

2020 CAHPS Medicaid Child with CCC 5.0H Final Report

AmeriHealth Caritas Louisiana



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AmeriHealth Caritas Louisiana

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Overview

SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) certified HEDIS[®] Survey Vendor, was selected by AmeriHealth Caritas Louisiana to conduct its 2020 CAHPS[®] 5.0H Medicaid Child with CCC Survey (with CCC Measurement set). NCQA requires health plans to submit CAHPS survey results in compliance with HEDIS[®] accreditation requirements.

SURVEY OBJECTIVE The overall objective of the CAHPS[®] study is to capture accurate and complete information about consumer-reported experiences with health care. Specifically, the survey aims to measure how well plans are meeting their members' expectations and goals; to determine which areas of service have the greatest effect on members' overall satisfaction; and to identify areas of opportunity for improvement, which could aid plans in increasing the quality of provided care.

NCQA made the following changes to the survey for 2020:

NCQA shortened the HEDIS CAHPS surveys to reduce response burden for members and sponsors to coincide with the Health Plan accreditation refresh. These measures were removed from the survey:

- Shared Decision Making
 Proxy Questions
- Health Promotion and Education

Your Sales Director for this project is Midge Coker (678-689-0295), and your Project Manager is Heather Nast (248-539-5260). Should you have any questions or comments regarding any aspect of the survey or reporting process, please feel free to call either your Sales Director or your Project Manager.

HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA). CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Methodology

- The CAHPS 5.0H Medicaid Child Children with Chronic Conditions Survey assesses the experience of care for the general population of children and the population of children with chronic conditions (CCC). These conditions include relatively common conditions like asthma, as well as rare conditions, such as juvenile diabetes and Muscular Dystrophy.
- Children with chronic conditions represent a relatively small proportion of the overall child population. To achieve a sufficient number of complete surveys for CCC results to be calculated, a supplemental sample of children who are more likely to have a chronic condition, based on claims experience, is selected and added to the standard CAHPS[®] 5.0H Child Survey sample (General Population). After the General Population sample is pulled, the supplemental sample is pulled based on a prescreen sample code. The NCQA required total sample size is 3,490 (1,650 General Population + 1,840 supplemental sample), although plans may choose to oversample their population if necessary.
- NCQA defines the member as having a chronic condition through a survey-based screening tool. The CCC screening tool contains five sections representing five different health conditions. A child member is identified as having a chronic condition if all questions for at least one specific health consequence are answered "Yes".
- It cannot be determined which respondents out of the total sample qualify as having a chronic condition. Given that a
 denominator for this equation cannot be determined, there is no response rate provided for the CCC Population. You
 will see the Response Rate for the Total Population and General Population on the following page, along with
 additional details for the General Population sample.
- For 2020, NCQA no longer produces general population results for the CCC population and no longer produces CCC results for the general population. Therefore, results shown throughout this report are for the General Population unless specifically labeled as CCC Population.

Please see Technical Notes for more information.

CAHPS 2020: COVID-19 Pandemic

On March 11, 2020 the World Health Organization officially declared COVID-19 a global pandemic. All of us at SPH Analytics hope this report finds you, your colleagues, and family safe and healthy.

NCQA PROTOCOL MODIFICATIONS AND HEALTH PLAN RATING CHANGES FOR 2020

In response to the pandemic, NCQA released <u>guidance</u> about the HEDIS CAHPS program on March 27. While NCQA did not extend the data submission deadline of May 29, 2020, they did allow for modifications to the protocol.

On Thursday, April 2 NCQA released additional <u>guidance</u> regarding scoring for Health Plan Ratings, with clarification released on April 3. While NCQA required submission of HEDIS and CAHPS data for Commercial and Medicaid plans, they are not scoring plans using Health Plan Ratings in 2020.

- The September 2020 Health Plan Report Card update will list all plans with Interim, Accredited or Provisional status, as applicable, based on existing status or standards performance for surveys on the HPA 2020 Standards.
- There will be no Health Plan Ratings in 2020.

SPH has included notes throughout this report where there are changes to the regulatory guidance due to the pandemic. Because survey administration has taken place during extraordinary circumstances, please use caution when comparing and interpreting trend results from prior years.



Methodology

SPH administered the 2020 Medicaid Child with CCC 5.0H CAHPS survey using an NCQA approved methodology. Surveys were collected via a mail and phone methodology. 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. A synopsis of the data collection methodology is outlined below:

	Pre-survey notifications 3/16/2020	Mail Protocol Begins 3/24/2020	Phone Protocol 04/13/2020 - 05/26/2020	Last day to accept completed surve 5/26/2020	eys	Data submission to 5/29/2020			
ALID	SURVEYS				2018	2019	2020		
\succ	Total Number of Mail Completes	= 213 (12 in Spanish)		Does not Meet Eligibility Criteria (01)	2	7	14		
	Total Number of Phone Completes			Language Barrier (03)	4	16	10		
Total Number of Internet Completes = NA			Ineligible	Mentally/Physically Incapacitated (04)	0	0	0		
				Deceased (05)	0	0	1		
)20 RI	ESPONSE RATE			SUBTOTAL	6	23	25		
				Break-off/Incomplete (02)	34	21	40		
	Response Rate = Completed		Refusal (06)	22	5	16			
	Sar	nple size – Ineligible members	Non-Response	Maximum Attempts Made (07)	2217	2340	2373		
	040 (M-1) + 400 (D)			Added to DNC List (08)	10	12	0		
	<u>213 (Mail) + 138 (P</u> 2805 (Sample) - 25 (In			SUBTOTAL	2283	2378	2429		
	2000 (Oumpic) 20 (in	Sigible) - 2700	TOTAL		2289	2401	2454		
			The charts above and to the left display values for the General Population only.						
our pla	an's Total response rate is <mark>12</mark> .	6% .	Total Sample Siz	е	4563	4563	4645		
			Total Completes		763	584	594		
SPO	NSE RATE COMPARISON		Total Response F	Rate	16.8%	12.9%	12.9%		
			General Population	on Sample Size	2723	2723	2805		
e 202	20 SPH Analytics Book of Bus	iness average response rate is 12.6%	General Population	on Response Rate	16.0%	11.9%	12.6%		
			Supplemental Sa	mple Size	1840	1840	1840		
			CCC Completes		338	257	248		

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Executive Summary



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Overview of Terms

Summary Rates are defined by NCQA in its HEDIS 2020 CAHPS[®] 5.0H guidelines and generally represent the most favorable response percentages.



Rating questions are typically displayed with two Summary Rates:

0	1	2	3	4	5	6	7	8	9	10
										10

Percentile Rankings Your plan's approximate percentile rankings in relation to the Quality Compass[®] All Plans benchmark were calculated by SPH Analytics using information derived from the NCQA 1-100 Benchmark.

Significance Testing All significance testing is performed at the 95% confidence level.

Small Denominator Threshold 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.

NCQA BENCHMARK INFORMATION

The source for data contained in this publication is Quality Compass[®] All Plans 2019. It is used with the permission of NCQA. Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion. Quality Compass[®] is a registered trademark of NCQA.

LEGACY DSS / MORPACE / SPH

In preparation for 2020 reporting, our new combined Analytics team reviewed all calculations and statistics to determine the best go forward strategy for SPH Analytics. Some historical calculations were updated to align with those decisions. As such, there are instances where a trend score might be slightly different from the value in your reports from last year. SPH also made decisions to align on go forward approaches for significance testing and other analyses.

Dashboard – 2020 Key Findings

Please see Technical Notes for more information.



Key measures that had significant improvements from last year

Q35 Doctor informed about care

TRENDING DOWN

Key measures that had significantly lower scores than last year

No key measures declined significantly.



MEASURE NAME	SUMMARY RATE	ESTIMATED NCQA RATING
Rating of Health Plan (% 9 or 10)	72.3%	***
Rating of Health Care (% 9 or 10)	74.0%	****
Rating of Personal Doctor (% 9 or 10)	81.0%	****
Rating of Specialist (% 9 or 10)	NA^	NA^
Getting Needed Care (% Always or Usually)	86.7%	***
Getting Care Quickly (% Always or Usually)	91.2%	***
Coordination of Care (% Always or Usually)	NA^	NA^

SatisAction™ KEY DRIVER STATISTICAL MODEL Key Drivers Of The Rating Of The Health Plan

POWER

Promote and leverage strengths Q36 Personal doctor overall Dr. explained things Q27 09 Health care overall CS courtesy/respect Q46 CS provided info./help Q45 **OPPORTUNITIES** Focus resources on improving processes that underlie these items Q28 Dr. listened carefully Q29 Dr. showed respect Dr. spent enough time Q32

Dr. explained things for child

Easy to discuss concerns

^Denominator less than 100. NCQA will assign an NA to this measure.

Please refer to slide 18 for details.

Q31 Q77

In response to the **COVID-19** pandemic, NCQA is not publishing Health Plan Ratings in 2020. These estimates are for informational purposes only.

2020 Medicaid Child with CCC Survey - 9

Measure Summary

Health Plan Domain Performance

Your plan's performance on measures that are typically considered to be in the domain of the health plan.

MEACUDE	SUMMA	RY RATE		2020 SPH BENCHMARK 2019 QC BENC		ENCHMARK	
MEASURE	2019	2020	CHANGE	SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan (% 9 or 10)	76.2%	72.3%	-3.9%	73.0%	38 th	71.7%	52 nd
Rating of Health Plan (% 8, 9 or 10)	88.9%	89.1%	0.2%	87.5%	64 th	86.5%	72 nd
Getting Needed Care (% Always or Usually)	87.9%	86.7%	-1.2%	85.6%	56 th	84.5%	65 th
Customer Service (% Always or Usually)	95.0%	93.4%	-1.6%	88.9%	96 th	88.4%	95 th
Ease of Filling Out Forms (% Always or Usually)	95.1%	96.4%	1.3%	96.0%	58 th	95.0%	76 th

KEY TAKEAWAYS

Your overall Rating of Health Plan (8-10) Summary Rate score is 89.1% and represents a change of 0.2 from 2019.

Note: Please refer to benchmark descriptions on slide 45.

Significance Testing

Green – Current year score is significantly higher than the 2019 score (\uparrow) or benchmark (\blacktriangle) score.

Red – Current year score is significantly lower than the 2019 score (\downarrow) or benchmark (\bigtriangledown) score.



Health Care Domain Performance

Your plan's performance on measures that are typically considered to be in the provider health care domain.

	SUMMA	RY RATE		2020 SPH E	ENCHMARK	ARK 2019 QC BENCHMARI	
MEASURE	2019	2020	CHANGE	SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care (% 9 or 10)	74.0%	74.0%	0.0%	73.0%	60 th	70.4%	75 th
Rating of Health Care (% 8, 9 or 10)	87.2%	90.2%	3.0%	88.7%	66 th	87.5%	77 th
Getting Care Quickly (% Always or Usually)	91.5%	91.2%	-0.3%	90.5%	48 th	89.4%	62 nd
How Well Doctors Communicate (% Always or Usually)	94.2%	94.2%	0.0%	95.1%	29 th	94.0%	50 th
Coordination of Care (% Always or Usually)	78.6%	88.9% ↑	10.3%	85.0%	78 th	83.8%	88 th
Rating of Personal Doctor (% 9 or 10)	82.1%	81.0%	-1.1%	79.1%	64 th	77.3%	85 th
Rating of Personal Doctor (% 8, 9 or 10)	91.6%	92.8%	1.2%	91.2%	77 th	90.0%	83 rd
Rating of Specialist (% 9 or 10)	83.6%	78.3%	-5.3%	75.0%	68 th	74.1%	82 nd
Rating of Specialist (% 8, 9 or 10)	91.0%	89.9%	-1.1%	88.2%	62 nd	87.5%	82 nd

Note: Please refer to benchmark descriptions on slide 45.

Significance Testing

Green – Current year score is significantly higher than the 2019 score (↑) or benchmark (▲) score.

Red – Current year score is significantly lower than the 2019 score (\downarrow) or benchmark (\bigtriangledown) score.

KEY TAKEAWAYS

Your overall Rating of Health Care (8-10) Summary Rate score is 90.2% and represents a change of 3.0 from 2019.

CCC Measures Performance

Your plan's performance on measures that have emphasis on the CCC population.

MEASUDE	SUMMAI	RY RATE		2020 SPH E	BENCHMARK	2019 QC B	ENCHMARK
MEASURE	2019	2020	CHANGE	SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Access to Prescription Medicines (% Always or Usually)	90.8%	92.6%	1.8%	91.7%	63 rd	91.6%	68 th
Access to Specialized Services (% Always or Usually)	77.7%	70.4%	-7.3%	75.4%	14 th	77.2%	5 th
Family-Centered Care: Personal Doctor Who Knows Child (% Yes)	86.7%	88.2%	1.5%	91.8%	5 th	91.0%	6 th
Family-Centered Care: Getting Needed Information (% Always or Usually)	95.9%	92.0%	-3.9%	93.4%	23 rd	91.4%	49 th
Coordination of Care for CCC (% Yes)	73.6%	78.9%	5.3%	77.2%	70 th	76.9%	73 rd

Note: Please refer to benchmark descriptions on slide 45.

Significance Testing

Green – Current year score is significantly higher than the 2019 score (\uparrow) or benchmark (\blacktriangle) score.

Red – Current year score is significantly lower than the 2019 score (\downarrow) or benchmark (\bigtriangledown) score.

Global Rating Summary Rate Scores (% 9 or 10)

Please see Technical Notes for more information.



Summary Rate Scores

Summary Rates are defined by **NCQA** in its HEDIS 2020 CAHPS[®] 5.0H guidelines and generally represent the most favorable response percentages.

SPH refers to the 2020 SPH Analytics Book of Business benchmark. **QC** refers to the 2019 Quality Compass[®] All Plans benchmark.

Significance Testing

Green – Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Red – Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Global Rating Summary Rate Scores (% 8, 9 or 10)

Please see Technical Notes for more information.



Summary Rate Scores

Summary Rates are defined by **NCQA** in its HEDIS 2020 CAHPS[®] 5.0H guidelines and generally represent the most favorable response percentages.

SPH refers to the 2020 SPH Analytics Book of Business benchmark. **QC** refers to the 2019 Quality Compass[®] All Plans benchmark.

Significance Testing

Green – Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Red – Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Composite Summary Rate Scores (% Always or Usually)

Please see Technical Notes for more information.



Summary Rate Scores

Summary Rates are defined by **NCQA** in its HEDIS 2020 CAHPS[®] 5.0H guidelines and generally represent the most favorable response percentages.

SPH refers to the 2020 SPH Analytics Book of Business benchmark. **QC** refers to the 2019 Quality Compass[®] All Plans benchmark.

Significance Testing

Green – Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Red – Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

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CCC Summary Rate Scores – CCC Population

Please see Technical Notes for more information.



Summary Rate Scores

Summary Rates are defined by **NCQA** in its HEDIS 2020 CAHPS[®] 5.0H guidelines and generally represent the most favorable response percentages.

SPH refers to the 2020 SPH Analytics Book of Business benchmark. **QC** refers to the 2019 Quality Compass[®] All Plans benchmark.

Significance Testing

Green – Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Red – Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Gap Analysis – Comparisons to Last Year

Please see Technical Notes for more information.

GAP ANALYSIS

The percentile gap is the difference between the maximum possible percentile (100) and the estimated percentile achieved using the 2019 Quality Compass All Plan

The percentile gap was closed compared to last year on the following measures:

- Getting Care Quickly
- Customer Service
- Coordination of Care

However, the percentile gap increased on these measures:

- Getting Needed Care
- How Well Doctors Communicate
- Rating of Health Plan
- Rating of Personal Doctor
- Rating of Specialist





2020 Gap is **larger** than 2019 Gap



POWeR Chart: Explanation

POWeR™ CHART CLASSIFICATION MATRIX

RETAIN POWER Higher Items in this quadrant have a relatively These items have a relatively large small impact on the rating of the health impact on the rating of the health plan Your plan performance elative to the SPH Book of Business plan but performance is above and performance is above average. average. Simply maintain Promote and leverage strengths performance on these items. in this quadrant. WAIT **OPPORTUNITY** These items are somewhat less Items in this quadrant have a relatively important than those that fall on the large impact on the rating of the health right side of the chart and, relatively plan but performance is below speaking, performance is below average. Focus resources on average. Dealing with these items improving processes that underlie can wait until more important items these items. have been dealt with. Lower Lower Importance to your plan members Higher

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.

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. We have been successfully using this approach since 1997.

The model provides the following:

- Identification of the elements that are important in driving of 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.

OWeR Chart: Your Results

Please see Technical Notes for more information.

SURVEY	MEASURE	SUMMARY RATE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
POWER	ł			
Q36	Personal doctor overall	81.0%	64 th	3
Q27	Dr. explained things	96.1%	59 th	3
Q9	Health care overall	74.0%	60 th	3
Q46	CS courtesy/respect	98.7%	96 th	5
Q45	CS provided info./help	88.2%	83 rd	4
OPPOR	TUNITY			
Q28	Dr. listened carefully	95.7%	34 th	3
Q29	Dr. showed respect	96.1%	23 rd	2
Q32	Dr. spent enough time	88.7%	23 rd	2
Q31	Dr. explained things for child	94.5%	41 st	3
Q77	Easy to discuss concerns	89.3%		
WAIT				
Q79	Discussed best tx. choice	81.5%		
Q81	Written materials/Internet provided needed info.	65.1%		
Q4	Got urgent care	91.2%	37 th	3
RETAIN	l i i i i i i i i i i i i i i i i i i i			
Q10	Got care/tests/treatment	92.4%	59 th	3
Q35	Dr. informed about care	88.9%	78 th	4
Q48	Easy to fill out forms	96.4%	58 th	3
Q43	Specialist overall	78.3%	68 th	4
Q6	Got routine care	91.3%	60 th	3
Q41	Got specialist appt.	81.0%	51 st	3

KEY DRIVERS, SUMMARY RATES AND PERCENTILES

The key drivers of the rating of the health plan are presented in the POWeR™ Chart classification matrix. 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.



Overall Rating of Health Plan

Please see Technical Notes for more information.

	Your plan scored in the 38th percentile when compared to the SPH Book of Business benchmark			Compared to last year, your Summary Score (% 9 and 10) decreased by -3 This result is not statistically significa	.9%.				
	♂ Typical of industry drivers ⊕ Different from industry drivers								
followir		analysis has identified the Health Plan. Performance on ember's overall experience rating.	Plan. Leverage these questions	s have a relatively large impact on the Rating of Health age these questions since they are important to your nd the Rating of Health Plan score for this plan.					
Are your key drivers typica			ALIGNMENT Are your key drivers typical of the industry?	YOUR KI High impact on					
	KEY DRIVER	2020 SPH BoB		KEY DRIVER	SUMMAR	(SPH BoB PERCENTILE	CLASSIFICATION		
Q9	Health care overall	73.0%	Ø	Q28 Dr. listened carefully	95.7%	34 th	OPPORT		
Q36	Personal doctor overall	79.1%	•	Q29 Dr. showed respect	96.1%	23 rd	OPPORT		
Q43	Specialist overall	75.0%	Ø	Q36 Personal doctor overall	81.0%	64 th	POWER		
Q46	CS courtesy/respect	94.2%	O	Q27 Dr. explained things	96.1%	59 th	POWER		
Q41	Got specialist appt.	80.4%	Ø	Q9 Health care overall	74.0%	60 th	POWER		
Q45	CS provided info./help	83.7%	O	Q32 Dr. spent enough time	88.7%	23 rd	OPPORT		
Q10	Got care/tests/treatment	90.8%		Q31 Dr. explained things for child	94.5%	41 st	OPPORT		
Q6	Got routine care	89.3%		Q77 Easy to discuss concerns	89.3%		OPPORT		
Q4	Got urgent care	91.7%	Ø	Q46 CS courtesy/respect	98.7%	96 th	POWER		
Q28	Dr. listened carefully	96.2%	ø	Q45 CS provided info./help	88.2%	83 rd	POWER		

Overall Rating of Health Plan

Please see Technical Notes for more information.



*Other includes all respondents who selected any race other than White or Black/African-American and did not select White or Black/African-American.

Estimated NCQA Health Insurance Plan Ratings

Please see Technical Notes for more information.

	2020 SUMMARY RATE	SUMMARY RATE DEFINTION	PERCENTILE RANK	ESTIMATED RATING				
CONSUMER SATISFAC	TION			3.5				
GETTING CARE	3.0							
Getting Needed Care	86.7%	Usually + Always	65 th	3.0				
Getting Care Quickly	91.2%	Usually + Always	62 nd	3.0				
SATISFACTION WITH PLAN	SATISFACTION WITH PLAN PHYSICIANS							
Rating of Personal Doctor	81.0%	9 + 10	85 th	4.0				
Rating of Specialist	78.3%	9 + 10	82 nd	NA				
Rating of Health Care	74.0%	9 + 10	75 th	4.0				
Coordination of Care	88.9%	Usually + Always	88 th	NA				
SATISFACTION WITH PLAN	SATISFACTION WITH PLAN SERVICES							
Rating of Health Plan	72.3%	9 + 10	52 nd	3.0				

In response to the **COVID-19** pandemic, NCQA is not publishing Health Plan Ratings in 2020. These estimates are for informational purposes only.

EXPLANATION

NCQA calculates health plan ratings (HPR) by evaluating plans in three categories: consumer satisfaction, clinical quality (includes prevention and treatment) and NCQA Accreditation Standards score.

The overall NCQA star rating is the weighted average of an organization's HEDIS and CAHPS measure ratings, plus Accreditation bonus points (if the organization has NCQA Accreditation), rounded to the nearest half point.

The CAHPS measures 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.

Results are summarized in the table to the left. **Percentiles and ratings are estimated by SPH** based on the 2019 NCQA data and benchmarks.

Rating = 1	Rating = 2	Rating = 3	Rating = 4	Rating = 5
Bottom 10 percent	Bottom 3 rd of plans but not bottom 10 th	Middle 3 rd of plans	Top 3rd of plans, but not in the top 10 th	Top decile of plans

Notes:

- 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.
- Medicaid plans have the option to be scored on either Adult CAHPS or Child CAHPS data.

Oversampling Scenarios

Please see Technical Notes for more information.

OVERSAMPLING SCENARIO EXPLANATION

In response to the **COVID-19** pandemic, NCQA is not publishing Health Plan Ratings in 2020. These estimates

are for informational purposes only.

Scenarios were tested to determine what oversampling rate could potentially impact the ratings assigned to this plan. This plan currently oversamples at the rate of 70%. SPH does not recommend additional oversampling.

Based on the scenarios tested, holding everything else constant, an oversampling rate of 147% and above yields all reportable measures and no change on measure scores. This is an estimate only and cannot be used to predict NCQA star ratings.

MEASURE NAME	ESTIMATED	OVE	OVERSAMPLING SCENARIOS				
MEASURE NAME	RATING	0%	70% (Current)	<u>></u> 147%			
CONSUMER SATISFACTION	3.5	3.5	3.5	3.5			
GETTING CARE	3.0	NA	3.0	3.0			
Getting Needed Care	3.0	NA	3.0	3.0			
Getting Care Quickly	3.0	NA	3.0	3.0			
SATISFACTION WITH PLAN PHYSICIANS	4.0	4.0	4.0	4.0			
Rating of Personal Doctor	4.0	4.0	4.0	4.0			
Rating of Specialist	NA	NA	NA	4.0			
Rating of Health Care	4.0	4.0	4.0	4.0			
Coordination of Care	NA	NA	NA	4.0			
SATISFACTION WITH PLAN SERVICES	3.0	3.0	3.0	3.0			
Rating of Health Plan	3.0	3.0	3.0	3.0			

Higher Rating Lower Rating Reportable

Please see Technical Notes for more information.

COMPARISON TO QUALITY COMPASS PERCENTILE THRESHOLDS

The graph shows how your plan's summary rates compare to the most recent Quality Compass thresholds published by NCQA (Fall 2019).





Top Three Measures

Your plan had the highest NCQA Quality Compass® All Plans percentile rankings for these three measures.

MEASURE	2020	SUMMA	RY RATE	CHANGE	2019 QC BI	ENCHMARK	GAP
	VALID N	2019	2020	CHANGE	SUMMARY RATE	PERCENTILE RANK	GAP
Customer Service (% Always or Usually)	77	95.0%	93.4%	-1.6%	88.4%	95 th	5.0%
Coordination of Care (% Always or Usually)	90	78.6%	88.9% ↑	10.3%	83.8%	88 th	5.1%
Rating of Personal Doctor (% 9 or 10)	305	82.1%	81.0%	-1.1%	77.3%	85 th	3.7%

Bottom Three Measures

Your plan had the lowest NCQA Quality Compass® All Plans percentile rankings for these three measures.

MEASURE	2020 VALID N	SUMMARY RATE		CHANGE	2019 QC BENCHMARK		GAP
		2019	2020	CHANGE	SUMMARY RATE	PERCENTILE RANK	
Getting Care Quickly (% Always or Usually)	155	91.5%	91.2%	-0.3%	89.4%	62 nd	1.8%
Rating of Health Plan (% 9 or 10)	339	76.2%	72.3%	-3.9%	71.7%	52 nd	0.6%
How Well Doctors Communicate (% Always or Usually)	232	94.2%	94.2%	0.0%	94.0%	50 th	0.2%

Significance Testing

Green – Current year score is significantly higher than the 2019 score (\uparrow) or benchmark (\blacktriangle) score.

Red – Current year score is significantly lower than the 2019 score (\downarrow) or benchmark (\bigtriangledown) score.

Improvement Strategies

Improving Performance

These measures had the lowest NCQA Quality Compass® All Plans percentile rankings for your plan. While plans should also review which measures have lower scores than last year and which measures perform lower than benchmark, SPH offers these opportunities for improvement based on national percentile rankings.

Improvement Strategies – Getting Care Quickly

- Assess CAHPS data by health system, PO, and/or network. Communicate results and identify outliers. Correlate with HEDIS data, complaints, appeals and/or quality of care concerns, and communicate. Support and encourage providers to take innovative action to improve access.
- Support members and collaborate with providers to enhance routine and urgent access to care through innovative, proactive approaches within Care Management, Chronic Care, and Quality Management. Work with providers to identify and resolve opportunities.
- Discuss and engage providers/staff on scheduling best practices, how to improve access to routine/urgent care. Consider scheduling routine appointments well in advance, e.g., 12 months. Provide tools, resources, support and assessment.
- Support, encourage and assist in approaches toward open access scheduling. Allow a portion of each day open for urgent care and/or followup care.
- Contract with additional providers for urgent and after-hour appointments/availability.
- Explore partnering with 24-hour urgent care or walk-in clinics.
- Educate providers and staff about Plan and regulatory appointment wait time requirements or standards (i.e., CAHPS, CMS, States, etc.). Identify opportunities for improvement.
- Provide members streamlined tools and resources (links, apps, etc.) about benefits, providers, referrals, scheduling appointments, etc. Identify options and hours available, and include alternatives, including practices with evening and weekend hours. Consider alternative sources of information, e.g., refrigerator magnets.
- Explore and support alternative telecommunication technologies to expand access to care: telephone, telehealth, telemedicine and patient portals.
- Encourage use of Nurse Hotline/Nurse on Call lines or live-chat via web for members to get health information and advice.

