



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

Louisiana Healthcare Connections (Centene LA)



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SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) certified HEDIS® Survey Vendor, was selected by Louisiana Healthcare Connections (Centene LA) to conduct its 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 consumer-reported experiences with health care. Specifically, the survey aims to measure how well plans are meeting their members' expectations and goals; to determine which areas of service have the greatest effect on members' overall satisfaction; and to identify areas of opportunity for improvement, which 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 Alisa Simpson (678-689-0303) and your Project Manager is Julia Schneider (248-539-8757). Should you have any questions or comments regarding any aspect of the survey or reporting process, please feel free to call either your Strategic Account Executive or your Project Manager.

- 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.

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:

Mail Protocol Begins
3/2/2021

Phone Protocol
04/27/2021 - 05/11/2021

Last day to accept completed surveys
05/19/2021

Data submission to NCQA
5/26/2021

VALID SURVEYS (GENERAL POPULATION)

✉ Total Number of Mail Completes = 170 (0 in Spanish)
☎ Total Number of Phone Completes = 105 (7 in Spanish)
💻 Total Number of Internet Completes = 42 (0 in Spanish)

Number of undeliverables: 943

2021 RESPONSE RATE (GENERAL POPULATION)

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

$$\frac{170 \text{ (Mail)} + 105 \text{ (Phone)} + 42 \text{ (Internet)} = 317}{3795 \text{ (Sample)} - 16 \text{ (Ineligible)} = 3779} = \mathbf{8.4\%}$$

RESPONSE RATE COMPARISON

The 2021 SPH Analytics Book of Business average response rate is **12.6%**.

GENERAL POPULATION		2019	2020	2021
Complete	Completed Survey	412	162	317
	SUBTOTAL	412	162	317
Ineligible	Does not Meet Eligibility Criteria (01)	7	1	9
	Language Barrier (03)	29	0	5
	Mentally/Physically Incapacitated (04)	0	0	0
	Deceased (05)	0	0	2
	SUBTOTAL	36	1	16
Non-Response	Break-off/Incomplete (02)	23	5	11
	Refusal (06)	8	0	72
	Maximum Attempts Made (07)	2316	3627	3379
	Added to DNC List (08)	10	0	0
	SUBTOTAL	2357	3632	3462
TOTAL		2805	3795	3795
OVERSAMPLING %		70.0%	130.0%	130.0%
Total Sample Size (General Pop + CCC)		5657	6647	6647
Total Completes (General Pop + CCC)		829	279	553
Total Response Rate (General Pop + CCC)		14.8%	4.2%	8.4%
General Population Sample Size		2805	3795	3795
General Population Response Rate		14.9%	4.3%	8.4%
Supplemental (CCC) Sample Size		2852	2852	2852
Supplemental (CCC) Completes		373	122	225

Note: Respondents were given the option of completing the survey in Spanish. A telephone number was provided on the survey cover letter for members to call if they would like to complete the survey in Spanish.



Executive Summary

- Louisiana Healthcare Connections (Centene LA)

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

		No	Yes
Never	Sometimes	Usually	Always

Rating questions are typically displayed with two Summary Rates:

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

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

Significance Testing All significance testing is performed at the 95% confidence level 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 Needed Care (% Always or Usually)	↓
Getting Care Quickly (% Always or Usually)	
Q6. Getting routine care	↓
How Well Doctors Communicate (% Always or Usually)	
Q32. Personal doctors spent enough time	↓
Access to Specialized Services (% Always or Usually)	↓
Family-Centered Care: Personal Doctor Who Knows Child (% Yes)	
Q33. Doctor talked about how child is feeling, growing, and behaving	↑



317 / 8.4%

Completed surveys / Response Rate

MEASURE NAME	2021 SCORE	ESTIMATED NCQA RATING
Rating of Health Plan (% 9 or 10)	73.6%	★ ★ ★
Rating of Health Care (% 9 or 10)	78.2%	★ ★ ★ ★ ★
Rating of Personal Doctor (% 9 or 10)	81.9%	★ ★ ★ ★ ★
Rating of Specialist (% 9 or 10)	79.4%	NA ^
Getting Needed Care (% Always or Usually)	82.6%	★ ★
Getting Care Quickly (% Always or Usually)	89.5%	★ ★
Coordination of Care (% Always or Usually)	89.4%	NA ^

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

POWER

Promote and Leverage Strengths

- Q9** Health care overall
- Q36** Personal doctor overall
- Q43** Specialist overall
- Q6** Got routine care
- Q10** Got care/tests/treatment
- Q28** Dr. listened carefully

OPPORTUNITIES

Focus Resources on Improving Processes That Underlie These Items

- Q41** Got specialist appt.
- Q4** Got urgent care

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

Please refer to slide 17 for details.



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)			
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)			
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.

MEASURE	SUMMARY RATE		CHANGE	2021 SPH GP BENCHMARK		2020 QC GP BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan (% 9 or 10)	78.1%	73.6%	-4.5%	73.3%	44 th	71.9%	53 rd
Rating of Health Plan (% 8, 9 or 10)	86.5%	88.4%	1.9%	87.3%	54 th	86.5%	62 nd
Getting Needed Care (% Always or Usually)	91.9%	82.6% ↓	-9.3%	86.6%	21 st	86.0%	17 th
Customer Service (% Always or Usually)	92.4%	85.8%	-6.6%	88.3%	21 st	88.8%	13 th
Ease of Filling Out Forms (% Always or Usually)	98.7%	96.7%	-2.0%	96.0%	60 th	96.5%	53 rd

KEY TAKEAWAYS

Your overall Rating of Health Plan (9-10) Summary Rate score is 73.6% and represents a change of -4.5% from 2020.

Note: Please refer to benchmark descriptions on slide 44.

Significance Testing

Current year score is significantly higher than the 2020 score (↑) or benchmark score (▲).
Current year score is significantly lower than the 2020 score (↓) or benchmark score (▼).



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.

MEASURE	SUMMARY RATE		CHANGE	2021 SPH GP BENCHMARK		2020 QC GP BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care (% 9 or 10)	74.6%	78.2%	3.6%	74.4%	79 th	71.9% ▲	91 st
Rating of Health Care (% 8, 9 or 10)	89.8%	91.2%	1.4%	88.7%	78 th	88.0%	81 st
Getting Care Quickly (% Always or Usually)	94.4%	89.5%	-4.9%	87.8%	61 st	90.5%	32 nd
How Well Doctors Communicate (% Always or Usually)	98.4%	97.1%	-1.3%	94.5% ▲	82 nd	95.3%	82 nd
Coordination of Care (% Always or Usually)	87.5%	89.4%	1.9%	84.9%	77 th	86.1%	76 th
Rating of Personal Doctor (% 9 or 10)	81.8%	81.9%	0.1%	78.6%	80 th	78.6%	78 th
Rating of Personal Doctor (% 8, 9 or 10)	91.2%	93.3%	2.1%	90.8%	82 nd	90.9%	86 th
Rating of Specialist (% 9 or 10)	81.8%	79.4%	-2.4%	75.7%	71 st	73.4%	100 th
Rating of Specialist (% 8, 9 or 10)	81.8%	88.9%	7.1%	88.2%	57 th	87.0%	85 th

KEY TAKEAWAYS

Your overall Rating of Health Care (9-10) Summary Rate score is 78.2% and represents a change of 3.6% from 2020.

Note: Please refer to benchmark descriptions on slide 44.

Significance Testing

Current year score is significantly higher than the 2020 score (↑) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓) or benchmark score (▼).



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.

MEASURE	SUMMARY RATE		CHANGE	2021 SPH CCC BENCHMARK		2020 QC CCC BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan (% 9 or 10)	78.0%	72.5%	-5.5%	71.9%	53 rd	69.3%	63 rd
Rating of Health Plan (% 8, 9 or 10)	85.6%	88.7%	3.1%	85.9%	77 th	84.8%	85 th
Getting Needed Care (% Always or Usually)	90.1%	86.4%	-3.7%	88.3%	30 th	88.1%	26 th
Customer Service (% Always or Usually)	92.5%	89.0%	-3.5%	90.2%	33 rd	90.3%	37 th
Ease of Filling Out Forms (% Always or Usually)	99.1%	95.9% ↓	-3.2%	95.9%	46 th	96.4%	30 th

KEY TAKEAWAYS

Your overall Rating of Health Plan (9-10) Summary Rate score is 72.5% and represents a change of -5.5% from 2020.

Note: Please refer to benchmark descriptions on slide 44.

Significance Testing

Current year score is significantly higher than the 2020 score (↑) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓) or benchmark score (▼).



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.

MEASURE	SUMMARY RATE		CHANGE	2021 SPH CCC BENCHMARK		2020 QC CCC BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care (% 9 or 10)	76.3%	77.9%	1.6%	73.0%	79 th	71.0% ▲	87 th
Rating of Health Care (% 8, 9 or 10)	87.6%	91.4%	3.8%	87.3%	91 st	87.6%	87 th
Getting Care Quickly (% Always or Usually)	95.1%	89.8%	-5.3%	91.1%	30 th	93.5%	10 th
How Well Doctors Communicate (% Always or Usually)	98.9%	95.1%	-3.8%	94.9%	46 th	95.8%	26 th
Coordination of Care (% Always or Usually)	83.7%	86.3%	2.6%	83.1%	81 st	85.1%	59 th
Rating of Personal Doctor (% 9 or 10)	78.6%	82.3%	3.7%	78.8%	71 st	78.4%	83 rd
Rating of Personal Doctor (% 8, 9 or 10)	90.2%	90.6%	0.4%	89.8%	53 rd	90.1%	52 nd
Rating of Specialist (% 9 or 10)	80.9%	73.8%	-7.1%	75.7%	38 th	75.2%	44 th
Rating of Specialist (% 8, 9 or 10)	80.9%	83.8%	2.9%	88.1%	20 th	87.9%	14 th

Note: Please refer to benchmark descriptions on slide 44.

Significance Testing

Current year score is significantly higher than the 2020 score (↑) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓) or benchmark score (▼).

KEY TAKEAWAYS

Your overall Rating of Health Care (9-10) Summary Rate score is 77.9% and represents a change of 1.6% from 2020.



Measure Summary - CCC Population

CCC Measures Performance

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

MEASURE	SUMMARY RATE		CHANGE	2021 SPH CCC BENCHMARK		2020 QC CCC BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Access to Prescription Medicines (% Always or Usually)	91.4%	90.5%	-0.9%	91.8%	24 th	91.3%	41 st
Access to Specialized Services (% Always or Usually)	81.0%	70.2%	-10.8%	75.6%	23 rd	74.5%	22 nd
Family-Centered Care: Personal Doctor Who Knows Child (% Yes)	89.9%	87.7%	-2.2%	91.5%	<5 th	91.6%	6 th
Family-Centered Care: Getting Needed Information (% Always or Usually)	94.8%	92.6%	-2.2%	91.4%	66 th	93.1%	40 th
Coordination of Care for CCC (% Yes)	82.7%	71.6%	-11.1%	76.6%	19 th	76.4%	<5 th

Note: Please refer to benchmark descriptions on slide 44.

Significance Testing

Current year score is significantly higher than the 2020 score (↑) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓) or benchmark score (▼).



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).

