

# 2020 CAHPS Medicaid Child with CCC 5.0H Final Report

Louisiana Healthcare Connections (Centene LA)

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SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) certified HEDIS® Survey Vendor, was selected by Louisiana Healthcare Connections (Centene LA) 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 Alisa Simpson (678-689-0303), and your Project Manager is Julia Schneider (248-539-8757). 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.



- 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.

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.

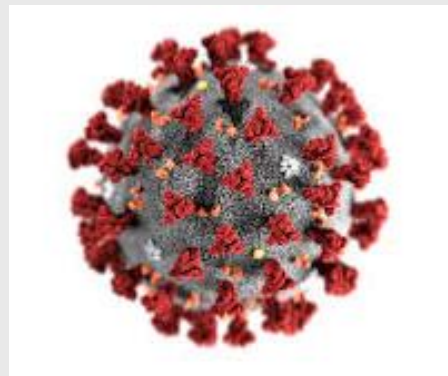
## NCQA PROTOCOL MODIFICATIONS AND HEALTH PLAN RATING CHANGES FOR 2020

In response to the pandemic, NCQA released [guidance](#) 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.

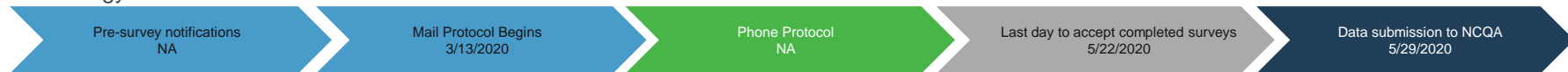
On Thursday, April 2 NCQA released additional [guidance](#) regarding scoring for Health Plan Ratings, with clarification released on April 3. While NCQA required submission of HEDIS and CAHPS data for Commercial and Medicaid plans, they are not scoring plans using Health Plan Ratings in 2020.

- 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.*



SPH administered the 2020 Medicaid Child with CCC 5.0H CAHPS survey using an NCQA approved methodology. Surveys were collected via a mail and internet 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:



## VALID SURVEYS

-  Total Number of Mail Completes = 134 (10 in Spanish)
-  Total Number of Phone Completes = 1 (0 in Spanish)
-  Total Number of Internet Completes = 27 (0 in Spanish)

## 2020 RESPONSE RATE

$$\text{Response Rate} = \frac{\text{Completed}}{\text{Sample size} - \text{Ineligible members}}$$

$$\frac{134 \text{ (Mail)} + 1 \text{ (Phone)} + 27 \text{ (Internet)}}{3795 \text{ (Sample)} - 1 \text{ (Ineligible)}} = \frac{162}{3794} = 4.3\%$$

Your plan's Total response rate is **4.3%**.

## RESPONSE RATE COMPARISON

The 2020 SPH Analytics Book of Business average response rate is **12.6%**.

		2018	2019	2020
Ineligible	Does not Meet Eligibility Criteria (01)	5	7	1
	Language Barrier (03)	4	29	0
	Mentally/Physically Incapacitated (04)	0	0	0
	Deceased (05)	0	0	0
	<b>SUBTOTAL</b>	<b>9</b>	<b>36</b>	<b>1</b>
Non-Response	Break-off/Incomplete (02)	29	23	5
	Refusal (06)	25	8	0
	Maximum Attempts Made (07)	2126	2316	3627
	Added to DNC List (08)	11	10	0
	<b>SUBTOTAL</b>	<b>2191</b>	<b>2357</b>	<b>3632</b>
<b>TOTAL</b>		<b>2200</b>	<b>2393</b>	<b>3633</b>

The charts above and to the left display values for the **General Population** only.

Total Sample Size	<b>5575</b>	<b>5657</b>	<b>6647</b>
Total Completes	<b>1058</b>	<b>829</b>	<b>279</b>
Total Response Rate	<b>19.0%</b>	<b>14.8%</b>	<b>4.2%</b>
General Population Sample Size	<b>2723</b>	<b>2805</b>	<b>3795</b>
General Population Response Rate	<b>19.3%</b>	<b>14.9%</b>	<b>4.3%</b>
Supplemental Sample Size	<b>2852</b>	<b>2852</b>	<b>2852</b>
CCC Completes	<b>521</b>	<b>373</b>	<b>122</b>



# Executive Summary

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- Louisiana Healthcare Connections (Centene LA)

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

	No	Yes	
Never	Sometimes	Usually	Always

Rating questions are typically displayed with two Summary Rates:

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





## TRENDING UP

Key measures that had significant improvements from last year

**Q10** Getting care, tests or treatment

**Q29** Doctor showed respect

**Q32** Doctor spent enough time



## TRENDING DOWN

Key measures that had significantly lower scores than last year

No key measures declined significantly.



# 162 / 4.3%

Completed surveys / Response Rate

MEASURE NAME	SUMMARY RATE	ESTIMATED NCQA RATING
<b>Rating of Health Plan</b> (% 9 or 10)	78.1%	★★★★★
<b>Rating of Health Care</b> (% 9 or 10)	74.6%	★★★★★
<b>Rating of Personal Doctor</b> (% 9 or 10)	81.8%	★★★★★
<b>Rating of Specialist</b> (% 9 or 10)	NA <sup>^</sup>	NA <sup>^</sup>
<b>Getting Needed Care</b> (% Always or Usually)	NA <sup>^</sup>	NA <sup>^</sup>
<b>Getting Care Quickly</b> (% Always or Usually)	NA <sup>^</sup>	NA <sup>^</sup>
<b>Coordination of Care</b> (% Always or Usually)	NA <sup>^</sup>	NA <sup>^</sup>

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

### POWER

Promote and leverage strengths

- Q9** Health care overall
- Q36** Personal doctor overall
- Q35** Dr. informed about care
- Q45** CS provided info./help
- Q43** Specialist overall
- Q46** CS courtesy/respect
- Q4** Got urgent care
- Q41** Got specialist appt.

### OPPORTUNITIES

Focus resources on improving processes that underlie these items

None

<sup>^</sup>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 18 for details.



## Health Plan Domain Performance

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

MEASURE	SUMMARY RATE		CHANGE	2020 SPH BENCHMARK		2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan (% 9 or 10)	76.4%	78.1%	1.7%	73.0%	85 <sup>th</sup>	71.7%	89 <sup>th</sup>
Rating of Health Plan (% 8, 9 or 10)	90.0%	86.5%	-3.5%	87.5%	31 <sup>st</sup>	86.5%	44 <sup>th</sup>
Getting Needed Care (% Always or Usually)	85.7%	91.9%	6.2%	85.6% ▲	96 <sup>th</sup>	84.5% ▲	97 <sup>th</sup>
Customer Service (% Always or Usually)	90.7%	92.4%	1.7%	88.9%	87 <sup>th</sup>	88.4%	93 <sup>rd</sup>
Ease of Filling Out Forms (% Always or Usually)	96.2%	98.7%	2.5%	96.0% ▲	95 <sup>th</sup>	95.0% ▲	100 <sup>th</sup>

### KEY TAKEAWAYS

Your overall Rating of Health Plan (8-10) Summary Rate score is 86.5% and represents a change of -3.5 from 2019.

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 (↓) or benchmark (▼) score.



## Health Care Domain Performance

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

MEASURE	SUMMARY RATE		CHANGE	2020 SPH BENCHMARK		2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care (% 9 or 10)	78.2%	74.6%	-3.6%	73.0%	63 <sup>rd</sup>	70.4%	80 <sup>th</sup>
Rating of Health Care (% 8, 9 or 10)	89.9%	89.8%	-0.1%	88.7%	62 <sup>nd</sup>	87.5%	69 <sup>th</sup>
Getting Care Quickly (% Always or Usually)	91.9%	94.4%	2.5%	90.5%	87 <sup>th</sup>	89.4% ▲	91 <sup>st</sup>
How Well Doctors Communicate (% Always or Usually)	95.7%	98.4%	2.7%	95.1% ▲	100 <sup>th</sup>	94.0% ▲	100 <sup>th</sup>
Coordination of Care (% Always or Usually)	85.6%	87.5%	1.9%	85.0%	70 <sup>th</sup>	83.8%	76 <sup>th</sup>
Rating of Personal Doctor (% 9 or 10)	82.1%	81.8%	-0.3%	79.1%	74 <sup>th</sup>	77.3%	89 <sup>th</sup>
Rating of Personal Doctor (% 8, 9 or 10)	91.0%	91.2%	0.2%	91.2%	46 <sup>th</sup>	90.0%	65 <sup>th</sup>
Rating of Specialist (% 9 or 10)	80.8%	81.8%	1.0%	75.0%	82 <sup>nd</sup>	74.1%	97 <sup>th</sup>
Rating of Specialist (% 8, 9 or 10)	88.5%	81.8%	-6.7%	88.2%	5 <sup>th</sup>	87.5%	<5 <sup>th</sup>

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 (↓) or benchmark (▼) score.

### KEY TAKEAWAYS

Your overall Rating of Health Care (8-10) Summary Rate score is 89.8% and represents a change of -0.1 from 2019.

## CCC Measures Performance

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

MEASURE	SUMMARY RATE		CHANGE	2020 SPH BENCHMARK		2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Access to Prescription Medicines (% Always or Usually)	90.0%	91.4%	1.4%	91.7%	45 <sup>th</sup>	91.6%	46 <sup>th</sup>
Access to Specialized Services (% Always or Usually)	83.2%	81.0%	-2.2%	75.4%	77 <sup>th</sup>	77.2%	82 <sup>nd</sup>
Family-Centered Care: Personal Doctor Who Knows Child (% Yes)	91.8%	89.9%	-1.9%	91.8%	18 <sup>th</sup>	91.0%	24 <sup>th</sup>
Family-Centered Care: Getting Needed Information (% Always or Usually)	93.1%	94.8%	1.7%	93.4%	77 <sup>th</sup>	91.4%	91 <sup>st</sup>
Coordination of Care for CCC (% Yes)	79.1%	82.7%	3.6%	77.2%	93 <sup>rd</sup>	76.9%	100 <sup>th</sup>

Note: Please refer to benchmark descriptions on slide 45.

### Significance Testing

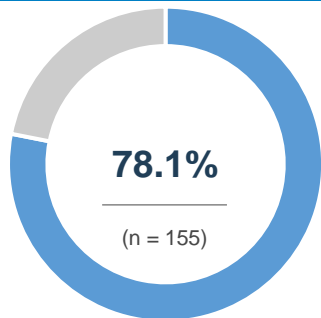
**Green** – Current year score is significantly higher than the 2019 score (↑) or benchmark (▲) score.

**Red** – Current year score is significantly lower than the 2019 score (↓) or benchmark (▼) score.



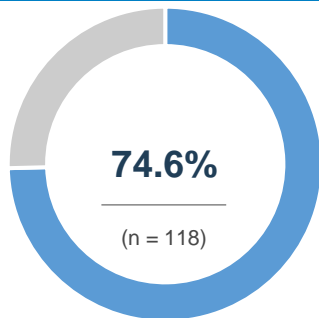
# Global Rating Summary Rate Scores (% 9 or 10)

Please see Technical Notes for more information.



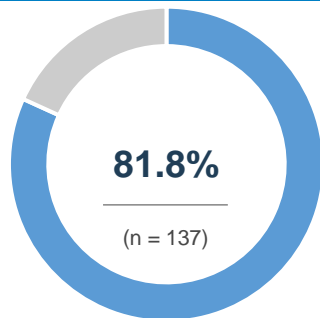
Rating of Health Plan

2020	78.1%
2019	76.4%
2018	79.5%
SPH	73.0%
QC	71.7%



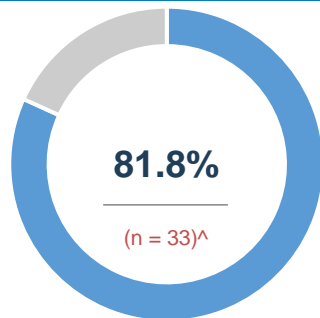
Rating of Health Care

2020	74.6%
2019	78.2%
2018	78.7%
SPH	73.0%
QC	70.4%



Rating of Personal Doctor

2020	81.8%
2019	82.1%
2018	81.4%
SPH	79.1%
QC	77.3%



Rating of Specialist

2020	81.8%
2019	80.8%
2018	78.4%
SPH	75.0%
QC	74.1%

## 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 (↑), the 2018 score (↗) or benchmark (▲) score.

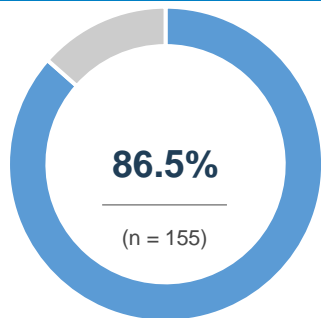
**Red** – Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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



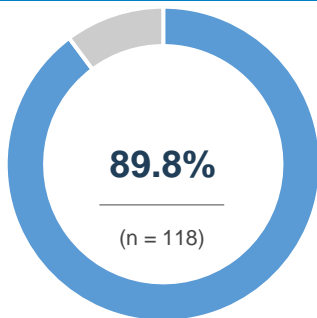
# Global Rating Summary Rate Scores (% 8, 9 or 10)

Please see Technical Notes for more information.



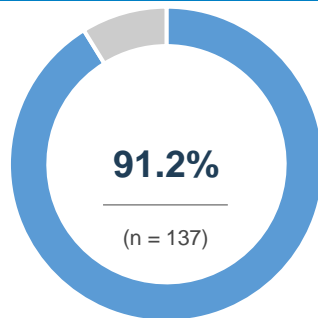
Rating of Health Plan

2020	86.5%
2019	90.0%
2018	89.1%
SPH	87.5%
QC	86.5%



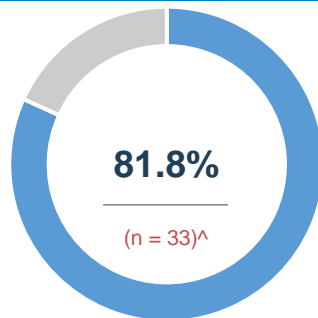
Rating of Health Care

2020	89.8%
2019	89.9%
2018	90.3%
SPH	88.7%
QC	87.5%



Rating of Personal Doctor

2020	91.2%
2019	91.0%
2018	91.0%
SPH	91.2%
QC	90.0%



Rating of Specialist

2020	81.8%
2019	88.5%
2018	88.8%
SPH	88.2%
QC	87.5%

## 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.

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## Significance Testing

**Green** – Current year score is significantly higher than the 2019 score (↑), the 2018 score (↗) or benchmark (▲) score.

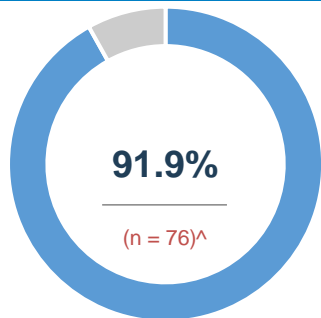
**Red** – Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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



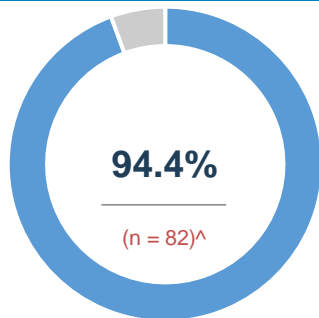
# Composite Summary Rate Scores (% Always or Usually)

Please see Technical Notes for more information.



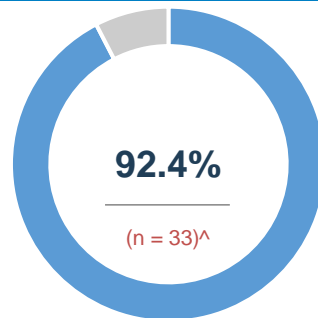
Getting Needed Care

2020	91.9%
2019	85.7%
2018	88.8%
SPH	85.6% ▲
QC	84.5% ▲



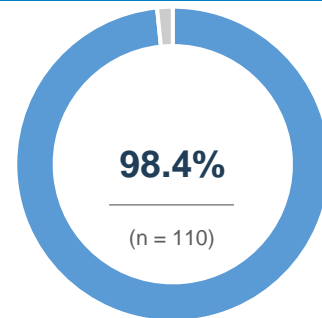
Getting Care Quickly

2020	94.4%
2019	91.9%
2018	95.3%
SPH	90.5%
QC	89.4% ▲



Customer Service

2020	92.4%
2019	90.7%
2018	91.3%
SPH	88.9%
QC	88.4%



How Well Doctors Communicate

2020	98.4%	⬆
2019	95.7%	
2018	94.6%	
SPH	95.1%	▲
QC	94.0%	▲

## 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 (⬆), the 2018 score (⬆) or benchmark (▲) score.

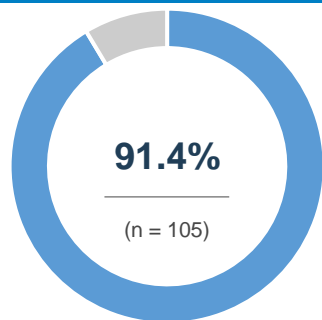
**Red** – Current year score is significantly lower than the 2019 score (⬆), the 2018 score (⬆) or benchmark (▼) score.

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



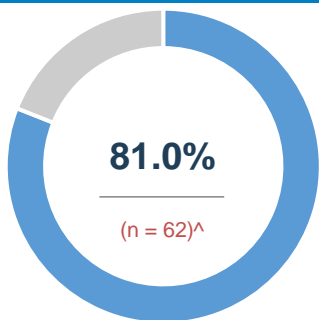
# CCC Summary Rate Scores – CCC Population

Please see Technical Notes for more information.



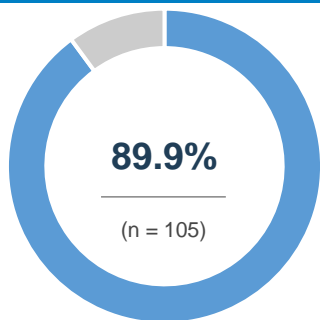
Access to Prescription Medicines

2020	91.4%
2019	90.0%
2018	92.5%
SPH	91.7%
QC	91.6%



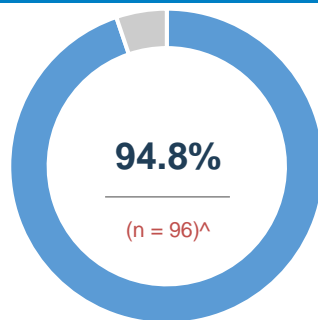
Access to Specialized Services

2020	81.0%
2019	83.2%
2018	76.7%
SPH	75.4%
QC	77.2%



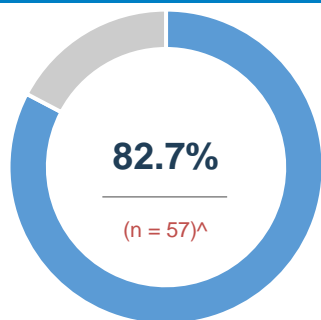
FCC: Personal Doctor Who Knows Child

2020	89.9%
2019	91.8%
2018	91.2%
SPH	91.8%
QC	91.0%



FCC: Getting Needed Information

2020	94.8%
2019	93.1%
2018	93.3%
SPH	93.4%
QC	91.4%



Coordination of Care for CCC

2020	82.7%
2019	79.1%
2018	78.4%
SPH	77.2%
QC	76.9%

## 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 (↑), the 2018 score (↗) or benchmark (▲) score.

**Red** – Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.



## 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

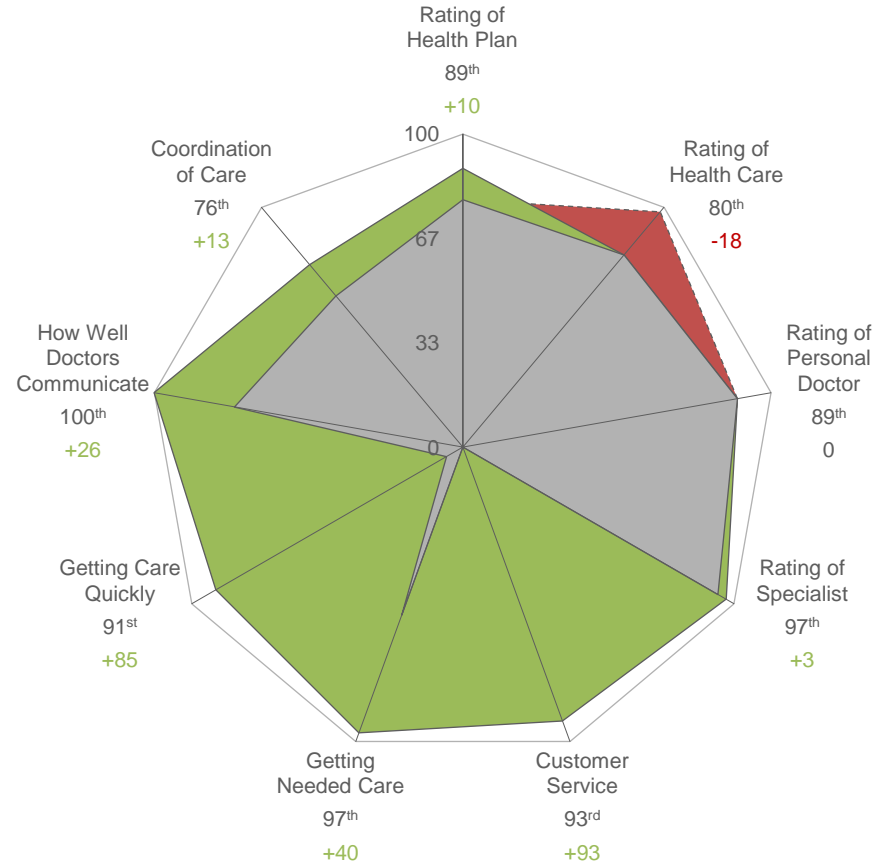
The percentile gap was closed compared to last year on the following measures:

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

However, the percentile gap increased on these measures:

- Rating of Health Care

-  2020 Gap is **smaller** than 2019 Gap
-  2020 Gap is **larger** than 2019 Gap



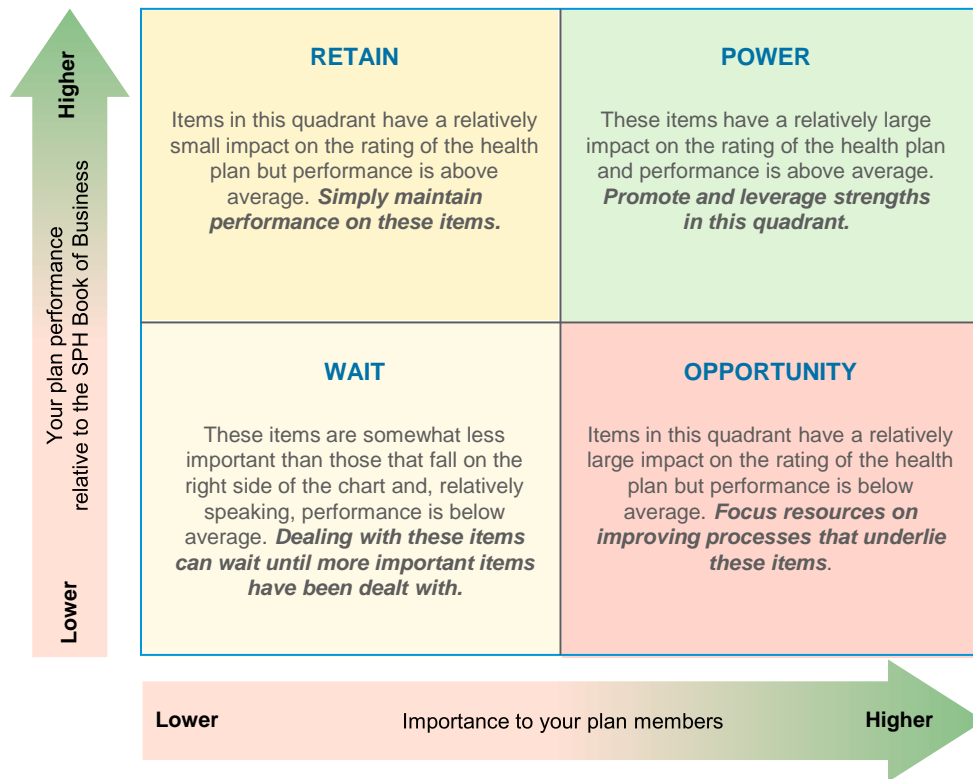
## POWeR™ CHART CLASSIFICATION MATRIX

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:

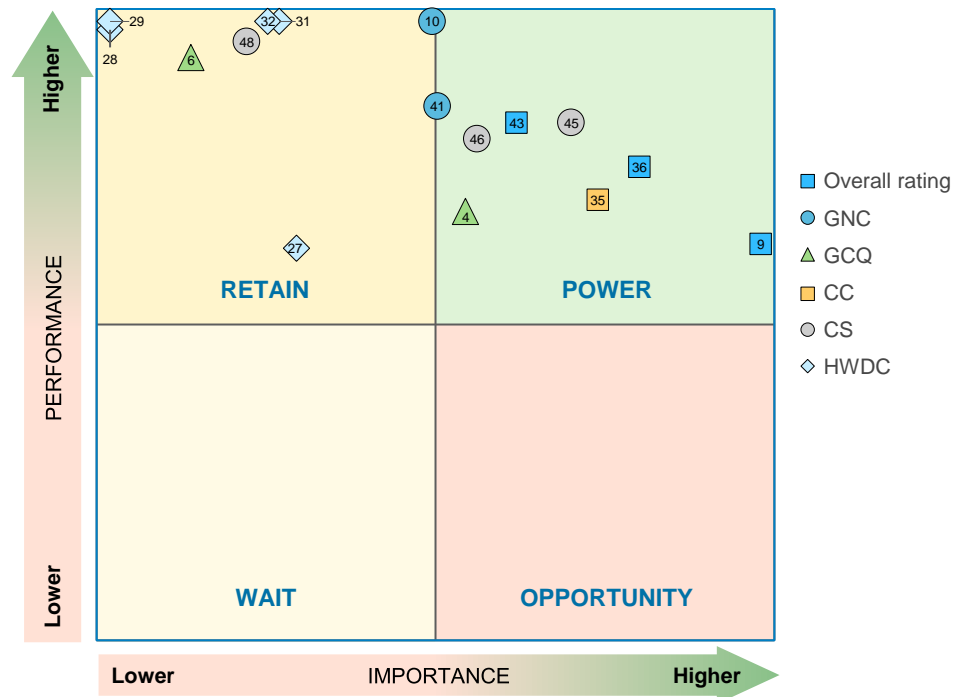
- Identification of the elements that are important in driving of the rating of the health plan.
- Measurement of the relative importance of each of these elements.
- Measurement of how well members think the plan performed on those important elements.
- Presentation of the importance/performance results in a matrix that provides clear direction for member satisfaction improvement efforts by the plan.



SURVEY MEASURE		SUMMARY RATE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
<b>POWER</b>				
Q9	Health care overall	74.6%	63 <sup>rd</sup>	3
Q36	Personal doctor overall	81.8%	74 <sup>th</sup>	4
Q35	Dr. informed about care	87.5%	70 <sup>th</sup>	4
Q45	CS provided info./help	87.9%	82 <sup>nd</sup>	4
Q43	Specialist overall	81.8%	82 <sup>nd</sup>	4
Q46	CS courtesy/respect	96.9%	79 <sup>th</sup>	4
Q4	Got urgent care	94.2%	68 <sup>th</sup>	4
Q41	Got specialist appt.	86.5%	85 <sup>th</sup>	4
<b>OPPORTUNITY</b>				
None				
<b>WAIT</b>				
None				
<b>RETAIN</b>				
Q10	Got care/tests/treatment	97.4%	99 <sup>th</sup>	5
Q27	Dr. explained things	96.4%	62 <sup>nd</sup>	3
Q31	Dr. explained things for child	100%	98 <sup>th</sup>	5
Q32	Dr. spent enough time	98.1%	100 <sup>th</sup>	5
Q48	Easy to fill out forms	98.7%	95 <sup>th</sup>	5
Q6	Got routine care	94.6%	92 <sup>nd</sup>	5
Q28	Dr. listened carefully	99.1%	97 <sup>th</sup>	5
Q29	Dr. showed respect	100%	99 <sup>th</sup>	5

## 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 **85<sup>th</sup> percentile** when compared to the SPH Book of Business benchmark

**78.1%**

Compared to last year, your Summary Rate Score (% 9 and 10) **increased by 1.7%**. This result is not statistically significant.

 Typical of industry drivers  Different from industry drivers

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.

## INDUSTRY KEY DRIVERS

High impact on Rating of Health Plan

KEY DRIVER		2020 SPH BoB
Q9	Health care overall	73.0%
Q36	Personal doctor overall	79.1%
Q43	Specialist overall	75.0%
Q46	CS courtesy/respect	94.2%
Q41	Got specialist appt.	80.4%
Q45	CS provided info./help	83.7%
Q10	Got care/tests/treatment	90.8%
Q6	Got routine care	89.3%

## ALIGNMENT

Are your key drivers typical of the industry?



These items have a relatively large impact on the Rating of Health Plan. **Leverage** these questions since they are important to your members and the Rating of Health Plan score for this plan.







## YOUR KEY DRIVERS

High impact on Rating of Health Plan

KEY DRIVER		SUMMARY RATE*	SPH BoB PERCENTILE	CLASSIFICATION
Q9	Health care overall	74.6%	63 <sup>rd</sup>	POWER
Q36	Personal doctor overall	81.8%	74 <sup>th</sup>	POWER
Q35	Dr. informed about care	87.5%	70 <sup>th</sup>	POWER
Q45	CS provided info./help	87.9%	82 <sup>nd</sup>	POWER
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Q4	Got urgent care	94.2%	68 <sup>th</sup>	POWER
Q41	Got specialist appt.	86.5%	85 <sup>th</sup>	POWER

## Demographic Comparisons

Different demographic subgroups can have dissimilar experiences with your health plan.

 <p>Respondent's Gender</p>	<table><tr><th>8 - 10</th><th>9 - 10</th></tr><tr><td><b>MALE</b> (n=12)<sup>^</sup></td><td>83.3%</td></tr><tr><td><b>FEMALE</b> (n=137)</td><td>87.6%</td></tr></table>	8 - 10	9 - 10	<b>MALE</b> (n=12) <sup>^</sup>	83.3%	<b>FEMALE</b> (n=137)	87.6%	 <p>Respondent's Age</p>	<table><tr><th>8 - 10</th><th>9 - 10</th></tr><tr><td><b>&lt;25</b> (n=23)</td><td>87.0%</td></tr><tr><td><b>25 – 34</b> (n=33)</td><td>87.9%</td></tr><tr><td><b>35 – 44</b> (n=43)</td><td>86.0%</td></tr><tr><td><b>45 or older</b> (n=51)</td><td>86.3%</td></tr></table>	8 - 10	9 - 10	<b>&lt;25</b> (n=23)	87.0%	<b>25 – 34</b> (n=33)	87.9%	<b>35 – 44</b> (n=43)	86.0%	<b>45 or older</b> (n=51)	86.3%	 <p>Respondent's Education</p>	<table><tr><th>8 - 10</th><th>9 - 10</th></tr><tr><td><b>HS GRAD OR LESS</b> (n=86)</td><td>87.2%</td></tr><tr><td><b>SOME COLLEGE OR MORE</b> (n=65)</td><td>77.9%</td></tr><tr><td></td><td>86.2%</td></tr><tr><td></td><td>78.5%</td></tr></table>	8 - 10	9 - 10	<b>HS GRAD OR LESS</b> (n=86)	87.2%	<b>SOME COLLEGE OR MORE</b> (n=65)	77.9%		86.2%		78.5%																
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 <p>Child's Health Status</p>	<table><tr><th>8 - 10</th><th>9 - 10</th></tr><tr><td><b>EXCELLENT/VERY GOOD</b> (n=114)</td><td>90.4%</td></tr><tr><td><b>GOOD</b> (n=28)</td><td>83.3%</td></tr><tr><td><b>FAIR/POOR</b> (n=11)<sup>^</sup></td><td>82.1%</td></tr><tr><td></td><td>67.9%</td></tr><tr><td></td><td>63.6%</td></tr><tr><td></td><td>54.5%</td></tr></table>	8 - 10	9 - 10	<b>EXCELLENT/VERY GOOD</b> (n=114)	90.4%	<b>GOOD</b> (n=28)	83.3%	<b>FAIR/POOR</b> (n=11) <sup>^</sup>	82.1%		67.9%		63.6%		54.5%	 <p>Child's Mental/Emotional Health Status</p>	<table><tr><th>8 - 10</th><th>9 - 10</th></tr><tr><td><b>EXCELLENT/VERY GOOD</b> (n=97)</td><td>91.8%</td></tr><tr><td><b>GOOD</b> (n=35)</td><td>82.5%</td></tr><tr><td><b>FAIR/POOR</b> (n=22)</td><td>85.7%</td></tr><tr><td></td><td>77.1%</td></tr><tr><td></td><td>63.6%</td></tr><tr><td></td><td>59.1%</td></tr></table>	8 - 10	9 - 10	<b>EXCELLENT/VERY GOOD</b> (n=97)	91.8%	<b>GOOD</b> (n=35)	82.5%	<b>FAIR/POOR</b> (n=22)	85.7%		77.1%		63.6%		59.1%	 <p>Data Collection</p>	<table><tr><th>8 - 10</th><th>9 - 10</th></tr><tr><td><b>MAIL</b> (n=128)</td><td>85.9%</td></tr><tr><td><b>PHONE</b> (n=1)<sup>^</sup></td><td>76.6%</td></tr><tr><td><b>INTERNET</b> (n=26)</td><td>100%</td></tr><tr><td></td><td>100%</td></tr><tr><td></td><td>88.5%</td></tr><tr><td></td><td>84.6%</td></tr></table>	8 - 10	9 - 10	<b>MAIL</b> (n=128)	85.9%	<b>PHONE</b> (n=1) <sup>^</sup>	76.6%	<b>INTERNET</b> (n=26)	100%		100%		88.5%		84.6%
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Child's Ethnicity & Race

**HISPANIC/LATINO**  
(n=20)

**NOT HISPANIC/LATINO**  
(n=128)

8 - 10 9 - 10

90.0% 70.0%

85.9% 78.9%

**WHITE**  
(n=66)

**BLACK/AFRICAN AMERICAN**  
(n=73)

**OTHER\***  
(n=11)<sup>^</sup>

8 - 10 9 - 10

90.9% 80.3%

86.3% 82.2%

72.7% 63.6%

<sup>^</sup> Indicates a base size smaller than 20. Interpret results with caution.



# Estimated NCQA Health Insurance Plan Ratings

	2020 SUMMARY RATE	SUMMARY RATE DEFINITION	PERCENTILE RANK	ESTIMATED RATING
<b>CONSUMER SATISFACTION</b>				<b>4.0</b>
<b>GETTING CARE</b>				<b>NA</b>
Getting Needed Care	91.9%	Usually + Always	97 <sup>th</sup>	NA
Getting Care Quickly	94.4%	Usually + Always	91 <sup>st</sup>	NA
<b>SATISFACTION WITH PLAN PHYSICIANS</b>				<b>4.0</b>
Rating of Personal Doctor	81.8%	9 + 10	89 <sup>th</sup>	4.0
Rating of Specialist	81.8%	9 + 10	97 <sup>th</sup>	NA
Rating of Health Care	74.6%	9 + 10	80 <sup>th</sup>	4.0
Coordination of Care	87.5%	Usually + Always	76 <sup>th</sup>	NA
<b>SATISFACTION WITH PLAN SERVICES</b>				<b>4.0</b>
Rating of Health Plan	78.1%	9 + 10	89 <sup>th</sup>	4.0

## 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 (10<sup>th</sup>, 33.33<sup>rd</sup>, 66.67<sup>th</sup> and 90<sup>th</sup>) 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 <sup>rd</sup> of plans but not bottom 10 <sup>th</sup>	Middle 3 <sup>rd</sup> of plans	Top 3 <sup>rd</sup> of plans, but not in the top 10 <sup>th</sup>	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.

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

## OVERSAMPLING SCENARIO EXPLANATION

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 130%. SPH recommends oversampling at the 597% rate to maximize ratings.**

Based on the scenarios tested, holding everything else constant, an oversampling rate of 597% and above yields all reportable measures and an increase on 2 measures. **This is an estimate only and cannot be used to predict NCQA star ratings.**

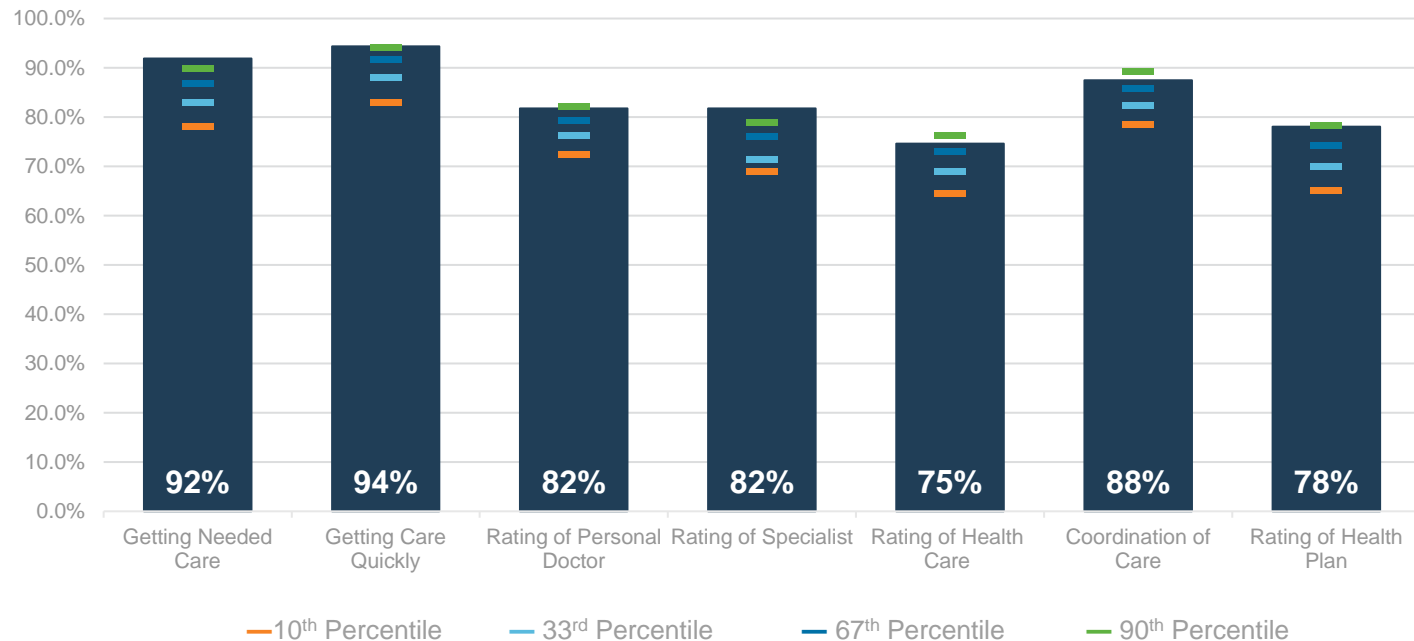
*In response to the COVID-19 pandemic, NCQA is not publishing Health Plan Ratings in 2020. These estimates are for informational purposes only.*

MEASURE NAME	ESTIMATED RATING	OVERSAMPLING SCENARIOS		
		0%	130% (Current)	≥ 597%
<b>CONSUMER SATISFACTION</b>	<b>4.0</b>	<b>NA</b>	<b>4.0</b>	<b>4.5</b>
<b>GETTING CARE</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>5.0</b>
Getting Needed Care	NA	NA	NA	5.0
Getting Care Quickly	NA	NA	NA	5.0
<b>SATISFACTION WITH PLAN PHYSICIANS</b>	<b>4.0</b>	<b>NA</b>	<b>4.0</b>	<b>4.5</b>
Rating of Personal Doctor	4.0	NA	4.0	4.0
Rating of Specialist	NA	NA	NA	5.0
Rating of Health Care	4.0	NA	4.0	4.0
Coordination of Care	NA	NA	NA	4.0
<b>SATISFACTION WITH PLAN SERVICES</b>	<b>4.0</b>	<b>NA</b>	<b>4.0</b>	<b>4.0</b>
Rating of Health Plan	4.0	NA	4.0	4.0

Higher Rating  
 Lower Rating  
 Reportable

## 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).



**Dark Blue** bar = Performing at or above 67<sup>th</sup> percentile

**Light Blue** bar = Performance below 67<sup>th</sup> percentile





## 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		SUMMARY RATE	PERCENTILE RANK	
How Well Doctors Communicate (% Always or Usually)	110	95.7%	98.4%	2.7%	94.0% ▲	100 <sup>th</sup>	4.4%
Getting Needed Care (% Always or Usually)	76	85.7%	91.9%	6.2%	84.5% ▲	97 <sup>th</sup>	7.4%
Rating of Specialist (% 9 or 10)	33	80.8%	81.8%	1.0%	74.1%	97 <sup>th</sup>	7.7%

## 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		SUMMARY RATE	PERCENTILE RANK	
Rating of Health Care (% 9 or 10)	118	78.2%	74.6%	-3.6%	70.4%	80 <sup>th</sup>	4.2%
Coordination of Care (% Always or Usually)	40	85.6%	87.5%	1.9%	83.8%	76 <sup>th</sup>	3.7%
Access to Prescription Medicine (% Always or Usually)	105	90.0%	91.4%	1.4%	91.6%	46 <sup>th</sup>	-0.2%

### 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 (↓) or benchmark (▼) score.

## 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 – 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).

### 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 PCPs, 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 – 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.

