2019 CAHPS® 5.0H Member Survey Adult Medicaid

Prepared for:

Anthem - Community Care Health Plan of Louisiana, Inc. dba Healthy Blue

June 2019

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Background and objectives

Background. DSS has conducted the CAHPS® member survey since 1995. For participating plans (those who submit their data to NCQA) this information can be disclosed to the public and provides a direct comparison to other participating plans. The 2019 CAHPS 5.0H survey accurately captures customer feedback and expands the scope of information gathered relative to quality of care issues.

Objectives. Specific objectives of the 2019 CAHPS 5.0H member satisfaction survey include:

Determination of member ratings of:

- Health Plan Overall

- Health Care Overall

- Personal Doctor Overall

- Specialist Overall

Assessment of member perceptions related to:

- Customer Service (CS)

- Getting Needed Care (GNC)

- Getting Care Quickly (GCQ)

- How Well Doctors Communicate (HWDC)

- Shared Decision Making (SDM)

- Health Promotion and Education (HPE)
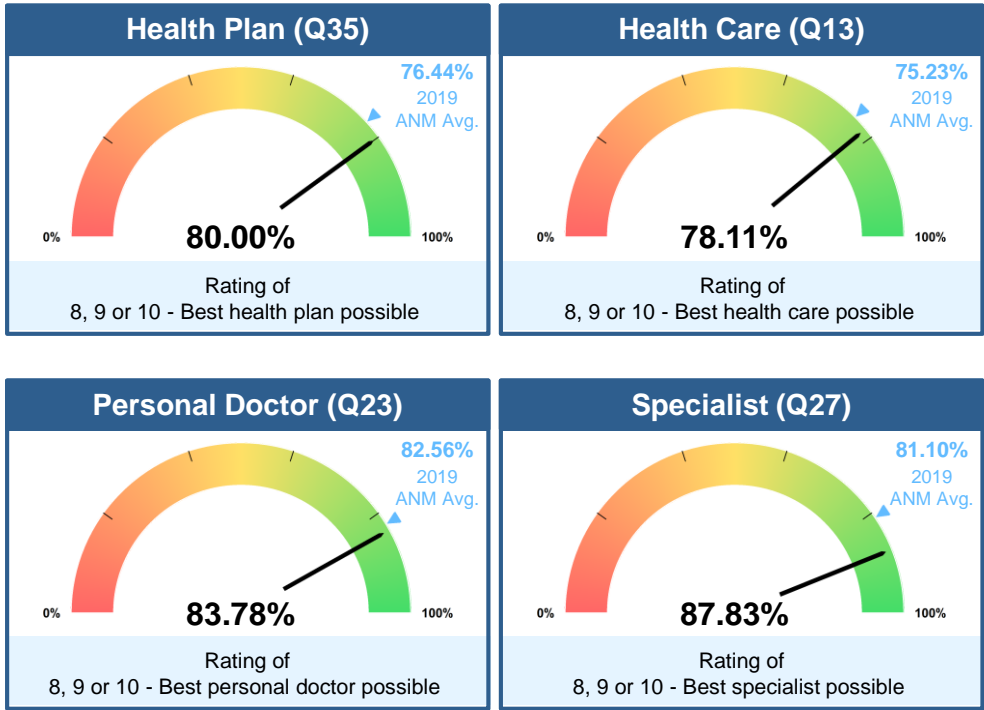
- Coordination of Care (CoC)

Measurement of the percent of members who receive flu shots or sprays.

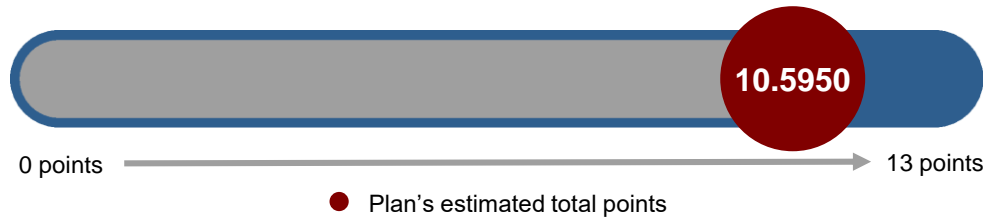Evaluation of assistance with smoking and tobacco use cessation measures.

Standard measurement of all areas mentioned to facilitate meaningful comparisons among participating health plans.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

2019 Dashboard

Overall ratings

Health Plan (Q35)

80.00%

76.44%
2019
ANM Avg.

0%   100%

Rating of
8, 9 or 10 - Best health plan possible

Health Care (Q13)

78.11%

75.23%
2019
ANM Avg.

0%   100%

Rating of
8, 9 or 10 - Best health care possible

Personal Doctor (Q23)

83.78%

82.56%
2019
ANM Avg.

0%   100%

Rating of
8, 9 or 10 - Best personal doctor possible

Specialist (Q27)

87.83%

81.10%
2019
ANM Avg.

0%   100%

Rating of
8, 9 or 10 - Best specialist possible

Accreditation Score

10.5950

0 points ──────────────────► 13 points

● Plan's estimated total points

NCQA Health Insurance Plan Ratings

	Rating
Consumer Satisfaction	**3.5**
Getting Care	2.5
Satisfaction with Plan Physicians	4.0
Satisfaction with Plan Services	4.0
Flu shots for adults (ages 18-64)	2.0

SatisAction™ key driver statistical model
Key drivers of the rating of the health plan

Power
Driver

Power - Promote and leverage strengths	
Q27	Specialist overall
Q29	Info. provided in materials
Q13	Health care overall
Q19	Dr. showed respect
Q23	Personal doctor overall
Q32	CS courtesy/respect
Q20	Dr. spent enough time
Q18	Dr. listened carefully
Q31	CS provided info./help

Driver
Opportunity

Opportunities for improvement - Focus resources on improving processes that underlie these items	
None	

* Overall ratings are top 3 scores (% 8, 9 and 10).

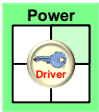## Resource for improvement: AHRQ best practices

At the time of this report, AHRQ provided several resources to support health plans in their improvement efforts at the following link:

https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html

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Executive summary

Anthem - Community Care Health Plan of Louisiana, Inc. dba Healthy Blue performed similar to last year and performed similar to two years ago on the rating of the health plan.

- Eight in 10 (80.00%) gave their health plan a rating of 8, 9 or 10 on a 0 to 10 scale, which is not significantly different from last year and not significantly different from two years ago.

- About two-thirds (65.40%) gave a rating of 9 or 10, which is not significantly different from last year and not significantly different from two years ago.

Significant improvements were seen on the following overall rating compared to last year and two years ago:

- Rating of Specialist

Also, compared to two years ago, a significant improvement was seen on the following key measure:

- How Well Doctors Communicate

Rating of Health Plan

% 8 - 10: 75.43% (2017), 77.59% (2018), 80.00% (2019)
% 9 - 10: 62.53% (2017), 63.22% (2018), 65.40% (2019)

↑↓ Indicates a significantly higher or lower score than 2018.

⬆⬇ Indicates a significantly higher or lower score than 2017.

Significant changes	Compared to:	
	Last year	**Two years ago**
Overall ratings		
Rating of Health Plan (Q35) (% 8, 9 or 10)		
Rating of Health Care (Q13) (% 8, 9 or 10)		
Rating of Personal Doctor (Q23) (% 8, 9 or 10)		
Rating of Specialist (Q27) (% 8, 9 or 10)	✓	✓
Composite global proportions		
Customer Service (% Always or Usually)		
Getting Needed Care (% Always or Usually)		
Getting Care Quickly (% Always or Usually)		
How Well Doctors Communicate (% Always or Usually)		✓
Shared Decision Making (% Yes)		
Health Promotion and Education (Q8) (% Yes)		
Coordination of Care (Q22) (% Always or Usually)		

✓ ✗ Indicates a significantly higher or lower 2019 result than the corresponding previous year.

Please refer to page 14 for statistical references and footnotes.

Executive summary
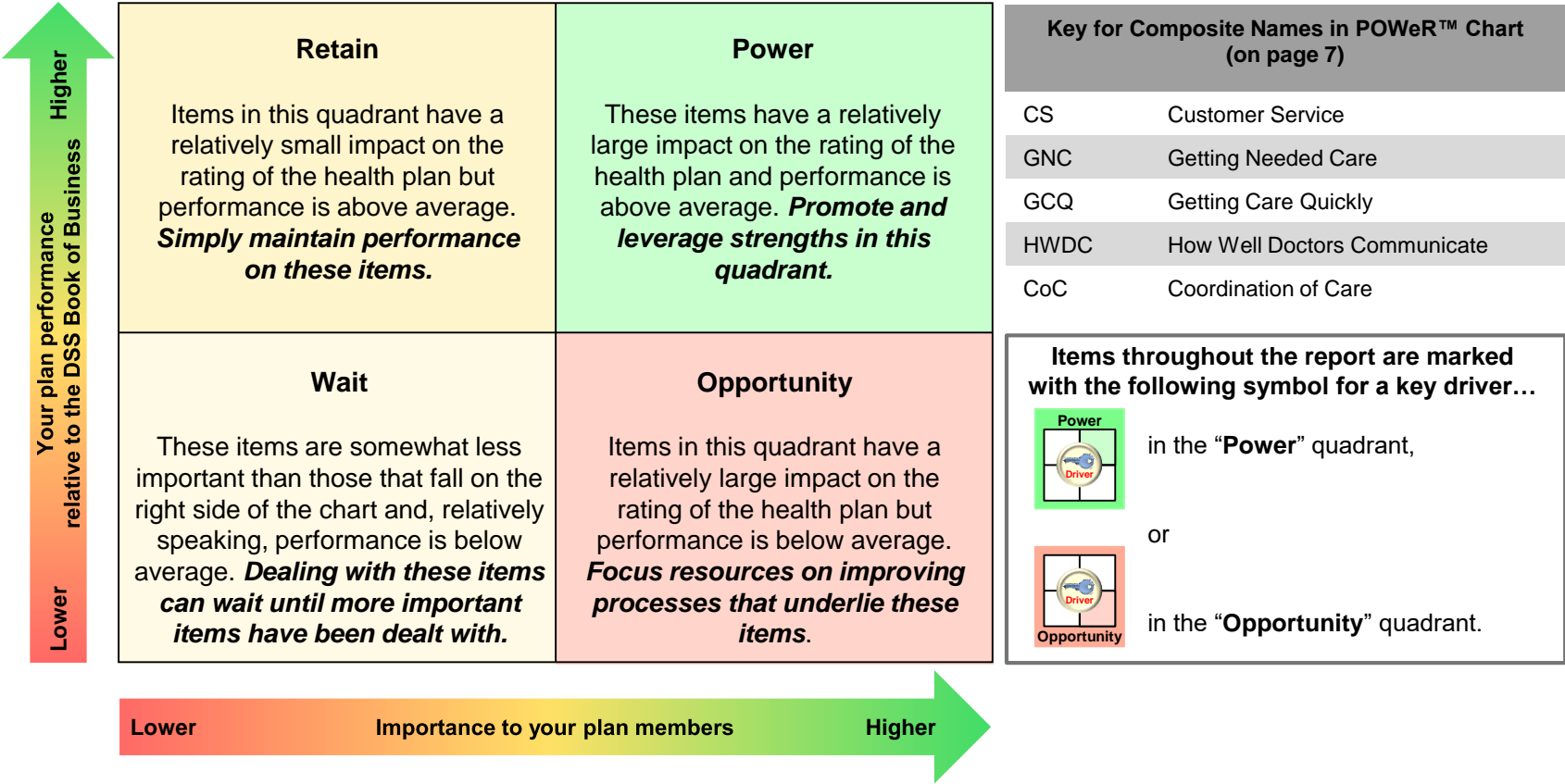
Key drivers of the rating of the health plan

The SatisAction™ key driver statistical model was used to identify the key drivers of the rating of the health plan and the results are presented in the POWeR™ Chart classification matrix on the following page.

POWeR™ Chart classification matrix

Your plan performance relative to the DSS Book of Business (Higher / Lower)

Retain	Power
Items in this quadrant have a relatively small impact on the rating of the health plan but performance is above average. ***Simply maintain performance on these items.***	These items have a relatively large impact on the rating of the health plan and performance is above average. ***Promote and leverage strengths in this quadrant.***
Wait	**Opportunity**
These items are somewhat less important than those that fall on the right side of the chart and, relatively speaking, performance is below average. ***Dealing with these items can wait until more important items have been dealt with.***	Items in this quadrant have a relatively large impact on the rating of the health plan but performance is below average. ***Focus resources on improving processes that underlie these items***.

Importance to your plan members (Lower → Higher)

Key for Composite Names in POWeR™ Chart (on page 7)

CS	Customer Service
GNC	Getting Needed Care
GCQ	Getting Care Quickly
HWDC	How Well Doctors Communicate
CoC	Coordination of Care

Items throughout the report are marked with the following symbol for a key driver…

 in the "**Power**" quadrant,

or
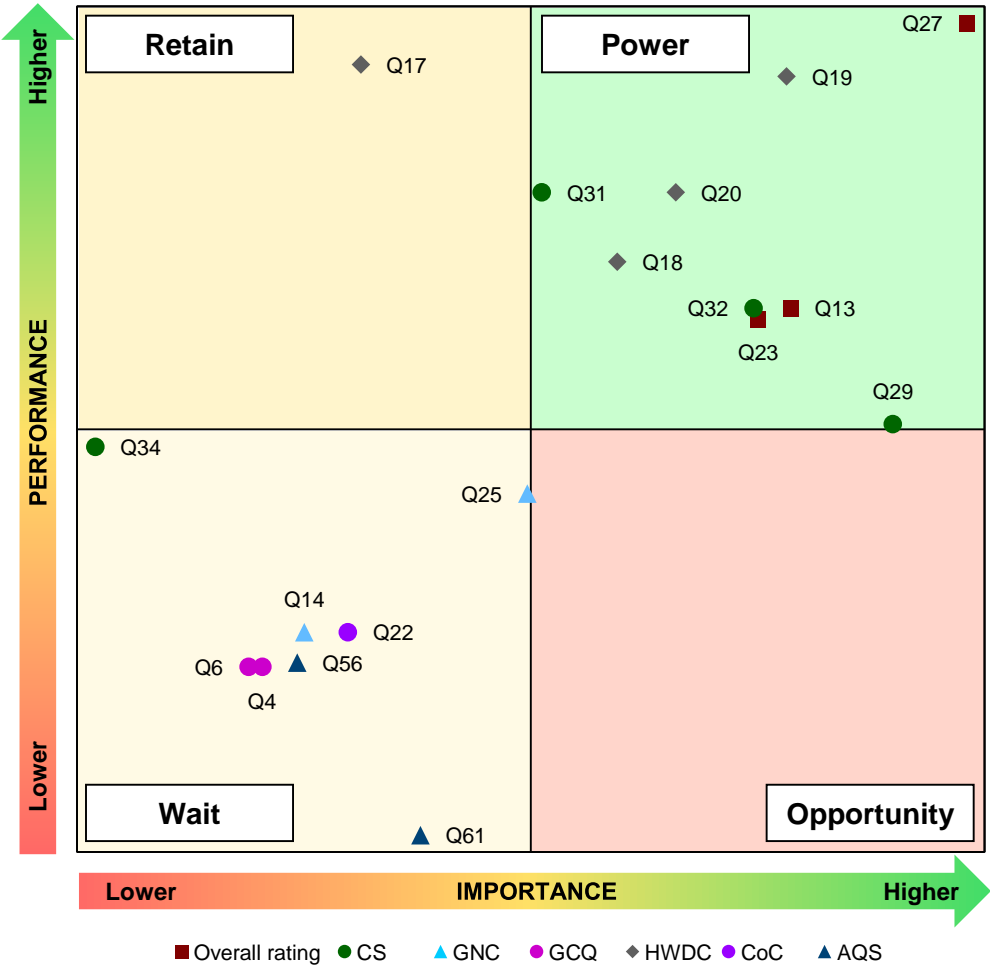
 in the "**Opportunity**" quadrant.

Executive summary

Key drivers, estimated percentiles and estimated ratings

The key drivers of the rating of the health plan are presented in the POWeR™ Chart classification matrix below. The table assesses the key drivers and each measure is ranked by importance within each quadrant. Focus resources on improving processes that underlie the most important items and look for a significant improvement in the rating of the health plan. See **Appendix C** for more details.

POWeR™ Chart classification matrix

	Survey Measure	Score	Estimated Percentile	Estimated Rating
Power				
Q27	Specialist overall*	87.83%	95th	5
Q29	Info. provided in materials	68.09%	33rd	3
Q13	Health care overall*	78.11%	75th	4
Q19	Dr. showed respect	95.83%	90th	5
Q23	Personal doctor overall*	83.78%	67th	4
Q32	CS courtesy/respect	95.73%	67th	4
Q20	Dr. spent enough time	92.11%	75th	4
Q18	Dr. listened carefully	93.19%	67th	4
Q31	CS provided info./help	85.59%	75th	4
Opportunity				
	None			
Wait				
Q25	Got specialist appt.	80.31%	33rd	3
Q61	Got appt. with specialist	68.98%	---	---
Q22	Dr. informed about care	79.59%	10th	2
Q14	Got care/tests/treatment	82.98%	25th	2
Q56	Got help/advice-office hours	74.36%	---	---
Q4	Got urgent care	80.92%	10th	2
Q6	Got routine care	75.91%	10th	2
Q34	Easy to fill out forms	94.57%	50th	3
Retain				
Q17	Dr. explained things	95.31%	95th	5

* Overall ratings are top 3 scores (% 8, 9 and 10).

Legend: ■ Overall rating ● CS ▲ GNC ● GCQ ◆ HWDC ● CoC ▲ AQS

Executive summary

Estimated accreditation score

The CAHPS 5.0H portion of the HEDIS® accreditation score is determined by comparing plan results to the *NCQA Benchmarks and Thresholds*. Points are assigned to the overall ratings and composite scores according to accreditation year and percentile range in which the score falls. This plan currently oversamples at a rate of 30%.

Survey Measure	Mean Score[1]	Estimated Percentile[2]	Percentile Threshold[2]	Points[3] 2019 Standards	Points[3] IF no NAs
Overall mean ratings					
Rating of Health Plan[4]	2.5365	79.95%	75th	2.8600	2.5422
Rating of Health Care	2.4421	68.61%	50th	1.1050	0.9822
Rating of Personal Doctor	2.6396	91.62%	90th	1.6250	1.4444
Rating of Specialist	2.6174	90.67%	90th	1.6250	1.4444
Composite mean scores					
Customer Service	2.6898	92.05%	90th	1.6250	1.4444
Getting Needed Care	2.4288	70.33%	50th	1.1050	0.9822
Getting Care Quickly	2.3894	29.70%	25th	0.6500	0.5778
Coordination of Care	2.3367	24.32%	<25th	NA	0.2889
Total points				**10.5950**	**9.7065**

Oversampling enough for all questions to have final sample sizes ≥100 would result in the same or fewer points in 2020, based on 2019 performance.
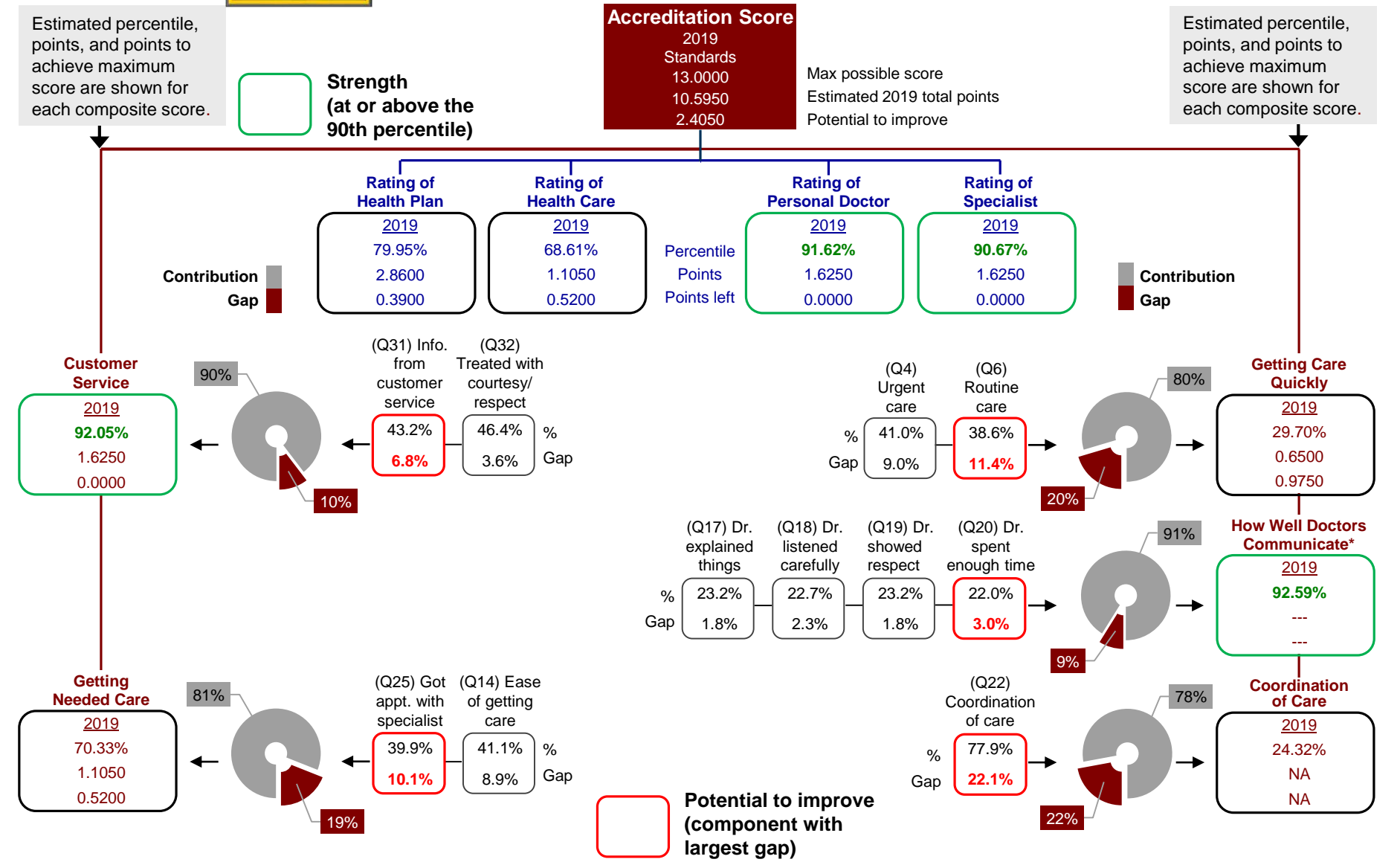
Additional oversampling NOT recommended

Points are assigned by percentile threshold as follows (if all measures are valid – denominator of at least 100)[3]**:**

Percentile Threshold	Percentile	Points[3]
90th	Greater than or equal to 90th percentile	1.4444
75th	Greater than or equal to 75th percentile but less than 90th percentile	1.2711
50th	Greater than or equal to 50th percentile but less than 75th percentile	0.9822
25th	Greater than or equal to 25th percentile but less than 50th percentile	0.5778
<25th	Less than 25th percentile	0.2889
Maximum number of points		**13.0000**

Notes:

[1] Overall ratings and composite measures are converted to a mean score using a 1 to 3 scale in the accreditation score calculation according to NCQA-defined guidelines.

[2] The percentiles and percentile thresholds shown here are estimates and may change when the mid-year update is released, usually in September.

[3] NCQA will assign a measure result of NA and not assign accreditation points to overall ratings or composites with a denominator (i.e., the average number of responses across all questions used to calculate the composite) less than 100. The measure is removed for scoring purposes and the points are redistributed among the remaining measures.

[4] Rating of Health Plan is worth twice the points in each percentile band, i.e., 2.6000, 2.2880, 1.7680, 1.0400 and 0.5200, respectively.

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Executive summary

The flowchart below shows how the items used in the calculation of the plan's 2019 estimated accreditation score perform relative to each other. See **Appendix D** for more details.

Estimated percentile, points, and points to achieve maximum score are shown for each composite score.

Strength (at or above the 90th percentile)

Accreditation Score
2019
Standards
13.0000   Max possible score
10.5950   Estimated 2019 total points
2.4050   Potential to improve

Estimated percentile, points, and points to achieve maximum score are shown for each composite score.

Rating of Health Plan
2019
79.95%
2.8600
0.3900

Rating of Health Care
2019
68.61%
1.1050
0.5200

Rating of Personal Doctor
2019
91.62%
1.6250
0.0000

Rating of Specialist
2019
90.67%
1.6250
0.0000

Percentile
Points
Points left

Contribution
Gap

Contribution
Gap

Customer Service
2019
92.05%
1.6250
0.0000

90%
10%

(Q31) Info. from customer service
43.2%
6.8%

(Q32) Treated with courtesy/ respect
46.4%
3.6%

%
Gap

(Q4) Urgent care
41.0%
9.0%

(Q6) Routine care
38.6%
11.4%

%
Gap

80%
20%

Getting Care Quickly
2019
29.70%
0.6500
0.9750

(Q17) Dr. explained things
23.2%
1.8%

(Q18) Dr. listened carefully
22.7%
2.3%

(Q19) Dr. showed respect
23.2%
1.8%

(Q20) Dr. spent enough time
22.0%
3.0%

%
Gap

91%
9%

How Well Doctors Communicate*
2019
92.59%

Getting Needed Care
2019
70.33%
1.1050
0.5200

81%
19%

(Q25) Got appt. with specialist
39.9%
10.1%

(Q14) Ease of getting care
41.1%
8.9%

%
Gap

(Q22) Coordination of care
77.9%
22.1%

%
Gap

78%
22%

Coordination of Care
2019
24.32%
NA
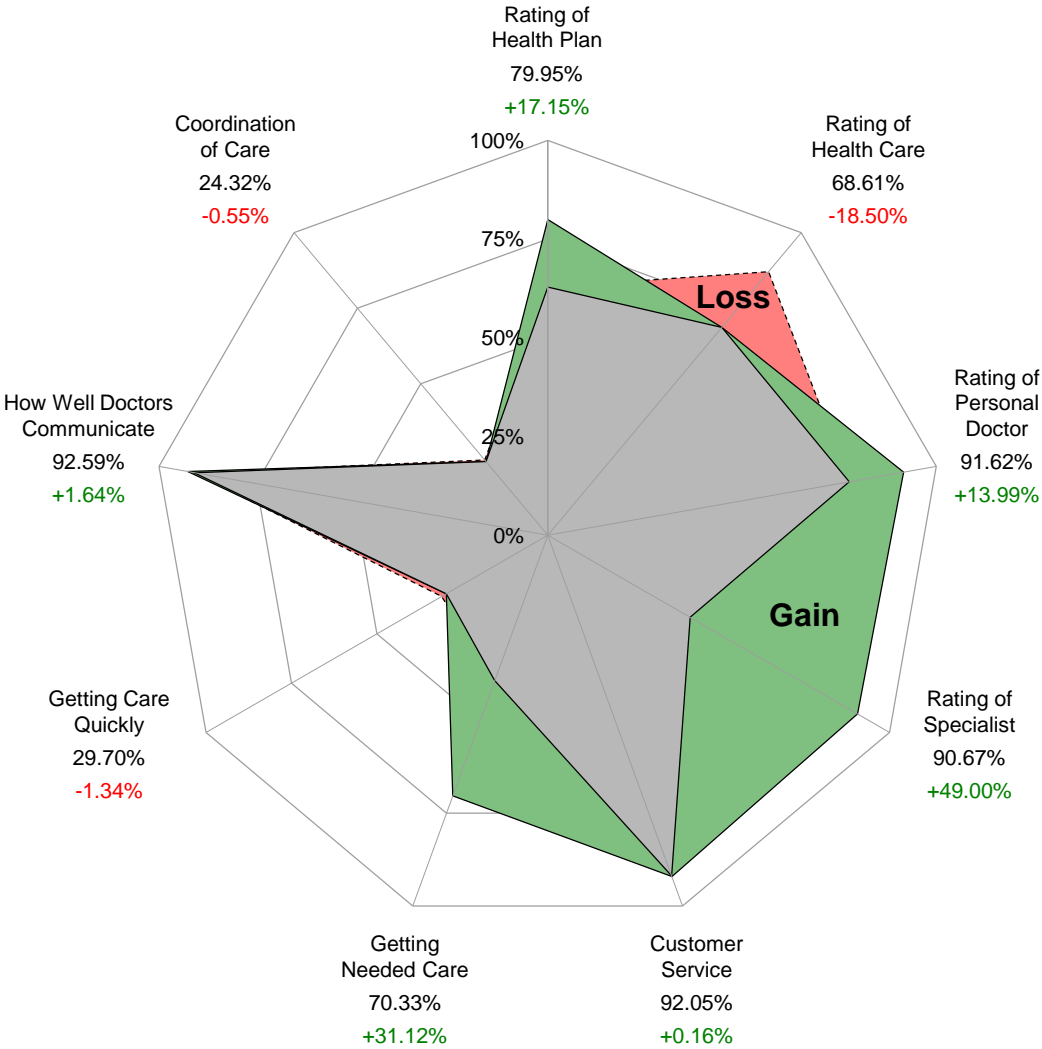NA

Potential to improve (component with largest gap)

Please refer to page 14 for statistical references and footnotes.

* The How Well Doctors Communicate composite was removed from accreditation scoring in 2015.

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Executive summary

Percentile gap analysis. The percentile gap is the difference between the maximum possible percentile (100) and the estimated percentile achieved.

- The percentile gap was closed compared to last year on the following measures:
  - Rating of Specialist
  - Getting Needed Care
  - Rating of Health Plan
  - Rating of Personal Doctor
  - How Well Doctors Communicate
  - Customer Service
- However, the percentile gap increased on these measures:
  - Rating of Health Care
  - Getting Care Quickly
  - Coordination of Care

2019 Gap is **smaller** than 2018 Gap
2019 Gap is **larger** than 2018 Gap

Rating of Health Plan
79.95%
+17.15%

Rating of Health Care
68.61%
-18.50%

Coordination of Care
24.32%
-0.55%

Rating of Personal Doctor
91.62%
+13.99%

How Well Doctors Communicate
92.59%
+1.64%

Rating of Specialist
90.67%
+49.00%

Getting Care Quickly
29.70%
-1.34%

Customer Service
92.05%
+0.16%

Getting Needed Care
70.33%
+31.12%

Loss

Gain

100%
75%
50%
25%
0%

Executive summary

NCQA Health Insurance Plan Ratings

- Beginning in 2015, NCQA replaced its ranking methodology with a rating methodology.

- Health plans are now rated in three categories: clinical quality (includes prevention and treatment), consumer satisfaction and NCQA's review of health quality processes.

- Plans are classified based on their national percentile (10th, 33.33rd, 66.67th and 90th) into scores ranging from 1 to 5 (in increments of 0.5), where 5 is the highest score and 1 is the lowest.

- The consumer satisfaction category of the rating comes from the CAHPS survey and is summarized in the table below. The flu shot measure from the CAHPS survey is also one item in the clinical quality – prevention category of the rating. Percentiles and ratings are **estimated** based on the 2018 Quality Compass® National All Lines of Business (LOB) data since the 2019 data were not available at the time of this report.

	Score*	Percentile	Rating
Consumer Satisfaction			**3.5**
Getting Care			2.5
Getting care easily	81.65%	33rd	3.0
Getting care quickly	78.42%	10th	2.0
Satisfaction with Plan Physicians			4.0
Rating of primary-care doctor	71.62%	67th	4.0
Rating of specialists	70.43%	67th	4.0
Rating of care	58.37%	67th	4.0
Coordination of care	79.59%	10th	NA
Health promotion and education	74.14%	33rd	3.0
Satisfaction with Plan Services**			4.0
Rating of health plan	65.40%	67th	4.0
Customer service	90.66%	67th	4.0
Prevention			
Flu shots for adults (ages 18-64)	35.28%	10th	2.0

Percentile		Rating
<10th	=	1
10th	=	2
33rd	=	3
67th	=	4
90th	=	5
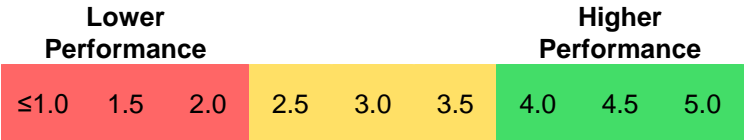
Lower Performance ... **Higher Performance**

≤1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0

- * Scores are top-two-box ratings (% Always or Usually or % 9 or 10) for the consumer satisfaction category, % Yes for the health promotion and education measure and % Yes for the flu shot measure.

- ** NCQA removed the customer service measure from the commercial product line due to insufficient data in 2017.

- NOTE: NCQA will assign a measure result of NA to overall ratings or composites with a denominator (i.e., the average number of responses across all questions used to calculate the composite) less than 100.

Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Methodology

Questionnaire. The CAHPS 5.0H survey was used. DSS designed the survey instrument using health plan colors. An attractively formatted booklet with a cover letter explaining the importance of completing the survey was mailed to the sampled members using first class postage. A return business reply envelope addressed to DSS was included with each booklet. See **Appendix F** for more details.

Data collection. The methodology detailed in *HEDIS® 2019 Volume 3: Specifications for Survey Measures* was used. A synopsis of the survey protocol, timeframe and fulfillment dates are outlined below.

Day 0	4 to 10 days	Day 35	39 to 45 days	Day 56	Day 70	Min. of 81 days	
First questionnaire mailing	First reminder postcard	Second questionnaire mailing	Second reminder postcard	Initiate telephone interviewing	Complete telephone interviewing	Last day to accept completed surveys	Data submission to NCQA
1/25/2019	2/1/2019	3/1/2019	3/8/2019	3/22/2019	4/5/2019	5/10/2019	5/30/2019

Staffing of the toll-free help line. DSS staffed a toll-free phone line for members to call if they had any questions.

Data processing and analysis. DSS processed all completed surveys and analyzed the results.

Comparison averages. Most measures are compared to the 2019 Anthem Average (2019 ANM Avg.), which is displayed as a light blue line throughout the report, and the 2019 DSS Adult Medicaid Book of Business (2019 DSS Avg.), which is displayed as a blue bar throughout the report.

The DSS Adult Medicaid Book of Business is made up of 82 adult Medicaid plans with a total of 24,824 respondents.

Methodology

Qualified respondents. Members eligible for the survey were those 18 years and older (as of December 31 of the measurement year) who had been continuously enrolled in the plan for at least five of the last six months of the measurement year.

Sample type. A simple random sample of the required sample size for the population was drawn. To reduce possible confusion and respondent burden, the sample was processed to remove duplicates so that only one adult per household was included in the sample.

Sample size/sampling error.

Item	2019
Total mailed	1,755
Required sample	1,350
Oversample	405
Undeliverable	215
Total ineligible	18
Total completed surveys	326
Mail completes	169
Phone completes	157
Adjusted response rate*	18.77%
Overall sampling error**	+/- 5.4%

The 2018 national average response rate for adult Medicaid was 21.8%.

* Adjusted response rate is calculated using the following formula:

$$\frac{\text{Total completed surveys}}{\text{Total mailed} - \text{Total ineligible}} \times 100$$

** 95% confidence level, using the most pessimistic assumption regarding variance (p=0.5).

Spanish surveys. Respondents were given the option of completing the survey in Spanish. A telephone number was provided on the survey cover letter for members to call if they would like to complete the survey in Spanish. There were no surveys completed in Spanish.

Statistical references and footnotes

All statistical testing is performed at the 95% confidence level.

↑↓   Indicates a significant difference between the 2019 plan result and the 2018 plan result.
(For two-year average - 2018/2019 vs 2017/2018)

◆◆   Indicates a significant difference between the 2019 plan result and the 2019 ANM Average.
(For two-year average - 2018/2019 vs 2019 ANM Average)

✿✿   Indicates a significant difference between the 2019 plan result and the 2019 DSS Average.
(For two-year average - 2018/2019 vs 2019 DSS Average)

❖❖   Indicates a significant difference between the 2019 plan result and the 2019 Region Average.
(For two-year average - 2018/2019 vs 2019 Region Average)

A capital letter and green font indicates that result is significantly higher than the corresponding column.

NA   Indicates base less than 100, NCQA will assign an NA.

^   Indicates a base size smaller than 20. Interpret results with caution.

NR   Not reportable. Base size < 11.

NQ   New question. (If applicable)

Percentages lower than five percent are not labeled in charts or graphs where space does not permit.

Overall ratings

Compared to the 2018 plan result:
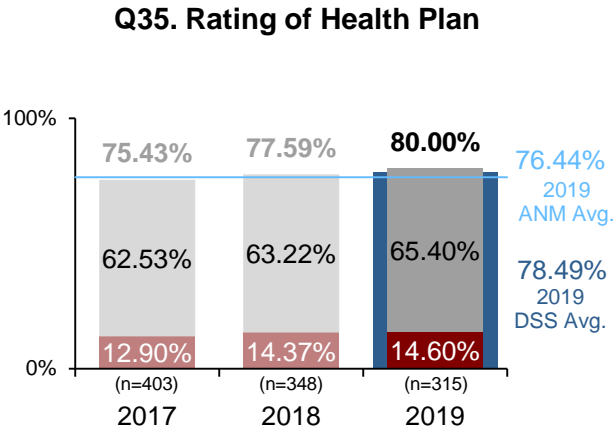- Specialist is significantly higher.

Compared to the 2019 ANM Average:
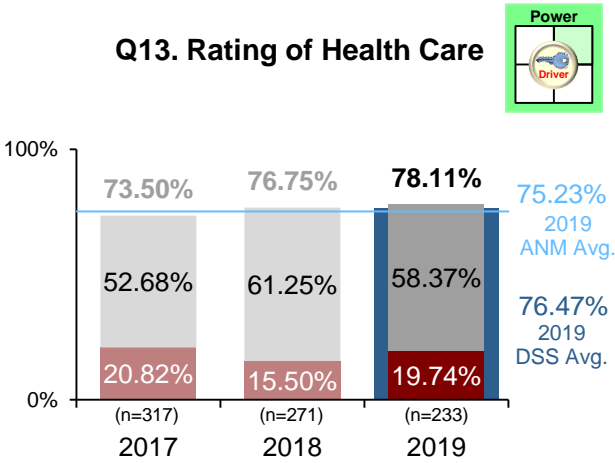- Specialist is significantly higher.

Compared to the 2019 DSS Average:
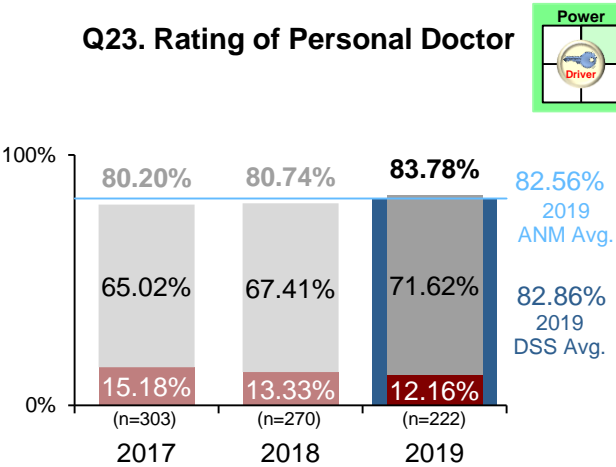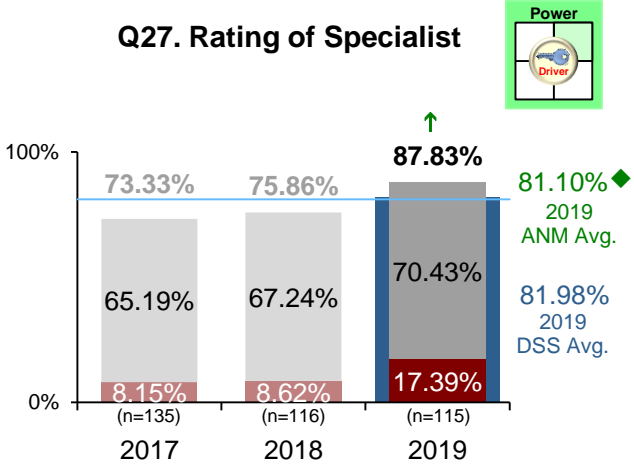- None of the differences are significant.

Q35. Rating of Health Plan

Legend:
- 9 or 10
- 8

	2017	2018	2019
Total	75.43%	77.59%	**80.00%**
9 or 10	62.53%	63.22%	65.40%
8	12.90%	14.37%	14.60%
n	(n=403)	(n=348)	(n=315)

76.44% 2019 ANM Avg.
78.49% 2019 DSS Avg.

Q13. Rating of Health Care

(Power Driver)

	2017	2018	2019
Total	73.50%	76.75%	**78.11%**
9 or 10	52.68%	61.25%	58.37%
8	20.82%	15.50%	19.74%
n	(n=317)	(n=271)	(n=233)

75.23% 2019 ANM Avg.
76.47% 2019 DSS Avg.

Q23. Rating of Personal Doctor

(Power Driver)

	2017	2018	2019
Total	80.20%	80.74%	**83.78%**
9 or 10	65.02%	67.41%	71.62%
8	15.18%	13.33%	12.16%
n	(n=303)	(n=270)	(n=222)

82.56% 2019 ANM Avg.
82.86% 2019 DSS Avg.

Q27. Rating of Specialist

(Power Driver)

↑

	2017	2018	2019
Total	73.33%	75.86%	**87.83%**
9 or 10	65.19%	67.24%	70.43%
8	8.15%	8.62%	17.39%
n	(n=135)	(n=116)	(n=115)

81.10% ◆ 2019 ANM Avg.
81.98% 2019 DSS Avg.

Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Adult Medicaid Book of Business.

Overall ratings

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with Medicaid coverage

Q35. Rating of Health Plan

Improvement action

Provide helpful customer service.

Be proactive to ensure patients get quality care.

Promote healthy behavior using goal setting and incentives.

Ensure there are enough specialists in the network.

Maintain up-to-date network information.

Provide detailed cost summaries after visits.

Selected comments

"I have gotten so many inconsistent responses about coverage from different customer representatives at my insurance. I can't get answers. Then I express my frustration, so they empathize and say they'll help, and I never hear back from them. I end up talking to someone different and have to start all over again. I have serious health issues I've been trying to get addressed a year ago."

"Because they are proactive. They tend to make sure that I am making my appointments, and from time to time they will send me information on how to improve my health with diet and exercise."

"The current websites format with physician search features has been a welcome replacement for the member's provider handbook, which was frequently outdated. I have yet to see if the plan is keeping up with updating which practitioners are accepting new patients."

"I like that I get a summary in the mail every few months on visits that I have had, and I like how I can see how the cost was broken down, as well."

"I can't see the specialists I need to. Either they won't cover them or I have to go through this approval process."

"They provide an annual goal sheet for me to fill out, which holds me accountable for my health. It helps me regulate my daily actions, which helps me meet my desired goals."

Overall ratings

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with Medicaid coverage

Q13. Rating of Health Care

Improvement action

Ensure that patients can get needed care quickly.

Promote continuity of care by minimizing staff turnover and coordinating any necessary handoffs.

"The only thing I haven't liked is the long wait times to be seen by appointment."

"While treating multiple medical issues, all treatment and appointments have been timely, and scheduling has been tweaked to meet my needs. So, I'll give my care a solid 10."

Selected comments

"I am still trying to figure out how to help my health issues right now by trying to find a doctor who will stick around the practice, so I can trust they will be concerned with how to take care of my health and help me be aware of what to expect."

"I had a much better doctor prior to the last two, who are okay, but they don't read medical files and it's like stepping back in time."

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with Medicaid coverage

Q23. Rating of Personal Doctor

Improvement action

PRIMARY CARE DOCTOR VISIT

Demonstrate interest, caring and empathy.

Collaborate with patients' other providers.

"Overall, the doctors knew what they were doing. However, I would have given them a higher rating if my doctor truly cared about me as a person. My example for this was when I asked her questions, she made it out like I didn't know what I was talking about."

"He is truly concerned with helping each of his patients and he listens to what you have to say."

"My doctor listens to me and it feels like we're a team when it comes to my health."

