

BAYOU HEALTH REPORTING

REPORT INFORMATION

Document ID: PS132
Document Name: Member Satisfaction Survey
Revision Date: 11/01/2013
Reporting Frequency: Annually
Deliverable Type: Text Document
Report Due Date: August 30
Subject Matter: Member Services
Document Type: Free Form Template

INFORMATION TO BE COMPLETED BY THE HEALTH PLAN

Health Plan ID: 2162934
Health Plan Name: AmeriHealth Caritas Louisiana
Health Plan Contact: Melissa Bezet
Health Plan Contact Email: mbezet@amerihealthcaritasla.com
Report Period Start Date: 01/01/2017
Report Period End Date: 12/31/2017
Date Completed: 08/30/2018



2018 CAHPS® Adult Medicaid Survey Summary Report

AmeriHealth Caritas Louisiana

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.

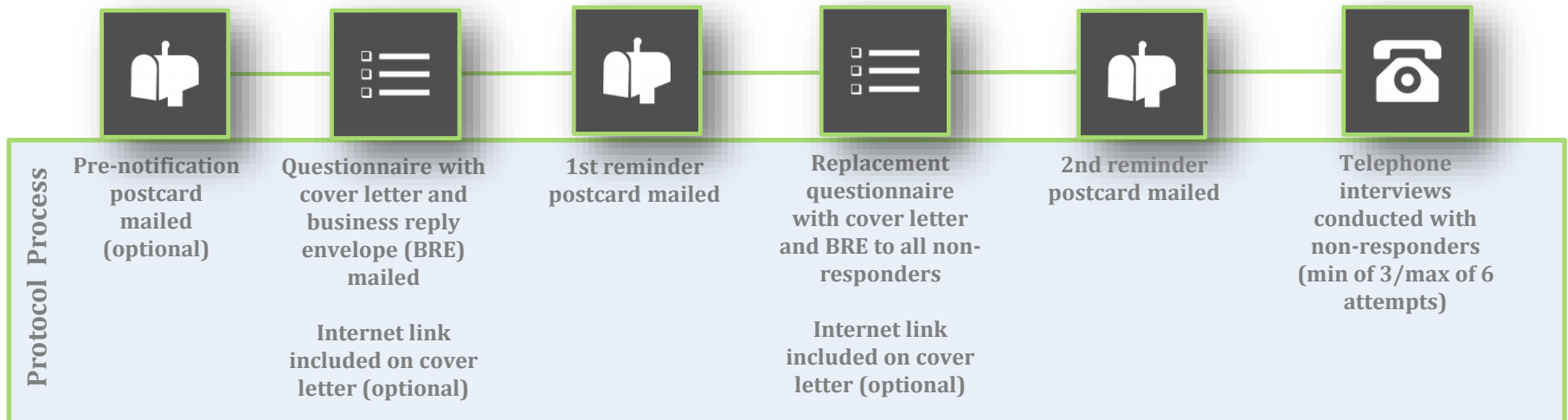
Standard NCQA protocols for administering CAHPS 5.0H include a mixed-mode mail/telephone protocol and a mail-only protocol. NCQA allows enhanced methodology options that do not significantly alter the standard methodology, such as Internet or Spanish.

Sample

The 2018 sample for AmeriHealth Caritas Louisiana:

Sample Size	Total Completes	English Completes	Spanish Completes	Mail Completes	Phone Completes	Internet Completes
1958	475	475	0	343	132	0

» AmeriHealth Caritas Louisiana chose the mail/telephone protocol with pre-notification postcard.



Response Rate Summary

Response Rate Calculation

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

25%

Is the Final 2018 Response Rate

2017 NCQA Avg. Response Rate = 23%

Using the final figures from AmeriHealth Caritas Louisiana's survey, the 2018 response rate is calculated using the equation below:

$$\frac{\text{Mail}(343) + \text{Phone}(132) + \text{Internet}(0)}{\text{Total Sample}(1958) - \text{Total Ineligible}(28)} = \frac{475}{1930} = 25\%$$

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	16
Mentally/physically incapacitated	4
Total Ineligible	28

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	24
Refusal	26
Maximum attempts made	1390
Do Not Call list	15
Total Non-response	1455

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	80%	82%	31 st
Shared Decision Making	76%	76%	8 th
How Well Doctors Communicate	92%	90%	64 th
Getting Needed Care	80%	82%	24 th
Customer Service	91%	88%	85 th
Care Coordination	84% ↑	71%	56 th
OVERALL RATING SCORES			
Health Care	80% ↑	70%	90 th
Personal Doctor	81%	78%	37 th
Specialist	84%	76%	71 st
Health Plan	76%	78%	43 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
25 th	0.578	1.105	-0.527
NA	NA	NA	NA
NA	NA	NA	NA
25 th	0.578	1.105	-0.527
90 th	1.444	1.625	-0.181
50 th	0.982	0.325	0.657
75 th	1.271	0.325	0.946
90 th	1.444	0.650	0.794
75 th	1.271	NA	NA
25 th	1.156	2.210	-1.054
	8.724	7.345	1.379