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

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## Measure Details and Scoring

- Louisiana Healthcare Connections (Centene LA)

# Measure Analyses: Section Information

Please see Technical Notes for more information.

**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.



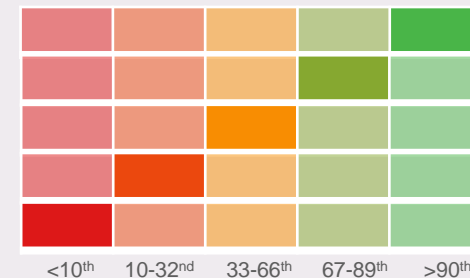
Analyses presented in this section include:

- 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\*

## Percentile Rankings



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

## PERCENTILE RANKING 2019 QC ALL PLANS



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

### POWER

Promote and Leverage Strengths

- Q9** Health care overall
- Q36** Personal doctor overall
- Q35** Dr. informed about care
- Q45** CS provided info./help
- Q43** Specialist overall
- Q46** CS courtesy/respect
- Q4** Got urgent care
- Q41** Got specialist appt.

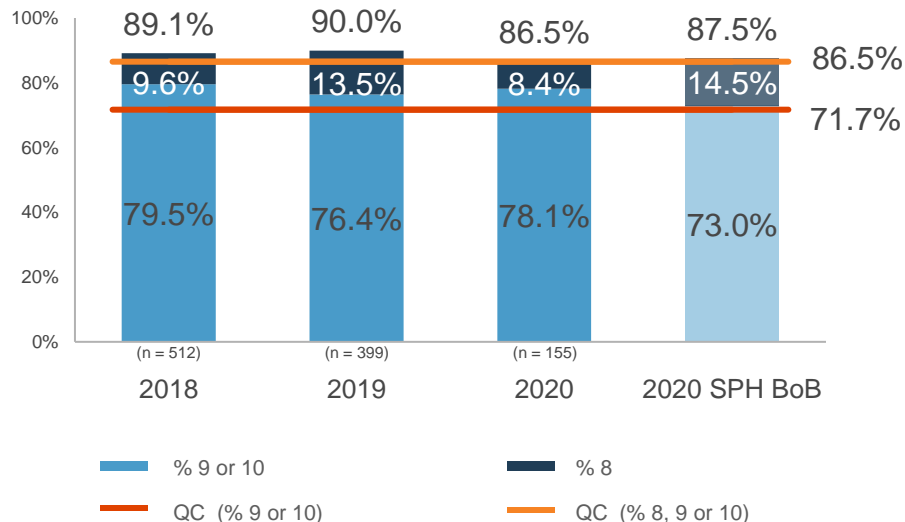
### OPPORTUNITIES

Focus Resources on Improving Processes That Underlie These Items

None

## RATING OF HEALTH PLAN

% 8, 9 or 10



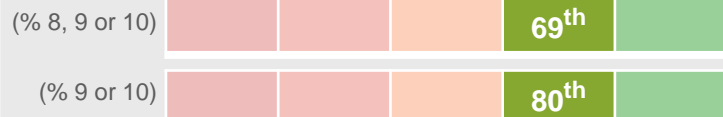
### Significance Testing

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

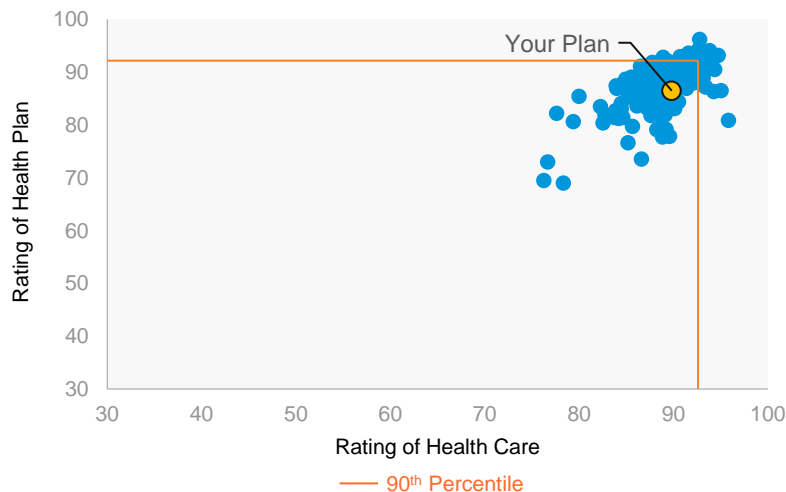
Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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

## PERCENTILE RANKING 2019 QC ALL PLANS

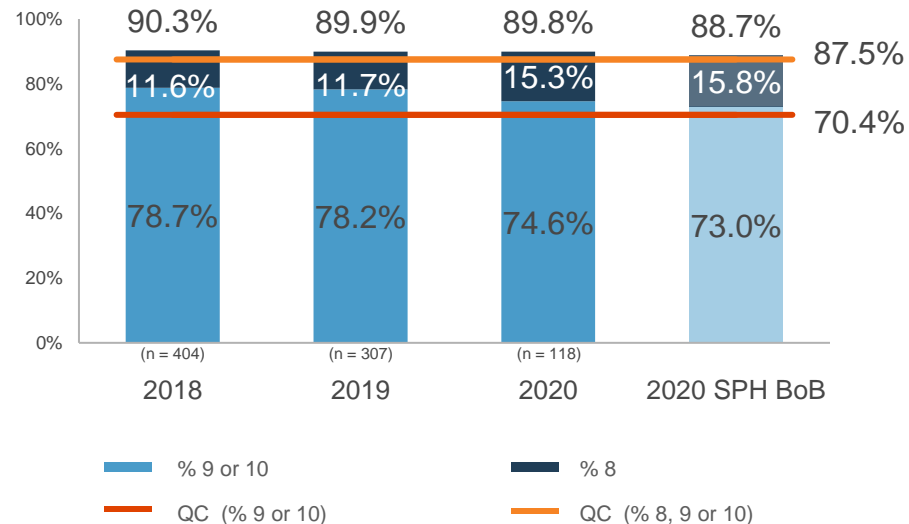


## SPH BOOK OF BUSINESS DISTRIBUTION



## RATING OF HEALTH CARE

% 8, 9 or 10



### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

## PERCENTILE RANKING 2019 QC ALL PLANS

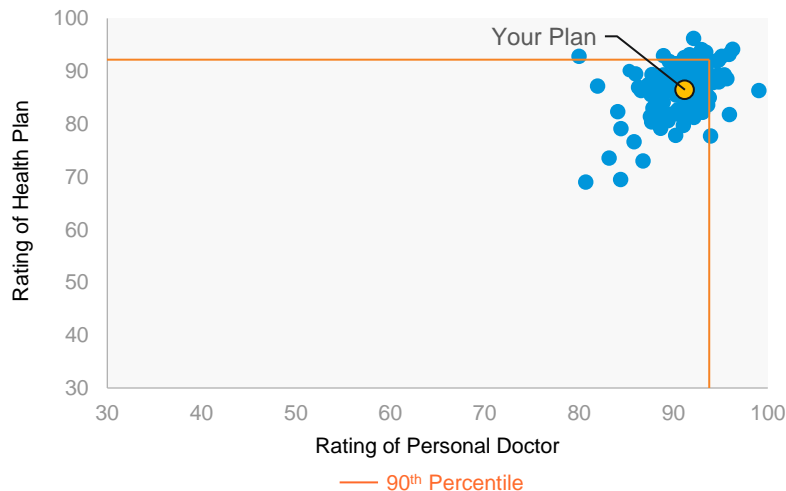
(% 8, 9 or 10)

65<sup>th</sup>

(% 9 or 10)

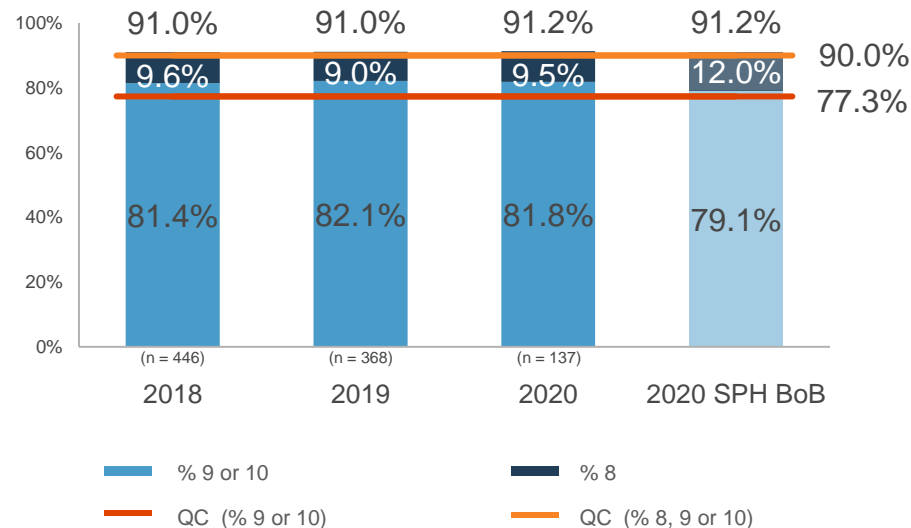
89<sup>th</sup>

## 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 (↑), the 2018 score (↗) or benchmark (▲) score.

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

## PERCENTILE RANKING 2019 QC ALL PLANS

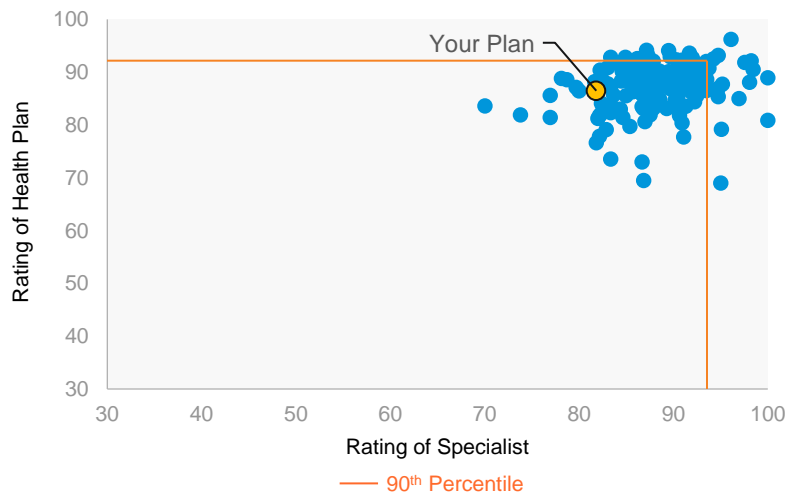
(% 8, 9 or 10)

<5<sup>th</sup>

(% 9 or 10)

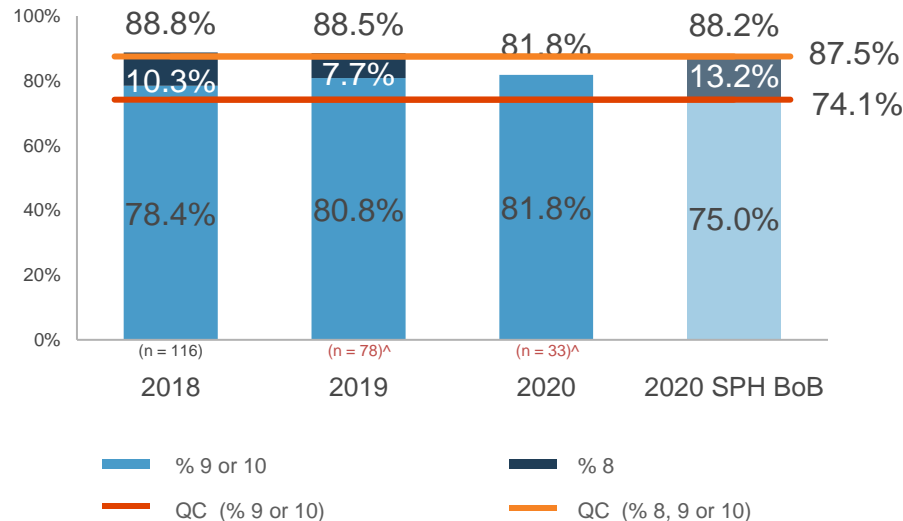
97<sup>th</sup>

## SPH BOOK OF BUSINESS DISTRIBUTION



## RATING OF SPECIALIST

% 8, 9 or 10



### Significance Testing

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

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

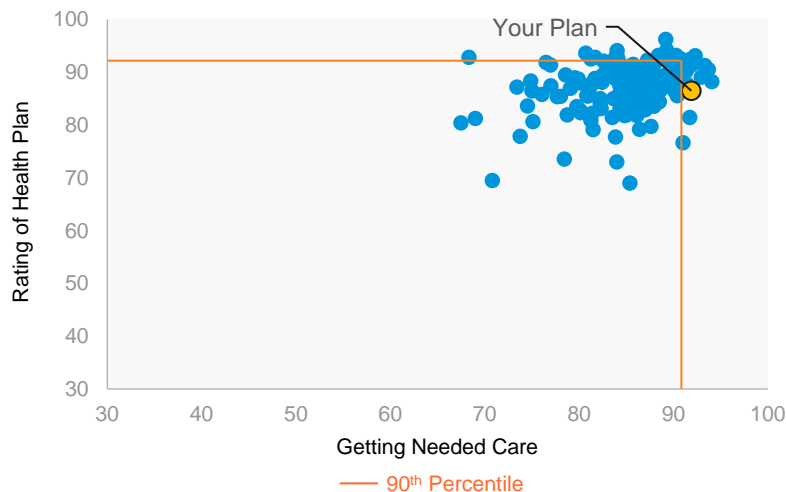
<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.



## PERCENTILE RANKING 2019 QC ALL PLANS

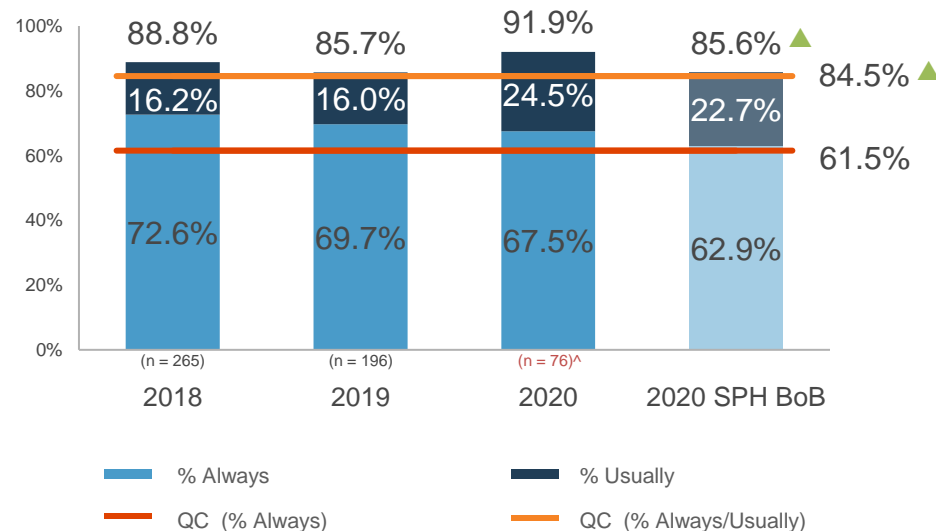


## SPH BOOK OF BUSINESS DISTRIBUTION



## GETTING NEEDED CARE

% Always or Usually



### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

## GETTING NEEDED CARE QUESTIONS

The Getting Needed Care composite score is calculated by taking the average of two questions:

- Q10. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- Q41. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

### 2020 GETTING NEEDED CARE COMPOSITE SUMMARY RATE SCORE

91.9%

### Gate Questions

Q40. Made appointments to see a specialist in the last 6 months

Valid n	Yes
159	23.3%

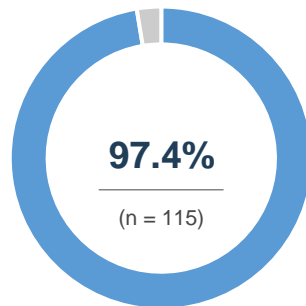
### Significance Testing

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

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

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

### Q10. GETTING CARE, TESTS, OR TREATMENT % Always or Usually

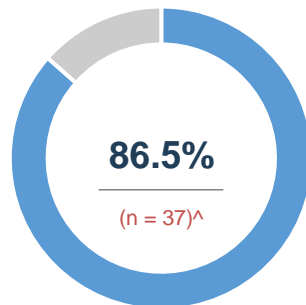


2020	97.4%	↑
2019	91.2%	
2018	94.3%	
SPH	90.8%	▲
QC	89.6%	▲

Percentile Ranking 2019 QC All Plans



### Q41. GETTING SPECIALIST APPOINTMENT % Always or Usually



2020	86.5%
2019	80.2%
2018	83.3%
SPH	80.4%
QC	79.7%

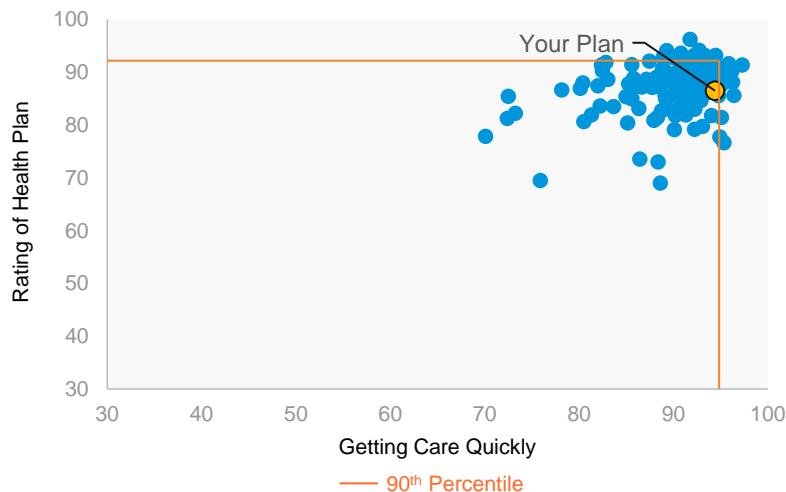
Percentile Ranking 2019 QC All Plans



## PERCENTILE RANKING 2019 QC ALL PLANS

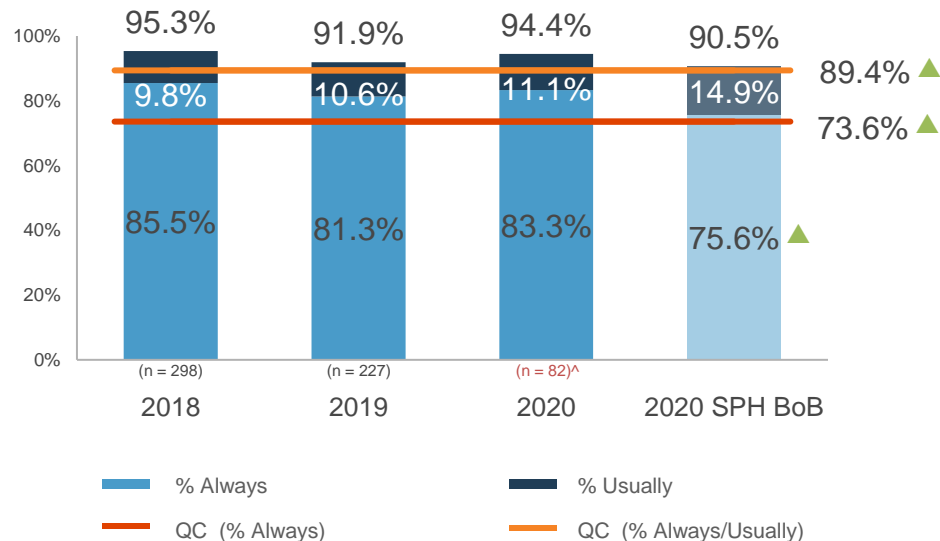


## SPH BOOK OF BUSINESS DISTRIBUTION



## GETTING CARE QUICKLY

% Always or Usually



### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

## GETTING CARE QUICKLY QUESTIONS

The Getting Care Quickly composite score is calculated by taking the average of two questions:

- Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

### 2020 GETTING CARE QUICKLY COMPOSITE SUMMARY RATE SCORE

94.4%

#### Gate Questions

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

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

Valid n	Yes
160	33.1%
160	73.1%

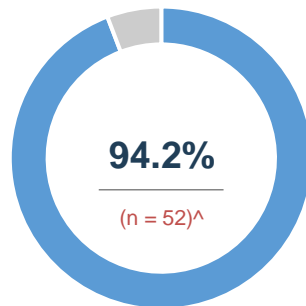
#### Significance Testing

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

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

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

### Q4. GETTING URGENT CARE % Always or Usually

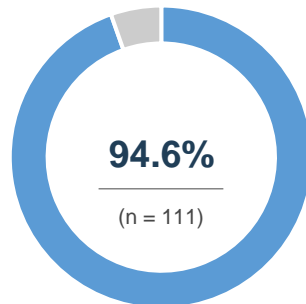


2020	94.2%
2019	92.7%
2018	97.5%
SPH	91.7%
QC	91.2%

Percentile Ranking 2019 QC All Plans



### Q6. GETTING ROUTINE CARE % Always or Usually



2020	94.6%
2019	91.1%
2018	93.2%
SPH	89.3% ▲
QC	87.7% ▲

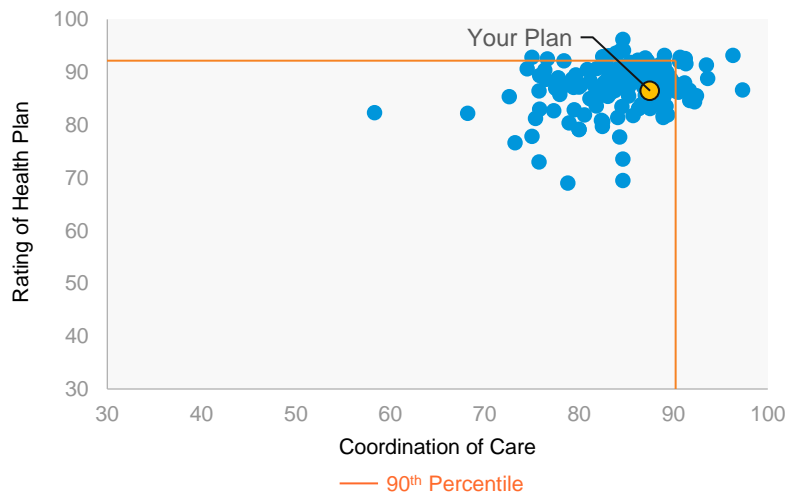
Percentile Ranking 2019 QC All Plans



## PERCENTILE RANKING 2019 QC ALL PLANS

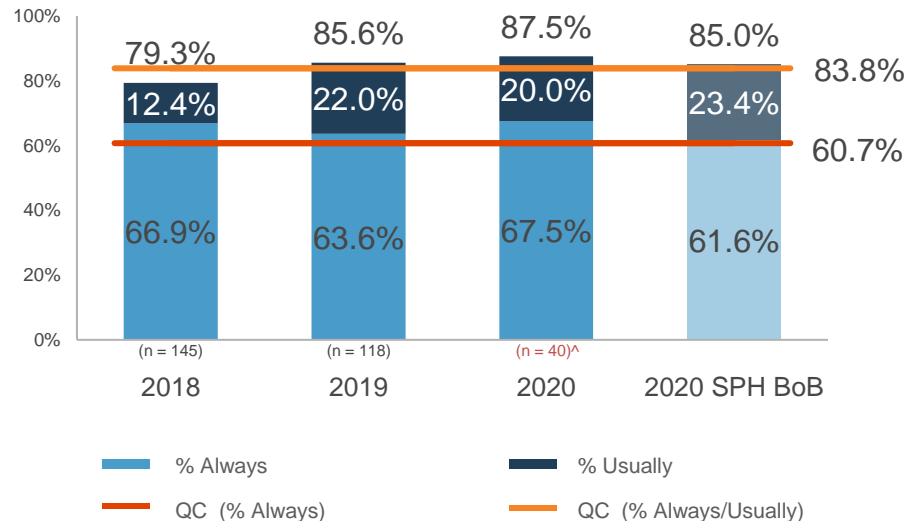


## SPH BOOK OF BUSINESS DISTRIBUTION



## COORDINATION OF CARE

% Always or Usually



### Significance Testing

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

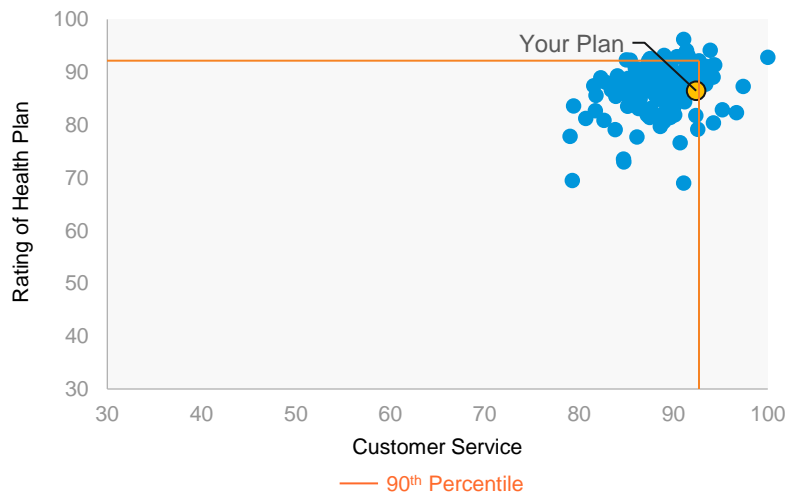
Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

## PERCENTILE RANKING 2019 QC ALL PLANS

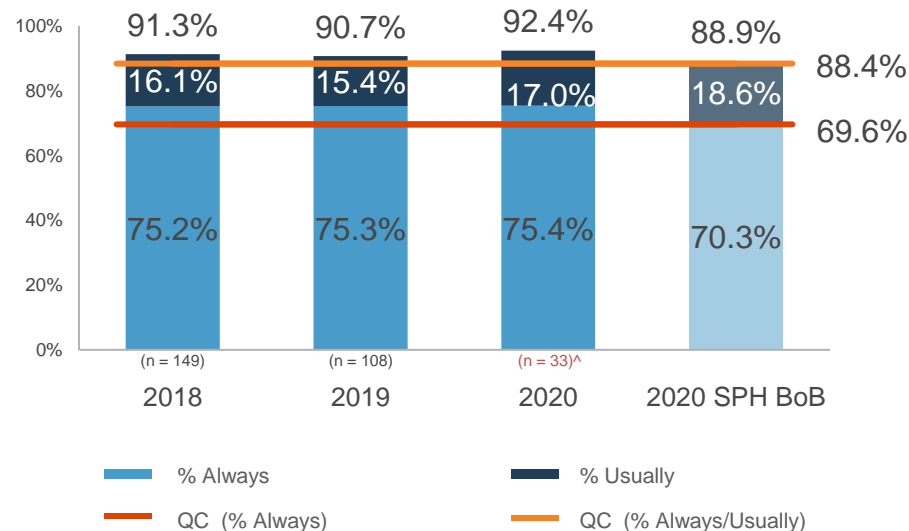


## SPH BOOK OF BUSINESS DISTRIBUTION



## CUSTOMER SERVICE

% Always or Usually



### Significance Testing

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

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

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

## 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

92.4%

### Gate Questions

Q44. Tried to get information or help from health plan's customer service

Valid n	Yes
158	22.8%

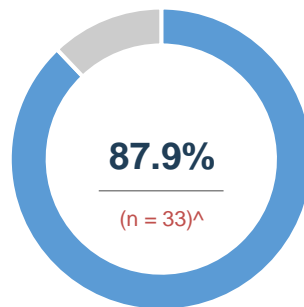
### Significance Testing

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

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

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

### Q45. PROVIDED INFORMATION OR HELP % Always or Usually

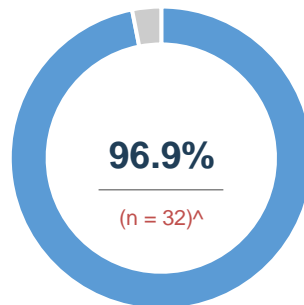


2020	87.9%
2019	86.9%
2018	87.9%
SPH	83.7%
QC	83.2%

Percentile Ranking 2019 QC All Plans



### Q46. TREATED WITH COURTESY AND RESPECT % Always or Usually



2020	96.9%
2019	94.4%
2018	94.6%
SPH	94.2%
QC	93.6%

Percentile Ranking 2019 QC All Plans





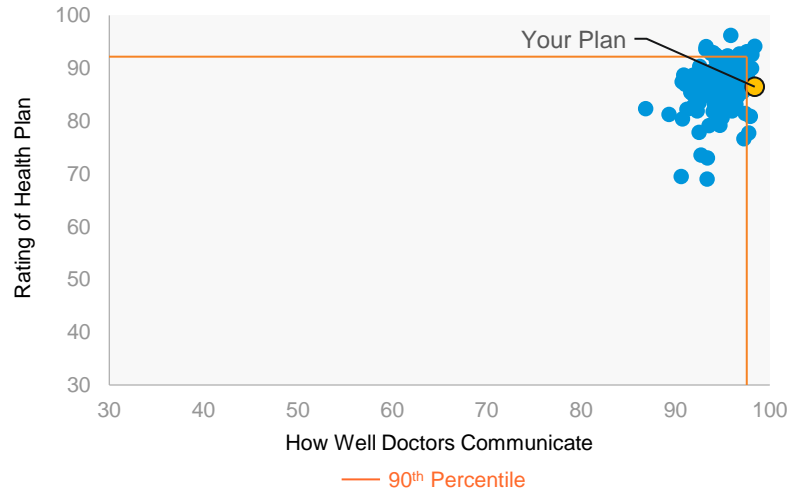
# How Well Doctors Communicate: Composite\*

Please see Technical Notes for more information.

## PERCENTILE RANKING 2019 QC ALL PLANS

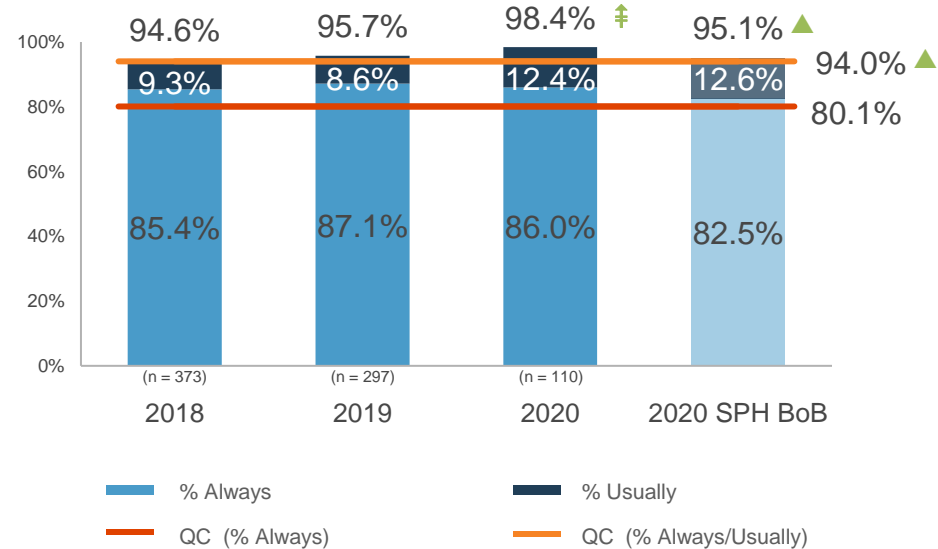


## SPH BOOK OF BUSINESS DISTRIBUTION



## HOW WELL DOCTORS COMMUNICATE

% Always or Usually



### Significance Testing

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

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

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





# 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



98.4%

#### Gate Questions

	Valid n	Yes
Q25. Have a personal doctor	159	86.8%

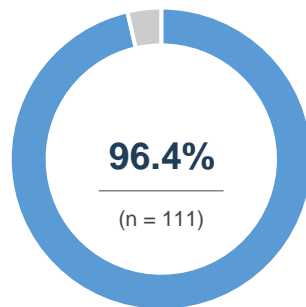
#### Significance Testing

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

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

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

### Q27. PERSONAL DOCTOR EXPLAINED THINGS % Always or Usually

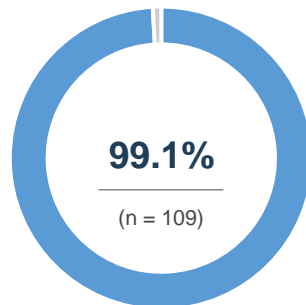


2020	96.4%
2019	97.0%
2018	96.0%
SPH	95.4%
QC	94.5%

Percentile Ranking 2019 QC All Plans



### Q28. PERSONAL DOCTOR LISTENED CAREFULLY % Always or Usually



2020	99.1%	⬆
2019	98.0%	
2018	96.2%	
SPH	96.2%	▲
QC	95.3%	▲

Percentile Ranking 2019 QC All Plans





# 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



98.4%

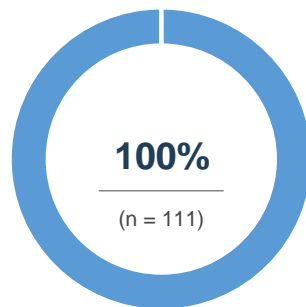
#### Significance Testing

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

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

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

### Q29. PERSONAL DOCTOR SHOWED RESPECT % Always or Usually

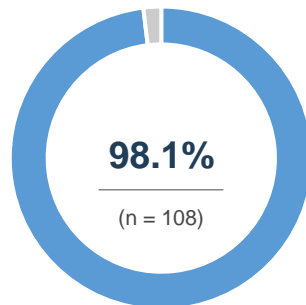


2020	100.0%	↑⬆
2019	97.6%	
2018	96.5%	
SPH	97.1%	▲
QC	96.3%	▲

Percentile Ranking 2019 QC All Plans



### Q32. PERSONAL DOCTOR SPENT ENOUGH TIME % Always or Usually



2020	98.1%	↑⬆
2019	90.2%	
2018	89.8%	
SPH	91.7%	▲
QC	89.7%	▲

Percentile Ranking 2019 QC All Plans





# Summary of Trend and Benchmarks

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Summary Rate Scores and Percentile Rankings

- Louisiana Healthcare Connections (Centene LA)



# Summary of Trend and Benchmarks: Section Information

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 (↑), the 2018 score (⇕) or benchmark (▲) score.

**Red** – Current year score is significantly lower than the 2019 score (↓), the 2018 score (⇕) or benchmark (▼) 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.

## Available Benchmarks

The following benchmarks are used throughout the report.

	<b>2019 Quality Compass® All Plans (General Population)</b>	<b>2019 Quality Compass® All Plans (CCC Population)</b>	<b>2019 NCQA 1-100 Benchmark (General Population)</b>	<b>2019 NCQA 1-100 Benchmark (CCC Population)</b>	<b>2020 SPH Analytics Book of Business (General Population)</b>	<b>2020 SPH Analytics Book of Business (CCC Population)</b>
	Includes all Medicaid child samples (Non-CCC and CCC) that submitted data to NCQA in 2018.	Includes all Medicaid child samples (CCC) that submitted data to NCQA in 2018.	A percentile benchmark (with values ranging from the first through the one hundredth percentile) calculated by NCQA and derived from Medicaid child data (Non-CCC and CCC) collected by NCQA in 2018.	A percentile benchmark (with values ranging from the first through the one hundredth percentile) calculated by NCQA and derived from Medicaid child data (CCC) collected by NCQA in 2018.	Includes all the Medicaid child samples (Non-CCC and CCC) that contracted with SPH Analytics to administer the 2019 CAHPS 5.0H survey and submitted data to NCQA.	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.
<b>PROS</b>	<ul style="list-style-type: none"> <li>Contains more plans than the SPH Book of Business</li> <li>Is presented in NCQA's The State of Health Care Quality</li> </ul>	<ul style="list-style-type: none"> <li>Contains more plans than the SPH Book of Business</li> <li>Is presented in NCQA's The State of Health Care Quality</li> <li>Provides a CCC benchmark</li> </ul>	<ul style="list-style-type: none"> <li>Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass® All Plans benchmark</li> </ul>	<ul style="list-style-type: none"> <li>Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass® All Plans benchmark</li> <li>Provides a CCC benchmark</li> </ul>	<ul style="list-style-type: none"> <li>Provides a benchmark for each question from the survey</li> <li>Permits precise percentile ranking of plan compared to benchmark</li> <li>Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark.</li> </ul>	<ul style="list-style-type: none"> <li>Provides a benchmark for each question from the survey</li> <li>Permits precise percentile ranking of plan compared to benchmark</li> <li>Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark</li> <li>Provides a CCC benchmark</li> </ul>
<b>CONS</b>	<ul style="list-style-type: none"> <li>Only contains benchmarks for certain key questions, composites, and rating questions</li> </ul>	<ul style="list-style-type: none"> <li>Only contains benchmarks for certain key questions, composites, and rating questions</li> </ul>	<ul style="list-style-type: none"> <li>Only contains benchmarks for certain key questions, composites, and rating questions</li> </ul>	<ul style="list-style-type: none"> <li>Only contains benchmarks for certain key questions, composites, and rating questions</li> </ul>	<ul style="list-style-type: none"> <li>Contains fewer plans than the Public Report and the Quality Compass® All Plans Benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>Contains fewer plans than the Public Report and the Quality Compass® All Plans Benchmarks</li> </ul>
<b># OF PLANS</b>	112	54	112	54	162	53

## RATING ITEMS

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK	2019 QC ALL LOB BENCHMARK
Rating Questions (% 9 or 10)							
★ Q49. Rating of Health Plan	155	79.5%	76.4%	78.1%	73.0%	71.7%	40.4% ▲
★ Q9. Rating of Health Care	118	78.7%	78.2%	74.6%	73.0%	70.4%	51.9% ▲
★ Q36. Rating of Personal Doctor	137	81.4%	82.1%	81.8%	79.1%	77.3%	67.8% ▲
★ Q43. Rating of Specialist	33^	78.4%	80.8%	81.8%	75.0%	74.1%	66.6%
Rating Questions (% 8, 9 or 10)							
Q49. Rating of Health Plan	155	89.1%	90.0%	86.5%	87.5%	86.5%	63.8% ▲
Q9. Rating of Health Care	118	90.3%	89.9%	89.8%	88.7%	87.5%	78.0% ▲
Q36. Rating of Personal Doctor	137	91.0%	91.0%	91.2%	91.2%	90.0%	85.3%
Q43. Rating of Specialist	33^	88.8%	88.5%	81.8%	88.2%	87.5%	84.4%

7

Total Star  
Rating


Measures

7

Above QC  
Benchmark

7

At or Below  
QC  
Benchmark

## COMPOSITES, ATTRIBUTES, AND KEY QUESTIONS

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK	2019 QC ALL LOB BENCHMARK
★ Getting Needed Care (% Always or Usually)	76^	88.8%	85.7%	91.9%	85.6% ▲	84.5% ▲	86.5%
Q10. Getting care, tests, or treatment	115	94.3%	91.2%	97.4% ↑	90.8% ▲	89.6% ▲	89.3% ▲
Q41. Getting specialist appointment	37^	83.3%	80.2%	86.5%	80.4%	79.7%	83.8%
★ Getting Care Quickly (% Always or Usually)	82^	95.3%	91.9%	94.4%	90.5%	89.4% ▲	85.2% ▲
Q4. Getting urgent care	52^	97.5%	92.7%	94.2%	91.7%	91.2%	88.6%
Q6. Getting routine care	111	93.2%	91.1%	94.6%	89.3% ▲	87.7% ▲	82.6% ▲
Other Measure (% Always or Usually)							
★ Q35. Coordination of Care	40^	79.3%	85.6%	87.5%	85.0%	83.8%	83.1%

7

Total Star  
Rating


Measures

7

Above QC  
Benchmark

7

At or Below  
QC  
Benchmark



# Summary Rate Scores

Please see Technical Notes for more information.