Selected comments

"My primary care doctor, thankfully, has Socratic wisdom and admits when he doesn't know something. This has led to a lot of collaboration between him and my GI specialist to ensure I'm never prescribed anything that would affect my other medications. There honestly isn't much he could do to improve. There was one instance where, due to scheduling conflicts, I saw a different doctor in the same clinic, and before I got the prescription filled at the pharmacy, the usual primary care doctor had called and changed the prescription so that I wouldn't have a seizure from medications that shouldn't be taken together."

"I don't care for the new doctor. They don't look at my old records to give me what I want. She doesn't understand I have too much pain to work and I can't concentrate."

"My doctor actually steps up to tell me about my weight and how I should watch it. Even though I am pretty much healthy, I like that she talks to me as we can work on a plan to lose it. But I have had doctors who just see me for who I am and don't really pay attention to me or my concerns."

Overall ratings

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with Medicaid coverage

Q27. Rating of Specialist

Improvement action
SPECIALIST VISIT

Allow adequate time to listen to the patient's concerns.

Inform patients about what to expect with invasive or uncomfortable procedures.

"My endocrinologist is too fast talking and doesn't seem to want to listen to me when I talk about possible hormone issues. He brushes my symptoms off as not related to my condition when I know they are!"

"Some are good, some are not so good. My cancer specialists also takes the time and listens, so I'm satisfied."

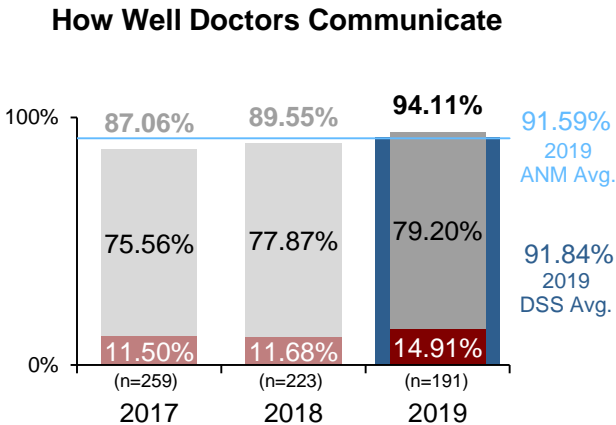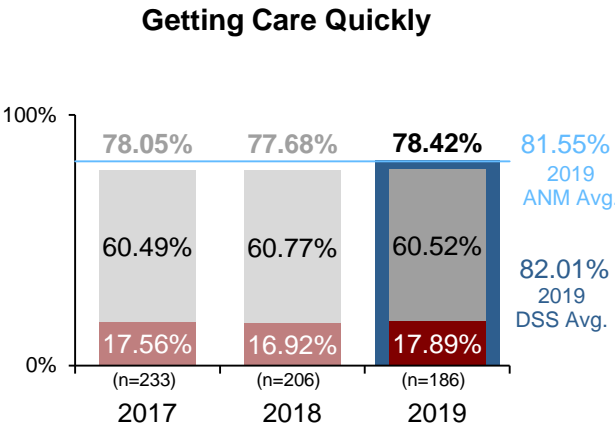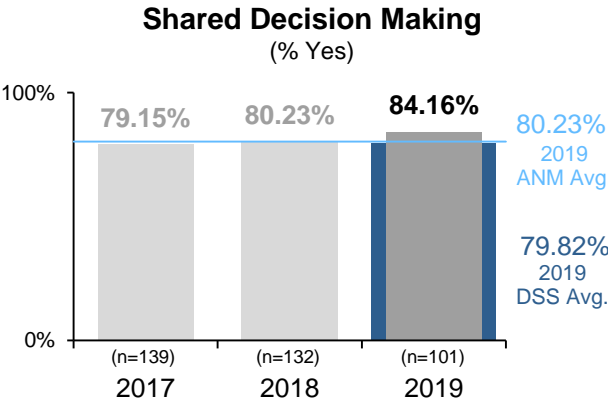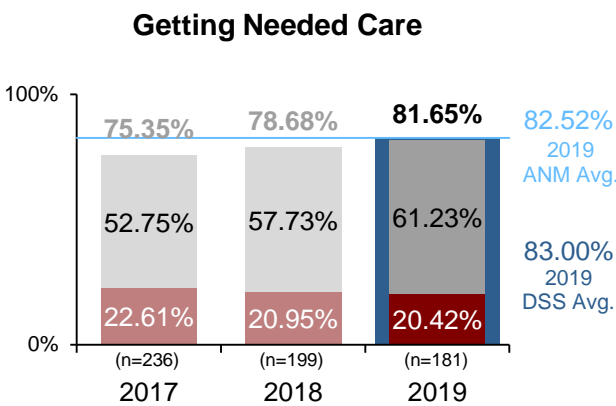*"I recently saw an OB/GYN that did a biopsy of my cervix. It was a difficult procedure emotionally, as the findings are to determine if the tissue is cancerous or not. The doctor did the procedure and I like the professional demeanor that he held. He reassured me not with words to me, but by explaining the procedure itself, which helped put me at ease."*

Selected comments

Composite global proportions

Customer Service

Legend: ■ Always ■ Usually

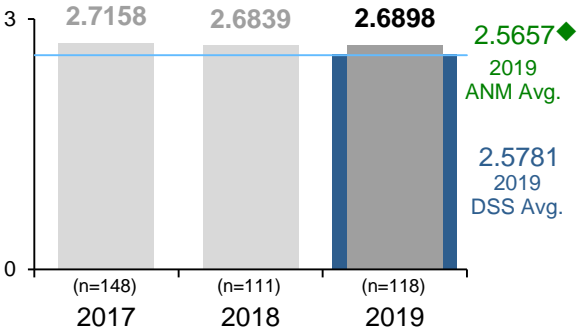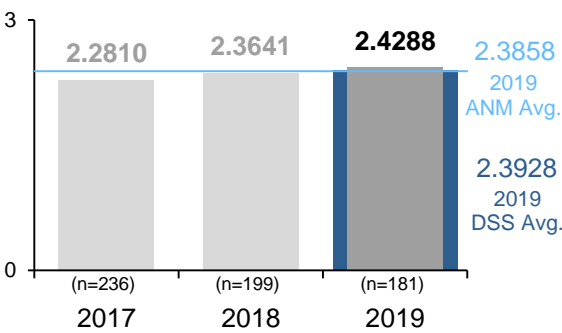|	2017	2018	2019
Total	92.56%	90.52%	**90.66%**
Always	79.02%	77.87%	78.32%
Usually	13.54%	12.65%	12.34%
	(n=148)	(n=111)	(n=118)

88.26% 2019 ANM Avg.

88.52% 2019 DSS Avg.

Getting Needed Care

	2017	2018	2019
Total	75.35%	78.68%	**81.65%**
Always	52.75%	57.73%	61.23%
Usually	22.61%	20.95%	20.42%
	(n=236)	(n=199)	(n=181)

82.52% 2019 ANM Avg.

83.00% 2019 DSS Avg.

Shared Decision Making
(% Yes)

	2017	2018	2019
	79.15%	80.23%	**84.16%**
	(n=139)	(n=132)	(n=101)

80.23% 2019 ANM Avg.

79.82% 2019 DSS Avg.

Getting Care Quickly

	2017	2018	2019
Total	78.05%	77.68%	**78.42%**
Always	60.49%	60.77%	60.52%
Usually	17.56%	16.92%	17.89%
	(n=233)	(n=206)	(n=186)

81.55% 2019 ANM Avg.

82.01% 2019 DSS Avg.

How Well Doctors Communicate

	2017	2018	2019
Total	87.06%	89.55%	**94.11%**
Always	75.56%	77.87%	79.20%
Usually	11.50%	11.68%	14.91%
	(n=259)	(n=223)	(n=191)

91.59% 2019 ANM Avg.

91.84% 2019 DSS Avg.

Please refer to page 14 for statistical references and footnotes.

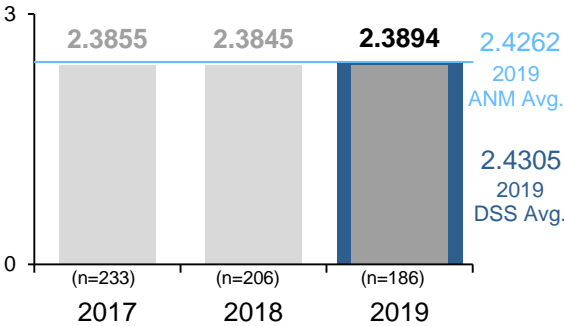Note: The DSS Average is the 2019 DSS Adult Medicaid Book of Business.

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Anthem - Community Care Health Plan of Louisiana, Inc. dba Healthy Blue

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Composite mean scores

Customer Service

	2017	2018	2019
Score	2.7158	2.6839	**2.6898**
n	(n=148)	(n=111)	(n=118)

2.5657◆
2019
ANM Avg.

2.5781
2019
DSS Avg.

Getting Needed Care

	2017	2018	2019
Score	2.2810	2.3641	**2.4288**
n	(n=236)	(n=199)	(n=181)

2.3858
2019
ANM Avg.

2.3928
2019
DSS Avg.

Getting Care Quickly

	2017	2018	2019
Score	2.3855	2.3845	**2.3894**
n	(n=233)	(n=206)	(n=186)

2.4262
2019
ANM Avg.

2.4305
2019
DSS Avg.

How Well Doctors Communicate

	2017	2018	2019
Score	2.6261	2.6742	**2.7331**
n	(n=259)	(n=223)	(n=191)

2.6723
2019
ANM Avg.

2.6746
2019
DSS Avg.

Please refer to page 14 for statistical references and footnotes.

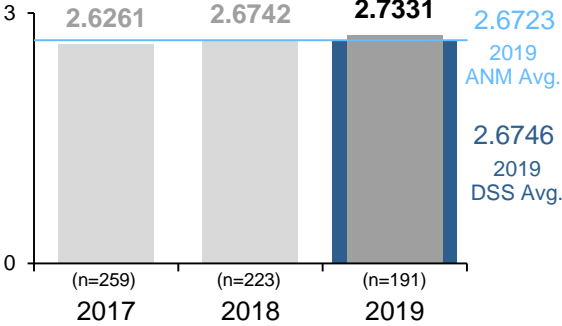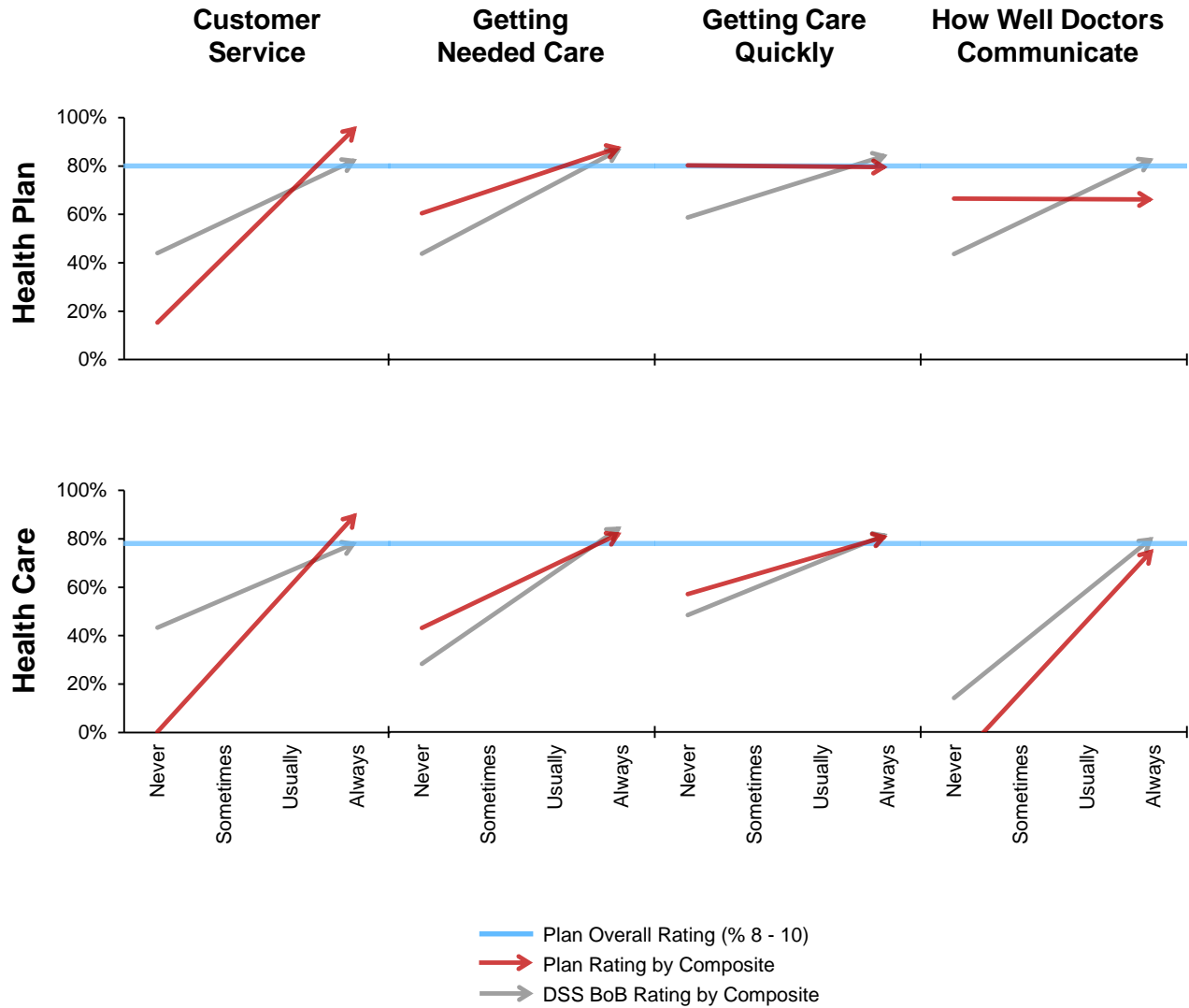Note: The DSS Average is the 2019 DSS Adult Medicaid Book of Business.

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Overall ratings by composites (plan vs. BoB)

The charts below show the relationships between the two overall ratings and the four composite measures. The steeper the line, the stronger the relationship.

Plan Overall Rating (% 8 - 10)
Plan Rating by Composite
DSS BoB Rating by Composite

Customer Service

Q30. Tried to get information or help from health plan's customer service
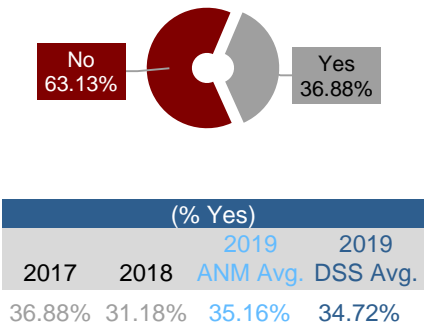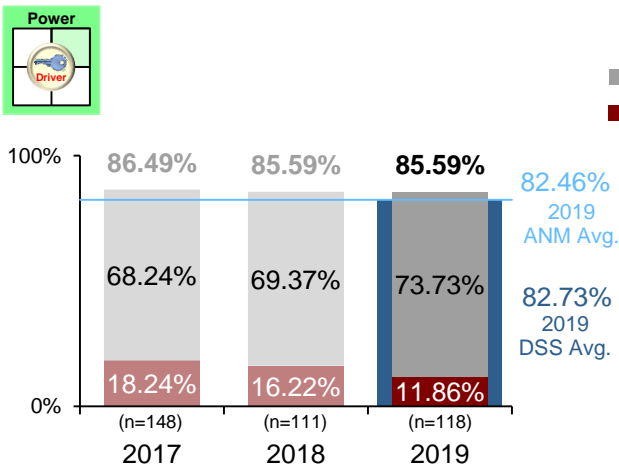
No
63.13%

Yes
36.88%

(% Yes)			
		2019	2019
2017	2018	ANM Avg.	DSS Avg.
36.88%	31.18%	35.16%	34.72%

Q31. Customer service provided needed information or help

Power Driver

- ■ Always
- ■ Usually

100%

86.49% | 85.59% | **85.59%**

68.24% | 69.37% | 73.73%

18.24% | 16.22% | 11.86%

0%

(n=148) | (n=111) | (n=118)

2017 | 2018 | 2019

82.46%
2019 ANM Avg.

82.73%
2019 DSS Avg.

Q32. Customer service treated member with courtesy and respect

Power Driver

100%

98.64% | 95.45% | **95.73%**

89.80% | 86.36% | 82.91%

8.84% | 9.09% | 12.82%

0%

(n=147) | (n=110) | (n=117)

2017 | 2018 | 2019

94.05%
2019 ANM Avg.

94.30%
2019 DSS Avg.
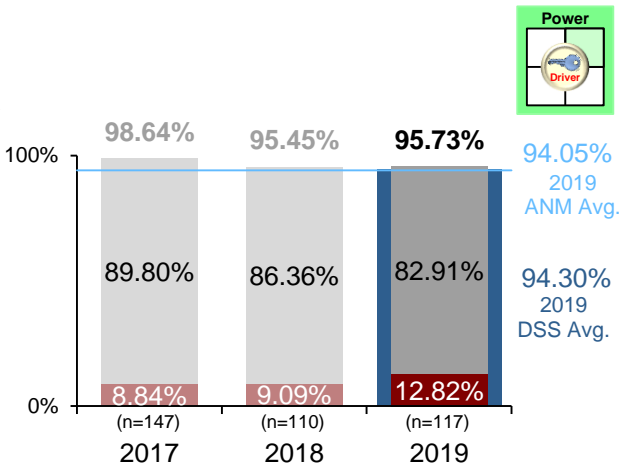
Customer Service Composite					
	2017	2018	2019	2019 ANM Avg.	2019 DSS Avg.
Global proportion	92.56%	90.52%	90.66%	88.26%	88.52%
Mean score	2.7158	2.6839	2.6898	2.5657 ◆	2.5781

Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Adult Medicaid Book of Business.

Customer Service

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with Medicaid coverage

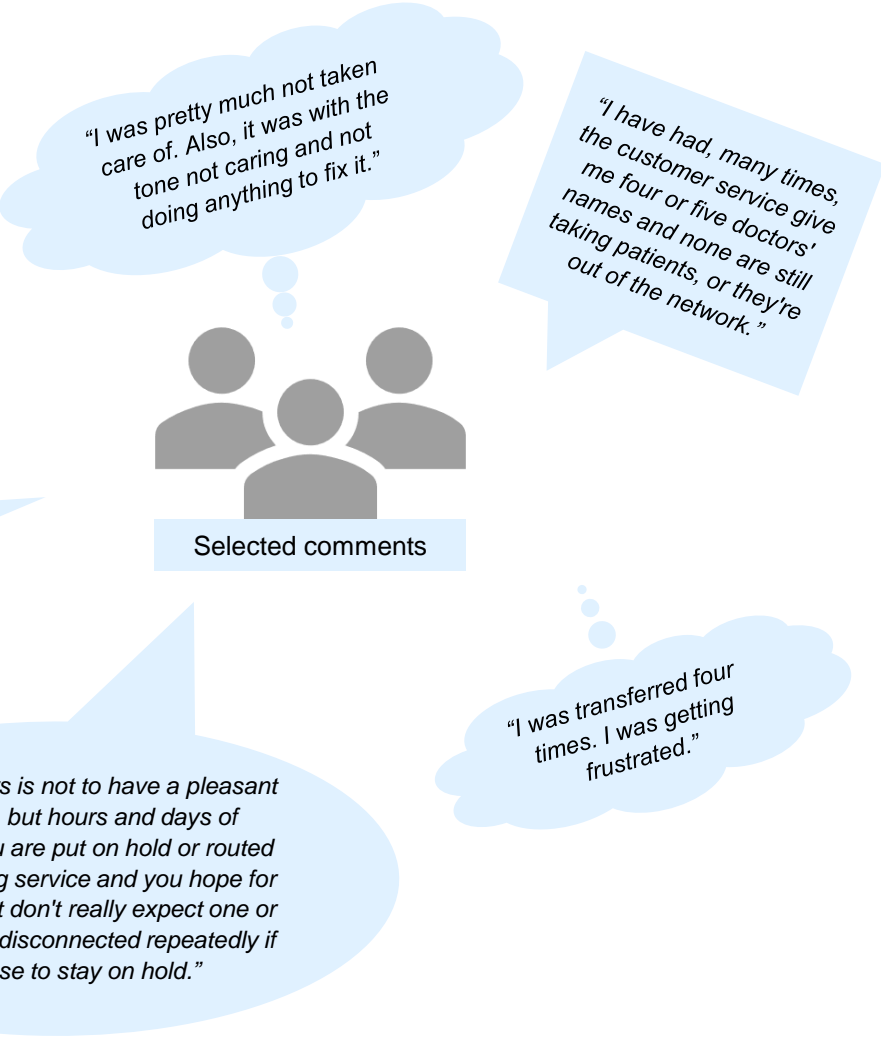### Q31. Customer service provided needed information or help

Improvement action

Ensure that representatives exhibit a helpful and caring attitude.

Ensure that representatives have access to the most current information available.

Minimize call transfers and hold time.

Follow up in a timely manner.

Selected comments

"I was pretty much not taken care of. Also, it was with the tone not caring and not doing anything to fix it."

"I have had, many times, the customer service give me four or five doctors' names and none are still taking patients, or they're out of the network."

"I felt frustrated because during the renewal time I was able to get in touch with somebody, but when that was over I don't hear anything back."

"To contact ours is not to have a pleasant experience, but hours and days of frustration. You are put on hold or routed to an answering service and you hope for a return call but don't really expect one or you simply get disconnected repeatedly if you chose to stay on hold."

"I was transferred four times. I was getting frustrated."

Customer Service

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with Medicaid coverage

Q32. Customer service treated member with courtesy and respect

Improvement action

Ensure that representatives listen to all concerns and show a willingness to find a solution.

Resolve issues with a polite and friendly attitude.

Be willing to work with members to find a satisfactory way to resolve an issue.

"When I got my coverage through the state, the doctor I was connected to was six blocks away from the bus stop. I have arthritis in both knees and that didn't work for me. I called and talked with a representative to find a better fit for me. It took a while because the representative was not located in my home state. I felt very well taken care of by the representative, respectfully and with courtesy, when we were finished. He listened to every concern I had."

"I contacted them because when I received my health insurance card in the mail, the wrong primary care provider was on it. I called them and told them who I wanted instead and they were very nice and efficient and quickly updated my information and sent out a new card."

Selected comments

"I have recently contacted my plan to change my contact information. The exchange went very smoothly, and the customer service representative went the extra mile by connecting me with Medi-Cal in order to make the changes permanent in both systems."

"My last interaction with them was when they called me to make sure my information was up to date. Because I don't give out personal information over the phone, they politely stated that they understood and told me to call their 800 number and leave my information with them that way, which I did. Again, they were very polite and professional, which made me feel respected."

Compared to the 2018 plan result:
- None of the differences are significant.

Compared to the 2019 ANM Average:
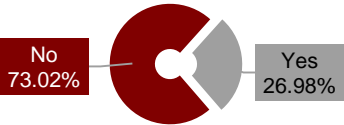- None of the differences are significant.

Compared to the 2019 DSS Average:
- None of the differences are significant.

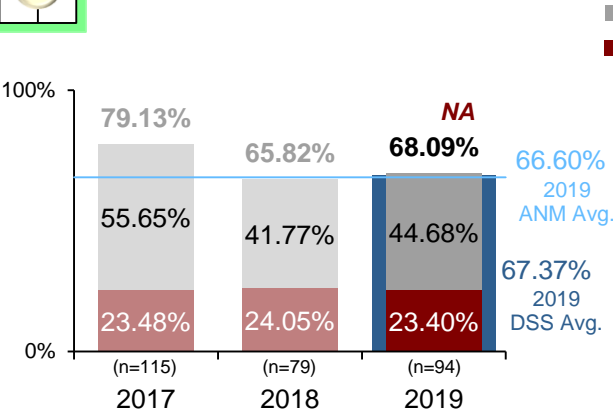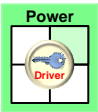Q28. Looked for information in written materials/on the Internet

No 70.22%
Yes 29.78% ↑

(% Yes)			
2017	2018	2019 ANM Avg.	2019 DSS Avg.
28.68%	22.07%	22.49%◆	21.98%✿

Q33. Health plan gave forms to fill out

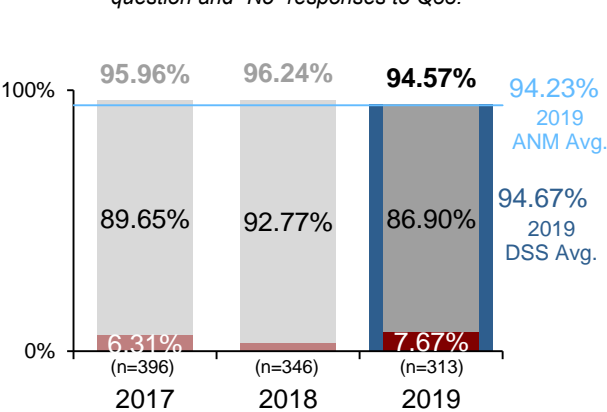No 73.02%
Yes 26.98%

(% Yes)			
2017	2018	2019 ANM Avg.	2019 DSS Avg.
29.43%	24.64%	28.49%	27.99%

Q29. Written materials or Internet provided needed information

Power Driver

■ Always
■ Usually

100%

79.13%
55.65%
23.48%
(n=115)
2017

65.82%
41.77%
24.05%
(n=79)
2018

NA
68.09%
44.68%
23.40%
(n=94)
2019

66.60% 2019 ANM Avg.
67.37% 2019 DSS Avg.

0%

Q34. Health plan forms were easy to fill out

Note: The rate for this question is calculated using the responses to this question and "No" responses to Q33.

100%

95.96%
89.65%
6.31%
(n=396)
2017

96.24%
92.77%
(n=346)
2018

94.57%
86.90%
7.67%
(n=313)
2019

94.23% 2019 ANM Avg.
94.67% 2019 DSS Avg.

0%

Please refer to page 14 for statistical references and footnotes.
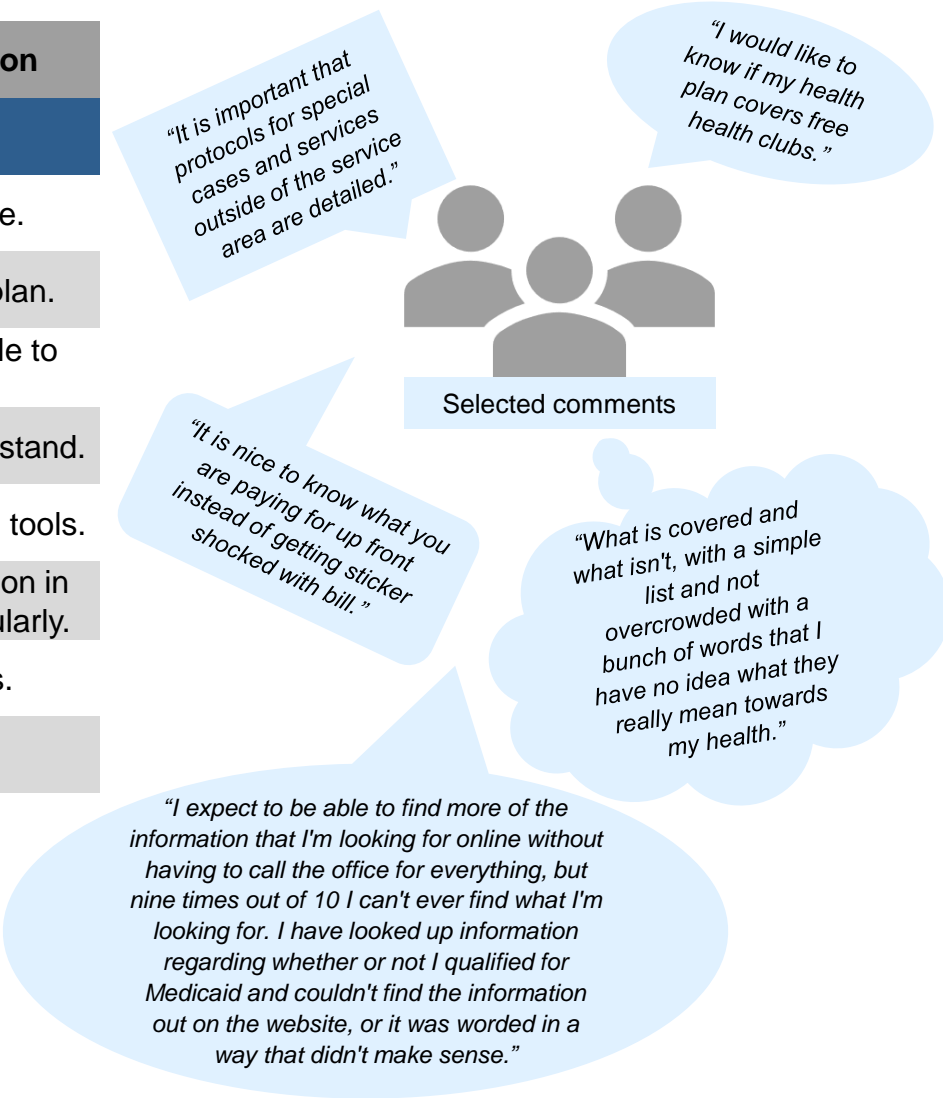
Note: The DSS Average is the 2019 DSS Adult Medicaid Book of Business.

Customer Service

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with Medicaid coverage

Q29. Written materials or Internet provided needed information

Improvement action

Ensure that formulary information is complete and up-to-date.

Provide information about additional services covered by the plan.

Make it easy for members to learn about the providers available to them.

Ensure that all written communication is clear and easy to understand.

Add links on the website to additional information and navigation tools.

Reduce calls to customer service by ensuring that the information in printed materials and online is worded clearly and updated regularly.

Provide clear information about referrals and authorizations.

Provide detailed cost information.

"It is important that protocols for special cases and services outside of the service area are detailed."

"I would like to know if my health plan covers free health clubs."

Selected comments

"It is nice to know what you are paying for up front instead of getting sticker shocked with bill."

"What is covered and what isn't, with a simple list and not overcrowded with a bunch of words that I have no idea what they really mean towards my health."

"I expect to be able to find more of the information that I'm looking for online without having to call the office for everything, but nine times out of 10 I can't ever find what I'm looking for. I have looked up information regarding whether or not I qualified for Medicaid and couldn't find the information out on the website, or it was worded in a way that didn't make sense."

Customer Service

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with Medicaid coverage

Q34. Health plan forms were easy to fill out

Improvement action

Ensure that the language used in the forms is clear and straightforward.

Give members the option to complete forms online or by phone.

Provide resources and representatives to assist members when filling out forms.

Develop resources to help members reference their medical history.

"I would make the question more straightforward for any improvements."

"I didn't have any difficulties filling out forms. My local family services office handled most of the paperwork. I just provided basic information."

Selected comments

"The part that was difficult was the medical history part, as you don't always have access to your current information at the touch of your fingertips all of the time."

"None of the questions were hard but it would be much easier if they just had everyone fill out paperwork on the internet, as it saves them money and paper since they don't have to mail everyone everything."

Getting Needed Care

Q24. Made appointment to see a specialist

No 57.61%

Yes 42.39%

(% Yes)			
2017	2018	2019 ANM Avg.	2019 DSS Avg.
37.86%	34.81%	45.63%	46.66%

Q25. Got appointment with specialist as soon as needed

- ■ Always
- ■ Usually

	2017	2018	2019
Always (total)	70.39%	75.61%	**80.31%**
Always	47.37%	51.22%	59.06%
Usually	23.03%	24.39%	21.26%
	(n=152)	(n=123)	(n=127)

81.06% 2019 ANM Avg.

80.71% 2019 DSS Avg.

Q14. Ease of getting care, tests or treatment

	2017	2018	2019
Always (total)	80.31%	81.75%	**82.98%**
Always	58.13%	64.23%	63.40%
Usually	22.19%	17.52%	19.57%
	(n=320)	(n=274)	(n=235)

83.97% 2019 ANM Avg.

85.29% 2019 DSS Avg.

Getting Needed Care Composite					
	2017	2018	2019	2019 ANM Avg.	2019 DSS Avg.
Global proportion	75.35%	78.68%	81.65%	82.52%	83.00%
Mean score	2.2810	2.3641	2.4288	2.3858	2.3928

Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Adult Medicaid Book of Business.

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with Medicaid coverage

Q25. Got appointment with specialist as soon as needed (Got urgent care as soon as needed - Specialist)	**Q25. Got appointment with specialist as soon as needed** (Got check-up or routine care as soon as needed - Specialist)
Member poll	**Member poll**
SPECIALIST VISIT	SPECIALIST VISIT
How long do members expect to wait for an URGENT CARE appointment to see a specialist?	How long do members expect to wait for a ROUTINE CARE appointment to see a specialist?
Most expect to see a specialist within one to two days for an urgent care issue, but would wait up to three weeks for an appointment.	Most expect to see a specialist within four weeks for a routine care appointment, but would wait up to three months for an appointment.

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with Medicaid coverage

Q14. Ease of getting care, tests or treatment

Improvement action

Listen to patients' concerns.

Provide care and services quickly.

Communicate with patients courteously when overbooking or scheduling conflicts will delay their care.

Identify obstacles to timely care and help patients overcome them.

"She spends time with me, listens to what I say or how I feel, and does all the things I didn't know I needed. She ran a ton of tests on me when I first started seeing her and found out things that were making me feel like death warmed over."

"My provider network seems to be pretty timely in making progress. My primary doctor discovered something with a blood test and I was seeing the specialist within a couple of weeks. Did a test procedure the next week and was referred to the cancer center within about another week. All the appointments actually happened much faster than I imagined."

Selected comments

"I went in to have my birth control put back in, but because I was going through Medicaid they couldn't do it all in one day. For just having the birth control taken out and put back in, it ended up taking four visits to them, because that's what the insurance required them to do. So, I would say, make it to where I don't have to make four trips for one thing."

"I had an appointment, and not only were they rude, I wasn't taken care of. I had an appointment and they didn't seem to care. Instead of trying to fit me in, they told me they would reschedule me to come back another time. Along with being very rude, no one there helped, not a doctor or office staff, they just sent me home."

Getting Care Quickly

Q3. Had illness/injury/condition that needed care right away

No 49.22% Yes 50.78%
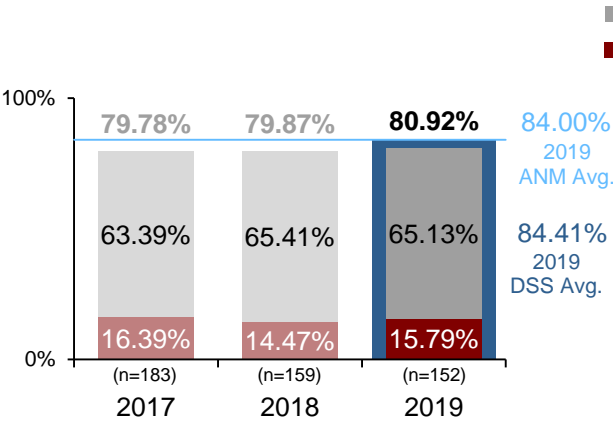
(% Yes)			
2017	2018	2019 ANM Avg.	2019 DSS Avg.
44.98%	46.52%	41.03%◆	40.75%❀

Q5. Made appointments for health care at doctor's office or clinic

No 29.38% Yes 70.63%

(% Yes)			
2017	2018	2019 ANM Avg.	2019 DSS Avg.
71.01%	74.09%	74.10%	74.10%

Q4. Got urgent care as soon as needed

■ Always
■ Usually

	2017	2018	2019
Always	79.78%	79.87%	**80.92%**
Always	63.39%	65.41%	65.13%
Usually	16.39%	14.47%	15.79%
	(n=183)	(n=159)	(n=152)

84.00% 2019 ANM Avg.
84.41% 2019 DSS Avg.

Q6. Got check-up or routine appointment as soon as needed

	2017	2018	2019
Always	76.33%	75.49%	**75.91%**
Always	57.60%	56.13%	55.91%
Usually	18.73%	19.37%	20.00%
	(n=283)	(n=253)	(n=220)

79.10% 2019 ANM Avg.
79.60% 2019 DSS Avg.
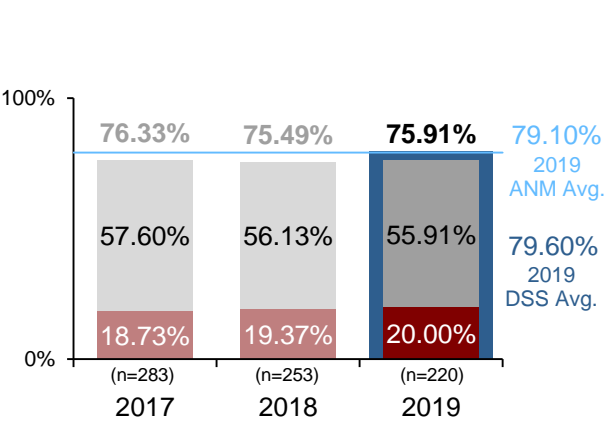
Getting Care Quickly Composite

	2017	2018	2019	2019 ANM Avg.	2019 DSS Avg.
Global proportion	78.05%	77.68%	78.42%	81.55%	82.01%
Mean score	2.3855	2.3845	2.3894	2.4262	2.4305

Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Adult Medicaid Book of Business.

Getting Care Quickly

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with Medicaid coverage

Q4. Got urgent care as soon as needed (Got urgent care as soon as needed - PCP)	Q6. Got check-up or routine appointment as soon as needed (Got check-up or routine care as soon as needed - PCP)
Member poll	**Member poll**
PRIMARY CARE DOCTOR VISIT	PRIMARY CARE DOCTOR VISIT
How long do members expect to wait for an URGENT CARE appointment to see a primary care doctor?	How long do members expect to wait for a ROUTINE CARE appointment to see a primary care doctor?
Most expect to see a primary care doctor within two days for an urgent care issue.	Most expect to wait one to two weeks for a routine care appointment with a primary care doctor, but would wait up to three months for an appointment.

Doctor or specialist visits

Compared to the 2018 plan result:
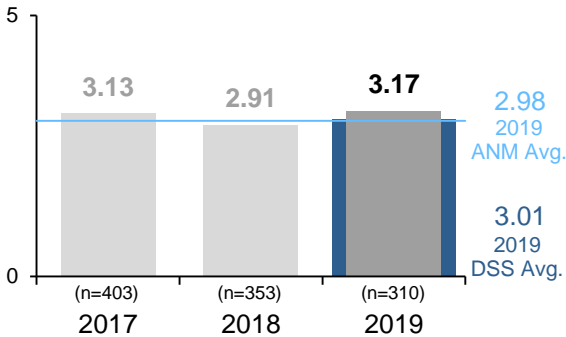- None of the differences are significant.

Compared to the 2019 ANM Average:
- Average number of personal doctor visits is significantly higher.

Compared to the 2019 DSS Average:
- Average number of personal doctor visits is significantly higher.

Q7. Average number of visits to doctor's office or clinic

Year	Value	n
2017	3.13	(n=403)
2018	2.91	(n=353)
2019	3.17	(n=310)

2.98 — 2019 ANM Avg.
3.01 — 2019 DSS Avg.

Q15. Have a personal doctor

No 25.95%
Yes 74.05%

	(% Yes)			
2017	2018	2019 ANM Avg.	2019 DSS Avg.
76.46%	76.04%	81.75% ◆	82.38% ❀

Q16. Average number of visits to personal doctor
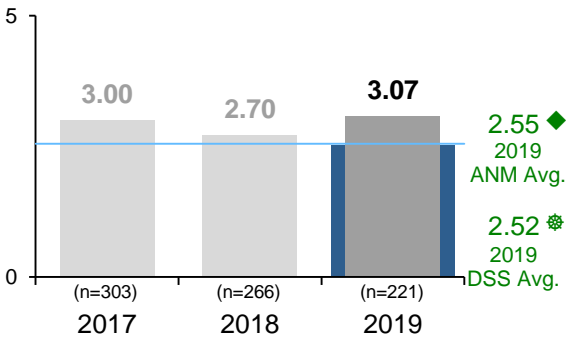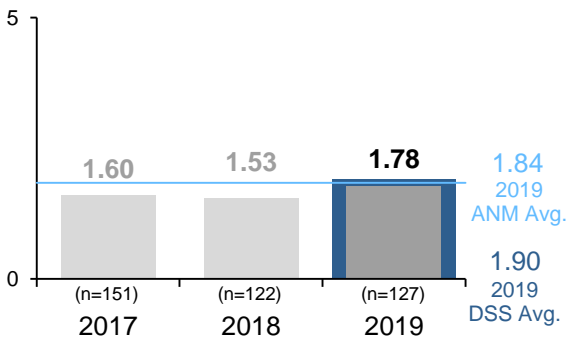
Year	Value	n
2017	3.00	(n=303)
2018	2.70	(n=266)
2019	3.07	(n=221)

2.55 ◆ — 2019 ANM Avg.
2.52 ❀ — 2019 DSS Avg.

Q26. Average number of specialists seen

Year	Value	n
2017	1.60	(n=151)
2018	1.53	(n=122)
2019	1.78	(n=127)

1.84 — 2019 ANM Avg.
1.90 — 2019 DSS Avg.

Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Adult Medicaid Book of Business.

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How Well Doctors Communicate

Compared to the 2018 plan result:
- Doctor explained things is significantly higher.

Compared to the 2019 ANM Average:
- Doctor explained things and doctor showed respect are significantly higher.

Compared to the 2019 DSS Average:
- Doctor explained things is significantly higher.

Q17. Personal doctor explained things

Power Driver

	2017	2018	2019
Always	75.19%	77.93%	82.81%
Usually	13.18%	12.16%	12.50%
Total	88.37%	90.09%	**95.31%** ↑
(n)	(n=258)	(n=222)	(n=192)

■ Always
■ Usually

91.95% ◆
2019 ANM Avg.

92.19% ✿
2019 DSS Avg.

Q18. Personal doctor listened carefully

Power Driver

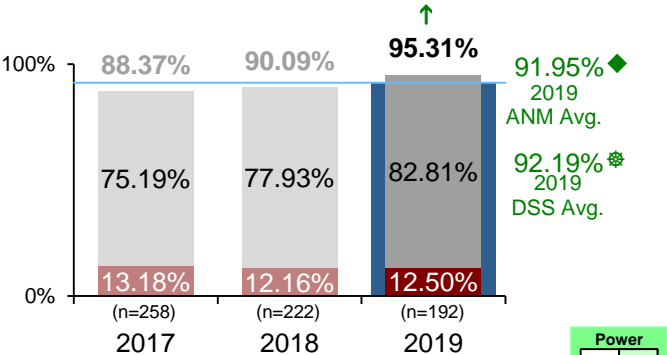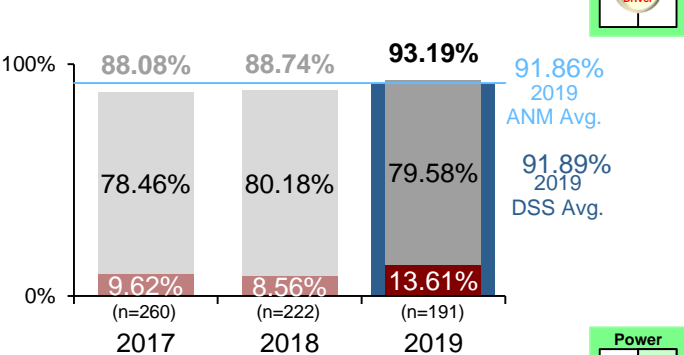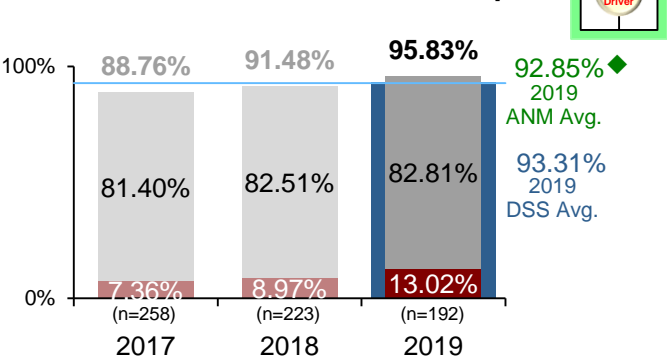|	2017	2018	2019
Always	78.46%	80.18%	79.58%
Usually	9.62%	8.56%	13.61%
Total	88.08%	88.74%	**93.19%**
(n)	(n=260)	(n=222)	(n=191)

91.86%
2019 ANM Avg.

