling and data collection steps.

Key eligible adult population criteria for administering the CAHPS 2.0H survey include:

Inclusion criteria

- Patients who are continuously enrolled in the health plan throughout the reporting period with no break in enrollment greater than 45 days.
- Patients who are at least 18 years of age as of the last day of the reporting period.
- Line of business (commercial, Medicare, and Medicaid) or product line segmentation would be determined in the specific market area.

Exclusion criteria

- Patients who are no longer health plan enrollees/affiliated with the health care organization as of the most current eligibility period (for patient survey administration purposes).
- Only one member of a family, who shares the same household address, would be included for the patient survey sample.

Survey Respondent Exclusion Rules

Enrollment Duration

Exclude respondents who indicated that:

1) they had been enrolled in their health plan or health care organization for fewer than twelve months (commercial) or
2) they didn't know how long they had been enrolled or
3) they didn't know/answer the duration of time enrolled question.

Incomplete Surveys

Exclude respondents who do answer fewer than eighty percent (80%) of the germane survey items (e.g., excluding legitimately skipped items).

Recent Disenrollment

Respondents who have disenrolled from the health plan/health care organization since the survey administration cutoff date are not excluded from the survey respondent group.

Case Mix Adjustments and Population Stratification

Age
The results are directly adjusted for the respondent age distribution of each health plan/health care organization. The overall project-specific age distribution, as represented in the survey respondent demographics, is used to adjust the results.

The results are directly adjusted for the respondent self-reported health status of each health plan/health care organization. The overall project-specific population's self-reported health status distribution, as represented in the survey responses, is used to adjust the results. The self-reported health status is based on the responses to the following survey question:

> "In general, how would you rate your overall health now?"
> (response choices: excellent, very good, good, fair, poor)

Stratification
The performance results are not stratified by any sub-populations. These specifications assume results are organized by local market areas that are relevant to consumer decision-making. If multiple market areas are included then the results would be stratified by local market area.

CAHPS 2.0H provides information about the frequency of office visits, emergency room encounters and hospital inpatient stays. Users may wish to stratify results for distinct populations including those adults who had higher use of health care services during a recent reporting period. Larger sample sizes may be needed for such work but these specifications assume no such stratifications.

CAHPS 2.0H Adult Survey

The survey data is based on the CAHPS 2.0H adult survey as documented in HEDIS 1999 Volume 3 specifications.

Per the CAHPS 2.0H specifications, an achieved reporting sample size of 744 adults per accountable health care organization is targeted.

Twenty-eight of the CAHPS 2.0H questions are used in The Basics. Appendix I is a schematic displaying the mapping of each question to the composite categories. Appendix II lists the questions that are included in The Basics reporting categories.

The CAHPS 2.0H questions that are excluded from The Basics are listed in Appendix II.

Scoring Rules: General

"No experience/no need:" survey responses are treated as missing values. (confirm)

Recodes: Where pertinent, response choice values are recoded to ensure a consistent pattern of higher scores equal better performance. See Appendix VI for recode steps.

Missing values: For composite scales, a respondent case-level mean scale based imputation rule is used whereby for each respondent, for each scale, the respondent's average score for the completed items in a given scale are used as the score for any missing values in that scale.

Skip pattern implications: There are a series of questions that establish skip patterns whereby the respondent is directed to skip questions that aren't pertinent given their response to a preceding question. **In turn, the question responses counts vary and items weights need to be standardized to account for this variation in question responses? (confirm)**

Minimum response requirements: a minimum number of questions must be answered for the following scales:

Scale Name	*Questions*	*Minimum Number of Questions That Respondent Must Answer for Scale*
Overall doctor care	…How would you rate your personal doctor or nurse now? …How would you rate the specialist? …How would you rate all your health care?	Respondent must answer two (2) of the three questions

Scoring Rules: General

Response choice interval values: A value on a 0-1 scale is assigned to each question response choice/answer. The intervals between each response choice are assumed to be equal with one exception: the responses "a big problem" and "a small problem" are assigned the same value. The values using a 0-1 scale are apportioned across the response choices per the following table:

Response Choice	*Value Assigned to Response Choice*
<u>four point scale</u>	
never	0
sometimes	.33
usually	.67
always	1.0
<u>three point scale</u>	
a big problem	0
a small problem	0
not a problem	1.0
<u>0-10 scale</u>	
worst possible score	0
range between worst and best	.1, .2, .3, .4, .5, .6, .7, .8, .9
best possible score	1.0
<u>yes/no scale</u>	
no	0
yes	1

Scoring Steps

Individual Respondent Scoring

- **Mean Scores**: For each respondent, sum the response choice values for each question and calculate the mean for all questions in each sub-category.