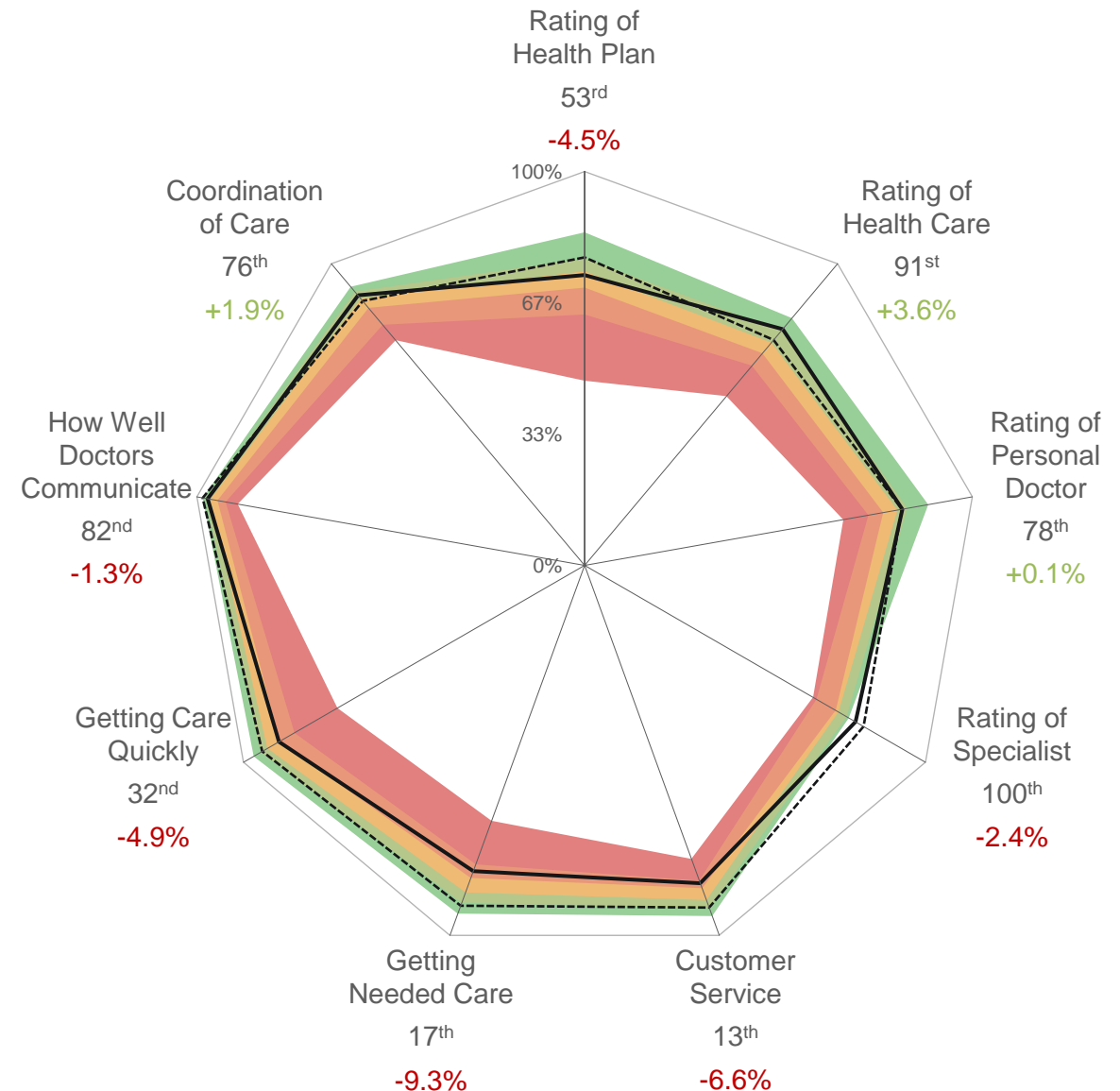
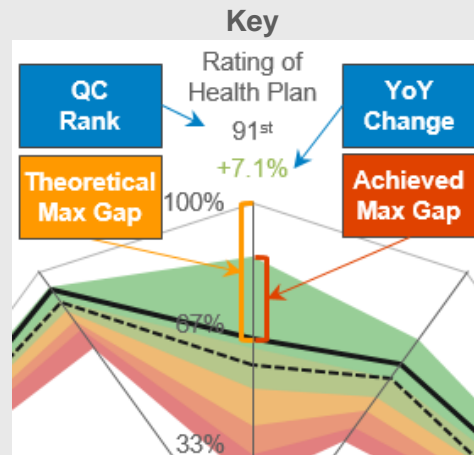
Displayed by the outer bound of the dark green section of the graph.

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.



2020 Quality Compass Thresholds

— 2021 Score

--- 2020 Score

<10th 10-32nd 33-66th 67-89th ≥90th



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).

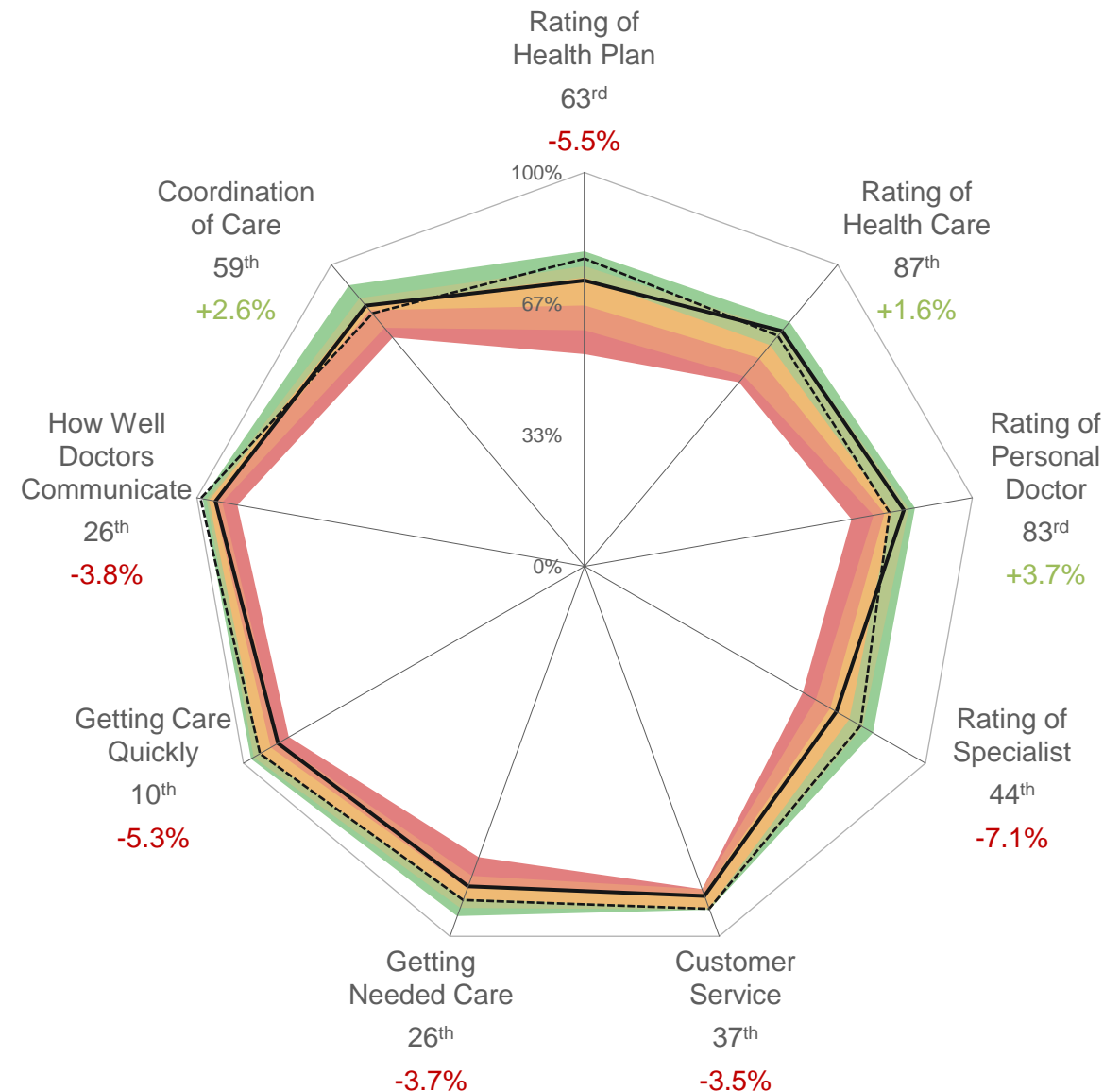
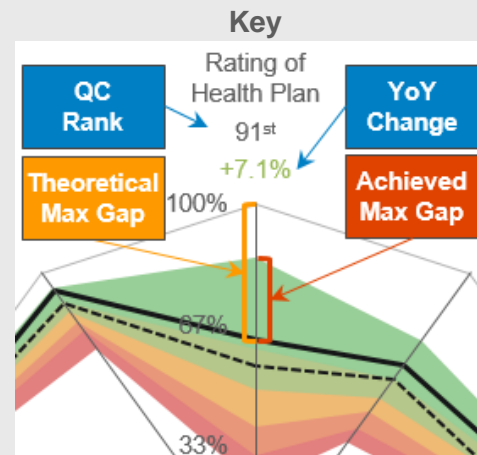
Displayed by the outer bound of the dark green section of the graph.

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.



2020 Quality Compass Thresholds

— 2021 Score

--- 2020 Score

<10th 10-32nd 33-66th 67-89th ≥90th

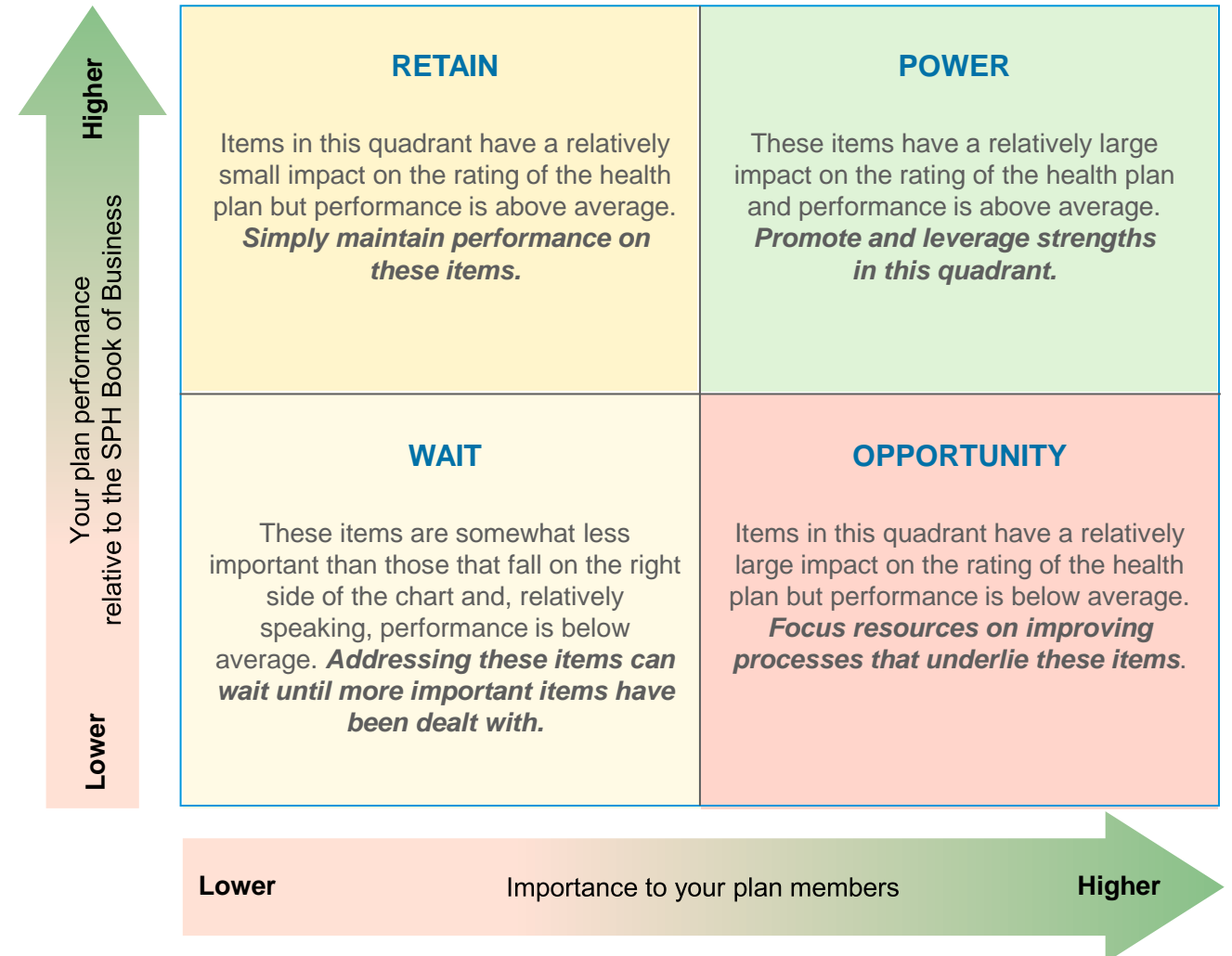
POWeR™ CHART CLASSIFICATION MATRIX

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.