91.89%
2019 DSS Avg.

Q19. Personal doctor showed respect

Power Driver

	2017	2018	2019
Always	81.40%	82.51%	82.81%
Usually	7.36%	8.97%	13.02%
Total	88.76%	91.48%	**95.83%**
(n)	(n=258)	(n=223)	(n=192)

92.85% ◆
2019 ANM Avg.

93.31%
2019 DSS Avg.

Q20. Personal doctor spent enough time

Power Driver

	2017	2018	2019
Always	67.18%	70.85%	71.58%
Usually	15.83%	17.04%	20.53%
Total	83.01%	87.89%	**92.11%**
(n)	(n=259)	(n=223)	(n=190)

89.69%
2019 ANM Avg.

89.97%
2019 DSS Avg.

How Well Doctors Communicate Composite					
	2017	2018	2019	2019 ANM Avg.	2019 DSS Avg.
Global proportion	87.06%	89.55%	94.11%	91.59%	91.84%
Mean score	2.6261	2.6742	2.7331	2.6723	2.6746

Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Adult Medicaid Book of Business.

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How Well Doctors Communicate

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with Medicaid coverage

Q17. Personal doctor explained things

Improvement action

Provide clear explanation of treatments and procedures.

Use simple terms to ensure patients have a firm understanding of concepts.

Avoid actions or language that can be interpreted as condescending.

Collaborate with patients to find the best solution.

Listen to all of the patient's concerns.

Thoroughly answer all of the patient's questions related to their health care.

Make accommodations to overcome language barriers.

Selected comments

"My primary care physician was also acting as my OB/GYN. He explained that the abnormal results of a PAP required a visual inspection. That inspection warranted a biopsy of tissue. He was to the point and realistically described what it would feel like while he performed the procedures. He also further explained what the treatment would entail."

"My psychiatrist is an amazing doctor. Every time I see him, he talks in layman's terms so I can understand. But he never treats you or talks to you as if you're inferior."

"No matter how trivial or how serious I thought something was, he wanted to hear about anything I perceived to be a health issue or emerging problem. It was a very refreshing approach."

"I was having a difficult time understanding what the doctor was actually saying because of the language barriers and inability to actually hear what he was saying. After having him repeat several times, I still could not understand."

"Last time I was there, she told me I didn't need to use a certain brand and in order to save me money, she told me to pick up the store brand and said it is just as good as the high dollar brand and will work just as well. I kind of always knew this and she was really showing how much she cared for me and helped in saving me money."

"We need to ask questions or we don't get a response. I usually go in with a little notebook that I have made notes in so I don't forget about something that is bothering me. That way I feel like I have more control over my health."

How Well Doctors Communicate

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with Medicaid coverage

Q18. Personal doctor listened carefully

Improvement action
Maintain eye contact.
Demonstrate active listening by asking questions and making confirmatory statements.
Ensure that patients do not feel rushed when discussing their health.
Don't allow note taking or typing to become a distraction.

"A doctor should not rush their explanations or rush me if I have questions."

"Probably should wait to have a conversation with the patient until after the furious note taking has occurred."

Selected comments

"Always look at me when I'm talking and not be looking at their computer. I want a conversation with my doctors, where they engage and ask questions about what I'm telling them to be sure they get all the facts."

"They shouldn't be messing with computers and tablets while we're talking. Taking notes on those devices is okay, but don't stare at the screen too much."

"If they branch off from what you say, it means that they are actually listening to you. This is good, as they are trying to process what you are saying and build off of it."

How Well Doctors Communicate

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with Medicaid coverage

Q19. Personal doctor showed respect

Improvement action

Show empathy for the patient's concerns.

Spend enough time with patients.

Encourage a dialog with the patient.

Greet patients courteously.

Demonstrate familiarity with the patient's history.

"I would like a doctor to pencil in a little more time for the office visit. One thing I don't like is when a doctor is juggling two or three patients at the same time."

"For me, doctors show respect when they acknowledge me by giving me eye contact and waiting for an answer when they ask a question. They also show respect when they engage me in a dialogue to help resolve an issue or concern."

Selected comments

"Any mention of something that I have said previously makes me feel like they are listening, and I feel like a valued and respected patient."

"It would be nice if they said hello, looked at me and asked me why I am there that day."

"My last doctor didn't respect me. I had a problem with my wrist hurting from arthritis. I was asking her questions about it and she was like, 'Well, it's probably this kind of arthritis,' and just moved on and didn't speak of anything else about it, and just told me how concerned she was with something else that I wasn't having a problem with."

How Well Doctors Communicate

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with Medicaid coverage

Q20. Personal doctor spent enough time

Improvement action

Be thorough to avoid the appearance of rushing the visit.

Ensure that all of the patients' concerns are addressed before concluding the visit.

"My gastroenterologist tends to cut me off, rush my questions and answers, and is ready to shove me out the door within 15 minutes. This is a specialist I only see every three months. There is no way everything gets discussed in 15 minutes."

"At the very least, I don't think a doctor should leave the exam room until he asks the patient if he or she has any other concerns or if they are satisfied with the appointment. That should be required!!"

Selected comments

"He never asked how I was feeling and was never there long enough. He could have listened, asked how I was feeling and when I asked him about my shoulder, he could have at least looked at it. I spent more time with the nurse and, as a matter of fact, he opened the door, stood there and said he would write up new scripts for my meds, and left."

"I have felt many times that I have been rushed out by a doctor. Basically, have the doctor there and take care of me, and after that, ask me if I have any concerns or questions about the issue, in a positive, overall caring attitude to help me out."

Shared Decision Making

Compared to the 2018 plan result:
- Doctor discussed what was best for patient is significantly higher.

Compared to the 2019 ANM Average:
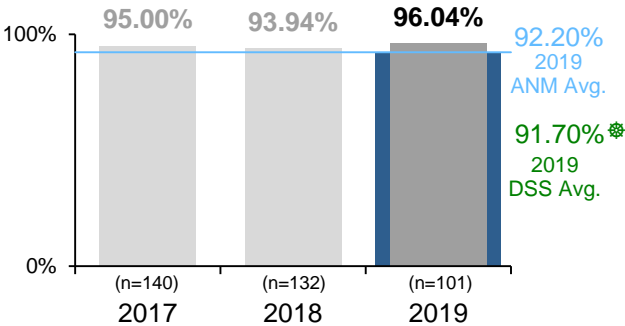- None of the differences are significant.

Compared to the 2019 DSS Average:
- Doctor discussed reasons to take a medicine is significantly higher.

Q9. Doctor discussed starting or stopping a prescription medicine

No 55.90%
Yes 44.10%

(% Yes)			
2017	2018	2019 ANM Avg.	2019 DSS Avg.
44.48%	48.35%	47.96%	48.77%

Q10. Doctor discussed reasons to take a medicine
(% Yes)

- 2017: 95.00% (n=140)
- 2018: 93.94% (n=132)
- 2019: **96.04%** (n=101)
- 92.20% 2019 ANM Avg.
- 91.70% ✿ 2019 DSS Avg.

Q11. Doctor discussed reasons <u>not</u> to take a medicine
(% Yes)

- 2017: 70.00% (n=140)
- 2018: 72.52% (n=131)
- 2019: **71.29%** (n=101)
- 69.12% 2019 ANM Avg.
- 69.38% 2019 DSS Avg.

Q12. Doctor asked what you thought was best
(% Yes)

- 2017: 72.46% (n=138)
- 2018: 74.24% (n=132)
- 2019: **85.15%** ↑ (n=101)
- 79.36% 2019 ANM Avg.
- 78.39% 2019 DSS Avg.
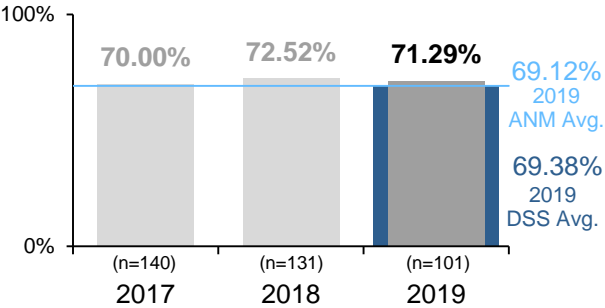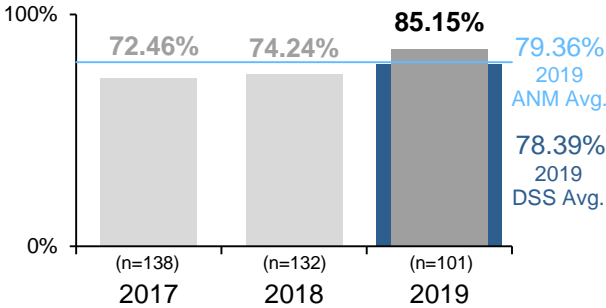
Shared Decision Making Composite*

	2017	2018	2019	2019 ANM Avg.	2019 DSS Avg.
Global proportion	79.15%	80.23%	84.16%	80.23%	79.82%

*Composite mean scores are not calculated for Yes/No composites.
Note: The DSS Average is the 2019 DSS Adult Medicaid Book of Business.

Please refer to page 14 for statistical references and footnotes.

Shared Decision Making

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with Medicaid coverage

Q10. Doctor discussed reasons to take a medicine
Q11. Doctor discussed reasons _not_ to take a medicine

Improvement action

Discuss potential side effects and involve the patient in the decision.

Build trust between the patient and doctor by involving the patient in the treatment plan.

Discuss various options with patients, including generic, over-the-counter and natural alternatives.

Selected comments

"I would like it if they considered that we know the long-term effects of taking some medications better than they do, and accepted that we might know whether something is still working."

"She usually leads with a prescription, but because she knows I'm not interested in taking medication, she often follows up with a list of natural remedies or vitamins that will also provide the desired result."

"I believe it's very important that your physician is a partner with you in helping to improve your health."

"I feel that this is very important. You should be able to speak with your doctor about those kinds of things and be heard. If my doctor told me I needed something, I would trust him or her on that medication."

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with Medicaid coverage

Q12. Doctor asked what you thought was best

Improvement action

Build trust by promoting collaboration between doctors and patients.

Discuss lifestyle changes and natural alternatives.

Engage in a dialog about the patient's experience with their medications.

"I think most doctors don't listen. They often think they understand the medication better than we do, but they don't always understand the effects of taking meds over a long period. We become immune and it is no longer as effective."

"Whether they ask me or not, I always tell them what I think about the medications they want to give me. I refuse to take any medications without trying to naturally help myself with diet, exercise or specific supplements."

Selected comments

"My OB/GYN always took cues from me. While trying to treat my bipolar safely in pregnancy, if I wanted to up my dose, he did within safe parameters. It helps that I was always up front and honest with him. When I had gestational diabetes I tracked my sugars manually, but he trusted me to say if my sugars had been high."

"I am usually the one who initiates the medication talk about what I feel isn't working or is working. It is rare that any doctor has asked me my opinion of my medication. I wish they would."

Health Promotion and Education

Compared to the 2018 plan result:
- The difference is not significant.

Compared to the 2019 ANM Average:
- The difference is not significant.

Compared to the 2019 DSS Average:
- The difference is not significant.

Q8. Doctor discussed ways to prevent illness
(% Yes)
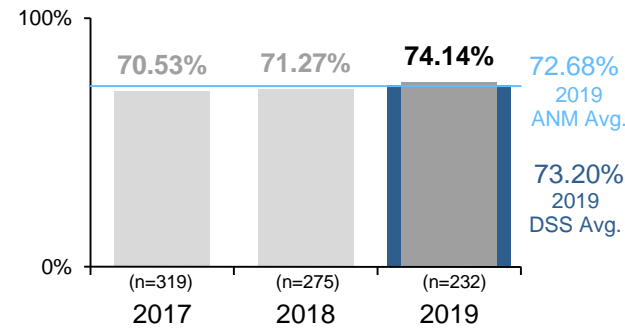
	2017	2018	2019
	70.53%	71.27%	**74.14%**
	(n=319)	(n=275)	(n=232)

72.68%
2019
ANM Avg.

73.20%
2019
DSS Avg.

Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Adult Medicaid Book of Business.

Coordination of Care

Q21. Received care from doctor or health provider besides personal doctor

No 44.92%

Yes 55.08%

(% Yes)			
2017	2018	2019 ANM Avg.	2019 DSS Avg.
53.36%	54.71%	61.03%	62.10%

Q22. Personal doctor seemed informed about care from other providers
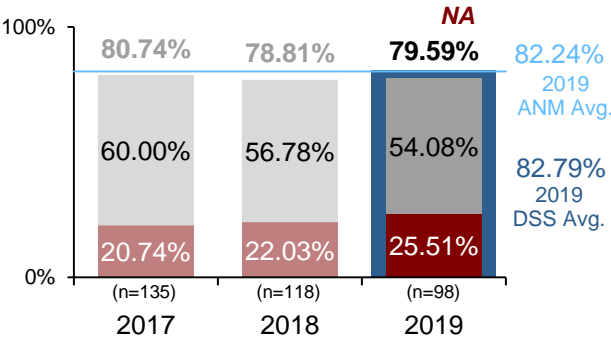
- ■ Always
- ■ Usually

100%

80.74% | 78.81% | **NA** **79.59%** | 82.24% 2019 ANM Avg.

60.00% | 56.78% | 54.08% | 82.79% 2019 DSS Avg.

20.74% | 22.03% | 25.51%

0%

(n=135) | (n=118) | (n=98)

2017 | 2018 | 2019

Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Adult Medicaid Book of Business.

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Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with Medicaid coverage

Q22. Personal doctor seemed informed about care from other providers

Improvement action

Review records to avoid misstatements.

Ensure that medical records are up to date.

"Last summer, I had allergies so bad I had to go into urgent care for a fix. I went to my regular doctor and several follow ups during the next few months and he had all the information he needed to help me out."

Selected comments

"I saw an ENT who literally lied about speaking with my dentist. Physicians need to understand that they must build trust with a new patient, and they won't do that if they're lying about another medical provider that the patient already knows well."

Flu Vaccinations for Adults Ages 18-64

Compared to the 2018 plan result:
- The difference is not significant.

Compared to the 2019 ANM Average:
- Flu shot is significantly lower.

Compared to the 2019 DSS Average:
- Flu shot is significantly lower.

Q38. Received a flu shot or spray since July 1
(of previous year)
(% Yes)
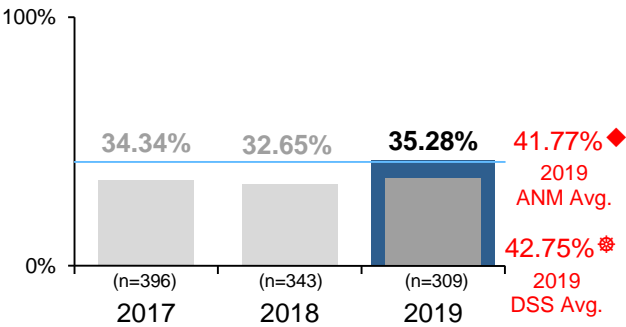
	2017	2018	2019
	34.34%	32.65%	35.28%
	(n=396)	(n=343)	(n=309)

41.77% ◆
2019 ANM Avg.

42.75% �֎
2019 DSS Avg.

Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Adult Medicaid Book of Business.

Medical Assistance with Smoking and Tobacco Use Cessation

2018/2019 compared to the 2017/2018 plan result:
- None of the differences are significant.

2018/2019 compared to the 2019 ANM Average:
- Discussing cessation medications and discussing cessation strategies are significantly lower.

2018/2019 compared to the 2019 DSS Average:
- Discussing cessation medications and discussing cessation strategies are significantly lower.

Q39. Currently smoke cigarettes/use tobacco

Not at all 61.51%

Every day/Some days 37.54%

(% Every day or Some days)			
2017	2018	2019 ANM Avg.	2019 DSS Avg.
35.96%	34.18%	31.13%◆	31.11%❀

Q40. Advising Smokers and Tobacco Users to Quit*

Legend:
- ■ Always
- ■ Usually
- ■ Sometimes
- ✳ Two-year average

2017 (n=144): 75.00%, Always 38.89%, Usually 11.81%, Sometimes 24.31%
2018 (n=121): 69.42%, Always 33.06%, Usually 12.40%, Sometimes 23.97%
2019 (n=114): 76.32%, Always 40.35%, Usually 14.91%, Sometimes 21.05%

'17/'18: **72.45%**
'18/'19: **72.77%**

77.67% 2019 ANM Avg.
77.67% 2019 DSS Avg.

Q41. Discussing Cessation Medications*

2017 (n=144): 43.75%, Always 17.36%, Usually 7.64%, Sometimes 18.75%
2018 (n=121): 36.36%, Always 9.92%, Usually 7.44%, Sometimes 19.01%
2019 (n=113): 38.94%, Always 14.16%, Usually 7.96%, Sometimes 16.81%

'17/'18: **40.38%**
'18/'19: **37.61%**

51.21%◆ 2019 ANM Avg.
53.38%❀ 2019 DSS Avg.

Q42. Discussing Cessation Strategies*

2017 (n=145): 45.52%, Always 16.55%, Usually 11.72%, Sometimes 17.24%
2018 (n=121): 32.23%, Always 9.09%, Usually 11.57%, Sometimes 11.57%
2019 (n=113): 37.17%, Always 21.24%, Sometimes 12.39%

'17/'18: **39.47%**
'18/'19: **34.62%**

45.51%◆ 2019 ANM Avg.
47.13%❀ 2019 DSS Avg.

Please refer to page 14 for statistical references and footnotes.

* Only the results from significance tests to the two-year averages are shown.
Note: The DSS Average is the 2019 DSS Adult Medicaid Book of Business.

Additional questions

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Appointments with providers

Q54. Had to wait due to limited office hours or available appointments

■ Never
■ Sometimes

	2017	2018	2019
(top total)	83.33%	83.01%	**84.01%**
Never	60.22%	61.54%	59.52%
Sometimes	23.12%	21.47%	24.49%
	(n=372)	(n=312)	(n=294)

84.70%
2019
ANM Avg.
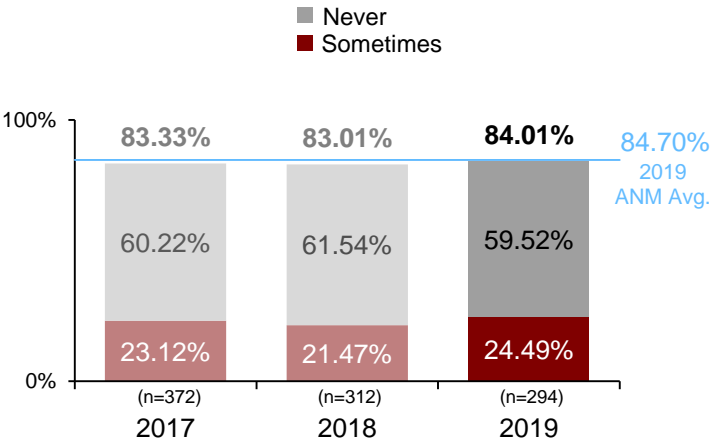
Please refer to page 14 for statistical references and footnotes.

Calling during regular hours

Q55. Phoned a doctor's office during office hours

No
59.60%

Yes
40.40%

(% Yes)	
2017	2018
43.05%	35.46%

Q56. Got help or advice you needed

■ Always
■ Usually

	2017	2018	2019
Always	55.35%	60.55%	53.85%
Usually	21.38%	17.43%	20.51%
Total	**76.73%**	**77.98%**	**74.36%**
	(n=159)	(n=109)	(n=117)

Please refer to page 14 for statistical references and footnotes.

Additional questions

Calling after hours

Q57. Phoned a doctor's office or clinic after hours

No 88.28%

Yes 11.72%

(% Yes)	
2017	2018
11.39%	12.96%
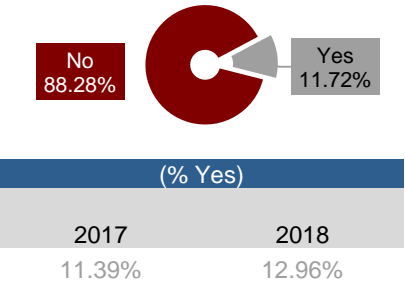
Q59. Needed after-hours care

No 83.97%

Yes 16.03%

(% Yes)	
2017	2018
16.29%	14.41%

Q58. Got help or advice you needed

■ Always
■ Usually

100%

60.53%
52.63%
7.89%
(n=38)
2017

58.97%
46.15%
12.82%
(n=39)
2018

70.97%
48.39%
22.58%
(n=31)
2019

0%
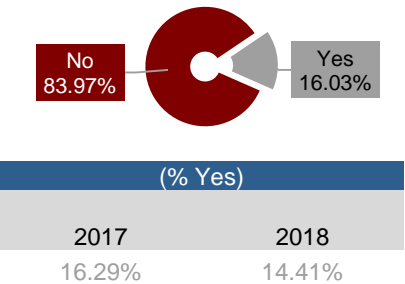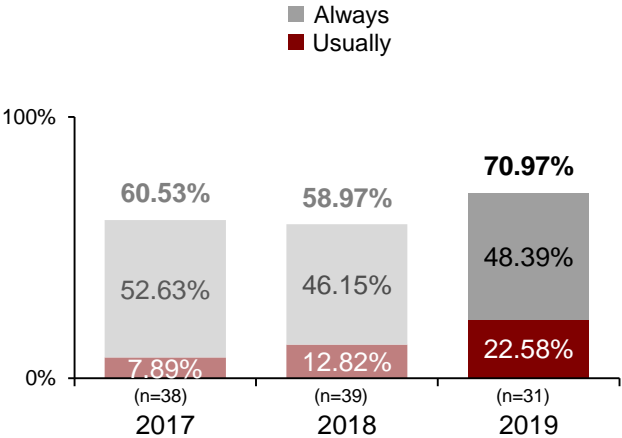
Q60. Easy to get after hours care you needed

■ Always
■ Usually

100%

83.87%
66.13%
17.74%
(n=62)
2017

63.04%
52.17%
10.87%
(n=46)
2018

72.92%
58.33%
14.58%
(n=48)
2019

0%

Please refer to page 14 for statistical references and footnotes.
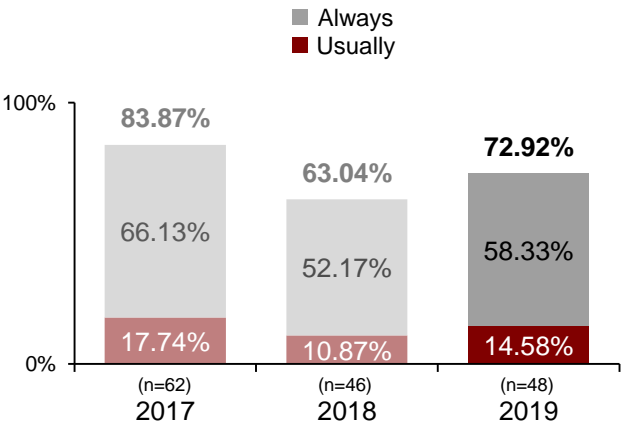
Additional questions

Specialists

Q61. Easy to get appointments
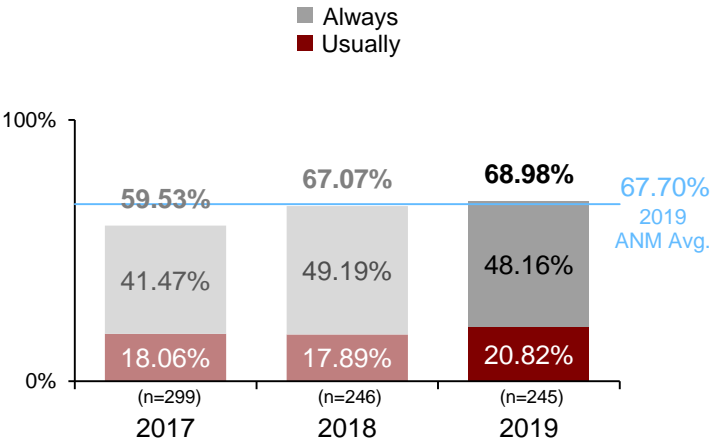
- Always (gray)
- Usually (dark red)

	2017	2018	2019
Total	59.53%	67.07%	**68.98%**
Always	41.47%	49.19%	48.16%
Usually	18.06%	17.89%	20.82%
	(n=299)	(n=246)	(n=245)

67.70%
2019 ANM Avg.

Please refer to page 14 for statistical references and footnotes.

Appendix A
Member profile

Member profile

	2017	2018	2019	2019 ANM Avg.	2019 DSS Avg.
Member health					
Overall health (Q36)					
Excellent/Very good	32.52%	30.99%	30.82%	30.61%	30.61%
Good	33.01%	32.96%	34.91%	32.79%	33.01%
Fair/Poor	34.47%	36.06%	34.28%	36.59%	36.38%
Overall mental/emotional health (Q37)					
Excellent/Very good	43.66%	45.07%	43.71%	39.22%	38.96%
Good	29.02%	27.04%	26.73%	30.08%	30.38%
Fair/Poor	27.32%	27.89%	29.56%	30.70%	30.65%
Got health care three or more times for the same condition or problem in the last six months (Q43)	39.36%	39.08%	39.43%	38.42%	38.45%
Condition or problem has lasted for at least three months (not including pregnancy or menopause) (Q44)	86.08%	75.37%	83.06%	82.51%	83.07%
Now need or take medicine prescribed by a doctor (not including birth control) (Q45)	62.53%	67.24%	70.53%	69.00%	70.13%
Medicine is to treat a condition that has lasted for at least three months (not including pregnancy or menopause) (Q46)	89.96%	87.39%	91.63%	92.22%	92.16%

Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Adult Medicaid Book of Business.

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Member profile

	2017	2018	2019	2019 ANM Avg.	2019 DSS Avg.
Member demographics					
Age (Q47)					
18-34	34.15%	29.38%	28.08%	27.21%	24.92%
35-44	13.02%	14.97%	12.30%	14.19%	13.65%
45-54	20.64%	25.71%	22.08%	19.57%	18.75%
55 or older	32.19%	29.94%	37.54%↑	39.04%	42.67%
Gender (Q48)					
Male	33.33%	35.88%	38.56%	39.62%	39.21%
Female	66.67%	64.12%	61.44%	60.38%	60.79%
Education (Q49)					
High school or less	66.08%	63.35%	65.62%	64.88%	62.39%
Some college	26.68%	29.26%	25.24%	25.23%	27.17%
College graduate or more	7.23%	7.39%	9.15%	9.89%	10.45%
Race/ethnicity (Q50/Q51)					
White	44.53%	46.00%	47.91%	61.69% ◆	63.31% ❀
Hispanic or Latino	5.81%	2.96%	5.92%	16.38% ◆	15.11% ❀
Black or African-American	52.99%	50.00%	48.55%	28.28% ◆	24.84% ❀
Asian	1.00%	2.57%	2.25%	4.74% ◆	6.18% ❀
Native Hawaiian or other Pacific Islander	1.24%	1.14%	1.29%	1.20%	1.99%
American Indian or Alaska Native	4.23%	6.00%	6.75%	4.74%	4.57%
Other	6.22%	5.43%	9.32%	11.51%	10.95%

Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Adult Medicaid Book of Business.

**Appendix B
Overall ratings and
composite score
summary tables**

Overall ratings and composites – global proportions and summary rates

	2017	2018	2019	2019 ANM Avg.	2019 DSS Avg.
Overall ratings					
Rating of Health Plan (Q35) (% 8, 9 or 10)	75.43%	77.59%	80.00%	76.44%	78.49%
Rating of Health Care (Q13) (% 8, 9 or 10)	73.50%	76.75%	78.11%	75.23%	76.47%
Rating of Personal Doctor (Q23) (% 8, 9 or 10)	80.20%	80.74%	83.78%	82.56%	82.86%
Rating of Specialist (Q27) (% 8, 9 or 10)	73.33%	75.86%	87.83% ↑	81.10% ◆	81.98%
Overall ratings and composite scores					
Rating of Health Plan (Q35) (% 9 or 10)	62.53%	63.22%	65.40%	59.19% ◆	61.96%
Rating of Health Care (Q13) (% 9 or 10)	52.68%	61.25%	58.37%	54.85%	56.15%
Rating of Personal Doctor (Q23) (% 9 or 10)	65.02%	67.41%	71.62%	68.73%	68.80%
Rating of Specialist (Q27) (% 9 or 10)	65.19%	67.24%	70.43%	66.23%	66.77%
Customer Service (% Always or Usually)	92.56%	90.52%	90.66%	88.26%	88.52%
Getting Needed Care (% Always or Usually)	75.35%	78.68%	81.65%	82.52%	83.00%
Getting Care Quickly (% Always or Usually)	78.05%	77.68%	78.42%	81.55%	82.01%
How Well Doctors Communicate (% Always or Usually)	87.06%	89.55%	94.11%	91.59%	91.84%
Shared Decision Making (% Yes)	79.15%	80.23%	84.16%	80.23%	79.82%
Health Promotion and Education (Q8) (% Yes)	70.53%	71.27%	74.14%	72.68%	73.20%
Coordination of Care (Q22) (% Always or Usually)	80.74%	78.81%	79.59%	82.24%	82.79%

Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Adult Medicaid Book of Business.

Overall ratings and composites – mean scores

	2017	2018	2019	2019 ANM Avg.	2019 DSS Avg.
Overall mean ratings: 0 - 10 scale					
Rating of Health Plan (Q35)	8.5037	8.5230	8.6381	8.4301	8.5326
Rating of Health Care (Q13)	8.2240	8.5203	8.4335	8.3453	8.4004
Rating of Personal Doctor (Q23)	8.5446	8.5667	8.9189	8.7395	8.7540
Rating of Specialist (Q27)	8.3852	8.4138	8.9043	8.6212	8.6736
Overall ratings and composite scores: Three-point mean scores					
Rating of Health Plan (Q35)	2.4690	2.4856	2.5365	2.4470 ◆	2.4881
Rating of Health Care (Q13)	2.3596	2.4723	2.4421	2.3993	2.4240
Rating of Personal Doctor (Q23)	2.5083	2.5370	2.6396	2.5758	2.5811
Rating of Specialist (Q27)	2.4815	2.5000	2.6174	2.5377	2.5540
Customer Service	2.7158	2.6839	2.6898	2.5657 ◆	2.5781
Getting Needed Care	2.2810	2.3641	2.4288	2.3858	2.3928
Getting Care Quickly	2.3855	2.3845	2.3894	2.4262	2.4305
How Well Doctors Communicate	2.6261	2.6742	2.7331	2.6723	2.6746
Health Promotion and Education (Q8)	2.4107	2.4255	2.4828	2.4537	2.4640
Coordination of Care (Q22)	2.4074	2.3559	2.3367	2.4006	2.4082

Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Adult Medicaid Book of Business.

Key measures – global proportions and summary rates

	2017	2018	2019	2019 Num.	2019 Den.	2019 ANM Avg.	2019 DSS Avg.
Rating of Health Plan (Q35) (% 8, 9 or 10)	**75.43%**	**77.59%**	**80.00%**	*252*	*315*	**76.44%**	**78.49%**
Rating of Health Care (Q13) (% 8, 9 or 10)	**73.50%**	**76.75%**	**78.11%**	*182*	*233*	**75.23%**	**76.47%**
Rating of Personal Doctor (Q23) (% 8, 9 or 10)	**80.20%**	**80.74%**	**83.78%**	*186*	*222*	**82.56%**	**82.86%**
Rating of Specialist (Q27) (% 8, 9 or 10)	**73.33%**	**75.86%**	**87.83%**↑	*101*	*115*	**81.10%**◆	**81.98%**
Customer Service (% Always or Usually)	**92.56%**	**90.52%**	**90.66%**	---	*118*	**88.26%**	**88.52%**
Q31. CS provided needed information or help	86.49%	85.59%	85.59%	*101*	*118*	82.46%	82.73%
Q32. CS treated member with courtesy and respect	98.64%	95.45%	95.73%	*112*	*117*	94.05%	94.30%
Getting Needed Care (% Always or Usually)	**75.35%**	**78.68%**	**81.65%**	---	*181*	**82.52%**	**83.00%**
Q25. Got appointment with specialist as soon as needed	70.39%	75.61%	80.31%	*102*	*127*	81.06%	80.71%
Q14. Ease of getting care, tests or treatment	80.31%	81.75%	82.98%	*195*	*235*	83.97%	85.29%
Getting Care Quickly (% Always or Usually)	**78.05%**	**77.68%**	**78.42%**	---	*186*	**81.55%**	**82.01%**
Q4. Got urgent care as soon as needed	79.78%	79.87%	80.92%	*123*	*152*	84.00%	84.41%
Q6. Got check-up or routine appointment as soon as needed	76.33%	75.49%	75.91%	*167*	*220*	79.10%	79.60%
How Well Doctors Communicate (% Always or Usually)	**87.06%**	**89.55%**	**94.11%**	---	*191*	**91.59%**	**91.84%**
Q17. Personal doctor explained things	88.37%	90.09%	95.31%↑	*183*	*192*	91.95%◆	92.19%❀
Q18. Personal doctor listened carefully	88.08%	88.74%	93.19%	*178*	*191*	91.86%	91.89%
Q19. Personal doctor showed respect	88.76%	91.48%	95.83%	*184*	*192*	92.85%◆	93.31%
Q20. Personal doctor spent enough time	83.01%	87.89%	92.11%	*175*	*190*	89.69%	89.97%
Shared Decision Making (% Yes)	**79.15%**	**80.23%**	**84.16%**	---	*101*	**80.23%**	**79.82%**
Q10. Doctor discussed reasons to take a medicine	95.00%	93.94%	96.04%	*97*	*101*	92.20%	91.70%❀
Q11. Doctor discussed reasons not to take a medicine	70.00%	72.52%	71.29%	*72*	*101*	69.12%	69.38%
Q12. Doctor asked what you thought was best	72.46%	74.24%	85.15%↑	*86*	*101*	79.36%	78.39%
Health Promotion and Education (Q8) (% Yes)	**70.53%**	**71.27%**	**74.14%**	*172*	*232*	**72.68%**	**73.20%**
Coordination of Care (Q22) (% Always or Usually)	**80.74%**	**78.81%**	**79.59%**	*78*	*98*	**82.24%**	**82.79%**
Flu Vaccinations for Adults Ages 18-64 (Q38) (% Yes)	**34.34%**	**32.65%**	**35.28%**	*109*	*309*	**41.77%**◆	**42.75%**❀
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) *(Two-year average)*		**2017/2018**	**2018/2019**				
Q40. Advising Smokers and Tobacco Users to Quit	---	72.45%	72.77%	*171*	*235*	77.67%	77.67%
Q41. Discussing Cessation Medications	---	40.38%	37.61%	*88*	*234*	51.21%◆	53.38%❀
Q42. Discussing Cessation Strategies	---	39.47%	34.62%	*81*	*234*	45.51%◆	47.13%❀

Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Adult Medicaid Book of Business.

Key measures – global proportions and summary rates

	2019	2019 Region Avg.
Rating of Health Plan (Q35) (% 8, 9 or 10)	**80.00%**	**79.30%**
Rating of Health Care (Q13) (% 8, 9 or 10)	**78.11%**	**78.26%**
Rating of Personal Doctor (Q23) (% 8, 9 or 10)	**83.78%**	**84.18%**
Rating of Specialist (Q27) (% 8, 9 or 10)	**87.83%**	**83.53%**
Customer Service (% Always or Usually)	**90.66%**	**88.77%**
Q31. CS provided needed information or help	85.59%	82.63%
Q32. CS treated member with courtesy and respect	95.73%	94.91%
Getting Needed Care (% Always or Usually)	**81.65%**	**80.69%**
Q25. Got appointment with specialist as soon as needed	80.31%	78.56%
Q14. Ease of getting care, tests or treatment	82.98%	82.83%
Getting Care Quickly (% Always or Usually)	**78.42%**	**81.17%**
Q4. Got urgent care as soon as needed	80.92%	83.53%
Q6. Got check-up or routine appointment as soon as needed	75.91%	78.81%
How Well Doctors Communicate (% Always or Usually)	**94.11%**	**91.60%**
Q17. Personal doctor explained things	95.31%	92.25%
Q18. Personal doctor listened carefully	93.19%	91.89%
Q19. Personal doctor showed respect	95.83%	93.57%
Q20. Personal doctor spent enough time	92.11%	88.69%
Shared Decision Making (% Yes)	**84.16%**	**79.33%**
Q10. Doctor discussed reasons to take a medicine	96.04%	90.29% ❖
Q11. Doctor discussed reasons not to take a medicine	71.29%	70.42%
Q12. Doctor asked what you thought was best	85.15%	77.27% ❖
Health Promotion and Education (Q8) (% Yes)	**74.14%**	**74.20%**
Coordination of Care (Q22) (% Always or Usually)	**79.59%**	**80.28%**
Flu Vaccinations for Adults Ages 18-64 (Q38) (% Yes)	**35.28%**	**45.27%** ❖
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) *(Two-year average)*	**2018/2019**	
Q40. Advising Smokers and Tobacco Users to Quit	72.77%	73.05%
Q41. Discussing Cessation Medications	37.61%	43.83%
Q42. Discussing Cessation Strategies	34.62%	38.46%

Region 6: Dallas
- Arkansas
- New Mexico
- Texas
- Louisiana
- Oklahoma
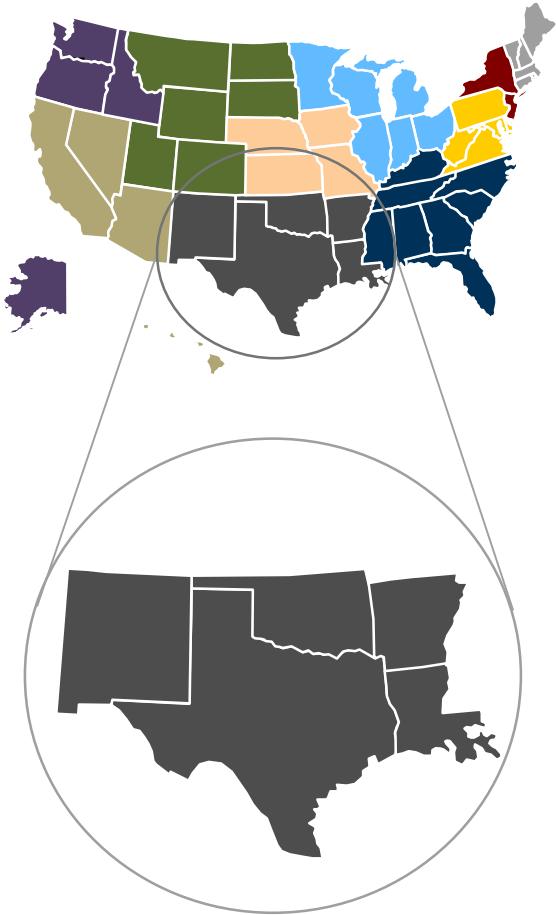
Please refer to page 14 for statistical references and footnotes.

HHS Regions: The regions used align with the U.S. Department of Health and Human Services regions.

Overall ratings and composites – percentiles

	2019 Plan		National Percentiles from 2018 Quality Compass (Adult Medicaid)								
	Score	Percentile	5th	10th	25th	33rd	50th	67th	75th	90th	95th
Rating of Health Plan (Q35) (% 8, 9 or 10)	**80.00%**	**67th**	**68.69**	**71.51**	**74.13**	**74.64**	**77.47**	**79.30**	**80.19**	**82.41**	**84.73**
Rating of Health Care (Q13) (% 8, 9 or 10)	**78.11%**	**75th**	**67.43**	**69.36**	**71.72**	**72.87**	**74.80**	**76.47**	**77.37**	**80.00**	**81.65**
Rating of Personal Doctor (Q23) (% 8, 9 or 10)	**83.78%**	**67th**	**75.22**	**75.84**	**78.94**	**80.37**	**81.76**	**83.33**	**83.80**	**85.71**	**87.37**
Rating of Specialist (Q27) (% 8, 9 or 10)	**87.83%**	**95th**	**76.28**	**77.60**	**79.63**	**80.59**	**82.39**	**83.66**	**84.16**	**86.55**	**87.80**
Customer Service (% Always or Usually)	**90.66%**	**75th**	**84.45**	**85.02**	**86.34**	**87.40**	**88.52**	**89.58**	**90.03**	**90.69**	**91.73**
Q31. CS provided needed information or help	85.59%	75th	76.47	77.68	80.13	80.67	82.93	84.03	84.96	87.07	87.67
Q32. CS treated member with courtesy and respect	95.73%	67th	90.73	91.35	92.40	93.20	94.50	95.39	95.80	96.84	97.04
Getting Needed Care (% Always or Usually)	**81.65%**	**33rd**	**74.38**	**76.87**	**79.87**	**81.11**	**83.12**	**84.71**	**85.19**	**86.89**	**88.48**
Q25. Got appointment with specialist as soon as needed	80.31%	33rd	71.19	74.23	77.30	78.28	80.53	82.61	83.93	85.84	86.92
Q14. Ease of getting care, tests or treatment	82.98%	25th	76.65	78.07	81.86	83.49	85.23	87.33	87.80	89.81	90.67
Getting Care Quickly (% Always or Usually)	**78.42%**	**10th**	**74.41**	**75.73**	**79.51**	**81.25**	**82.48**	**84.38**	**84.76**	**86.96**	**88.35**
Q4. Got urgent care as soon as needed	80.92%	10th	76.74	78.10	81.76	82.83	84.78	86.86	87.36	90.37	92.12
Q6. Got check-up or routine appointment as soon as needed	75.91%	10th	71.72	73.08	76.71	78.41	80.26	82.41	83.33	85.55	86.70
How Well Doctors Communicate (% Always or Usually)	**94.11%**	**90th**	**87.55**	**88.61**	**90.17**	**90.69**	**91.62**	**92.64**	**93.11**	**94.08**	**94.93**
Q17. Personal doctor explained things	95.31%	95th	87.86	88.50	90.24	90.80	92.00	93.24	93.82	94.85	95.31
Q18. Personal doctor listened carefully	93.19%	67th	87.82	88.63	90.00	90.79	92.04	93.07	93.53	94.79	95.63
Q19. Personal doctor showed respect	95.83%	90th	89.20	90.58	91.77	92.20	93.13	93.99	94.43	95.56	96.21
Q20. Personal doctor spent enough time	92.11%	75th	84.21	85.55	87.80	88.48	89.80	90.99	91.40	92.69	93.80
Shared Decision Making (% Yes)	**84.16%**	**90th**	**73.51**	**75.23**	**77.89**	**78.71**	**79.84**	**80.74**	**81.91**	**83.05**	**84.17**
Q10. Doctor discussed reasons to take a medicine	96.04%	90th	85.91	88.32	89.93	90.58	92.24	93.55	93.91	95.02	96.12
Q11. Doctor discussed reasons not to take a medicine	71.29%	67th	59.30	61.12	65.89	66.88	69.60	71.05	71.94	73.57	75.23
Q12. Doctor asked what you thought was best	85.15%	95th	70.53	73.68	75.55	76.40	78.14	80.13	80.76	83.49	84.18
Health Promotion and Education (Q8) (% Yes)	**74.14%**	**50th**	**66.67**	**68.54**	**71.03**	**72.07**	**73.57**	**75.14**	**76.10**	**78.43**	**79.87**
Coordination of Care (Q22) (% Always or Usually)	**79.59%**	**10th**	**77.27**	**78.41**	**80.75**	**82.35**	**83.33**	**85.04**	**86.10**	**87.68**	**88.68**
Flu Vaccinations for Adults Ages 18-64 (Q38) (% Yes)	**35.28%**	**25th**	**27.84**	**31.37**	**34.66**	**35.98**	**38.95**	**42.57**	**44.30**	**48.66**	**50.82**
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) *(Two-year average)*											
Q40. Advising Smokers and Tobacco Users to Quit	72.77%	10th	65.31	70.42	73.84	75.50	77.50	79.37	80.87	83.47	85.10
Q41. Discussing Cessation Medications	37.61%	5th	35.94	40.94	46.71	48.98	51.07	54.55	57.63	62.57	65.79
Q42. Discussing Cessation Strategies	34.62%	5th	33.33	36.36	40.52	42.40	44.76	47.69	49.68	57.26	58.15
Other reported measures (% Always or Usually)											
Q29. Written materials or Internet provided needed information	68.09%	33rd	60.78	61.07	66.94	67.35	68.55	70.75	71.90	75.19	75.63
Q34. Health plan forms were easy to fill out	94.57%	50th	91.32	91.89	93.17	93.58	94.53	95.29	95.68	96.34	96.88

Shading indicates that the plan has achieved the percentile level in the column header.