Improvement Strategies – Rating of Health Plan

- Analyze, investigate, probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with Rating of the Plan (i.e., CS, GNC, GCQ, HWDC). Review QI recommendations/actions of these CAHPS composite measures.
- Carefully review, simplify and clarify all family/child member communications, processes and forms. Ensure that all materials and messages are accurate, up-to-date, complete and consistent, using concise and unambiguous language.
- Identify key parent needs and expectations and critically assess operations and processes.
- · Ensure that the member website is easily navigable and highly user friendly.
- Simplify completion of commonly used forms via "pre-loaded" applications or on-line.
- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.
- Analyze satisfaction levels and loyalty ratings based on member profile/segmentation data (health system, age, length of membership, have PCP, etc.).
- Set S.M.A.R.T. goals. Specific, Measurable, Attainable, Realistic, and Timely for all identified activities. Assess all relevant internal data. Conduct additional surveys, data analyses as needed.
- Consider opportunities for positive and strategic messaging about the plan or health care reminders to members. Use technology to provide more effective and efficient care.
- Consider the value of a SPH CAHPS Drill-Down, Simulation Survey or CG-CAHPS to probe key CAHPS measures and/or target segments of the population.

Improvement Strategies – How Well Doctors Communicate

- Cultivate a patient-centered care philosophy and programs across the provider network.
- Support, communicate and educate providers about the vital medical importance of effective doctor-patient communication (i.e., reduced hospitalizations & ER visits, improved adherence).
- Explain health care concepts clearly and simply to parents and children. Use simple terms for children. Be prepared to accommodate and overcome language /literacy limitations.
- Address all of the parents' and the child's concerns. When appropriate, involve the child. Maintain eye contact with both the parent and the child. Be kind, thoughtful and thorough.
- Speak directly to older children when discussing matters related to their health.
- Provide readily available recommendations, tools and guidance to all providers to support and enhance communication skills and effective conversation skills with patients. Providers need to: Provide thorough explanations, provide written materials, illustrations and/or examples to help patient's understand, repeat the patient's concern and then address the topic, ask clarifying questions, make eye contact, avoid medical jargon and technical language, avoid multi-tasking, avoid rushing the patient, use constructive verbal responses and non-verbal cues, apply empathy and interest in response to concerns, by kind, avoid condescending language or actions, address questions and concerns-as much time as necessary, schedule adequate time for each visit, and follow-up after tests or procedures.
- Collaborate and share with providers tools, resources, and best practices to support, or reinforce, a complete and effective information exchange with all patients (e.g., a summary of medical record or health assessment to facilitate an effective health or wellness discussion, patient testimonials perhaps from focus groups - of effective and ineffective communication techniques, provide tips and/or testimonials in provider newsletters).

See full list of strategies in the Appendix: Improvement Strategies

Need Additional Assistance? For health plans that need additional assistance interpreting survey results and leveraging data to identify appropriate next steps for improvement, SPH offers Performance Improvement Consulting. Contact your Strategic Account Executive to learn more or visit our website at http://www.sphanalytics.com/consulting.

Measure Analyses



Measure Details and Scoring

AmeriHealth Caritas Louisiana

Drilling Down Into Ratings and Composites This section

is designed to give plans a detailed report on the performance of each global rating and composite measure.

The Composite Analysis typically consists of two pages. The first page displays composite level details and the second displays results for the attributes contained within the composite. It is critical to look at these attribute questions to determine if there is a particular aspect of care that is driving your composite score.



Analyses presented in this section include:

- Plan Summary Rate Scores with comparisons to trending (if available)
- Comparisons to benchmarks
- Percentile rankings
- · Proportions of respondents on gate questions
- Comparisons to the SPH Book of Business on each measure plotted with Rating of Health Plan

Measures Included in Analyses

- Rating of Health Plan
- Rating of Health Care
- Rating of Personal Doctor
- · Rating of Specialist
- Getting Needed Care
- Getting Care Quickly
- Coordination of Care
- Customer Service*
- How Well Doctors Communicate*





* The Customer Service and How Well Doctors Communicate measures are not used for NCQA ratings.

Rating of Health Plan: Measure

Please see Technical Notes for more information.



Q28	Dr. listened carefully
Q29	Dr. showed respect
Q32	Dr. spent enough time

- Q31 Dr. explained things for child
- Q77 Easy to discuss concerns

RATING OF HEALTH PLAN % 8, 9 or 10



Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Rating of Health Care: Measure

Please see Technical Notes for more information.



SPH BOOK OF BUSINESS DISTRIBUTION



RATING OF HEALTH CARE % 8, 9 or 10



Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Rating of Personal Doctor: Measure

Please see Technical Notes for more information.



SPH BOOK OF BUSINESS DISTRIBUTION





Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Rating of Specialist: Measure

Please see Technical Notes for more information.



SPH BOOK OF BUSINESS DISTRIBUTION





Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Getting Needed Care: Composite

Please see Technical Notes for more information.





Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Getting Needed Care: Attribute Questions

Please see Technical Notes for more information.



Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

^Denominator less than 100. NCQA will assign an NA to this measure.

2020 Medicaid Child with CCC Survey - 34

55th

Getting Care Quickly: Composite

Please see Technical Notes for more information.





Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Getting Care Quickly: Attribute Questions

Please see Technical Notes for more information.



(n = 218)

Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

^Denominator less than 100. NCQA will assign an NA to this measure.

77th

QC

87.7%

Percentile Ranking 2019 QC All Plans
Coordination of Care: Measure

Please see Technical Notes for more information.



COORDINATION OF CARE % Always or Usually 88.9% ↑ 95.0%



Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

^Denominator less than 100. NCQA will assign an NA to this measure.

Customer Service: Composite*

Please see Technical Notes for more information.



CUSTOMER SERVICE % Always or Usually



Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

^Denominator less than 100. NCQA will assign an NA to this measure.

* The Customer Service measure is not used for NCQA ratings.

Customer Service: Attribute Questions

Please see Technical Notes for more information.

CUSTOMER SERVICE QUESTIONS

The Customer Service composite score is calculated by taking the average of two questions:

- Q45. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
- Q46. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

2020 CUSTOMER SERVICE COMPOSITE SUMMARY RATE SCORE



Q45. PROVIDED INFORMATION OR HELP % Always or Usually 2020 88.2% 2019 91.1% 2018 87.5% SPH 83.7% QC 83.2% Percentile Ranking 2019 QC All Plans					
		% Always or	Usually		
		2020	88.2%		
		2019	91.1%		
		2018	87.5%		
	88.2%	SPH	83.7%		
	(n = 76)^	QC	83.2%		
		Percentile Rank	ting 2019 QC All Plans		
					90 th

Gate Questions	Valid n	Yes
Q44. Tried to get information or help from health plan's customer service	337	23.1%

Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

^Denominator less than 100. NCQA will assign an NA to this measure.

Q46. TREATED WITH COURTESY AND RESPECT % Always or Usually



O How Well Doctors Communicate: Composite*

Please see Technical Notes for more information.



HOW WELL DOCTORS COMMUNICATE % Always or Usually



Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

^Denominator less than 100. NCQA will assign an NA to this measure.

* The How Well Doctors Communicate measure is not used for NCQA ratings.

O How Well Doctors Communicate: Attribute Questions

Please see Technical Notes for more information.

HOW WELL DOCTORS COMMUNICATE QUESTIONS

The How Well Doctors Communicate composite score is calculated by taking the average of four questions:

- Q27. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- Q28. In the last 6 months, how often did your personal doctor listen carefully to you?
- Q29. In the last 6 months, how often did your personal doctor show respect for what you had to say?
- Q32. In the last 6 months, how often did your personal doctor spend enough time with you?

2020 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE



Gate Questions	Valid n	Yes
Q25. Have a personal doctor	347	89.0%

Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

^Denominator less than 100. NCQA will assign an NA to this measure.







O How Well Doctors Communicate: Attribute Questions (Continued)

Please see Technical Notes for more information.

HOW WELL DOCTORS COMMUNICATE QUESTIONS

The How Well Doctors Communicate composite score is calculated by taking the average of four questions:

- Q27. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- Q28. In the last 6 months, how often did your personal doctor listen carefully to you?
- Q29. In the last 6 months, how often did your personal doctor show respect for what you had to say?
- Q32. In the last 6 months, how often did your personal doctor spend enough time with you?

2020 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE



Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

^Denominator less than 100. NCQA will assign an NA to this measure.







Summary of Trend and Benchmarks

Summary Rate Scores and Percentile Rankings

AmeriHealth Caritas Louisiana



Please see Technical Notes for more information.

Trend and Benchmark Comparisons The CAHPS® 5.0H survey is designed to use composite scores to facilitate the aggregation of information and the communication of results. Questions are combined into composite categories comprising a particular service area managed by your plan. These composites, the questions that make up composites (attributes), additional measures, and rating questions are shown on the following pages.

Summary Rate Scores: Shows how your plan's composite and key question Summary Rates compare to trend data (if applicable) and scores from the 2020 SPH Analytics Medicaid Child with CCC Book of Business and the 2019 Medicaid Child with CCC Quality Compass[®] All Plans benchmarks. To help you identify how your plan's population compares to other plans and to previous data, statistically significant differences are highlighted.

Plan Percentile Rankings: Shows your plan's Summary Rates and percentile rankings in relation to the benchmarks.

Significance Testing

Green – Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score. **Red** – Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

No color denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% confidence level.

Benchmark Information

Please see Technical Notes for more information.

			Available Be The following benchmarks are			
	2019 Quality Compass [®] All Plans (General Population)	2019 Quality Compass [®] All Plans (CCC Population)	2019 NCQA 1-100 Benchmark (General Population)	2019 NCQA 1-100 Benchmark (CCC Population)	2020 SPH Analytics Book of Business (General Population)	2020 SPH Analytics Book of Business (CCC Population)
		Includes all Medicaid child samples (CCC) that submitted data to NCQA in 2018.	calculated by NCQA and derived from Medicaid child data (Non-CCC and CCC) collected by NCQA in	values ranging from the first through the one hundredth percentile) calculated by NCQA and derived from Medicaid child	administer the 2019 CAHPS 5.0H	Includes all the Medicaid child samples (CCC) that contracted with SPH Analytics to administer the 2019 CAHPS 5.0H survey and submitted data to NCQA.
PROS	 Contains more plans than the SPH Book of Business Is presented in NCQA's The State of Health Care Quality 	 Contains more plans than the SPH Book of Business Is presented in NCQA's The State of Health Care Quality Provides a CCC benchmark 	• Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass [®] All Plans benchmark	 Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass[®] All Plans benchmark Provides a CCC benchmark 	 Provides a benchmark for each question from the survey Permits precise percentile ranking of plan compared to benchmark Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark. 	 Provides a benchmark for each question from the survey Permits precise percentile ranking of plan compared to benchmark Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark Provides a CCC benchmark
CONS	• Only contains benchmarks for certain key questions, composites, and rating questions	• Only contains benchmarks for certain key questions, composites, and rating questions	 Only contains benchmarks for certain key questions, composites, and rating questions 	• Only contains benchmarks for certain key questions, composites, and rating questions	• Contains fewer plans than the Public Report and the Quality Compass [®] All Plans Benchmarks	Contains fewer plans than the Public Report and the Quality Compass [®] All Plans Benchmarks
# OF PLANS	112	54	112	54	162	53

Summary Rate Scores

Please see Technical Notes for more information.

RATING ITEMS

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK	
Rating Questions (% 9 or 10)					1		7
★ Q49. Rating of Health Plan	339	78.5%	76.2%	72.3% ‡	73.0%	71.7%	Total Star
★ Q9. Rating of Health Care	235	72.6%	74.0%	74.0%	73.0%	70.4%	Rating
★ Q36. Rating of Personal Doctor	305	80.4%	82.1%	81.0%	79.1%	77.3%	*
★ Q43. Rating of Specialist	69^	89.2%	83.6%	78.3%	75.0%	74.1%	Measures
Rating Questions (% 8, 9 or 10)							7
Q49. Rating of Health Plan	339	92.8%	88.9%	89.1%	87.5%	86.5%	<u>/</u>
Q9. Rating of Health Care	235	87.6%	87.2%	90.2%	88.7%	87.5%	
Q36. Rating of Personal Doctor	305	88.4%	91.6%	92.8%‡	91.2%	90.0%	Above QC Benchmar
Q43. Rating of Specialist	69^	92.8%	91.0%	89.9%	88.2%	87.5%	Denominan

7

At or Below QC Benchmark

Summary Rate Scores

Please see Technical Notes for more information.

COMPOSITES, ATTRIBUTES, AND KEY QUESTIONS

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK	
★ Getting Needed Care (% Always or Usually)	158	93.3%	87.9%	86.7% \$	85.6%	84.5%	<u>7</u>
Q10. Getting care, tests, or treatment	237	91.2%	92.3%	92.4%	90.8%	89.6%	Total Star
Q41. Getting specialist appointment	79^	95.3%	83.5%	81.0% ‡	80.4%	79.7%	Rating
★ Getting Care Quickly (% Always or Usually)	155	92.6%	91.5%	91.2%	90.5%	89.4%	Measures
Q4. Getting urgent care	91^	93.6%	92.2%	91.2%	91.7%	91.2%	
Q6. Getting routine care	218	91.6%	90.9%	91.3%	89.3%	87.7%	<u>7</u>
Other Measure (% Always or Usually)							Above OC
★ Q35. Coordination of Care	90^	89.3%	78.6%	88.9%↑	85.0%	83.8%	Above QC Benchmark

7

At or Below QC Benchmark

Summary Rate Scores

Please see Technical Notes for more information.

HER MEASURES					1	
Not used for accreditation/ratings)		2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK
Other Measure (% Always or Usually)						
Q48. Ease of filling out forms	330	96.1%	95.1%	96.4%	96.0%	95.0%
Health Plan Customer Service (% Always or Usually)	77^	92.1%	95.0%	93.4%	88.9%	88.4%
Q45. Provided information or help	76^	87.5%	91.1%	88.2%	83.7%	83.2%
Q46. Treated with courtesy and respect	77^	96.7%	98.9%	98.7%	94.2% 🔺	93.6% 🔺
How Well Doctors Communicate (% Always or Usually)	232	95.1%	94.2%	94.2%	95.1%	94.0%
Q27. Personal doctors explained things	233	95.8%	92.5%	96.1%	95.4%	94.5%
Q28. Personal doctors listened carefully	232	96.1%	95.7%	95.7%	96.2%	95.3%
Q29. Personal doctors showed respect	231	97.1%	97.6%	96.1%	97.1%	96.3%
Q32. Personal doctors spent enough time	231	91.3%	90.9%	88.7%	91.7%	89.7%

Summary Rate Scores – CCC Population

Please see Technical Notes for more information.

MEASURES						
	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK
Q51. Access to Prescription Medicines (% Always or Usually)	203	94.1%	90.8%	92.6%	91.7%	91.6%
Access to Specialized Services (% Always or Usually)		80.3%	77.7%	70.4% 🕏	75.4%	77.2%
Q15. Ease of getting special medical equipment or devices	31^	86.8%	83.9%	64.5% ‡	74.3%	77.1%
Q18. Ease of getting therapy	50^	74.2%	75.4%	74.0%	76.2%	77.5%
Q21. Ease of getting treatment or counseling	99^	79.8%	73.9%	72.7%	75.9%	76.8%
FCC: Personal Doctor Who Knows Child (% Yes)	160	89.9%	86.7%	88.2%	91.8%	91.0%
Q33. Doctor talked about how child is feeling, growing, and behaving	188	87.6%	84.1%	84.6%	90.2% 🔻	89.8% 🔻
Q38. Doctor understands how these conditions affect child's day-to-day life	146	92.8%	90.6%	89.7%	94.1%	93.2%
Q39. Doctor understands how these conditions affect family's day-to-day life	145	89.4%	85.4%	90.3%	91.2%	89.6%
Q8. FCC: Getting Needed Information (% Always or Usually)	201	93.1%	95.9%	92.0%	93.4%	91.4%
Coordination of Care for CCC (% Yes)		79.8%	73.6%	78.9%	77.2%	76.9%
Q13. Obtained help from doctors or health providers in contacting child's school or daycare	24^	92.9%	87.1%	87.5%	94.0%	93.9%
Q24. Obtained help coordinating child's care among different providers or services	74^	66.7%	60.2%	70.3%	60.3%	60.3%

Note: Please refer to benchmark descriptions on slide 45.

Regional Performance

Please see Technic	al Notes for more	information.
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	SUMMARY RATE	2020 SPH BoB REGION
Rating Questions (% 9 or 10)		
Q49. Rating of Health Plan	72.3%	76.8%
Q9. Rating of Health Care	74.0%	75.8%
Q36. Rating of Personal Doctor	81.0%	80.1%
Q43. Rating of Specialist	78.3%	77.6%
Rating Questions (% 8, 9 or 10)		
Q49. Rating of Health Plan	89.1%	90.0%
Q9. Rating of Health Care	90.2%	90.6%
Q36. Rating of Personal Doctor	92.8%	91.4%
Q43. Rating of Specialist	89.9%	89.6%
Getting Needed Care (% Always or Usually)	86.7%	85.6%
Q10. Getting care, tests, or treatment	92.4%	90.9%
Q41. Getting specialist appointment	81.0%	80.2%
Getting Care Quickly (% Always or Usually)	91.2%	91.1%
Q4. Getting urgent care	91.2%	92.8%
Q6. Getting routine care	91.3%	89.4%
Coordination of Care (Q35) (% Always or Usually)	88.9%	85.1%

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



Region 6: Dallas

- Arkansas
- New Mexico
- Texas
- Louisiana
- Oklahoma

Significance Testing Current year score is significantly higher (�) or lower (�) than the 2020 SPH BoB Region score.

Percentile Rankings – Quality Compass (Child)

Please see Technical Notes for more information.

	2020 Plan			National Percentiles from 2019 Quality Compass (Child)							
	Score	Percentile	5 th	10 th	25 th	33rd	50 th	67 th	75 th	90 th	95 th
Rating Questions (% 9 or 10)											
Q49. Rating of Health Plan	72.3%	52 nd	61.33	65.04	68.82	69.89	72.03	74.24	75.64	78.26	79.46
Q9. Rating of Health Care	74.0%	75 th	61.58	64.53	67.44	69.07	71.06	72.93	74.03	76.26	77.25
Q36. Rating of Personal Doctor	81.0%	85 th	70.27	72.38	75.00	76.30	77.80	79.31	79.82	82.07	83.45
Q43. Rating of Specialist	78.3%	82 nd	68.33	68.93	70.63	71.43	74.17	76.11	77.70	78.85	81.37
Rating Questions (% 8, 9 or 10)											
Q49. Rating of Health Plan	89.1%	72 nd	79.03	81.40	84.48	85.29	87.15	88.29	89.38	90.95	92.22
Q9. Rating of Health Care	90.2%	77 th	80.17	82.97	85.76	86.86	88.24	89.47	90.12	91.29	92.46
Q36. Rating of Personal Doctor	92.8%	83 rd	84.65	86.55	88.69	89.47	90.49	91.40	92.02	93.16	93.63
Q43. Rating of Specialist	89.9%	82 nd	83.92	84.25	85.83	86.61	87.29	88.65	89.00	91.18	91.78
Getting Needed Care (% Always or Usually)	86.7%	65 th	77.08	78.40	81.49	83.03	84.85	86.85	88.01	89.98	91.04
Q10. Getting care, tests, or treatment	92.4%	73 rd	82.57	83.94	87.46	88.07	90.11	91.80	92.43	94.20	94.96
Q41. Getting specialist appointment	81.0%	55 th	70.34	73.00	76.00	77.05	80.00	83.00	84.16	86.27	87.38
Getting Care Quickly (% Always or Usually)	91.2%	62 nd	80.94	82.95	87.01	88.06	89.98	91.69	92.43	94.17	95.30
Q4. Getting urgent care	91.2%	45 th	83.06	85.00	89.43	90.32	92.00	93.33	93.84	95.74	97.01
Q6. Getting routine care	91.3%	77 th	78.95	80.82	84.54	86.53	88.16	90.21	91.06	93.44	94.24
Coordination of Care (Q35) (% Always or Usually)	88.9%	88 th	75.63	78.57	81.11	82.26	84.06	85.71	87.18	89.33	89.83

Percentile Rankings – SPH Book of Business (Child)

Please see Technical Notes for more information.

	2020 Plan			National Percentiles from 2020 SPH Book of Business (Child)							
	Score	Percentile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Rating Questions (% 9 or 10)											
Q49. Rating of Health Plan	72.3%	38 th	60.95	65.09	70.51	71.43	73.87	75.53	76.89	80.05	81.93
Q9. Rating of Health Care	74.0%	60 th	64.03	66.76	70.22	71.45	73.14	75.62	76.55	79.35	80.27
Q36. Rating of Personal Doctor	81.0%	64 th	72.21	74.13	76.76	77.80	79.22	81.09	81.75	83.61	84.55
Q43. Rating of Specialist	78.3%	68 th	62.46	66.67	71.11	72.56	74.36	77.95	80.00	83.89	85.88
Rating Questions (% 8, 9 or 10)											
Q49. Rating of Health Plan	89.1%	64 th	79.21	81.89	85.61	86.60	88.15	89.37	90.14	92.12	92.88
Q9. Rating of Health Care	90.2%	66 th	83.54	84.66	86.83	87.62	88.89	90.28	90.75	92.58	93.32
Q36. Rating of Personal Doctor	92.8%	77 th	86.23	87.79	90.12	90.43	91.36	92.12	92.63	93.76	94.79
Q43. Rating of Specialist	89.9%	62 nd	81.78	82.41	85.71	86.67	88.14	90.51	91.58	93.52	95.10
Getting Needed Care (% Always or Usually)	86.7%	56 th	76.40	78.95	82.44	84.01	85.99	87.65	88.62	91.06	91.92
Q10. Getting care, tests, or treatment	92.4%	59 th	82.24	85.42	88.60	89.29	91.02	93.13	93.49	95.16	96.09
Q41. Getting specialist appointment	81.0%	51 st	66.04	71.46	76.27	77.98	80.95	83.73	84.71	88.05	90.25
Getting Care Quickly (% Always or Usually)	91.2%	48 th	80.48	84.44	88.51	89.92	91.55	92.89	93.43	94.73	95.35
Q4. Getting urgent care	91.2%	37 th	81.35	84.27	89.36	90.70	92.86	94.15	94.64	96.25	97.15
Q6. Getting routine care	91.3%	60 th	79.35	81.90	86.69	88.52	90.78	91.99	92.65	94.29	95.18
Coordination of Care (Q35) (% Always or Usually)	88.9%	78 th	75.76	77.78	82.50	83.83	85.42	87.22	88.31	89.96	91.38

Percentile Rankings – Quality Compass

Please see Technical Notes for more information.

CCC Population	2020) Plan		National Percentiles from 2019 Quality Compass (CCC Population)										
	Score	Percentile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th			
Q51. Access to Prescription Medicines (% Always or Usually)	92.6%	68 th	87.17	87.61	90.03	90.82	91.59	92.17	93.35	94.85	96.71			
Access to Specialized Services (% Always or Usually)	70.4%	5 th	69.60	70.64	74.69	74.86	77.5	78.68	80.20	82.79	85.74			
Q15. Ease of getting special medical equipment or devices	64.5%	NA												
Q18. Ease of getting therapy	74.0%	20 th	69.01	69.80	76.11	76.98	77.56	78.00	78.7	85.18	88.18			
Q21. Ease of getting treatment or counseling	72.7%	24 th	63.48	66.09	73.04	73.96	77.68	80.99	82.05	85.59	86.89			
FCC: Personal Doctor Who Knows Child (% Yes)	88.2%	6 th	87.89	88.26	90.01	90.42	91.29	91.89	92.23	93.32	93.66			
Q33. Doctor talked about how child is feeling, growing, and behaving	84.6%	6 th	84.11	87.22	88.55	89.15	89.74	91.06	91.71	93.05	93.69			
Q38. Doctor understands how these conditions affect child's day-to- day life	89.7%	<5 th	90.09	90.48	91.96	92.55	93.53	94.69	94.77	95.74	95.96			
Q39. Doctor understands how these conditions affect family's day- to-day life	90.3%	52 nd	84.92	86.17	87.90	88.60	90.07	90.94	91.63	92.31	92.80			
Q8. FCC: Getting Needed Information (% Always or Usually)	92.0%	49 th	83.59	86.48	90.38	90.91	92.29	93.15	93.4	94.49	95.10			
Coordination of Care for CCC (% Yes)	78.9%	73 rd	71.92	73.33	74.82	75.68	77.40	78.45	79.15	79.62	79.87			
Q13. Obtained help from doctors or health providers in contacting child's school or daycare	87.5%	NA												
Q24. Obtained help coordinating child's care among different providers or services	70.3%	94 th	50.91	52.46	55.88	56.67	59.92	64.72	64.86	66.91	70.63			

Percentile Rankings – SPH Book of Business

Please see Technical Notes for more information.

CCC Population	2020) Plan		National Percentiles from 2020 SPH Book of Business (CCC Population)									
	Score	Percentile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th		
Q51. Access to Prescription Medicines (% Always or Usually)	92.6%	63 rd	87.43	88.39	89.66	90.18	91.48	92.82	94.01	95.62	96.38		
Access to Specialized Services (% Always or Usually)	70.4%	14 th	67.50	69.41	71.67	74.28	76.83	79.85	80.94	83.03	85.95		
Q15. Ease of getting special medical equipment or devices	64.5%	9 th	60.73	64.52	71.43	72.79	75.00	79.86	82.14	89.40	93.63		
Q18. Ease of getting therapy	74.0%	32 nd	64.75	66.76	72.09	74.07	76.95	80.49	82.05	83.64	87.53		
Q21. Ease of getting treatment or counseling	72.7%	34 th	65.65	67.39	71.61	72.59	76.73	80.68	82.02	85.37	86.24		
FCC: Personal Doctor Who Knows Child (% Yes)	88.2%	5 th	88.31	89.01	90.43	91.33	91.97	93.06	93.55	94.27	94.65		
Q33. Doctor talked about how child is feeling, growing, and behaving	84.6%	<5 th	86.38	87.3	88.96	89.29	90.32	91.66	92.11	92.61	93.65		
Q38. Doctor understands how these conditions affect child's day-to- day life	89.7%	<5 th	89.79	90.62	92.91	93.51	94.51	95.43	96.09	96.88	97.42		
Q39. Doctor understands how these conditions affect family's day- to-day life	90.3%	32 nd	85.66	88.18	89.77	90.46	91.43	92.92	92.96	94.07	95.16		
Q8. FCC: Getting Needed Information (% Always or Usually)	92.0%	23 rd	90.49	91.34	92.05	92.56	93.35	94.15	94.74	95.36	96.16		
Coordination of Care for CCC (% Yes)	78.9%	70 th	72.98	73.21	75.57	76.08	77.37	78.6	79.53	81.49	82.85		
Q13. Obtained help from doctors or health providers in contacting child's school or daycare	87.5%	<5 th	88.05	88.39	91.43	92.46	94.74	96.46	96.97	100	100		
Q24. Obtained help coordinating child's care among different providers or services	70.3%	89 th	52.13	52.74	55.81	57.94	60.4	62.9	64.64	70.54	71.84		



Demographic Composition

AmeriHealth Caritas Louisiana

Please see Technical Notes for more information.

Demographic Profile The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan's member population.