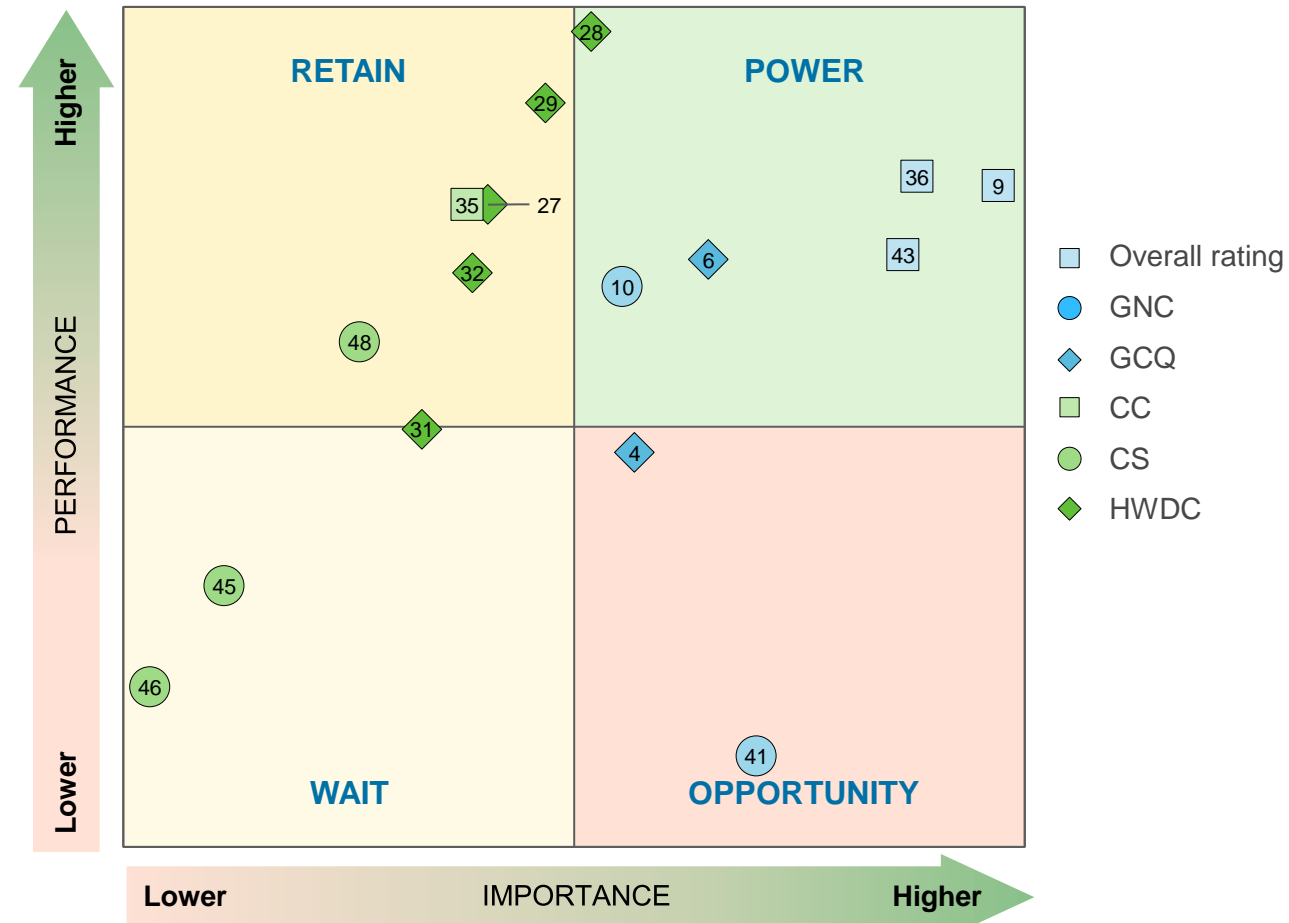
POWeR Chart: Your Results

SURVEY MEASURE		SUMMARY RATE SCORE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
POWER				
Q9	Health care overall	78.2%	79 th	4
Q36	Personal doctor overall	81.9%	80 th	4
Q43	Specialist overall	79.4%	71 st	4
Q6	Got routine care	87.4%	69 th	4
Q10	Got care/tests/treatment	93.0%	68 th	4
Q28	Dr. listened carefully	99.4%	98 th	5
OPPORTUNITY				
Q41	Got specialist appt.	72.3%	10 th	1
Q4	Got urgent care	91.7%	48 th	3
WAIT				
Q31	Dr. explained things for child	95.0%	50 th	3
Q45	CS provided info./help	80.0%	33 rd	3
Q46	CS courtesy/respect	91.7%	19 th	2
RETAIN				
Q29	Dr. showed respect	98.8%	88 th	4
Q27	Dr. explained things	97.1%	77 th	4
Q32	Dr. spent enough time	93.0%	68 th	4
Q35	Dr. informed about care	89.4%	77 th	4
Q48	Easy to fill out forms	96.7%	60 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.



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.

RATING OF HEALTH PLAN

73.6%


Your plan scored in the
44th
percentile
when compared to the
SPH Book of Business
benchmark


TOP 10 PLAN KEY DRIVERS

ALIGNMENT <i>Are your key drivers typical of the industry?</i>		ATTRIBUTE	YOUR PLAN SUMMARY RATE SCORE	INDUSTRY KEY DRIVER RANK	SPH BoB SUMMARY RATE SCORE	SPH BoB PERCENTILE	CLASSIFICATION
	Q9	Health care overall	78.2%	1	74.4%	79 th	POWER
	Q36	Personal doctor overall	81.9%	2	78.6%	80 th	POWER
	Q43	Specialist overall	79.4%	3	75.7%	71 st	POWER
	Q41	Got specialist appt.	72.3%	4	82.4%	10 th	OPPORTUNITY
	Q6	Got routine care	87.4%	9	83.8%	69 th	POWER
	Q4	Got urgent care	91.7%	11	91.7%	48 th	OPPORTUNITY
	Q10	Got care/tests/treatment	93.0%	6	90.8%	68 th	POWER
	Q28	Dr. listened carefully	99.4%	8	95.9%	98 th	POWER
	Q29	Dr. showed respect	98.8%	10	96.9%	88 th	RETAIN
	Q27	Dr. explained things	97.1%	12	94.8%	77 th	RETAIN
	Q45	CS provided info./help	80.0%	7	82.5%	33 rd	WAIT
	Q46	CS courtesy/respect	91.7%	5	94.0%	19 th	WAIT
<i>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</i>							

ADD'L TOP 10 INDUSTRY DRIVERS

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.








 Aligns with top 10
industry drivers

 Differs from top 10
industry drivers

Overall Rating of Health Plan - General Population

Demographic Comparisons

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

 <p>Respondent's Gender</p> <table> <tr> <th></th> <th>8 - 10</th> <th>9 - 10</th> </tr> <tr> <td>MALE (n=31)</td> <td>83.9%</td> <td>67.7%</td> </tr> <tr> <td>FEMALE (n=279)</td> <td>88.9%</td> <td>74.2%</td> </tr> </table>		8 - 10	9 - 10	MALE (n=31)	83.9%	67.7%	FEMALE (n=279)	88.9%	74.2%	 <p>Respondent's Age</p> <table> <tr> <th></th> <th>8 - 10</th> <th>9 - 10</th> </tr> <tr> <td><25 (n=56)</td> <td>83.9%</td> <td>69.6%</td> </tr> <tr> <td>25 - 34 (n=71)</td> <td>91.5%</td> <td>73.2%</td> </tr> <tr> <td>35 - 44 (n=94)</td> <td>88.3%</td> <td>72.3%</td> </tr> <tr> <td>45 or older (n=87)</td> <td>90.8%</td> <td>79.3%</td> </tr> </table>		8 - 10	9 - 10	<25 (n=56)	83.9%	69.6%	25 - 34 (n=71)	91.5%	73.2%	35 - 44 (n=94)	88.3%	72.3%	45 or older (n=87)	90.8%	79.3%	 <p>Child's Ethnicity & Race</p> <table> <tr> <th></th> <th>8 - 10</th> <th>9 - 10</th> </tr> <tr> <td>WHITE (n=150)</td> <td>90.0%</td> <td>72.7%</td> </tr> <tr> <td>BLACK/AFRICAN AMERICAN (n=128)</td> <td>85.2%</td> <td>73.4%</td> </tr> <tr> <td>ASIAN (n=13)[^]</td> <td>92.3%</td> <td>61.5%</td> </tr> <tr> <td>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (n=2)[^]</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>AMERICAN INDIAN OR ALASKA NATIVE (n=13)[^]</td> <td>100%</td> <td>69.2%</td> </tr> <tr> <td>OTHER (n=28)</td> <td>92.9%</td> <td>75.0%</td> </tr> <tr> <td>HISPANIC/LATINO (n=32)</td> <td>93.8%</td> <td>78.1%</td> </tr> <tr> <td>NOT HISPANIC/ LATINO (n=267)</td> <td>87.6%</td> <td>73.0%</td> </tr> </table>		8 - 10	9 - 10	WHITE (n=150)	90.0%	72.7%	BLACK/AFRICAN AMERICAN (n=128)	85.2%	73.4%	ASIAN (n=13) [^]	92.3%	61.5%	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (n=2) [^]	100%	100%	AMERICAN INDIAN OR ALASKA NATIVE (n=13) [^]	100%	69.2%	OTHER (n=28)	92.9%	75.0%	HISPANIC/LATINO (n=32)	93.8%	78.1%	NOT HISPANIC/ LATINO (n=267)	87.6%	73.0%
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[^] 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 SATISFACTION				3.0
GETTING CARE				2.0
Getting Needed Care	82.6%	Usually or Always	17 th	2.0
Getting Care Quickly	89.5%	Usually or Always	32 nd	2.0
SATISFACTION WITH PLAN PHYSICIANS				4.5
Rating of Personal Doctor	81.9%	9 or 10	78 th	4.0
Rating of Specialist	79.4%	9 or 10	100 th	NA
Rating of Health Care	78.2%	9 or 10	91 st	5.0
Coordination of Care	89.4%	Usually or Always	76 th	NA
SATISFACTION WITH PLAN SERVICES				3.0
Rating of Health Plan	73.6%	9 or 10	53 rd	3.0

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 Percentile	10 th – 32 rd Percentile	33 rd – 66 th Percentile	67 th – 90 th Percentile	>90 th 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.

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

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 130%. SPH recommends no oversampling in order to maximize ratings.

Based on the scenarios tested, holding everything else constant, an oversampling rate of 265% and above yields all reportable measures and an increase on 1 measure. **This is an estimate only and cannot be used to predict NCQA star ratings.**

MEASURE NAME	ESTIMATED RATING (Current: 130%)	OVERSAMPLING SCENARIOS	
		0%	≥ 265%
CONSUMER SATISFACTION	3.0	3.5	3.5
GETTING CARE	2.0	NA	2.0
Getting Needed Care	2.0	NA	2.0
Getting Care Quickly	2.0	NA	2.0
SATISFACTION WITH PLAN PHYSICIANS	4.5	4.0	4.5
Rating of Personal Doctor	4.0	4.0	4.0
Rating of Specialist	NA	NA	5.0
Rating of Health Care	5.0	NA	5.0
Coordination of Care	NA	NA	4.0
SATISFACTION WITH PLAN SERVICES	3.0	3.0	3.0
Rating of Health Plan	3.0	3.0	3.0

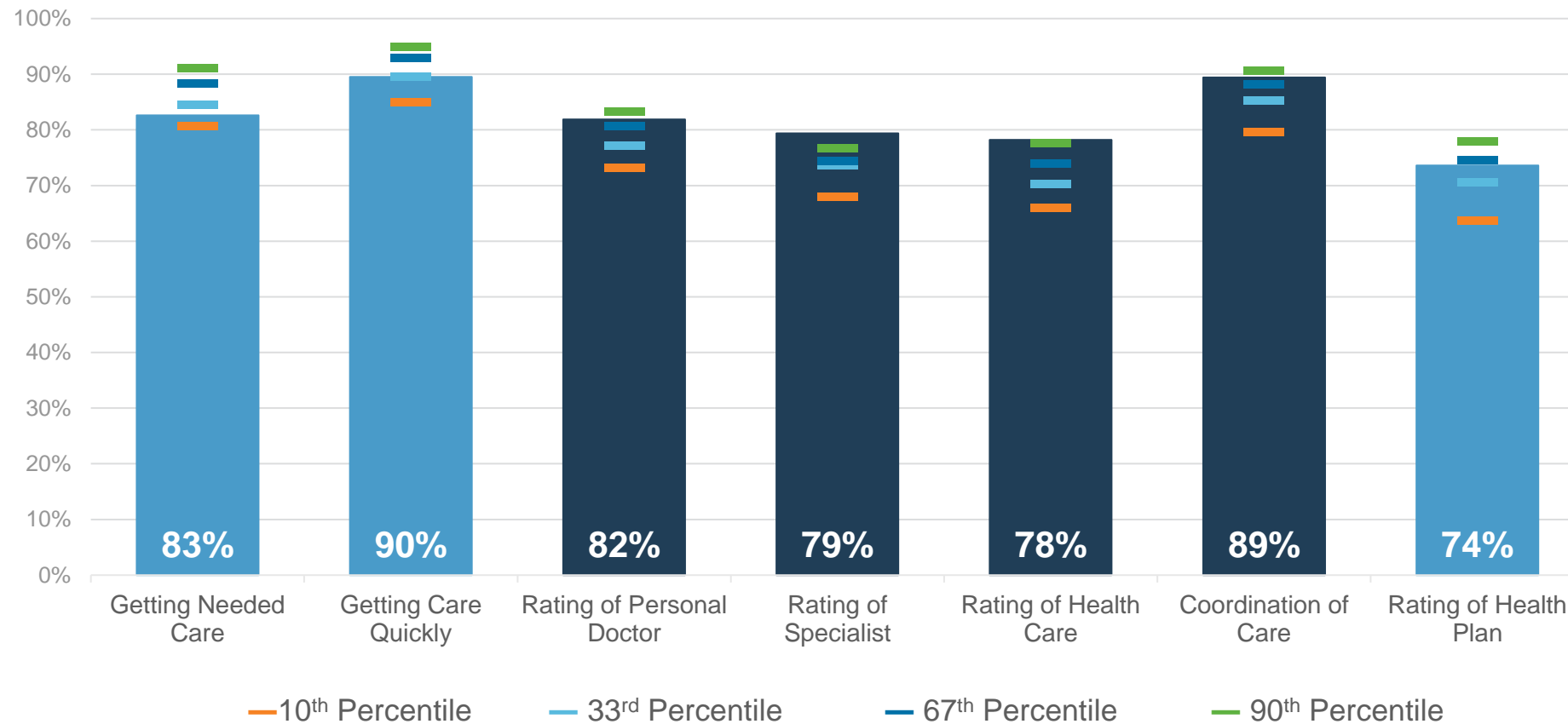
Higher Rating
Lower Rating
Reportable



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).



