

2019 CAHPS® Adult Medicaid 5.0H Summary Report

July 2019

A decorative graphic in the bottom right corner consisting of three overlapping circles. The top circle is blue and contains the text 'Centene - LA (Louisiana Healthcare Connections)'. The bottom-left circle is light blue, and the bottom-right circle is green. The circles overlap in a way that creates a central area where all three colors meet.

**Centene - LA (Louisiana
Healthcare Connections)**

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Study Overview

Background

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

Protocol

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

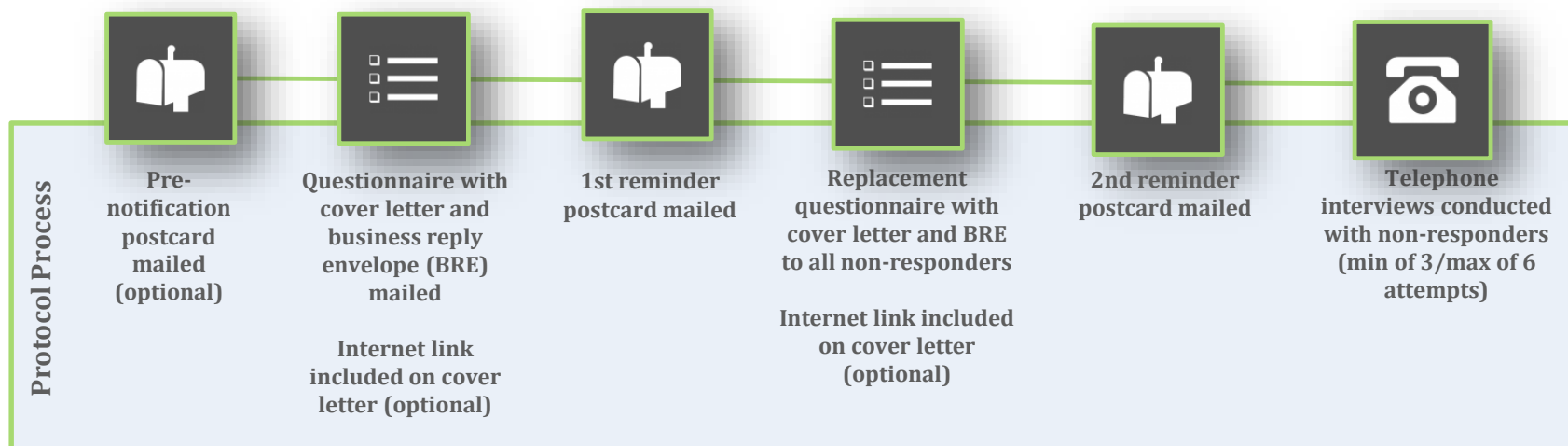
Standard NCQA protocols for administering CAHPS 5.0H include a mixed-mode mail/telephone protocol and a mail-only protocol. NCQA allows enhanced methodology options that do not significantly alter the standard methodology, such as Internet or Spanish.

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

Sample

The 2019 sample for Centene - LA (Louisiana Healthcare Connections):

Sample Size	Total Completes	English Completes	Spanish Completes	Mail Completes	Phone Completes	Internet Completes
2160	266	263	3	174	79	13



Response Rate Summary

Response Rate Calculation

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

12%

Is the Final 2019 Response Rate

Using the final figures from Centene - LA (Louisiana Healthcare Connections)'s survey, the 2019 response rate is calculated using the equation below:

Mail (174) + Phone (79) + Internet (13) = 266 completes

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Total Sample (2160) - Total Ineligible (7) = 2153

Disposition Summary

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

Ineligible	Count
Deceased	1
Does not meet eligible population criteria	4
Language barrier	1
Mentally/physically incapacitated	1
Total Ineligible	7

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

Non-response	Count
Partial complete	11
Refusal	3
Maximum attempts made	1869
Do Not Call list	4
Total Non-response	1887

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

CAHPS Measures Defined

Key Measures

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

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

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

** Measure not included in scoring for accreditation.*

Summary Rate Scores

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

Quality Compass Percentiles

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

Percentiles displayed in this report are those provided in Quality Compass. A percentile is a value on a scale of one hundred that indicates the percent of the distribution that is equal to or below it. For example, if a plan's score falls in the 75th percentile compared to the Quality Compass that means 75% of plans represented in the Quality Compass have a score that is equal to or lower than it. Conversely, 25% of the plans in the Quality Compass have a higher score.

NCQA Accreditation CAHPS Points

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

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

Executive Highlights

Summary Rate Scores (% Positive Response)			
COMPOSITE SCORES	2019	2018	2019 Score versus 2018 Quality Compass
Getting Care Quickly	84%	83%	66 th
Shared Decision Making	79%	79%	33 rd
How Well Doctors Communicate	95%	91%	96 th
Getting Needed Care	80%	84%	25 th
Customer Service	91%	91%	92 nd
Care Coordination	83%	85%	40 th
OVERALL RATING SCORES			
Health Care	79%	77%	82 nd
Personal Doctor	86%	81%	91 st
Specialist	82%	86%	48 th
Health Plan	81%	81%	79 th

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

2019 NCQA Accreditation CAHPS Points			
Approx. 2019 Percentile Threshold	2019 Approx. Points	2018 Approx. Points	Difference from 2018
75 th	1.907	1.271	0.636
NA	NA	NA	NA
NA	NA	NA	NA
25 th	0.867	1.444	-0.577
NA	NA	1.444	NA
NA	NA	1.444	NA
75 th	1.907	1.271	0.636
90 th	2.167	1.444	0.723
NA	NA	1.444	NA
75 th	3.814	2.542	1.272
	10.662	12.304	-1.642

Total Possible CAHPS Points = 13.000



Summary Rate Scores:

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

Accreditation Points:

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

Summary of Key Measures

Composite Measures	2016	2017	2018	2019	2018 Quality Compass
Getting Care Quickly	77%	81%	83%	84%	82%
Shared Decision Making	79%	73%	79%	79%	79%
How Well Doctors Communicate	90%	91%	91%	95%	92%
Getting Needed Care	79%	83%	84%	80%	82%
Customer Service	90%	93%	91%	91%	88%
Overall Rating Measures					
Health Care	76%	73%	77%	79%	75%
Personal Doctor	85%	83%	81%	86%	81%
Specialist	84%	88%	86%	82%	82%
Health Plan	78%	77%	81%	81%	77%
HEDIS Measures					
Flu Vaccinations (Ages 18-64)	36%	39%	35%	42%	40%
Advising Smokers and Tobacco Users to Quit*	72%	70%	76%	79%	77%
Discussing Cessation Medications*	45%	48%	50%	47%	52%
Discussing Cessation Strategies*	46%	44%	44%	46%	45%
Health Promotion & Education	66%	74% ↑	76%	76%	73%
Care Coordination	85%	85%	85%	83%	83%
Sample Size	1,823	2,093	2,093	2,160	
# of Completes	399	433	392	266	
Response Rate	22%	21%	19%	12%	

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

NA=Data not available

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

SPH Analytics

Comparison to Quality Compass

			2018 Adult Medicaid Quality Compass							
Adult Medicaid Survey Questions	2019	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly (% Always/Usually)	84.26	66th	82.09	74.41	75.73	79.51	82.48	84.76	86.96	88.35
Shared Decision Making (% Yes)	78.77	33rd	79.47	73.51	75.23	77.89	79.84	81.91	83.05	84.17
How Well Doctors Communicate (% Always/Usually)	95.22	96th	91.55	87.55	88.61	90.17	91.62	93.11	94.08	94.93
Getting Needed Care (% Always/Usually)	80.16	25th	82.38	74.38	76.87	79.87	83.12	85.19	86.89	88.48
Customer Service (% Always/Usually)	91.38	92nd	88.28	84.45	85.02	86.34	88.52	90.03	90.69	91.73
Q22 Care Coordination (% Always/Usually)	82.95	40th	83.37	77.27	78.41	80.75	83.33	86.10	87.68	88.68
Q13 Rating of Health Care (% 8, 9, 10)	78.65	82nd	74.63	67.43	69.36	71.72	74.80	77.37	80.00	81.65
Q23 Rating of Personal Doctor (% 8, 9, 10)	85.92	91st	81.45	75.22	75.84	78.94	81.76	83.80	85.71	87.37
Q27 Rating of Specialist (% 8, 9, 10)	82.35	48th	82.12	76.28	77.60	79.63	82.39	84.16	86.55	87.80
Q35 Rating of Health Plan (% 8, 9, 10)	80.63	79th	77.02	68.69	71.51	74.13	77.47	80.19	82.41	84.73

Legend:

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

The 2018 Adult Medicaid Quality Compass consists of 170 public and non-public reporting health plan products (All Lines of Business excluding PPO/EPOs).