## OTHER MEASURES

(Not used for accreditation/ratings)

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK	2019 QC ALL LOB BENCHMARK
Other Measure (% Always or Usually)							
Q48. Ease of filling out forms	156	95.3%	96.2%	98.7% <span>⬆️</span>	96.0% <span>▲</span>	95.0% <span>▲</span>	96.1%
Health Plan Customer Service (% Always or Usually)	33 <sup>^</sup>	91.3%	90.7%	92.4%	88.9%	88.4%	89.3%
Q45. Provided information or help	33 <sup>^</sup>	87.9%	86.9%	87.9%	83.7%	83.2%	83.1%
Q46. Treated with courtesy and respect	32 <sup>^</sup>	94.6%	94.4%	96.9%	94.2%	93.6%	95.4%
How Well Doctors Communicate (% Always or Usually)	110	94.6%	95.7%	98.4% <span>⬆️</span>	95.1% <span>▲</span>	94.0% <span>▲</span>	95.4%
Q27. Personal doctors explained things	111	96.0%	97.0%	96.4%	95.4%	94.5%	96.4%
Q28. Personal doctors listened carefully	109	96.2%	98.0%	99.1% <span>⬆️</span>	96.2% <span>▲</span>	95.3% <span>▲</span>	95.1%
Q29. Personal doctors showed respect	111	96.5%	97.6%	100.0% <span>⬆️</span>	97.1% <span>▲</span>	96.3% <span>▲</span>	96.4% <span>▲</span>
Q32. Personal doctors spent enough time	108	89.8%	90.2%	98.1% <span>⬆️</span>	91.7% <span>▲</span>	89.7% <span>▲</span>	93.6%







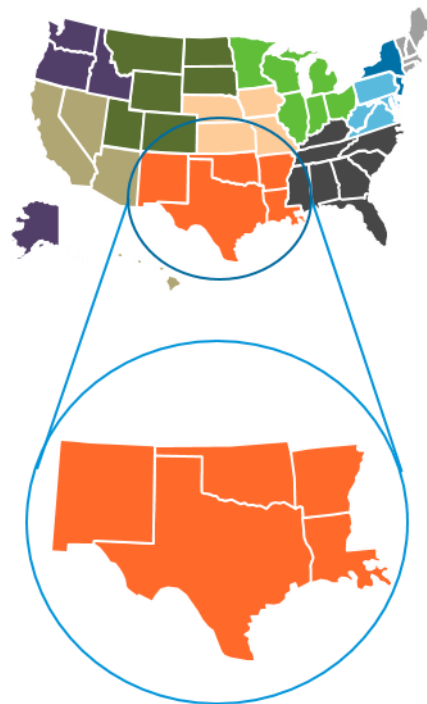
# Summary Rate Scores – CCC Population

## CCC MEASURES

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK
<b>Q51. Access to Prescription Medicines (% Always or Usually)</b>	<b>105</b>	<b>92.5%</b>	<b>90.0%</b>	<b>91.4%</b>	<b>91.7%</b>	<b>91.6%</b>
<b>Access to Specialized Services (% Always or Usually)</b>	<b>27^</b>	<b>76.7%</b>	<b>83.2%</b>	<b>81.0%</b>	<b>75.4%</b>	<b>77.2%</b>
Q15. Ease of getting special medical equipment or devices	7^	76.9%	85.7%	71.4%	74.3%	77.1%
Q18. Ease of getting therapy	25^	77.4%	82.8%	92.0%	76.2%	77.5%
Q21. Ease of getting treatment or counseling	49^	75.7%	81.0%	79.6%	75.9%	76.8%
<b>FCC: Personal Doctor Who Knows Child (% Yes)</b>	<b>81 ^</b>	<b>91.2%</b>	<b>91.8%</b>	<b>89.9%</b>	<b>91.8%</b>	<b>91.0%</b>
Q33. Doctor talked about how child is feeling, growing, and behaving	93^	87.4%	88.1%	87.1%	90.2%	89.8%
Q38. Doctor understands how these conditions affect child's day-to-day life	75^	94.3%	95.1%	92.0%	94.1%	93.2%
Q39. Doctor understands how these conditions affect family's day-to-day life	75^	92.0%	92.2%	90.7%	91.2%	89.6%
<b>Q8. FCC: Getting Needed Information (% Always or Usually)</b>	<b>96^</b>	<b>93.3%</b>	<b>93.1%</b>	<b>94.8%</b>	<b>93.4%</b>	<b>91.4%</b>
<b>Coordination of Care for CCC (% Yes)</b>	<b>31 ^</b>	<b>78.4%</b>	<b>79.1%</b>	<b>82.7%</b>	<b>77.2%</b>	<b>76.9%</b>
Q13. Obtained help from doctors or health providers in contacting child's school or daycare	13^	96.0%	91.2%	100.0%	94.0%	93.9%
Q24. Obtained help coordinating child's care among different providers or services	49^	60.8%	66.9%	65.3%	60.3%	60.3%

	SUMMARY RATE	2020 SPH BoB REGION
<b>Rating Questions (% 9 or 10)</b>		
Q49. Rating of Health Plan	78.1%	76.8%
Q9. Rating of Health Care	74.6%	75.8%
Q36. Rating of Personal Doctor	81.8%	80.1%
Q43. Rating of Specialist	81.8%	77.6%
<b>Rating Questions (% 8, 9 or 10)</b>		
Q49. Rating of Health Plan	86.5%	90.0%
Q9. Rating of Health Care	89.8%	90.6%
Q36. Rating of Personal Doctor	91.2%	91.4%
Q43. Rating of Specialist	81.8%	89.6%
<b>Getting Needed Care (% Always or Usually)</b>		
Q10. Getting care, tests, or treatment	97.4% 	90.9%
Q41. Getting specialist appointment	86.5%	80.2%
<b>Getting Care Quickly (% Always or Usually)</b>		
Q4. Getting urgent care	94.2%	92.8%
Q6. Getting routine care	94.6% 	89.4%
<b>Coordination of Care (Q35) (% Always or Usually)</b>		
	87.5%	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 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
<b>Rating Questions (% 9 or 10)</b>											
Q49. Rating of Health Plan	78.1%	89 <sup>th</sup>	61.33	65.04	68.82	69.89	72.03	74.24	75.64	78.26	79.46
Q9. Rating of Health Care	74.6%	80 <sup>th</sup>	61.58	64.53	67.44	69.07	71.06	72.93	74.03	76.26	77.25
Q36. Rating of Personal Doctor	81.8%	89 <sup>th</sup>	70.27	72.38	75.00	76.30	77.80	79.31	79.82	82.07	83.45
Q43. Rating of Specialist	81.8%	97 <sup>th</sup>	68.33	68.93	70.63	71.43	74.17	76.11	77.70	78.85	81.37
<b>Rating Questions (% 8, 9 or 10)</b>											
Q49. Rating of Health Plan	86.5%	44 <sup>th</sup>	79.03	81.40	84.48	85.29	87.15	88.29	89.38	90.95	92.22
Q9. Rating of Health Care	89.8%	69 <sup>th</sup>	80.17	82.97	85.76	86.86	88.24	89.47	90.12	91.29	92.46
Q36. Rating of Personal Doctor	91.2%	65 <sup>th</sup>	84.65	86.55	88.69	89.47	90.49	91.40	92.02	93.16	93.63
Q43. Rating of Specialist	81.8%	<5 <sup>th</sup>	83.92	84.25	85.83	86.61	87.29	88.65	89.00	91.18	91.78
<b>Getting Needed Care (% Always or Usually)</b>	<b>91.9%</b>	<b>97<sup>th</sup></b>	<b>77.08</b>	<b>78.40</b>	<b>81.49</b>	<b>83.03</b>	<b>84.85</b>	<b>86.85</b>	<b>88.01</b>	<b>89.98</b>	<b>91.04</b>
Q10. Getting care, tests, or treatment	97.4%	99 <sup>th</sup>	82.57	83.94	87.46	88.07	90.11	91.80	92.43	94.20	94.96
Q41. Getting specialist appointment	86.5%	90 <sup>th</sup>	70.34	73.00	76.00	77.05	80.00	83.00	84.16	86.27	87.38
<b>Getting Care Quickly (% Always or Usually)</b>	<b>94.4%</b>	<b>91<sup>st</sup></b>	<b>80.94</b>	<b>82.95</b>	<b>87.01</b>	<b>88.06</b>	<b>89.98</b>	<b>91.69</b>	<b>92.43</b>	<b>94.17</b>	<b>95.30</b>
Q4. Getting urgent care	94.2%	78 <sup>th</sup>	83.06	85.00	89.43	90.32	92.00	93.33	93.84	95.74	97.01
Q6. Getting routine care	94.6%	96 <sup>th</sup>	78.95	80.82	84.54	86.53	88.16	90.21	91.06	93.44	94.24
<b>Coordination of Care (Q35) (% Always or Usually)</b>	<b>87.5%</b>	<b>76<sup>th</sup></b>	<b>75.63</b>	<b>78.57</b>	<b>81.11</b>	<b>82.26</b>	<b>84.06</b>	<b>85.71</b>	<b>87.18</b>	<b>89.33</b>	<b>89.83</b>

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



# 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 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
<b>Rating Questions (% 9 or 10)</b>											
Q49. Rating of Health Plan	78.1%	85 <sup>th</sup>	60.95	65.09	70.51	71.43	73.87	75.53	76.89	80.05	81.93
Q9. Rating of Health Care	74.6%	63 <sup>rd</sup>	64.03	66.76	70.22	71.45	73.14	75.62	76.55	79.35	80.27
Q36. Rating of Personal Doctor	81.8%	74 <sup>th</sup>	72.21	74.13	76.76	77.80	79.22	81.09	81.75	83.61	84.55
Q43. Rating of Specialist	81.8%	82 <sup>nd</sup>	62.46	66.67	71.11	72.56	74.36	77.95	80.00	83.89	85.88
<b>Rating Questions (% 8, 9 or 10)</b>											
Q49. Rating of Health Plan	86.5%	31 <sup>st</sup>	79.21	81.89	85.61	86.60	88.15	89.37	90.14	92.12	92.88
Q9. Rating of Health Care	89.8%	62 <sup>nd</sup>	83.54	84.66	86.83	87.62	88.89	90.28	90.75	92.58	93.32
Q36. Rating of Personal Doctor	91.2%	46 <sup>th</sup>	86.23	87.79	90.12	90.43	91.36	92.12	92.63	93.76	94.79
Q43. Rating of Specialist	81.8%	5 <sup>th</sup>	81.78	82.41	85.71	86.67	88.14	90.51	91.58	93.52	95.10
<b>Getting Needed Care (% Always or Usually)</b>	<b>91.9%</b>	<b>96<sup>th</sup></b>	<b>76.40</b>	<b>78.95</b>	<b>82.44</b>	<b>84.01</b>	<b>85.99</b>	<b>87.65</b>	<b>88.62</b>	<b>91.06</b>	<b>91.92</b>
Q10. Getting care, tests, or treatment	97.4%	99 <sup>th</sup>	82.24	85.42	88.60	89.29	91.02	93.13	93.49	95.16	96.09
Q41. Getting specialist appointment	86.5%	85 <sup>th</sup>	66.04	71.46	76.27	77.98	80.95	83.73	84.71	88.05	90.25
<b>Getting Care Quickly (% Always or Usually)</b>	<b>94.4%</b>	<b>87<sup>th</sup></b>	<b>80.48</b>	<b>84.44</b>	<b>88.51</b>	<b>89.92</b>	<b>91.55</b>	<b>92.89</b>	<b>93.43</b>	<b>94.73</b>	<b>95.35</b>
Q4. Getting urgent care	94.2%	68 <sup>th</sup>	81.35	84.27	89.36	90.70	92.86	94.15	94.64	96.25	97.15
Q6. Getting routine care	94.6%	92 <sup>nd</sup>	79.35	81.90	86.69	88.52	90.78	91.99	92.65	94.29	95.18
<b>Coordination of Care (Q35) (% Always or Usually)</b>	<b>87.5%</b>	<b>70<sup>th</sup></b>	<b>75.76</b>	<b>77.78</b>	<b>82.50</b>	<b>83.83</b>	<b>85.42</b>	<b>87.22</b>	<b>88.31</b>	<b>89.96</b>	<b>91.38</b>

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



# 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 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
<b>Q51. Access to Prescription Medicines (% Always or Usually)</b>	<b>91.4%</b>	<b>46<sup>th</sup></b>	87.17	87.61	90.03	90.82	91.59	92.17	93.35	94.85	96.71
<b>Access to Specialized Services (% Always or Usually)</b>	<b>81.0%</b>	<b>82<sup>nd</sup></b>	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	71.4%	NA	---	---	---	---	---	---	---	---	---
Q18. Ease of getting therapy	92.0%	100 <sup>th</sup>	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	79.6%	61 <sup>st</sup>	63.48	66.09	73.04	73.96	77.68	80.99	82.05	85.59	86.89
<b>FCC: Personal Doctor Who Knows Child (% Yes)</b>	<b>89.9%</b>	<b>24<sup>th</sup></b>	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	87.1%	8 <sup>th</sup>	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	92.0%	25 <sup>th</sup>	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	90.7%	63 <sup>rd</sup>	84.92	86.17	87.90	88.60	90.07	90.94	91.63	92.31	92.80
<b>Q8. FCC: Getting Needed Information (% Always or Usually)</b>	<b>94.8%</b>	<b>91<sup>st</sup></b>	83.59	86.48	90.38	90.91	92.29	93.15	93.4	94.49	95.10
<b>Coordination of Care for CCC (% Yes)</b>	<b>82.7%</b>	<b>100<sup>th</sup></b>	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	100.0%	NA	---	---	---	---	---	---	---	---	---
Q24. Obtained help coordinating child's care among different providers or services	65.3%	78 <sup>th</sup>	50.91	52.46	55.88	56.67	59.92	64.72	64.86	66.91	70.63

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



# 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 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
<b>Q51. Access to Prescription Medicines (% Always or Usually)</b>	<b>91.4%</b>	<b>45<sup>th</sup></b>	<b>87.43</b>	<b>88.39</b>	<b>89.66</b>	<b>90.18</b>	<b>91.48</b>	<b>92.82</b>	<b>94.01</b>	<b>95.62</b>	<b>96.38</b>
<b>Access to Specialized Services (% Always or Usually)</b>	<b>81.0%</b>	<b>77<sup>th</sup></b>	<b>67.50</b>	<b>69.41</b>	<b>71.67</b>	<b>74.28</b>	<b>76.83</b>	<b>79.85</b>	<b>80.94</b>	<b>83.03</b>	<b>85.95</b>
Q15. Ease of getting special medical equipment or devices	71.4%	25 <sup>th</sup>	60.73	64.52	71.43	72.79	75.00	79.86	82.14	89.40	93.63
Q18. Ease of getting therapy	92.0%	98 <sup>th</sup>	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	79.6%	64 <sup>th</sup>	65.65	67.39	71.61	72.59	76.73	80.68	82.02	85.37	86.24
<b>FCC: Personal Doctor Who Knows Child (% Yes)</b>	<b>89.9%</b>	<b>18<sup>th</sup></b>	<b>88.31</b>	<b>89.01</b>	<b>90.43</b>	<b>91.33</b>	<b>91.97</b>	<b>93.06</b>	<b>93.55</b>	<b>94.27</b>	<b>94.65</b>
Q33. Doctor talked about how child is feeling, growing, and behaving	87.1%	7 <sup>th</sup>	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	92.0%	18 <sup>th</sup>	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	90.7%	41 <sup>st</sup>	85.66	88.18	89.77	90.46	91.43	92.92	92.96	94.07	95.16
<b>Q8. FCC: Getting Needed Information (% Always or Usually)</b>	<b>94.8%</b>	<b>77<sup>th</sup></b>	<b>90.49</b>	<b>91.34</b>	<b>92.05</b>	<b>92.56</b>	<b>93.35</b>	<b>94.15</b>	<b>94.74</b>	<b>95.36</b>	<b>96.16</b>
<b>Coordination of Care for CCC (% Yes)</b>	<b>82.7%</b>	<b>93<sup>rd</sup></b>	<b>72.98</b>	<b>73.21</b>	<b>75.57</b>	<b>76.08</b>	<b>77.37</b>	<b>78.6</b>	<b>79.53</b>	<b>81.49</b>	<b>82.85</b>
Q13. Obtained help from doctors or health providers in contacting child's school or daycare	100.0%	86 <sup>th</sup>	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	65.3%	82 <sup>nd</sup>	52.13	52.74	55.81	57.94	60.4	62.9	64.64	70.54	71.84

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



# Profile of Survey Respondents

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## Demographic Composition

- Louisiana Healthcare Connections (Centene LA)



# Profile of Survey Respondents: Section Information

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 (↑), the 2018 score (‡) or benchmark (▲) score.

**Red** – Current year score is significantly lower than the 2019 score (↓), the 2018 score (§) or benchmark (▼) score.

**SPH** refers to the 2020 SPH Analytics Book of Business benchmark.

**QC** refers to the 2019 Quality Compass® All Plans benchmark.

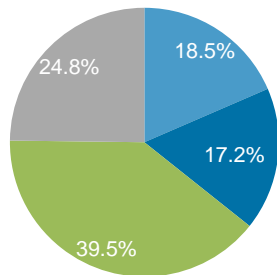
No color denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% confidence level.



## 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.

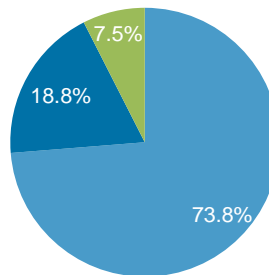
### Child's Age



■ 0-4 ■ 5-8 ■ 9-13 ■ 14 or older

	0 - 4	5 - 8	9 - 13	14 or older
2020	18.5%	17.2%	39.5% ↑‡	24.8%
2019	23.2%	24.0%	27.3%	25.5%
2018	22.0%	20.9%	28.9%	28.1%
SPH	23.1%	20.8%	29.4% ▲	26.7%
QC	NA	NA	NA	NA

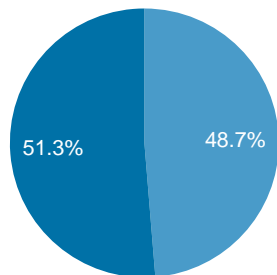
### Child's Health Status



■ Excellent/Very Good ■ Good ■ Fair/Poor

	Excellent/ Very Good	Good	Fair/Poor
2020	73.8%	18.8%	7.5%
2019	75.0%	16.8%	8.2%
2018	72.1%	21.8%	6.2%
SPH	77.1%	18.5%	4.4%
QC	75.2%	19.8%	5.0%

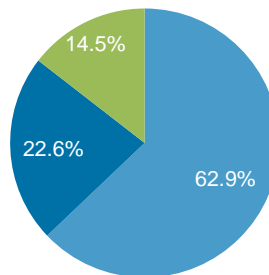
### Child's Gender



■ Male ■ Female

	Male	Female
2020	48.7%	51.3%
2019	57.8%	42.3%
2018	52.3%	47.7%
SPH	52.1%	47.9%
QC	52.0%	48.0%

### Child's Mental/Emotional Health Status



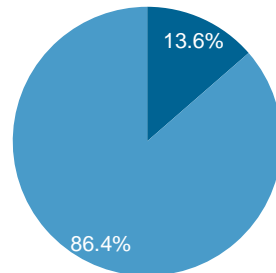
■ Excellent/Very Good ■ Good ■ Fair/Poor

	Excellent/ Very Good	Good	Fair/Poor
2020	62.9%	22.6%	14.5%
2019	70.9%	16.9%	12.2%
2018	71.2%	16.6%	12.2%
SPH	71.2% ▼	19.5%	9.3%
QC	71.9% ▼	18.8%	9.4%

## 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.

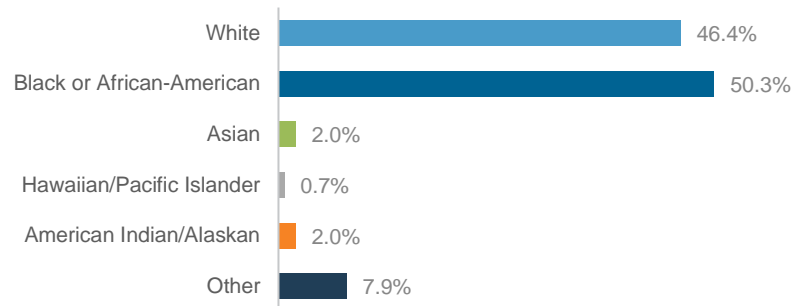
### Child's Ethnicity



■ Hispanic/Latino ■ Not Hispanic/Latino

	Hispanic/ Latino	Not Hispanic/ Latino
2020	13.6%	86.4%
2019	17.7%	82.3%
2018	12.9%	87.1%
SPH	31.3% ▼	68.7% ▲
QC	34.8% ▼	65.2% ▲

### Child's Race

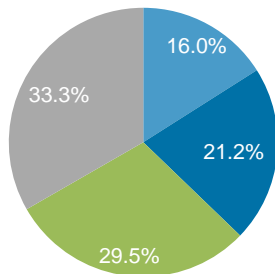


	White	Black or African- American	Asian	Hawaiian/ Pacific Islander	American Indian/ Alaskan	Other
2020	46.4%	50.3% ↑	2.0%	0.7%	2.0%	7.9% ↓
2019	52.6%	39.8%	3.6%	0.5%	3.8%	14.3%
2018	50.4%	42.3%	3.2%	0.6%	3.6%	11.5%
SPH	65.3% ▼	22.9% ▲	6.9% ▼	1.7%	3.2%	14.8% ▼
QC	51.4%	21.6% ▲	6.3% ▼	1.8%	3.2%	15.7% ▼

## 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.

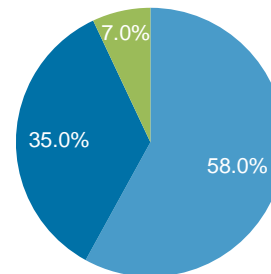
### Respondent's Age



■ 24 or younger ■ 25-34 ■ 35-44 ■ 45 or older

	24 or younger	25 - 34	35 - 44	45 or older
2020	16.0%	21.2% ↓↑	29.5%	33.3%
2019	11.4%	31.1%	30.1%	27.3%
2018	14.8%	29.2%	28.7%	27.3%
SPH	12.2%	26.5%	32.8%	28.5%
QC	11.7%	28.7% ▼	32.4%	27.1%

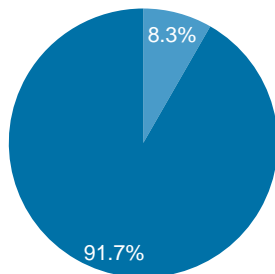
### Respondent's Education



■ HS Graduate or Less ■ Some College ■ College Graduate or More

	HS Graduate or Less	Some College	College Graduate or More
2020	58.0%	35.0%	7.0% ↓
2019	54.2%	30.2%	15.6%
2018	52.0%	36.3%	11.7%
SPH	49.9% ▲	33.2%	17.0% ▼
QC	53.8%	30.8%	15.5% ▼

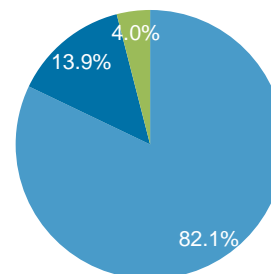
### Respondent's Gender



■ Male ■ Female

	Male	Female
2020	8.3%	91.7%
2019	8.6%	91.4%
2018	8.2%	91.8%
SPH	12.9% ▼	87.1% ▲
QC	12.8% ▼	87.3% ▲

### Respondent's Relation to Child



■ Parent ■ Grandparent ■ Other

	Parent	Grandparent	Other
2020	82.1%	13.9%	4.0%
2019	84.9%	11.5%	3.6%
2018	87.4%	10.0%	2.6%
SPH	90.0% ▼	6.7% ▲	3.3%
QC	89.8% ▼	6.9% ▲	3.3%



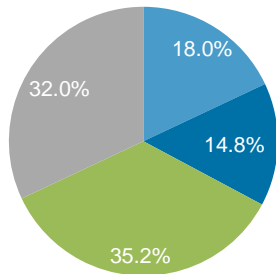
# Profile of Survey Respondents – CCC Population

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.

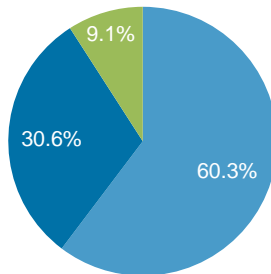
### Child's Age



■ 0-4 ■ 5-8 ■ 9-13 ■ 14 or older

	0 - 4	5 - 8	9 - 13	14 or older
2020	18.0% <span>↑</span>	14.8%	35.2%	32.0%
2019	10.4%	21.4%	38.9%	29.3%
2018	10.2%	18.9%	38.3%	32.6%
SPH	10.5% <span>▲</span>	20.0%	35.7%	33.8%
QC	NA	NA	NA	NA

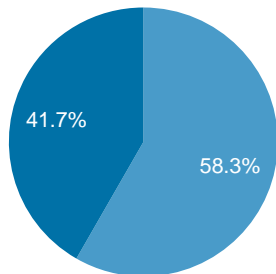
### Child's Health Status



■ Excellent/Very Good ■ Good ■ Fair/Poor

	Excellent/ Very Good	Good	Fair/Poor
2020	60.3%	30.6%	9.1%
2019	63.1%	23.2%	13.7%
2018	54.4%	31.0%	14.6%
SPH	57.1%	31.4%	11.5%
QC	57.0%	31.2%	11.8%

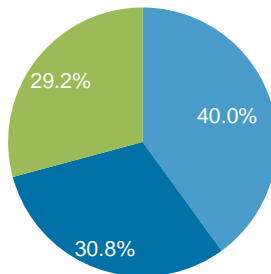
### Child's Gender



■ Male ■ Female

	Male	Female
2020	58.3%	41.7%
2019	64.9%	35.1%
2018	61.1%	38.9%
SPH	58.7%	41.3%
QC	58.6%	41.5%

### Child's Mental/Emotional Health Status



■ Excellent/Very Good ■ Good ■ Fair/Poor

	Excellent/ Very Good	Good	Fair/Poor
2020	40.0%	30.8%	29.2%
2019	44.6%	27.4%	28.0%
2018	42.7%	26.6%	30.7%
SPH	38.7%	33.3%	27.9%
QC	40.6%	32.0%	27.4%



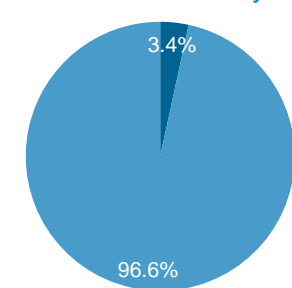
# Profile of Survey Respondents – CCC Population

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.

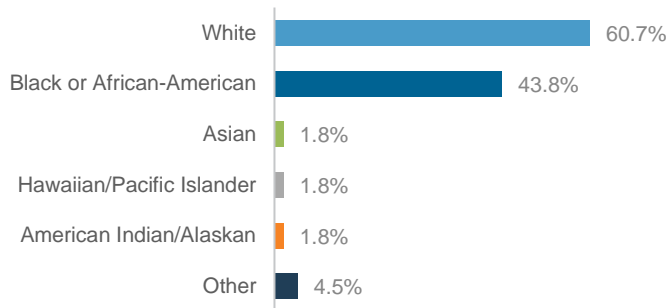
### Child's Ethnicity



■ Hispanic/Latino ■ Not Hispanic/Latino

	Hispanic/ Latino		Not Hispanic/ Latino
2020	3.4% ↓		96.6% ↑
2019	8.1%		91.9%
2018	7.2%		92.8%
SPH	20.5% ▼		79.5% ▲
QC	23.5% ▼		76.5% ▲

### Child's Race



	White	Black or African- American	Asian	Hawaiian/ Pacific Islander	American Indian/ Alaskan	Other
2020	60.7%	43.8%	1.8%	1.8%	1.8%	4.5%
2019	55.2%	43.7%	1.6%	0.3%	4.4%	6.0%
2018	54.3%	44.9%	1.0%	0.2%	3.3%	5.1%
SPH	72.2% ▼	25.5% ▲	2.4%	1.0%	3.6%	9.6% ▼
QC	54.4%	26.0% ▲	2.9%	1.2%	3.7%	11.8% ▼



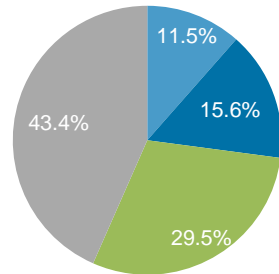
# Profile of Survey Respondents – CCC Population

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.

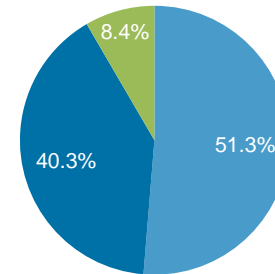
### Respondent's Age



■ 24 or younger ■ 25-34 ■ 35-44 ■ 45 or older

	24 or younger	25 - 34	35 - 44	45 or older
2020	11.5%	15.6% ↓	29.5%	43.4%
2019	10.5%	23.7%	28.9%	36.9%
2018	13.7%	20.6%	29.4%	36.3%
SPH	11.7%	18.8%	31.2%	38.3%
QC	10.0%	21.6%	31.8%	36.5%

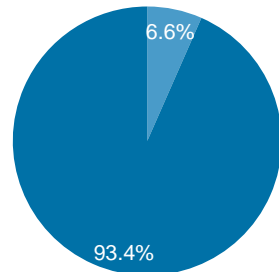
### Respondent's Education



■ HS Graduate or Less ■ Some College ■ College Graduate or More

	HS Graduate or Less	Some College	College Graduate or More
2020	51.3%	40.3%	8.4% ↓
2019	47.8%	37.6%	14.6%
2018	51.4%	37.8%	10.8%
SPH	43.4%	37.9%	18.7% ▼
QC	46.3%	36.5%	17.2% ▼

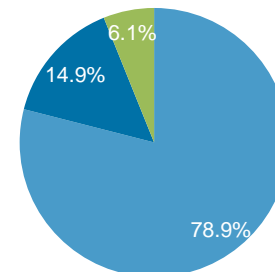
### Respondent's Gender



■ Male ■ Female

	Male	Female
2020	6.6%	93.4%
2019	9.6%	90.4%
2018	9.4%	90.6%
SPH	10.1%	89.9%
QC	11.1% ▼	88.9% ▲

### Respondent's Relation to Child



■ Parent ■ Grandparent ■ Other

	Parent	Grandparent	Other
2020	78.9%	14.9%	6.1%
2019	78.3%	13.2%	8.5%
2018	79.6%	15.5%	4.9%
SPH	83.0%	11.1%	5.9%
QC	83.0%	11.1%	5.9%



# Demographic Segment Analyses

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## Subgroup Analysis

- Louisiana Healthcare Connections (Centene LA)



# Demographic Analyses: Section Information

Please see Technical Notes for more information.

## 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% <sup>B</sup>	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>Rating of Health Plan</u>		<u>Rating of Health Care</u>		<u>Health Status</u>			<u>Mental Health Status</u>			<u>Survey Type</u>			<u>Child's Age</u>			
	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	134	21	106	12^	118	30	12^	100	36	23	134	1^	27	29	27	62	39
<b>Rating Questions (% 9 or 10)</b>																	
Q49. Rating of Health Plan	90.3%	0.0%	81.4%	50.0%	83.3%	67.9%	54.5%	82.5%	77.1%	59.1%	76.6%	100%	84.6%	76.9%	70.4%	83.3%	78.9%
Q9. Rating of Health Care	79.2%	44.4%	83.0%	0.0%	79.8%	64.0%	57.1%	78.1%	76.0%	57.9%	74.0%	100%	76.2%	84.0%	68.2%	75.0%	68.0%
Q36. Rating of Personal Doctor	88.5%	44.4%	87.2%	41.7%	86.3%	73.1%	57.1%	86.2%	78.6%	66.7%	81.1%	100%	84.0%	80.8%	73.9%	88.5%	78.1%
Q43. Rating of Specialist	84.6%	66.7%	84.0%	66.7%	85.7%	71.4%	75.0%	94.4%	75.0%	57.1%	85.2%	0.0%	66.7%	85.7%	100%	80.0%	66.7%
<b>Rating Questions (% 8, 9 or 10)</b>																	
Q49. Rating of Health Plan	100%	0.0%	88.2%	50.0%	90.4%	82.1%	63.6%	91.8%	85.7%	63.6%	85.9%	100%	88.5%	84.6%	88.9%	88.3%	86.8%
Q9. Rating of Health Care	93.8%	66.7%	100%	0.0%	92.9%	84.0%	71.4%	94.5%	92.0%	68.4%	88.5%	100%	95.2%	100%	81.8%	88.6%	88.0%
Q36. Rating of Personal Doctor	96.5%	61.1%	96.8%	41.7%	93.1%	84.6%	85.7%	94.3%	92.9%	76.2%	89.2%	100%	100%	96.2%	87.0%	94.2%	87.5%
Q43. Rating of Specialist	84.6%	66.7%	84.0%	66.7%	85.7%	71.4%	75.0%	94.4%	75.0%	57.1%	85.2%	0.0%	66.7%	85.7%	100%	80.0%	66.7%
<b>Getting Needed Care (% Always or Usually)</b>	<b>95.2%</b>	<b>82.9%</b>	<b>96.6%</b>	<b>75.0%</b>	<b>95.9%</b>	<b>87.5%</b>	<b>83.3%</b>	<b>95.8%</b>	<b>97.8%</b>	<b>80.0%</b>	<b>95.5%</b>	<b>0.0%</b>	<b>78.8%</b>	<b>97.8%</b>	<b>75.0%</b>	<b>98.9%</b>	<b>83.6%</b>
Q10. Getting care, tests, or treatment	97.8%	94.4%	97.1%	100%	96.4%	100%	100%	97.2%	95.7%	100%	97.9%	100%	95.0%	95.7%	100%	97.7%	95.8%
Q41. Getting specialist appointment	92.6%	71.4%	96.2%	50.0%	95.5%	75.0%	66.7%	94.4%	100%	60.0%	93.1%	0.0%	62.5%	100%	50.0%	100%	71.4%
<b>Getting Care Quickly (% Always or Usually)</b>	<b>94.0%</b>	<b>95.8%</b>	<b>94.1%</b>	<b>95.5%</b>	<b>94.8%</b>	<b>89.4%</b>	<b>100%</b>	<b>94.2%</b>	<b>95.2%</b>	<b>95.5%</b>	<b>94.2%</b>	<b>0.0%</b>	<b>97.5%</b>	<b>89.7%</b>	<b>97.7%</b>	<b>94.6%</b>	<b>93.8%</b>
Q4. Getting urgent care	94.4%	91.7%	94.3%	90.9%	94.6%	87.5%	100%	93.9%	100%	90.9%	92.9%	0.0%	100%	93.8%	100%	93.8%	87.5%
Q6. Getting routine care	93.6%	100%	94.0%	100%	95.0%	91.3%	100%	94.4%	90.5%	100%	95.6%	0.0%	95.0%	85.7%	95.5%	95.5%	100%
<b>Coordination of Care (Q35) (% Always or Usually)</b>	<b>90.3%</b>	<b>66.7%</b>	<b>96.7%</b>	<b>33.3%</b>	<b>85.2%</b>	<b>100%</b>	<b>75.0%</b>	<b>90.9%</b>	<b>88.9%</b>	<b>77.8%</b>	<b>87.1%</b>	<b>0.0%</b>	<b>88.9%</b>	<b>100%</b>	<b>57.1%</b>	<b>88.9%</b>	<b>100%</b>

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



# Demographic Segments

Please see Technical Notes for more information.

	<u>Rating of Health Plan</u>		<u>Rating of Health Care</u>		<u>Health Status</u>			<u>Mental Health Status</u>			<u>Survey Type</u>			<u>Child's Age</u>			
	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	134	21	106	12^	118	30	12^	100	36	23	134	1^	27	29	27	62	39
<b>Health Plan Customer Service (% Always or Usually)</b>	<b>96.6%</b>	<b>25.0%</b>	<b>95.7%</b>	<b>62.5%</b>	<b>95.0%</b>	<b>100%</b>	<b>50.0%</b>	<b>95.7%</b>	<b>100%</b>	<b>62.5%</b>	<b>94.2%</b>	<b>0.0%</b>	<b>85.7%</b>	<b>100%</b>	<b>58.3%</b>	<b>100%</b>	<b>100%</b>
Q45. Provided information or help	93.1%	0.0%	91.3%	50.0%	90.0%	100%	33.3%	91.3%	100%	50.0%	92.3%	0.0%	71.4%	100%	33.3%	100%	100%
Q46. Treated with courtesy and respect	100%	50.0%	100%	75.0%	100%	100%	66.7%	100%	100%	75.0%	96.0%	0.0%	100%	100%	83.3%	100%	100%
<b>How Well Doctors Communicate (% Always or Usually)</b>	<b>98.3%</b>	<b>98.3%</b>	<b>98.5%</b>	<b>100%</b>	<b>98.1%</b>	<b>98.9%</b>	<b>100%</b>	<b>98.2%</b>	<b>97.6%</b>	<b>100%</b>	<b>98.6%</b>	<b>100%</b>	<b>97.7%</b>	<b>99.0%</b>	<b>100%</b>	<b>98.1%</b>	<b>96.9%</b>
Q27. Personal doctors explained things	96.7%	93.3%	97.7%	100%	95.1%	100%	100%	95.8%	95.2%	100%	97.7%	100%	90.9%	100%	100%	92.5%	95.8%
Q28. Personal doctors listened carefully	98.9%	100%	98.8%	100%	98.7%	100%	100%	98.6%	100%	100%	98.8%	100%	100%	95.8%	100%	100%	100%
Q29. Personal doctors showed respect	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Q32. Personal doctors spent enough time	97.8%	100%	97.6%	100%	98.7%	95.5%	100%	98.6%	95.0%	100%	97.6%	100%	100%	100%	100%	100%	91.7%
<b>Other Measures</b>																	
Q48. Ease of filling out forms (% Always or Usually)	100%	89.5%	99.0%	91.7%	100%	96.3%	100%	99.0%	100%	95.0%	98.5%	100%	100%	96.3%	100%	100%	97.2%
Q7. Average number of visits to doctor's office or clinic	1.62	2.88	2.34	3.17	1.62	2.67	2.23	1.66	1.63	3.16	1.72	2.00	2.52	2.36	2.65	1.40	1.69
Q26. Average number of visits to personal doctor	1.86	2.39	2.15	2.67	1.65	2.31	4.83	1.70	1.78	3.10	1.85	3.00	2.17	2.08	2.52	1.72	1.71
Q42. Average number of specialists seen	1.22	1.86	1.42	1.33	1.14	1.50	2.00	1.22	1.38	1.56	1.29	0	1.57	1.13	1.83	1.20	1.50

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

Please see Technical Notes for more information.

	Child's Gender		Child's Race			Child's Ethnicity		Respondent's Age				Respondent's Gender		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	76	80	70	76	12^	21	133	25	33	46	52	13^	143	91	66
Rating Questions (% 9 or 10)															
Q49. Rating of Health Plan	81.3%	73.7%	80.3%	82.2%	63.6%	70.0%	78.9%	69.6%	78.8%	81.4%	80.4%	66.7%	80.3%	77.9%	78.5%
Q9. Rating of Health Care	70.9%	78.0%	75.0%	73.7%	87.5%	61.5%	77.0%	77.8%	74.1%	68.8%	77.5%	44.4%	76.4%	69.4%	79.6%
Q36. Rating of Personal Doctor	80.6%	83.1%	80.3%	85.7%	85.7%	71.4%	82.8%	75.0%	83.3%	78.9%	86.7%	81.8%	81.0%	81.9%	82.3%
Q43. Rating of Specialist	87.5%	75.0%	81.3%	91.7%	75.0%	80.0%	81.5%	33.3%	87.5%	83.3%	87.5%	66.7%	83.3%	73.3%	88.9%
Rating Questions (% 8, 9 or 10)															
Q49. Rating of Health Plan	90.7%	81.6%	90.9%	86.3%	72.7%	90.0%	85.9%	87.0%	87.9%	86.0%	86.3%	83.3%	87.6%	87.2%	86.2%
Q9. Rating of Health Care	87.3%	91.5%	86.5%	89.5%	100%	76.9%	92.0%	88.9%	88.9%	87.5%	92.5%	88.9%	89.6%	88.7%	90.7%
Q36. Rating of Personal Doctor	89.6%	93.8%	87.9%	95.2%	100%	85.7%	92.2%	90.0%	93.3%	84.2%	97.8% J	81.8%	91.7%	93.1%	90.3%
Q43. Rating of Specialist	87.5%	75.0%	81.3%	91.7%	75.0%	80.0%	81.5%	33.3%	87.5%	83.3%	87.5%	66.7%	83.3%	73.3%	88.9%
Getting Needed Care (% Always or Usually)	93.2%	91.2%	90.7%	94.9%	93.8%	92.9%	91.6%	90.0%	86.9%	85.7%	97.5%	77.8%	93.1%	87.8%	96.3%
Q10. Getting care, tests, or treatment	98.2%	98.2%	98.1%	98.2%	87.5%	100%	96.9%	100%	96.0%	100%	95.0%	88.9%	98.1%	96.7%	98.1%
Q41. Getting specialist appointment	88.2%	84.2%	83.3%	91.7%	100%	85.7%	86.2%	80.0%	77.8%	71.4%	100%	66.7%	88.2%	78.9%	94.4%
Getting Care Quickly (% Always or Usually)	98.1%	90.5%	94.5%	95.5%	83.8%	96.7%	93.7%	95.5%	89.7%	94.9%	97.2%	100%	93.7%	95.9%	92.3%
Q4. Getting urgent care	96.3%	90.9%	93.1%	95.0%	80.0%	100%	92.9%	90.9%	90.9%	93.3%	100%	100%	93.5%	96.6%	90.9%
Q6. Getting routine care	100% B	90.2%	95.8%	96.1%	87.5%	93.3%	94.6%	100%	88.5%	96.6%	94.4%	100%	94.0%	95.2%	93.8%
Coordination of Care (Q17) (% Always or Usually)	85.7%	88.2%	87.0%	88.2%	100%	87.5%	87.1%	71.4%	80.0%	100%	92.9%	100%	86.8%	90.5%	84.2%

^Indicates 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

Please see Technical Notes for more information.