Dark Blue bar = Your plan's performance is at or above the 67th percentile

Light Blue bar = Your plan's performance is below the 67th percentile



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 VALID N	YOUR PLAN SCORE		CHANGE	2020 QC GP BENCHMARK		GAP
		2020	2021		SUMMARY RATE	PERCENTILE RANK	
Rating of Specialist (% 9 or 10)	63 [^]	81.8%	79.4%	-2.4%	73.4%	100 th	6.0%
Rating of Health Care (% 9 or 10)	170	74.6%	78.2%	3.6%	71.9% ▲	91 st	6.3%
How Well Doctors Communicate (% Always or Usually)	172	98.4%	97.1%	-1.3%	95.3%	82 nd	1.8%

Bottom Three Measures

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

MEASURE	2021 VALID N	YOUR PLAN SCORE		CHANGE	2020 QC GP BENCHMARK		GAP
		2020	2021		SUMMARY RATE	PERCENTILE RANK	
Getting Care Quickly (% Always or Usually)	122	94.4%	89.5%	-4.9%	90.5%	32 nd	-1.0%
Getting Needed Care (% Always or Usually)	118	91.9%	82.6% ↓	-9.3%	86.0%	17 th	-3.4%
Customer Service (% Always or Usually)	60 [^]	92.4%	85.8%	-6.6%	88.8%	13 th	-3.0%

Significance Testing

Current year score is significantly higher than the 2020 score (↑) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓) or benchmark score (▼).

Improving Performance

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

Improvement Strategies – 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 – Getting Needed Care

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

Improvement Strategies – Customer Service

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

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

- Louisiana Healthcare Connections (Centene LA)



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.



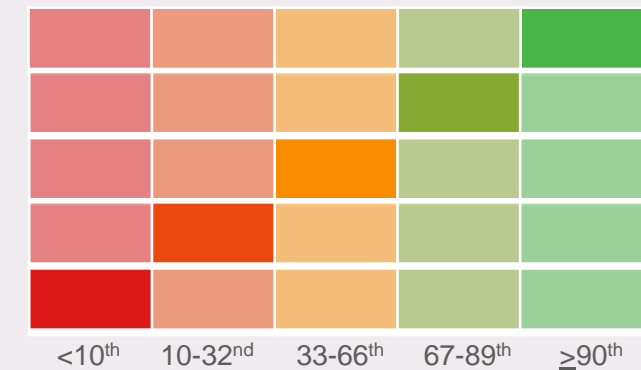
Analyses presented in this section include:

- 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

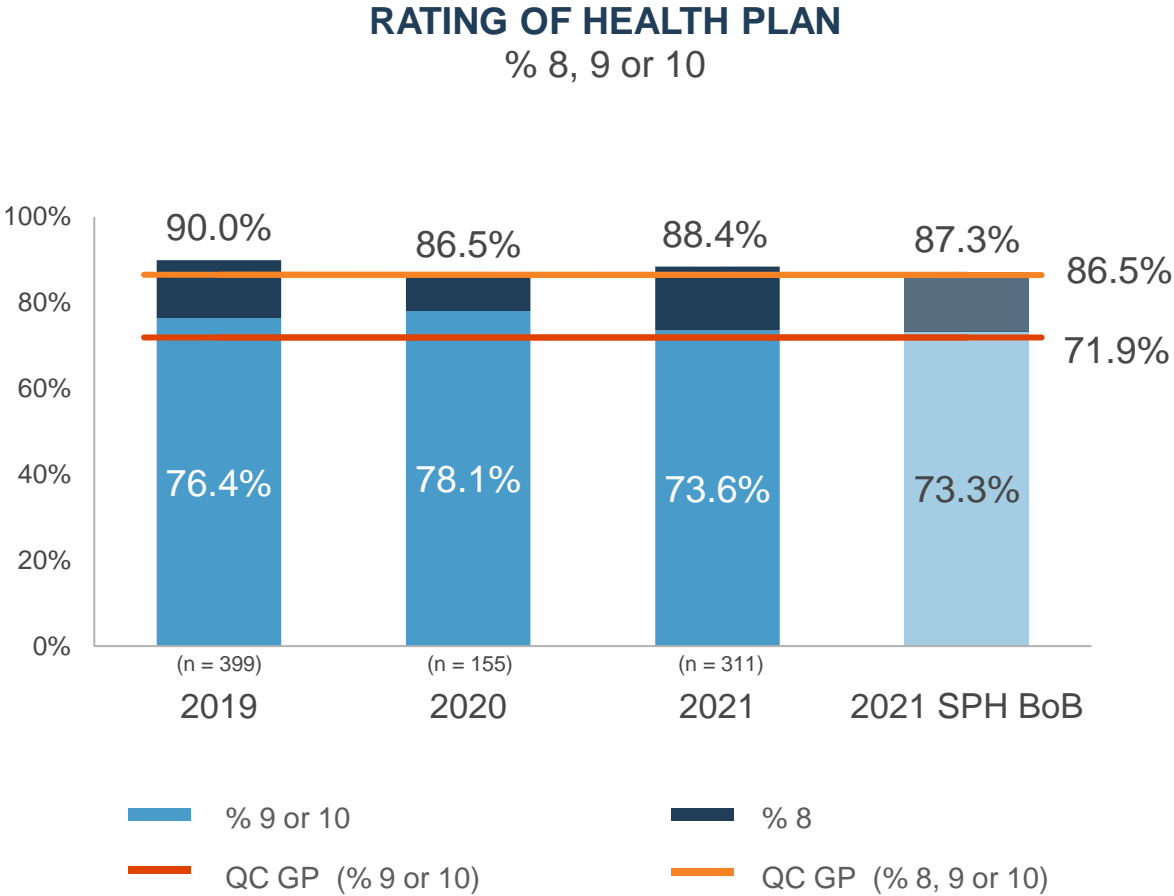
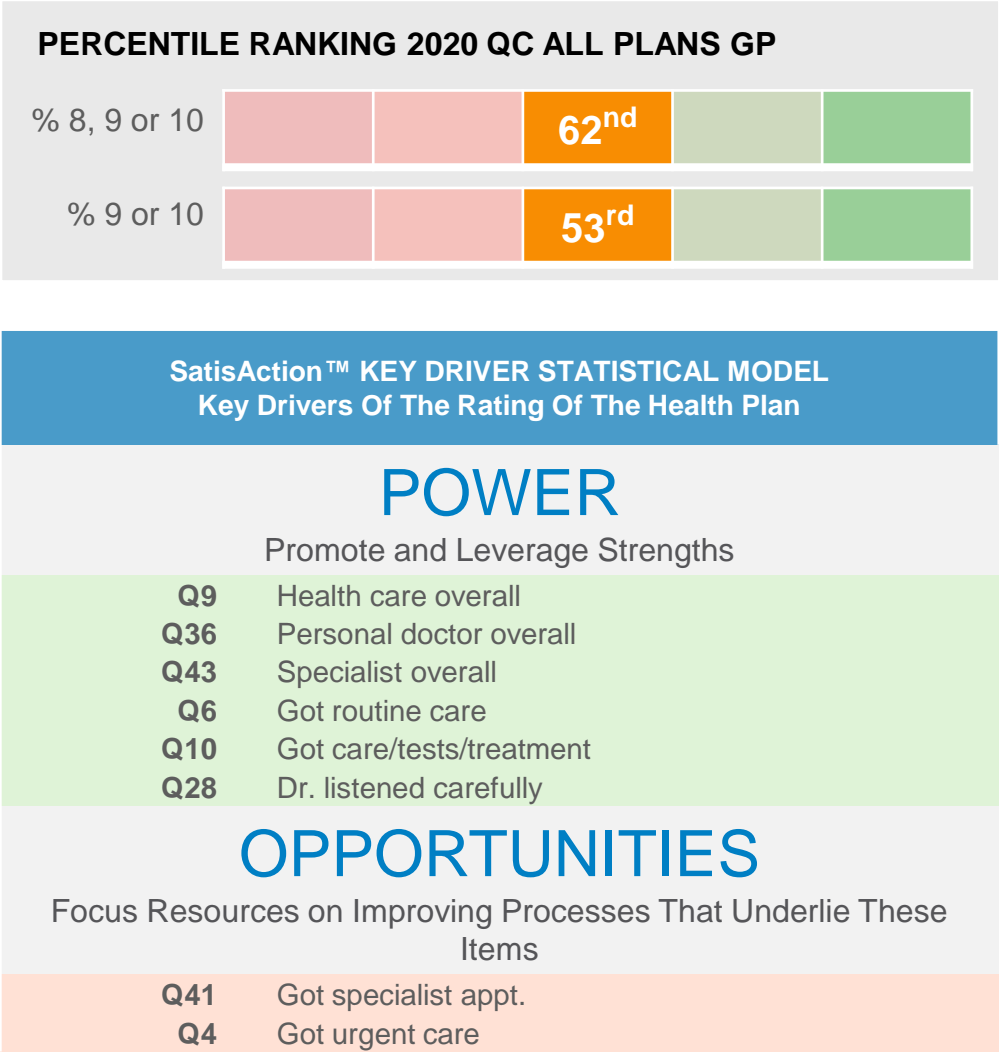
Measures Included in Analyses