Accreditation Details

Scoring for NCQA Accreditation

				2019 NCQA National Accreditation Comparisons*					
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l	
				<i>Accreditation Points</i>	<i>0.433</i>	<i>0.867</i>	<i>1.473</i>	<i>1.907</i>	<i>2.167</i>
Composite Scores	Sample Size	Mean	Approximate Percentile Threshold						Approximate Score
Getting Care Quickly	154	2.499	75 th	Below 2.38	2.38	2.43	2.49	2.52	1.907
Getting Needed Care	143	2.358	25 th	Below 2.34	2.34	2.38	2.44	2.48	0.867
Customer Service***	87	2.736	90 th	Below 2.48	2.48	2.54	2.58	2.61	NA
Care Coordination***	88	2.432	50 th	Below 2.36	2.36	2.43	2.47	2.52	NA
Overall Rating Scores									
Health Care	192	2.479	75 th	Below 2.35	2.35	2.39	2.46	2.49	1.907
Personal Doctor	206	2.626	90 th	Below 2.43	2.43	2.50	2.53	2.57	2.167
Specialist***	85	2.600	90 th	Below 2.48	2.48	2.51	2.56	2.59	NA
				<i>Accreditation Points</i>	<i>0.866</i>	<i>1.734</i>	<i>2.946</i>	<i>3.814</i>	<i>4.334</i>
Health Plan	253	2.569	75 th	Below 2.39	2.39	2.46	2.52	2.57	3.814
Estimated Overall CAHPS Score:									10.662

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

NOTE: NCQA begins their calculation with an unadjusted raw score showing six digits after the decimal and then compares the adjusted score to their benchmarks and thresholds (also calculated to the sixth decimal place). This report displays accreditation points and scores with only two digits after the decimal. Therefore, the estimated overall CAHPS score may differ from the sum of the individual scores due to rounding and could differ slightly from official scores provided by NCQA. The CAHPS measures account for 13 points towards accreditation.

*Data Source: 2019 Accreditation Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.

Key Driver Summary

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

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

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

Overall Rating of Health Plan

Call to Action

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

Q20 - Spend Enough Time with You

Promote

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

Q31 - Got Information or Help Needed

Overall Rating of Health Care

Call to Action

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

Q22 - Care Coordination

Q14 - Easy to Get Care Believed Necessary





















Q25 - Easy to Get Appointment with Specialist

Promote

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

Q31 - Got Information or Help Needed

Key Driver Analysis

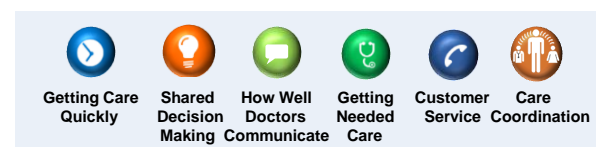
Rating of Health Plan	Correlation to Rating of Health Plan	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q31. Got information or help needed	 0.37		87	86.21%	85 th
Q20. Spend enough time with you	 0.34		183	91.80%	79 th
Q4. Getting care as soon as needed	 0.30		105	86.67%	65 th
Q14. Easy to get care believed necessary	 0.29		194	85.05%	48 th
Q6. Getting appointment as soon as needed	 0.27		204	81.86%	62 nd
Q18. Listen carefully to you	 0.26		183	96.72%	99 th
Q17. Explain things in a way you could understand	 0.19		184	95.65%	96 th
Q32. Treated you with courtesy and respect	 0.16		87	96.55%	86 th
Q22. Care Coordination	 0.16		88	82.95%	40 th
Q19. Show respect for what you had to say	 0.15		183	96.72%	98 th

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

Use caution when reviewing scores with sample sizes less than 25





















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

Red Text indicates measure is 25th percentile or lower



Key Driver Analysis

Rating of Health Care





	Correlation to Rating of Health Care	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q22. Care Coordination	 0.42		88	82.95%	40 th
Q14. Easy to get care believed necessary	 0.41		194	85.05%	48 th
Q31. Got information or help needed	 0.36		87	86.21%	85 th
Q25. Easy to get appointment with specialist	 0.35		93	75.27%	11 th
Q6. Getting appointment as soon as needed	 0.31		204	81.86%	62 nd
Q20. Spend enough time with you	 0.27		183	91.80%	79 th
Q32. Treated you with courtesy and respect	 0.25		87	96.55%	86 th
Q4. Getting care as soon as needed	 0.25		105	86.67%	65 th
Q18. Listen carefully to you	 0.24		183	96.72%	99 th
Q12. Asked preference for medicine	 0.20		92	77.17%	40 th

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

Use caution when reviewing scores with sample sizes less than 25

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

Red Text indicates measure is 25th percentile or lower

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

Key Driver Analysis

Rating of Doctor and Specialist

Correlation to Rating
of Personal Doctor

Health
Plan's
Score

Quality
Compass
Percentile

Q20. Spend enough time with you		0.49	91.80%	79 th
Q22. Care Coordination		0.47	82.95%	40 th
Q19. Show respect for what you had to say		0.40	96.72%	98 th
Q18. Listen carefully to you		0.40	96.72%	99 th
Q17. Explain things in a way you could understand		0.36	95.65%	96 th
Q6. Getting appointment as soon as needed		0.27	81.86%	62 nd
Q32. Treated you with courtesy and respect		0.25	96.55%	86 th
Q14. Easy to get care believed necessary		0.19	85.05%	48 th
Q25. Easy to get appointment with specialist		0.16	75.27%	11 th
Q4. Getting care as soon as needed		0.14	86.67%	65 th

Correlation to Rating
of Specialist

Health
Plan's
Score

Quality
Compass
Percentile

Q22. Care Coordination		0.42	82.95%	40 th
Q25. Easy to get appointment with specialist		0.38	75.27%	11 th
Q14. Easy to get care believed necessary		0.30	85.05%	48 th
Q20. Spend enough time with you		0.29	91.80%	79 th
Q19. Show respect for what you had to say		0.27	96.72%	98 th
Q18. Listen carefully to you		0.23	96.72%	99 th
Q32. Treated you with courtesy and respect		0.23	96.55%	86 th
Q31. Got information or help needed		0.18	86.21%	85 th
Q6. Getting appointment as soon as needed		0.16	81.86%	62 nd
Q17. Explain things in a way you could understand		0.10	95.65%	96 th