The percentages of respondents are displayed by demographic category (Child's Age, Gender, Health Status, Mental/Emotional Health Status, Ethnicity, and Race, as well as Respondent's Age, Gender, Education and Relation to Child) from your current survey, compared to trend data (if applicable) and the 2020 SPH Analytics Medicaid Child with CCC Book of Business and the 2019 Medicaid Child with CCC Quality Compass[®] All Plans benchmarks.

The demographic makeup of your plan's member base may not mirror the "average" plan; therefore, caution is recommended when making comparisons to benchmark data. To help you identify how your plan's population compares to other plans and to previous data, statistically significant differences are highlighted with green or red text. Refer to the Technical Notes for more information on this topic.

Significance Testing

Green – Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score. **Red** – Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\triangledown) score.

SPH refers to the 2020 SPH Analytics Book of Business benchmark. **QC** refers to the 2019 Quality Compass[®] All Plans benchmark.

No color denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% confidence level.

Please see Technical Notes for more information.

Survey Demographics

The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan's member population.



Child's Health Status



Child's Gender



	Male	Female
2020	53.2%	46.8%
2019	50.0%	50.0%
2018	52.0%	48.0%
SPH	52.1%	47.9%
QC	52.0%	48.0%

Child's Mental/Emotional Health Status



Excellent/Very Good Good Fair/Poor

Please see Technical Notes for more information.

Survey Demographics

The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan's member population.



Child's Race



Please see Technical Notes for more information.

Survey Demographics

The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan's member population.



Respondent's Education College HS Graduate Some Graduate or or Less College More 13.5% 56.9% 2020 29.5% 2019 54.9% 35.1% 10.1% 57.3% 32.9% 9.7% 2018 29.5% 56.9% SPH 49.9% 33.2% 17.0% 53.8% QC 30.8% 15.5%

HS Graduate or Less Some College College Graduate or More

Respondent's Relation to Child



Respondent's Gender



	Male	Female
2020	8.2%	91.8%
2019	9.9%	90.1%
2018	8.9%	91.1%
SPH	12.9% 🔻	87.1% 🔺
QC	12.8% 🔻	87.3% 🔺



Profile of Survey Respondents – CCC Population

Please see Technical Notes for more information.

Survey Demographics

The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan's member population.





Child's Gender



	Male	Female
2020	59.6%	40.4%
2019	58.8%	41.2%
2018	56.8%	43.2%
SPH	58.7%	41.3%
QC	58.6%	41.5%

Child's Mental/Emotional Health Status

Child's Health Status



2020 Medicaid Child with CCC Survey - 60

Fair/Poor

27.6%

32.5%

27.9%

27.9%

27.4%

Profile of Survey Respondents – CCC Population

Please see Technical Notes for more information.

Survey Demographics

The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan's member population.



Child's Race



Profile of Survey Respondents – CCC Population

Please see Technical Notes for more information.

Survey Demographics

The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan's member population.





Respondent's Relation to Child



Respondent's Gender



	Male	Female
2020	7.9%	92.1%
2019	7.8%	92.2%
2018	7.7%	92.3%
SPH	10.1%	89.9%
QC	11.1%	88.9%

2020 Medicaid Child with CCC Survey - 62

Demographic Segment Analyses



Subgroup Analysis

AmeriHealth Caritas Louisiana

Segmenting Responses The CAHPS[®] 5.0H survey asks demographic questions about the respondent. This section allows you to evaluate the differences across segments of your contract's members. Reviewing measures across different survey response categories may indicate a health plan's overall ability to meet the needs of a varied population.

The percentages represent the Summary Rate for each segment. For example, in the table below, the Summary Rate for the *Rating of Health Plan* is the percentage of respondents who rated their health plan an 8, 9 or 10. The interpretation of this example would be, "Of the respondents with a high school education or less, 85% gave their health plan a rating of 8, 9 or 10. And, of the respondents with some college education or more, 80% gave their health plan a rating of 8, 9 or 10."

	High School or Less (A)	Some College or More (B)
Rating of Health Plan	85% ^B	80%

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

Segment Groups

- Rating of Health Plan (Q49)
- Rating of Health Care (Q9)
- Child's Health Status (Q53)
- Child's Mental/Emotional Health Status (Q54)
- Survey Type
- Child's Age (Q69)
- Child's Gender (Q70)
- Child's Race (Q71)
- Child's Ethnicity (Q72)
- Respondent's Age (Q73)
- Respondent's Gender (Q74)
- Respondent's Education (Q75)

Please see Technical Notes for more information.

	<u>Ratir</u> Health			ng of n Care	<u>He</u>	alth Sta	<u>tus</u>	Menta	l Health	<u>Status</u>	<u>s</u>	urvey Ty	′ <u>pe</u>		<u>Child'</u>	s Age	
	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	Internet	0-4	5-8	9-13	14+
Tatal managements	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
Total respondents Rating Questions (% 9 or 10)	302	37	212	23	260	61	17^	238	73	30	213	138	0^	62	79	91	100
о (, ,																	
Q49. Rating of Health Plan	81.1% ^B	0.0%	76.5%	27.3%	73.9%	68.9%	58.8%	71.2%	76.4%	70.0%	69.1%	77.3%		79.0%0	59.7%	78.7%0	71.0%
Q9. Rating of Health Care	82.0%	15.4%	82.1%	0.0%	78.0%	65.9%	66.7%	74.8%	75.0%	70.8%	74.3%	73.6%		76.7%	64.2%	84.2%0	74.3%
Q36. Rating of Personal Doctor	85.0% ^B	43.3%	86.7%	36.8%	81.5%	83.3%	64.3%	82.4%	81.5%	71.4%	80.3%	82.0%		85.2%	81.7%	83.3%	75.0%
Q43. Rating of Specialist	82.0%	20.0%	77.4%	75.0%	79.1%	90.9%	58.3%	82.5%	60.0%	81.8%	78.0%	78.6%		66.7%	70.6%	78.9%	85.7%
Rating Questions (% 8, 9 or 10)																	
Q49. Rating of Health Plan	100% в	0.0%	94.1%	36.4%	91.4%	83.6%	76.5%	89.0%	90.3%	86.7%	87.4%	91.7%		88.7%	88.3%	95.5% Q	85.0%
Q9. Rating of Health Care	96.0%	46.2%	100%	0.0%	92.3%	81.8%	91.7%	91.2%	91.1%	83.3%	91.0%	89.0%		90.7%	88.7%	94.7%	88.6%
Q36. Rating of Personal Doctor	95.5%в	66.7%	96.9%	52.6%	93.0%	90.7%	92.9%	93.1%	92.3%	89.3%	92.3%	93.4%		92.6%	94.4%	96.2% Q	87.5%
Q43. Rating of Specialist	93.4%	40.0%	88.7%	100%	95.3%	90.9%	66.7%	90.0%	86.7%	90.9%	87.8%	92.9%		88.9%	88.2%	89.5%	90.5%
Getting Needed Care (% Always or Usually)	90.3%	48.9%	90.4%	72.0%	88.0%	87.8%	73.9%	85.9%	87.5%	84.3%	87.3%	85.9%		74.5%	86.1%	87.9%	93.0%N
Q10. Getting care, tests, or treatment	95.0%	69.2%	94.3%	77.3%	94.0%	90.9%	78.6%	95.3%	87.5%	84.0%	92.4%	92.5%		90.7%	88.9%	94.8%	94.3%
Q41. Getting specialist appointment	85.5%	28.6%	86.4%	66.7%	82.0%	84.6%	69.2%	76.6%	87.5%	84.6%	82.2%	79.4%		58.3%	83.3%	81.0%	91.7%
Getting Care Quickly (% Always or Usually)	92.8%	77.5%	93.2%	97.1%	91.1%	92.9%	87.9%	92.3%	89.5%	89.3%	92.3%	89.8%		89.7%	85.9%	90.4%	96.7% 0
Q4. Getting urgent care	93.6%	70.0%	92.4%	100%	90.5%	93.8%	90.0%	92.0%	88.5%	92.3%	92.3%	89.7%		92.3%	84.0%	90.0%	96.6%
Q6. Getting routine care	92.1%	85.0%	94.0%	94.1%	91.8%	92.1%	85.7%	92.6%	90.6%	86.4%	92.3%	89.8%		87.2%	87.8%	90.7%	96.9%
Coordination of Care (Q35) (% Always or Usually)	90.2%	60.0%	92.0%	60.0%	92.2%	78.6%	75.0%	92.5%	82.4%	82.4%	87.7%	90.9%		83.3%	83.3%	95.5%	88.2%

Andicates a base size smaller than 20. Interpret results with caution.

Please see Technical Notes for more information.

		ng of h Plan		n <u>g of</u> h Care	<u>He</u>	alth Sta	<u>tus</u>	Mental	Health	<u>Status</u>	<u>Su</u>	rvey Ty	/ <u>pe</u>		<u>Child'</u>	s Age	
	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	Internet	0-4	5-8	9-13	14+
Tatal source de sta	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)	(P)	(Q)
Total respondents	302	37	212	23	260	61	17^	238	73	30	213	138	0^	62	79	91	100
Health Plan Customer Service (% Always or Usually)	94.8%	78.6%	94.7%	87.5%	94.5%	89.3%	91.7%	92.9%	96.2%	92.3%	98.9% ∟	85.1%		92.1%	96.9%	95.8%	91.7%
Q45. Provided information or help	91.0%	57.1%	91.5%	75.0%	90.7%	78.6%	83.3%	87.8%	92.3%	84.6%	97.8% ∟	73.3%		84.2%	93.8%	91.7%	83.3%
Q46. Treated with courtesy and respect	98.5%	100%	97.9%	100%	98.2%	100%	100%	98.0%	100%	100%	100%	96.8%		100%	100%	100%	100%
How Well Doctors Communicate (% Always or Usually)	95.9%	76.7%	95.7%	72.4%	95.2%	90.4%	92.3%	96.1%	90.2%	91.3%	93.9%	94.5%		97.1%	90.7%	96.5%	93.3%
Q27. Personal doctors explained things	98.5%	76.2%	97.8%	70.6%	97.7%	91.7%	92.3%	98.0%	92.6%	95.7%	95.6%	96.9%		97.7%	96.2%	98.3%	94.1%
Q28. Personal doctors listened carefully	97.5%	77.3%	97.2%	77.8%	96.0%	94.6%	92.3%	97.3%	90.7%	95.7%	94.9%	96.9%		97.7%	92.6%	96.5%	95.5%
Q29. Personal doctors showed respect	97.5%	81.8%	97.8%	76.5%	97.7%	89.2%	92.3%	99.3%	90.7%	87.0%	96.3%	95.8%		100% 0	92.6%	96.4%	95.6%
Q32. Personal doctors spent enough time	90.1%	71.4%	89.9%	64.7%	89.6%	86.1%	92.3%	89.9%	86.5%	87.0%	88.9%	88.5%		93.0%	81.5%	94.7%0	87.9%
Other Measures																	
Q48. Ease of filling out forms (% Always or Usually)	96.2%	97.1%	95.0%	95.5%	98.4%	91.2%	81.3%	96.9%	95.8%	92.3%	97.5%	94.6%		93.3%	96.1%	98.8%	95.8%
Q7. Average number of visits to doctor's office or clinic	1.69	2.11	2.34	3.67	1.60	1.90	3.47	1.58	1.91	2.62	1.61	2.03		1.99	1.59	1.59	1.91
Q26. Average number of visits to personal doctor	1.81	2.10	2.21	3.22	1.67	2.19	3.36	1.68	1.89	3.04	1.73	2.01		0 2.62 P Q		1.68	1.82
Q42. Average number of specialists seen	1.19	1.14	1.28	0.67	1.12	1.08	1.54	1.11	1.13	1.54	1.31	1.09		0.92	1.44	1.25	1.25

Please see Technical Notes for more information.

	<u>Child's</u>	Gender			Child's Ethnicity		ļ	Responde	ent's Age	2		ndent's 1der	Respondent's		
	Male	Female	White	Black or African- American	Other*	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
Total manual and	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(0)
Total respondents	177	156	160	151	26	58	271	50	96	90	90	27	303	185	140
Rating Questions (% 9 or 10)															
Q49. Rating of Health Plan	73.0%	70.3%	68.8%	77.9%	64.0%	73.7%	70.5%	68.0%	78.1%	65.9%	71.6%	70.4%	71.2%	74.5%	66.4%
Q9. Rating of Health Care	75.7%	73.2%	75.0%	73.9%	64.7%	75.0%	74.3%	56.3%	82.3% н	77.6% н	73.3%	62.5%	75.4%	69.8%	78.6%
Q36. Rating of Personal Doctor	81.3%	80.0%	81.9%	82.1%	69.6%	82.7%	80.9%	67.5%	84.9% н	82.5%	81.8%	72.7%	81.5%	81.3%	80.3%
Q43. Rating of Specialist	68.8%	85.7%	75.0%	78.6%	80.0%	87.5%	77.6%	77.8%	78.9%	77.3%	75.0%	66.7%	78.1%	77.1%	78.1%
Rating Questions (% 8, 9 or 10)															
Q49. Rating of Health Plan	88.5%	89.0%	88.1%	91.3%	84.0%	91.2%	88.1%	78.0%	92.7% н	88.6%	89.8%	100%	87.6%	88.6%	89.1%
Q9. Rating of Health Care	91.9%	88.4%	94.0%	89.1%	82.4%	94.4%	89.6%	75.0%	95.2% н	91.0%	93.3% н	100%	89.9%	89.7%	91.3%
Q36. Rating of Personal Doctor	92.3%	92.6%	94.6%	91.9%	82.6%	96.2%	91.5%	90.0%	94.2%	91.3%	93.5%	95.5%	92.5%	91.0%	95.3%
Q43. Rating of Specialist	87.5%	91.4%	88.9%	85.7%	100%	87.5%	89.7%	88.9%	89.5%	95.5%	81.3%	100%	89.1%	85.7%	93.8%
Getting Needed Care (% Always or Usually)	88.3%	84.4%	87.4%	83.9%	94.1%	95.8% G	85.9%	76.9%	81.8%	95.3% ні	85.6%	84.4%	86.6%	84.6%	88.7%
Q10. Getting care, tests, or treatment	92.8%	91.2%	92.3%	93.5%	88.2%	91.7%	92.4%	83.9%	93.7%	94.1%	93.4%	93.8%	92.3%	92.4%	93.2%
Q41. Getting specialist appointment	83.8%	77.5%	82.5%	74.3%	100%	100%	79.4%	70.0%	70.0%	96.4%	77.8%	75.0%	80.8%	76.9%	84.2%
Getting Care Quickly (% Always or Usually)	88.3%	93.4%	91.3%	93.4%	81.7%	88.9%	92.8%	94.6%	85.6%	92.0%	93.6%	94.1%	90.8%	90.4%	93.9%
Q4. Getting urgent care	85.0%	95.7%	90.7%	92.3%	85.7%	100%	90.9%	100%	84.0%	92.9%	90.9%	100%	90.0%	88.1%	95.3%
Q6. Getting routine care	91.6%	91.1%	92.0%	94.4%	77.8%	77.8%	94.7% F	89.3%	87.3%	91.0%	96.3%	88.2%	91.5%	92.7%	92.4%
Coordination of Care (Q17) (% Always or Usually)	87.5%	89.1%	84.3%	90.3%	100%	1 00 %	86.3%	100%	81.0%	88.9%	88.5%	85.7%	88.5%	85.7%	90.9%

Andicates a base size smaller than 20. Interpret results with caution. *Other includes all respondents who selected any race other than White or Black/African-American and did not select White or Black/African-American.

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Please see Technical Notes for more information.

	<u>Child's</u>	Gender	<u>C</u>	hild's Rad	<u>ce</u>	Child's	Ethnicity		Respond	lent's Ag	<u>e</u>		<u>ndent's</u> nder		ndent's ation
	Male	Female	White	Black or African- American	Other*	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)
Total respondents	177	156	160	151	26	58	271	50	96	90	90	27	303	185	140
Health Plan Customer Service (% Always or Usually)	93.4%	94.1%	94.9%	93.1%	100%	97.2%	92.5%	96.4%	93.5%	90.6%	97.1%	100%	93.9%	95.5%	91.7%
Q45. Provided information or help	86.8%	88.2%	89.7%	86.2%	100%	94.4%	84.9%	92.9%	87.0%	81.3%	94.1%	100%	87.9%	90.9%	83.3%
Q46. Treated with courtesy and respect	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
How Well Doctors Communicate (% Always or Usually)	93.9%	94.5%	96.1%	94.8%	82.7%	89.8%	95.0%	85.2%	94.0%	95.8%	96.7%	91.6%	94.5%	92.1%	96.9%
Q27. Personal doctors explained things	97.3%	95.5%	98.3%	96.7%	84.2%	92.5%	97.2%	88.9%	96.8%	98.5%	96.7%	94.4%	96.5%	93.4%	100% N
Q28. Personal doctors listened carefully	94.5%	96.4%	97.4%	95.6%	84.2%	92.5%	96.1%	81.5%	95.2%	98.5%	98.4%	94.4%	95.5%	92.5%	99.0% N
Q29. Personal doctors showed respect	96.4%	95.4%	98.3%	96.7%	83.3%	92.5%	96.6%	92.6%	96.8%	97.0%	96.7%	94.1%	96.5%	95.0%	97.9%
Q32. Personal doctors spent enough time	87.3%	90.8%	90.4%	90.1%	78.9%	81.6%	89.9%	77.8%	87.1%	89.4%	94.9%	83.3%	89.5%	87.5%	90.6%
Other Measures															
Q48. Ease of filling out forms (% Always or Usually)	93.6%	99.3% A	94.7%	97.9%	96.0%	87.3%	98.1% F	89.6%	96.8%	95.3%	100% нј	88.5%	96.9%	96.0%	97.0%
Q7. Average number of visits to doctor's office or clinic	1.63	1.89	1.91	1.66	1.50	1.37	1.79	1.71	1.64	2.02	1.69	1.08	1.83	1.69	1.89
Q26. Average number of visits to personal doctor	1.65	2.08 A	1.97	1.80	1.61	1.63	1.87	2.13	1.65	1.90	1.89	1.55	1.88	1.89	1.86
Q42. Average number of specialists seen	1.11	1.33	1.38 D	1.00	1.60	1.38	1.21	1.20	1.30	1.19	1.22	1.00	1.24	1.15	1.30

Andicates a base size smaller than 20. Interpret results with caution. *Other includes all respondents who selected any race other than White or Black/African-American and did not select White or Black/African-American.

Demographic Segments – CCC Population

Please see Technical Notes for more information.

	Rating of Health PlanRating of Health Care		Health Status				Health	<u>Status</u>	<u>S</u>	urvey Ty	<u>/pe</u>	Child's Age					
	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	Internet	0-4	5-8	9-13	14+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
Total respondents Q51. Access to Prescription Medicines (% Always or Usually)	212 93.1%	29 91.3%	187 92.7%	14^ 100%	152 90.9%	65 96.5%	26 90.9%	116 94.8%	62 94.2%	68 87.0%	153 92.4%	95 93.0%	<i>0</i> ^	24 93.3%	53 86.4%	79 95.4%	87 93.3%
Access to Specialized Services (% Always or Usually)	74.2%	39.6%	71.8%	48.6%	73.4%	71.9%	56.9%	77.5% J	72.3%	55.1%	79.3%	59.7%		75.2%	62.9%	66.9%	65.6%
Q15. Ease of getting special medical equipment or devices	68.0%	40.0%	70.8%	60.0%	66.7%	77.8%	33.3%	73.7%	60.0%	33.3%	82.4%	42.9%		90.0%	37.5%	62.5%	60.0%
Q18. Ease of getting therapy	78.6%	33.3%	70.6%	57.1%	71.4%	80.0%	66.7%	76.2%	77.8%	66.7%	77.8%	69.6%		85.7%	84.6%	58.3%	63.6%
Q21. Ease of getting treatment or counseling	76.1%	45.5%	74.0%	28.6%	82.0% F	58.1%	70.6%	82.6%	79.2%	65.4%	77.8%	66.7%		50.0%	66.7%	80.0%	73.2%
FCC: Personal Doctor Who Knows Child (% Yes)	91.2%	67.9%	89.3%	76.1%	92. 1%	88.2%	79.4%	89.5%	89.1%	87.6%	86.8%	90.6%		71.7%	98.3% ^P Q	88.8%	85.5%
Q33. Doctor talked about how child is feeling, growing, and behaving	87.2%	68.4%	84.5%	72.7%	88.3%	86.3%	76.2%	84.9%	85.4%	86.5%	82.5%	88.2%		73.3%	94.9% Q	85.7%	82.1%
Q38. Doctor understands how these conditions affect child's day-to-day life	92.9%	64.7%	91.3%	77.8%	93.4%	89.1%	81.0%	90.9%	89.7%	88.2%	89.0%	90.9%		75.0%	100% _Q	89.4%	87.3%
Q39. Doctor understands how these conditions affect family's day-to-day life	93.6%	70.6%	92.1%	77.8%	94.6%	89.1%	81.0%	92.7%	92.1%	88.0%	89.0%	92.6%		66.7%	100% _Q	91.3%	87.0%
Q8. FCC: Getting Needed Information (% Always or Usually)	92.4%	91.3%	93.0%	85.7%	93.2%	89.3%	90.9%	89.4%	100% ^H J	89.7%	92.0%	92. 1%		84.2%	90.5%	93.8%	92.9%
Coordination of Care for CCC (% Yes)	78.9%	75.0%	80.5%	66.7%	85.7%	71.5%	72.3%	77.8%	76.8%	79.5%	86.2%	68.5%		62.5%	75.0%	88.1%	72.9%
Q13. Obtaining help from doctors or health providers in contacting child's school or daycare	89.5%	75.0%	90.0%	66.7%	100%	87.5%	60.0%	88.9%	75.0%	90.0%	92.3%	81.8%		100%	85.7%	100%	71.4%
Q24. Obtaining help coordinating child's care among different providers or services	68.3%	75.0%	71.0%	66.7%	71.4%	55.6%	84.6%	66.7%	78.6%	69.0%	80.0%	55.2%		25.0%	64.3%	76.2%	74.3%

Demographic Segments – CCC Population

Please see Technical Notes for more information.

	<u>Child's Gender</u>		Child's Race			<u>Child's Ethnicity</u>		Respondent's Age				<u>Respondent's</u> <u>Gender</u>		Respondent's Education	
	Male	Female	White	Black or African- American	Other*	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)
Total respondents	143	97	119	112	15^	23	217	34	55	71	80	19^	222	130	105
Q51. Access to Prescription Medicines (% Always or Usually)	93.9%	90. 1%	91.3%	95.5%	81.8%	100%	92.2%	91.7%	95.3%	91.8%	91.2%	86.7%	92.9%	94.1%	90.2%
Access to Specialized Services (% Always or Usually)	69.8%	70.2%	63.8%	75.8%	84.9%	85.2%	69.3%	86.3%	63.1%	61.0%	72.5%	82.2%	70.2%	68.3%	72.5%
Q15. Ease of getting special medical equipment or devices	61.1%	66.7%	54.5%	70.6%	100%	100%	63.3%	85.7%	57.1%	54.5%	60.0%	100%	63.3%	57.1%	70.6%
Q18. Ease of getting therapy	70.4%	77.3%	69.6%	84.2%	71.4%	77.8%	71.8%	87.5%	73.3%	68.4%	71.4%	80.0%	73.3%	77.8%	71.4%
Q21. Ease of getting treatment or counseling	78.0%	66.7%	67.4%	72.7%	83.3%	77.8%	72.7%	85.7%	58.8%	60.0%	86.1% J	66.7%	73.9%	70.0%	75.6%
FCC: Personal Doctor Who Knows Child (% Yes)	91.8%	84.9%	87.8%	90. 1%	96.7%	83.8%	88.7%	88.3%	93.9%	91.2%	83.5%	75.5%	89.7%	85.7%	92.9%
Q33. Doctor talked about how child is feeling, growing, and behaving	88.5%	81.8%	83.7%	86.6%	90.0%	73.3%	85.7%	86.4%	88.9%	85.0%	84.1%	76.5%	86.1%	87.4%	84.5%
Q38. Doctor understands how these conditions affect child's day-to-day life	93.6%	85.7%	89.9%	90.9%	100%	92.3%	89.8%	85.7%	96.4%	94.3%	83.3%	75.0%	91.6%	84.9%	97.1% N
Q39. Doctor understands how these conditions affect family's day-to-day life	93.4%	87.3%	89.7%	92.7%	100%	85.7%	90.5%	92.9%	96.4%	94.2%	83.0%	75.0%	91.5%	84.7%	97.1% N
Q8. FCC: Getting Needed Information (% Always or Usually)	93.7%	89.2%	91.9%	92.0%	76.9%	87.5%	93.3%	81.5%	90.0%	96.8%	92.3%	94.1%	91.6%	89.2%	96.6% N
Coordination of Care for CCC (% Yes)	79.4%	76.8%	78.9%	76.4%	100%	100%	76.3%	83.3%	94.4%	77.0%	75.1%	68.8%	80.0%	83.9%	73.3%
Q13. Obtaining help from doctors or health providers in contacting child's school or daycare	92.9%	77.8%	88.9%	83.3%	100%	100%	85.0%	100%	100%	90.0%	77.8%	100%	85.0%	92.9%	80.0%
Q24. Obtaining help coordinating child's care among different providers or services	65.9%	75.8%	68.9%	69.6%	100%	100%	67.6%	66.7%	88.9%	64.0%	72.4%	37.5%	75.0%	75.0%	66.7%

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Andicates a base size smaller than 20. Interpret results with caution. *Other includes all respondents who selected any race other than White or Black/African-American and did not select White or Black/African-American.

Custom Questions



Results for Supplemental Questions

AmeriHealth Caritas Louisiana

Custom Questions

Please see Technical Notes for more information.

Custom Question Results Your contract asked the following supplemental questions on the 2020 survey tool.

				S	2020 SPH Book of Business				
Survey Item				2020	2019	2018	Summary Rate		
Q77. In the last 6 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns?	Never	<u>Sometimes</u>	<u>Usually</u>	Always		(n=290)	(n=287)	(n=382)	
	4.1%	6.6%	10.7%	78.6%		89.3%	91.6%	92.7%	
Q79. In the last 6 months, when there was more than one choice for your child's treatment or health care, did your child's	Definitely yes	Somewhat yes	Somewhat no	<u>Definitely</u> <u>no</u>		(n=249)	(n=249)	(n=327)	
doctor or other health provider ask which choice you thought was best for your child?	62.7%	18.9%	6.8%	11.6%		81.5%	77.9%	87.5%	
Q81. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your child's health plan works?	Never	<u>Sometimes</u>	<u>Usually</u>	Always		(n=192)	(n=169)	(n=201)	
	21.4%	13.5%	20.8%	44.3%		65.1%	60.4%	67.2%	

Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (₺) or benchmark (♥) score.
Custom Questions

Please see Technical Notes for more information.

Custom Question Results Your contract asked the following supplemental questions on the 2020 survey tool.

Survey Item			2020 SPH Book of Business	
	2020	2019	2018	Summary Rate
Q78. In the last 6 months, not counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment and your child actually seeing a health provider?	(n=280)	(n=276)	(n=361)	
Same day	32.9% ‡	36.6%	41.0%	
1 day	25.4%	24.6%	21.6%	
2 to 3 days	22.5%	24.6%	21.9%	
4 to 7 days	10.7%	6.9%	8.6%	
8 to 14 days	4.6% ‡	2.5%	1.7%	
15 to 30 days	2.1%	3.3%	1.4%	
31 to 60 days	0.0% ‡	0.7%	2.5%	
61 to 90 days	0.4%	0.0%	1.1%	
91 days or longer	1.4%	0.7%	0.3%	

Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (♥) or benchmark (♥) score.