- 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*

Percentile Rankings



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



Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

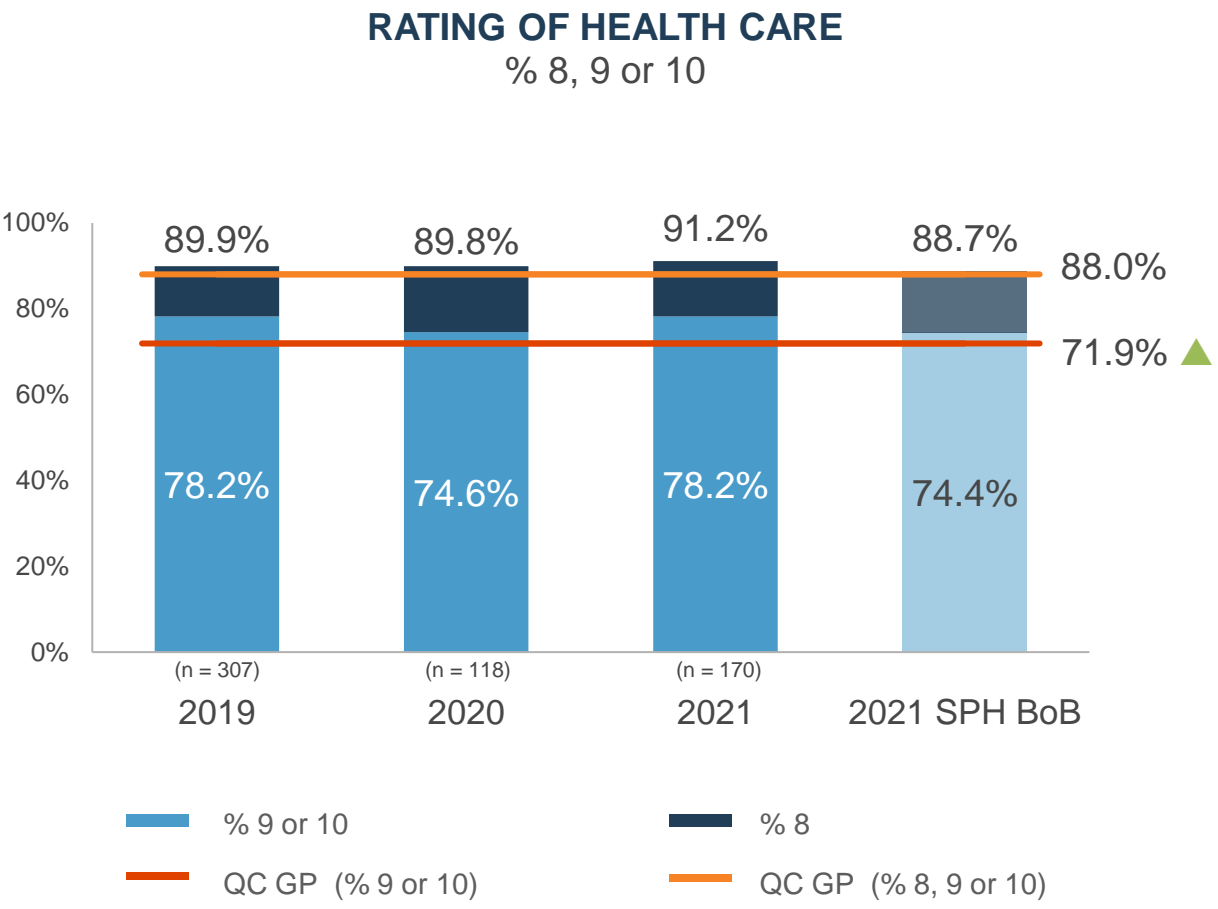
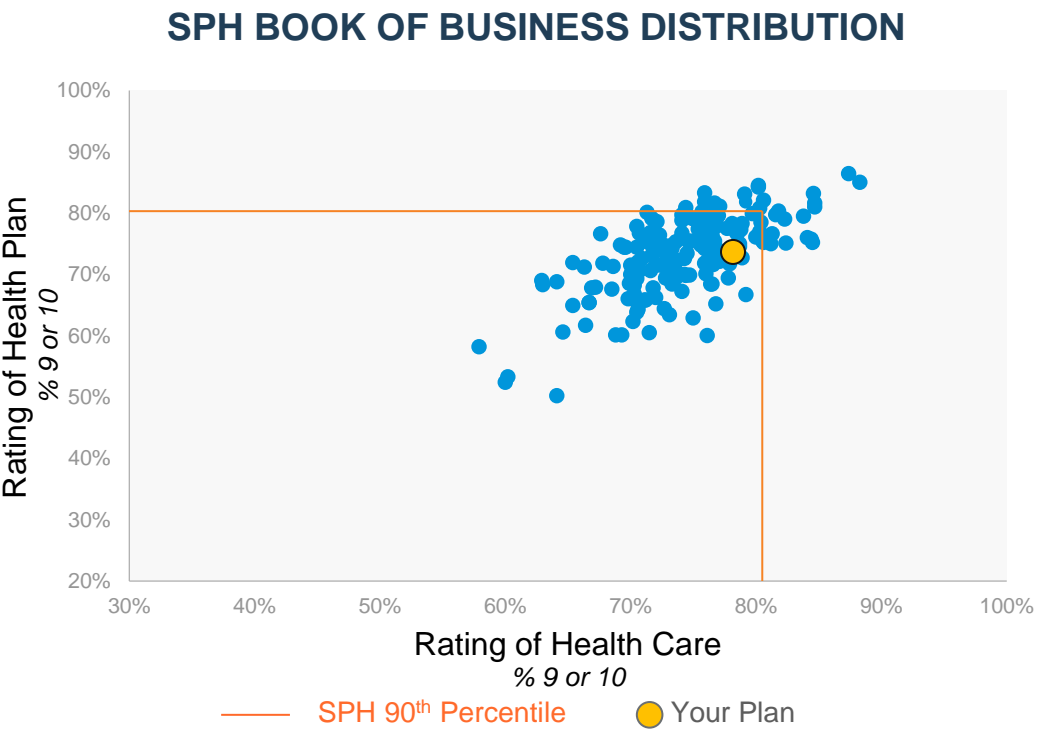
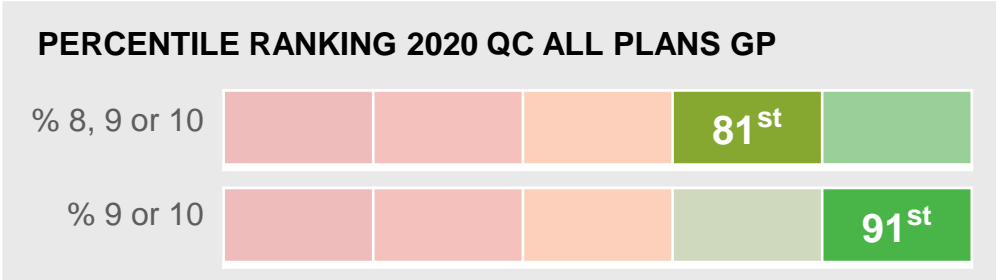
Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

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



Rating of Health Care - General Population

Measure



Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (‡) or benchmark score (▲).

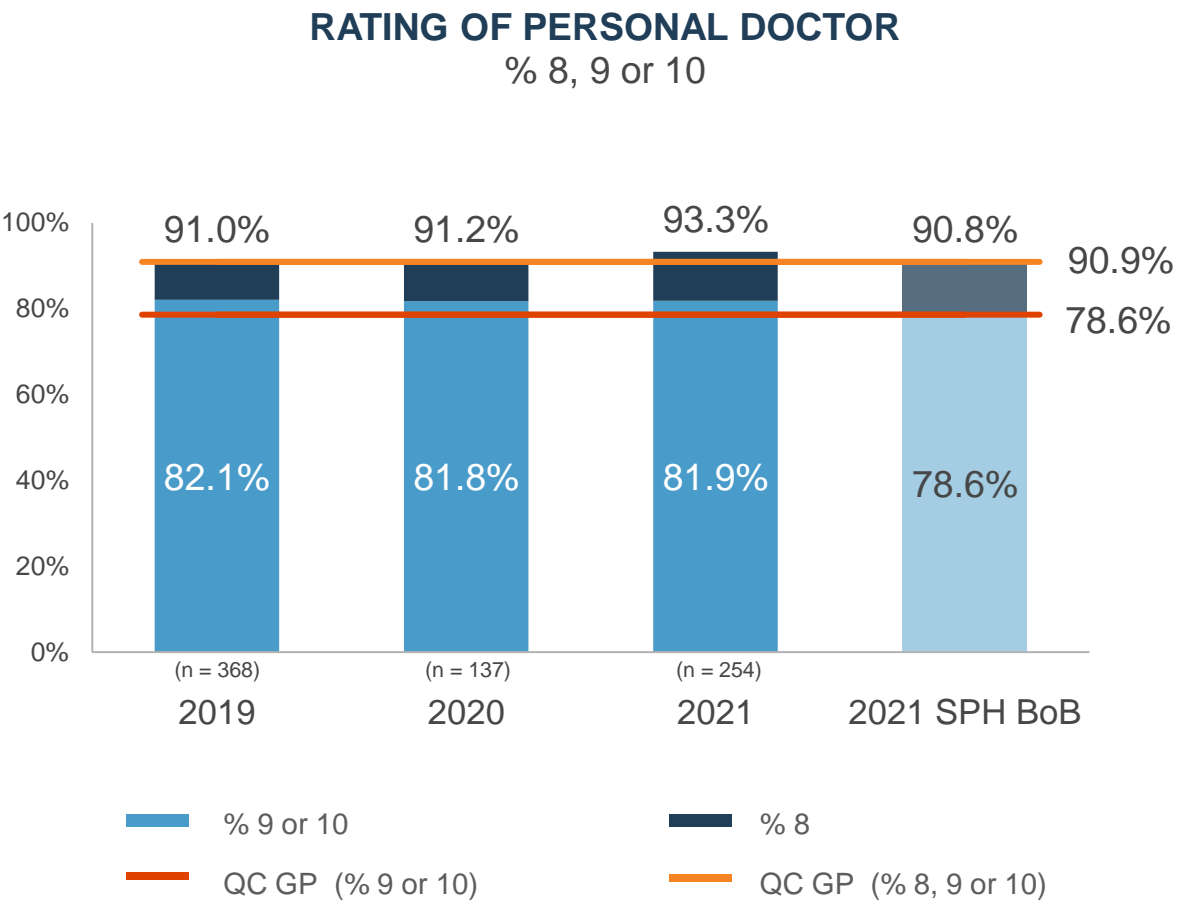
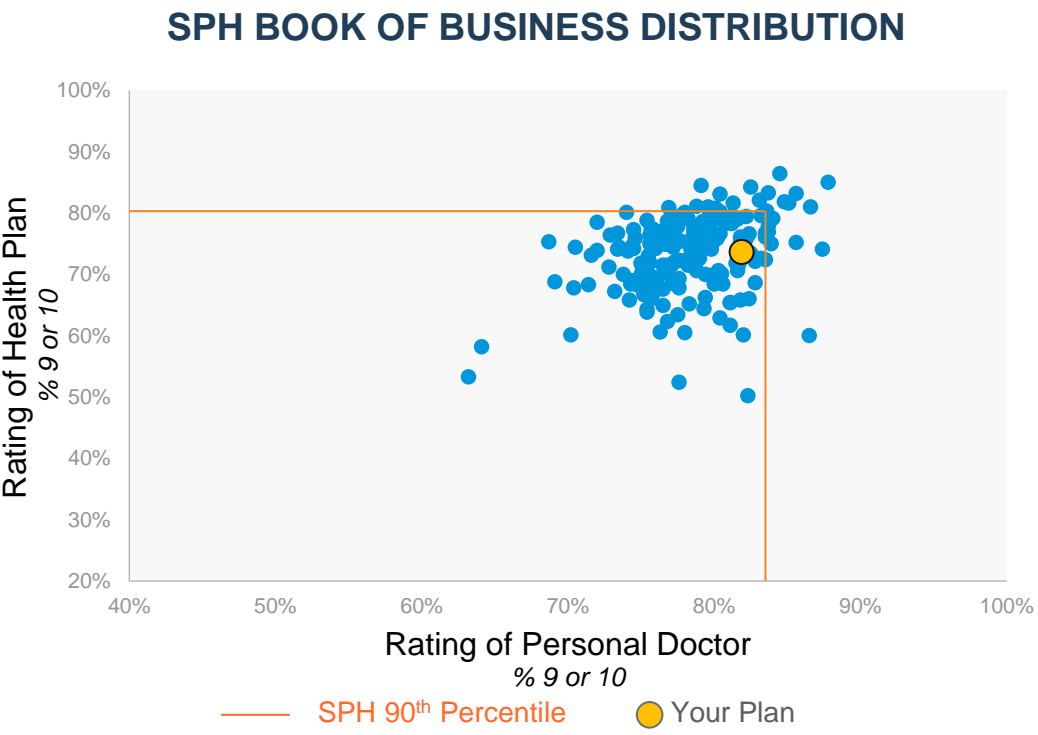
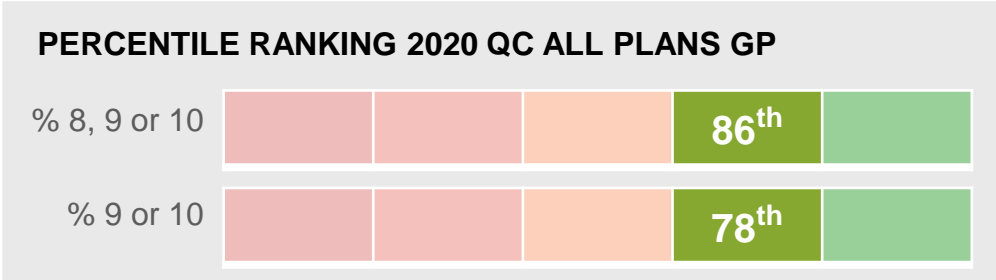
Current year score is significantly lower than the 2020 score (↓), the 2019 score (‡) or benchmark score (▼).