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	82%	84%	82%	80%	82%
Shared Decision Making	81%	74%	76%	76%	80%
How Well Doctors Communicate	87%	89%	90%	92%	91%
Getting Needed Care	80%	78%	82%	80%	82%
Customer Service	89%	89%	88%	91%	88%
Overall Rating Measures					
Health Care	67%	72%	70%	80% ↑	74%
Personal Doctor	78%	78%	78%	81%	81%
Specialist	79%	84%	76%	84%	82%
Health Plan	73%	77%	78%	76%	76%
HEDIS Measures					
Flu Vaccinations (Ages 18-64)	39%	35%	33%	37%	39%
Advising Smokers and Tobacco Users to Quit*	83%	78%	77%	75%	76%
Discussing Cessation Medications*	43%	44%	48%	51%	49%
Discussing Cessation Strategies*	45%	45%	43%	46%	44%
Health Promotion & Education	71%	76%	75%	79%	74%
Care Coordination	72%	81%	71%	84% ↑	83%
Sample Size	1,620	1,625	1,620	1,958	
# of Completes	344	293	304	475	
Response Rate	21%	18%	19%	25%	

↑/↓ 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)	80.36	31st	81.83	74.92	76.72	79.64	82.22	84.51	86.64	87.97
Shared Decision Making (% Yes)	75.79	8th	79.76	75.02	76.12	78.04	79.69	81.55	83.40	84.17
How Well Doctors Communicate (% Always/Usually)	92.19	64th	91.38	87.54	88.80	90.07	91.53	92.75	93.90	94.46
Getting Needed Care (% Always/Usually)	79.59	24th	81.98	74.84	76.08	79.65	82.67	84.74	86.56	87.07
Customer Service (% Always/Usually)	90.87	85th	88.15	83.64	84.64	86.64	88.38	90.07	91.23	91.73
Q22 Care Coordination (% Always/Usually)	84.31	56th	83.24	76.00	77.40	80.77	83.79	85.96	88.46	89.64
Q13 Rating of Health Care (% 8, 9, 10)	79.62	90th	74.36	66.67	68.92	71.71	74.49	77.17	79.44	81.10
Q23 Rating of Personal Doctor (% 8, 9, 10)	80.54	37th	81.18	73.97	75.29	79.32	81.59	83.65	85.48	86.83
Q27 Rating of Specialist (% 8, 9, 10)	83.80	71st	81.79	75.90	77.42	79.53	81.88	84.09	86.14	87.69
Q35 Rating of Health Plan (% 8, 9, 10)	75.86	43rd	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	290	2.408	25 th		2.37	2.43	2.47	2.52	0.578
Getting Needed Care	279	2.367	25 th		2.33	2.39	2.43	2.47	0.578
Customer Service	175	2.700	90 th		2.48	2.54	2.58	2.61	1.444
Care Coordination	204	2.475	50 th		2.36	2.43	2.48	2.53	0.982
Overall Rating Scores									
Health Care	368	2.476	75 th		2.35	2.39	2.44	2.48	1.271
Personal Doctor	370	2.581	90 th		2.43	2.50	2.53	2.57	1.444
Specialist	179	2.581	75 th		2.48	2.51	2.56	2.59	1.271
				Accreditation Points	0.578	1.156	1.964	2.542	2.888
Health Plan	464	2.455	25 th		2.39	2.46	2.51	2.55	1.156

Estimated Overall CAHPS Score: 8.724

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 Adult Medicaid Survey

AmeriHealth Caritas Louisiana

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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:

Q14 - Easy to Get Care Believed Necessary

Q25 - Easy to Get Appointment with Specialist

Promote

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

None

Overall Rating of Health Care

Call to Action

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

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

Key Driver Analysis

Rating of Health Plan

	<u>Correlation to Rating of Health Plan</u>	<u>Composite</u>	<u>Sample Size</u>	<u>Health Plan's Score</u>	<u>Quality Compass Percentile</u>
Q14. Easy to get care believed necessary	0.45		368	82.34%	32 nd
Q25. Easy to get appointment with specialist	0.45		190	76.84%	24 th
Q4. Getting care as soon as needed	0.39		214	82.24%	28 th
Q19. Show respect for what you had to say	0.36		327	93.58%	58 th
Q18. Listen carefully to you	0.35		328	91.77%	50 th
Q31. Got information or help needed	0.34		175	84.57%	72 nd
Q20. Spend enough time with you	0.32		326	90.49%	66 th
Q6. Getting appointment as soon as needed	0.31		367	78.47%	32 nd
Q17. Explain things in a way you could understand	0.30		325	92.92%	65 th
Q32. Treated you with courtesy and respect	0.29		176	97.16%	92 nd

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

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

Key Driver Analysis

Rating of Health Care



	<u>Correlation to Rating of Health Care</u>	<u>Composite</u>	<u>Sample Size</u>	<u>Health Plan's Score</u>	<u>Quality Compass Percentile</u>
Q14. Easy to get care believed necessary	 0.57		368	82.34%	32 nd
Q19. Show respect for what you had to say	 0.54		327	93.58%	58 th
Q4. Getting care as soon as needed	 0.47		214	82.24%	28 th
Q20. Spend enough time with you	 0.45		326	90.49%	66 th
Q18. Listen carefully to you	 0.44		328	91.77%	50 th
Q22. Care Coordination	 0.42		204	84.31%	56 th
Q25. Easy to get appointment with specialist	 0.42		190	76.84%	24 th
Q17. Explain things in a way you could understand	 0.37		325	92.92%	65 th
Q12. Asked preference for medicine	 0.31		185	74.59%	18 th
Q6. Getting appointment as soon as needed	 0.29		367	78.47%	32 nd

