



2018 CAHPS® Adult Medicaid Survey Summary Report

Centene - LA (Louisiana Healthcare Connections)

July 2018

Morpace research is completed in compliance with ISO 20252
Morpace, Inc.



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**Detailed exhibits and data tables available in online reporting portal.*

Study Overview

Background

CAHPS (Consumer Assessment of Healthcare Providers and Systems) measures health care consumers' satisfaction with the quality of care and customer service provided by their health plan. Plans which are collecting HEDIS (Healthcare Effectiveness Data and Information Set) data for NCQA accreditation are required to field the CAHPS survey among their eligible populations.

Protocol

For CAHPS results to be considered in HEDIS results, the CAHPS 5.0H survey must be fielded by an NCQA (National Committee for Quality Assurance)-certified survey vendor using an NCQA-approved protocol of administration in order to ensure that results are collected in a standardized way and can be compared across health plans.

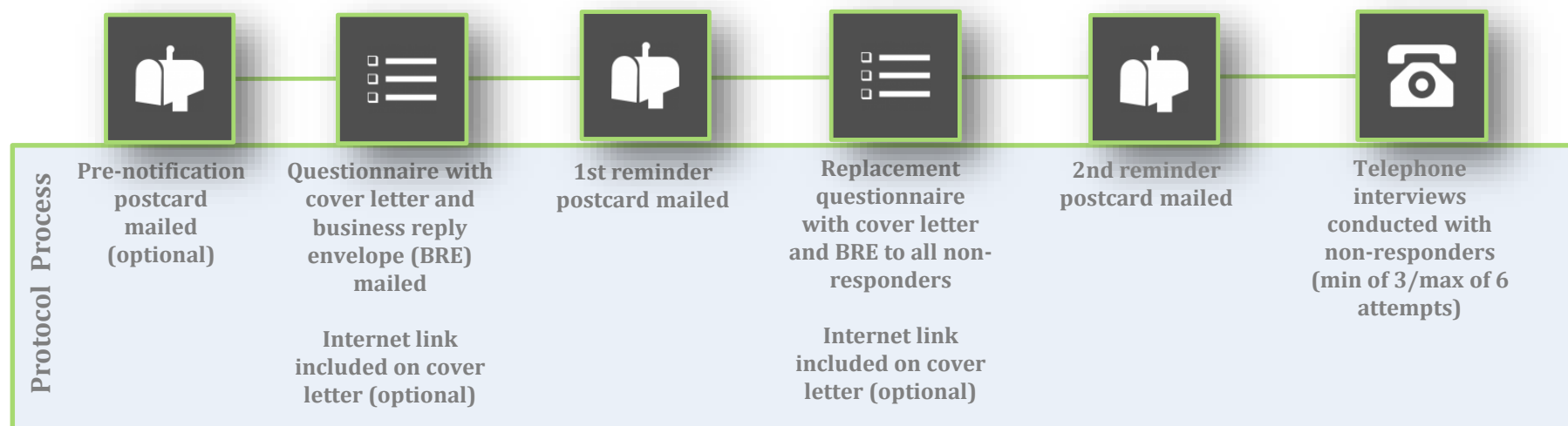
Standard NCQA protocols for administering CAHPS 5.0H include a mixed-mode mail/telephone protocol and a mail-only protocol. NCQA allows enhanced methodology options that do not significantly alter the standard methodology, such as Internet or Spanish.

» Centene - LA (Louisiana Healthcare Connections) chose the mail/telephone/Internet protocol.

Sample

The 2018 sample for Centene - LA (Louisiana Healthcare Connections):

Sample Size	Total Completes	English Completes	Spanish Completes	Mail Completes	Phone Completes	Internet Completes
2093	392	389	3	232	141	19



Response Rate Summary

Response Rate Calculation

A response rate is calculated for those members who were eligible and able to respond.

19%

Is the Final 2018 Response Rate

2017 NCQA Avg. Response Rate = 23%

Using the final figures from Centene - LA (Louisiana Healthcare Connections)'s survey, the 2018 response rate is calculated using the equation below:

$$\begin{array}{rcll} \text{Mail}(232) & + & \text{Phone (141)} & + \text{Internet (19)} & = 392 \text{ completes} \\ & & \div & & \\ \text{Total Sample (2093)} & - & \text{Total Ineligible (15)} & & = 2078 \end{array}$$

Disposition Summary

A completed questionnaire is defined as a respondent who completed three of the five required questions that all respondents are eligible to answer (question #3, 15, 24, 28, 35).

Ineligible	Count
Deceased	2
Does not meet eligible population criteria	6
Language barrier	2
Mentally/physically incapacitated	5
Total Ineligible	15

According to NCQA protocol, ineligible members include those who are deceased, do not meet eligible population criteria, have a language barrier, or are either mentally or physically incapacitated.

Non-response	Count
Partial complete	27
Refusal	20
Maximum attempts made	1630
Do Not Call list	9
Total Non-response	1686

Non-responders include those members who refuse to participate in the current year's survey, could not be reached due to a bad address or telephone number, members that reached a maximum attempt threshold without a response, or members that did not meet the completed survey definition.

CAHPS Measures Defined

Key Measures

For purposes of reporting the CAHPS results in HEDIS and for scoring for health plan accreditation, NCQA uses composite measures and rating questions from the survey.

- » Getting Care Quickly
- » Shared Decision Making*
- » How Well Doctors Communicate*
- » Getting Needed Care
- » Customer Service
- » Care Coordination (Q22)
- » Rating of Health Care
- » Rating of Personal Doctor
- » Rating of Specialist
- » Rating of Health Plan

Each of the composite measures is the average of 2 – 4 questions, depending on the measure, while each rating score is based on a single question. CAHPS scores are most commonly shown using Summary Rate scores.

Summary Rate Scores

Summary Rate Scores indicate the proportion of members who rate the health plan favorably on a measure. The Summary Rate scores are calculated using % Always/Usually or %Yes for composite measures and %8,9,10 for rating questions – with 100% the highest possible score. Comparing the health plan's percentages for the current year versus last year will provide an understanding where the health plan improved or declined.

Quality Compass Percentiles

Quality Compass is NCQA's comprehensive national database of health plans' HEDIS and CAHPS results. The Quality Compass percentiles provide an indication of how the health plan fared against last year's national average – 100th is the highest percentile.

NCQA Accreditation CAHPS Points

NCQA awards CAHPS points based on the percentile in which the health plan places for each measure. The maximum total points for all measures is 13 points.

By measure, the health plan earns maximum points when ranked 90th percentile or above, and minimum points for falling below the 25th percentile.

** Measure not included in scoring for accreditation.*

Executive Highlights

Summary Rate Scores (% Positive Response)			
COMPOSITE SCORES	2018	2017	2018 Score versus 2017 Quality Compass
Getting Care Quickly	83%	81%	59 th
Shared Decision Making	79%	73%	32 nd
How Well Doctors Communicate	91%	91%	44 th
Getting Needed Care	84%	83%	61 st
Customer Service	91%	93%	80 th
Care Coordination	85%	85%	64 th
OVERALL RATING SCORES			
Health Care	77%	73%	77 th
Personal Doctor	81%	83%	45 th
Specialist	86%	88%	91 st
Health Plan	81%	77%	83 rd

Green (light) = relative strength Red (dark) = relative weakness

2018 NCQA Accreditation CAHPS Points			
Approx. 2018 Percentile Threshold	2018 Approx. Points	2017 Approx. Points	Difference from 2017
75 th	1.271	0.982	0.289
NA	NA	NA	NA
NA	NA	NA	NA
90 th	1.444	1.271	0.173
90 th	1.444	1.444	0.000
90 th	1.444	1.444	0.000
75 th	1.271	0.578	0.693
90 th	1.444	1.444	0.000
90 th	1.444	1.444	0.000
75 th	2.542	1.964	0.578
	12.304	10.571	1.733

Total Possible CAHPS Points = 13.000



Summary Rate Scores:

- » Colored arrows denote significant changes from last year, and likely play a role in changes to the health plan's overall CAHPS accreditation points.
- » The Quality Compass percentiles provide an indication of how the health plan fared against *last year's* national average - 100th is the highest.

Accreditation Points:

- » The NCQA Accreditation CAHPS Points are approximated due to rounding because NCQA provides only two digits after the decimal but uses six digits in their actual calculation.
- » Importantly, the Health Plan Overall Rating measure earns double points so it always plays a key role in the health plan's Total CAHPS Points.
- » Estimated accreditation points cannot be calculated if too many measures (5 or more) are unreportable due to low sample size.

Summary of Key Measures

Composite Measures	2015	2016	2017	2018	2017 Quality Compass
Getting Care Quickly	76%	77%	81%	83%	82%
Shared Decision Making	73%	79%	73%	79%	80%
How Well Doctors Communicate	88%	90%	91%	91%	91%
Getting Needed Care	78%	79%	83%	84%	82%
Customer Service	89%	90%	93%	91%	88%
Overall Rating Measures					
Health Care	72%	76%	73%	77%	74%
Personal Doctor	81%	85%	83%	81%	81%
Specialist	78%	84%	88%	86%	82%
Health Plan	79%	78%	77%	81%	76%
HEDIS Measures					
Flu Vaccinations (Ages 18-64)	37%	36%	39%	35%	39%
Advising Smokers and Tobacco Users to Quit*	74%	72%	70%	76%	76%
Discussing Cessation Medications*	44%	45%	48%	50%	49%
Discussing Cessation Strategies*	43%	46%	44%	44%	44%
Health Promotion & Education	68%	66%	74% ↑	76%	74%
Care Coordination	80%	85%	85%	85%	83%
Sample Size	1,755	1,823	2,093	2,093	
# of Completes	527	399	433	392	
Response Rate	30%	22%	21%	19%	

↑/↓ Statistically higher/lower compared to prior year results.
NA=Data not available

*Measure is reported using a Rolling Average Methodology. The score shown is the reportable score for the corresponding year.
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Comparison to Quality Compass

			2017 Adult Medicaid Quality Compass							
Adult Medicaid Survey Questions	2018	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly (% Always/Usually)	83.15	59th	81.83	74.92	76.72	79.64	82.22	84.51	86.64	87.97
Shared Decision Making (% Yes)	79.02	32nd	79.76	75.02	76.12	78.04	79.69	81.55	83.40	84.17
How Well Doctors Communicate (% Always/Usually)	91.35	44th	91.38	87.54	88.80	90.07	91.53	92.75	93.90	94.46
Getting Needed Care (% Always/Usually)	83.71	61st	81.98	74.84	76.08	79.65	82.67	84.74	86.56	87.07
Customer Service (% Always/Usually)	90.50	80th	88.15	83.64	84.64	86.64	88.38	90.07	91.23	91.73
Q22 Care Coordination (% Always/Usually)	84.96	64th	83.24	76.00	77.40	80.77	83.79	85.96	88.46	89.64
Q13 Rating of Health Care (% 8, 9, 10)	77.38	77th	74.36	66.67	68.92	71.71	74.49	77.17	79.44	81.10
Q23 Rating of Personal Doctor (% 8, 9, 10)	81.14	45th	81.18	73.97	75.29	79.32	81.59	83.65	85.48	86.83
Q27 Rating of Specialist (% 8, 9, 10)	86.44	91st	81.79	75.90	77.42	79.53	81.88	84.09	86.14	87.69
Q35 Rating of Health Plan (% 8, 9, 10)	80.58	83rd	75.88	67.00	68.86	72.88	76.40	79.49	81.35	82.62

Legend:

95th = Plan score falls on or above 95th percentile
 90th = Plan score falls on 90th or below 95th percentile
 75th = Plan score falls on 75th or below 90th percentile
 50th = Plan score falls on 50th or below 75th percentile
 25th = Plan score falls on 25th or below 50th percentile
 10th = Plan score falls on 10th or below 25th percentile
 5th = Plan scores falls below 10th percentile

The 2017 Adult Medicaid Quality Compass® consists of 177 public and non-public reporting health plan products (All Lines of Business excluding PPOs).