- **Proportion Scores**: (**use proportions for 0-10 items given skewed distribution**??)

For the overall satisfaction questions which are scored on a 0-10 scale, for each respondent whose response choice is 8, 9 or 10 assign a value of 1 to represent the highly satisfied respondents. For each respondent whose response choice is less than or equal to 7 assign a value of 0. Construct the proportion of highly satisfied respondents.

For the satisfaction questions which are scored on a 3 item scale (not a problem, a small problem, a big problem), for each respondent whose response choice is "not a problem" assign a value of 1 to represent the highly satisfied respondents. For each respondent whose response choice is "a small problem" OR "a big problem" assign a value of 0. Construct the proportion of highly satisfied respondents.

For the satisfaction questions which are scored on a yes/no scale,for each respondent whose response choice is "yes" assign a value of 1 to represent the highly satisfied respondents. For each respondent whose response choice is "no" assign a value of 0. Construct the proportion of highly satisfied respondents.

- **Transformation**: No score transformations are required given that all response choices have been scaled to a common 0-1 scale.

Sub-category Scoring

- **Sub-category Mean Scores**: Compute the health plan/care organization sub-category mean for each sub-category by calculating the mean of the means of all respondents.

- **Sub-category Proportion Scores:** Compute the health plan/care organization sub-category proportion for each sub-category by the mean proportion of all respondents.

Aggregation Rules: Creating Composite Sub-Categories and Categories

Aggregation strategy: Questions/scales are mapped into sub-categories and, in turn, sub-categories are mapped to categories as illustrated in the schematic in Attachment I.

Adjustments: No adjustments are made for the health care organization's sample size or the distribution of responses for each question. **(confirm)**

Weighting: The sub-category scores are equally weighted, within each quality category, to create the four quality category scores.

The scores for the four quality categories are summed by assigning equal weights (.25) to each quality category. As such, a single summary performance score is created for "The Basics".

"The Basics"	Category Weight	Category	Category Weight	Sub-category	Sub-category Weight	Item Weights
	.25	Doctor Care	.25	Getting Care Quickly	.25	
				Medical Office Services	.25	
				Communications	.25	
				Overall Doctor Care	.25	
	.25	Rules for Getting Care	.25	Referrals & Approvals	.5	
				Choosing a Doctor	.5	
	.25	Information & Service	.25	Information	.33	
				Claims Processing	.33	
				Complaints	.33	
	.25	Satisfaction	.25	Satisfaction	.1.0	

Comparative Performance Strategy

Relative Comparison: Each health care organization's performance is compared relative to the other participating organizations in the local market area using scores displayed as numbers and bar charts.

Absolute Comparison: Each health care organization's performance is compared on an absolute basis by displaying results in the context of the worst and best possible scores on a 0-100 scale. The worst score is anchored at the low end using the minimum possible value (0) and the best score is anchored at the high end of the scale using the maximum value possible (100)

Comparisons between each health care organization and the project-specific performance norms are not used to assign performance grades.

Use of Standard Errors: Standard errors should be calculated for each sub-category score. Then what????

Information Display: Performance results are reported on a 0-100 scale. We recommend that consumer information materials display results using numbers and a bar chart graphic to communicate performance (Appendix VII: Consumer Information Display Sample).

Reporting Categories: Performance scores are calculated for 15 reportable topics which are organized into a three tiered hierarchy: 10 sub-categories, 4 categories and "The Basics" summary score. In a consumer information print format we recommend that the 4 category scores and "The Basics" summary score be reported. All 15 of the reportable scores should be displayed in a computer based reporting application. Generally, users should be guided by the principle that lower layers of results should be displayed particularly where aggregation to a composite score masks important differences in performance among health care organizations.

Display schematic with 3 level hierarchy of scores

Scoring: Doctor Care Performance Values

The doctor care composite category is comprised of four sub-categories that measure consumer satisfaction with aspects of doctor and medical office centered care and service.
Quality sub-categories

- Doctor communications
- Doctor office services
- Getting care quickly
- Overall rating of doctor care

Getting Care Quickly Performance Value: *mean score of respondents for four item scale*

For each of the four "getting care quickly" questions, sum the values that correspond to the response choices (0-1 scale) for all respondents. Divide each sum by the respective number of respondents to the corresponding question. Compute the mean score for the four questions by calculating the mean of the four means for these four "getting care quickly" questions.

Questions

When you needed care right away for an illness or injury how often did you get care as soon as you wanted?
How often did you get appointment for regular or routine care as soon as you wanted?
How often did you wait in the doctor's office or clinic more than 15 minutes past your appointment time?
When you called during regular office hours, how often did you get the help or advice you needed?