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

Q20. Spend enough time with you



0.65

90.49%

66th

Q19. Show respect for what you had to say



0.63

93.58%

58th

Q18. Listen carefully to you



0.58

91.77%

50th

Q22. Care Coordination



0.56

84.31%

56th

Q17. Explain things in a way you could understand



0.53

92.92%

65th

Q14. Easy to get care believed necessary



0.38

82.34%

32nd

Q4. Getting care as soon as needed



0.31

82.24%

28th

Q12. Asked preference for medicine



0.24

74.59%

18th

Q6. Getting appointment as soon as needed



0.20

78.47%

32nd

Q25. Easy to get appointment with specialist



0.20

76.84%

24th

Correlation to Rating
of Specialist

Health
Plan's
Score

Quality
Compass
Percentile

Q22. Care Coordination



0.43

84.31%

56th

Q18. Listen carefully to you



0.42

91.77%

50th

Q14. Easy to get care believed necessary



0.39

82.34%

32nd

Q25. Easy to get appointment with specialist



0.38

76.84%

24th

Q17. Explain things in a way you could understand



0.37

92.92%

65th

Q31. Got information or help needed



0.34

84.57%

72nd

Q20. Spend enough time with you



0.34

90.49%

66th

Q4. Getting care as soon as needed



0.32

82.24%

28th

Q19. Show respect for what you had to say



0.31

93.58%

58th

Q6. Getting appointment as soon as needed



0.28

78.47%

32nd

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%	27%	28%	30%	33%
	Good	27%	27%	36%	29%	33%
	Fair/Poor	44%	46%	37%	41%	34%
Q37. Mental/Emotional Health Status						
	Excellent/Very Good	36%	27%	35%	39%	43%
	Good	26%	35%	30%	26%	29%
	Fair/Poor	38%	38%	35%	35%	29%
Q47. Member's Age						
	18 to 24	16%	11%	10%	7%	12%
	25 to 34	17%	18%	18%	13%	17%
	35 to 44	19%	15%	15%	16%	15%
	45 to 54	20%	18%	24%	25%	21%
	55 to 64	28%	34%	30%	36%	28%
	65 or older	1%	4%	2%	2%	7%
Q48. Gender						
	Male	25%	33%	38%	39%	39%
	Female	75%	67%	62%	61%	61%
Q49. Education						
	Did not graduate high school	39%	40%	32%	32%	24%
	High school graduate or GED	38%	39%	38%	38%	38%
	Some college or 2-year degree	19%	18%	24%	24%	27%
	4-year college graduate	3%	2%	5%	4%	7%
	More than 4-year college degree	1%	1%	1%	3%	4%
Q50/51. Race/Ethnicity						
	Hispanic or Latino	5%	3%	4%	3%	18%
	White	44%	43%	42%	51%	57%
	African American	49%	52%	53%	44%	26%
	Asian	2%	1%	1%	1%	5%
	Native Hawaiian or other Pacific Islander	0%	0%	0%	0%	1%
	American Indian or Alaska Native	6%	4%	5%	5%	4%
	Other	3%	2%	4%	4%	10%

Data shown are self reported.

Measures by Demographics

Demographic	Age			Race			Ethnicity		Education		Health Status		
	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
<i>Sample size</i>	(n=95)	(n=191)	(n=181)	(n=244)	(n=208)	(n=47)	(n=15)	(n=436)	(n=325)	(n=144)	(n=138)	(n=136)	(n=190)
Composites (% Always/Usually)													
Getting Care Quickly	75	83	81	84	78	76	79	81	80	81	91	77	79
Shared Decision Making (% Yes)	79	80	71	77	75	72	80	76	75	78	84	74	73
How Well Doctors Communicate	90	92	93	92	92	92	89	93	91	94	95	94	90
Getting Needed Care	74	80	81	78	82	67	70	81	81	77	87	78	76
Customer Service	91	89	93	89	94	88	90	91	91	91	94	88	91
Overall Ratings (% 8,9,10)													
Health Care	82	80	79	84	76	74	80	80	80	78	89	85	70
Personal Doctor	83	79	82	81	80	82	77	81	80	82	86	82	76
Specialist	70	86	88	84	85	77	63	86	83	87	90	87	80
Health Plan	74	76	78	79	74	70	64	77	76	77	86	75	70

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	39%	35%	33%	37%
<i>Sample Size:</i>	<i>(314)</i>	<i>(271)</i>	<i>(285)</i>	<i>(446)</i>

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

Health Plan Percentile:

40th 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 Scores (% Always/Usually/Sometimes)	2015	2016	2017	2018
Q40. Advising Smokers and Tobacco Users to Quit	83%	78%	77%	75%
<i>Sample Size:</i>	<i>(266)</i>	<i>(255)</i>	<i>(231)</i>	<i>(299)</i>

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

Health Plan Percentile:

33rd Percentile

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

- » 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.

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:
54th 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	43%	44%	48%	51%
<i>Sample Size:</i>	<i>(265)</i>	<i>(255)</i>	<i>(228)</i>	<i>(297)</i>

↑/↓ 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:

62nd 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	45%	45%	43%	46%
<i>Sample Size:</i>	<i>(262)</i>	<i>(252)</i>	<i>(228)</i>	<i>(295)</i>

↑/↓ 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

Getting Care, Tests, or Treatment

Supplemental Questions

**Q54. If you had trouble getting the care, tests, or treatment that you needed, what is the reason for the trouble?
(Multiple Mentions)**

	2017	2018
My plan said that it was not covered	35%	30%
My doctor said that it was not covered	22%	26%
Took too long to get an appointment or appointment time was not convenient	23%	23%
Took too long to get approval from my health plan	7%	18%
Some other reason	39%	39%

Sample Size: (n=95) (n=159)

Getting Care Right Away

Supplemental Questions

Q55. When you needed care right away, where did you go most often?