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

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

Red Text indicates measure is 25th percentile or lower

Improving CAHPS Scores

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

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

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

GETTING CARE QUICKLY

Getting care as soon as you needed

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

Getting appointment as soon as needed

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

Additional recommendations

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

Improving CAHPS Scores

SHARED DECISION MAKING

Discussed reasons to take medicine

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

Discussed reasons not to take medicine

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

Asked preference for medicine

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

Additional recommendations

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

Improving CAHPS Scores

HOW WELL DOCTORS COMMUNICATE

Explain things in a way you could understand

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

Listen carefully to you

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

Show respect for what you had to say

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

Spend enough time with you

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

Additional recommendations

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

Improving CAHPS Scores

GETTING NEEDED CARE (1 of 2)

Easy to get appointment with specialist

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

Improving CAHPS Scores

GETTING NEEDED CARE *(2 of 2)*

Easy to get care believed necessary

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

Additional recommendations

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

Improving CAHPS Scores

HEALTH PLAN CUSTOMER SERVICE

Got information or help needed

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

Treated you with courtesy and respect

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

Additional recommendations

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

Improving CAHPS Scores

CARE COORDINATION

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

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

Demographic Differences

The commentary below is **based on the SPH Analytics (formerly Morpace) Adult Medicaid Book of Business:**

Age	<ul style="list-style-type: none"> Those ages 55+ tend to be more satisfied with their health care experience and health plan than those ages 54 or younger. Respondents 55+ rate all composite and overall rating areas significantly higher than younger respondents with the exception of Shared Decision Making. Respondents ages 54 or younger rate Shared Decision Making significantly higher than those 55+. Younger respondents are significantly less likely to report receiving a flu shot/spray than older respondents.
Health Status	<ul style="list-style-type: none"> Respondents who rate their health status as 'Excellent' or 'Very good' tend to be more satisfied with How Well Doctors Communicate and Getting Needed Care than respondents who rate their health status lower. Moreover, healthier respondents give significantly higher ratings to all overall rating measures in comparison to those less healthy. Respondents who rate their health status as 'Fair' or 'Poor' are significantly more likely to report receiving a flu shot/spray than those who rate their health status higher.
Education	<ul style="list-style-type: none"> Less educated respondents rate the areas of Getting Care Quickly, Getting Needed Care, Rating of Personal Doctor, Rating of Specialist and Rating of Health Plan significantly higher than those more educated.
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.	
Race	<ul style="list-style-type: none"> White respondents give significantly higher ratings for: Getting Care Quickly, Getting Needed Care and Rating of Health Care. For the remaining <u>overall rating</u> measures (Personal Doctor, Specialist and Health Plan), White respondents rate similarly to African-American respondents. SPH Analytics Book of Business: White - 61%; African American - 24%; All other - 17% Lower satisfaction ratings from Asian Americans may be partially attributable to cultural differences in their response tendencies. Therefore, the lower scores for 'All other' might not reflect an accurate comparison of their experience with health care.
Ethnicity	<ul style="list-style-type: none"> Hispanics and non-Hispanics rate most <u>composite</u> measures similarly, although, Hispanic respondents rate all <u>overall rating</u> measures (Rating of Health Care, Personal Doctor, Specialist, and Health Plan) significantly higher than non-Hispanics. SPH Analytics Book of Business: Hispanic - 15%

Demographic Profile

		2016	2017	2018	2019	2018 Quality Compass
Q36. Health Status						
	Excellent/Very Good	36%	30%	32%	32%	33%
	Good	27%	33%	34%	29%	33%
	Fair/Poor	37%	37%	34%	39%	34%
Q37. Mental/Emotional Health Status						
	Excellent/Very Good	43%	39%	42%	43%	43%
	Good	21%	30%	30%	25%	29%
	Fair/Poor	36%	31%	29%	32%	28%
Q47. Member's Age						
	18 to 24	20%	13%	13%	10%	12%
	25 to 34	20%	15%	17%	16%	17%
	35 to 44	19%	18%	17%	16%	14%
	45 to 54	16%	20%	21%	16%	19%
	55 to 64	24%	25%	30%	39%	29%
	65 or older	2%	8%	2%	3%	9%
Q48. Gender						
	Male	28%	30%	28%	30%	38%
	Female	72%	70%	72%	70%	62%
Q49. Education						
	Did not graduate high school	38%	34%	30%	31%	23%
	High school graduate or GED	38%	36%	43%	36%	39%
	Some college or 2-year degree	20%	24%	22%	25%	27%
	4-year college graduate	3%	4%	4%	6%	7%
	More than 4-year college degree	1%	2%	1%	2%	4%
Q50/51. Race/Ethnicity						
	Hispanic or Latino	4%	3%	4%	4%	18%
	White	40%	42%	43%	48%	58%
	African American	53%	50%	52%	45%	24%
	Asian	2%	1%	1%	2%	5%
	Native Hawaiian or other Pacific Islander	1%	0%	1%	0%	1%
	American Indian or Alaska Native	5%	4%	2%	1%	4%
	Other	4%	4%	3%	5%	11%

Data shown are self reported.

Measures by Demographics

	Age			Race			Ethnicity		Education		Health Status		
Demographic	18-34	35-54	55+	White	African American	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/Very Good	Good	Fair/Poor
Sample size	(n=69)	(n=84)	(n=109)	(n=128)	(n=119)	(n=20)	(n=9)	(n=243)	(n=177)	(n=87)	(n=83)	(n=76)	(n=100)
Composites (% Always/Usually)													
Getting Care Quickly	81	90	81	85	83	79	75	84	82	89	82	86	83
Shared Decision Making (% Yes)	79	85	74	81	74	94	100	78	78	79	76	80	79
How Well Doctors Communicate	95	94	96	96	94	92	95	96	94	98	93	96	96
Getting Needed Care	78	83	79	84	79	65	100	80	82	78	87	81	75
Customer Service	90	89	93	92	92	79	100	90	89	95	100	88	88
Overall Ratings (% 8,9,10)													
Health Care	76	78	80	77	79	100	100	78	76	83	89	80	71
Personal Doctor	88	82	87	85	87	92	83	87	86	86	94	84	81
Specialist	89	73	86	87	80	78	100	82	85	79	100	80	74
Health Plan	78	80	82	82	78	88	83	81	80	81	89	83	72

HEDIS Measures

Flu Vaccinations for Adults Ages 18 - 64

Medical Assistance with Smoking and Tobacco Use Cessation

Flu Vaccinations

For Adults Ages 18-64

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

Health Plan Percentile:

65th Percentile

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

Health Plan Scores (% Yes)	2016	2017	2018	2019
Q38. Flu Shot	36%	39%	35%	42%
Sample Size:	(356)	(378)	(368)	(252)

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

2018 Quality Compass							
Mean	5 th	10 th	25 th	50 th	75 th	90 th	95 th
39.60	27.84	31.37	34.66	38.95	44.30	48.66	50.82

Smoking & Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

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

Health Plan Percentile:

60th Percentile

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

Health Plan Scores (% Always/Usually/Sometimes)	2016	2017	2018	2019
Q40. Advising Smokers and Tobacco Users to Quit	72%	70%	76%	79%
Sample Size:	(305)	(291)	(292)	(219)

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

2018 Quality Compass							
Mean	5 th	10 th	25 th	50 th	75 th	90 th	95 th
76.97	65.31	70.42	73.84	77.50	80.87	83.47	85.10

Smoking & Tobacco Use Cessation

Discussing Cessation Medications

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

Health Plan Percentile:

28th Percentile

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

Health Plan Scores (% Always/Usually/Sometimes)	2016	2017	2018	2019
Q41. Discussing Cessation Medications	45%	48%	50%	47%
Sample Size:	(306)	(293)	(288)	(215)

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

2018 Quality Compass							
Mean	5 th	10 th	25 th	50 th	75 th	90 th	95 th
51.53	35.94	40.94	46.71	51.07	57.63	62.57	65.79

Smoking & Tobacco Use Cessation

Discussing Cessation Strategies

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

Health Plan Percentile:

56th Percentile

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

Health Plan Scores (% Always/Usually/Sometimes)	2016	2017	2018	2019
Q42. Discussing Cessation Strategies	46%	44%	44%	46%
Sample Size:	(304)	(291)	(290)	(216)

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

2018 Quality Compass							
Mean	5 th	10 th	25 th	50 th	75 th	90 th	95 th
45.37	33.33	36.36	40.52	44.76	49.68	57.26	58.15

Supplemental Questions

Time Waited for Initial Appointment

Supplemental Questions

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

	2017	2018	2019
Same day	20%	22%	18%
1-2 days	24%	26%	27%
3-7 days	24%	23%	27%
8-14 days	11%	9%	7%
15-30 days	10%	9%	11%
More than 30 days	12%	10%	11%
Sample Size:	(n=284)	(n=274)	(n=179)

Time Waited for Routine Care Visit

Supplemental Questions

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

	2017	2018	2019
6 weeks or less	85%	83%	85%
More than 6 weeks	15%	17%	15%
<i>Sample Size:</i>	<i>(n=254)</i>	<i>(n=237)</i>	<i>(n=175)</i>

Time Waited for Specialist Initial Appointment

Supplemental Questions

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

	2017	2018	2019
Same day	13%	12%	13%
1-2 days	19%	22%	20%
3-7 days	28%	26%	26%
8-14 days	12%	15%	13%
15-30 days	16%	13%	18%
More than 30 days	13%	12%	11%
Sample Size:	(n=219)	(n=185)	(n=142)

Time Waited for Specialist Referred Visit

Supplemental Questions

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

	2017	2018	2019
Within 1 month (30 days) of referral	82%	82%	75%
More than 1 month (31 days) after referral	18%	18%	25%
<i>Sample Size:</i>	<i>(n=174)</i>	<i>(n=150)</i>	<i>(n=111)</i>

Currently Pregnant

Supplemental Questions

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

	2017	2018	2019
Yes	5%	5%	4%
No	95%	95%	96%
<i>Sample Size:</i>	<i>(n=399)</i>	<i>(n=373)</i>	<i>(n=253)</i>

Time Waited for First Trimester Check-Up

Supplemental Questions

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

	2017	2018	2019
14 days or less	75%	86%	80%
15 days or more	25%	14%	20%
<i>Sample Size:</i>	<i>(n=16)</i>	<i>(n=14)</i>	<i>(n=5)</i>

Time Waited for Second Trimester Check-Up

Supplemental Questions

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

	2017	2018	2019
7 days or less	71%	100%	40%
8 days or more	29%	0%	60%
<i>Sample Size:</i>	<i>(n=17)</i>	<i>(n=13)</i>	<i>(n=5)</i>

Time Waited for Third Trimester Check-Up

Supplemental Questions

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

	2017	2018	2019
3 days or less	60%	88%	75%
4 days or more	40%	13%	25%
<i>Sample Size:</i>	<i>(n=15)</i>	<i>(n=8)</i>	<i>(n=4)</i>

Phoned Doctor After Hours

Supplemental Questions

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

	2017	2018	2019
Yes	15%	17%	15%
No	85%	83%	85%
<i>Sample Size:</i>	<i>(n=390)</i>	<i>(n=368)</i>	<i>(n=254)</i>

Help From After Hours Call

Supplemental Questions

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

	2017	2018	2019
Always	60%	69%	44%
Usually	13%	10%	9%
Sometimes	15%	8%	35%
Never	13%	13%	12%
<i>Sample Size:</i>	<i>(n=55)</i>	<i>(n=61)</i>	<i>(n=34)</i>

Comfortable with Physician

Supplemental Questions

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

	2017	2018	2019
Never	65%	65%	72%
Sometimes	13%	10%	11%
Usually	8%	8%	5%
Always	14%	17%	12%
<i>Sample Size:</i>	<i>(n=390)</i>	<i>(n=371)</i>	<i>(n=259)</i>

Cultural/Language Needs From Plan

Supplemental Questions

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

	2017	2018	2019
Yes	77%	77%	77%
No	23%	23%	23%
<i>Sample Size:</i>	<i>(n=387)</i>	<i>(n=366)</i>	<i>(n=258)</i>

2019 CAHPS® Child Medicaid with CCC 5.0H Summary Report

July 2019

A decorative graphic on the right side of the slide. It features a horizontal line that is blue for most of its length and green for the last portion. To the right of the line are three overlapping circles: a large blue circle at the top, a light blue circle at the bottom, and a green circle to the right. The text 'Centene - LA (Louisiana Healthcare Connections)' is centered within the blue circle.

**Centene - LA (Louisiana
Healthcare Connections)**

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Study Overview

(1 of 2)

Background

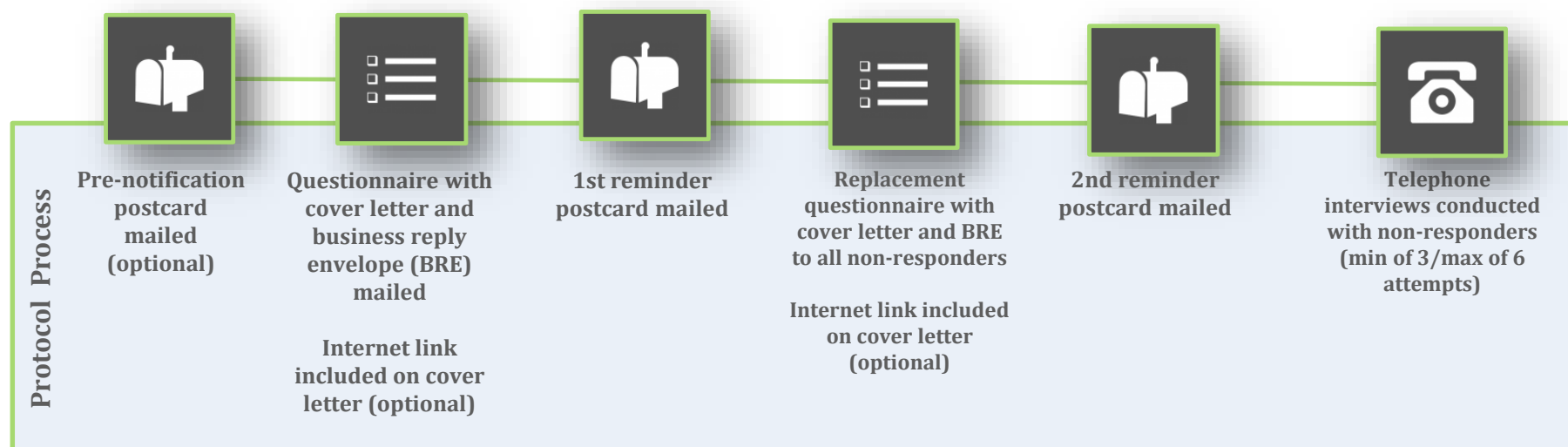
CAHPS (Consumer Assessment of Healthcare Providers and Systems) measures health care consumers' satisfaction with the quality of care and customer service provided by their health plan. Plans which are collecting HEDIS® (Healthcare Effectiveness Data and Information Set) data for NCQA accreditation are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

Protocol

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

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

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



Study Overview

(2 of 2)

