

MY 2020 CAHPS[®] Medicaid Child with CCC 5.1H Final Report

AmeriHealth Caritas Louisiana

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Overview

SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) certified HEDIS[®] Survey Vendor, was selected by AmeriHealth Caritas Louisiana to conduct its MY 2020 CAHPS[®] 5.1H 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 consumerreported 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 can aid plans in increasing the quality of provided care.

2021 NCQA CHANGES NCQA is using AHRQ's new 5.1 version of the CAHPS survey for 2021. These modified HEDIS CAHPS surveys include minor changes to some of the instructions and survey items to indicate the different ways in which patients may be receiving care: in person or via telehealth.

There are no new questions on the 5.1 version, but existing questions have been modified so that respondents know they should include telehealth visits as an appointment type as they respond to the survey. For instance, the introductory language to a section now reads:

"These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits."

This new wording about care "in person, by phone or by video" has been added to appropriate questions and introductions throughout the survey.

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

Methodology

- The CAHPS 5.1H 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[®] 5.1H 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.
- As of 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.

Methodology

SPH administered the MY 2020 Medicaid Child with CCC 5.1H CAHPS survey using an NCQA approved methodology. Surveys were collected via a mail, phone, 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 were 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:



Note: Respondents were given the option of completing the survey in Spanish. In place of the English survey, a Spanish survey was mailed to members who were identified by

the plan as Spanish-speaking. A telephone number was also provided on the survey cover letter for all members to call if they would like to complete the survey in Spanish.

Executive Summary



• AmeriHealth Caritas Louisiana

Overview of Terms

Summary Rates are defined by NCQA in its HEDIS MY 2020 CAHPS[®] 5.1H guidelines and generally represent the most favorable response percentages.



Rating questions are typically displayed with two Summary Rates:

0	1	2	3	4	5	6	7	8	9	10
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 using a t-test.

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.

Technical Notes Please refer to the Technical Notes for more information.

NCQA BENCHMARK INFORMATION

The source for data contained in this publication is Quality Compass[®] All Plans 2020. 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.

COVID-19 IMPACT

Because the 2020 survey administration took place during extraordinary circumstances, please use caution when comparing and interpreting trend results.

LEGACY DSS / MORPACE / SPH

For the 2020 reporting, the 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 from 2019 might be slightly different from historical reports.

Dashboard - 2021 Key Findings - General Population

TRENDING

Key measures that had significantly higher or lower scores compared to last year

MEASURE NAME	Trending
Getting Care Quickly (% Always or Usually)	
Q4. Getting urgent care	1
Q6. Getting routine care	Ŷ
Q35. Coordination of Care (% Always or Usually)	Ļ



MEASURE NAME	2021 SCORE	ESTIMATED NCQA RATING
Rating of Health Plan (% 9 or 10)	75.5%	****
Rating of Health Care (% 9 or 10)	80.5%	****
Rating of Personal Doctor (% 9 or 10)	82.1%	****
Rating of Specialist (% 9 or 10)	79.6%	NA^
Getting Needed Care (% Always or Usually)	89.3%	****
Getting Care Quickly (% Always or Usually)	90.8%	***
Coordination of Care (% Always or Usually)	75.3%	NA^

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

POWER

Promote and Leverage Strengths							
Q43	Specialist overall						
Q41	Got specialist appt.						
Q9	Health care overall						
Q4	Got urgent care						
Q36	Personal doctor overall						
Q10	Got care/tests/treatment						
Q29	Dr. showed respect						

OPPORTUNITIES

Focus Resources on Improving Processes That								
Underlie These Items								
Q35	Dr. informed about care							
Q79	Discussed best treatment choice							
Q81	Easy to use plan information							

SPH Book of Business Trends - General Population

COVID-19 Impact The pandemic caused significant disruption throughout most of 2020 and continuing into 2021. Therefore, it is best to interpret trend results with a degree of caution. Survey results from 2020 may have been impacted for some health plans because of the pandemic. SPH Analytics monitors industry trends in measure scores. On the right, we have provided a side-by-side comparison of aggregate SPH Book of Business scores to help you understand broader trends in measure scoring over the past three years. We chose to display the SPH Book of Business since we have 2021 results at the time this report was published.

Trend Highlights Overall, Medicaid Child scores have remained stable over the last two years. Getting routine care, however, has seen a dramatic drop in score, likely due to the COVID-19 Pandemic.

	SPH Book of Business Trends (Medicaid Child)				
	2019	2020	2021		
Rating Questions (% 9 or 10)					
Q49. Rating of Health Plan	72.2%	73.0%	73.3%		
Q9. Rating of Health Care	71.1%	73.0%	74.4%		
Q36. Rating of Personal Doctor	77.6%	79.1%	78.6%		
Q43. Rating of Specialist	73.2%	75.0%	75.7%		
Rating Questions (% 8, 9 or 10)					
Q49. Rating of Health Plan	86.9%	87.5%	87.3%		
Q9. Rating of Health Care	88.3%	88.7%	88.7%		
Q36. Rating of Personal Doctor	90.6%	91.2%	90.8%		
Q43. Rating of Specialist	87.2%	88.2%	88.2%		
Getting Needed Care (% Always or Usually)	85.2%	85.6%	86.6%		
Q10. Getting care, tests, or treatment	90.1%	90.8%	90.8%		
Q41. Getting specialist appointment	80.3%	80.4%	82.4%		
Getting Care Quickly (% Always or Usually)	90.3%	90.5%	87.8%		
Q4. Getting urgent care	91.9%	91.7%	91.7%		
Q6. Getting routine care	88.6%	89.3%	83.8%		
Coordination of Care (Q35) (% Always or Usually)	84.2%	85.0%	84.9%		

Measure Summary - General Population

Health Plan Domain Performance

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

	SUMMARY RATE			2021 SPH GP BENCHMARK		2020 QC GP BENCHMAR	
MEASURE	2020	2021	CHANGE	SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan (% 9 or 10)	72.3%	75.5%	3.2%	73.3%	61 st	71.9%	74 th
Rating of Health Plan (% 8, 9 or 10)	89.1%	85.4%	-3.7%	87.3%	31 st	86.5%	29 th
Getting Needed Care (% Always or Usually)	86.7%	89.3%	2.6%	86.6%	74 th	86.0%	79 th
Customer Service (% Always or Usually)	93.4%	90.4%	-3.0%	88.3%	66 th	88.8%	67 th
Ease of Filling Out Forms (% Always or Usually)	96.4%	98.5%	2.1%	96.0% 🔺	96 th	96.5% 🔺	91 st

KEY TAKEAWAYS

Your overall Rating of Health Plan (9-10) Summary Rate score is 75.5% and represents a change of 3.2% from 2020.

Note: Please refer to benchmark descriptions on slide 44.

Significance Testing

Measure Summary - General Population

Health Care Domain Performance

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

	SUMMARY RATE			2021 SPH GP BENCHMARK		2020 QC GP BENCHMARK	
MEASURE	2020	2021	CHANGE	SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care (% 9 or 10)	74.0%	80.5%	6.5%	74.4% 🔺	90 th	71.9% 🔺	96 th
Rating of Health Care (% 8, 9 or 10)	90.2%	92.7%	2.5%	88.7%	88 th	88.0% 🔺	93 rd
Getting Care Quickly (% Always or Usually)	91.2%	90.8%	-0.4%	87.8%	67 th	90.5%	44 th
How Well Doctors Communicate (% Always or Usually)	94.2%	95.5%	1.3%	94.5%	61 st	95.3%	48 th
Coordination of Care (% Always or Usually)	88.9%	75.3% ↓	-13.6%	84.9%	7 th	86.1% 🔻	<5 th
Rating of Personal Doctor (% 9 or 10)	81.0%	82.1%	1.1%	78.6%	82 nd	78.6%	79 th
Rating of Personal Doctor (% 8, 9 or 10)	92.8%	93.2%	0.4%	90.8%	81 st	90.9%	85 th
Rating of Specialist (% 9 or 10)	78.3%	79.6%	1.3%	75.7%	72 nd	73.4%	100 th
Rating of Specialist (% 8, 9 or 10)	89.9%	88.9%	-1.0%	88.2%	57 th	87.0%	85 th

KEY TAKEAWAYS

Your overall Rating of Health Care (9-10) Summary Rate score is 80.5% and represents a change of 6.5% from 2020.

Note: Please refer to benchmark descriptions on slide 44.

Significance Testing

Measure Summary - CCC Population

Health Plan Domain Performance

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

MEACUDE	SUMMARY RATE		CHANGE	2021 SPH CCC BENCHMARK		2020 QC CCC BENCHMARK	
MEASURE	2020	2021	CHANGE	SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan (% 9 or 10)	73.9%	74.6%	0.7%	71.9%	65 th	69.3%	77 th
Rating of Health Plan (% 8, 9 or 10)	88.0%	86.5%	-1.5%	85.9%	52 nd	84.8%	61 st
Getting Needed Care (% Always or Usually)	88.9%	89.9%	1.0%	88.3%	66 th	88.1%	66 th
Customer Service (% Always or Usually)	97.9%	94.4%	-3.5%	90.2%	93 rd	90.3%	100 th
Ease of Filling Out Forms (% Always or Usually)	97.1%	98.3%	1.2%	95.9% 🔺	96 th	96.4%	89 th

KEY TAKEAWAYS

Your overall Rating of Health Plan (9-10) Summary Rate score is 74.6% and represents a change of 0.7% from 2020.

Note: Please refer to benchmark descriptions on slide 44.

Significance Testing

Measure Summary - CCC Population

Health Care Domain Performance

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

	SUMMARY RATE			2021 SPH CCC BENCHMARK		2020 QC CCC BENCHMAR	
MEASURE	2020	2021	CHANGE	SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care (% 9 or 10)	74.6%	79.6%	5.0%	73.0%	93 rd	71.0% 🔺	95 th
Rating of Health Care (% 8, 9 or 10)	93.0%	89.4%	-3.6%	87.3%	72 nd	87.6%	61 st
Getting Care Quickly (% Always or Usually)	92.1%	93.1%	1.0%	91.1%	73 rd	93.5%	44 th
How Well Doctors Communicate (% Always or Usually)	95.6%	94.9%	-0.7%	94.9%	43 rd	95.8%	23 rd
Coordination of Care (% Always or Usually)	82.8%	72.1%	-10.7%	83.1% 🔻	5 th	85.1% 🔻	<5 th
Rating of Personal Doctor (% 9 or 10)	84.3%	81.1%	-3.2%	78.8%	63 rd	78.4%	77 th
Rating of Personal Doctor (% 8, 9 or 10)	94.2%	91.5%	-2.7%	89.8%	69 th	90.1%	68 th
Rating of Specialist (% 9 or 10)	72.1%	80.6%	8.5%	75.7%	80 th	75.2%	85 th
Rating of Specialist (% 8, 9 or 10)	87.2%	92.5%	5.3%	88.1%	88 th	87.9%	96 th

KEY TAKEAWAYS

Your overall Rating of Health Care (9-10) Summary Rate score is 79.6% and represents a change of 5.0% from 2020.

Note: Please refer to benchmark descriptions on slide 44.

Significance Testing

Measure Summary - CCC Population

CCC Measures Performance

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

MEACUDE	SUMMARY RATE			2021 SPH CCC	BENCHMARK	2020 QC CCC BENCHMARK	
MEASURE	2020	2021	2021 CHANGE		PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Access to Prescription Medicines (% Always or Usually)	92.6%	94.7%	2.1%	91.8%	83 rd	91.3%	82 nd
Access to Specialized Services (% Always or Usually)	70.4%	82.9% ↑	12.5%	75.6%	88 th	74.5% 🔺	100 th
Family-Centered Care: Personal Doctor Who Knows Child (% Yes)	88.2%	87.1%	-1.1%	91.5%	<5 th	91.6%	6 th
Family-Centered Care: Getting Needed Information (% Always or Usually)	92.0%	87.9%	-4.1%	91.4%	11 th	93.1%	<5 th
Coordination of Care for CCC (% Yes)	78.9%	73.7%	-5.2%	76.6%	26 th	76.4%	27 th

Note: Please refer to benchmark descriptions on slide 44.

Significance Testing

Gap Analysis - General Population - 2020 Quality Compass

GAP ANALYSIS

Two scores can be used to evaluate a plan's performance gap – Achieved Max Score or Theoretical Max Score.

Achieved Max Score Gap – The spread between your plan's score and the highest score achieved by a plan within the 2020 Quality Compass (100th Percentile).

Displayed by the outer bound of the dark green section of the graph.

Theoretical Max Score Gap – The spread between your plan's score and the highest possible score a plan could achieve (100%). *Displayed by the outer bound of the graph.*

For each measure, your plan's 2021 and 2020 scores are plotted against the 2020 Quality Compass distribution.

Your plan's 2021 percentile ranking based on the 2020 Quality Compass along with the change in score from 2020 is reported on the outer edge of the graph.







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Gap Analysis - CCC Population - 2020 Quality Compass

GAP ANALYSIS

Two scores can be used to evaluate a plan's performance gap – Achieved Max Score or Theoretical Max Score.

Achieved Max Score Gap – The spread between your plan's score and the highest score achieved by a plan within the 2020 Quality Compass (100th Percentile).

Displayed by the outer bound of the dark green section of the graph.

Theoretical Max Score Gap – The spread between your plan's score and the highest possible score a plan could achieve (100%). *Displayed by the outer bound of the graph.*

For each measure, your plan's 2021 and 2020 scores are plotted against the 2020 Quality Compass distribution.

Your plan's 2021 percentile ranking based on the 2020 Quality Compass along with the change in score from 2020 is reported on the outer edge of the graph.



202	—	2021 Score				
<10 th	10-32 nd	33-66 th	67-89 th	<u>≥</u> 90 th		2020 Score



O POWeR Chart: Explanation

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.



OWeR Chart: Your Results

SURVEY ME	ASURE	SUMMARY RATE SCORE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
POWER				
Q43	Specialist overall	79.6%	72 nd	4
Q41	Got specialist appt.	86.0%	74 th	4
Q9	Health care overall	80.5%	90 th	5
Q4	Got urgent care	98.2%	96 th	5
Q36	Personal doctor overall	82.1%	82 nd	4
Q10	Got care/tests/treatment	92.6%	63 rd	3
Q29	Dr. showed respect	98.8%	88 th	4
OPPORTU	JNITY			
Q35	Dr. informed about care	75.3%	7 th	1
Q79	Discussed best treatment choice	82.1%		
Q81	Easy to use plan information	61.9%		
WAIT				
Q6	Got routine care	83.4%	36 th	3
Q77	Got easy to understand info.	89.7%		
Q31	Dr. explained things for child	94.9%	46 th	3
Q46	CS courtesy/respect	92.1%	23 rd	2
RETAIN				
Q28	Dr. listened carefully	96.4%	56 th	3
Q27	Dr. explained things	95.8%	61 st	3
Q45	CS provided info./help	88.7%	88 th	4
Q32	Dr. spent enough time	90.9%	52 nd	3
Q48	Easy to fill out forms	98.5%	96 th	5

* Summary rates are top-two box scores.

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.



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Overall Rating of Health Plan – Plan and Industry Key Drivers

YOUR PLAN TOP 10 KEY DRIVERS 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. They are listed in descending order of importance for your plan.

INDUSTRY KEY DRIVERS SPH Book of Business regression analysis has identified **Key Drivers** of Rating of Health Plan. The numbers represent the ranked importance across the entire Book of Business.

		ALIGNMENT Are your key drivers typical of the industry?		ATTRIBUTE	YOUR PLAN SUMMARY RATE SCORE	INDUSTRY KEY DRIVER RANK	SPH BoB SUMMARY RATE SCORE	SPH BoB PERCENTILE	CLASSIFICATION
RATING OF		Ø	Q43	Specialist overall	79.6%	3	75.7%	72 nd	POWER
HEALTH PLAN		Ø	Q41	Got specialist appt.	86.0%	4	82.4%	74 th	POWER
75.5%		Ø	Q9	Health care overall	80.5%	1	74.4%	90 th	POWER
Your plan scored in the 61 st	10 KEY ERS	•	Q4	Got urgent care	98.2%	11	91.7%	96 th	POWER
percentile	TOP 10 PLAN KEY DRIVERS	•	Q35	Dr. informed about care	75.3%	13	84.9%	7 th	OPPORTUNITY
when compared to the SPH Book of Business	E J g	Ø	Q36	Personal doctor overall	82.1%	2	78.6%	82 nd	POWER
benchmark	benchmark	Ø	Q10	Got care/tests/treatment	92.6%	6	90.8%	63 rd	POWER
		•	Q79	Discussed best treatment choice	82.1%				OPPORTUNITY
Aligns with top 10 industry drivers		Ø	Q29	Dr. showed respect	98.8%	10	96.9%	88 th	POWER
Differs from top 10 industry drivers	Differs from top 10	•	Q81	Easy to use plan information	61.9%				OPPORTUNITY
	- 10 2 × 40		Q6	Got routine care	83.4%	9	83.8%	36 th	WAIT
DD'L TOP 1 INDUSTRY	STR STR		Q28	Dr. listened carefully	96.4%	8	95.9%	56 th	RETAIN
	ADD'L INDU DRIV		Q46	CS courtesy/respect	92.1%	5	94.0%	23 rd	WAIT
	AL		Q45	CS provided info./help	88.7%	7	82.5%	88 th	RETAIN

Note: All SPH BoB scores & rankings are calculated based on the 2021 SPH Book of Business. Any items below the dotted line are industry key drivers that are not identified as key drivers for your plan.

Overall Rating of Health Plan - General Population

			Different		ographic Com	•		ealth plan.		
		8 - 10	9 - 10			8 - 10	9 - 10	Child's Ethnicity 8) K	
ΰĥ	MALE (n=33)	87.9%	69.7%	$\int \partial \partial A$	<25 (n=34)	94.1%	79.4%	Race	8 - 10	9 - 10
04	FEMALE	00.40/	77.40/	UGY	25 - 34 (n=56)	83.9%	78.6%	УЧТ _{white}		
Respondent's	(n=230)	86.1%	77.4%	Respondent's	35 - 44 (n=95)	84.2%	70.5%	(n=128)	87.5%	78.1%
Gender				Age	45 or older (<i>n</i> =81)	86.4%	79.0%	BLACK/AFRICAN AMERICAN (n=105)	81.0%	71.4%
	_	8 - 10	9 - 10		_	8 - 10	9 - 10	ASIAN (n=7)^	85.7%	57.1%
EXC./V	ERY GOOD (n=208)	86.1%	76.4%		EXC./VERY GOOD (n=197)	86.8%	77.2%	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	NA	NA
	GOOD (<i>n</i> =53)	90.6%	79.2%		GOOD (<i>n</i> =52)	80.8%	69.2%	(n=0)^		
child's Health Status	FAIR/POOR (n=10)^	50.0%	40.0%	Child's Mental/Emotional Health Status	FAIR/POOR (n=23)	87.0%	78.3%	AMERICAN INDIAN OR ALASKA NATIVE	100%	83.3%
		8 - 10	9 - 10			8 – 10	9 - 10	ALASKA NATIVE (n=6)^	100 %	03.370
HS GRA	D OR LESS	85.5%	75.7%			87.6%	78.8%	OTHER (n=36)	94.4%	86.1%
	(n=152)	00.070	10.170		PHONE (n=104)	85.6%	74.0%	HISPANIC/LATINO (n=63)	95.2%	87.3%
Respondent's SOME Education	OR MORE	84.4%	74.3%	Data Collection	INTERNET	75.8%	66.7%	NOT HISPANIC/ LATINO (n=197)	82.2%	71.6%

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

Estimated NCQA Health Insurance Plan Ratings - General Population

	2021 SCORE	SCORE DEFINITION	QC PERCENTILE RANK	SPH ESTIMATED RATING		
CONSUMER SATISFACT	CONSUMER SATISFACTION					
GETTING CARE	GETTING CARE					
Getting Needed Care	89.3%	Usually or Always	79 th	4.0		
Getting Care Quickly	90.8%	Usually or Always	44 th	3.0		
SATISFACTION WITH PLA	SATISFACTION WITH PLAN PHYSICIANS					
Rating of Personal Doctor	82.1%	9 or 10	79 th	4.0		
Rating of Specialist	79.6%	9 or 10	100 th	NA		
Rating of Health Care	80.5%	9 or 10	96 th	5.0		
Coordination of Care	75.3%	Usually or Always	<5 th	NA		
SATISFACTION WITH PLA	SATISFACTION WITH PLAN SERVICES					
Rating of Health Plan	75.5%	9 or 10	74 th	4.0		

In response to the COVID-19 pandemic, NCQA did not publish Health Plan Ratings in 2020.

EXPLANATION

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

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

The CAHPS measures are classified based on their national percentile (10th, 33rd, 66th and 90th) into scores ranging from 1 to 5 (in increments of 0.5), where 5 is the highest score and 1 is the lowest.

Results are summarized in the table to the left. **Percentiles and ratings are estimated by SPH** based on the 2020 NCQA data and benchmarks.

Rating = 1	Rating = 2	Rating = 3	Rating = 4	Rating = 5
<10 th	10 th – 32 rd	33 rd – 66 th	67 th – 90 th	>90 th
Percentile	Percentile	Percentile	Percentile	Percentile

Notes:

- NCQA will assign a measure result of NA to overall ratings or composites with a denominator (i.e., the average number of responses across all questions used to calculate the composite) less than 100.
- Medicaid plans have the option to be scored on either Adult CAHPS or Child CAHPS data.

Oversampling Scenarios - General Population

OVERSAMPLING SCENARIO EXPLANATION

SPH displays projected results with current oversampling, no oversampling, and the scenario that achieves all reportable measures. The scenarios take into account changes in denominators and reportable measures that might impact ratings.

This plan currently oversamples at the rate of 70%. SPH does not recommend additional oversampling.

Based on the scenarios tested, holding everything else constant, an oversampling rate of 215% and above yields all reportable measures and a decrease on 2 measures. This is an estimate only and cannot be used to predict NCQA star ratings.

	ESTIMATED	OVERSAMPLIN	IG SCENARIOS	
MEASURE NAME	RATING (Current: 70%)	0%	<u>≥</u> 215%	
CONSUMER SATISFACTION	4.0	4.0	3.5	
GETTING CARE	3.5	NA	3.5	
Getting Needed Care	4.0	NA	4.0	
Getting Care Quickly	3.0	NA	3.0	
SATISFACTION WITH PLAN PHYSICIANS	4.5	4.0	4.0	
Rating of Personal Doctor	4.0	4.0	4.0	Higher Rating
Rating of Specialist	NA	NA	5.0	Lower Rating
Rating of Health Care	5.0	NA	5.0	Reportable
Coordination of Care	NA	NA	1.0	
SATISFACTION WITH PLAN SERVICES	4.0	4.0	4.0	
Rating of Health Plan	4.0	4.0	4.0	

Performance to Percentile Thresholds - General Population

COMPARISON TO QUALITY COMPASS PERCENTILE THRESHOLDS

The graph shows how your plan's scores used for accreditation ratings compare to the most recent Quality Compass thresholds published by NCQA (Fall 2020).



Measure Summary - General Population

Top Three Measures

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

MEASURE	2021	YOUR PLAN SCORE		CHANGE	2020 QC GP	GAP	
MEASURE	VALID N	2020	2021	CHANGE	SUMMARY RATE	PERCENTILE RANK	
Rating of Specialist (% 9 or 10)	54^	78.3%	79.6%	1.3%	73.4%	100 th	6.2%
Rating of Health Care (% 9 or 10)	164	74.0%	80.5%	6.5%	71.9%	96 th	8.6%
Rating of Personal Doctor (% 9 or 10)	234	81.0%	82.1%	1.1%	78.6%	79 th	3.5%

Bottom Three Measures

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

2021		YOUR PLAN SCORE		CHANCE	2020 QC GP	GAP		
MEASURE	VALID N	2020	2021	CHANGE	SUMMARY RATE	PERCENTILE RANK		
How Well Doctors Communicate (% Always or Usually)	166	94.2%	95.5%	1.3%	95.3%	48 th	0.2%	
Getting Care Quickly (% Always or Usually)	113	91.2%	90.8%	-0.4%	90.5%	44 th	0.3%	
Coordination of Care (% Always or Usually)	73^	88.9%	75.3% ↓	-13.6%	86.1% 🔻	<5 th	-10.8%	

Significance Testing

Improvement Strategies

Improving Performance

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

Improvement Strategies – 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).

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.

Improvement Strategies – Coordination of Care

- Inform, support, remind and facilitate providers about coordination of care expectations, timely notification requirements, and standards of care for postvisit 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?

See full list of strategies in the Appendix: Improvement Strategies

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

Measure Analyses



Measure Details and Scoring

AmeriHealth Caritas Louisiana

O Measure Analyses: Section Information - General Population

Drilling Down Into Ratings and Composites This section is designed to give plans a detailed report on the performance of each global rating and composite measure.

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



Analyses presented in this section include:

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

Measures Included in Analyses

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





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

Rating of Health Plan - General Population Measure

 PERCENTILE RANKING 2020 QC ALL PLANS GP

 % 8, 9 or 10
 29th

 % 9 or 10
 74th

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

POWER

Promote and Leverage Strengths

- Q43 Specialist overall
- Q41 Got specialist appt.
- **Q9** Health care overall
- Q4 Got urgent care
- Q36 Personal doctor overall
- Q10 Got care/tests/treatment
- Q29 Dr. showed respect

OPPORTUNITIES

Focus Resources on Improving Processes That Underlie These Items

Q35	Dr. informed about care
Q79	Discussed best treatment choice
Q81	Easy to use plan information



Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle).

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).

Rating of Health Care - General Population Measure

 PERCENTILE RANKING 2020 QC ALL PLANS GP

 % 8, 9 or 10
 93rd

 % 9 or 10
 90^{ch}

SPH BOOK OF BUSINESS DISTRIBUTION





Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle).

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).

Rating of Personal Doctor - General Population Measure



SPH BOOK OF BUSINESS DISTRIBUTION





Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow) , the 2019 score (\ddagger) or benchmark score (\blacktriangle) .

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).

Rating of Specialist - General Population Measure



SPH BOOK OF BUSINESS DISTRIBUTION





Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow) , the 2019 score (\clubsuit) or benchmark score (\blacktriangle) .

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).

Getting Needed Care - General Population

PERCENTILE RANKING 2020 QC ALL PLANS GP % A or U **79th** SPH BOOK OF BUSINESS DISTRIBUTION 100% 90% Rating of Health Plan % 9 or 10 %0% %0% 30% 20% 60% 70% 80% 90% 100% **Getting Needed Care** % A or U SPH 90th Percentile Your Plan

% Always or Usually 100% 89.3% 87.9% 86.6% 86.7% 86.0% 80% 60% 40% 73.1% 71.9% 68.4% 64.6% 20% 0% (n = 170) (n = 158) (n = 110)2019 2020 2021 2021 SPH BoB % Always % Usually QC GP (% Always/Usually)

GETTING NEEDED CARE

Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle).

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).

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

MY 2020 Medicaid Child with CCC Survey - 32

Getting Needed Care - General Population

Attribute Questions



MY 2020 Medicaid Child with CCC Survey - 33

Getting Care Quickly - General Population

PERCENTILE RANKING 2020 QC ALL PLANS GP % A or U **44th** SPH BOOK OF BUSINESS DISTRIBUTION 100% 90% Rating of Health Plan % 9 or 10 %0% %0%

70%

SPH 90th Percentile

80%

Getting Care Quickly

% A or U

90%

Your Plan

100%

30%

20%

60%

GETTING CARE QUICKLY % Always or Usually 100% 91.5% 91.2% 90.8% 87.8% 90.5% 80% 60% 82.1% 79.2% 40% 76.4% 73.6% 20% 0% (n = 197) (n = 155) (n = 113)2019 2020 2021 2021 SPH BoB % Always % Usually QC GP (% Always/Usually)

Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle).

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).

Getting Care Quickly - General Population

Attribute Questions

•

•



MY 2020 Medicaid Child with CCC Survey - 35

Coordination of Care - General Population

Measure





% Always 🧰 % Usually 🛑 QC GP (% Always/Usually)

Significance Testing

100%

80%

60%

40%

20%

0%

Current year score is significantly higher than the 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle).

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).
Customer Service* - General Population Composite

PERCENTILE RANKING 2020 QC ALL PLANS GP % A or U 67th SPH BOOK OF BUSINESS DISTRIBUTION 100% 90% Rating of Health Plan % 9 or 10 %0% %0% 30% 20% 60% 70% 80% 90% 100% **Customer Service** % A or U SPH 90th Percentile O Your Plan

% Always or Usually 95.0% 93.4% 100% 90.4% 88.3% 88.8% 80% 60% 80.2% 40% 77.1% 78.4% 70.0% 20% 0% (n = 92)^ (n = 77)^ (n = 63)^ 2019 2020 2021 2021 SPH BoB % Always % Usually QC GP (% Always/Usually)

CUSTOMER SERVICE

Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow) , the 2019 score (\clubsuit) or benchmark score (\blacktriangle) .