Response choice values

0	**Never**
.33	**Sometimes**
.67	**Usually**
1.0	**Always**

Scoring: Doctor Care Performance Values

Doctor Communications Performance Value *mean score of respondents for four item scale*

For each of the four "doctor communications" questions, sum the values that correspond to the response choices (0-1 scale) for all respondents. Divide each sum by the respective number of respondents to the corresponding question. Compute the mean score for the four questions by calculating the mean of the four means for these four "doctor communications" questions.

How often did doctors or other health providers listen carefully to you?
How often did doctors or other health providers explain things in a way you could understand?
How often did doctors or other health providers show respect for what you had to say?
How often did doctors or other health providers spend enough time with you?

Response choice values

0	**Never**
.33	**Sometimes**
.67	**Usually**
1.0	**Always**

Scoring: Doctor Care Performance Values

Office Services Performance Value: *mean score of respondents for two item scale*

For each of the two "office services" questions, sum the values that correspond to the response choices (0-1 scale) for all respondents. Divide each sum by the respective number of respondents to the corresponding question. Compute the mean score for both questions by calculating the mean of the two means for these two "office services" questions.

How often did office staff at a doctor's office or clinic treat you with courtesy and respect?
How often were office staff at a doctor's office or clinic as helpful as you thought they should be ?

Response choice values

0	**Never**
.33	**Sometimes**
.67	**Usually**
1.0	**Always**

Scoring: Doctor Care Performance Values

Overall Doctor Care Performance Value: *proportion of highly satisfied respondents*

For the overall doctor care scale, exclude respondents who answered fewer than two of the three "overall doctor care" questions.

For the three "overall doctor care" questions, which are scored on a 0-10 scale, for each respondent whose response choice is 8, 9 or 10 assign a value of 1 to represent the highly satisfied respondents. For each respondent whose response choice is less than or equal to 7 assign a value of 0. Construct the proportion of highly satisfied respondents.

Denominator: The sum of the number of respondents to each of the three "overall doctor care" questions who were assigned a score of one (1) = response choice of 8, 9 or 10.

Numerator: The sum of the total number of respondents to each of the three "overall doctor care" questions.

Rate the specialist you saw most often
Rate your personal doctor or nurse
Rate your health care from all doctors and other health providers

Response choice values

0 Worst possible
.1 .2 .3 .4 .5 .6 .7 .8 .9
1.0 Best possible

Scoring: Rules for Getting Care Performance Values

The "rules for getting care" category is comprised of two sub-categories that measure consumer satisfaction with aspect of managed care that require consumers to adhere to rules for obtaining care.

Quality sub-categories

- Approvals and referrals
- Choosing a doctor

Approvals and Referrals Performance Values *proportion of satisfied respondents*

For the "approval and referrals" questions, for each respondent whose response choice is "not a problem" assign a value of one (1) to represent the satisfied respondents. For each respondent whose response choice is "a big problem" OR "a small problem" assign a value of zero (0) to represent dissatisfied respondents. Construct the proportion of satisfied respondents by:

Numerator: The sum of the number of respondents to the "approvals and referrals" questions who were assigned a score of one (1) = response choice of 8, 9 or 10.

Denominator: The sum of the total number of respondents to the "approvals and referrals" questions.

How much of a problem, if any, were delays in health care while you waited for approval from your health plan?
How much of a problem, if any, was it to get the care you and your doctor believed necessary?
How much of a problem, if any, was it to get a referral to a specialist that you needed to see?

Response choice values

0 A big problem
0 A small problem
1.0 Not a problem

Scoring: Rules for Getting Care Performance Values

Choosing A Doctor Performance Value: *proportion of satisfied respondents*

For the choosing a doctor question, for each respondent whose response choice is "not a problem" assign a value of one (1) to represent the satisfied respondents. For each respondent whose response choice is "a big problem" OR "a small problem" assign a value of zero (0) to represent dissatisfied respondents. Construct the proportion of satisfied respondents by:

Numerator: The sum of the number of respondents to the "choosing a doctor" question who were assigned a score of one (1) = response choice of 8, 9 or 10.

Denominator: The sum of the total number of respondents to the "choosing a doctor" question.

With the choices your health plan gives you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with

Response choice values
0 A big problem
0 A small problem
1.0 Not a problem

Scoring: Information and Service Performance Values

The "information and service" category is comprised of two sub-categories that measure consumer satisfaction with administrative services including availability and usefulness of information about benefit coverage, services that are not covered or that have coverage limits, health plan/program rules or requirements, handling of patient co-payments, claims payment procedures and the responsiveness of customer service staff.