Sample

- » In 2019, 2805 Centene - LA (Louisiana Healthcare Connections) members were pulled randomly and assigned as General Population (GP). From the balance of the remaining members, 2852 members flagged as possible CCC (based on the variable prescreen status=2, meaning they are more likely to have a chronic condition) were pulled randomly and assigned as CCC. The two samples together create a total sample size of 5657 (per NCQA standard).
- » For purposes of reporting the Child Medicaid with CCC survey results, the results are divided into two groups:
 - » General Population Completes are comprised of:
 - » Members who were assigned as General Population (GP) during sample selection and completed the survey
 - » CCC Population Completes are comprised of:
 - » Members indicated they have chronic care conditions based on responses to the CCC survey questions. These members could be from either the GP or CCC sample selection pull.
 - » A member assigned as GP from sample selection could be represented in both the GP Completes and CCC Completes if they indicated they have chronic care conditions in the survey.
 - » Total Completes are comprised of:
 - » Members who completed the survey, regardless of which sample pull they were assigned initially
 - » Note: If a member was assigned as CCC during sample selection but did not answer the CCC survey questions indicating they have a chronic condition, the member is represented under Total Completes only.
 - » The Total Completes will not add up to the sum of GP Completes and CCC Completes because:
 - » The GP Completes and CCC Completes are not mutually exclusive so a member could be represented in both groups, and
 - » The members assigned as CCC during sample selection that do not have a chronic condition are included in Total Completes Only

The 2019 sample for Centene - LA (Louisiana Healthcare Connections):

				Total Completes				
Sample Size	Total Completes	General Population Completes	CCC Population Completes	English Completes	Spanish Completes	Mail Completes	Phone Completes	Internet Completes
5657	829	412	373	794	35	403	375	51

Response Rate Summary

Response Rate Calculation

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

15%

Is the Final 2019 Total Sample Response Rate

15%

Is the Final 2019 General Population Response Rate

Using the final figures from Centene - LA (Louisiana Healthcare Connections)'s survey, the 2019 response rate is calculated using the equation below:

Total Sample

Mail (403) + Phone (375) + Internet (51) = 829 completes

÷

Total Sample (5657) - Total Ineligible (52) = 5605

General Population

Mail (197) + Phone (188) + Internet (27) = 412 completes

÷

Total Sample (2805) - Total Ineligible (36) = 2769

Disposition Summary

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

Ineligible	Count	
	Total Sample	General Population
Deceased	0	0
Does not meet eligible population criteria	11	7
Language barrier	41	29
Total Ineligible	52	36

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

Non-response	Count	
	Total Sample	General Population
Partial complete	47	23
Refusal	15	8
Maximum attempts made	4696	2316
Do Not Call list	18	10
Total Non-response	4776	2357

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

CAHPS Measures Defined

Key Measures

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

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

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

** Measure not included in scoring for accreditation.*

Summary Rate Scores

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

Quality Compass Percentiles

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

Percentiles displayed in this report are those provided in Quality Compass. A percentile is a value on a scale of one hundred that indicates the percent of the distribution that is equal to or below it. For example, if a plan's score falls in the 75th percentile compared to the Quality Compass that means 75% of plans represented in the Quality Compass have a score that is equal to or lower than it. Conversely, 25% of the plans in the Quality Compass have a higher score.

NCQA Accreditation CAHPS Points

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

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

Executive Highlights

General Population

Summary Rate Scores (% Positive Response)			
COMPOSITE SCORES	2019	2018	2019 Score versus 2018 Quality Compass
Getting Care Quickly	92% ↓	95%	67 th
Shared Decision Making	79%	82%	47 th
How Well Doctors Communicate	96%	95%	81 st
Getting Needed Care	86%	89%	57 th
Customer Service	91%	91%	75 th
Care Coordination	86%	79%	69 th
OVERALL RATING SCORES			
Health Care	90%	90%	80 th
Personal Doctor	91%	91%	71 st
Specialist	88%	89%	67 th
Health Plan	90%	89%	83 rd

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

2019 NCQA Accreditation CAHPS Points			
Approx. 2019 Percentile Threshold	2019 Approx. Points	2018 Approx. Points	Difference from 2018
90 th	1.625	1.444	0.181
NA	NA	NA	NA
NA	NA	NA	NA
75 th	1.430	1.444	-0.014
90 th	1.625	1.444	0.181
75 th	1.430	0.982	0.448
90 th	1.625	1.444	0.181
90 th	1.625	1.444	0.181
NA	NA	1.444	NA
90 th	3.250	2.888	0.362
	12.610	12.534	0.076

Total Possible CAHPS Points = 13.000



Summary Rate Scores:

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

Accreditation Points:

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

Summary of Key Measures

	General Population		2018 Quality Compass	CCC Population		2018 Quality Compass
Composite Measures	2018	2019		2018	2019	
Getting Care Quickly	95%	92% ↓	89%	96%	97%	93%
Shared Decision Making	82%	79%	78%	85%	82%	85%
How Well Doctors Communicate	95%	96%	94%	95%	96%	95%
Getting Needed Care	89%	86%	85%	88%	88%	87%
Customer Service	91%	91%	89%	91%	88%	89%
CCC Composite Measures						
Access to Prescription Medicines	92%	93%	NA	92%	90%	91%
Access to Specialized Services	73%	77%	NA	77%	83%	78%
Family-Centered Care: Personal Doctor Who Knows Child	88%	91%	NA	91%	92%	91%
Family-Centered Care: Getting Needed Information	90%	88%	NA	93%	93%	92%
Coordination of Care for Children with Chronic Conditions	78%	75%	NA	78%	79%	77%
Overall Ratings Measures						
Health Care	90%	90%	87%	89%	88%	86%
Personal Doctor	91%	91%	89%	91%	92%	89%
Specialist	89%	88%	87%	86%	92%	87%
Health Plan	89%	90%	86%	89%	88%	84%
Health Promotion & Education	71%	76%	73%	80%	81%	79%
Care Coordination	79%	86%	83%	82%	83%	84%
General Population				Total Sample		
Sample Size	2,723	2,805		5,575	5,657	
# of Completes	523	412		1,058	829	
Response Rate	19%	15%		19%	15%	

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

Comparison to Quality Compass

General Population

			2018 Child Medicaid Quality Compass - General Population Results							
Child Medicaid with CCC Survey Questions	2019	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly (% Always/Usually)	91.89	67th	89.47	82.18	83.90	86.81	89.96	92.56	94.52	95.06
Shared Decision Making (% Yes)	78.89	47th	78.27	69.87	72.18	75.81	79.31	80.95	83.06	83.56
How Well Doctors Communicate (% Always/Usually)	95.70	81st	93.72	89.39	91.10	92.46	94.05	95.40	96.36	96.81
Getting Needed Care (% Always/Usually)	85.70	57th	84.68	78.11	79.28	81.67	84.41	87.94	90.26	91.35
Customer Service (% Always/Usually)	90.68	75th	88.72	84.60	85.48	87.22	88.50	90.58	92.01	93.07
Q40 Care Coordination (% Always/Usually)	85.59	69th	82.94	75.00	76.85	80.21	82.94	86.54	88.24	89.29
Q14 Rating of Health Care (% 8, 9, 10)	89.90	80th	87.02	82.31	83.20	85.23	87.27	89.25	90.64	91.54
Q41 Rating of Personal Doctor (% 8, 9, 10)	91.03	71st	89.47	84.52	86.14	88.01	89.64	91.28	92.59	93.26
Q48 Rating of Specialist (% 8, 9, 10)	88.46	67th	87.03	81.46	82.26	84.75	86.94	89.30	91.87	92.25
Q54 Rating of Health Plan (% 8, 9, 10)	89.97	83rd	86.32	80.58	82.08	84.10	86.63	89.06	90.77	91.49

Legend:

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

The 2018 Child Medicaid Quality Compass consists of 114 public and non-public reporting health plan products (All Lines of Business excluding PPO/EPOs).