Accreditation Details

Scoring for NCQA Accreditation

				2018 NCQA National Accreditation Comparisons*						
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l		
				Accreditation Points	0.289	0.578	0.982	1.271	1.444	
Composite Scores	Sample Size	Mean	Approximate Percentile Threshold						Approximate Score	
Getting Care Quickly	233	2.493	75 th		2.37	2.43	2.47	2.52	1.271	
Getting Needed Care	217	2.476	90 th		2.33	2.39	2.43	2.47	1.444	
Customer Service	132	2.704	90 th		2.48	2.54	2.58	2.61	1.444	
Care Coordination	133	2.541	90 th		2.36	2.43	2.48	2.53	1.444	
Overall Rating Scores										
Health Care	305	2.469	75 th		2.35	2.39	2.44	2.48	1.271	
Personal Doctor	297	2.572	90 th		2.43	2.50	2.53	2.57	1.444	
Specialist	118	2.644	90 th		2.48	2.51	2.56	2.59	1.444	
				Accreditation Points	0.578	1.156	1.964	2.542	2.888	
Health Plan	381	2.533	75 th		2.39	2.46	2.51	2.55	2.542	
Estimated Overall CAHPS Score:										12.304

Estimated accreditation points cannot be calculated if too many measures (5 or more) are unreportable due to low sample size (less than 100).

NOTE: NCQA begins their calculation with an unadjusted raw score showing six digits after the decimal and then compares the adjusted score to their benchmarks and thresholds (also calculated to the sixth decimal place). Starting in 2015, NCQA will no longer use an adjusted score. This report displays accreditation points and scores with only two digits after the decimal. Therefore, the estimated overall CAHPS score may differ from the sum of the individual scores due to rounding and could differ slightly from official scores provided by NCQA. The CAHPS measures account for 13 points towards accreditation.

*Data Source: 2018 Accreditation Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.

Key Driver Summary

A Key Driver Analysis is conducted to understand the impact that different aspects of plan service and provider care have on members' overall satisfaction with their health plan, their personal doctor, their specialist, and health care in general. Two specific scores are assessed both individually and in relation to each other. These are:

- » The relative importance of the individual issues (Correlation to overall measures)
- » The current levels of performance on each issue (Percentile group in Quality Compass)

Plans should take action to improve items that are both highly correlated to the overall measure and currently rated low when compared to national averages (Quality Compass).

Overall Rating of Health Plan

Call to Action

High Correlation with Rating of Health Plan and
Lower Quality Compass Percentile:

Q32 - Treated You with Courtesy and Respect

Q4 - Getting Care as Soon as Needed

Promote

High Correlation with Rating of Health Plan and
Higher Quality Compass Percentile:

Q31 - Got Information or Help Needed

Overall Rating of Health Care

Call to Action

High Correlation with Rating of Health Care and
Lower Quality Compass Percentile:

Q20 - Spend Enough Time with You

Q17 - Explain Things in a Way You Could Understand

Q14 - Easy to Get Care Believed Necessary

Promote





















High Correlation with Rating of Health Care and
Higher Quality Compass Percentile:

Q19 - Show Respect for What You Had to Say

Q18 - Listen Carefully to You

Q22 - Care Coordination

Key Driver Analysis

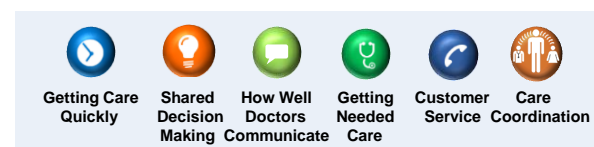
Rating of Health Plan	Correlation to Rating of Health Plan	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q31. Got information or help needed	 0.51		131	87.02%	91 st
Q32. Treated you with courtesy and respect	 0.37		133	93.98%	43 rd
Q4. Getting care as soon as needed	 0.33		175	83.43%	40 th
Q20. Spend enough time with you	 0.31		254	88.98%	45 th
Q22. Care Coordination	 0.30		133	84.96%	64 th
Q19. Show respect for what you had to say	 0.29		255	93.73%	62 nd
Q17. Explain things in a way you could understand	 0.29		255	90.20%	27 th
Q18. Listen carefully to you	 0.28		254	92.52%	59 th
Q14. Easy to get care believed necessary	 0.24		308	84.09%	41 st
Q6. Getting appointment as soon as needed	 0.22		292	82.88%	74 th

Above are the 10 key measures with the highest correlation to Rating of Health Plan

Use caution when reviewing scores with sample sizes less than 25





















"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"

Red Text indicates measure is 25th percentile or lower



Key Driver Analysis

Rating of Health Care







	Correlation to Rating of Health Care	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q19. Show respect for what you had to say	 0.64		255	93.73%	62 nd
Q20. Spend enough time with you	 0.63		254	88.98%	45 th
Q18. Listen carefully to you	 0.61		254	92.52%	59 th
Q22. Care Coordination	 0.55		133	84.96%	64 th
Q17. Explain things in a way you could understand	 0.54		255	90.20%	27 th
Q14. Easy to get care believed necessary	 0.50		308	84.09%	41 st
Q4. Getting care as soon as needed	 0.32		175	83.43%	40 th
Q32. Treated you with courtesy and respect	 0.31		133	93.98%	43 rd
Q31. Got information or help needed	 0.28		131	87.02%	91 st
Q6. Getting appointment as soon as needed	 0.25		292	82.88%	74 th

Above are the 10 key measures with the highest correlation to Rating of Health Care

Use caution when reviewing scores with sample sizes less than 25

"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"

Red Text indicates measure is 25th percentile or lower

					
Getting Care Quickly	Shared Decision Making	How Well Doctors Communicate	Getting Needed Care	Customer Service	Care Coordination

Key Driver Analysis

Rating of Doctor and Specialist

Correlation to Rating
of Personal Doctor

Health
Plan's
Score

Quality
Compass
Percentile

Q19. Show respect for what you had to say



0.71

93.73%

62nd

Q20. Spend enough time with you



0.68

88.98%

45th

Q18. Listen carefully to you



0.68

92.52%

59th

Q22. Care Coordination



0.64

84.96%

64th

Q17. Explain things in a way you could understand



0.59

90.20%

27th

Q14. Easy to get care believed necessary

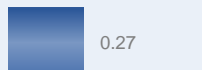


0.38

84.09%

41st

Q31. Got information or help needed



0.27

87.02%

91st

Q4. Getting care as soon as needed

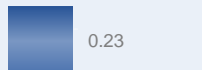


0.23

83.43%

40th

Q32. Treated you with courtesy and respect



0.23

93.98%

43rd

Q12. Asked preference for medicine



0.23

76.87%

39th

Correlation to Rating
of Specialist

Health
Plan's
Score

Quality
Compass
Percentile

Q25. Easy to get appointment with specialist



0.33

83.33%

77th

Q18. Listen carefully to you



0.27

92.52%

59th

Q12. Asked preference for medicine



0.27

76.87%

39th

Q6. Getting appointment as soon as needed

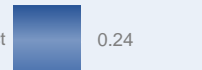


0.24

82.88%

74th

Q32. Treated you with courtesy and respect



0.24

93.98%

43rd

Q22. Care Coordination



0.21

84.96%

64th

Q20. Spend enough time with you

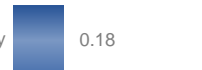


0.20

88.98%

45th

Q14. Easy to get care believed necessary

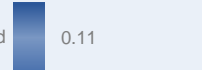


0.18

84.09%

41st

Q31. Got information or help needed

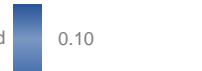


0.11

87.02%

91st

Q17. Explain things in a way you could understand



0.10

90.20%

27th

Above are the 10 key measures with the highest correlation to Rating of Doctor or Specialist

"Health Plan's Score" is the percent of respondents that answered "Always", "Usually", "Yes"

Red Text indicates measure is 25th percentile or lower

Improving CAHPS Scores

Morpace has consulted with numerous clients on ways to improve CAHPS scores. Even though each health plan is unique and faces different challenges, many of the improvement strategies discussed on the next few pages can be applied by most plans with appropriate modifications.

In addition to the strategies suggested below, we suggest reviewing AHRQ's CAHPS Improvement Guide, an online resource located on the Agency for Healthcare Research and Quality website at:

<http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/improvement-guide.html>

GETTING CARE QUICKLY

Getting care as soon as you needed

- » Distribute to members listings of Urgent Care/After Hours Care options available in network. Promote Nurse on Call lines as part of the distribution. Refrigerator magnets with Nurse On-Call phone numbers and names of participating Urgent Care centers are very effective in this population.

Getting appointment as soon as needed

- » Encourage PCP offices to implement open access scheduling – allowing a portion of each day to be left open for urgent care and follow-up care.

Additional recommendations

- » Include in member newsletters articles regarding scheduling routine care and check ups and informing members of the average wait time for a routine appointment for your network.
- » Identify for members, PCP, Pediatric and OB/GYN practices that offer evening and weekend hours.
- » Encourage PCP offices to make annual appointments 12 months in advance
- » Conduct an Access to Care Study
 - Calls to physician office - unblinded
 - Calls to members with recent claims
 - Desk audit by provider relations staff
- » Conduct a CG-CAHPS survey to identify offices with scheduling issues

Improving CAHPS Scores

SHARED DECISION MAKING

Discussed reasons to take medicine

- » Develop patient education materials about common medicines prescribed for your members explaining pros of each medicine. Examples: asthma medications, high blood pressure medications, statins.

Discussed reasons not to take medicine

- » Develop patient education materials about common medicines prescribed for your members explaining cons of each medicine. Examples: asthma medications, high blood pressure medications, statins.

Asked preference for medicine

- » Conduct a CG-CAHPS survey and include the Shared Decision Making Composite as supplemental questions.

Additional recommendations

- » Develop or purchase audio recordings and/or videos of patient/doctor dialogues/vignettes with information about common medications. Distribute to provider panel via podcast or other method.

Improving CAHPS Scores

HOW WELL DOCTORS COMMUNICATE

Explain things in a way you could understand

- » Include supplemental questions from the Item Set for Addressing Health Literacy to identify communication issues.

Listen carefully to you

- » Provide the physicians with patient education materials. These materials could reinforce that the physician has heard the concerns of the patient and/or that they are interested in the well-being of the patient. The materials might also speak to a healthy habit that the physician wants the patient to adopt, thereby reinforcing the communication and increasing the chances for compliance. Materials should be available in appropriate/relevant languages and reading levels for the population.