Quality sub-categories

- Claims processing
- Information

Information and Services Performance Values: *mean score of respondents on 3 item scale*

For each respondent, sum the values that correspond to the responses (0-1 on never-always scale) to the three claims processing questions. Compute the mean score for all respondents in the health care organization by summing the scores of all respondents and dividing that sum by the number of respondents.

How often did your health plan handle your claims correctly?
How often did your health plan handle your claims in a reasonable time?
Before you went for care, how often did your health plan make it clear how much you would have to pay?

Response choice values

0	**Never**
.33	**Sometimes**
.67	**Usually**
1.0	**Always**

Scoring: Information and Service Performance Values

Information and Service Performance Value: *proportion of satisfied respondents*

For the "information and service" questions, for each respondent whose response choice is "not a problem" assign a value of 1 to represent the satisfied respondents. For each respondent whose response choice is "a big problem" OR "a small problem" assign a value of 0 to represent dissatisfied respondents. Construct the proportion of satisfied respondents by:

Numerator: All respondents in the denominator who were assigned a score of one (1) = response choice "not a problem".

Denominator: All respondents to the three "information and service" questions.

How much of a problem, if any, was it to find or understand information in the written materials?
How much of a problem, if any, was it to get the help you needed when you called your health plans' customer service?
How much of a problem, if any, did you have with paperwork for your health plan?

Response choice values

0	**Never**
.33	**Sometimes**
.67	**Usually**
1.0	**Always**

Scoring: Information and Service Performance Values

Complaint Performance Value: *proportion of satisfied respondents*

For the "complaint" question, for each respondent whose response choice is "no" assign a value of 1 to represent the satisfied respondents. For each respondent whose response choice is "yes" assign a value of 0 to represent dissatisfied respondents. Construct the proportion of satisfied respondents by:

Numerator: All respondents in the denominator who were assigned a score of one (1) = response choice "no".

Denominator: All respondents to the single "complaint" question.

Question

In the last 12 months have you called/written plan with a complaint?

Response choice values	
0	**Yes**
1	**No**

Scoring: Satisfaction Performance Values

The "satisfaction" category is comprised of a single question that measures consumer satisfaction with their overall health care organization/health plan experience.

Quality sub-category

- Overall rating of health care organization/plan

Satisfaction Performance Value: *proportion of highly satisfied respondents*

For the single "satisfaction" question, which is scored on a 0-10 scale, for each respondent whose response choice is 8, 9 or 10 assign a value of 1 to represent the highly satisfied respondents. For each respondent whose response choice is less than or equal to 7 assign a value of 0. Construct the proportion of highly satisfied respondents by:

Numerator: The sum of the number of respondents to the "satisfaction" question who were assigned a score of one (1) = response choice of 8, 9 or 10.

Denominator: The sum of the total number of respondents to the "satisfaction" question.

Rate all your experience with your health plan.

Response choice values

0 Worst possible
.1 .2 .3 .4 .5 .6 .7 .8 .9
1.0 Best possible

Research Issues

Composite Categories
Satisfaction with specialty care is a distinct concept from satisfaction with personal doctor or with overall health care. Should the satisfaction with specialist item be: 1) eliminated from the reportable categories entirely, 2) reported as a separate stand-alone item, or 3) retained as an item in the "overall doctor care" sub-category?

The office wait time item had little correlation with the remaining 3 "getting care quickly" items in Iowa. Does this item correlate better in other markets? Should this category composition be rethought?

Category Weighting
The doctor care category accounts for slightly more than half of all the survey items used in The Basics yet it is assigned 25% of weight in the overall basics score. Should doctor care be given more weight or less weight because health plan typically isn't accountable for doctor office experience. Similarly, the "satisfaction" category is assigned 25% of the weight in the overall basics score yet it is comprised of a single question regarding overall satisfaction with the health plan/health care organization.

Stratification
Should children and adult scores be combined or reported separately. Consumer preferences will be tested in Iowa and for OPM? There was not a compelling emperical reason to report the scores separately in Iowa. The Iowa Medicaid children and adult mean scores were similar for each sub-category. The ANOVA results by children and by adult also were similar for six items that were tested.

Aggregating dissimilar response choice sets: The CAHPS 2.0H survey uses three different response choice sets. Do these difference response choice sets result in systematically different satisfaction scores? Because these scores are displayed numerically for consumer use, are the relative results (whether high or low) of a composite score based on one response set given undue importance by the consumer?