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).

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

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

MY 2020 Medicaid Child with CCC Survey - 37



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

2021 CUSTOMER SERVICE COMPOSITE SUMMARY RATE SCORE



Gate Question	Valid n	Yes
Q44. Tried to get information or help from health plan's customer service	274	23.4%

Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow) , the 2019 score (\ddagger) or benchmark score (\blacktriangle) .

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).

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





How Well Doctors Communicate* - General Population

Composite





Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle).

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).

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

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

How Well Doctors Communicate - General Population Attribute Questions

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

2021 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE

95.5%

Gate Question	Valid n	Yes
Q25. Have a personal doctor	275	88.0%

Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow) , the 2019 score (\clubsuit) or benchmark score (\blacktriangle) .

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).

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





How Well Doctors Communicate - General Population

Attribute Questions, Continued

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

2021 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE



Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow) , the 2019 score (\ddagger) or benchmark score (\blacktriangle) .

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).

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





Summary of Trend and Benchmarks

Summary Rate Scores and Percentile Rankings

AmeriHealth Caritas Louisiana



Summary of Trend and Benchmarks: Section Information

Trend and Benchmark Comparisons The CAHPS[®] 5.1H 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.

<u>Summary Rate Scores</u>: Shows how your plan's composite and key question Summary Rates compare to trend data (if applicable) and scores from the 2021 GP SPH Analytics Medicaid Child with CCC Book of Business and the 2020 GP 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 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle). **Red** – Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).

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

Benchmark Information

		Т	Available Ben The following benchmarks are use			
	2020 Quality Compass [®] All Plans (General Population)	2020 Quality Compass [®] All Plans (CCC Population)	2020 NCQA 1-100 Benchmark (General Population)	2020 NCQA 1-100 Benchmark (CCC Population)	2021 SPH Analytics Book of Business (General Population)	2021 SPH Analytics Book of Business (CCC Population)
		Includes all Medicaid child samples (CCC) that submitted data to NCQA in 2020.	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)	through the one hundredth percentile) calculated by NCQA and derived from Medicaid child	Includes all the Medicaid child samples (Non-CCC and CCC) that contracted with SPH Analytics to administer the 2021 CAHPS 5.1H survey and submitted data to NCQA.	Includes all the Medicaid child samples (CCC) that contracted with SPH Analytics to administer the 2021 CAHPS 5.1H survey and submitted data to NCQA.
PROS	 Contains more plans than the SPH Book of Business Is presented in NCQA's The State of Health Care Quality 	 Contains more plans than the SPH Book of Business Is presented in NCQA's The State of Health Care Quality Provides a CCC benchmark 	Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass [®] All Plans benchmark	 Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass[®] All Plans benchmark Provides a CCC benchmark 	 Provides a benchmark for each question from the survey Permits precise percentile ranking of plan compared to benchmark Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark. 	 Provides a benchmark for each question from the survey Permits precise percentile ranking of plan compared to benchmark Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark Provides a CCC benchmark
CONS	Only contains benchmarks for certain key questions, composites, and rating questions	 Only contains benchmarks for certain key questions, composites, and rating questions 	 Only contains benchmarks for certain key questions, composites, and rating questions 	 Only contains benchmarks for certain key questions, composites, and rating questions 	 Contains fewer plans than the Public Report and the Quality Compass[®] All Plans Benchmarks 	Contains fewer plans than the Public Report and the Quality Compass [®] All Plans Benchmarks
# OF PLANS	175	49	175	49	181	69

Summary Rate Scores - General Population

STAR RATIN	G MEASURES	2021 VALID N	2019	2020	2021	2021 SPH GP BENCHMARK	2020 QC GP BENCHMARK
	Rating Questions (% 9 or 10)						
<u>7</u>	★ Q49. Rating of Health Plan	274	76.2%	72.3%	75.5%	73.3%	71.9%
<u> </u>	★ Q9. Rating of Health Care	164	74.0%	74.0%	80.5%	74.4% 🔺	71.9% 🔺
Total Star Rating	★ Q36. Rating of Personal Doctor	234	82.1%	81.0%	82.1%	78.6%	78.6%
	★ Q43. Rating of Specialist	54^	83.6%	78.3%	79.6%	75.7%	73.4%
Measures	Rating Questions (% 8, 9 or 10)						
	Q49. Rating of Health Plan	274	88.9%	89.1%	85.4%	87.3%	86.5%
	Q9. Rating of Health Care	164	87.2%	90.2%	92.7%	88.7%	88.0% 🔺
<u>6</u>	Q36. Rating of Personal Doctor	234	91.6%	92.8%	93.2%	90.8%	90.9%
	Q43. Rating of Specialist	54^	91.0%	89.9%	88.9%	88.2%	87.0%
Above QC GP	★ Getting Needed Care (% Always or Usually)	110	87.9%	86.7%	89.3%	86.6%	86.0%
Benchmark	Q10. Getting care, tests, or treatment	162	92.3%	92.4%	92.6%	90.8%	91.2%
	Q41. Getting specialist appointment	57^	83.5%	81.0%	86.0%	82.4%	79.8%
	★ Getting Care Quickly (% Always or Usually)	113	91.5%	91.2%	90.8%	87.8%	90.5%
1	Q4. Getting urgent care	57^	92.2%	91.2%	98.2% ‡↑	91.7% 🔺	92.6% 🔺
_	Q6. Getting routine care	169	90.9%	91.3%	83.4%↓≢	83.8%	89.0%
At or Below QC GP	Other Measure (% Always or Usually)						
Benchmark	★ Q35. Coordination of Care	73^	78.6%	88.9%	75.3% 🗸	84.9%	86.1% 🔻

Summary Rate Scores - General Population

OTHER MEASURES (Not used for accreditation/ratings)	2021 VALID N	2019	2020	2021	2021 SPH GP BENCHMARK	2020 QC GP BENCHMARK
Customer Service (% Always or Usually)	63^	95.0%	93.4%	90.4%	88.3%	88.8%
Q45. Provided information or help	62^	91.1%	88.2%	88.7%	82.5%	83.8%
Q46. Treated with courtesy and respect	63^	98.9%	98.7%	92.1%	94.0%	93.8%
How Well Doctors Communicate (% Always or Usually)	166	94.2%	94.2%	95.5%	94.5%	95.3%
Q27. Personal doctor explained things	166	92.5%	96.1%	95.8%	94.8%	95.6%
Q28. Personal doctor listened carefully	166	95.7%	95.7%	96.4%	95.9%	96.4%
Q29. Personal doctor showed respect	166	97.6%	96.1%	98.8%	96.9% 🔺	97.2%
Q32. Personal doctor spent enough time	164	90.9%	88.7%	90.9%	90.4%	91.9%
Other Measure (% Always or Usually)						
Q48. Ease of filling out forms	263	95.1%	96.4%	98.5%‡	96.0% 🔺	96.5% 🔺

Summary Rate Scores - CCC Population

STAR RATING MEASURES CCC POPULATION SCORES ARE NOT USED FOR ACCREDITATION	2021 VALID N	2019	2020	2021	2021 SPH CCC BENCHMARK	2020 QC CCC BENCHMARK
Rating Questions (% 9 or 10)						
★ Q49. Rating of Health Plan	185	70.5%	73.9%	74.6%	71.9%	69.3%
★ Q9. Rating of Health Care	142	72.9%	74.6%	79.6%	73.0%	71.0% 🔺
★ Q36. Rating of Personal Doctor	164	77.4%	84.3%	81.1%	78.8%	78.4%
★ Q43. Rating of Specialist	67^	74.0%	72.1%	80.6%	75.7%	75.2%
Rating Questions (% 8, 9 or 10)						
Q49. Rating of Health Plan	185	86.2%	88.0%	86.5%	85.9%	84.8%
Q9. Rating of Health Care	142	86.2%	93.0%	89.4%	87.3%	87.6%
Q36. Rating of Personal Doctor	164	87.4%	94.2%	91.5%	89.8%	90.1%
Q43. Rating of Specialist	67^	84.4%	87.2%	92.5%	88.1%	87.9%
★ Getting Needed Care (% Always or Usually)	106	89.1%	88.9%	89.9%	88.3%	88.1%
Q10. Getting care, tests, or treatment	139	91.8%	92.0%	92.1%	91.4%	92.2%
Q41. Getting specialist appointment	73^	86.4%	85.7%	87.7%	85.3%	84.8%
★ Getting Care Quickly (% Always or Usually)	95^	96.3%	92.1%	93.1%	91.1%	93.5%
Q4. Getting urgent care	57^	97.7%	91.5%	98.2%	92.9% 🔺	95.3%
Q6. Getting routine care	133	94.9%	92.7%	88.0% ‡	89.3%	91.9%
Other Measure (% Always or Usually)						
★ Q35. Coordination of Care	68^	80.2%	82.8%	72.1%	83.1% 🔻	85.1% 🔻

Summary Rate Scores - CCC Population

_	IER MEASURES t used for accreditation/ratings)	2021 Valid n	2019	2020	2021	2021 SPH CCC BENCHMARK	2020 QC CCC BENCHMARK
	Customer Service (% Always or Usually)	45^	90.6%	97.9%	94.4%	90.2%	90.3%
	Q45. Provided information or help	45^	83.5%	95.8%	93.3%	85.1% 🔺	85.3% 🔺
	Q46. Treated with courtesy and respect	45^	97.6%	100%	95.6%	95.3%	95.4%
	How Well Doctors Communicate (% Always or Usually)	137	93.6%	95.6%	94.9%	94.9%	95.8%
	Q27. Personal doctor explained things	136	94.5%	96.8%	95.6%	95.6%	96.3%
	Q28. Personal doctor listened carefully	137	94.0%	97.4%	96.4%	96.0%	96.3%
	Q29. Personal doctor showed respect	137	96.3%	96.8%	97.8%	96.8%	97.3%
	Q32. Personal doctor spent enough time	136	89.8%	91.5%	89.7%	91.3%	93.2%
	Other Measure (% Always or Usually)						
	Q48. Ease of filling out forms	176	92.4%	97.1%	98.3%‡	95.9% 🔺	96.4%

Summary Rate Scores - CCC Population

CCC MEASURES

	2021 Valid n	2019	2020	2021	2021 SPH CCC BENCHMARK	2020 QC CCC BENCHMARK
Q51. Access to Prescription Medicines (% Always or Usually)	132	90.8%	92.6%	94.7%	91.8%	91.3%
Access to Specialized Services (% Always or Usually)	38^	77.7%	70.4%	82.9% †	75.6%	74.5% 🔺
Q15. Ease of getting special medical equipment or devices	11^	83.9%	64.5%	81.8%	75.5%	NA
Q18. Ease of getting therapy	36^	75.4%	74.0%	83.3%	76.4%	74.1%
Q21. Ease of getting treatment or counseling	67^	73.9%	72.7%	83.6%	74.7%	76.9%
FCC: Personal Doctor Who Knows Child (% Yes)	119	86.7%	88.2%	87.1%	91.5%	91.6%
Q33. Doctor talked about how child is feeling, growing, and behaving	135	84.1%	84.6%	83.0%	90.3% 🔻	90.0% 🔻
Q38. Doctor understands how these conditions affect child's day-to-day life	111	90.6%	89.7%	91.0%	93.7%	93.8%
Q39. Doctor understands how these conditions affect family's day-to-day life	111	85.4%	90.3%	87.4%	90.6%	90.6%
Q8. FCC: Getting Needed Information (% Always or Usually)	141	95.9%	92.0%	87.9% ‡	91.4%	93.1%
Coordination of Care for CCC (% Yes)	42^	73.6%	78.9%	73.7%	76.6%	76.4%
Q13. Obtained help from doctors or health providers in contacting child's school or daycare	23^	87.1%	87.5%	95.7%	92.9%	NA
Q24. Obtained help coordinating child's care among different providers or services	60^	60.2%	70.3%	51.7% 🗸	60.2%	58.7%

Regional Performance - General Population

	SUMMARY RATE	2021 SPH BoB REGION
Rating Questions (% 9 or 10)		
Q49. Rating of Health Plan	75.5%	77.3%
Q9. Rating of Health Care	80.5%	76.8%
Q36. Rating of Personal Doctor	82.1%	79.4%
Q43. Rating of Specialist	79.6%	79.1%
Rating Questions (% 8, 9 or 10)		
Q49. Rating of Health Plan	85.4%	89.6%
Q9. Rating of Health Care	92.7%	89.4%
Q36. Rating of Personal Doctor	93.2%	91.2%
Q43. Rating of Specialist	88.9%	89.2%
Getting Needed Care (% Always or Usually)	89.3%	85.8%
Q10. Getting care, tests, or treatment	92.6%	89.8%
Q41. Getting specialist appointment	86.0%	81.9%
Getting Care Quickly (% Always or Usually)	90.8%	86.8%
Q4. Getting urgent care	98.2% 💠	90.9%
Q6. Getting routine care	83.4%	82.7%
Coordination of Care (Q35) (% Always or Usually)	75.3%	83.7%

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 2021 SPH BoB Region score. MY 2020 Medicaid Child with CCC Survey - 50

Percentile Rankings - General Population

	2021 Plan	QC				ional F 20 Qu						SPH				ional F SPH E					
	Score	%tile	5 th	10 th	25 th	33 rd	50 th		75 th	90 th	95 th	%tile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Rating Questions (% 9 or 10)																					
Q49. Rating of Health Plan	75.5%	74 th	60.6	63.6	68.9	70.6	73.3	74.6	75.5	77.9	80.5	61 st	61.6	65.4	69.8	71.5	74.2	76.4	77.4	80.3	81.8
Q9. Rating of Health Care	80.5%	96 th	63.0	66.1	69.3	70.3	72.4	74.0	75.5	77.7	79.8	90 th	66.2	68.6	71.2	72.1	74.4	76.4	77.0	80.5	82.5
Q36. Rating of Personal Doctor	82.1%	79 th	72.0	73.1	75.9	77.2	79.0	80.7	81.4	83.3	84.3	82 nd	72.0	74.1	75.8	76.8	78.5	80.2	81.2	83.5	84.5
Q43. Rating of Specialist	79.6%	100 th	66.9	68.0	71.3	73.6	74.2	74.4	75.0	76.8	77.4	72 nd	61.7	65.9	71.5	72.5	75.1	78.3	80.0	84.0	85.5
Rating Questions (% 8, 9 or 10)																					
Q49. Rating of Health Plan	85.4%	29 th	79.2	81.3	84.4	85.7	87.4	88.6	89.3	91.7	92.4	31 st	80.4	82.2	84.9	85.6	88.1	89.5	90.1	92.0	92.8
Q9. Rating of Health Care	92.7%	93 rd	82.3	83.9	86.0	86.8	88.5	89.7	90.6	92.2	93.1	88 th	83.7	84.5	86.3	87.4	88.8	90.1	90.9	93.4	94.7
Q36. Rating of Personal Doctor	93.2%	85 th	86.0	87.6	89.5	90.2	91.2	92.0	92.5	93.8	94.8	81 st	86.4	87.3	88.9	89.8	91.0	92.0	92.6	94.0	94.8
Q43. Rating of Specialist	88.9%	85 th	83.0	84.8	85.0	86.5	87.1	87.9	87.9	89.6	91.9	57 th	79.3	80.8	85.5	86.4	88.0	90.2	91.2	94.0	96.2
Getting Needed Care (% A or U)	89.3%	79 th	78.7	80.7	83.7	84.5	86.6	88.3	89.1	91.1	92.6	74 th	76.9	78.8	83.6	84.8	86.9	88.7	89.4	91.8	92.6
Q10. Getting care, tests, or treatment	92.6%	56 th	84.8	86.7	89.1	90.0	92.0	93.3	93.8	95.4	96.2	63 rd	83.6	85.6	88.3	89.1	91.0	93.0	93.3	95.0	96.0
Q41. Getting specialist appointment	86.0%	89 th	70.9	72.1	75.4	78.3	79.7	82.1	83.7	87.7	88.1	74 th	66.7	72.3	78.1	80.0	82.7	84.8	86.1	89.7	92.4
Getting Care Quickly (% A or U)	90.8%	44 th	82.3	85.0	88.3	89.6	91.6	92.9	93.5	95.0	95.6	67 th	78.8	79.3	84.5	86.4	88.2	90.7	91.2	92.9	93.7
Q4. Getting urgent care	98.2%	97 th	85.7	86.2	90.3	91.7	93.3	94.8	95.6	96.7	97.1	96 th	81.8	83.8	87.9	89.5	92.0	93.9	95.2	96.9	98.1
Q6. Getting routine care	83.4%	14 th	79.4	81.8	86.1	88.3	90.1	91.7	92.4	94.3	94.9	36 th	72.1	75.8	79.9	82.2	85.2	86.8	88.1	90.7	91.7
Q35. Coordination of Care (% A or U)	75.3%	<5 th	77.3	79.7	83.9	85.3	87.1	88.2	89.3	90.7	91.7	7 th	73.6	76.9	81.6	82.9	85.1	87.6	88.9	92.3	94.1

Percentile Rankings - General Population

	2021 Plan	QC	AC National Percentiles from 2020 Quality Compass									SPH National Percentiles from 2021 SPH Book of Busines										
	Score	%tile	5 th	10 th	20 25 th	33 rd	50 th	67 th	75 th	90 th	95 th	%tile	5 th	10 th	2021 25 th	33 rd	500k C	67 th	75 th	90 th	95 th	
Customer Service (% A or U)	90.4%	67 th	81.7	85.1	87.0	87.3	89.0	90.3	91.1	92.9	93.8	66 th	80.5	82.8	86.1	86.8	88.5	90.4	91.1	93.1	93.7	
Q45. Provided information or help	88.7%	84 th	73.0	77.0	81.0	82.0	84.4	85.9	87.3	89.5	90.4	88 th	73.1	75.0	79.1	80.0	82.9	85.5	86.6	89.1	90.2	
Q46. Treated with courtesy and respect	92.1%	25 th	90.1	91.0	92.0	92.9	94.0	94.9	95.5	97.3	97.3	23 rd	87.8	90.2	92.1	92.7	94.2	95.8	96.4	98.0	98.7	
How Well Doctors Communicate (% A or U)	95.5%	48 th	91.6	92.5	94.3	94.7	95.5	96.4	96.6	97.6	98.0	61 st	90.5	91.3	92.9	93.4	94.5	95.8	96.4	97.4	97.9	
Q27. Personal doctor explained things	95.8%	47 th	90.9	92.2	94.4	95.2	96.0	97.1	97.3	98.0	98.5	61 st	89.6	91.8	93.1	93.6	94.8	96.2	96.9	98.0	98.7	
Q28. Personal doctor listened carefully	96.4%	46 th	93.1	94.2	95.3	95.8	96.6	97.3	97.5	98.5	98.7	56 th	92.2	93.2	94.6	95.2	95.9	97.2	97.5	98.4	99.2	
Q29. Personal doctor showed respect	98.8%	88 th	94.7	95.3	96.3	96.6	97.3	97.9	98.1	99.0	99.3	88 th	94.0	94.4	95.8	96.1	97.0	97.8	98.2	98.9	99.2	
Q32. Personal doctor spent enough time	90.9%	34 th	85.5	86.9	89.0	90.6	92.5	93.7	94.3	96.4	97.2	52 nd	82.7	84.5	87.9	88.5	90.7	92.8	94.0	95.5	96.5	
Ease of Filling Out Forms (Q48) (% A or U)	98.5%		93.2	94.4		96.0	96.6	97.3	97.6	98.4	98.9	96 th	92.9	93.7	94.8	95.3	96.2	96.9	97.2	98.0	98.3	

Percentile Rankings - CCC Population

	2021 Plan	QC				ional F 20 Qu						SPH					Percer Book c				
	Score	%tile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th	%tile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Rating Questions (% 9 or 10)																					
Q49. Rating of Health Plan	74.6%	77 th	56.9	59.8	66.0	66.4	70.1	73.2	74.2	76.2	77.1	65 th	60.9	62.7	67.7	69.2	71.9	74.9	76.3	78.0	79.7
Q9. Rating of Health Care	79.6%	95 th	62.3	62.9	67.8	68.9	71.1	73.2	74.6	78.2	78.8	93 rd	63.2	64.4	69.6	70.9	73.4	75.7	77.1	79.3	79.7
Q36. Rating of Personal Doctor	81.1%	77 th	73.4	74.5	75.6	77.3	78.4	79.4	81.0	83.6	84.3	63 rd	73.7	74.5	76.1	77.2	79.2	81.8	82.4	84.0	85.2
Q43. Rating of Specialist	80.6%	85 th	66.7	67.7	71.7	72.1	75.5	78.0	79.8	81.5	83.6	80 th	66.7	67.7	71.1	72.0	75.0	78.7	80.2	82.7	82.8
Rating Questions (% 8, 9 or 10)																					
Q49. Rating of Health Plan	86.5%	61 st	78.2	79.5	83.1	83.7	85.2	86.9	87.8	89.3	89.7	52 nd	78.1	80.3	83.1	83.9	86.4	88.0	88.5	90.2	90.7
Q9. Rating of Health Care	89.4%	61 st	82.4	83.3	84.6	86.3	88.5	89.9	90.3	91.6	92.1	72 nd	82.1	83.2	85.0	86.1	87.6	89.1	89.6	91.3	93.5
Q36. Rating of Personal Doctor	91.5%	68 th	84.0	85.5	89.0	89.8	90.5	91.3	92.2	93.0	94.0	69 th	84.9	87.0	88.1	88.5	90.4	91.5	91.9	93.7	94.1
Q43. Rating of Specialist	92.5%	96 th	82.5	83.1	85.6	87.4	88.2	89.3	89.5	92.1	92.5	88 th	80.3	82.1	84.9	86.6	88.3	90.2	91.1	92.5	93.1
Getting Needed Care (% A or U)	89.9%	66 th	80.6	83.6	86.0	86.9	88.5	90.5	91.3	92.2	93.2	66 th	80.2	82.3	85.8	86.8	88.4	90.0	90.5	92.1	92.5
Q10. Getting care, tests, or treatment	92.1%	42 nd	86.3	86.8	89.7	91.5	93.0	94.1	94.7	95.8	95.9	55 th	85.6	86.6	88.9	89.6	91.5	93.2	93.4	94.5	94.8
Q41. Getting specialist appointment	87.7%	66 th	74.8	75.7	81.8	83.1	86.1	87.9	88.8	90.5	91.0	62 nd	73.8	76.8	81.8	82.8	85.3	88.2	88.7	89.9	90.6
Getting Care Quickly (% A or U)	93.1%	44 th	87.4	89.5	91.5	92.1	94.0	95.1	96.0	97.0	97.2	73 rd	85.2	86.5	89.0	90.0	91.1	92.6	93.2	94.2	95.1
Q4. Getting urgent care	98.2%	88 th	89.9	91.9	93.6	93.9	95.8	97.0	97.2	98.3	99.3	98 th	85.3	87.8	90.4	91.3	93.3	94.2	95.2	97.0	97.4
Q6. Getting routine care	88.0%	17 th	85.9	87.3	89.6	90.7	92.3	93.7	94.5	96.0	96.7	35 th	82.5	84.2	86.7	87.4	89.3	90.6	91.4	93.3	94.3
Q35. Coordination of Care (% A or U)	72.1%	<5 th	76.1	78.9	84.4	84.7	85.7	86.9	87.4	88.9	92.5	5 th	72.1	79.0	80.4	81.7	83.3	84.6	85.5	89.5	91.2

Percentile Rankings - CCC Population

	2021	QC				tional P						SPH						ntiles fi			
	Plan	%tile				020 Qua						%tile						of Busi			
	Score		5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th		5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Customer Service (% A or U)	94.4%	100 th	87.2	87.2	87.9	88.4	91.2	92.4	92.4	92.7	92.7	93 rd	83.3	85.5	87.5	89.0	90.0	91.0	91.9	94.1	94.8
Q45. Provided information or help	93.3%	100 th	80.2	80.2	82.4	83.5	86.2	87.7	87.8	89.5	89.5	96 th	75.7	77.8	82.1	82.9	84.4	87.2	88.0	91.4	92.5
Q46. Treated with courtesy and respect	95.6%	37 th	93.3	93.3	93.8	94.2	95.9	96.4	96.6	97.1	97.1	57 th	90.9	91.4	92.7	93.6	95.2	96.6	96.8	98.0	98.3
How Well Doctors Communicate (% A or U)	94.9%	23 rd	93.0	93.3	95.0	95.6	96.2	96.7	97.1	97.5	97.7	43 rd	90.8	92.3	93.4	94.4	95.3	96.0	96.2	97.3	97.6
Q27. Personal doctor explained things	95.6%	28 th	92.2	94.1	95.2	96.0	96.7	97.1	97.4	98.7	99.0	45 th	91.5	92.0	94.8	95.3	95.8	96.6	97.0	97.8	98.8
Q28. Personal doctor listened carefully	96.4%	45 th	92.4	93.6	95.7	96.1	96.6	97.0	97.2	98.3	98.9	51 st	92.9	94.0	95.2	95.4	96.4	97.1	97.5	98.0	98.3
Q29. Personal doctor showed respect	97.8%	65 th	95.1	95.8	96.7	96.9	97.3	97.9	98.0	99.3	99.5	61 st	94.0	94.6	95.7	96.3	97.2	98.0	98.0	98.5	98.9
Q32. Personal doctor spent enough time	89.7%	17 th	88.5	88.9	91.5	93.2	93.8	94.8	95.1	96.4	96.5	33 rd	84.5	85.6	88.1	89.7	91.9	93.8	94.3	95.9	96.2
Ease of Filling Out Forms (Q48) (% A or U)	98.3%	89 th	94.1	94.4	95.5	96.1	96.5	97.1	97.6	98.6	98.9	96 th	92.8	94.0	95.0	95.5	96.0	96.5	96.9	97.7	98.1

Percentile Rankings - CCC Population

CCC Population	2021 Plan Score	QC %tile	5 th	10 th	20	20 Qu	ality C	ntiles f Compa 67 th	SS	90 th	95 th	SPH %tile	5 th	10 th			Book c	ntiles f of Bus 67 th	iness	90 th	95 th
Q51. Access to Prescription Medicines (% A or U)	94.7%	82 nd	86.5	87.1	89.1			92.7	-	95.4	96.3	83 rd	85.4	87.7	90.5	90.9		93.2		95.1	96.0
Access to Specialized Services (% A or U)	82.9%	100 th	66.6	66.6	71.4	71.4	75.0	75.4	75.4	82.7	82.7	88 th	63.2	66.6	70.6	72.6	74.8	78.0	80.4	83.8	85.2
Q15. Ease of getting special medical equipment or devices	81.8%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	64 th	57.1	61.1	68.8	70.5	75.0	81.9	84.4	86.7	90.0
Q18. Ease of getting therapy	83.3%	85 th	66.4	66.4	67.3	70.8	72.8	76.4	79.2	86.0	86.0	81 st	60.0	63.2	69.6	72.1	77.1	79.6	80.5	85.2	90.9
Q21. Ease of getting treatment or counseling	83.6%	75 th	65.6	66.9	72.4	73.1	76.9	80.4	81.9	86.3	87.3	90 th	60.3	64.4	69.4	71.2	74.7	78.1	80.4	83.6	84.5
FCC: Personal Doctor Who Knows Child (% Yes)	87.1%	6 th	86.5	88.2	90.1	91.2	91.9	93.1	93.6	94.4	94.6	<5 th	87.8	88.5	90.6	90.8	91.5	92.5	92.8	94.4	95.2
Q33. Doctor talked about how child is feeling, growing, and behaving	83.0%	<5 th	83.8	87.5	88.8	89.2	90.2	91.6	92.2	92.9	93.8	<5 th	85.0	86.7	88.5	89.4	90.6	91.7	92.2	93.8	94.4
Q38. Doctor understands how these conditions affect child's day-to-day life	91.0%	20 th	88.4	89.7	92.4	93.3	94.3	95.3	96.2	96.7	97.5	15 th	89.1	90.6	92.3	93.0	93.8	94.7	95.1	96.7	97.3
Q39. Doctor understands how these conditions affect family's day-to-day life	87.4%	13 th	84.6	85.6	89.1	89.8	90.6	92.6	92.9	94.0	94.7	16 th	85.5	86.8	88.9	89.9	91.0	91.7	92.0	93.9	94.9
Q8. FCC: Getting Needed Information (% A or U)	87.9%	<5 th	89.1	90.3	91.7	92.1	93.4	93.8	94.7	95.6	96.7	11 th	85.5	87.3	89.4	90.2	91.7	92.6	93.0	95.1	96.9
Coordination of Care for CCC (% Yes)	73.7%	27 th	71.9	71.9	72.0	75.2	77.9	78.9	79.0	79.6	80.3	26 th	67.4	69.3	73.6	75.2	76.7	78.5	78.9	81.4	83.3
Q13. Obtained help from doctors or health providers in contacting child's school or daycare	95.7%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	69 th	80.0	81.5	88.4	90.3	93.2	95.7	95.8	100	100
Q24. Obtained help coordinating child's care among different providers or services % A = % Always. % U = % Usually. % S = % Sometimes. S	51.7%	10 th	50.0	50.8	54.5	55.3	58.7	62.0		66.9	67.0	12 th	50.3	51.2	56.1	56.9	61.1	63.0	64.2	67.8	70.2

Profile of Survey Respondents



Demographic Composition

AmeriHealth Caritas Louisiana

Profile of Survey Respondents: Section 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 2021 SPH Analytics Medicaid Child with CCC Book of Business and the 2020 Medicaid Child with CCC Quality Compass[®] All Plans benchmarks. NCQA did not provide Quality Compass demographic benchmarks in 2020.