Show respect for what you had to say

- » Conduct focus group of members to identify examples of behaviors identified in the questions. Video the groups to show physicians how patients characterize excellent and poor physician performance.

Spend enough time with you

- » Develop “Questions Checklists” on specific diseases to be used by members when speaking to doctors. Have these available in office waiting rooms or provided by office staff prior to the patient meeting with the doctor. The doctor can review and discuss the checklist during the office visit.

Additional recommendations

- » Conduct a CG-CAHPS survey to identify physicians for whom improvement plans should be developed.
- » Provide communication tips in the provider newsletters. Often, these are better accepted if presented as a testimonial from a patient.

Improving CAHPS Scores

GETTING NEEDED CARE *(1 of 2)*

Easy to get appointment with specialist

- » Develop referral guidelines to identify which clinical conditions the PCPs should manage themselves and which should be referred to the specialists.
- » Review authorization and referral patterns for internal barriers to member access to needed specialists. Include Utilization Management staff in the review process to assist in barrier identification and process improvement development.
- » Review Complaint and Grievance information to assess if issues are with the process of getting a referral/authorization to a specialist, or if the issue is the wait time to get an appointment.
- » Include supplemental questions on the CAHPS survey to determine whether the difficulty is in obtaining the initial consult or subsequent appointments.
- » Include a supplemental question on the CAHPS survey to determine with which type of specialist members have difficulty making an appointment.
- » Perform a GeoAccess study of your panel of specialists to assure that there are an adequate number of specialists and that they are dispersed geographically to meet the needs of your members.
- » Instruct Provider Relations staff to question PCP office staff regarding which types of specialists they have the most problems scheduling appointments for their patients.
- » Conduct an Access to Care survey to validate appointment availability of specialist appointments.
- » Include specialists in a CG-CAHPS Study to determine ease of access as well as other issues with specialist care.
- » Develop a worksheet which could be completed and given to the patient by the PCP explaining the need and urgency of the referral as well as any preparation on the patient's part prior to the appointment with the specialist. Including the patient in the decision making process improves the probability that the patient will visit the specialist.
- » Develop materials to introduce and promote your specialist network to the PCPs and encourage the PCPs to develop new referral patterns that align with the network.

Improving CAHPS Scores

GETTING NEEDED CARE *(2 of 2)*

Easy to get care believed necessary

- » Evaluate pre-certification, authorization, and appeals processes. Of even more importance is to evaluate the manner in which the decisions are communicated to the member. Members may be told that the health plan has not approved specific care, tests, or treatment, but are not being told why. The health plan should go the extra step to ensure that the member understands the decision and hears directly from them.

Additional recommendations

- » Include a supplemental question on the CAHPS survey to identify the type of care, test or treatment which the member has a problem obtaining.
- » Review complaints received by Customer Service regarding inability to receive care, tests or treatments. Identify the issues generating the highest number of complaints and prioritize improvement activities to address these first.
- » When care or treatment is denied, care should be taken to ensure that the message is understood by both the provider and the member. Evaluate language utilized in denial letters and scripts for telephonic notifications of denials to make sure messaging is clear and appropriate for a lay person. If state regulations mandate denial format and language in written communications, examine ways to also communicate denial decisions verbally to reinforce reasons for denial.

Improving CAHPS Scores

HEALTH PLAN CUSTOMER SERVICE

Got information or help needed

- » On a monthly basis, study Call Center reports for reasons of incoming calls and identify the primary drivers of calls. Bring together Call Center representatives and key staff from related operational departments to design interventions to decrease call volume and/or improve member satisfaction with the health plan.

Treated you with courtesy and respect

- » Operationally define customer service behaviors for Call Center representatives as well as all staff throughout the organization. Train staff on these behaviors.

Additional recommendations

- » Conduct Call Center Satisfaction Survey. Implement a short IVR survey to members within days of their calling customer service to explore/assess their recent experience.
- » Implement a service recovery program so that Call Center representatives have guidelines to follow for problem resolution and atonement.
- » Acknowledge that all members who respond that they have called customer service have actually talked to plan staff in other areas than the Call Center. Promote the idea of customer service is the responsibility for all staff throughout the organization.

Improving CAHPS Scores

CARE COORDINATION

Personal doctor informed and up-to-date about the care you got from other doctors or other health providers

- » Institute process where the plan notifies the PCP when a member is admitted/discharged from a hospital or SNF. Upon discharge, send a copy of the discharge summary to the PCP.
- » Care Coordination is an area in which the health plan can be seen as the partner to the physician in the management of a member's care. A plan's words and actions can emphasize the plan's willingness to work with the physician to improve the health of their members and to assist the physician in doing so.
 - Offer to work with larger/high volume PCP groups to facilitate EMR connectivity with high volume specialty groups.
 - Conduct a referring physician survey with PCPs via the Internet to ascertain the level of communication between PCPs and specific specialists.
- Investigate how the plan can assist the PCP in coordinating care with specialists and ancillary providers.
- Institute a policy and procedure whereby copies of MTM information is faxed/mailed to the member's assigned PCP.
- Have Provider Relations staff interview PCP office staff as to whether they communicate with Specialist offices to request updates on care delivered to patients that the PCP referred to the Specialist.
- Encourage PCP offices to assist members with appointment scheduling with specialists and other ancillary providers and for procedures and tests.

Demographic Differences

The commentary below is based on the Morpace Adult Medicaid Book of Business:

Age	<ul style="list-style-type: none"> Those ages 55+ tend to be more satisfied with their health care experience and health plan than those ages 54 or younger. Respondents 55+ rate all composite and overall rating areas significantly higher than those 54 or younger with the exception of Shared Decision Making. Respondents ages 54 or younger rate Shared Decision Making significantly higher than those 55+. Younger respondents are significantly less likely to report receiving a flu shot/spray than older respondents.
Health Status	<ul style="list-style-type: none"> Respondents who rate their health status as 'Excellent' or 'Very good' tend to be more satisfied with How Well Doctors Communicate and Getting Needed Care than respondents who rate their health status lower. Moreover, healthier respondents give significantly higher ratings to all overall rating measures in comparison to those less healthy. Respondents who rate their health status as 'Fair' or 'Poor' are significantly more likely to report receiving a flu shot/spray than those who rate their health status higher.
Education	<ul style="list-style-type: none"> There are few significant differences when analyzing results by education level. More educated respondents rate the area of Shared Decision Making significantly higher than those less educated. The opposite is true for Rating of Health Plan and Care Coordination (Q22), with those less educated providing significantly higher ratings.
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.	
Race	<ul style="list-style-type: none"> White respondents give the highest ratings in most <u>composite</u> areas. However, in regard to <u>overall rating</u> measures, White respondents rate similarly or significantly lower than African-American respondents. Morpace Book of Business: White - 56%; African American - 28%; All other - 18% Lower satisfaction ratings from Asian Americans may be partially attributable to cultural differences in their response tendencies. Therefore, the lower scores for 'All other' might not reflect an accurate comparison of their experience with health care.
Ethnicity	<ul style="list-style-type: none"> Hispanics and non-Hispanics rate <u>composite</u> measures similarly, although, Hispanic respondents rate all <u>overall rating</u> measures (Rating of Health Care, Personal Doctor, Specialist, and Health Plan) significantly higher than non-Hispanics. Morpace Book of Business: Hispanic - 18%

Demographic Profile

		2015	2016	2017	2018	2017 Quality Compass
Q36. Health Status						
	Excellent/Very Good	29%	36%	30%	32%	33%
	Good	33%	27%	33%	34%	33%
	Fair/Poor	39%	37%	37%	34%	34%
Q37. Mental/Emotional Health Status						
	Excellent/Very Good	35%	43%	39%	42%	43%
	Good	29%	21%	30%	30%	29%
	Fair/Poor	36%	36%	31%	29%	29%
Q47. Member's Age						
	18 to 24	16%	20%	13%	13%	12%
	25 to 34	19%	20%	15%	17%	17%
	35 to 44	14%	19%	18%	17%	15%
	45 to 54	19%	16%	20%	21%	21%
	55 to 64	30%	24%	25%	30%	28%
	65 or older	2%	2%	8%	2%	7%
Q48. Gender						
	Male	31%	28%	30%	28%	39%
	Female	69%	72%	70%	72%	61%
Q49. Education						
	Did not graduate high school	45%	38%	34%	30%	24%
	High school graduate or GED	40%	38%	36%	43%	38%
	Some college or 2-year degree	14%	20%	24%	22%	27%
	4-year college graduate	1%	3%	4%	4%	7%
	More than 4-year college degree	1%	1%	2%	1%	4%
Q50/51. Race/Ethnicity						
	Hispanic or Latino	4%	4%	3%	4%	18%
	White	31%	40%	42%	43%	57%
	African American	53%	53%	50%	52%	26%
	Asian	1%	2%	1%	1%	5%
	Native Hawaiian or other Pacific Islander	1%	1%	0%	1%	1%
	American Indian or Alaska Native	4%	5%	4%	2%	4%
	Other	5%	4%	4%	3%	10%

Data shown are self reported.

Measures by Demographics

	Age			Race			Ethnicity		Education		Health Status		
Demographic	18-34	35-54	55+	White	African American	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/Very Good	Good	Fair/Poor
Sample size	(n=116)	(n=148)	(n=122)	(n=169)	(n=202)	(n=26)	(n=16)	(n=348)	(n=279)	(n=105)	(n=123)	(n=132)	(n=132)
Composites (% Always/Usually)													
Getting Care Quickly	81	80	87	86	81	70	86	82	84	82	82	84	84
Shared Decision Making (% Yes)	72	83	81	81	76	78	93	78	80	77	74	76	85
How Well Doctors Communicate	95	91	92	92	92	91	88	92	92	91	95	90	91
Getting Needed Care	87	79	87	85	83	84	91	84	84	82	82	90	80
Customer Service	94	86	93	93	89	90	89	91	91	90	97	88	88
Overall Ratings (% 8,9,10)													
Health Care	76	79	76	75	79	68	91	77	79	74	85	78	69
Personal Doctor	80	83	79	79	84	65	80	82	86	73	86	84	75
Specialist	79	91	85	87	86	29	60	87	88	82	96	87	82
Health Plan	83	77	84	79	83	71	87	81	83	76	91	78	74

HEDIS Measures

Flu Vaccinations for Adults Ages 18 - 64

Medical Assistance with Smoking and Tobacco Use Cessation

Flu Vaccinations

For Adults Ages 18-64

- » The Flu Vaccinations for Adults Ages 18-64 Measure is designed to report the percent of members:
 - who are between the ages of 18-64 as of July 1st of the measurement year
 - who were continuously enrolled during the measurement year, and
 - who received an influenza vaccination or flu spray between July of the measurement year and the date on which the survey was completed
- » All members in the sample are asked to answer this question but only the members that meet the age criteria will be included in the results for this measure.

Health Plan Scores (% Yes)	2015	2016	2017	2018
Q38. Flu Shot	37%	36%	39%	35%
Sample Size:	(415)	(356)	(378)	(368)

↑/↓ Statistically higher/lower compared to prior year results.