	Child's Gender		Child's Race			Child's Ethnicity		Respondent's Age				Respondent's Gender		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	76	80	70	76	12^	21	133	25	33	46	52	13^	143	91	66
Health Plan Customer Service (% Always or Usually)	93.5%	90.0%	90.0%	94.4%	90.0%	92.9%	91.6%	100%	81.3%	100%	92.3%	100%	91.3%	95.2%	86.4%
Q45. Provided information or help	93.8%	80.0%	90.0%	88.9%	80.0%	85.7%	87.5%	100%	75.0%	100%	84.6%	100%	86.2%	90.5%	81.8%
Q46. Treated with courtesy and respect	93.3%	100%	90.0%	100%	100%	100%	95.7%	100%	87.5%	100%	100%	100%	96.4%	100%	90.9%
How Well Doctors Communicate (% Always or Usually)	98.1%	98.5%	99.1%	98.5%	96.4%	100%	98.4%	97.2%	98.0%	99.1%	98.6%	94.4%	98.7%	97.8%	99.5%
Q27. Personal doctors explained things	94.4%	98.1%	98.1%	96.0%	85.7%	100%	95.7%	94.4%	96.0%	100%	94.6%	77.8%	98.0%	93.1%	100% N
Q28. Personal doctors listened carefully	100%	98.0%	98.1%	100%	100%	100%	98.9%	100%	96.0%	100%	100%	100%	99.0%	100%	98.0%
Q29. Personal doctors showed respect	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Q32. Personal doctors spent enough time	98.1%	98.0%	100%	98.0%	100%	100%	98.9%	94.4%	100%	96.4%	100%	100%	97.9%	98.2%	100%
Other Measures															
Q48. Ease of filling out forms (% Always or Usually)	98.6%	98.7%	100%	98.6%	100%	100%	98.4%	100%	97.0%	97.7%	100%	92.3%	99.3%	97.7%	100%
Q7. Average number of visits to doctor's office or clinic	1.79	1.96	1.96	1.88	1.92	1.45	1.94	1.92	2.03	1.72	1.97	1.60	1.92	1.72	2.09
Q26. Average number of visits to personal doctor	2.11	1.78	1.75	1.97	3.71	2.43	1.83	2.30	1.97	1.49	2.09	1.36	1.92	2.09	1.74
Q42. Average number of specialists seen	1.56	1.17	1.12	1.42	1.75	1.33	1.36	0.75	1.33	1.50	1.44	1.33	1.34	1.29	1.39

^Indicates 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.

	<u>Rating of Health Plan</u>		<u>Rating of Health Care</u>		<u>Health Status</u>			<u>Mental Health Status</u>			<u>Survey Type</u>			<u>Child's Age</u>			
	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)
<i>Total respondents</i>	101	17^	85	12^	73	37	11^	48	37	35	104	0^	18^	22	18^	43	39
<b>Q51. Access to Prescription Medicines (% Always or Usually)</b>	93.3%	84.6%	92.1%	90.9%	93.8%	90.3%	77.8%	93.2%	90.3%	89.7%	93.3%	---	81.3%	100%	83.3%	92.7%	88.2%
<b>Access to Specialized Services (% Always or Usually)</b>	86.6%	47.2%	89.1%	50.9%	90.6%	67.8%	0.0%	95.8%	78.9%	50.7%	81.7%	---	0.0%	100%	78.6%	70.6%	79.4%
Q15. Ease of getting special medical equipment or devices	83.3%	0.0%	83.3%	0.0%	100%	33.3%	0.0%	100%	50.0%	0.0%	71.4%	---	0.0%	100%	100%	50.0%	50.0%
Q18. Ease of getting therapy	95.0%	75.0%	100%	75.0%	91.7%	90.0%	100%	100%	100%	80.0%	95.0%	---	80.0%	100%	85.7%	80.0%	100%
Q21. Ease of getting treatment or counseling	81.6%	66.7%	83.9%	77.8%	80.0%	80.0%	75.0%	87.5%	86.7%	72.0%	78.6%	---	85.7%	100%	50.0%	81.8%	88.2%
<b>FCC: Personal Doctor Who Knows Child (% Yes)</b>	95.8%	59.2%	93.3%	74.1%	94.6%	81.0%	89.3%	96.0%	95.8%	77.7%	90.3%	---	88.2%	92.1%	79.4%	92.8%	90.5%
Q33. Doctor talked about how child is feeling, growing, and behaving	90.9%	69.2%	88.7%	66.7%	90.7%	79.3%	88.9%	92.1%	96.6%	70.8%	88.3%	---	81.3%	88.9%	66.7%	91.9%	88.5%
Q38. Doctor understands how these conditions affect child's day-to-day life	98.3%	58.3%	96.4%	77.8%	97.6%	81.8%	90.0%	100%	95.5%	81.5%	92.1%	---	91.7%	100%	85.7%	93.1%	91.7%
Q39. Doctor understands how these conditions affect family's day-to-day life	98.3%	50.0%	94.7%	77.8%	95.3%	81.8%	88.9%	96.0%	95.5%	80.8%	90.5%	---	91.7%	87.5%	85.7%	93.3%	91.3%
<b>Q8. FCC: Getting Needed Information (% Always or Usually)</b>	96.2%	86.7%	96.5%	81.8%	98.2%	93.5%	75.0%	97.5%	96.6%	88.0%	94.0%	---	100%	100%	84.6%	97.2%	93.5%
<b>Coordination of Care for CCC (% Yes)</b>	83.8%	72.2%	84.7%	72.2%	90.0%	68.2%	71.4%	89.5%	79.2%	76.5%	82.1%	---	85.0%	83.3%	78.6%	78.9%	89.3%
Q13. Obtaining help from doctors or health providers in contacting child's school or daycare	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	---	100%	100%	100%	100%	100%
Q24. Obtaining help coordinating child's care among different providers or services	67.6%	44.4%	69.4%	44.4%	80.0%	36.4%	42.9%	78.9%	58.3%	52.9%	64.1%	---	70.0%	66.7%	57.1%	57.9%	78.6%

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



# Demographic Segments – CCC Population

Please see Technical Notes for more information.

	<u>Child's Gender</u>		<u>Child's Race</u>			<u>Child's Ethnicity</u>		<u>Respondent's Age</u>				<u>Respondent's Gender</u>		<u>Respondent's Education</u>	
	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)
<i>Total respondents</i>	70	50	68	49	3 <sup>^</sup>	4 <sup>^</sup>	115	14 <sup>^</sup>	19 <sup>^</sup>	36	53	8 <sup>^</sup>	113	61	58
<b>Q51. Access to Prescription Medicines (% Always or Usually)</b>	<b>91.4%</b>	<b>91.1%</b>	<b>88.3%</b>	<b>93.0%</b>	<b>100%</b>	<b>100%</b>	<b>91.1%</b>	<b>100%</b>	<b>92.9%</b>	<b>82.4%</b>	<b>95.7%</b>	<b>100%</b>	<b>90.7%</b>	<b>94.0%</b>	<b>88.9%</b>
<b>Access to Specialized Services (% Always or Usually)</b>	<b>82.3%</b>	<b>62.1%</b>	<b>88.4%</b>	<b>84.5%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>81.1%</b>	<b>75.6%</b>	<b>72.2%</b>	<b>84.1%</b>	<b>80.6%</b>	<b>0.0%</b>	<b>81.2%</b>	<b>65.2%</b>	<b>92.6%</b>
Q15. Ease of getting special medical equipment or devices	83.3%	0.0%	100%	66.7%	0.0%	0.0%	71.4%	100%	100%	66.7%	50.0%	0.0%	71.4%	33.3%	100%
Q18. Ease of getting therapy	89.5%	100%	92.9%	92.3%	100%	100%	91.3%	66.7%	83.3%	100%	100%	100%	91.7%	91.7%	91.7%
Q21. Ease of getting treatment or counseling	74.1%	86.4%	72.4%	94.4%	100%	100%	80.4%	60.0%	33.3%	85.7%	91.7%	66.7%	80.4%	70.6%	86.2%
<b>FCC: Personal Doctor Who Knows Child (% Yes)</b>	<b>91.7%</b>	<b>87.5%</b>	<b>87.1%</b>	<b>95.0%</b>	<b>83.3%</b>	<b>91.7%</b>	<b>89.7%</b>	<b>80.6%</b>	<b>79.9%</b>	<b>96.0%</b>	<b>91.6%</b>	<b>88.9%</b>	<b>89.8%</b>	<b>90.4%</b>	<b>89.2%</b>
Q33. Doctor talked about how child is feeling, growing, and behaving	88.5%	87.2%	83.3%	91.9%	100%	75.0%	87.5%	66.7%	81.3%	96.3%	87.8%	66.7%	87.6%	85.4%	88.6%
Q38. Doctor understands how these conditions affect child's day-to-day life	93.3%	89.7%	89.1%	96.6%	100%	100%	91.5%	87.5%	83.3%	95.8%	93.5%	100%	91.7%	94.3%	89.5%
Q39. Doctor understands how these conditions affect family's day-to-day life	93.3%	85.7%	88.9%	96.6%	50.0%	100%	90.0%	87.5%	75.0%	95.8%	93.5%	100%	90.1%	91.4%	89.5%
<b>Q8. FCC: Getting Needed Information (% Always or Usually)</b>	<b>94.1%</b>	<b>95.3%</b>	<b>96.1%</b>	<b>94.7%</b>	<b>100%</b>	<b>100%</b>	<b>94.5%</b>	<b>90.9%</b>	<b>93.3%</b>	<b>100%</b>	<b>93.0%</b>	<b>100%</b>	<b>94.4%</b>	<b>97.8%</b>	<b>92.0%</b>
<b>Coordination of Care for CCC (% Yes)</b>	<b>84.8%</b>	<b>80.0%</b>	<b>84.5%</b>	<b>81.6%</b>	<b>0.0%</b>	<b>50.0%</b>	<b>82.6%</b>	<b>85.7%</b>	<b>90.0%</b>	<b>83.3%</b>	<b>79.5%</b>	<b>100%</b>	<b>81.5%</b>	<b>76.3%</b>	<b>85.7%</b>
Q13. Obtaining help from doctors or health providers in contacting child's school or daycare	100%	100%	100%	100%	0.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Q24. Obtaining help coordinating child's care among different providers or services	69.6%	60.0%	69.0%	63.2%	50.0%	0.0%	65.2%	71.4%	80.0%	66.7%	59.1%	100%	63.0%	52.6%	71.4%

<sup>^</sup>Indicates 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

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Results for Supplemental Questions

- Louisiana Healthcare Connections (Centene LA)

## Custom Question Results

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

Survey Item	Category Responses (Summary Rate responses in grey)				Contract Summary Rate			2020 SPH Book of Business
					2020	2019	2018	Summary Rate
Q77. When selecting your health provider(s), how often did you have a problem finding a physician you were comfortable with based on your cultural, personal, or religious beliefs?	<u>Never</u>	<u>Sometimes</u>	<u>Usually</u>	<u>Always</u>	(n=158)	(n=382)	(n=489)	---
	75.3%	9.5%	4.4%	10.8%	84.8%	82.7%	82.8%	---
Q78. Do you feel that your cultural and/or language needs are recognized and addressed, as needed, by Louisiana Healthcare Connections?	<u>Yes</u>	<u>No</u>			(n=151)	(n=380)	(n=488)	---
	66.2%	33.8%			66.2% ↓↓	83.2%	82.4%	---
Q79. Children can get counseling, treatment or medicine for many different reasons, such as:/For problems related to treatment deficit hyperactivity disorder (ADHD) or other behavior problems/Family problems (like when parents and children have trouble getting along)/For mental or emotional illness/For autism or other developmental conditions/Needing help with drug or alcohol use. In the last 12 months, did your child get counseling, treatment or medicine for any of these reasons?	<u>Yes</u>	<u>No</u>			(n=156)	---	---	---
	21.8%	78.2%			21.8%	---	---	---

### Significance Testing

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

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

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



## Custom Question Results

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

Survey Item	Category Responses (Summary Rate responses in grey)				Contract Summary Rate			2020 SPH Book of Business Summary Rate
					2020	2019	2018	
Q80. In the last 12 months, how often did the people your child saw for counseling or treatment explain things in a way you could understand?	<u>Never</u> 6.3%	<u>Sometimes</u> 6.3%	<u>Usually</u> 21.9%	<u>Always</u> 65.6%	(n=32) <b>87.5%</b>	---	---	---
Q81. In the last 12 months, were you given as much information as you wanted about what you could do to manage your child's condition?	<u>Yes</u> 80.6%	<u>No</u> 19.4%			(n=31) <b>80.6%</b>	---	---	---
Q82. In the last 12 months, were you given information about your child's rights as a patient?	<u>Yes</u> 93.5%	<u>No</u> 6.5%			(n=31) <b>93.5%</b>	---	---	---
Q83. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child?	<u>Yes</u> 71.9%	<u>No</u> 28.1%			(n=32) <b>71.9%</b>	---	---	---
Q84. In the last 12 months, did your child use up all his or her benefits for counseling or treatment?	<u>Yes</u> 21.4%	<u>No</u> 78.6%			(n=28) <b>21.4%</b>	---	---	---

### Significance Testing

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

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

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

## Custom Question Results

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

Survey Item	Category Responses (Summary Rate responses in grey)											Contract Summary Rate			2020 SPH Book of Business Summary Rate
												2020	2019	2018	
Q85. At the time benefits were used up, did you think your child still needed counseling or treatment?	<u>Yes</u>	<u>No</u>										(n=5)^	---	---	---
	80.0%	20.0%										80.0%	---	---	---
Q86. Were you told about other ways to get counseling, treatment, or medicine for your child?	<u>Yes</u>	<u>No</u>										(n=4)^	---	---	---
	50.0%	50.0%										50.0%	---	---	---
Q87. In the last 12 months, how often did you experience delays in counseling or treatment while you waited for approval from your child's health plan?	<u>Never</u>	<u>Sometimes</u>	<u>Usually</u>	<u>Always</u>								(n=32)	---	---	---
	62.5%	21.9%	9.4%	6.3%								84.4%	---	---	---
Q88. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan for counseling or treatment?	<u>10 - Best health plan possible</u>	<u>9 -</u>	<u>8 -</u>	<u>7 -</u>	<u>6 -</u>	<u>5 -</u>	<u>4 -</u>	<u>3 -</u>	<u>2 -</u>	<u>1 -</u>	<u>0 - Worst health plan possible</u>	(n=32)	---	---	---
	31.3%	15.6%	12.5%	18.8%	3.1%	6.3%	0.0%	6.3%	3.1%	0.0%	3.1%	46.9%	---	---	---

### Significance Testing

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

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

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

Please see Technical Notes for more information.

	<u>Rating of Health Plan</u>		<u>Rating of Health Care</u>		<u>Child's Health Status</u>			<u>Child's Mental Health Status</u>			<u>Survey Type</u>			<u>Child's Age</u>			
	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)
<i>Total respondents</i>	134	21	106	12^	118	30	12^	100	36	23	134	1^	27	29	27	62	39
<b>Q77. When selecting your health provider(s), how often did you have a problem finding a physician you were comfortable with based on your cultural, personal, or religious beliefs?</b> (%Never + %Sometimes)	85.5%	80.0%	86.4%	83.3%	83.3%	86.7%	91.7%	85.6%	80.6%	86.4%	87.0%	100%	73.1%	86.2%	76.9%	83.9%	92.1%
<b>Q78. Do you feel that your cultural and/or language needs are recognized and addressed, as needed, by Louisiana Healthcare Connections?</b> (% Yes)	64.3%	73.7%	64.6%	72.7%	69.0%	57.7%	60.0%	69.1%	64.7%	55.0%	68.8%	0.0%	54.5%	63.0%	72.0%	62.1%	68.4%
<b>Q79. Children can get counseling, treatment or medicine for many different reasons, such as:For problems related to attention deficit hyperactivity disorder (ADHD) or other behavior problems/Family problems (like when parents and children have trouble getting along)/For mental or emotional illness/For autism or other developmental conditions/Needing help with drug or alcohol use. In the last 12 months, did your child get counseling, treatment or medicine for any of these reasons?</b> (% Yes)	20.0%	31.6%	20.6%	45.5%	15.9%	33.3%	54.5%	7.4%	27.8% H	77.3%	23.1%	0.0%	16.0%	13.8%	11.5%	25.4%	28.2%
<b>Q80. In the last 12 months, how often did the people your child saw for counseling or treatment explain things in a way you could understand?</b> (%Always + %Usually)	91.7%	66.7%	100%	80.0%	88.2%	100%	60.0%	100%	90.0%	81.3%	85.7%	NA	100%	50.0%	66.7%	100%	90.0%
<b>Q81. In the last 12 months, were you given as much information as you wanted about what you could do to manage your child's condition?</b> (% Yes)	87.0%	83.3%	94.7%	80.0%	75.0%	100%	60.0%	80.0%	90.0%	75.0%	81.5%	NA	75.0%	75.0%	66.7%	100%	70.0%
<b>Q82. In the last 12 months, were you given information about your child's rights as a patient?</b> (% Yes)	91.7%	100%	94.7%	100%	93.8%	100%	80.0%	80.0%	100%	93.8%	92.6%	NA	100%	50.0%	100%	100%	100%

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

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

Please see Technical Notes for more information.

	<u>Rating of Health Plan</u>		<u>Rating of Health Care</u>		<u>Child's Health Status</u>			<u>Child's Mental Health Status</u>			<u>Survey Type</u>			<u>Child's Age</u>			
	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)
<i>Total respondents</i>	134	21	106	12^	118	30	12^	100	36	23	134	1^	27	29	27	62	39
<b>Q83. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child?</b> (% Yes)	75.0%	66.7%	73.7%	100%	64.7%	90.0%	60.0%	66.7%	80.0%	68.8%	71.4%	NA	75.0%	25.0%	66.7%	85.7%	80.0%
<b>Q84. In the last 12 months, did your child use up all his or her benefits for counseling or treatment?</b> (% Yes)	18.2%	33.3%	27.8%	25.0%	13.3%	44.4%	0.0%	20.0%	20.0%	23.1%	19.2%	NA	50.0%	0.0%	0.0%	38.5%	11.1%
<b>Q85. At the time benefits were used up, did you think your child still needed counseling or treatment?</b> (% Yes)	66.7%	100%	75.0%	100%	50.0%	100%	NA	0.0%	100%	100%	80.0%	NA	NA	NA	NA	75.0%	100%
<b>Q86. Were you told about other ways to get counseling, treatment, or medicine for your child?</b> (% Yes)	50.0%	50.0%	33.3%	100%	100%	33.3%	NA	NA	0.0%	66.7%	50.0%	NA	NA	NA	NA	66.7%	0.0%
<b>Q87. In the last 12 months, how often did you experience delays in counseling or treatment while you waited for approval from your child's health plan?</b> (%Never + %Sometimes)	87.5%	83.3%	84.2%	100%	88.2%	90.0%	60.0%	83.3%	90.0%	81.3%	82.1%	NA	100%	75.0%	100%	85.7%	90.0%
<b>Q88. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan for counseling or treatment?</b> (% 10 - Best health plan possible + %9)	56.0%	16.7%	50.0%	40.0%	52.9%	50.0%	20.0%	83.3%	50.0%	31.3%	50.0%	NA	25.0%	25.0%	0.0%	57.1%	54.5%

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

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



# Demographic Segments

Please see Technical Notes for more information.

	Child's Gender		Child's Race			Child's Ethnicity		Respondent's Age				Respondent's Gender		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	76	80	70	76	12^	21	133	25	33	46	52	13^	143	91	66
Q77. When selecting your health provider(s), how often did you have a problem finding a physician you were comfortable with based on your cultural, personal, or religious beliefs? (%Never + %Sometimes)	86.8%	84.4%	89.7%	81.3%	91.7%	100%	84.6%	68.0%	90.9%	86.7%	88.2%	61.5%	87.9%	86.8%	82.8%
Q78. Do you feel that your cultural and/or language needs are recognized and addressed, as needed, by Louisiana Healthcare Connections? (% Yes)	70.7%	60.6%	81.3% D	49.3%	75.0%	84.2%	65.1%	47.8%	66.7%	75.6%	66.0%	61.5%	67.2%	60.5%	75.8% N
Q79. Children can get counseling, treatment or medicine for many different reasons, such as:For problems related to attention deficit hyperactivity disorder (ADHD) or other behavior problems/Family problems (like when parents and children have trouble getting along)/For mental or emotional illness/For autism or other developmental conditions/Needing help with drug or alcohol use. In the last 12 months, did your child get counseling, treatment or medicine for any of these reasons? (% Yes)	30.1% B	14.1%	29.4%	16.9%	16.7%	23.8%	21.7%	21.7%	18.2%	13.0%	32.0% J	30.8%	20.9%	27.0% O	14.1%
Q80. In the last 12 months, how often did the people your child saw for counseling or treatment explain things in a way you could understand? (%Always + %Usually)	85.0%	90.9%	89.5%	90.9%	100%	100%	84.6%	80.0%	66.7%	100%	92.9%	100%	85.2%	86.4%	88.9%
Q81. In the last 12 months, were you given as much information as you wanted about what you could do to manage your child's condition? (% Yes)	78.9%	90.9%	83.3%	72.7%	100%	100%	80.0%	75.0%	83.3%	66.7%	92.9%	66.7%	81.5%	81.0%	88.9%
Q82. In the last 12 months, were you given information about your child's rights as a patient? (% Yes)	90.0%	100%	94.7%	100%	50.0%	80.0%	96.2%	80.0%	83.3%	100%	100%	66.7%	96.3%	90.9%	100%

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

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



# Demographic Segments

Please see Technical Notes for more information.

	<u>Child's Gender</u>		<u>Child's Race</u>			<u>Child's Ethnicity</u>		<u>Respondent's Age</u>				<u>Respondent's Gender</u>		<u>Respondent's Education</u>	
	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)
<i>Total respondents</i>	76	80	70	76	12^	21	133	25	33	46	52	13^	143	91	66
<b>Q83. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child?</b> (% Yes)	70.0%	81.8%	89.5%	54.5%	50.0%	60.0%	76.9%	60.0%	66.7%	50.0%	92.9%	50.0%	74.1%	68.2%	88.9%
<b>Q84. In the last 12 months, did your child use up all his or her benefits for counseling or treatment?</b> (% Yes)	10.0%	50.0%	18.8%	25.0%	50.0%	25.0%	20.8%	0.0%	40.0%	20.0%	23.1%	0.0%	25.0%	15.0%	37.5%
<b>Q85. At the time benefits were used up, did you think your child still needed counseling or treatment?</b> (% Yes)	50.0%	100%	100%	100%	0.0%	0.0%	100%	NA	0.0%	100%	100%	NA	80.0%	66.7%	100%
<b>Q86. Were you told about other ways to get counseling, treatment, or medicine for your child?</b> (% Yes)	100%	33.3%	0.0%	100%	NA	NA	50.0%	NA	NA	100%	33.3%	NA	50.0%	100%	0.0%
<b>Q87. In the last 12 months, how often did you experience delays in counseling or treatment while you waited for approval from your child's health plan?</b> (%Never + %Sometimes)	85.0%	90.9%	84.2%	81.8%	100%	100%	84.6%	100%	83.3%	100%	78.6%	75.0%	85.2%	90.9%	77.8%
<b>Q88. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan for counseling or treatment?</b> (% 10 - Best health plan possible + %9)	47.6%	45.5%	50.0%	60.0%	50.0%	40.0%	48.1%	20.0%	33.3%	33.3%	66.7%	33.3%	46.4%	43.5%	55.6%

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# Appendix: Correlation Analyses

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## Plan Specific Correlations

- Louisiana Healthcare Connections (Centene LA)

## Highest Correlations

Below are the 10 key measures with the highest correlations to the Rating measures.

With Health Care Rating			With Personal Doctor Rating			With Specialist Rating		
Q36	Personal doctor overall	0.6332	Q35	Dr. informed about care	0.7001	Q9	Health care overall	0.5478
Q43	Specialist overall	0.5478	Q9	Health care overall	0.6332	Q36	Personal doctor overall	0.4378
Q35	Dr. informed about care	0.5131	Q28	Dr. listened carefully	0.4769	Q10	Got care/tests/treatment	0.4340
Q49	Health plan overall	0.4488	Q41	Got specialist appt.	0.4517	Q49	Health plan overall	0.4199
Q41	Got specialist appt.	0.4298	Q29	Dr. showed respect	0.4473	Q41	Got specialist appt.	0.3833
Q10	Got care/tests/treatment	0.3707	Q10	Got care/tests/treatment	0.4470	Q35	Dr. informed about care	0.3153
Q32	Dr. spent enough time	0.2885	Q32	Dr. spent enough time	0.4379	Q48	Easy to fill out forms	0.2933
Q29	Dr. showed respect	0.2676	Q43	Specialist overall	0.4378	Q32	Dr. spent enough time	0.1389
Q46	CS courtesy/respect	0.2653	Q49	Health plan overall	0.4249	Q31	Dr. explained things for child	0.1078
Q27	Dr. explained things	0.2496	Q27	Dr. explained things	0.2450	Q28	Dr. listened carefully	0.1040





# Appendix: Flowchart

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Understanding Relative Performance of Composite Measures

- Louisiana Healthcare Connections (Centene LA)



# Flowchart – Understanding Relative Performance

Please see Technical Notes for more information.

## How composite questions perform relative to each other

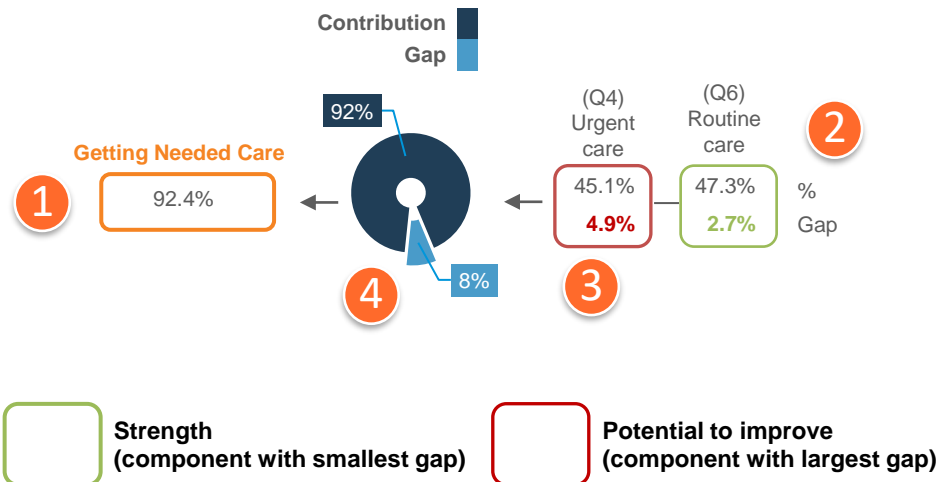
- 1 Composite summary rate scores are displayed in the orange box.
- 2 Next to the composite score are the questions included in the composite.
- 3 There are two numbers in the boxes under the questions. The top number is how much that question contributes to the composite score (Actual Contribution). The bottom number is the gap between the Maximum and Actual Contribution.

$$\frac{\text{Plan Score}}{\text{Max Score}} \times \frac{\text{Maximum Contribution}}{\text{Maximum Contribution}} = \frac{\text{Actual Contribution}}{\text{Maximum Contribution}} = \text{Gap}$$

### Q6 Example:

$$\frac{94.6\%}{100\%} \times 50.0\% = 47.3\% \quad 50.0\% - 47.3\% = 2.7\%$$

- 4 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

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Estimated NCQA Plan Ratings and Frequency Distributions

- Louisiana Healthcare Connections (Centene LA)



**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 <sup>rd</sup> of plans but not bottom 10 <sup>th</sup>	Middle 3 <sup>rd</sup> of plans	Top 3 <sup>rd</sup> of plans, but not in the top 10 <sup>t</sup>	Top decile of plans

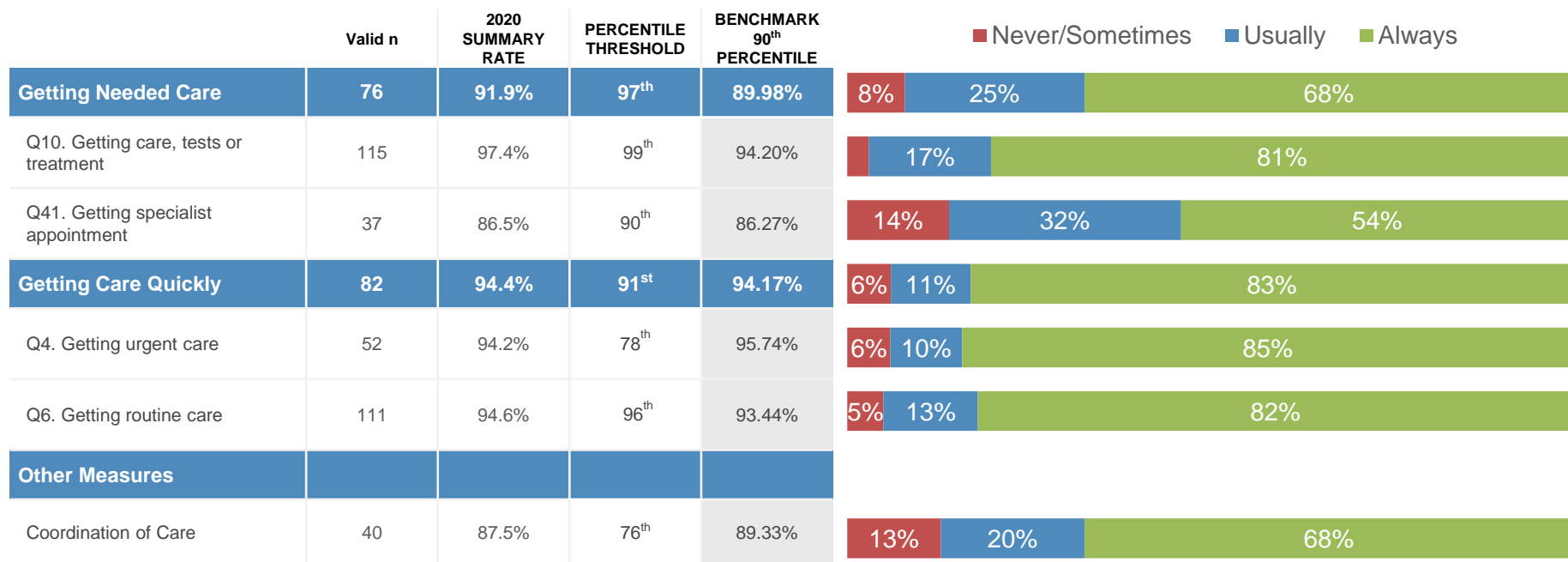
	2020 SUMMARY RATE	SUMMARY RATE DEFINITION	PERCENTILE RANK	SPH ESTIMATED RATING	WEIGHT
<b>CONSUMER SATISFACTION</b>				<b>4.0</b>	
<b>GETTING CARE</b>				<b>NA</b>	
Getting Needed Care	91.9%	Usually + Always	97 <sup>th</sup>	NA	1.5
Getting Care Quickly	94.4%	Usually + Always	91 <sup>st</sup>	NA	1.5
<b>SATISFACTION WITH PLAN PHYSICIANS</b>				<b>4.0</b>	
Rating of Personal Doctor	81.8%	9 + 10	89 <sup>th</sup>	4.0	1.5
Rating of Specialist	81.8%	9 + 10	97 <sup>th</sup>	NA	1.5
Rating of Health Care	74.6%	9 + 10	80 <sup>th</sup>	4.0	1.5
Coordination of Care	87.5%	Usually + Always	76 <sup>th</sup>	NA	1.5
<b>SATISFACTION WITH PLAN SERVICES</b>				<b>4.0</b>	
Rating of Health Plan	78.1%	9 + 10	89 <sup>th</sup>	4.0	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.*

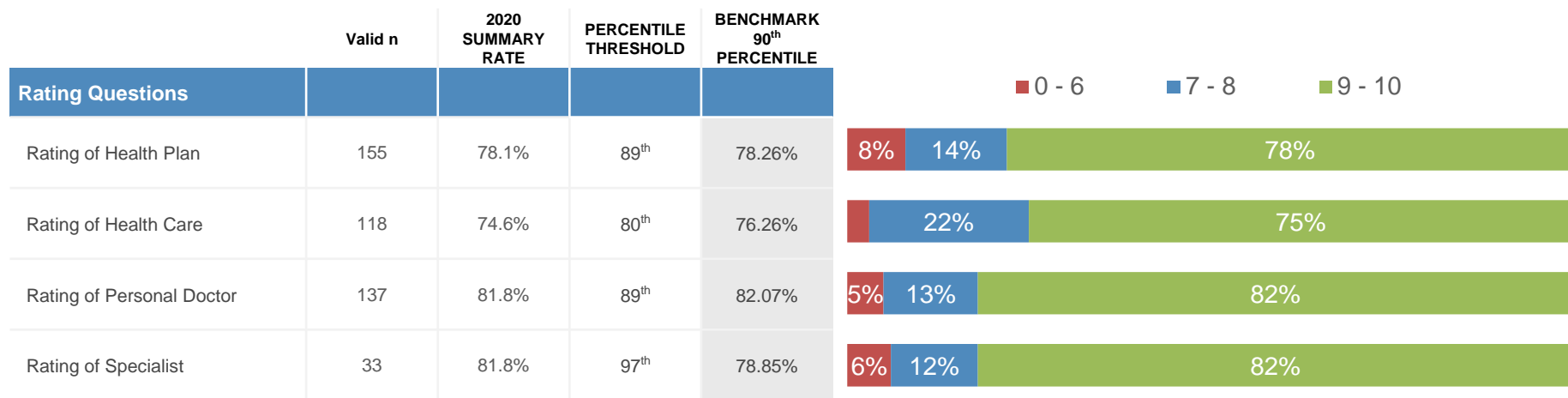
## GLOBAL PROPORTIONS SCORING AND ACCREDITATION

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.



## 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.







# Appendix: Improvement Strategies and Voice of the Member

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- Louisiana Healthcare Connections (Centene LA)

## 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>

**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>.

## Voice of the Member (SPH National Sample)

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





## 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

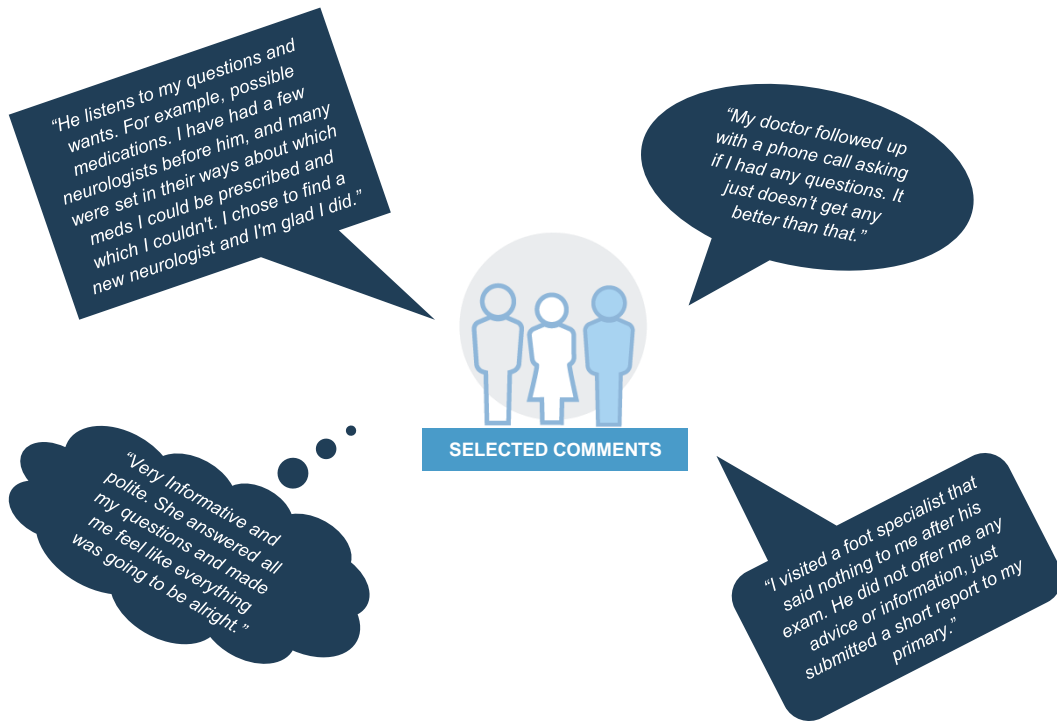
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## Voice of the Member (SPH National Sample)

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



## 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 follow-up 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

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## Voice of the Member (SPH National Sample)

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



## 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

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## Voice of the Member (SPH National Sample)

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





## 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.

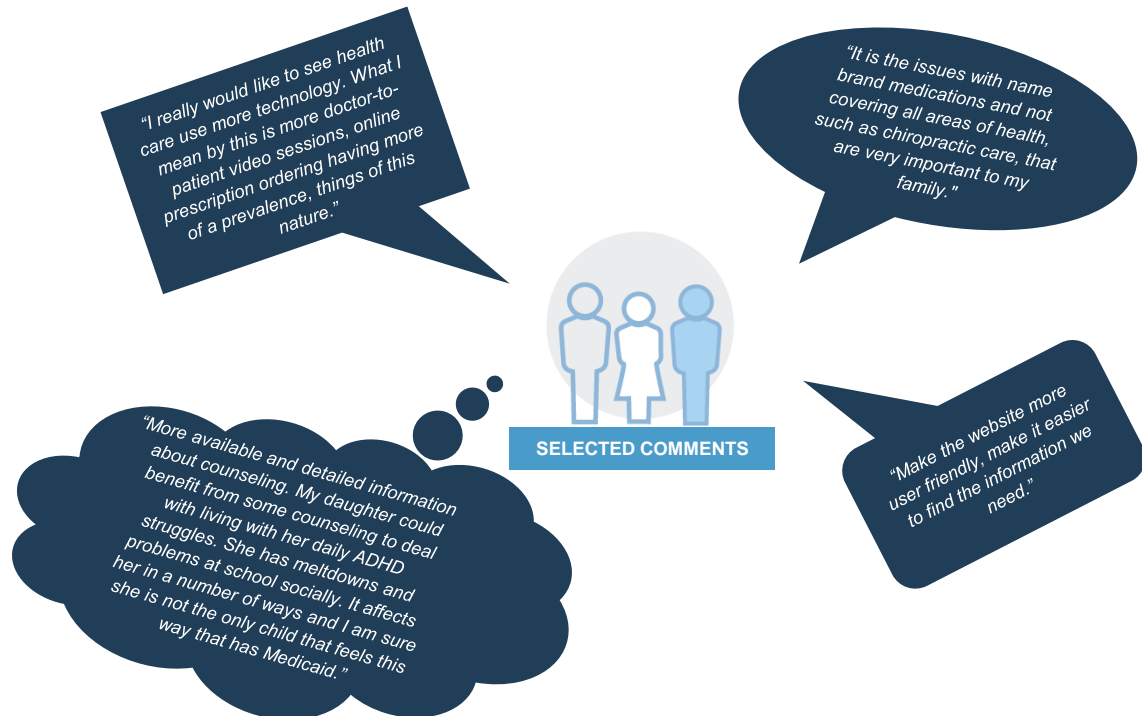
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## Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



## 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

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**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>.