	2017	2018
Emergency Room	43%	44%
Doctor's Office	30%	33%
Clinic	27%	22%

Sample Size: (n=226) (n=348)

Medical Terminology

Supplemental Questions

Q56. In the last 6 months, how often did the provider use medical words you did not understand?

	2017	2018
Always	7%	5%
Usually	6%	6%
Sometimes	26%	26%
Never	61%	63%
<i>Sample Size:</i>	<i>(n=291)</i>	<i>(n=461)</i>

Provider Preferences

Supplemental Questions

Q57. Some people prefer a provider of a specific race, gender or ethnicity. Others prefer a provider who speaks a specific language. Have you been able to find providers that meet your preferences?

	2017	2018
Yes	83%	89%
No	17%	11%
<i>Sample Size:</i>	<i>(n=294)</i>	<i>(n=459)</i>

Specialist Appointment

Supplemental Questions

**Q58. In the last 6 months, if you had trouble getting an appointment to see a specialist, what type of specialist was it hard to get an appointment with?
(Multiple Mentions)**

	2017	2018
Orthopedic Surgeon (Bone and Muscle Doctor)	24%	26%
Neurologist (Brain Doctor)	14%	18%
Dermatologist (Skin Doctor)	6%	15%
Behavioral Health	13%	13%
Obstetrics & Gynecology (Doctor for women)	11%	13%
Ophthalmologist (Eye Doctor)	8%	11%
Cardiologist (Heart Doctor)	3%	10%
Gastroenterologist (Stomach Doctor)	8%	9%
Allergist (Doctor for allergies)	3%	9%
Otolaryngologist (Ear, Nose, Throat Doctor)	13%	7%
Oncologist (Cancer Doctor)	3%	4%
Other	38%	28%
<i>Sample Size:</i>	<i>(n=72)</i>	<i>(n=117)</i>

Communication

Supplemental Questions

Q59. When your plan needs to share information with you, how do you prefer to receive this information?*
(Multiple Mentions)

	2015	2016	2017	2018
By postal mail	44%	82%	72%	74%
A phone call from someone at the plan	NA	36%	32%	34%
By text message	11%	11%	21%	22%
By email	12%	11%	20%	18%
Mobile phone app	NA	5%	7%	7%
On the plan's website	NA	2%	3%	5%
<i>Sample Size:</i>	<i>(n=308)</i>	<i>(n=266)</i>	<i>(n=272)</i>	<i>(n=465)</i>



2018 CAHPS[®] Child Medicaid with CCC Survey Summary Report

AmeriHealth Caritas Louisiana

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.*

2018 CAHPS 5.0H Child Medicaid with CCC Survey
AmeriHealth Caritas Louisiana

Study Overview

(1 of 2)

Background

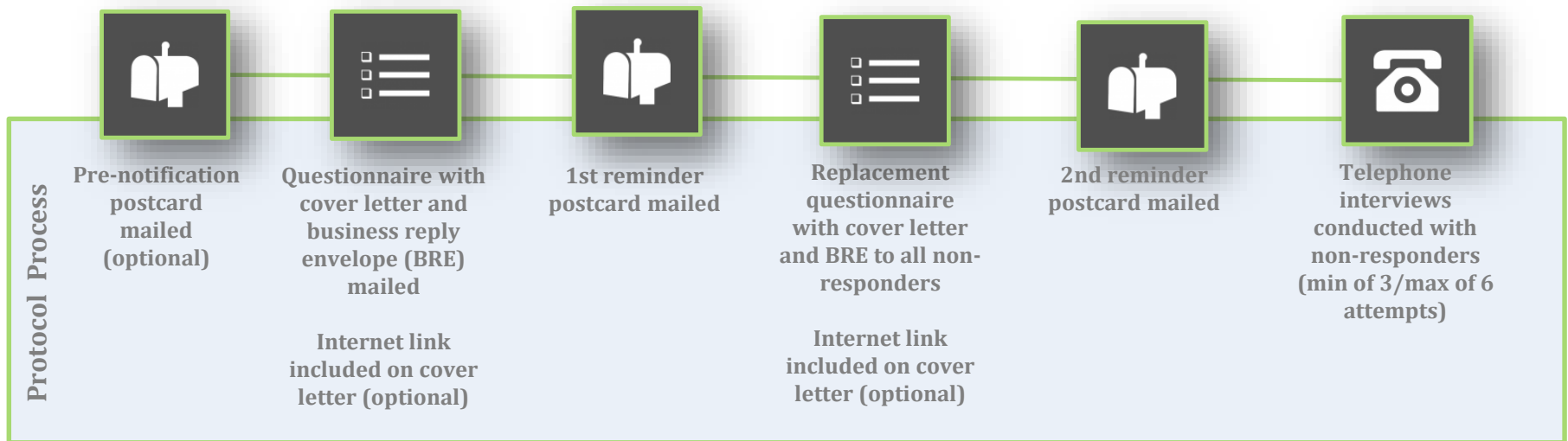
CAHPS (Consumer Assessment of Healthcare Providers and Systems) measures health care consumers' satisfaction with the quality of care and customer service provided by their health plan. Plans which are collecting HEDIS® (Healthcare Effectiveness Data and Information Set) data for NCQA accreditation are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

» AmeriHealth Caritas Louisiana chose the mail/telephone protocol with pre-notification postcard.