Health Plan Percentile:

31st Percentile

2017 Quality Compass							
Mean	5 th	10 th	25 th	50 th	75 th	90 th	95 th
38.57	25.20	29.57	34.28	39.20	43.00	47.46	51.31

- » Results for this measure are calculated using data collected during the measurement year. There must be a total of 100 or more respondents eligible for calculation in the measurement year for the rate to be reportable.

Smoking & Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

- » The Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure consists of the following components that assess different facets of providing medical assistance with smoking and tobacco use cessation:
 - Advising Smokers and Tobacco Users to Quit
 - Discussing Cessation Medications
 - Discussing Cessation Strategies
- » Criteria for inclusion in this measure are members who are at least 18 years old, who were either current smokers, tobacco users, or recent quitters, who were seen by an MCO practitioner during the measurement year, and who received advice on quitting smoking/tobacco use.

Health Plan Percentile:

43rd Percentile

- » The Health Plan Scores are calculated using a rolling average methodology, using results collected during two consecutive years of data collection. There must be a total of 100 or more respondents for the rolling average calculation to be reportable.

Health Plan Scores (% Always/Usually/Sometimes)	2015	2016	2017	2018
Q40. Advising Smokers and Tobacco Users to Quit	74%	72%	70%	76%
Sample Size:	(322)	(305)	(291)	(292)

↑/↓ Statistically higher/lower compared to prior year results.

2017 Quality Compass							
Mean	5 th	10 th	25 th	50 th	75 th	90 th	95 th
76.24	64.56	68.75	72.56	77.05	80.23	82.34	84.54

Smoking & Tobacco Use Cessation

Discussing Cessation Medications

- » Criteria for inclusion in this measure are members who are at least 18 years old, who were either current smokers, tobacco users, or recent quitters, who were seen by an MCO practitioner during the measurement year, and who discussed smoking/tobacco use cessation medications.

Health Plan Percentile:

49th Percentile

- » The Health Plan Scores are calculated using a rolling average methodology, using results collected during two consecutive years of data collection. There must be a total of 100 or more respondents for the rolling average calculation to be reportable.

Health Plan Scores (% Always/Usually/Sometimes)	2015	2016	2017	2018
Q41. Discussing Cessation Medications	44%	45%	48%	50%
Sample Size:	(320)	(306)	(293)	(288)

↑/↓ Statistically higher/lower compared to prior year results.

2017 Quality Compass							
Mean	5 th	10 th	25 th	50 th	75 th	90 th	95 th
49.46	32.56	38.94	44.11	49.71	55.17	60.34	65.06

Smoking & Tobacco Use Cessation

Discussing Cessation Strategies

- » Criteria for inclusion in this measure are members who are at least 18 years old, who were either current smokers, tobacco users, or recent quitters, who were seen by an MCO practitioner during the measurement year, and who discussed smoking/tobacco use cessation medications or strategies with their doctor.

Health Plan Percentile:

55th Percentile

- » The Health Plan Scores are calculated using a rolling average methodology, using results collected during two consecutive years of data collection. There must be a total of 100 or more respondents for the rolling average calculation to be reportable.

Health Plan Scores (% Always/Usually/Sometimes)	2015	2016	2017	2018
Q42. Discussing Cessation Strategies	43%	46%	44%	44%
Sample Size:	(319)	(304)	(291)	(290)

↑/↓ Statistically higher/lower compared to prior year results.

2017 Quality Compass							
Mean	5 th	10 th	25 th	50 th	75 th	90 th	95 th
44.09	30.22	34.00	39.62	43.77	48.94	54.11	56.30

Supplemental Questions

Time Waited for Initial Appointment

Supplemental Questions

Q54. In the last 6 months, how many days did you usually have to wait between making an initial appointment with a provider and actually seeing the provider for a non-urgent problem or health condition?

	2017	2018
Same day	20%	22%
1-2 days	24%	26%
3-7 days	24%	23%
8-14 days	11%	9%
15-30 days	10%	9%
More than 30 days	12%	10%

Sample Size: (n=284) (n=274)

Time Waited for Routine Care Visit

Supplemental Questions

Q55. In the last 6 months, how long did you usually have to wait between making an appointment for a regular or routine care visit with a provider and actually seeing a provider?

	2017	2018
6 weeks or less	85%	83%
More than 6 weeks	15%	17%
<i>Sample Size:</i>	<i>(n=254)</i>	<i>(n=237)</i>

Time Waited for Specialist Initial Appointment

Supplemental Questions

Q56. In the last 6 months, how many days did you usually have to wait between making an initial appointment with a specialist and actually seeing the specialist for a non-urgent problem or health condition?

	2017	2018
Same day	13%	12%
1-2 days	19%	22%
3-7 days	28%	26%
8-14 days	12%	15%
15-30 days	16%	13%
More than 30 days	13%	12%

Sample Size: (n=219) (n=185)

Time Waited for Specialist Referred Visit

Supplemental Questions

Q57. In the last 6 months, when you were referred to a specialist, how long did you usually have to wait between making an appointment for a referred visit with a specialist and actually seeing a specialist?

	2017	2018
Within 1 month (30 days) of referral	82%	82%
More than 1 month (30 days) after referral	18%	18%
<i>Sample Size:</i>	<i>(n=174)</i>	<i>(n=150)</i>

Currently Pregnant

Supplemental Questions

Q58. Are you currently pregnant, or have you been pregnant in the last 6 months?

	2017	2018
Yes	5%	5%
No	95%	95%
<i>Sample Size:</i>	<i>(n=399)</i>	<i>(n=373)</i>

Time Waited for First Trimester Check-Up

Supplemental Questions

Q59. In the last 6 months, how many days did you usually have to wait between making an appointment for a first trimester check-up with your OB/GYN and actually seeing your OB/GYN?

	2017	2018
14 days or less	75%	86%
15 days or more	25%	14%
<i>Sample Size:</i>	<i>(n=16)</i>	<i>(n=14)</i>

Time Waited for Second Trimester Check-Up

Supplemental Questions

Q60. In the last 6 months, how many days did you usually have to wait between making an appointment for a second trimester check-up with your OB/GYN and actually seeing your OB/GYN?

	2017	2018
7 days or less	71%	100%
8 days or more	29%	0%
Sample Size:	(n=17)	(n=13)

Time Waited for Third Trimester Check-Up

Supplemental Questions

Q61. In the last 6 months, how many days did you usually have to wait between making an appointment for a third trimester check-up with your OB/GYN and actually seeing your OB/GYN?

	2017	2018
3 days or less	60%	88%
4 days or more	40%	13%
Sample Size:	(n=15)	(n=8)

Phoned Doctor After Hours

Supplemental Questions

Q62. In the last 6 months, did you phone your personal doctor's office after regular office hours to get help or advice for yourself?

	2017	2018
Yes	15%	17%
No	85%	83%
<i>Sample Size:</i>	<i>(n=390)</i>	<i>(n=368)</i>

Help From After Hours Call

Supplemental Questions

Q63. In the last 6 months, when you phoned after regular office hours, how often did you get the help or advice you needed?

	2017	2018
Always	60%	69%
Usually	13%	10%
Sometimes	15%	8%
Never	13%	13%

Sample Size: (n=55) (n=61)

Comfortable with Physician

Supplemental Questions

Q64. When selecting your health provider(s), how often did you have a problem finding a physician you were comfortable with based on your cultural, personal, or religious beliefs?

	2017	2018
Never	65%	65%
Sometimes	13%	10%
Usually	8%	8%
Always	14%	17%
<i>Sample Size:</i>	<i>(n=390)</i>	<i>(n=371)</i>

Cultural/Language Needs From Plan

Supplemental Questions

Q65. Do you feel that your cultural and/or language needs are recognized and addressed, as needed, by Louisiana Healthcare Connections?

	2017	2018
Yes	77%	77%
No	23%	23%
<i>Sample Size:</i>	<i>(n=387)</i>	<i>(n=366)</i>



2018 CAHPS® Child Medicaid with CCC Survey Summary Report

Centene - LA (Louisiana Healthcare Connections)

July 2018



Morpace research is completed in compliance with ISO 20252

Morpace, Inc.

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**Detailed exhibits and data tables available in online reporting portal.*

Study Overview

(1 of 2)

Background

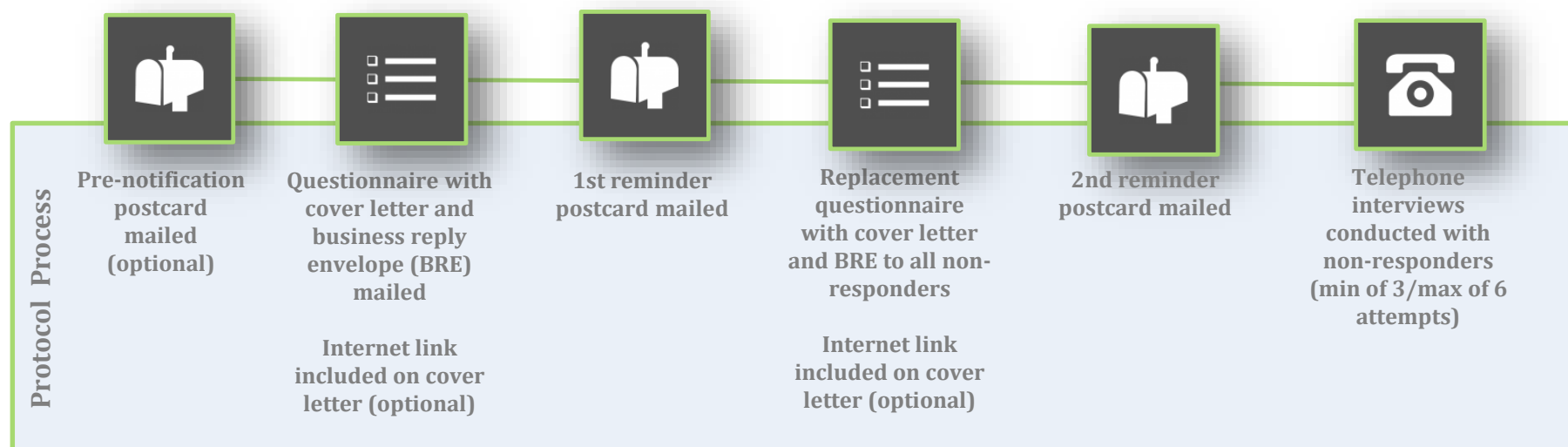
CAHPS (Consumer Assessment of Healthcare Providers and Systems) measures health care consumers' satisfaction with the quality of care and customer service provided by their health plan. Plans which are collecting HEDIS® (Healthcare Effectiveness Data and Information Set) data for NCQA accreditation are required to field the CAHPS survey among their eligible populations.

Protocol

For CAHPS results to be considered in HEDIS results, the CAHPS 5.0H survey must be fielded by an NCQA (National Committee for Quality Assurance)-certified survey vendor using an NCQA-approved protocol of administration in order to ensure that results are collected in a standardized way and can be compared across health plans.

Standard NCQA protocols for administering CAHPS 5.0H include a mixed-mode mail/telephone protocol and a mail-only protocol. NCQA allows enhanced methodology options that do not significantly alter the standard methodology, such as Internet or Spanish.