## Voice of the Member (SPH National Sample)

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



## 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/decision-making 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

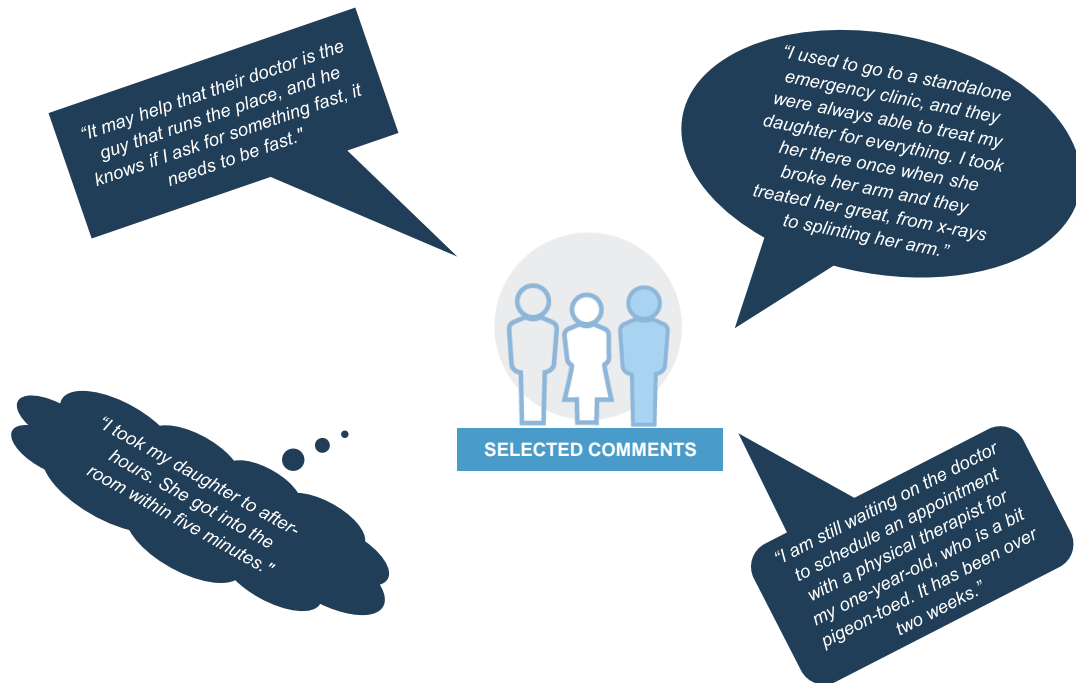
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## Voice of the Member (SPH National Sample)

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





## 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

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## Voice of the Member (SPH National Sample)

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



## 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

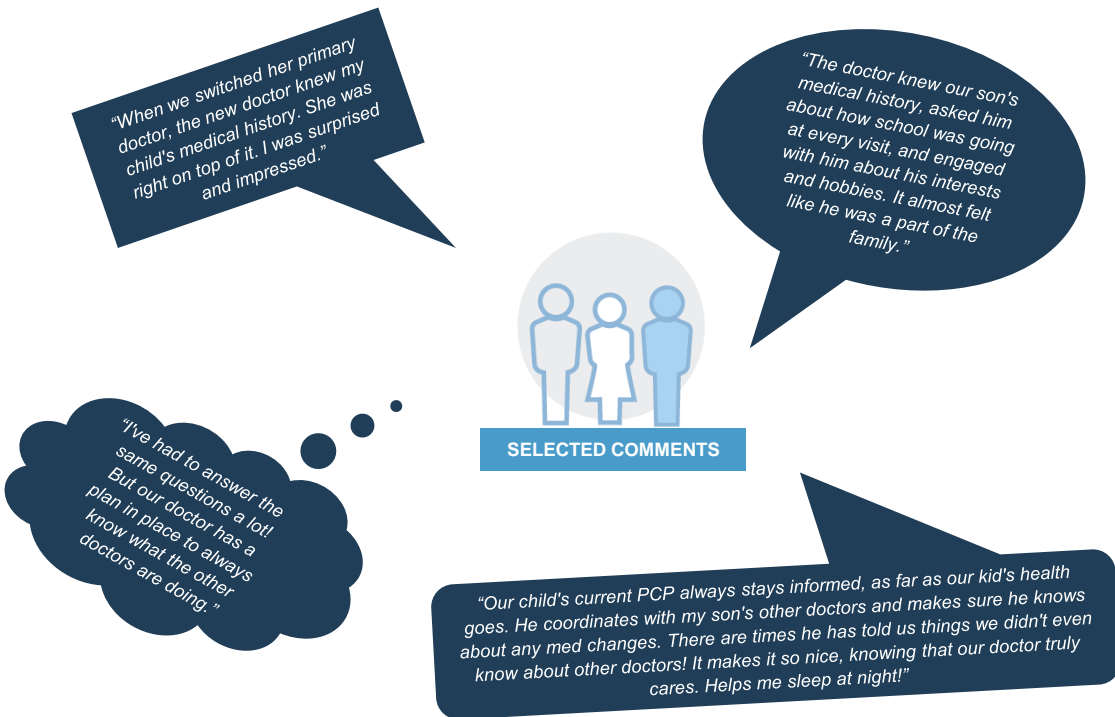
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## Voice of the Member (SPH National Sample)

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



## 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

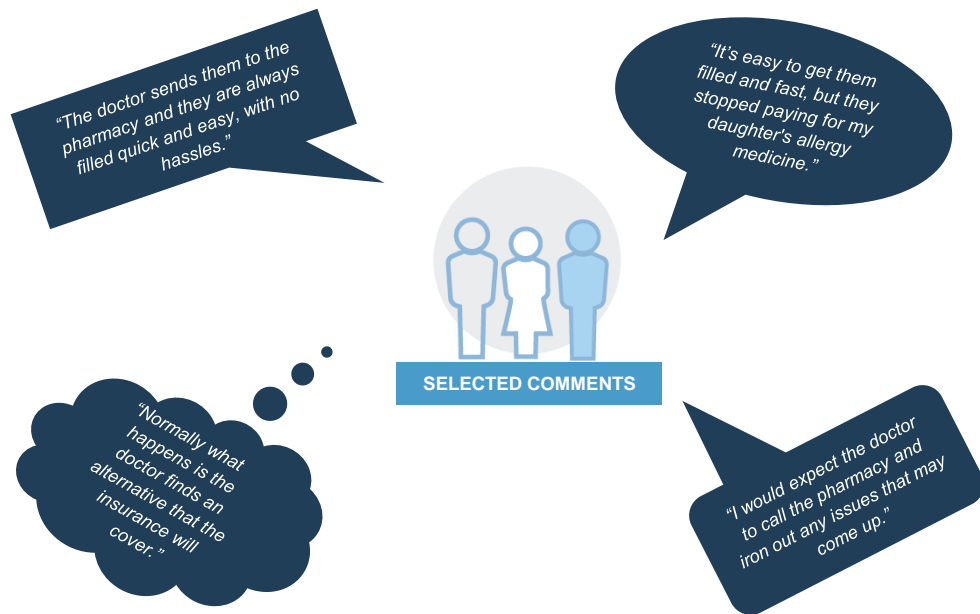
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## Voice of the Member (SPH National Sample)

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





# Appendix: Questionnaire

- Louisiana Healthcare Connections (Centene LA)

## **SURVEY INSTRUCTIONS**

- ◆ Answer each question by marking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

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

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

*You may choose to answer this survey or not. If you choose not to, this will not affect the benefits 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 Louisiana Healthcare Connections. 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 not include care your child got when he or she stayed overnight in a hospital. Do not 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 needed care right away in a clinic, emergency room, or doctor's office?**

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

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

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always



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

- ☐ None → *If None, Go to Question 11*
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

8. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?

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

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

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

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

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

11. Is your child now enrolled in any kind of school or daycare?

- ☐ Yes
- ☐ No → *If No, Go to Question 14*

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 you needed from your child's doctors or other health providers in contacting your child's school or daycare?

- ☐ Yes
- ☐ No

## SPECIALIZED SERVICES

14. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment.

In the last 6 months, did you get or try to get any special medical equipment or devices for your child?

- ☐ Yes
- ☐ No → *If No, Go to Question 17*

15. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?

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

16. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?

- ☐ Yes
- ☐ No

**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?**

- ☐ Yes  
☐ No → *If No, Go to Question 20*

**18. In the last 6 months, how often was it easy to get this therapy for your child?**

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

**19. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?**

- ☐ Yes  
☐ No

**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?**

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

**21. In the last 6 months, how often was it easy to get this treatment or counseling for your child?**

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

**22. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?**

- ☐ Yes  
☐ No

**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?**

- ☐ Yes  
☐ No → *If No, Go to Question 25*

**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  
☐ No

### YOUR CHILD'S PERSONAL DOCTOR

**25. 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?**

- ☐ Yes  
☐ No → *If No, Go to Question 40*

**26. In the last 6 months, how many times did your child visit his or her personal doctor for care?**

- ☐ None → *If None, Go to Question 36*  
☐ 1 time  
☐ 2  
☐ 3  
☐ 4  
☐ 5 to 9  
☐ 10 or more times

**27. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?**

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

**28. In the last 6 months, how often did your child's personal doctor listen carefully to you?**

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

**29. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?**

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

**30. Is your child able to talk with doctors about his or her health care?**

- ☐ Yes
- ☐ No → *If No, Go to Question 32*

**31. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?**

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

**32. In the last 6 months, how often did your child's personal doctor spend enough time with your child?**

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

**33. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?**

- ☐ Yes
- ☐ No

**34. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?**

- ☐ Yes
- ☐ No → *If No, Go to Question 36*

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

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

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

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

**37. Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?**

- ☐ Yes
- ☐ No → *If No, Go to Question 40*

**38. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?**

- ☐ Yes
- ☐ No



39. Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life?

- ☐ Yes  
☐ No

### GETTING HEALTH CARE FROM SPECIALISTS

When 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 doctors, and other doctors who specialize in one area of health care.

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

- ☐ Yes  
☐ No → **If No, Go to Question 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?

- ☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

42. How many specialists has your child seen in the last 6 months?

- ☐ None → **If None, Go to Question 44**  
☐ 1 specialist  
☐ 2  
☐ 3  
☐ 4  
☐ 5 or more specialists

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?

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

### YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

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

- ☐ Yes  
☐ No → **If No, Go to Question 47**

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?

- ☐ Yes
- ☐ No → *If No, Go to Question 49*

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

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

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 health plan?

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

## **PRESCRIPTION MEDICINES**

50. In the last 6 months, did you get or refill any prescription medicines for your child?

- ☐ Yes
- ☐ No → *If No, Go to Question 53*

51. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?

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

52. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

- ☐ Yes
- ☐ No

## **ABOUT YOUR CHILD AND YOU**

53. In general, how would you rate your child's overall health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

54. In general, how would you rate your child's overall mental or emotional health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

55. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

- ☐ Yes
- ☐ No → *If No, Go to Question 58*

56. Is this because of any medical, behavioral, or other health condition?

- ☐ Yes
- ☐ No → *If No, Go to Question 58*

**57. Is this a condition that has lasted or is expected to last for at least 12 months?**

- ☐ Yes  
☐ No

**58. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?**

- ☐ Yes  
☐ No → *If No, Go to Question 61*

**59. Is this because of any medical, behavioral, or other health condition?**

- ☐ Yes  
☐ No → *If No, Go to Question 61*

**60. Is this a condition that has lasted or is expected to last for at least 12 months?**

- ☐ Yes  
☐ No

**61. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?**

- ☐ Yes  
☐ No → *If No, Go to Question 64*

**62. Is this because of any medical, behavioral, or other health condition?**

- ☐ Yes  
☐ No → *If No, Go to Question 64*

**63. Is this a condition that has lasted or is expected to last for at least 12 months?**

- ☐ Yes  
☐ No

**64. Does your child need or get special therapy such as physical, occupational, or speech therapy?**

- ☐ Yes  
☐ No → *If No, Go to Question 67*

**65. Is this because of any medical, behavioral, or other health condition?**

- ☐ Yes  
☐ No → *If No, Go to Question 67*

**66. Is this a condition that has lasted or is expected to last for at least 12 months?**

- ☐ Yes  
☐ No

**67. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?**

- ☐ Yes  
☐ No → *If No, Go to Question 69*

**68. Has this problem lasted or is it expected to last for at least 12 months?**

- ☐ Yes  
☐ No

**69. What is your child's age?**

- ☐ Less than 1 year old  
\_\_\_\_\_ YEARS OLD (*write in*)

**70. Is your child male or female?**

- ☐ Male  
☐ Female

**71. Is your child of Hispanic or Latino origin or descent?**

- ☐ Yes, Hispanic or Latino  
☐ No, not Hispanic or Latino

**72. What is your child's race? *Mark one or more.***

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

**73. What is your age?**

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

**74. Are you male or female?**

- ☐ Male
- ☐ Female

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

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

**76. How are you related to the child?**

- ☐ Mother or father
- ☐ Grandparent
- ☐ Aunt or uncle
- ☐ Older brother or sister
- ☐ Other relative
- ☐ 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. When selecting your health provider(s), how often did you have a problem finding a physician you were comfortable with based on your cultural, personal, or religious beliefs?**

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

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

- ☐ Yes
- ☐ No

**79. Children can get counseling, treatment or medicine for many different reasons, such as:**

- For problems related to attention deficit hyperactivity disorder (ADHD) or other behavior problems
- Family problems (like when parents and children have trouble getting along)
- For mental or emotional illness
- For autism or other developmental conditions
- Needing help with drug or alcohol use

**In the last 12 months, did your child get counseling, treatment or medicine for any of these reasons?**

- ☐ Yes
- ☐ No ➔ **Thank You.**

***Please return the completed survey in the postage-paid envelope.***

80. In the last 12 months, how often did the people your child saw for counseling or treatment explain things in a way you could understand?

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

81. In the last 12 months, were you given as much information as you wanted about what you could do to manage your child's condition?

- ☐ Yes
- ☐ No

82. In the last 12 months, were you given information about your child's rights as a patient?

- ☐ Yes
- ☐ No

83. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child?

- ☐ Yes
- ☐ No

84. In the last 12 months, did your child use up all his or her benefits for counseling or treatment?

- ☐ Yes
- ☐ No ➔ *If No, Go to Question 87*

85. At the time benefits were used up, did you think your child still needed counseling or treatment?

- ☐ Yes
- ☐ No ➔ *If No, Go to Question 87*

86. Were you told about other ways to get counseling, treatment, or medicine for your child?

- ☐ Yes
- ☐ No

87. In the last 12 months, how often did you experience delays in counseling or treatment while you waited for approval from your child's health plan?

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

88. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan for counseling or treatment?

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

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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.

### WHO?

#### *Stratify and Build Cohorts*

- Level of engagement
- Disease conditions
- Risk factors
- Member experience



Each option can be implemented stand-alone

### WHAT?

#### *Message Design*

Variations on core message for each identified cohort group



### HOW?

#### *Omnichannel Outreach*

- Mail
- Email
- Text
- Phone – IVR
- Phone – Live Agent



### REFINE?

#### *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



Improve Member Health  
Improve Scores/Ratings  
Strengthen Patient Loyalty  
Increase Provider Satisfaction



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

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



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

### **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 appointment-scheduling 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 much-needed 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.

# 2020 CAHPS Medicaid Adult 5.0H Final Report

Louisiana Healthcare Connections (Centene LA)

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# Contents

- Overview
- Methodology
- Executive Summary
- Measure Analyses
- Summary of Trend and Benchmarks
- Profile of Survey Respondents
- Demographic Segment Analyses
- Custom Questions
- Appendix: Correlation Analyses
- Appendix: Flowchart
- Appendix: Accreditation
- Appendix: Improvement Strategies & Voice of the Member
- Appendix: Questionnaire

SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) certified HEDIS® Survey Vendor, was selected by Louisiana Healthcare Connections (Centene LA) 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 Alisa Simpson (678-689-0303), and your Project Manager is Julia Schneider (248-539-8757). 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.

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.

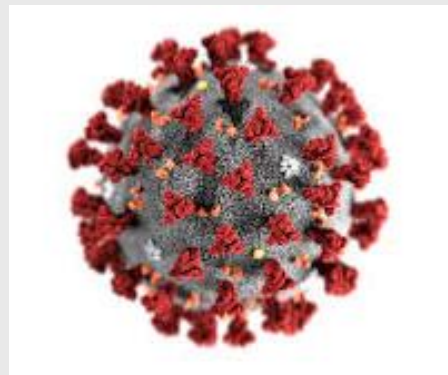
## NCQA PROTOCOL MODIFICATIONS AND HEALTH PLAN RATING CHANGES FOR 2020

In response to the pandemic, NCQA released [guidance](#) 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.

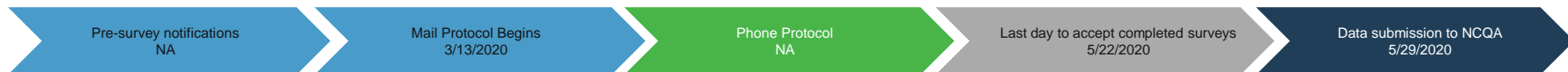
On Thursday, April 2 NCQA released additional [guidance](#) regarding scoring for Health Plan Ratings, with clarification released on April 3. While NCQA required submission of HEDIS and CAHPS data for Commercial and Medicaid plans, they are not scoring plans using Health Plan Ratings in 2020.

- 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.*



SPH administered the 2020 Medicaid Adult 5.0H CAHPS survey using an NCQA approved methodology. Surveys were collected via a mail and internet 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:



## VALID SURVEYS

✉ Total Number of Mail Completes = 153 (3 in Spanish)

☎ Total Number of Phone Completes = 1 (0 in Spanish)

💻 Total Number of Internet Completes = 24 (0 in Spanish)

## 2020 RESPONSE RATE

$$\text{Response Rate} = \frac{\text{Completed}}{\text{Sample size} - \text{Ineligible members}}$$

$$\frac{153 \text{ (Mail)} + 1 \text{ (Phone)} + 24 \text{ (Internet)}}{2633 \text{ (Sample)} - 0 \text{ (Ineligible)}} = \frac{178}{2633} = 6.8\%$$

## RESPONSE RATE COMPARISON

The 2020 SPH Analytics Book of Business average response rate is **15.5%**.

		2018	2019	2020
Complete	Completed Survey	392	266	178
	<b>SUBTOTAL</b>	<b>392</b>	<b>266</b>	<b>178</b>
Ineligible	Does not Meet Eligibility Criteria (01)	6	4	0
	Language Barrier (03)	2	1	0
	Mentally/Physically Incapacitated (04)	5	1	0
	Deceased (05)	2	1	0
	<b>SUBTOTAL</b>	<b>15</b>	<b>7</b>	<b>0</b>
Non-Response	Break-off/Incomplete (02)	27	11	6
	Refusal (06)	20	3	1
	Maximum Attempts Made (07)	1630	1869	2447
	Added to DNC List (08)	9	4	1
	<b>SUBTOTAL</b>	<b>1686</b>	<b>1887</b>	<b>2455</b>
<b>TOTAL</b>		<b>2093</b>	<b>2160</b>	<b>2633</b>
<b>RESPONSE RATE</b>		<b>18.9%</b>	<b>12.4%</b>	<b>6.8%</b>



# Executive Summary

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- Louisiana Healthcare Connections (Centene LA)



**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.

	No	Yes	
Never	Sometimes	Usually	Always

Rating questions are typically displayed with two Summary Rates:

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



## TRENDING UP

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

- Q12** Doctor explained things
- Q13** Doctor listened carefully
- Q14** Doctor showed respect
- Q18** Personal doctor overall



# 178 / 6.8%

Completed surveys / Response Rate

MEASURE NAME	SUMMARY RATE	ESTIMATED NCQA RATING
<b>Rating of Health Plan</b> (% 9 or 10)	<b>64.0%</b>	★★★★
<b>Rating of Health Care</b> (% 9 or 10)	<b>57.2%</b>	★★★★
<b>Rating of Personal Doctor</b> (% 9 or 10)	<b>60.3%</b>	★
<b>Rating of Specialist</b> (% 9 or 10)	<b>NA<sup>^</sup></b>	<b>NA<sup>^</sup></b>
<b>Getting Needed Care</b> (% Always or Usually)	<b>81.3%</b>	★★
<b>Getting Care Quickly</b> (% Always or Usually)	<b>NA<sup>^</sup></b>	<b>NA<sup>^</sup></b>
<b>Coordination of Care</b> (% Always or Usually)	<b>NA<sup>^</sup></b>	<b>NA<sup>^</sup></b>
<b>Flu Vaccinations</b> Adults 18-64 (% Yes)	<b>50.6%</b>	★★★★
<b>Smoking Advice: Rolling average</b> (% Always, Usually or Sometimes)	<b>74.8%</b>	★★

<sup>^</sup>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.

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

### POWER

Promote and leverage strengths

None

### OPPORTUNITIES

Focus resources on improving processes that underlie these items

- Q13** Dr. listened carefully
- Q14** Dr. showed respect
- Q15** Dr. spent enough time
- Q12** Dr. explained things
- Q8** Health care overall
- Q4** Got urgent care
- Q18** Personal doctor overall
- Q17** Dr. informed about care

Please refer to slide 16 for details.



## Health Plan Domain Performance

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

MEASURE	SUMMARY RATE		CHANGE	2020 SPH BENCHMARK		2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan (% 9 or 10)	68.4%	64.0%	-4.4%	64.6%	44 <sup>th</sup>	60.3%	72 <sup>nd</sup>
Rating of Health Plan (% 8, 9 or 10)	80.6%	77.1%	-3.5%	80.3%	25 <sup>th</sup>	77.6%	39 <sup>th</sup>
Getting Needed Care (% Always or Usually)	80.2%	81.3%	1.1%	83.5%	30 <sup>th</sup>	82.5%	33 <sup>rd</sup>
Customer Service (% Always or Usually)	91.4%	92.8%	1.4%	89.4%	91 <sup>st</sup>	88.8%	93 <sup>rd</sup>
Ease of Filling Out Forms (% Always or Usually)	95.3%	95.7%	0.4%	95.6%	49 <sup>th</sup>	94.4%	75 <sup>th</sup>

### KEY TAKEAWAYS

Your overall Rating of Health Plan (8-10) Summary Rate score is 77.1% and represents a change of -3.5 from 2019.

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 (↓) or benchmark (▼) score.



## Health Care Domain Performance

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

MEASURE	SUMMARY RATE		CHANGE	2020 SPH BENCHMARK		2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care (% 9 or 10)	61.5%	57.2%	-4.3%	58.8%	37 <sup>th</sup>	54.9%	68 <sup>th</sup>
Rating of Health Care (% 8, 9 or 10)	78.6%	71.7%	-6.9%	76.9%	13 <sup>th</sup>	75.4%	18 <sup>th</sup>
Getting Care Quickly (% Always or Usually)	84.3%	80.2%	-4.1%	82.7%	31 <sup>st</sup>	82.0%	26 <sup>th</sup>
How Well Doctors Communicate (% Always or Usually)	95.2%	87.3% ↓	-7.9%	93.2%	<5 <sup>th</sup>	92.0%	<5 <sup>th</sup>
Coordination of Care (% Always or Usually)	83.0%	80.3%	-2.7%	85.9%	14 <sup>th</sup>	83.6%	18 <sup>th</sup>
Rating of Personal Doctor (% 9 or 10)	71.4%	60.3% ↓	-11.1%	70.7% ▼	<5 <sup>th</sup>	67.5%	8 <sup>th</sup>
Rating of Personal Doctor (% 8, 9 or 10)	85.9%	74.3% ↓	-11.6%	84.2% ▼	<5 <sup>th</sup>	82.1% ▼	<5 <sup>th</sup>
Rating of Specialist (% 9 or 10)	71.8%	67.6%	-4.2%	70.9%	28 <sup>th</sup>	66.9%	49 <sup>th</sup>
Rating of Specialist (% 8, 9 or 10)	82.4%	77.9%	-4.5%	84.7%	9 <sup>th</sup>	82.3%	14 <sup>th</sup>

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 (↓) or benchmark (▼) score.

### KEY TAKEAWAYS

Your overall Rating of Health Care (8-10) Summary Rate score is 71.7% and represents a change of -6.9 from 2019.



## Effectiveness of Care Performance

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

MEASURE	SUMMARY RATE		CHANGE	2020 SPH BENCHMARK		2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Flu Vaccinations (Adults 18-64) (% Yes)	42.5%	50.6%	8.1%	44.1%	79 <sup>th</sup>	41.8% ▲	87 <sup>th</sup>
Advising Smokers and Tobacco Users to Quit: Rolling average (% Always, Usually or Sometimes)	78.5%	74.8%	-3.7%	77.8%	35 <sup>th</sup>	76.7%	29 <sup>th</sup>
Discussing Cessation Medications: Rolling average (% Always, Usually or Sometimes)	47.4%	49.3%	1.9%	56.1%	31 <sup>st</sup>	52.9%	26 <sup>th</sup>
Discussing Cessation Strategies: Rolling average (% Always, Usually or Sometimes)	45.8%	44.9%	-0.9%	50.2%	31 <sup>st</sup>	46.4%	42 <sup>nd</sup>

Note: Please refer to benchmark descriptions on slide 43.

### Significance Testing

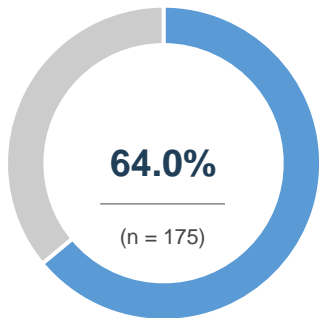
**Green** – Current year score is significantly higher than the 2019 score (↑) or benchmark (▲) score.

**Red** – Current year score is significantly lower than the 2019 score (↓) or benchmark (▼) score.



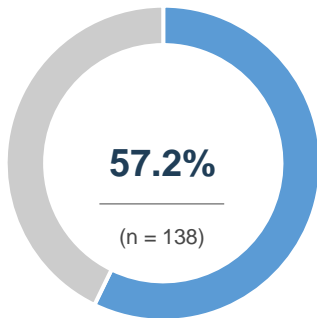
# Global Rating Summary Rate Scores (% 9 or 10)

Please see Technical Notes for more information.



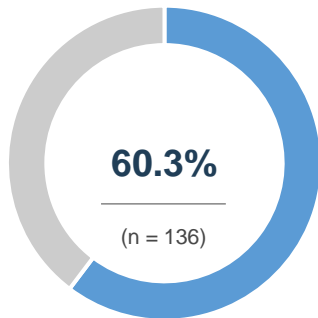
Rating of Health Plan

2020	64.0%
2019	68.4%
2018	66.1%
SPH	64.6%
QC	60.3%



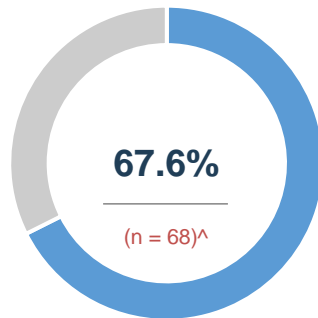
Rating of Health Care

2020	57.2%
2019	61.5%
2018	62.6%
SPH	58.8%
QC	54.9%



Rating of Personal Doctor

2020	60.3%	↓
2019	71.4%	
2018	70.0%	
SPH	70.7%	▼
QC	67.5%	



Rating of Specialist

2020	67.6%
2019	71.8%
2018	72.9%
SPH	70.9%
QC	66.9%

## 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 (↑), the 2018 score (↗) or benchmark (▲) score.

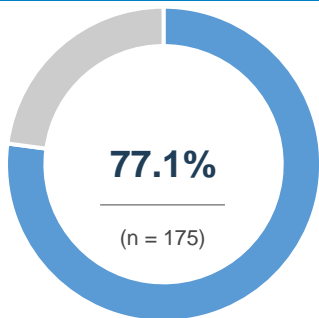
**Red** – Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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



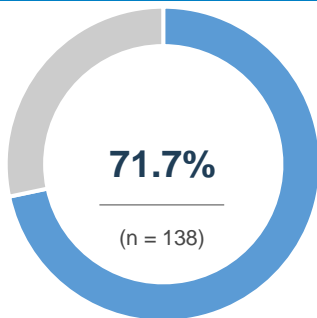
# Global Rating Summary Rate Scores (% 8, 9 or 10)

Please see Technical Notes for more information.



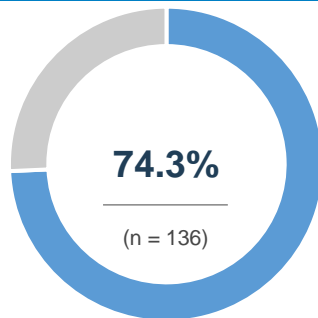
Rating of Health Plan

2020	77.1%
2019	80.6%
2018	80.6%
SPH	80.3%
QC	77.6%



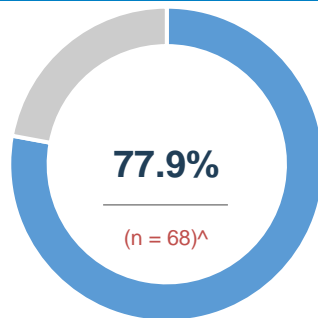
Rating of Health Care

2020	71.7%
2019	78.6%
2018	77.4%
SPH	76.9%
QC	75.4%



Rating of Personal Doctor

2020	74.3%	↓
2019	85.9%	
2018	81.1%	
SPH	84.2%	▼
QC	82.1%	▼



Rating of Specialist

2020	77.9%
2019	82.4%
2018	86.4%
SPH	84.7%
QC	82.3%

## 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 (↑), the 2018 score (↗) or benchmark (▲) score.

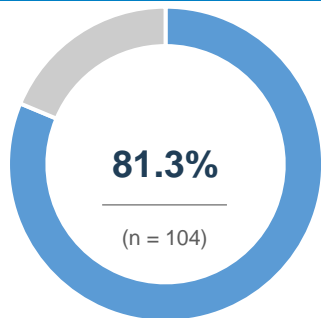
**Red** – Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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



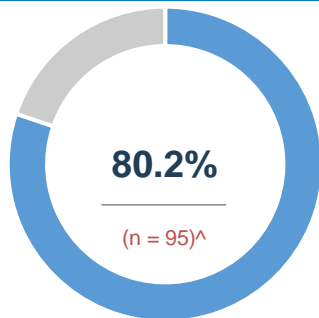
# Composite Summary Rate Scores (% Always or Usually)

Please see Technical Notes for more information.



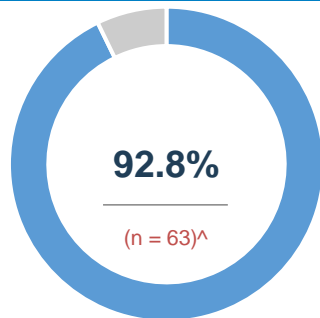
Getting Needed Care

2020	81.3%
2019	80.2%
2018	83.7%
SPH	83.5%
QC	82.5%



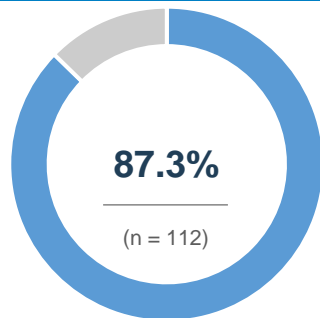
Getting Care Quickly

2020	80.2%
2019	84.3%
2018	83.2%
SPH	82.7%
QC	82.0%



Customer Service

2020	92.8%
2019	91.4%
2018	90.5%
SPH	89.4%
QC	88.8%



How Well Doctors Communicate

2020	87.3%	↓
2019	95.2%	
2018	91.4%	
SPH	93.2%	
QC	92.0%	

## 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 (↑), the 2018 score (↗) or benchmark (▲) score.

**Red** – Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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



## 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

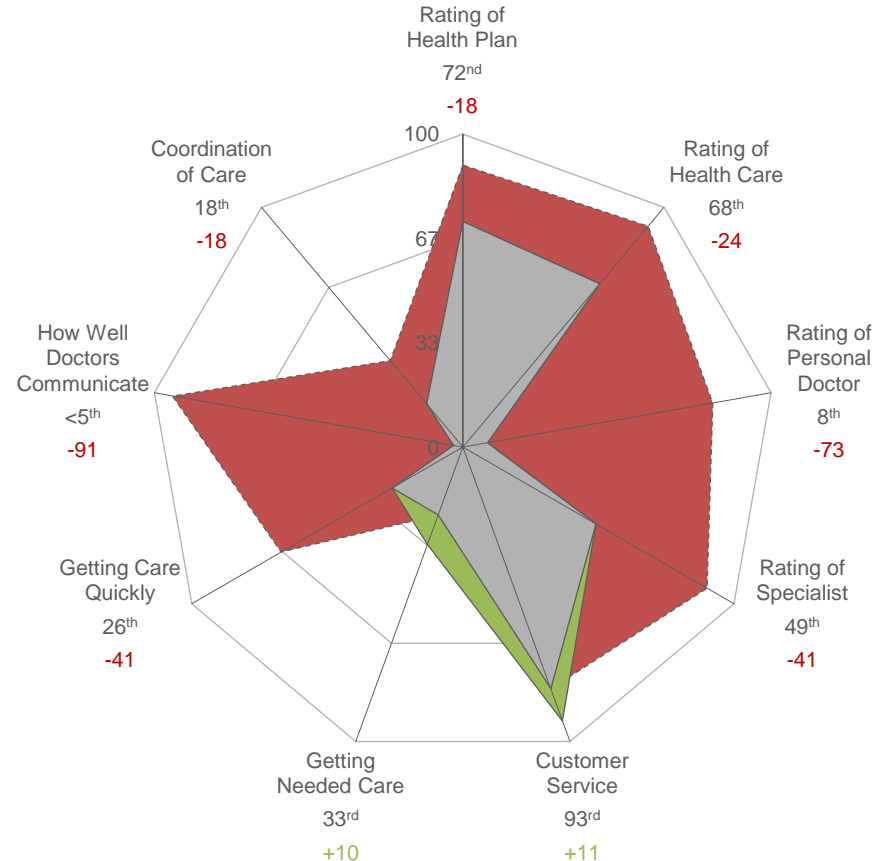
The percentile gap was closed compared to last year on the following measures:

- Getting Needed Care
- Customer Service

However, the percentile gap increased on these measures:

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

-  2020 Gap is **smaller** than 2019 Gap
-  2020 Gap is **larger** than 2019 Gap



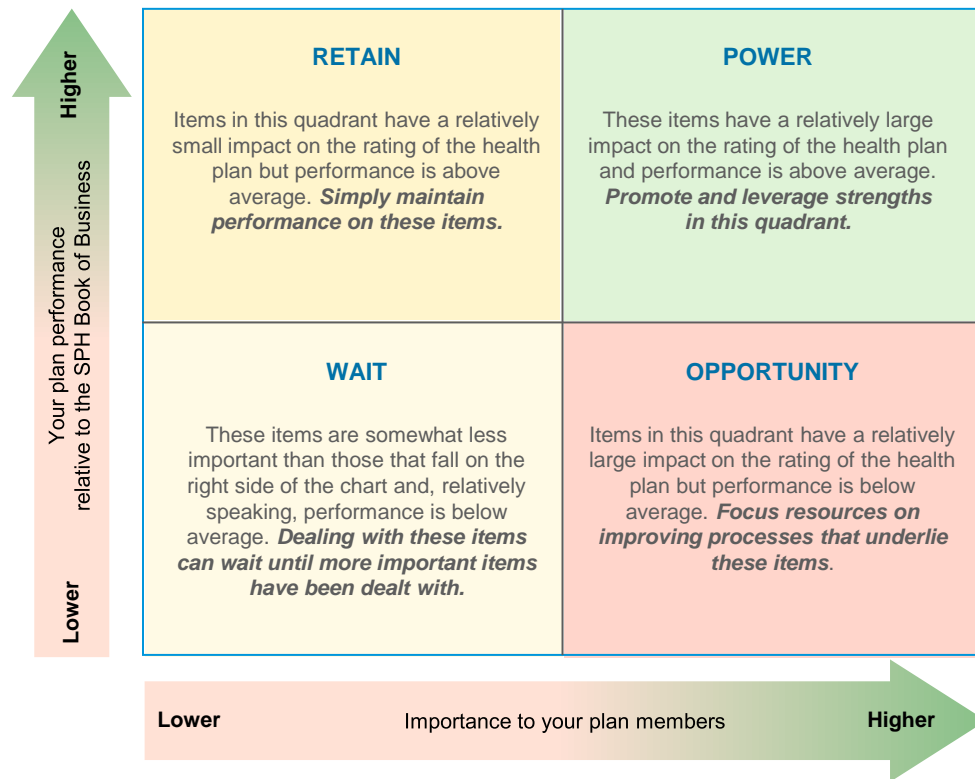
## POWeR™ CHART CLASSIFICATION MATRIX

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:

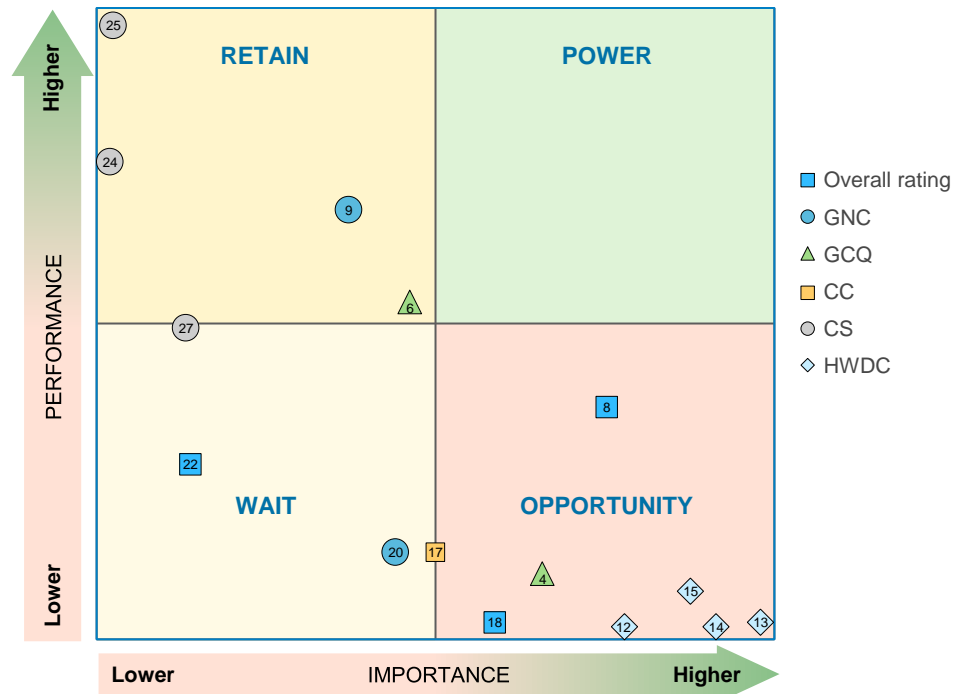
- Identification of the elements that are important in driving of the rating of the health plan.
- Measurement of the relative importance of each of these elements.
- Measurement of how well members think the plan performed on those important elements.
- Presentation of the importance/performance results in a matrix that provides clear direction for member satisfaction improvement efforts by the plan.



SURVEY MEASURE	SUMMARY RATE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
<b>POWER</b>			
None			
<b>OPPORTUNITY</b>			
Q13 Dr. listened carefully	87.5%	<5 <sup>th</sup>	1
Q14 Dr. showed respect	89.2%	<5 <sup>th</sup>	1
Q15 Dr. spent enough time	87.5%	8 <sup>th</sup>	1
Q12 Dr. explained things	84.8%	<5 <sup>th</sup>	1
Q8 Health care overall	57.2%	37 <sup>th</sup>	3
Q4 Got urgent care	79.4%	10 <sup>th</sup>	1
Q18 Personal doctor overall	60.3%	<5 <sup>th</sup>	1
Q17 Dr. informed about care	80.3%	14 <sup>th</sup>	2
<b>WAIT</b>			
Q20 Got specialist appt.	74.7%	14 <sup>th</sup>	2
Q22 Specialist overall	67.6%	28 <sup>th</sup>	2
Q27 Easy to fill out forms	95.7%	49 <sup>th</sup>	3
<b>RETAIN</b>			
Q6 Got routine care	81.0%	53 <sup>rd</sup>	3
Q9 Got care/tests/treatment	88.0%	68 <sup>th</sup>	4
Q25 CS courtesy/respect	98.4%	97 <sup>th</sup>	5
Q24 CS provided info./help	87.1%	76 <sup>th</sup>	4

## 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 **44<sup>th</sup> percentile** when compared to the SPH Book of Business benchmark

**64.0%**

Compared to last year, your Summary Rate Score (% 9 and 10) **decreased by -4.4%**. This result is not statistically significant.



Typical of industry drivers



Different from industry drivers

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.

## INDUSTRY KEY DRIVERS

High impact on Rating of Health Plan

KEY DRIVER	2020 SPH BoB
Q8 Health care overall	58.8%
Q18 Personal doctor overall	70.7%
Q22 Specialist overall	70.9%
Q25 CS courtesy/respect	94.6%
Q13 Dr. listened carefully	93.5%
Q14 Dr. showed respect	94.6%
Q24 CS provided info./help	84.3%
Q9 Got care/tests/treatment	86.3%

## ALIGNMENT

Are your key drivers typical of the industry?



These items have a relatively large impact on the Rating of Health Plan. **Leverage** these questions since they are important to your members and the Rating of Health Plan score for this plan.








## YOUR KEY DRIVERS

High impact on Rating of Health Plan

KEY DRIVER	SUMMARY RATE*	SPH BoB PERCENTILE	CLASSIFICATION
Q13 Dr. listened carefully	87.5%	<5 <sup>th</sup>	OPPORT
Q14 Dr. showed respect	89.2%	<5 <sup>th</sup>	OPPORT
Q15 Dr. spent enough time	87.5%	8 <sup>th</sup>	OPPORT
Q12 Dr. explained things	84.8%	<5 <sup>th</sup>	OPPORT
Q8 Health care overall	57.2%	37 <sup>th</sup>	OPPORT
Q4 Got urgent care	79.4%	10 <sup>th</sup>	OPPORT
Q18 Personal doctor overall	60.3%	<5 <sup>th</sup>	OPPORT
Q17 Dr. informed about care	80.3%	14 <sup>th</sup>	OPPORT

## Demographic Comparisons

Different demographic subgroups can have dissimilar experiences with your health plan.