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 notated. Refer to the Technical Notes for more information on this topic.

Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle). Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).

SPH refers to the 2021 SPH Analytics Book of Business benchmark. **QC** refers to the 2020 Quality Compass [®] All Plans benchmark.

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

Profile of Survey Respondents - General Population

Survey Demographics

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



Child's Health Status



Child's Gender



	Male	Female
2021	50.6%	49.4%
2020	53.2%	46.8%
2019	50.0%	50.0%
SPH	52.9%	47.1%
QC	NA	NA

Child's Mental/Emotional Health Status



Note: NCQA did not provide Quality Compass demographic benchmarks in 2020.

Note: Due to space constraints, scores <5% will not be labeled on the graph.

Profile of Survey Respondents - General Population

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.







Note: NCQA did not provide Quality Compass demographic benchmarks in 2020.

Profile of Survey Respondents - General Population

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.







	Male	Female
2021	12.5%	87.5%
2020	8.2%	91.8%
2019	9.9%	90.1%
SPH	12.7%	87.3%
QC	NA	NA



Respondent's Relation to Child



Note: NCQA did not provide Quality Compass demographic benchmarks in 2020.

Note: Due to space constraints, scores <5% will not be labeled on the graph.

Profile of Survey Respondents - CCC Population

Survey Demographics

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



Child's Health Status



Child's Gender



Female 42.4% 40.4% 41.2% 40.9% NA

Child's Mental/Emotional Health Status



Note: NCQA did not provide Quality Compass demographic benchmarks in 2020.

Note: Due to space constraints, scores <5% will not be labeled on the graph.

MY 2020 Medicaid Child with CCC Survey - 61

Profile of Survey Respondents - CCC Population

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.







Note: NCQA did not provide Quality Compass demographic benchmarks in 2020.

Profile of Survey Respondents - CCC Population

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.







	Male	Female
2021	9.4%	90.6%
2020	7.9%	92.1%
2019	7.8%	92.2%
SPH	10.2%	89.8%
QC	NA	NA



Respondent's Relation to Child



Note: NCQA did not provide Quality Compass demographic benchmarks in 2020.

Note: Due to space constraints, scores <5% will not be labeled on the graph.

Demographic Segment Analyses



Subgroup Analysis

• AmeriHealth Caritas Louisiana

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Segmenting Responses The CAHPS[®] 5.1H survey asks demographic questions about the respondent. This section allows you to evaluate the differences across segments of your plan's members. Reviewing measures across different survey response categories may indicate a health plan's overall ability to meet the needs of a varied population.

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

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

A 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)

		<u>ng of</u> h Plan		<u>ng of</u> h Care	<u>Child's</u>	s Health	<u>Status</u>	<u>Child's</u>	<u>Mental</u> Status		<u>s</u>	urvey Ty	<u>/pe</u>		Child	d's Age	
	8-10	0-7	8-10	0-7	Excellent/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(VV)
Total respondents	234	40	152	12^	209	54	10^	198	53	23	139	108	33	59	60	69	86
Rating Questions (% 9 or 10)																	
Q49. Rating of Health Plan	88.5% ⊦	H 0.0%	79.5%	50.0%	76.4%	79.2%	40.0%	77.2%	69.2%	78.3%	78.8%	74.0%	66.7%	82.8%	71.7%	75.0%	72.9%
Q9. Rating of Health Care	85.8%	45.5%	86.8%	0.0%	83.2%	80.6%	42.9%	83.5%	75.9%	72.2%	83.1%	78.1%	78.3%	79.5%	81.3%	83.3%	78.2%
Q36. Rating of Personal Doctor	86.2% ⊦	+ 55.9%	85.3%	41.7%	83.8%	77.5%	66.7%	83.1%	82.2%	72.2%	82.9%	85.1%	69.0%	80.0%	76.1%	87.5%	81.8%
Q43. Rating of Specialist	83.0%	57.1%	86.0%	0.0%	78.4%	84.6%	100%	77.1%	83.3%	100%	89.7%	70.6%	62.5%	60.0%	77.8%	100%	76.2%
Rating Questions (% 8, 9 or 10)																	
Q49. Rating of Health Plan	100% ⊦	H 0.0%	88.7%	58.3%	86.1%	90.6%	50.0%	86.8%	80.8%	87.0%	87.6%	85.6%	75.8%	91.4%	81.7%	88.2%	81.2%
Q9. Rating of Health Care	95.0%	77.3%	100%	0.0%	95.0%	94.4%	57.1%	94.8%	96.6%	77.8%	93.5%	92.2%	91.3%	89.7%	93.8%	94.4%	92.7%
Q36. Rating of Personal Doctor	94.9%	82.4%	97.1%	50.0%	95.5%	87.5%	77.8%	95.8%	93.3%	72.2%	91.9%	94.7%	93.1%	96.0%	87.0%	94.6%	93.5%
Q43. Rating of Specialist	91.5%	71.4%	95.3%	0.0%	89.2%	92.3%	100%	88.6%	91.7%	100%	100%	82.4%	62.5%	60.0%	100%	100%	90.5%
Getting Needed Care (% A or U)	93.0%	68.7%	90.2%	70.8%	93.9% L	79.5%	92.9%	93.0%	84.5%	82.8%	90.3%	94.0%	74.7%	87.5%	91.9%	93.6%	85.2%
Q10. Getting care, tests, or treatment	94.2%	81.8%	94.0%	75.0%	95.8%	85.7%	85.7%	96.5%	85.7%	82.4%	93.4%	93.7%	87.0%	95.0%	93.8%	94.3%	88.7%
Q41. Getting specialist appointment	91.7%	55.6%	86.4%	66.7%	92.1%	73.3%	100%	89.5%	83.3%	83.3%	87.1%	94.4%	62.5%	80.0%	90.0%	92.9%	81.8%
Getting Care Quickly (% A or U)	92.7%	79.5%	91.8%	66.1%	94.5%	86.8%	75.0%	93.0%	93.8%	80.6%	92.9%	90.0%	86.1%	92.1%	92.4%	89.7%	89.7%
Q4. Getting urgent care	100%	90.9%	100%	75.0%	100%	100%	100%	100%	100%	100%	100%	100%	87.5%	100%	100%	100%	95.8%
Q6. Getting routine care	85.3%	68.2%	83.6%	57.1%	89.1% L	73.7%	50.0%	86.1%	87.5%	61.1%	85.9%	80.0%	84.6%	84.2%	84.8%	79.5%	83.6%
Coordination of Care (Q35) (% A or U)	77.8%	55.6%	82.1%	33.3%	81.5%	61.5%	50.0%	83.3%	68.8%	42.9%	73.0%	82.6%	69.2%	58.3%	81.3%	80.0%	75.9%

		ing of th Plan	<u>Ratii</u> Health	ng of n Care	Child's	s Health	<u>Status</u>	Child's	<u>Mental</u> <u>Status</u>		<u>s</u>	urvey Ty	<u>/pe</u>		Child	d's Age	
	8-10	0-7	8-10	0-7	Excellent/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(∨)	(W)
Total respondents	234	40	152	12^	209	54	10^	198	53	23	139	108	33	59	60	69	86
Customer Service (% A or U)	90.7%	83.3%	93.8%	NA	90.5%	90.0%	NA	90.5%	90.9%	87.5%	98.4%	84.8%	71.4%	91.7%	100%	88.2%	85.7%
Q45. Provided information or help	89.8%	66.7%	92.5%	NA	89.4%	86.7%	NA	89.4%	90.9%	75.0%	96.9%	82.6%	71.4%	91.7%	100%	82.4%	85.7%
Q46. Treated with courtesy and respect	91.7%	100%	95.1%	NA	91.7%	93.3%	NA	91.7%	90.9%	100%	100%	87.0%	71.4%	91.7%	100%	94.1%	85.7%
How Well Doctors Communicate (% A or U)	95.6%	95.3%	97.3%	77.8%	96.7%	95.2%	87.5%	98.0%	94.1%	83.9%	96.8%	94.4%	93.5%	98.0%	95.6%	92.9%	95.6%
Q27. Personal doctor explained things	95.8%	95.5%	96.6%	77.8%	97.6%	93.5%	87.5%	97.4%	97.1%	85.7%	98.8%	95.2%	87.0%	97.3%	97.1%	94.3%	94.7%
Q28. Personal doctor listened carefully	96.5%	95.5%	98.3%	66.7%	97.6%	96.8%	87.5%	99.1%	94.1%	85.7%	98.8%	95.2%	91.3%	97.3%	97.1%	94.3%	96.5%
Q29. Personal doctor showed respect	98.6%	100%	100%	88.9%	99.2%	100%	87.5%	100%	100%	85.7%	98.8%	98.4%	100%	100%	97.1%	97.1%	100%
Q32. Personal doctor spent enough time	91.5%	90.5%	94.1%	77.8%	92.6%	90.3%	87.5%	95.6%	85.3%	78.6%	91.1%	88.7%	95.7%	97.2%	91.2%	85.7%	91.1%
Other Measures																	
Q48. Ease of filling out forms (% A or U)	98.2%	100% G	99.3%	100%	99.0%	95.9%	100%	97.9%	100% N	100%	99.2%	97.1%	100%	96.4%	98.3%	98.5%	100%
Q7. Average number of visits to doctor's office or clinic	1.7	1.7	2.8	2.4	1.5	2.7 к	1.7	1.6	1.8	2.8	1.6	1.8	1.9	2.1	1.4	1.5	1.9
Q26. Average number of visits to personal doctor	1.7	н 1.2	2.0	1.5	1.4	2.7 К	1.7	1.6	1.4	2.4	1.8	1.5	1.6	2.1	1.4	1.7	1.4
Q42. Average number of specialists seen	1.6	1.4	1.6	1.5	1.4	1.8	2.3	1.5	1.9	1.3	1.5	1.6	1.8	1.8	1.6	1.6	1.4

	<u>Child's</u>	<u>Gender</u>			<u>Child</u>	's Race				<u>ild's</u> nicity	Ē	Responde	ent's Ac	<u>ie</u>		ndent's nder		ondent's cation
	Male	Female	White	Black or African- American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native		Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(X)	(Y)	(Z)	(a)	(b)	(C)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(I)	(m)	(n)	(0)
Total respondents	137	134	129	105	7^	0^	6^	37	64	198	34	57	95	82	33	232	153	110
Rating Questions (% 9 or 10)																		
Q49. Rating of Health Plan	73.0%	78.0%	78.1%	71.4%	57.1%		83.3%	86.1% a	87.3% g	71.6%	79.4%	78.6%	70.5%	79.0%	69.7%	77.4%	75.7%	74.3%
Q9. Rating of Health Care	81.0%	80.5%	77.4%	82.8%	75.0%		100%	86.4%	82.9%	80.3%	69.6%	76.5%	79.6%	91.5%	87.5%	80.0%	73.8%	87.8% n
Q36. Rating of Personal Doctor	79.3%	83.8%	79.5%	83.5%	80.0%		100%	80.8%	84.8%	80.0%	89.3%	75.0%	76.2%	91.2% ij	95.5%	80.5%	81.6%	82.3%
Q43. Rating of Specialist	83.3%	75.9%	78.6%	68.4%	100%		NA	85.7%	90.0%	76.7%	71.4%	85.7%	65.0%	94.4%	75.0%	79.5%	79.2%	78.6%
Rating Questions (% 8, 9 or 10)																		
Q49. Rating of Health Plan	81.0%	90.2% ×	87.5%	81.0%	85.7%		100%	94.4% a	95.2% g	82.2%	94.1%	83.9%	84.2%	86.4%	87.9%	86.1%	85.5%	84.4%
Q9. Rating of Health Care	96.2%	90.2%	91.7%	93.1%	100%		100%	90.9%	94.3%	92.6%	95.7%	91.2%	92.6%	95.7%	93.8%	93.6%	89.3%	97.3% n
Q36. Rating of Personal Doctor	93.1%	92.8%	92.0%	93.4%	100%		100%	96.2%	95.7%	92.0%	96.4%	93.2%	89.3%	97.1%	100%	92.5%	92.8%	92.7%
Q43. Rating of Specialist	95.8%	82.8%	89.3%	84.2%	100%		NA	85.7%	90.0%	88.4%	71.4%	100%	80.0%	100%	75.0%	90.9%	87.5%	89.3%
Getting Needed Care (% A or U)	93.0%	85.6%	88.3%	91.6%	75.0%		NA	97.7%	92.6%	88.9%	86.3%	98.5% k	90.1%	84.9%	90.0%	88.4%	92.0%	86.9%
Q10. Getting care, tests, or treatment	93.7%	91.3%	93.9%	93.1%	50.0%		100%	95.5%	94.3%	93.3%	87.0%	97.1%	94.5%	90.9%	80.0%	94.2%	91.7%	94.4%
Q41. Getting specialist appointment	92.3%	80.0%	82.8%	90.0%	100%		NA	100%	90.9%	84.4%	85.7%	100%	85.7%	78.9%	100%	82.6%	92.3%	79.3%
Getting Care Quickly (% A or U)	92.0%	89.3%	90.4%	90.9%	50.0%		NA	91.7%	93.9%	90.4%	92.5%	90.5%	91.1%	89.8%	85.3%	91.3%	92.1%	90.9%
Q4. Getting urgent care	100%	96.9%	100%	96.0%	100%		NA	100%	100%	97.8%	100%	100%	95.0%	100%	100%	97.9%	100%	96.6%
Q6. Getting routine care	84.1%	81.8%	80.7%	85.7%	0.0%		75.0%	83.3%	87.8%	82.9%	85.0%	81.1%	87.3%	79.6%	70.6%	84.6%	84.3%	85.3%
Coordination of Care (Q35) (% A or U)	84.8%	66.7%	79.3%	75.9%	0.0%		100%	87.5%	83.3%	73.3%	57.1%	88.9%	77.4%	77.3%	75.0%	76.7%	71.9%	78.9%

	<u>Child's</u>	Gender			<u>Child</u>	<u>l's Race</u>				<u>ild's</u> nicity	Ē	Respond	lent's Ag	<u>ie</u>		<u>ndent's</u> nder		ondent's cation
	Male	Female	White	Black or African- American	Asian	Native Hawaiian or Other Pacific Islander	Alaska		Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
T	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(1)	(m)	(n)	(0)
Total respondents	137	134	129	105	7^	0^	6^	37	64	198	34	57	95	82	33	232	153	110
Customer Service (% A or U)	89.1%	91.5%	94.6%	84.5%	50.0%		83.3%	90.9%	90.6%	89.9%	77.5%	90.9%	95.5%	87.0%	87.5%	90.3%	88.4%	93.8%
	87.5%	89.7%	96.4%	78.9%	50.0%		66.7%	90.9%	87.5%	88.6%	75.0%	90.9%	95.5%	82.6%	87.5%	88.2%	85.3%	91.7%
Q46. Treated with courtesy and respect	90.6%	93.3%	92.9%	90.0%	50.0%		100%	90.9%	93.8%	91.1%	80.0%	90.9%	95.5%	91.3%	87.5%	92.3%	91.4%	95.8%
How Well Doctors Communicate (% A or U)	97.5%	93.4%	95.0%	96.0%	93.8%		93.8%	90.0%	94.0%	96.0%	97.4%	93.7%	94.2%	97.3%	96.4%	95.2%	94.2%	97.0%
Q27. Personal doctor explained things	96.3%	95.0%	94.7%	96.8%	75.0%		100%	88.9%	94.1%	96.0%	94.7%	96.4%	93.8%	97.9%	92.9%	95.8%	93.9%	97.4%
Q28. Personal doctor listened carefully	100% Y	92.5%	96.0%	95.2%	100%		100%	94.4%	97.1%	96.0%	100%	92.9%	96.9%	95.7%	100%	95.8%	96.3%	96.1%
Q29. Personal doctor showed respect	100%	97.5%	97.3%	100%	100%		100%	94.4%	97.1%	99.2%	100%	96.4%	98.5%	100%	100%	98.6%	98.8%	98.7%
Q32. Personal doctor spent enough time	93.8%	88.8%	92.0%	91.9%	100%		75.0%	82.4%	87.9%	92.7%	94.7%	88.9%	87.7%	95.7%	92.9%	90.8%	87.7%	96.0%
Other Measures																		
Q48. Ease of filling out forms (% A or U)	98.5%	98.4%	99.2%	98.0%	100%		83.3%	94.3%	96.7%	99.5%	100%	96.4%	98.9%	98.7%	100% m	98.2%	98.6%	99.1%
Q7. Average number of visits to doctor's office or clinic	1.8	1.7	2.0 a	a 1.4	1.0		2.7	1.8	1.9	1.7	2.4	1.7	1.5	1.7	1.2	1.8	1.7	1.9
Q26. Average number of visits to personal doctor	1.6	1.7	1.6	1.3	1.4		2.3	2.2	2.2	1.5	1.6	1.7	1.7	1.5	1.8	1.6	1.6	1.7
Q42. Average number of specialists seen	1.5	1.7	1.4	1.4	3.0		NA	2.0	1.8	1.5	1.3	1.4	1.8	1.5	1.6	1.5	1.7	1.5

Demographic Segments - CCC Population

		ing of th Plan		ng of n Care	<u>Child's</u>	Health	<u>Status</u>	<u>Child's</u>	Mental Status	<u>Health</u>	<u>Sı</u>	urvey Ty	<u>/pe</u>		<u>Child'</u>	<u>s Age</u>	
	8-10	0-7	8-10	0-7	Excellent/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(VV)	(X)	(Y)	(Z)	(a)	(b)	(C)	(d)	(e)
Total respondents	160	25	127	15^	105	58	21	85	49	52	110	57	20	17^	33	58	77
Q51. Access to Prescription Medicines (% A or U)	95.7%	86.7%	94.9%	91.7%	93.6%	97.4%	92.9%	93.8%	100% v	90.6%	96.3%	94.4%	85.7%	100%	92.3%	94.7%	94.6%
Access to Specialized Services (% A or U)	93.2%	48.1%	91.2%	43.3%	87.8%	73.6%	88.6%	78.5%	88.1%	86.0%	89.7%	79.5%	NA	86.1%	85.9%	79.7%	82.9%
Q15. Ease of getting special medical equipment or devices	100%	50.0%	87.5%	0.0%	100%	50.0%	100%	66.7%	100%	100%	83.3%	80.0%	NA	100%	66.7%	75.0%	100%
Q18. Ease of getting therapy	90.0%	50.0%	94.7%	80.0%	80.0%	88.9%	80.0%	87.5%	83.3%	71.4%	93.8%	85.7%	50.0%	75.0%	100%	90.9%	57.1%
Q21. Ease of getting treatment or counseling	89.5%	44.4%	91.3%	50.0%	83.3%	81.8%	85.7%	81.3%	81.0%	86.7%	91.9%	72.7%	75.0%	83.3%	90.9%	73.1%	91.7%
FCC: Personal Doctor Who Knows Child (% Yes)	90.0%	63.2%	93.7%	64.3%	89.7%	88.6%	76.2%	93.8%	81.5%	83.1%	89.6%	81.4%	88.2%	91.5%	88.4%	87.9%	84.9%
Q33. Doctor talked about how child is feeling, growing, and behaving	86.4%	56.3%	90.1%	50.0%	87.2%	80.0%	71.4%	89.6%	80.6%	74.2%	86.0%	75.8%	81.3%	85.7%	86.4%	86.4%	77.8%
Q38. Doctor understands how these conditions affect child's day-to-day life	93.8%	66.7%	97.4%	71.4%	92.4%	96.4%	78.6%	95.9%	88.0%	88.9%	92.2%	88.6%	91.7%	100%	89.5%	90.9%	89.7%
Q39. Doctor understands how these conditions affect family's day-to-day life	89.7%	66.7%	93.5%	71.4%	89.4%	89.3%	78.6%	95.9%	76.0%	86.1%	90.6%	80.0%	91.7%	88.9%	89.5%	86.4%	87.2%
Q8. FCC: Getting Needed Information (% A or U)	91.1%	64.7%	91.3%	57.1%	88.9%	90.9%	78.6%	93.9% X	88.6%	79.5%	87.2%	92.5%	80.0%	100%	90.9%	88.0%	83.3%
Coordination of Care for CCC (% Yes)	76.9%	56.3%	77.7%	37.5%	73.0%	75.0%	75.0%	77.6%	73.1%	65.2%	64.4%	79.5%	83.3%	70.0%	75.0%	76.1%	71.7%
Q13. Obtaining help from doctors or health providers in contacting child's school or daycare	100%	75.0%	100%	50.0%	100%	100%	66.7%	100%	100%	83.3%	87.5%	100%	100%	100%	100%	100%	88.9%
Q24. Obtaining help coordinating child's care among different providers or services	53.8%	37.5%	55.3%	25.0%	45.9%	50.0%	83.3%	55.2%	46.2%	47.1%	41.4%	59.1%	66.7%	40.0%	50.0%	52.2%	54.5%

Demographic Segments - CCC Population

	<u>Child's</u>	Gender	Child's Race						<u>Child's</u> <u>Ethnicity</u>		Respondent's Age				<u>Respondent's</u> <u>Gender</u>		Respondent's Education	
	Male	Female	White	Black or African- American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(f)	(g)	(h)	(i)	(j)	(k)	(I)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)	(V)	(w)
Total respondents	106	78	96	77	1^	1^	5^	14^	25	155	24	29	63	66	17^	163	101	81
Q51. Access to Prescription Medicines (% A or U)	93.0%	96.6%	92.2%	98.0%	100%	NA	100%	100%	100%	93.9%	94.1%	89.5%	93.0%	98.0%	91.7%	94.7%	95.6%	93.3%
Access to Specialized Services (% A or U)	75.2%	93.9% f	94.4% i	75.2%	NA	NA	NA	NA	78.3%	84.6%	NA	79.2%	81.0%	98.6%	NA	88.3%	82.4%	83.9%
Q15. Ease of getting special medical equipment or devices	66.7%	100%	100%	66.7%	NA	NA	NA	100%	100%	80.0%	NA	66.7%	100%	100%	NA	90.0%	83.3%	80.0%
Q18. Ease of getting therapy	83.3%	88.2%	92.9%	78.9%	NA	NA	NA	NA	75.0%	87.1%	100%	87.5%	75.0%	100%	50.0%	87.5%	80.0%	88.9%
Q21. Ease of getting treatment or counseling	75.7%	93.3% f	90.5%	80.0%	NA	NA	66.7%	80.0%	60.0%	86.7%	100%	83.3%	68.0%	95.7%	70.0%	87.3%	83.8%	82.8%
FCC: Personal Doctor Who Knows Child (% Yes)	89.7%	83.8%	86.2%	89.3%	0.0%	0.0%	88.9%	81.5%	83.3%	87.7%	98.1%	85.9%	75.6%	94.7% r	100%	86.0%	85.5%	89.0%
Q33. Doctor talked about how child is feeling, growing, and behaving	84.6%	81.8%	83.8%	86.0%	100%	NA	66.7%	77.8%	75.0%	84.5%	94.4%	95.2%	65.1%	92.0% r	100%	82.6%	78.9%	88.7%
Q38. Doctor understands how these conditions affect child's day-to-day life	93.8%	87.0%	88.1%	92.3%	NA	100%	100%	88.9%	91.7%	90.8%	100%	87.5%	82.1%	97.4% r	100%	89.7%	91.4%	90.2%
Q39. Doctor understands how these conditions affect family's day-to-day life	90.6%	82.6%	86.6%	89.7%	NA	100%	100%	77.8%	83.3%	87.8%	100%	75.0%	79.5%	94.7% r	100%	85.6%	86.2%	88.2%
Q8. FCC: Getting Needed Information (% A or U)	91.3%	83.1%	88.6%	81.5%	100%	NA	75.0%	100%	93.8%	88.4%	85.0%	95.7%	86.0%	86.5%	100%	87.1%	89.3%	87.3%
Coordination of Care for CCC (% Yes)	74.4%	73.1%	74.9%	70.8%	NA	NA	NA	75.0%	85.7%	71.8%	66.7%	72.2%	69.3%	80.4%	75.0%	73.5%	78.8%	68.2%
Q13. Obtaining help from doctors or health providers in contacting child's school or daycare	92.9%	100%	92.3%	100%	NA	NA	NA	100%	100%	94.4%	100%	100%	85.7%	100%	100%	95.2%	100%	90.9%
Q24. Obtaining help coordinating child's care among different providers or services	55.9%	46.2%	57.6%	41.7%	NA	NA	NA	50.0%	71.4%	49.1%	33.3%	44.4%	52.9%	60.9%	50.0%	51.9%	57.7%	45.5%

Supplemental Questions

Results for Supplemental Questions

AmeriHealth Caritas Louisiana


Survey Item	Opt-out Responses			Category R	esponses	Plan S	2021 SPH BoB		
Survey item	Out of 280 Total Respondents		Base	d on Valid Resp	onses Per Question	2019	2020	2021	Summary Rate Score
Q77. In the last 6 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns?	My child did not receive any health care in the past 6 months.	<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	(n = 287)	(n = 290)	(n = 232)	
	33	77.6%	12.1%	4.7%	5.6%	91.6%	89.3%	89.7%	
Q79. In the last 6 months, when there was more than one choice for your child's treatment or health care, did your child's doctor or other health provider ask which choice you thought was best for your child?	My child did not need treatment or health care in the last 6 months	Definitely yes	<u>Somewhat</u> <u>yes</u>	<u>Somewhat</u> <u>no</u>	<u>Definitely</u> <u>no</u>	(n = 249)	(n = 249)	(n = 195)	
you mought was best for your onnu?	53	60.5%	21.5%	5.6%	12.3%	77.9%	81.5%	82.1%	
Q81. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your child's health plan works?	I did not seek information in the last 6 months about how my child's health plan works	<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	(n = 169)	(n = 192)	(n = 160)	
	100	45.6%	16.3%	16.9%	21.3%	60.4%	65.1%	61.9%	

Significance Testing

Grey shading indicates that the response is included in the summary rate score.

Current year score is significantly higher than 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle). Current year score is significantly lower than 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\triangledown).

Low Base

Survey Item		Plan S	ummary Rate	Score	2021 SPH BoB
Survey item		2019	2020	2021	Summary Rate Score
Q78. In the last 6 months, not counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment and your child actually seeing a health provider?					
Opt-Outs	Total	(n=322)	(n=351)	(n=280)	
My child did not see a health provider in the last 6 months.		22	33	34	
Valid Responses	Base	(n=276)	(n=280)	(n=221)	
Same day		36.6%	32.9%	37.6%	
1 day		24.6%	25.4%	17.6% 👃	
2 to 3 days		24.6%	22.5%	23.1%	
4 to 7 days		6.9%	10.7%	11.3%	
8 to 14 days		2.5%	4.6%	4.1%	
15 to 30 days		3.3%	2.1%	4.5%	
31 to 60 days		0.7%	0.0%	0.9%	
61 to 90 days		0.0%	0.4%	0.5%	
91 days or longer		0.7%	1.4%	0.5%	

Significance Testing

Current year score is significantly higher than 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle). Current year score is significantly lower than 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\triangledown). Low Base

Survey Item		Plan S	ummary Rate	Score	2021 SPH BoB
Survey item		2019	2020	2021	Summary Rate Score
Q80. Certain services, such as home health care, durable medical equipment (DME) and some procedures require authorization from your child's health plan. If your child has required an authorization over the last 6 months, did the authorization slow down your ability to receive your child's desired care or service?					
Opt-Outs	Total	(n=322)	(n=351)	(n=280)	
I did not require authorization for services in the last 6 months		204	193	169	
Valid Responses	Base	(n=88)	(n=110)	(n=85)	
No, I received an authorization quickly		71.6%	75.5%	77.6%	
Yes, the authorization process slowed the process down some		19.3%	11.8%	16.5%	
Yes, the authorization process slowed the process down a lot		9.1%	12.7%	5.9%	

Significance Testing

Current year score is significantly higher than 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle). Current year score is significantly lower than 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\triangledown).