Study Overview

(2 of 2)

Sample

- » In 2018, 4563 AmeriHealth Caritas Louisiana 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 1840 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 AmeriHealth Caritas Louisiana:

				Total Completes				
Sample Size	Total Completes	General Population Completes	CCC Population Completes	English Completes	Spanish Completes	Mail Completes	Phone Completes	Internet Completes
4563	763	434	338	718	45	377	386	0

Response Rate Summary

Response Rate Calculation

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

17%

Is the Final 2018 Total Sample Response Rate

2017 NCQA Avg. Response Rate = 22%

16%

Is the Final 2018 General Population Response Rate

Using the final figures from AmeriHealth Caritas Louisiana's survey, the 2018 response rate is calculated using the equation below:

Total Sample

Mail (377) + Phone (386) + Internet (0) = 763 completes

÷

Total Sample (4563) - Total Ineligible (8) = 4555

General Population

Mail (204) + Phone (230) + Internet (0) = 434 completes

÷

Total Sample (2723) - Total Ineligible (6) = 2717

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	1	0
Does not meet eligible population criteria	3	2
Language barrier	4	4
Total Ineligible	8	6

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	59	34
Refusal	35	22
Maximum attempts made	3677	2217
Do Not Call list	21	10
Total Non-response	3792	2283

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	93% [↑]	87%	80 th
Shared Decision Making	80%	76%	61 st
How Well Doctors Communicate	95%	95%	77 th
Getting Needed Care	93%	92%	98 th
Customer Service	92%	89%	95 th
Care Coordination	89%	85%	94 th
OVERALL RATING SCORES			
Health Care	88%	87%	54 th
Personal Doctor	88%	91%	31 st
Specialist	93%	87%	93 rd
Health Plan	93%	89%	98 th

2018 NCQA Accreditation CAHPS Points			
Approx. 2018 Percentile Threshold	2018 Approx. Points	2017 Approx. Points	Difference from 2017
90 th	1.625	1.473	0.152
NA	NA	NA	NA
NA	NA	NA	NA
90 th	1.625	2.167	-0.542
90 th	1.625	NA	NA
90 th	1.625	NA	NA
90 th	1.625	2.167	-0.542
90 th	1.625	2.167	-0.542
NA	NA	NA	NA
90 th	3.250	4.334	-1.084
	13.000	12.308	0.692

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
	2017	2018		2017	2018	
Composite Measures						
Getting Care Quickly	87%	93% ↑	89%	92%	91%	92%
Shared Decision Making	76%	80%	79%	86%	85%	85%
How Well Doctors Communicate	95%	95%	93%	95%	95%	94%
Getting Needed Care	92%	93%	85%	90%	90%	86%
Customer Service	89%	92%	88%	86%	94% ↑	90%
CCC Composite Measures						
Access to Prescription Medicines	92%	94%	NA	94%	94%	91%
Access to Specialized Services	84%	78%	NA	78%	80%	76%
Family-Centered Care: Personal Doctor Who Knows Child	87%	91%	NA	90%	90%	90%
Family-Centered Care: Getting Needed Information	88%	92%	NA	93%	93%	91%
Coordination of Care for Children with Chronic Conditions	79%	75%	NA	80%	80%	78%
Overall Ratings Measures						
Health Care	87%	88%	87%	89%	87%	85%
Personal Doctor	91%	88%	89%	92%	89%	89%
Specialist	87%	93%	87%	90%	85%	86%
Health Plan	89%	93%	86%	89%	88%	84%
Health Promotion & Education	76%	76%	72%	78%	79%	78%
Care Coordination	85%	89%	83%	81%	85%	83%
	<i>General Population</i>			<i>Total Sample</i>		
<i>Sample Size</i>	2,145	2,723		3,985	4,563	
<i># of Completes</i>	297	434		602	763	
<i>Response Rate</i>	14%	16%		15%	17%	

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

Comparison to Quality Compass

General Population

Child Medicaid with CCC Survey Questions	2018	Percentile	2017 Child Medicaid Quality Compass - General Population Results							
			Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly (% Always/Usually)	92.60	80th	88.83	79.48	82.56	86.14	89.46	92.12	93.74	94.69
Shared Decision Making (% Yes)	80.10	61st	78.70	71.18	74.21	77.15	79.31	81.13	82.50	83.21
How Well Doctors Communicate (% Always/Usually)	95.06	77th	93.49	89.85	90.53	92.29	93.81	94.97	95.84	96.45
Getting Needed Care (% Always/Usually)	93.26	98th	84.50	75.87	77.86	80.80	85.14	88.66	90.62	91.43
Customer Service (% Always/Usually)	92.10	95th	88.09	83.63	84.50	86.36	88.05	89.68	91.22	91.94
Q40 Care Coordination (% Always/Usually)	89.29	94th	82.91	74.82	78.17	80.18	83.18	85.84	88.27	89.62
Q14 Rating of Health Care (% 8, 9, 10)	87.61	54th	86.72	81.14	82.61	85.14	87.14	88.68	90.05	91.13
Q41 Rating of Personal Doctor (% 8, 9, 10)	88.40	31st	89.27	85.27	86.42	87.87	89.46	90.69	91.86	92.55
Q48 Rating of Specialist (% 8, 9, 10)	92.77	93rd	87.30	81.56	82.84	84.88	87.16	89.71	91.37	92.98
Q54 Rating of Health Plan (% 8, 9, 10)	92.76	98th	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).