Comparison to Quality Compass

CCC Population

			2018 Child Medicaid with CCC Quality Compass - CCC Population Results							
Child Medicaid with CCC Survey Questions	2019	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly (% Always/Usually)	96.65	98th	92.60	87.15	88.76	90.50	93.69	94.63	95.65	96.07
Shared Decision Making (% Yes)	81.88	13th	84.69	80.31	81.30	83.91	85.44	86.30	87.45	87.65
How Well Doctors Communicate (% Always/Usually)	96.23	81st	94.77	91.73	92.72	93.38	95.20	95.94	96.88	96.92
Getting Needed Care (% Always/Usually)	88.49	58th	87.39	79.48	82.05	84.89	88.17	90.35	91.61	92.63
Customer Service (% Always/Usually)	88.46	43rd	89.03	85.10	86.08	87.06	89.26	90.76	91.99	94.36
Q40 Care Coordination (% Always/Usually)	82.89	42nd	83.73	78.10	79.13	81.01	83.51	86.72	88.13	89.03
Access to Prescription Medicines (% Always/Usually)	90.03	31st	91.47	86.19	87.55	89.71	91.98	93.72	94.62	95.37
Access to Specialized Services (% Always/Usually)	83.15	82nd	78.04	68.90	69.12	76.51	79.27	81.93	84.27	85.58
Family-Centered Care: Personal Doctor Who Knows Child (% Yes)	91.80	61st	91.01	87.20	88.47	89.92	91.23	92.53	93.18	93.35
Family-Centered Care: Getting Needed Information (% Always/Usually)	93.15	74th	91.99	88.74	89.73	90.94	92.04	93.29	94.06	95.56
Coordination of Care for Children with Chronic Conditions (% Yes)	79.07	71st	77.10	69.55	71.90	75.35	77.19	79.40	80.86	83.54
Q14 Rating of Health Care (% 8, 9, 10)	88.47	81st	85.99	80.12	81.70	84.78	86.57	87.59	89.39	89.90
Q41 Rating of Personal Doctor (% 8, 9, 10)	92.39	94th	89.41	85.63	86.49	88.26	89.49	91.00	91.45	92.84
Q48 Rating of Specialist (% 8, 9, 10)	92.42	95th	86.93	81.50	82.53	85.16	87.05	88.68	90.57	91.83
Q54 Rating of Health Plan (% 8, 9, 10)	87.57	79th	84.38	76.00	79.05	82.64	84.74	87.07	89.14	89.74

Legend:

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

The 2018 Child Medicaid with CCC Quality Compass consists of 57 public and non-public reporting health plan products (All Lines of Business excluding PPO/EPOs).

Accreditation Details

Scoring for NCQA Accreditation – General Population

2019 NCQA National Accreditation Comparisons*									
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l	
				Accreditation Points	0.325	0.650	1.105	1.430	1.625
Composite Scores	Sample Size	Mean	Approximate Percentile Threshold						
Getting Care Quickly	226	2.732	90 th	Below 2.54	2.54	2.61	2.66	2.69	1.625
Getting Needed Care	196	2.554	75 th	Below 2.40	2.40	2.47	2.55	2.60	1.430
Customer Service	107	2.660	90 th	Below 2.50	2.50	2.53	2.58	2.63	1.625
Care Coordination	118	2.492	75 th	Below 2.36	2.36	2.43	2.49	2.55	1.430
Overall Ratings Scores									
Health Care	307	2.720	90 th	Below 2.49	2.49	2.52	2.57	2.59	1.625
Personal Doctor	368	2.774	90 th	Below 2.58	2.58	2.62	2.65	2.69	1.625
Specialist***	78	2.744	90 th	Below 2.53	2.53	2.59	2.62	2.66	NA
				Accreditation Points	0.650	1.300	2.210	2.860	3.250
Health Plan	399	2.722	90 th	Below 2.51	2.51	2.57	2.62	2.67	3.250
Estimated Overall CAHPS Score:									12.610

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

NOTE: NCQA begins their calculation with an unadjusted raw score showing six digits after the decimal and then compares the adjusted score to their benchmarks and thresholds (also calculated to the sixth decimal place). This report displays accreditation points and scores with only two digits after the decimal. Therefore, the estimated overall CAHPS score may differ from the sum of the individual scores due to rounding and could differ slightly from official scores provided by NCQA. The CAHPS measures account for 13 points towards accreditation.

*Data Source: 2019 Accreditation Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.

Key Driver Summary

General Population

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

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

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

Overall Rating of Health Plan

Call to Action

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

Q51 - Treated You with Courtesy and Respect

Promote

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

Q50 - Got Information or Help Needed

Overall Rating of Health Care

Call to Action

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

Q51 - Treated You with Courtesy and Respect



Promote

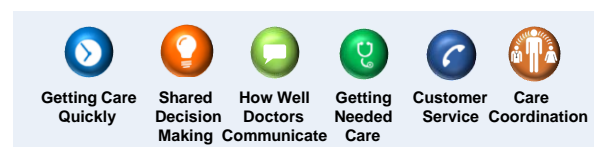
High Correlation with Rating of Health Care and
Higher Quality Compass Percentile:

Q50 - Got Information or Help Needed

Key Driver Analysis

Rating of Health Plan – General Population

	Correlation to Rating of Health Plan	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q51. Treated you with courtesy and respect	 0.49		108	94.44%	62 nd
Q50. Got information or help needed	 0.45		107	86.92%	81 st
Q15. Easy to get care believed necessary for child	 0.38		306	91.18%	60 th
Q40. Care Coordination	 0.37		118	85.59%	69 th
Q46. Easy to get appointment for child with specialist	 0.37		86	80.23%	44 th
Q11. Discussed reasons to take medicine	 0.25		115	93.91%	74 th
Q37. Spend enough time with child	 0.24		296	90.20%	55 th
Q34. Show respect for what you had to say	 0.11		297	97.64%	84 th
Q33. Listen carefully to you	 0.11		297	97.98%	95 th
Q4. Getting care for child as soon as needed	 0.10		151	92.72%	62 nd



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





















Use caution when reviewing scores with sample sizes less than 25

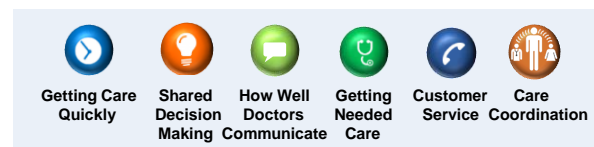
"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"

Red Text indicates measure is 25th percentile or lower

Key Driver Analysis

Rating of Health Care – General Population

	Correlation to Rating of Health Care	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q50. Got information or help needed	 0.58		107	86.92%	81 st
Q51. Treated you with courtesy and respect	 0.52		108	94.44%	62 nd
Q37. Spend enough time with child	 0.49		296	90.20%	55 th
Q15. Easy to get care believed necessary for child	 0.47		306	91.18%	60 th
Q46. Easy to get appointment for child with specialist	 0.45		86	80.23%	44 th
Q4. Getting care for child as soon as needed	 0.40		151	92.72%	62 nd
Q33. Listen carefully to you	 0.40		297	97.98%	95 th
Q34. Show respect for what you had to say	 0.39		297	97.64%	84 th
Q32. Explain things in a way you could understand	 0.38		297	96.97%	89 th
Q40. Care Coordination	 0.34		118	85.59%	69 th



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











Use caution when reviewing scores with sample sizes less than 25











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

Red Text indicates measure is 25th percentile or lower

Key Driver Analysis

Rating of Doctor and Specialist – General Population

	Correlation to Rating of Personal Doctor	Health Plan's Score	Quality Compass Percentile
Q37. Spend enough time with child	 0.53	90.20%	55 th
Q40. Care Coordination	 0.48	85.59%	69 th
Q15. Easy to get care believed necessary for child	 0.41	91.18%	60 th
Q51. Treated you with courtesy and respect	 0.39	94.44%	62 nd
Q33. Listen carefully to you	 0.39	97.98%	95 th
Q50. Got information or help needed	 0.38	86.92%	81 st
Q34. Show respect for what you had to say	 0.32	97.64%	84 th
Q32. Explain things in a way you could understand	 0.32	96.97%	89 th
Q11. Discussed reasons to take medicine	 0.28	93.91%	74 th
Q6. Getting appointment for child as soon as needed	 0.26	91.06%	70 th