 <p>Gender</p>	<table><tr><th></th><th>8 - 10</th><th>9 - 10</th></tr><tr><td><b>MALE</b> (n=62)</td><td>75.8%</td><td>61.3%</td></tr><tr><td><b>FEMALE</b> (n=110)</td><td>80.0%</td><td>67.3%</td></tr></table>		8 - 10	9 - 10	<b>MALE</b> (n=62)	75.8%	61.3%	<b>FEMALE</b> (n=110)	80.0%	67.3%	 <p>Age</p>	<table><tr><th></th><th>8 - 10</th><th>9 - 10</th></tr><tr><td><b>18 – 34</b> (n=37)</td><td>67.6%</td><td>56.8%</td></tr><tr><td><b>35 – 44</b> (n=28)</td><td>75.0%</td><td>60.7%</td></tr><tr><td><b>45 – 54</b> (n=31)</td><td>83.9%</td><td>71.0%</td></tr><tr><td><b>55 or older</b> (n=74)</td><td>81.1%</td><td>67.6%</td></tr></table>		8 - 10	9 - 10	<b>18 – 34</b> (n=37)	67.6%	56.8%	<b>35 – 44</b> (n=28)	75.0%	60.7%	<b>45 – 54</b> (n=31)	83.9%	71.0%	<b>55 or older</b> (n=74)	81.1%	67.6%	 <p>Education</p>	<table><tr><th></th><th>8 - 10</th><th>9 - 10</th></tr><tr><td><b>HS GRAD OR LESS</b> (n=130)</td><td>80.8%</td><td>66.9%</td></tr><tr><td><b>SOME COLLEGE OR MORE</b> (n=39)</td><td>66.7%</td><td>53.8%</td></tr></table>		8 - 10	9 - 10	<b>HS GRAD OR LESS</b> (n=130)	80.8%	66.9%	<b>SOME COLLEGE OR MORE</b> (n=39)	66.7%	53.8%			
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 <p>Health Status</p>	<table><tr><th></th><th>8 - 10</th><th>9 - 10</th></tr><tr><td><b>EXCELLENT/VERY GOOD</b> (n=46)</td><td>87.0%</td><td>80.4%</td></tr><tr><td><b>GOOD</b> (n=48)</td><td>75.0%</td><td>54.2%</td></tr><tr><td><b>FAIR/POOR</b> (n=78)</td><td>73.1%</td><td>61.5%</td></tr></table>		8 - 10	9 - 10	<b>EXCELLENT/VERY GOOD</b> (n=46)	87.0%	80.4%	<b>GOOD</b> (n=48)	75.0%	54.2%	<b>FAIR/POOR</b> (n=78)	73.1%	61.5%	 <p>Mental/Emotional Health Status</p>	<table><tr><th></th><th>8 - 10</th><th>9 - 10</th></tr><tr><td><b>EXCELLENT/VERY GOOD</b> (n=68)</td><td>76.5%</td><td>69.1%</td></tr><tr><td><b>GOOD</b> (n=37)</td><td>78.4%</td><td>59.5%</td></tr><tr><td><b>FAIR/POOR</b> (n=68)</td><td>77.9%</td><td>61.8%</td></tr></table>		8 - 10	9 - 10	<b>EXCELLENT/VERY GOOD</b> (n=68)	76.5%	69.1%	<b>GOOD</b> (n=37)	78.4%	59.5%	<b>FAIR/POOR</b> (n=68)	77.9%	61.8%	 <p>Data Collection</p>	<table><tr><th></th><th>8 – 10</th><th>9 - 10</th></tr><tr><td><b>MAIL</b> (n=150)</td><td>77.3%</td><td>64.0%</td></tr><tr><td><b>PHONE</b> (n=1)<sup>▲</sup></td><td>0.0%</td><td>0.0%</td></tr><tr><td><b>INTERNET</b> (n=24)</td><td>79.2%</td><td>66.7%</td></tr></table>		8 – 10	9 - 10	<b>MAIL</b> (n=150)	77.3%	64.0%	<b>PHONE</b> (n=1) <sup>▲</sup>	0.0%	0.0%	<b>INTERNET</b> (n=24)	79.2%	66.7%
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2020 Medicaid Adult Survey



# Estimated NCQA Health Insurance Plan Ratings

	2020 SUMMARY RATE	SUMMARY RATE DEFINITION	PERCENTILE RANK	ESTIMATED RATING
<b>CONSUMER SATISFACTION</b>				<b>3.0</b>
<b>GETTING CARE</b>				<b>2.0</b>
Getting Needed Care	81.3%	Usually + Always	33 <sup>rd</sup>	2.0
Getting Care Quickly	80.2%	Usually + Always	26 <sup>th</sup>	NA
<b>SATISFACTION WITH PLAN PHYSICIANS</b>				<b>2.5</b>
Rating of Personal Doctor	60.3%	9 + 10	8 <sup>th</sup>	1.0
Rating of Specialist	67.6%	9 + 10	49 <sup>th</sup>	NA
Rating of Health Care	57.2%	9 + 10	68 <sup>th</sup>	4.0
Coordination of Care	80.3%	Usually + Always	18 <sup>th</sup>	NA
<b>SATISFACTION WITH PLAN SERVICES</b>				<b>4.0</b>
Rating of Health Plan	64.0%	9 + 10	72 <sup>nd</sup>	4.0
<b>PREVENTION</b>				
Flu Vaccinations Adults Ages 18-64	50.6%	% Yes	87 <sup>th</sup>	4.0
<b>TREATMENT</b>				
Smoking Advice: Rolling Average	74.8%	Usually + Always + Sometimes	29 <sup>th</sup>	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 (10<sup>th</sup>, 33.33<sup>rd</sup>, 66.67<sup>th</sup> and 90<sup>th</sup>) 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 <sup>rd</sup> of plans but not bottom 10 <sup>th</sup>	Middle 3 <sup>rd</sup> of plans	Top 3 <sup>rd</sup> of plans, but not in the top 10 <sup>th</sup>	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 SCENARIO EXPLANATION

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 95%. SPH does not recommend additional oversampling.**

Based on the scenarios tested, holding everything else constant, an oversampling rate of 220% and above yields all reportable measures and a decrease on 1 measure. **This is an estimate only and cannot be used to predict NCQA star ratings.**

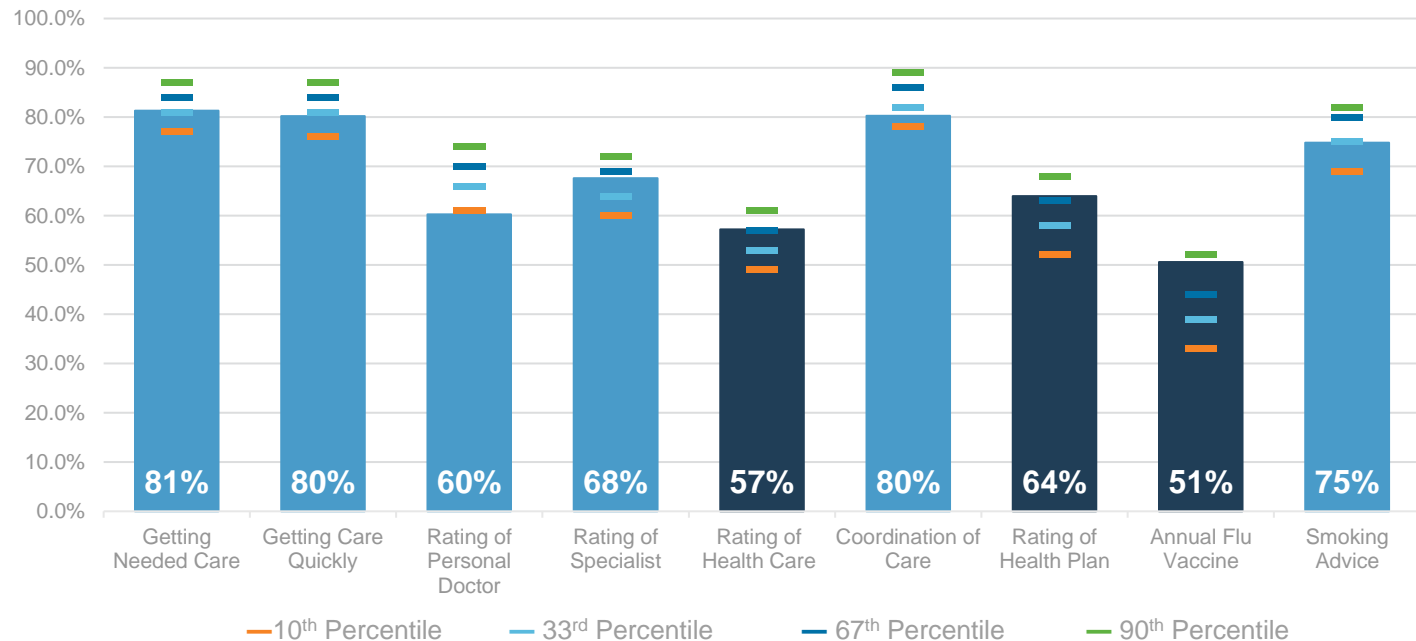
*In response to the COVID-19 pandemic, NCQA is not publishing Health Plan Ratings in 2020. These estimates are for informational purposes only.*

MEASURE NAME	ESTIMATED RATING	OVERSAMPLING SCENARIOS		
		0%	95% (Current)	≥ 220%
<b>CONSUMER SATISFACTION</b>	<b>3.0</b>	<b>NA</b>	<b>3.0</b>	<b>2.5</b>
<b>GETTING CARE</b>	<b>2.0</b>	<b>NA</b>	<b>2.0</b>	<b>2.0</b>
Getting Needed Care	2.0	NA	2.0	2.0
Getting Care Quickly	NA	NA	NA	2.0
<b>SATISFACTION WITH PLAN PHYSICIANS</b>	<b>2.5</b>	<b>NA</b>	<b>2.5</b>	<b>2.5</b>
Rating of Personal Doctor	1.0	NA	1.0	1.0
Rating of Specialist	NA	NA	NA	3.0
Rating of Health Care	4.0	NA	4.0	4.0
Coordination of Care	NA	NA	NA	2.0
<b>SATISFACTION WITH PLAN SERVICES</b>	<b>4.0</b>	<b>NA</b>	<b>4.0</b>	<b>4.0</b>
Rating of Health Plan	4.0	NA	4.0	4.0
<b>PREVENTION</b>				
Flu Vaccinations Adults Ages 18-64	4.0	NA	4.0	4.0
<b>TREATMENT</b>				
Smoking Advice: Rolling Average	2.0	NA	2.0	2.0

■ Higher Rating  
■ Lower Rating  
■ Reportable

## 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).



**Dark Blue** bar = Performing at or above 67<sup>th</sup> percentile

**Light Blue** bar = Performance below 67<sup>th</sup> percentile





## 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		SUMMARY RATE	PERCENTILE RANK	
Customer Service (% Always or Usually)	63	91.4%	92.8%	1.4%	88.8%	93 <sup>rd</sup>	4.0%
Rating of Health Plan (% 9 or 10)	175	68.4%	64.0%	-4.4%	60.3%	72 <sup>nd</sup>	3.7%
Rating of Health Care (% 9 or 10)	138	61.5%	57.2%	-4.3%	54.9%	68 <sup>th</sup>	2.3%

## 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		SUMMARY RATE	PERCENTILE RANK	
Coordination of Care (% Always or Usually)	61	83.0%	80.3%	-2.7%	83.6%	18 <sup>th</sup>	-3.3%
Rating of Personal Doctor (% 9 or 10)	136	71.4%	60.3% ↓	-11.1%	67.5%	8 <sup>th</sup>	-7.2%
How Well Doctors Communicate (% Always or Usually)	112	95.2%	87.3% ↓	-7.9%	92.0%	<5 <sup>th</sup>	-4.7%

### 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 (↓) or benchmark (▼) score.

## 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 – 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 – 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.

### 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.

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

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## Measure Details and Scoring

- Louisiana Healthcare Connections (Centene LA)

## 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.



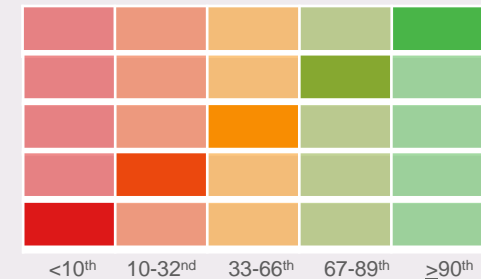
Analyses presented in this section include:

- 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\*

### Percentile Rankings

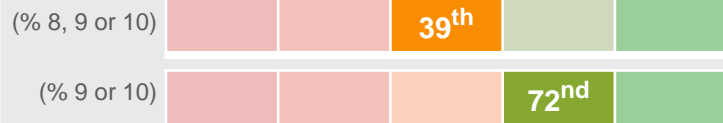


\* The Customer Service and How Well Doctors Communicate measures are not used for NCQA ratings.

# Rating of Health Plan: Measure

Please see Technical Notes for more information.

## PERCENTILE RANKING 2019 QC ALL PLANS



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

### POWER

Promote and Leverage Strengths

None

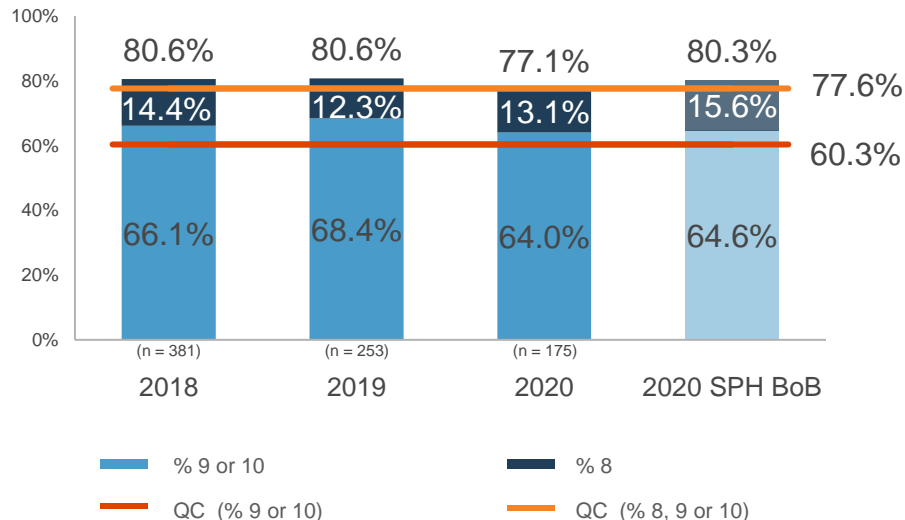
### OPPORTUNITIES

Focus Resources on Improving Processes That Underlie These Items

- Q13** Dr. listened carefully
- Q14** Dr. showed respect
- Q15** Dr. spent enough time
- Q12** Dr. explained things
- Q8** Health care overall
- Q4** Got urgent care
- Q18** Personal doctor overall
- Q17** Dr. informed about care

## RATING OF HEALTH PLAN

% 8, 9 or 10



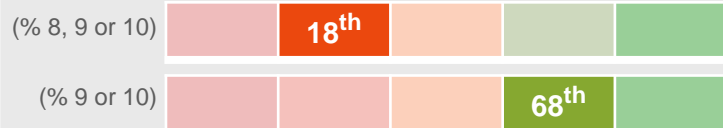
### Significance Testing

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

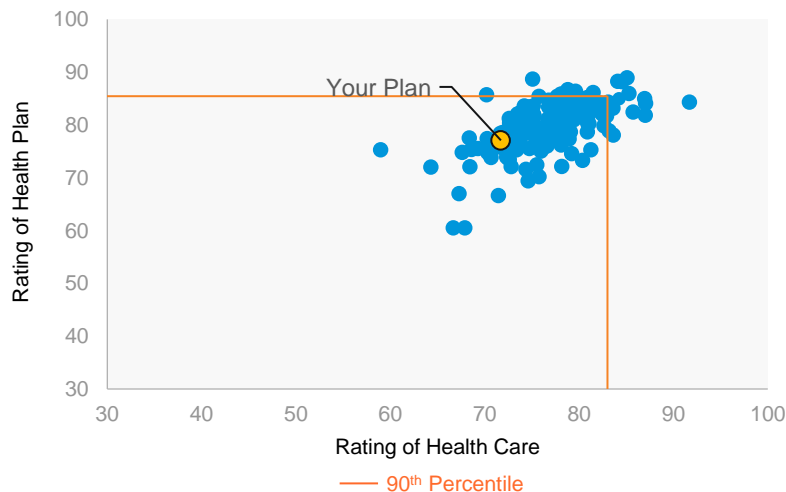
Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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

## PERCENTILE RANKING 2019 QC ALL PLANS

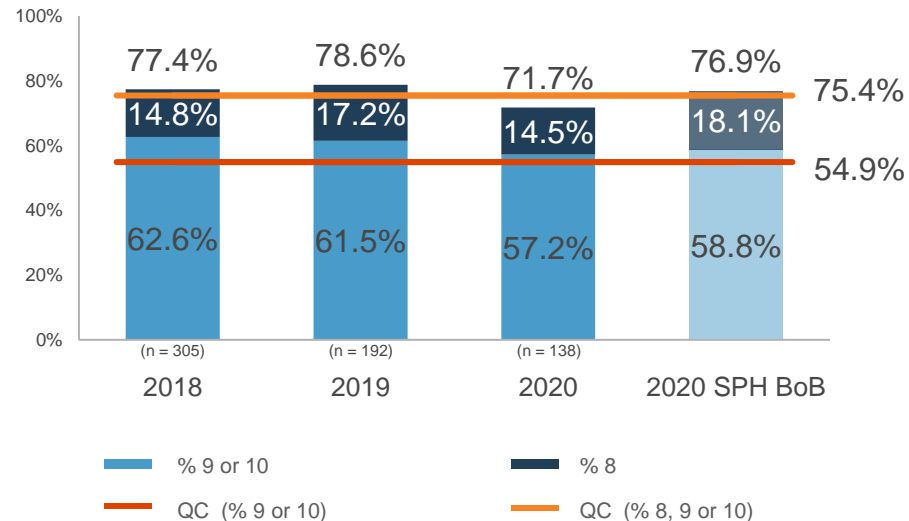


## SPH BOOK OF BUSINESS DISTRIBUTION



## RATING OF HEALTH CARE

% 8, 9 or 10



### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

## PERCENTILE RANKING 2019 QC ALL PLANS

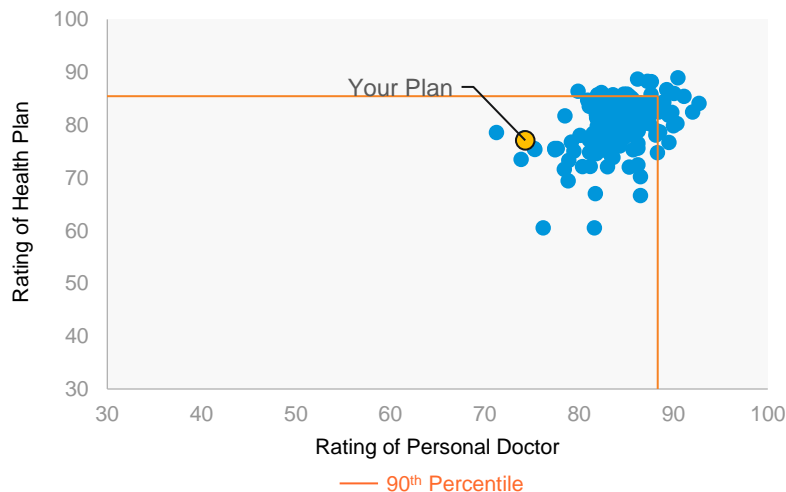
(% 8, 9 or 10)

<5<sup>th</sup>

(% 9 or 10)

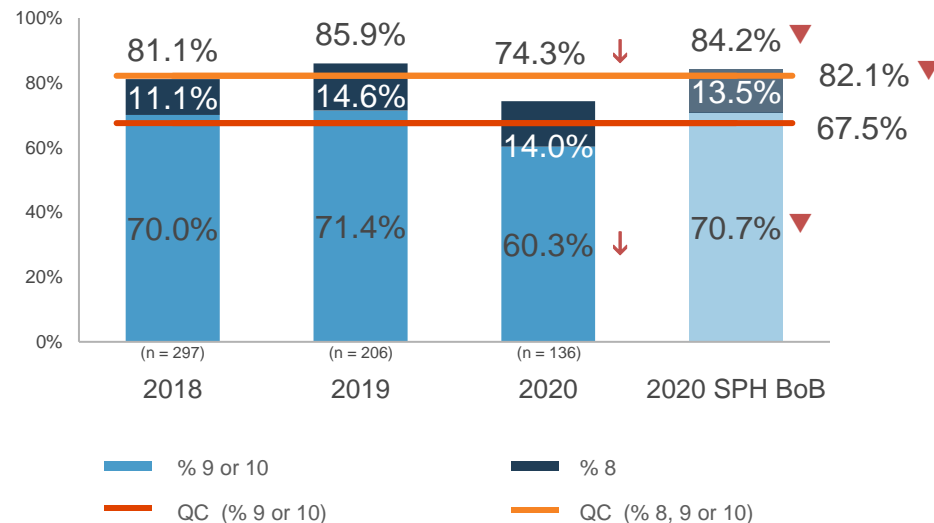
8<sup>th</sup>

## SPH BOOK OF BUSINESS DISTRIBUTION



## RATING OF PERSONAL DOCTOR

% 8, 9 or 10



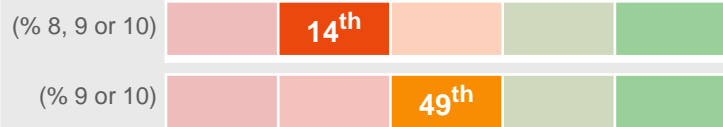
### Significance Testing

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

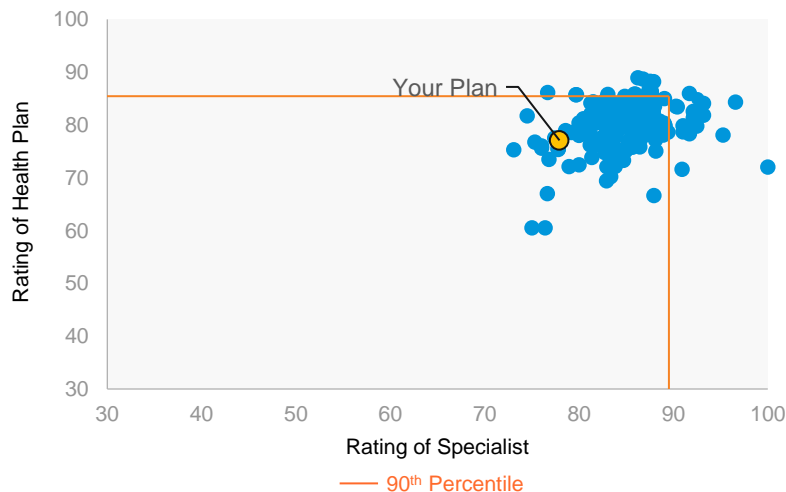
Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

## PERCENTILE RANKING 2019 QC ALL PLANS

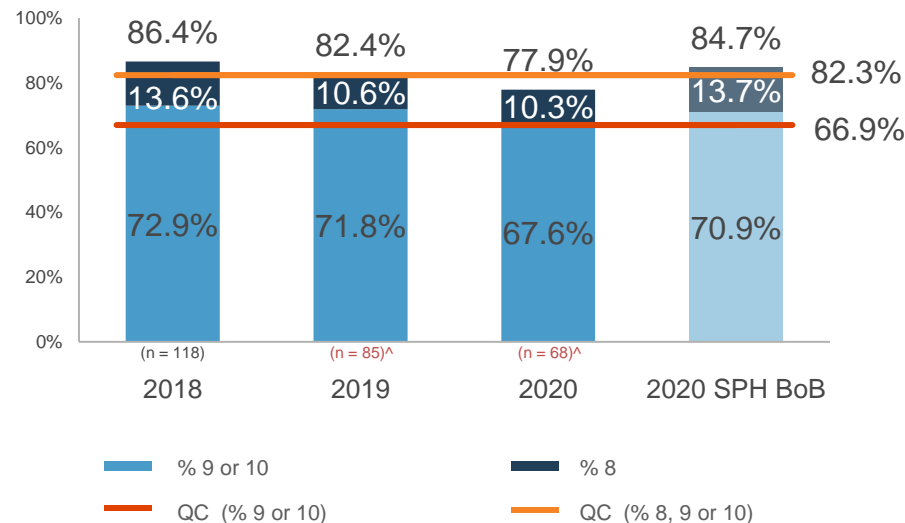


## SPH BOOK OF BUSINESS DISTRIBUTION



## RATING OF SPECIALIST

% 8, 9 or 10



### Significance Testing

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

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

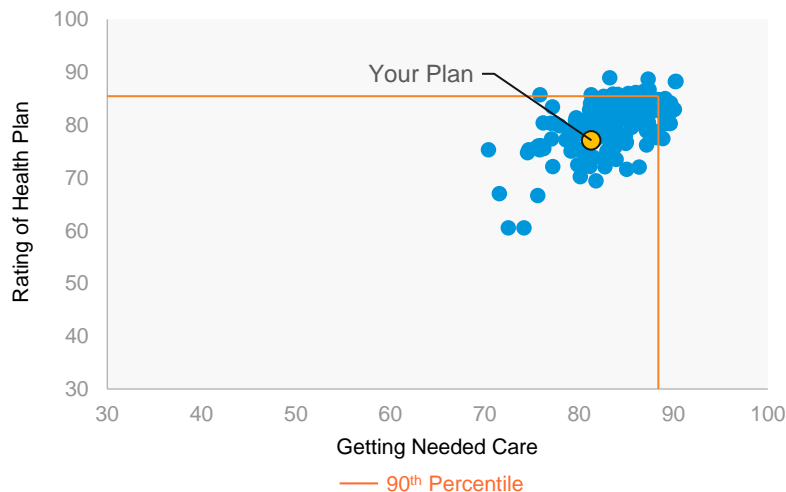
<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.



## PERCENTILE RANKING 2019 QC ALL PLANS

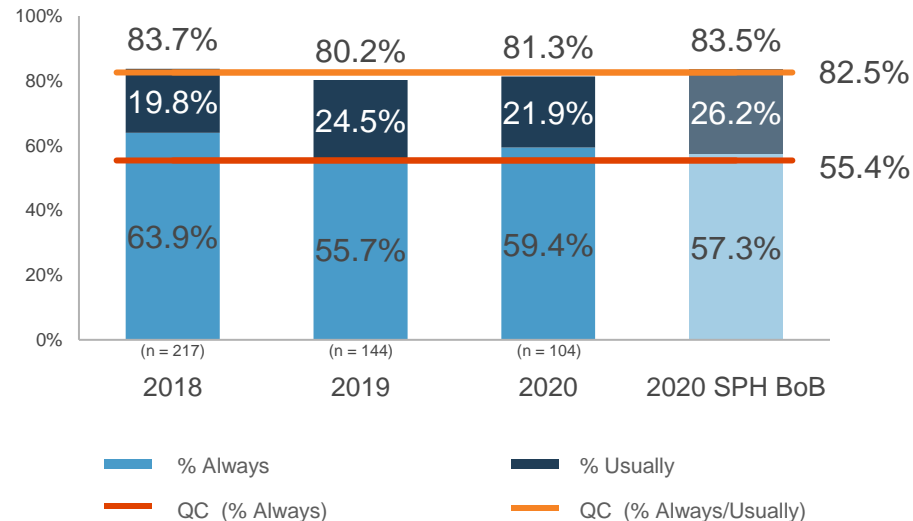


## SPH BOOK OF BUSINESS DISTRIBUTION



## GETTING NEEDED CARE

% Always or Usually



### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

## GETTING NEEDED CARE QUESTIONS

The Getting Needed Care composite score is calculated by taking the average of two questions:

- Q9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- Q20. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

### 2020 GETTING NEEDED CARE COMPOSITE SUMMARY RATE SCORE

81.3%

### Gate Questions

Q19. Made appointments to see a specialist in the last 6 months

Valid n	Yes
174	43.1%

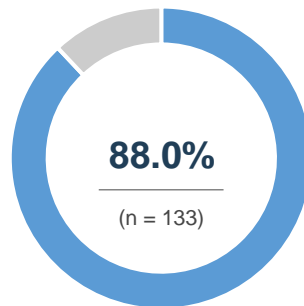
### Significance Testing

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

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

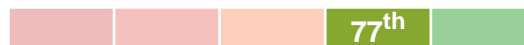
^Denominator less than 100. NCQA will assign an NA to this measure.

### Q9. GETTING CARE, TESTS, OR TREATMENT % Always or Usually

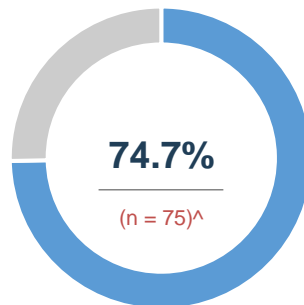


2020	88.0%
2019	85.1%
2018	84.1%
SPH	86.3%
QC	84.8%

Percentile Ranking 2019 QC All Plans



### Q20. GETTING SPECIALIST APPOINTMENT % Always or Usually



2020	74.7%
2019	75.3%
2018	83.3%
SPH	80.7%
QC	80.3%

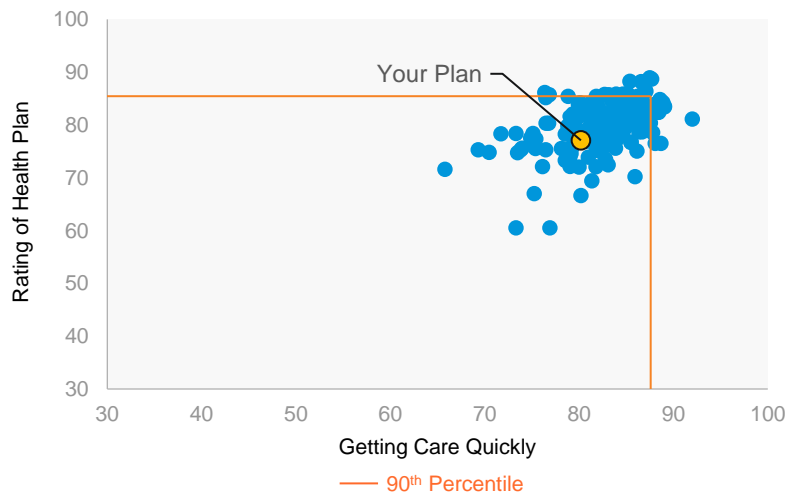
Percentile Ranking 2019 QC All Plans



## PERCENTILE RANKING 2019 QC ALL PLANS

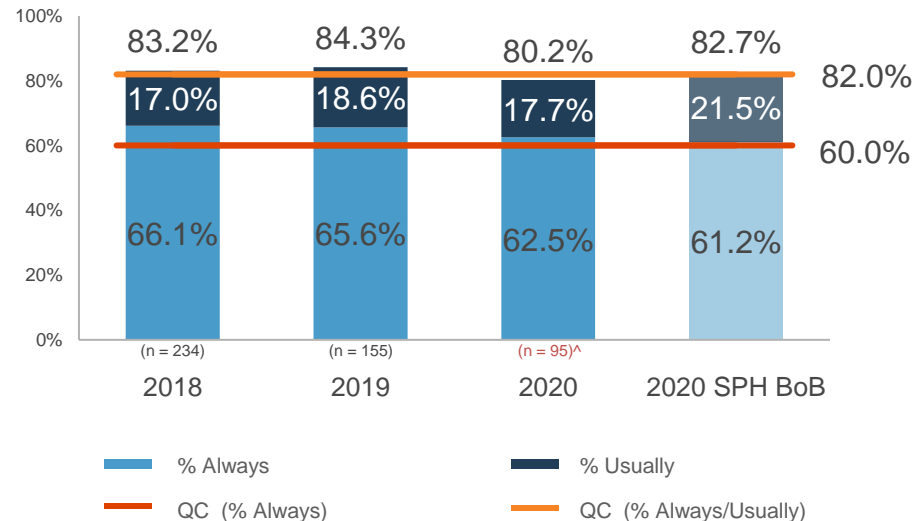


## SPH BOOK OF BUSINESS DISTRIBUTION



## GETTING CARE QUICKLY

% Always or Usually



### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

## GETTING CARE QUICKLY QUESTIONS

The Getting Care Quickly composite score is calculated by taking the average of two questions:

- Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

### 2020 GETTING CARE QUICKLY COMPOSITE SUMMARY RATE SCORE

80.2%

### Gate Questions

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

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

Valid n	Yes
172	40.7%
172	72.7%

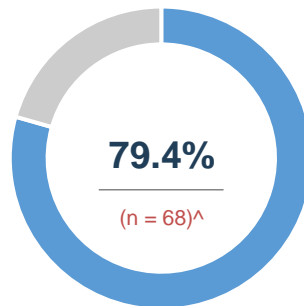
### Significance Testing

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

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

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

### Q4. GETTING URGENT CARE % Always or Usually

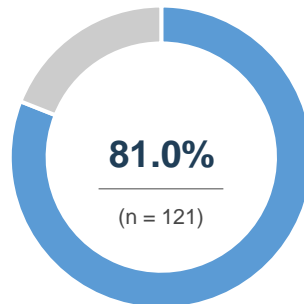


2020	79.4%
2019	86.7%
2018	83.4%
SPH	85.0%
QC	85.1%

Percentile Ranking 2019 QC All Plans



### Q6. GETTING ROUTINE CARE % Always or Usually



2020	81.0%
2019	81.9%
2018	82.9%
SPH	80.4%
QC	79.3%

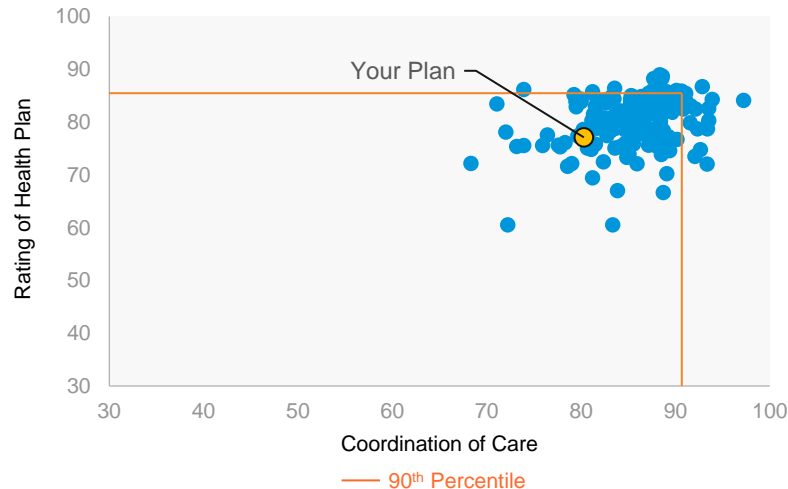
Percentile Ranking 2019 QC All Plans



## PERCENTILE RANKING 2019 QC ALL PLANS

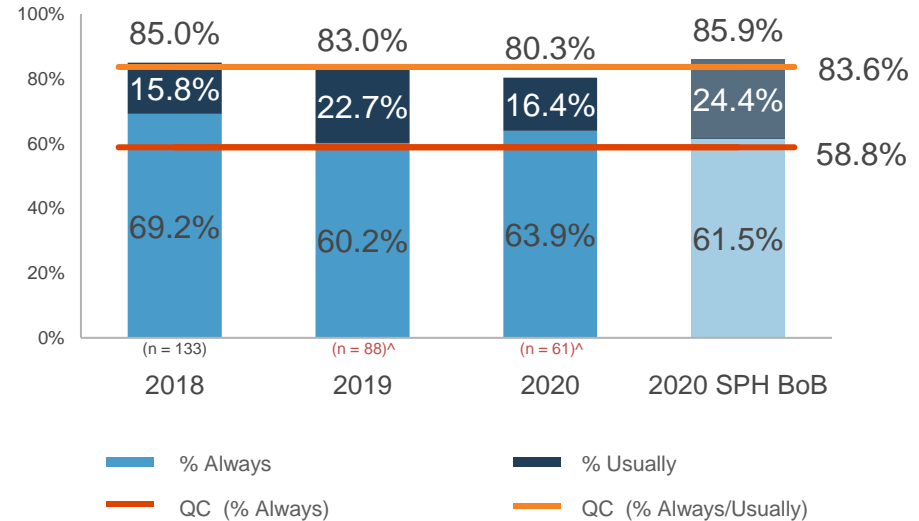


## SPH BOOK OF BUSINESS DISTRIBUTION



## COORDINATION OF CARE

% Always or Usually



### Significance Testing

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

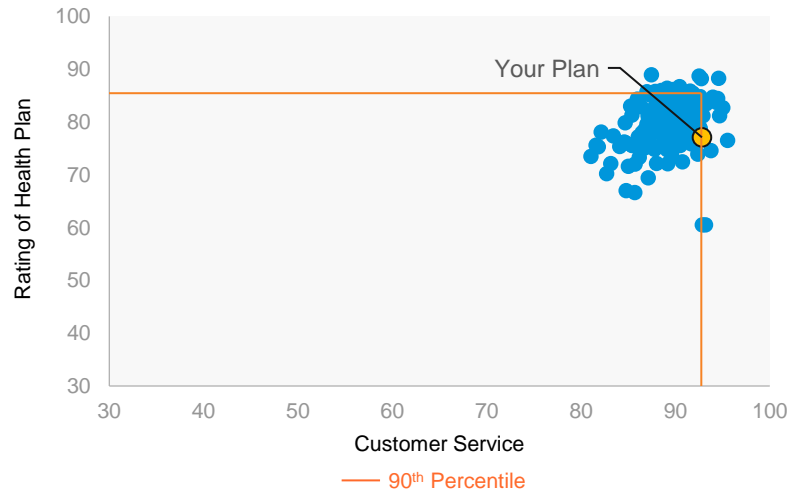
Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

## PERCENTILE RANKING 2019 QC ALL PLANS

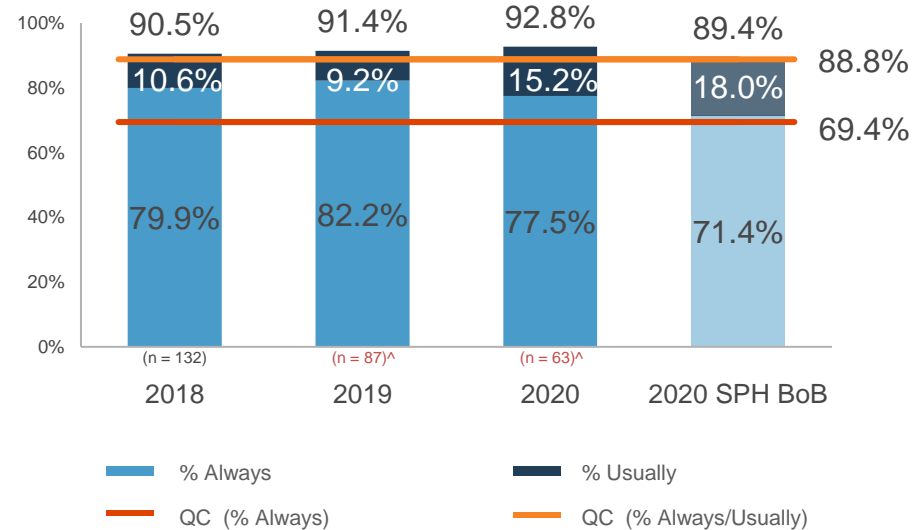


## SPH BOOK OF BUSINESS DISTRIBUTION



## CUSTOMER SERVICE

% Always or Usually



### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

## 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

92.8%

### Gate Questions

Q23. Tried to get information or help from health plan's customer service

Valid n	Yes
173	38.2%

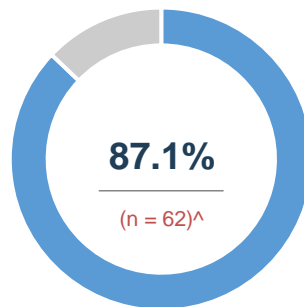
### Significance Testing

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

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

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

### Q24. PROVIDED INFORMATION OR HELP % Always or Usually

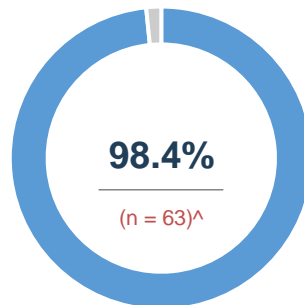


2020	87.1%
2019	86.2%
2018	87.0%
SPH	84.3%
QC	83.3%

Percentile Ranking 2019 QC All Plans



### Q25. TREATED WITH COURTESY AND RESPECT % Always or Usually



2020	98.4%
2019	96.6%
2018	94.0%
SPH	94.6% ▲
QC	94.3% ▲

Percentile Ranking 2019 QC All Plans





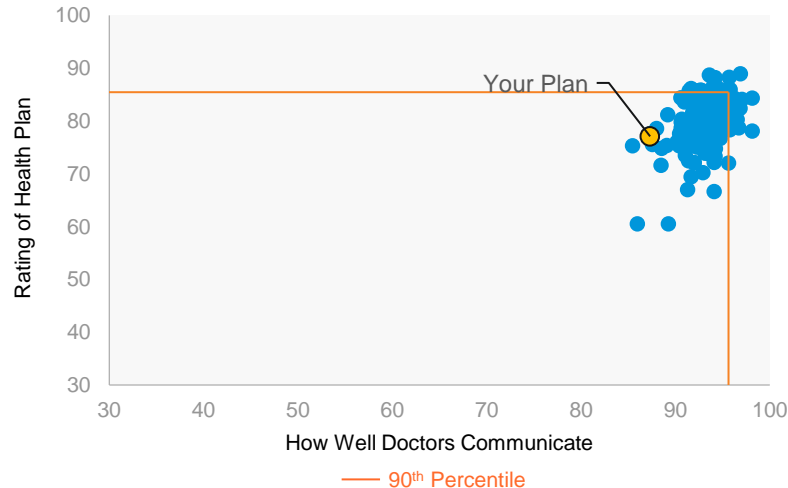
# How Well Doctors Communicate: Composite\*

Please see Technical Notes for more information.