Comparison to Quality Compass

CCC Population

Child Medicaid with CCC Survey Questions	2018	Percentile	2017 Child Medicaid with CCC Quality Compass - CCC Population Results							
			Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly (% Always/Usually)	91.24	38th	91.78	86.16	87.60	89.89	92.07	94.12	94.81	95.25
Shared Decision Making (% Yes)	85.44	60th	84.71	82.09	82.39	83.76	84.60	86.02	88.00	88.63
How Well Doctors Communicate (% Always/Usually)	95.33	73rd	94.24	91.06	91.67	93.35	94.46	95.47	96.33	96.46
Getting Needed Care (% Always/Usually)	90.35	80th	85.96	79.48	79.73	82.01	86.61	89.79	90.94	91.75
Customer Service (% Always/Usually)	94.47	97th	89.84	84.77	85.77	88.79	90.41	91.53	93.75	93.91
Q40 Care Coordination (% Always/Usually)	85.31	67th	82.93	77.83	78.79	81.03	82.93	85.75	86.52	87.42
Access to Prescription Medicines (% Always/Usually)	94.10	88th	90.65	85.77	87.06	88.56	91.10	92.97	94.16	94.45
Access to Specialized Services (% Always/Usually)	80.29	84th	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)	89.92	36th	89.99	84.56	86.68	88.56	90.57	91.72	92.42	92.81
Family-Centered Care: Getting Needed Information (% Always/Usually)	93.07	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)	79.76	67th	77.90	73.63	73.88	75.49	78.31	80.57	81.05	82.52
Q14 Rating of Health Care (% 8, 9, 10)	86.71	63rd	85.43	79.94	80.20	83.66	85.71	87.46	88.84	89.76
Q41 Rating of Personal Doctor (% 8, 9, 10)	89.42	63rd	88.66	84.09	85.33	87.27	88.84	90.04	91.79	92.50
Q48 Rating of Specialist (% 8, 9, 10)	84.75	22nd	85.98	80.20	80.81	85.09	86.36	87.89	89.84	90.08
Q54 Rating of Health Plan (% 8, 9, 10)	88.06	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	0.325	0.650	1.105	1.430	1.625	
Composite Scores	Sample Size	Mean	Approximate Percentile Threshold						Approximate Score	
Getting Care Quickly	239	2.750	90 th		2.54	2.61	2.66	2.69	1.625	
Getting Needed Care	213	2.687	90 th		2.38	2.47	2.55	2.60	1.625	
Customer Service	120	2.692	90 th		2.50	2.53	2.58	2.63	1.625	
Care Coordination	112	2.598	90 th		2.35	2.42	2.50	2.53	1.625	
Overall Ratings Scores										
Health Care	339	2.664	90 th		2.49	2.52	2.57	2.59	1.625	
Personal Doctor	388	2.747	90 th		2.58	2.62	2.65	2.69	1.625	
Specialist***	83	2.843	90 th		2.53	2.59	2.62	2.66	NA	
				Accreditation Points	0.650	1.300	2.210	2.860	3.250	
Health Plan	428	2.748	90 th		2.51	2.57	2.62	2.67	3.250	
								Estimated Overall CAHPS Score:	13.000	

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
AmeriHealth Caritas Louisiana

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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:

Q34 - Show Respect for What You Had to Say

Q33 - Listen Carefully to You

Promote

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

None

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

Q34 - Show Respect for What You Had to Say

Q15 - Easy to Get Care Believed Necessary for Child





















Promote

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

Q32 - Explain Things in a Way You Could Understand

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
Q34. Show respect for what you had to say	 0.42		309	97.09%	75 th
Q33. Listen carefully to you	 0.38		308	96.10%	70 th
Q15. Easy to get care believed necessary for child	 0.29		340	91.18%	65 th
Q6. Getting appointment for child as soon as needed	 0.28		322	91.61%	79 th
Q32. Explain things in a way you could understand	 0.27		308	95.78%	77 th
Q40. Care Coordination	 0.26		112	89.29%	94 th
Q51. Treated you with courtesy and respect	 0.24		121	96.69%	93 rd
Q50. Got information or help needed	 0.22		120	87.50%	90 th
Q37. Spend enough time with child	 0.22		309	91.26%	72 nd
Q4. Getting care for child as soon as needed	 0.21		156	93.59%	73 rd



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











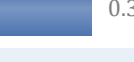





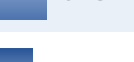



2018 CAHPS 5.0H Child Medicaid with CCC Survey

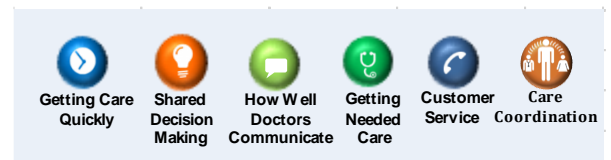
AmeriHealth Caritas Louisiana

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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	 0.53		308	96.10%	70 th
Q34. Show respect for what you had to say	 0.49		309	97.09%	75 th
Q15. Easy to get care believed necessary for child	 0.48		340	91.18%	65 th
Q32. Explain things in a way you could understand	 0.46		308	95.78%	77 th
Q6. Getting appointment for child as soon as needed	 0.37		322	91.61%	79 th
Q37. Spend enough time with child	 0.36		309	91.26%	72 nd
Q40. Care Coordination	 0.33		112	89.29%	94 th
Q4. Getting care for child as soon as needed	 0.22		156	93.59%	73 rd
Q13. Asked preference for medicine	 0.18		109	79.82%	47 th
Q46. Easy to get appointment for child with specialist	 0.12		86	95.35%	100 th