	Correlation to Rating of Specialist	Health Plan's Score	Quality Compass Percentile
Q4. Getting care for child as soon as needed	 0.74	92.72%	62 nd
Q6. Getting appointment for child as soon as needed	 0.66	91.06%	70 th
Q15. Easy to get care believed necessary for child	 0.66	91.18%	60 th
Q32. Explain things in a way you could understand	 0.63	96.97%	89 th
Q51. Treated you with courtesy and respect	 0.61	94.44%	62 nd
Q11. Discussed reasons to take medicine	 0.56	93.91%	74 th
Q46. Easy to get appointment for child with specialist	 0.50	80.23%	44 th
Q33. Listen carefully to you	 0.48	97.98%	95 th
Q37. Spend enough time with child	 0.43	90.20%	55 th
Q40. Care Coordination	 0.41	85.59%	69 th

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

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

Red Text indicates measure is 25th percentile or lower

Key Driver Summary

CCC Population

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

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

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

Overall Rating of Health Plan

Call to Action

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

Q50 - Got Information or Help Needed

Q15 - Easy to Get Care Believed Necessary for Child

Q26 - Easy to Get Treatment or Counseling for Child

Promote

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

None

Overall Rating of Health Care

Call to Action

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

Q50 - Got Information or Help Needed

Q15 - Easy to Get Care Believed Necessary for Child





















Promote

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

None

Key Driver Analysis

Rating of Health Plan – CCC Population

	Correlation to Rating of Health Plan	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q20. Easy to get special medical equipment for child	 0.67		35	85.71%	NA
Q50. Got information or help needed	 0.56		117	83.76%	50 th
Q15. Easy to get care believed necessary for child	 0.53		319	93.42%	67 th
Q26. Easy to get treatment or counseling for child	 0.50		142	80.99%	52 nd
Q51. Treated you with courtesy and respect	 0.49		117	93.16%	20 th
Q56. Easy to get prescription medicine for child	 0.40		321	90.03%	31 st
Q40. Care Coordination	 0.35		152	82.89%	42 nd
Q23. Easy to get therapy for child	 0.31		87	82.76%	76 th
Q11. Discussed reasons to take medicine	 0.26		150	95.33%	27 th
Q4. Getting care for child as soon as needed	 0.25		173	95.95%	76 th

Above are the 10 key measures with the highest correlation to Rating of Health Plan
Use caution when reviewing scores with sample sizes less than 25

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





















Red Text indicates measure is 25th percentile or lower

SPH Analytics

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

Key Driver Analysis

Rating of Health Care – CCC Population

	Correlation to Rating of Health Care	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q50. Got information or help needed	 0.55		117	83.76%	50 th
Q15. Easy to get care believed necessary for child	 0.52		319	93.42%	67 th
Q33. Listen carefully to you	 0.39		312	97.44%	98 th
Q32. Explain things in a way you could understand	 0.37		312	97.12%	81 st
Q34. Show respect for what you had to say	 0.37		312	97.76%	83 rd
Q23. Easy to get therapy for child	 0.37		87	82.76%	76 th
Q40. Care Coordination	 0.36		152	82.89%	42 nd
Q6. Getting appointment for child as soon as needed	 0.34		301	97.34%	100 th
Q9. Getting questions answered by child's doctor	 0.33		321	93.15%	74 th
Q56. Easy to get prescription medicine for child	 0.33		321	90.03%	31 st

Above are the 10 key measures with the highest correlation to Rating of Health Care
Use caution when reviewing scores with sample sizes less than 25

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

Red Text indicates measure is 25th percentile or lower

SPH Analytics

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

2019 CAHPS 5.0H Child Medicaid with CCC Survey
Centene - LA (Louisiana Healthcare Connections)

M190005 July 2019 18

Improving CAHPS Scores

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

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

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

GETTING CARE QUICKLY

Getting care as soon as you needed

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

Getting appointment as soon as needed

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

Additional recommendations

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

Improving CAHPS Scores

SHARED DECISION MAKING

Discussed reasons to take medicine

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

Discussed reasons not to take medicine

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

Asked preference for medicine

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

Additional recommendations

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

Improving CAHPS Scores

HOW WELL DOCTORS COMMUNICATE

Explain things in a way you could understand

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

Listen carefully to you

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

Show respect for what you had to say

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

Spend enough time with you

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

Additional recommendations

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

Improving CAHPS Scores

GETTING NEEDED CARE (1 of 2)

Easy to get appointment with specialist

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

Improving CAHPS Scores

GETTING NEEDED CARE (2 of 2)

Easy to get care believed necessary

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

Additional recommendations

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

Improving CAHPS Scores

HEALTH PLAN CUSTOMER SERVICE

Got information or help needed

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

Treated you with courtesy and respect

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

Additional recommendations

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

Improving CAHPS Scores

CARE COORDINATION

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

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

Demographic Differences

The commentary below is **based on the SPH Analytics (formerly Morpace) Child Medicaid Book of Business:**

Child's Age	<ul style="list-style-type: none"> Parents/Guardians of older children rate Shared Decision Making higher than parents/guardians of younger children. Parents/Guardians of teens ages 15 to 18 rate their teen's Health Care, Personal Doctor, and Health Plan significantly lower than respondents with younger children.
Child's Health Status	<ul style="list-style-type: none"> Parents/Guardians of children with 'Excellent' or 'Very good' health status tend to be more satisfied than those who rate their child's health status lower. Significant differences are noted in all areas except for Shared Decision Making.
Respondent's Education	<ul style="list-style-type: none"> More educated respondents rate most composite measures higher than those less educated, whereas the opposite is true for overall rating measures – those less educated rate all overall rating measures similarly or higher than those with a higher education.
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.	
Child's Race	<ul style="list-style-type: none"> Parents/Guardians of White children give equal or higher ratings in all composite and overall rating areas with exception of Customer Service, in which respondents with children who are African American give the highest rating. SPH Analytics Book of Business: White - 61%; African American - 23%; All other - 22% Lower satisfaction ratings from Asian Americans may be partially attributable to cultural differences in their response tendencies. Therefore, the lower scores for 'All other' might not reflect an accurate comparison of their experience with health care.
Child's Ethnicity	<ul style="list-style-type: none"> Parents/Guardians of Hispanic children rate most <u>composite</u> measures significantly lower than those of non-Hispanic children, although, parents/guardians of Hispanic children rate all <u>overall rating</u> measures (Rating of Health Care, Personal Doctor, Specialist, and Health Plan) higher than non-Hispanics. SPH Analytics Book of Business: Hispanic - 26%

Demographic Profile

Child Demographics

		General Population		2018 Quality Compass-General Population	CCC Population		2018 Quality Compass-CCC Population
		2018	2019		2018	2019	
Q58. Child's Health Status							
	Excellent/Very Good	72%	75%	75%	54%	63%	57%
	Good	22%	17%	20%	31%	23%	31%
	Fair/Poor	6%	8%	5%	15%	14%	12%
Q59. Child's Mental/Emotional Health Status							
	Excellent/Very Good	71%	71%	73%	43%	45%	42%
	Good	17%	17%	18%	27%	27%	31%
	Fair/Poor	12%	12%	9%	31%	28%	27%
Q74. Child's Age							
	1 yr and under	5%	7%	NA	1%	1%	NA
	2-5 years	22%	22%	NA	14%	14%	NA
	6-9 years	22%	22%	NA	22%	21%	NA
	10-14 years	29%	30%	NA	39%	40%	NA
	15-18 years	22%	20%	NA	24%	23%	NA
Q75. Child's Gender							
	Male	52%	58%	52%	61%	65%	59%
	Female	48%	42%	48%	39%	35%	41%
Q76/77. Child's Race/Ethnicity							
	Hispanic or Latino	13%	18%	34%	7%	8%	21%
	White	49%	50%	56%	53%	54%	63%
	African American	41%	38%	23%	44%	43%	27%
	Asian	3%	3%	6%	1%	2%	3%
	Native Hawaiian or other Pacific Islander	1%	0%	2%	0%	0%	1%
	American Indian or Alaska Native	3%	4%	3%	3%	4%	4%
	Other	11%	14%	16%	5%	6%	11%

Data shown are self reported.