Andicates a base size smaller than 20. Interpret results with caution.

Please see Technical Notes for more information.

Custom Question Results Your contract asked the following supplemental questions on the 2020 survey tool.

Survey Item		Contract Summary Rate				
	2020	2019	2018	Summary Rate		
Q80. Certain services, such as home health care, durable medical equipment (DME) and some procedures require authorization from AmeriHealth Caritas Louisiana. If you have required an authorization over the past 6 months, did the authorization slow down your ability to receive your desired care or service?	(n=110)	(n=88)	(n=108)			
No, I received an authorization quickly	75.5%	71.6%	79.6%			
Yes, the authorization process slowed the process down some	11.8%	19.3%	13.9%			
Yes, the authorization process slowed the process down a lot	12.7%	9.1%	6.5%			

Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score. Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Custom Questions



Please see Technical Notes for more information.

Custom Question Results Your contract asked the following supplemental questions on the 2020 survey tool.

Survey Item		2020 SPH Book of Business		
	2020	2019	2018	Summary Rate
Q82. When your child's plan needs to share information with you, how do you prefer to receive this information?	(n=316)	(n=304)	(n=417)	
By postal mail	80.1% †‡	65.1%	69.5%	
On the plan's website	11.4% ↑ŧ	4.6%	6.2%	
Mobile phone app	17.4% †‡	8.2%	9.1%	
A phone call from someone at the plan	37.0% †‡	29.3%	29.3%	
By text message	39.2% †‡	30.3%	27.1%	
By email	33.9%	29.9%	28.5%	

Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Demographic Segments

Please see Technical Notes for more information.

				<u>Rating of</u> <u>Health Care</u>		<u>Child's Health Status</u>		<u>Child's Mental</u> <u>Health Status</u>		<u>Survey Type</u>		/ <u>pe</u>	Child's Age				
	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	Internet	0-4	5-8	9-13	14+
	(A)		(C)	(D)		(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
Total respondents	302	37	212	23	260	61	17^	238	73	30	213	138	0^	62	79	91	100
Q77. In the last 6 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns? (%Always + %Usually)	90.5%	78.8%	93.2%	85.0%	90.9%	86.0%	82.4%	91.0%	84.1%	88.0%	90.9%	87.0%	NA	92.7%	88.6%	91.9%	87.4%
Q79. In the last 6 months, when there was more than one choice for your child's treatment or health care, did your child's doctor or other health provider ask which choice you thought was best for your child? (%Definitely yes + %Somewhat yes)	82.4%	72.4%	82.2%	63.2%	86.6% F	67.4%	68.8%	83.4%	78.4%	72.7%	81.2%	82.0%	NA	82.6%	80.3%	89.2% Q	75.7%
Q81. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your child's health plan works? (%Always + %Usually)	68.6%	42.9%	68.1%	53.8%	66.9%	58.1%	64.3%	64.4%	69.4%	65.0%	67.8%	62.7%	NA	68.4%	55.6%	76.6% 0	61.0%

Demographic Segments

Please see Technical Notes for more information.

	<u>Child's</u>	Gender	<u>C</u>	Child's Race			<u>Child's Ethnicity</u>		Respond	ent's Age	<u>e</u>	<u>Respondent's</u> <u>Gender</u>			ndent's ation
	Male	Female	White	Black or African- American	Other	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)
Total respondents	177	156	160	151	26	58	271	50	96	90	90	27	303	185	140
Q77. In the last 6 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns? (%Always + %Usually)	87.3%	91.9%	91.0%	93.5%	79.2%	67.3%	94.3% f	80.5%	94.3% н	91.6%	86.5%	85.7%	89.6%	84.3%	96.7% N
Q79. In the last 6 months, when there was more than one choice for your child's treatment or health care, did your child's doctor or other health provider ask which choice you thought was best for your child? (%Definitely yes + %Somewhat yes)	83.7%	79.5%	84.1%	84.0%	68.4%	73.9%	82.9%	90.9% к	84.3%	78.9%	74.1%	76.5%	81.8%	76.6%	88.8% N
Q81. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your child's health plan works? (%Always + %Usually)	63.1%	66.3%	65.5%	68.2%	57.1%	65.0%	65.1%	74.1%	68.8% к	71.9% к	45.0%	50.0%	66.9%	68.7%	58.1%

Appendix: Correlation Analyses



Plan Specific Correlations

AmeriHealth Caritas Louisiana

Please see Technical Notes for more information.

Q	Correlation A	nalyses					
		Below are t	the 10 l	Highest Correlation		measure	s.
					-		
		With Health Care Rating			With Personal Doctor Rating		
Q36	Personal doctor overall	0.6133	Q29	Dr. showed respect	0.6369	Q41	Go
Q49	Health plan overall	0.5667	Q9	Health care overall	0.6133	Q49	He
Q28	Dr. listened carefully	0.5172	Q28	Dr. listened carefully	0.5778	Q4	Go
Q27	Dr. explained things	0.5074	Q32	Dr. spent enough time	0.5015	Q28	Dr
Q29	Dr. showed respect	0.4297	Q31	Dr. explained things for child	0.4752	Q46	CS
Q32	Dr. spent enough time	0.3748	Q27	Dr. explained things	0.4655	Q27	Dr
Q10	Got care/tests/treatment	0.3318	Q49	Health plan overall	0.4027	Q10	Go
Q31	Dr. explained things for child	0.2999	Q35	Dr. informed about care	0.3816	Q45	CS
Q77	Easy to discuss concerns	0.2963	Q10	Got care/tests/treatment	0.2785	Q79	Dis
Q35	Dr. informed about care	0.2878	Q79	Discussed best tx. choice	0.2319	Q32	Dr

		With Specialist Rating
Q41	Got specialist appt.	0.4782
Q49	Health plan overall	0.3766
Q4	Got urgent care	0.3360
Q28	Dr. listened carefully	0.3306
Q46	CS courtesy/respect	0.3304
Q27	Dr. explained things	0.2987
Q10	Got care/tests/treatment	0.2874
Q45	CS provided info./help	0.2790
Q79	Discussed best tx. choice	0.2757
Q32	Dr. spent enough time	0.2595

Appendix: Flowchart



Understanding Relative Performance of Composite Measures

AmeriHealth Caritas Louisiana

Flowchart – Understanding Relative Performance

Please see Technical Notes for more information.

How composite questions perform relative to each other

1	1	
	4	
	-	

Composite summary rate scores are displayed in the orange box.



Next to the composite score are the questions included in the composite.



There are two numbers in the boxes under the questions. The top number is how much that question contributes to the composite score (Actual Contribution). The bottom number is the gap between the Maximum and Actual Contribution.



Q6 Example:

 $\begin{array}{c} 94.6\% \\ \hline \\ 100\% \end{array} X 50.0\% = 47.3\% 50.0\% - 47.3\% = 2.7\% \end{array}$



For the pie chart, the dark blue is the sum of the Actual Contributions and the light blue slice is the sum of the Gaps.



Flowchart – Understanding Relative Performance

Please see Technical Notes for more information.



* The How Well Doctors Communicate and Customer Service composites are not used in NCQA ratings.

Appendix: Accreditation



Estimated NCQA Plan Ratings and Frequency Distributions

AmeriHealth Caritas Louisiana

Please see Technical Notes for more information.

EXPLANATION Beginning in 2020, NCQA planned significant changes to Health Plan Accreditation. CAHPS would no longer be scored using three-point scores for purposes of health plan accreditation. Instead, health plans would be scored on a 1-5 star rating system based on HEDIS and CAHPS measures, with a bonus available for plans successfully completing the review of standards and guidelines. Because they are no longer used by NCQA, SPH no longer calculates and presents three-point scores and accreditation thresholds in this report.

The **COVID-19** pandemic and the associated strain on the health care system led NCQA to decide not to publish Health Plan Ratings in 2020. The information contained in this report uses the methodology described by NCQA but please be advised that **Health Plan Ratings will not be calculated and therefore, no measures (HEDIS/CAHPS) will be scored this year**. However, Accredited plans are still required to submit.

Please note the following:

- NCQA calculates health plan ratings (HPR) by evaluating plans in three categories: consumer satisfaction, clinical quality (includes prevention and treatment) and NCQA Accreditation Standards score. The overall NCQA star rating is the weighted average of an organization's HEDIS and CAHPS measure ratings, plus Accreditation bonus points (if the organization has NCQA Accreditation), rounded to the nearest half point.
- The CAHPS measures 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. Percentiles and ratings are estimated based on the 2019 NCQA data and benchmarks.

Rating = 1	Rating = 2	Rating = 3	Rating = 4	Rating = 5
Bottom 10 percent	Bottom 3 rd of plans but not bottom 10 th	Middle 3 rd of plans	Top 3rd of plans, but not in the top 10t	Top decile of plans

Estimated NCQA Plan Ratings

Please see Technical Notes for more information.

	2020 SUMMARY RATE	SUMMARY RATE DEFINTION	PERCENTILE RANK	SPH ESTIMATED RATING	WEIGHT
CONSUMER SATISFACTION				3.5	
GETTING CARE				3.0	
Getting Needed Care	86.7%	Usually + Always	65 th	3.0	1.5
Getting Care Quickly	91.2%	Usually + Always	62 nd	3.0	1.5
SATISFACTION WITH PLAN PHYSICIANS				4.0	
Rating of Personal Doctor	81.0%	9 + 10	85 th	4.0	1.5
Rating of Specialist	78.3%	9 + 10	82 nd	NA	1.5
Rating of Health Care	74.0%	9 + 10	75 th	4.0	1.5
Coordination of Care	88.9%	Usually + Always	88 th	NA	1.5
SATISFACTION WITH PLAN SERVICES				3.0	
Rating of Health Plan	72.3%	9 + 10	52 nd	3.0	1.5

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.

In response to the COVID-19 pandemic, NCQA is not publishing Health Plan Ratings in 2020. These estimates are for informational purposes only.

Global Proportions

Please see Technical Notes for more information.

GLOBAL PROPORTIONS SCORING AND ACCREDITATION

The graphical presentation of frequency distributions, including Summary Rates for composites and rating questions are shown on these pages. In addition, the measure's percentile threshold when compared to the 2019 NCQA 90th percentile benchmark is shown. The 90th percentile is the standard for achieving the maximum rating possible for a particular CAHPS accreditation measure.

	Valid n	2020 SUMMARY RATE	PERCENTILE THRESHOLD	BENCHMARK 90 th PERCENTILE	Never/Sometimes Usually Always
Getting Needed Care	158	86.7%	65 th	89.98%	13% 18% 68%
Q10. Getting care, tests or treatment	237	92.4%	73 rd	94.20%	8% 17% 76%
Q41. Getting specialist appointment	79	81.0%	55 th	86.27%	19% 20% 61%
Getting Care Quickly	155	91.2%	62 nd	94.17%	9% 9% 82%
Q4. Getting urgent care	91	91.2%	45 th	95.74%	<mark>9% 6%</mark> 86%
Q6. Getting routine care	218	91.3%	77 th	93.44%	9% 13% 78%
Other Measures					
Coordination of Care	90	88.9%	88 th	89.33%	11% 22% 67%

Global Proportions

Please see Technical Notes for more information.

GLOBAL PROPORTIONS SCORING AND ACCREDITATION

The graphical presentation of frequency distributions, including Summary Rates for composites and rating questions are shown on these pages. In addition, the measure's percentile threshold when compared to the 2019 NCQA 90th percentile benchmark is shown. The 90th percentile is the standard for achieving the maximum rating possible for a particular CAHPS accreditation measure.

	Valid n	2020 SUMMARY RATE	PERCENTILE THRESHOLD	BENCHMARK 90 th PERCENTILE						
Rating Questions							0-6	■7-8	9 - 10	
Rating of Health Plan	339	72.3%	52 nd	78.26%	5%	22%			72%	
Rating of Health Care	235	74.0%	75 th	76.26%	6%	20%			74%	
Rating of Personal Doctor	305	81.0%	85 th	82.07%		15%		8	31%	
Rating of Specialist	69	78.3%	82 nd	78.85%	7%	15%			78%	

Appendix: Improvement Strategies and Voice of the Member

AmeriHealth Caritas Louisiana

Rating of Health Care

Please see Technical Notes for more information.

Improvement Strategies - Rating of Health Care

- Analyze, assess, probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with Rating of Health Care (e.g., GNC, GCQ, HWDC, CoC). Review QI recommendations/actions for related CAHPS composite measures.
- Seek to simplify Plan requirements, processes, and/or procedures (e.g., UM, CM, Pharma, Use of IVR) impacting the member experience of care and access to care, tests or treatment. Examples include: Provide care quickly. Provide quick access to effective treatments. Minimize patient costs for care.
- Assess internal data. Track, audit, review and assess call center calls and/or complaints regarding quality of care, choice of providers, access to care, UM, CM, health system, etc.
- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.
- Confirm adequacy of contracted providers and walk-in centers with extended hours.
- Ensure CSR have easy access to current, updated resources to provide accurate guidance about plan/drug coverage, out of pocket cost, availability of providers, requirements, processes, etc.
- Foster strong relationships with contracted providers via regular communications and collaboration. Data driven comparisons of PEC metrics can support/guide mutual improvement.
- Explore potential of aligning information flow/ EHRs to better integrate, support, or facilitate patient care, coordination of care and vital information among contracted providers.
- Consider the need to conduct additional measurement, probing of composite measures with targeted populations or health systems (e.g., CG-CAHPS or CAHPS Drill Down Survey).

Additional 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 Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



Rating of Specialist

Please see Technical Notes for more information.

Improvement Strategies - Rating of Specialist

- Analyze, investigate, and probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with rating of specialist or doctor. (e.g., HWDC, GCQ, GNC, Coordination Of Care).
- Review QI recommendations/actions for related CAHPS composite measures: How Well Doctors Communicate, Getting Care Quickly, Getting Needed Care, Coordination of Care.
- Provide resources, articles, tools and training sessions via multiple channels to support and drive improvement in physician-patient communication and patient-centered interviewing. Examples include: Listen to patients' concerns, Follow-up with the patient. Provide thorough explanations. Ensure that all questions and concerns are answered. All staff focus on being helpful and courteous to patients.
- Share, report and discuss relative CAHPS health care performance and feedback at the health system and/or within network level.
- Promote use of a secure online patient portal which allows patients access to their medical record and health care information of relevant to patient needs.
- Gather and analyze patient feedback on their recent office visit (i.e., patient "comment cards," follow up call/text/email, CG CAHPS survey, etc.)
- Assess adequacy of contracted specialist by specialty. If necessary, review quality of care information among specific specialties and/or identify practices of excellence.
- Explore ability of providers to share with patient's a summary of their medical record or health assessments to facilitate conversation about relevant health and wellness issues.
- Assess systems (e.g., EHRs) processes and/or procedures used to gather or facilitate distribution of patient information among providers.
- Suggest providers/practices periodically analyze appointment scheduling timeframes versus types of office visits.

Additional 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 Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



Getting Care Quickly

Please see Technical Notes for more information.

Improvement Strategies - Getting Care Quickly

- Assess CAHPS data by health system, PO, and/or network. Communicate results and identify outliers. Correlate with HEDIS data, complaints, appeals and/or quality of care concerns, and communicate. Support and encourage providers to take innovative action to improve access.
- Support members and collaborate with providers to enhance routine and urgent access to care through innovative, proactive approaches within Care Management, Chronic Care, and Quality Management. Work with providers to identify and resolve opportunities.
- Discuss and engage providers/staff on scheduling best practices, how to improve access to routine/urgent care. Consider scheduling routine appointments well in advance, e.g., 12 months. Provide tools, resources, support and assessment.
- Support, encourage and assist in approaches toward open access scheduling. Allow a portion of each day open for urgent care and/or followup care.
- Contract with additional providers for urgent and after-hour appointments/availability.
- Explore partnering with 24-hour urgent care or walk-in clinics.
- Educate providers and staff about Plan and regulatory appointment wait time requirements or standards (i.e., CAHPS, CMS, States, etc.). Identify opportunities for improvement.
- Provide members streamlined tools and resources (links, apps, etc.) about benefits, providers, referrals, scheduling appointments, etc. Identify options and hours available, and include alternatives, including practices with evening and weekend hours. Consider alternative sources of information, e.g., refrigerator magnets.
- Explore and support alternative telecommunication technologies to expand access to care: telephone, telehealth, telemedicine and patient portals.
- Encourage use of Nurse Hotline/Nurse on Call lines or live-chat via web for members to get health information and advice.

Additional 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 Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



O Customer Service

Please see Technical Notes for more information.

Improvement Strategies - Customer Service

- Emphasize comprehensive, collaborative, and high-quality customer/member services as a critical priority across all areas of the organization. Think and act together. Establish service recovery guidelines for resolving issues, including phrases that express apologies or atonement.
- Provide on-going/periodic CSR service training, open discussions and routine refresher programs. Include thorough annual updates, tools and resources and subsequent feedback. Training examples include: how to answer questions and resolve issues; consistency in being friendly, courteous and empathetic; quick issue resolution with follow-up; procedures to minimize transfers and wait/on-hold times.
- Involve the CS team in QI activities, seeking concrete customer-based input and improvements. Ensure they are fully informed of updates/changes to processes and procedures.
- Ensure CSRs have immediate access to knowledgeable staff within all key member and provider service areas (Claims, Enrollment, etc.).
- Support key subject matter experts to flexibly respond to urgent or complex types of calls, questions or issues - including prompt prioritization and resolution procedures and/or authority.
- Develop, implement and review protocols and scripts ("Talking Points") to ensure up-to-date, accurate and consist information provided to your members and patients and providers.
- Establish, assess and adhere to measurable CSR performance/service standards (i.e., call satisfaction, call resolution, time on hold, etc.).
 Operationally define service behaviors.
- Seek QI opportunities with CS via observational walkthrough of calls and discussion/review of complaints, inquiries, and the member experience, especially any changes. Identify main issues and seek interventions that decrease volume and/or improve experience.
- Acknowledge and reward service performance/behaviors reflective of service excellence.

Additional 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 Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



Rating of Health Plan

Please see Technical Notes for more information.

Improvement Strategies - Rating of Health Plan

- Analyze, investigate, probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with Rating of the Plan (i.e., CS, GNC, GCQ, HWDC). Review QI recommendations/actions of these CAHPS composite measures.
- Carefully review, simplify and clarify all family/child member communications, processes and forms. Ensure that all materials and messages are accurate, up-to-date, complete and consistent, using concise and unambiguous language.
- Identify key parent needs and expectations and critically assess operations and processes.
- · Ensure that the member website is easily navigable and highly user friendly.
- Simplify completion of commonly used forms via "pre-loaded" applications or on-line.
- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.
- Analyze satisfaction levels and loyalty ratings based on member profile/segmentation data (health system, age, length of membership, have PCP, etc.).
- Set S.M.A.R.T. goals. Specific, Measurable, Attainable, Realistic, and Timely for all identified activities. Assess all relevant internal data. Conduct additional surveys, data analyses as needed.
- Consider opportunities for positive and strategic messaging about the plan or health care reminders to members. Use technology to provide more effective and efficient care.
- Consider the value of a SPH CAHPS Drill-Down, Simulation Survey or CG-CAHPS to probe key CAHPS measures and/or target segments of the population.

Additional 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 Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



Rating of Personal Doctor

Please see Technical Notes for more information.

Improvement Strategies – Rating of Personal Doctor

- Analyze, investigate, and probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with rating of personal doctor. (e.g., HWDC, GCQ, GNC, Coordination Of Care).
- Review QI recommendations/actions for related CAHPS composite measures: How Well Doctors Communicate, Getting Care Quickly, Getting Needed Care, Coordination of Care.
- Work collaboratively with pediatric providers, encourage and support a family friendly approach that helps parents/families navigate the health care system and overcome obstacles.
- Provide resources, articles, tools and training sessions via multiple channels to support and drive improvement in physician-patient communication and patient-centered interviewing. Examples include: Foster relationships with patients. Partner with them. Listen to their concerns. Treat them with compassion. Spend adequate time with them and ensure questions and concerns are answered.
- Share, report and discuss relative CAHPS health care performance and feedback at the health system and/or within network level.
- Promote use of a secure online patient portal which allows patients access to their medical record and health care information of relevant to patient needs.
- Gather and analyze patient feedback on their recent office visit (i.e., patient "comment cards," follow up call/text/email, CG CAHPS survey, etc.).
- Explore ability of providers to share with patient's a summary of their medical record or health assessments to facilitate conversation about relevant health and wellness issues.
- Assess systems (e.g., EHRs) processes and/or procedures used to gather or facilitate distribution of patient information among providers.
- Suggest providers/practices periodically analyze appointment scheduling timeframes versus types of office visits. Minimize wait times.

Additional 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 Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



Please see Technical Notes for more information.

Getting Needed Care

Improvement Strategies - Getting Needed Care

- Assess CAHPS data by health system, PO, and/or network. Communicate results and identify outliers. Evaluate with HEDIS data, complaints, appeals and/or quality of care concerns, and communicate. Identify issues, prioritize and implement improvement activities.
- Work with providers to support patients in navigating health care and remove obstacles. Support and encourage providers to take innovative action to improve access. Examples include: Serve patients quickly, treat urgent issues promptly, minimize wait times, follow-up about appointment times and test results. Another is to develop an in-depth referral/decisionmaking guide for PCP's to prepare for/with patients explaining need, urgency, patient expectations and responsibilities, and preparations for seeing a specialist.
- Encourage and guide parents/families when and how to use/access alternative care settings, e.g., web-based, tele-health, urgent care, and emergency care.
- Support members and collaborate with providers to enhance access to care through innovative, proactive approaches within Care Management, Chronic Care, and Quality Management. Work with providers to identify and resolve opportunities.
- Continually assess, revisit and simplify plan requirements/processes (i.e., UM) impacting access to care, tests, or treatment. Seek opportunities to improve processes and procedures.
- Review and simplify precertification/auth/referral policies/procedures for both member and provider, including messages and communications. Cross-reference with complaints, concerns, and quality of care issues. Improve and clarify processes and communications.
- Evaluate and simplify member communications, assuring that members are clearly told why something is not approved. When appropriate, offer suggestions for next steps or alternatives.
- Ensure Customer Service representatives are able to accurately advise members of available alternatives for care, such as walk-in clinics, urgent care, specialists, labs, etc.

Additional 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 Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



O How Well Doctors Communicate

Please see Technical Notes for more information.

Improvement Strategies – How Well Doctors Communicate

- Cultivate a patient-centered care philosophy and programs across the provider network.
- Support, communicate and educate providers about the vital medical importance of effective doctor-patient communication (i.e., reduced hospitalizations & ER visits, improved adherence).
- Explain health care concepts clearly and simply to parents and children. Use simple terms for children. Be prepared to accommodate and overcome language /literacy limitations.
- Address all of the parents' and the child's concerns. When appropriate, involve the child. Maintain eye contact with both the parent and the child. Be kind, thoughtful and thorough.
- Speak directly to older children when discussing matters related to their health.
- Provide readily available recommendations, tools and guidance to all providers to support and enhance communication skills and effective conversation skills with patients. Providers need to: Provide thorough explanations, provide written materials, illustrations and/or examples to help patient's understand, repeat the patient's concern and then address the topic, ask clarifying questions, make eye contact, avoid medical jargon and technical language, avoid multi-tasking, avoid rushing the patient, use constructive verbal responses and non-verbal cues, apply empathy and interest in response to concerns, by kind, avoid condescending language or actions, address questions and concerns-as much time as necessary, schedule adequate time for each visit, and follow-up after tests or procedures.
- Collaborate and share with providers tools, resources, and best practices to support, or reinforce, a complete and effective information exchange with all patients (e.g., a summary of medical record or health assessment to facilitate an effective health or wellness discussion, patient testimonials perhaps from focus groups - of effective and ineffective communication techniques, provide tips and/or testimonials in provider newsletters).

Additional 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 Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



Coordination of Care

Please see Technical Notes for more information.

Improvement Strategies – Coordination of Care

- Inform, support, remind and facilitate providers about coordination of care expectations, timely notification requirements, and standards of care for post-visit follow up to all PCPs. Explore options to encourage and support communications between specialists and PCPs.
- Carefully assess any parent or patient concerns associated with any health care received out-of-office, addressing and clarifying as appropriate. Seek and obtain all associated records.
- Develop on-going and timely reminders/messaging to promote and improve communication and reporting between all provider types, ideally based directly on available data/information.
- Assess the status and consistency of coordination of patient care, communication, and information shared within and across provider networks. Assure prompt feedback, standards.
- Support and facilitate a patient-centered care management approach within and across provider networks. Facilitate a complementary plan-based patient centered care management approach.
- Explore potential of aligning information flow/EHRs to better integrate, support or facilitate patient care, care coordination and vital medical and personal information among providers.
- Encourage providers to prompt patients AND patients to prompt providers, i.e., mutual interactions that review and discuss care, tests and/or treatments involving other providers.
- Encourage patients to bring a list of all medications, including dosage and frequency to all appointments. Encourage providers to prompt patients to do the same for their appointments.
- How do PCP's, providers, facilities and/or the plan assure common patient "touch points" to facilitate/support scheduling of appointments, tests and/or procedures? Where is the over-arching guidance and support for the patient/member?

Additional 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 Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



Access to Prescription Medicine

Please see Technical Notes for more information.

Improvement Strategies – Access to Prescription Medicine

- Encourage streamlined, efficient service for families, such as sending prescriptions directly to pharmacies immediately after the appointment.
- Don't put the family in the middle, encourage and support prompt pharmacy/provider communication and collaboration to avoid or resolve issues for members.
- Assess opportunities to improve prescription coverage that may forego serious set-backs, e.g., coverage of some allergy medications.
- Provide alerts and reminders to busy parents to obtain currently prescribed medications in a timely manner.
- Advise and educate providers and pharmacies of preferred, covered alternative medications for common prescriptions. Make this information readily and easily available on-line.
- Assess and address member concerns and complaints about problems with mail prescription service and/or timeliness. Review and simplify or clarify associated communications/materials.
- Simplify pre-auth and authorization processes and clarify requirements with clear member and provider communications.