Overall ratings and composites – demographic analysis

	Rating of Health Plan		Rating of Health Care		Health Status		Mental Health Status		Survey Type	
	8-10	0-7	8-10	0-7	Excellent or Very good	Good, Fair or Poor	Excellent or Very good	Good, Fair or Poor	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total respondents	*252*	*63*	*182*	*51*	*98*	*220*	*139*	*179*	*169*	*157*
Rating of Health Plan (Q35) (% 8, 9 or 10)	**100% B**	**0.00%**	**94.41% D**	**44.00%**	**82.98%**	**78.80%**	**81.48%**	**78.98%**	**78.53%**	**81.58%**
Rating of Health Care (Q13) (% 8, 9 or 10)	**88.48% B**	**26.32%**	**100% D**	**0.00%**	**87.88% F**	**73.78%**	**82.83%**	**73.64%**	**75.83%**	**80.53%**
Rating of Personal Doctor (Q23) (% 8, 9 or 10)	**90.00% B**	**56.41%**	**93.01% D**	**52.38%**	**90.32%**	**81.53%**	**90.63% H**	**78.86%**	**80.70%**	**87.04%**
Rating of Specialist (Q27) (% 8, 9 or 10)	**91.49%**	**71.43%**	**96.51%**	**55.00%**	**96.43%**	**84.71%**	**96.08% H**	**80.95%**	**91.38%**	**84.21%**
Customer Service (% Always or Usually)	**93.37%**	**76.47%**	**93.47%**	**70.00%**	**92.31%**	**90.13%**	**93.88%**	**88.81%**	**89.00%**	**91.89%**
Q31. CS provided needed information or help	91.84%	52.94%	92.21%	46.67%	84.62%	85.53%	89.80%	82.09%	84.00%	86.76%
Q32. CS treated member with courtesy and respect	94.90%	100%	94.74%	93.33%	100% F	94.74%	97.96%	95.52%	94.00%	97.01%
Getting Needed Care (% Always or Usually)	**84.72% B**	**68.66%**	**88.84% D**	**56.48%**	**88.79%**	**79.44%**	**83.01%**	**81.08%**	**83.80%**	**79.23%**
Q25. Got appointment with specialist as soon as needed	83.50%	63.64%	88.17%	52.17%	87.88%	77.17%	77.78%	81.69%	82.61%	77.59%
Q14. Ease of getting care, tests or treatment	85.94%	73.68%	89.50% D	60.78%	89.71%	81.71%	88.24%	80.47%	85.00%	80.87%
Getting Care Quickly (% Always or Usually)	**79.54%**	**75.42%**	**83.36% D**	**65.98%**	**81.40%**	**77.88%**	**80.30%**	**78.53%**	**80.55%**	**75.79%**
Q4. Got urgent care as soon as needed	80.67%	83.33%	86.46%	71.43%	87.80%	79.63%	83.58%	80.49%	80.26%	81.58%
Q6. Got check-up or routine appointment as soon as needed	78.41%	67.50%	80.26% D	60.53%	75.00%	76.13%	77.01%	76.56%	80.83%	70.00%
How Well Doctors Communicate (% Always or Usually)	**96.42% B**	**83.42%**	**99.24% D**	**77.56%**	**97.20%**	**93.07%**	**96.69%**	**92.21%**	**92.65%**	**95.79%**
Q17. Personal doctor explained things	97.40%	85.71%	99.24% D	82.05%	97.78%	94.48%	98.68% H	92.92%	94.17%	96.63%
Q18. Personal doctor listened carefully	95.45%	82.86%	98.48% D	74.36%	95.45%	92.41%	94.67%	92.04%	91.18%	95.51%
Q19. Personal doctor showed respect	98.05% B	85.71%	100% D	82.05%	100% F	94.48%	98.68%	93.81%	95.15%	96.63%
Q20. Personal doctor spent enough time	94.77% B	79.41%	99.24% D	71.79%	95.56%	90.91%	94.74%	90.09%	90.10%	94.38%
Shared Decision Making (% Yes)	**84.62%**	**81.82%**	**87.67%**	**72.00%**	**87.50%**	**82.89%**	**82.54%**	**85.06%**	**79.17%**	**88.68%**
Q10. Doctor discussed reasons to take a medicine	97.44%	90.91%	98.63%	88.00%	95.83%	96.05%	92.86%	98.28%	93.75%	98.11%
Q11. Doctor discussed reasons not to take a medicine	70.51%	72.73%	73.97%	60.00%	79.17%	68.42%	71.43%	70.69%	62.50%	79.25%
Q12. Doctor asked what you thought was best	85.90%	81.82%	90.41%	68.00%	87.50%	84.21%	83.33%	86.21%	81.25%	88.68%
Health Promotion and Education (Q8) (% Yes)	**77.89% B**	**57.89%**	**77.53% D**	**62.00%**	**67.16%**	**77.16%**	**74.26%**	**74.80%**	**77.50%**	**70.54%**
Coordination of Care (Q22) (% Always or Usually)	**82.67%**	**71.43%**	**84.06%**	**63.16%**	**91.67%**	**76.39%**	**90.24% H**	**72.73%**	**82.35%**	**76.60%**
Flu Vaccinations for Adults Ages 18-64 (Q38) (% Yes)	**36.40%**	**30.65%**	**42.53%**	**38.78%**	**36.56%**	**35.38%**	**31.34%**	**39.41%**	**38.22%**	**32.24%**
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) *(Two-year average)*										
Q40. Advising Smokers and Tobacco Users to Quit	76.88% B	62.07%	86.51% D	65.22%	62.50%	76.27%	73.63%	72.22%	66.67%	80.19% I
Q41. Discussing Cessation Medications	40.80%	28.57%	45.24%	39.13%	27.27%	40.68%	35.16%	39.16%	39.06%	35.85%
Q42. Discussing Cessation Strategies	38.73% B	22.81%	46.03% D	23.91%	31.48%	35.39%	37.36%	32.87%	31.78%	38.10%

Please refer to page 14 for statistical references and footnotes.

Overall ratings and composites – demographic analysis

	Age				Gender		Education		Race			Ethnicity
	18-34	35-44	45-54	55+	Male	Female	High school or less	Some college or more	White	Black or African-American	Other	Hispanic
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Total respondents	89	39	70	119	123	196	208	109	149	151	16^	18^
Rating of Health Plan (Q35) (% 8, 9 or 10)	70.93%	76.92%	80.60%	88.79% A	77.12%	82.81%	82.00%	76.85%	82.19%	81.51%	56.25%	83.33%
Rating of Health Care (Q13) (% 8, 9 or 10)	83.33%	79.17%	70.00%	79.79%	78.21%	78.15%	79.19%	75.00%	80.18%	79.25%	NR	86.67%
Rating of Personal Doctor (Q23) (% 8, 9 or 10)	80.00%	82.61%	84.00%	85.71%	80.52%	85.21%	85.21%	80.26%	83.33%	85.29%	NR	92.31%
Rating of Specialist (Q27) (% 8, 9 or 10)	92.00%	81.82%	83.87%	88.89%	90.00%	86.30%	91.67%	84.91%	87.30%	88.37%	NR	NR
Customer Service (% Always or Usually)	90.54%	95.83%	92.59%	88.75%	88.54%	92.54%	89.29%	92.22%	94.12%	86.89%	NR	NR
Q31. CS provided needed information or help	83.78%	91.67%	85.19%	87.50%	81.25%	89.55%	84.29%	86.67%	90.20%	80.33%	NR	NR
Q32. CS treated member with courtesy and respect	97.30%	100%	100%	90.00%	95.83%	95.52%	94.29%	97.78%	98.04%	93.44%	NR	NR
Getting Needed Care (% Always or Usually)	81.67%	87.82%	80.82%	80.00%	77.47%	83.66%	84.72%	78.72%	85.97%	78.94%	NR	80.00%
Q25. Got appointment with specialist as soon as needed	73.33%	92.31%	81.25%	80.00%	76.74%	81.71%	86.76%	73.68%	86.36%	75.47%	NR	NR
Q14. Ease of getting care, tests or treatment	90.00%	83.33%	80.39%	80.00%	78.21%	85.62%	82.67%	83.75%	85.59%	82.41%	NR	93.33%
Getting Care Quickly (% Always or Usually)	77.93%	70.38%	77.01%	79.79%	71.30%	81.56%	76.07%	81.74%	77.35%	80.56%	70.63%	88.74%
Q4. Got urgent care as soon as needed	89.19%	68.75%	77.42%	79.37%	75.93%	82.98%	78.35%	84.62%	79.45%	83.33%	NR	84.62%
Q6. Got check-up or routine appointment as soon as needed	66.67%	72.00%	76.60%	80.22%	66.67%	80.14% E	73.79%	78.87%	75.24%	77.78%	NR	92.86%
How Well Doctors Communicate (% Always or Usually)	97.09%	85.71%	93.27%	95.28%	94.50%	93.98%	94.17%	94.03%	94.27%	93.16%	NR	100%
Q17. Personal doctor explained things	100% D	90.48%	95.56%	95.00%	93.75%	96.80%	95.04%	95.52%	96.74%	93.18%	NR	100%
Q18. Personal doctor listened carefully	95.35%	80.95%	95.56%	93.67%	95.31%	91.94%	93.33%	92.54%	94.57%	90.80%	NR	100%
Q19. Personal doctor showed respect	97.67%	90.48%	93.33%	97.50%	96.88%	95.20%	95.87%	95.52%	94.57%	96.59%	NR	100%
Q20. Personal doctor spent enough time	95.35%	80.95%	88.64%	94.94%	92.06%	92.00%	92.44%	92.54%	91.21%	92.05%	NR	100%
Shared Decision Making (% Yes)	91.03%	NR	81.94%	83.33%	82.05%	86.67%	82.51%	86.32%	88.65%	84.06%	NR	NR
Q10. Doctor discussed reasons to take a medicine	96.15%	NR	95.83%	97.50%	92.31%	100%	96.72%	94.87%	100%	97.83%	NR	NR
Q11. Doctor discussed reasons not to take a medicine	76.92%	NR	70.83%	70.00%	69.23%	73.33%	67.21%	76.92%	76.60%	69.57%	NR	NR
Q12. Doctor asked what you thought was best	100%	NR	79.17%	82.50%	84.62%	86.67%	83.61%	87.18%	89.36%	84.78%	NR	NR
Health Promotion and Education (Q8) (% Yes)	61.02%	75.00%	78.00%	79.79% A	66.23%	78.15%	70.07%	81.25%	74.07%	76.85%	NR	80.00%
Coordination of Care (Q22) (% Always or Usually)	76.19%	NR	77.78%	84.62%	78.38%	81.67%	84.48%	76.32%	80.77%	78.05%	NR	NR
Flu Vaccinations for Adults Ages 18-64 (Q38) (% Yes)	27.91%	31.58%	35.94%	42.11% A	32.76%	37.23%	34.01%	39.05%	36.43%	32.41%	37.50%	61.11%
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) *(Two-year average)*												
Q40. Advising Smokers and Tobacco Users to Quit	62.75%	67.57%	71.88%	82.50% A	66.67%	78.69% E	72.46%	75.00%	78.03%	68.42%	NR	NR
Q41. Discussing Cessation Medications	19.61%	27.03%	38.10% A	54.32% A B	34.82%	40.83%	39.16%	34.38%	38.46%	38.54%	NR	NR
Q42. Discussing Cessation Strategies	22.00%	29.73%	29.69%	48.15% A C	29.46%	39.67%	36.90%	28.57%	35.61%	33.68%	NR	NR

Please refer to page 14 for statistical references and footnotes.

Appendix C
SatisAction™ key driver statistical model

POWeR™ Chart shown in the executive summary on Page 7 .

Instructions to access trAction™ Decision (Impact Analysis) Tool:

1. **Log on to** https://client.dssresearch.com **using your current User Name and Password.**

2. **Contact DSS Research at 1-800-989-5150 if you do not have a User Name and Password.**

3. **Once on the portal, select Reporting and then Tools.**

4. **Select the trAction™ Decision Tool for access to the Impact Analysis Tool and to run "what if" scenarios.**

Background

Overview. The SatisAction™ key driver statistical model is a powerful, proprietary statistical methodology used to identify the key drivers of the rating of the health plan and provide actionable direction for satisfaction improvement programs. This methodology is the result of a number of years of development and testing using health care satisfaction data. DSS Research has been successfully using this approach since 1997.

The model provides the following:

- Identification of the elements that are important in driving the rating of the health plan.

- Measurement of the relative importance of each of these elements.

- Measurement of how well members think the plan performed on those important elements.

- Presentation of the importance/performance results in a matrix that provides clear direction for member satisfaction improvement efforts by the plan.

Methodology

Importance analysis. The importance analysis involves a multi-step process:

- Factor analysis is used to summarize the predictor set into a more manageable number of composite variables.

- Regression Model I is used to make preliminary estimates and identify leverage points and outliers.

- Leverage points and outliers are eliminated.

- Regression Model II is run on the remaining data to derive final estimates of the importance of the various satisfaction elements.

Factor Analysis. Factor analysis is used to reduce the number of items in the predictor set to a smaller set of underlying constructs or factors. It is necessary to go through this process because of the high degree of collinearity in the original data. This is a problem for the regression analysis to follow because regression assumes non-collinearity between predictor variables.

Regression Analysis. Regression analysis is then used to predict the rating of the health plan on the factors created in the previous step. As noted above, regression analysis is run in two steps. The first step is used to derive preliminary estimates of the importance of the various satisfaction elements and to identify outliers and leverage points. Those outliers and leverage points are eliminated before running the second regression model which produces final estimates of the importance of each satisfaction element.

Derived Importance. The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor are squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum is then rescaled so that the largest value (most important item) is 100 points, the smallest value is 0 points and the median value is 50 points.

Performance analysis. To develop the performance scores, raw performance ratings for the plan are compared to the DSS Book of Business and a relative percentile for each item in the model is computed for the plan.

Classification matrix. Results of the modeling are presented in a classification matrix. The importance and performance results for each item in the model are plotted in a matrix like the one shown below. This matrix provides a quick summary of what is most important to your members and how your plan is doing on those items. The matrix is divided into four quadrants. The quadrants are defined by the point where the medians of the importance and performance scales intersect. The four quadrants can be interpreted as follows:

- *Power.* These items have a relatively large impact on the rating of the health plan and your performance levels on these items are high. **Promote and leverage strengths in this quadrant.**

- *Opportunity.* Items in this quadrant also have a relatively large impact on the rating of the health plan but your performance is below average. **Focus resources on improving processes that underlie these items and look for a significant improvement in the rating of the health plan.**

- *Wait.* Though these items still impact the rating of the health plan, they are somewhat less important than those that fall on the right hand side of the chart. Relatively speaking, your performance is low on these items. **Dealing with these items can wait until more important items have been dealt with.**

- *Retain.* Items in this quadrant also have a relatively small impact on the rating of the health plan but your performance is above average. **Simply maintain performance on these items.**

POWeR™ Chart classification matrix

2019 CAHPS® 5.0H Member Survey | Adult Medicaid
Anthem - Community Care Health Plan of Louisiana, Inc. dba Healthy Blue

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Variables in the model

Variables from the CAHPS 5.0H survey that are important in determining member satisfaction are summarized below. This table also identifies the dependent variable (Q35 – Rating of health plan) and the independent or predictor variables. Finally, it shows how the variables are coded for the importance and the performance analyses.

	Variables Used in the Model	Coding for Regression (Importance)
	Dependent Variable	
Q35	Rating of heath plan	0 through 10, All other = missing
	Independent Variables	
Q4	Got urgent care	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing
Q6	Got routine care	
Q13	Health care overall	0 through 10, All other = missing
Q14	Got care/tests/treatment	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing
Q17	Dr. explained things	
Q18	Dr. listened carefully	
Q19	Dr. showed respect	
Q20	Dr. spent enough time	
Q22	Dr. informed about care	
Q23	Personal doctor overall	0 through 10, All other = missing
Q25	Got specialist appt.	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing
Q27	Specialist overall	0 through 10, All other = missing
Q29	Info. provided in materials	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing
Q31	CS provided info./help	
Q32	CS courtesy/respect	
Q34	Easy to fill out forms	
Q56	Got help/advice-office hours	
Q61	Got appt. with specialist	

Results

Factor analysis. Factor analysis reduced the 18 highly-correlated model variables to 6 orthogonal (uncorrelated) factors that explain 68.9% of the variation in the original variables. This is necessary due to the strong relationships or correlation between certain variables. The table below shows the factor correlations or loadings. For readability, only those variables with correlations greater than 0.250 are displayed.

Factor Correlations with Survey Variables

Question	Survey Items	1	2	3	4	5	6
Q19	Dr. showed respect	0.845					
Q20	Dr. spent enough time	0.808					
Q23	Personal doctor overall	0.799					
Q18	Dr. listened carefully	0.794					
Q17	Dr. explained things	0.593					0.507
Q22	Dr. informed about care	0.593		0.251			
Q6	Got routine care		0.860				
Q4	Got urgent care		0.849				
Q14	Got care/tests/treatment	0.280	0.508	0.289	0.411		
Q32	CS courtesy/respect			0.763			
Q29	Info. provided in materials			0.762	0.250		
Q31	CS provided info./help			0.655	0.285		0.438
Q27	Specialist overall				0.803		
Q25	Got specialist appt.				0.635	0.448	
Q13	Health care overall	0.271		0.366	0.607	0.268	
Q61	Got appt. with specialist					0.860	
Q56	Got help/advice-office hours	0.287	0.345			0.641	
Q34	Easy to fill out forms						0.850

Results

Regression analysis. The 6 factors identified in the previous step were used as predictors in a regression model with Q35, rating of the health plan, as the dependent variable. Regression was first run to test the model and identify any observations that have a high degree of leverage on the regression coefficients (disproportionately high degree of influence relative to others) as well as observations that can be considered outliers because of inconsistent responses.

The high leverage cases and outliers were removed and the regression model was rerun. The regression coefficients for each factor provide the second set of inputs necessary to determine the key drivers of the rating of the health plan. These coefficients provide estimates of the relative importance of each factor in determining the rating of the health plan. The table below shows the raw regression coefficients, beta coefficients (standardized regression coefficients) and the statistical significance of those coefficients. This model explains 38.1% of the variation in the dependent variable ($R^2 = 0.381$).

Regression Coefficients

Variable	Unstandardized Coefficients	Standardized (Beta) Coefficients	Significance Level
Constant	8.8447	0.0000	0.0000
Factor 1 -- Q19, Q20, Q23, Q18, Q17, Q22	0.4590	0.2999	0.0000
Factor 2 -- Q6, Q4, Q14	0.1970	0.1305	0.0053
Factor 3 -- Q32, Q29, Q31	0.5412	0.3524	0.0000
Factor 4 -- Q27, Q25, Q13	0.5865	0.3578	0.0000
Factor 5 -- Q61, Q56	0.2853	0.1876	0.0001
Factor 6 -- Q34	-0.0857	-0.0581	0.2102

Results

Derived importance. The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor were squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum was then rescaled so that the largest value (most important item) is 100 points, the smallest value is 0 points and the median value is 50 points.

Plan performance. To develop the performance scores, raw performance ratings for the plan are compared to the DSS Book of Business and a relative percentile for each item in the model is computed for the plan.

Question	Survey Items	Importance	Performance
Q27	Specialist overall	100	99
Q29	Info. provided in materials	90	51
Q13	Health care overall	79	64
Q19	Dr. showed respect	78	92
Q23	Personal doctor overall	75	63
Q32	CS courtesy/respect	75	64
Q20	Dr. spent enough time	66	78
Q18	Dr. listened carefully	60	70
Q31	CS provided info./help	51	78
Q25	Got specialist appt.	50	42
Q61	Got appt. with specialist	38	0
Q17	Dr. explained things	31	93
Q22	Dr. informed about care	30	26
Q14	Got care/tests/treatment	25	26
Q56	Got help/advice-office hours	24	22
Q4	Got urgent care	20	22
Q6	Got routine care	19	22
Q34	Easy to fill out forms	0	48

Appendix D
Gap analysis

Gap analysis

The flowchart on **Page 9** shows how the items used in the calculation of the plan's 2019 estimated accreditation score perform relative to each other. When considering the flowchart, the following points should be noted:

- Overall ratings are shown in **blue text**.

- Composite scores are shown in **red text**.

- Estimated percentiles are shown first.

- Estimated accreditation points are shown in the middle.

- Potential points remaining to receive the maximum accreditation points for each measure are shown third.

- A **green box** around an overall rating or composite indicates performance at or above the 90th percentile, receiving all accreditation points.

- Composite score components are shown in the black and red flowchart boxes.

- For each flowchart box:

  - The actual percent contributing is shown first. This is the percentage that a given question is actually contributing to the composite mean score. Each question in composite scores with two component questions can contribute a maximum of 50.0% to the composite mean score. Similarly, each question in composite scores with four component questions can contribute a maximum of 25.0% to the composite mean score.

  - The gap between the percent actually contributing and the maximum possible contribution percentage is shown second.

- A **red box** is around the component with the largest gap indicating the most potential to improve that composite. This displays what to focus on to increase a given composite mean score and, in turn, increase the plan's accreditation score.

Appendix E
DSS Health Care Engagement Index™

2019 CAHPS® 5.0H Member Survey | Adult Medicaid
Anthem - Community Care Health Plan of Louisiana, Inc. dba Healthy Blue

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DSS Health Care Engagement Index™

The **DSS Health Care Engagement Index™** is a semi-annual survey designed to track consumers' involvement in their personal care and the health care system overall.
In building this index, DSS Research is capitalizing on its many years of experience understanding the health care consumer and the factors that contribute to their active engagement in health care decisions. No other firm has the depth of research and insight in this area.

Components of Engagement
- Behaviors
- Attitudes
- Knowledge
- Literacy

Engaged (22%)
These fully engaged consumers are living the healthiest lives possible and maximizing their health care dollars.

Involved (41%)
Although more involved in their health than most consumers, there is still room for improvement.

Reactive (30%)
Some good habits are in place, but most consumers in this group react to problems as they arise rather than prevent their occurrence.

Disengaged (8%)
They are doing very little to manage their health. They lack knowledge regarding health care issues and aren't motivated to become more involved.

Average Engagement Index Score

1Q17	1Q18	1Q19
58.9	62.9	64.8

Score	Category
69.2	Exercise 5+ times/week
68.8	College graduate or more
68.5	HH Income $75K+/year
68.1	White collar occupation
67.9	Know blood pressure
65.7	Age 65+
64.8	**US Average**
64.2	Age 45-54
60.2	HS education or less
58.7	HH Income <$15K/year
55.6	Obese (BMI 30+)
51.4	Exercise <1 time/month

% Engaged
(Average Engagement Index score of 80-100)

"Engaged" consumers are more likely to be age 18-30, college graduates or hold post-graduate degrees or have incomes of $75K or more per year.

by Age

18 - 30	31 - 44	45 - 64	65 - 87
33%	16%	19%	18%

by Education

HS or less	Some college	College grad+
14%	25%	27%

by Income

< $15K	$15K to <$35K	$35K to <$75K	$75K+
19%	11%	25%	27%

Score comparison	2019 Plan	Engaged Consumers	Disengaged Consumers
Rating of Health Plan (Q35) (% 8, 9 or 10)	80%	85%	22%
Rating of Personal Doctor (Q23) (% 8, 9 or 10)	84%	92%	53%
Overall health (Q36) (% Excellent or Very good)	31%	95%	19%
Overall mental/emotional health (Q37) (% Excellent or Very good)	44%	98%	38%
Currently smoke cigarettes/use tobacco (Q39) (% Every day or Some days)	38%	11%	32%

Focusing improvement efforts on engaging members in their personal care and the health care system overall will contribute to higher ratings.
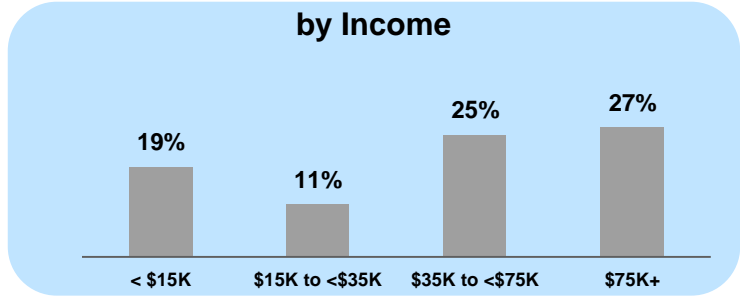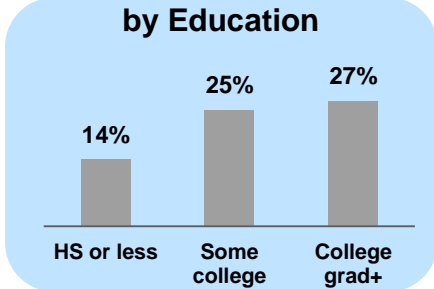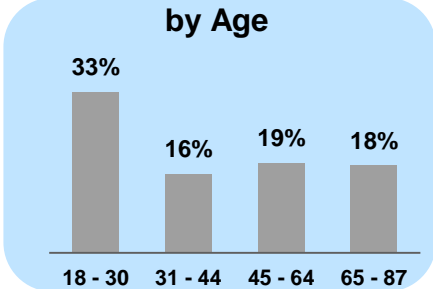
Appendix F
Questionnaire

Healthy Blue

SURVEY INSTRUCTIONS

♦ Answer each question by marking the box to the left of your answer.

♦ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☒ Yes ➜ **If Yes, Go to Question 1**
☐ No

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the back of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-797-3605, ext. 4190.

1. **Our records show that you are now in Healthy Blue. Is that right?**

    ☐ Yes ➜ **If Yes, Go to Question 3**
    ☐ No

2. **What is the name of your health plan?** *(Please print)*

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. **In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?**

    ☐ Yes
    ☐ No ➜ **If No, Go to Question 5**

4. **In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?**

    ☐ Never
    ☐ Sometimes
    ☐ Usually
    ☐ Always

5. **In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?**

    ☐ Yes
    ☐ No ➜ **If No, Go to Question 7**

6. **In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?**

    ☐ Never
    ☐ Sometimes
    ☐ Usually
    ☐ Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- [ ] None ➔ *If None, Go to Question 15*
- [ ] 1 time
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5 to 9
- [ ] 10 or more times

8. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- [ ] Yes
- [ ] No

9. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?

- [ ] Yes
- [ ] No ➔ *If No, Go to Question 13*

10. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?

- [ ] Yes
- [ ] No

11. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?

- [ ] Yes
- [ ] No

12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?

- [ ] Yes
- [ ] No

13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

- [ ] 0   Worst health care possible
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9
- [ ] 10   Best health care possible

14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

YOUR PERSONAL DOCTOR

15. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt.

   Do you have a personal doctor?

- [ ] Yes
- [ ] No ➔ *If No, Go to Question 24*

16. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- [ ] None ➔ *If None, Go to Question 23*
- [ ] 1 time
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5 to 9
- [ ] 10 or more times

17. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

18. In the last 6 months, how often did your personal doctor listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

19. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

20. In the last 6 months, how often did your personal doctor spend enough time with you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

21. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- ☐ Yes
- ☐ No ➔ *If No, Go to Question 23*

22. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

23. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- ☐ 0   Worst personal doctor possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10   Best personal doctor possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

In the last 6 months, did you make any appointments to see a specialist?

- ☐ Yes
- ☐ No ➔ *If No, Go to Question 28*

25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

26. How many specialists have you seen in the last 6 months?

- ☐ None ➔ *If None, Go to Question 28*
- ☐ 1 specialist
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more specialists

27. We want to know your rating of the specialist you saw most often in the last 6 months.

Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- ☐ 0   Worst specialist possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10   Best specialist possible

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

28. In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?

- ☐ Yes
- ☐ No ➔ *If No, Go to Question 30*

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

30. In the last 6 months, did you get information or help from your health plan's customer service?

- ☐ Yes
- ☐ No ➔ *If No, Go to Question 33*

31. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

32. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

33. In the last 6 months, did your health plan give you any forms to fill out?

- ☐ Yes
- ☐ No ➔ *If No, Go to Question 35*

34. In the last 6 months, how often were the forms from your health plan easy to fill out?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

35. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

- [ ] 0   Worst health plan possible
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9
- [ ] 10   Best health plan possible

ABOUT YOU

36. In general, how would you rate your overall health?

- [ ] Excellent
- [ ] Very good
- [ ] Good
- [ ] Fair
- [ ] Poor

37. In general, how would you rate your overall mental or emotional health?

- [ ] Excellent
- [ ] Very good
- [ ] Good
- [ ] Fair
- [ ] Poor

38. Have you had either a flu shot or flu spray in the nose since July 1, 2018?

- [ ] Yes
- [ ] No
- [ ] Don't know

39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- [ ] Every day
- [ ] Some days
- [ ] Not at all ➔ *If Not at all, Go to Question 43*
- [ ] Don't know ➔ *If Don't know, Go to Question 43*

40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? *Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.*

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

42. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? *Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.*

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

43. In the last 6 months, did you get health care 3 or more times for the same condition or problem?

☐ Yes
☐ No   ➜ *If No, Go to Question 45*

44. Is this a condition or problem that has lasted for at least 3 months? Do <u>not</u> include pregnancy or menopause.

☐ Yes
☐ No

45. Do you now need or take medicine prescribed by a doctor? Do <u>not</u> include birth control.

☐ Yes
☐ No   ➜ *If No, Go to Question 47*

46. Is this medicine to treat a condition that has lasted for at least 3 months? Do <u>not</u> include pregnancy or menopause.

☐ Yes
☐ No

47. What is your age?

☐ 18 to 24
☐ 25 to 34
☐ 35 to 44
☐ 45 to 54
☐ 55 to 64
☐ 65 to 74
☐ 75 or older

48. Are you male or female?

☐ Male
☐ Female

49. What is the highest grade or level of school that you have completed?

☐ 8th grade or less
☐ Some high school, but did not graduate
☐ High school graduate or GED
☐ Some college or 2-year degree
☐ 4-year college graduate
☐ More than 4-year college degree

50. Are you of Hispanic or Latino origin or descent?

☐ Yes, Hispanic or Latino
☐ No, Not Hispanic or Latino

51. What is your race? *Mark one or more*

☐ White
☐ Black or African-American
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ American Indian or Alaska Native
☐ Other

52. Did someone help you complete this survey?

☐ Yes   ➜ *If Yes, Go to Question 53*
☐ No   ➜ *If No, Go to Question 54*

53. How did that person help you? *Mark one or more*

☐ Read the questions to me
☐ Wrote down the answers I gave
☐ Answered the questions for me
☐ Translated the questions into my language
☐ Helped in some other way

ADDITIONAL QUESTIONS

Now we would like to ask a few more questions about the services your health plan provides.

54. In the last 6 months, how often did you have to wait for an appointment because the health provider you wanted to see worked limited hours or had few available appointments?

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I did not make an appointment to see a health provider in the last 6 months

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

☐ Yes
☐ No ➜ *If No, Go to Question 57*
☐ I do not have a personal doctor
   ➜ *Go to Question 59*

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I did not phone for help or advice during regular office hours in the last 6 months

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

☐ Yes
☐ No ➜ *If No, Go to Question 59*
☐ I do not have a personal doctor
   ➜ *Go to Question 59*

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I did not phone for help or advice after regular office hours in the last 6 months

59. After hours care is health care when your usual doctor's office or clinic is closed. In the last 6 months, did you need to visit a doctor's office or clinic for after hours care?

☐ Yes
☐ No ➜ *If No, Go to Question 61*

60. In the last 6 months, how often was it easy to get the after hours care you thought you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I did not need after hours care in the last 6 months

61. In the last 6 months, how often was it easy to get appointments with specialists?

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ No experience

Thank You
Please return the completed survey
in the postage-paid envelope or send to:
DSS Research • P.O. Box 985009
Ft. Worth, TX 76185-5009

If you have any questions,
please call 1-888-797-3605, ext. 4190.

Transforming the Health Care Industry
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2019 CAHPS® 5.0H Member Survey Child Medicaid – Children with Chronic Conditions

Prepared for:

Anthem - Community Care Health Plan of Louisiana, Inc. dba Healthy Blue

July 2019

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Background and objectives

Background. DSS has conducted the CAHPS® member survey since 1995. For participating plans (those who submit their data to NCQA) this information can be disclosed to the public and provides a direct comparison to other participating plans. The 2019 CAHPS 5.0H survey accurately captures customer feedback and expands the scope of information gathered relative to quality of care issues.

Objectives. Specific objectives of the 2019 CAHPS 5.0H member satisfaction survey include:

Determination of member ratings of:

- Health Plan Overall

- Health Care Overall

- Personal Doctor Overall

- Specialist Overall

Assessment of member perceptions related to:

- Customer Service (CS)

- Getting Needed Care (GNC)

- Getting Care Quickly (GCQ)

- How Well Doctors Communicate (HWDC)

- Shared Decision Making (SDM)

- Health Promotion and Education (HPE)

- Coordination of Care (CoC)

Standard measurement of all areas mentioned to facilitate meaningful comparisons among participating health plans.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

2019 Dashboard

Overall ratings

Health Plan (Q54)

86.82% 2019 ANM Avg.

82.58% 2019 ANM Avg.

CCC 86.90%

GP 90.33%

0%   100%

Rating of
8, 9 or 10 - Best health plan possible

Health Care (Q14)

88.32% 2019 ANM Avg.

85.68% 2019 ANM Avg.

CCC 89.39%

GP 90.29%

0%   100%

Rating of
8, 9 or 10 - Best health care possible

Personal Doctor (Q41)

90.42% 2019 ANM Avg.

89.48% 2019 ANM Avg.

CCC 90.23%

GP 89.88%

0%   100%

Rating of
8, 9 or 10 - Best personal doctor possible

Specialist (Q48)

86.76% 2019 ANM Avg.

87.13% 2019 ANM Avg.

CCC 85.71%

GP 88.24%

0%   100%

Rating of
8, 9 or 10 - Best specialist possible

Accreditation Score

12.2850

0 points ————————————→ 13 points

● Plan's estimated total points
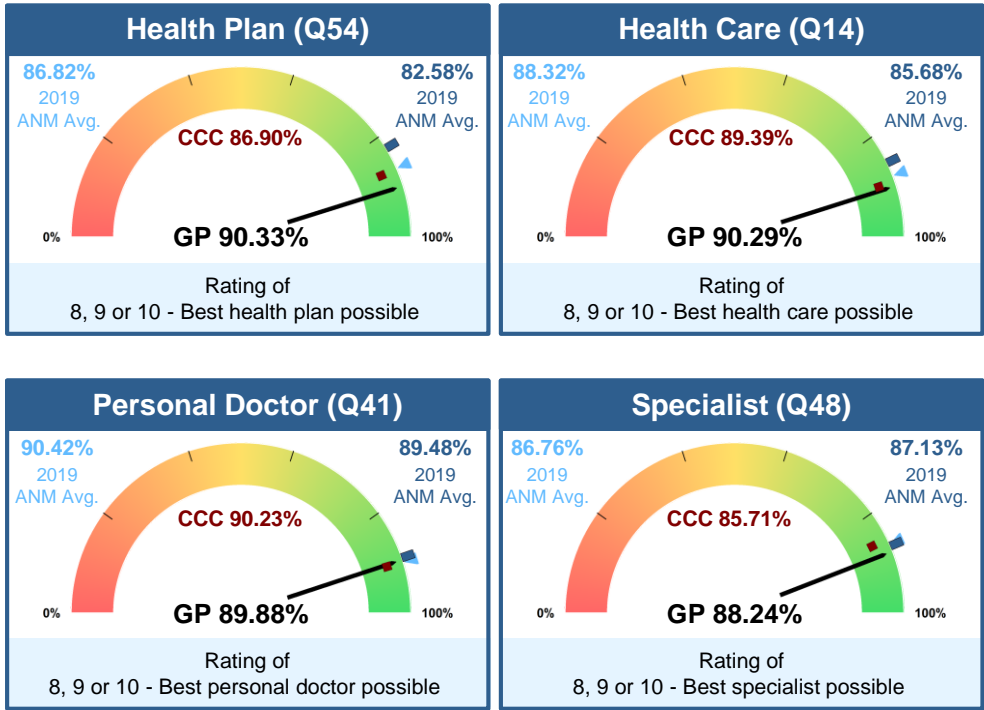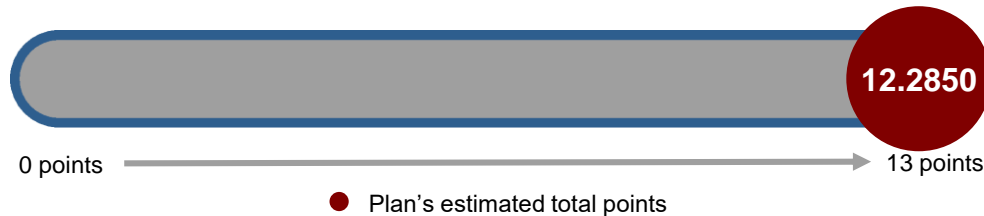
NCQA Health Insurance Plan Ratings

	Rating
Consumer Satisfaction	**3.5**
Getting Care	3.5
Satisfaction with Plan Physicians	3.5
Satisfaction with Plan Services	3.5

SatisAction™ key driver statistical model
Key drivers of the rating of the health plan

Power
Driver

Power - Promote and leverage strengths	
Q14	Health care overall
Q41	Personal doctor overall
Q46	Got specialist appt.
Opportunities for improvement - Focus resources on improving processes that underlie these items	
Q34	Dr. showed respect
Q33	Dr. listened carefully
Q48	Specialist overall
Q37	Dr. spent enough time
Q32	Dr. explained things
Q36	Dr. explained things for child

Driver
Opportunity

* Overall ratings are top 3 scores (% 8, 9 and 10).

Resource for improvement: AHRQ best practices

At the time of this report, AHRQ provided several resources to support health plans in their improvement efforts at the following link:

https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html

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Executive summary

On the health plan rating, Anthem - Community Care Health Plan of Louisiana, Inc. dba Healthy Blue performed similar to the 2018 plan result among the General Population and performed similarly among the 2019 CCC Population.

- About nine in 10 (90.33%) of the General population gave their health plan a rating of 8, 9 or 10 on a 0 to 10 scale, which is similar to last year and significantly higher than the 2019 Gen. Pop. ANM Average.

- About nine in 10 (86.90%) of the CCC population gave a rating of 8, 9 or 10, which is similar to last year and significantly higher than the 2019 CCC Pop. ANM Average.

- The overall ratings and composite scores are summarized in the table below:

	Gen. Pop.				CCC Pop.			
	2018	2019	2019 ANM Avg.		2018	2019	2019 ANM Avg.	
Rating of Health Plan (% 8, 9 or 10) (Q54)	87.72%	90.33%	86.82%	◆	85.90%	86.90%	82.58%	◆
Rating of Health Care (% 8, 9 or 10) (Q14)	87.50%	90.29%	88.32%		87.45%	89.39%	85.68%	
Rating of Personal Doctor (% 8, 9 or 10) (Q41)	89.49%	89.88%	90.42%		91.24%	90.23%	89.48%	
Rating of Specialist (% 8, 9 or 10) (Q48)	87.64%	88.24%	86.76%		96.00%	85.71%	87.13%	↓
Customer Service (% Always or Usually)	88.64%	88.23%	86.95%		84.75%	87.62%	87.52%	
Getting Needed Care (% Always or Usually)	84.03%	88.15%	83.89%	◆	88.31%	84.75%	85.50%	
Getting Care Quickly (% Always or Usually)	90.81%	90.52%	89.15%		94.04%	91.78%	91.58%	
How Well Doctors Communicate (% Always or Usually)	92.61%	92.44%	93.07%		93.11%	90.94%	93.88%	
Shared Decision Making (% Yes)	72.18%	80.72%	79.10%		78.69%	85.11%	85.76%	
Health Promotion and Education (Q8) (% Yes)	65.33%	74.00%	71.44%	↑	71.76%	76.76%	79.20%	
Coordination of Care (Q40) (% Always or Usually)	80.51%	79.71%	82.62%		81.06%	81.03%	82.30%	
Access to Prescription Medicine (% Always or Usually)	88.45%	90.21%	89.36%		85.94%	90.98%	88.48%	
Access to Specialized Services (% Always or Usually)	71.25%	72.90%	70.01%		79.30%	72.61%	70.23%	
FCC: Personal Doctor who Knows Child (% Yes)	85.71%	91.29%	90.36%	↑	89.48%	88.40%	90.93%	
FCC: Getting Needed Information (% Always or Usually)	83.42%	88.32%	87.64%		89.73%	86.48%	91.66%	◆
FCC: Coordination of Care (% Yes)	67.03%	73.15%	75.01%		75.57%	72.63%	78.03%	

Please refer to page 15 for statistical references and footnotes.

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Executive summary

Key drivers of the rating of the health plan

The SatisAction™ key driver statistical model was used to identify the key drivers of the rating of the health plan and the results are presented in the POWeR™ Chart classification matrix on the following page.

POWeR™ Chart classification matrix

Your plan performance relative to the DSS Book of Business (vertical axis: Higher → Lower)

Retain	**Power**
Items in this quadrant have a relatively small impact on the rating of the health plan but performance is above average. *Simply maintain performance on these items.*	These items have a relatively large impact on the rating of the health plan and performance is above average. *Promote and leverage strengths in this quadrant.*
Wait	**Opportunity**
These items are somewhat less important than those that fall on the right side of the chart and, relatively speaking, performance is below average. *Dealing with these items can wait until more important items have been dealt with.*	Items in this quadrant have a relatively large impact on the rating of the health plan but performance is below average. *Focus resources on improving processes that underlie these items.*

Importance to your plan members (horizontal axis: Lower → Higher)

Key for Composite Names in POWeR™ Chart (on page 7)

CS	Customer Service
GNC	Getting Needed Care
GCQ	Getting Care Quickly
HWDC	How Well Doctors Communicate
CoC	Coordination of Care

Items throughout the report are marked with the following symbol for a key driver…

in the "**Power**" quadrant,

or

in the "**Opportunity**" quadrant.

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Key drivers, estimated percentiles and estimated ratings

The key drivers of the rating of the health plan are presented in the POWeR™ Chart classification matrix below. The table assesses the key drivers and each measure is ranked by importance within each quadrant. Focus resources on improving processes that underlie the most important items and look for a significant improvement in the rating of the health plan. See Appendix C for more details.

POWeR™ Chart classification matrix

	Survey Measure	Score	Estimated Percentile	Estimated Rating
Power				
Q14	Health care overall*	90.76%	90th	5
Q41	Personal doctor overall*	91.08%	67th	4
Q46	Got specialist appt.	83.08%	50th	3
Opportunity				
Q34	Dr. showed respect	94.89%	10th	2
Q33	Dr. listened carefully	94.54%	25th	2
Q48	Specialist overall*	85.71%	25th	2
Q37	Dr. spent enough time	88.71%	33rd	3
Q32	Dr. explained things	94.01%	33rd	3
Q36	Dr. explained things for child	91.53%	---	---
Wait				
Q40	Dr. informed about care	79.84%	10th	2
Q4	Got urgent care	91.00%	33rd	3
Q51	CS courtesy/respect	93.13%	33rd	3
Q9	Dr. answered questions	88.78%	5th	1
Q56	Got prescriptions	90.50%	95th	5
Retain				
Q15	Got care/tests/treatment	92.11%	67th	4
Q50	CS provided info./help	85.84%	67th	4
Q6	Got routine care	91.03%	67th	4
Q53	Easy to fill out forms	96.37%	75th	4

* Overall ratings are top 3 scores (% 8, 9 and 10).

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Executive summary

Estimated accreditation score

The CAHPS 5.0H portion of the HEDIS® accreditation score is determined by comparing plan results to the *NCQA Benchmarks and Thresholds*. Points are assigned to the overall ratings and composite scores according to accreditation year and percentile range in which the score falls. This plan currently oversamples at a rate of 75%.