» Centene - LA (Louisiana Healthcare Connections) chose the mail/telephone/Internet protocol.



Study Overview

(2 of 2)

Sample

- » In 2018, 5575 Centene - LA (Louisiana Healthcare Connections) members were randomly selected to participate in the 2018 CAHPS 5.0H Child Medicaid with CCC Survey. This sample consisted of 2723 randomly selected Child members and 2852 CCC Supplemental Sample. The CCC Supplemental Sample was pulled after the CAHPS 5.0H Child survey sample was drawn. The CCC Supplemental Sample consisted of members with the prescreen status code of 2 (children more likely to have a chronic condition) who were not already selected for the CAHPS 5.0H Child survey sample. Morpace combined the CAHPS 5.0H Child survey sample and the CCC Supplemental Sample for survey administration and submission of data to NCQA for calculation of survey results.
- » For purposes of reporting the Child Medicaid with CCC survey results, the results are divided into two groups: General Population and CCC Population. The General Population consists of all child members who were randomly selected for the CAHPS 5.0H Child survey during sampling. The CCC Population consists of all children (either from the CAHPS 5.0H Child survey sample or the CCC Supplemental Sample) who are identified as having a chronic condition, as defined by the member's responses to the CCC survey-based screening tool.

The 2018 sample for Centene - LA (Louisiana Healthcare Connections):

				Total Completes				
Sample Size	Total Completes	General Population Completes	CCC Population Completes	English Completes	Spanish Completes	Mail Completes	Phone Completes	Internet Completes
5575	1058	523	521	1002	56	492	494	72

Response Rate Summary

Response Rate Calculation

A response rate is calculated for those members who were eligible and able to respond.

19%

Is the Final 2018 Total Sample Response Rate

2017 NCQA Avg. Response Rate = 22%

19%

Is the Final 2018 General Population Response Rate

Using the final figures from Centene - LA (Louisiana Healthcare Connections)'s survey, the 2018 response rate is calculated using the equation below:

Total Sample

Mail (492) + Phone (494) + Internet (72) = 1058 completes

÷

Total Sample (5575) - Total Ineligible (20) = 5555

General Population

Mail (232) + Phone (257) + Internet (34) = 523 completes

÷

Total Sample (2723) - Total Ineligible (9) = 2714

Disposition Summary

A completed questionnaire is defined as a respondent who completed three of the five required questions that all respondents are eligible to answer (question #3, 30, 45, 49, 54).

Ineligible	Count	
	Total Sample	General Population
Deceased	0	0
Does not meet eligible population criteria	9	5
Language barrier	11	4
Total Ineligible	20	9

According to NCQA protocol, ineligible members include those who are deceased, do not meet eligible population criteria, or have a language barrier.

Non-response	Count	
	Total Sample	General Population
Partial complete	66	29
Refusal	49	25
Maximum attempts made	4361	2126
Do Not Call list	21	11
Total Non-response	4497	2191

Non-responders include those members who refuse to participate in the current year's survey, could not be reached due to a bad address or telephone number, members that reached a maximum attempt threshold without a response, or members that did not meet the completed survey definition.

CAHPS Measures Defined

Key Measures

For purposes of reporting the CAHPS results in HEDIS and for scoring for health plan accreditation, NCQA uses composite measures and rating questions from the survey.

- » Getting Care Quickly
- » Shared Decision Making*
- » How Well Doctors Communicate*
- » Getting Needed Care
- » Customer Service
- » Care Coordination (Q40)
- » Rating of Health Care
- » Rating of Personal Doctor
- » Rating of Specialist
- » Rating of Health Plan
- » Access to Prescription Medicines* (CCC Measure)
- » Access to Specialized Services* (CCC Measure)
- » Family-Centered Care: Personal Doctor Who Knows Child* (CCC Measure)
- » Family-Centered Care: Getting Needed Information* (CCC Measure)
- » Coordination of Care for Children with Chronic Conditions* (CCC Measure)

Each of the composite measures is the average of 2 – 4 questions, depending on the measure, while each rating score is based on a single question. CAHPS scores are most commonly shown using Summary Rate scores.

** Measure not included in scoring for accreditation.*

Summary Rate Scores

Summary Rate Scores indicate the proportion of members who rate the health plan favorably on a measure. The Summary Rate scores are calculated using % Always/Usually or %Yes for composite measures and %8,9,10 for rating questions – with 100% the highest possible score. Comparing the health plan's percentages for the current year versus last year will provide an understanding where the health plan improved or declined.

Quality Compass Percentiles

Quality Compass is NCQA's comprehensive national database of health plans' HEDIS and CAHPS results. The Quality Compass percentiles provide an indication of how the health plan fared against last year's national average – 100th is the highest percentile.

NCQA Accreditation CAHPS Points

NCQA awards CAHPS points based on the percentile in which the health plan places for each measure. The maximum total points for all measures is 13 points.

By measure, the health plan earns maximum points when ranked 90th percentile or above, and minimum points for falling below the 25th percentile.

Executive Highlights

General Population

Summary Rate Scores (% Positive Response)			
COMPOSITE SCORES	2018	2017	2018 Score versus 2017 Quality Compass
Getting Care Quickly	95%	93%	97 th
Shared Decision Making	82%	78%	81 st
How Well Doctors Communicate	95%	94%	70 th
Getting Needed Care	89%	89%	76 th
Customer Service	91%	90%	91 st
Care Coordination	79%	83%	19 th
OVERALL RATING SCORES			
Health Care	90%	88%	92 nd
Personal Doctor	91%	88%	81 st
Specialist	89%	86%	61 st
Health Plan	89%	90%	78 th

2018 NCQA Accreditation CAHPS Points			
Approx. 2018 Percentile Threshold	2018 Approx. Points	2017 Approx. Points	Difference from 2017
90 th	1.444	1.444	0.000
NA	NA	NA	NA
NA	NA	NA	NA
90 th	1.444	1.444	0.000
90 th	1.444	1.444	0.000
50 th	0.982	1.271	-0.289
90 th	1.444	1.444	0.000
90 th	1.444	1.444	0.000
90 th	1.444	1.444	0.000
90 th	2.888	2.888	0.000
	12.534	12.823	-0.289

Green (light) = relative strength Red (dark) = relative weakness

Total Possible CAHPS Points = 13.000



Summary Rate Scores:

- » Colored arrows denote significant changes from last year, and likely play a role in changes to the health plan's overall CAHPS accreditation points.
- » The Quality Compass percentiles provide an indication of how the health plan fared against *last year's* national average - 100th is the highest.

Accreditation Points:

- » The NCQA Accreditation CAHPS Points are approximated due to rounding because NCQA provides only two digits after the decimal but uses six digits in their actual calculation.
- » Importantly, the Health Plan Overall Rating measure earns double points so it always plays a key role in the health plan's Total CAHPS Points.
- » Estimated accreditation points cannot be calculated if too many measures (5 or more) are unreportable due to low sample size.

Summary of Key Measures

	General Population		2017 Quality Compass	CCC Population		2017 Quality Compass
Composite Measures	2017	2018		2017	2018	
Getting Care Quickly	93%	95%	89%	94%	96%	92%
Shared Decision Making	78%	82%	79%	84%	85%	85%
How Well Doctors Communicate	94%	95%	93%	95%	95%	94%
Getting Needed Care	89%	89%	85%	92%	88%	86%
Customer Service	90%	91%	88%	94%	91%	90%
CCC Composite Measures						
Access to Prescription Medicines	92%	92%	NA	92%	92%	91%
Access to Specialized Services	80%	73%	NA	79%	77%	76%
Family-Centered Care: Personal Doctor Who Knows Child	89%	88%	NA	92%	91%	90%
Family-Centered Care: Getting Needed Information	89%	90%	NA	92%	93%	91%
Coordination of Care for Children with Chronic Conditions	72%	78%	NA	78%	78%	78%
Overall Ratings Measures						
Health Care	88%	90%	87%	86%	89%	85%
Personal Doctor	88%	91%	89%	90%	91%	89%
Specialist	86%	89%	87%	87%	86%	86%
Health Plan	90%	89%	86%	90%	89%	84%
Health Promotion & Education	72%	71%	72%	77%	80%	78%
Care Coordination	83%	79%	83%	87%	82%	83%
General Population				Total Sample		
Sample Size	2,723	2,723		5,575	5,575	
# of Completes	538	523		1,166	1,058	
Response Rate	21%	19%		22%	19%	

↑/↓ Statistically higher/lower compared to prior year results. NA=Data not available

2018 CAHPS 5.0H Child Medicaid with CCC Survey
Centene - LA (Louisiana Healthcare Connections)

M180005 July 2018 8

Comparison to Quality Compass

General Population

			2017 Child Medicaid Quality Compass - General Population Results							
Child Medicaid with CCC Survey Questions	2018	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly (% Always/Usually)	95.34	97th	88.83	79.48	82.56	86.14	89.46	92.12	93.74	94.69
Shared Decision Making (% Yes)	81.73	81st	78.70	71.18	74.21	77.15	79.31	81.13	82.50	83.21
How Well Doctors Communicate (% Always/Usually)	94.62	70th	93.49	89.85	90.53	92.29	93.81	94.97	95.84	96.45
Getting Needed Care (% Always/Usually)	88.81	76th	84.50	75.87	77.86	80.80	85.14	88.66	90.62	91.43
Customer Service (% Always/Usually)	91.28	91st	88.09	83.63	84.50	86.36	88.05	89.68	91.22	91.94
Q40 Care Coordination (% Always/Usually)	79.31	19th	82.91	74.82	78.17	80.18	83.18	85.84	88.27	89.62
Q14 Rating of Health Care (% 8, 9, 10)	90.35	92nd	86.72	81.14	82.61	85.14	87.14	88.68	90.05	91.13
Q41 Rating of Personal Doctor (% 8, 9, 10)	91.03	81st	89.27	85.27	86.42	87.87	89.46	90.69	91.86	92.55
Q48 Rating of Specialist (% 8, 9, 10)	88.79	61st	87.30	81.56	82.84	84.88	87.16	89.71	91.37	92.98
Q54 Rating of Health Plan (% 8, 9, 10)	89.06	78th	85.84	79.03	81.47	83.83	86.04	88.86	90.34	91.20

Legend:

95th = Plan score falls on or above 95th percentile
 90th = Plan score falls on 90th or below 95th percentile
 75th = Plan score falls on 75th or below 90th percentile
 50th = Plan score falls on 50th or below 75th percentile
 25th = Plan score falls on 25th or below 50th percentile
 10th = Plan score falls on 10th or below 25th percentile
 5th = Plan scores falls below 10th percentile

The 2017 Child Medicaid Quality Compass consists of 118 public and non-public reporting health plan products (All Lines of Business excluding PPOs).