Additional 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 Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



Appendix: Questionnaire



AmeriHealth Caritas Louisiana



Louisiana

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:

\times	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 your child receives. 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 AmeriHealth Caritas Louisiana. 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</u> <u>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</u> <u>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</u> <u>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, <u>not</u> counting the times your child went to an emergency	11. Is your child now enrolled in any kind of school or daycare?
	room, how many times did he or she go to a doctor's office or clinic to get health care?	 Yes No → If No, Go to Question 14
	 None → If None, Go to Question 11 1 time 2 3 4 	 12. 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 14
		13. In the last 6 months, did you get the help
8.	10 or more times In the last 6 months, how often did you have your questions answered by your shild's destars as other health providers?	you needed from your child's doctors or other health providers in contacting your child's school or daycare?
	child's doctors or other health providers?	
	 Sometimes Usually 	□ No
		SPECIALIZED SERVICES
0	Always	 Special medical equipment or devices include a walker, wheelchair, nebulizer,
9.	Using any number from 0 to 10, where 0 is the worst health care possible and	feeding tubes, or oxygen equipment.
	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?	In the last 6 months, did you get or try to get any special medical equipment or devices for your child?
	 □ 0 Worst health care possible □ 1 	 Yes No → If No, Go to Question 17
	$ \begin{array}{c} $	15. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?
		Never
		 Sometimes Usually
	9	16. Did anyone from your child's health plan,
40	10 Best health care possible	doctor's office, or clinic help you get special medical equipment or devices for
10.	In the last 6 months, how often was it easy to get the care, tests, or treatment	your child?
	your child needed?	
	 Never Sometimes 	□ No
	☐ Usually☐ Always	

17.	In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?		24. 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		☐ Yes		
10	□ No \rightarrow If No, Go to Question 20				
10.	In the last 6 months, how often was it easy to get this therapy for your child?	VC			
	 Never Sometimes Usually 		OUR CHILD'S PERSONAL DOCTOR A personal doctor is the one your child would see if he or she needs a check-up, has a health problem or gets sick or hurt.		
			Does your child have a personal doctor?		
19.	Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?		 Yes No → If No, Go to Question 40 		
	☐ Yes ☐ No	26.	In the last 6 months, how many times did your child visit his or her personal doctor for care?		
20.	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?		 None → If None, Go to Question 36 1 time 2 3 		
	Yes		<u> </u>		
	$\square \text{ No} \rightarrow If \text{ No, Go to Question 23}$		5 to 9		
21.	In the last 6 months, how often was it easy to get this treatment or counseling for your child?	 10 or more times 27. In the last 6 months, how often did y child's personal doctor explain thing 			
	NeverSometimes	about your child's health in a way was easy to understand?	about your child's health in a way that was easy to understand?		
00	Always		 Sometimes Usually 		
22.	. Did anyone from your child's health plan, doctor's office, or clinic help you get this		Always		
	treatment or counseling for your child?		In the last 6 months, how often did your child's personal doctor listen carefully to		
	☐ Yes ☐ No		you?		
23.	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?		 Never Sometimes Usually Always 		
	 ☐ Yes ☐ No → If No, Go to Question 25 				

	In the last 6 months, how often did your child's personal doctor show respect for what you had to say?		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?
	Usually Always		 Never Sometimes
	Is your child able to talk with doctors about his or her health care?		 Usually Always
	 Yes No → If No, Go to Question 32 		Using any number from 0 to 10, where 0 i the worst personal doctor possible and 1 is the best personal doctor possible, what
	In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for <u>your child</u> to		number would you use to rate your child's personal doctor?
	understand?		 □ 0 Worst personal doctor possible □ 1
	 Never Sometimes Usually Always 		□ 2 □ 3 □ 4 □ 5
	In the last 6 months, how often did your child's personal doctor spend enough time with your child?		□ 6 □ 7 □ 8
22	 Never Sometimes Usually 		 9 10 Best personal doctor possible
	Always In the last 6 months, did your child's	37.	7. Does your child have any medical, behavioral, or other health conditions that have lasted for more than <u>3 months</u> ?
	personal doctor talk with you about how your child is feeling, growing, or behaving?		 ☐ Yes ☐ No → If No, Go to Question 40
	☐ Yes ☐ No		Does your child's personal doctor understand how these medical, behavioral, or other health conditions
	In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal		affect your child's day-to-day life? Yes No
	 doctor? ☐ Yes ☐ No → If No, Go to Question 36 	39.	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 SPECIALISTSWhen you answer the next questions, do not include dental visits or care your child got when he or she stayed overnight in a hospital.40. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin	 43. 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? 			
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?	 □ 0 Worst specialist possible □ 1 □ 2 □ 3 □ 4 □ 5 			
\square No \rightarrow If No, Go to Question 44				
 41. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed? 	 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Best specialist possible 			
Never Sometimes	YOUR CHILD'S HEALTH PLAN			
	The next questions ask about your experience with			
☐ Always	your child's health plan.			
 42. How many specialists has your child seen in the last 6 months? □ None → If None, Go to Question 44 	44. In the last 6 months, did you get information or help from customer service at your child's health plan?			
☐ 1 specialist ☐ 2	 ☐ Yes ☐ No → If No, Go to Question 47 			
 3 4 5 or more specialists 	45. 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 			
	46. 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 			

47.	In the last 6 months, did your child's health plan give you any forms to fill out?	52.	Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?
	No → If No, Go to Question 49		☐ Yes
48	In the last 6 months, how often were the		
40.	forms from your child's health plan easy	Δ	BOUT YOUR CHILD AND YOU
	to fill out?		In general, how would you rate your
	Never Never		child's overall health?
	Sometimes		Excellent
	Usually Always		Very Good
40			Good
49.	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		Fair Poor
			In general, how would you rate your child's overall mental or emotional health?
	health plan?		
	 0 Worst health plan possible 1 		Very Good
			Good
	\square 3		
			Poor
		55.	Does your child currently need or use medicine prescribed by a doctor (other
	□ 6 □ 7		than vitamins)?
			Yes
			□ No → If No, Go to Question 58
	10 Best health plan possible	56.	Is this because of any medical, behavioral, or other health condition?
	RESCRIPTION MEDICINES		☐ Yes
50.	In the last 6 months, did you get or refill any prescription medicines for your		□ No → If No, Go to Question 58
	child?	57.	Is this a condition that has lasted or is
	Yes		expected to last for at least 12 months?
	□ No → If No, Go to Question 53		
51.	In the last 6 months, how often was it		No No
	easy to get prescription medicines for	58.	Does your child need or use more medical care, more mental health services, or
	your child through his or her health plan?		more educational services than is usual
			for most children of the same age?
			Yes
	Always		□ No → If No, Go to Question 61

59.	Is this because of any medical, behavioral, or other health condition?	68.	Has this problem lasted or is it expected to last for at least 12 months?
	 ☐ Yes ☐ No → If No, Go to Question 61 		 ☐ Yes ☐ No
60.	Is this a condition that has lasted or is expected to last for at least 12 months?	69.	What is your child's age? Less than 1 year old
	☐ Yes □ No	70	YEARS OLD (write in) Is your child male or female?
61.	Is your child limited or prevented in any way in his or her ability to do the things	70.	Male Female
	most children of the same age can do? □ Yes □ No → If No, Go to Question 64	71.	Is your child of Hispanic or Latino origin or descent?
62.	Is this because of any medical, behavioral, or other health condition?		Yes, Hispanic or LatinoNo, not Hispanic or Latino
	 ☐ Yes ☐ No → If No, Go to Question 64 	72.	What is your child's race? <i>Mark one or more.</i>
63.	Is this a condition that has lasted or is expected to last for at least 12 months?		 White Black or African-American Asian Native Hawaiian or other Pacific Islander American Indian or Alaska Native
64.	Does your child need or get special therapy such as physical, occupational, or speech therapy?	73.	Other What is your age?
	 ☐ Yes ☐ No → If No, Go to Question 67 		 Under 18 18 to 24 25 to 34
65.	Is this because of any medical, behavioral, or other health condition?		□ 35 to 44 □ 45 to 54
	 Yes No → If No, Go to Question 67 		□ 55 to 64 □ 65 to 74
66.	Is this a condition that has lasted or is expected to last for at least 12 months?	74.	75 or olderAre you male or female?
	☐ Yes ☐ No		 Male Female
67.	Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or		What is the highest grade or level of school that you have completed?8th grade or less
	 gets treatment or counseling? ☐ Yes ☐ No → If No, Go to Question 69 		 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

 76. How are you related to the child? Mother or father Grandparent Aunt or uncle Older brother or sister Other relative 	 79. In the last 6 months, when there was more than one choice for your child's treatment or health care, did your child's doctor or other health provider ask which choice you thought was best for your child? Definitely yes Somewhat yes Somewhat no Definitely no My child did not need treatment or health care in the last 6 months 			
 Legal guardian Someone else ADDITIONAL QUESTIONS Now we would like to ask a few more questions about the services your child's health plan 				
 provides. 77. In the last 6 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns? Never 	 80. Certain services, such as home health care, durable medical equipment (DME) and some procedures require authorization from AmeriHealth Caritas Louisiana. If you have required an authorization over the past 6 months, did the authorization slow down your ability to receive your desired care or service? No, I received an authorization quickly Yes, the authorization process slowed the process down some Yes, the authorization process slowed the proc			
 Sometimes Usually Always My child did not receive any health care in the past 6 months 				
78. In the last 6 months, not counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment and your child actually seeing a health provider?	 I did not require authorization process slowed the process down a lot I did not require authorization for service in the last 6 months 81. In the last 6 months, how often did the written materials or the Internet provide 			
☐ Same day ☐ 1 day	the information you needed about how your child's health plan works?			
 2 to 3 days 4 to 7 days 8 to 14 days 15 to 30 days 31 to 60 days 61 to 90 days 91 days or longer My child did not see a health provider in the last 6 months 	 Never Sometimes Usually Always I did not seek information in the last 6 months about how my child's health plan works 			

- 82. When your child's plan needs to share information with you, how do you prefer to receive this information? *(Check all that apply)*
 - By postal mail
 - On the plan's website
 - ☐ Mobile phone app
 - A phone call from someone at the plan
 - By text message
 - By email

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

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






We invite you to partner with us for ongoing quality improvement...

Smart Member Engagement[™] Platform

WHY? Address Health Plan Challenges Smart Member Engagement provides a unique tool set to address the health challenges of your membership. Stratify cohorts by conditions, risk factors, engageability, and/or member experience to deliver a personalized and targeted outreach that drives desired member behavior and outcomes.



Phone – IVR Phone – Live Agent

REFI

Measure & Analyze

Follow-up surveys to cohorts to test their recollection of messages and any actions taken to improve their health or close care gaps **REFINE**?

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Closing HEDIS[®] Care Gaps

Targeted Outreach & Engagement = Healthier Members, Revenue, & Star Ratings

A High-Touch, Personalized se Approach for Closing Gaps in Care Impacting HEDIS Measures



Step 1: Identify the Care Gaps

Identify, then target those members who are neither meeting the standards for specific condition treatment, nor receiving important preventive screenings.

Step 2: Focus on Measures Affecting Larger Member Numbers and High-Volume Provider Groups Sticking to members with the more prevalent care gaps like mammograms, colorectal screenings, diabetes care, heart disease, and flu shots, send co-branded appointmentscheduling messaging

Step 3: Multi-Modal Outreach to Activate and Motivate Patients Directly schedule appointments for members with providers via phone outreach or remind members to set up a muchneeded appointment via multi-modal outreach (text, email, phone, IVR, or mail)

Step 4: Close the Loop

Scheduling reminder calls about upcoming appointments, and follow-up confirmations for appointments already met.

Contact your Strategic Account Executive to develop a custom engagement program to drive care gap closure for your membership.



2020 CAHPS Medicaid Adult 5.0H Final Report

AmeriHealth Caritas Louisiana

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AmeriHealth Caritas Louisiana

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SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) certified HEDIS[®] Survey Vendor, was selected by AmeriHealth Caritas Louisiana to conduct its 2020 CAHPS[®] 5.0H Medicaid Adult Survey. NCQA requires health plans to submit CAHPS survey results in compliance with HEDIS[®] accreditation requirements.

SURVEY OBJECTIVE The overall objective of the CAHPS[®] study is to capture accurate and complete information about consumer-reported experiences with health care. Specifically, the survey aims to measure how well plans are meeting their members' expectations and goals; to determine which areas of service have the greatest effect on members' overall satisfaction; and to identify areas of opportunity for improvement, which could aid plans in increasing the quality of provided care.

NCQA made the following changes to the survey for 2020:

NCQA shortened the HEDIS CAHPS surveys to reduce response burden for members and sponsors to coincide with the Health Plan accreditation refresh. These measures were removed from the survey:

Shared Decision Making

Health Plan Information

• Health Promotion and Education

Chronic Conditions

Proxy Questions

Your Strategic Account Executive for this project is Midge Coker (678-689-0295), and your Project Manager is Heather Nast (248-539-5260). Should you have any questions or comments regarding any aspect of the survey or reporting process, please feel free to call either your Strategic Account Executive or your Project Manager.

HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA). CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Please see Technical Notes for more information.

CAHPS 2020: COVID-19 Pandemic

On March 11, 2020 the World Health Organization officially declared COVID-19 a global pandemic. All of us at SPH Analytics hope this report finds you, your colleagues, and family safe and healthy.

NCQA PROTOCOL MODIFICATIONS AND HEALTH PLAN RATING CHANGES FOR 2020

In response to the pandemic, NCQA released <u>guidance</u> about the HEDIS CAHPS program on March 27. While NCQA did not extend the data submission deadline of May 29, 2020, they did allow for modifications to the protocol.

On Thursday, April 2 NCQA released additional <u>guidance</u> regarding scoring for Health Plan Ratings, with clarification released on April 3. While NCQA required submission of HEDIS and CAHPS data for Commercial and Medicaid plans, they are not scoring plans using Health Plan Ratings in 2020.

- The September 2020 Health Plan Report Card update will list all plans with Interim, Accredited or Provisional status, as applicable, based on existing status or standards performance for surveys on the HPA 2020 Standards.
- There will be no Health Plan Ratings in 2020.

SPH has included notes throughout this report where there are changes to the regulatory guidance due to the pandemic. Because survey administration has taken place during extraordinary circumstances, please use caution when comparing and interpreting trend results from prior years.



AmeriHealth Caritas Louisiana

Methodology

SPH administered the 2020 Medicaid Adult 5.0H CAHPS survey using an NCQA approved methodology. Surveys were collected via a mail and phone methodology. 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.** A synopsis of the data collection methodology is outlined below:

Pre-survey notifications 3/16/2020 Mail Protocol Begins 3/24/2020	Phone Protocol 04/13/2020 - 05/26/2020	Last day to accept completed su 5/26/2020	irveys	Data submission to I 5/29/2020	NCQA
VALID SURVEYS			2018	2019	2020
	Complete	Completed Survey	475	334	335
Total Number of Mail Completes = 251 (0 in Spanish)	Complete	SUBTOTAL	475	334	335
Total Number of Phone Completes = 84 (0 in Spanish) Total Number of Internet Completes = NA		Does not Meet Eligibility Criteria (01)	6	5	15
		Language Barrier (03)	16	6	3
	Ineligible	Mentally/Physically Incapacitated (04)	4	2	3
2020 RESPONSE RATE		Deceased (05)	2	3	2
Response Rate = Completed		SUBTOTAL	28	16	23
Sample size – Ineligible members		Break-off/Incomplete (02)	24	18	24
054 (M-1) + 04 (D-+++) = 005		Refusal (06)	26	3	15
<u>251 (Mail) + 84 (Phone) = 335</u> 2025 (Sample) - 23 (Ineligible) = 2002 = 16.7%	Non-Response	Maximum Attempts Made (07)	1390	1577	1628
		Added to DNC List (08)	15	10	0
		SUBTOTAL	1455	1608	1667
RESPONSE RATE COMPARISON	TOTAL		1958	1958	2025
The 2020 SPH Analytics Book of Business average response rate is 15	.5%. RESPONSE RATE		24.6%	17.2%	16.7%

Executive Summary



AmeriHealth Caritas Louisiana

Overview of Terms

Please see Technical Notes for more information.

Summary Rates are defined by NCQA in its HEDIS 2020 CAHPS[®] 5.0H guidelines and generally represent the most favorable response percentages. The Summary Rates for Effectiveness of Care Measures, with the exception of the *Flu Vaccinations (Adults 18-64)* measure, are calculated on a two-year rolling average due to anticipated small denominators.



Rating questions are typically displayed with two Summary Rates:

0	1	2	3	4	5	6	7	8	9	10	
	1										

Percentile Rankings Your plan's approximate percentile rankings in relation to the Quality Compass[®] All Plans benchmark were calculated by SPH Analytics using information derived from the NCQA 1-100 Benchmark.

Significance Testing All significance testing is performed at the 95% confidence level.

Small Denominator Threshold 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.

NCQA BENCHMARK INFORMATION

The source for data contained in this publication is Quality Compass[®] All Plans 2019. It is used with the permission of NCQA. Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion. Quality Compass[®] is a registered trademark of NCQA.

LEGACY DSS / MORPACE / SPH

In preparation for 2020 reporting, our new combined Analytics team reviewed all calculations and statistics to determine the best go forward strategy for SPH Analytics. Some historical calculations were updated to align with those decisions. As such, there are instances where a trend score might be slightly different from the value in your reports from last year. SPH also made decisions to align on go forward approaches for significance testing and other analyses.

Dashboard – 2020 Key Findings

Please see Technical Notes for more information.



Key measures that had significant improvements from last year

No key measures improved significantly.

TRENDING DOWN

Key measures that had significantly lower scores than last year

No key measures declined significantly.



MEASURE NAME	SUMMARY RATE	ESTIMATED NCQA RATING
Rating of Health Plan (% 9 or 10)	61.9%	***
Rating of Health Care (% 9 or 10)	62.4%	****
Rating of Personal Doctor (% 9 or 10)	67.9%	***
Rating of Specialist (% 9 or 10)	74.3%	****
Getting Needed Care (% Always or Usually)	81.4%	**
Getting Care Quickly (% Always or Usually)	78.5%	**
Coordination of Care (% Always or Usually)	NA^	NA^
Flu Vaccinations Adults 18-64 (%Yes)	43.5%	***
Smoking Advice: Rolling average (% Always, Usually or Sometimes)	74.9%	**

SatisAction™ KEY DRIVER STATISTICAL MODEL Key Drivers Of The Rating Of The Health Plan

POWER

Promote and leverage strengths

Q8	Health care overall
Q15	Dr. spent enough time
Q22	Specialist overall
Foc	OPPORTUNITIES us resources on improving processes that underlie these items
Q9	Got care/tests/treatment
Q4	Got urgent care
Q18	Personal doctor overall
Q13	Dr. listened carefully
Q14	Dr. showed respect

^Denominator less than 100. NCQA will assign an NA to this measure.

In response to the **COVID-19** pandemic, NCQA is not publishing Health Plan Ratings in 2020. These estimates are for informational purposes only.

Please refer to slide 16 for details.

Measure Summary

Health Plan Domain Performance

Your plan's performance on measures that are typically considered to be in the domain of the health plan.

	SUMMA	SUMMARY RATE		2020 SPH E	BENCHMARK	2019 QC BENCHMARK	
MEASURE	2019	2020	CHANGE	SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan (% 9 or 10)	64.0%	61.9%	-2.1%	64.6%	28 th	60.3%	57 th
Rating of Health Plan (% 8, 9 or 10)	79.2%	78.3%	-0.9%	80.3%	32 nd	77.6%	48 th
Getting Needed Care (% Always or Usually)	82.8%	81.4%	-1.4%	83.5%	31 st	82.5%	33 rd
Customer Service (% Always or Usually)	92.8%	91.0%	-1.8%	89.4%	72 nd	88.8%	75 th
Ease of Filling Out Forms (% Always or Usually)	95.6%	95.8%	0.2%	95.6%	53 rd	94.4%	78 th

KEY TAKEAWAYS

Your overall Rating of Health Plan (8-10) Summary Rate score is 78.3% and represents a change of -0.9 from 2019.

Note: Please refer to benchmark descriptions on slide 43.

Significance Testing

Green – Current year score is significantly higher than the 2019 score (\uparrow) or benchmark (\blacktriangle) score.

Red – Current year score is significantly lower than the 2019 score (\downarrow) or benchmark (\bigtriangledown) score.



Health Care Domain Performance

Your plan's performance on measures that are typically considered to be in the provider health care domain.

	SUMMA	SUMMARY RATE		2020 SPH E	ENCHMARK	2019 QC BI	ENCHMARK
MEASURE	2019	2020	CHANGE	SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care (% 9 or 10)	55.0%	62.4%	7.4%	58.8%	76 th	54.9% 🔺	93 rd
Rating of Health Care (% 8, 9 or 10)	72.1%	77.4%	5.3%	76.9%	51 st	75.4%	69 th
Getting Care Quickly (% Always or Usually)	85.7%	78.5% ↓	-7.2%	82.7%	15 th	82.0%	17 th
How Well Doctors Communicate (% Always or Usually)	92.9%	91.6%	-1.3%	93.2%	18 th	92.0%	38 th
Coordination of Care (% Always or Usually)	82.7%	80.2%	-2.5%	85.9%	13 th	83.6%	18 th
Rating of Personal Doctor (% 9 or 10)	69.6%	67.9%	-1.7%	70.7%	24 th	67.5%	50 th
Rating of Personal Doctor (% 8, 9 or 10)	83.1%	83.3%	0.2%	84.2%	38 th	82.1%	61 st
Rating of Specialist (% 9 or 10)	77.4%	74.3%	-3.1%	70.9%	76 th	66.9%	96 th
Rating of Specialist (% 8, 9 or 10)	84.9%	87.1%	2.2%	84.7%	74 th	82.3%	92 nd

Note: Please refer to benchmark descriptions on slide 43.

Significance Testing

Green – Current year score is significantly higher than the 2019 score (↑) or benchmark (▲) score.

Red – Current year score is significantly lower than the 2019 score (\downarrow) or benchmark (\bigtriangledown) score.

KEY TAKEAWAYS

Your overall Rating of Health Care (8-10) Summary Rate score is 77.4% and represents a change of 5.3 from 2019.



Effectiveness of Care Performance

Your plan's performance on HEDIS measures collected through the CAHPS 5.0H survey.

MEASURE	SUMMA	SUMMARY RATE		2020 SPH B	ENCHMARK	2019 QC BENCHMARK	
MEASURE	2019	2020	CHANGE -	SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Flu Vaccinations (Adults 18-64) (% Yes)	40.8%	43.5%	2.7%	44.1%	49 th	41.8%	57 th
Advising Smokers and Tobacco Users to Quit: Rolling average (% Always, Usually or Sometimes)	75.2%	74.9%	-0.3%	77.8%	36 th	76.7%	29 th
Discussing Cessation Medications: Rolling average (% Always, Usually or Sometimes)	50.5%	52.3%	1.8%	56.1%	42 nd	52.9%	41 st
Discussing Cessation Strategies: Rolling average (% Always, Usually or Sometimes)	46.9%	47.7%	0.8%	50.2%	53 rd	46.4%	60 th

Note: Please refer to benchmark descriptions on slide 43.

Significance Testing

Green – Current year score is significantly higher than the 2019 score (↑) or benchmark (▲) score.

Red – Current year score is significantly lower than the 2019 score (\downarrow) or benchmark (∇) score.

Global Rating Summary Rate Scores (% 9 or 10)

Please see Technical Notes for more information.



Summary Rate Scores

Summary Rates are defined by **NCQA** in its HEDIS 2020 CAHPS[®] 5.0H guidelines and generally represent the most favorable response percentages.

SPH refers to the 2020 SPH Analytics Book of Business benchmark. **QC** refers to the 2019 Quality Compass[®] All Plans benchmark.

Significance Testing

Green – Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Red – Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Global Rating Summary Rate Scores (% 8, 9 or 10)

Please see Technical Notes for more information.



Summary Rate Scores

Summary Rates are defined by **NCQA** in its HEDIS 2020 CAHPS[®] 5.0H guidelines and generally represent the most favorable response percentages.

SPH refers to the 2020 SPH Analytics Book of Business benchmark. **QC** refers to the 2019 Quality Compass[®] All Plans benchmark.

Significance Testing

Green – Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Red – Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Composite Summary Rate Scores (% Always or Usually)

Please see Technical Notes for more information.



Summary Rate Scores

Summary Rates are defined by **NCQA** in its HEDIS 2020 CAHPS[®] 5.0H guidelines and generally represent the most favorable response percentages.

SPH refers to the 2020 SPH Analytics Book of Business benchmark. **QC** refers to the 2019 Quality Compass[®] All Plans benchmark.

Significance Testing

Green – Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Red – Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Gap Analysis – Comparisons to Last Year

Please see Technical Notes for more information.

GAP ANALYSIS

The percentile gap is the difference between the maximum possible percentile (100) and the estimated percentile achieved using the 2019 Quality Compass All Plan

The percentile gap was closed compared to last year on the following measures:

• Rating of Health Care

However, the percentile gap increased on these measures:

- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Customer Service
- Coordination of Care
- Rating of Health Plan
- Rating of Personal Doctor
- Rating of Specialist





2020 Gap is **larger** than 2019 Gap



POWeR Chart: Explanation

POWeR[™] CHART CLASSIFICATION MATRIX

RETAIN POWER Higher Items in this quadrant have a relatively These items have a relatively large small impact on the rating of the health impact on the rating of the health plan Your plan performance elative to the SPH Book of Business plan but performance is above and performance is above average. average. Simply maintain Promote and leverage strengths performance on these items. in this quadrant. WAIT **OPPORTUNITY** These items are somewhat less Items in this quadrant have a relatively important than those that fall on the large impact on the rating of the health right side of the chart and, relatively plan but performance is below speaking, performance is below average. Focus resources on average. Dealing with these items improving processes that underlie can wait until more important items these items. have been dealt with. Lower Lower Importance to your plan members Higher

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.

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. We have been successfully using this approach since 1997.

The model provides the following:

- Identification of the elements that are important in driving of 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.

OWeR Chart: Your Results

Please see Technical Notes for more information.

SURVEY	MEASURE	SUMMARY RATE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
POWER	2			
Q8 Q15 Q22	Health care overall Dr. spent enough time Specialist overall	62.4% 91.8% 74.3%	76 th 53 rd 76 th	4 3 4
OPPOR	TUNITY			
Q9 Q4 Q18 Q13 Q14	Got care/tests/treatment Got urgent care Personal doctor overall Dr. listened carefully Dr. showed respect	84.0% 78.1% 67.9% 92.3% 92.4%	27 th 8 th 24 th 26 th 13 th	2 1 2 2 2
WAIT				
Q12 Q20 Q17 Q6	Dr. explained things Got specialist appt. Dr. informed about care Got routine care	89.8% 78.8% 80.2% 79.0%	8 th 42 nd 13 th 38 th	1 3 2 3
RETAIN	l i i i i i i i i i i i i i i i i i i i			
Q24 Q25 Q27	CS provided info./help CS courtesy/respect Easy to fill out forms	85.2% 96.7% 95.8%	61 st 82 nd 53 rd	3 4 3

KEY DRIVERS, SUMMARY RATES AND PERCENTILES

The key drivers of the rating of the health plan are presented in the POWeR™ Chart classification matrix. 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.



Overall Rating of Health Plan

Please see Technical Notes for more information.

		Your plan scored in the 28th percent when compared to the SPH Book o Business benchmark		Compared to last year, your Summa Score (% 9 and 10) decreased by This result is not statistically signifi	2.1%.		
		🌀 Туріс	al of industry drivers 💮 Different from in	dustry drivers			
followir	SPH Book of Business regression analysis has identified the following Key Drivers of Rating of Health Plan. Performance on these measures may be driving member's overall experience rating.						nt to your
	INDUSTRY KI High impact on Rat		ALIGNMENT Are your key drivers typical of the industry?	YOUR K High impact o			
	KEY DRIVER	2020 SPH BoB		KEY DRIVER	SUMMARY RATE*	' SPH BoB PERCENTILE	CLASSIFICATION
Q8	Health care overall	58.8%	Ø	Q8 Health care overall	62.4%	76 th	POWER
Q18	Personal doctor overall	70.7%	Ø	Q9 Got care/tests/treatment	84.0%	27 th	OPPORT
Q22	Specialist overall	70.9%	•	Q4 Got urgent care	78.1%	8 th	OPPORT
Q25	CS courtesy/respect	94.6%	Ø	Q18 Personal doctor overall	67.9%	24 th	OPPORT
Q13	Dr. listened carefully	93.5%	•	Q15 Dr. spent enough time	91.8%	53 rd	POWER
Q14	Dr. showed respect	94.6%	Ø	Q13 Dr. listened carefully	92.3%	26 th	OPPORT
Q24	CS provided info./help	84.3%	Ø	Q14 Dr. showed respect	92.4%	13 th	OPPORT
Q9	Got care/tests/treatment	86.3%	Ø	Q22 Specialist overall	74.3%	76 th	POWER

Overall Rating of Health Plan

Please see Technical Notes for more information.