Survey Measure	Mean Score[1]	Estimated Percentile[2]	Percentile Threshold[2]	Points[3] 2019 Standards	Points[3] IF no NAs
Overall mean ratings					
Rating of Health Plan[4]	2.7121	91.28%	90th	3.2500	2.8889
Rating of Health Care	2.7143	93.03%	90th	1.6250	1.4444
Rating of Personal Doctor	2.7136	90.76%	90th	1.6250	1.4444
Rating of Specialist	2.7059	91.35%	90th	NA	1.4444
Composite mean scores					
Customer Service	2.6165	85.95%	75th	1.4300	1.2711
Getting Needed Care	2.6188	90.47%	90th	1.6250	1.4444
Getting Care Quickly	2.7055	90.50%	90th	1.6250	1.4444
Coordination of Care	2.4783	70.13%	50th	1.1050	0.9822
Total points				**12.2850**	**12.3642**

Estimated total oversample needed to achieve maximum measure of points in 2020, based on 2019 performance:

106%

Additional oversampling IS recommended

Points are assigned by percentile threshold as follows (if all measures are valid – denominator of at least 100)[3]**:**

Percentile Threshold	Percentile	Points[3]
90th	Greater than or equal to 90th percentile	1.4444
75th	Greater than or equal to 75th percentile but less than 90th percentile	1.2711
50th	Greater than or equal to 50th percentile but less than 75th percentile	0.9822
25th	Greater than or equal to 25th percentile but less than 50th percentile	0.5778
<25th	Less than 25th percentile	0.2889
Maximum number of points		**13.0000**

Notes:

[1] Overall ratings and composite measures are converted to a mean score using a 1 to 3 scale in the accreditation score calculation according to NCQA-defined guidelines.

[2] The percentiles and percentile thresholds shown here are estimates and may change when the mid-year update is released, usually in September.

[3] NCQA will assign a measure result of NA and not assign accreditation points to overall ratings or composites with a denominator (i.e., the average number of responses across all questions used to calculate the composite) less than 100. The measure is removed for scoring purposes and the points are redistributed among the remaining measures.

[4] Rating of Health Plan is worth twice the points in each percentile band, i.e., 2.6000, 2.2880, 1.7680, 1.0400 and 0.5200, respectively.

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Executive summary

The flowchart below shows how the items used in the calculation of the plan's 2019 estimated accreditation score perform relative to each other. See **Appendix D** for more details.

Estimated percentile, points, and points to achieve maximum score are shown for each composite score.

Strength (at or above the 90th percentile)

Accreditation Score
2019 Standards	
13.0000	Max possible score
12.2850	Estimated 2019 total points
0.7150	Potential to improve

Estimated percentile, points, and points to achieve maximum score are shown for each composite score.

	Rating of Health Plan	Rating of Health Care		Rating of Personal Doctor	Rating of Specialist
	2019	2019	Percentile	2019	2019
	91.28%	**93.03%**		**90.76%**	**91.35%**
Contribution	3.2500	1.6250	Points	1.6250	NA
Gap	0.0000	0.0000	Points left	0.0000	NA

Contribution / **Gap**

Customer Service
2019
85.95%
1.4300
0.1950

87%

(Q50) Info. from customer service
| 41.3% |
| **8.7%** |

(Q51) Treated with courtesy/ respect
| 45.9% | % |
| 4.1% | Gap |

13%

(Q4) Urgent care
	46.2%
%	3.8%
Gap	

(Q6) Routine care
| 44.0% |
| **6.0%** |

90%

Getting Care Quickly
2019
90.50%
1.6250
0.0000

10%

(Q32) Dr. explained things
	23.2%
%	1.8%
Gap	

(Q33) Dr. listened carefully
| 23.5% |
| 1.5% |

(Q34) Dr. showed respect
| 23.5% |
| 1.5% |

(Q37) Dr. spent enough time
| 21.6% |
| **3.4%** |

92%

How Well Doctors Communicate*
2019
90.21%

8%

Getting Needed Care
2019
90.47%
1.6250
0.0000

87%

(Q15) Ease of getting care
| 45.3% |
| 4.7% |

(Q46) Got appt. with specialist
| 42.0% | % |
| **8.0%** | Gap |

13%

(Q40) Coordination of care
	82.6%
%	**17.4%**
Gap	

83%

Coordination of Care
2019
70.13%
1.1050
0.5200

17%

Potential to improve (component with largest gap)

Please refer to page 15 for statistical references and footnotes.

* The How Well Doctors Communicate composite was removed from accreditation scoring in 2015.

Executive summary

Percentile gap analysis. The percentile gap is the difference between the maximum possible percentile (100) and the estimated percentile achieved.

- The percentile gap was closed compared to last year on the following measures:
  - Getting Needed Care
  - Rating of Specialist
  - Rating of Health Plan
  - Rating of Health Care
  - Coordination of Care
- However, the percentile gap increased on these measures:
  - Rating of Personal Doctor
  - Customer Service
  - Getting Care Quickly
  - How Well Doctors Communicate

Legend:
- 2019 Gap is **smaller** than 2018 Gap
- 2019 Gap is **larger** than 2018 Gap

Rating of Health Plan
91.28%
+5.09%

Rating of Health Care
93.03%
+1.46%

Coordination of Care
70.13%
+0.41%

Rating of Personal Doctor
90.76%
-1.19%

How Well Doctors Communicate
90.21%
-0.19%

Rating of Specialist
91.35%
+8.70%

Getting Care Quickly
90.50%
-0.19%

Getting Needed Care
90.47%
+28.06%

Customer Service
85.95%
-0.27%

Loss

Gain

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Executive summary

NCQA Health Insurance Plan Ratings

- Beginning in 2015, NCQA replaced its ranking methodology with a rating methodology.

- Health plans are now rated in three categories: clinical quality (includes prevention and treatment), consumer satisfaction and NCQA's review of health quality processes.

- Plans are classified based on their national percentile (10th, 33.33rd, 66.67th and 90th) into scores ranging from 1 to 5 (in increments of 0.5), where 5 is the highest score and 1 is the lowest.

- The consumer satisfaction category of the rating comes from the CAHPS survey and is summarized in the table below. The flu shot measure from the CAHPS survey is also one item in the clinical quality – prevention category of the rating. Percentiles and ratings are **estimated** based on the 2018 Quality Compass® National All Lines of Business (LOB) data since the 2019 data were not available at the time of this report.

	Score*	Percentile	Rating
Consumer Satisfaction			**3.5**
Getting Care			3.5
Getting care easily	88.15%	67th	4.0
Getting care quickly	90.52%	33rd	3.0
Satisfaction with Plan Physicians			3.5
Rating of primary-care doctor	78.02%	67th	4.0
Rating of specialists	75.29%	33rd	NA
Rating of care	77.71%	90th	5.0
Coordination of care	79.71%	10th	2.0
Health promotion and education	74.00%	33rd	3.0
Satisfaction with Plan Services**			3.5
Rating of health plan	77.14%	67th	4.0
Customer service	88.23%	33rd	3.0

Percentile		Rating
<10th	=	1
10th	=	2
33rd	=	3
67th	=	4
90th	=	5
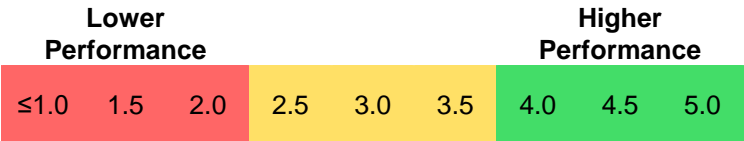
Lower Performance						Higher Performance		
≤1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0

- * Scores are top-two-box ratings (% Always or Usually or % 9 or 10) for the consumer satisfaction category and % Yes for the health promotion and education measure.

- ** NCQA removed the customer service measure from the commercial product line due to insufficient data in 2017.

- NOTE: NCQA will assign a measure result of NA to overall ratings or composites with a denominator (i.e., the average number of responses across all questions used to calculate the composite) less than 100.

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Methodology

Questionnaire. The CAHPS 5.0H survey was used. DSS designed the survey instrument using health plan colors. An attractively formatted booklet with a cover letter explaining the importance of completing the survey was mailed to the sampled members using first class postage. A return business reply envelope addressed to DSS was included with each booklet. See [Appendix E] for more details.

Data collection. The methodology detailed in *HEDIS® 2019 Volume 3: Specifications for Survey Measures* was used. A synopsis of the survey protocol, timeframe and fulfillment dates are outlined below.

Day 0	4 to 10 days	Day 35	39 to 45 days	Day 56	Day 70	Min. of 81 days	
First questionnaire mailing	First reminder postcard	Second questionnaire mailing	Second reminder postcard	Initiate telephone interviewing	Complete telephone interviewing	Last day to accept completed surveys	Data submission to NCQA
1/25/2019	2/1/2019	3/1/2019	3/8/2019	3/22/2019	4/5/2019	5/10/2019	5/30/2019

Staffing of the toll-free help line. DSS staffed a toll-free phone line for members to call if they had any questions.

Data processing and analysis. DSS processed all completed surveys and analyzed the results.

Comparison averages. Most measures are compared to the 2019 Anthem Child Medicaid without CCC Average (2019 ANM Avg.), which is displayed as a light blue line on the left side of the chart set throughout the report, and the 2019 Anthem Child Medicaid with CCC Average (2019 ANM Avg.), which is displayed as a dark blue line on the right side of the chart set throughout the report.

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Methodology

Qualified respondents. Members eligible for the survey were parents of those 17 years and younger (as of December 31 of the measurement year) who had been continuously enrolled in the plan for at least five of the last six months of the measurement year.

Sample type. A simple random sample of the required sample size for the population was drawn. To reduce possible confusion and respondent burden, the sample was processed to remove duplicates so that only one child per household was included in the sample.

Sample size/sampling error.

Item	General population	Total
Total mailed	2,887	4,727
Undeliverable	353	547
Total ineligible	17	25
Total completed surveys	473	795
Mail completes	161	275
Phone completes	312	520
Adjusted response rate*	16.48%	16.91%
Overall sampling error**	+/- 4.5%	+/- 3.5%

The 2018 national average response rate for child Medicaid with CCC was 20.8%.

Number of CCC qualified <u>respondents</u>:

Total: 296
Mail: 120
Phone: 176

* Adjusted response rate is calculated using the following formula:

$$\frac{\text{Total completed surveys}}{\text{Total mailed } - \text{ Total ineligible}} \times 100$$

** 95% confidence level, using the most pessimistic assumption regarding variance (p=0.5).

Spanish surveys. Respondents were given the option of completing the survey in Spanish. A telephone number was provided on the survey cover letter for members to call if they would like to complete the survey in Spanish. There were 61 surveys completed in Spanish, 38 by general population respondents.

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Methodology

CCC Medicaid Population Sampling

Eligible population

Eligible population – random sample
- prescreen code = 1

General
Sample
N = 2,887

Potential
CCC
Sample
N = 2,756

**CCC
Survey-
based
screening
Tool***

General
Sample
"Not Qualified"
96%

CCC
Sample
"Not Qualified"
90%

CCC
4%

CCC
10%
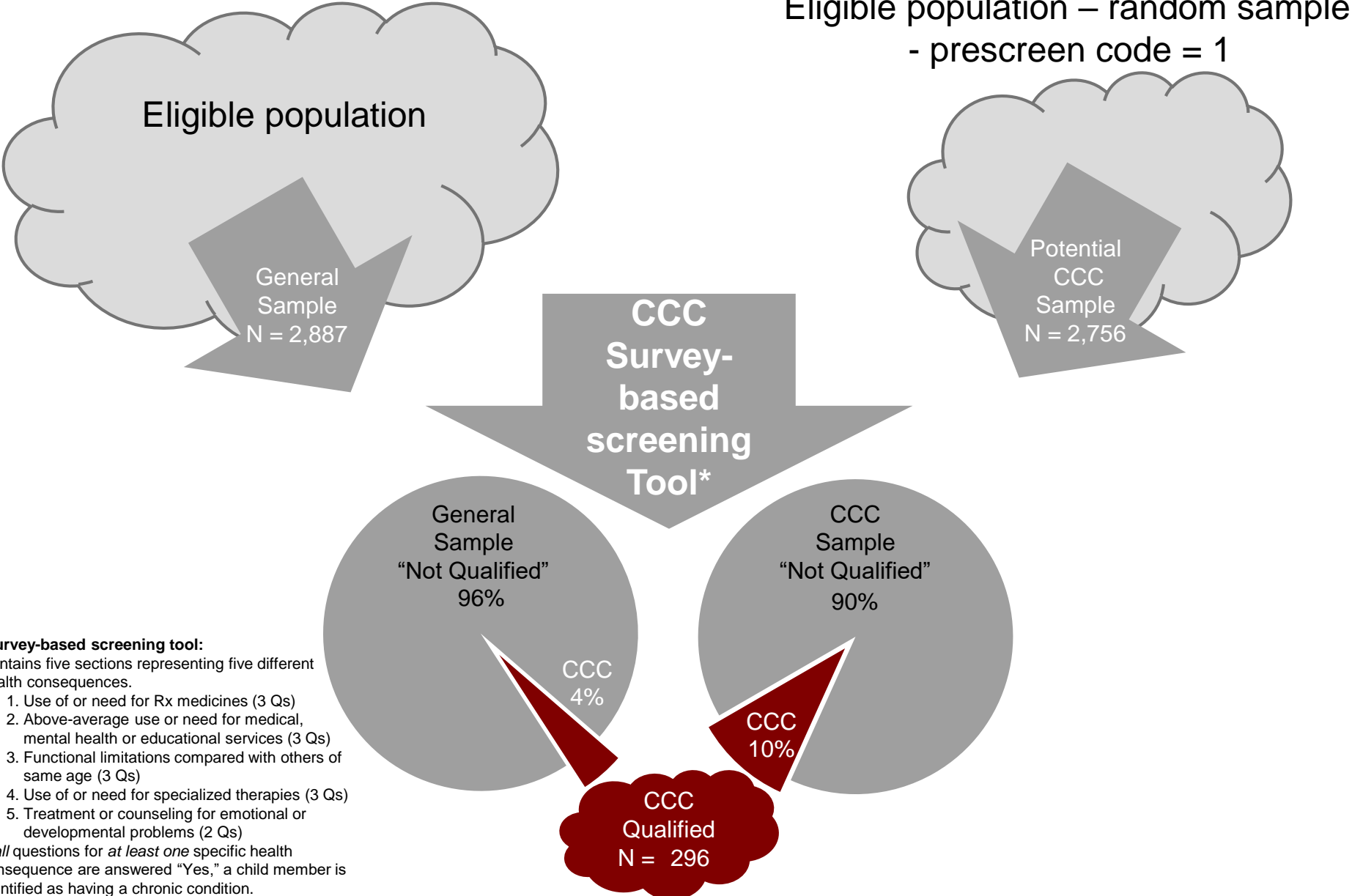
*Survey-based screening tool:
Contains five sections representing five different
health consequences.
 1. Use of or need for Rx medicines (3 Qs)
 2. Above-average use or need for medical,
    mental health or educational services (3 Qs)
 3. Functional limitations compared with others of
    same age (3 Qs)
 4. Use of or need for specialized therapies (3 Qs)
 5. Treatment or counseling for emotional or
    developmental problems (2 Qs)
If *all* questions for *at least one* specific health
consequence are answered "Yes," a child member is
identified as having a chronic condition.

CCC
Qualified
N = 296

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Statistical references and footnotes

All statistical testing is performed at the 95% confidence level.

↑↓   Indicates a significant difference between the 2019 plan result and the 2018 plan result.

▲   Indicates a significant difference between the 2019 Gen. Pop. result and the 2019 CCC Pop. result.

◆◆   Indicates a significant difference between the 2019 plan result and the corresponding average.

A capital letter and green font indicates that result is significantly higher than the corresponding column.

NA   Indicates base less than 100, NCQA will assign an NA.

^   Indicates a base size smaller than 20. Interpret results with caution.

NR   Not reportable. Base size < 11.

NQ   New question. (If applicable)

Percentages lower than five percent are not labeled in charts or graphs where space does not permit.

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Overall ratings

Q54. Rating of Health Plan

Legend: ■ 9 or 10   ■ 8

Gen. Pop.

	2018 (n=464)	2019 (n=455)
Total	87.72%	90.33%
9 or 10	73.28%	77.14%
8	14.44%	13.19%

86.82% 2019 ANM Avg.

CCC Pop.

	2018 (n=305)	2019 (n=290)
Total	85.90%	86.90%
9 or 10	70.82%	73.79%
8	15.08%	13.10%

82.58% 2019 ANM Avg.

Q14. Rating of Health Care

Gen. Pop.

	2018 (n=376)	2019 (n=350)
Total	87.50%	90.29%
9 or 10	70.74%	77.71%
8	16.76%	12.57%

88.32% 2019 ANM Avg.

CCC Pop.

	2018 (n=263)	2019 (n=245)
Total	87.45%	89.39%
9 or 10	68.82%	77.14%
8	18.63%	12.24%

85.68% 2019 ANM Avg.

Power Driver

Q41. Rating of Personal Doctor

Gen. Pop.

	2018 (n=409)	2019 (n=405)
Total	89.49%	89.88%
9 or 10	80.93%	78.02%
8	8.56%	11.85%

90.42% 2019 ANM Avg.

CCC Pop.

	2018 (n=274)	2019 (n=256)
Total	91.24%	90.23%
9 or 10	81.39%	77.34%
8	9.85%	12.89%

89.48% 2019 ANM Avg.

Power Driver

Q48. Rating of Specialist

Gen. Pop.

	2018 (n=89)	2019 (n=85)
Total	87.64%	NA 88.24%
9 or 10	73.03%	75.29%
8	14.61%	12.94%

86.76% 2019 ANM Avg.

CCC Pop.

	2018 (n=100)	2019 (n=105)
Total	96.00%	↓ 85.71%
9 or 10	77.00%	72.38%
8	19.00%	13.33%

87.13% 2019 ANM Avg.

Driver — Opportunity

Please refer to page 15 for statistical references and footnotes.

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Overall ratings

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q54. Rating of Health Plan

Improvement action

Simplify forms.

Improve member communications.

Make the website user friendly.

Allow members to recertify using an app.

Improve mental health coverage.

Reduce wait times.

Expand the formulary and coverage of alternative therapies.

Selected comments

"More available and detailed information about counseling. My daughter could benefit from some counseling to deal with living with her daily ADHD struggles. She has meltdowns and problems at school socially. It affects her in a number of ways and I am sure she is not the only child that feels this way that has Medicaid."

"I really can't think of anything except to be a bit more clear about things at times. Sometimes I don't understand what everything is and the differences between the plans."

"Make forms easier and shorter to fill out. No need to fill out the same information multiple times."

"It is the issues with name brand medications and not covering all areas of health, such as chiropractic care, that are very important to my family."

"An app would be a good idea, because sometimes getting online to recertify can be difficult."

"Make the website more user friendly, make it easier to find the information we need."

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Overall ratings

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q14. Rating of Health Care

Improvement action

Provide care in a timely manner.

Meet or exceed the parent's expectations.

"We were in and out in about 15 minutes, and I had the lab results within a few days saying my kid was healthy."

"The care was quick and friendly, and I got her into both appointments easily."

Selected comments

"His therapist is great. She involves us in his treatment."

"We have finally found doctors that make sure my children have the best care possible. All of the doctors coordinate with each other and always update one another on his medications to keep from unwanted side effects!"

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Overall ratings

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q41. Rating of Personal Doctor
Improvement action
PRIMARY CARE DOCTOR VISIT
Thoroughly answer questions.
Be accessible to patients.
Spend enough time to provide thorough care.
Help patients navigate the system and overcome obstacles.
Maintain a professional and friendly demeaner.

"He answers our questions as best as he can and has always helped us any way he can."

"Our doctor stays on top of things and is easy to get a hold of."

"Takes his time and has those one-on-one sessions with the child."

Selected comments

Our doctor's bedside manner makes him stand out! You can tell how much he truly cares!"

"They have worked hard to get the medication we needed and have gone out of their way when there have been issues at the pharmacy."

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Overall ratings

Q48. Rating of Specialist

Improvement action
SPECIALIST VISIT

Listen and answer questions thoroughly.

Be professional during interactions with patients.

"They're great with my children and answer everything in timely manner."

"It's hard for someone that sees a patient for 45 minutes a month to necessarily decide what is best, or at least they should let the parents have some input."
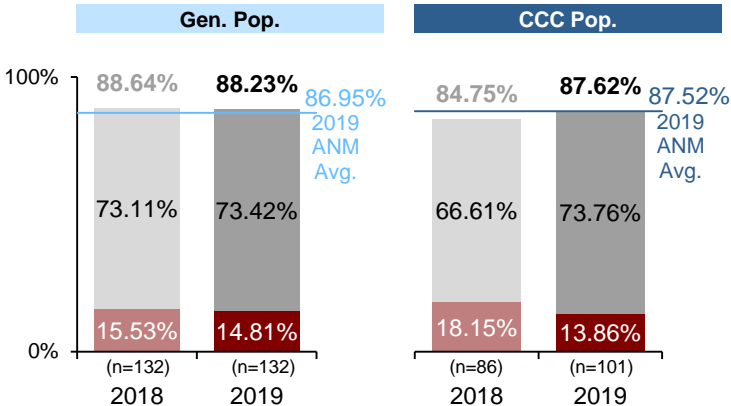
"The doctor who performed my son's follow-up circumcision was very down to earth and did an excellent job."

Selected comments

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Composite global proportions

Customer Service

Legend: ■ Always (gray) ■ Usually (dark red)

Gen. Pop.

	2018 (n=132)	2019 (n=132)
Total	88.64%	**88.23%**
Always	73.11%	73.42%
Usually	15.53%	14.81%

86.95% 2019 ANM Avg.

CCC Pop.

	2018 (n=86)	2019 (n=101)
Total	84.75%	**87.62%**
Always	66.61%	73.76%
Usually	18.15%	13.86%

87.52% 2019 ANM Avg.

Getting Needed Care

Gen. Pop.

	2018 (n=238)	2019 (n=222)
Total	84.03%	**88.15%** ◆
Always	66.93%	73.73%
Usually	17.10%	14.43%

83.89% 2019 ANM Avg.

CCC Pop.

	2018 (n=185)	2019 (n=180)
Total	88.31%	**84.75%**
Always	67.58%	68.25%
Usually	20.73%	16.50%

85.50% 2019 ANM Avg.

Shared Decision Making
(% Yes)

Gen. Pop.

	2018 (n=113)	2019 (n=100)
	72.18%	**80.72%**

79.10% 2019 ANM Avg.

CCC Pop.

	2018 (n=119)	2019 (n=110)
	78.69%	**85.11%**

85.76% 2019 ANM Avg.

Getting Care Quickly

Gen. Pop.

	2018 (n=250)	2019 (n=254)
Total	90.81%	**90.52%**
Always	80.34%	80.03%
Usually	10.47%	10.50%

89.15% 2019 ANM Avg.

CCC Pop.

	2018 (n=201)	2019 (n=180)
Total	94.04%	**91.78%**
Always	81.84%	81.37%
Usually	12.20%	10.40%

91.58% 2019 ANM Avg.

How Well Doctors Communicate

Gen. Pop.

	2018 (n=339)	2019 (n=331)
Total	92.61%	**92.44%**
Always	83.38%	83.07%
Usually	9.23%	9.37%

93.07% 2019 ANM Avg.

CCC Pop.

	2018 (n=247)	2019 (n=227)
Total	93.11%	**90.94%**
Always	83.78%	80.90%
Usually	9.33%	10.04%

93.88% 2019 ANM Avg.

Please refer to page 15 for statistical references and footnotes.

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Composite mean scores

Customer Service

	Gen. Pop.			CCC Pop.	

Gen. Pop.
- 2.6174 (n=132) 2018
- **2.6165** (n=132) 2019
- 2.546 2019 ANM Avg.

CCC Pop.
- 2.5136 (n=86) 2018
- **2.6139** (n=101) 2019
- 2.5565 2019 ANM Avg.

Getting Needed Care

Gen. Pop.
- 2.5097 (n=238) 2018
- **2.6188** (n=222) 2019
- 2.4519 2019 ANM Avg.

CCC Pop.
- 2.5589 (n=185) 2018
- **2.5301** (n=180) 2019
- 2.4555 2019 ANM Avg.

Getting Care Quickly

Gen. Pop.
- 2.7115 (n=250) 2018
- **2.7055** (n=254) 2019
- 2.6451 2019 ANM Avg.

CCC Pop.
- 2.7588 (n=201) 2018
- **2.7315** (n=180) 2019
- 2.6818 2019 ANM Avg.

How Well Doctors Communicate

Gen. Pop.
- 2.7599 (n=339) 2018
- **2.7552** (n=331) 2019
- 2.7284 2019 ANM Avg.

CCC Pop.
- 2.7689 (n=247) 2018
- **2.7185** (n=227) 2019
- 2.7384 2019 ANM Avg.

Please refer to page 15 for statistical references and footnotes.

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Overall ratings by composites (General Population – plan vs. BoB)

The charts below show the relationships between the two overall ratings and the seven composite measures. The steeper the line, the stronger the relationship.

Legend:
- Plan Overall Rating (% 8 - 10)
- Plan Rating by Composite
- DSS BoB Rating by Composite

Customer Service

Compared to the 2018 plan result:
- None of the differences are significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:
- None of the differences are significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. ANM Average:
- None of the differences are significant.

2019 CCC Pop. compared to the 2019 CCC Pop. ANM Average:
- None of the differences are significant.

Q49. Tried to get information or help from customer service

Gen. Pop.

No 71.49% Yes 28.51%

(% Yes)	
2018	2019 ANM Avg.
28.57%	32.89% ◆

CCC Pop.

No 64.71% Yes 35.29%

(% Yes)	
2018	2019 ANM Avg.
28.90%	36.12%

Q50. Customer service provided needed information or help

■ Always
■ Usually

Gen. Pop.

- 2018 (n=132): Always 64.39%, Usually 18.94%, Total 83.33%
- 2019 (n=132): Always 64.39%, Usually 18.94%, Total 83.33%
- 81.18% 2019 ANM Avg.

CCC Pop.

- 2018 (n=85): Always 56.47%, Usually 21.18%, Total 77.65%
- 2019 (n=101): Always 69.31%, Usually 15.84%, Total 85.15%
- 81.96% 2019 ANM Avg.

Q51. Customer service treated member with courtesy and respect

Gen. Pop.

- 2018 (n=132): Always 81.82%, Usually 12.12%, Total 93.94%
- 2019 (n=131): Always 82.44%, Usually 10.69%, Total 93.13%
- 92.73% 2019 ANM Avg.

CCC Pop.

- 2018 (n=86): Always 76.74%, Usually 15.12%, Total 91.86%
- 2019 (n=101): Always 78.22%, Usually 11.88%, Total 90.10%
- 93.07% 2019 ANM Avg.

Customer Service Composite

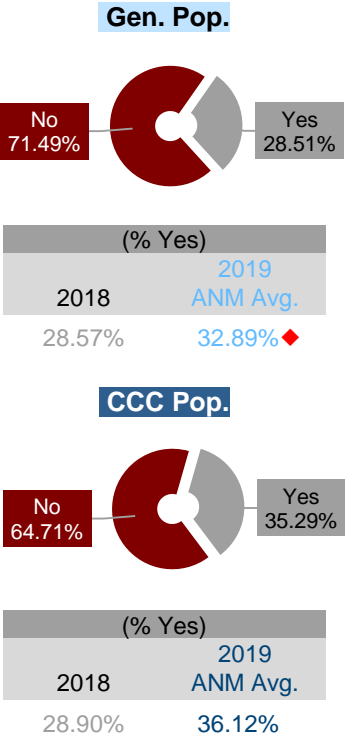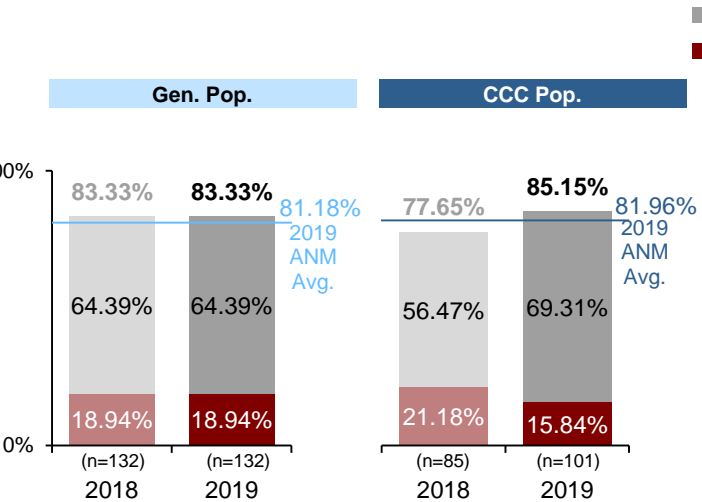|	Gen. Pop.			CCC Pop.		
	2018	2019	2019 ANM Avg.	2018	2019	2019 ANM Avg.
Global proportion	88.64%	88.23%	86.95%	84.75%	87.62%	87.52%
Mean score	2.6174	2.6165	2.5460	2.5136	2.6139	2.5565

Please refer to page 15 for statistical references and footnotes.

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Customer Service

Compared to the 2018 plan result:
- The difference is not significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:
- The difference is not significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. ANM Average:
- Ease of filling out forms is significantly higher.

2019 CCC Pop. compared to the 2019 CCC Pop. ANM Average:
- The difference is not significant.

Q52. Health plan gave member forms to fill out

Gen. Pop.

No 74.83%   Yes 25.17%

(% Yes)	
2018	2019 ANM Avg.
26.75%	28.95%

CCC Pop.

No 70.11%   Yes 29.89%
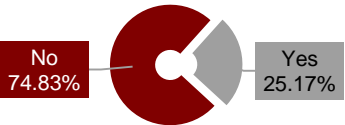
(% Yes)	
2018	2019 ANM Avg.
26.60%	31.24%

Q53. Health plan forms were easy to fill out

Note: The rate for this question is calculated using the responses to this question and "No" responses to Q52.

- ◼ Always
- ◼ Usually
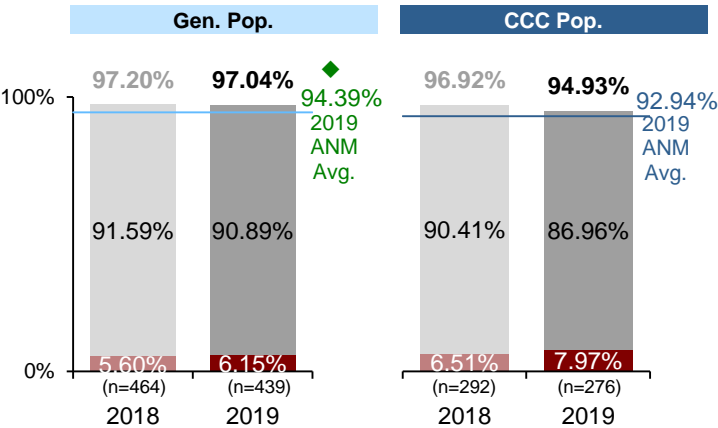
Gen. Pop.

	2018	2019
Total	97.20%	97.04%
Always	91.59%	90.89%
Usually	5.60%	6.15%
	(n=464)	(n=439)

94.39% 2019 ANM Avg.

CCC Pop.

	2018	2019
Total	96.92%	94.93%
Always	90.41%	86.96%
Usually	6.51%	7.97%
	(n=292)	(n=276)

92.94% 2019 ANM Avg.

Please refer to page 15 for statistical references and footnotes.

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q53. Health plan forms were easy to fill out

Improvement action

Use concise and unambiguous language.

Encourage the Medicaid office to train representatives to be polite and respectful to members.

Provide an option to complete forms online.

Make sure forms are tracked and filed properly.

Reduce redundancy in forms.

Simplify sections related to medical and patient history.

Address website login issues.

"When it talks about the household, some say that it means everyone in the household and others say it means only my dependents."

"I would say the hardest part was the initial application because it was a very long application, a lot to fill out and also having to deal with being at the Medicaid office. The employees are rude and some of them treat you like you are less than."

"The paperwork isn't hard, but I find it impossible to log on to the website where I could just do it electronically."

Selected comments

"The forms can be ridiculous. I just don't see why there should be four, five or six pages of information for me to fill out. And oftentimes, I am repeating information on the forms over and over again."

"Maybe have an app for all medical insurance and documentation that needs to be filed and to add on other children as well."

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Getting Needed Care

Compared to the 2018 plan result:
- None of the differences are significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:
- None of the differences are significant.

**2019 Gen. Pop. compared to the 2019 Gen. Pop. ANM Average:**
- Got care, tests or treatment is significantly higher.

2019 CCC Pop. compared to the 2019 CCC Pop. ANM Average:
- None of the differences are significant.

Q45. Made appointment to see a specialist

Gen. Pop.

No 79.61%
Yes 20.39%
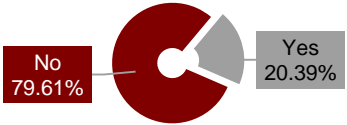
(% Yes)	
2018	2019 ANM Avg.
21.25%	22.74%

CCC Pop.

No 60.90%
Yes 39.10% ▲

(% Yes)	
2018	2019 ANM Avg.
36.51%	47.53% ◆
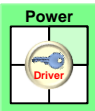
Power Driver

Q46. Got appointment with specialist as soon as needed

■ Always
■ Usually

Gen. Pop.

- 79.00% / 84.04% (NA)
- 60.00% (2018, n=100) / 68.09% (2019, n=94)
- 19.00% / 15.96%
- 78.69% 2019 ANM Avg.

CCC Pop.

- 84.26% / 81.25%
- 61.11% (2018, n=108) / 61.61% (2019, n=112)
- 23.15% / 19.64%
- 81.33% 2019 ANM Avg.

Q15. Ease of getting care, tests or treatment

Gen. Pop.

- 89.07% / 92.26%
- 73.87% (2018, n=375) / 79.37% (2019, n=349)
- 15.20% / 12.89%
- 89.10% ◆ 2019 ANM Avg.

CCC Pop.

- 92.37% / 88.26%
- 74.05% (2018, n=262) / 74.90% (2019, n=247)
- 18.32% / 13.36%
- 89.67% 2019 ANM Avg.
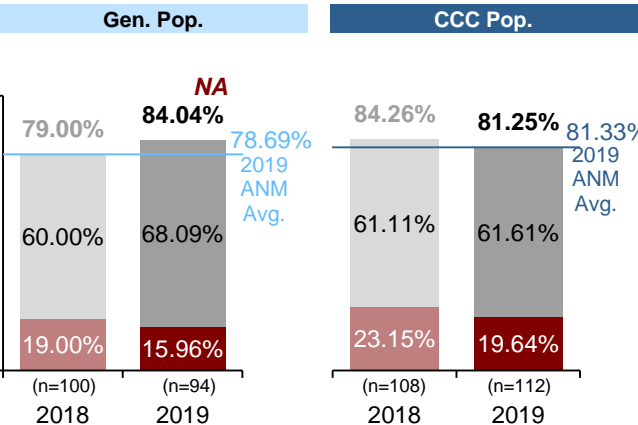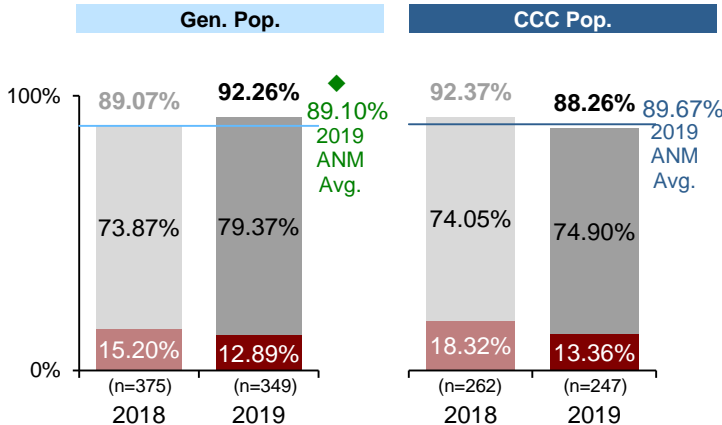
Getting Needed Care Composite						
	Gen. Pop.			**CCC Pop.**		
	2018	2019	2019 ANM Avg.	2018	2019	2019 ANM Avg.
Global proportion	84.03%	88.15%	83.89% ◆	88.31%	84.75%	85.50%
Mean score	2.5097	2.6188	2.4519 ↑ ◆	2.5589	2.5301	2.4555

Please refer to page 15 for statistical references and footnotes.

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Getting Needed Care

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q46. Got appointment with specialist as soon as needed (Got urgent care as soon as needed - Specialist)
Member poll
SPECIALIST VISIT
How long do members expect to wait for an URGENT CARE appointment to see a specialist?
Most expect to see a specialist within one to two days for an urgent care issue, but would wait up to two weeks.

Q46. Got appointment with specialist as soon as needed (Got check-up or routine care as soon as needed - Specialist)
Member poll
SPECIALIST VISIT
How long do members expect to wait for a ROUTINE CARE appointment to see a specialist?
Most expect to see a specialist within two to three months for a routine care appointment, but would wait up to three months.

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Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q15. Ease of getting care, tests or treatment

Improvement action

Listen to the patient's concerns.

Provide timely care.

Ensure that patients can get appointments quickly.

Encourage patients to use urgent care and other resources, when necessary.

"It may help that their doctor is the guy that runs the place, and he knows if I ask for something fast, it needs to be fast."

"When I first switched to this doctor, I was able to get an appointment as soon as possible."

Selected comments

"Getting tests and services done has been a big issue. They were supposed to observe her for two nights, but the next day they tried kicking her out. Within a day, she exhibited respiratory issues and was transferred to another department. I argued for them to do a blood gas test. It was brushed off, and within a day she was in the ICU. I then cornered the doctor and demanded the blood gas test. As I suspected, she was retaining CO2."

"I used to go to a standalone emergency clinic and they were always able to treat my daughter for everything. I took her there once when she broke her arm and they treated her great, from x-rays to splinting her arm."

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Getting Care Quickly

Compared to the 2018 plan result:
- None of the differences are significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:
- None of the differences are significant.

**2019 Gen. Pop. compared to the 2019 Gen. Pop. ANM Average:**
- None of the differences are significant.

2019 CCC Pop. compared to the 2019 CCC Pop. ANM Average:
- None of the differences are significant.

Q3. Had illness, injury or condition that needed care right away

Gen. Pop.

Yes 36.62%
No 63.38%

CCC Pop.

Yes 47.95%
No 52.05%

(% Yes)

2018	2019 ANM Avg.	2018	2019 ANM Avg.
38.70%	33.95%	51.64%	46.17%

Q5. Made appointments for check-up/ routine care at doctor's office or clinic

Gen. Pop.

Yes 75.70%
No 24.30%

CCC Pop.

Yes 81.18%
No 18.82%

(% Yes)

2018	2019 ANM Avg.	2018	2019 ANM Avg.
69.67%	73.80%	83.17%	83.54%

Q4. Got urgent care as soon as needed

■ Always
■ Usually

Gen. Pop.

	2018	2019
Total	91.62%	**91.67%**
Always	83.80%	85.71%
Usually	7.82%	5.95%
n	(n=179)	(n=168)

91.09% 2019 ANM Avg.

CCC Pop.

	2018	2019
Total	94.16%	**91.18%**
Always	83.12%	83.82%
Usually	11.04%	7.35%
n	(n=154)	(n=136)

92.48% 2019 ANM Avg.

Q6. Got check-up or routine appointment as soon as needed

Gen. Pop.

	2018	2019
Total	90.00%	**89.38%**
Always	76.88%	74.34%
Usually	13.13%	15.04%
n	(n=320)	(n=339)

87.21% 2019 ANM Avg.

CCC Pop.

	2018	2019
Total	93.93%	**92.38%**
Always	80.57%	78.92%
Usually	13.36%	13.45%
n	(n=247)	(n=223)

90.68% 2019 ANM Avg.

Getting Care Quickly Composite

	Gen. Pop.			CCC Pop.		
	2018	2019	2019 ANM Avg.	2018	2019	2019 ANM Avg.
Global proportion	90.81%	90.52%	89.15%	94.04%	91.78%	91.58%
Mean score	2.7115	2.7055	2.6451	2.7588	2.7315	2.6818

Please refer to page 15 for statistical references and footnotes.

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q4. Got urgent care as soon as needed (Got urgent care as soon as needed - PCP)	**Q6. Got check-up or routine appointment as soon as needed** (Got check-up or routine care as soon as needed - PCP)
Member poll	**Member poll**
PRIMARY CARE DOCTOR VISIT	PRIMARY CARE DOCTOR VISIT
How long do members expect to wait for an URGENT CARE appointment to see a primary care doctor?	How long do members expect to wait for a ROUTINE CARE appointment to see a primary care doctor?
Most expect to see a primary care doctor on the same day or within two days for an urgent care issue, but would wait up to a week.	Most expect to wait one to two weeks for a routine care appointment with a primary care doctor, but would wait up to a month for an appointment.

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Doctor or specialist visits

Compared to the 2018 plan result:
- None of the differences are significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:
- Average number of office visits, average number of personal doctor visits and average number of specialists seen are significantly lower.

2019 Gen. Pop. compared to the 2019 Gen. Pop. ANM Average:
- Average number of personal doctor visits is significantly higher.

2019 CCC Pop. compared to the 2019 CCC Pop. ANM Average:
- None of the differences are significant.

Q30. Have a personal doctor

Gen. Pop.

No 11.21%
Yes 88.79%
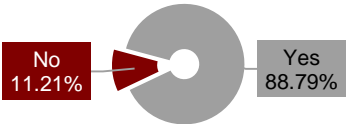
(% Yes)	
2018	2019 ANM Avg.
86.28%	87.74%

CCC Pop.

No 9.93%
Yes 90.07%
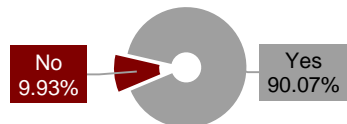
(% Yes)	
2018	2019 ANM Avg.
92.36%	93.55%

Q7. Average number of visits to doctor's office or clinic

Gen. Pop.

- 2018: 2.17 (n=475)
- 2019: 2.21 (n=432)
- 2.05 2019 ANM Avg.

CCC Pop.

- 2018: 3.15 (n=297)
- 2019: 3.37 ▲ (n=278)
- 3.21 2019 ANM Avg.

Q31. Average number of visits to personal doctor

Gen. Pop.

- 2018: 2.23 (n=406)
- 2019: 2.13 (n=400)
- 1.87 ◆ 2019 ANM Avg.

CCC Pop.

- 2018: 3.02 (n=270)
- 2019: 2.84 ▲ (n=255)
- 2.53 2019 ANM Avg.

Q47. Average number of specialists seen

Gen. Pop.

- 2018: 1.43 (n=101)
- 2019: 1.37 (n=93)
- *NA* 1.55 2019 ANM Avg.

CCC Pop.

- 2018: 1.66 (n=110)
- 2019: 1.83 ▲ (n=109)
- 1.93 2019 ANM Avg.

Please refer to page 15 for statistical references and footnotes.

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How Well Doctors Communicate

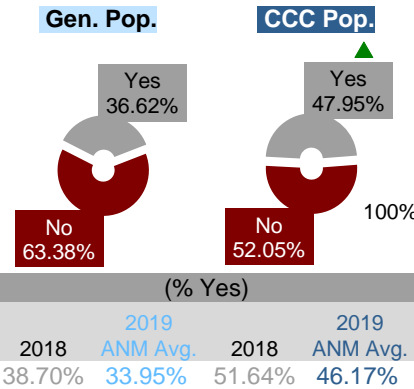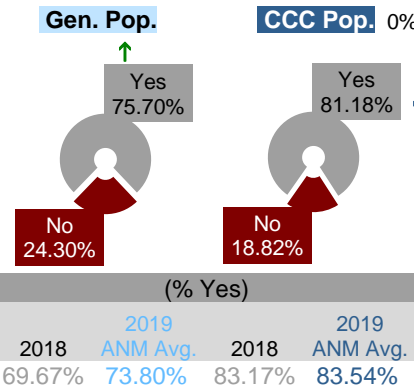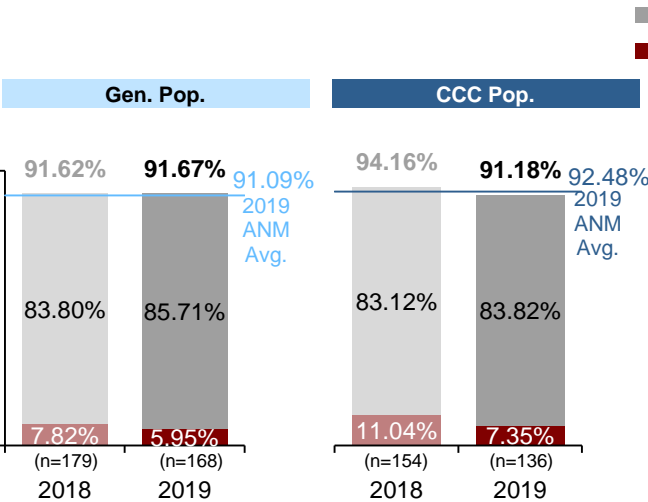| Compared to the 2018 plan result: |
|---|
| • None of the differences are significant. |
| **2019 Gen. Pop. compared to the 2019 CCC Pop.:** |
| • None of the differences are significant. |
| **2019 Gen. Pop. compared to the 2019 Gen. Pop. ANM Average:** |
| • None of the differences are significant. |
| **2019 CCC Pop. compared to the 2019 CCC Pop. ANM Average:** |
| • None of the differences are significant. |

Opportunity (Driver)

Q32. Personal doctor explained things

Gen. Pop.