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

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
Q33. Listen carefully to you	0.67	96.10%	70 th
Q34. Show respect for what you had to say	0.65	97.09%	75 th
Q32. Explain things in a way you could understand	0.64	95.78%	77 th
Q40. Care Coordination	0.62	89.29%	94 th
Q37. Spend enough time with child	0.54	91.26%	72 nd
Q15. Easy to get care believed necessary for child	0.42	91.18%	65 th
Q4. Getting care for child as soon as needed	0.38	93.59%	73 rd
Q6. Getting appointment for child as soon as needed	0.37	91.61%	79 th
Q50. Got information or help needed	0.25	87.50%	90 th
Q11. Discussed reasons to take medicine	0.14	91.67%	41 st

	Correlation to Rating of Specialist	Health Plan's Score	Quality Compass Percentile
Q34. Show respect for what you had to say	0.16	97.09%	75 th
Q11. Discussed reasons to take medicine	0.14	91.67%	41 st
Q37. Spend enough time with child	0.12	91.26%	72 nd
Q40. Care Coordination	0.11	89.29%	94 th
Q12. Discussed reasons not to take medicine	0.11	68.81%	75 th
Q50. Got information or help needed	0.11	87.50%	90 th
Q15. Easy to get care believed necessary for child	0.09	91.18%	65 th
Q13. Asked preference for medicine	0.09	79.82%	47 th
Q46. Easy to get appointment for child with specialist	0.06	95.35%	100 th
Q4. Getting care for child as soon as needed	0.05	93.59%	73 rd

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

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:

- Q15 - Easy to Get Care Believed Necessary for Child
- Q37 - Spend Enough Time with Child
- Q18 - Getting Help You Needed from Doctor in Contacting School/Daycare

Promote

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

- Q51 - Treated You with Courtesy and Respect
- 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:

- Q15 - Easy to Get Care Believed Necessary for Child
- Q37 - Spend Enough Time with Child
- Q32 - Explain Things in a Way You Could Understand





















Promote

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

- Q33 - Listen Carefully to You
- Q34 - Show Respect for What You Had to Say

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
Q51. Treated you with courtesy and respect	 0.48		119	97.48%	86 th
Q15. Easy to get care believed necessary for child	 0.39		301	92.69%	66 th
Q50. Got information or help needed	 0.39		117	91.45%	94 th
Q37. Spend enough time with child	 0.37		284	91.55%	57 th
Q18. Getting help you needed from doctor in contacting school/daycare	 0.36		56	92.86%	20 th
Q4. Getting care for child as soon as needed	 0.31		144	90.28%	13 th
Q56. Easy to get prescription medicine for child	 0.31		288	94.10%	88 th
Q34. Show respect for what you had to say	 0.30		284	97.54%	90 th
Q6. Getting appointment for child as soon as needed	 0.28		282	92.20%	58 th
Q33. Listen carefully to you	 0.25		284	96.48%	76 th

 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
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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
Q15. Easy to get care believed necessary for child	0.50		301	92.69%	66 th
Q33. Listen carefully to you	0.47		284	96.48%	76 th
Q37. Spend enough time with child	0.41		284	91.55%	57 th
Q20. Easy to get special medical equipment for child	0.40		38	86.84%	NA
Q32. Explain things in a way you could understand	0.38		284	95.77%	61 st
Q34. Show respect for what you had to say	0.37		284	97.54%	90 th
Q23. Easy to get therapy for child	0.30		62	74.19%	18 th
Q6. Getting appointment for child as soon as needed	0.29		282	92.20%	58 th
Q9. Getting questions answered by child's doctor	0.28		303	93.07%	87 th
Q11. Discussed reasons to take medicine	0.23		136	96.32%	52 nd

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
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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	76%	74%	75%	58%	59%	57%
Good	18%	19%	20%	29%	27%	31%
Fair/Poor	6%	7%	5%	13%	14%	13%
Q59. Child's Mental/Emotional Health Status						
Excellent/Very Good	68%	68%	73%	42%	43%	44%
Good	19%	21%	18%	31%	29%	30%
Fair/Poor	13%	11%	9%	27%	28%	26%
Q74. Child's Age						
1 yr and under	7%	5%	NA	3%	2%	NA
2-5 years	21%	25%	NA	9%	12%	NA
6-9 years	18%	19%	NA	25%	20%	NA
10-14 years	30%	30%	NA	35%	41%	NA
15-18 years	24%	20%	NA	28%	25%	NA
Q75. Child's Gender						
Male	50%	52%	52%	56%	57%	59%
Female	50%	48%	48%	44%	43%	41%
Q76/77. Child's Race/Ethnicity						
Hispanic or Latino	16%	14%	35%	10%	8%	23%
White	43%	41%	55%	41%	51%	60%
African American	44%	50%	24%	55%	47%	30%
Asian	3%	3%	5%	0%	1%	3%
Native Hawaiian or other Pacific Islander	0%	0%	1%	1%	0%	1%
American Indian or Alaska Native	2%	2%	3%	1%	4%	5%
Other	9%	11%	16%	7%	4%	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	21%	19%	24%	12%	8%	13%
1 time	25%	25%	26%	17%	23%	20%
2 times	21%	26%	23%	23%	26%	24%
3 times	14%	13%	13%	19%	16%	17%
4 times	8%	9%	6%	9%	12%	10%
5-9 times	9%	7%	6%	15%	14%	12%
10 or more times	2%	1%	2%	5%	2%	4%
Q31. Number of Times Visited Personal Doctor to Get Care						
None	17%	19%	20%	8%	7%	13%
1 time	26%	27%	33%	20%	23%	27%
2 times	24%	29%	23%	27%	31%	25%
3 times	14%	11%	12%	17%	15%	15%
4 times	9%	8%	6%	11%	10%	8%
5-9 times	7%	5%	5%	12%	11%	9%
10 or more times	3%	2%	1%	5%	3%	2%
Q78. Respondent's Age						
Under 18	10%	8%	6%	9%	9%	7%
18 to 24	5%	4%	6%	2%	4%	3%
25 to 34	26%	35%	31%	25%	28%	25%
35 to 44	34%	29%	31%	29%	30%	31%
45 to 54	13%	13%	16%	17%	14%	19%
55 to 64	9%	8%	6%	13%	12%	10%
65 or older	3%	3%	3%	5%	3%	6%
Q79. Respondent's Gender						
Male	10%	9%	12%	8%	8%	10%
Female	90%	91%	88%	92%	92%	90%
Q80. Respondent's Education						
Did not graduate high school	23%	20%	21%	21%	21%	16%
High school graduate or GED	37%	37%	34%	39%	36%	32%
Some college or 2-year degree	29%	33%	31%	31%	34%	37%
4-year college graduate	7%	6%	9%	6%	5%	9%
More than 4-year college degree	5%	4%	5%	4%	3%	6%