## PERCENTILE RANKING 2019 QC ALL PLANS

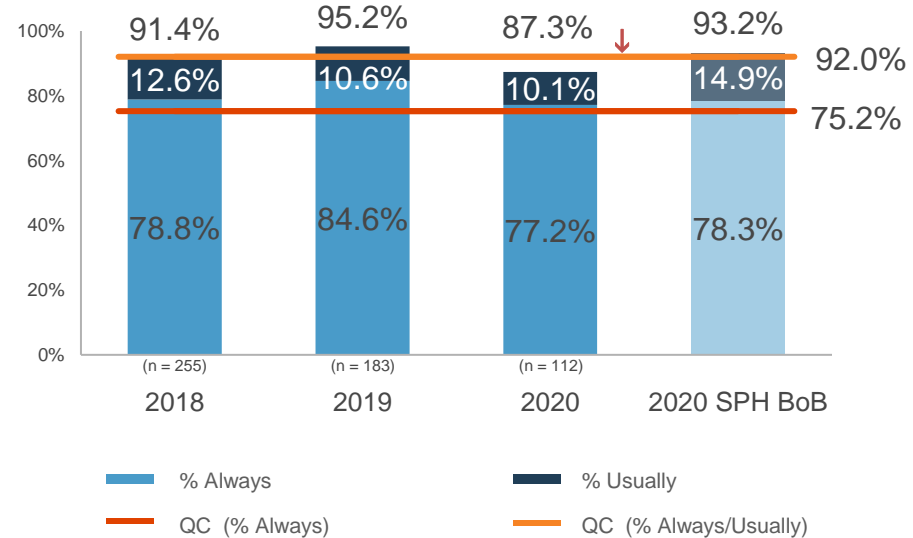


## SPH BOOK OF BUSINESS DISTRIBUTION



## HOW WELL DOCTORS COMMUNICATE

% Always or Usually



### Significance Testing

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

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

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





# 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



87.3%

#### Gate Questions

	Valid n	Yes
Q10. Have a personal doctor	173	82.1%

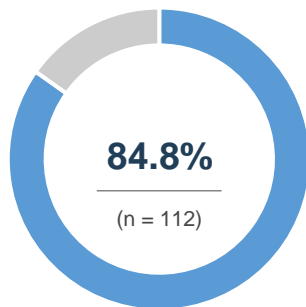
#### Significance Testing

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

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

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

### Q12. PERSONAL DOCTOR EXPLAINED THINGS % Always or Usually

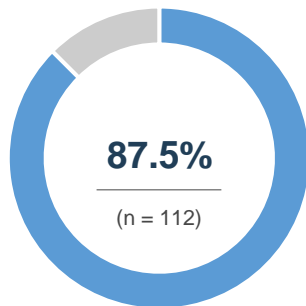


2020	84.8%	↓
2019	95.7%	
2018	90.2%	
SPH	93.5%	▼
QC	92.2%	▼

Percentile Ranking 2019 QC All Plans



### Q13. PERSONAL DOCTOR LISTENED CAREFULLY % Always or Usually



2020	87.5%	↓
2019	96.7%	
2018	92.5%	
SPH	93.5%	
QC	92.3%	

Percentile Ranking 2019 QC All Plans





# 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



87.3%

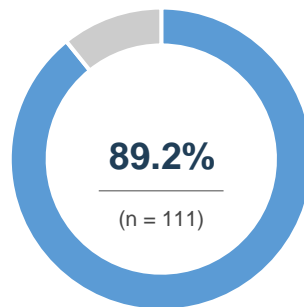
#### Significance Testing

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

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

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

### Q14. PERSONAL DOCTOR SHOWED RESPECT % Always or Usually

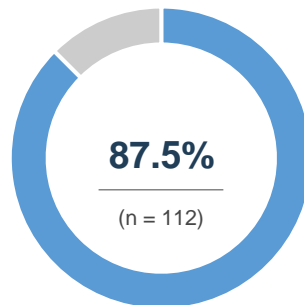


2020	89.2%	↓
2019	96.7%	
2018	93.7%	
SPH	94.6%	
QC	93.6%	

Percentile Ranking 2019 QC All Plans



### Q15. PERSONAL DOCTOR SPENT ENOUGH TIME % Always or Usually



2020	87.5%
2019	91.8%
2018	89.0%
SPH	91.5%
QC	89.9%

Percentile Ranking 2019 QC All Plans





# Summary of Trend and Benchmarks

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Summary Rate Scores and Percentile Rankings

- Louisiana Healthcare Connections (Centene LA)



# Summary of Trend and Benchmarks: Section Information

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 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 (↑), the 2018 score (⇕) or benchmark (▲) score.

**Red** – Current year score is significantly lower than the 2019 score (↓), the 2018 score (⇕) or benchmark (▼) 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.

## Available Benchmarks

The following benchmarks are used throughout the report.

	<b>2019 Quality Compass® All Plans</b>	<b>2019 NCQA 1-100 Benchmark</b>	<b>2020 SPH Analytics Book of Business</b>
	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 administer the 2020 CAHPS 5.0H survey and submitted data to NCQA.
<b>PROS</b>	<ul style="list-style-type: none"> <li>Contains more plans than Public Report</li> <li>Is presented in NCQA's The State of Health Care Quality</li> </ul>	<ul style="list-style-type: none"> <li>Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass® All Plans benchmark</li> </ul>	<ul style="list-style-type: none"> <li>Provides a benchmark for each question from the survey</li> <li>Permits precise percentile ranking of plan compared to benchmark</li> <li>Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark</li> </ul>
<b>CONS</b>	<ul style="list-style-type: none"> <li>Only contains benchmarks for certain key questions, composites, and rating questions</li> </ul>	<ul style="list-style-type: none"> <li>Only contains benchmarks for certain key questions, composites, and rating questions</li> </ul>	<ul style="list-style-type: none"> <li>Contains fewer plans than the Public Report and the Quality Compass® All Plans Benchmarks</li> </ul>
<b>SIZE</b>	165 Plans / 57,645 Respondents	165 Plans	152 Plans / 43,902 Respondents

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK
Rating Questions (% 9 or 10)						
★ Q28. Rating of Health Plan	175	66.1%	68.4%	64.0%	64.6%	60.3%
★ Q8. Rating of Health Care	138	62.6%	61.5%	57.2%	58.8%	54.9%
★ Q18. Rating of Personal Doctor	136	70.0%	71.4%	60.3% ↓	70.7% ▼	67.5%
★ Q22. Rating of Specialist	68^	72.9%	71.8%	67.6%	70.9%	66.9%
Rating Questions (% 8, 9 or 10)						
Q28. Rating of Health Plan	175	80.6%	80.6%	77.1%	80.3%	77.6%
Q8. Rating of Health Care	138	77.4%	78.6%	71.7%	76.9%	75.4%
Q18. Rating of Personal Doctor	136	81.1%	85.9%	74.3% ↓	84.2% ▼	82.1% ▼
Q22. Rating of Specialist	68^	86.4%	82.4%	77.9%	84.7%	82.3%
Effectiveness of Care Measures						
★ Q31. Flu Vaccinations (Adults 18-64) (% Yes)	166	35.1%	42.5%	50.6% ↑	44.1%	41.8% ▲
★ Q33. Advising Smokers and Tobacco Users to Quit: Rolling Average	147	75.7%	78.5%	74.8%	77.8%	76.7%
Q34. Discussing Cessation Medications: Rolling Average	148	49.7%	47.4%	49.3%	56.1%	52.9%
Q35. Discussing Cessation Strategies: Rolling Average	147	44.5%	45.8%	44.9%	50.2%	46.4%

9

Total Star  
Rating


Measures

4

Above QC  
Benchmark

5

At or Below  
QC  
Benchmark

## COMPOSITES, ATTRIBUTES, AND KEY QUESTIONS

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK
★ Getting Needed Care (% Always or Usually)	104	83.7%	80.2%	81.3%	83.5%	82.5%
Q9. Getting care, tests, or treatment	133	84.1%	85.1%	88.0%	86.3%	84.8%
Q20. Getting specialist appointment	75 <sup>^</sup>	83.3%	75.3%	74.7%	80.7%	80.3%
★ Getting Care Quickly (% Always or Usually)	95 <sup>^</sup>	83.2%	84.3%	80.2%	82.7%	82.0%
Q4. Getting urgent care	68 <sup>^</sup>	83.4%	86.7%	79.4%	85.0%	85.1%
Q6. Getting routine care	121	82.9%	81.9%	81.0%	80.4%	79.3%
Other Measure (% Always or Usually)						
★ Q17. Coordination of Care	61 <sup>^</sup>	85.0%	83.0%	80.3%	85.9%	83.6%

9

Total Star  
Rating


Measures

4

Above QC  
Benchmark

5

At or Below  
QC  
Benchmark

## OTHER MEASURES

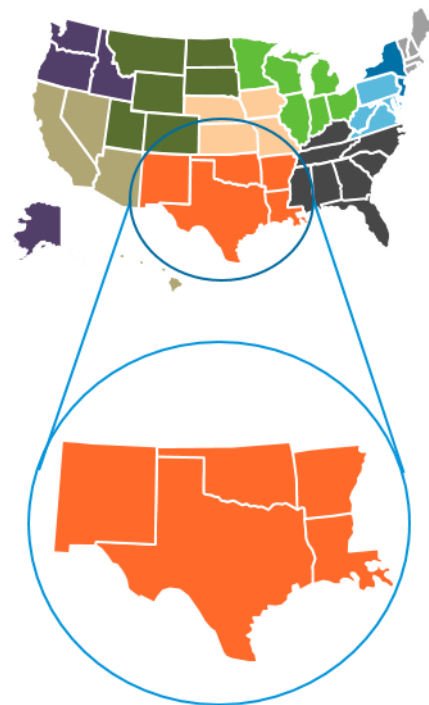
(Not used for accreditation/ratings)

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK
Other Measure (% Always or Usually)						
Q27. Ease of filling out forms	162	97.6%	95.3%	95.7%	95.6%	94.4%
Health Plan Customer Service (% Always or Usually)	63^	90.5%	91.4%	92.8%	89.4%	88.8%
Q24. Provided information or help	62^	87.0%	86.2%	87.1%	84.3%	83.3%
Q25. Treated with courtesy and respect	63^	94.0%	96.6%	98.4%	94.6% ▲	94.3% ▲
How Well Doctors Communicate (% Always or Usually)	112	91.4%	95.2%	87.3% ↓	93.2%	92.0%
Q12. Personal doctors explained things	112	90.2%	95.7%	84.8% ↓	93.5% ▼	92.2% ▼
Q13. Personal doctors listened carefully	112	92.5%	96.7%	87.5% ↓	93.5%	92.3%
Q14. Personal doctors showed respect	111	93.7%	96.7%	89.2% ↓	94.6%	93.6%
Q15. Personal doctors spent enough time	112	89.0%	91.8%	87.5%	91.5%	89.9%



	SUMMARY RATE	2020 SPH BoB REGION
<b>Rating Questions (% 9 or 10)</b>		
Q28. Rating of Health Plan	64.0%	67.5%
Q8. Rating of Health Care	57.2%	61.2%
Q18. Rating of Personal Doctor	60.3% ❖	69.0%
Q22. Rating of Specialist	67.6%	72.4%
<b>Rating Questions (% 8, 9 or 10)</b>		
Q28. Rating of Health Plan	77.1%	81.2%
Q8. Rating of Health Care	71.7%	77.3%
Q18. Rating of Personal Doctor	74.3% ❖	83.2%
Q22. Rating of Specialist	77.9%	85.3%
<b>Getting Needed Care (% Always or Usually)</b>		
Q9. Getting care, tests, or treatment	88.0%	84.7%
Q20. Getting specialist appointment	74.7%	81.2%
<b>Getting Care Quickly (% Always or Usually)</b>		
Q4. Getting urgent care	79.4%	84.1%
Q6. Getting routine care	81.0%	79.4%
<b>Coordination of Care (Q17) (% Always or Usually)</b>		
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	50.6%	47.4%
<b>Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)</b>		
Q33. Advising Smokers and Tobacco Users to Quit	74.8%	72.6%
Q34. Discussing Cessation Medications	49.3%	50.6%
Q35. Discussing Cessation Strategies	44.9%	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

## Significance Testing

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



# Percentile Rankings – Quality Compass (MAS)

Please see Technical Notes for more information.

	2020 Plan		National Percentiles from 2019 Quality Compass (MAS)								
	Score	Percentile	5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
<b>Rating Questions (% 9 or 10)</b>											
Q28. Rating of Health Plan	64.0%	72 <sup>nd</sup>	49.51	51.93	56.67	58.05	61.38	63.29	64.34	67.66	69.37
Q8. Rating of Health Care	57.2%	68 <sup>th</sup>	45.42	48.54	51.64	52.79	54.96	56.93	58.37	60.82	64.19
Q18. Rating of Personal Doctor	60.3%	8 <sup>th</sup>	58.15	60.78	64.66	65.96	67.75	69.86	70.55	74.42	75.45
Q22. Rating of Specialist	67.6%	49 <sup>th</sup>	58.68	60.32	63.30	64.49	67.73	69.18	70.45	71.76	73.50
<b>Rating Questions (% 8, 9 or 10)</b>											
Q28. Rating of Health Plan	77.1%	39 <sup>th</sup>	68.24	70.87	74.31	76.34	78.45	80.00	80.92	83.00	84.13
Q8. Rating of Health Care	71.7%	18 <sup>th</sup>	67.84	70.19	72.83	73.54	75.43	77.10	78.11	81.29	82.12
Q18. Rating of Personal Doctor	74.3%	<5 <sup>th</sup>	76.29	77.53	79.78	80.62	82.34	83.78	84.62	86.54	88.08
Q22. Rating of Specialist	77.9%	14 <sup>th</sup>	75.66	77.00	79.40	80.87	82.62	84.41	85.22	86.67	87.59
<b>Getting Needed Care (% Always or Usually)</b>	<b>81.3%</b>	<b>33<sup>rd</sup></b>	<b>73.96</b>	<b>76.88</b>	<b>80.53</b>	<b>81.27</b>	<b>83.06</b>	<b>84.48</b>	<b>85.47</b>	<b>86.84</b>	<b>88.18</b>
Q9. Getting care, tests, or treatment	88.0%	77 <sup>th</sup>	76.80	79.40	82.44	83.33	85.35	87.05	87.61	90.00	91.26
Q20. Getting specialist appointment	74.7%	11 <sup>th</sup>	71.70	73.33	77.94	79.41	80.88	82.41	83.26	85.95	86.78
<b>Getting Care Quickly (% Always or Usually)</b>	<b>80.2%</b>	<b>26<sup>th</sup></b>	<b>73.66</b>	<b>76.06</b>	<b>80.02</b>	<b>80.95</b>	<b>82.34</b>	<b>84.26</b>	<b>85.08</b>	<b>86.74</b>	<b>87.89</b>
Q4. Getting urgent care	79.4%	9 <sup>th</sup>	77.87	80.00	83.10	83.76	85.33	87.04	87.69	89.83	90.74
Q6. Getting routine care	81.0%	56 <sup>th</sup>	67.90	70.49	76.67	78.67	80.10	82.05	83.33	85.78	86.73
<b>Coordination of Care (Q17) (% Always or Usually)</b>	<b>80.3%</b>	<b>18<sup>th</sup></b>	<b>75.33</b>	<b>78.02</b>	<b>81.46</b>	<b>82.24</b>	<b>84.15</b>	<b>85.61</b>	<b>86.36</b>	<b>88.89</b>	<b>90.08</b>
<b>Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)</b>	<b>50.6%</b>	<b>87<sup>th</sup></b>	<b>28.10</b>	<b>33.25</b>	<b>36.94</b>	<b>39.41</b>	<b>42.16</b>	<b>44.27</b>	<b>45.41</b>	<b>51.64</b>	<b>54.34</b>
<b>Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)</b>											
Q33. Advising Smokers and Tobacco Users to Quit	74.8%	29 <sup>th</sup>	66.09	68.80	74.02	75.25	77.84	79.56	80.20	82.01	84.33
Q34. Discussing Cessation Medications	49.3%	26 <sup>th</sup>	38.07	42.47	49.05	50.86	53.45	56.25	58.21	62.74	63.92
Q35. Discussing Cessation Strategies	44.9%	42 <sup>nd</sup>	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 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
<b>Rating Questions (% 9 or 10)</b>											
Q28. Rating of Health Plan	64.0%	44 <sup>th</sup>	54.12	57.62	61.50	62.42	64.67	66.94	68.05	70.76	72.87
Q8. Rating of Health Care	57.2%	37 <sup>th</sup>	49.44	51.93	55.34	56.89	58.92	61.31	62.30	64.68	67.39
Q18. Rating of Personal Doctor	60.3%	<5 <sup>th</sup>	62.66	64.76	68.12	68.69	70.31	72.05	73.21	76.52	78.37
Q22. Rating of Specialist	67.6%	28 <sup>th</sup>	61.37	63.30	67.42	68.35	71.23	73.38	74.22	77.52	78.66
<b>Rating Questions (% 8, 9 or 10)</b>											
Q28. Rating of Health Plan	77.1%	25 <sup>th</sup>	72.13	74.82	77.14	78.40	80.42	82.58	83.60	85.36	85.92
Q8. Rating of Health Care	71.7%	13 <sup>th</sup>	68.74	71.11	74.19	75.20	77.30	78.80	79.89	82.86	84.46
Q18. Rating of Personal Doctor	74.3%	<5 <sup>th</sup>	77.50	79.96	81.93	82.71	84.03	85.39	86.49	88.37	89.76
Q22. Rating of Specialist	77.9%	9 <sup>th</sup>	76.67	78.72	82.26	83.08	84.85	86.36	87.26	89.92	92.08
<b>Getting Needed Care (% Always or Usually)</b>	<b>81.3%</b>	<b>30<sup>th</sup></b>	<b>75.70</b>	<b>77.11</b>	<b>81.00</b>	<b>81.44</b>	<b>82.92</b>	<b>85.07</b>	<b>86.80</b>	<b>88.35</b>	<b>89.29</b>
Q9. Getting care, tests, or treatment	88.0%	68 <sup>th</sup>	78.88	80.81	83.74	84.60	86.67	87.92	88.65	90.57	91.31
Q20. Getting specialist appointment	74.7%	14 <sup>th</sup>	70.51	73.62	76.34	77.49	80.00	82.61	84.47	87.37	87.97
<b>Getting Care Quickly (% Always or Usually)</b>	<b>80.2%</b>	<b>31<sup>st</sup></b>	<b>74.91</b>	<b>76.47</b>	<b>79.69</b>	<b>80.67</b>	<b>82.71</b>	<b>84.44</b>	<b>85.64</b>	<b>87.52</b>	<b>88.42</b>
Q4. Getting urgent care	79.4%	10 <sup>th</sup>	76.85	79.30	82.28	83.06	84.69	86.94	87.93	90.50	91.96
Q6. Getting routine care	81.0%	53 <sup>rd</sup>	71.29	73.18	76.34	77.96	80.65	82.26	83.61	86.00	87.66
<b>Coordination of Care (Q17) (% Always or Usually)</b>	<b>80.3%</b>	<b>14<sup>th</sup></b>	<b>77.62</b>	<b>79.78</b>	<b>82.64</b>	<b>83.55</b>	<b>85.71</b>	<b>87.84</b>	<b>88.50</b>	<b>90.73</b>	<b>92.27</b>
<b>Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)</b>	<b>50.6%</b>	<b>79<sup>th</sup></b>	<b>27.73</b>	<b>34.56</b>	<b>39.40</b>	<b>40.69</b>	<b>43.58</b>	<b>46.40</b>	<b>47.85</b>	<b>55.16</b>	<b>59.68</b>
<b>Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)</b>											
Q33. Advising Smokers and Tobacco Users to Quit	74.8%	35 <sup>th</sup>	65.12	69.08	72.80	74.72	77.66	80.31	81.04	84.60	85.67
Q34. Discussing Cessation Medications	49.3%	31 <sup>st</sup>	38.03	40.38	48.32	49.74	53.93	56.79	58.96	65.11	67.95
Q35. Discussing Cessation Strategies	44.9%	31 <sup>st</sup>	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

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## Demographic Composition

- Louisiana Healthcare Connections (Centene LA)



# Profile of Survey Respondents: Section Information

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 (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 (↑), the 2018 score (‡) or benchmark (▲) score.

**Red** – Current year score is significantly lower than the 2019 score (↓), the 2018 score (§) or benchmark (▼) score.

**SPH** refers to the 2020 SPH Analytics Book of Business benchmark.

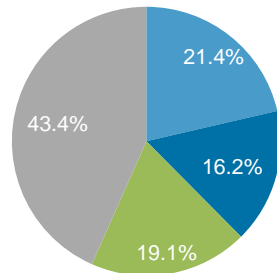
**QC** refers to the 2019 Quality Compass® All Plans benchmark.

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.

## 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.

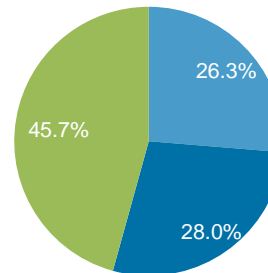
### Age



■ 18-34 ■ 35-44 ■ 45-54 ■ 55 or older

	18 - 34	35 - 44	45 - 54	55 or older
2020	21.4% <span>↓</span>	16.2%	19.1%	43.4% <span>↑</span>
2019	26.3%	15.6%	16.4%	41.6%
2018	30.1%	17.4%	21.0%	31.6%
SPH	23.3%	13.1%	17.4%	46.2%
QC	28.4% <span>▼</span>	14.2%	18.2%	39.2%

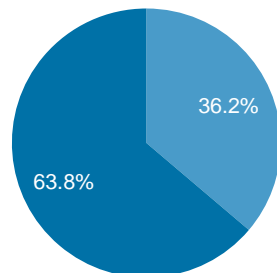
### Health Status



■ Excellent/Very Good ■ Good ■ Fair/Poor

	Excellent/ Very Good	Good	Fair/Poor
2020	26.3%	28.0%	45.7% <span>↑</span>
2019	32.0%	29.3%	38.6%
2018	31.8%	34.1%	34.1%
SPH	31.4%	33.7%	34.8% <span>▲</span>
QC	32.5%	33.7%	33.8% <span>▲</span>

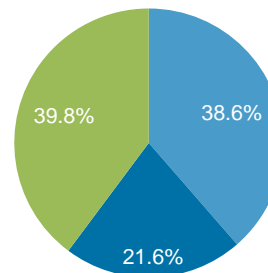
### Gender



■ Male ■ Female

	Male	Female
2020	36.2% <span>↑</span>	63.8% <span>↓</span>
2019	30.0%	70.0%
2018	27.5%	72.5%
SPH	39.2%	60.8%
QC	39.3%	60.7%

### Mental/Emotional Health Status



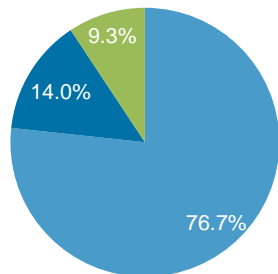
■ Excellent/Very Good ■ Good ■ Fair/Poor

	Excellent/ Very Good	Good	Fair/Poor
2020	38.6%	21.6% <span>↓</span>	39.8% <span>↑</span>
2019	43.5%	24.6%	31.9%
2018	41.6%	29.9%	28.6%
SPH	39.5%	30.4% <span>▼</span>	30.1% <span>▲</span>
QC	41.4%	29.7% <span>▼</span>	28.8% <span>▲</span>

## 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.

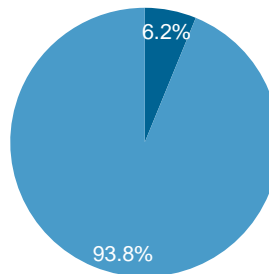
### Education



■ HS Graduate or Less ■ Some College ■ College Graduate or More

	HS Graduate or Less	Some College	College Graduate or More
2020	76.7%↑	14.0%↓	9.3%
2019	67.0%	25.4%	7.6%
2018	72.7%	22.4%	4.9%
SPH	64.3%▲	25.7%▼	10.0%
QC	61.9%▲	27.1%▼	11.0%

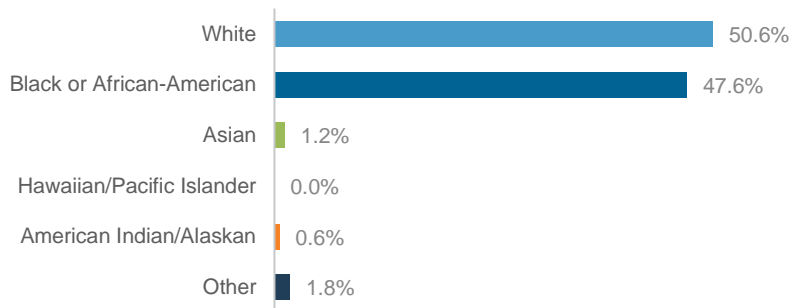
### Ethnicity



■ Hispanic/Latino ■ Not Hispanic/Latino

	Hispanic/Latino	Not Hispanic/Latino
2020	6.2%	93.8%
2019	3.6%	96.4%
2018	4.4%	95.6%
SPH	16.0%▼	84.0%▲
QC	19.2%▼	80.8%▲

### Race



	White	Black or African-American	Asian	Hawaiian/Pacific Islander	American Indian/Alaskan	Other
2020	50.6%	47.6%	1.2%	0.0%	0.6%	1.8%↓
2019	48.9%	45.4%	1.5%	0.4%	0.8%	5.3%
2018	44.2%	52.9%	1.3%	0.5%	1.8%	3.1%
SPH	63.8%▼	24.9%▲	5.7%▼	1.3%▼	3.8%▼	9.6%▼
QC	54.9%	22.8%▲	5.9%▼	1.5%▼	3.6%▼	11.3%▼



# Demographic Segment Analyses

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## Subgroup Analysis

- Louisiana Healthcare Connections (Centene LA)





# Demographic Analyses: Section Information

Please see Technical Notes for more information.

## 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% <sup>B</sup>	80%

### 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)

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

Please see Technical Notes for more information.

	<u>Rating of Health Plan</u>		<u>Rating of Health Care</u>		<u>Health Status</u>			<u>Mental Health Status</u>			<u>Survey Type</u>		
	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)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
<i>Total respondents</i>	135	40	99	39	46	49	80	68	38	70	153	1^	24
<b>Rating Questions (% 9 or 10)</b>													
Q28. Rating of Health Plan	83.0% B	0.0%	77.6% D	34.2%	80.4% FG	54.2%	61.5%	69.1%	59.5%	61.8%	64.0%	0.0%	66.7%
Q8. Rating of Health Care	67.9% B	20.0%	79.8% D	0.0%	82.4% FG	44.1%	52.2%	63.3%	57.6%	51.8%	54.2%	100%	73.7%
Q18. Rating of Personal Doctor	69.2%	25.9%	70.0% D	35.5%	76.5% FG	51.4%	56.3%	69.6%	46.4%	56.9%	61.9%	100%	47.1%
Q22. Rating of Specialist	79.6%	33.3%	84.1%	22.2%	84.6%	83.3%	54.1%	85.2%	60.0%	53.8%	64.8%	0.0%	78.6%
<b>Rating Questions (% 8, 9 or 10)</b>													
Q28. Rating of Health Plan	100% B	0.0%	89.8% D	47.4%	87.0%	75.0%	73.1%	76.5%	78.4%	77.9%	77.3%	0.0%	79.2%
Q8. Rating of Health Care	83.0% B	33.3%	100% D	0.0%	97.1% FG	61.8%	64.2%	79.6%	72.7%	64.3%	69.5%	100%	84.2%
Q18. Rating of Personal Doctor	83.2%	40.7%	83.8% D	48.4%	88.2% G	75.7%	65.6%	82.1%	64.3%	70.6%	74.6%	100%	70.6%
Q22. Rating of Specialist	89.8%	44.4%	90.9%	38.9%	92.3%	83.3%	70.3%	88.9%	73.3%	69.2%	75.9%	0.0%	85.7%
<b>Getting Needed Care (% Always or Usually)</b>													
Q9. Getting care, tests, or treatment	93.3%	65.4%	92.7% D	75.7%	93.9%	87.5%	84.8%	91.3%	90.6%	83.6%	88.5%	0.0%	89.5%
Q20. Getting specialist appointment	79.2%	65.0%	82.6%	56.5%	64.3%	84.2%	73.8%	75.0%	82.4%	70.0%	72.1%	0.0%	85.7%
<b>Getting Care Quickly (% Always or Usually)</b>													
Q4. Getting urgent care	91.7%	44.4%	92.7%	55.0%	92.9%	73.3%	76.3%	79.2%	100%	75.8%	78.9%	0.0%	81.8%
Q6. Getting routine care	83.7%	66.7%	84.0%	76.7%	80.6%	75.9%	83.1%	75.0%	84.0%	84.3%	83.5%	0.0%	70.6%
<b>Coordination of Care (Q17) (% Always or Usually)</b>													
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	53.5%	41.7%	52.6%	61.1%	50.0%	46.8%	53.9%	50.8%	62.2%	44.6%	53.2%	100%	33.3%
<b>Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)</b>													
Q33. Advising Smokers and Tobacco Users to Quit	76.1%	70.6%	81.6%	89.7%	67.7%	66.7%	82.2%	72.5%	75.6%	77.8%	77.2%	76.0%	37.5%
Q34. Discussing Cessation Medications	52.7%	38.2%	58.4%	48.3%	41.9%	42.9%	55.4%	50.0%	42.5%	55.4%	52.6%	44.0%	22.2%
Q35. Discussing Cessation Strategies	45.0%	44.1%	46.8%	48.3%	41.9%	35.7%	50.7%	47.5%	37.5%	48.4%	46.0%	44.0%	33.3%

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

Please see Technical Notes for more information.

	<u>Rating of Health Plan</u>		<u>Rating of Health Care</u>		<u>Health Status</u>			<u>Mental Health Status</u>			<u>Survey Type</u>		
	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)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
<i>Total respondents</i>	135	40	99	39	46	49	80	68	38	70	153	1^	24
<b>Health Plan Customer Service (% Always or Usually)</b>	<b>93.8%</b>	<b>88.5%</b>	<b>94.7%</b>	<b>90.6%</b>	<b>100%</b>	<b>88.5%</b>	<b>92.2%</b>	<b>97.7%</b>	<b>95.5%</b>	<b>88.0%</b>	<b>92.7%</b>	<b>100%</b>	<b>91.7%</b>
Q24. Provided information or help	89.6%	76.9%	89.5%	87.5%	100%	76.9%	87.5%	95.5%	90.9%	79.3%	87.3%	100%	83.3%
Q25. Treated with courtesy and respect	98.0%	100%	100%	93.8%	100%	100%	97.0%	100%	100%	96.7%	98.2%	100%	100%
<b>How Well Doctors Communicate (% Always or Usually)</b>	<b>92.4%</b>	<b>64.3%</b>	<b>94.5% D</b>	<b>69.7%</b>	<b>92.3%</b>	<b>93.4%</b>	<b>81.9%</b>	<b>91.4%</b>	<b>92.0%</b>	<b>81.0%</b>	<b>87.3%</b>	<b>25.0%</b>	<b>91.1%</b>
Q12. Personal doctors explained things	91.0%	57.1%	90.4% D	70.0%	88.5%	92.6%	79.3%	88.6%	90.9%	78.3%	84.5%	0.0%	92.9%
Q13. Personal doctors listened carefully	92.1%	66.7%	95.9% D	66.7%	92.3%	92.6%	82.8%	93.2%	86.4%	82.6%	87.6%	0.0%	92.9%
Q14. Personal doctors showed respect	93.2%	71.4%	98.6%	65.5%	96.2%	92.3%	84.5%	93.0%	90.9%	84.8%	88.5%	100%	92.9%
Q15. Personal doctors spent enough time	93.3%	61.9%	93.2% D	76.7%	92.3%	96.3%	81.0%	90.9%	100%	78.3%	88.7%	0.0%	85.7%
<b>Other Measures</b>													
Q27. Ease of filling out forms (% Always or Usually)	97.6%	87.5%	94.4%	97.2%	95.5%	95.5%	95.8%	96.8%	85.3%	100% I	95.0%	100%	100%
Q7. Average number of visits to doctor's office or clinic	2.87	2.79	3.60	3.21	2.75	2.12	3.34 F	2.73	2.53	3.19	2.84	7.00	2.70
Q11. Average number of visits to personal doctor	2.44	1.89	2.68	2.19	2.38	1.42	2.84 F	2.09	1.48	3.01	2.31	7.00	2.13
Q21. Average number of specialists seen	1.75	1.55	1.78	1.55	1.86	1.56	1.69	1.75	1.63	1.67	1.68	0	1.71

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

Please see Technical Notes for more information.

	<u>Age</u>				<u>Gender</u>		<u>Education</u>		<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)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
<i>Total respondents</i>	37	28	33	75	63	111	132	40	85	80	4^	10^	151
<b>Rating Questions (% 9 or 10)</b>													
Q28. Rating of Health Plan	56.8%	60.7%	71.0%	67.6%	61.3%	67.3%	66.9%	53.8%	58.8%	70.1%	75.0%	70.0%	63.8%
Q8. Rating of Health Care	55.6%	60.9%	58.3%	54.1%	63.8%	53.4%	61.4%	41.9%	55.6%	58.8%	0.0%	57.1%	58.1%
Q18. Rating of Personal Doctor	52.2%	52.4%	56.7%	66.7%	63.8%	58.1%	61.9%	51.9%	47.1%	75.9% I	50.0%	44.4%	60.9%
Q22. Rating of Specialist	63.6%	50.0%	73.3%	71.0%	60.0%	70.2%	64.4%	72.7%	64.9%	72.4%	100%	75.0%	65.6%
<b>Rating Questions (% 8, 9 or 10)</b>													
Q28. Rating of Health Plan	67.6%	75.0%	83.9%	81.1%	75.8%	80.0%	80.8%	66.7%	75.3%	80.5%	100%	100%	76.5%
Q8. Rating of Health Care	70.4%	65.2%	70.8%	73.8%	74.5%	70.5%	76.2% H	54.8%	69.8%	73.5%	50.0%	71.4%	72.6%
Q18. Rating of Personal Doctor	65.2%	71.4%	70.0%	80.7%	83.0%	69.8%	76.2%	66.7%	64.7%	82.8% I	100%	66.7%	74.8%
Q22. Rating of Specialist	72.7%	50.0%	80.0%	87.1%	80.0%	76.6%	77.8%	77.3%	83.8%	72.4%	100%	100%	75.4%
<b>Getting Needed Care (% Always or Usually)</b>	<b>83.7%</b>	<b>68.3%</b>	<b>84.9%</b>	<b>82.7%</b>	<b>77.7%</b>	<b>82.8%</b>	<b>81.6%</b>	<b>81.5%</b>	<b>79.9%</b>	<b>83.6%</b>	<b>50.0%</b>	<b>100%</b>	<b>80.2%</b>
Q9. Getting care, tests, or treatment	92.3%	78.3%	87.5%	89.7%	82.6%	90.6%	89.7%	83.9%	85.5%	90.8%	100%	100%	86.1%
Q20. Getting specialist appointment	75.0%	58.3%	82.4%	75.8%	72.7%	75.0%	73.5%	79.2%	74.4%	76.5%	0.0%	100%	74.2%
<b>Getting Care Quickly (% Always or Usually)</b>	<b>88.3%</b>	<b>63.6%</b>	<b>84.5%</b>	<b>83.3%</b>	<b>77.2%</b>	<b>82.9%</b>	<b>81.5%</b>	<b>83.2%</b>	<b>81.4%</b>	<b>83.1%</b>	<b>25.0%</b>	<b>81.3%</b>	<b>81.8%</b>
Q4. Getting urgent care	91.7%	57.1%	85.7%	81.5%	78.3%	81.4%	80.9%	82.4%	78.1%	84.4%	50.0%	75.0%	82.1%
Q6. Getting routine care	85.0%	70.0%	83.3%	85.2%	76.2%	84.4%	82.2%	84.0%	84.7%	81.8%	0.0%	87.5%	81.6%
<b>Coordination of Care (Q17) (% Always or Usually)</b>	<b>83.3%</b>	<b>77.8%</b>	<b>81.3%</b>	<b>80.8%</b>	<b>75.0%</b>	<b>82.1%</b>	<b>75.0%</b>	<b>93.8%</b>	<b>73.1%</b>	<b>82.9%</b>	<b>100%</b>	<b>100%</b>	<b>80.8%</b>
<b>Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)</b>	<b>54.8%</b>	<b>26.9%</b>	<b>57.6%</b>	<b>53.5%</b>	<b>60.7%</b>	<b>45.3%</b>	<b>54.5%</b>	<b>38.5%</b>	<b>47.4%</b>	<b>53.9%</b>	<b>50.0%</b>	<b>62.5%</b>	<b>48.9%</b>
<b>Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)</b>													
Q33. Advising Smokers and Tobacco Users to Quit	71.4%	64.3%	82.6%	77.0%	67.2%	81.0%	75.6%	71.4%	76.3%	75.4%	66.7%	75.0%	77.9%
Q34. Discussing Cessation Medications	28.6%	39.3%	50.0%	58.1%	50.0%	48.8%	48.7%	51.7%	45.5%	56.9%	33.3%	25.0%	50.4%
Q35. Discussing Cessation Strategies	42.9%	28.6%	39.1%	54.1%	39.0%	48.8%	44.9%	44.8%	42.1%	49.2%	33.3%	50.0%	43.8%

^Indicates 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.

	<u>Age</u>				<u>Gender</u>		<u>Education</u>		<u>Race</u>			<u>Ethnicity</u>	
	18-34	35-44	45-54	55+	Male	Female	High school or less (G)	Some college or more (H)	White (I)	Black or African-American (J)	Other* (K)	Hispanic (L)	Not Hispanic (M)
	(A)	(B)	(C)	(D)	(E)	(F)						(L)	(M)
<i>Total respondents</i>	37	28	33	75	63	111	132	40	85	80	4^	10^	151
<b>Health Plan Customer Service (% Always or Usually)</b>	<b>93.8%</b>	<b>80.0%</b>	<b>96.2%</b>	<b>94.1%</b>	<b>94.7%</b>	<b>91.7%</b>	<b>93.5%</b>	<b>91.7%</b>	<b>95.0%</b>	<b>89.0%</b>	<b>100%</b>	<b>100%</b>	<b>92.6%</b>
Q24. Provided information or help	87.5%	80.0%	92.3%	88.2%	89.5%	85.7%	87.0%	91.7%	90.0%	81.5%	100%	100%	87.2%
Q25. Treated with courtesy and respect	100%	80.0%	100%	100%	100%	97.7%	100%	91.7%	100%	96.4%	100%	100%	97.9%
<b>How Well Doctors Communicate (% Always or Usually)</b>	<b>92.3%</b>	<b>77.8%</b>	<b>87.5%</b>	<b>89.4%</b>	<b>88.8%</b>	<b>88.0%</b>	<b>86.3%</b>	<b>90.6%</b>	<b>81.5%</b>	<b>91.8%</b>	<b>100%</b>	<b>70.0%</b>	<b>87.4%</b>
Q12. Personal doctors explained things	92.3%	72.2%	84.6%	88.0%	86.1%	86.3%	83.3%	91.7%	80.0%	89.1%	100%	60.0%	85.3%
Q13. Personal doctors listened carefully	92.3%	77.8%	88.5%	88.0%	86.1%	89.0%	86.9%	87.5%	78.0%	94.5% I	100%	80.0%	86.3%
Q14. Personal doctors showed respect	92.3%	83.3%	88.5%	89.8%	88.6%	90.4%	88.1%	91.7%	80.0%	96.4% I	100%	60.0%	89.5%
Q15. Personal doctors spent enough time	92.3%	77.8%	88.5%	92.0%	94.4%	86.3%	86.9%	91.7%	88.0%	87.3%	100%	80.0%	88.4%
<b>Other Measures</b>													
Q27. Ease of filling out forms (% Always or Usually)	93.9%	100%	90.6%	98.5%	96.4%	95.2%	95.9%	94.6%	94.9%	96.0%	100%	100%	96.4%
Q7. Average number of visits to doctor's office or clinic	2.16	3.06	3.68	2.84	2.23	3.15 E	2.77	3.13	2.65	3.36	2.50	3.50	2.89
Q11. Average number of visits to personal doctor	1.21	3.20	2.97	2.28	2.07	2.42	2.28	2.56	1.84	2.76 I	3.00	1.78	2.19
Q21. Average number of specialists seen	1.42	2.00	1.94	1.58	1.86	1.62	1.61	1.91	1.87	1.45	2.00	1.25	1.77

^Indicates 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

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Results for Supplemental Questions

- Louisiana Healthcare Connections (Centene LA)

## Custom Question Results

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

Survey Item	Category Responses (Summary Rate responses in grey)				Contract Summary Rate			2020 SPH Book of Business
					2020	2019	2018	Summary Rate
Q41. When selecting your health provider(s), how often did you have a problem finding a physician you were comfortable with based on your cultural, personal, or religious beliefs?	<u>Never</u>	<u>Sometimes</u>	<u>Usually</u>	<u>Always</u>	(n=173)	(n=259)	(n=371)	---
	52.6%	11.0%	15.0%	21.4%	36.4% <span>⬆️⬆️</span>	17.0%	25.1%	---
Q42. Do you feel that your cultural and/or language needs are recognized and addressed, as needed, by Louisiana Healthcare Connections?	<u>Yes</u>	<u>No</u>			(n=172)	(n=258)	(n=366)	---
	72.7%	27.3%			72.7%	77.1%	76.5%	---
Q43. People can get counseling, treatment or medicine for many different reasons, such as: For feeling depressed, anxious, or "stressed out"/Personal problems/Family problems/Needing help with drug or alcohol use/For mental or emotional illness. In the last 12 months, did you get counseling, treatment or medicine for any of these reasons?	<u>Yes</u>	<u>No</u>			(n=170)	---	---	---
	28.8%	71.2%			28.8%	---	---	---
Q44. In the last 12 months, how often did the people you went to for counseling or treatment explain things in a way you could understand?	<u>Never</u>	<u>Sometimes</u>	<u>Usually</u>	<u>Always</u>	(n=48)	---	---	---
	6.3%	10.4%	18.8%	64.6%	83.3%	---	---	---

### Significance Testing

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

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

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

## Custom Question Results

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

Survey Item	Category Responses (Summary Rate responses in grey)		Contract Summary Rate			2020 SPH Book of Business
			2020	2019	2018	Summary Rate
Q45. In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition?	<u>Yes</u>	<u>No</u>	(n=46)	---	---	---
	87.0%	13.0%	<b>87.0%</b>	---	---	---
Q46. In the last 12 months, were you given information about your rights as a patient?	<u>Yes</u>	<u>No</u>	(n=48)	---	---	---
	81.3%	18.8%	<b>81.3%</b>	---	---	---
Q47. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?	<u>Yes</u>	<u>No</u>	(n=47)	---	---	---
	74.5%	25.5%	<b>74.5%</b>	---	---	---
Q48. In the last 12 months, did you use up all your benefits for counseling or treatment?	<u>Yes</u>	<u>No</u>	(n=44)	---	---	---
	22.7%	77.3%	<b>22.7%</b>	---	---	---

### Significance Testing

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

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

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



## Custom Question Results

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

Survey Item	Category Responses (Summary Rate responses in grey)											Contract Summary Rate			2020 SPH Book of Business
												2020	2019	2018	Summary Rate
Q49. At the time benefits were used up, did you think you still needed counseling or treatment?	<u>Yes</u>	<u>No</u>										(n=10)^	---	---	---
	80.0%	20.0%										80.0%	---	---	---
Q50. Were you told about other ways to get counseling, treatment, or medicine?	<u>Yes</u>	<u>No</u>										(n=7)^	---	---	---
	57.1%	42.9%										57.1%	---	---	---
Q51. In the last 12 months, how often did you experience delays in counseling or treatment while you waited for approval from your health plan?	<u>Never</u>	<u>Sometimes</u>	<u>Usually</u>	<u>Always</u>								(n=47)	---	---	---
	66.0%	10.6%	4.3%	19.1%								76.6%	---	---	---
Q52. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan for counseling or treatment?	<u>10 - Best health plan possible</u>	<u>9 -</u>	<u>8 -</u>	<u>7 -</u>	<u>6 -</u>	<u>5 -</u>	<u>4 -</u>	<u>3 -</u>	<u>2 -</u>	<u>1 -</u>	<u>0 - Worst health plan possible</u>	(n=45)	---	---	---
	51.1%	8.9%	13.3%	6.7%	2.2%	11.1%	0.0%	0.0%	2.2%	2.2%	2.2%	60.0%	---	---	---

### Significance Testing

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

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

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



# Custom Questions: Demographic Segments

Please see Technical Notes for more information.