■ Always
■ Usually

	2018	2019	
	91.74%	**93.39%**	93.10% 2019 ANM Avg.
Always	82.30%	85.29%	
Usually	9.44%	8.11%	
	(n=339)	(n=333)	

CCC Pop.

	2018	2019	
	93.52%	**92.98%**	94.48% 2019 ANM Avg.
	83.00%	82.89%	
	10.53%	10.09%	
	(n=247)	(n=228)	

Q33. Personal doctor listened carefully

Gen. Pop.

	2018	2019	
	94.99%	**94.56%**	94.97% 2019 ANM Avg.
	87.02%	87.61%	
	7.96%	6.95%	
	(n=339)	(n=331)	

CCC Pop.

	2018	2019	
	94.69%	**92.48%**	95.12% 2019 ANM Avg.
	87.35%	83.63%	
	7.35%	8.85%	
	(n=245)	(n=226)	

Opportunity (Driver)

Opportunity (Driver)

Q34. Personal doctor showed respect

Gen. Pop.

	2018	2019	
	95.56%	**93.64%**	95.79% 2019 ANM Avg.
	88.46%	87.88%	
	7.10%	5.76%	
	(n=338)	(n=330)	

CCC Pop.

	2018	2019	
	93.52%	**92.92%**	96.05% 2019 ANM Avg.
	88.26%	85.40%	
	5.26%	7.52%	
	(n=247)	(n=226)	

Q37. Personal doctor spent enough time

Gen. Pop.

	2018	2019	
	88.17%	**88.18%**	88.43% 2019 ANM Avg.
	75.74%	71.52%	
	12.43%	16.67%	
	(n=338)	(n=330)	

CCC Pop.

	2018	2019	
	90.69%	**85.40%**	89.89% 2019 ANM Avg.
	76.52%	71.68%	
	14.17%	13.72%	
	(n=247)	(n=226)	

Opportunity (Driver)

How Well Doctors Communicate Composite

	Gen. Pop.			CCC Pop.		
	2018	2019	2019 ANM Avg.	2018	2019	2019 ANM Avg.
Global proportion	92.61%	92.44%	93.07%	93.11%	90.94%	93.88%
Mean score	2.7599	2.7552	2.7284	2.7689	2.7185	2.7384

Please refer to page 15 for statistical references and footnotes.

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How Well Doctors Communicate

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q33. Personal doctor listened carefully

Improvement action

Be engaged in the conversation and ask follow-up questions.

Maintain eye contact and use body language to show engagement.

Avoid interrupting the patient during the conversation.

Avoid interruptions during the visit.

Stay engaged with the patient while taking notes or reading the chart.

Spend enough time with the patient to address all of their concerns.

"Direct eye contact and the doctor restating what I had just said goes a long way to reassuring me that I'm being listened to and paid attention to."

"They should avoid interrupting you while you're stating your concerns and hear you out till the end."

Selected comments

"Not to text or look on their phones or fidget with something or tap the pen/pencils."

"There have been times when I am in the middle of talking to them, a nurse comes and knocks on the door and they have to leave the room and come back. I think they should be focused on the patient they are with and have no distractions."

"They should take their time. When a doctor seems rushed, it feels like you are unimportant and a bother. When they take their time, then it feels like you are important and that your issues matter."

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How Well Doctors Communicate

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q34. Personal doctor showed respect

Improvement action

Greet patients courteously.

Maintain eye contact when talking with the patient or parent.

Involve the parent/child in the treatment selection process.

Avoid language or behavior that can be interpreted as condescending.

Be thorough to avoid the appearance of rushing the visit.

Stay engaged in the conversation while completing computer tasks.

"Shaking my hand, addressing me and my child by name, taking their time and making us feel like we're a priority."

"Look at you when you're talking to them. He is always good about facing us when we are talking to him."

Selected comments

"I have had doctors spend the entire time typing notes, not cool."

"Don't act like things that you say are stupid. When they act like what you say is important and valid, it makes you feel respected."

"To me, the main thing is taking their time. When they act rushed, it feels like you are unimportant and a bother."

How Well Doctors Communicate

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q37. Personal doctor spent enough time

Member poll
PRIMARY CARE DOCTOR VISIT
How long do members expect a ROUTINE CARE visit to last?
Members expect routine visits to typically last 15 to 25 minutes.
How long do members expect an URGENT CARE visit to last?
Members expect urgent visits to typically last longer than routine visits, approximately 30 to 45 minutes.

Q37. Personal doctor spent enough time

Improvement action
Address all questions and concerns before concluding the appointment.
Do a thorough examination and order appropriate tests.

"She looked at my child's ears and throat and asked me a couple of questions. Then she left and sent the nurse in for vaccines. She could have just told me that they were really busy or something, instead of rushing us out of the door."

"One of my children fell off the monkey bars at school. The ER doctor spent literally one minute with them and never once touched him to really assess the problem. They said that there was probably nothing broken because they didn't notice swelling. We demanded an x-ray, it turned out he had broken both his tibia and fibula."

Selected comments

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How Well Doctors Communicate

Compared to the 2018 plan result:	
• The difference is not significant.	

2019 Gen. Pop. compared to the 2019 CCC Pop.:
• The difference is not significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. ANM Average:
• The difference is not significant.

2019 CCC Pop. compared to the 2019 CCC Pop. ANM Average:
• The difference is not significant.

Q35. Child is able to talk with doctors about health care

Gen. Pop.

No 31.80%
Yes 68.20%

(% Yes)	
2018	2019 ANM Avg.
64.31%	66.14%

CCC Pop.

No 25.45%
Yes 74.55%

(% Yes)	
2018	2019 ANM Avg.
71.84%	68.15% ◆

Q36. Doctors explained things in a way child could understand

Driver
Opportunity

■ Always
■ Usually

Gen. Pop.

	2018	2019
	92.20%	91.89% 92.68% 2019 ANM Avg.
Always	79.36%	77.03%
Usually	12.84%	14.86%
	(n=218)	(n=222)

CCC Pop.

	2018	2019
	93.14%	90.30% 93.00% 2019 ANM Avg.
Always	82.86%	78.79%
Usually	10.29%	11.52%
	(n=175)	(n=165)

Please refer to page 15 for statistical references and footnotes.

How Well Doctors Communicate
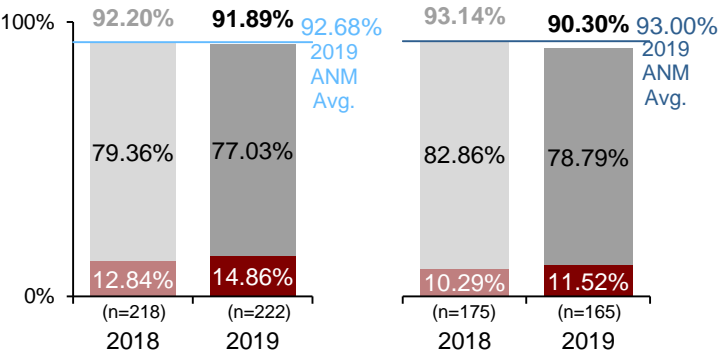
Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q36. Doctors explained things in a way child could understand

Improvement action

When explaining concepts to children, use simple terms that are easy to understand.

Talk slowly and repeat statements if necessary.

Speak directly to older children when discussing matters related to their health.

"My child's doctor always communicates in a way that is easy to understand. One time in particular, when my daughter was diagnosed with asthma, she had to explain the medication she would be taking and how to take it. She also explained it to my daughter so she would understand."

"My daughter always understands her doctor, because he talks to her like a teenager."

Selected comments

"My son's current doctors all understand the need to not only communicate with us, but also with our son. He always makes sure to explain why certain medications are important! To us, that is very important, because as any parent knows, children tend to want to disagree with us on everything. But they tend to listen to a doctor more."

"If my daughter had heard, she might have understood exactly what the doctor was saying, but the doctor might have had to repeat it a few times."

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Shared Decision Making

Compared to the 2018 plan result:
- None of the differences are significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:
- None of the differences are significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. ANM Average:
- None of the differences are significant.

2019 CCC Pop. compared to the 2019 CCC Pop. ANM Average:
- None of the differences are significant.

Q10. Doctor discussed starting or stopping a prescription medicine

Gen. Pop.

No 71.06% Yes 28.94%

(% Yes)	
2018	2019 ANM Avg.
30.75%	30.18%

CCC Pop.

No 54.10% Yes 45.90%

(% Yes)	
2018	2019 ANM Avg.
45.80%	48.49%

Q11. Doctor discussed reasons to take a medicine
(% Yes)

Gen. Pop.
- 85.84% (n=113) 2018
- 91.09% (n=101) 2019
- 90.55% 2019 ANM Avg.

CCC Pop.
- 91.53% (n=118) 2018
- 93.64% (n=110) 2019
- 95.37% 2019 ANM Avg.

Q12. Doctor discussed reasons <u>not</u> to take a medicine
(% Yes)

Gen. Pop.
- 62.83% (n=113) 2018
- 72.28% (n=101) 2019
- 66.64% 2019 ANM Avg.

CCC Pop.
- 68.07% (n=119) 2018
- 76.36% (n=110) 2019
- 76.36% 2019 ANM Avg.

Q13. Doctor asked what you thought was best
(% Yes)

Gen. Pop.
- 67.86% (n=112) 2018
- *NA* 78.79% (n=99) 2019
- 80.11% 2019 ANM Avg.

CCC Pop.
- 76.47% (n=119) 2018
- 85.32% (n=109) 2019
- 85.54% 2019 ANM Avg.

Shared Decision Making Composite*

	Gen. Pop.			CCC Pop.		
	2018	2019	2019 ANM Avg.	2018	2019	2019 ANM Avg.
Global proportion	72.18%	80.72%	79.10%	78.69%	85.11%	85.76%

Please refer to page 15 for statistical references and footnotes.

*Composite mean scores are not calculated for Yes/No composites.

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Shared Decision Making

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q11. Doctor discussed reasons to take a medicine
Q12. Doctor discussed reasons <u>not</u> to take a medicine

Improvement action

Discuss possible side effects of all medications.

Partner with the parent and encourage their involvement when selecting medications.

Listen when parents voice their concerns and take them seriously.

Provide multiple treatment options.

"This should not be a blind, one-sided decision. If any medication was added or the doctor felt one was needed, I'd want to know why, as well as what the side effects may be."

Selected comments

"Doctors that listen and understand are amazing! Some doctors have a 'God complex' and tend to think they know exactly what is best for your child. And yes, most doctors know a lot about medications. However, it is the parents that are with the children every day. We are able to tell what works and what doesn't."

"The one thing she can do better is to offer options for us to look at, so we can find the right medicines."

"I wouldn't want the doctor to just tell me 'Here, this is what she has to take,' and not give me a choice in the matter."

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Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q13. Doctor asked what you thought was best

Improvement action

Discuss options and encourage input from parents.

Listen to and address any concerns regarding the patient's care.

"I was not asked what was best for my child. I was just told to follow the directions on the bottle."

"We took my son to another doctor that listened to everything that happened with the previous doctor and asked us what medications my son had been on. We told him and he immediately put him back on them and life went back to normal!"

Selected comments

"I trust our doctor's decisions but love the fact that he will take the time to have conversations with us on the care of our kids."

"They usually tell me what my options are and tell me the differences. Then we make a decision together."

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Health Promotion and Education

Compared to the 2018 plan result:
- Doctor discussed ways to prevent illness is significantly higher for the general population.

2019 Gen. Pop. compared to the 2019 CCC Pop.:
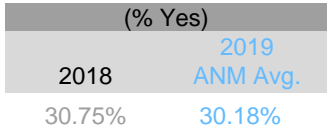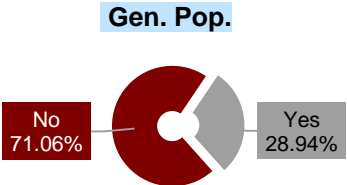- The difference is not significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. ANM Average:
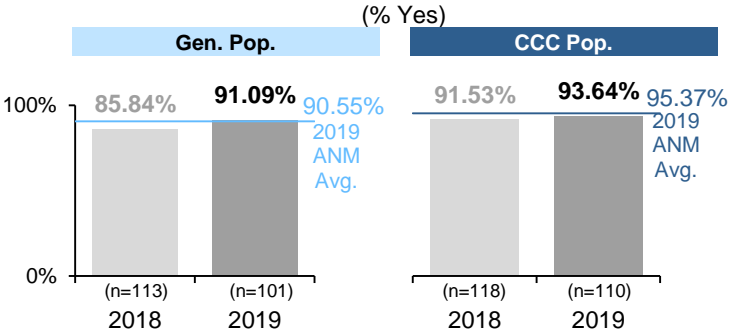- The difference is not significant.

2019 CCC Pop. compared to the 2019 CCC Pop. ANM Average:
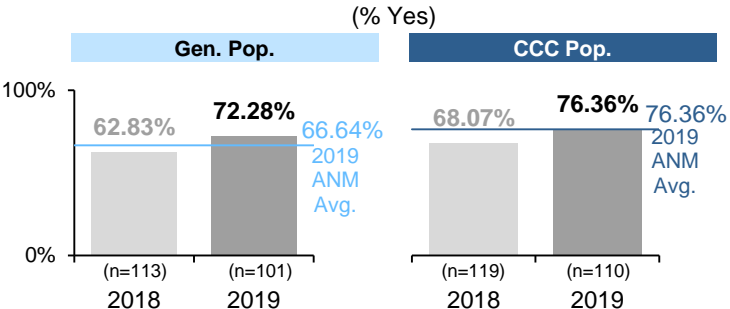- The difference is not significant.

Q8. You and doctor discussed ways to prevent illness
(% Yes)

Gen. Pop.	CCC Pop.

65.33% (n=375) 2018 — 74.00% (n=350) 2019 — 71.44% 2019 ANM Avg.

71.76% (n=262) 2018 — 76.76% (n=241) 2019 — 79.20% 2019 ANM Avg.

Please refer to page 15 for statistical references and footnotes.

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Coordination of Care

Q39. Received care from doctor or health provider besides personal doctor

Gen. Pop.

No 57.62%
Yes 42.38%

(% Yes)	
2018	2019 ANM Avg.
36.50%	44.07%

CCC Pop.

No 48.00%
Yes 52.00%

(% Yes)	
2018	2019 ANM Avg.
54.29%	60.06%◆

Q40. Personal doctor seemed informed about care from other providers

■ Always
■ Usually

Gen. Pop.	CCC Pop.

Gen. Pop.:
- 2018 (n=118): Always 67.80%, Usually 12.71%, total 80.51%
- 2019 (n=138): Always 68.12%, Usually 11.59%, total 79.71%
- 2019 ANM Avg. 82.62%

CCC Pop.:
- 2018 (n=132): Always 60.61%, Usually 20.45%, total 81.06%
- 2019 (n=116): Always 66.38%, Usually 14.66%, total 81.03%
- 2019 ANM Avg. 82.30%

Please refer to page 15 for statistical references and footnotes.

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Coordination of Care

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q40. Personal doctor seemed informed about care from other providers

Improvement action

Spend enough time reviewing medical records of new patients to fully understand their needs.

Thoroughly listen to the parent's/patient's concerns.

Demonstrate familiarity by commenting on interests and concerns mentioned during prior visits.

Obtain and review records from hospitals and other providers.

"When we switched her primary doctor, the new doctor knew my child's medical history. She was right on top of it. I was surprised and impressed."

"I've had to answer the same questions a lot! But our doctor has a plan in place to always know what the other doctors are doing."

Selected comments

"The only time I felt he was out of the loop was back before my son was diagnosed with autism. I asked him about it and he said no, he couldn't be autistic because he was too cuddly. I told him he needed to do some research on autism and we'd talk about it again the next time. Basically, I told him my son was autistic before he even sent him to the specialist."

"The doctor knew our son's medical history, asked him about how school was going at every visit, and engaged with him about his interests and hobbies. It almost felt like he was a part of the family."

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Children with Chronic Conditions

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CCC composite global proportions

Access to Prescription Medicine

Legend: ■ Always (gray) ■ Usually (dark red)

Gen. Pop.

	2018 (n=251)	2019 (n=235)
Total	88.45%	90.21%
Always	72.91%	77.87%
Usually	15.54%	12.34%

89.36% 2019 ANM Avg.

CCC Pop.

	2018 (n=256)	2019 (n=244)
Total	85.94%	90.98%
Always	69.14%	75.00%
Usually	16.80%	15.98%

88.48% 2019 ANM Avg.

Access to Specialized Services

Gen. Pop.

	2018 (n=50)	2019 (n=45)
Total	71.25%	72.90% *NA*
Always	57.05%	59.62%
Usually	14.19%	13.28%

70.01% 2019 ANM Avg.

CCC Pop.

	2018 (n=71)	2019 (n=73)
Total	79.30%	72.61% *NA*
Always	62.47%	55.83%
Usually	16.83%	16.78%

70.23% 2019 ANM Avg.

FCC: Getting Needed Information

Gen. Pop.

	2018 (n=374)	2019 (n=351)
Total	83.42%	88.32%
Always	70.05%	77.21%
Usually	13.37%	11.11%

87.64% 2019 ANM Avg.

CCC Pop.

	2018 (n=263)	2019 (n=244)
Total	89.73%	86.48% ◆ 91.66%
Always	72.62%	72.95%
Usually	17.11%	13.52%

91.66% 2019 ANM Avg.

FCC: Personal Doctor who Knows Child
(% Yes)

Gen. Pop.

	2018 (n=185)	2019 (n=176)
	85.71%	91.29% ↑

90.36% 2019 ANM Avg.

CCC Pop.

	2018 (n=216)	2019 (n=201)
	89.48%	88.40%

90.93% 2019 ANM Avg.

FCC: Coordination of Care
(% Yes)

Gen. Pop.

	2018 (n=61)	2019 (n=65)
	67.03%	73.15% *NA*

75.01% 2019 ANM Avg.

CCC Pop.

	2018 (n=79)	2019 (n=79)
	75.57%	72.63% *NA*

78.03% 2019 ANM Avg.

Please refer to page 15 for statistical references and footnotes.

CCC composite mean scores

Access to Prescription Medicine

Gen. Pop.		CCC Pop.	

3

2.6135 **2.6809** 2.6078
2019
ANM
Avg.

2.5508 **2.6598** ◆ 2.5514
2019
ANM
Avg.

0

(n=251) (n=235) (n=256) (n=244)
2018 2019 2018 2019

Access to Specialized Services

Gen. Pop.		CCC Pop.	

3

2.2830 **2.3252** *NA* 2.2014
2019
ANM
Avg.

2.4176 **2.2844** *NA* 2.2062
2019
ANM
Avg.

0

(n=50) (n=45) (n=71) (n=73)
2018 2019 2018 2019

FCC: Getting Needed Information

Gen. Pop.		CCC Pop.	

3

2.5348 ↑ **2.6553** 2.5943
2019
ANM
Avg.

2.6236 **2.5943** 2.6491
2019
ANM
Avg.

0

(n=374) (n=351) (n=263) (n=244)
2018 2019 2018 2019

Please refer to page 15 for statistical references and footnotes.

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Overall ratings by composites (CCC Population – plan vs. BoB)

The charts below show the relationships between the two overall ratings and the seven composite measures. The steeper the line, the stronger the relationship.

Legend:
- Plan Overall Rating (% 8 - 10)
- Plan Rating by Composite
- DSS BoB Rating by Composite

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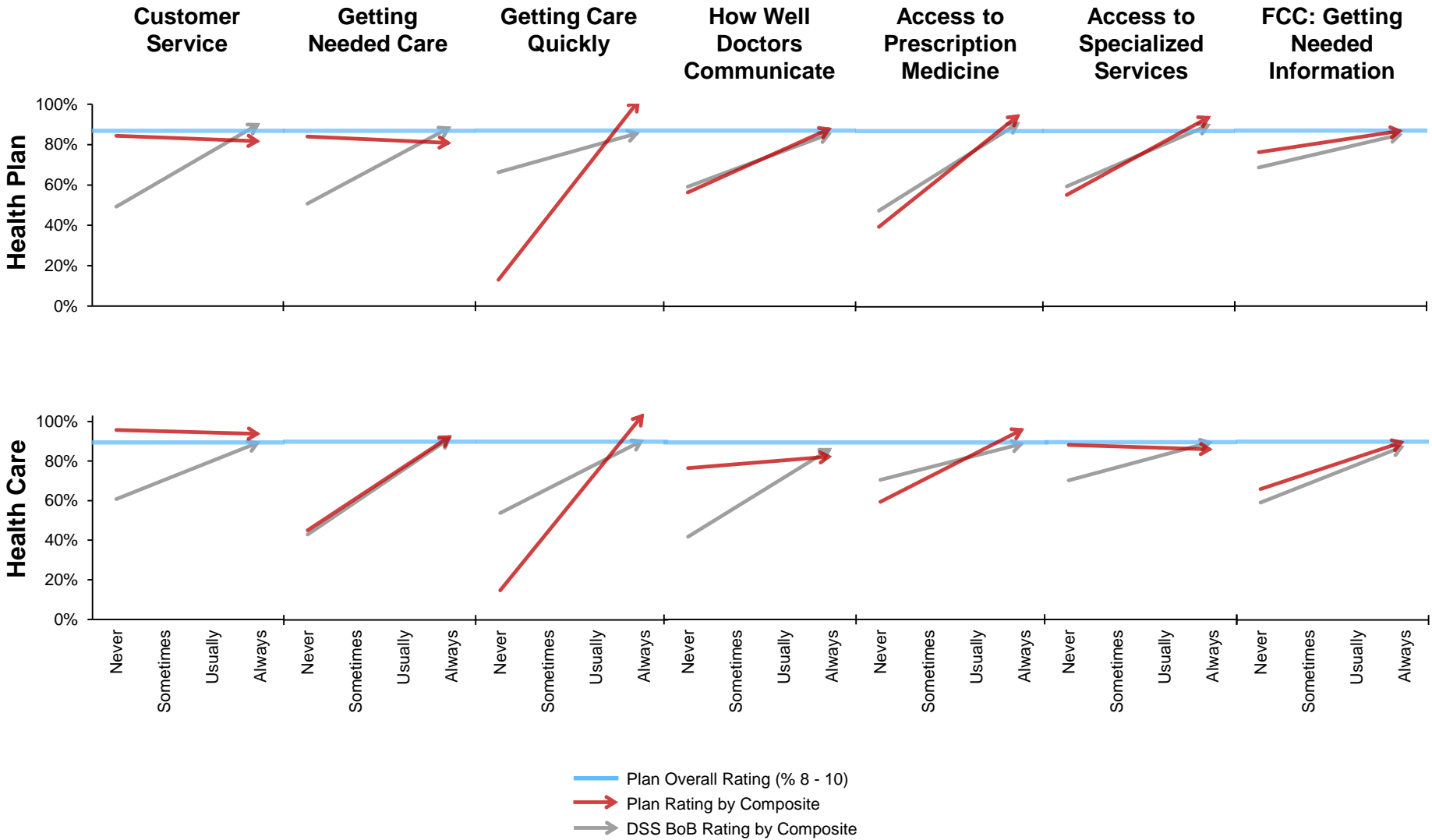
Access to Prescription Medicine

Compared to the 2018 plan result:
- None of the differences are significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:
- None of the differences are significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. ANM Average:
- None of the differences are significant.

2019 CCC Pop. compared to the 2019 CCC Pop. ANM Average:
- None of the differences are significant.

Q55. Got/refilled prescription

Gen. Pop.

No 47.91% | Yes 52.09%

(% Yes)	
2018	2019 ANM Avg.
54.72%	48.74%

CCC Pop.

No 16.33% | Yes 83.67% ▲

(% Yes)	
2018	2019 ANM Avg.
85.53%	82.42%

Q56. Easy to get prescription medicine

■ Always
■ Usually

Gen. Pop.

- 2018 (n=251): 88.45% — 72.91% Always, 15.54% Usually
- 2019 (n=235): 90.21% — 77.87% Always, 12.34% Usually
- 89.36% 2019 ANM Avg.

CCC Pop.

- 2018 (n=256): 85.94% — 69.14% Always, 16.80% Usually
- 2019 (n=244): 90.98% — 75.00% Always, 15.98% Usually
- 88.48% 2019 ANM Avg.
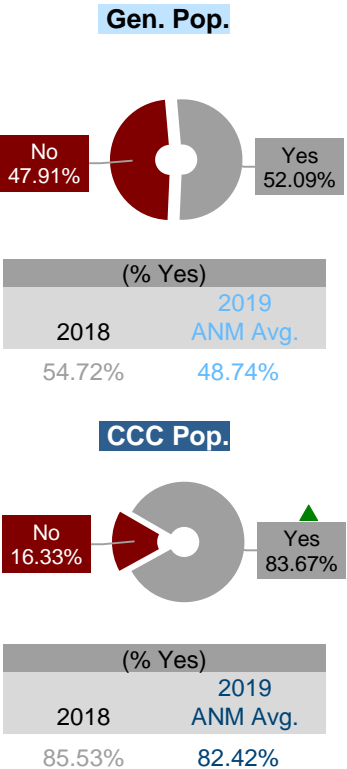
Q57. Got help getting prescription medicines
(% Yes)

Gen. Pop.

- 2018 (n=245): 48.57%
- 2019 (n=231): 54.55%
- 60.62% 2019 ANM Avg.

CCC Pop.

- 2018 (n=252): 54.76%
- 2019 (n=238): 59.24%
- 62.76% 2019 ANM Avg.

Access to Prescription Medicine Composite

	Gen. Pop.			CCC Pop.		
	2018	2019	2019 ANM Avg.	2018	2019	2019 ANM Avg.
Global proportion	88.45%	90.21%	89.36%	85.94%	90.98%	88.48%
Mean score	2.6135	2.6809	2.6078	2.5508	2.6598	2.5514 ◆

Please refer to page 15 for statistical references and footnotes.

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q56. Easy to get prescription medicine

Improvement action
Send prescriptions directly to pharmacies immediately after the appointment.
Improve coverage for allergy medications.
Encourage pharmacy and doctor collaboration to resolve issues.
Provide text alerts and reminders.
Advise doctors and other prescribers about alternative medications that are covered by the plan.
Address member concerns about the timeliness of delivery for prescriptions by mail.
Address member concerns about other potential problems with receiving prescriptions by mail.
Simplify the authorization/pre-authorization process.

"The doctor sends them to the pharmacy and they are always filled quick and easy, with no hassles."

"It's easy to get them filled and fast, but they stopped paying for my daughter's allergy medicine."

"I would expect the doctor to call the pharmacy and iron out any issues that may come up."

Selected comments

"Normally what happens is the doctor finds an alternative that the insurance will cover."

"If it requires a doctor's approval to refill a prescription, then it'd take a couple days."

"I never have had mail-in prescriptions. I don't think I'll have it either, just in case it got lost in transit, stolen or something."

"I will not use a mail order service for a prescription, just in case it does not come on time."

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Access to Prescription Medicine

	Gen. Pop.			CCC Pop.			
	2018	2019	2019 ANM Avg.	2018	2019	2019 ANM Avg.	
Q60. Child currently needs or uses prescription medication (% Yes)	34.20%	33.11%	30.10%	80.66%	79.86%	78.45%	▲
Q61. Needs medication because of a medical, behavioral or other condition (% Yes)	75.80%	81.63%	80.31%	95.92%	94.81%	96.28%	▲
Q62. Condition has lasted or is expected to last at least 12 months (% Yes)	85.96%	87.93%	89.67%	95.30%	98.63%	98.67%	↑▲

Please refer to page 15 for statistical references and footnotes.

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Access to Specialized Services

<table>
<tr><td>Compared to the 2018 plan result:
• None of the differences are significant.</td></tr>
<tr><td>2019 Gen. Pop. compared to the 2019 CCC Pop.:
• None of the differences are significant.</td></tr>
<tr><td>2019 Gen. Pop. compared to the 2019 Gen. Pop. ANM Average:
• None of the differences are significant.</td></tr>
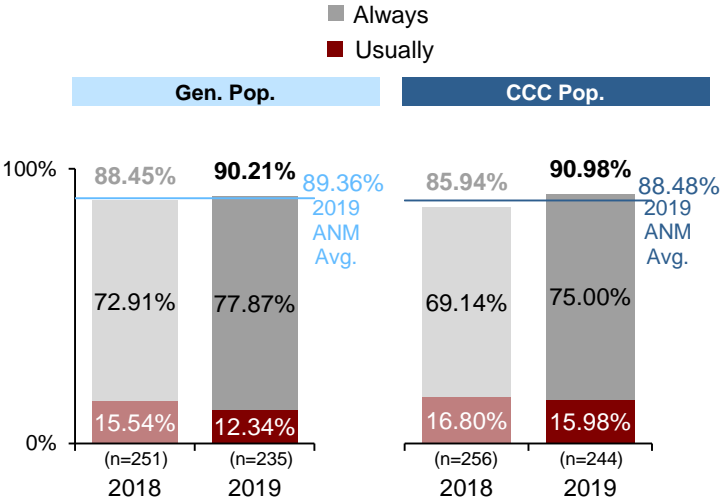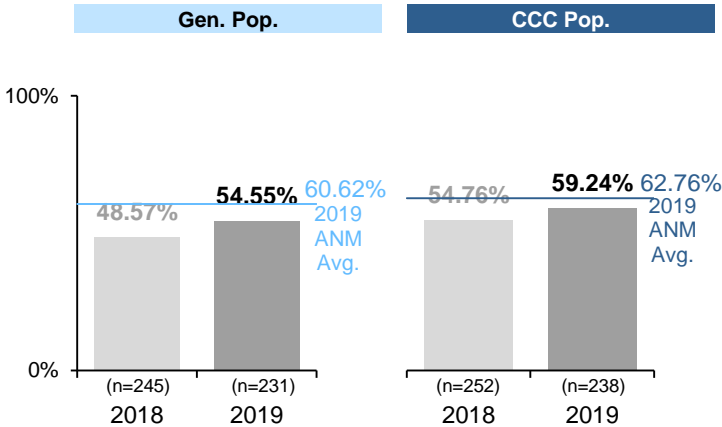<tr><td>2019 CCC Pop. compared to the 2019 CCC Pop. ANM Average:
• None of the differences are significant.</td></tr>
</table>

Q19. Got special medical equipment/devices
Gen. Pop.

No 93.25%   Yes 6.75%
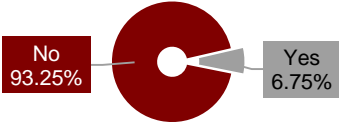
(% Yes)	
2018	2019 ANM Avg.
6.28%	6.41%

CCC Pop.

No 88.11%   Yes 11.89% ▲
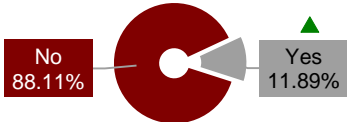
(% Yes)	
2018	2019 ANM Avg.
12.79%	13.77%

Q20. Easy to get special medical equipment

■ Always
■ Usually

Gen. Pop.

- 2018 (n=29): 72.41% total — 51.72% Always, 20.69% Usually
- 2019 (n=31): **74.19%** *NA* — 64.52% Always, 9.68% Usually
- 66.59% 2019 ANM Avg.

CCC Pop.

- 2018 (n=38): 81.58% total — 63.16% Always, 18.42% Usually
- 2019 (n=34): **64.71%** *NA* — 50.00% Always, 14.71% Usually
- 65.21% 2019 ANM Avg.
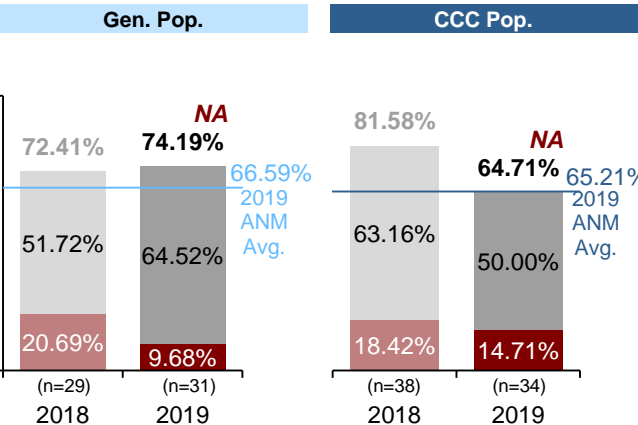
Q21. Got help getting special medical equipment
(% Yes)

Gen. Pop.

- 2018 (n=29): 72.41%
- 2019 (n=31): **83.87%** *NA*
- 80.91% 2019 ANM Avg.

CCC Pop.

- 2018 (n=38): 71.05%
- 2019 (n=34): **82.35%** *NA*
- 80.81% 2019 ANM Avg.
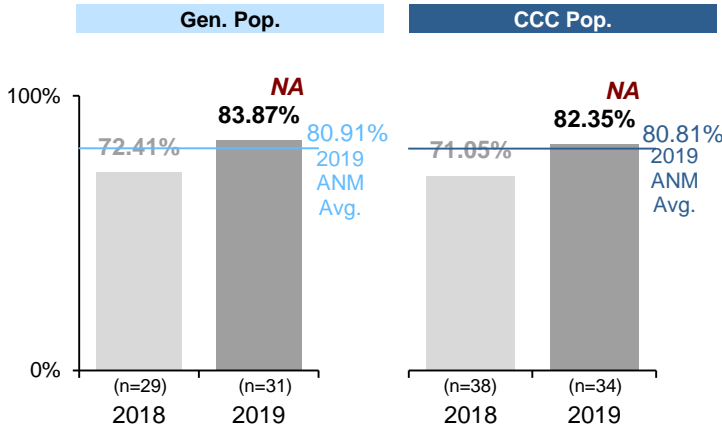
Access to Specialized Services Composite

	Gen. Pop.			CCC Pop.		
	2018	2019	2019 ANM Avg.	2018	2019	2019 ANM Avg.
Global proportion	71.25%	72.90% *NA*	70.01%	79.30%	72.61% *NA*	70.23%
Mean score	2.2830	2.3252 *NA*	2.2014	2.4176	2.2844 *NA*	2.2062

Please refer to page 15 for statistical references and footnotes.

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Access to Specialized Services

Compared to the 2018 plan result:
- None of the differences are significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:
- None of the differences are significant.

**2019 Gen. Pop. compared to the 2019 Gen. Pop. ANM Average:**
- None of the differences are significant.

2019 CCC Pop. compared to the 2019 CCC Pop. ANM Average:
- None of the differences are significant.

Q22. Got special therapy in last 6 months

Gen. Pop.
- Yes 10.43%
- No 89.57%

CCC Pop.
- Yes 22.73%
- No 77.27%

(% Yes)

	2018	2019 ANM Avg.	2018	2019 ANM Avg.
	9.39%	12.09%	22.74%	28.77% ◆

Q23. Easy to get special therapy
- ■ Always
- ■ Usually

Gen. Pop.

	2018 (n=43)	2019 (n=46)
Always	60.47%	65.22%
Usually	11.63%	10.87%
Total	72.09%	76.09% *NA*

73.44% 2019 ANM Avg.

CCC Pop.

	2018 (n=66)	2019 (n=64)
Always	57.58%	62.50%
Usually	18.18%	15.63%
Total	75.76%	78.13% *NA*

73.13% 2019 ANM Avg.

Q24. Got help getting special therapy
(% Yes)

Gen. Pop.

	2018 (n=43)	2019 (n=48)
	51.16%	66.67% *NA*

68.19% 2019 ANM Avg.

CCC Pop.

	2018 (n=66)	2019 (n=64)
	62.12%	67.19% *NA*

70.87% 2019 ANM Avg.

	Gen. Pop. 2018	Gen. Pop. 2019	Gen. Pop. 2019 ANM Avg.		CCC Pop. 2018	CCC Pop. 2019	CCC Pop. 2019 ANM Avg.	
Q69. Child needs or gets physical, occupational or speech therapy (% Yes)	12.01%	10.79%	13.47%		30.36%	31.16%	36.26%	▲
Q70. Needs therapy because of a medical, behavioral or other condition (% Yes)	68.52%	63.04%	77.45%	◆	87.91%	80.68%	91.98%	▲◆
Q71. Condition has lasted or is expected to last at least 12 months (% Yes)	100%	92.86%	93.81%		98.73%	95.71%	97.57%	

Please refer to page 15 for statistical references and footnotes.

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Access to Specialized Services

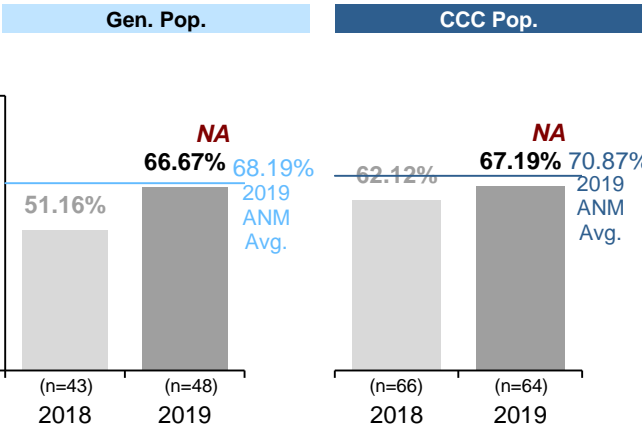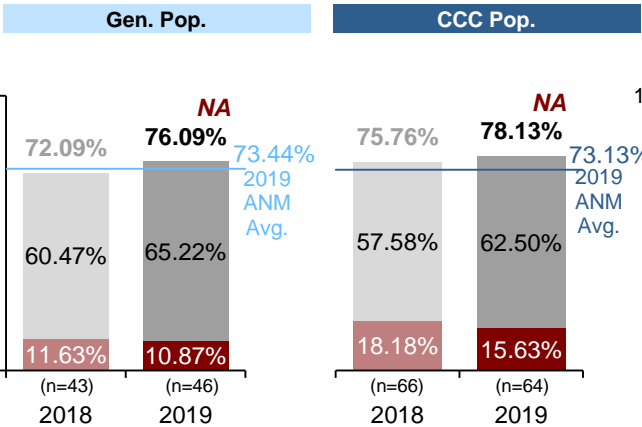|	
Compared to the 2018 plan result:	
• None of the differences are significant.	
2019 Gen. Pop. compared to the 2019 CCC Pop.:	
• None of the differences are significant.	
2019 Gen. Pop. compared to the 2019 Gen. Pop. ANM Average:	
• None of the differences are significant.	
2019 CCC Pop. compared to the 2019 CCC Pop. ANM Average:	
• None of the differences are significant.	

Q26. Easy to get treatment or counseling

■ Always
■ Usually

Q27. Got help getting treatment or counseling
(% Yes)

Q25. Got treatment/counseling

Gen. Pop.
Yes 12.72%
No 87.28%

CCC Pop.
Yes 42.36% ▲
No 57.64%

(% Yes)

	2018	2019 ANM Avg.	2018	2019 ANM Avg.
	16.77%	13.78%	36.70%	41.01%

Q26 — Gen. Pop.
- 2018 (n=78): 69.23% total; 58.97% Always; 10.26% Usually
- 2019 (n=57): 68.42% total (NA); 49.12% Always; 19.30% Usually
- 70.02% 2019 ANM Avg.

Q26 — CCC Pop.
- 2018 (n=108): 80.56% total; 66.67% Always; 13.89% Usually
- 2019 (n=120): 75.00% total; 55.00% Always; 20.00% Usually
- 72.36% 2019 ANM Avg.

Q27 — Gen. Pop.
- 2018 (n=75): 53.33%
- 2019 (n=57): 66.67% (NA)
- 58.60% 2019 ANM Avg.

Q27 — CCC Pop.
- 2018 (n=105): 60.00%
- 2019 (n=117): 69.23%
- 62.47% 2019 ANM Avg.

	Gen. Pop.			CCC Pop.			
	2018	2019	2019 ANM Avg.	2018	2019	2019 ANM Avg.	
Q72. Child has emotional, developmental or behavioral problem for which he or she gets treatment or counseling (% Yes)	18.95%	14.64%	16.70%	55.96%	57.99%	56.24%	▲
Q73. Problem has lasted or is expected to last at least 12 months (% Yes)	92.31%	92.06%	92.02%	98.17%	98.19%	97.57%	

Please refer to page 15 for statistical references and footnotes.

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FCC: Personal Doctor/Nurse who Knows Child

Compared to the 2018 plan result:
- None of the differences are significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:
- None of the differences are significant.

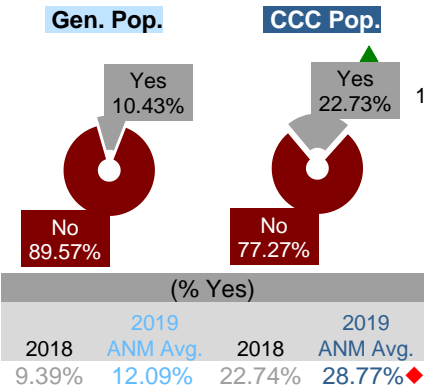**2019 Gen. Pop. compared to the 2019 Gen. Pop. ANM Average:**
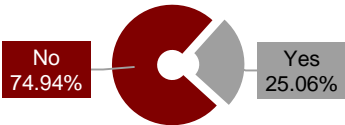- Doctor discussed how child is feeling, growing or behaving is significantly lower.

2019 CCC Pop. compared to the 2019 CCC Pop. ANM Average:
- None of the differences are significant.

Q42. Child has a chronic condition

Gen. Pop.
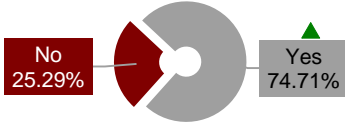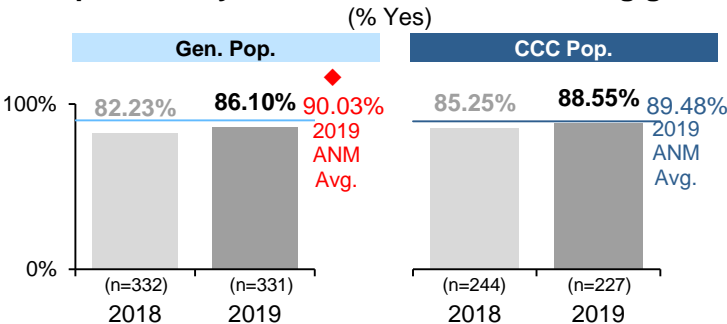
No 74.94%
Yes 25.06%

(% Yes)	
2018	2019 ANM Avg.
27.63%	26.23%

CCC Pop.

No 25.29%
Yes 74.71%

(% Yes)	
2018	2019 ANM Avg.
75.00%	73.30%

Q38. Doctor spoke with you about how child is feeling/growing/behaving
(% Yes)

Gen. Pop.
- 82.23% (n=332) 2018
- 86.10% (n=331) 2019
- 90.03% 2019 ANM Avg. ◆

CCC Pop.
- 85.25% (n=244) 2018
- 88.55% (n=227) 2019
- 89.48% 2019 ANM Avg.

Q43. Doctor understands effect of chronic condition on child
(% Yes)

Gen. Pop.
- 90.09% (n=111) 2018
- *NA* 95.92% (n=98) 2019
- 92.82% 2019 ANM Avg.