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



Rating of Personal Doctor - General Population

Measure



Significance Testing

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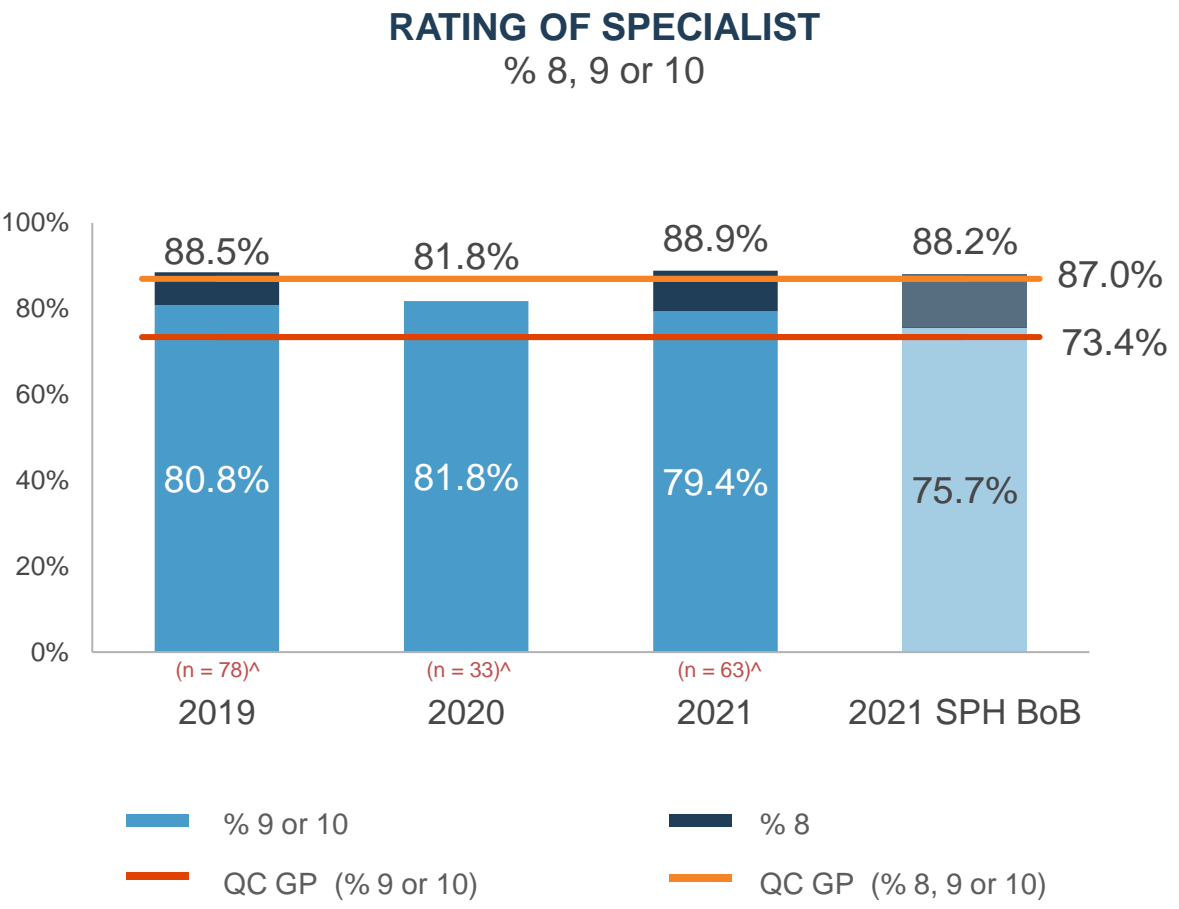
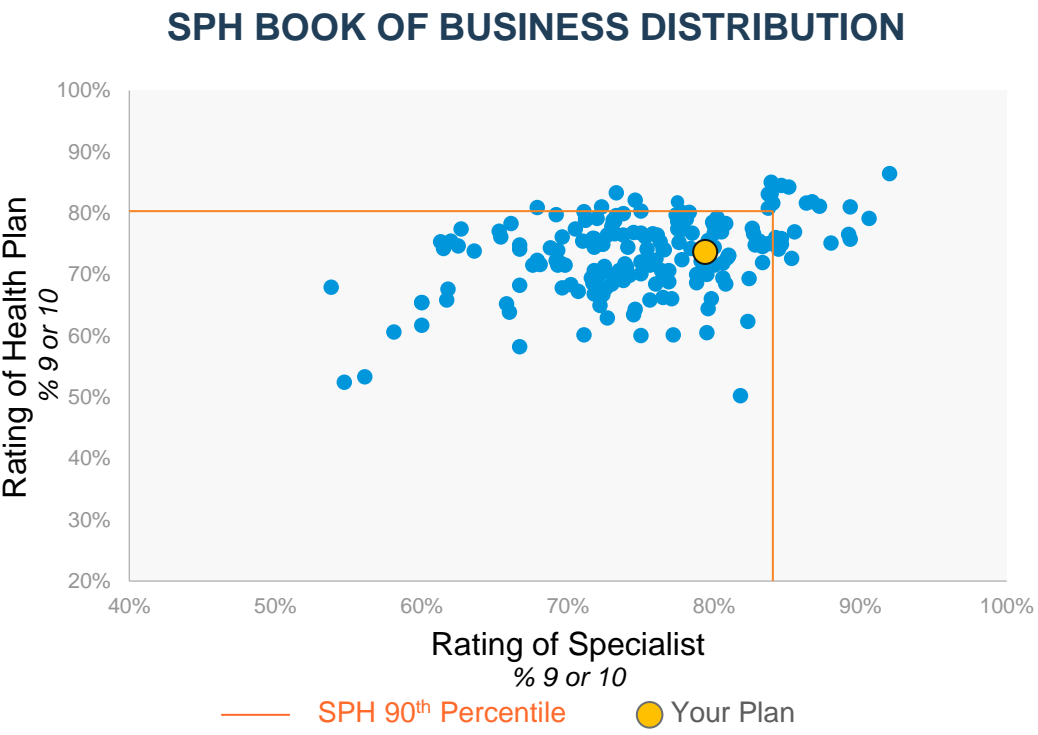
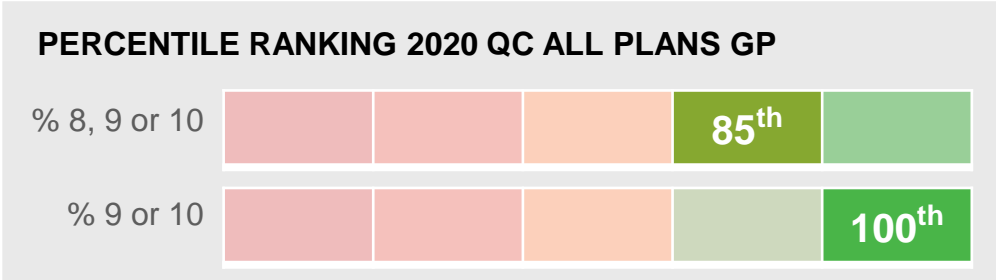
Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

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



Rating of Specialist - General Population

Measure



Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

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



Getting Needed Care - General Population

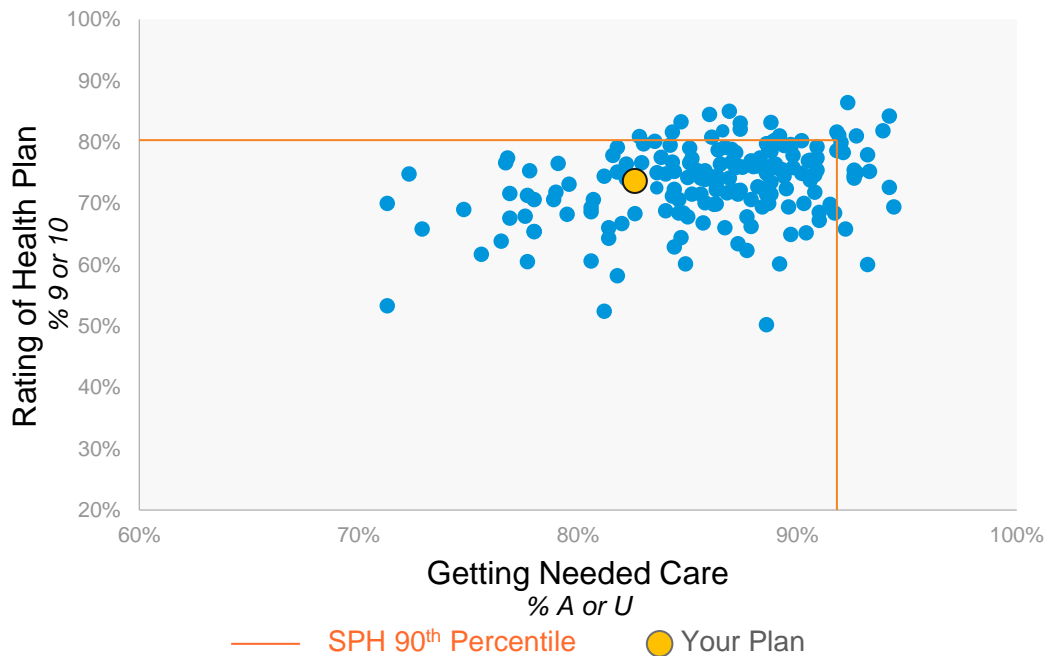
Composite

PERCENTILE RANKING 2020 QC ALL PLANS GP

% A or U

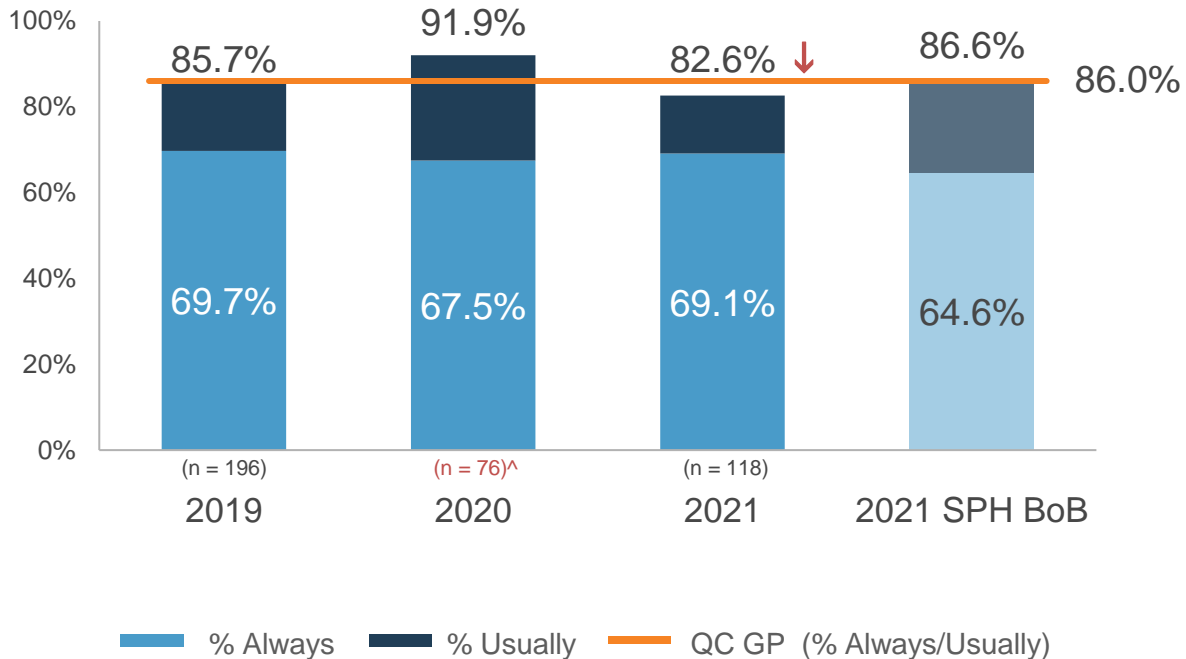
17th

SPH BOOK OF BUSINESS DISTRIBUTION



GETTING NEEDED CARE

% Always or Usually



Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⌆) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⌇) or benchmark score (▼).

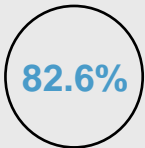
[^]Denominator less than 100. NCQA will assign an NA to this measure.