Low Base

Survey Item		Plan Ş	Summary Rate	Score	2021 SPH BoB
Sulvey Rem		2019	2020	2021	Summary Rate Score
Q82. When your child's plan needs to share information with you, how do you prefer to receive this information?					
Valid Responses	Base	(n=304)	(n=316)	(n=256)	
By postal mai		65.1%	80.1%	71.5% 🤳	
On the plan's website	;	4.6%	11.4%	10.5% 🕴	
Mobile phone app		8.2%	17.4%	14.5% 🕴	
A phone call from someone at the plan	i	29.3%	37.0%	35.2%	
By text message		30.3%	39.2%	35.9%	
By email	1	29.9%	33.9%	34.4%	

Significance Testing

Current year score is significantly higher than 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle). Current year score is significantly lower than 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\triangledown). Low Base

Operation Demographic Segments - General Population

		ing of th Plan	Rating of Health Care		<u>Child's Health Status</u>			<u>Child's Mental Health</u> <u>Status</u>			<u>Survey Type</u>				Child's Age			
Summary Rate Score	8-10	0-7	8-10	0-7	Excellent/ Very good	5000	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+	
	(G)	(H)	(1)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(∨)	(W)	
Total respondents	3 234	40	152	12^	209	54	10^	198	53	23	139	108	33	59	60	69	86	
Q77. In the last 6 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns? (% Always or Usually)	91.3%	82.4%	95.0%	66.7%	92.6%	83.0%	87.5%	91.5%	84.8%	90.0%	87.8%	90.8%	93.3%	89.8%	92.3%	89.1%	89.3%	
Q79. In the last 6 months, when there was more than one choice for your child's treatment or health care, did your child's doctor or other health provider ask which choice you thought was best for your child? (% Definitely or Somewhat yes)	84.0%	70.0%	84.2%	55.6%	82.1%	86.7%	62.5%	81.7%	81.4%	90.0%	80.8%	82.9%	85.0%	82.9%	78.0%	75.5%	90.5% V	
Q81. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your child's health plan works? (% Always or Usually)	65.2%	38.1%	66.7%	60.0%	65.0%	57.1%	42.9%	61.2%	59.4%	75.0%	64.1%	60.5%	60.0%	55.6%	73.5%	59.1%	62.2%	

Operation Demographic Segments - General Population

	<u>Child's</u>	s Gender		Child's Race						<u>ild's</u> nicity	Respondent's Age					ndent's nder	Respondent's Education	
Summary Rate Score	Male	Female	White	Black or African- American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native		Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(X)	(Y)	(Z)	(a)	(b)	(C)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(I)	(m)	(n)	(0)
Total respondents	s 137	134	129	105	7^	0^	6^	37	64	198	34	57	95	82	33	232	153	110
Q77. In the last 6 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns? (% Always or Usually)	93.2%	86.6%	92.5%	91.0%	66.7%		100%	88.6%	85.7%	92.7%	83.3%	94.0%	93.9%	85.3%	76.0%	91.6%	86.6%	92.9%
Q79. In the last 6 months, when there was more than one choice for your child's treatment or health care, did your child's doctor or other health provider ask which choice you thought was best for your child? (% Definitely or Somewhat yes)	86.1%	77.4%	83.1%	81.6%	100%		100%	80.8%	84.4%	81.7%	77.3%	78.0%	85.9%	83.1%	90.0%	81.9%	81.1%	82.6%
Q81. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your child's health plan works? (% Always or Usually)	65.9%	58.4%	62.8%	63.8%	33.3%		75.0%	63.0%	64.3%	61.9%	56.3%	70.5%	60.4%	58.7%	50.0%	63.8%	56.5%	68.3%

A letter and green font indicates that result is significantly higher than the corresponding column. Andicates a base size smaller than 20. Interpret results with caution.

	Opt-out F	lesponses			Category R	losnonsos	Plan S	2021		
Survey Item		tal Respondents		Base		onses Per Question	2019	2020	2021	SPH BoB Summary Rate Score
Q77. In the last 6 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns?	My child did not receive any health care in the past 6 months.		<u>Always</u>	<u>Usually</u>	Sometimes	<u>Never</u>	(n = 247)	(n = 224)	(n = 174)	
	8		83.9%	7.5%	7.5%	1.1%	94.7%	92.9%	91.4%	
Q79. In the last 6 months, when there was more than one choice for your child's treatment or health care, did your child's doctor or other health provider ask which choice you thought was best for your child?	My child did not need treatment or health care in the last 6 months		<u>Definitely</u> <u>yes</u>	<u>Somewhat</u> <u>yes</u>	Somewhat no	<u>Definitely</u> <u>no</u>	(n = 228)	(n = 210)	(n = 159)	
you thought was best for your child?	15		59.7%	22.6%	5.7%	11.9%	81.6%	86.2%	82.4%	
Q81. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your child's health plan works?	l did not seek information in the last 6 months about how my child's health plan works		<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	(n = 142)	(n = 148)	(n = 109)	
	69		49.5%	22.0%	12.8%	15.6%	60.6%	62.8%	71.6%	

Summary Rate Indicator

Significance Testing

Grey shading indicates that the response is included in the summary rate score.

Current year score is significantly higher than 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle). Current year score is significantly lower than 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\triangledown).

Low Base

Survey Mem		Plan S	Summary Rate	Score	2021 SPH BoB
Survey Item		2019	2020	2021	Summary Rate Score
Q78. In the last 6 months, not counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment and your child actually seeing a health provider?					
Opt-Outs	Total	(n=257)	(n=248)	(n=187)	
My child did not see a health provider in the last 6 months.		11	11	8	
Valid Responses	Base	(n=235)	(n=220)	(n=165)	
Same day		35.3%	29.5%	26.7%	
1 day		18.7%	18.6%	17.6%	
2 to 3 days		23.8%	28.2%	27.3%	
4 to 7 days		12.8%	13.6%	15.2%	
8 to 14 days		3.4%	5.9%	4.8%	
15 to 30 days		3.8%	2.7%	6.1%	
31 to 60 days		1.3%	0.9%	1.2%	
61 to 90 days		0.0%	0.0%	0.6%	
91 days or longer		0.9%	0.5%	0.6%	

Significance Testing

Current year score is significantly higher than 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle). Current year score is significantly lower than 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\triangledown). Low Base

Survey Item		Plan S	ummary Rate	Score	2021 SPH BoB
Survey item		2019	2020	2021	Summary Rate Score
Q80. Certain services, such as home health care, durable medical equipment (DME) and some procedures require authorization from your child's health plan. If your child has required an authorization over the last 6 months, did the authorization slow down your ability to receive your child's desired care or service?					
Opt-Outs	Total	(n=257)	(n=248)	(n=187)	
I did not require authorization for services in the last 6 months		145	118	105	
Valid Responses	Base	(n=98)	(n=114)	(n=71)	
No, I received an authorization quickly		60.2%	67.5%	70.4%	
Yes, the authorization process slowed the process down some		27.6%	21.9%	16.9%	
Yes, the authorization process slowed the process down a lot		12.2%	10.5%	12.7%	

Significance Testing

Current year score is significantly higher than 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle). Current year score is significantly lower than 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\triangledown).

Low Base

Survey Item		Plan S	ummary Rate	2021 SPH BoB	
Survey item		2019	2020	2021	Summary Rate Score
Q82. When your child's plan needs to share information with you, how do you prefer to receive this information?					
Valid Responses	Base	(n=255)	(n=237)	(n=174)	
By postal mail		68.6%	76.8%	71.3%	
On the plan's website		5.9%	13.1%	10.3%	
Mobile phone app		8.6%	15.2%	13.2%	
A phone call from someone at the plan		30.6%	38.0%	35.1%	
By text message		29.0%	38.8%	36.8%	
By email		25.9%	35.0%	33.9%	

Significance Testing

Current year score is significantly higher than 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle). Current year score is significantly lower than 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\triangledown). Low Base

O Demographic Segments – CCC Population

		<u>ng of</u> h Plan		Rating of Child's Health Status lealth Care Child's Health Status			<u>Child's</u>	<u>Child's Mental Health</u> <u>Status</u>			<u>Survey Type</u>			Child's Age			
Summary Rate Score	8-10	0-7	8-10	0-7	Excellent/ Very good	1-000	Fair/Poor	Excellent/ Very good	(-i00d	Fair/Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(∨)	(VV)	(X)	(Y)	(Z)	(a)	(b)	(C)	(d)	(e)
Total respondents	160	25	127	15^	105	58	21	85	49	52	110	57	20	17^	33	58	77
Q77. In the last 6 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns? (% Always or Usually)	94.7%	66.7%	95.9%	58.3%	94.8%	90.9%	78.9%	97.6% X	88.6%	85.1%	92.2%	90.2%	90.0%	100%	100% de	e 88.9%	88.7%
Q79. In the last 6 months, when there was more than one choice for your child's treatment or health care, did your child's doctor or other health provider ask which choice you thought was best for your child? (% Definitely or Somewhat yes)	84.7%	65.0%	87.4%	58.3%	80.2%	90.4%	72.2%	87.5%	74.4%	83.7%	83.3%	80.0%	83.3%	86.7%	82.1%	81.6%	81.5%
Q81. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your child's health plan works? (% Always or Usually)	74.7%	52.9%	77.0%	62.5%	71.2%	72.2%	71.4%	70.0%	72.4%	73.3%	76.9%	68.2%	61.5%	62.5%	65.0%	78.9%	71.4%

Demographic Segments – CCC Population

	<u>Child's</u>	<u>Gender</u>			<u>Child</u>	's Race				ild's nicity	R	Respond	ent's Ag	<u>le</u>		ndent's nder		ndent's cation
Summary Rate Score	Male	Female	White	Black or African- American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(f)	(g)	(h)	(i)	(j)	(k)	(I)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)
Total respondents	s 106	78	96	77	1^	1^	5^	14^	25	155	24	29	63	66	17^	163	101	81
Q77. In the last 6 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns? (% Always or Usually)	90.1%	94.4%	95.7%	91.3%	100%	0.0%	75.0%	85.7%	87.0%	93.1%	95.7%	100%	86.0%	92.1%	93.8%	91.6%	91.6%	90.9%
Q79. In the last 6 months, when there was more than one choice for your child's treatment or health care, did your child's doctor or other health provider ask which choice you thought was best for your child? (% Definitely or Somewhat yes)	83.3%	80.6%	84.3%	85.5%	100%	0.0%	75.0%	69.2%	82.6%	82.3%	85.0%	88.9%	69.8%	91.1% r	76.9%	83.0%	83.0%	81.2%
Q81. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your child's health plan works? (% Always or Usually)	73.0%	71.1%	63.2%	81.4% h	NA	0.0%	25.0%	63.6%	80.0%	71.7%	80.0%	75.0%	67.5%	75.0%	63.6%	73.4%	73.2%	70.6%

A letter and green font indicates that result is significantly higher than the corresponding column. Andicates a base size smaller than 20. Interpret results with caution.

Appendix: Correlation Analyses



Plan Specific Correlations

AmeriHealth Caritas Louisiana

Correlation Analyses

Highest Correlations

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

	With Health Care Rating	
Q43	Specialist overall	0.7439
Q4	Got urgent care	0.6413
Q29	Dr. showed respect	0.5284
Q35	Dr. informed about care	0.5157
Q36	Personal doctor overall	0.4881
Q31	Dr. explained things for child	0.4367
Q28	Dr. listened carefully	0.4187
Q10	Got care/tests/treatment	0.3977
Q27	Dr. explained things	0.3715
Q32	Dr. spent enough time	0.3414

	With Personal Doctor Rating	J
Q35	Dr. informed about care	0.7050
Q4	Got urgent care	0.6185
Q29	Dr. showed respect	0.5972
Q31	Dr. explained things for child	0.5559
Q27	Dr. explained things	0.4992
Q28	Dr. listened carefully	0.4989
Q9	Health care overall	0.4881
Q10	Got care/tests/treatment	0.4294
Q32	Dr. spent enough time	0.4136
Q79	Discussed best treatment choice	0.3556

	With Specialist Rating	
Q9	Health care overall	0.7439
Q77	Got easy to understand info.	0.5434
Q10	Got care/tests/treatment	0.4696
Q31	Dr. explained things for child	0.4037
Q28	Dr. listened carefully	0.3221
Q4	Got urgent care	0.3193
Q81	Easy to use plan information	0.3184
Q49	Health plan overall	0.3156
Q41	Got specialist appt.	0.2638
Q29	Dr. showed respect	0.2544

Appendix: Flowchart



Understanding Relative Performance of Composite Measures

AmeriHealth Caritas Louisiana

Flowchart – Understanding Relative Performance

How composite questions perform relative to each other

Composite summary rate scores are displayed in the orange box.



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



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

Plan Score	Maximum	Actual	Maximum	Actual =	Gap
Х	Contribution =	- Contribution	Contribution	Contribution	
Max Score					

Q6 Example:





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 - General Population



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

Appendix: Accreditation



Estimated NCQA Plan Ratings and Frequency Distributions

AmeriHealth Caritas Louisiana

Estimated NCQA Health Insurance Plan Ratings

EXPLANATION Beginning in 2020, NCQA made significant changes to Health Plan Accreditation. CAHPS[®] is no longer scored using 3-point scores for purposes of health plan accreditation. Instead, health plans are 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.

The information contained in this report uses the methodology described by NCQA, but **only the NCQA results are official**. Results in this report should be used for quality improvement purposes only. The image to the right lists the measures from CAHPS required for Health Plan Accreditation as published by NCQA. Additional pages of required measures are available via the link provided.

- 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, 33rd, 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 2020 NCQA Quality Compass data and benchmarks.

Rating = 1	Rating = 2	Rating = 3	Rating = 4	Rating = 5
<10 th	10 th – 32 rd	33 rd – 66 th	67 th – 90 th	>90 th
Percentile	Percentile	Percentile	Percentile	Percentile

Note: 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. Note: Because 3-point scores are no longer used by NCQA, SPH does not calculate 3-point scores and accreditation thresholds within this report.

Required HEDIS and CAHPS Measures for HEDIS Reporting Year 2021

HEDIS/CAHPS Measures Required for HP Accreditation—Medicaid

	Measure Name	Web Display Name	Weight*			
PATIE	NT EXPERIENCE					
Getting	g Care					
Getting	Needed Care (Usually + Always)	Getting care easily				
Getting	Care Quickly (Usually + Always)	Getting care quickly	1.5			
Satisfa	ction With Plan Physicians					
Rating	of Personal Doctor (9 + 10)	Rating of primary care doctor	1.5			
Rating	of Specialist Seen Most Often (9 + 10)	Rating of specialists	1.5			
Rating	of All Health Care (9 + 10)	Rating of care	1.5			
Coordi	nation of Care (Usually + Always)	Coordination of care	1.5			
Satisfa	action With Plan Services					
Rating	of Health Plan (9 + 10)	Rating of health plan				
PREVE	INTION	·				
Childre	en and Adolescent Well-Care					
ADV	Annual Dental Visits—Total	Dental visits	1			
CIS	Childhood Immunization Status—Combination 10	Childhood immunizations	3			
IMA	Immunizations for Adolescents—Combination 2	Adolescent immunizations	3			
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— BMI Percentile—Total	BMI percentile assessment	1			
Wome	n's Reproductive Health					
PPC	Prenatal and Postpartum Care—Timeliness of Prenatal Care	Prenatal checkups	1			
	Prenatal and Postpartum Care—Postpartum Care	Postpartum care	1			
Cance	r Screening					
BCS	Breast Cancer Screening	Breast cancer screening	1			
CCS	Cervical Cancer Screening	Cervical cancer screening	1			
Other I	Preventive Services					
CHL	Chlamydia Screening in Women—Total	Chlamydia screening	1			
FVA	Flu Vaccinations for Adults Ages 18-64	Flu shots	1			

The weight column indicates the weight of the item (maximum value = 3) in the overall score calculation.

https://www.ncqa.org/wp-

content/uploads/2020/12/20201218_2021_List_of_Required_Performance_Measures.pdf

NCQA 2020

Estimated NCQA Plan Ratings - General Population

	2021 VALID N	2021 SCORE	SCORE DEFINITION	QC PERCENTILE RANK	SPH ESTIMATED RATING	WEIGHT
CONSUMER SATISFACTION					4.0	
GETTING CARE					3.5	
Getting Needed Care	110	89.3%	Usually or Always	79 th	4.0	1.5
Getting Care Quickly	113	90.8%	Usually or Always	44 th	3.0	1.5
SATISFACTION WITH PLAN PHYSICIAN	NS				4.5	
Rating of Personal Doctor	234	82.1%	9 or 10	79 th	4.0	1.5
Rating of Specialist	54^	79.6%	9 or 10	100 th	NA	1.5
Rating of Health Care	164	80.5%	9 or 10	96 th	5.0	1.5
Coordination of Care	73^	75.3%	Usually or Always	<5 th	NA	1.5
SATISFACTION WITH PLAN SERVICES	5				4.0	
Rating of Health Plan	274	75.5%	9 or 10	74 th	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.

Global Proportions - General Population

GLOBAL PROPORTIONS SCORING AND ACCREDITATION

The graphical presentation of frequency distributions, including scores for composites and rating questions are shown on these pages. In addition, the measure's percentile threshold when compared to the 2020 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	2021 SCORE*	QC PERCENTILE THRESHOLD	QC 90 th PERCENTILE	Never/Sometimes Usually Always
Getting Needed Care	110	89.3%	79 th	91.1%	11% 17% 72%
Q10. Getting care, tests or treatment	162	92.6%	56 th	95.4%	7% 15% 77%
Q41. Getting specialist appointment	57^	86.0%	89 th	87.7%	14% 19% 67%
Getting Care Quickly	113	90.8%	44 th	95.0%	9% 14% 76%
Q4. Getting urgent care	57^	98.2%	97 th	96.7%	11% 88%
Q6. Getting routine care	169	83.4%	14 th	94.3%	17% 18% 65%
Other Measures					
Coordination of Care	73^	75.3%	<5 th	90.7%	25% 19% 56%

Global Proportions - General Population

GLOBAL PROPORTIONS SCORING AND ACCREDITATION

The graphical presentation of frequency distributions, including scores for composites and rating questions are shown on these pages. In addition, the measure's percentile threshold when compared to the 2020 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	2021 SCORE*	QC PERCENTILE THRESHOLD	QC 90 th PERCENTILE			
Rating Questions							■ 0 - 6 ■ 7 - 8 ■ 9 - 10
Rating of Health Plan	274	75.5%	74 th	77.9%	6%	19%	76%
Rating of Health Care	164	80.5%	96 th	77.7%	5%	15%	81%
Rating of Personal Doctor	234	82.1%	79 th	83.3%		14%	82%
Rating of Specialist	54^	79.6%	100 th	76.8%		17%	80%

Appendix: Improvement Strategies and Voice of the Member

AmeriHealth Caritas Louisiana



Improvement Strategies and VoM: Section Information

Improvement Strategies The left-side grey boxes contain improvement strategies compiled from SPH's years of experience working with hundreds of health plans to improve their scores. These are organized by key measures on the CAHPS survey. SPH encourages plans to review these strategies to help inform quality improvement plans.

Voice of the Member SPH periodically conducts qualitative research to help health plans better understand what members are thinking about when they answer questions on the CAHPS survey. We recruit members of different types of health plans and lead a moderated bulletin board discussion, probing for insights about their experience with aspects of care asked about on CAHPS. The quotes provided on the right-side of the following slides are pulled from conversations we have with members as part of this research.

SPH conducts this research to provide our clients additional insights into recommended improvements.

Rating of Health Plan

Rating of Health Plan Improvement Strategies

- 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.

Voice of the Member

- Specifically, I would improve communications. My insurance doesn't send any information about check-ups, vaccine reminders, dental check-ups, etc. ¹¹
- **66** Make the **website more user friendly**, make it **easier to find the information** we need. **99**
- ⁶⁶ An app would be a good idea, because sometimes getting online to recertify can be difficult.¹¹
- More available and detailed information about counseling. My daughter could benefit from some counseling to deal with living with her daily ADHD struggles. She has meltdowns and problems at school socially. It affects her in a number of ways and I am sure she is not the only child that feels this way that has Medicaid.
- ⁴⁴ It is **the issues with name brand medications** and **not covering all areas of health**, such as chiropractic care, **that are very important to my family**.⁷⁷

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

Additional resource for improvement:

AHRQ best practices: <u>https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html</u> SPH Performance Improvement Consulting: <u>http://www.sphanalytics.com/consulting</u>

Rating of Health Care

Rating of Health Care Improvement Strategies

- 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).

Voice of the Member

- Had nothing but the best care for all my children. The doctors care and are straightforward with everything.¹¹
- We have finally found doctors that make sure my children have the best care possible. All of the doctors coordinate with each other and always update one another on his medications to keep from unwanted side effects!
- ¹¹ His therapist is great. She involves us in his treatment.¹¹
- ⁴⁴ She always spent a lot of time listening to me and taking great care of my daughter.³³
- I have never had issues with my daughter's care. The doctors always answer me fully and often provide additional resources to help me learn more.

AHRQ best practices: <u>https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html</u> SPH Performance Improvement Consulting: <u>http://www.sphanalytics.com/consulting</u>

Rating of Personal Doctor

Rating of Personal Doctor Improvement Strategies

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

 SPH Performance Improvement Consulting:
 http://www.sphanalytics.com/consulting

Voice of the Member

- ⁴⁴ My son's doctor is great. He always answers all our questions and makes our son's health and well-being a priority. He proactively suggests treatments and courses of action that we had not necessarily considered.⁹⁹
- ¹¹ Very friendly and kind, and willing to answer most questions. He doesn't always have all the information I need but gets it for me when needed.¹¹
- Our doctor's bedside manner makes him stand out! You can tell how much he truly cares!
- ¹¹ They have worked hard to get the medication we needed and have gone out of their way when there have been issues at the pharmacy.¹¹
- **Takes his time** and has those one-on-one sessions with the child.⁷⁷
- ⁶⁶Our doctor stays on top of things and is easy to get a hold of.⁹⁹

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

Rating of Specialist

Rating of Specialist Improvement Strategies

- 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: <u>https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html</u> SPH Performance Improvement Consulting: <u>http://www.sphanalytics.com/consulting</u>

Voice of the Member

- The doctor who performed my son's follow-up circumcision was very down to earth and did an excellent job.¹¹
- They're great with my children and answer everything in timely manner.
- It's hard for someone that sees a patient for 45 minutes a month to necessarily decide what is best, or at least they should let the parents have some input.³⁷
- ⁶⁶ She always **spent a lot of time listening to me** and **taking great care of my daughter**.⁹⁹
- ¹¹ My daughter hasn't seen a specialist in a long time now, but whenever she has had to see one, they have **always been very professional**.¹¹

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

Getting Needed Care

Getting Needed Care Improvement Strategies

- 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., webbased, 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.

Voice of the Member

- I have never had any difficulties getting any treatment or tests done for my child. The doctors are always right on top of things. They get everything done really quickly.
- Getting tests and services done has been a big issue. They were supposed to observe her for two nights, but the next day they tried kicking her out. Within a day, she exhibited respiratory issues and was transferred to another department. I argued for them to do a blood gas test. It was brushed off, and within a day she was in the ICU. I then cornered the doctor and demanded the blood gas test. As I suspected, she was retaining CO2.³³
- It may help that their doctor is the guy that runs the place, and he knows if I ask for something fast, it needs to be fast.
- ¹¹ I used to go to a standalone emergency clinic, and they were always able to treat my daughter for everything. I took her there once when she broke her arm and they treated her great, from xrays to splinting her arm.¹¹

Additional resource for improvement:

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

 SPH Performance Improvement Consulting:
 http://www.sphanalytics.com/consulting

Getting Care Quickly

Getting Care Quickly Improvement Strategies

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

 SPH Performance Improvement Consulting:
 http://www.sphanalytics.com/consulting

Voice of the Member

- ⁴⁴ She has been **always seen in a timely manner** and was treated well.⁷⁷
- We were in and out in about 15 minutes, and I had the lab results within a few days saying my kid was healthy.
- ¹¹ The care was quick and friendly, and I got her into both appointments easily.³³
- We have an **urgent care facility** that I can go to when I **don't want to wait for an appointment**. We mostly use it for sickness visits, so I don't have to wait in the waiting room.
- It's usually easy for us to get into an urgent care. It's normally a 30-minute-per-person wait time. So if there are two people ahead of us, it's an hour wait time.

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

O How Well Doctors Communicate

How Well Doctors Communicate Improvement Strategies

- Cultivate a patient-centered care philosophy and programs across the provider network.
- Support, communicate and educate providers about the vital medical importance of effective doctorpatient 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).

Voice of the Member

- ⁴⁴ They are thorough every time I take them to the doctor. They explained everything as to what was or wasn't wrong with my children, how to resolve it and proper education about the reasons.
- We typically go to nurse practitioners, which I prefer. They seem more willing to listen and take their time."
- ⁶⁶ Direct eye contact and the doctor restating what I had just said goes a long way to reassuring me that I'm being listened to and paid attention to.⁷⁷
- ¹¹ They should **take their time**. When a **doctor seems rushed**, **it feels like you are unimportant** and a bother. When they take their time, then it feels like **you are important and that your issues matter**.¹¹
- ¹¹ Don't act like things that you say are stupid. When they act like what you say is important and valid, it makes you feel respected.¹¹
- **Look at you when you're talking to them**. He is always good about **facing us when we are talking** to him.

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

Additional resource for improvement: AHRQ best practices: <u>https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html</u> SPH Performance Improvement Consulting: <u>http://www.sphanalvtics.com/consulting</u>

Customer Service

Customer Service Improvement Strategies

- 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.

Voice of the Member

- Every time I did indeed call, the staff was very respectful and that made me feel heard and valuable. Even though, essentially, I was, and still am, getting almost free healthcare, I felt like I was indeed paying a premium by how well I was treated.³¹
- ⁴⁴ I had to call in to recertify my daughter because I was late recertifying, due to the fact that I received the paperwork later than I should have. I was able to easily call the number, get someone on the phone and complete the process of recertifying very easily.³³
- **11 The forms can be ridiculous**. I just don't see why there should be four, five or six pages of information for me to fill out. And oftentimes, I am **repeating information** on the forms over and over again.
- ¹¹ I have found that in the majority of interactions, with any customer service representative that is associated with Medicaid, they tend to look down on you. There have been numerous occasions where we would have to call and change doctors, and we were treated like dirt. It's as if a child is on Medicaid because the parents don't work or whatever.¹¹

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

Additional resource for improvement:

AHRQ best practices: <u>https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html</u> SPH Performance Improvement Consulting: <u>http://www.sphanalvtics.com/consulting</u>

Coordination of Care

Coordination of Care Improvement Strategies

- 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?

Voice of the Member

- ⁶⁶ He has seen three different doctors at that office. I don't know how they transfer information to each other, since I have had to repeat things to one that I had already told another. I would think that would be in his files.⁹⁹
- When we switched her primary doctor, the new doctor knew my child's medical history. She was right on top of it. I was surprised and impressed.
- ⁶⁶ The doctor knew our son's medical history, asked him about how school was going at every visit, and engaged with him about his interests and hobbies. It almost felt like he was a part of the family.⁹⁹
- When our **son's doctor retired**, it was a bit of an **abrupt shock** to go from someone whom we had worked with for eleven years to a doctor who had never met us or our son before. However, he **took the time to talk to us and review our son's medical history**, and it **wasn't long before we were comfortable with each other** and confident that he would meet our son's medical needs.⁹¹

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

Additional resource for improvement:

AHRQ best practices: <u>https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html</u> SPH Performance Improvement Consulting: <u>http://www.sphanalytics.com/consulting</u>

Access to Prescription Medicine

Access to Prescription Medicine Improvement Strategies

- 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.