CCC Pop.
- 94.03% (n=201) 2018
- 90.48% (n=189) 2019
- 93.69% 2019 ANM Avg.
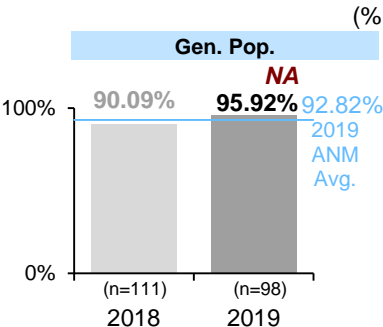
Q44. Doctor understands effect of chronic condition on family
(% Yes)

Gen. Pop.
- 84.82% (n=112) 2018
- *NA* 91.84% (n=98) 2019
- 88.23% 2019 ANM Avg.

CCC Pop.
- 89.16% (n=203) 2018
- 86.17% (n=188) 2019
- 89.61% 2019 ANM Avg.
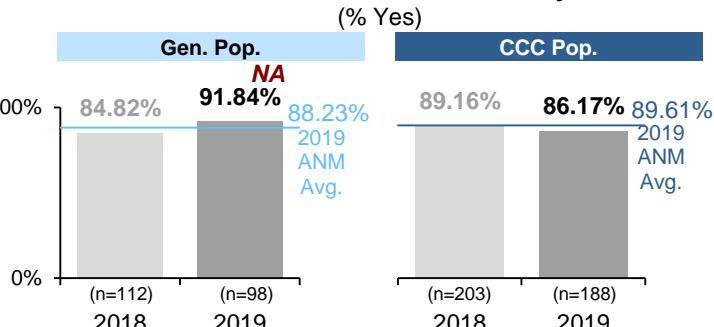
FCC: Personal Doctor/Nurse who Knows Child Composite*

	Gen. Pop.			CCC Pop.		
	2018	2019	2019 ANM Avg.	2018	2019	2019 ANM Avg.
Global proportion	85.71%	91.29%	90.36% ↑	89.48%	88.40%	90.93%

Please refer to page 15 for statistical references and footnotes.

*Composite mean scores are not calculated for Yes/No composites.

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FCC: Getting Needed Information

Compared to the 2018 plan result:	
• The difference is not significant.	
2019 Gen. Pop. compared to the 2019 CCC Pop.:	
• The difference is not significant.	
2019 Gen. Pop. compared to the 2019 Gen. Pop. ANM Average:	
• The difference is not significant.	
2019 CCC Pop. compared to the 2019 CCC Pop. ANM Average:	
• Had questions answered by doctor is significantly lower.	

Q9. Had questions answered by doctor in last 6 months

■ Always
■ Usually

Gen. Pop.

	2018	2019
Total	83.42%	**88.32%**
Always	70.05%	77.21%
Usually	13.37%	11.11%
	(n=374)	(n=351)

87.64% 2019 ANM Avg.

CCC Pop.

	2018	2019
Total	89.73%	**86.48%**
Always	72.62%	72.95%
Usually	17.11%	13.52%
	(n=263)	(n=244)

91.66% 2019 ANM Avg. ◆

FCC: Getting Needed Information Composite

	Gen. Pop.			CCC Pop.			
	2018	2019	2019 ANM Avg.	2018	2019	2019 ANM Avg.	
Global proportion	83.42%	88.32%	87.64%	89.73%	86.48%	91.66%	◆
Mean score	2.5348	2.6553	2.5943 ↑	2.6236	2.5943	2.6491	

Please refer to page 15 for statistical references and footnotes.

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q9. Had questions answered by doctor in last 6 months

Improvement action

Explain concepts clearly and thoroughly.

Provide additional sources of information.

Use language that is easy to understand.

Avoid language or behavior that may be interpreted as condescending or rude.

"There have been several times that I have asked a doctor questions where they would give vague answers and I would have to have them elaborate on it."

"If I had a question other than 'What's wrong?' my doctor would refer me to someone else and admit she didn't have an answer."

Selected comments

"I'll ask if something is normal or not and have them kind of shrug me off or make me feel stupid for asking or not doing certain things. They won't let me finish what I'm trying to say. It is frustrating."

"I always ask for clarification on anything I don't understand. He is pretty good about explaining things in terms I understand."

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FCC: Coordination of Care

Compared to the 2018 plan result:
- The difference is not significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:
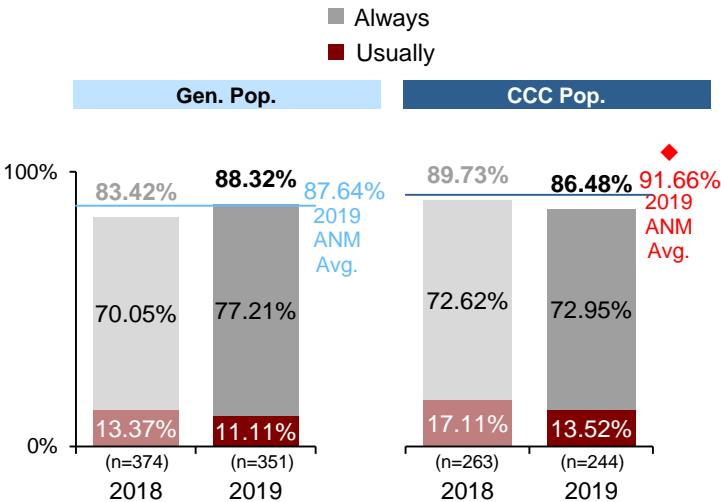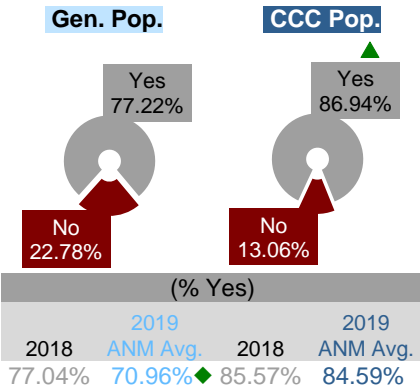- The difference is not significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. ANM Average:
- The difference is not significant.

2019 CCC Pop. compared to the 2019 CCC Pop. ANM Average:
- The difference is not significant.

Q16. Child currently enrolled in school/daycare

Gen. Pop.

Yes 77.22%

No 22.78%

CCC Pop. ▲

Yes 86.94%

No 13.06%

(% Yes)

2018	2019 ANM Avg.	2018	2019 ANM Avg.
77.04%	70.96% ◆	85.57%	84.59%

Q17. Needed doctor to contact school/daycare

Gen. Pop.

Yes 9.28%

No 90.72%

CCC Pop. ▲

Yes 17.28%

No 82.72%

(% Yes)

2018	2019 ANM Avg.	2018	2019 ANM Avg.
8.84%	11.37%	18.47%	19.80%
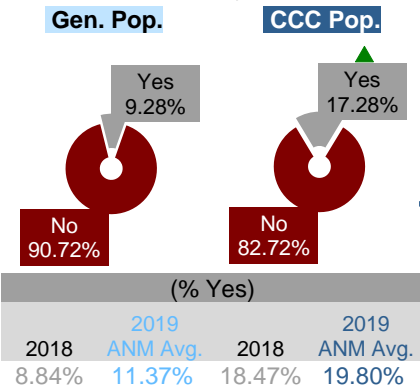
Q18. Got help from doctor in contacting school/daycare
(% Yes)

	Gen. Pop.		CCC Pop.	
	2018 (n=32)	2019 (n=32)	2018 (n=46)	2019 (n=42)
	81.25%	90.63% *NA* 91.03% 2019 ANM Avg.	93.48%	90.48% *NA* 94.18% 2019 ANM Avg.
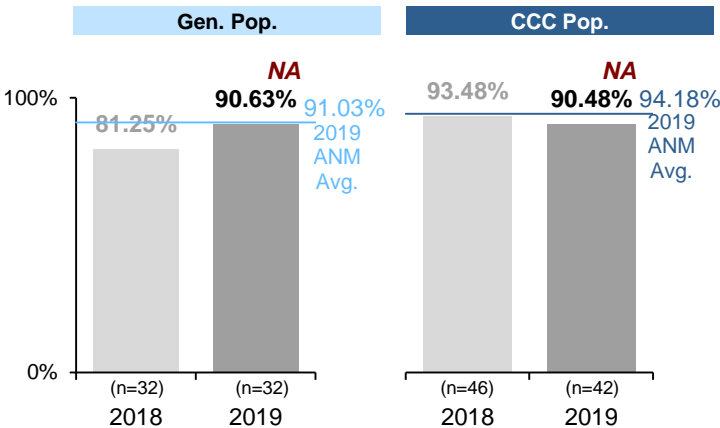
FCC: Coordination of Care Composite*

	Gen. Pop.			CCC Pop.		
	2018	2019	2019 ANM Avg.	2018	2019	2019 ANM Avg.
Global proportion	67.03%	73.15% *NA*	75.01%	75.57%	72.63% *NA*	78.03%

Please refer to page 15 for statistical references and footnotes.

*Composite mean scores are not calculated for Yes/No composites.

FCC: Coordination of Care

Q28. Child received care from multiple providers or services

Gen. Pop.

No 78.21%   Yes 21.79%
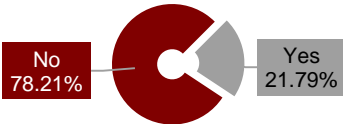
(% Yes)	
2018	2019 ANM Avg.
18.92%	22.60%

CCC Pop.

No 58.74%   Yes 41.26% ▲
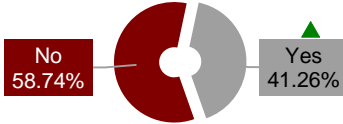
(% Yes)	
2018	2019 ANM Avg.
37.33%	46.13%

Q29. Received help coordinating child's care from multiple providers or services
(% Yes)

Gen. Pop.	CCC Pop.
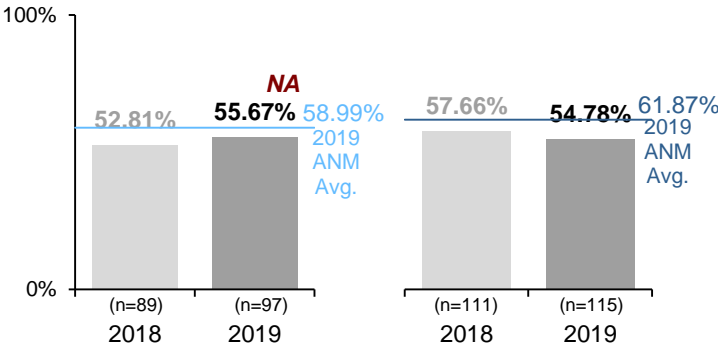
Gen. Pop.: 2018 (n=89) 52.81%; 2019 (n=97) 55.67% — *NA*; 58.99% 2019 ANM Avg.

CCC Pop.: 2018 (n=111) 57.66%; 2019 (n=115) 54.78%; 61.87% 2019 ANM Avg.

Please refer to page 15 for statistical references and footnotes.

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Special health care needs

	Gen. Pop.			CCC Pop.			
	2018	2019	2019 ANM Avg.	2018	2019	2019 ANM Avg.	
Q63. Child uses more services than usual (% Yes)	18.08%	16.40%	18.65%	51.67%	54.77%	57.90%	▲
Q64. Uses more because of medical, behavioral or other conditions (% Yes)	83.13%	84.51%	85.75%	93.51%	95.36%	94.66%	▲
Q65. Condition has lasted/is expected to last at least 12 months (% Yes)	95.52%	94.55%	96.13%	98.61%	98.56%	98.93%	
Q66. Child limited in ability (% Yes)	15.16%	17.26%	17.37%	38.33%	35.89%	42.97%	▲◆
Q67. Limited because of medical, behavioral or other condition (% Yes)	61.19%	54.05%	71.04% ◆	92.04%	86.73%	94.94%	▲◆
Q68. Condition has lasted or is expected to last at least 12 months (% Yes)	92.68%	95.00%	96.16%	99.04%	97.65%	99.03%	

Please refer to page 15 for statistical references and footnotes.

Additional questions

Reminders

**Q84. Received reminders to bring
child in for a check-up**
(% Yes)

Gen. Pop.	CCC Pop.

Gen. Pop.
- 82.74% (n=446) 2018
- 85.31% (n=422) 2019

CCC Pop.
- 79.44% (n=287) 2018
- 87.50% ↑ (n=264) 2019
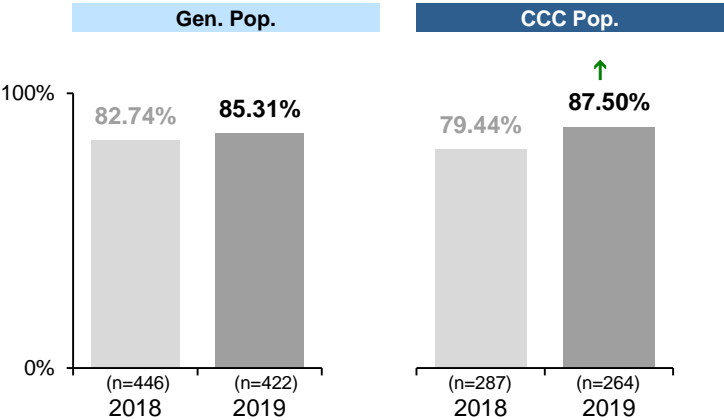
Please refer to page 15 for statistical references and footnotes.

Appointments with providers

Q85. Got an appointment for a check-up as soon as needed
(% Yes)
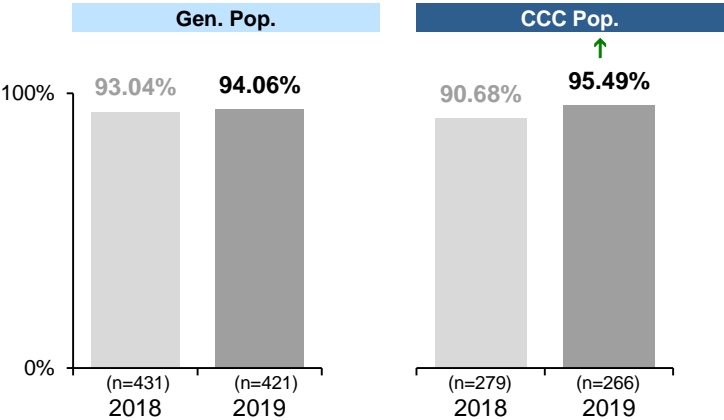
Gen. Pop.	CCC Pop.

Gen. Pop.
- 93.04% (n=431) 2018
- 94.06% (n=421) 2019

CCC Pop.
- 90.68% (n=279) 2018
- 95.49% ↑ (n=266) 2019

Please refer to page 15 for statistical references and footnotes.

Appendix A
Member profile

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Member profile

	Gen. Pop.			CCC Pop.		
	2018	2019	2019 ANM Avg.	2018	2019	2019 ANM Avg.
Child's profile						
Overall health (Q58)						
Excellent/Very good	75.81%	75.33%	73.78% ▲	53.14%	56.27%	53.81%
Good	18.14%	19.16%	20.76%	30.36%	32.88%	32.12% ▲
Fair/Poor	6.05%	5.51%	5.46%	16.50%	10.85%	14.08% ↓▲
Overall mental health (Q59)						
Excellent/Very good	71.67%	70.11%	72.55% ▲	43.93%	43.20%	40.84%
Good	16.95%	21.54%	18.82%	29.84%	31.97%	31.64% ▲
Fair/Poor	11.37%	8.35%	8.63%	26.23%	24.83%	27.51% ▲
Age (Q74)						
Less than 1	2.81%	2.45%	2.32% ▲	1.66%	0.69%	0.59%
1-5	30.95%	29.84%	30.36% ▲	20.27%	17.59%	18.41%
6-10	21.86%	26.50%	27.24%	27.91%	27.93%	30.01%
11-15	30.74%	28.73%	28.13%	35.88%	36.55%	34.95% ▲
16 or older	13.64%	12.47%	11.95%	14.29%	17.24%	16.04%
Gender (Q75)						
Male	52.60%	47.32%	52.25% ◆	62.50%	59.11%	59.43% ▲
Female	47.40%	52.68%	47.75% ▲◆	37.50%	40.89%	40.57%
Race/ethnicity (Q76/Q77)						
White	46.52%	48.28%	62.22% ◆	53.87%	51.76%	66.57% ◆
Black or African-American	53.26%	48.51%	24.28% ◆	49.49%	48.94%	28.40% ◆
Hispanic or Latino	8.15%	15.84%	37.23% ↑◆	4.62%	10.99%	26.03% ↑◆
Asian	3.60%	3.22%	6.45% ◆	1.68%	2.82%	3.92%
Native Hawaiian or other Pacific Islander	0.67%	1.15%	1.58%	0.34%	0.70%	1.61%
American Indian or Alaska Native	3.60%	4.60%	3.78%	4.04%	5.63%	3.53%
Parent's/Respondent's profile						
Average age (Q78)	36.36	37.90	38.10	39.60	39.07	40.71 ◆
Gender (Q79)						
Male	9.23%	12.24%	13.23%	8.72%	9.15%	10.14%
Female	90.77%	87.76%	86.77%	91.28%	90.85%	89.86%
Education (Q80)						
High school or less	54.91%	53.86%	56.13%	53.74%	51.43%	47.55%
Some college or more	45.09%	46.14%	43.87%	46.26%	48.57%	52.45%
Relationship to child (Q81)						
Mother or Father	86.52%	87.02%	91.00% ▲◆	80.00%	80.36%	84.61%
Grandparent	8.09%	9.79%	6.14% ◆	13.10%	12.36%	10.28%
Other	5.39%	3.19%	2.86%	6.90%	7.27%	5.11% ▲

Please refer to page 15 for statistical references and footnotes.

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**Appendix B
Overall ratings and
composite score
summary tables**

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Overall ratings and composites – global proportions and summary rates

	Gen. Pop.			CCC Pop.		
	2018	2019	2019 ANM Avg.	2018	2019	2019 ANM Avg.
Overall ratings						
Rating of Health Plan (Q54) (% 8, 9 or 10)	87.72%	90.33%	86.82% ◆	85.90%	86.90%	82.58% ◆
Rating of Health Care (Q14) (% 8, 9 or 10)	87.50%	90.29%	88.32%	87.45%	89.39%	85.68%
Rating of Personal Doctor (Q41) (% 8, 9 or 10)	89.49%	89.88%	90.42%	91.24%	90.23%	89.48%
Rating of Specialist (Q48) (% 8, 9 or 10)	87.64%	88.24%	86.76%	96.00%	85.71%	87.13% ↓
Overall ratings and composite scores						
Rating of Health Plan (Q54) (% 9 or 10)	73.28%	77.14%	72.26% ◆	70.82%	73.79%	65.97% ◆
Rating of Health Care (Q14) (% 9 or 10)	70.74%	77.71%	71.19% ↑ ◆	68.82%	77.14%	67.96% ↑ ◆
Rating of Personal Doctor (Q41) (% 9 or 10)	80.93%	78.02%	77.73%	81.39%	77.34%	76.68%
Rating of Specialist (Q48) (% 9 or 10)	73.03%	75.29%	74.19%	77.00%	72.38%	74.11%
Customer Service (% Always or Usually)	88.64%	88.23%	86.95%	84.75%	87.62%	87.52%
Getting Needed Care (% Always or Usually)	84.03%	88.15%	83.89% ◆	88.31%	84.75%	85.50%
Getting Care Quickly (% Always or Usually)	90.81%	90.52%	89.15%	94.04%	91.78%	91.58%
How Well Doctors Communicate (% Always or Usually)	92.61%	92.44%	93.07%	93.11%	90.94%	93.88%
Shared Decision Making (% Yes)	72.18%	80.72%	79.10%	78.69%	85.11%	85.76%
Health Promotion and Education (Q8) (% Yes)	65.33%	74.00%	71.44% ↑	71.76%	76.76%	79.20%
Coordination of Care (Q40) (% Always or Usually)	80.51%	79.71%	82.62%	81.06%	81.03%	82.30%
Access to Prescription Medicine (% Always or Usually)	88.45%	90.21%	89.36%	85.94%	90.98%	88.48%
Access to Specialized Services (% Always or Usually)	71.25%	72.90%	70.01%	79.30%	72.61%	70.23%
FCC: Personal Doctor who Knows Child (% Yes)	85.71%	91.29%	90.36% ↑	89.48%	88.40%	90.93%
FCC: Getting Needed Information (% Always or Usually)	83.42%	88.32%	87.64%	89.73%	86.48%	91.66% ◆
FCC: Coordination of Care (% Yes)	67.03%	73.15%	75.01%	75.57%	72.63%	78.03%

Please refer to page 15 for statistical references and footnotes.

Overall ratings and composites – mean scores

	Gen. Pop.				CCC Pop.			
	2018	2019	2019 ANM Avg.		2018	2019	2019 ANM Avg.	
Overall mean ratings: 0 - 10 scale								
Rating of Health Plan (Q54) (% 8, 9 or 10)	9.0302	9.1736	8.9819	◆	8.9049	8.9759	8.7440	◆
Rating of Health Care (Q14) (% 8, 9 or 10)	8.9947	9.1829	8.9981	◆	8.9696	9.1592	8.8825	◆
Rating of Personal Doctor (Q41) (% 8, 9 or 10)	9.1980	9.1037	9.1714		9.2701	9.0430	9.1131	
Rating of Specialist (Q48) (% 8, 9 or 10)	8.9213	9.2000	8.9721		9.2900	8.8857	8.9949	
Overall ratings and composite scores: Three-point mean scores								
Rating of Health Plan (Q54) (% 9 or 10)	2.6573	2.7121	2.6508	◆	2.6262	2.6552	2.5628	◆
Rating of Health Care (Q14) (% 9 or 10)	2.6543	2.7143	2.6553		2.6312	2.6980	2.6064	◆
Rating of Personal Doctor (Q41) (% 9 or 10)	2.7506	2.7136	2.7255		2.7555	2.6914	2.7098	
Rating of Specialist (Q48) (% 9 or 10)	2.6404	2.7059	2.6695		2.7300	2.6286	2.6714	
Customer Service (% Always or Usually)	2.6174	2.6165	2.5460		2.5136	2.6139	2.5565	
Getting Needed Care (% Always or Usually)	2.5097	2.6188	2.4519 ↑	◆	2.5589	2.5301	2.4555	
Getting Care Quickly (% Always or Usually)	2.7115	2.7055	2.6451		2.7588	2.7315	2.6818	
How Well Doctors Communicate (% Always or Usually)	2.7599	2.7552	2.7284		2.7689	2.7185	2.7384	
Coordination of Care (Q40) (% Always or Usually)	2.4831	2.4783	2.4161		2.4167	2.4741	2.3862	
Access to Prescription Medicine (% Always or Usually)	2.6135	2.6809	2.6078		2.5508	2.6598	2.5514	◆
Access to Specialized Services (% Always or Usually)	2.2830	2.3252	2.2014		2.4176	2.2844	2.2062	
FCC: Getting Needed Information (% Always or Usually)	2.5348	2.6553	2.5943 ↑		2.6236	2.5943	2.6491	

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Key measures – global proportions and summary rates

	Gen. Pop.			CCC Pop.		
	2018	2019	2019 ANM Avg.	2018	2019	2019 ANM Avg.
Rating of Health Plan (% 8, 9 or 10) (Q54)	87.72%	90.33%	86.82% ◆	85.90%	86.90%	82.58% ◆
Rating of Health Care (% 8, 9 or 10) (Q14)	87.50%	90.29%	88.32%	87.45%	89.39%	85.68%
Rating of Personal Doctor (% 8, 9 or 10) (Q41)	89.49%	89.88%	90.42%	91.24%	90.23%	89.48%
Rating of Specialist (% 8, 9 or 10) (Q48)	87.64%	88.24%	86.76%	96.00%	85.71%	87.13% ↓
Customer Service (% Always or Usually)	88.64%	88.23%	86.95%	84.75%	87.62%	87.52%
Q50. Got needed info. from customer service	83.33%	83.33%	81.18%	77.65%	85.15%	81.96%
Q51. Staff treated you with courtesy/respect	93.94%	93.13%	92.73%	91.86%	90.10%	93.07%
Getting Needed Care (% Always or Usually)	84.03%	88.15%	83.89% ◆	88.31%	84.75%	85.50%
Q46. Got appointment with specialist as soon as needed	79.00%	84.04%	78.69%	84.26%	81.25%	81.33%
Q15. Easy to get needed care/tests/treatment	89.07%	92.26%	89.10% ◆	92.37%	88.26%	89.67%
Getting Care Quickly (% Always or Usually)	90.81%	90.52%	89.15%	94.04%	91.78%	91.58%
Q4. Got urgent care as soon as needed	91.62%	91.67%	91.09%	94.16%	91.18%	92.48%
Q6. Got routine care as soon as needed	90.00%	89.38%	87.21%	93.93%	92.38%	90.68%
How Well Doctors Communicate (% Always or Usually)	92.61%	92.44%	93.07%	93.11%	90.94%	93.88%
Q32. Doctor explained things	91.74%	93.39%	93.10%	93.52%	92.98%	94.48%
Q33. Doctor listened carefully	94.99%	94.56%	94.97%	94.69%	92.48%	95.12%
Q34. Doctor showed respect	95.56%	93.64%	95.79%	93.52%	92.92%	96.05%
Q37. Doctor spent enough time	88.17%	88.18%	88.43%	90.69%	85.40%	89.89%
Shared Decision Making (% Yes)	72.18%	80.72%	79.10%	78.69%	85.11%	85.76%
Q11. Doctor discussed reasons to take medicine	85.84%	91.09%	90.55%	91.53%	93.64%	95.37%
Q12. Doctor discussed reasons not to take medicine	62.83%	72.28%	66.64%	68.07%	76.36%	76.36%
Q13. Doctor asked what you thought was best	67.86%	78.79%	80.11%	76.47%	85.32%	85.54%
Health Promotion and Education (Q8) (% Yes)	65.33%	74.00%	71.44% ↑	71.76%	76.76%	79.20%
Coordination of Care (Q40) (% Always or Usually)	80.51%	79.71%	82.62%	81.06%	81.03%	82.30%
Access to Prescription Medicine (% Always or Usually)	88.45%	90.21%	89.36%	85.94%	90.98%	88.48%
Access to Specialized Services (% Always or Usually)	71.25%	72.90%	70.01%	79.30%	72.61%	70.23%
FCC: Personal Doctor who Knows Child (% Yes)	85.71%	91.29%	90.36% ↑	89.48%	88.40%	90.93%
FCC: Getting Needed Information (% Always or Usually)	83.42%	88.32%	87.64%	89.73%	86.48%	91.66% ◆
FCC: Coordination of Care (% Yes)	67.03%	73.15%	75.01%	75.57%	72.63%	78.03%

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Overall ratings and composites – percentiles

General Population	2019 Plan		National Percentiles from 2018 Quality Compass (Child Medicaid – General Population)								
	Score	Percentile	5th	10th	25th	33rd	50th	67th	75th	90th	95th
Rating of Health Plan (Q54) (% 8, 9 or 10)	**90.33%**	**75th**	**80.58**	**82.08**	**84.10**	**85.15**	**86.63**	**88.08**	**89.06**	**90.77**	**91.49**
Rating of Health Care (Q14) (% 8, 9 or 10)	**90.29%**	**75th**	**82.31**	**83.20**	**85.23**	**85.78**	**87.27**	**88.52**	**89.25**	**90.64**	**91.54**
Rating of Personal Doctor (Q41) (% 8, 9 or 10)	**89.88%**	**50th**	**84.52**	**86.14**	**88.01**	**88.52**	**89.64**	**90.72**	**91.28**	**92.59**	**93.26**
Rating of Specialist (Q48) (% 8, 9 or 10)	**88.24%**	**50th**	**81.46**	**82.26**	**84.75**	**85.81**	**86.94**	**88.41**	**89.30**	**91.87**	**92.25**
Customer Service (% Always or Usually)	**88.23%**	**33rd**	**84.60**	**85.48**	**87.22**	**87.56**	88.50	89.95	90.58	92.01	93.07
Q50. CS provided needed information or help	83.33%	33rd	78.18	79.13	80.91	82.09	83.64	85.22	86.25	87.92	89.68
Q51. CS treated member with courtesy and respect	93.13%	33rd	90.37	91.35	92.66	93.05	93.94	94.85	95.22	96.39	97.18
Getting Needed Care (% Always or Usually)	**88.15%**	**75th**	**78.11**	**79.28**	**81.67**	**82.79**	**84.41**	**87.20**	**87.94**	**90.26**	**91.35**
Q46. Got appointment with specialist as soon as needed	84.04%	50th	69.72	72.82	77.10	78.57	80.90	84.21	85.26	86.89	88.49
Q15. Ease of getting care, tests or treatment	92.26%	67th	82.70	83.98	87.01	88.09	89.85	91.59	92.31	93.91	94.44
Getting Care Quickly (% Always or Usually)	**90.52%**	**50th**	**82.18**	**83.90**	**86.81**	**87.96**	**89.96**	**91.68**	**92.56**	**94.52**	**95.06**
Q4. Got urgent care as soon as needed	91.67%	50th	83.18	85.45	87.79	89.22	91.33	92.89	93.88	95.79	96.76
Q6. Got check-up or routine appointment as soon as needed	89.38%	50th	79.82	81.21	85.59	86.67	89.01	90.48	91.68	93.60	94.82
How Well Doctors Communicate (% Always or Usually)	**92.44%**	**10th**	**89.39**	**91.10**	**92.46**	**92.89**	**94.05**	**94.86**	**95.40**	**96.36**	**96.81**
Q32. Personal doctor explained things	93.39%	25th	88.98	91.03	93.03	93.47	94.49	95.74	96.28	97.00	97.66
Q33. Personal doctor listened carefully	94.56%	25th	91.72	92.67	94.32	94.78	95.61	96.15	96.47	97.32	97.94
Q34. Personal doctor showed respect	93.64%	5th	93.20	93.89	95.50	95.93	96.50	97.03	97.26	98.03	98.75
Q37. Personal doctor spent enough time	88.18%	33rd	82.11	83.30	86.92	88.03	89.73	91.40	91.91	93.70	94.25
Shared Decision Making (% Yes)	**80.72%**	**67th**	**69.87**	**72.18**	**75.81**	**76.79**	**79.31**	**80.26**	**80.95**	**83.06**	**83.56**
Q11. Doctor discussed reasons to take a medicine	91.09%	33rd	81.82	84.83	88.97	91.00	92.24	93.33	94.08	95.56	95.93
Q12. Doctor discussed reasons not to take a medicine	72.28%	75th	54.13	56.46	60.61	62.80	65.84	67.29	68.66	72.65	74.04
Q13. Doctor asked what you thought was best	78.79%	33rd	71.43	74.07	76.27	77.05	79.01	80.89	81.75	83.94	84.68
Health Promotion and Education (Q8) (% Yes)	**74.00%**	**50th**	**65.97**	**67.35**	**70.44**	**71.43**	**72.79**	**74.32**	**75.00**	**77.35**	**79.67**
Coordination of Care (Q40) (% Always or Usually)	**79.71%**	**10th**	**75.00**	**76.85**	**80.21**	**81.40**	**82.94**	**85.31**	**86.54**	**88.24**	**89.29**
Other reported measures (% Always or Usually)											
Q53. Health plan forms were easy to fill out	97.04%	75th	91.54	92.11	93.48	94.12	94.94	95.55	95.90	97.19	97.38

Shading indicates that the plan has achieved the percentile level in the column header.

Overall ratings and composites – percentiles

CCC Population	2019 Plan Score	Percentile	5th	10th	25th	33rd	50th	67th	75th	90th	95th
			National Percentiles from 2018 Quality Compass (Child Medicaid – CCC Population)								
Rating of Health Plan (Q54) (% 8, 9 or 10)	**86.90%**	**67th**	**76.00**	**79.05**	**82.64**	**83.28**	**84.74**	**85.96**	87.07	89.14	89.74
Rating of Health Care (Q14) (% 8, 9 or 10)	**89.39%**	**90th**	**80.12**	**81.70**	**84.78**	**85.81**	**86.57**	**87.36**	**87.59**	**89.39**	89.90
Rating of Personal Doctor (Q41) (% 8, 9 or 10)	**90.23%**	**50th**	**85.63**	**86.49**	**88.26**	**89.01**	**89.49**	90.49	91.00	91.45	92.84
Rating of Specialist (Q48) (% 8, 9 or 10)	**85.71%**	**33rd**	**81.50**	**82.53**	**85.16**	**85.48**	87.05	88.26	88.68	90.57	91.83
Customer Service (% Always or Usually)	**87.62%**	**33rd**	**85.10**	**86.08**	**87.06**	**87.37**	89.26	90.44	90.76	91.99	94.36
Q50. CS provided needed information or help	85.15%	50th	76.41	78.03	81.12	81.97	83.65	85.29	85.80	87.08	91.39
Q51. CS treated member with courtesy and respect	90.10%	<5th	92.31	92.52	93.22	93.78	94.78	95.54	95.81	97.27	97.48
Getting Needed Care (% Always or Usually)	**84.75%**	**10th**	**79.48**	**82.05**	**84.89**	**86.55**	**88.17**	**89.59**	**90.35**	**91.61**	**92.63**
Q46. Got appointment with specialist as soon as needed	81.25%	10th	73.19	75.71	81.48	83.13	84.64	86.67	87.56	89.10	90.71
Q15. Ease of getting care, tests or treatment	88.26%	10th	84.11	87.40	90.43	90.88	92.01	93.38	94.09	94.61	94.95
Getting Care Quickly (% Always or Usually)	**91.78%**	**33rd**	**87.15**	**88.76**	**90.50**	**91.24**	**93.69**	**94.24**	**94.63**	**95.65**	**96.07**
Q4. Got urgent care as soon as needed	91.18%	10th	88.17	89.53	91.26	93.57	94.59	95.32	95.74	96.90	97.31
Q6. Got check-up or routine appointment as soon as needed	92.38%	33rd	84.77	87.06	89.88	91.47	92.44	93.62	94.30	95.07	95.53
How Well Doctors Communicate (% Always or Usually)	**90.94%**	**<5th**	**91.73**	**92.72**	**93.38**	**93.95**	**95.20**	**95.68**	**95.94**	**96.88**	**96.92**
Q32. Personal doctor explained things	92.98%	5th	92.11	93.52	94.44	94.88	96.02	96.45	96.73	97.75	98.03
Q33. Personal doctor listened carefully	92.48%	<5th	92.98	93.63	94.39	94.69	95.66	96.39	96.55	96.98	97.25
Q34. Personal doctor showed respect	92.92%	<5th	94.22	94.69	95.72	95.84	96.42	97.14	97.49	98.36	98.82
Q37. Personal doctor spent enough time	85.40%	5th	83.70	87.24	90.13	90.69	92.28	93.23	94.12	94.97	95.35
Shared Decision Making (% Yes)	**85.11%**	**33rd**	**80.31**	**81.30**	**83.91**	**84.26**	**85.44**	**86.05**	**86.30**	**87.45**	**87.65**
Q11. Doctor discussed reasons to take a medicine	93.64%	5th	92.96	94.12	95.28	95.93	96.35	96.85	97.37	98.11	98.57
Q12. Doctor discussed reasons not to take a medicine	76.36%	75th	67.54	68.07	71.92	73.08	74.07	75.68	76.35	77.37	79.00
Q13. Doctor asked what you thought was best	85.32%	50th	76.47	78.15	83.04	83.33	85.23	86.61	87.25	89.86	90.48
Health Promotion and Education (Q8) (% Yes)	**76.76%**	**10th**	**72.58**	**74.03**	**77.27**	**78.53**	**79.34**	**80.41**	**81.00**	**83.54**	**85.14**
Coordination of Care (Q40) (% Always or Usually)	**81.03%**	**25th**	**78.10**	**79.13**	**81.01**	**82.14**	**83.51**	**85.13**	**86.72**	**88.13**	**89.03**
Access to Prescription Medicine (% Always or Usually)	**90.98%**	**33rd**	**86.19**	**87.55**	**89.71**	**90.06**	**91.98**	**93.06**	**93.72**	**94.62**	**95.37**
Q57. Got help with getting prescription medicines (% Yes)	59.24%	33rd	53.22	53.99	56.70	57.80	61.45	63.24	63.98	66.30	71.43
Access to Specialized Services (% Always or Usually)	**72.61%**	**10th**	**68.90**	**69.12**	**76.51**	**76.68**	**79.27**	**80.72**	**81.93**	**84.27**	**85.58**
Q23. Easy to get special therapy	**78.13%**	**33rd**	65.78	70.71	73.72	77.39	79.31	81.98	82.41	86.14	90.97
Q26. Easy to get treatment or counseling	**75.00%**	**10th**	66.95	72.52	76.06	77.78	80.57	83.43	84.21	85.34	86.96
Q24. Got help with getting special therapy (% Yes)	**67.19%**	**25th**	41.30	62.61	66.39	67.24	69.02	69.81	70.83	75.23	75.62
Q27. Got help getting treatment/counseling (% Yes)	**69.23%**	**95th**	50.20	50.80	53.85	56.06	59.01	62.14	64.66	66.67	68.67
FCC: Personal Doctor who Knows Child (% Yes)	**88.40%**	**5th**	**87.20**	**88.47**	**89.92**	**90.66**	**91.23**	**92.25**	**92.53**	**93.18**	**93.35**
Q38. Doctor talks about how child is feeling, growing or behaving	88.55%	33rd	84.36	85.52	87.64	88.08	89.18	90.87	91.67	92.42	93.31
Q43. Doctor understands how conditions affect child's life	**90.48%**	**5th**	89.73	90.96	92.52	92.81	94.07	94.51	94.97	95.82	96.23
Q44. Doctor understands how conditions affect family's life	**86.17%**	**5th**	85.96	87.03	89.69	89.94	90.39	91.40	91.74	93.07	93.61
FCC: Getting Needed Information (% Always or Usually)	**86.48%**	**<5th**	**88.74**	**89.73**	**90.94**	**91.34**	**92.04**	**92.69**	**93.29**	**94.06**	**95.56**
FCC: Coordination of Care (% Yes)	**72.63%**	**10th**	**69.55**	**71.90**	**75.35**	**76.16**	**77.19**	**78.39**	**79.40**	**80.86**	**83.54**
Q29. Got help coordinating care among providers or services	**54.78%**	**5th**	53.94	54.90	57.25	58.91	61.16	63.72	66.05	69.11	69.93
Other reported measures (% Always or Usually)											
Q53. Health plan forms were easy to fill out	94.93%	50th	90.24	91.48	92.44	93.38	94.22	95.18	95.63	96.76	96.92

Shading indicates that the plan has achieved the percentile level in the column header.

Overall ratings and composites – demographic analysis

General Population Child	Rating of Health Plan		Rating of Health Care		Health Status		Mental Health Status		Survey Type	
	8-10	0-7	8-10	0-7	Excellent or Very good	Good, Fair or Poor	Excellent or Very good	Good, Fair or Poor	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total respondents	*411*	*44*	*316*	*34*	*342*	*112*	*319*	*136*	*161*	*312*
Rating of Health Plan (Q54) (% 8, 9 or 10)	100% B	0.00%	94.48% D	64.52%	92.63% F	83.49%	92.70% H	84.33%	90.13%	90.43%
Rating of Health Care (Q14) (% 8, 9 or 10)	93.57%	60.71%	100% D	0.00%	93.77% F	82.05%	94.31% H	82.61%	92.37%	89.22%
Rating of Personal Doctor (Q41) (% 8, 9 or 10)	93.56% B	54.29%	94.77%	53.85%	92.26% F	83.70%	91.67%	85.96%	92.19%	88.81%
Rating of Specialist (Q48) (% 8, 9 or 10)	91.43%	NR	90.48%	NR	90.57%	84.62%	91.49%	84.85%	97.06% J	82.35%
Customer Service (% Always or Usually)	89.83%	67.27%	89.57%	81.82%	88.42%	87.02%	93.37% H	79.01%	94.67%	85.64%
Q50. CS provided needed information or help	85.59%	54.55%	85.15%	81.82%	83.16%	82.86%	89.16% H	72.92%	94.74% J	78.72%
Q51. CS treated member with courtesy and respect	94.07%	NR	94.00%	81.82%	93.68%	91.18%	97.59% H	85.11%	94.59%	92.55%
Getting Needed Care (% Always or Usually)	88.66%	74.40%	91.57% D	63.82%	87.20%	86.69%	90.28% H	81.55%	90.09%	87.05%
Q46. Got appointment with specialist as soon as needed	84.42%	NR	88.24%	NR	81.03%	86.21%	85.45%	79.41%	86.11%	82.76%
Q15. Ease of getting care, tests or treatment	92.90%	82.14%	94.90% D	67.65%	93.36%	87.18%	95.10% H	83.70%	94.07%	91.34%
Getting Care Quickly (% Always or Usually)	93.13% B	69.27%	95.33% D	63.94%	91.88%	87.49%	92.92%	85.79%	89.90%	90.94%
Q4. Got urgent care as soon as needed	95.10%	66.67%	96.77%	62.50%	93.97%	86.67%	95.28%	85.71%	88.14%	93.58%
Q6. Got check-up or routine appointment as soon as needed	91.16% B	71.88%	93.89%	65.38%	89.80%	88.31%	90.56%	85.87%	91.67%	88.31%
How Well Doctors Communicate (% Always or Usually)	93.85%	78.24%	94.82%	74.51%	94.90% F	85.10%	96.04% H	84.47%	93.24%	92.10%
Q32. Personal doctor explained things	94.90%	78.57%	95.40%	86.36%	95.78% F	86.42%	96.85% H	85.86%	94.12%	93.07%
Q33. Personal doctor listened carefully	95.92%	81.48%	96.55%	77.27%	97.47% F	86.25%	97.75% H	87.76%	94.95%	94.40%
Q34. Personal doctor showed respect	94.88%	81.48%	96.15%	77.27%	96.19% F	86.25%	97.29% H	85.71%	94.90%	93.10%
Q37. Personal doctor spent enough time	89.69%	71.43%	91.19%	57.14%	90.17%	81.48%	92.27% H	78.57%	89.00%	87.83%
Shared Decision Making (% Yes)	79.32%	NR	79.99%	83.33%	79.90%	82.22%	82.44%	76.23%	75.60%	82.86%
Q11. Doctor discussed reasons to take a medicine	89.89%	NR	91.95%	83.33%	92.31%	86.67%	92.06%	88.24%	93.55%	90.00%
Q12. Doctor discussed reasons not to take a medicine	70.79%	NR	70.11%	83.33%	67.69%	80.00%	74.60%	64.71%	67.74%	74.29%
Q13. Doctor asked what you thought was best	77.27%	NR	77.91%	83.33%	79.69%	80.00%	80.65%	75.76%	65.52%	84.29%
Health Promotion and Education (Q8) (% Yes)	73.31%	82.14%	75.08%	61.76%	73.05%	75.95%	74.69%	72.04%	76.67%	72.61%
Coordination of Care (Q40) (% Always or Usually)	80.00%	66.67%	82.73%	69.23%	80.68%	73.81%	82.93%	71.43%	79.07%	80.00%
Access to Prescription Medicine (% Always or Usually)	90.43%	86.96%	90.50%	93.33%	91.30%	88.89%	90.54%	90.59%	93.75%	88.39%
Access to Specialized Services (% Always or Usually)	76.76%	41.11%	75.21%	57.94%	74.70%	70.73%	75.62%	72.43%	76.30%	71.55%
FCC: Personal Doctor who Knows Child (% Yes)	91.78%	83.97%	92.39%	95.45%	93.67%	87.49%	95.48% H	87.34%	92.39%	90.19%
FCC: Getting Needed Information (% Always or Usually)	90.06%	70.37%	91.05% D	61.76%	89.92%	83.12%	92.31% H	78.02%	89.17%	87.88%
FCC: Coordination of Care (% Yes)	72.80%	69.23%	76.83%	NR	68.27%	78.69%	70.09%	75.08%	67.34%	75.32%

Please refer to page 15 for statistical references and footnotes.