GETTING NEEDED CARE QUESTIONS

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

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

2021 GETTING NEEDED CARE
COMPOSITE SUMMARY RATE SCORE



Gate Question

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

Valid n	Yes
312	20.8%

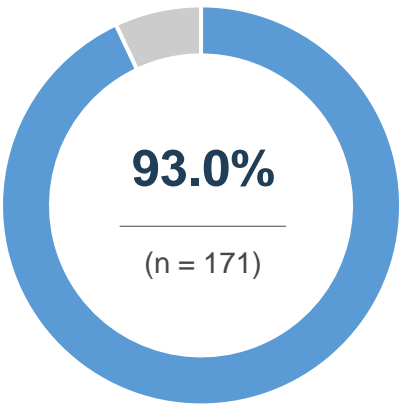
Significance Testing

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Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

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

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

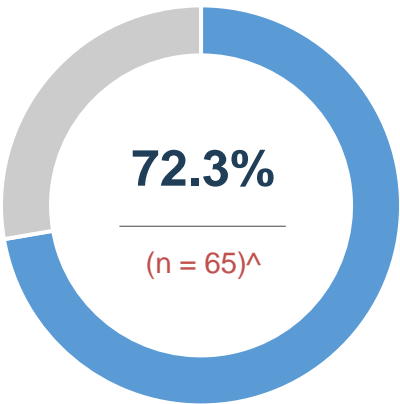


2021	93.0%
2020	97.4%
2019	91.2%
SPH	90.8%
QC	91.2%

Percentile Ranking 2020 QC All Plans GP



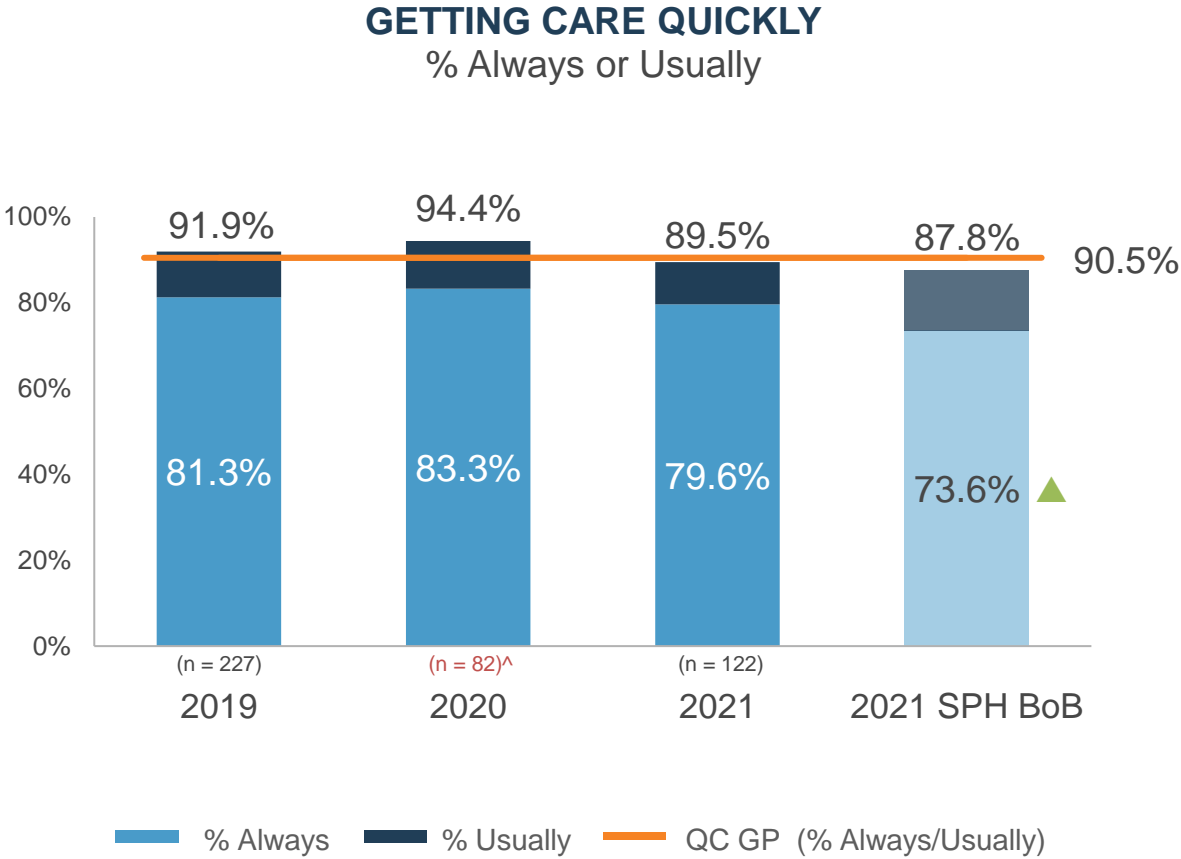
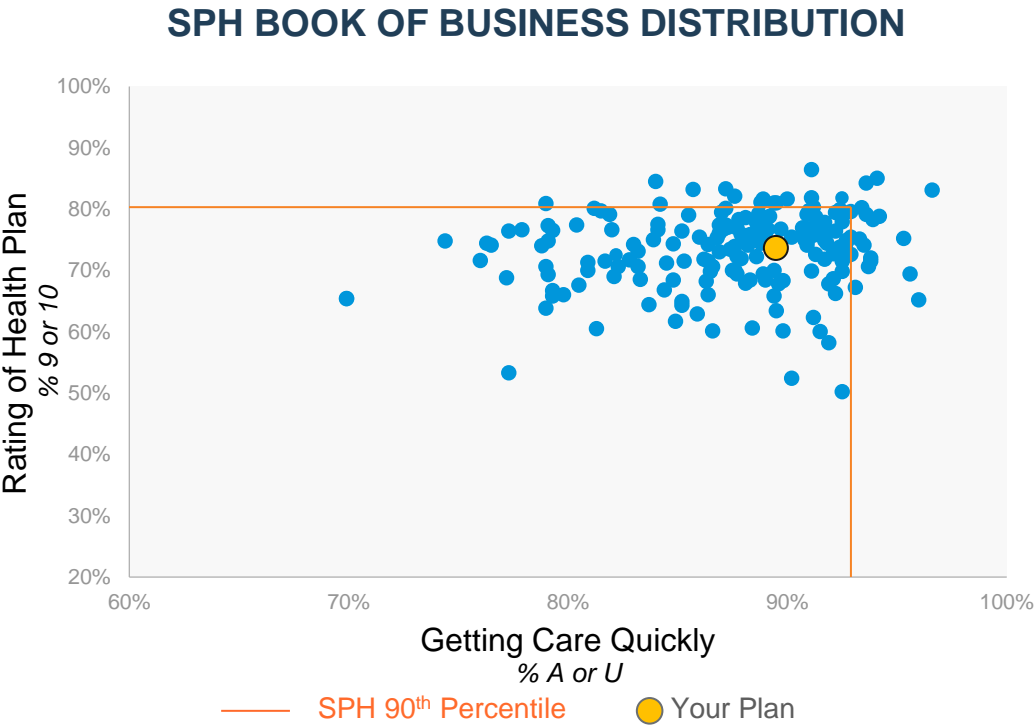
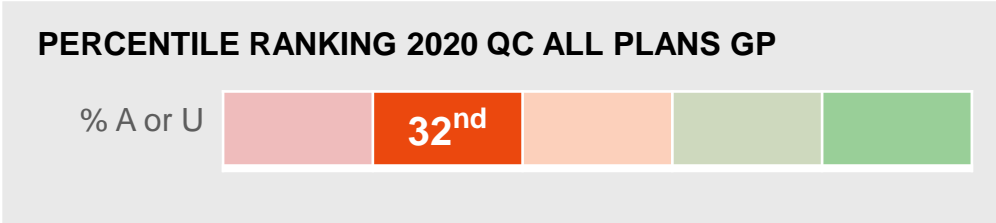
Q41. GETTING SPECIALIST APPOINTMENT
% Always or Usually



2021	72.3%
2020	86.5%
2019	80.2%
SPH	82.4%
QC	79.8%

Percentile Ranking 2020 QC All Plans GP





Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (‡) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (‡) or benchmark score (▼).

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

GETTING CARE QUICKLY QUESTIONS

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

- Q4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he/she needed?
- Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?

2021 GETTING CARE QUICKLY COMPOSITE SUMMARY RATE SCORE

89.5%

Gate Questions

	Valid n	Yes
Q3. Had illness, injury or condition that needed care right away	315	20.0%
Q5. Made appts for health care in person, on the phone, or on video	312	60.3%

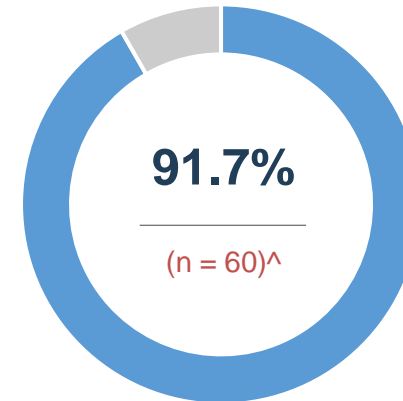
Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

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

Q4. GETTING URGENT CARE % Always or Usually

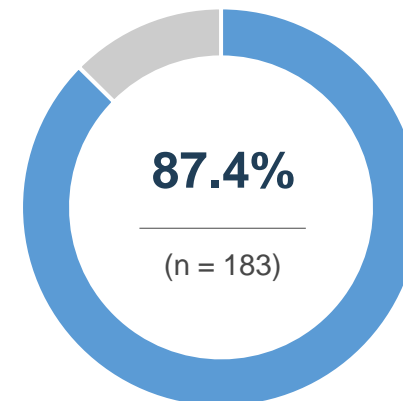


2021	91.7%
2020	94.2%
2019	92.7%
SPH	91.7%
QC	92.6%

Percentile Ranking 2020 QC All Plans GP



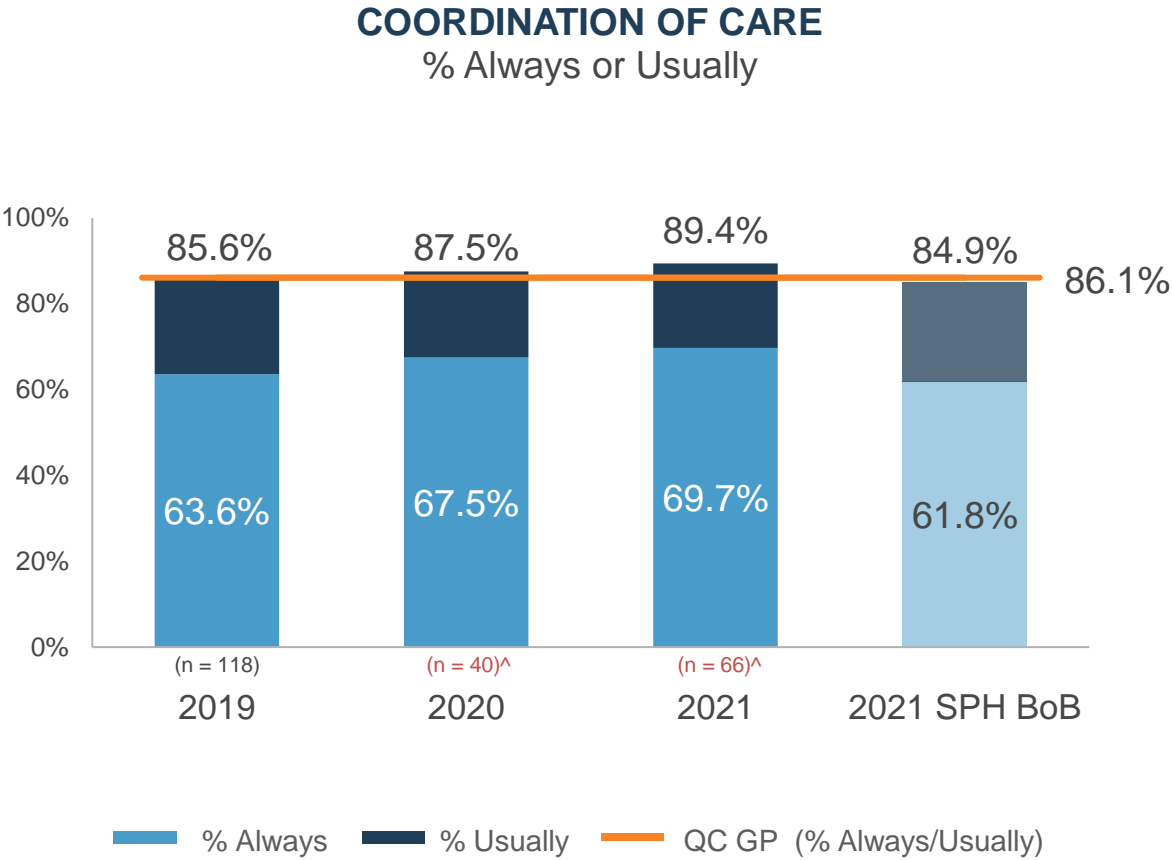
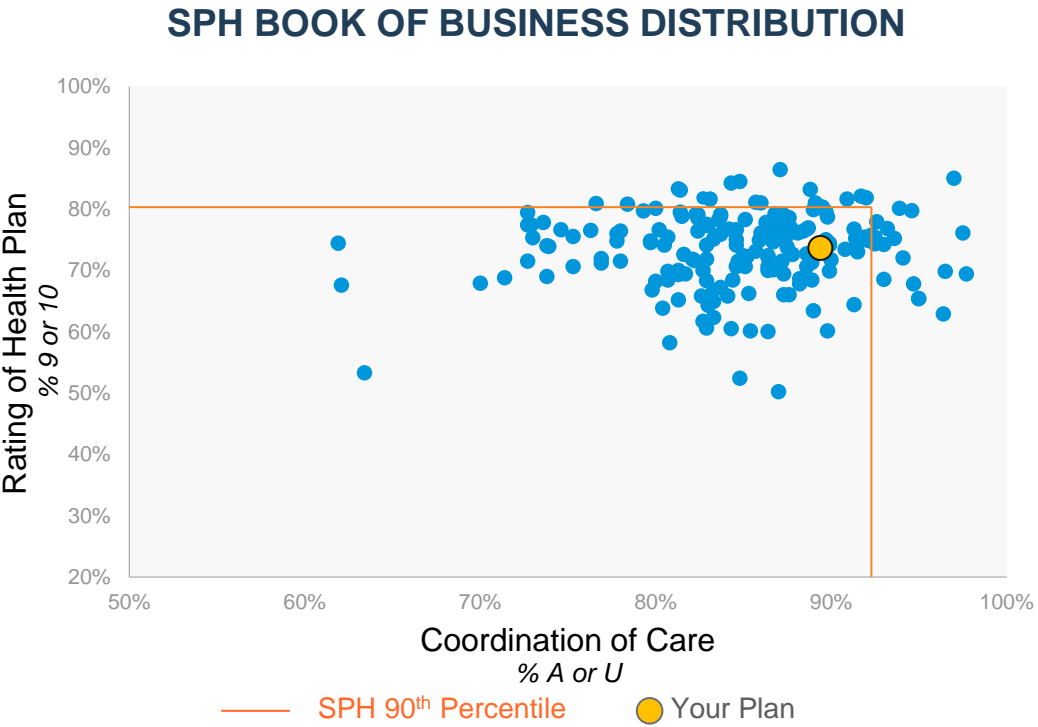
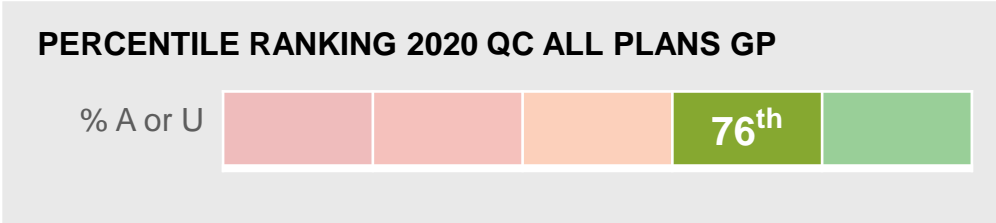
Q6. GETTING ROUTINE CARE % Always or Usually