2018 CAHPS 5.0H Child Medicaid with CCC Survey
Centene - LA (Louisiana Healthcare Connections)

Comparison to Quality Compass

CCC Population

			2017 Child Medicaid with CCC Quality Compass - CCC Population Results							
Child Medicaid with CCC Survey Questions	2018	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly (% Always/Usually)	96.01	96th	91.78	86.16	87.60	89.89	92.07	94.12	94.81	95.25
Shared Decision Making (% Yes)	84.83	54th	84.71	82.09	82.39	83.76	84.60	86.02	88.00	88.63
How Well Doctors Communicate (% Always/Usually)	94.92	61st	94.24	91.06	91.67	93.35	94.46	95.47	96.33	96.46
Getting Needed Care (% Always/Usually)	88.35	66th	85.96	79.48	79.73	82.01	86.61	89.79	90.94	91.75
Customer Service (% Always/Usually)	91.12	70th	89.84	84.77	85.77	88.79	90.41	91.53	93.75	93.91
Q40 Care Coordination (% Always/Usually)	82.14	40th	82.93	77.83	78.79	81.03	82.93	85.75	86.52	87.42
Access to Prescription Medicines (% Always/Usually)	92.48	66th	90.65	85.77	87.06	88.56	91.10	92.97	94.16	94.45
Access to Specialized Services (% Always/Usually)	76.68	49th	76.29	65.54	69.67	73.54	77.47	79.51	81.91	82.46
Family-Centered Care: Personal Doctor Who Knows Child (% Yes)	91.21	65th	89.99	84.56	86.68	88.56	90.57	91.72	92.42	92.81
Family-Centered Care: Getting Needed Information (% Always/Usually)	93.30	87th	91.28	87.95	88.30	90.02	91.67	92.42	93.58	93.93
Coordination of Care for Children with Chronic Conditions (% Yes)	78.39	51st	77.90	73.63	73.88	75.49	78.31	80.57	81.05	82.52
Q14 Rating of Health Care (% 8, 9, 10)	89.46	93rd	85.43	79.94	80.20	83.66	85.71	87.46	88.84	89.76
Q41 Rating of Personal Doctor (% 8, 9, 10)	91.29	84th	88.66	84.09	85.33	87.27	88.84	90.04	91.79	92.50
Q48 Rating of Specialist (% 8, 9, 10)	86.36	50th	85.98	80.20	80.81	85.09	86.36	87.89	89.84	90.08
Q54 Rating of Health Plan (% 8, 9, 10)	88.57	87th	83.53	76.42	77.67	81.33	84.15	86.36	89.16	89.54

Legend:

95th = Plan score falls on or above 95th percentile
 90th = Plan score falls on 90th or below 95th percentile
 75th = Plan score falls on 75th or below 90th percentile
 50th = Plan score falls on 50th or below 75th percentile
 25th = Plan score falls on 25th or below 50th percentile
 10th = Plan score falls on 10th or below 25th percentile
 5th = Plan scores falls below 10th percentile

The 2017 Child Medicaid with CCC Quality Compass consists of 64 public and non-public reporting health plan products (All Lines of Business excluding PPOs).

Accreditation Details

Scoring for NCQA Accreditation – General Population

				2018 NCQA National Accreditation Comparisons*					
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l	
				Accreditation Points	0.289	0.578	0.982	1.271	1.444
Composite Scores	Sample Size	Mean	Approximate Percentile Threshold						Approximate Score
Getting Care Quickly	298	2.809	90 th		2.54	2.61	2.66	2.69	1.444
Getting Needed Care	264	2.615	90 th		2.38	2.47	2.55	2.60	1.444
Customer Service	149	2.664	90 th		2.50	2.53	2.58	2.63	1.444
Care Coordination	145	2.462	50 th		2.35	2.42	2.50	2.53	0.982
Overall Ratings Scores									
Health Care	404	2.730	90 th		2.49	2.52	2.57	2.59	1.444
Personal Doctor	446	2.753	90 th		2.58	2.62	2.65	2.69	1.444
Specialist	116	2.716	90 th		2.53	2.59	2.62	2.66	1.444
				Accreditation Points	0.578	1.156	1.964	2.542	2.888
Health Plan	512	2.738	90 th		2.51	2.57	2.62	2.67	2.888
Estimated Overall CAHPS Score:									12.534

Estimated accreditation points cannot be calculated if too many measures (5 or more) are unreportable due to low sample size (less than 100).

NOTE: NCQA begins their calculation with an unadjusted raw score showing six digits after the decimal and then compares the adjusted score to their benchmarks and thresholds (also calculated to the sixth decimal place). Starting in 2015, NCQA will no longer use an adjusted score. This report displays accreditation points and scores with only two digits after the decimal. Therefore, the estimated overall CAHPS score may differ from the sum of the individual scores due to rounding and could differ slightly from official scores provided by NCQA. The CAHPS measures account for 13 points towards accreditation.

*Data Source: 2018 Accreditation Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.

2018 CAHPS 5.0H Child Medicaid with CCC Survey
Centene - LA (Louisiana Healthcare Connections)

M180005 July 2018 11

Key Driver Summary

General Population

A Key Driver Analysis is conducted to understand the impact that different aspects of plan service and provider care have on members' overall satisfaction with their health plan, their personal doctor, their specialist, and health care in general. Two specific scores are assessed both individually and in relation to each other. These are:

- » The relative importance of the individual issues (Correlation to overall measures)
- » The current levels of performance on each issue (Percentile group in Quality Compass)

Plans should take action to improve items that are both highly correlated to the overall measure and currently rated low when compared to national averages (Quality Compass).

Overall Rating of Health Plan

Call to Action

High Correlation with Rating of Health Plan and
Lower Quality Compass Percentile:

Q51 - Treated You with Courtesy and Respect

Q40 - Care Coordination

Q34 - Show Respect for What You Had to Say

Promote

High Correlation with Rating of Health Plan and
Higher Quality Compass Percentile:

Q50 - Got Information or Help Needed

Overall Rating of Health Care

Call to Action

High Correlation with Rating of Health Care and
Lower Quality Compass Percentile:

Q37 - Spend Enough Time with Child

Q34 - Show Respect for What You Had to Say

Q40 - Care Coordination

Promote

High Correlation with Rating of Health Care and
Higher Quality Compass Percentile:





















Q33 - Listen Carefully to You

Q32 - Explain Things in a Way You Could Understand

Q15 - Easy to Get Care Believed Necessary for Child

Key Driver Analysis

Rating of Health Plan – General Population

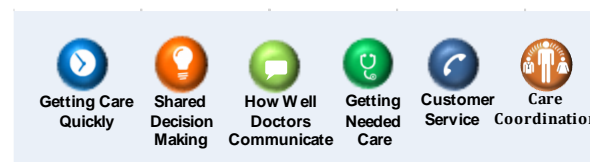
	Correlation to Rating of Health Plan	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q50. Got information or help needed	 0.47		149	87.92%	93 rd
Q51. Treated you with courtesy and respect	 0.44		149	94.63%	63 rd
Q40. Care Coordination	 0.42		145	79.31%	19 th
Q34. Show respect for what you had to say	 0.40		373	96.51%	55 th
Q33. Listen carefully to you	 0.37		373	96.25%	72 nd
Q32. Explain things in a way you could understand	 0.35		373	95.98%	80 th
Q37. Spend enough time with child	 0.33		371	89.76%	56 th
Q15. Easy to get care believed necessary for child	 0.29		403	94.29%	92 nd
Q46. Easy to get appointment for child with specialist	 0.28		126	83.33%	66 th
Q4. Getting care for child as soon as needed	 0.28		199	97.49%	97 th

Above are the 10 key measures with the highest correlation to Rating of Health Plan

Use caution when reviewing scores with sample sizes less than 25





















"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"

Red Text indicates measure is 25th percentile or lower



Key Driver Analysis

Rating of Health Care – General Population

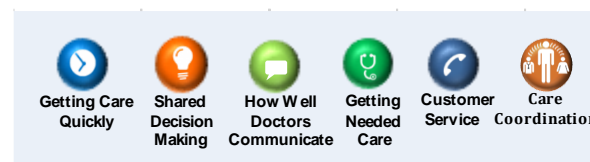
	Correlation to Rating of Health Care	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q33. Listen carefully to you	 0.61		373	96.25%	72 nd
Q32. Explain things in a way you could understand	 0.55		373	95.98%	80 th
Q37. Spend enough time with child	 0.53		371	89.76%	56 th
Q34. Show respect for what you had to say	 0.51		373	96.51%	55 th
Q15. Easy to get care believed necessary for child	 0.46		403	94.29%	92 nd
Q40. Care Coordination	 0.40		145	79.31%	19 th
Q6. Getting appointment for child as soon as needed	 0.29		397	93.20%	92 nd
Q50. Got information or help needed	 0.25		149	87.92%	93 rd
Q51. Treated you with courtesy and respect	 0.18		149	94.63%	63 rd
Q4. Getting care for child as soon as needed	 0.18		199	97.49%	97 th

Above are the 10 key measures with the highest correlation to Rating of Health Care

Use caution when reviewing scores with sample sizes less than 25









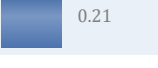

"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"

Red Text indicates measure is 25th percentile or lower







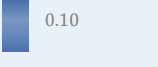
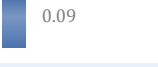
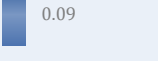



Key Driver Analysis

Rating of Doctor and Specialist – General Population

	Correlation to Rating of Personal Doctor		Health Plan's Score	Quality Compass Percentile
Q34. Show respect for what you had to say		0.56	96.51%	55 th
Q33. Listen carefully to you		0.55	96.25%	72 nd
Q40. Care Coordination		0.53	79.31%	19 th
Q32. Explain things in a way you could understand		0.48	95.98%	80 th
Q37. Spend enough time with child		0.45	89.76%	56 th
Q15. Easy to get care believed necessary for child		0.33	94.29%	92 nd
Q51. Treated you with courtesy and respect		0.27	94.63%	63 rd
Q50. Got information or help needed		0.26	87.92%	93 rd
Q13. Asked preference for medicine		0.21	79.45%	45 th
Q6. Getting appointment for child as soon as needed		0.13	93.20%	92 nd

Above are the 10 key measures with the highest correlation to Rating of Doctor or Specialist
"Health Plan's Score" is the percent of respondents that answered "Always", "Usually", "Yes"

	Correlation to Rating of Specialist		Health Plan's Score	Quality Compass Percentile
Q4. Getting care for child as soon as needed		0.43	97.49%	97 th
Q46. Easy to get appointment for child with specialist		0.36	83.33%	66 th
Q40. Care Coordination		0.35	79.31%	19 th
Q37. Spend enough time with child		0.31	89.76%	56 th
Q34. Show respect for what you had to say		0.30	96.51%	55 th
Q6. Getting appointment for child as soon as needed		0.23	93.20%	92 nd
Q33. Listen carefully to you		0.10	96.25%	72 nd
Q13. Asked preference for medicine		0.09	79.45%	45 th
Q11. Discussed reasons to take medicine		0.09	97.24%	95 th
Q12. Discussed reasons not to take medicine		0.07	68.49%	74 th

Red Text indicates measure is 25th percentile or lower

Key Driver Summary

CCC Population

A Key Driver Analysis is conducted to understand the impact that different aspects of plan service and provider care have on members' overall satisfaction with their health plan, their personal doctor, their specialist, and health care in general. Two specific scores are assessed both individually and in relation to each other. These are:

- » The relative importance of the individual issues (Correlation to overall measures)
- » The current levels of performance on each issue (Percentile group in Quality Compass)

Plans should take action to improve items that are both highly correlated to the overall measure and currently rated low when compared to national averages (Quality Compass).