*Other includes all respondents who selected any race other than White or Black/African-American and did not select White or Black/African-American.

Estimated NCQA Health Insurance Plan Ratings

Please see Technical Notes for more information.

	2020 SUMMARY RATE	SUMMARY RATE DEFINTION	PERCENTILE RANK	ESTIMATED RATING			
CONSUMER SATISFAC	CONSUMER SATISFACTION						
GETTING CARE				2.0			
Getting Needed Care	81.4%	Usually + Always	33 rd	2.0			
Getting Care Quickly	78.5%	Usually + Always	17 th	2.0			
SATISFACTION WITH PLAN	N PHYSICIANS			4.5			
Rating of Personal Doctor	67.9%	9 + 10	50 th	3.0			
Rating of Specialist	74.3%	9 + 10	96 th	5.0			
Rating of Health Care	62.4%	9 + 10	93 rd	5.0			
Coordination of Care	80.2%	Usually + Always	18 th	NA			
SATISFACTION WITH PLAN	N SERVICES			3.0			
Rating of Health Plan	61.9%	9 + 10	57 th	3.0			
PREVENTION							
Flu Vaccinations Adults Ages 18-64	43.5%	% Yes	57 th	3.0			
TREATMENT							
Smoking Advice: Rolling Average	74.9%	Usually + Always + Sometimes	29 th	2.0			

In response to the **COVID-19** pandemic, NCQA is not publishing Health Plan Ratings in 2020. These estimates are for informational purposes only.

EXPLANATION

NCQA calculates health plan ratings (HPR) by evaluating plans in three categories: consumer satisfaction, clinical quality (includes prevention and treatment) and NCQA Accreditation Standards score.

The overall NCQA star rating is the weighted average of an organization's HEDIS and CAHPS measure ratings, plus Accreditation bonus points (if the organization has NCQA Accreditation), rounded to the nearest half point.

The CAHPS measures 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.

Results are summarized in the table to the left. **Percentiles and ratings are estimated by SPH** based on the 2019 NCQA data and benchmarks.

Rating = 1	Rating = 2	Rating = 3	Rating = 4	Rating = 5
Bottom 10 percent	Bottom 3 rd of plans but not bottom 10 th	Middle 3 rd of plans	Top 3rd of plans, but not in the top 10 th	Top decile of plans

Notes:

- 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.
- Medicaid plans have the option to be scored on either Adult CAHPS or Child CAHPS data.

Oversampling Scenarios

Please see Technical Notes for more information.

OVERSAMPLING SCENARIO EXPLANATION

In response to the **COVID-19** pandemic, NCQA is not publishing Health Plan Ratings in 2020. These estimates

are for informational purposes only.

Scenarios were tested to determine what oversampling rate could potentially impact the ratings assigned to this plan. This plan currently oversamples at the rate of 50%. SPH does not recommend additional oversampling.

Based on the scenarios tested, holding everything else constant, an oversampling rate of 56% and above yields all reportable measures and a decrease on 2 measures. This is an estimate only and cannot be used to predict NCQA star ratings.

MEASURE NAME	ESTIMATED	OVE	RSAMPLING SCENA	RIOS
MEASURE NAME	RATING	0%	50% (Current)	<u>></u> 56%
CONSUMER SATISFACTION	3.5	3.0	3.5	3.0
GETTING CARE	2.0	2.0	2.0	2.0
Getting Needed Care	2.0	2.0	2.0	2.0
Getting Care Quickly	2.0	2.0	2.0	2.0
SATISFACTION WITH PLAN PHYSICIANS	4.5	4.0	4.5	4.0
Rating of Personal Doctor	3.0	3.0	3.0	3.0
Rating of Specialist	5.0	NA	5.0	5.0
Rating of Health Care	5.0	5.0	5.0	5.0
Coordination of Care	NA	NA	NA	2.0
SATISFACTION WITH PLAN SERVICES	3.0	3.0	3.0	3.0
Rating of Health Plan	3.0	3.0	3.0	3.0
PREVENTION				
Flu Vaccinations Adults Ages 18-64	3.0	3.0	3.0	3.0
TREATMENT				
Smoking Advice: Rolling Average	2.0	2.0	2.0	2.0

Higher Rating Lower Rating Reportable

Please see Technical Notes for more information.

COMPARISON TO QUALITY COMPASS PERCENTILE THRESHOLDS

The graph shows how your plan's summary rates compare to the most recent Quality Compass thresholds published by NCQA (Fall 2019).





Top Three Measures

Your plan had the highest NCQA Quality Compass® All Plans percentile rankings for these three measures.

MEASURE	2020 VALID N	SUMMARY RATE		CHANGE	2019 QC BENCHMARK		GAP
		2019	2020	CHANGE	SUMMARY RATE	PERCENTILE RANK	
Rating of Specialist (% 9 or 10)	101	77.4%	74.3%	-3.1%	66.9%	96 th	7.4%
Rating of Health Care (% 9 or 10)	234	55.0%	62.4%	7.4%	54.9%	93 rd	7.5%
Customer Service (% Always or Usually)	122	92.8%	91.0%	-1.8%	88.8%	75 th	2.2%

Bottom Three Measures

Your plan had the lowest NCQA Quality Compass® All Plans percentile rankings for these three measures.

MEASURE	2020 VALID N	SUMMARY RATE		CHANGE	2019 QC BENCHMARK		GAP
		2019	2020	CHANGE	SUMMARY RATE	PERCENTILE RANK	
Getting Needed Care (% Always or Usually)	172	82.8%	81.4%	-1.4%	82.5%	33 rd	-1.1%
Coordination of Care (% Always or Usually)	96	82.7%	80.2%	-2.5%	83.6%	18 th	-3.4%
Getting Care Quickly (% Always or Usually)	150	85.7%	78.5% ↓	-7.2%	82.0%	17 th	-3.5%

Significance Testing

Green – Current year score is significantly higher than the 2019 score (\uparrow) or benchmark (\blacktriangle) score. **Red** – Current year score is significantly lower than the 2019 score (\downarrow) or benchmark (\bigtriangledown) score.

Improvement Strategies

Improving Performance

These measures had the lowest NCQA Quality Compass[®] All Plans percentile rankings for your plan. While plans should also review which measures have lower scores than last year and which measures perform lower than benchmark, SPH offers these opportunities for improvement based on national percentile rankings.

Improvement Strategies – Getting Needed Care

- Assess CAHPS data by health system, PO, and/or network. Communicate results and identify outliers. Evaluate with HEDIS data, complaints, appeals and/or quality of care concerns, and communicate. Identify issues, prioritize and implement improvement activities.
- Work with providers to support patients in navigating health care and remove obstacles. Support and encourage providers to take innovative action to improve access. Examples include: Serve patients quickly, treat urgent issues promptly, minimize wait times, follow-up about appointment times and test results. Another is to develop an in-depth referral/decisionmaking guide for PCP's to prepare for/with patients explaining need, urgency, patient expectations and responsibilities, and preparations for seeing a specialist.
- Support members and collaborate with providers to enhance access to care through innovative, proactive approaches within Care Management, Chronic Care, and Quality Management. Work with providers to identify and resolve opportunities.
- Continually assess, revisit and simplify plan requirements/processes (i.e., UM) impacting access to care, tests, or treatment. Seek opportunities to improve processes and procedures.
- Review and simplify precertification/auth/referral policies/procedures for both member and provider, including messages and communications. Cross-reference with complaints, concerns, and quality of care issues. Improve and clarify processes and communications.
- Evaluate and simplify member communications, assuring that members are clearly told why something is not approved. When appropriate, offer suggestions for next steps or alternatives.
- Ensure Customer Service representatives are able to accurately advise members of available alternatives for care, such as walk-in clinics, urgent care, specialists, labs, etc.
- · Establish a specialist referral hotline for providers and members.

See full list of strategies in the Appendix: Improvement Strategies

Improvement Strategies – Coordination of Care

- Inform, support, remind and facilitate providers about coordination of care expectations, timely notification requirements, and standards of care for post-visit follow up to all PCPs. Explore options to encourage and support communications between specialists and PCPs.
- Develop on-going and timely reminders/messaging to promote and improve communication and reporting between all provider types, ideally based directly on available data/information.
- Assess the status and consistency of coordination of patient care, communication, and information shared within and across provider networks. Assure prompt feedback, standards.
- Support and facilitate a patient-centered care management approach within and across provider networks. Facilitate a complementary plan-based patient centered care management approach.
- Explore potential of aligning information flow/EHRs to better integrate, support or facilitate patient care, care coordination and vital medical and personal information among providers.
- Encourage providers to prompt patients AND patients to prompt providers, i.e., mutual interactions that review and discuss care, tests and/or treatments involving other providers.
- Encourage patients to bring a list of all medications, including dosage and frequency to all appointments. Encourage providers to prompt patients to do the same for their appointments.
- How do PCP's, providers, facilities and/or the plan assure common patient "touch points" to facilitate/support scheduling of appointments, tests and/or procedures? Where is the over-arching guidance and support for the patient/member?

Improvement Strategies – Getting Care Quickly

- Assess CAHPS data by health system, PO, and/or network. Communicate results and identify outliers. Correlate with HEDIS data, complaints, appeals and/or quality of care concerns, and communicate. Support and encourage providers to take innovative action to improve access.
- Support members and collaborate with providers to enhance routine and urgent access to care through innovative, proactive approaches within Care Management, Chronic Care, and Quality Management. Work with providers to identify and resolve opportunities.
- Discuss and engage providers/staff on scheduling best practices, how to improve access to routine/urgent care. Consider scheduling routine appointments well in advance, e.g., 12 months. Provide tools, resources, support and assessment.
- Support, encourage and assist in approaches toward open access scheduling. Allow a portion of each day open for urgent care and/or followup care.
- Contract with additional providers for urgent and after-hour appointments/availability.
- · Explore partnering with 24-hour urgent care or walk-in clinics.
- Educate providers and staff about Plan and regulatory appointment wait time requirements or standards (i.e., CAHPS, CMS, States, etc.). Identify opportunities for improvement.
- Provide members streamlined tools and resources (links, apps, etc.) about benefits, providers, referrals, scheduling appointments, etc. Identify options and hours available, and include alternatives, including practices with evening and weekend hours. Consider alternative sources of information, e.g., refrigerator magnets.
- Explore and support alternative telecommunication technologies to expand access to care: telephone, telehealth, telemedicine and patient portals.
- Encourage use of Nurse Hotline/Nurse on Call lines or live-chat via web for members to get health information and advice.

Need Additional Assistance? For health plans that need additional assistance interpreting survey results and leveraging data to identify appropriate next steps for improvement, SPH offers Performance Improvement Consulting. Contact your Strategic Account Executive to learn more or visit our website at http://www.sphanalytics.com/consulting.

Measure Analyses



Measure Details and Scoring

AmeriHealth Caritas Louisiana

Drilling Down Into Ratings and Composites This section

is designed to give plans a detailed report on the performance of each global rating and composite measure.

The Composite Analysis typically consists of two pages. The first page displays composite level details and the second displays results for the attributes contained within the composite. It is critical to look at these attribute questions to determine if there is a particular aspect of care that is driving your composite score.



Analyses presented in this section include:

- Plan Summary Rate Scores with comparisons to trending (if available)
- Comparisons to benchmarks
- Percentile rankings
- · Proportions of respondents on gate questions
- Comparisons to the SPH Book of Business on each measure plotted with Rating of Health Plan

Measures Included in Analyses

- Rating of Health Plan
- · Rating of Health Care
- Rating of Personal Doctor
- · Rating of Specialist
- Getting Needed Care
- Getting Care Quickly
- Coordination of Care
- Customer Service*
- How Well Doctors Communicate*





* The Customer Service and How Well Doctors Communicate measures are not used for NCQA ratings.

Rating of Health Plan: Measure

Please see Technical Notes for more information.



- Q4 Got urgent care
- Q18 Personal doctor overall
- Q13 Dr. listened carefully
- Q14 Dr. showed respect

RATING OF HEALTH PLAN % 8, 9 or 10



Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Rating of Health Care: Measure

Please see Technical Notes for more information.



SPH BOOK OF BUSINESS DISTRIBUTION



 RATING OF HEALTH CARE % 8, 9 or 10

 79.6%
 72.1%
 77.4%
 76.9%
 75.4%

 18.5%
 17.2%
 15.0%
 18.1%
 54.4%



Significance Testing

100%

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Rating of Personal Doctor: Measure

Please see Technical Notes for more information.



SPH BOOK OF BUSINESS DISTRIBUTION



RATING OF PERSONAL DOCTOR % 8, 9 or 10



Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Rating of Specialist: Measure

Please see Technical Notes for more information.



SPH BOOK OF BUSINESS DISTRIBUTION





Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Getting Needed Care: Composite

Please see Technical Notes for more information.



GETTING NEEDED CARE % Always or Usually



Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.
Getting Needed Care: Attribute Questions

Please see Technical Notes for more information.



(n = 113)

QC

80.3%

Percentile Ranking 2019 QC All Plans

28th

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Getting Care Quickly: Composite

Please see Technical Notes for more information.



GETTING CARE QUICKLY % Always or Usually



Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Getting Care Quickly: Attribute Questions

Please see Technical Notes for more information.



(n = 195)

QC

79.3%

37th

Percentile Ranking 2019 QC All Plans

Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Coordination of Care: Measure

Please see Technical Notes for more information.



% Always or Usually



Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

Customer Service: Composite*

Please see Technical Notes for more information.





Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

^Denominator less than 100. NCQA will assign an NA to this measure.

* The Customer Service measure is not used for NCQA ratings.

Customer Service: Attribute Questions

Please see Technical Notes for more information.

CUSTOMER SERVICE QUESTIONS

The Customer Service composite score is calculated by taking the average of two questions:

- Q24. In the last 6 months, how often did your health plan's • customer service give you the information or help you needed?
- Q25. In the last 6 months, how often did your health plan's • customer service staff treat you with courtesy and respect?

2020 CUSTOMER SERVICE **COMPOSITE SUMMARY RATE SCORE**



Gate Questions	Valid n	Yes
Q23. Tried to get information or help from health plan's customer service	320	39.4%

Significance Testing

Current year score is significantly higher than the 2019 score (1), the 2018 score (€) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\$) or benchmark (▼) score.

^Denominator less than 100. NCQA will assign an NA to this measure.





Q25. TREATED WITH COURTESY AND RESPECT % Always or Usually

89th

O How Well Doctors Communicate: Composite*

Please see Technical Notes for more information.



HOW WELL DOCTORS COMMUNICATE % Always or Usually



Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

^Denominator less than 100. NCQA will assign an NA to this measure.

* The How Well Doctors Communicate measure is not used for NCQA ratings.

O How Well Doctors Communicate: Attribute Questions

Please see Technical Notes for more information.

HOW WELL DOCTORS COMMUNICATE QUESTIONS

The How Well Doctors Communicate composite score is calculated by taking the average of four questions:

- Q12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- Q13. In the last 6 months, how often did your personal doctor listen carefully to you?
- Q14. In the last 6 months, how often did your personal doctor show respect for what you had to say?
- Q15. In the last 6 months, how often did your personal doctor spend enough time with you?

2020 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE



Gate Questions	Valid n	Yes
Q10. Have a personal doctor	330	75.5%

Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

^Denominator less than 100. NCQA will assign an NA to this measure.



Q13. PERSONAL DOCTOR LISTENED CAREFULLY % Always or Usually



O How Well Doctors Communicate: Attribute Questions (Continued)

Please see Technical Notes for more information.

HOW WELL DOCTORS COMMUNICATE QUESTIONS

The How Well Doctors Communicate composite score is calculated by taking the average of four questions:

- Q12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- Q13. In the last 6 months, how often did your personal doctor listen carefully to you?
- Q14. In the last 6 months, how often did your personal doctor show respect for what you had to say?
- Q15. In the last 6 months, how often did your personal doctor spend enough time with you?

2020 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE



Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

^Denominator less than 100. NCQA will assign an NA to this measure.



Q15. PERSONAL DOCTOR SPENT ENOUGH TIME % Always or Usually



Summary of Trend and Benchmarks

Summary Rate Scores and Percentile Rankings

AmeriHealth Caritas Louisiana



Trend and Benchmark Comparisons The CAHPS® 5.0H survey is designed to use composite scores to facilitate the aggregation of information and the communication of results. Questions are combined into composite categories comprising a particular service area managed by your plan. These composites, the questions that make up composites (attributes), additional measures, and rating questions are shown on the following pages.

Summary Rate Scores: Shows how your plan's composite and key question Summary Rates compare to trend data (if applicable) and scores from the 2020 SPH Analytics Medicaid Adult Book of Business and the 2019 Medicaid Adult Quality Compass[®] All Plans benchmarks. To help you identify how your plan's population compares to other plans and to previous data, statistically significant differences are highlighted.

Plan Percentile Rankings: Shows your plan's Summary Rates and percentile rankings in relation to the benchmarks.

Significance Testing

Green – Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score. **Red** – Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.

No color denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% confidence level.

Benchmark Information

Please see Technical Notes for more information.

The following benchmarks are used throughout the report.									
	2019 Quality Compass® All Plans	2019 NCQA 1-100 Benchmark	2020 SPH Analytics Book of Business						
	Includes all Medicaid Adult samples that submitted data to NCQA in 2019.	A percentile benchmark (with values ranging from the first through the one hundredth percentile) calculated by NCQA and derived from Medicaid Adult data collected by NCQA in 2019.	Includes all Medicaid Adult samples that contracted with SPH Analytics to administe the 2020 CAHPS 5.0H survey and submitted data to NCQA.						
PROS	 Contains more plans than Public Report Is presented in NCQA's The State of Health Care Quality 	 Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass[®] All Plans benchmark 	 Provides a benchmark for each question from the survey Permits precise percentile ranking of plan compared to benchmark Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark 						
CONS	 Only contains benchmarks for certain key questions, composites, and rating questions 	 Only contains benchmarks for certain key questions, composites, and rating questions 	 Contains fewer plans than the Public Report and the Quality Compass[®] All Plans Benchmarks 						
SIZE	165 Plans / 57,645 Respondents	165 Plans	152 Plans / 43,902 Respondents						

Summary Rate Scores

Please see Technical Notes for more information.

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMAR
Rating Questions (% 9 or 10)						
★ Q28. Rating of Health Plan	318	61.6%	64.0%	61.9%	64.6%	60.3%
★ Q8. Rating of Health Care	234	61.1%	55.0%	62.4%	58.8%	54.9% 🔺
★ Q18. Rating of Personal Doctor	240	70.8%	69.6%	67.9%	70.7%	67.5%
★ Q22. Rating of Specialist	101	70.4%	77.4%	74.3%	70.9%	66.9%
Rating Questions (% 8, 9 or 10)						
Q28. Rating of Health Plan	318	75.9%	79.2%	78.3%	80.3%	77.6%
Q8. Rating of Health Care	234	79.6%	72.1%	77.4%	76.9%	75.4%
Q18. Rating of Personal Doctor	240	80.5%	83.1%	83.3%	84.2%	82.1%
Q22. Rating of Specialist	101	83.8%	84.9%	87.1%	84.7%	82.3%
Effectiveness of Care Measures						
★ Q31. Flu Vaccinations (Adults 18-64) (% Yes)	306	37.0%	40.8%	43.5%	44.1%	41.8%
★Q33. Advising Smokers and Tobacco Users to Quit: Rolling Average	219	74.6%	75.2%	74.9%	77.8%	76.7%
Q34. Discussing Cessation Medications: Rolling Average	216	50.8%	50.5%	52.3%	56.1%	52.9%
Q35. Discussing Cessation Strategies: Rolling Average	218	45.8%	46.9%	47.7%	50.2%	46.4%

9 Total Star Rating ★ Measures 5

Above QC Benchmark

<u>4</u>

At or Below QC Benchmark

2020 Medicaid Adult Survey - 44

Summary Rate Scores

Please see Technical Notes for more information.

COMPOSITES, ATTRIBUTES, AND KEY QUESTIONS

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK
★ Getting Needed Care (% Always or Usually)	172	79.6%	82.8%	81.4%	83.5%	82.5%
Q9. Getting care, tests, or treatment	231	82.3%	85.0%	84.0%	86.3%	84.8%
Q20. Getting specialist appointment	113	76.8%	80.6%	78.8%	80.7%	80.3%
★ Getting Care Quickly (% Always or Usually)	150	80.4%	85.7%	78.5% ↓	82.7%	82.0%
Q4. Getting urgent care	105	82.2%	86.5%	78.1%	85.0%	85.1%
Q6. Getting routine care	195	78.5%	85.0%	79.0%	80.4%	79.3%
Other Measure (% Always or Usually)						
★ Q17. Coordination of Care	96^	84.3%	82.7%	80.2%	85.9%	83.6%

9 Total Star Rating ★ Measures 5 Above QC Benchmark

<u>4</u>

At or Below QC Benchmark

Summary Rate Scores

Please see Technical Notes for more information.

t used for accreditation/ratings)	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK
Other Measure (% Always or Usually)						
Q27. Ease of filling out forms	310	96.7%	95.6%	95.8%	95.6%	94.4%
Health Plan Customer Service (% Always or Usually)	122	90.9%	92.8%	91.0%	89.4%	88.8%
Q24. Provided information or help	122	84.6%	89.4%	85.2%	84.3%	83.3%
Q25. Treated with courtesy and respect	122	97.2%	96.2%	96.7%	94.6%	94.3%
How Well Doctors Communicate (% Always or Usually)	196	92.2%	92.9%	91.6%	93.2%	92.0%
Q12. Personal doctors explained things	197	92.9%	93.2%	89.8%	93.5%	92.2%
Q13. Personal doctors listened carefully	194	91.8%	94.1%	92.3%	93.5%	92.3%
Q14. Personal doctors showed respect	197	93.6%	93.3%	92.4%	94.6%	93.6%
Q15. Personal doctors spent enough time	196	90.5%	91.0%	91.8%	91.5%	89.9%

Regional Performance

Please see Technic	al Notes for more	information.
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	SUMMARY RATE	2020 SPH BoB REGION
Rating Questions (% 9 or 10)		
Q28. Rating of Health Plan	61.9%	67.5%
Q8. Rating of Health Care	62.4%	61.2%
Q18. Rating of Personal Doctor	67.9%	69.0%
Q22. Rating of Specialist	74.3%	72.4%
Rating Questions (% 8, 9 or 10)		
Q28. Rating of Health Plan	78.3%	81.2%
Q8. Rating of Health Care	77.4%	77.3%
Q18. Rating of Personal Doctor	83.3%	83.2%
Q22. Rating of Specialist	87.1%	85.3%
Getting Needed Care (% Always or Usually)	81.4%	82.9%
Q9. Getting care, tests, or treatment	84.0%	84.7%
Q20. Getting specialist appointment	78.8%	81.2%
Getting Care Quickly (% Always or Usually)	78.5%	81.8%
Q4. Getting urgent care	78.1%	84.1%
Q6. Getting routine care	79.0%	79.4%
Coordination of Care (Q17) (% Always or Usually)	80.2%	83.4%
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	43.5%	47.4%
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)		
Q33. Advising Smokers and Tobacco Users to Quit	74.9%	72.6%
Q34. Discussing Cessation Medications	52.3%	50.6%
Q35. Discussing Cessation Strategies	47.7%	46.0%

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



Region 6: Dallas

- Arkansas
- New Mexico
- Texas
- Louisiana
- Oklahoma

Percentile Rankings – Quality Compass (MAS)

Please see Technical Notes for more information.

	2020 Plan			National Percentiles from 2019 Quality Compass (MAS)							
	Score	Percentile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Rating Questions (% 9 or 10)											
Q28. Rating of Health Plan	61.9%	57 th	49.51	51.93	56.67	58.05	61.38	63.29	64.34	67.66	69.37
Q8. Rating of Health Care	62.4%	93 rd	45.42	48.54	51.64	52.79	54.96	56.93	58.37	60.82	64.19
Q18. Rating of Personal Doctor	67.9%	50 th	58.15	60.78	64.66	65.96	67.75	69.86	70.55	74.42	75.45
Q22. Rating of Specialist	74.3%	96 th	58.68	60.32	63.30	64.49	67.73	69.18	70.45	71.76	73.50
Rating Questions (% 8, 9 or 10)											
Q28. Rating of Health Plan	78.3%	48 th	68.24	70.87	74.31	76.34	78.45	80.00	80.92	83.00	84.13
Q8. Rating of Health Care	77.4%	69 th	67.84	70.19	72.83	73.54	75.43	77.10	78.11	81.29	82.12
Q18. Rating of Personal Doctor	83.3%	61 st	76.29	77.53	79.78	80.62	82.34	83.78	84.62	86.54	88.08
Q22. Rating of Specialist	87.1%	92 nd	75.66	77.00	79.40	80.87	82.62	84.41	85.22	86.67	87.59
Getting Needed Care (% Always or Usually)	81.4%	33 rd	73.96	76.88	80.53	81.27	83.06	84.48	85.47	86.84	88.18
Q9. Getting care, tests, or treatment	84.0%	37 th	76.80	79.40	82.44	83.33	85.35	87.05	87.61	90.00	91.26
Q20. Getting specialist appointment	78.8%	28 th	71.70	73.33	77.94	79.41	80.88	82.41	83.26	85.95	86.78
Getting Care Quickly (% Always or Usually)	78.5%	17 th	73.66	76.06	80.02	80.95	82.34	84.26	85.08	86.74	87.89
Q4. Getting urgent care	78.1%	5 th	77.87	80.00	83.10	83.76	85.33	87.04	87.69	89.83	90.74
Q6. Getting routine care	79.0%	37 th	67.90	70.49	76.67	78.67	80.10	82.05	83.33	85.78	86.73
Coordination of Care (Q17) (% Always or Usually)	80.2%	18 th	75.33	78.02	81.46	82.24	84.15	85.61	86.36	88.89	90.08
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	43.5%	57 th	28.10	33.25	36.94	39.41	42.16	44.27	45.41	51.64	54.34
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)											
Q33. Advising Smokers and Tobacco Users to Quit	74.9%	29 th	66.09	68.80	74.02	75.25	77.84	79.56	80.20	82.01	84.33
Q34. Discussing Cessation Medications	52.3%	41 st	38.07	42.47	49.05	50.86	53.45	56.25	58.21	62.74	63.92
Q35. Discussing Cessation Strategies	47.7%	60 th	34.52	36.52	42.83	44.35	46.35	49.35	51.05	55.01	57.47

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

Percentile Rankings – SPH Book of Business (MAS)

Please see Technical Notes for more information.