Never - always
Worse possible - best possible
Big problem, small problem, not a problem

Should the rules category be scored as a proportion of "not a problem" respondents? (Florida distribution in EXCEL?)

Research Issues

Meaningful Differences in Scores
The mean score differences between accountable health care organizations may be statistically significant but how does the consumer interpret the information display which uses the bar chart and numerical mean score?

Calculation of composite level SE -- how can the statistical difference between scores be measured at the category level where the category score is a mean of the means of the sub-categories that map to that category?

For each local area project, should standard errors be calculated for each sub-category and category score? If the errors are different between plans would scoring be adjusted?

How should differences in plan samples sizes and the intraplan variation in responses be accounted for in the scoring formula?

Should we obtain the CAHPS scores from OPM or Quality Compass and compute benchmarks to incorporate into the scoring or "grading" displays?

Should the single did you call/write plan about a complaint (yes/no) be used as a single item "complaint" performance value? Alternatively, the 3 complaint related items (was the complaint resolve, how quickly was it resolved) could be used. We evaluated this issue in Florida and decided to use the single did you register a complaint item in part because the "time it took to resolve the complaint" was highly correlated with the did you register a complaint item and we felt the relative proportion of complaints was a better indicator of quality than the complaint resolution issue. There is a high number of missing values across this 3 item scale given that only a subset of folks call/write plan with a complaint. In Florida, 23% of the respondents indicated that they had registered a complaint.

Appendix II

CAHPS 2.0H Satisfaction Survey Summary of Performance Indicators and Survey Questions			
Quality Category	**Quality Sub-Category**	**CAHPS 2.0H Survey Questions**	**Response Set**
Doctor Care	***Getting Care Quickly***	When you needed care right away for an illness or injury how often did you get care as soon as you wanted How often did you get appointment for regular or routine care as soon as you wanted How often did you wait in the doctor's office or clinic more than 15 minutes past your appointment time When you called during regular office hours, how often did you get the help or advice you needed How many days did you usually have to wait …for an appointment for illness or injury (same day -31days+) (not in composite reportable results?) How many days did you usually have to wait …for an appointment for regular or routine care (same day -31days+) (not in composite reportable results?)	never-always
Doctor Care	***Overall Doctor Care***	Rate your personal doctor or nurse Rate the specialist you saw most often Rate your health care from all doctors and other health providers	0-10
Doctor Care	***Doctor Communications***	How often did doctors or other health providers listen carefully to you How often did doctors or other health providers explain things in a way you could understand How often did doctors or other health providers show respect for what you had to say How often did doctors or other health providers spend enough time with you	never - always
Doctor Care	***Office Service***	How often did office staff at a doctor's office or clinic treat you with courtesy and respect How often were office staff at a doctor's office or clinic as helpful as you thought they should be	never-always
Information & Service	***Complaints***	In the last 12 months have you called/written plan with a complaint Was your complaint or problem settled to your satisfaction How long did it take for the health plan to resolve your complaint (still waiting, same day, 1 week, 2 wks, 3 wks, 4+ weks, still waiting)	yes/no yes/no duration
Information & Service	***Getting Information & Help***	How much of a problem, if any, was it to find or understand information in the written materials How much of a problem, if any, was it to get the help you needed when you called your health plans' customer service How much of a problem, if any, did you have with paperwork for your health plan	a big problem, a small problem, not a problem
Information & Service	***Claims Processing***	How often did your health plan handle your claims correctly How often did your health plan handle your claims in a reasonable time Before you went for care, how often did your health plan make it clear how much you would have to pay	never-always
Rules for Getting Care	***Referrals & Approvals***	How much of a problem, if any, were delays in health care while you waited for approval from your health plan How much of a problem, if any, was it to get the care you and your doctor believed necessary	a big problem, a small problem,

		How much of a problem, if any, was it to get a referral to a specialist that you needed to see	not a problem
Rules for Getting Care	***Find Doctor or Nurse***	With the choices your health plan gives you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with	a big problem, a small problem, not a problem
Satisfaction	**Satisfaction**	Rate all your experience with your health plan	0-10
Staying Healthy	***(not in basics))***	Have you ever smoked at least 100 cigarettes in your entire life (yes/no) Do you now smoke every day, some days or not at all (every day -not at all) How long has it been since you quit smoking cigarettes (< 12 months, > 12 months) On how many visits were you advised to quit smoking by a doctor or other health provider in your plan (none, 1, 2-4, 5-9, or 10+ visits)	not applicable

Appendix
HEDIS Reference

HEDIS® 1999 HEDIS® Protocol for Administering CAHPS™ 2.0H Survey Volume 3 Technical Specifications, National Committee on Quality Assurance, Washington, DC