Overall Rating of Health Plan

Call to Action

High Correlation with Rating of Health Plan and
Lower Quality Compass Percentile:

Q40 - Care Coordination

Promote

High Correlation with Rating of Health Plan and
Higher Quality Compass Percentile:

Q34 - Show Respect for What You Had to Say

Overall Rating of Health Care

Call to Action

High Correlation with Rating of Health Care and
Lower Quality Compass Percentile:

Q33 - Listen Carefully to You

Promote

High Correlation with Rating of Health Care and
Higher Quality Compass Percentile:





















Q15 - Easy to Get Care Believed Necessary for Child

Q34 - Show Respect for What You Had to Say

Q43 - Doctor Understands How Medical Conditions Affect Child's Day-to-Day Life

Key Driver Analysis

Rating of Health Plan – CCC Population

	Correlation to Rating of Health Plan	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q40. Care Coordination	 0.43		224	82.14%	40 th
Q20. Easy to get special medical equipment for child	 0.38		52	76.92%	NA
Q34. Show respect for what you had to say	 0.38		429	96.97%	76 th
Q37. Spend enough time with child	 0.37		427	91.57%	57 th
Q51. Treated you with courtesy and respect	 0.36		169	96.45%	78 th
Q50. Got information or help needed	 0.35		169	85.80%	56 th
Q56. Easy to get prescription medicine for child	 0.34		452	92.48%	66 th
Q32. Explain things in a way you could understand	 0.34		430	94.88%	36 th
Q38. Doctor talks with you about how child is feeling/growing/behaving	 0.33		427	87.35%	23 rd
Q46. Easy to get appointment for child with specialist	 0.33		211	83.41%	51 st

										
Getting Care Quickly	Shared Decision Making	How Well Doctors Communicate	Getting Needed Care	Customer Service	Access to Prescription Medicines	Access to Specialized Services	Personal Doctor Knows Child	Getting Needed Information	Care for Chronic Conditions	Care Coordination

Above are the 10 key measures with the highest correlation to Rating of Health Plan

















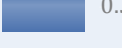



Use caution when reviewing scores with sample sizes less than 25

"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"

Red Text indicates measure is 25th percentile or lower

Key Driver Analysis

Rating of Health Care – CCC Population

	Correlation to Rating of Health Care	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q33. Listen carefully to you	 0.55		429	96.27%	68 th
Q15. Easy to get care believed necessary for child	 0.51		447	93.29%	73 rd
Q34. Show respect for what you had to say	 0.48		429	96.97%	76 th
Q43. Doctor understands how medical conditions affect child's day-to-day life	 0.48		350	94.29%	75 th
Q37. Spend enough time with child	 0.46		427	91.57%	57 th
Q18. Getting help you needed from doctor in contacting school/daycare	 0.46		75	96.00%	80 th
Q44. Doctor understands how medical conditions affect family's day-to-day life	 0.45		350	92.00%	81 st
Q32. Explain things in a way you could understand	 0.45		430	94.88%	36 th
Q38. Doctor talks with you about how child is feeling/growing/behaving	 0.38		427	87.35%	23 rd
Q40. Care Coordination	 0.37		224	82.14%	40 th



Above are the 10 key measures with the highest correlation to Rating of Health Care

Use caution when reviewing scores with sample sizes less than 25

"Health Plan's Score" is the percent of respondents that answered "Always", "Usually", "Yes"

Red Text indicates measure is 25th percentile or lower

Improving CAHPS Scores

Morpace has consulted with numerous clients on ways to improve CAHPS scores. Even though each health plan is unique and faces different challenges, many of the improvement strategies discussed on the next few pages can be applied by most plans with appropriate modifications.

In addition to the strategies suggested below, we suggest reviewing AHRQ's CAHPS Improvement Guide, an online resource located on the Agency for Healthcare Research and Quality website at:

<http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/improvement-guide.html>

GETTING CARE QUICKLY

Getting care as soon as you needed

- » Distribute to members listings of Urgent Care/After Hours Care options available in network. Promote Nurse on Call lines as part of the distribution. Refrigerator magnets with Nurse On-Call phone numbers and names of participating Urgent Care centers are very effective in this population.

Getting appointment as soon as needed

- » Encourage PCP offices to implement open access scheduling – allowing a portion of each day to be left open for urgent care and follow-up care.

Additional recommendations

- » Include in member newsletters articles regarding scheduling routine care and check ups and informing members of the average wait time for a routine appointment for your network.
- » Identify for members, PCP, Pediatric and OB/GYN practices that offer evening and weekend hours.
- » Encourage PCP offices to make annual appointments 12 months in advance
- » Conduct an Access to Care Study
 - Calls to physician office - unblinded
 - Calls to members with recent claims
 - Desk audit by provider relations staff
- » Conduct a CG-CAHPS survey to identify offices with scheduling issues

Improving CAHPS Scores

SHARED DECISION MAKING

Discussed reasons to take medicine

- » Develop patient education materials about common medicines prescribed for your members explaining pros of each medicine. Examples: asthma medications, high blood pressure medications, statins.

Discussed reasons not to take medicine

- » Develop patient education materials about common medicines prescribed for your members explaining cons of each medicine. Examples: asthma medications, high blood pressure medications, statins.

Asked preference for medicine

- » Conduct a CG-CAHPS survey and include the Shared Decision Making Composite as supplemental questions.

Additional recommendations

- » Develop or purchase audio recordings and/or videos of patient/doctor dialogues/vignettes with information about common medications. Distribute to provider panel via podcast or other method.

Improving CAHPS Scores

HOW WELL DOCTORS COMMUNICATE

Explain things in a way you could understand

- » Include supplemental questions from the Item Set for Addressing Health Literacy to identify communication issues.

Listen carefully to you

- » Provide the physicians with patient education materials. These materials could reinforce that the physician has heard the concerns of the patient and/or that they are interested in the well-being of the patient. The materials might also speak to a healthy habit that the physician wants the patient to adopt, thereby reinforcing the communication and increasing the chances for compliance. Materials should be available in appropriate/relevant languages and reading levels for the population.

Show respect for what you had to say

- » Conduct focus group of members to identify examples of behaviors identified in the questions. Video the groups to show physicians how patients characterize excellent and poor physician performance.

Spend enough time with you

- » Develop “Questions Checklists” on specific diseases to be used by members when speaking to doctors. Have these available in office waiting rooms or provided by office staff prior to the patient meeting with the doctor. The doctor can review and discuss the checklist during the office visit.

Additional recommendations

- » Conduct a CG-CAHPS survey to identify physicians for whom improvement plans should be developed.
- » Provide communication tips in the provider newsletters. Often, these are better accepted if presented as a testimonial from a patient.

Improving CAHPS Scores

GETTING NEEDED CARE (1 of 2)

Easy to get appointment with specialist

- » Develop referral guidelines to identify which clinical conditions the PCPs should manage themselves and which should be referred to the specialists.
- » Review authorization and referral patterns for internal barriers to member access to needed specialists. Include Utilization Management staff in the review process to assist in barrier identification and process improvement development.
- » Review Complaint and Grievance information to assess if issues are with the process of getting a referral/authorization to a specialist, or if the issue is the wait time to get an appointment.
- » Include supplemental questions on the CAHPS survey to determine whether the difficulty is in obtaining the initial consult or subsequent appointments.
- » Include a supplemental question on the CAHPS survey to determine with which type of specialist members have difficulty making an appointment.
- » Perform a GeoAccess study of your panel of specialists to assure that there are an adequate number of specialists and that they are dispersed geographically to meet the needs of your members.
- » Instruct Provider Relations staff to question PCP office staff regarding which types of specialists they have the most problems scheduling appointments for their patients.
- » Conduct an Access to Care survey to validate appointment availability of specialist appointments.
- » Include specialists in a CG-CAHPS Study to determine ease of access as well as other issues with specialist care.
- » Develop a worksheet which could be completed and given to the patient by the PCP explaining the need and urgency of the referral as well as any preparation on the patient's part prior to the appointment with the specialist. Including the patient in the decision making process improves the probability that the patient will visit the specialist.
- » Develop materials to introduce and promote your specialist network to the PCPs and encourage the PCPs to develop new referral patterns that align with the network.

Improving CAHPS Scores

GETTING NEEDED CARE *(2 of 2)*

Easy to get care believed necessary

- » Evaluate pre-certification, authorization, and appeals processes. Of even more importance is to evaluate the manner in which the decisions are communicated to the member. Members may be told that the health plan has not approved specific care, tests, or treatment, but are not being told why. The health plan should go the extra step to ensure that the member understands the decision and hears directly from them.

Additional recommendations

- » Include a supplemental question on the CAHPS survey to identify the type of care, test or treatment which the member has a problem obtaining.
- » Review complaints received by Customer Service regarding inability to receive care, tests or treatments. Identify the issues generating the highest number of complaints and prioritize improvement activities to address these first.
- » When care or treatment is denied, care should be taken to ensure that the message is understood by both the provider and the member. Evaluate language utilized in denial letters and scripts for telephonic notifications of denials to make sure messaging is clear and appropriate for a lay person. If state regulations mandate denial format and language in written communications, examine ways to also communicate denial decisions verbally to reinforce reasons for denial.

Improving CAHPS Scores

HEALTH PLAN CUSTOMER SERVICE

Got information or help needed

- » On a monthly basis, study Call Center reports for reasons of incoming calls and identify the primary drivers of calls. Bring together Call Center representatives and key staff from related operational departments to design interventions to decrease call volume and/or improve member satisfaction with the health plan.

Treated you with courtesy and respect

- » Operationally define customer service behaviors for Call Center representatives as well as all staff throughout the organization. Train staff on these behaviors.

Additional recommendations

- » Conduct Call Center Satisfaction Survey. Implement a short IVR survey to members within days of their calling customer service to explore/assess their recent experience.
- » Implement a service recovery program so that Call Center representatives have guidelines to follow for problem resolution and atonement.
- » Acknowledge that all members who respond that they have called customer service have actually talked to plan staff in other areas than the Call Center. Promote the idea of customer service is the responsibility for all staff throughout the organization.

Improving CAHPS Scores

CARE COORDINATION

Personal doctor informed and up-to-date about the care you got from other doctors or other health providers

- » Institute process where the plan notifies the PCP when a member is admitted/discharged from a hospital or SNF. Upon discharge, send a copy of the discharge summary to the PCP.
- » Care Coordination is an area in which the health plan can be seen as the partner to the physician in the management of a member's care. A plan's words and actions can emphasize the plan's willingness to work with the physician to improve the health of their members and to assist the physician in doing so.
 - Offer to work with larger/high volume PCP groups to facilitate EMR connectivity with high volume specialty groups.
 - Conduct a referring physician survey with PCPs via the Internet to ascertain the level of communication between PCPs and specific specialists.
- Investigate how the plan can assist the PCP in coordinating care with specialists and ancillary providers.
- Institute a policy and procedure whereby copies of MTM information is faxed/mailed to the member's assigned PCP.
- Have Provider Relations staff interview PCP office staff as to whether they communicate with Specialist offices to request updates on care delivered to patients that the PCP referred to the Specialist.
- Encourage PCP offices to assist members with appointment scheduling with specialists and other ancillary providers and for procedures and tests.