	2020 Plan			National Percentiles from 2020 SPH Book of Business (MAS)							
	Score	Percentile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Rating Questions (% 9 or 10)											
Q28. Rating of Health Plan	61.9%	28 th	54.12	57.62	61.50	62.42	64.67	66.94	68.05	70.76	72.87
Q8. Rating of Health Care	62.4%	76 th	49.44	51.93	55.34	56.89	58.92	61.31	62.30	64.68	67.39
Q18. Rating of Personal Doctor	67.9%	24 th	62.66	64.76	68.12	68.69	70.31	72.05	73.21	76.52	78.37
Q22. Rating of Specialist	74.3%	76 th	61.37	63.30	67.42	68.35	71.23	73.38	74.22	77.52	78.66
Rating Questions (% 8, 9 or 10)											
Q28. Rating of Health Plan	78.3%	32 nd	72.13	74.82	77.14	78.40	80.42	82.58	83.60	85.36	85.92
Q8. Rating of Health Care	77.4%	51 st	68.74	71.11	74.19	75.20	77.30	78.80	79.89	82.86	84.46
Q18. Rating of Personal Doctor	83.3%	38 th	77.50	79.96	81.93	82.71	84.03	85.39	86.49	88.37	89.76
Q22. Rating of Specialist	87.1%	74 th	76.67	78.72	82.26	83.08	84.85	86.36	87.26	89.92	92.08
Getting Needed Care (% Always or Usually)	81.4%	31 st	75.70	77.11	81.00	81.44	82.92	85.07	86.80	88.35	89.29
Q9. Getting care, tests, or treatment	84.0%	27 th	78.88	80.81	83.74	84.60	86.67	87.92	88.65	90.57	91.31
Q20. Getting specialist appointment	78.8%	42 nd	70.51	73.62	76.34	77.49	80.00	82.61	84.47	87.37	87.97
Getting Care Quickly (% Always or Usually)	78.5%	15 th	74.91	76.47	79.69	80.67	82.71	84.44	85.64	87.52	88.42
Q4. Getting urgent care	78.1%	8 th	76.85	79.30	82.28	83.06	84.69	86.94	87.93	90.50	91.96
Q6. Getting routine care	79.0%	38 th	71.29	73.18	76.34	77.96	80.65	82.26	83.61	86.00	87.66
Coordination of Care (Q17) (% Always or Usually)	80.2%	13 th	77.62	79.78	82.64	83.55	85.71	87.84	88.50	90.73	92.27
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	43.5%	49 th	27.73	34.56	39.40	40.69	43.58	46.40	47.85	55.16	59.68
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)											
Q33. Advising Smokers and Tobacco Users to Quit	74.9%	36 th	65.12	69.08	72.80	74.72	77.66	80.31	81.04	84.60	85.67
Q34. Discussing Cessation Medications	52.3%	42 nd	38.03	40.38	48.32	49.74	53.93	56.79	58.96	65.11	67.95
Q35. Discussing Cessation Strategies	47.7%	53 rd	36.18	38.30	43.52	45.17	47.19	50.23	52.97	56.57	60.21

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

Profile of Survey Respondents



Demographic Composition

AmeriHealth Caritas Louisiana

Demographic Profile The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan's member population.

The percentages of respondents are displayed by demographic category (Age, Gender, Health Status, Mental/Emotional Health Status, Education, Ethnicity, and Race) from your current survey, compared to trend data (if applicable) and the 2020 SPH Analytics Medicaid Adult Book of Business and the 2019 Medicaid Adult Quality Compass[®] All Plans benchmarks.

The demographic makeup of your plan's member base may not mirror the "average" plan; therefore, caution is recommended when making comparisons to benchmark data. To help you identify how your plan's population compares to other plans and to previous data, statistically significant differences are highlighted with green or red text. Refer to the Technical Notes for more information on this topic.

Significance Testing

Green – Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score. **Red** – Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\triangledown) score.

SPH refers to the 2020 SPH Analytics Book of Business benchmark. **QC** refers to the 2019 Quality Compass[®] All Plans benchmark.

No color denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% confidence level.

Profile of Survey Respondents

Please see Technical Notes for more information.







	Male	Female
2020	35.8% 👃	64.2% 1
2019	43.6%	56.4%
2018	39.4%	60.6%
SPH	39.2%	60.8%
QC	39.3%	60.7%

Mental/Emotional Health Status



Excellent/Verv Good Good Fair/Poor

Profile of Survey Respondents

Please see Technical Notes for more information.



The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan's member population.







Demographic Segment Analyses



Subgroup Analysis

AmeriHealth Caritas Louisiana

Segmenting Responses The CAHPS[®] 5.0H survey asks demographic questions about the respondent. This section allows you to evaluate the differences across segments of your contract's members. Reviewing measures across different survey response categories may indicate a health plan's overall ability to meet the needs of a varied population.

The percentages represent the Summary Rate for each segment. For example, in the table below, the Summary Rate for the *Rating of Health Plan* is the percentage of respondents who rated their health plan an 8, 9 or 10. The interpretation of this example would be, "Of the respondents with a high school education or less, 85% gave their health plan a rating of 8, 9 or 10. And, of the respondents with some college education or more, 80% gave their health plan a rating of 8, 9 or 10."

	High School or Less (A)	Some College or More (B)
Rating of Health Plan	85% ^B	80%

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

Segment Groups

- Rating of Health Plan (Q28)
- Rating of Health Care (Q8)
- Respondent's Health Status (Q29)
- Respondent's Mental/Emotional Health Status (Q30)
- Survey Type
- Respondent's Age (Q36)
- Respondent's Gender (Q37)
- Respondent's Education (Q38)
- Respondent's Ethnicity (Q39)
- Respondent's Race (Q40)

Please see Technical Notes for more information.

	<u>Ratir</u> Health		<u>Ratin</u> Health			ealth Stat	<u>us</u>		al Health S	<u>tatus</u>	<u>Surve</u>	ey 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
T	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Total respondents Rating Questions (% 9 or 10)	249	69	181	53	106	109	114	128	87	114	251	84
Q28. Rating of Health Plan	79.1% в	0.00/	70.40/ D	24.00/	60.09/	FC 00/	E0 E0/	70 70/ 11	50.00/	60.49/	64 40/	62.69/
		0.0%	79.4% D	24.0%	69.9%	56.9%	59.5%	72.7% IJ	50.0%	60.4%	61.4%	63.6%
Q8. Rating of Health Care	71.9% в	22.5%	80.7% D	0.0%	68.4%	61.2%	57.3%	68.2%	55.0%	61.2%	64.4%	56.7%
Q18. Rating of Personal Doctor	75.7% в	31.0%	82.0% D	32.5%	76.3%	61.8%	65.6%	78.4% IJ	62.3%	62.5%	70.6%	60.0%
Q22. Rating of Specialist	77.6%	60.9%	80.8%	47.1%	85.7%	69.2%	69.6%	80.6%	74.1%	68.4%	80.5%	54.2%
Rating Questions (% 8, 9 or 10)												
Q28. Rating of Health Plan	100% в	0.0%	91.4% D	50.0%	83.5%	74.5%	76.6%	83.5%	73.8%	76.6%	78.4%	77.9%
Q8. Rating of Health Care	86.5% B	37.5%	100% D	0.0%	80.3%	82.1%	70.8%	81.8%	76.7%	72.9%	78.7%	73.3%
Q18. Rating of Personal Doctor	89.4% в	57.1%	92.7% D	60.0%	86.8%	85.3%	79.6%	87.5% J	88.5% J	76.1%	83.3%	83.3%
Q22. Rating of Specialist	89.5%	78.3%	91.8%	64.7%	92.9%	80.8%	87.0%	86.1%	96.3%	81.6%	88.3%	83.3%
Getting Needed Care (% Always or Usually)	88.5% в	54.2%	88.6% D	52.5%	83.4%	80.2%	80.3%	83.6%	83.0%	77.7%	81.3%	81.7%
Q9. Getting care, tests, or treatment	91.8% в	51.3%	92.2% D	54.9%	84.0%	81.8%	85.2%	86.0%	83.3%	82.1%	84.9%	81.4%
Q20. Getting specialist appointment	85.2%	57.1%	85.0%	50.0%	82.8%	78.6%	75.5%	81.1%	82.8%	73.3%	77.6%	82.1%
Getting Care Quickly (% Always or Usually)	83.0% в	63.6%	83.9% D	67.8%	80.5%	77.1%	77.9%	76.6%	84.3%	75.9%	79.9%	73.0%
Q4. Getting urgent care	86.8%	50.0%	85.7%	59.1%	83.3%	74.2%	77.1%	77.4%	81.5%	76.1%	80.0%	70.0%
Q6. Getting routine care	79.2%	77.1%	82.1%	76.5%	77.6%	80.0%	78.8%	75.8%	87.0%	75.7%	79.9%	76.1%
Coordination of Care (Q17) (% Always or Usually)	85.0%	50.0%	81.9%	75.0%	73.9%	86.2%	79.1%	80.8%	79.3%	80.5%	83.8%	68.2%
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	50.0% в	25.0%	50.6%	47.8%	46.5%	34.6%	49.5% F	44.3%	41.6%	43.4%	45.8%	37.0%
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)												
Q33. Advising Smokers and Tobacco Users to Quit	77.1%	69.6%	86.5%	81.6%	72.7%	66.2%	81.7% F	76.3%	60.8%	81.1% ।	76.4%	68.9%
Q34. Discussing Cessation Medications	54.9%	42.2%	61.5%	60.4%	51.8%	41.5%	59.1% F	53.9%	44.9%	54.4%	51.7%	54.5%
Q35. Discussing Cessation Strategies	51.2% в	34.8%	56.9%	54.0%	48.2%	32.4%	57.6% F	49.4%	38.0%	51.1%	48.3%	45.7%

Please see Technical Notes for more information.

	<u>Ratir</u> Health		<u>Ratir</u> Health		He	ealth Statu	<u>s</u>	Menta	Il Health S	<u>tatus</u>	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)	(K)	(L)
Total respondents	249	69	181	53	106	109	114	128	87	114	251	84
Health Plan Customer Service (% Always or Usually)	94.3%	77.3%	96.7%	76.1%	86.9%	91.4%	93.9%	90.7%	87.6%	93.6%	91.3%	90.3%
Q24. Provided information or help	90.6%	63.6%	94.7%	60.9%	78.9%	85.7%	89.8%	83.7%	84.4%	87.2%	84.9%	86.1%
Q25. Treated with courtesy and respect	97.9%	90.9%	98.7%	91.3%	94.9%	97.1%	98.0%	97.7%	90.9%	100%	97.7%	94.4%
How Well Doctors Communicate (% Always or Usually)	94.8% в	73.8%	95.9% D	76.9%	93.6%	96.0% G	86.9%	94.9%	92.8%	87.8%	91.8%	90.9%
Q12. Personal doctors explained things	93.0% в	71.9%	94.3% D	76.5%	93.2%	94.6% G	84.0%	95.6% J	90.4%	84.4%	89.5%	90.9%
Q13. Personal doctors listened carefully	95.5% в	74.2%	95.7% D	78.1%	93.2%	96.4%	88.5%	94.1%	94.2%	89.2%	92.7%	90.9%
Q14. Personal doctors showed respect	95.6% в	75.0%	96.4% D	79.4%	94.9%	96.4% G	87.7%	95.6%	92.3%	89.6%	92.8%	90.9%
Q15. Personal doctors spent enough time	94.9% в	74.2%	97.1% D	73.5%	93.2%	96.4% G	87.5%	94.1%	94.2%	88.2%	92.1%	90.9%
Other Measures												
Q27. Ease of filling out forms (% Always or Usually)	96.6%	92.2%	96.6%	91.5%	95.0%	96.2%	96.2%	96.7%	96.3%	94.4%	96.6%	93.2%
Q7. Average number of visits to doctor's office or clinic	2.78	2.20	3.51	3.30	2.01	2.13	3.55 EF	1.95	2.79 н	3.22 н	2.48	2.93
Q11. Average number of visits to personal doctor	2.50	2.51	2.74	2.95	1.93	2.10	3.18 EF	1.92	2.55	3.02 н	2.57	2.14
Q21. Average number of specialists seen	1.90	1.79	1.82	2.10	1.83	1.50	2.11	1.78	1.69	2.07	1.96	1.58

Please see Technical Notes for more information.

	Age			Gen	nder	<u>Educ</u>	ation		Race	<u>Ethnicity</u>			
	18-34	35-44	45-54	55+	Male	Female	High school or less	Some college or more	White	Black or African- American	Other*	Hispanic	Not Hispanic
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
Total respondents	76	49	54	145	116	208	229	95	139	168	16^	11^	297
Rating Questions (% 9 or 10)	50 50/	FF 00/	50.00/	07.00/	50.00/	04.40/	07.00(50 50/	00.00/	04 50/	40.70/	00.00/	00.00/
Q28. Rating of Health Plan	59.5%	55.6%	56.9%	67.9%	58.9%	64.1%	67.6% н	50.5%	60.9%	64.5%	46.7%	63.6%	63.3%
Q8. Rating of Health Care	60.0%	56.7%	55.6%	68.8%	60.9%	63.1%	66.7% н	52.2%	63.1%	60.7%	57.1%	55.6%	63.3%
Q18. Rating of Personal Doctor	64.0%	52.8%	71.1%	75.2% в	70.3%	68.1%	73.9% н	56.7%	68.7%	69.2%	66.7%	66.7%	70.4%
Q22. Rating of Specialist	64.7%	64.3%	70.0%	83.3%	64.5%	77.9%	73.0%	75.7%	64.6%	82.2%	85.7%	60.0%	76.7%
Rating Questions (% 8, 9 or 10)													
Q28. Rating of Health Plan	77.0%	73.3%	72.5%	82.9%	75.9%	79.8%	82.2% H	70.3%	74.2%	80.7%	80.0%	81.8%	78.1%
Q8. Rating of Health Care	77.8%	83.3%	64.4%	80.7% C	76.8%	77.5%	80.9%	70.1%	81.6%	74.1%	64.3%	55.6%	79.5%
Q18. Rating of Personal Doctor	82.0%	77.8%	78.9%	88.1%	83.8%	83.8%	83.6%	86.6%	82.8%	83.3%	91.7%	88.9%	85.0%
Q22. Rating of Specialist	76.5%	100%	90.0%	87.5%	80.6%	89.7%	85.7%	89.2%	81.3%	91.1%	100%	80.0%	90.0%
Getting Needed Care (% Always or Usually)	73.3%	87.7%	87.5%	80.1%	83.4%	80.7%	80.5%	82.7%	81.6%	81.5%	74.1%	73.3%	82.8%
Q9. Getting care, tests, or treatment	80.0%	89.7%	84.1%	84.3%	91.0% F	81.1%	84.9%	82.1%	85.4%	81.7%	85.7%	66.7%	84.6%
Q20. Getting specialist appointment	66.7%	85.7%	90.9%	75.9%	75.7%	80.3%	76.1%	83.3%	77.8%	81.3%	62.5%	80.0%	81.0%
Getting Care Quickly (% Always or Usually)	80.4%	75.0%	73.5%	82.3%	71.8%	82.1%	80.5%	75.2%	82.5%	74.1%	89.9%	86.1%	79.3%
Q4. Getting urgent care	92.3%	71.4%	63.2%	83.3%	71.4%	82.1%	81.7%	71.0%	84.8%	72.0%	87.5%	83.3%	79.1%
Q6. Getting routine care	68.4%	78.6%	83.8%	81.2%	72.1%	82.0%	79.4%	79.4%	80.2%	76.3%	92.3%	88.9%	79.4%
Coordination of Care (Q17) (% Always or Usually)	77.8%	70.0%	65.0%	91.1%	85.7%	77.6%	80.6%	78.1%	81.4%	80.0%	85.7%	66.7%	80.5%
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	36.8%	27.7%	52.0% в	47.8% в	43.0%	42.7%	44.5%	40.7%	41.4%	43.3%	57.1%	40.0%	43.6%
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)													
Q33. Advising Smokers and Tobacco Users to Quit	58.6%	71.0%	75.0%	80.2%	71.6%	76.8%	73.6%	77.1%	69.8%	78.0%	85.7%	50.0%	74.1%
Q34. Discussing Cessation Medications	28.6%	35.5%	57.1%	61.5% в	50.0%	53.6%	52.5%	51.1%	43.8%	60.0% I	42.9%	50.0%	51.5%
Q35. Discussing Cessation Strategies	34.5%	29.0%	53.1% B	54.3% B	46.5%	47.4%	49.1%	43.8%	38.3%	56.0%	57.1%	25.0%	46.5%

Andicates a base size smaller than 20. Interpret results with caution. *Other includes all respondents who selected any race other than White or Black/African-American and did not select White or Black/African-American.

Please see Technical Notes for more information.

		A	<u>ge</u>		Gen	der	<u>Educ</u>	<u>ation</u>		Race		<u>Ethr</u>	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	Not Hispanic	
T.I.	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	
Total respondents Health Plan Customer Service (% Always or Usually)	76 93.8%	49 97.1%	54 92.5%	145 90.4%	116 93.6%	208 90.5%	229 90.9%	95 90.9%	139 90.6%	168 88.6%	16^ 100%	11^ 83.3%	297 92.4%	
Q24. Provided information or help	87.5%	94.1%	90.0%	84.2%	89.7%	84.8%	86.4%	81.8%	85.4%	81.8%	100%	83.3%	87.6%	
Q25. Treated with courtesy and respect	100%	100%	95.0%	96.5%	97.4%	96.3%	95.5%	100% G	95.8%	95.5%	100%	83.3%	97.2%	
How Well Doctors Communicate (% Always or Usually)	92.1%	92.2%	86.7%	93.5%	95.6%	89.5%	92.8%	90.3%	91.7%	91.3%	100%	84.4%	92.8%	
Q12. Personal doctors explained things	88.6%	89.7%	86.1%	92.5%	90.5%	89.3%	89.6%	91.2%	90.5%	88.9%	100%	75.0%	91.5%	
Q13. Personal doctors listened carefully	91.2%	93.1%	86.1%	94.6%	98.4% F	89.1%	93.2%	91.1%	92.9%	91.7%	100%	87.5%	93.1%	
Q14. Personal doctors showed respect	97.1%	93.1%	86.1%	93.5%	96.8% F	90.1%	93.3%	91.2%	92.9%	92.9%	100%	75.0%	94.4%	
Q15. Personal doctors spent enough time	91.4%	93.1%	88.6%	93.5%	96.8% F	89.3%	94.8%	87.7%	90.5%	91.8%	100%	100%	92.1%	
Other Measures														
Q27. Ease of filling out forms (% Always or Usually)	97.2%	95.1%	94.1%	96.4%	94.4%	96.9%	96.3%	94.3%	97.0%	94.1%	100%	90.9%	96.4%	
Q7. Average number of visits to doctor's office or clinic	2.55	2.07	3.32 в	2.44	2.33	2.74	2.60	2.54	2.32	2.97	2.06	2.09	2.62	
Q11. Average number of visits to personal doctor	1.91	1.82	3.21 AB	2.63 в	2.97	2.24	2.57	2.14	2.23	2.79	2.42	3.17	2.45	
Q21. Average number of specialists seen	1.72	1.79	1.95	1.89	1.76	1.92	2.09 н	1.55	1.43	2.46 1	1.25	1.80	1.82	

Custom Questions



Results for Supplemental Questions

AmeriHealth Caritas Louisiana



Custom Question Results Your contract asked the following supplemental questions on the 2020 survey tool.

				Su	2020 SPH Book of Business				
Survey Item				2020	2019	2018	Summary Rate		
Q43. In the last 6 months, how often did the provider use medical words you did not	Never	<u>Sometimes</u>	<u>Usually</u>	Always		(n=319)	(n=324)	(n=461)	
the provider use medical words you did not understand?	64.3%	25.7%	4.4%	5.6%		90.0%	88.9%	89.4%	
Q44. Some people prefer a provider of a specific race, gender or ethnicity. Others prefer a provider who speaks a specific	<u>Yes</u>	No				(n=310)	(n=314)	(n=459)	
language. Have you been able to find providers that meet your preferences?	81.6%	18.4%				81.6% ↓≢	88.2%	89.3%	

Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score. Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.



Custom Question Results Your contract asked the following supplemental questions on the 2020 survey tool.

Survey Item		Contract Summary Rate					
	2020	2019	2018	Summary Rate			
Q41. If you had trouble getting the care, tests, or treatment that you needed, what is the reason for the trouble?	(n=92)	(n=102)	(n=159)				
My doctor said that it was not covered	23.9%	13.7%	25.8%				
My plan said that it was not covered	30.4%	26.5%	30.2%				
Took too long to get approval from my health plan	15.2%	15.7%	17.6%				
Took too long to get an appointment or appointment time was not convenient	26.1%	19.6%	23.3%				
Some other reason	40.2%	43.1%	39.0%				

Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score. Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.



Custom Question Results Your contract asked the following supplemental questions on the 2020 survey tool.

Survey Item		Contract Summary Rate		2020 SPH Book of Business
	2020	2019	2018	Summary Rate
Q42. When you needed care right away, where did you go most often?	(n=265)	(n=252)	(n=348)	
Clinic	25.3%	23.8%	22.4%	
Emergency Room	43.0%	42.9%	44.3%	
Doctor's Office	31.7%	33.3%	33.3%	

Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score. Current year score is significantly lower than the 2019 score (\downarrow), the 2018 score (\ddagger) or benchmark (\bigtriangledown) score.



Custom Question Results Your contract asked the following supplemental questions on the 2020 survey tool.

Survey Item		2020 SPH Book of Business		
	2020	2019	2018	Summary Rate
Q45. In the last 6 months, if you had trouble getting an appointment to see a specialist, what type of specialist was it hard to get an appointment with?	(n=73)	(n=82)	(n=117)	
Allergist (Doctor for allergies)	12.3%	7.3%	9.4%	
Obstetrics & Gynecology (Doctor for women)	15.1%	11.0%	12.8%	
Cardiologist (Heart Doctor)	6.8%	8.5%	10.3%	
Dermatologist (Skin Doctor)	9.6%	9.8%	14.5%	
Gastroenterologist (Stomach Doctor)	8.2%	12.2%	9.4%	
Neurologist (Brain Doctor)	13.7%	22.0%	17.9%	
Oncologist (Cancer Doctor)	4.1%	7.3%	4.3%	
Ophthalmologist (Eye Doctor)	21.9%	14.6%	11.1%	
Otolaryngologist (Ear, Nose, Throat Doctor)	4.1%	3.7%	6.8%	
Orthopedic Surgeon (Bone and Muscle Doctor)	26.0%	20.7%	26.5%	
Behavioral Health	15.1%	12.2%	12.8%	
Other	28.8%	17.1%	28.2%	

Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow), the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (₺) or benchmark (♥) score.



Custom Question Results Your contract asked the following supplemental questions on the 2020 survey tool.

Survey Item		2020 SPH Book of Business		
	2020	2019	2018	Summary Rate
Q46. When your plan needs to share information with you, how do you prefer to receive this information?	(n=313)	(n=322)	(n=465)	
By postal mail	74.4%	71.7%	74.4%	
On the plan's website	7.0% ↑	1.9%	4.7%	
Mobile phone app	10.9% ↑	5.6%	6.9%	
A phone call from someone at the plan	32.3%	33.9%	34.4%	
By text message	28.4% ‡	23.3%	21.7%	
By email	25.9% †‡	18.6%	17.6%	

Significance Testing

Current year score is significantly higher than the 2019 score (\uparrow) , the 2018 score (\ddagger) or benchmark (\blacktriangle) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (♥) or benchmark (♥) score.

Custom Questions: Demographic Segments

Please see Technical Notes for more information.

	<u>Rating of</u> <u>Health Plan</u>		<u>Ratin</u> Health		He	Health Status			I Health S	itatus	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	Internet
	(A)		(C)	(D)		(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
Total respondents	249	69	181	53	106	109	114	128	87	114	251	84	0^
Q43. In the last 6 months, how often did the provider use medical words you did not understand? (%Never + %Sometimes)	90.1%	87.5%	92.7%	82.0%	89.3%	92.4%	88.2%	85.6%	96.4% H	90.1%	88.3%	95.8% к	NA
Q44. Some people prefer a provider of a specific race, gender or ethnicity. Others prefer a provider who speaks a specific language. Have you been able to find providers that meet your preferences? (% Yes)	86.9% ^в	63.5%	88.6% D	72.9%	86.3%	79.0%	79.4%	81.3%	84.6%	79.8%	79.8%	88.1%	NA

Custom Questions: Demographic Segments

Please see Technical Notes for more information.

	<u>Age</u>				<u>Ger</u>	<u>nder</u>	<u>Educ</u>	ation		<u>Race</u>	<u>Ethnicity</u>		
	18-34	35-44	45-54	55+	Male	Female	High school or less	Some college or more	White	Black or African- American	Other	Hispanic	Not Hispanic
	(A)		(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)	(L)	(M)
Total respondents	76	49	54	145	116	208	229	95	139	168	16^	11^	297
Q43. In the last 6 months, how often did the provider use medical words you did not understand? (%Never + %Sometimes)	90.4%	95.7%	88.7%	88.7%	86.0%	92.0%	87.4%	95.7% G	97.0% J	84.8%	81.3%	66.7%	90.0%
Q44. Some people prefer a provider of a specific race, gender or ethnicity. Others prefer a provider who speaks a specific language. Have you been able to find providers that meet your preferences? (% Yes)	85.9%	71.4%	78.0%	83.9%	71.4%	87.6% E	80.8%	85.2%	82.8%	81.3%	81.3%	80.0%	82.1%
Appendix: Correlation Analyses



Plan Specific Correlations

With Specialist Rating 0.5957

0.5763

0.5608

0.5517

0.5061

0.4882

0.4819

0.4637

0.4599

Please see Technical Notes for more information.

	Highest Correlations Below are the 10 key measures with the highest correlations to the Rating measures.						S.
		With Health Care Rating			With Personal Doctor Rating		
Q28	Health plan overall	0.6364	Q15	Dr. spent enough time	0.7082	Q18	Personal doctor overall
Q9	Got care/tests/treatment	0.5936	Q14	Dr. showed respect	0.6911	Q13	Dr. listened carefully
Q15	Dr. spent enough time	0.5215	Q12	Dr. explained things	0.6688	Q14	Dr. showed respect
Q24	CS provided info./help	0.5171	Q13	Dr. listened carefully	0.6556	Q24	CS provided info./help
Q18	Personal doctor overall	0.4848	Q22	Specialist overall	0.5957	Q15	Dr. spent enough time
Q22	Specialist overall	0.4819	Q17	Dr. informed about care	0.5340	Q12	Dr. explained things
Q4	Got urgent care	0.4721	Q28	Health plan overall	0.5185	Q20	Got specialist appt.
Q14	Dr. showed respect	0.4326	Q8	Health care overall	0.4848	Q8	Health care overall
Q20	Got specialist appt.	0.4281	Q20	Got specialist appt.	0.4701	Q28	Health plan overall
Q12	Dr. explained things	0.4232	Q24	CS provided info./help	0.3689	Q17	Dr. informed about care

Correlation Analyses

Appendix: Flowchart



Understanding Relative Performance of Composite Measures

Flowchart – Understanding Relative Performance

Please see Technical Notes for more information.

How composite questions perform relative to each other

7	1	
	4	· /
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Composite summary rate scores are displayed in the orange box.



Next to the composite score are the questions included in the composite.



There are two numbers in the boxes under the questions. The top number is how much that question contributes to the composite score (Actual Contribution). The bottom number is the gap between the Maximum and Actual Contribution.