NA = Data not available

Demographic Profile

Respondent Demographics

	General Population		2018 Quality Compass-General Population	CCC Population		2018 Quality Compass-CCC Population
	2018	2019		2018	2019	
Q7. Number of Times Going to Doctor's Office/Clinic for Care						
None	19%	22%	24%	12%	12%	13%
1 time	22%	18%	27%	17%	13%	21%
2 times	24%	25%	23%	26%	28%	25%
3 times	15%	14%	13%	16%	18%	16%
4 times	9%	8%	6%	10%	10%	9%
5-9 times	9%	11%	6%	15%	16%	12%
10 or more times	1%	2%	2%	3%	4%	4%
Q31. Number of Times Visited Personal Doctor to Get Care						
None	15%	17%	20%	10%	10%	13%
1 time	27%	28%	33%	25%	24%	28%
2 times	26%	26%	23%	27%	26%	26%
3 times	13%	13%	12%	14%	16%	15%
4 times	10%	7%	6%	9%	8%	8%
5-9 times	7%	9%	5%	12%	14%	8%
10 or more times	2%	0%	1%	2%	2%	2%
Q78. Respondent's Age						
Under 18	8%	8%	7%	11%	9%	9%
18 to 24	7%	4%	6%	3%	2%	3%
25 to 34	29%	31%	30%	21%	24%	22%
35 to 44	29%	30%	32%	29%	29%	31%
45 to 54	14%	15%	16%	17%	20%	19%
55 to 64	8%	7%	7%	10%	9%	10%
65 or older	6%	6%	3%	9%	8%	6%
Q79. Respondent's Gender						
Male	8%	9%	13%	9%	10%	11%
Female	92%	91%	87%	91%	90%	89%
Q80. Respondent's Education						
Did not graduate high school	20%	21%	20%	18%	14%	15%
High school graduate or GED	32%	33%	34%	34%	34%	32%
Some college or 2-year degree	36%	30%	31%	38%	38%	37%
4-year college graduate	8%	9%	9%	7%	8%	9%
More than 4-year college degree	4%	6%	6%	4%	7%	7%

Data shown are self reported.

Measures by Demographics

General Population

	Child's Age					Child's Race			Child's Ethnicity		Respondent's Education		Child's Health Status		
Demographic	1 yr and under	2-5 yrs	6-9 yrs	10-14 yrs	15-18 yrs	White	African American	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/ Very Good	Good	Fair/ Poor
Sample size	(n=27)	(n=88)	(n=86)	(n=117)	(n=78)	(n=206)	(n=156)	(n=81)	(n=69)	(n=320)	(n=212)	(n=179)	(n=303)	(n=68)	(n=33)
Composites (% Always/Usually)															
Getting Care Quickly	93	91	95	89	95	92	98	83	78	95	91	94	93	89	97
Shared Decision Making (% Yes)	88	75	81	79	70	79	76	81	81	78	76	81	81	69	78
How Well Doctors Communicate	96	94	99	96	96	97	96	95	94	96	95	96	97	96	88
Getting Needed Care	90	89	86	87	91	89	85	84	83	88	83	91	88	88	79
Customer Service	95	91	94	93	78	87	95	87	94	90	91	90	92	91	86
Overall Ratings (% 8,9,10)															
Health Care	96	89	90	94	86	92	87	88	87	91	90	91	95	83	71
Personal Doctor	100	88	92	89	93	91	90	90	95	91	91	92	92	93	80
Specialist	100	88	81	94	100	96	92	73	71	92	90	90	91	83	100
Health Plan	92	85	93	92	89	91	87	91	97	89	92	88	90	94	81

Supplemental Questions

Appointment with Provider

Supplemental Questions

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

	2017	2018	2019
Same day	38%	38%	38%
1-2 days	33%	37%	36%
3-7 days	18%	16%	16%
8-14 days	5%	4%	6%
15-30 days	3%	3%	4%
More than 30 days	3%	1%	2%
Sample Size:	(n=452)	(n=771)	(n=616)

Appointment with Provider

Supplemental Questions

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

	2017	2018	2019
6 weeks or less	94%	95%	95%
More than 6 weeks	6%	5%	5%
<i>Sample Size:</i>	<i>(n=350)</i>	<i>(n=674)</i>	<i>(n=502)</i>

Appointment with Specialist

Supplemental Questions

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

	2017	2018	2019
Same day	23%	24%	20%
1-2 days	26%	24%	27%
3-7 days	26%	25%	24%
8-14 days	9%	10%	12%
15-30 days	8%	10%	10%
More than 30 days	7%	7%	8%
<i>Sample Size:</i>	<i>(n=232)</i>	<i>(n=430)</i>	<i>(n=313)</i>

Referral Process

Supplemental Questions

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

	2017	2018	2019
Within 1 month (30 days) of referral	89%	85%	84%
More than 1 month (31 days or more) after referral	11%	15%	16%
<i>Sample Size:</i>	<i>(n=178)</i>	<i>(n=332)</i>	<i>(n=226)</i>

Appointment for Routine Lab or X-Ray Services

Supplemental Questions

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

	2017	2018	2019
21 days or less	95%	96%	97%
22 days or more	5%	4%	3%
<i>Sample Size:</i>	<i>(n=127)</i>	<i>(n=251)</i>	<i>(n=184)</i>

Appointment for Urgent Lab or X-Ray Services

Supplemental Questions

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

	2017	2018	2019
Same day	74%	58%	56%
1-2 days	15%	25%	24%
3-7 days	6%	8%	12%
8-14 days	2%	5%	3%
15-30 days	1%	3%	3%
More than 30 days	1%	1%	2%
<i>Sample Size:</i>	<i>(n=142)</i>	<i>(n=254)</i>	<i>(n=188)</i>

After Hours

Supplemental Questions

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

	2017	2018	2019
Yes	14%	14%	12%
No	86%	86%	88%
<i>Sample Size:</i>	<i>(n=566)</i>	<i>(n=1011)</i>	<i>(n=782)</i>

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

	2017	2018	2019
Always	67%	68%	63%
Usually	20%	14%	9%
Sometimes	3%	9%	22%
Never	10%	9%	6%
<i>Sample Size:</i>	<i>(n=79)</i>	<i>(n=138)</i>	<i>(n=93)</i>

Cultural, Personal, or Religious Beliefs

Supplemental Questions

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

	2017	2018	2019
Never	79%	75%	74%
Sometimes	7%	8%	10%
Usually	3%	5%	4%
Always	11%	13%	12%
<i>Sample Size:</i>	<i>(n=566)</i>	<i>(n=997)</i>	<i>(n=776)</i>

Cultural and Language Needs

Supplemental Questions

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

	2017	2018	2019
Yes	80%	84%	83%
No	20%	16%	17%
<i>Sample Size:</i>	<i>(n=566)</i>	<i>(n=990)</i>	<i>(n=768)</i>