Demographic Differences

The commentary below is based on the Morpace Child Medicaid Book of Business:

Child's Age	<ul style="list-style-type: none"> Parents/Guardians of older children rate Shared Decision Making and How Well Doctors Communicate higher than parents/guardians of younger children. Respondents with children 1 year or under rate Getting Care Quickly higher than respondents with children of any other age. Parents/Guardians of teens ages 15 to 18 rate their teen's Health Care, Personal Doctor, and Health Plan lower than respondents with younger children.
Child's Health Status	<ul style="list-style-type: none"> Parents/Guardians of children with 'Excellent' or 'Very good' health status tend to be more satisfied than those who rate their child's health status lower. Significant differences are noted in all areas except for Shared Decision Making.
Respondent's Education	<ul style="list-style-type: none"> More educated respondents rate all composite measures higher than those less educated, whereas the opposite is true for overall rating measures – those less educated rate all overall rating measures similarly or higher than those with a higher education.
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.	
Child's Race	<ul style="list-style-type: none"> Parents/Guardians of White children give higher ratings in all composite and overall rating areas with exception of Rating of Health Plan, in which respondents with children who are <u>not</u> White or African American (those in the 'All other' race category) give the highest rating. Morpace Book of Business: White - 60%; African American - 23%; All other - 24% Lower satisfaction ratings from Asian Americans may be partially attributable to cultural differences in their response tendencies. Therefore, the lower scores for 'All other' might not reflect an accurate comparison of their experience with health care.
Child's Ethnicity	<ul style="list-style-type: none"> Parents/Guardians of Hispanic children rate most <u>composite</u> measures significantly lower than those of non-Hispanic children, although, parents/guardians of Hispanic children rate all <u>overall rating</u> measures (Rating of Health Care, Personal Doctor, Specialist, and Health Plan) significantly higher than non-Hispanics. Morpace Book of Business: Hispanic - 30%

Demographic Profile

Child Demographics

		General Population		2017 Quality Compass-General Population	CCC Population		2017 Quality Compass-CCC Population
		2017	2018		2017	2018	
Q58. Child's Health Status							
	Excellent/Very Good	73%	72%	75%	54%	54%	57%
	Good	21%	22%	20%	32%	31%	31%
	Fair/Poor	6%	6%	5%	13%	15%	13%
Q59. Child's Mental/Emotional Health Status							
	Excellent/Very Good	72%	71%	73%	43%	43%	44%
	Good	17%	17%	18%	31%	27%	30%
	Fair/Poor	11%	12%	9%	26%	31%	26%
Q74. Child's Age							
	1 yr and under	8%	5%	NA	2%	1%	NA
	2-5 years	24%	22%	NA	15%	14%	NA
	6-9 years	20%	22%	NA	24%	22%	NA
	10-14 years	28%	29%	NA	36%	39%	NA
	15-18 years	21%	22%	NA	22%	24%	NA
Q75. Child's Gender							
	Male	52%	52%	52%	64%	61%	59%
	Female	48%	48%	48%	36%	39%	41%
Q76/77. Child's Race/Ethnicity							
	Hispanic or Latino	9%	13%	35%	6%	7%	23%
	White	49%	49%	55%	52%	53%	60%
	African American	47%	41%	24%	48%	44%	30%
	Asian	2%	3%	5%	1%	1%	3%
	Native Hawaiian or other Pacific Islander	0%	1%	1%	0%	0%	1%
	American Indian or Alaska Native	4%	3%	3%	4%	3%	5%
	Other	5%	11%	16%	4%	5%	12%

Data shown are self reported.

NA = Data not available

Demographic Profile

Respondent Demographics

	General Population		2017 Quality Compass-General Population	CCC Population		2017 Quality Compass-CCC Population
	2017	2018		2017	2018	
Q7. Number of Times Going to Doctor's Office/Clinic for Care						
None	18%	19%	24%	10%	12%	13%
1 time	21%	22%	26%	17%	17%	20%
2 times	23%	24%	23%	24%	26%	24%
3 times	20%	15%	13%	19%	16%	17%
4 times	8%	9%	6%	12%	10%	10%
5-9 times	8%	9%	6%	14%	15%	12%
10 or more times	2%	1%	2%	4%	3%	4%
Q31. Number of Times Visited Personal Doctor to Get Care						
None	16%	15%	20%	11%	10%	13%
1 time	24%	27%	33%	21%	25%	27%
2 times	27%	26%	23%	28%	27%	25%
3 times	15%	13%	12%	14%	14%	15%
4 times	7%	10%	6%	10%	9%	8%
5-9 times	9%	7%	5%	12%	12%	9%
10 or more times	1%	2%	1%	4%	2%	2%
Q78. Respondent's Age						
Under 18	8%	8%	6%	9%	11%	7%
18 to 24	8%	7%	6%	3%	3%	3%
25 to 34	30%	29%	31%	28%	21%	25%
35 to 44	30%	29%	31%	28%	29%	31%
45 to 54	15%	14%	16%	15%	17%	19%
55 to 64	6%	8%	6%	10%	10%	10%
65 or older	3%	6%	3%	6%	9%	6%
Q79. Respondent's Gender						
Male	10%	8%	12%	7%	9%	10%
Female	90%	92%	88%	93%	91%	90%
Q80. Respondent's Education						
Did not graduate high school	18%	20%	21%	19%	18%	16%
High school graduate or GED	41%	32%	34%	39%	34%	32%
Some college or 2-year degree	31%	36%	31%	32%	38%	37%
4-year college graduate	7%	8%	9%	7%	7%	9%
More than 4-year college degree	3%	4%	5%	3%	4%	6%

Data shown are self reported.

Measures by Demographics

General Population

	Child's Age					Child's Race			Child's Ethnicity		Respondent's Education		Child's Health Status		
Demographic	1 yr and under	2-5 yrs	6-9 yrs	10-14 yrs	15-18 yrs	White	African American	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/ Very Good	Good	Fair/ Poor
Sample size	(n=25)	(n=114)	(n=110)	(n=145)	(n=114)	(n=254)	(n=213)	(n=91)	(n=65)	(n=440)	(n=262)	(n=242)	(n=374)	(n=113)	(n=32)
Composites (% Always/Usually)															
Getting Care Quickly	98	97	92	95	96	98	96	88	87	97	95	97	96	96	88
Shared Decision Making (% Yes)	80	80	82	86	80	84	83	72	81	82	82	82	82	80	83
How Well Doctors Communicate	98	94	97	93	93	96	95	89	91	95	94	94	97	91	83
Getting Needed Care	79	89	87	91	91	89	89	90	84	90	91	87	89	93	76
Customer Service	91	95	91	93	88	92	91	93	92	92	92	91	92	91	95
Overall Ratings (% 8,9,10)															
Health Care	87	93	97	87	87	91	90	84	83	91	91	89	93	83	78
Personal Doctor	91	93	94	90	87	92	90	89	91	91	90	92	93	85	89
Specialist	100	93	87	88	85	91	86	87	94	87	92	85	90	88	85
Health Plan	92	92	88	88	89	89	89	88	89	89	93	85	92	84	77

Supplemental Questions

Appointment with Provider

Supplemental Questions

Q84. In the last 6 months, how many days did you usually have to wait between making an initial appointment for your child with a provider and actually seeing the provider for a non-urgent problem or health condition? For example: Initial check-up with a provider you have not seen before.

	2017	2018
Same day	38%	38%
1-2 days	33%	37%
3-7 days	18%	16%
8-14 days	5%	4%
15-30 days	3%	3%
More than 30 days	3%	1%

Sample Size: (n=452) (n=771)

Appointment with Provider

Supplemental Questions

Q85. In the last 6 months, how long did you usually have to wait between making an appointment for your child for a regular or routine care visit with a provider and actually seeing a provider?

	2017	2018
6 weeks or less	94%	95%
More than 6 weeks	6%	5%
<i>Sample Size:</i>	<i>(n=350)</i>	<i>(n=674)</i>

Appointment with Specialist

Supplemental Questions

Q86. In the last 6 months, how many days did you usually have to wait between making an initial appointment for your child with a specialist and actually seeing the specialist for a non-urgent problem or health condition?

	2017	2018
Same day	23%	24%
1-2 days	26%	24%
3-7 days	26%	25%
8-14 days	9%	10%
15-30 days	8%	10%
More than 30 days	7%	7%

Sample Size: (n=232) (n=430)

Referral Process

Supplemental Questions

Q87. In the last 6 months, when your child was referred to a specialist, how long did you usually have to wait between making an appointment for a referred visit with a specialist and actually seeing a specialist?

	2017	2018
Within 1 month (30 days) of referral	89%	85%
More than 1 month (31 days or more) after referral	11%	15%
<i>Sample Size:</i>	<i>(n=178)</i>	<i>(n=332)</i>

Appointment for Routine Lab or X-Ray Services

Supplemental Questions

Q88. In the last 6 months, not counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment for your child for routine lab or x-ray services and actually getting the lab or x-ray services?

	2017	2018
21 days or less	95%	96%
22 days or more	5%	4%
<i>Sample Size:</i>	<i>(n=127)</i>	<i>(n=251)</i>

Appointment for Urgent Lab or X-Ray Services

Supplemental Questions

Q89. In the last 6 months, how many days did you usually have to wait between making an appointment for your child for urgent lab or x-ray services and actually getting the lab or x-ray services?

	2017	2018
Same day	74%	58%
1-2 days	15%	25%
3-7 days	6%	8%
8-14 days	2%	5%
15-30 days	1%	3%
More than 30 days	1%	1%

Sample Size: (n=142) (n=254)

After Hours

Supplemental Questions

Q90. In the last 6 months, did you phone your child's personal doctor's office after regular office hours to get help or advice for your child?

	2017	2018
Yes	14%	14%
No	86%	86%
<i>Sample Size:</i>	<i>(n=566)</i>	<i>(n=1011)</i>

Q91. In the last 6 months, when you phoned after regular office hours, how often did you get the help or advice you needed for your child?

	2017	2018
Always	67%	68%
Usually	20%	14%
Sometimes	3%	9%
Never	10%	9%
<i>Sample Size:</i>	<i>(n=79)</i>	<i>(n=138)</i>

Cultural, Personal, or Religious Beliefs

Supplemental Questions

Q92. When selecting your health provider(s), how often did you have a problem finding a physician you were comfortable with based on your cultural, personal, or religious beliefs?

	2017	2018
Never	79%	75%
Sometimes	7%	8%
Usually	3%	5%
Always	11%	13%
<i>Sample Size:</i>	<i>(n=566)</i>	<i>(n=997)</i>

Cultural and Language Needs

Supplemental Questions

Q93. Do you feel that your cultural and/or language needs are recognized and addressed, as needed, by Louisiana Healthcare Connections?

	2017	2018
Yes	80%	84%
No	20%	16%
<i>Sample Size:</i>	<i>(n=566)</i>	<i>(n=990)</i>