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Overall ratings and composites – demographic analysis

General Population **Child**	**Age**			**Gender**		**Race**			**Ethnicity**
	Less than 6	6 – 10	11+	Male	Female	White	Black or African-American	Other	Hispanic
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total respondents	*145*	*119*	*185*	*212*	*236*	*210*	*211*	*35*	*70*
Rating of Health Plan (Q54) (% 8, 9 or 10)	**91.61%**	**90.68%**	**88.95%**	**89.42%**	**91.42%**	**90.78%**	**89.37%**	**94.29%**	**94.20%**
Rating of Health Care (Q14) (% 8, 9 or 10)	91.23%	93.67%	90.78%	**94.58% E**	88.02%	**94.30% G**	87.10%	95.83%	88.24%
Rating of Personal Doctor (Q41) (% 8, 9 or 10)	89.26%	90.74%	90.32%	90.76%	89.95%	88.42%	91.53%	92.31%	87.50%
Rating of Specialist (Q48) (% 8, 9 or 10)	95.24%	100%	82.05%	87.18%	92.31%	93.33%	82.35%	NR	NR
Customer Service (% Always or Usually)	**90.70%**	**89.68%**	**83.33%**	**90.87%**	**84.68%**	**91.61%**	**88.19%**	**84.38%**	**84.78%**
Q50. CS provided needed information or help	86.05%	84.62%	77.78%	86.36%	79.03%	88.10%	83.33%	75.00%	78.26%
Q51. CS treated member with courtesy and respect	95.35%	94.74%	88.89%	95.38%	90.32%	95.12%	93.06%	93.75%	91.30%
Getting Needed Care (% Always or Usually)	**90.13%**	**90.31%**	**87.15%**	**89.87%**	**86.78%**	**89.37%**	**86.70%**	**77.08%**	**86.18%**
Q46. Got appointment with specialist as soon as needed	84.62%	89.47%	82.93%	86.36%	81.40%	85.11%	80.49%	NR	NR
Q15. Ease of getting care, tests or treatment	95.65%	91.14%	91.37%	93.37%	92.17%	93.63%	92.90%	87.50%	82.35%
Getting Care Quickly (% Always or Usually)	**92.40%**	**91.40%**	**89.15%**	**94.10% E**	**87.99%**	**93.69%**	**88.73%**	**82.69%**	**82.99%**
Q4. Got urgent care as soon as needed	93.75%	95.45%	89.23%	94.52%	90.70%	95.95%	88.16%	84.62%	88.89%
Q6. Got check-up or routine appointment as soon as needed	91.06%	87.34%	89.08%	93.67% E	85.28%	91.43%	89.31%	80.77%	77.08%
How Well Doctors Communicate (% Always or Usually)	**93.28%**	**92.26%**	**92.66%**	**94.08%**	**91.39%**	**92.70%**	**92.71%**	**90.58%**	**85.53%**
Q32. Personal doctor explained things	95.33%	93.18%	92.50%	95.27%	92.22%	94.12%	93.88%	91.67%	89.80%
Q33. Personal doctor listened carefully	94.44%	96.55%	94.17%	95.27%	94.58%	94.67%	94.59%	95.83%	87.76%
Q34. Personal doctor showed respect	95.37%	94.25%	92.44%	96.60%	91.57%	94.00%	93.24%	95.65%	89.58%
Q37. Personal doctor spent enough time	87.96%	85.06%	91.53%	89.19%	87.20%	88.00%	89.12%	79.17%	75.00%
Shared Decision Making (% Yes)	**74.68%**	**81.24%**	**84.85%**	**78.59%**	**81.33%**	**77.00%**	**81.16%**	**80.56%**	**78.79%**
Q11. Doctor discussed reasons to take a medicine	94.44%	88.89%	87.88%	95.65%	86.00%	89.47%	91.30%	100%	72.73%
Q12. Doctor discussed reasons not to take a medicine	63.89%	74.07%	75.76%	67.39%	74.00%	63.16%	73.91%	66.67%	72.73%
Q13. Doctor asked what you thought was best	65.71%	80.77%	90.91% A	72.73%	84.00%	78.38%	78.26%	75.00%	90.91%
Health Promotion and Education (Q8) (% Yes)	**76.32%**	**73.75%**	**74.29%**	**73.65%**	**75.30%**	**72.15%**	**80.13%**	**70.83%**	**54.90%**
Coordination of Care (Q40) (% Always or Usually)	**82.98%**	**75.00%**	**79.59%**	**80.65%**	**77.61%**	**76.67%**	**75.00%**	**NR**	**72.73%**
Access to Prescription Medicine (% Always or Usually)	**94.20%**	**93.55%**	**85.26%**	**91.89%**	**88.70%**	**92.73%**	**86.61%**	**92.86%**	**86.36%**
Access to Specialized Services (% Always or Usually)	**75.97%**	**68.24%**	**67.68%**	**72.06%**	**69.47%**	**71.54%**	**68.67%**	**NR**	**76.39%**
FCC: Personal Doctor who Knows Child (% Yes)	**89.01%**	**88.05%**	**92.44%**	**92.42%**	**89.22%**	**89.38%**	**91.54%**	**97.10%**	**84.44%**
FCC: Getting Needed Information (% Always or Usually)	**87.93%**	**91.14%**	**87.77%**	**88.55%**	**89.22%**	**89.94%**	**88.46%**	**79.17%**	**76.47%**
FCC: Coordination of Care (% Yes)	**72.22%**	**78.00%**	**72.54%**	**75.00%**	**71.58%**	**78.43%**	**77.63%**	**NR**	**70.83%**

Please refer to page 15 for statistical references and footnotes.

Overall ratings and composites – demographic analysis

General Population Parent/Adult Respondent	Age				Gender		Education	
	18-34	35-44	45-54	55+	Male	Female	High school or less	Some college or more
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total respondents	164	149	54	49	54	387	237	203
Rating of Health Plan (Q54) (% 8, 9 or 10)	**93.87%**	**88.19%**	**90.74%**	**91.84%**	**90.38%**	**90.55%**	**93.64% H**	**86.36%**
Rating of Health Care (Q14) (% 8, 9 or 10)	**92.44%**	**87.50%**	**97.73% B**	**95.24%**	**94.59%**	**91.00%**	**93.33%**	**89.12%**
Rating of Personal Doctor (Q41) (% 8, 9 or 10)	**92.41%**	**87.39%**	**89.80%**	**93.18%**	**90.70%**	**90.39%**	**90.55%**	**89.77%**
Rating of Specialist (Q48) (% 8, 9 or 10)	**96.43%**	**82.76%**	**NR**	**NR**	**NR**	**90.54%**	**92.11%**	**87.18%**
Customer Service (% Always or Usually)	**87.50%**	**87.21%**	**93.75%**	**88.46%**	**92.11%**	**87.04%**	**84.33%**	**92.94%**
Q50. CS provided needed information or help	81.25%	81.40%	93.75%	84.62%	84.21%	82.41%	77.61%	91.23% G
Q51. CS treated member with courtesy and respect	93.75%	93.02%	93.75%	92.31%	100%	91.67%	91.04%	94.64%
Getting Needed Care (% Always or Usually)	**88.85%**	**87.13%**	**94.19%**	**86.31%**	**97.30% F**	**87.75%**	**89.07%**	**86.73%**
Q46. Got appointment with specialist as soon as needed	84.38%	83.87%	NR	NR	NR	83.13%	85.37%	80.95%
Q15. Ease of getting care, tests or treatment	93.33%	90.38%	88.37%	97.62%	94.59%	92.36%	92.78%	92.52%
Getting Care Quickly (% Always or Usually)	**92.00%**	**89.56%**	**91.51%**	**95.31%**	**86.43%**	**91.73%**	**92.24%**	**89.57%**
Q4. Got urgent care as soon as needed	92.73%	92.98%	90.91%	100%	90.00%	92.75%	91.67%	93.02%
Q6. Got check-up or routine appointment as soon as needed	91.27%	86.14%	92.11%	90.63%	82.86%	90.71%	92.81%	86.11%
How Well Doctors Communicate (% Always or Usually)	**93.11%**	**92.50%**	**93.92%**	**91.97%**	**91.12%**	**92.86%**	**92.26%**	**93.08%**
Q32. Personal doctor explained things	94.31%	94.85%	94.59%	88.57%	91.89%	93.73%	92.90%	94.20%
Q33. Personal doctor listened carefully	95.97%	92.78%	97.30%	97.14%	94.44%	94.83%	95.27%	94.16%
Q34. Personal doctor showed respect	95.97%	91.67%	94.59%	94.29%	91.67%	94.07%	94.05%	94.16%
Q37. Personal doctor spent enough time	86.18%	90.72%	89.19%	87.88%	86.49%	88.81%	86.83%	89.78%
Shared Decision Making (% Yes)	**80.37%**	**80.77%**	**79.17%**	**76.77%**	**82.05%**	**79.54%**	**80.45%**	**79.59%**
Q11. Doctor discussed reasons to take a medicine	88.89%	96.15%	81.25%	100%	84.62%	92.41%	90.70%	91.84%
Q12. Doctor discussed reasons not to take a medicine	72.22%	65.38%	75.00%	66.67%	69.23%	70.89%	72.09%	69.39%
Q13. Doctor asked what you thought was best	80.00%	80.77%	81.25%	63.64%	92.31%	75.32%	78.57%	77.55%
Health Promotion and Education (Q8) (% Yes)	**70.34%**	**77.88%**	**77.27%**	**79.07%**	**83.78%**	**73.36%**	**69.27%**	**81.08% G**
Coordination of Care (Q40) (% Always or Usually)	**82.00%**	**75.61%**	**71.43%**	**78.57%**	**66.67%**	**79.65%**	**78.46%**	**80.33%**
Access to Prescription Medicine (% Always or Usually)	**94.44% B**	**83.54%**	**96.00%**	**90.00%**	**95.83%**	**89.45%**	**86.89%**	**94.12%**
Access to Specialized Services (% Always or Usually)	**69.26%**	**82.58%**	**52.38%**	**79.63%**	**73.02%**	**73.40%**	**72.44%**	**72.22%**
FCC: Personal Doctor who Knows Child (% Yes)	**90.44%**	**92.92%**	**89.43%**	**91.43%**	**93.52%**	**91.42%**	**91.25%**	**90.99%**
FCC: Getting Needed Information (% Always or Usually)	**87.60%**	**87.50%**	**93.02%**	**90.70%**	**86.84%**	**88.97%**	**85.00%**	**92.52% G**
FCC: Coordination of Care (% Yes)	**81.48%**	**64.70%**	**71.43%**	**86.36%**	**73.86%**	**75.42%**	**78.31%**	**68.96%**

Please refer to page 15 for statistical references and footnotes.

Overall ratings and composites – demographic analysis

CCC Population Child	Rating of Health Plan		Rating of Health Care		Health Status		Mental Health Status		Survey Type	
	8-10	0-7	8-10	0-7	Excellent or Very good	Good, Fair or Poor	Excellent or Very good	Good, Fair or Poor	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total respondents	*252*	*38*	*219*	*26*	*166*	*129*	*127*	*167*	*120*	*176*
Rating of Health Plan (Q54) (% 8, 9 or 10)	**100% B**	**0.00%**	**91.67%**	**60.00%**	**90.12%**	**82.81%**	**92.74%H**	**82.32%**	**87.93%**	**86.21%**
Rating of Health Care (Q14) (% 8, 9 or 10)	**92.96%**	**64.29%**	**100%**	**0.00%**	**94.29% F**	**82.69%**	**94.59%H**	**84.85%**	**92.00%**	**87.59%**
Rating of Personal Doctor (Q41) (% 8, 9 or 10)	**94.14%**	**58.62%**	**93.37%**	**70.00%**	**91.55%**	**88.50%**	**93.64%**	**87.50%**	**88.78%**	**91.14%**
Rating of Specialist (Q48) (% 8, 9 or 10)	**91.86%**	**56.25%**	**88.89%**	**NR**	**89.83%**	**80.43%**	**86.05%**	**85.48%**	**88.64%**	**83.61%**
Customer Service (% Always or Usually)	**91.15%**	**NR**	**88.97%**	**NR**	**88.42%**	**86.12%**	**94.27%**	**82.65%**	**91.43%**	**85.61%**
Q50. CS provided needed information or help	90.00%	NR	86.59%	NR	86.67%	82.50%	95.35%H	77.59%	91.43%	81.82%
Q51. CS treated member with courtesy and respect	92.31%	NR	91.36%	NR	90.16%	89.74%	93.18%	87.72%	91.43%	89.39%
Getting Needed Care (% Always or Usually)	**87.72%B**	**67.46%**	**90.85%**	**50.00%**	**87.33%**	**81.16%**	**89.43%**	**81.57%**	**89.98%J**	**81.15%**
Q46. Got appointment with specialist as soon as needed	84.78%	62.50%	88.10%	50.00%	83.87%	77.55%	85.11%	79.69%	86.96%	77.27%
Q15. Ease of getting care, tests or treatment	90.65%	72.41%	93.61%	50.00%	90.78%	84.76%	93.75%H	83.46%	93.00%J	85.03%
Getting Care Quickly (% Always or Usually)	**95.37%B**	**71.79%**	**95.41%**	**71.82%**	**95.15% F**	**87.57%**	**97.31%H**	**87.15%**	**93.25%**	**90.86%**
Q4. Got urgent care as soon as needed	96.46%	65.00%	95.28%	63.64%	96.00% F	85.25%	96.67%H	86.49%	92.45%	90.36%
Q6. Got check-up or routine appointment as soon as needed	94.27%	78.57%	95.53%	80.00%	94.31%	89.90%	97.96%H	87.80%	94.05%	91.37%
How Well Doctors Communicate (% Always or Usually)	**92.88%**	**74.50%**	**92.11%**	**73.17%**	**93.94%**	**87.21%**	**98.41%H**	**85.71%**	**93.23%**	**89.58%**
Q32. Personal doctor explained things	94.95%	76.00%	93.37%	84.21%	96.00%	89.22%	98.95%H	88.64%	93.02%	92.96%
Q33. Personal doctor listened carefully	94.92%	70.83%	94.44%	68.42%	94.35%	90.10%	98.94%H	87.79%	95.24%	90.85%
Q34. Personal doctor showed respect	94.42%	79.17%	93.89%	78.95%	95.16%	90.10%	98.94%H	88.55%	95.24%	91.55%
Q37. Personal doctor spent enough time	87.24%	72.00%	86.74%	61.11%	90.24% F	79.41%	96.81%H	77.86%	89.41%	82.98%
Shared Decision Making (% Yes)	**85.22%**	**87.88%**	**86.91%**	**71.79%**	**82.46%**	**87.82%**	**86.73%**	**83.87%**	**89.65%**	**82.63%**
Q11. Doctor discussed reasons to take a medicine	92.78%	100%	93.81%	92.31%	94.74%	92.31%	93.75%	93.55%	97.44%	91.55%
Q12. Doctor discussed reasons not to take a medicine	76.29%	81.82%	77.32%	69.23%	66.67%	86.54%E	77.08%	75.81%	82.05%	73.24%
Q13. Doctor asked what you thought was best	86.60%	81.82%	89.58%	53.85%	85.96%	84.62%	89.36%	82.26%	89.47%	83.10%
Health Promotion and Education (Q8) (% Yes)	**79.43%**	**53.57%**	**78.87%**	**61.54%**	**79.41%**	**73.08%**	**79.82%**	**74.05%**	**77.55%**	**76.22%**
Coordination of Care (Q40) (% Always or Usually)	**82.83%**	**61.54%**	**84.78%**	**54.55%**	**83.87%**	**77.36%**	**84.78%**	**78.57%**	**79.55%**	**81.94%**
Access to Prescription Medicine (% Always or Usually)	**93.36%B**	**73.33%**	**91.49%**	**84.21%**	**91.43%**	**90.38%**	**97.17%H**	**86.13%**	**90.20%**	**91.55%**
Access to Specialized Services (% Always or Usually)	**77.56%**	**43.57%**	**73.45%**	**67.94%**	**74.71%**	**70.51%**	**78.13%**	**70.14%**	**73.30%**	**72.17%**
FCC: Personal Doctor who Knows Child (% Yes)	**91.94%**	**65.29%**	**90.42%**	**82.97%**	**87.01%**	**89.77%**	**93.26%**	**85.97%**	**89.67%**	**87.49%**
FCC: Getting Needed Information (% Always or Usually)	**88.21%**	**75.00%**	**91.67%**	**46.15%**	**90.78% F**	**80.39%**	**93.75%H**	**80.00%**	**89.90%**	**84.14%**
FCC: Coordination of Care (% Yes)	**75.87%**	**56.73%**	**76.31%**	**59.17%**	**67.97%**	**78.57%**	**70.35%**	**73.94%**	**72.34%**	**74.43%**

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Overall ratings and composites – demographic analysis

CCC Population Child	Age			Gender		Race			Ethnicity
	Less than 6	6 – 10	11+	Male	Female	White	Black or African-American	Other	Hispanic
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total respondents	*53*	*81*	*156*	*172*	*119*	*147*	*139*	*9^*	*30*
Rating of Health Plan (Q54) (% 8, 9 or 10)	**92.16%**	**82.72%**	**87.50%**	**86.90%**	**87.18%**	**87.50%**	**85.40%**	**NR**	**90.00%**
Rating of Health Care (Q14) (% 8, 9 or 10)	**84.44%**	**89.55%**	**91.54%**	**92.91%**	**85.15%**	**90.08%**	**88.14%**	**NR**	**86.96%**
Rating of Personal Doctor (Q41) (% 8, 9 or 10)	**88.89%**	**91.43%**	**90.37%**	**89.73%**	**91.43%**	**88.55%**	**89.74%**	**NR**	**92.00%**
Rating of Specialist (Q48) (% 8, 9 or 10)	**95.24%**	**86.36%**	**81.97%**	**83.87%**	**88.37%**	**85.48%**	**84.44%**	**NR**	**63.64%**
Customer Service (% Always or Usually)	**91.83%**	**87.83%**	**84.69%**	**89.47%**	**84.15%**	**94.02%**	**83.65%**	**NR**	**86.67%**
Q50. CS provided needed information or help	91.67%	84.00%	81.63%	85.96%	82.93%	90.48%	80.77%	NR	86.67%
Q51. CS treated member with courtesy and respect	92.00%	91.67%	87.76%	92.98%	85.37%	97.56% G	86.54%	NR	86.67%
Getting Needed Care (% Always or Usually)	**84.78%**	**74.65%**	**90.12% B**	**84.72%**	**85.42%**	**83.53%**	**87.04%**	**NR**	**66.77%**
Q46. Got appointment with specialist as soon as needed	82.61%	64.00%	88.71%	80.00%	82.61%	79.37%	83.33%	NR	61.54%
Q15. Ease of getting care, tests or treatment	86.96%	85.29%	91.54%	89.44%	88.24%	87.70%	90.76%	NR	72.00%
Getting Care Quickly (% Always or Usually)	**90.96%**	**94.71%**	**91.38%**	**92.49%**	**91.21%**	**94.21%**	**87.35%**	**NR**	**96.15%**
Q4. Got urgent care as soon as needed	88.89%	96.43%	91.03%	91.04%	92.54%	95.83% G	84.13%	NR	92.31%
Q6. Got check-up or routine appointment as soon as needed	93.02%	92.98%	91.74%	93.94%	89.89%	92.59%	90.57%	NR	100%
How Well Doctors Communicate (% Always or Usually)	**89.02%**	**92.78%**	**92.00%**	**92.21%**	**90.92%**	**92.01%**	**88.31%**	**NR**	**86.96%**
Q32. Personal doctor explained things	92.68%	96.97%	92.24%	94.70%	92.39%	94.87%	90.29%	NR	91.30%
Q33. Personal doctor listened carefully	87.80%	96.92%	93.10%	93.89%	92.31%	93.04%	90.29%	NR	91.30%
Q34. Personal doctor showed respect	90.24%	96.92%	93.10%	94.66%	92.31%	93.91%	90.29%	NR	86.96%
Q37. Personal doctor spent enough time	85.37%	80.30%	89.57%	85.61%	86.67%	86.21%	82.35%	NR	78.26%
Shared Decision Making (% Yes)	**78.35%**	**84.95%**	**87.72%**	**86.79%**	**82.99%**	**86.78%**	**81.25%**	**NR**	**NR**
Q11. Doctor discussed reasons to take a medicine	90.91%	96.77%	92.98%	98.36% E	87.76%	94.83%	91.67%	NR	NR
Q12. Doctor discussed reasons not to take a medicine	72.73%	77.42%	77.19%	78.69%	73.47%	77.59%	70.83%	NR	NR
Q13. Doctor asked what you thought was best	71.43%	80.65%	92.98%	83.33%	87.76%	87.93%	81.25%	NR	NR
Health Promotion and Education (Q8) (% Yes)	**93.33% B C**	**63.64%**	**78.74% B**	**78.01%**	**76.29%**	**77.12%**	**79.49%**	**NR**	**66.67%**
Coordination of Care (Q40) (% Always or Usually)	**80.00%**	**83.87%**	**82.46%**	**80.00%**	**84.09%**	**75.00%**	**82.35%**	**NR**	**71.43%**
Access to Prescription Medicine (% Always or Usually)	**97.37% C**	**92.19%**	**88.41%**	**92.14%**	**89.11%**	**92.00%**	**88.70%**	**NR**	**89.47%**
Access to Specialized Services (% Always or Usually)	**74.38%**	**73.33%**	**69.40%**	**69.95%**	**76.02%**	**68.69%**	**74.89%**	**NR**	**80.91%**
FCC: Personal Doctor who Knows Child (% Yes)	**86.26%**	**84.93%**	**91.00%**	**89.09%**	**87.14%**	**86.53%**	**89.80%**	**NR**	**88.65%**
FCC: Getting Needed Information (% Always or Usually)	**84.78%**	**86.36%**	**88.37%**	**87.77%**	**86.27%**	**90.08%**	**82.91%**	**NR**	**72.00%**
FCC: Coordination of Care (% Yes)	**89.47%**	**58.96%**	**75.15%**	**74.53%**	**66.84%**	**73.74%**	**73.33%**	**NR**	**68.75%**

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Overall ratings and composites – demographic analysis

CCC Population Parent/Adult Respondent	Age				Gender		Education	
	18-34	35-44	45-54	55+	Male	Female	High school or less	Some college or more
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total respondents	79	88	42	42	26	258	144	136
Rating of Health Plan (Q54) (% 8, 9 or 10)	**92.31%**	**86.21%**	**87.50%**	**87.80%**	**88.46%**	**87.30%**	**92.25% H**	**82.71%**
Rating of Health Care (Q14) (% 8, 9 or 10)	**86.15%**	**88.57%**	**94.29%**	**97.50% A**	**88.24%**	**89.55%**	**90.48%**	**89.81%**
Rating of Personal Doctor (Q41) (% 8, 9 or 10)	**94.12%**	**85.71%**	**89.19%**	**97.37% B**	**95.24%**	**89.73%**	**93.39%**	**87.70%**
Rating of Specialist (Q48) (% 8, 9 or 10)	**89.66%**	**85.71%**	**84.62%**	**84.62%**	**NR**	**85.86%**	**86.67%**	**86.21%**
Customer Service (% Always or Usually)	**89.83%**	**85.42%**	**92.86%**	**83.33%**	**92.31%**	**86.21%**	**83.82%**	**91.99%**
Q50. CS provided needed information or help	88.24%	83.33%	92.86%	80.00%	92.31%	83.13%	81.63%	88.64%
Q51. CS treated member with courtesy and respect	91.43%	87.50%	92.86%	86.67%	92.31%	89.29%	86.00%	95.35%
Getting Needed Care (% Always or Usually)	**76.52%**	**90.00% A**	**86.19%**	**92.31% A**	**81.67%**	**84.82%**	**83.63%**	**86.62%**
Q46. Got appointment with specialist as soon as needed	69.70%	91.43% A	86.67%	84.62%	NR	80.95%	79.17%	83.33%
Q15. Ease of getting care, tests or treatment	83.33%	88.57%	85.71%	100% AB C	83.33%	88.69%	88.10%	89.91%
Getting Care Quickly (% Always or Usually)	**93.63%**	**92.48%**	**89.20%**	**98.39%**	**79.05%**	**92.28%**	**92.03%**	**92.27%**
Q4. Got urgent care as soon as needed	96.77%	91.30%	87.50%	100%	NR	92.06%	92.98%	91.55%
Q6. Got check-up or routine appointment as soon as needed	90.48%	93.65%	90.91%	96.77%	86.67%	92.50%	91.07%	93.00%
How Well Doctors Communicate (% Always or Usually)	**91.41%**	**92.92%**	**94.70%**	**90.45%**	**87.50%**	**91.87%**	**90.87%**	**93.71%**
Q32. Personal doctor explained things	95.31%	96.67%	93.94%	86.49%	85.00%	93.94%	93.04%	95.05%
Q33. Personal doctor listened carefully	93.75%	91.67%	96.97%	97.30%	90.00%	93.40%	93.04%	94.95%
Q34. Personal doctor showed respect	95.31%	93.33%	96.97%	91.89%	90.00%	93.91%	93.91%	94.95%
Q37. Personal doctor spent enough time	81.25%	90.00%	90.91%	86.11%	85.00%	86.22%	83.48%	89.90%
Shared Decision Making (% Yes)	**82.12%**	**83.33%**	**93.33%**	**90.00%**	**NR**	**85.28%**	**83.66%**	**86.79%**
Q11. Doctor discussed reasons to take a medicine	87.50%	93.75%	93.33%	100%	NR	94.00%	90.20%	96.23%
Q12. Doctor discussed reasons not to take a medicine	75.00%	71.88%	93.33%	80.00%	NR	77.00%	72.55%	81.13%
Q13. Doctor asked what you thought was best	83.87%	84.38%	93.33%	90.00%	NR	84.85%	88.24%	83.02%
Health Promotion and Education (Q8) (% Yes)	**70.77%**	**80.60%**	**82.86%**	**79.49%**	**66.67%**	**78.24%**	**71.77%**	**84.91% G**
Coordination of Care (Q40) (% Always or Usually)	**80.56%**	**83.33%**	**92.31%**	**77.78%**	**NR**	**80.77%**	**82.35%**	**80.70%**
Access to Prescription Medicine (% Always or Usually)	**90.16%**	**88.00%**	**97.06%**	**91.89%**	**89.47%**	**90.74%**	**89.34%**	**92.86%**
Access to Specialized Services (% Always or Usually)	**66.79%**	**79.15%**	**74.12%**	**62.96%**	**80.30%**	**70.29%**	**77.26%**	**65.44%**
FCC: Personal Doctor who Knows Child (% Yes)	**88.16%**	**87.78%**	**90.30%**	**94.03%**	**94.44%**	**88.28%**	**88.71%**	**88.75%**
FCC: Getting Needed Information (% Always or Usually)	**86.36%**	**87.14%**	**91.18%**	**92.31%**	**72.22%**	**88.58%**	**83.06%**	**94.44% G**
FCC: Coordination of Care (% Yes)	**71.43%**	**74.14%**	**75.00%**	**75.00%**	**NR**	**73.12%**	**72.42%**	**76.15%**

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Appendix C
SatisAction™ key driver statistical model

POWeR™ Chart shown in the executive summary on Page 7 .

Instructions to access trAction™ Decision (Impact Analysis) Tool:

1. Log on to https://client.dssresearch.com using your current User Name and Password.

2. Contact DSS Research at 1-800-989-5150 if you do not have a User Name and Password.

3. Once on the portal, select Reporting and then Tools.

4. Select the trAction™ Decision Tool for access to the Impact Analysis Tool and to run "what if" scenarios.

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Background

Overview. The SatisAction™ key driver statistical model is a powerful, proprietary statistical methodology used to identify the key drivers of the rating of the health plan and provide actionable direction for satisfaction improvement programs. This methodology is the result of a number of years of development and testing using health care satisfaction data. DSS Research has been successfully using this approach since 1997.

The model provides the following:

- Identification of the elements that are important in driving the rating of the health plan.

- Measurement of the relative importance of each of these elements.

- Measurement of how well members think the plan performed on those important elements.

- Presentation of the importance/performance results in a matrix that provides clear direction for member satisfaction improvement efforts by the plan.

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Methodology

Importance analysis. The importance analysis involves a multi-step process:

- Factor analysis is used to summarize the predictor set into a more manageable number of composite variables.

- Regression Model I is used to make preliminary estimates and identify leverage points and outliers.

- Leverage points and outliers are eliminated.

- Regression Model II is run on the remaining data to derive final estimates of the importance of the various satisfaction elements.

Factor Analysis. Factor analysis is used to reduce the number of items in the predictor set to a smaller set of underlying constructs or factors. It is necessary to go through this process because of the high degree of collinearity in the original data. This is a problem for the regression analysis to follow because regression assumes non-collinearity between predictor variables.

Regression Analysis. Regression analysis is then used to predict the rating of the health plan on the factors created in the previous step. As noted above, regression analysis is run in two steps. The first step is used to derive preliminary estimates of the importance of the various satisfaction elements and to identify outliers and leverage points. Those outliers and leverage points are eliminated before running the second regression model which produces final estimates of the importance of each satisfaction element.

Derived Importance. The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor are squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum is then rescaled so that the largest value (most important item) is 100 points, the smallest value is 0 points and the median value is 50 points.

Performance analysis. To develop the performance scores, raw performance ratings for the plan are compared to the DSS Book of Business and a relative percentile for each item in the model is computed for the plan.

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Methodology

Classification matrix. Results of the modeling are presented in a classification matrix. The importance and performance results for each item in the model are plotted in a matrix like the one shown below. This matrix provides a quick summary of what is most important to your members and how your plan is doing on those items. The matrix is divided into four quadrants. The quadrants are defined by the point where the medians of the importance and performance scales intersect. The four quadrants can be interpreted as follows:

- *Power.* These items have a relatively large impact on the rating of the health plan and your performance levels on these items are high. **Promote and leverage strengths in this quadrant.**

- *Opportunity.* Items in this quadrant also have a relatively large impact on the rating of the health plan but your performance is below average. **Focus resources on improving processes that underlie these items and look for a significant improvement in the rating of the health plan.**

- *Wait.* Though these items still impact the rating of the health plan, they are somewhat less important than those that fall on the right hand side of the chart. Relatively speaking, your performance is low on these items. **Dealing with these items can wait until more important items have been dealt with.**

- *Retain.* Items in this quadrant also have a relatively small impact on the rating of the health plan but your performance is above average. **Simply maintain performance on these items.**

POWeR™ Chart classification matrix

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Variables in the model

Variables from the CAHPS 5.0H survey that are important in determining member satisfaction are summarized below. This table also identifies the dependent variable (Q54 – Rating of health plan) and the independent or predictor variables. Finally, it shows how the variables are coded for the importance and the performance analyses.

	Variables Used in the Model	Coding for Regression (Importance)
	Dependent Variable	
Q54	Rating of heath care	0 through 10, All other = missing
	Independent Variables	
Q4	Got urgent care	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing
Q6	Got routine care	
Q9	Dr. answered questions	
Q14	Health care overall	0 through 10, All other = missing
Q15	Got care/tests/treatment	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing
Q32	Dr. explained things	
Q33	Dr. listened carefully	
Q34	Dr. showed respect	
Q36	Dr. explained things for child	
Q37	Dr. spent enough time	
Q40	Dr. informed about care	
Q41	Personal doctor overall	0 through 10, All other = missing
Q46	Got specialist appt.	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing
Q48	Specialist overall	0 through 10, All other = missing
Q50	CS provided info./help	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing
Q51	CS courtesy/respect	
Q53	Easy to fill out forms	
Q56	Got prescriptions	

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Factor analysis. Factor analysis reduced the 18 highly-correlated model variables to 6 orthogonal (uncorrelated) factors that explain 67.8% of the variation in the original variables. This is necessary due to the strong relationships or correlation between certain variables. The table below shows the factor correlations or loadings. For readability, only those variables with correlations greater than 0.250 are displayed.

Factor Correlations with Survey Variables

Question	Survey Items	1	2	3	4	5	6
Q34	Dr. showed respect	0.851					
Q33	Dr. listened carefully	0.801					
Q37	Dr. spent enough time	0.749					
Q36	Dr. explained things for child	0.713	0.264				
Q32	Dr. explained things	0.692	0.448				
Q40	Dr. informed about care	0.629					
Q6	Got routine care		0.770				
Q9	Dr. answered questions	0.296	0.668				
Q4	Got urgent care		0.554	0.360		0.339	
Q15	Got care/tests/treatment		0.522		0.457		
Q50	CS provided info./help			0.895			
Q51	CS courtesy/respect			0.842			
Q48	Specialist overall				0.836		
Q46	Got specialist appt.		0.268		0.823		
Q14	Health care overall		0.284			0.754	
Q41	Personal doctor overall	0.530				0.678	
Q53	Easy to fill out forms						0.898
Q56	Got prescriptions		0.319			0.350	0.481

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Results

Regression analysis. The 6 factors identified in the previous step were used as predictors in a regression model with Q54, rating of the health plan, as the dependent variable. Regression was first run to test the model and identify any observations that have a high degree of leverage on the regression coefficients (disproportionately high degree of influence relative to others) as well as observations that can be considered outliers because of inconsistent responses.

The high leverage cases and outliers were removed and the regression model was rerun. The regression coefficients for each factor provide the second set of inputs necessary to determine the key drivers of the rating of the health plan. These coefficients provide estimates of the relative importance of each factor in determining the rating of the health plan. The table below shows the raw regression coefficients, beta coefficients (standardized regression coefficients) and the statistical significance of those coefficients. This model explains 35.1% of the variation in the dependent variable ($R^2 = 0.351$).

Regression Coefficients

Variable	Unstandardized Coefficients	Standardized (Beta) Coefficients	Significance Level
Constant	9.3052	0.0000	0.0000
Factor 1 -- Q34, Q33, Q37, Q36, Q32, Q40	0.2789	0.2373	0.0000
Factor 2 -- Q6, Q9, Q4, Q15	0.1593	0.1457	0.0000
Factor 3 -- Q50, Q51	0.1336	0.1172	0.0001
Factor 4 -- Q48, Q46	0.2497	0.2160	0.0000
Factor 5 -- Q14, Q41	0.5991	0.4968	0.0000
Factor 6 -- Q53, Q56	0.0388	0.0360	0.2341

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Results

Derived importance. The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor were squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum was then rescaled so that the largest value (most important item) is 100 points, the smallest value is 0 points and the median value is 50 points.

Plan performance. To develop the performance scores, raw performance ratings for the plan are compared to the DSS Book of Business and a relative percentile for each item in the model is computed for the plan.

Question	Survey Items	Importance	Performance
Q14	Health care overall	100	82
Q41	Personal doctor overall	95	62
Q34	Dr. showed respect	64	15
Q33	Dr. listened carefully	60	28
Q46	Got specialist appt.	57	69
Q48	Specialist overall	57	33
Q37	Dr. spent enough time	54	41
Q32	Dr. explained things	53	50
Q36	Dr. explained things for child	50	33
Q15	Got care/tests/treatment	49	69
Q40	Dr. informed about care	42	27
Q4	Got urgent care	41	46
Q51	CS courtesy/respect	33	35
Q50	CS provided info./help	31	74
Q6	Got routine care	30	71
Q9	Dr. answered questions	28	16
Q56	Got prescriptions	27	38
Q53	Easy to fill out forms	0	75

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Appendix D
Gap analysis

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Gap analysis

The flowchart on **Page 9** shows how the items used in the calculation of the plan's 2019 estimated accreditation score perform relative to each other. When considering the flowchart, the following points should be noted:

- Overall ratings are shown in **blue text**.

- Composite scores are shown in **red text**.

- Estimated percentiles are shown first.

- Estimated accreditation points are shown in the middle.

- Potential points remaining to receive the maximum accreditation points for each measure are shown third.

- A **green box** around an overall rating or composite indicates performance at or above the 90th percentile, receiving all accreditation points.

- Composite score components are shown in the black and red flowchart boxes.

- For each flowchart box:

  - The actual percent contributing is shown first. This is the percentage that a given question is actually contributing to the composite mean score. Each question in composite scores with two component questions can contribute a maximum of 50.0% to the composite mean score. Similarly, each question in composite scores with four component questions can contribute a maximum of 25.0% to the composite mean score.

  - The gap between the percent actually contributing and the maximum possible contribution percentage is shown second.

- A **red box** is around the component with the largest gap indicating the most potential to improve that composite. This displays what to focus on to increase a given composite mean score and, in turn, increase the plan's accreditation score.

Appendix E
Questionnaire

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Healthy Blue

SURVEY INSTRUCTIONS

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the back of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-797-3605, ext. 4190.

Please answer the questions for the child listed on the letter. Please do not answer for any other children.

1. Our records show that your child is now in Healthy Blue. Is that right?

☐ Yes ➔ *If Yes, Go to Question 3*
☐ No

2. What is the name of your child's health plan? *(Please print)*

_____

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your child's health care. Do <u>not</u> include care your child got when he or she stayed overnight in a hospital. Do <u>not</u> include the times your child went for dental care visits.

3. In the last 6 months, did your child have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?

☐ Yes
☐ No ➔ *If No, Go to Question 5*

4. In the last 6 months, when your child <u>needed care right away</u>, how often did your child get care as soon as he or she needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

5. In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> for your child at a doctor's office or clinic?

☐ Yes
☐ No ➔ *If No, Go to Question 7*

6. In the last 6 months, when you made an appointment for a <u>check-up or routine care</u> for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?

☐ None ➔ *If None, Go to Question 16*
☐ 1 time
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more times

8. In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?

☐ Yes
☐ No

9. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

10. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?

☐ Yes
☐ No ➔ *If No, Go to Question 14*

11. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?

☐ Yes
☐ No

12. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?

☐ Yes
☐ No

13. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

☐ Yes
☐ No

14. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

☐ 0   Worst health care possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10   Best health care possible

15. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

16. Is your child now enrolled in any kind of school or daycare?

☐ Yes
☐ No ➔ *If No, Go to Question 19*

17. In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?

☐ Yes
☐ No ➔ *If No, Go to Question 19*

18. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?

☐ Yes
☐ No

SPECIALIZED SERVICES

19. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment.

In the last 6 months, did you get or try to get any special medical equipment or devices for your child?

☐ Yes
☐ No ➜ *If No, Go to Question 22*

20. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

21. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?

☐ Yes
☐ No

22. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?

☐ Yes
☐ No ➜ *If No, Go to Question 25*

23. In the last 6 months, how often was it easy to get this therapy for your child?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

24. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?

☐ Yes
☐ No

25. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?

☐ Yes
☐ No ➜ *If No, Go to Question 28*

26. In the last 6 months, how often was it easy to get this treatment or counseling for your child?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

27. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?

☐ Yes
☐ No

28. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

☐ Yes
☐ No ➜ *If No, Go to Question 30*

29. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?

☐ Yes
☐ No

YOUR CHILD'S PERSONAL DOCTOR

30. A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt.

Does your child have a personal doctor?

☐ Yes
☐ No ➜ *If No, Go to Question 45*

31. In the last 6 months, how many times did your child visit his or her personal doctor for care?

☐ None ➜ *If None, Go to Question 41*
☐ 1 time
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more times

32. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

33. In the last 6 months, how often did your child's personal doctor listen carefully to you?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

34. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

35. Is your child able to talk with doctors about his or her health care?

☐ Yes
☐ No ➔ *If No, Go to Question 37*

36. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

37. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

38. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

☐ Yes
☐ No

39. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

☐ Yes
☐ No ➔ *If No, Go to Question 41*

40. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

41. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

☐ 0   Worst personal doctor possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10   Best personal doctor possible

42. Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?

☐ Yes
☐ No ➔ *If No, Go to Question 45*

43. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?

☐ Yes
☐ No

44. Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your <u>family's</u> day-to-day life?

☐ Yes
☐ No

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do <u>not</u> include dental visits or care your child got when he or she stayed overnight in a hospital.

45. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

In the last 6 months, did you make any appointments for your child to see a specialist?

☐ Yes
☐ No ➜ *If No, Go to Question 49*

46. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

47. How many specialists has your child seen in the last 6 months?

☐ None ➜ *If None, Go to Question 49*
☐ 1 specialist
☐ 2
☐ 3
☐ 4
☐ 5 or more specialists

48. We want to know your rating of the specialist your child saw most often in the last 6 months.

Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

☐ 0   Worst specialist possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10   Best specialist possible

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

49. In the last 6 months, did you get information or help from customer service at your child's health plan?

☐ Yes
☐ No ➜ *If No, Go to Question 52*

50. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

51. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

52. In the last 6 months, did your child's health plan give you any forms to fill out?

☐ Yes
☐ No ➜ *If No, Go to Question 54*

53. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

54. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

- [ ] 0   Worst health plan possible
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9
- [ ] 10   Best health plan possible

PRESCRIPTION MEDICINES

55. In the last 6 months, did you get or refill any prescription medicines for your child?

- [ ] Yes
- [ ] No ➜ *If No, Go to Question 58*

56. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

57. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

- [ ] Yes
- [ ] No

ABOUT YOUR CHILD AND YOU

58. In general, how would you rate your child's overall health?

- [ ] Excellent
- [ ] Very good
- [ ] Good
- [ ] Fair
- [ ] Poor

59. In general, how would you rate your child's overall <u>mental or emotional</u> health?

- [ ] Excellent
- [ ] Very good
- [ ] Good
- [ ] Fair
- [ ] Poor

60. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

- [ ] Yes
- [ ] No ➜ *If No, Go to Question 63*

61. Is this because of any medical, behavioral, or other health condition?

- [ ] Yes
- [ ] No ➜ *If No, Go to Question 63*

62. Is this a condition that has lasted or is expected to last for at least 12 months?

- [ ] Yes
- [ ] No

63. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

- [ ] Yes
- [ ] No ➜ *If No, Go to Question 66*

64. Is this because of any medical, behavioral, or other health condition?

- [ ] Yes
- [ ] No ➜ *If No, Go to Question 66*

65. Is this a condition that has lasted or is expected to last for at least 12 months?

- [ ] Yes
- [ ] No

66. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

☐ Yes
☐ No → *If No, Go to Question 69*

67. Is this because of any medical, behavioral, or other health condition?

☐ Yes
☐ No → *If No, Go to Question 69*

68. Is this a condition that has lasted or is expected to last for at least 12 months?

☐ Yes
☐ No

69. Does your child need or get special therapy such as physical, occupational, or speech therapy?

☐ Yes
☐ No → *If No, Go to Question 72*

70. Is this because of any medical, behavioral, or other health condition?

☐ Yes
☐ No → *If No, Go to Question 72*

71. Is this a condition that has lasted or is expected to last for at least 12 months?

☐ Yes
☐ No

72. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?

☐ Yes
☐ No → *If No, Go to Question 74*

73. Has this problem lasted or is it expected to last for at least 12 months?

☐ Yes
☐ No

74. What is your child's age?

☐ Less than 1 year old
_____ YEARS OLD *(write in)*

75. Is your child male or female?

☐ Male
☐ Female

76. Is your child of Hispanic or Latino origin or descent?

☐ Yes, Hispanic or Latino
☐ No, not Hispanic or Latino

77. What is your child's race?
Mark one or more.

☐ White
☐ Black or African-American
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ American Indian or Alaska Native
☐ Other

78. What is your age?

☐ Under 18
☐ 18 to 24
☐ 25 to 34
☐ 35 to 44
☐ 45 to 54
☐ 55 to 64
☐ 65 to 74
☐ 75 or older

79. Are you male or female?

☐ Male
☐ Female

80. What is the highest grade or level of school that you have completed?

☐ 8th grade or less
☐ Some high school, but did not graduate
☐ High school graduate or GED
☐ Some college or 2-year degree
☐ 4-year college graduate
☐ More than 4-year college degree

81. How are you related to the child?

☐ Mother or father
☐ Grandparent
☐ Aunt or uncle
☐ Older brother or sister
☐ Other relative
☐ Legal guardian
☐ Someone else

82. Did someone help you complete this survey?

☐ Yes ➔ *If Yes, Go to Question 83*
☐ No ➔ *If No, Go to Question 84*

83. How did that person help you?
Mark one or more.

☐ Read the questions to me
☐ Wrote down the answers I gave
☐ Answered the questions for me
☐ Translated the questions into my language
☐ Helped in some other way

ADDITIONAL QUESTIONS

Now we would like to ask a few more questions about the services your child's health plan provides.

84. Reminders from the doctor's office or clinic or from the health plan can come to you by mail, by telephone, or in-person during a visit. After your child was born, did you get any reminders to bring him or her in for a check-up to see how he or she was doing or for shots or drops?

☐ Yes
☐ No

85. Did you get an appointment for your child's visit for a check-up, or for shots or drops, as soon as you thought he or she needed it?

☐ Yes
☐ No
☐ My child did not need an appointment for shots or drops

Thank You
Please return the completed survey
in the postage-paid envelope or send to:
DSS Research • P.O. Box 985009
Ft. Worth, TX 76185-5009

If you have any questions,
please call 1-888-797-3605, ext. 4190.