Voice of the Member

- ff It's easy to get them filled and fast, but they
 stopped paying for my daughter's allergy medicine."
- ¹¹Normally what happens is the doctor finds an alternative that the insurance will cover.¹¹
- ⁴⁴ The doctor sends them to the pharmacy, and they are always filled quick and easy, with no hassles.³³
- and iron out any issues that may come up."
- ⁴⁴ The bill was huge. I called to discuss how much it would cost out-of-pocket. Luckily, I had a very helpful, kind customer service representative who first asked, not only about the health of my son, but also about my health!³³
- ¹¹ The **representative helped me not worry about bills** during that stressful time.³³

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

Additional resource for improvement: AHRQ best practices: <u>https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html</u> SPH Performance Improvement Consulting: <u>http://www.sphanalvtics.com/consulting</u>

Appendix: Questionnaire



AmeriHealth Caritas Louisiana

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Louisiana

YOUR CHILD'S HEALTH CARE IN THE LAST

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 	 6 MONTHS These questions ask about your child's health care from a clinic, emergency room, or doctor's office. This includes care your child got in person, by phone, or by video. 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?
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	 Yes No → If No, Go to Question 5 4. In the last 6 months, when your child <u>needed</u> care right away, how often did your child get care as soon as he or she needed?
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.	 Never Sometimes Usually Always
<i>If you want to know more about this study, please call 1-888-797-3605.</i>	5. In the last 6 months, did you make any in person, phone, or video appointments for a <u>check-up or routine care</u> for your child?
Please answer the questions for the child listed on the letter. Please do not answer for any other children.	 Yes No → If No, Go to Question 7
1. Our records show that your child is now in AmeriHealth Caritas Louisiana. Is that right?	6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> for your child as soon as your child needed?
 Yes → If Yes, Go to Question 3 No 	 Never Sometimes
2. What is the name of your child's health plan? (please print)	Usually Always
	7. In the last 6 months, <u>not</u> counting the times your child went to an emergency room, how many times did he or she get health care in person, by phone, or by video?
	 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?		ECIALIZED SERVICES Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment.
	 Never Sometimes Usually Always 		In the last 6 months, did you get or try to get any special medical equipment or devices for your child?
9.	Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best		 Yes No → If No, Go to Question 17
	health care possible, what number would you use to rate all your child's health care in the last 6 months?	15.	In the last 6 months, how often was it easy to get special medical equipment or devices for your child?
	 0 Worst health care possible 1 2 3 		 Never Sometimes Usually Always
	□ 4 □ 5 □ 6	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?
	□ 7 □ 8		Yes No
10.	 9 10 Best health care possible In the last 6 months, how often was it easy 	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?
	to get the care, tests, or treatment your child needed?		 ☐ Yes ☐ No → If No, Go to Question 20
	 Never Sometimes Usually 	18.	In the last 6 months, how often was it easy to get this therapy for your child?
11	Always Is your child now enrolled in any kind of		Never Sometimes
	school or daycare?		Usually Always
10	□ No → If No, Go to Question 14	19.	Did anyone from your child's health plan, doctor's office, or clinic help you get this
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		therapy for your child?
	your child's health or health care?	20	No
	Yes No → If No, Go to Question 14	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
13.	In the last 6 months, did you get the help you needed from your child's doctors or other		problem?
	health providers in contacting your child's school or daycare?		Yes No → If No, Go to Question 23
	Yes No		

21		
21.	In the last 6 months, how often was it easy to get this treatment or counseling for your child?	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?
22	 Sometimes Usually Always 	 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?	 28. In the last 6 months, how often did your child's personal doctor listen carefully to you?
	☐ Yes □ No	Never
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	 Sometimes Usually Always
	care service? □ Yes □ No → If No, Go to Question 25	29. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?
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?	 Never Sometimes Usually Always
	 ☐ Yes ☐ No 	30. Is <u>your child</u> able to talk with doctors about his or her health care?
	UR CHILD'S PERSONAL DOCTOR A personal doctor is the one your child would	☐ Yes ☐ No → If No, Go to Question 32
201	talk to if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?	 31. In the last 6 months, how often did your child's personal doctor explain things
		in a way that was easy for <u>your child</u> to
	$\square \text{ Yes}$	in a way that was easy for <u>your child</u> to understand?
26.	 No → If No, Go to Question 40 In the last 6 months, how many times did your child have an in person, phone, or video visit with his or her personal doctor? 	in a way that was easy for <u>your child</u> to understand?
26.	 No → If No, Go to Question 40 In the last 6 months, how many times did your child have an in person, phone, or video visit 	in a way that was easy for <u>your child</u> to understand? Never Sometimes
26.	 No → If No, Go to Question 40 In the last 6 months, how many times did your child have an in person, phone, or video visit with his or her personal doctor? None → If None, Go to Question 36 1 time 	 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
26.	 No → If No, Go to Question 40 In the last 6 months, how many times did your child have an in person, phone, or video visit with his or her personal doctor? None → If None, Go to Question 36 1 time 2 3 4 5 to 9 	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

34.	In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?	GETTING HEALTH CARE FROM SPECIALISTS When you answer the next questions, include the care your child got in person, by phone, or by video. Do <u>not</u>
	 ☐ Yes ☐ No → If No, Go to Question 36 	include dental visits or care your child got when he or she stayed overnight in a hospital.
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?	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 with a specialist?
	Sometimes Usually Abureus	 ☐ Yes ☐ No → If No, Go to Question 44
36.	Always 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	41. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?
	would you use to rate your child's personal doctor?	 Never Sometimes
	 0 Worst personal doctor possible 1 	Usually Always
	□ 2 □ 3	42. How many specialists has your child talked to in the last 6 months?
	□ 4 □ 5	 None → If None, Go to Question 44 1 specialist
		☐ 4 ☐ 5 or more specialists
37.	10 Best personal doctor possible Does your child have any medical, behavioral, or other health conditions that have lasted for more than <u>3 months</u> ?	 43. We want to know your rating of the specialist your child talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible
	☐ Yes No → If No, Go to Question 40	and 10 is the best specialist possible, what number would you use to rate that specialist?
38.	Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to- day life?	 0 Worst specialist possible 1 2 3
	Yes No	
39.	Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your <u>family's</u> day-to- day life?	□ 6 □ 7 □ 8 □ 9
	Yes No	10 Best specialist possible

OUR CHILD'S HEALTH DI

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child	next questions ask about your experience with your shealth plan.	50. In the last 6 months, did you get or refill any prescription medicines for your child?
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 53
	 Yes No → If No, Go to Question 47 	51. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?
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
	 Never Sometimes Usually Always 	 Always 52. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?
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	ABOUT YOUR CHILD AND YOU 53. In general, how would you rate your child's
	Sometimes	overall health?
	Usually Always	
47.	In the last 6 months, did your child's health	Very Good
	plan give you any forms to fill out?	☐ Fair
	Yes No → If No, Go to Question 49	Poor
48.	In the last 6 months, how often were the	54. In general, how would you rate your child's
	forms from your child's health plan easy to	overall mental or emotional health?
		overall <u>mental or emotional</u> health?
	fill out?	 Excellent Very Good
		 Excellent Very Good Good
	fill out? Never Sometimes Usually	 Excellent Very Good
40	fill out? Never Sometimes Usually Always	 Excellent Very Good Good Fair Poor 55. Does your child currently need or use
49.	fill out? Never Sometimes Usually Always Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best	 Excellent Very Good Good Fair Poor 55. Does your child currently need or use medicine prescribed by a doctor (other than
49.	fill out? Never Sometimes Usually Always 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	 Excellent Very Good Good Fair Poor 55. Does your child currently need or use
49.	fill out? Never Sometimes Usually Always 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?	 Excellent Very Good Good Fair Poor 55. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?
49.	fill out? Never Sometimes Usually Always 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	 Excellent Very Good Good Fair Poor 55. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)? Yes
49.	fill out? Never Sometimes Usually Always 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	 □ 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
49.	fill out? Never Sometimes Usually Always 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 0 Worst health plan possible 1 2 3 4 5	 □ 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
49.	fill out? Never Sometimes Usually Always 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	 □ 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
49.	fill out? Never Sometimes Usually Always 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 0 Worst health plan possible 1 2 3 4 5 6	 □ 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?

CONTION MEDICINI

58.	Does your child need or use more medical care, more mental health services, or more	68.	Has this problem lasted or is it expected to last for at least 12 months?
	educational services than is usual for most children of the same age?		Yes No
	Yes No → If No, Go to Question 61	69.	What is <u>your child's</u> age?
59.	Is this because of any medical, behavioral, or		Less than 1 year old
	other health condition?		YEARS OLD (write in)
	 Yes No → If No, Go to Question 61 	70.	Is your child male or female?
60.	Is this a condition that has lasted or is expected to last for at least 12 months?	74	Female
	Yes No	/1.	Is your child of Hispanic or Latino origin or descent?
61.	Is your child limited or prevented in any way		Yes, Hispanic or LatinoNo, not Hispanic or Latino
	in his or her ability to do the things most children of the same age can do?	72.	What is your child's race? <i>Mark one or more.</i>
	Yes		White Black or African-American
	□ No → If No, Go to Question 64		Asian
62.	Is this because of any medical, behavioral, or other health condition?		Native Hawaiian or other Pacific Islander
	Yes		American Indian or Alaska Native
	□ No → If No, Go to Question 64	73	What is <u>your</u> age?
63.	Is this a condition that has lasted or is expected to last for at least 12 months?	10.	Under 18
	Yes No		□ 18 to 24 □ 25 to 34
64.	Does your child need or get special therapy such as physical, occupational, or speech therapy?		 35 to 44 45 to 54 55 to 64
	Yes		65 to 74
	□ No → If No, Go to Question 67		75 or older
65.	Is this because of any medical, behavioral, or other health condition?	74.	Are you male or female?
	☐ Yes		
	□ No → If No, Go to Question 67	75.	What is the highest grade or level of school
66.	Is this a condition that has lasted or is expected to last for at least 12 months?		that you have completed? 8th grade or less
	Yes		Some high school, but did not graduate
	No No		High school graduate or GED
67.	Does your child have any kind of emotional, developmental, or behavioral problem for		 Some college or 2-year degree 4-year college graduate
	which he or she needs or gets treatment or counseling?		More than 4-year college degree
	Yes		
	□ No → If No, Go to Question 69		

AD Now the s	How are you related to the child? Mother or father Grandparent Aunt or uncle Older brother or sister Other relative Legal guardian Someone else DITIONAL QUESTIONS we would like to ask a few more questions about ervices your child's health plan provides. In the last 6 months, how often did your	d p c a th re	 Certain services, such as home health care, lurable medical equipment (DME) and some procedures require authorization from your child's health plan. If your child has required in authorization over the last 6 months, did he authorization slow down your ability to eceive your child's desired care or service? No, I received an authorization quickly Yes, the authorization process slowed the process down some Yes, the authorization process slowed the process down a lot I did not require authorization for services in
	child's doctors or other health providers make it easy for you to discuss your questions or concerns?	w ir	the last 6 months n the last 6 months, how often did the written materials or the Internet provide the nformation you needed about how your
	 Sometimes Usually Always My child did not receive any health care in the past 6 months. 		 hild's health plan works? Never Sometimes Usually Always I did not seek information in the last 6 months
78.	In the last 6 months, <u>not</u> counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment and your child actually seeing a health provider?	ir to	about how my child's health plan works. When your child's plan needs to share nformation with you, how do you prefer o receive this information? (Check all that apply)
	 Same day 1 day 2 to 3 days 4 to 7 days 8 to 14 days 15 to 30 days 31 to 60 days 61 to 90 days 91 days or longer My child did not see a health provider in the last 6 months. 		 By postal mail On the plan's website Mobile phone app A phone call from someone at the plan By text message By email Thank You Please return the completed survey in the postage-paid envelope or send to:
79.	In the last 6 months, when there was more than one choice for your child's treatment or health care, did your child's doctor or other health provider ask which choice you thought was best for your child?	lf you	SPH Analytics • P.O. Box 985009 Ft. Worth, TX 76185-5009 I have any questions, please call 1-888-797-3605.
	 Definitely yes Somewhat yes Somewhat no Definitely no My child did not need treatment or health care in the last 6 months. 		



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Survey Solutions Member Experience	Survey Solutions Patient Experience	Survey Solutions Medical Practice	Qualitative Solutions
HEDIS CAHPS	HCAHPS	CG CAHPS	Focus Groups
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Medicare HOS	ACO CAHPS	РСМН	In-depth Interviews
QHP Enrollee	CAHPS for MIPS	PCMH Express	Strategy Research
Behavioral Health (ECHO)	Home Health CAHPS	Survey Solutions Provider Experience	Brand / Brand Positioning
Call Center Satisfaction	ED Express	Provider Satisfaction with Network	Market Share
Case Management	Surgical Express	Provider Satisfaction with Health Plan	Market Segmentation
Disease Management	Outpatient Express	Provider Access	Price Positioning
CAHPS Drill Down/Simulations	Inpatient Express	Provider Verification	Product Design
New Member	Diagnostic Imaging	Survey Solutions Other Stakeholders	Advertising / Communications
Dental CAHPS	Pain Management	Employee Satisfaction	Conjoint Analysis
HCBS CAHPS	Endoscopy	AHRQ Patient Safety Survey (SOPS)	Health Care Engagement Index™ (HCEI™)
Custom Member Satisfaction / Trackers	Therapy & <u>Rehab</u>	Broker / Employer Experience	
	Hospice CAHPS		
LISTEN	ICH CAHPS		

Broadest portfolio of healthcare market research & widest set of modalities

ANALYZE

Our analytics offerings include 7 descriptive and predictive solutions built on our Nexus Platform

Data

Modeling



Data Exploration

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Benchmarking
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The demographic	characteristic	s of respondents su	rveyed shoul	d be represent	Ative of your men	nber popula	tion. SPH A	inalytics follow	s NCQA protoc	oi to help ac	hieve a represe	ntative
l	ducation		HS Graduate or Less	Some College	College Graduate or More		Ethr	nicity		Hispanic/ Latiso	Not Hispanic Latino	
	21.8%	2018	21.8%	29.7%	48.5%				2018	5.6%	94.4%	
	71.8%	2017	24.5%	32.8%	42.7%			7	2017	6.1%	93.9%	
48.5%		2016	5.6%	20.7%	73.7%			V	2016	3.9%	95.1%	
	29.75	SPH	27.4%	31.5%	41.2%				SPH	9.0%	91.0%	
		NCQA	25.4%	32.8%	41.7%		94,455		NCQA	9.6%	90.4%	
HS Graduate or Less	 Some Colle 	ge • College Gradual	te or More			 Hisp 	anic/Latino	 Not Hispeni 	:/Latino			
	White	Race 25	.8%				White	Black or African- American	Asian	Hawailan/ Pacific Islander	American Indian/ Alaskan	Othe
Black or African-	American	1.1%				2018	25.8%	1.1%	67.8%	16.1%	3.1%	6.95
Darde of Personne		1.1.1				2017	90.8%	2.5%	4.4%	0.6%	1.7%	4.49
	Asian			6	7.8%	2016	83.9%	4.3%	13.0%	0.4%	2.6%	4.89
Hawailan/Pacifi	c Islander	16.1%				SPH	80.0%	7.5%	8.1%	2.4%	1.8%	5.79
American India	n/Alaskan	3.1%				NCQA	77.0%	9.2%	5.9%	1.0%	1.7%	5.45
	Other	6.9%										

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MOTIVATE

We target action by creating cohorts for personalized engagement and can help with outreach execution



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	7.5	Educe Bases Interpreter	Compare Name, No. (and 2). Commands the APP 1 Comma Comma Comma Command and an extreme of all results (No. (and price in all factoring cases that all even (No. (and price in all factoring cases that all even (No. (and price in all factoring cases that all even (No. (all even (No. (Lident 4 No 2 No 2 No 2 No 1 No 1		
	7.3	Educe Bases Interpreter	Compare Name, No. (and 2). Commands the APP 1 Comma Comma Comma Command and an extreme of all results (No. (and price in all factoring cases that all even (No. (and price in all factoring cases that all even (No. (and price in all factoring cases that all even (No. (all even (No. (Lident 4 No 2 No 2 No 2 No 1 No 1		

Data-driven blueprint to maximize results; plus the option to leverage SPH's help to execute a campaign

Nexus Platform[™] Experience and Engagement Data Platform

The clear industry leader in the insights

provided by our analytics

SPH Solution Portfolio



	LISTEN	ANALYZE healthcare consumer experience	MOTIVATE members to improve health			
Voice of	Member	Voice of	Patient	Strategy Research	Data Analysis Solutions	Predictive Analytics + Targeted Outreach
HEDIS CAHPS	Health Risk Assessments	HCAHPS	OAS CAHPS	Brand / Brand Positioning	Nexus Portal	Smart Member Engagement
Medicare CAHPS	Performance Guarantees	CG CAHPS	ASC Patient Satisfaction	Market Share	Experience Explorer	Care Gap Closure
Medicare HOS	Net Promoter Score™ Surveys	ACO CAHPS	Pain Management	Market Segmentation	Nationwide Benchmarks	Diabetes
QHP Enrollee	Ongoing Tracker Surveys	CAHPS for MIPS	Endoscopy	Price Positioning	Predictive Analytics with SPH Forensics™	Cancer Screening
Behavioral Health (ECHO)	CAHPS Drill Down/Simulations	ICH CAHPS	Diagnostic Imaging	Product Design	trACTION™ Impact Analysis & Modeler	Vaccinations
Call Center Satisfaction	New Member	Home Health CAHPS	Therapy & Rehab	Advertising / Communications	Dynamic Data Analysis (DDA)	Omnichannel Outreach
Case Management	Disenrolled Members	Hospice CAHPS	Surgical Express	Qualitative Research	Conjoint Analysis	SDoH Assessment
Disease Management	LTC/LTSS	РСМН	ED Express	Focus Groups	Voice of the Member / Patient Priority Modeler	Access to Care Audits
Dental CAHPS HCBS CAHPS		Outpatient Express	Inpatient Express	Online Communities	Condition Intelligence Analytics	Health Risk Assessments (HRAs)
Custom Voice of Member	r/Patient Market Research	Voice of Provider	Access to Care	In-depth Interviews	Health Care Engagement Index™ (HCEI™)	Rx Adherence and MTM
		Provider Satisfaction with Network	Provider Access	Voice of Other Stakeholders	Performance Improvement Solutions	New Member Welcome
		Provider Satisfaction with Health Plan	Provider Verification	AHRQ Patient Safety Survey (SOPS)	Scores / Ratings Improvement Consulting	Retention and Renewal
LIST	EN			Employee Satisfaction		Discharge Phone Calls
				Broker / Employer Experience	ANALYZE	MOTIVATE

Nexus Platform[™] Experience and Engagement Data Platform



MY 2020 CAHPS® Medicaid Adult 5.1H Final Report

AmeriHealth Caritas Louisiana

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AmeriHealth Caritas Louisiana

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- Methodology
- Executive Summary
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Overview

SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) certified HEDIS[®] Survey Vendor, was selected by AmeriHealth Caritas Louisiana to conduct its MY 2020 CAHPS[®] 5.1H 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 consumerreported 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 can aid plans in increasing the quality of provided care.

2021 NCQA CHANGES NCQA is using AHRQ's new 5.1 version of the CAHPS survey for 2021. These modified HEDIS CAHPS surveys include minor changes to some of the instructions and survey items to indicate the different ways in which patients may be receiving care: in person or via telehealth.

There are no new questions on the 5.1 version, but existing questions have been modified so that respondents know they should include telehealth visits as an appointment type as they respond to the survey. For instance, the introductory language to a section now reads:

"These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits."

This new wording about care "in person, by phone or by video" has been added to appropriate questions and introductions throughout the survey.

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

Methodology

SPH administered the MY 2020 Medicaid Adult 5.1H CAHPS survey using an NCQA approved methodology. Surveys were collected via a mail, phone, and internet methodology. Members eligible for the survey were those **18 years and older (as of December 31 of the measurement year) who were 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:



Executive Summary



• AmeriHealth Caritas Louisiana

Overview of Terms

Summary Rates are defined by NCQA in its HEDIS MY 2020 CAHPS[®] 5.1H guidelines and generally represent the most favorable response percentages. The Summary Rates for Effectiveness of Care Measures, with the exception of the *Flu Vaccinations (Adults 18-64)* measure, are calculated on a two-year rolling average due to anticipated small denominators.



Rating questions are typically displayed with two Summary Rates:

0	1	2	3	4	5	6	7	8	9	10
										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 using a t-test.

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.

Technical Notes Please refer to the Technical Notes for more information.

NCQA BENCHMARK INFORMATION

The source for data contained in this publication is Quality Compass[®] All Plans 2020. 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.

COVID-19 IMPACT

Because the 2020 survey administration took place during extraordinary circumstances, please use caution when comparing and interpreting trend results.

LEGACY DSS / MORPACE / SPH

For the 2020 reporting, the 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 from 2019 might be slightly different from historical reports.

Dashboard - 2021 Key Findings

TRENDING

Key measures that had significantly higher or lower scores compared to last year

MEASURE NAME	Trending
Rating of Health Plan (% 9 or 10)	1
How Well Doctors Communicate (% Always or Usually)	
Q12. Personal doctors explained things	Ť



MEASURE NAME	2021 SCORE	ESTIMATED NCQA RATING
Rating of Health Plan (% 9 or 10)	69.8%	****
Rating of Health Care (% 9 or 10)	67.2%	****
Rating of Personal Doctor (% 9 or 10)	71.2%	***
Rating of Specialist (% 9 or 10)	75.2%	****
Getting Needed Care (% Always or Usually)	84.9%	***
Getting Care Quickly (% Always or Usually)	81.6%	***
Coordination of Care (% Always or Usually)	88.3%	****
Flu Vaccinations Adults 18-64 (% Yes)	37.0%	**
Smoking Advice: Rolling average (% Always, Usually or Sometimes)	71.7%	**

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

POWER

Promote and Leverage Strengths

- **Q9** Got care/tests/treatment
- Q13 Dr. listened carefully
- **Q8** Health care overall
- Q12 Dr. explained things

OPPORTUNITIES

Focus Resources on Improving Processes That Underlie These Items

- Q6 Got routine care Q4 Got urgent care
- Q15 Dr. spent enough time
- Q14 Dr. showed respect

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

Please refer to slide 13 for details.

SPH Book of Business Trends

COVID-19 Impact The pandemic caused significant disruption throughout most of 2020 and continuing into 2021. Therefore, it is best to interpret trend results with a degree of caution. Survey results from 2020 may have been impacted for some health plans because of the pandemic. SPH Analytics monitors industry trends in measure scores. On the right, we have provided a side-by-side comparison of aggregate SPH Book of Business scores to help you understand broader trends in measure scoring over the past three years. We chose to display the SPH Book of Business since we have 2021 results at the time this report was published.

Trend Highlights An increase in Rating scores from 2019 to 2020 can be seen while the same scores show little or no change moving into 2021. Getting Needed Care and Getting Care Quickly measures have remained relatively stable over the last two years. Flu, on the other hand, has declined since 2019.

		dicaid Adul	t)
	2019	2020	2021
Rating Questions (% 9 or 10)			
Q28. Rating of Health Plan	62.0%	64.6%	64.5%
Q8. Rating of Health Care	56.2%	58.8%	59.4%
Q18. Rating of Personal Doctor	68.8%	70.7%	70.4%
Q22. Rating of Specialist	66.8%	70.9%	69.7%
Rating Questions (% 8, 9 or 10)			
Q28. Rating of Health Plan	78.4%	80.3%	79.8%
Q8. Rating of Health Care	75.7%	76.9%	77.5%
Q18. Rating of Personal Doctor	82.7%	84.2%	83.8%
Q22. Rating of Specialist	82.9%	84.7%	83.9%
Getting Needed Care (% Always or Usually)	83.2%	83.5%	84.1%
Q9. Getting care, tests, or treatment	85.5%	86.3%	85.8%
Q20. Getting specialist appointment	80.9%	80.7%	82.4%
Getting Care Quickly (% Always or Usually)	82.7%	82.7%	82.6%
Q4. Getting urgent care	84.9%	85.0%	84.3%
Q6. Getting routine care	80.4%	80.4%	80.9%
Coordination of Care (Q17) (% Always or Usually)	83.8%	85.9%	84.8%
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	45.4%	44.1%	40.6%

Health Plan Domain Performance

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

	SUMMA	RY RATE			2021 SPH BENCHMARK		ENCHMARK
MEASURE	2020	2021	CHANGE	SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan (% 9 or 10)	61.9%	69.8% ↑	7.9%	64.5% 🔺	87 th	62.2% 🔺	89 th
Rating of Health Plan (% 8, 9 or 10)	78.3%	80.0%	1.7%	79.8%	52 nd	78.5%	56 th
Getting Needed Care (% Always or Usually)	81.4%	84.9%	3.5%	84.1%	58 th	83.0%	62 nd
Customer Service (% Always or Usually)	91.0%	92.5%	1.5%	89.7%	84 th	89.3%	90 th
Ease of Filling Out Forms (% Always or Usually)	95.8%	95.2%	-0.6%	95.8%	36 th	95.8%	38 th

KEY TAKEAWAYS

Your overall Rating of Health Plan (9-10) Summary Rate score is 69.8% and represents a change of 7.9% from 2020.

Note: Please refer to benchmark descriptions on slide 40.

Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow) or benchmark score (\blacktriangle). Current year score is significantly lower than the 2020 score (\downarrow) or benchmark score (\triangledown).

Health Care Domain Performance

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

	SUMMAF	RY RATE		2021 SPH B	ENCHMARK	2020 QC BENCHMARK	
MEASURE	2020	2021	CHANGE	SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care (% 9 or 10)	62.4%	67.2%	4.8%	59.4% 🔺	92 nd	57.7% 🔺	94 th
Rating of Health Care (% 8, 9 or 10)	77.4%	81.6%	4.2%	77.5%	85 th	76.4%	87 th
Getting Care Quickly (% Always or Usually)	78.5%	81.6%	3.1%	82.6%	38 th	82.3%	35 th
How Well Doctors Communicate (% Always or Usually)	91.6%	92.7%	1.1%	92.6%	50 th	93.2%	38 th
Coordination of Care (% Always or Usually)	80.2%	88.3%	8.1%	84.8%	77 th	85.1%	74 th
Rating of Personal Doctor (% 9 or 10)	67.9%	71.2%	3.3%	70.4%	56 th	69.2%	62 nd
Rating of Personal Doctor (% 8, 9 or 10)	83.3%	82.4%	-0.9%	83.8%	34 th	83.5%	32 nd
Rating of Specialist (% 9 or 10)	74.3%	75.2%	0.9%	69.7%	86 th	69.5%	87 th
Rating of Specialist (% 8, 9 or 10)	87.1%	83.2%	-3.9%	83.9%	45 th	83.9%	41 st

KEY TAKEAWAYS

Your overall Rating of Health Care (9-10) Summary Rate score is 67.2% and represents a change of 4.8% from 2020.

Note: Please refer to benchmark descriptions on slide 40.

Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow) or benchmark score (\blacktriangle). Current year score is significantly lower than the 2020 score (\downarrow) or benchmark score (\bigtriangledown).

Effectiveness of Care Performance

Your plan's performance on HEDIS measures collected through the CAHPS 5.1H survey.

NEAQUEE	SUMMAI	SUMMARY RATE		2021 SPH BENCHMARK		2020 QC BE	NCHMARK
MEASURE	2020	2021	CHANGE	SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Flu Vaccinations (Adults 18-64) (% Yes)	43.5%	37.0%	-6.5%	40.6%	35 th	43.8% 🔻	13 th
Advising Smokers and Tobacco Users to Quit: Rolling average (% Always, Usually or Sometimes)	74.9%	71.7%	-3.2%	74.0%	42 nd	77.2%	16 th
Discussing Cessation Medications: Rolling average (% Always, Usually or Sometimes)	52.3%	50.7%	-1.6%	52.3%	55 th	54.5%	31 st
Discussing Cessation Strategies: Rolling average (% Always, Usually or Sometimes)	47.7%	42.2%	-5.5%	46.2%	38 th	48.7%	14 th

Note: Please refer to benchmark descriptions on slide 40.

Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow) or benchmark score (\blacktriangle). Current year score is significantly lower than the 2020 score (\downarrow) or benchmark score (\bigtriangledown).

Gap Analysis - 2020 Quality Compass

GAP ANALYSIS

Two scores can be used to evaluate a plan's performance gap – Achieved Max Score or Theoretical Max Score.

Achieved Max Score Gap – The spread between your plan's score and the highest score achieved by a plan within the 2020 Quality Compass (100th Percentile).

Displayed by the outer bound of the dark green section of the graph.

Theoretical Max Score Gap – The spread between your plan's score and the highest possible score a plan could achieve (100%). *Displayed by the outer bound of the graph.*

For each measure, your plan's 2021 and 2020 scores are plotted against the 2020 Quality Compass distribution.

Your plan's 2021 percentile ranking based on the 2020 Quality Compass along with the change in score from 2020 is reported on the outer edge of the graph.



202	20 Quality	Compass	s Threshol	ds	—	2021 Score
<10 th	10-32 nd	33-66 th	67-89 th	<u>≥</u> 90 th		2020 Score



OWeR Chart: Explanation

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.