Data shown are self reported.

2018 CAHPS 5.0H Child Medicaid with CCC Survey

AmeriHealth Caritas Louisiana

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Measures by Demographics

General Population

Demographic	Child's Age					Child's Race			Child's Ethnicity		Respondent's Education		Child's Health Status		
	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
<i>Sample size</i>	(n=23)	(n=105)	(n=83)	(n=128)	(n=87)	(n=179)	(n=215)	(n=64)	(n=58)	(n=365)	(n=242)	(n=180)	(n=321)	(n=82)	(n=29)
Composites (% Always/Usually)															
Getting Care Quickly	93	90	91	98	88	93	94	82	83	94	91	95	95	93	73
Shared Decision Making (% Yes)	79	79	74	89	74	79	84	75	76	81	83	77	83	72	92
How Well Doctors Communicate	97	94	94	97	94	95	96	92	95	95	95	95	96	97	85
Getting Needed Care	100	93	96	98	85	93	94	92	88	94	90	97	94	95	84
Customer Service	100	87	94	96	91	94	95	80	83	94	92	91	93	86	93
Overall Ratings (% 8,9,10)															
Health Care	91	90	85	86	90	89	88	90	98	87	89	86	91	80	76
Personal Doctor	95	88	86	90	89	89	89	88	92	88	90	87	91	81	79
Specialist	83	92	95	93	94	98	89	83	100	92	95	90	90	95	100
Health Plan	96	93	91	94	92	95	91	95	98	92	94	92	94	90	83

Supplemental Questions

Doctor Communication

Supplemental Questions

Q84. In the last 6 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns?

	2017	2018
Always	77%	82%
Usually	13%	10%
Sometimes	6%	5%
Never	4%	2%
<i>Sample Size:</i>	<i>(n=531)</i>	<i>(n=679)</i>

Wait for Provider

Supplemental Questions

Q85. 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 and your child actually seeing a health provider?

	2017	2018
Same day	40%	39%
1 day	24%	21%
2 to 3 days	20%	23%
4 to 7 days	8%	8%
8 to 14 days	4%	2%
15 to 30 days	3%	3%
31 to 60 days	1%	2%
61 to 90 days	0%	1%
91 days or longer	1%	0%

Sample Size: (n=516) (n=644)

Treatment Choice

Supplemental Questions

Q86. In the last 6 months, when there was more than one choice for your child's treatment or health care, did your child's doctor or other health provider ask which choice you thought was best for your child?

	2017	2018
Definitely yes	60%	64%
Somewhat yes	22%	22%
Somewhat no	6%	6%
Definitely no	11%	9%
<i>Sample Size:</i>	<i>(n=458)</i>	<i>(n=592)</i>

Authorizations

Supplemental Questions

Q87. Certain services, such as home health care, durable medical equipment (DME), and some procedures require authorization from AmeriHealth Caritas Louisiana. If you have required an authorization over the past 6 months, did the authorization slow down your ability to receive your desired care or service?

	2017	2018
No, I received an authorization quickly	77%	75%
Yes, the authorization process slowed the process down some	16%	19%
Yes, the authorization process slowed the process down a lot	7%	7%

Sample Size: (n=166) (n=205)

Information

Supplemental Questions

Q88. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your child's health plan works?

	2017	2018
Always	41%	47%
Usually	19%	18%
Sometimes	16%	15%
Never	24%	20%
<i>Sample Size:</i>	<i>(n=248)</i>	<i>(n=352)</i>

Information

Supplemental Questions

**Q89. When your child's plan needs to share information with you, how do you prefer to receive this information?
(Multiple Mentions)**

	2016	2017	2018
By postal mail	71%	64%	71%
A phone call from someone at the plan	19%	25%	30%
By text message	15%	18%	27%
By email	15%	22%	26%
Mobile phone app	6%	7%	9%
On the plan's website	10%	3%	6%
<i>Sample Size:</i>	<i>(n=518)</i>	<i>(n=569)</i>	<i>(n=723)</i>