Plan Score	Maximum	Actual	Maximum	_ Actual =	Gap
X Max Score	Contribution =	= Contribution	Contribution	Contribution	

Q6 Example:

 $\begin{array}{c} 94.6\% \\ \hline \\ 100\% \end{array} X 50.0\% = 47.3\% 50.0\% - 47.3\% = 2.7\% \end{array}$



For the pie chart, the dark blue is the sum of the Actual Contributions and the light blue slice is the sum of the Gaps.



Flowchart – Understanding Relative Performance

Please see Technical Notes for more information.



* The How Well Doctors Communicate and Customer Service composites are not used in NCQA ratings.

Appendix: Accreditation



Estimated NCQA Plan Ratings and Frequency Distributions

Please see Technical Notes for more information.

EXPLANATION Beginning in 2020, NCQA planned significant changes to Health Plan Accreditation. CAHPS would no longer be scored using three-point scores for purposes of health plan accreditation. Instead, health plans would be scored on a 1-5 star rating system based on HEDIS and CAHPS measures, with a bonus available for plans successfully completing the review of standards and guidelines. Because they are no longer used by NCQA, SPH no longer calculates and presents three-point scores and accreditation thresholds in this report.

The **COVID-19** pandemic and the associated strain on the health care system led NCQA to decide not to publish Health Plan Ratings in 2020. The information contained in this report uses the methodology described by NCQA but please be advised that **Health Plan Ratings will not be calculated and therefore, no measures (HEDIS/CAHPS) will be scored this year**. However, Accredited plans are still required to submit.

Please note the following:

- NCQA calculates health plan ratings (HPR) by evaluating plans in three categories: consumer satisfaction, clinical quality (includes prevention and treatment) and NCQA Accreditation Standards score. The overall NCQA star rating is the weighted average of an organization's HEDIS and CAHPS measure ratings, plus Accreditation bonus points (if the organization has NCQA Accreditation), rounded to the nearest half point.
- The CAHPS measures 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. Percentiles and ratings are estimated based on the 2019 NCQA data and benchmarks.

Rating = 1	Rating = 2	Rating = 3	Rating = 4	Rating = 5
Bottom 10 percent	Bottom 3 rd of plans but not bottom 10 th	Middle 3 rd of plans	Top 3rd of plans, but not in the top 10t	Top decile of plans

Estimated NCQA Plan Ratings

Please see Technical Notes for more information.

	2020 SUMMARY RATE	SUMMARY RATE DEFINTION	PERCENTILE RANK	SPH ESTIMATED RATING	WEIGHT
CONSUMER SATISFACTION				3.5	
GETTING CARE				2.0	
Getting Needed Care	81.4%	Usually + Always	33 rd	2.0	1.5
Getting Care Quickly	78.5%	Usually + Always	17 th	2.0	1.5
SATISFACTION WITH PLAN PHYSICIANS				4.5	
Rating of Personal Doctor	67.9%	9 + 10	50 th	3.0	1.5
Rating of Specialist	74.3%	9 + 10	96 th	5.0	1.5
Rating of Health Care	62.4%	9 + 10	93 rd	5.0	1.5
Coordination of Care	80.2%	Usually + Always	18 th	NA	1.5
SATISFACTION WITH PLAN SERVICES				3.0	
Rating of Health Plan	61.9%	9 + 10	57 th	3.0	1.5
PREVENTION					
Flu Vaccinations <i>Adults Ages 18-64</i>	43.5%	% Yes	57 th	3.0	1.0
TREATMENT					
Smoking Advice	74.9%	Usually + Always + Sometimes	29 th	2.0	1.0

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.

In response to the COVID-19 pandemic, NCQA is not publishing Health Plan Ratings in 2020. These estimates are for informational purposes only.

Global Proportions

Please see Technical Notes for more information.

GLOBAL PROPORTIONS SCORING AND ACCREDITATION

The graphical presentation of frequency distributions, including Summary Rates for composites and rating questions are shown on these pages. In addition, the measure's percentile threshold when compared to the 2019 NCQA 90th percentile benchmark is shown. The 90th percentile is the standard for achieving the maximum rating possible for a particular CAHPS accreditation measure.

	Valid n	2020 SUMMARY RATE	PERCENTILE THRESHOLD	BENCHMARK 90 th PERCENTILE	I	Never/Sometime	es ■Usually ■Always
Getting Needed Care	172	81.4%	33 rd	86.84%	19%	17%	65%
Q9. Getting care, tests or treatment	231	84.0%	37 th	90.00%	16% 17% 68%		68%
Q20. Getting specialist appointment	113	78.8%	28 th	85.95%	21% 17%		62%
Getting Care Quickly	150	78.5%	17 th	86.74%	22%	16%	62%
Q4. Getting urgent care	105	78.1%	5 th	89.83%	22% 11% 67%		67%
Q6. Getting routine care	195	79.0%	37 th	85.78%	21%	21%	58%
Other Measures							
Coordination of Care	96	80.2%	18 th	88.89%	20%	22%	58%

Global Proportions

Please see Technical Notes for more information.

GLOBAL PROPORTIONS SCORING AND ACCREDITATION

The graphical presentation of frequency distributions, including Summary Rates for composites and rating questions are shown on these pages. In addition, the measure's percentile threshold when compared to the 2019 NCQA 90th percentile benchmark is shown. The 90th percentile is the standard for achieving the maximum rating possible for a particular CAHPS accreditation measure.

	Valid n	2020 SUMMARY RATE	PERCENTILE THRESHOLD	BENCHMARK 90 th PERCENTILE						
Rating Questions							0 - 6	7 - 8	9 -	10
Rating of Health Plan	318	61.9%	57 th	67.66%	14%	2	24%		62%	
Rating of Health Care	234	62.4%	93 rd	60.82%	15%		23%		62%	
Rating of Personal Doctor	240	67.9%	50 th	74.42%	12%	20%	6		68%	
Rating of Specialist	101	74.3%	96 th	71.76%	<mark>5%</mark> 2	21%			74%	
Prevention							No		es	
Flu Vaccinations Adults Ages 18-64	306	43.5%	57 th	51.64%			57%			44%
Treatment					Ne	ver	Sometime	s ∎Us	sually	Always
Smoking Advice	219	74.9%	29 th	82.01%	25	%	22%	13%		40%

Appendix: Improvement Strategies and Voice of the Member

Rating of Health Plan

Please see Technical Notes for more information.

Improvement Strategies - Rating of Health Plan

- Analyze, investigate, probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with Rating of the Plan (i.e., CS, Claims, GNC, GCQ, HWDC). Review QI recommendations/actions of these CAHPS composite measures.
- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.
- Analyze satisfaction levels and loyalty ratings based on member profile/segmentation data (health system, age, length of membership, have PCP, etc.).
- Set S.M.A.R.T. goals Specific, Measurable, Attainable, Realistic, and Timely for all identified activities. Assess all relevant internal data. Conduct additional surveys, data analyses as needed.
- Consider opportunities for positive and strategic messaging about the plan or health care reminders to adult members. Use technology to provide more effective and efficient care.
- Consider the value of a SPH CAHPS Drill-Down, Simulation Survey or CG-CAHPS to probe key CAHPS measures and/or target segments of the population.
- Explore opportunity to continually monitor rating of the plan using targeted follow-up surveys, e.g., call satisfaction, care management, etcetera.
- Develop online videos (vs. excessive reading) explaining key terms and activities members need to know, e.g., how much you have to pay, or Understanding Your Health Insurance Costs. Evaluate and implement complementing, consistent, simple and clear communications.
- Explore or enhance potential of a mobile app providing member immediate access to secure accurate, up-to-date information about their Plan, benefits, coverage, copays, cost, claims, etc.

Additional 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 Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



Rating of Health Care

Please see Technical Notes for more information.

Improvement Strategies - Rating of Health Care

- Analyze, assess, probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with Rating of Health Care (e.g., GNC, GCQ, HWDC, CoC). Review QI recommendations/actions for related CAHPS composite measures.
- Seek to simplify Plan requirements, processes, and/or procedures (e.g., UM, CM, Pharma, Use of IVR) impacting the member experience of care and access to care, tests or treatment. Examples include: Provide care quickly. Provide quick access to effective treatments. Minimize patient costs for care.
- Assess internal data. Track, audit, review and assess call center calls and/or complaints regarding quality of care, choice of providers, access to care, UM, CM, health system, etc.
- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.
- Confirm adequacy of contracted providers and walk-in centers with extended hours.
- Ensure CSR have easy access to current, updated resources to provide accurate guidance about plan/drug coverage, out of pocket cost, availability of providers, requirements, processes, etc.
- Foster strong relationships with contracted providers via regular communications and collaboration. Data driven comparisons of PEC metrics can support/guide mutual improvement.
- Explore potential of aligning information flow/ EHRs to better integrate, support, or facilitate patient care, coordination of care and vital information among contracted providers.
- Consider the need to conduct additional measurement, probing of composite measures with targeted populations or health systems (e.g., CG-CAHPS or CAHPS Drill Down Survey).

Additional 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 Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



Rating of Personal Doctor

Please see Technical Notes for more information.

Improvement Strategies – Rating of Personal Doctor

- Analyze, investigate, and probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with rating of personal doctor. (e.g., HWDC, GCQ, GNC, Coordination Of Care).
- Review QI recommendations/actions for related CAHPS composite measures: How Well Doctors Communicate, Getting Care Quickly, Getting Needed Care, Coordination of Care.
- Provide resources, articles, tools and training sessions via multiple channels to support and drive improvement in physician-patient communication and patient-centered interviewing. Examples include: Foster relationships with patients. Partner with them. Listen to their concerns. Treat them with compassion. Spend adequate time with them and ensure questions and concerns are answered.
- Share, report and discuss relative CAHPS health care performance and feedback at the health system and/or within network level.
- Promote use of a secure online patient portal which allows patients access to their medical record and health care information of relevant to patient needs.
- Gather and analyze patient feedback on their recent office visit (i.e., patient "comment cards," follow up call/text/email, CG CAHPS survey, etc.).
- Explore ability of providers to share with patient's a summary of their medical record or health assessments to facilitate conversation about relevant health and wellness issues.
- Assess systems (e.g., EHRs) processes and/or procedures used to gather or facilitate distribution of patient information among providers.
- Suggest providers/practices periodically analyze appointment scheduling timeframes versus types of office visits. Minimize wait times.

Additional 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 Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



Rating of Specialist

Please see Technical Notes for more information.

Improvement Strategies - Rating of Specialist

- Analyze, investigate, and probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with rating of specialist or doctor. (e.g., HWDC, GCQ, GNC, Coordination Of Care).
- Review QI recommendations/actions for related CAHPS composite measures: How Well Doctors Communicate, Getting Care Quickly, Getting Needed Care, Coordination of Care.
- Provide resources, articles, tools and training sessions via multiple channels to support and drive improvement in physician-patient communication and patient-centered interviewing. Examples include: Listen to patients' concerns, Follow-up with the patient. Provide thorough explanations. Ensure that all questions and concerns are answered. All staff focus on being helpful and courteous to patients.
- Share, report and discuss relative CAHPS health care performance and feedback at the health system and/or within network level.
- Promote use of a secure online patient portal which allows patients access to their medical record and health care information of relevant to patient needs.
- Gather and analyze patient feedback on their recent office visit (i.e., patient "comment cards," follow up call/text/email, CG CAHPS survey, etc.)
- Assess adequacy of contracted specialist by specialty. If necessary, review quality of care information among specific specialties and/or identify practices of excellence.
- Explore ability of providers to share with patient's a summary of their medical record or health assessments to facilitate conversation about relevant health and wellness issues.
- Assess systems (e.g., EHRs) processes and/or procedures used to gather or facilitate distribution of patient information among providers.
- Suggest providers/practices periodically analyze appointment scheduling timeframes versus types of office visits.

Additional 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 Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



Getting Needed Care

Please see Technical Notes for more information.

Improvement Strategies – Getting Needed Care

- Assess CAHPS data by health system, PO, and/or network. Communicate results and identify outliers. Evaluate with HEDIS data, complaints, appeals and/or quality of care concerns, and communicate. Identify issues, prioritize and implement improvement activities.
- Work with providers to support patients in navigating health care and remove obstacles. Support and encourage providers to take innovative action to improve access. Examples include: Serve patients quickly, treat urgent issues promptly, minimize wait times, follow-up about appointment times and test results. Another is to develop an in-depth referral/decisionmaking guide for PCP's to prepare for/with patients explaining need, urgency, patient expectations and responsibilities, and preparations for seeing a specialist.
- Support members and collaborate with providers to enhance access to care through innovative, proactive approaches within Care Management, Chronic Care, and Quality Management. Work with providers to identify and resolve opportunities.
- Continually assess, revisit and simplify plan requirements/processes (i.e., UM) impacting access to care, tests, or treatment. Seek opportunities to improve processes and procedures.
- Review and simplify precertification/auth/referral policies/procedures for both member and provider, including messages and communications. Cross-reference with complaints, concerns, and quality of care issues. Improve and clarify processes and communications.
- Evaluate and simplify member communications, assuring that members are clearly told why something is not approved. When appropriate, offer suggestions for next steps or alternatives.
- Ensure Customer Service representatives are able to accurately advise members of available alternatives for care, such as walk-in clinics, urgent care, specialists, labs, etc.
- · Establish a specialist referral hotline for providers and members.

Additional 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 Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



Getting Care Quickly

Please see Technical Notes for more information.

Improvement Strategies - Getting Care Quickly

- Assess CAHPS data by health system, PO, and/or network. Communicate results and identify outliers. Correlate with HEDIS data, complaints, appeals and/or quality of care concerns, and communicate. Support and encourage providers to take innovative action to improve access.
- Support members and collaborate with providers to enhance routine and urgent access to care through innovative, proactive approaches within Care Management, Chronic Care, and Quality Management. Work with providers to identify and resolve opportunities.
- Discuss and engage providers/staff on scheduling best practices, how to improve access to routine/urgent care. Consider scheduling routine appointments well in advance, e.g., 12 months. Provide tools, resources, support and assessment.
- Support, encourage and assist in approaches toward open access scheduling. Allow a portion of each day open for urgent care and/or followup care.
- Contract with additional providers for urgent and after-hour appointments/availability.
- Explore partnering with 24-hour urgent care or walk-in clinics.
- Educate providers and staff about Plan and regulatory appointment wait time requirements or standards (i.e., CAHPS, CMS, States, etc.). Identify opportunities for improvement.
- Provide members streamlined tools and resources (links, apps, etc.) about benefits, providers, referrals, scheduling appointments, etc. Identify options and hours available, and include alternatives, including practices with evening and weekend hours. Consider alternative sources of information, e.g., refrigerator magnets.
- Explore and support alternative telecommunication technologies to expand access to care: telephone, telehealth, telemedicine and patient portals.
- Encourage use of Nurse Hotline/Nurse on Call lines or live-chat via web for members to get health information and advice.

Additional 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 Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



O How Well Doctors Communicate

Please see Technical Notes for more information.

Improvement Strategies – How Well Doctors Communicate

- Cultivate a patient-centered care philosophy and programs across the provider network.
- Support, communicate and educate providers about the vital medical importance of effective doctor-patient communication (i.e., reduced hospitalizations & ER visits, improved adherence).
- Provide readily available recommendations, tools and guidance to all providers to support and enhance communication skills and effective conversation skills with patients. Providers need to: Provide thorough explanations, provide written materials, illustrations and/or examples to help patient's understand, repeat the patient's concern and then address the topic, ask clarifying questions, make eye contact, avoid medical jargon and technical language, avoid multi-tasking, avoid rushing the patient, use constructive verbal responses and non-verbal cues, apply empathy and interest in response to concerns, by kind, avoid condescending language or actions, address questions and concerns-as much time as necessary, schedule adequate time for each visit, and follow-up after tests or procedures.
- Collaborate and share with providers tools, resources, and best practices to support, or reinforce, a complete and effective information exchange with all patients (e.g., a summary of medical record or health assessment to facilitate an effective health or wellness discussion, patient testimonials perhaps from focus groups - of effective and ineffective communication techniques, provide tips and/or testimonials in provider newsletters).
- Develop tools and guidance for patients to optimize appointment time and specific topic-based conversation guides or question checklists with providers (e.g., Doc Talk).
- Support patients with chronic illnesses/conditions and their providers with up-to-date tools, resources and conversation guides that address common clinical needs, continual review, modification and update of progress, next steps and self-management topics.

Additional 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 Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



O Customer Service

Please see Technical Notes for more information.

Improvement Strategies – Customer Service

- Emphasize comprehensive, collaborative, and high-quality customer/member services as a critical priority across all areas of the organization. Think and act together. Establish service recovery guidelines for resolving issues, including phrases that express apologies or atonement.
- Provide on-going/periodic CSR service training, open discussions and routine refresher programs. Include thorough annual updates, tools and resources and subsequent feedback. Training examples include: how to answer questions and resolve issues; consistency in being friendly, courteous and empathetic; quick issue resolution with follow-up; procedures to minimize transfers and wait/on-hold times.
- Involve the CS team in QI activities, seeking concrete customer-based input and improvements. Ensure they are fully informed of updates/changes to processes and procedures.
- Ensure CSRs have immediate access to knowledgeable staff within all key member and provider service areas (Claims, Enrollment, etc.).
- Support key subject matter experts to flexibly respond to urgent or complex types of calls, questions or issues - including prompt prioritization and resolution procedures and/or authority.
- Develop, implement and review protocols and scripts ("Talking Points") to ensure up-to-date, accurate and consist information provided to your members and patients and providers.
- Establish, assess and adhere to measurable CSR performance/service standards (i.e., call satisfaction, call resolution, time on hold, etc.).
 Operationally define service behaviors.
- Seek QI opportunities with CS via observational walkthrough of calls and discussion/review of complaints, inquiries, and the member experience, especially any changes. Identify main issues and seek interventions that decrease volume and/or improve experience.
- Acknowledge and reward service performance/behaviors reflective of service excellence.

Additional 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 Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



Coordination of Care

Please see Technical Notes for more information.

Improvement Strategies – Coordination of Care

- Inform, support, remind and facilitate providers about coordination of care expectations, timely notification requirements, and standards of care for post-visit follow up to all PCPs. Explore options to encourage and support communications between specialists and PCPs.
- Develop on-going and timely reminders/messaging to promote and improve communication and reporting between all provider types, ideally based directly on available data/information.
- Assess the status and consistency of coordination of patient care, communication, and information shared within and across provider networks. Assure prompt feedback, standards.
- Support and facilitate a patient-centered care management approach within and across provider networks. Facilitate a complementary plan-based patient centered care management approach.
- Explore potential of aligning information flow/EHRs to better integrate, support or facilitate patient care, care coordination and vital medical and personal information among providers.
- Encourage providers to prompt patients AND patients to prompt providers, i.e., mutual interactions that review and discuss care, tests and/or treatments involving other providers.
- Encourage patients to bring a list of all medications, including dosage and frequency to all appointments. Encourage providers to prompt patients to do the same for their appointments.
- How do PCP's, providers, facilities and/or the plan assure common patient "touch points" to facilitate/support scheduling of appointments, tests and/or procedures? Where is the over-arching guidance and support for the patient/member?

Additional 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 Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



Appendix: Questionnaire





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:

\boxtimes	Yes -	► II	^r 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 AmeriHealth Caritas Louisiana. 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 <u>not</u> include care you got when you stayed overnight in a hospital. Do <u>not</u> include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that <u>needed</u> <u>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 you <u>needed</u> <u>care right away</u>, 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 <u>check-up or routine</u> <u>care</u> 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 <u>check-up or</u> <u>routine care</u> at a doctor's office or clinic as soon as you needed?
 - Never
 -] Sometimes
 - Usually
 - Always

 In the last 6 months, <u>not</u> 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 	 11. 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 18
yourself? ☐ None → If None, Go to Question 10 ☐ 1 time ☐ 2 ☐ 3 ☐ 4 ☐ 5 to 9 ☐ 10 or more times	 1 time 2 3 4 5 to 9 10 or more times 12. In the last 6 months, how often did your
 8. 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? 	personal doctor explain things in a way that was easy to understand? Never Sometimes Usually Always
 0 Worst health care possible 1 2 3 4 5 6 7 8 9 10 Best health care possible 	 13. In the last 6 months, how often did your personal doctor listen carefully to you? Never Sometimes Usually Always 14. In the last 6 months, how often did your personal doctor show respect for what you had to say? Never
 9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? Never Sometimes Usually 	 Sometimes Usually Always 15. In the last 6 months, how often did your personal doctor spend enough time with you?
 Usually Always YOUR PERSONAL DOCTOR 10. 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? 	 you? Never Sometimes Usually Always 16. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor? Yes
Yes No → If No, Go to Question 19	□ No → If No, Go to Question 18

17. In the last 6 months, how often did your personal doctor seem informed and up-	21. How many specialists have you seen in the last 6 months?				
to-date about the care you got from these doctors or other health providers?	 None → If None, Go to Question 23 1 specialist 				
 Never Sometimes 					
 Usually Always 	☐ 4 ☐ 5 or more specialists				
18. 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?	22. 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				
 0 Worst personal doctor possible 1 	the best specialist possible, what number would you use to rate that specialist?				
 2 3 4 5 6 7 8 9 10 Best personal doctor possible GETTING HEALTH CARE FROM	□ 0 Worst specialist possible □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9				
SPECIALISTS	10 Best specialist possible				
When you answer the next questions, do <u>not</u>	YOUR HEALTH PLAN				
include dental visits or care you got when you stayed overnight in a hospital.	The next questions ask about your experience with your health plan.				
19. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.	 23. In the last 6 months, did you get information or help from your health plan's customer service? Yes 				
In the last 6 months, did you make any appointments to see a specialist?	☐ No → If No, Go to Question 26				
 ☐ Yes ☐ No → If No, Go to Question 23 	24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?				
20. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?	 Never Sometimes Usually 				
 Never Sometimes Usually Always 					

25.	In the last 6 months, how often did your health plan's customer service staff treat	30.	In general, how would you rate your overall <u>mental or emotional</u> health?
	you with courtesy and respect? Never Sometimes Usually Always		 Excellent Very Good Good Fair Poor
26.	In the last 6 months, did your health plan give you any forms to fill out?	31.	Have you had either a flu shot or flu spray in the nose since July 1, 2019?
	 Yes No → If No, Go to Question 28 		Yes No No
27.	In the last 6 months, how often were the forms from your health plan easy to fill out?	32.	 Don't know Do you now smoke cigarettes or use tobacco every day, some days, or not at all?
	 Nevel Sometimes Usually Always 		 □ Every day □ Some days □ Not at all → If Not at all, Go to Question
28.	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		36 ☐ Don't know → If Don't know, Go to Question 36
	 would you use to rate your health plan? 0 Worst health plan possible 1 2 	33.	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?
	□ 3 □ 4 □ 5 □ 6		 Never Sometimes Usually Always
	 7 8 9 10 Best health plan possible 	34.	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
	BOUT YOU In general, how would you rate your overall health?		tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.
	 Excellent Very Good Good Fair Poor 		 Never Sometimes Usually Always

35.	In the last 6 months, how often did your	ADDITIONAL QUESTIONS
	doctor or health provider discuss or	Now we would like to ask a few more questions
	provide methods and strategies other	about the services your health plan provides.
	than medication to assist you with quitting smoking or using tobacco? <i>Examples of methods and strategies are:</i> <i>telephone helpline, individual or group</i> <i>counseling, or cessation program.</i>	41. If you had trouble getting the care, tests, or treatment that you needed, what is the reason for the trouble? <i>(Check all that</i> <i>apply)</i>
		 I did not need care, tests, or treatment I did not have trouble getting care, tests,
		or treatment
	Usually Always	My doctor said that it was not covered
36.	What is your age?	 My plan said that it was not covered Took too long to get approval from my
	□ 18 to 24	health plan
	25 to 34	Took too long to get an appointment or appointment time was not convenient
	□ 35 to 44 □ 45 to 54	\Box Some other reason
	55 to 64	42. When you needed care right away, where
	 ☐ 65 to 74 ☐ 75 or older 	did you go most often?
37.	Are you male or female?	Clinic Emergency Room
	☐ Male	Doctor's Office
	Female	I did not need care right away
38.	What is the highest grade or level of school that you have completed?	43. In the last 6 months, how often did the provider use medical words you did not
	8th grade or less	understand?
	 Some high school, but did not graduate High school graduate or GED 	
	Some college or 2-year degree	Usually Always
	 4-year college graduate More than 4-year college degree 	44. Some people prefer a provider of a
39.	Are you of Hispanic or Latino origin or	specific race, gender or ethnicity. Others
	descent?	prefer a provider who speaks a specific
	 Yes, Hispanic or Latino No, Not Hispanic or Latino 	language. Have you been able to find providers that meet your preferences?
40.	What is your race? <i>Mark one or more.</i>	☐ Yes □ No
	White Black or African-American	
	Asian	
	Native Hawaiian or other Pacific Islander	
	 American Indian or Alaska Native Other 	

45.	In the last 6 months, if you had trouble getting an appointment to see a specialist, what type of specialist was it hard to get an appointment with? <i>(Check</i> <i>all that apply)</i>
	 Allergist (Doctor for allergies) Obstetrics & Gynecology (Doctor for women) Cardiologist (Heart Doctor) Dermatologist (Skin Doctor) Gastroenterologist (Stomach Doctor) Neurologist (Brain Doctor) Oncologist (Cancer Doctor) Ophthalmologist (Eye Doctor) Otolaryngologist (Ear, Nose, Throat Doctor) Orthopedic Surgeon (Bone and Muscle Doctor) Behavioral Health Other I did not have trouble getting an appointment to see a specialist Did not need an appointment with a specialist
46.	When your plan needs to share information with you, how do you prefer to receive this information? <i>(Check all that apply)</i>
	 By postal mail On the plan's website Mobile phone app A phone call from someone at the plan By text message By email

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

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





We invite you to partner with us for ongoing quality improvement...

Smart Member Engagement[™] Platform

WHY? Address Health Plan Challenges Smart Member Engagement provides a unique tool set to address the health challenges of your membership. Stratify cohorts by conditions, risk factors, engageability, and/or member experience to deliver a personalized and targeted outreach that drives desired member behavior and outcomes.



Phone – IVR Phone – Live Agent

REF

Measure & Analyze

Follow-up surveys to cohorts to test their recollection of messages and any actions taken to improve their health or close care gaps **REFINE?**

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Closing HEDIS[®] Care Gaps

Targeted Outreach & Engagement = Healthier Members, Revenue, & Star Ratings

A High-Touch, Personalized se Approach for Closing Gaps in Care Impacting HEDIS Measures



Step 1: Identify the Care Gaps

Identify, then target those members who are neither meeting the standards for specific condition treatment, nor receiving important preventive screenings.

Step 2: Focus on Measures Affecting Larger Member Numbers and High-Volume Provider Groups Sticking to members with the more prevalent care gaps like mammograms, colorectal screenings, diabetes care, heart disease, and flu shots, send co-branded appointmentscheduling messaging

Step 3: Multi-Modal Outreach to Activate and Motivate Patients Directly schedule appointments for members with providers via phone outreach or remind members to set up a muchneeded appointment via multi-modal outreach (text, email, phone, IVR, or mail)

Step 4: Close the Loop

Scheduling reminder calls about upcoming appointments, and follow-up confirmations for appointments already met.

Contact your Strategic Account Executive to develop a custom engagement program to drive care gap closure for your membership.