OWeR Chart: Your Results

SURVEY ME	ASURE	SUMMARY RATE SCORE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
POWER				
Q9	Got care/tests/treatment	86.6%	55 th	3
Q13	Dr. listened carefully	93.5%	56 th	3
Q8	Health care overall	67.2%	92 nd	5
Q12	Dr. explained things	95.9%	93 rd	5
OPPORT	JNITY			
Q6	Got routine care	80.6%	49 th	3
Q4	Got urgent care	82.7%	34 th	3
Q15	Dr. spent enough time	89.3%	29 th	2
Q14	Dr. showed respect	92.3%	11 th	2
WAIT				
Q25	CS courtesy/respect	95.0%	49 th	3
Q43	Dr. used medical words you did not understand	89.3%		
Q27	Easy to fill out forms	95.2%	36 th	3
RETAIN				
Q18	Personal doctor overall	71.2%	56 th	3
Q24	CS provided info./help	90.0%	93 rd	5
Q17	Dr. informed about care	88.3%	77 th	4
Q22	Specialist overall	75.2%	86 th	4
Q20	Got specialist appt.	83.2%	55 th	3

* Summary rates are top-two box scores.

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.



AmeriHealth Caritas Louisiana

Overall Rating of Health Plan – Plan and Industry Key Drivers

YOUR PLAN TOP 10 KEY DRIVERS 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. They are listed in descending order of importance for your plan.

INDUSTRY KEY DRIVERS SPH Book of Business regression analysis has identified **Key Drivers** of Rating of Health Plan. The numbers represent the ranked importance across the entire Book of Business.

		ALIGNMENT Are your key drivers typical of the industry?		ATTRIBUTE	YOUR PLAN SUMMARY RATE SCORE	INDUSTRY KEY DRIVER RANK	SPH BoB SUMMARY RATE SCORE	SPH BoB PERCENTILE	CLASSIFICATION
RATING OF		Ø	Q6	Got routine care	80.6%	8	80.9%	49 th	OPPORTUNITY
HEALTH PLAN		Ø	Q9	Got care/tests/treatment	86.6%	6	85.8%	55 th	POWER
69.8%		Ø	Q4	Got urgent care	82.7%	5	84.3%	34 th	OPPORTUNITY
Your plan scored in the 87 th	s T 0	Ø	Q13	Dr. listened carefully	93.5%	9	92.9%	56 th	POWER
percentile	TOP 10 PLAN KEY DRIVERS	Ð	Q15	Dr. spent enough time	89.3%	12	90.7%	29 th	OPPORTUNITY
when compared to the SPH Book of Business	PLA DRI	Ø	Q8	Health care overall	67.2%	1	59.4%	92 nd	POWER
benchmark		Ø	Q14	Dr. showed respect	92.3%	11	94.6%	11 th	OPPORTUNITY
		O	Q12	Dr. explained things	95.9%	13	92.5%	93 rd	POWER
Aligns with top 10 industry drivers		Ø	Q18	Personal doctor overall	71.2%	2	70.4%	56 th	RETAIN
		Ø	Q24	CS provided info./help	90.0%	7	84.5%	93 rd	RETAIN
Differs from top 10 industry drivers	P 10 S		Q25	CS courtesy/respect	95.0%	4	95.0%	49 th	WAIT
	JSTF VER		Q22	Specialist overall	75.2%	3	69.7%	86 th	RETAIN
	ADD'L TOP 1 INDUSTRY DRIVERS		Q20	Got specialist appt.	83.2%	10	82.4%	55 th	RETAIN

Note: All SPH BoB scores & rankings are calculated based on the 2021 SPH Book of Business. Any items below the dotted line are industry key drivers that are not identified as key drivers for your plan.

Overall Rating of Health Plan

		Different o	Demographic Com demographic subgroups can have dissimila	•		ealth plan.		
	8 - 10	9 - 10		8 - 10	9 - 10	Ethnicity & Race		
MALE (n=106)	76.4%	67.0%	18 - 34 (<i>n</i> =57)	82.5%	71.9%	888	8 - 10	9 - 10
FEMALE	04.00/	74.40/	35 - 44 (n=43)	67.4%	58.1%	WHITE		
Gender (n=187)	81.8%	71.1%	Age 45 - 54 (<i>n=49</i>)	79.6%	61.2%	(n=131)	77.1%	64.1%
			55 or older (n=142)	82.4%	74.6%	BLACK/AFRICAN AMERICAN (n=148)	83.1%	75.0%
	8 - 10	9 - 10		8 - 10	9 - 10	ASIAN (n=4)^	50.0%	50.0%
EXC./VERY GOOD (n=91)	86.8%	78.0%	EXC./VERY GOOD (n=120)	82.5%	71.7%	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	100%	100%
GOOD (n=102)	75.5%	60.8%	GOOD (n=81)	80.2%	69.1%	(n=1)^		
Health Status FAIR/POOR (n=99)	78.8%	71.7%	Mental/Emotional Health Status FAIR/POOR (n=93)	76.3%	67.7%	AMERICAN INDIAN OR ALASKA NATIVE	90.0%	70.0%
	8 - 10	9 - 10		8 – 10	9 - 10	(n=10)*	00.070	10.070
HS GRAD OR LESS	82.0%	74.1%	MAIL (n=197)	79.7%	69.0%	OTHER (n=9)^	88.9%	66.7%
(n=189)	021070	,	PHONE (n=72)	80.6%	72.2%	HISPANIC/LATINO (n=15)^	86.7%	73.3%
Education SOME COLLEGE OR MORE (n=102)	76.5%	61.8%	Data Collection INTERNET (n=26)	80.8%	69.2%	NOT HISPANIC/ LATINO (n=265)	79.6%	69.1%
			Indicates a base size smaller than 20. Interp	et results with	caution	MY 20	20 Medicaid Ad	dult Survey - 16

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

Estimated NCQA Health Insurance Plan Ratings

	2021 SCORE	SCORE DEFINITION	QC PERCENTILE RANK	SPH ESTIMATED RATING
CONSUMER SATISFACT	ΓΙΟΝ			3.5
GETTING CARE				3.0
Getting Needed Care	84.9%	Usually or Always	62 nd	3.0
Getting Care Quickly	81.6%	Usually or Always	35 th	3.0
SATISFACTION WITH PLA	N PHYSICIANS	8		4.0
Rating of Personal Doctor	71.2%	9 or 10	62 nd	3.0
Rating of Specialist	75.2%	9 or 10	87 th	4.0
Rating of Health Care	67.2%	9 or 10	94 th	5.0
Coordination of Care	88.3%	Usually or Always	74 th	4.0
SATISFACTION WITH PLA	N SERVICES			4.0
Rating of Health Plan	69.8%	9 or 10	89 th	4.0
PREVENTION				
Flu Vaccinations Adults Ages 18-64	37.0%	Yes	13 th	2.0
TREATMENT				
Smoking Advice: Rolling Average	71.7%	Sometimes, Usually or Always	16 th	2.0
In response to the COVID-19 p	andemic, NCQA a	lid not publish Health F	Plan Ratings in 202	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 (10th, 33rd, 66th and 90th) into scores ranging from 1 to 5 (in increments of 0.5), where 5 is the highest score and 1 is the lowest.

Results are summarized in the table to the left. **Percentiles and ratings are estimated by SPH** based on the 2020 NCQA data and benchmarks.

Rating = 1	Rating = 2	Rating = 3	Rating = 4	Rating = 5
<10 th	10 th – 32 rd	33 rd – 66 th	67 th – 90 th	>90 th
Percentile	Percentile	Percentile	Percentile	Percentile

Notes:

- NCQA will assign a measure result of NA to overall ratings or composites with a denominator (i.e., the average number of responses across all questions used to calculate the composite) less than 100.
- Medicaid plans have the option to be scored on either Adult CAHPS or Child CAHPS data.

Oversampling Scenarios

OVERSAMPLING SCENARIO EXPLANATION

SPH displays projected results with current oversampling, no oversampling, and the scenario that achieves all reportable measures. The scenarios take into account changes in denominators and reportable measures that might impact ratings.

This plan currently oversamples at the rate of 50%. SPH recommends no oversampling in order to maximize ratings.

Based on the scenarios tested, holding everything else constant, an oversampling rate of 49% and above yields all reportable measures and no change on measure scores. This is an estimate only and cannot be used to predict NCQA star ratings.

	ESTIMATED	OVERSAMPLI	NG SCENARIOS	
MEASURE NAME	RATING (Current: 50%)	0%	<u>≥</u> 49%	
CONSUMER SATISFACTION	3.5	4.0	3.5	
GETTING CARE	3.0	3.0	3.0	
Getting Needed Care	3.0	3.0	3.0	
Getting Care Quickly	3.0	NA	3.0	
SATISFACTION WITH PLAN PHYSICIANS	4.0	4.0	4.0	
Rating of Personal Doctor	3.0	3.0	3.0	Higher R
Rating of Specialist	4.0	NA	4.0	Lower Ra
Rating of Health Care	5.0	5.0	5.0	Reportab
Coordination of Care	4.0	NA	4.0	
SATISFACTION WITH PLAN SERVICES	4.0	4.0	4.0	
Rating of Health Plan	4.0	4.0	4.0	
PREVENTION				
Flu Vaccinations Adults Ages 18-64	2.0	2.0	2.0	
TREATMENT				
Smoking Advice: Rolling Average	2.0	2.0	2.0	MY 2020 Medicaid Adult S

Performance to Percentile Thresholds

COMPARISON TO QUALITY COMPASS PERCENTILE THRESHOLDS

The graph shows how your plan's scores used for accreditation ratings compare to the most recent Quality Compass thresholds published by NCQA (Fall 2020).



* Scores are % 9 or 10, % Always or Usually, % Yes (Flu) and % Always, Usually or Sometimes (Smoking Advice: Rolling Average).

Top Three Measures

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

MEASURE	2021 VALID N	YOUR PLAN SCORE		CHANGE	2020 QC BENCHMARK		GAP
		2020	2021	CHANGE	SUMMARY RATE	PERCENTILE RANK	
Rating of Health Care (% 9 or 10)	201	62.4%	67.2%	4.8%	57.7%	94 th	9.5%
Customer Service (% Always or Usually)	121	91.0%	92.5%	1.5%	89.3%	90 th	3.2%
Rating of Health Plan (% 9 or 10)	295	61.9%	69.8% ↑	7.9%	62.2%	89 th	7.6%

Bottom Three Measures

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

MEASURE	2021	YOUR PLAN SCORE		CHANCE	2020 QC BENCHMARK		GAP
	VALID N	2020	2021	CHANGE	SUMMARY RATE	PERCENTILE RANK	
Rating of Personal Doctor (% 9 or 10)	222	67.9%	71.2%	3.3%	69.2%	62 nd	2.0%
How Well Doctors Communicate (% Always or Usually)	169	91.6%	92.7%	1.1%	93.2%	38 th	-0.5%
Getting Care Quickly (% Always or Usually)	139	78.5%	81.6%	3.1%	82.3%	35 th	-0.7%

Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow) or benchmark score (\blacktriangle). Current year score is significantly lower than the 2020 score (\downarrow) or benchmark score (\bigtriangledown).

Improvement Strategies

Improving Performance

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

Improvement Strategies – 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.

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.

See full list of strategies in the Appendix: Improvement Strategies

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

Measure Analyses



Measure Details and Scoring

AmeriHealth Caritas Louisiana

Measure Analyses: Section 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*





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





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

POWER

Promote and Leverage Strengths

- Q9 Got care/tests/treatment
- Q13 Dr. listened carefully
- Q8 Health care overall
- Q12 Dr. explained things

OPPORTUNITIES

Focus Resources on Improving Processes That Underlie These Items

Q6	Got routine care
04	Got urgent care

- Q4 Got urgent care
- Q15 Dr. spent enough time
- Q14 Dr. showed respect

RATING OF HEALTH PLAN



Significance Testing

% 9 or 10

QC (% 9 or 10)

100%

80%

60%

40%

20%

0%

Current year score is significantly higher than the 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle).

%8

QC (% 8, 9 or 10)

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).





SPH BOOK OF BUSINESS DISTRIBUTION





Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle).

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).





SPH BOOK OF BUSINESS DISTRIBUTION



RATING OF PERSONAL DOCTOR % 8, 9 or 10



Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle).

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).





SPH BOOK OF BUSINESS DISTRIBUTION



RATING OF SPECIALIST % 8, 9 or 10



Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle).

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).




GETTING NEEDED CARE % Always or Usually 100% 82.8% 81.4% 84.9% 84.1% 83.0% 80% 60% 40% 68.8% 🛔 64.7% 59.6% 56.7% 20% 0% (n = 172) (n = 185) (n = 157) 2021 SPH BoB 2019 2020 2021 QC (% Always/Usually) % Always % Usually

Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle).

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).









GETTING CARE QUICKLY % Always or Usually 85.7% 78.5% 81.6% 82.6%



Significance Testing

100%

Current year score is significantly higher than the 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle).

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).









COORDINATION OF CARE % Always or Usually



Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow) , the 2019 score (\ddagger) or benchmark score (\blacktriangle) .

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).





% A or U

90%

O Your Plan

100%

CUSTOMER SERVICE % Always or Usually



Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow) , the 2019 score (\ddagger) or benchmark score (\blacktriangle) .

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).

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

SPH 90th Percentile

30%

20%



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?



2021 CUSTOMER SERVICE COMPOSITE SUMMARY RATE SCORE



Gate Question	Valid n	Yes
Q23. Tried to get information or help from health plan's customer service	300	41.3%

Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow) , the 2019 score (\clubsuit) or benchmark score (\blacktriangle) .

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).





How Well Doctors Communicate* Composite

PERCENTILE RANKING 2020 QC ALL PLANS



HOW WELL DOCTORS COMMUNICATE % Always or Usually



Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow) , the 2019 score (\clubsuit) or benchmark score (\blacktriangle) .

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).

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

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



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?

2021 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE



Gate Question	Valid n	Yes
Q10. Have a personal doctor	305	77.0%

Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow) , the 2019 score (\ddagger) or benchmark score (\blacktriangle) .

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).







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?

2021 HOW WELL DOCTORS COMMUNICATE **COMPOSITE SUMMARY RATE SCORE**



Significance Testing

Current year score is significantly higher than the 2020 score (1), the 2019 score (\ddagger) or benchmark score (\blacktriangle).

Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (♥) or benchmark score (♥).

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





Q15. PERSONAL DOCTOR SPENT ENOUGH TIME

Summary of Trend and Benchmarks

Summary Rate Scores and Percentile Rankings

AmeriHealth Caritas Louisiana



Summary of Trend and Benchmarks: Section Information

Trend and Benchmark Comparisons The CAHPS[®] 5.1H 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.

<u>Summary Rate Scores</u>: Shows how your plan's composite and key question Summary Rates compare to trend data (if applicable) and scores from the 2021 SPH Analytics Medicaid Adult Book of Business and the 2020 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 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle). **Red** – Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).

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

Benchmark Information

Available B	enchmarks
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The following benchmarks are used throughout the report.

	2020 Quality Compass [®] All Plans	2020 NCQA 1-100 Benchmark	2021 SPH Analytics Book of Business
	Includes all Medicaid Adult samples that submitted data to NCQA in 2020.	A percentile benchmark (with values ranging from the first through the one hundredth percentile) calculated by NCQA and derived from Medicaid Adult data submitted to NCQA in 2020.	Includes all Medicaid samples that contracted with SPH Analytics to administer the MY 2020 CAHPS 5.1H survey and submitted data to NCQA.
PROS	 Contains more plans than Public Report Is presented in NCQA's The State of Health Care Quality 	 Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass[®] All Plans benchmark 	 Provides a benchmark for each question from the survey Permits precise percentile ranking of plan compared to benchmark Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark
CONS	 Only contains benchmarks for certain key questions, composites, and rating questions 	 Only contains benchmarks for certain key questions, composites, and rating questions 	 Contains fewer plans than the Public Report and the Quality Compass[®] All Plans Benchmarks
SIZE	164 Plans	164 Plans	163 Plans / 44,346 Respondents

Summary Rate Scores

STAR RATIN	IG MEASURES	2021 VALID N	2019	2020	2021	2021 SPH BENCHMARK	2020 QC BENCHMARK
	Rating Questions (% 9 or 10)						
	★ Q28. Rating of Health Plan	295	64.0%	61.9%	69.8% ↑	64.5% 🔺	62.2% 🔺
<u>9</u>	★ Q8. Rating of Health Care	201	55.0%	62.4%	67.2%‡	59.4% 🔺	57.7% 🔺
T () O(★ Q18. Rating of Personal Doctor	222	69.6%	67.9%	71.2%	70.4%	69.2%
Total Star Rating	★ Q22. Rating of Specialist	101	77.4%	74.3%	75.2%	69.7%	69.5%
Ŭ	Rating Questions (% 8, 9 or 10)						
*	Q28. Rating of Health Plan	295	79.2%	78.3%	80.0%	79.8%	78.5%
Measures	Q8. Rating of Health Care	201	72.1%	77.4%	81.6% 🕇	77.5%	76.4%
	Q18. Rating of Personal Doctor	222	83.1%	83.3%	82.4%	83.8%	83.5%
	Q22. Rating of Specialist	101	84.9%	87.1%	83.2%	83.9%	83.9%
<u>6</u>	★ Getting Needed Care (% Always or Usually)	157	82.8%	81.4%	84.9%	84.1%	83.0%
<u> </u>	Q9. Getting care, tests, or treatment	201	85.0%	84.0%	86.6%	85.8%	85.9%
Above	Q20. Getting specialist appointment	113	80.6%	78.8%	83.2%	82.4%	80.1%
QC	★ Getting Care Quickly (% Always or Usually)	139	85.7%	78.5%	81.6%	82.6%	82.3%
Benchmark*	Q4. Getting urgent care	98^	86.5%	78.1%	82.7%	84.3%	85.0%
	Q6. Getting routine care	180	85.0%	79.0%	80.6%	80.9%	79.8%
	Other Measure (% Always or Usually)						
	★ Q17. Coordination of Care	103	82.7%	80.2%	88.3%	84.8%	85.1%
<u>3</u>	Effectiveness of Care Measures						
	★ Q31. Flu Vaccinations (Adults 18-64) (% Yes)	297	40.8%	43.5%	37.0%	40.6%	43.8% 🔻
At or Below QC	★ Q33. Advising Smokers and Tobacco Users to Quit: Rolling Avg.	226	75.2%	74.9%	71.7%	74.0%	77.2%
Benchmark*	Q34. Discussing Cessation Medications: Rolling Avg.	219	50.5%	52.3%	50.7%	52.3%	54.5%
	Q35. Discussing Cessation Strategies: Rolling Avg.	223	46.9%	47.7%	42.2%	46.2%	48.7%

Note: Please refer to benchmark descriptions on slide 40.

Summary Rate Scores

OTHER MEASURES (Not used for accreditation/ratings)	2021 VALID N	2019	2020	2021	2021 SPH BENCHMARK	2020 QC BENCHMARK
Customer Service (% Always or Usually)	121	92.8%	91.0%	92.5%	89.7%	89.3%
Q24. Provided information or help	120	89.4%	85.2%	90.0%	84.5% 🔺	84.2% 🔺
Q25. Treated with courtesy and respect	121	96.2%	96.7%	95.0%	95.0%	94.4%
How Well Doctors Communicate (% Always or Usually)	169	92.9%	91.6%	92.7%	92.6%	93.2%
Q12. Personal doctor explained things	169	93.2%	89.8%	95.9%↑	92.5% 🔺	93.3%
Q13. Personal doctor listened carefully	169	94.1%	92.3%	93.5%	92.9%	93.4%
Q14. Personal doctor showed respect	168	93.3%	92.4%	92.3%	94.6%	94.7%
Q15. Personal doctor spent enough time	169	91.0%	91.8%	89.3%	90.7%	91.3%
Other Measure (% Always or Usually)						
Q27. Ease of filling out forms	289	95.6%	95.8%	95.2%	95.8%	95.8%

Regional Performance

	SUMMARY RATE	2021 SPH BoB REGION
Rating Questions (% 9 or 10)		
Q28. Rating of Health Plan	69.8%	65.0%
Q8. Rating of Health Care	67.2%	61.3%
Q18. Rating of Personal Doctor	71.2%	71.8%
Q22. Rating of Specialist	75.2%	68.9%
Rating Questions (% 8, 9 or 10)		
Q28. Rating of Health Plan	80.0%	79.4%
Q8. Rating of Health Care	81.6%	78.2%
Q18. Rating of Personal Doctor	82.4%	84.0%
Q22. Rating of Specialist	83.2%	82.0%
Getting Needed Care (% Always or Usually)	84.9%	83.3%
Q9. Getting care, tests, or treatment	86.6%	84.2%
Q20. Getting specialist appointment	83.2%	82.3%
Getting Care Quickly (% Always or Usually)	81.6%	81.1%
Q4. Getting urgent care	82.7%	82.2%
Q6. Getting routine care	80.6%	80.0%
Coordination of Care (Q17) (% Always or Usually)	88.3%	82.2%
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	37.0%	40.6%
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)		
Q33. Advising Smokers and Tobacco Users to Quit	71.7%	73.2%
Q34. Discussing Cessation Medications	50.7%	49.9%
Q35. Discussing Cessation Strategies	42.2%	41.2%

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 2021 SPH BoB Region score. MY 2020 Medicaid Adult Survey - 43

Percentile Rankings

	2021 Plan	QC	National Percentiles from 2020 Quality Compass															ntiles f of Busi			
	Score	%tile	5 th	10 th		33 rd			75 th	90 th	95 th	%tile	5 th	10 th	25 th	33 rd	50 th	67 th		90 th	95 th
Rating Questions (% 9 or 10)																					/
Q28. Rating of Health Plan	69.8%	89 th	51.6	54.0	58.0	59.4	62.8	65.6	66.5	70.2	71.8	87 th	54.5	55.7	60.6	61.8	63.6	66.1	67.2	70.4	72.2
Q8. Rating of Health Care	67.2%	94 th	48.2	51.3	54.3	55.3	57.6	59.6	61.4	64.5	67.5	92 nd	50.6	52.4	55.4	56.8	58.6	61.6	63.3	66.8	68.2
Q18. Rating of Personal Doctor	71.2%	62 nd	58.2	62.8	66.2	67.7	69.7	71.7	72.4	75.7	77.4	56 th	61.9	63.3	66.9	67.9	70.3	72.0	73.7	75.7	77.2
Q22. Rating of Specialist	75.2%	87 th	60.2	62.8	65.4	67.4	70.4	72.5	73.7	75.6	78.5	86 th	60.2	62.0	65.2	66.7	69.4	71.8	73.6	75.9	76.9
Rating Questions (% 8, 9 or 10)																					/
Q28. Rating of Health Plan	80.0%	56 th	68.8	72.1	75.6	76.6	79.5	81.3	82.5	84.5	85.8	52 nd	72.1	73.2	76.0	77.7	79.8	81.5	82.4	84.8	86.6
Q8. Rating of Health Care	81.6%	87 th	67.9	70.3	73.4	74.9	76.8	78.2	79.4	82.4	84.2	85 th	69.3	70.7	74.8	76.2	77.9	79.5	80.5	82.7	84.0
Q18. Rating of Personal Doctor	82.4%	32 nd	75.2	78.2	81.7	82.4	83.7	85.3	86.5	88.2	89.5	34 th	78.0	79.7	81.5	82.4	83.9	85.2	85.7	87.9	88.9
Q22. Rating of Specialist	83.2%	41 st	76.0	77.8	81.6	82.8	84.2	85.7	86.8	88.5	91.7	45 th	76.9	78.9	81.0	81.9	83.6	85.2	86.0	88.1	89.1
Getting Needed Care (% A or U)	84.9%	62 nd	72.9	77.0	81.0	81.6	83.4	85.5	86.2	88.4	89.3	58 th	76.9	78.4	81.4	82.9	84.1	85.5	86.2	88.5	89.0
Q9. Getting care, tests, or treatment	86.6%	51 st	78.6	79.9	83.3	84.6	86.5	88.0	88.7	91.0	91.4	55 th	76.9	80.6	83.0	83.8	85.8	87.6	88.7	90.6	91.1
Q20. Getting specialist appointment	83.2%	67 th	69.6	73.5	77.0	77.8	80.5	82.9	84.3	87.7	88.6	55 th	72.4	75.4	79.2	80.0	82.4	84.4	85.2	88.0	89.3
Getting Care Quickly (% A or U)	81.6%	35 th	72.7	75.4	79.9	81.0	83.5	84.9	86.1	87.1	88.1	38 th	75.4	76.7	80.0	81.0	82.4	83.9	84.8	87.5	88.5
Q4. Getting urgent care	82.7%	28 th	75.6	77.6	82.5	83.2	85.5	87.5	88.3	90.4	92.6	34 th	76.8	78.6	81.3	82.6	84.3	86.0	87.3	90.1	91.8
Q6. Getting routine care	80.6%	49 th	69.9	72.3	76.1	78.5	80.8	82.7	83.8	85.7	86.8	49 th	70.5	72.4	76.7	78.4	80.8	83.2	84.0	86.9	89.3
Q17. Coordination of Care (% A or U)	88.3%	74 th	77.6	79.2	82.5	83.5	85.6	87.6	88.3	90.2	92.1	77 th	75.0	77.4	80.7	82.7	84.9	86.6	87.8	90.8	91.6
Q31. Flu Vaccinations, 18-64 (% Yes)	37.0%	13 th	31.5	35.2	39.7	41.1	43.4	46.3	48.1	52.6	56.8	35 th	27.5	30.2	34.5	36.4	39.7	42.1	43.8	52.6	56.8
Medical Assistance with Smoking and Tobacco Use Cessation (% A, U, or S) (Rolling average)																					
Q33. Advising Smokers and Tobacco Users to Quit	71.7%	16 th	65.3	69.8	74.3	75.2	77.7	80.4	80.9	84.2	85.0	42 nd	56.1	60.7	68.1	70.0	73.2	76.5	77.8	81.7	85.1
Q34. Discussing Cessation Medications	50.7%	31 st	43.0	45.0	49.3	51.2	54.2	57.6	59.4	64.3	67.0	55 th	35.5	37.5	44.2	46.6	50.0	54.7	56.8	63.5	69.0
Q35. Discussing Cessation Strategies	42.2%	14 th	37.7	40.9	43.8	45.9	47.9	50.8	53.9	56.7	60.6	38 th	28.1	33.3	39.2	40.9	45.8	48.5	50.0	56.3	59.3
% A = % Always, % U = % Usually, % S = % Sometimes. Sh	hading indicat	tes that th	e plan ha	s achieve	d the per	centile lev	el in the c	olumn he:	ader.												ļ

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Percentile Rankings

	2021 Plan	QC				ional F 20 Qu						SPH						ntiles f of Busi			
	Score	%tile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th	%tile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Customer Service (% A or U)	92.5%	90 th	84.8	86.1	87.5	88.6	89.6	90.7	91.2	92.4	93.2	84 th	84.8	85.2	87.4	88.3	89.9	91.2	91.7	92.8	93.3
Q24. Provided information or help	90.0%	95 th	78.0	80.0	82.1	82.7	84.5	86.3	86.8	88.5	90.0	93 rd	75.5	77.9	81.4	82.1	84.6	86.4	88.2	89.4	90.4
Q25. Treated with courtesy and respect	95.0%	50 th	90.5	91.5	92.7	93.9	95.0	95.8	96.3	97.1	97.4	49 th	90.6	91.8	93.3	94.2	95.0	96.1	96.7	97.6	98.3
How Well Doctors Communicate (% A or U)	92.7%	38 th	89.2	90.7	92.0	92.4	93.4	94.2	94.5	95.7	96.5	50 th	88.7	89.9	91.3	91.9	92.7	93.6	94.1	95.2	95.6
Q12. Personal doctor explained things	95.9%	85 th	88.8	89.8	91.9	92.6	93.5	94.7	95.1	96.2	96.6	93 rd	88.1	89.2	90.8	91.2	92.9	93.9	94.4	95.4	96.1
Q13. Personal doctor listened carefully	93.5%	51 st	89.1	90.0	92.2	92.6	93.4	94.4	95.0	96.4	97.1	56 th	87.9	89.4	91.4	91.8	93.1	94.0	94.4	95.6	95.7
Q14. Personal doctor showed respect	92.3%	11 th	91.1	92.2	93.4	93.9	94.8	95.5	96.0	97.4	98.1	11 th	91.2	91.9	93.5	93.7	94.5	95.4	95.9	96.9	97.5
Q15. Personal doctor spent enough time	89.3%	21 st	85.8	87.7	89.5	90.5	91.7	92.9	93.3	94.4	95.4	29 th	85.3	86.5	88.9	89.7	90.8	92.0	92.2	93.7	95.0
Ease of Filling Out Forms (Q27) (% A or U)	95.2%	38 th	92.5	93.5	94.6		95.9	96.7	97.2	98.0	98.6	36 th	92.9	93.7	94.5	95.1	95.8	96.7	96.9	98.1	98.5

% A = % Always, % U = % Usually, % S = % Sometimes. Shading indicates that the plan has achieved the percentile level in the column header.