	<u>Rating of Health Plan</u>		<u>Rating of Health Care</u>		<u>Health Status</u>			<u>Mental Health Status</u>			<u>Survey Type</u>		
	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)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
<i>Total respondents</i>	135	40	99	39	46	49	80	68	38	70	153	1^	24
<b>Q41. When selecting your health provider(s), how often did you have a problem finding a physician you were comfortable with based on your cultural, personal, or religious beliefs?</b> (%Always + %Usually)	31.6%	48.6%	39.2%	39.5%	42.2%	26.5%	38.2%	35.8%	35.1%	37.7%	37.3%	0.0%	31.8%
<b>Q42. Do you feel that your cultural and/or language needs are recognized and addressed, as needed, by Louisiana Healthcare Connections?</b> (% Yes)	76.5%	62.2%	75.0%	69.4%	73.9%	72.3%	73.7%	76.1%	75.0%	67.2%	73.3%	100%	66.7%
<b>Q43. People can get counseling, treatment or medicine for many different reasons, such as: For feeling depressed, anxious, or "stressed out"/Personal problems/Family problems/Needing help with drug or alcohol use/For mental or emotional illness. In the last 12 months, did you get counseling, treatment or medicine for any of these reasons?</b> (% Yes)	26.6%	35.9%	32.3%	33.3%	16.3%	22.4%	38.7% E	15.2%	18.9%	47.0% HI	26.9%	0.0%	41.7%
<b>Q44. In the last 12 months, how often did the people you went to for counseling or treatment explain things in a way you could understand?</b> (%Always + %Usually)	84.8%	78.6%	86.2%	84.6%	85.7%	80.0%	82.8%	100%	85.7%	77.4%	84.2%	NA	80.0%
<b>Q45. In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition?</b> (% Yes)	90.6%	76.9%	92.9%	84.6%	100%	80.0%	88.9%	100%	100%	80.0%	89.5%	NA	75.0%
<b>Q46. In the last 12 months, were you given information about your rights as a patient?</b> (% Yes)	88.2%	61.5%	90.0%	69.2%	85.7%	81.8%	82.1%	100%	85.7%	74.2%	82.1%	NA	77.8%
<b>Q47. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?</b> (% Yes)	69.7%	84.6%	72.4%	84.6%	83.3%	81.8%	67.9%	100%	100%	61.3%	74.4%	NA	75.0%

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

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



# Custom Questions: Demographic Segments

Please see Technical Notes for more information.

	<u>Rating of Health Plan</u>		<u>Rating of Health Care</u>		<u>Health Status</u>			<u>Mental Health Status</u>			<u>Survey Type</u>		
	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)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
<i>Total respondents</i>	135	40	99	39	46	49	80	68	38	70	153	1^	24
<b>Q48. In the last 12 months, did you use up all your benefits for counseling or treatment?</b> (% Yes)	30.0%	7.7%	23.1%	15.4%	60.0%	9.1%	15.4%	30.0%	20.0%	20.7%	23.7%	NA	16.7%
<b>Q49. At the time benefits were used up, did you think you still needed counseling or treatment?</b> (% Yes)	88.9%	0.0%	83.3%	100%	66.7%	100%	100%	66.7%	100%	83.3%	77.8%	NA	100%
<b>Q50. Were you told about other ways to get counseling, treatment, or medicine?</b> (% Yes)	57.1%	NA	75.0%	50.0%	100%	NA	25.0%	100%	NA	40.0%	57.1%	NA	NA
<b>Q51. In the last 12 months, how often did you experience delays in counseling or treatment while you waited for approval from your health plan?</b> (%Never + %Sometimes)	81.3%	64.3%	82.1%	61.5%	66.7%	90.9%	78.6%	70.0%	100%	76.7%	74.4%	NA	87.5%
<b>Q52. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan for counseling or treatment?</b> (%Best health plan possible + %9)	72.7%	18.2%	67.9%	33.3%	71.4%	50.0%	60.7%	87.5%	33.3%	60.0%	66.7%	NA	33.3%

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

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



# Custom Questions: Demographic Segments

Please see Technical Notes for more information.

	<u>Age</u>				<u>Gender</u>		<u>Education</u>		<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)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
<i>Total respondents</i>	37	28	33	75	63	111	132	40	85	80	4 <sup>^</sup>	10 <sup>^</sup>	151
<b>Q41. When selecting your health provider(s), how often did you have a problem finding a physician you were comfortable with based on your cultural, personal, or religious beliefs?</b> (%Always + %Usually)	24.3%	29.6%	43.8%	42.5% A	29.5%	39.1%	36.4%	35.9%	33.7%	40.0%	0.0%	44.4%	34.9%
<b>Q42. Do you feel that your cultural and/or language needs are recognized and addressed, as needed, by Louisiana Healthcare Connections?</b> (% Yes)	68.6%	70.4%	78.1%	71.6%	75.4%	72.2%	74.0%	72.5%	79.3%	69.2%	50.0%	80.0%	74.1%
<b>Q43. People can get counseling, treatment or medicine for many different reasons, such as: For feeling depressed, anxious, or "stressed out"/Personal problems/Family problems/Needing help with drug or alcohol use/For mental or emotional illness. In the last 12 months, did you get counseling, treatment or medicine for any of these reasons?</b> (% Yes)	25.0%	48.1%	24.2%	26.8%	23.0%	30.2%	29.6%	25.0%	31.0%	28.9%	25.0%	44.4%	28.1%
<b>Q44. In the last 12 months, how often did the people you went to for counseling or treatment explain things in a way you could understand?</b> (%Always + %Usually)	77.8%	92.3%	75.0%	83.3%	78.6%	83.9%	81.1%	100%	84.0%	81.8%	100%	33.3%	85.4%
<b>Q45. In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition?</b> (% Yes)	88.9%	91.7%	71.4%	88.9%	92.9%	83.3%	86.1%	87.5%	83.3%	90.9%	100%	66.7%	90.0%
<b>Q46. In the last 12 months, were you given information about your rights as a patient?</b> (% Yes)	77.8%	83.3%	62.5%	89.5%	85.7%	78.1%	80.6%	90.0%	80.8%	81.8%	100%	75.0%	82.9%
<b>Q47. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?</b> (% Yes)	75.0%	75.0%	62.5%	78.9%	76.9%	71.9%	72.2%	80.0%	76.9%	71.4%	100%	25.0%	77.5%

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

<sup>^</sup>Indicates a base size smaller than 20. Interpret results with caution.



# Custom Questions: Demographic Segments

Please see Technical Notes for more information.

	<u>Age</u>				<u>Gender</u>		<u>Education</u>		<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)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
Total respondents	37	28	33	75	63	111	132	40	85	80	4^	10^	151
Q48. In the last 12 months, did you use up all your benefits for counseling or treatment? (% Yes)	0.0%	27.3%	37.5%	22.2%	27.3%	22.6%	27.3%	10.0%	25.0%	20.0%	0.0%	50.0%	15.8%
Q49. At the time benefits were used up, did you think you still needed counseling or treatment? (% Yes)	NA	100%	100%	50.0%	100%	71.4%	77.8%	100%	100%	50.0%	NA	100%	83.3%
Q50. Were you told about other ways to get counseling, treatment, or medicine? (% Yes)	NA	100%	33.3%	50.0%	100%	40.0%	50.0%	100%	40.0%	100%	NA	0.0%	75.0%
Q51. In the last 12 months, how often did you experience delays in counseling or treatment while you waited for approval from your health plan? (%Never + %Sometimes)	100%	76.9%	57.1%	73.7%	84.6%	77.4%	75.7%	77.8%	84.0%	71.4%	100%	50.0%	84.6%
Q52. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan for counseling or treatment? (%Best health plan possible + %9)	57.1%	53.8%	62.5%	64.7%	69.2%	56.7%	62.9%	55.6%	52.2%	66.7%	100%	33.3%	63.2%

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

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



# Appendix: Correlation Analyses

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## Plan Specific Correlations

- Louisiana Healthcare Connections (Centene LA)

## Highest Correlations

Below are the 10 key measures with the highest correlations to the Rating measures.

### With Health Care Rating

<b>Q4</b>	Got urgent care	0.6054
<b>Q28</b>	Health plan overall	0.5998
<b>Q14</b>	Dr. showed respect	0.5259
<b>Q18</b>	Personal doctor overall	0.5160
<b>Q13</b>	Dr. listened carefully	0.4829
<b>Q9</b>	Got care/tests/treatment	0.3679
<b>Q15</b>	Dr. spent enough time	0.3598
<b>Q22</b>	Specialist overall	0.3578
<b>Q12</b>	Dr. explained things	0.3157
<b>Q20</b>	Got specialist appt.	0.2756

### With Personal Doctor Rating

<b>Q13</b>	Dr. listened carefully	0.7714
<b>Q14</b>	Dr. showed respect	0.7618
<b>Q15</b>	Dr. spent enough time	0.6598
<b>Q12</b>	Dr. explained things	0.6316
<b>Q4</b>	Got urgent care	0.5887
<b>Q28</b>	Health plan overall	0.5494
<b>Q8</b>	Health care overall	0.5160
<b>Q9</b>	Got care/tests/treatment	0.5011
<b>Q20</b>	Got specialist appt.	0.4882
<b>Q17</b>	Dr. informed about care	0.4171

### With Specialist Rating

<b>Q4</b>	Got urgent care	0.5469
<b>Q12</b>	Dr. explained things	0.4676
<b>Q20</b>	Got specialist appt.	0.4614
<b>Q15</b>	Dr. spent enough time	0.4564
<b>Q18</b>	Personal doctor overall	0.4143
<b>Q14</b>	Dr. showed respect	0.4037
<b>Q28</b>	Health plan overall	0.3766
<b>Q8</b>	Health care overall	0.3578
<b>Q13</b>	Dr. listened carefully	0.3201
<b>Q9</b>	Got care/tests/treatment	0.3127



# Appendix: Flowchart

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Understanding Relative Performance of Composite Measures

- Louisiana Healthcare Connections (Centene LA)





# Flowchart – Understanding Relative Performance

Please see Technical Notes for more information.

## How composite questions perform relative to each other

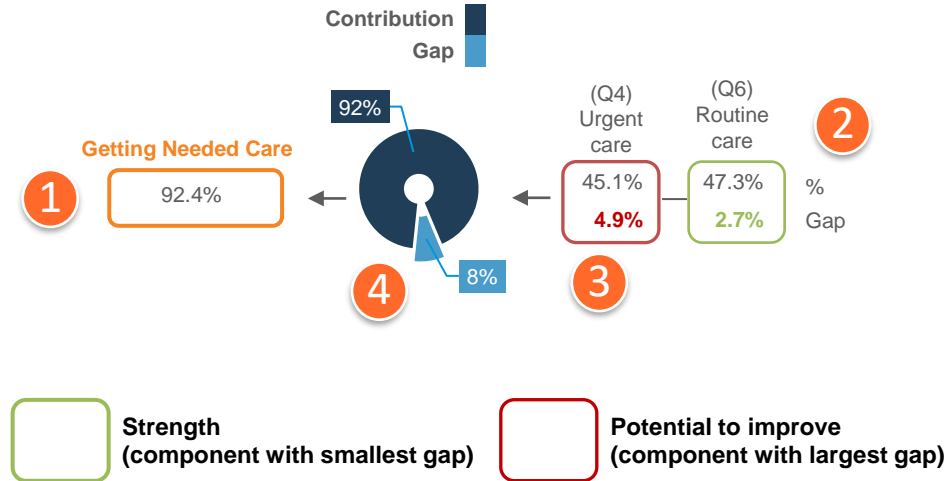
- 1 Composite summary rate scores are displayed in the orange box.
- 2 Next to the composite score are the questions included in the composite.
- 3 There are two numbers in the boxes under the questions. The top number is how much that question contributes to the composite score (Actual Contribution). The bottom number is the gap between the Maximum and Actual Contribution.

$$\frac{\text{Plan Score}}{\text{Max Score}} \times \frac{\text{Maximum Contribution}}{\text{Maximum Contribution}} = \frac{\text{Actual Contribution}}{\text{Maximum Contribution}} = \text{Gap}$$

### Q6 Example:

$$\frac{94.6\%}{100\%} \times 50.0\% = 47.3\% \quad 50.0\% - 47.3\% = 2.7\%$$

- 4 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.



**Strength**  
(component with smallest gap)



**Potential to improve**  
(component with largest gap)



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



# Appendix: Accreditation

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Estimated NCQA Plan Ratings and Frequency Distributions

- Louisiana Healthcare Connections (Centene LA)



**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 <sup>rd</sup> of plans but not bottom 10 <sup>th</sup>	Middle 3 <sup>rd</sup> of plans	Top 3 <sup>rd</sup> of plans, but not in the top 10 <sup>t</sup>	Top decile of plans

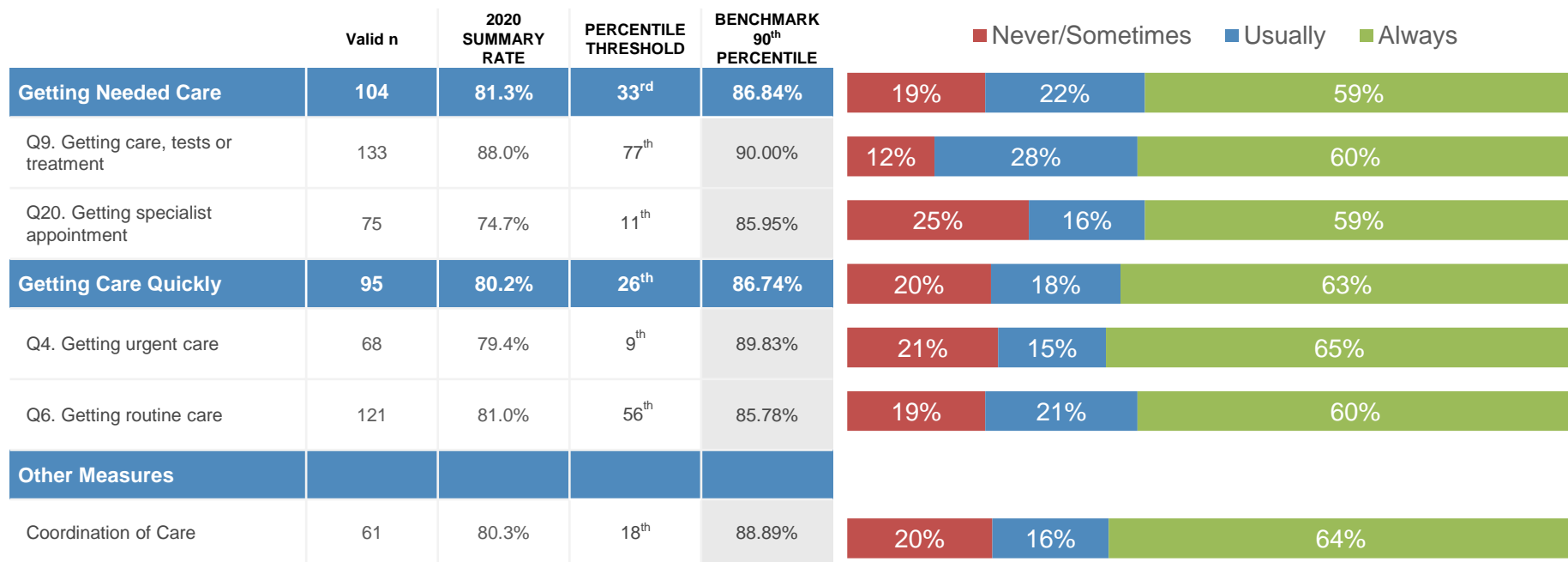
	2020 SUMMARY RATE	SUMMARY RATE DEFINITION	PERCENTILE RANK	SPH ESTIMATED RATING	WEIGHT
<b>CONSUMER SATISFACTION</b>				<b>3.0</b>	
<b>GETTING CARE</b>				<b>2.0</b>	
Getting Needed Care	81.3%	Usually + Always	33 <sup>rd</sup>	2.0	1.5
Getting Care Quickly	80.2%	Usually + Always	26 <sup>th</sup>	NA	1.5
<b>SATISFACTION WITH PLAN PHYSICIANS</b>				<b>2.5</b>	
Rating of Personal Doctor	60.3%	9 + 10	8 <sup>th</sup>	1.0	1.5
Rating of Specialist	67.6%	9 + 10	49 <sup>th</sup>	NA	1.5
Rating of Health Care	57.2%	9 + 10	68 <sup>th</sup>	4.0	1.5
Coordination of Care	80.3%	Usually + Always	18 <sup>th</sup>	NA	1.5
<b>SATISFACTION WITH PLAN SERVICES</b>				<b>4.0</b>	
Rating of Health Plan	64.0%	9 + 10	72 <sup>nd</sup>	4.0	1.5
<b>PREVENTION</b>					
Flu Vaccinations Adults Ages 18-64	50.6%	% Yes	87 <sup>th</sup>	4.0	1.0
<b>TREATMENT</b>					
Smoking Advice	74.8%	Usually + Always + Sometimes	29 <sup>th</sup>	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 SCORING AND ACCREDITATION

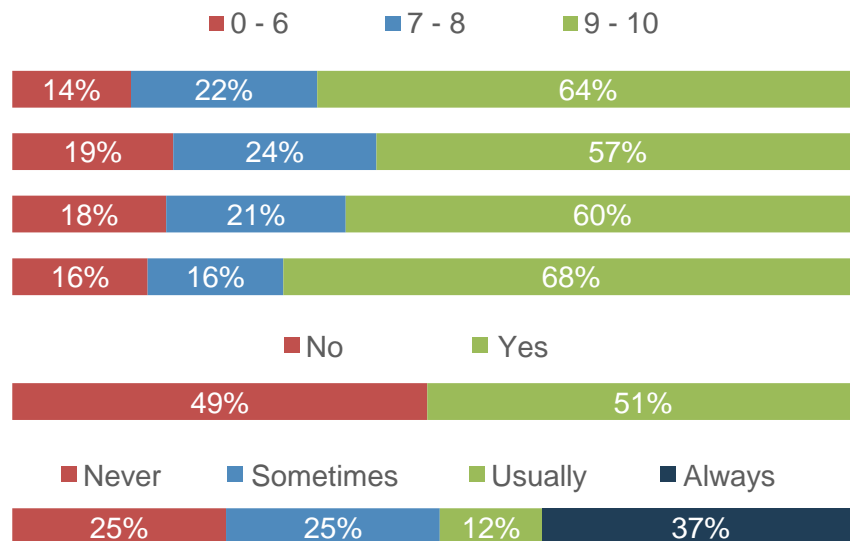
The graphical presentation of frequency distributions, including Summary Rates for composites and rating questions are shown on these pages. In addition, the measure's percentile threshold when compared to the 2019 NCQA 90th percentile benchmark is shown. The 90th percentile is the standard for achieving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



## 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 <sup>th</sup> PERCENTILE
<b>Rating Questions</b>				
Rating of Health Plan	175	64.0%	72 <sup>nd</sup>	67.66%
Rating of Health Care	138	57.2%	68 <sup>th</sup>	60.82%
Rating of Personal Doctor	136	60.3%	8 <sup>th</sup>	74.42%
Rating of Specialist	68	67.6%	49 <sup>th</sup>	71.76%
<b>Prevention</b>				
Flu Vaccinations Adults Ages 18-64	166	50.6%	87 <sup>th</sup>	51.64%
<b>Treatment</b>				
Smoking Advice	147	74.8%	29 <sup>th</sup>	82.01%





# Appendix: Improvement Strategies and Voice of the Member

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- Louisiana Healthcare Connections (Centene LA)



## 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

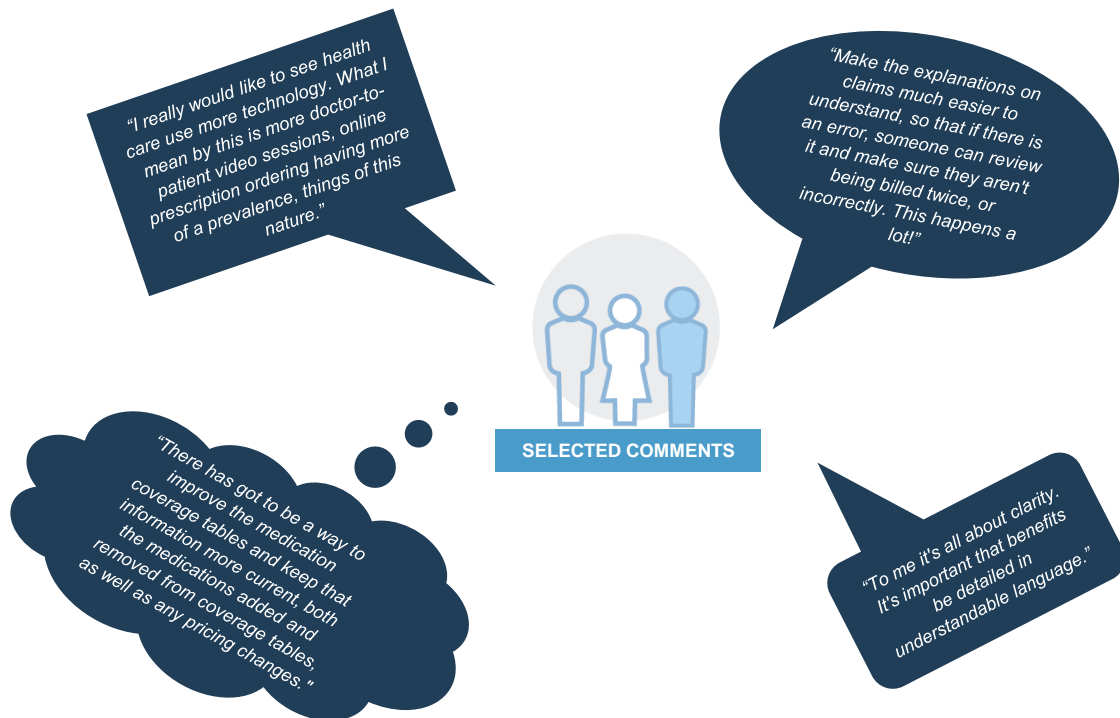
At the time of this report, AHRQ provided several resources to support health plans in their improvement efforts at the following link:

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## Voice of the Member (SPH National Sample)

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



## 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

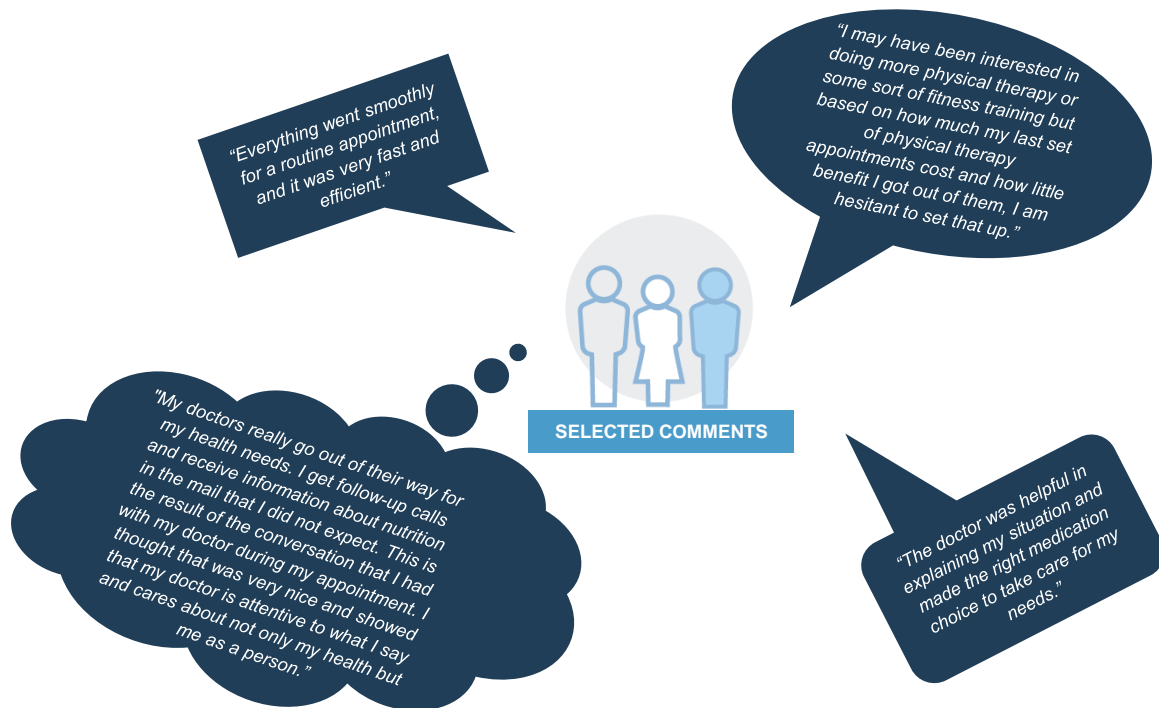
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## Voice of the Member (SPH National Sample)

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



## 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

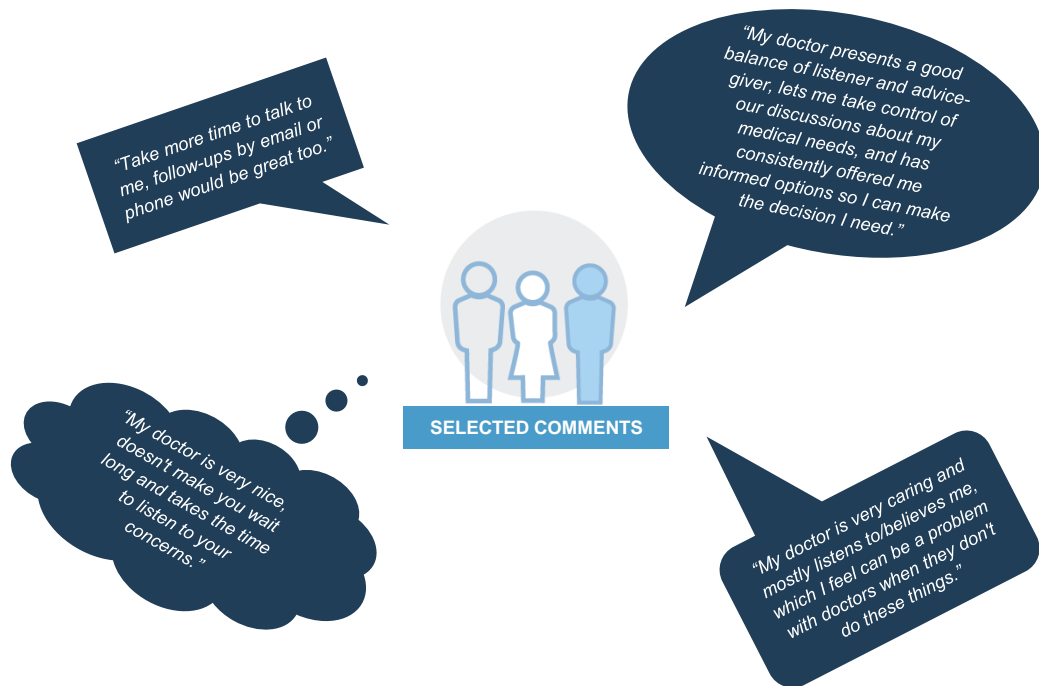
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## Voice of the Member (SPH National Sample)

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





## 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

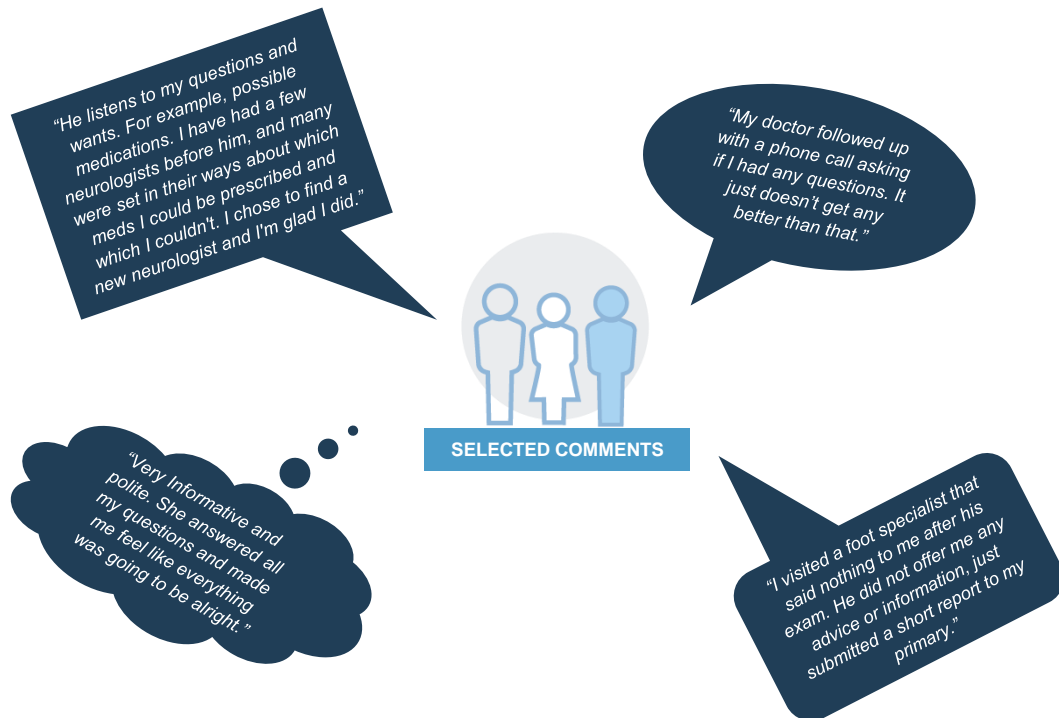
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## Voice of the Member (SPH National Sample)

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



## 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/decision-making 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:

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## Voice of the Member (SPH National Sample)

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

"The first visit, I was just given a recommendation of how to feel better faster. The second visit, I was given lab work, a prescription for an antibiotic and soon after, relief from my suffering. The third doctor's visit gave me the treatment that I needed all in one day. This is a memorable experience because of how quickly the doctor and nurses worked together to get me healed once they found out what the problem was and the relief I felt because of the treatment."

"I felt that the doctor could have done a little bit more when it came to finding a way to fund the lab test, since doctors are more informed about ways to help their patients in this department."



### SELECTED COMMENTS

"You simply go online to schedule an appointment at one of the many locations in your area and you are set."

"I had an MRI on my knee last October. The doctor had the results the next morning but didn't call me back for over a week. I was angry. The doctor should have been more timely."

## 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 follow-up 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

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## Voice of the Member (SPH National Sample)

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



## 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

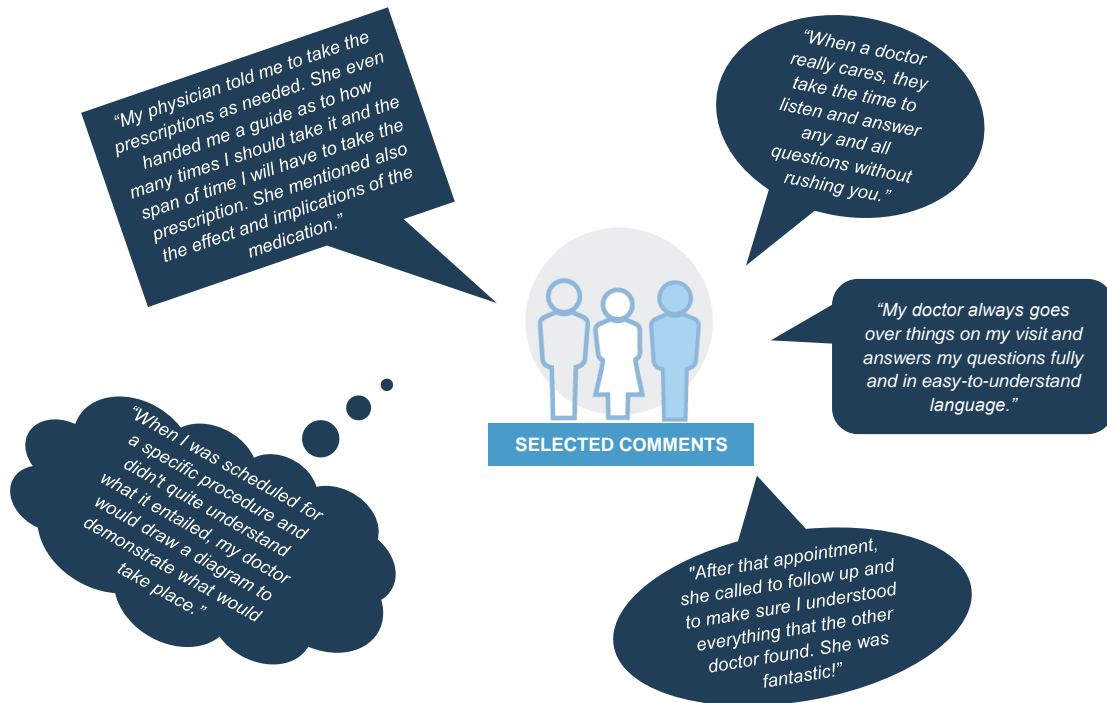
At the time of this report, AHRQ provided several resources to support health plans in their improvement efforts at the following link:

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

**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>.

## Voice of the Member (SPH National Sample)

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





## 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

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## Voice of the Member (SPH National Sample)

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





## 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

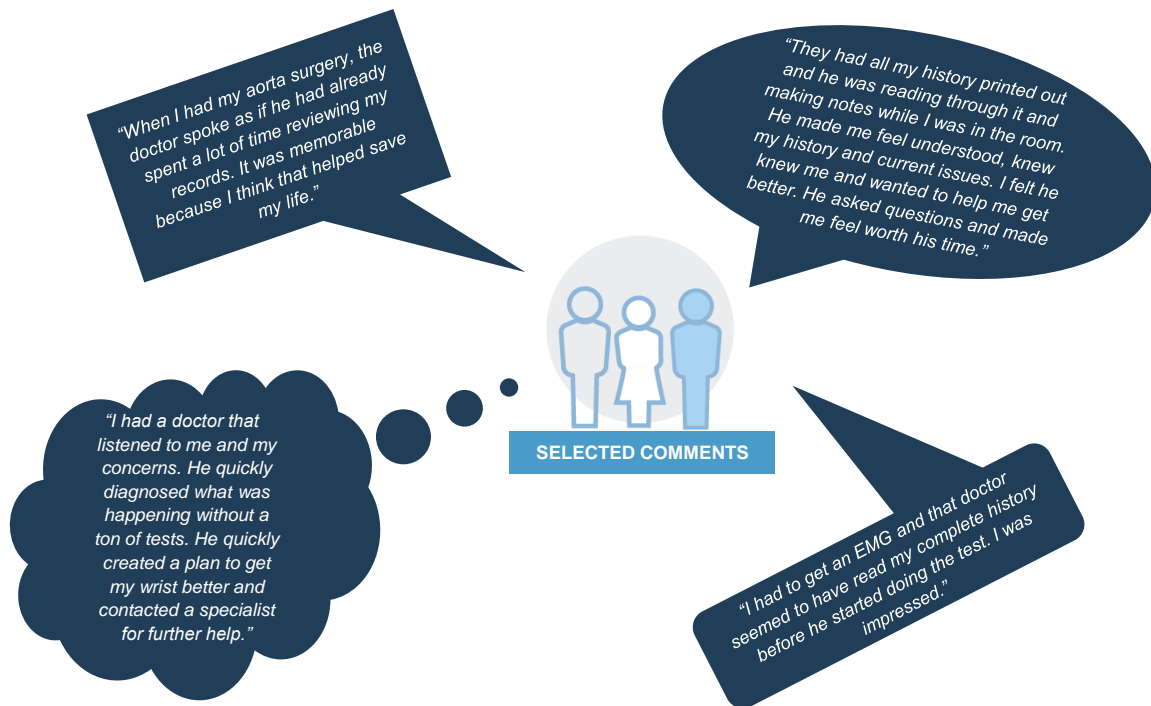
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## Voice of the Member (SPH National Sample)

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# Appendix: Questionnaire

- Louisiana Healthcare Connections (Centene LA)



## SURVEY INSTRUCTIONS

- ◆ Answer each question by marking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:  
☒ Yes ➔ **If Yes, Go to Question 1**  
☐ No

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

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

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

1. Our records show that you are now in Louisiana Healthcare Connections. Is that right?

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

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

\_\_\_\_\_

## YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

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

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

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

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

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

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

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

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

☐ None ➔ **If None, Go to Question 10**  
☐ 1 time  
☐ 2  
☐ 3  
☐ 4  
☐ 5 to 9  
☐ 10 or more times



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?

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

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

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

### YOUR PERSONAL DOCTOR

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?

- ☐ Yes
- ☐ No → If No, Go to Question 19

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
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

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

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

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
- ☐ Sometimes
- ☐ Usually
- ☐ Always

15. In the last 6 months, how often did your personal doctor spend enough time with 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
- ☐ No → If No, Go to Question 18

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

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

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?

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

## GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- ☐ Yes
- ☐ No → If No, Go to Question 23

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
- ☐ Always

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

- ☐ None → If None, Go to Question 23
- ☐ 1 specialist
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more specialists

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 the best specialist possible, what number would you use to rate that specialist?

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

## YOUR HEALTH PLAN

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

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

- ☐ Yes
- ☐ No → If No, Go to Question 26

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

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

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

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

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

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

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

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

**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 would you use to rate your health plan?**

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

## ABOUT YOU

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

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

**31. Have you had either a flu shot or flu spray in the nose since July 1, 2019?**

- ☐ Yes
- ☐ No
- ☐ Don't know

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

- ☐ Every day
- ☐ Some days
- ☐ Not at all → *If Not at all, Go to Question 36*
- ☐ Don't know → *If Don't know, Go to Question 36*

**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?**

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

**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 tobacco? *Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.***

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

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

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

**36. What is your age?**

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

**37. Are you male or female?**

- ☐ Male
- ☐ Female

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

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

**39. Are you of Hispanic or Latino origin or descent?**

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

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

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

## ADDITIONAL QUESTIONS

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

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

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

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

- ☐ Yes
- ☐ No

**43. People can get counseling, treatment or medicine for many different reasons, such as:**

- For feeling depressed, anxious, or “stressed out”
- Personal problems (like when a loved one dies or when there are problems at work)
- Family problems (like marriage problems or when parents and children have trouble getting along)
- Needing help with drug or alcohol use
- For mental or emotional illness

In the last 12 months, did you get counseling, treatment or medicine for any of these reasons?

☐ Yes

☐ No → **Thank You.**

*Please return the completed survey in the postage-paid envelope.*

**44. In the last 12 months, how often did the people you went to for counseling or treatment explain things in a way you could understand?**

☐ Never

☐ Sometimes

☐ Usually

☐ Always

**45. In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition?**

☐ Yes

☐ No

**46. In the last 12 months, were you given information about your rights as a patient?**

☐ Yes

☐ No

**47. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?**

☐ Yes

☐ No

**48. In the last 12 months, did you use up all your benefits for counseling or treatment?**

☐ Yes

☐ No → **If No, Go to Question 51**

**49. At the time benefits were used up, did you think you still needed counseling or treatment?**

☐ Yes

☐ No → **If No, Go to Question 51**

**50. Were you told about other ways to get counseling, treatment, or medicine?**

☐ Yes

☐ No

**51. In the last 12 months, how often did you experience delays in counseling or treatment while you waited for approval from your health plan?**

☐ Never

☐ Sometimes

☐ Usually

☐ Always



**52. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan for counseling or treatment?**

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

**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.

### Stratify and Build Cohorts

- Level of engagement
- Disease conditions
- Risk factors
- Member experience



Each option can be implemented stand-alone

### WHO?

Improve Member Health  
Improve Scores/Ratings  
Strengthen Patient Loyalty  
Increase Provider Satisfaction

### WHAT?

#### Message Design

Variations on core message for each identified cohort group



### HOW?

#### Omnichannel Outreach

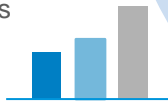
- Mail
- Email
- Text
- Phone – IVR
- Phone – Live Agent



### REFINE?

#### 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





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

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



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

### **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 appointment-scheduling 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 much-needed 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.