Profile of Survey Respondents



Demographic Composition

AmeriHealth Caritas Louisiana

Profile of Survey Respondents: Section 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 2021 SPH Analytics Medicaid Adult Book of Business and the 2020 Medicaid Adult Quality Compass[®] All Plans benchmarks. NCQA did not provide Quality Compass demographic benchmarks in 2020.

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 notated. Refer to the Technical Notes for more information on this topic.

Significance Testing

Current year score is significantly higher than the 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle). Current year score is significantly lower than the 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\bigtriangledown).

SPH refers to the 2021 SPH Analytics Book of Business benchmark. **QC** refers to the 2020 Quality Compass [®] All Plans benchmark.

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

Profile of Survey Respondents

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.



Gender





Mental/Emotional Health Status



Note: NCQA did not provide Quality Compass demographic benchmarks in 2020.

Note: Due to space constraints, scores <5% will not be labeled on the graph.

Excellent/ Good Fair/Poor Very Good 2021 30.7% 35.0% 34.3% 30.7% 34.3% 32.2% 33.1% 34.7% 2020 27.8% 34.3% 37.9% 2019 34.0% 35.2% SPH 30.8% NA NA NA QC 35.0%

Excellent/Very Good Good Fair/Poor

Health Status

Profile of Survey Respondents

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.





Race



	White	Black or African- American	Asian	Hawaiian/ Pacific Islander	American Indian/ Alaskan	Other
2021	46.6%	51.0%	1.3% ↓	0.3%	3.4%	3.0%
2020	43.3%	52.3%	4.0%	0.9%	3.4%	3.4%
2019	44.4%	50.2%	1.8%	0.3%	1.8%	5.2%
SPH	63.0% 🔻	23.7% 🔺	6.3% 🔻	1.3% 🔻	3.9%	10.7% 🔻
QC	NA	NA	NA	NA	NA	NA

Note: NCQA did not provide Quality Compass demographic benchmarks in 2020.

Demographic Segment Analyses



Subgroup Analysis

• AmeriHealth Caritas Louisiana

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Segmenting Responses The CAHPS[®] 5.1H survey asks demographic questions about the respondent. This section allows you to evaluate the differences across segments of your plan's members. Reviewing measures across different survey response categories may indicate a health plan's overall ability to meet the needs of a varied population.

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

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

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

Segment Groups

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

		ting of th Plan		ing of th Care	<u>He</u>	ealth Sta	atus	<u>Menta</u>	l Health	Status	<u>s</u>	ourvey Ty	<u>/pe</u>		Ē	<u>\ge</u>	
	8-10	0-7	8-10	0-7	Excellent/ Very good	(-i00d	Eair/Poor	Excellent/ Very good	(-000	Fair/Poor	Mail	Phone	Internet	18-34	35-44	45-54	55+
	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(∨)	(VV)
Total respondents	236	59	164	37	92	105	103	124	82	97	209	75	27	58	44	52	147
Rating Questions (% 9 or 10)																	
Q28. Rating of Health Plan	87.3% ⊦	н 0.0%	81.3% J	J 44.4%	78.0% L	60.8%	71.7%	71.7%	69.1%	67.7%	69.0%	72.2%	69.2%	71.9%	58.1%	61.2%	74.6% U
Q8. Rating of Health Care	76.4%	н 16.7%	82.3% J	J 0.0%	80.0% LM	64.2%	58.3%	79.2% OP	56.9%	60.0%	64.6%	71.4%	72.7%	71.4% ∨	61.5%	45.7%	73.5% V
Q18. Rating of Personal Doctor	78.5%	н 29.4%	81.8%	30.8%	71.0%	72.3%	71.3%	73.5%	68.4%	70.1%	71.4%	69.8%	72.7%	61.1%	58.1%	80.6% U	74.3%
Q22. Rating of Specialist	79.5%	46.7%	83.8%	43.8%	70.8%	81.8%	70.7%	86.1%	69.6%	67.5%	75.4%	61.9%	100%	61.5%	76.9%	80.0%	78.9%
Rating Questions (% 8, 9 or 10)																	
Q28. Rating of Health Plan	100%	н 0.0%	91.6% J	J 52.8%	86.8% L	75.5%	78.8%	82.5%	80.2%	76.3%	79.7%	80.6%	80.8%	82.5%	67.4%	79.6%	82.4%
Q8. Rating of Health Care	88.2% ⊦	н 43.3%	100% J	J 0.0%	92.7% LM	80.6%	73.6%	90.3% P	77.6%	73.8%	79.2%	89.8%	77.3%	91.4%	76.9%	74.3%	81.6%
Q18. Rating of Personal Doctor	88.7% '	н 47.1%	90.5%	53.8%	82.6%	83.1%	82.5%	84.3%	86.0%	77.9%	81.0%	86.8%	81.8%	72.2%	74.2%	88.9%	85.8%
Q22. Rating of Specialist	88.0%	53.3%	91.2%	56.3%	87.5%	87.9%	75.6%	94.4% P	82.6%	72.5%	81.2%	81.0%	100%	92.3%	84.6%	86.7%	82.5%
Getting Needed Care (% A or U)	88.2% /	н 67.5%	93.1% J	J 58.6%	89.6%	82.8%	82.8%	92.4% P	83.8%	78.0%	85.7%	77.4%	95.5%	78.7%	89.5%	81.2%	87.2%
Q9. Getting care, tests, or treatment	91.9%	н 61.3%	94.4% J	J 54.1%	94.6% L	81.8%	84.7%	94.5% OP	82.5%	81.5%	86.8%	84.0%	90.9%	88.6%	85.2%	82.4%	88.8%
Q20. Getting specialist appointment	84.6%	73.7%	91.7%	63.2%	84.6%	83.8%	80.9%	90.2%	85.2%	74.4%	84.6%	70.8%	100%	68.8%	93.8%	80.0%	85.7%
Getting Care Quickly (% A or U)	88.9% /	н 55.5%	90.3% J	J 57.2%	84.9%	75.0%	86.9%	86.1%	77.2%	82.4%	80.8%	80.9%	87.9%	82.5%	75.0%	75.0%	85.8%
Q4. Getting urgent care	94.2%	54.5%	91.0%	61.1%	92.0%	73.3%	89.5%	85.7%	79.3%	86.5%	81.8%	81.8%	90.0%	91.7%	70.0%	75.0%	86.5%
Q6. Getting routine care	83.7%	56.5%	89.6% J	J 53.3%	77.8%	76.7%	84.3%	86.4%	75.0%	78.3%	79.8%	80.0%	85.7%	73.3%	80.0%	75.0%	85.1%
Coordination of Care (Q17) (% A or U)	95.3%	41.7%	91.4%	60.0%	92.3%	84.8%	87.8%	89.5%	84.6%	89.2%	87.9%	88.9%	90.0%	100%	66.7%	100%	86.4%
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	38.3%	33.3%	37.4%	ا 57.1%	34.4%	35.9%	42.0%	33.3%	41.3%	38.9%	39.4%	30.6%	36.4%	27.8%	23.3%	35.3%	45.8% ти
Medical Assistance with Smoking and Tobacco Use Cessation (% A, U or S) (Rolling average)																	
Q33. Advising Smokers and Tobacco Users to Quit	78.6%	н 53.1%	87.0%	76.9%	66.7%	63.6%	80.2% L	70.0%	63.2%	78.4%	72.7%	70.7%	33.3%	60.6%	55.2%	73.2%	79.3% T
Q34. Discussing Cessation Medications	58.6%	н 27.1%	65.3%	54.1%	45.1%	45.3%	57.6%	41.3%	47.2%	61.6% N	50.6%	53.7%	0.0%	27.3%	34.5%	56.1% T	58.6% T
Q35. Discussing Cessation Strategies	50.0%	Н 18.4%	57.6%	42.5%	41.2%	33.3%	49.5% L	36.3%	42.9%	47.1%	45.1%	36.2%	0.0%	30.3%	31.0%	39.0%	48.7% T

		ting of th Plan		ng of h Care	<u>He</u>	alth Sta	<u>atus</u>	<u>Menta</u>	l Health	<u>Status</u>	<u>S</u>	urvey Ty	′ <u>pe</u>	Age			
	8-10	0-7	8-10	0-7	Excellent/ Very good	(3000	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	18-34	35-44	45-54	55+
	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(∨)	(W)
Total respondents	236	59	164	37	92	105	103	124	82	97	209	75	27	58	44	52	147
Customer Service (% A or U)	96.1%	66.0%	98.6%	72.1%	92.9%	96.3%	87.8%	91.3%	94.9%	91.7%	94.2%	85.6%	100%	97.1%	85.7%	94.4%	93.3%
Q24. Provided information or help	95.1%	53.3%	97.2%	64.3%	91.4%	95.1%	82.9%	87.0%	93.1%	90.5%	92.3%	80.6%	100%	94.1%	78.6%	94.4%	91.0%
Q25. Treated with courtesy and respect	97.1%	78.6%	100%	80.0%	94.4%	97.6%	92.7%	95.7%	96.7%	92.9%	96.2%	90.6%	100%	100%	92.9%	94.4%	95.6%
How Well Doctors Communicate (% A or U)	96.3%	68.4%	96.6%	75.8%	96.3%	91.4%	91.9%	94.9%	93.5%	90.4%	91.3%	95.6%	94.4%	95.0%	84.8%	91.6%	95.1%
Q12. Personal doctor explained things	97.2%	84.2%	98.3%	81.8%	95.7%	94.5%	96.8%	96.9%	95.7%	94.5%	95.3%	97.8%	94.4%	96.0%	91.3%	93.3%	97.7%
Q13. Personal doctor listened carefully	96.5%	73.7%	97.5%	77.3%	97.9%	92.7%	91.9%	96.9%	93.5%	90.9%	92.5%	95.6%	94.4%	96.0%	87.0%	90.0%	96.5%
Q14. Personal doctor showed respect	96.4%	63.2%	96.6%	71.4%	97.9%	90.9%	90.2%	92.2%	95.7%	90.7%	91.4%	93.3%	94.4%	96.0%	78.3%	93.1%	95.3%
Q15. Personal doctor spent enough time	95.0%	52.6%	94.1%	72.7%	93.6%	87.3%	88.7%	93.8%	89.1%	85.5%	85.8%	95.6% Q	94.4%	92.0%	82.6%	90.0%	90.7%
Other Measures																	
Q27. Ease of filling out forms (% A or U)	95.5%	92.9%	96.7%	97.1%	92.0%	97.0%	96.0%	94.1%	97.3%	94.6%	97.5% R	88.2%	95.7%	94.5%	97.6%	95.7%	95.0%
Q7. Average number of visits to doctor's office or clinic	3.1	н 2.0	4.3	3.5	2.3	2.8	3.4 к	2.1	3.1 N	3.5 N	2.7	3.1	3.5	2.3	2.5	3.0	3.0
Q11. Average number of visits to personal doctor	2.5	н 1.1	2.8	2.5	2.1	2.1	2.7	2.1	2.6	2.3	2.0	2.7	3.2	2.7	1.9	2.6	2.2
Q21. Average number of specialists seen	1.7	1.5	1.8	1.7	1.4	1.9	1.7	1.4	1.7	1.9	1.6	1.8	1.8	1.6	1.5	1.8	1.7

	Ge	ender	Edu	ication			Į	<u>Race</u>			<u>Eth</u>	Ethnicity		
	Male	Female	High school or less	Some college or more	White	Black or African- American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic		
T.I.	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)		
Total respondents	109	196	198	105	139	152	4^	1^	10^	9^	15^	276		
Rating Questions (% 9 or 10)														
Q28. Rating of Health Plan	67.0%	71.1%	74.1% a	61.8%	64.1%	75.0% b	50.0%	100%	70.0%	66.7%	73.3%	69.1%		
Q8. Rating of Health Care	67.8%	66.2%	69.0%	62.7%	61.1%	71.7%	0.0%	0.0%	66.7%	75.0%	77.8%	66.1%		
Q18. Rating of Personal Doctor	68.0%	72.0%	75.7% a	61.8%	71.1%	71.6%	33.3%	0.0%	55.6%	71.4%	63.6%	71.2%		
Q22. Rating of Specialist	81.8%	71.6%	71.8%	82.1%	70.8%	77.6%	NA	NA	66.7%	100%	100%	74.5%		
Rating Questions (% 8, 9 or 10)														
Q28. Rating of Health Plan	76.4%	81.8%	82.0%	76.5%	77.1%	83.1%	50.0%	100%	90.0%	88.9%	86.7%	79.6%		
Q8. Rating of Health Care	83.1%	80.6%	80.6%	83.6%	77.8%	83.8%	100%	100%	83.3%	87.5%	88.9%	80.9%		
Q18. Rating of Personal Doctor	78.7%	83.9%	84.3%	78.9%	79.4%	84.4%	33.3%	0.0%	77.8%	85.7%	72.7%	82.3%		
Q22. Rating of Specialist	87.9%	80.6%	77.5%	96.4%	79.2%	85.7%	NA	NA	66.7%	100%	100%	83.0%		
Getting Needed Care (% A or U)	87.3%	83.8%	88.3%	77.6%	83.7%	85.9%	NA	NA	69.0%	100%	77.5%	85.2%		
Q9. Getting care, tests, or treatment	88.1%	86.3%	89.8%	80.9%	84.6%	87.8%	100%	100%	71.4%	100%	80.0%	86.8%		
Q20. Getting specialist appointment	86.5%	81.3%	86.8%	74.3%	82.8%	84.0%	NA	NA	66.7%	100%	75.0%	83.5%		
Getting Care Quickly (% A or U)	74.7%	84.6%	85.2%	74.8%	81.9%	82.7%	0.0%	100%	80.4%	69.0%	94.4%	81.1%		
Q4. Getting urgent care	73.1%	87.1%	88.9%	71.9%	82.4%	86.0%	0.0%	100%	75.0%	66.7%	100%	82.4%		
Q6. Getting routine care	76.4%	82.1%	81.6%	77.8%	81.4%	79.3%	0.0%	100%	85.7%	71.4%	88.9%	79.8%		
Coordination of Care (Q17) (% A or U)	87.1%	88.6%	91.2%	81.8%	85.4%	91.7%	50.0%	100%	80.0%	66.7%	75.0%	88.4%		
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)) 36.2%	37.9%	40.9%	30.0%	35.8%	39.0%	33.3%	100%	44.4%	33.3%	46.2%	37.9%		
Medical Assistance with Smoking and Tobacco Use Cessation (% A, U or S) (Rolling average)														
Q33. Advising Smokers and Tobacco Users to Quit	66.0%	75.8%	76.1% a	60.0%	69.4%	73.2%	100%	100%	66.7%	83.3%	60.0%	71.7%		
Q34. Discussing Cessation Medications	43.8%	55.8%	55.2% a	38.3%	43.2%	57.9% b	100%	100%	50.0%	66.7%	20.0%	50.7%		
Q35. Discussing Cessation Strategies	35.4%	46.4%	48.7% a	25.0%	35.2%	49.5% b	50.0%	50.0%	33.3%	50.0%	20.0%	41.2%		

	Ge	ender	Educ	cation			<u>Eth</u> ı	nicity				
	Male	Female	High school or less	Some college or more	White	Black or African- American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic
	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Total respondents	109	196	198	105	139	152	4^	1^	10^	9^	15^	276
Customer Service (% A or U)	92.9%	93.3%	95.5%	88.5%	93.6%	93.8%	100%	NA	90.0%	87.5%	78.6%	94.9%
Q24. Provided information or help	90.5%	90.7%	92.2%	87.2%	89.4%	92.2%	100%	NA	80.0%	75.0%	71.4%	92.5%
Q25. Treated with courtesy and respect	95.3%	96.0%	98.7%	89.7%	97.8%	95.5%	100%	NA	100%	100%	85.7%	97.2%
How Well Doctors Communicate (% A or U)	88.8%	94.5%	94.9%	88.2%	93.1%	92.3%	50.0%	100%	87.5%	96.4%	83.3%	93.5%
Q12. Personal doctor explained things	92.9%	97.3%	100% a	87.7%	95.8%	96.5%	50.0%	100%	87.5%	100%	77.8%	96.7%
Q13. Personal doctor listened carefully	89.3%	95.5%	95.4%	89.5%	94.4%	91.8%	50.0%	100%	87.5%	100%	88.9%	94.0%
Q14. Personal doctor showed respect	87.5%	94.5%	92.5%	91.2%	93.1%	90.5%	50.0%	100%	87.5%	100%	77.8%	93.3%
Q15. Personal doctor spent enough time	85.7%	90.9%	91.7%	84.2%	88.9%	90.6%	50.0%	100%	87.5%	85.7%	88.9%	90.1%
Other Measures												
Q27. Ease of filling out forms (% A or U)	94.2%	95.6%	93.6%	97.9%	96.3%	94.4%	100%	100%	75.0%	88.9%	92.9%	95.4%
Q7. Average number of visits to doctor's office or clinic	2.2	3.2 X	2.8	2.9	3.1	2.7	0.5	4.0	3.4	2.9	3.3	2.8
Q11. Average number of visits to personal doctor	2.0	2.5	2.4	2.1	2.0	2.6	2.0	7.0	2.3	2.4	2.5	2.2
Q21. Average number of specialists seen	1.5	1.8	1.7	1.6	1.7	1.6	NA	NA	1.7	2.3	1.5	1.7

Results for Supplemental Questions

AmeriHealth Caritas Louisiana



Survey Item	Opt-out Responses			Category Re	esponses	Plan S	2021 SPH BoB			
Survey kenn	Out of 311 Total Respondents		Base	d on Valid Respo	onses Per Question	2019	2020	2021	Summary Rate Score	
Q43. In the last 6 months, how often did the provider use		<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	Never		(n = 324)	(n = 319)	(n = 298)	
medical words you did not understand?		6.7%	4.0%	23.2%	66.1%		88.9%	90.0%	89.3%	
Q44. Some people prefer a provider of a specific race, gender or ethnicity. Others prefer a provider who speaks		Yes	No				(n = 314)	(n = 310)	(n = 293)	
a specific language. Have you been able to find providers that meet your preferences?		85.3%	14.7%				88.2%	81.6%	85.3%	
Q48. In the last 6 months, when you scheduled a		<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	Never				(n = 73)	(n = 1583)
telehealth visit, how often did you get an appointment as soon as you needed?		72.6%	19.2%	6.8%	1.4%				91.8%	86.1%
Q49. How likely are you to use telehealth in the future to treat a non-emergency condition?		<u>Very likely</u>	Somewhat likely	Somewhat unlikely	<u>Very</u> <u>unlikely</u>				(n = 76)	(n = 4558)
		60.5%	22.4%	6.6%	10.5%				82.9%	62.0% 🔺

Summary Rate Indicator

Significance Testing

Grey shading indicates that the response is included in the summary rate score.

Current year score is significantly higher than 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle). Current year score is significantly lower than 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\triangledown).

Low Base

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

Quarter Hom		Plan S	Summary Rate	Score	2021 SPH BoB
Survey Item		2019	2020	2021	Summary Rate Score
Q41. If you had trouble getting the care, tests, or treatment that you needed, what is the reason for the trouble?					
Opt-Outs	Total	(n=334)	(n=335)	(n=311)	
I did not need care, tests, or treatment		49	67	43	
I did not have trouble getting care, tests, or treatment		156	118	136	
Valid Responses	Base	(n=102)	(n=92)	(n=89)	
My doctor said that it was not covered		13.7%	23.9%	21.3%	
My plan said that it was not covered		26.5%	30.4%	31.5%	
Took too long to get approval from my health plan		15.7%	15.2%	13.5%	
Took too long to get an appointment or appointment time was not convenient		19.6%	26.1%	32.6% 🛔	
Some other reason		43.1%	40.2%	43.8%	

Significance Testing

Current year score is significantly higher than 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle). Current year score is significantly lower than 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\triangledown).

Low Base

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

Survey Item		Plan Summary Ra		Score	2021 SPH BoB
Survey item		2019	2020	2021	Summary Rate Score
Q42. When you needed care right away, where did you go most often?					
Opt-Outs	Total	(n=334)	(n=335)	(n=311)	
I did not need care right away		62	38	53	
Valid Responses	Base	(n=252)	(n=265)	(n=235)	
Clinic		23.8%	25.3%	25.5%	
Emergency Room		42.9%	43.0%	42.6%	
Doctor's Office		33.3%	31.7%	31.9%	

Significance Testing

Current year score is significantly higher than 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle). Current year score is significantly lower than 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\triangledown).

Low Base

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

Currieu literre		Plan S	Summary Rate	Score	2021 SPH BoB
Survey Item		2019	2020	2021	Summary Rate Score
Q45. In the last 6 months, if you had trouble getting an appointment to see a specialist, what type of specialist was it hard to get an appointment with?					
Opt-Outs	Total	(n=334)	(n=335)	(n=311)	
I did not have trouble getting an appointment to see a specialist		97	100	103	
Did not need an appointment with a specialist		124	113	103	
Valid Responses	Base	(n=82)	(n=73)	(n=75)	
Allergist (Doctor for allergies)		7.3%	12.3%	4.0%	
Obstetrics & Gynecology (Doctor for women)		11.0%	15.1%	6.7%	
Cardiologist (Heart Doctor)		8.5%	6.8%	9.3%	
Dermatologist (Skin Doctor)		9.8%	9.6%	17.3%	
Gastroenterologist (Stomach Doctor)		12.2%	8.2%	4.0%	
Neurologist (Brain Doctor)		22.0%	13.7%	9.3% ‡	
Oncologist (Cancer Doctor)		7.3%	4.1%	2.7%	
Ophthalmologist (Eye Doctor)		14.6%	21.9%	22.7%	
Otolaryngologist (Ear, Nose, Throat Doctor)		3.7%	4.1%	10.7%	
Orthopedic Surgeon (Bone and Muscle Doctor)		20.7%	26.0%	14.7%	
Behavioral Health		12.2%	15.1%	14.7%	
Other		17.1%	28.8%	28.0%	

Significance Testing	Lo	ow Base
Current year score is significantly higher than 2020 score (↑), the 2019 score (‡) or benchmark score (▲).	^ r	ndicates a l
Current year score is significantly lower than 2020 score (↓), the 2019 score (≢) or benchmark score (▼).	h	nterpret res

ndicates a base size smaller than 20. nterpret results with caution.

Survey Item		Plan S	ummary Rate	2021 SPH BoB	
Survey tem		2019	2020	2021	Summary Rate Score
Q46. When your plan needs to share information with you, how do you prefer to receive this information?					
Valid Responses	Base	(n=322)	(n=313)	(n=299)	
By postal mail		71.7%	74.4%	65.9% 👃	
On the plan's website		1.9%	7.0%	7.4% 🕴	
Mobile phone app		5.6%	10.9%	12.7% 🕴	
A phone call from someone at the plan		33.9%	32.3%	38.1%	
By text message		23.3%	28.4%	35.5% 🕴	
By email		18.6%	25.9%	23.4%	

Significance Testing

Current year score is significantly higher than 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle). Current year score is significantly lower than 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\triangledown). Low Base

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

Survey Item		Plan S	ummary Rate	Score	2021 SPH BoB			
Suivey tem		2019	2020	2021	Summary Rate Score			
Q47. Telehealth describes medical care services where the health care provider meets with you virtually from a different location using a website, telephone or application that allows you to hear and sometimes see each other. How many telehealth visits have you had in the last 6 months?								
Valid Responses	Base			(n=290)	(n=6481)			
None				73.4%	61.1% 🔺			
1 Telehealth visit				9.7%	13.2% 🔻			
2 Telehealth visits				5.5%	9.0% 🔻			
3 Telehealth visits				5.2%	5.4%			
4 Telehealth visits				1.4%	3.3% 🔻			
5 or more Telehealth visits				4.8%	7.9% 🔻			

Significance Testing

Current year score is significantly higher than 2020 score (\uparrow), the 2019 score (\ddagger) or benchmark score (\blacktriangle). Current year score is significantly lower than 2020 score (\downarrow), the 2019 score (\ddagger) or benchmark score (\triangledown). Low Base

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

		Rating of Health PlanRating of Health Care		<u>He</u>	Health Status			Mental Health Status			<u>Survey Type</u>			Age			
Summary Rate Score	8-10	0-7	8-10	0-7	Excellent/ Very good	. (3000	Fair/Poor	Excellent/ Very good	. Good	Fair/Poor	Mail	Phone	Internet	18-34	35-44	45-54	55+
	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(∨)	(W)
Total respondents	3 236	59	164	37	92	105	103	124	82	97	209	75	27	58	44	52	147
Q43. In the last 6 months, how often did the provider use medical words you did not understand? (% Never or Sometimes)	90.4%	84.2%	91.8%	81.1%	89.9%	92.2%	84.8%	89.9%	88.9%	88.3%	89.3%	88.1%	92.3%	90.9%	88.4%	92.2%	88.3%
Q44. Some people prefer a provider of a specific race, gender or ethnicity. Others prefer a provider who speaks a specific language. Have you been able to find providers that meet your preferences? (% Yes)		н 73.6%	94.3%、	J 75.0%	86.5%	82.5%	87.5%	86.4%	84.8%	84.9%	84.4%	87.3%	88.0%	89.1%	80.5%	85.7%	85.4%
Q48. In the last 6 months, when you scheduled a telehealth visit, how often did you get an appointment as soon as you needed? <i>(% Always or Usually)</i>	98.3%	61.5%	94.5%	80.0%	95.7%	92.0%	88.0%	100%	81.0%	92.9%	92.5%	87.0%	100%	94.4%	88.9%	92.3%	90.6%
Q49. How likely are you to use telehealth in the future to treat a non-emergency condition? (% Very or Somewhat likely)	81.0%	92.3%	82.5%	77.8%	95.8%	77.8%	76.0%	80.8%	75.0%	90.0%	83.3%	79.2%	90.0%	94.7%	90.0%	64.3%	81.3%
O Demographic Segments

	<u>Ge</u>	nder	Educ	<u>cation</u>			<u>R</u>	<u>ace</u>			<u>Ethr</u>	nicity
Summary Rate Score	Male	Female	High school or less	Some college or more	White	Black or African- American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic
	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Total respondents	109	196	198	105	139	152	4^	1^	10^	9^	15^	276
Q43. In the last 6 months, how often did the provider use medical words you did not understand? (% Never or Sometimes)	89.5%	89.1%	87.7%	94.1%	94.9% c	83.8%	66.7%	100%	100%	100%	100%	88.6%
Q44. Some people prefer a provider of a specific race, gender or ethnicity. Others prefer a provider who speaks a specific language. Have you been able to find providers that meet your preferences? (% Yes)	86.1%	84.9%	86.7%	84.4%	85.1%	85.8%	75.0%	100%	90.0%	75.0%	92.9%	85.3%
Q48. In the last 6 months, when you scheduled a telehealth visit, how often did you get an appointment as soon as you needed? <i>(% Always or Usually)</i>	87.5%	93.9%	88.9%	96.2%	90.9%	94.6%	NA	100%	100%	100%	100%	92.4%
Q49. How likely are you to use telehealth in the future to treat a non-emergency condition? (% Very or Somewhat likely)	84.0%	82.4%	79.6%	88.0%	88.6%	78.9%	NA	100%	100%	50.0%	100%	81.4%

Appendix: Correlation Analyses



Plan Specific Correlations

AmeriHealth Caritas Louisiana

Correlation Analyses

Highest Correlations

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

With Health Care Rating							
Q28	Health plan overall	0.5275					
Q9	Got care/tests/treatment	0.5085					
Q18	Personal doctor overall	0.4647					
Q6	Got routine care	0.4638					
Q4	Got urgent care	0.4050					
Q25	CS courtesy/respect	0.3501					
Q12	Dr. explained things	0.3385					
Q24	CS provided info./help	0.3360					
Q22	Specialist overall	0.3010					
Q14	Dr. showed respect	0.2877					

	With Personal Doctor Rating					
Q14	Dr. showed respect	0.7454				
Q13	Dr. listened carefully 0.6451					
Q15	Dr. spent enough time	0.6451				
Q17	Dr. informed about care	0.6139				
Q12	Dr. explained things	0.5906				
Q28	Health plan overall	0.5282				
Q8	Health care overall	0.4647				
Q4	Got urgent care	0.4172				
Q22	Specialist overall	0.4121				
Q6	Got routine care	0.3199				

With Specialist Rating						
Q25	CS courtesy/respect	0.5326				
Q24	CS provided info./help 0.5023					
Q20	Got specialist appt.	0.4662				
Q18	Personal doctor overall	0.4121				
Q28	Health plan overall	0.4032				
Q43	Dr. used medical words you did not understand	0.3925				
Q14	Dr. showed respect	0.3601				
Q4	Got urgent care	0.3317				
Q17	Dr. informed about care	0.3307				
Q8	Health care overall	0.3010				

Appendix: Flowchart



Understanding Relative Performance of Composite Measures

AmeriHealth Caritas Louisiana

Flowchart – Understanding Relative Performance

How composite questions perform relative to each other

Composite summary rate scores are displayed in the orange box.



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



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

Plan Score	Maximum	Actual	Maximum	Actual =	Gap
Х	Contribution =	= Contribution	Contribution	Contribution	
Max Score					

Q6 Example:





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.



Solution Flowchart – Understanding Relative Performance



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

Appendix: Accreditation



Estimated NCQA Plan Ratings and Frequency Distributions

AmeriHealth Caritas Louisiana

Estimated NCQA Health Insurance Plan Ratings

EXPLANATION Beginning in 2020, NCQA made significant changes to Health Plan Accreditation. CAHPS[®] is no longer scored using 3-point scores for purposes of health plan accreditation. Instead, health plans are 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.

The information contained in this report uses the methodology described by NCQA, but **only the NCQA results are official**. Results in this report should be used for quality improvement purposes only. The image to the right lists the measures from CAHPS required for Health Plan Accreditation as published by NCQA. Additional pages of required measures are available via the link provided.

- 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, 33rd, 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 2020 NCQA Quality Compass data and benchmarks.

Rating = 1	Rating = 2	Rating = 3	Rating = 4	Rating = 5
<10 th	10 th – 32 rd	33 rd – 66 th	67 th – 90 th	>90 th
Percentile	Percentile	Percentile	Percentile	Percentile

Note: 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. Note: Because 3-point scores are no longer used by NCQA, SPH does not calculate 3-point scores and accreditation thresholds within this report.

Required HEDIS and CAHPS Measures for HEDIS Reporting Year 2021

HEDIS/CAHPS Measures Required for HP Accreditation—Medicaid

	Measure Name	Web Display Name	Weight*				
PATIE	NT EXPERIENCE						
Getting	g Care						
Getting	Needed Care (Usually + Always)	Getting care easily	1.5				
Getting	Care Quickly (Usually + Always)	Getting care quickly	1.5				
Satisfa	ction With Plan Physicians						
Rating	of Personal Doctor (9 + 10)	Rating of primary care doctor					
Rating	of Specialist Seen Most Often (9 + 10)	Rating of specialists	1.5				
Rating	of All Health Care (9 + 10)	Rating of care					
Coordi	nation of Care (Usually + Always)	Coordination of care					
Satisfa	action With Plan Services						
Rating	of Health Plan (9 + 10)	Rating of health plan	1.5				
PREVE	INTION	·					
Childre	en and Adolescent Well-Care						
ADV	Annual Dental Visits—Total	Dental visits	1				
CIS	Childhood Immunization Status—Combination 10	Childhood immunizations	3				
IMA	Immunizations for Adolescents—Combination 2	Adolescent immunizations	3				
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— BMI Percentile—Total	BMI percentile assessment					
Wome	n's Reproductive Health						
PPC	Prenatal and Postpartum Care—Timeliness of Prenatal Care	Prenatal checkups	1				
	Prenatal and Postpartum Care—Postpartum Care	Postpartum care	1				
Cance	r Screening						
BCS	Breast Cancer Screening	Breast cancer screening	1				
CCS	Cervical Cancer Screening	Cervical cancer screening	1				
Other I	Preventive Services						
CHL	Chlamydia Screening in Women—Total	Chlamydia screening	1				
FVA	Flu Vaccinations for Adults Ages 18-64	Flu shots	1				

The weight column indicates the weight of the item (maximum value = 3) in the overall score calculation.

https://www.ncga.org/wp-

content/uploads/2020/12/20201218 2021 List of Required Performance Measures.pdf

NCQA 2020

Estimated NCQA Plan Ratings

	2021 VALID N	2021 SCORE	SCORE DEFINITION	QC PERCENTILE RANK	SPH ESTIMATED RATING	WEIGHT
CONSUMER SATISFACTION					3.5	
GETTING CARE					3.0	
Getting Needed Care	157	84.9%	Usually or Always	62 nd	3.0	1.5
Getting Care Quickly	139	81.6%	Usually or Always	35 th	3.0	1.5
SATISFACTION WITH PLAN PHYSICIAN	1S				4.0	
Rating of Personal Doctor	222	71.2%	9 or 10	62 nd	3.0	1.5
Rating of Specialist	101	75.2%	9 or 10	87 th	4.0	1.5
Rating of Health Care	201	67.2%	9 or 10	94 th	5.0	1.5
Coordination of Care	103	88.3%	Usually or Always	74 th	4.0	1.5
SATISFACTION WITH PLAN SERVICES					4.0	
Rating of Health Plan	295	69.8%	9 or 10	89 th	4.0	1.5
PREVENTION						
Flu Vaccinations: Adults Ages 18-64	297	37.0%	Yes	13 th	2.0	1.0
TREATMENT						
Smoking Advice: Rolling Average	226	71.7%	Sometimes, Usually or Always	16 th	2.0	1.0

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

Global Proportions

GLOBAL PROPORTIONS SCORING AND ACCREDITATION

The graphical presentation of frequency distributions, including scores for composites and rating questions are shown on these pages. In addition, the measure's percentile threshold when compared to the 2020 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	2021 SCORE*	QC PERCENTILE THRESHOLD	QC 90 th PERCENTILE		Never/Sometime	es ■ Usually ■ Always
Getting Needed Care	157	84.9%	62 nd	88.4%	15%	16%	69%
Q9. Getting care, tests or treatment	201	86.6%	51 st	91.0%	13%	15%	71%
Q20. Getting specialist appointment	113	83.2%	67 th	87.7%	17%	17%	66%
Getting Care Quickly	139	81.6%	35 th	87.1%	18%	18%	63%
Q4. Getting urgent care	98^	82.7%	28 th	90.4%	17%	16%	66%
Q6. Getting routine care	180	80.6%	49 th	85.7%	19%	21%	60%
Other Measures							
Coordination of Care	103	88.3%	74 th	90.2%	12%	17%	72%

Global Proportions

GLOBAL PROPORTIONS SCORING AND ACCREDITATION

The graphical presentation of frequency distributions, including scores for composites and rating questions are shown on these pages. In addition, the measure's percentile threshold when compared to the 2020 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	2021 SCORE*	QC PERCENTILE THRESHOLD	QC 90 th PERCENTILE					
Rating Questions							■ 0 - 6	7-8 9.	- 10
Rating of Health Plan	295	69.8%	89 th	70.2%	13%	17%		70%	
Rating of Health Care	201	67.2%	94 th	64.5%	14%	18%		67%	
Rating of Personal Doctor	222	71.2%	62 nd	75.7%	14%	14%		71%	
Rating of Specialist	101	75.2%	87 th	75.6%	13%	12%		75%	
Prevention							No	Yes	
Flu Vaccinations Adults Ages 18-64	297	37.0%	13 th	52.6%			63%		37%
Treatment					Nev	er	Sometimes	Usually	Always
Smoking Advice	226	71.7%	16 th	84.2%	28	3%	22%	15%	35%

*Scores are % 9 or 10, %Yes (Flu) or % Always, Usually or Sometimes (Smoking Advice: Rolling Average). Note: Due to space constraints, scores <5% will not be labeled on the graph.

Appendix: Improvement Strategies and Voice of the Member

AmeriHealth Caritas Louisiana



Improvement Strategies and VoM: Section Information

Improvement Strategies The left-side grey boxes contain improvement strategies compiled from SPH's years of experience working with hundreds of health plans to improve their scores. These are organized by key measures on the CAHPS survey. SPH encourages plans to review these strategies to help inform quality improvement plans.

Voice of the Member SPH periodically conducts qualitative research to help health plans better understand what members are thinking about when they answer questions on the CAHPS survey. We recruit members of different types of health plans and lead a moderated bulletin board discussion, probing for insights about their experience with aspects of care asked about on CAHPS. The quotes provided on the right-side of the following slides are pulled from conversations we have with members as part of this research.

SPH conducts this research to provide our clients additional insights into recommended improvements.

Rating of Health Plan

Rating of Health Plan Improvement Strategies

- 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, upto-date information about their Plan, benefits, coverage, copays, cost, claims, etc.

Voice of the Member

- I like that I get a summary in the mail every few months on visits that I have had, and I like how I can see how the cost was broken down, as well.
- I can't see the specialists I need to. Either they won't cover them, or I have to go through this approval process.
- ⁴⁴ They provide an annual goal sheet for me to fill out, which holds me accountable for my health. It helps me regulate my daily actions, which helps me meet my desired goals.⁷⁷
- ¹¹ Because they are proactive. They tend to make sure that I am making my appointments, and from time to time they will send me information on how to improve my health with diet and exercise.¹¹
- ⁶⁶ The current website format with physician search features has been a welcome replacement for the member's provider handbook, which was frequently outdated. I have yet to see if the plan is keeping up with updating which practitioners are accepting new patients.⁷⁷

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

Additional resource for improvement:

Rating of Health Care

Rating of Health Care Improvement Strategies

- 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).

Voice of the Member

- I am still trying to figure out how to help my health issues right now by trying to find a doctor who will stick around the practice, so I can trust they will be concerned with how to take care of my health and help me be aware of what to expect.
- ¹¹ I had a much better doctor prior to the last two, who are okay, but they don't read medical files and it's like stepping back in time.⁷⁷
- ⁶⁶ Other than my one specialist, who is amazing, I have had horrible care. Such **incontinuity of care** is neglectful, at best. I **never get to see the same doctor for follow-up**. I end up **seeing many different doctors for the same issue**.⁷⁷
- ⁴⁴ The care that I have received in the last six months has been **the best that I have received in my life**. I have been **impressed with the professionalism and prompt handling of my health care** in the last six months.⁷⁷

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

Additional resource for improvement:

Rating of Personal Doctor

Rating of Personal Doctor Improvement Strategies

- 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: <u>https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html</u> SPH Performance Improvement Consulting: <u>http://www.sphanalytics.com/consulting</u>

Voice of the Member

- ^{II} My doctor actually steps up to tell me about my weight and how I should watch it. Even though I am pretty much healthy, I like that she talks to me as we can work on a plan to lose it. But I have had doctors who just see me for who I am and don't really pay attention to me or my concerns.^{II}
- ⁴⁴ My doctor listens to me and it feels like we're a team when it comes to my health.³³
- ⁶⁶ He is **truly concerned with helping** each of his patients and **he listens** to what you have to say.⁹⁷
- ⁴⁴ Overall, the doctors knew what they were doing. However, I would have given them a higher rating if my doctor truly cared about me as a person. My example for this was when I asked her questions, she made it out like I didn't know what I was talking about.³³
- I don't care for the new doctor. They don't look at my old records to give me what I want. She doesn't understand I have too much pain to work, and I can't concentrate.

Rating of Specialist

Rating of Specialist Improvement Strategies

- 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: <u>https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html</u> SPH Performance Improvement Consulting: <u>http://www.sphanalytics.com/consulting</u>

Voice of the Member

- ⁶⁶ He listens, takes as much time as you need and makes sure he answers all your questions. I always have a say in my care. If he doesn't know something, he tells you and will find out for you. He also advocates on my behalf with other doctors.⁹⁷
- I recently saw an OB/GYN that did a biopsy of my cervix. It was a difficult procedure emotionally, as the findings are to determine if the tissue is cancerous or not. The doctor did the procedure and I like the professional demeanor that he held. He reassured me not with words to me, but by explaining the procedure itself, which helped put me at ease.³⁷
- Some are good, some are not so good. My cancer specialists also takes the time and listens, so I'm satisfied.
- ⁴⁴ My endocrinologist is too fast talking and doesn't seem to want to listen to me when I talk about possible hormone issues. He brushes my symptoms off as not related to my condition when I know they are!

Getting Needed Care

Getting Needed Care Improvement Strategies

- 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: <u>https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html</u> SPH Performance Improvement Consulting: <u>http://www.sphanalytics.com/consulting</u>

Voice of the Member

- ⁴⁴ I had an appointment, and not only were they rude, I wasn't taken care of. I had an appointment, and they didn't seem to care. Instead of trying to fit me in, they told me they would reschedule me to come back another time. Along with being very rude, no one there helped, not a doctor or office staff, they just sent me home.³¹
- **44** After three years of struggling for a diagnosis for my back, I was finally listened to and referred to a spinal institute. That was like lightning fast. X-ray and MRI in the same day. Doctors barely gave me two weeks to have surgery. I do believe his words to me were, 'You are fortunate I am not taking you back this second.' It was pretty urgent.⁷⁷
- ⁴⁴ My provider network seems to be pretty timely in making progress. My primary doctor discovered something with a blood test, and I was seeing the specialist within a couple of weeks. Did a test procedure the next week and was referred to the cancer center within about another week. All the appointments actually happened much faster than I imagined.³³

Getting Care Quickly

Getting Care Quickly Improvement Strategies

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

 SPH Performance Improvement Consulting: http://www.sphanalytics.com/consulting

Voice of the Member

- While treating multiple medical issues, all treatment and **appointments have been timely**, and **scheduling has been tweaked to meet my needs**. So, I'll give my care a solid 10.
- It is pretty good when you can get the medications in the same day, as then you can try to fix the problems that you are in. This is great when doctors pay more attention to the person, as you got to get in right away before anything else could go wrong. As it is always good to get there sooner rather than waiting until later and having more issues go wrong.¹¹
- ^{**} The routine blood work at the lab was easy to get because you don't need an appointment - you just walk in and wait. This experience was memorable because it was the fastest I have ever gotten all of the care I needed.^{**}
- ¹¹ The only thing I haven't liked is the long wait times to be seen by appointment.⁹⁹

O How Well Doctors Communicate

How Well Doctors Communicate Improvement Strategies

- Cultivate a patient-centered care philosophy and programs across the provider network.
- Support, communicate and educate providers about the vital medical importance of effective doctorpatient 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.

Voice of the Member

- No matter how trivial or how serious I thought something was, he wanted to hear about anything I perceived to be a health issue or emerging problem. It was a very refreshing approach.
- ⁴⁴ Last time I was there, **she told me I didn't need to use a certain brand** and in order to save me money, she told me to pick up the store brand and said it is just as good as the high dollar brand and will work just as well. I kind of always knew this and she was **really showing how much she cared for me** and **helped in saving me money**.¹¹
- If they branch off from what you say, it means that they are actually listening to you. This is good, as they are trying to process what you are saying and build off of it.
- For me, doctors show respect when they acknowledge me by giving me eye contact and waiting for an answer when they ask a question. They also show respect when they engage me in a dialogue to help resolve an issue or concern.

Additional resource for improvement:

Customer Service

Customer Service Improvement Strategies

- 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.

Voice of the Member

- To contact ours is not to have a pleasant experience, but hours and days of frustration. You are put on hold or routed to an answering service, and you hope for a return call but don't really expect one or you simply get disconnected repeatedly if you chose to stay on hold.
- I have recently contacted my plan to change my contact information. The exchange went very smoothly, and the customer service representative went the extra mile by connecting me with Medi-Cal in order to make the changes permanent in both systems.
- fit is nice to know what you are paying for up
 front instead of getting sticker shocked with bill.
- What is covered and what isn't, with a simple list and not overcrowded with a bunch of words that I have no idea what they really mean towards my health.
- I didn't have any difficulties filling out forms. My local family services office handled most of the paperwork. I just provided basic information.

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

Additional resource for improvement:

Coordination of Care

Coordination of Care Improvement Strategies

- 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?

Voice of the Member

- Last summer, I had allergies so bad I had to go into urgent care for a fix. I went to my regular doctor and several follow ups during the next few months, and he had all the information he needed to help me out.
- I saw an ENT who literally lied about speaking with my dentist. Physicians need to understand that they must build trust with a new patient, and they won't do that if they're lying about another medical provider that the patient already knows well.
- ⁴⁴ Recently, I felt that my primary care acting nurse practitioner was well versed in the particular thyroid condition that I have. I was glad that she was so informed, listening to what I was saying and the findings that were in my chart previously.³⁷
- ¹¹ I believe a lot of information is overlooked these days with a general practitioner and several specialists involved in one patient's care. All of the information might be in the paperwork, but most physicians don't read everything about each patient that is available to them in print.⁷⁷

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

Additional resource for improvement:

Appendix: Questionnaire



AmeriHealth Caritas Louisiana

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AmeriHealth Caritas									
Louisiana									
 SURVEY INSTRUCTIONS Answer each question by marking the box to the left of your answer. 	4. In the last 6 months, when you <u>needed care</u> <u>right away</u> , how often did you get care as soon as you needed?								
 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 	 Never Sometimes Usually Always 5. In the last 6 months, did you make any in 								
Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.	person, phone, or video appointments for a <u>check-up or routine care</u> ? ☐ Yes ☐ No → If No, Go to Question 7								
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	 6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> as soon as you needed? 								
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.	 Never Sometimes Usually Always 								
 Our records show that you are now in AmeriHealth Caritas Louisiana. Is that right? ☐ Yes → If Yes, Go to Question 3 	7. In the last 6 months, <u>not</u> counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video?								
 No 2. What is the name of your health plan? (<i>Please print</i>) 	$\square \text{ None } → If None, Go to Question 10 \\ \square 1 time \square 2$								
 YOUR HEALTH CARE IN THE LAST 6 MONTHS These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. Do <u>not</u> include care you got when you stayed overnight in a hospital. Do <u>not</u> include the times you went for dental care visits. In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u>? 	 3 4 5 to 9 10 or more times 								
Yes No → If No, Go to Question 5									

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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	 12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? Never
	months? 0 Worst health care possible 1 2	 Sometimes Usually Always
	$\begin{array}{c} 2 \\ 3 \\ 4 \end{array}$	13. In the last 6 months, how often did your personal doctor listen carefully to you?
	□ 5 □ 6 □ 7 □ 8 □ 9	 Never Sometimes Usually Always
9.	 10 Best health care possible In the last 6 months, how often was it easy to 	14. In the last 6 months, how often did your personal doctor show respect for what you had to say?
	<pre>get the care, tests, or treatment you needed? Never Sometimes Usually Always</pre>	 Never Sometimes Usually Always
	OUR PERSONAL DOCTOR A personal doctor is the one you would talk	15. In the last 6 months, how often did your personal doctor spend enough time with you?
	to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?	 Never Sometimes Usually
	 ☐ Yes ☐ No → If No, Go to Question 19 	
11.	In the last 6 months, how many times did you have an in person, phone, or video visit with your personal doctor about your health?	16. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?
	 None → If None, Go to Question 18 1 time 	 Yes No → If No, Go to Question 18
	□ 1 time □ 2 □ 3 □ 4 □ 5 to 9	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?
	10 or more times	 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, include the care you got in person, by phone, or by video. Do <u>not</u> 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 with a specialist?

	Ye

No → If No, Go to Question 23

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

Never
Sometimes
Usually

- Always
- 21. How many specialists have you talked to 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 talked to 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?
 - NeverSometimesUsually
 - Always
- 26. In the last 6 months, did your health plan give you any forms to fill out?

□ 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?	32. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?
 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	 □ 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
 health plan possible, what number would you use to rate your health plan? 0 Worst health plan possible 	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?
$\begin{array}{c c} 0 & \text{worst health plan possible} \\ \hline 1 \\ \hline 2 \\ \hline 3 \\ \hline 4 \\ \hline 5 \end{array}$	 Never Sometimes Usually Always
 3 6 7 8 9 10 Best health plan possible ABOUT YOU	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? <i>Examples of medication are: nicotine gum,</i> <i>patch, nasal spray, inhaler, or prescription</i> <i>medication.</i>
 29. In general, how would you rate your overall health? Excellent Very Good 	 Never Sometimes Usually Always
 Good Fair Poor 30. In general, how would you rate your overall	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
mental or emotional health?	tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.
 Very Good Good Fair Poor 	 Never Sometimes Usually Always
31. Have you had either a flu shot or flu spray in the nose since July 1, 2020?	
 ☐ Yes ☐ No ☐ Don't know 	

36.	What is your age?	ADDITIONAL QUESTIONS
	 18 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65 to 74 	 Now we would like to ask a few more questions about the services your health plan provides. 41. If you had trouble getting the care, tests, or treatment that you needed, what is the reason for the trouble? (Check all that apply) I did not need care, tests, or treatment
	75 or older	 I did not have trouble getting care, tests, or treatment
37.	Are you male or female?	My doctor said that it was not covered
	 Male Female 	 My plan said that it was not covered Took too long to get approval from my health plan
38.	What is the highest grade or level of school that you have completed?	Took too long to get an appointment or appointment time was not convenient
	8th grade or less	Some other reason
	Some high school, but did not graduate High school graduate or GED Some college or 2-year degree	42. When you needed care right away, where did you go most often?
	4-year college graduateMore than 4-year college degree	 Clinic Emergency Room Doctor's Office
39.	Are you of Hispanic or Latino origin or descent?	I did not need care right away
	Yes, Hispanic or LatinoNo, Not Hispanic or Latino	43. In the last 6 months, how often did the provider use medical words you did not
40.	What is your race? <i>Mark one or more.</i>	understand?
	 White Black or African-American Asian Native Hawaiian or other Pacific Islander 	 Never Sometimes Usually Always
	 American Indian or Alaska Native Other 	44. Some people prefer a provider of a specific race, gender or ethnicity. Others prefer a provider who speaks a specific language. Have you been able to find providers that meet your preferences?
		☐ Yes ☐ No

45.	In the last 6 months, if you had trouble getting an appointment to see a specialist, what type of specialist was it hard to get an appointment with? (Check all that apply)	48. In the last 6 months, when you scheduled a telehealth visit, how often did you get an appointment as soon as you needed?
	 Allergist (Doctor for allergies) Obstetrics & Gynecology (Doctor for women) Cardiologist (Heart Doctor) Dermatologist (Skin Doctor) Gastroenterologist (Stomach Doctor) 	 Never Sometimes Usually Always 49. How likely are you to use telehealth in the future to treat a per emergency condition?
	 Neurologist (Brain Doctor) Oncologist (Cancer Doctor) Ophthalmologist (Eye Doctor) Otolaryngologist (Ear, Nose, Throat Doctor) Orthopedic Surgeon (Bone and Muscle Doctor) Behavioral Health Other (please specify): 	future to treat a non-emergency condition? Very unlikely Somewhat unlikely Somewhat likely Very likely Thank You Please return the completed survey
	 I did not have trouble getting an appointment to see a specialist Did not need an appointment with a specialist 	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.
46.	When your plan needs to share information with you, how do you prefer to receive this information? (Check all that apply)	
	 By postal mail On the plan's website Mobile phone app A phone call from someone at the plan By text message By email 	
47.	Telehealth describes medical care services where the health care provider meets with you virtually from a different location using a website, telephone or application that allows you to hear and sometimes see each other. How many telehealth visits have you had in the last 6 months?	
	 None → If None, Go to Question 49 1 Telehealth visit 2 Telehealth visits 3 Telehealth visits 4 Telehealth visits 5 or more Telehealth visits 	





SPH Solution Portfolio Built on Innovative Platform



LISTEN

We offer 51 surveys and market research offerings via full scale omni-channel outreach



Survey Solutions Member Experience	Survey Solutions Patient Experience	Survey Solutions Medical Practice	Qualitative Solutions
HEDIS CAHPS	HCAHPS	CG CAHPS	Focus Groups
Medicare CAHPS	OAS CAHPS	Medical Practice Express	Online Communities
Medicare HOS	ACO CAHPS	РСМН	In-depth Interviews
QHP Enrollee	CAHPS for MIPS	PCMH Express	Strategy Research
Behavioral Health (ECHO)	Home Health CAHPS	Survey Solutions Provider Experience	Brand / Brand Positioning
Call Center Satisfaction	ED Express	Provider Satisfaction with Network	Market Share
Case Management	Surgical Express	Provider Satisfaction with Health Plan	Market Segmentation
Disease Management	Outpatient Express	Provider Access	Price Positioning
CAHPS Drill Down/Simulations	Inpatient Express	Provider Verification	Product Design
New Member	Diagnostic Imaging	Survey Solutions Other Stakeholders	Advertising / Communications
Dental CAHPS	Pain Management	Employee Satisfaction	Conjoint Analysis
HCBS CAHPS	Endoscopy	AHRQ Patient Safety Survey (SOPS)	Health Care Engagement Index™ (HCEI™)
Custom Member Satisfaction / Trackers	Therapy & <u>Rehab</u>	Broker / Employer Experience	
	Hospice CAHPS		
LISTEN	ICH CAHPS		

Broadest portfolio of healthcare market research & widest set of modalities

ANALYZE

Our analytics offerings include 7 descriptive and predictive solutions built on our Nexus Platform

Data

Modeling



Data **Exploration**

		<u> </u>	ndents						Please se	e Technical Notes fe	or more in
The demographic characteris	tics of respondents su	rveyed shoul	d be representa	vey Demo ative of your mer f your plan's me	nber popula	tion. SPH A	nalytics follows	s NCQA protoc	coi to help ac	hieve a represe	entative
Education		HS Graduate or Less	Some College	College Graduate or More		Ethr	nicity		Hispanic/ Latiso	Not Hispanic Latino	
	2018	21.8%	29.7%	48.5%				2018	5.6%	94.4%	
	2017	24.5%	32.8%	42.7%				2017	6.1%	93.9%	
48.5%	2016	5.6%	20.7%	73.7%			Y	2016	3.9%	95.1%	
29	SPH	27.4%	31.5%	41.2%				SPH	9.0%	91.0%	
	NCGA	25.4%	32.8%	41.7%		91.45		NCQA	9.6%	90.4%	
HS Graduate or Less • Some Co	liege • College Gradua	te or More			 Hisp 	anic/Latino	 Not Hispeni 	:/Latino			
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Black or African-American	1.1%				2018	25.8%	1.1%	67.8%	16.1%	3.1%	6.9
					2017	90.8%	2.5%	4.4%	0.6%	1.7%	4.45
Asian			6	7.8%	2016	83.9%	4.3%	13.0%	0.4%	2.6%	4.85
Hawaiian/Pacific Islander	16.1%				SPH	80.0%	7.5%	8.1%	2.4%	1.8%	5.71
American Indian/Alaskan	3.1%				NCQA	77.0%	9.2%	5.9%	1.0%	1.7%	5.4

Benchmarking

MOTIVATE

We target action by creating cohorts for personalized engagement and can help with outreach execution



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Data-driven blueprint to maximize results; plus the option to leverage SPH's help to execute a campaign

Nexus Platform[™] Experience and Engagement Data Platform

The clear industry leader in the insights

provided by our analytics

SPH Solution Portfolio



	LISTEN	ANALYZE healthcare consumer experience	MOTIVATE members to improve health				
Voice of Member		Voice of Patient		Strategy Research	Data Analysis Solutions	Predictive Analytics + Targeted Outreach	
HEDIS CAHPS	Health Risk Assessments	HCAHPS	OAS CAHPS	Brand / Brand Positioning	Nexus Portal	Smart Member Engagement	
Medicare CAHPS	Performance Guarantees	CG CAHPS	ASC Patient Satisfaction	Market Share	Experience Explorer	Care Gap Closure	
Medicare HOS	Net Promoter Score™ Surveys	ACO CAHPS	Pain Management	Market Segmentation	Nationwide Benchmarks	Diabetes	
QHP Enrollee	Ongoing Tracker Surveys	CAHPS for MIPS	Endoscopy	Price Positioning	Predictive Analytics with SPH Forensics™	Cancer Screening	
Behavioral Health (ECHO)	CAHPS Drill Down/Simulations	ICH CAHPS	Diagnostic Imaging	Product Design	trACTION™ Impact Analysis & Modeler	Vaccinations	
Call Center Satisfaction	New Member	Home Health CAHPS	Therapy & Rehab	Advertising / Communications	Dynamic Data Analysis (DDA)	Omnichannel Outreach	
Case Management	Disenrolled Members	Hospice CAHPS	Surgical Express	Qualitative Research	Conjoint Analysis	SDoH Assessment	
Disease Management	LTC/LTSS	РСМН	ED Express	Focus Groups	Voice of the Member / Patient Priority Modeler	Access to Care Audits	
Dental CAHPS	HCBS CAHPS	Outpatient Express	Inpatient Express	Online Communities	Condition Intelligence Analytics	Health Risk Assessments (HRAs)	
Custom Voice of Member	r/Patient Market Research	Voice of Provider	Access to Care	In-depth Interviews	Health Care Engagement Index™ (HCEI™)	Rx Adherence and MTM	
with Netwo Provider Satist		Provider Satisfaction with Network	Provider Access	Voice of Other Stakeholders	Performance Improvement Solutions	New Member Welcome	
		Provider Satisfaction with Health Plan	Provider Verification	AHRQ Patient Safety Survey (SOPS)	Scores / Ratings Improvement Consulting	Retention and Renewal	
				Employee Satisfaction		Discharge Phone Calls	
				Broker / Employer Experience	ANALYZE	MOTIVATE	

Nexus Platform[™] Experience and Engagement Data Platform