2021	87.4%	↓
2020	94.6%	
2019	91.1%	
SPH	83.8%	
QC	89.0%	

Percentile Ranking 2020 QC All Plans GP



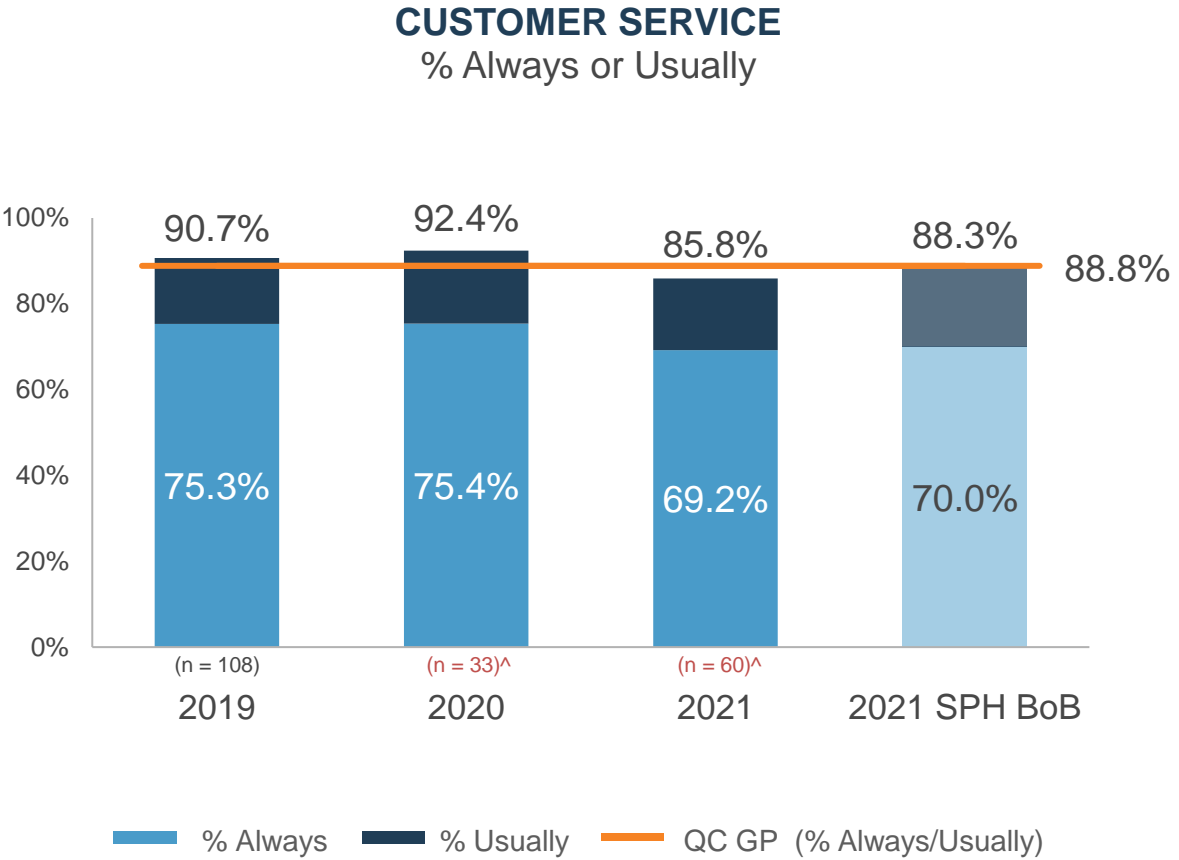
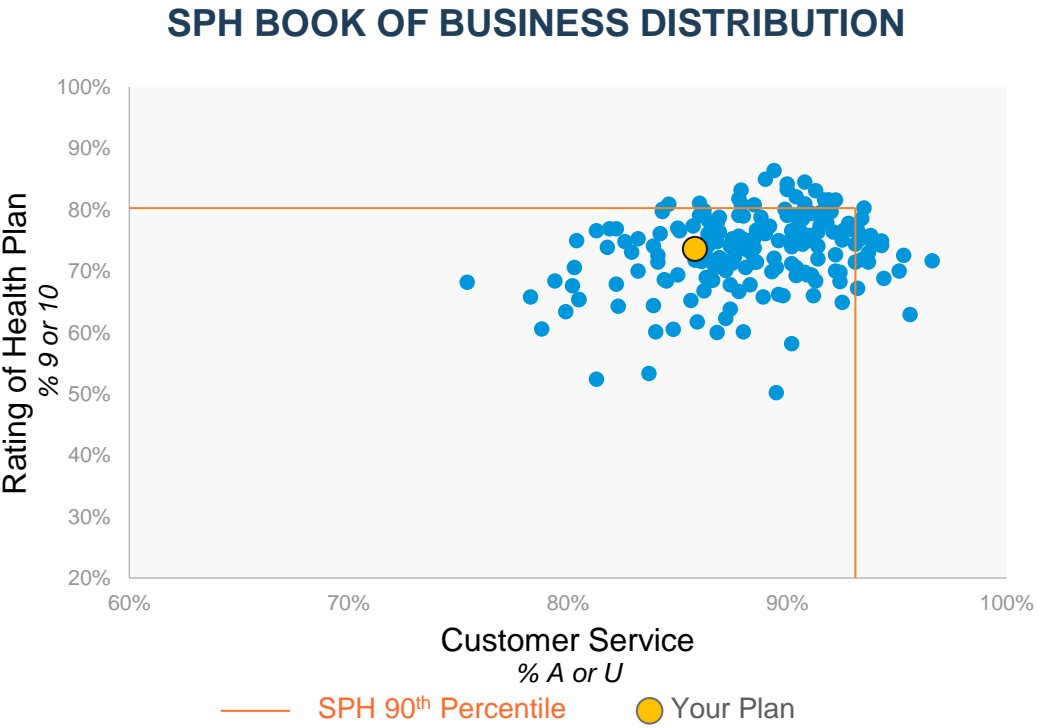
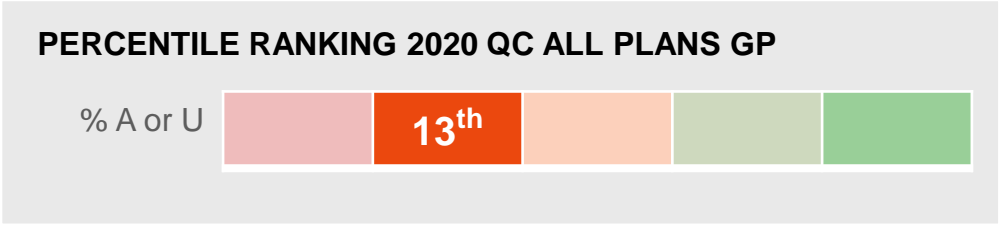


Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

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



Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⌆) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⌇) or benchmark score (▼).

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

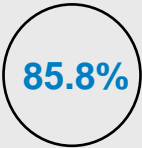
* The Customer Service measure is not used for NCQA ratings.

CUSTOMER SERVICE 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

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

Valid n	Yes
311	19.6%

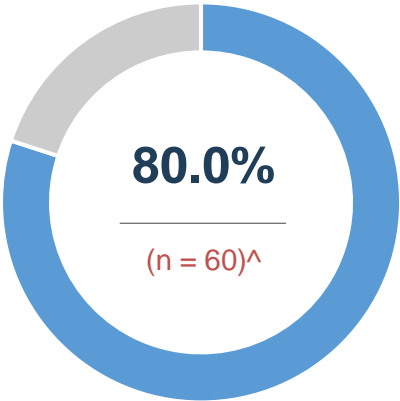
Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

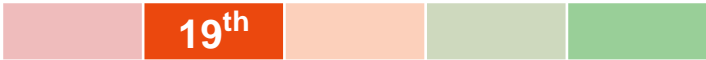
[^]Denominator less than 100. NCQA will assign an NA to this measure.

Q45. PROVIDED INFORMATION OR HELP
% Always or Usually

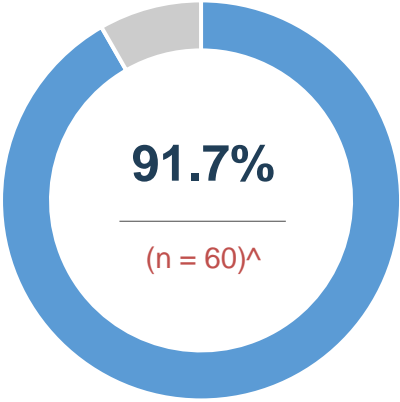


2021	80.0%
2020	87.9%
2019	86.9%
SPH	82.5%
QC	83.8%

Percentile Ranking 2020 QC All Plans GP



Q46. TREATED WITH COURTESY AND RESPECT
% Always or Usually



2021	91.7%
2020	96.9%
2019	94.4%
SPH	94.0%
QC	93.8%

Percentile Ranking 2020 QC All Plans GP





How Well Doctors Communicate* - General Population

Louisiana Healthcare Connections (Centene LA)

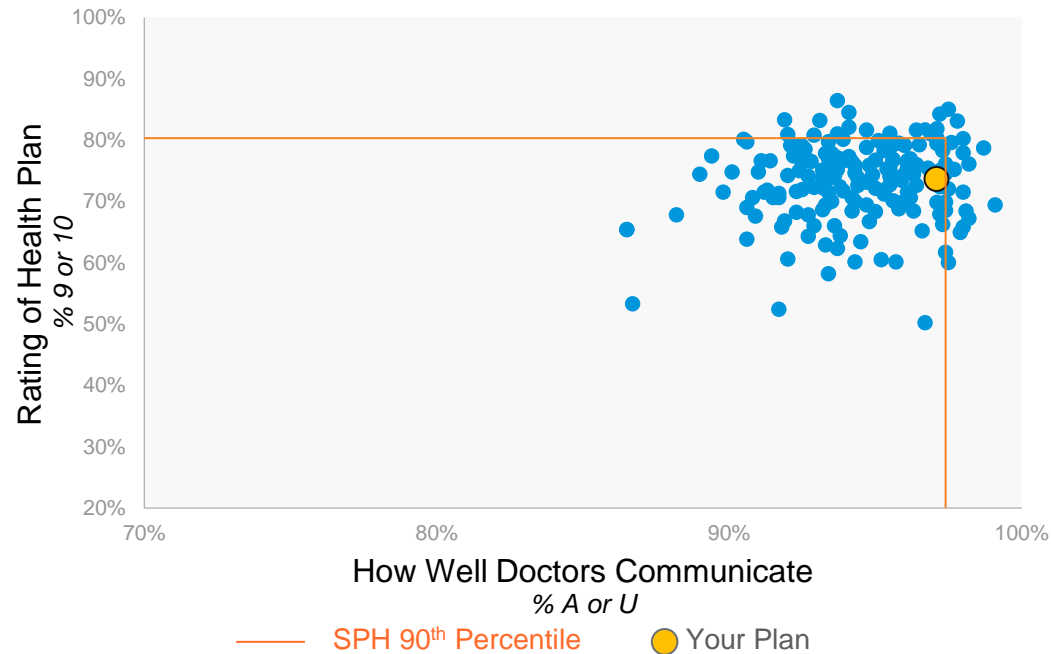
Composite

PERCENTILE RANKING 2020 QC ALL PLANS GP

% A or U

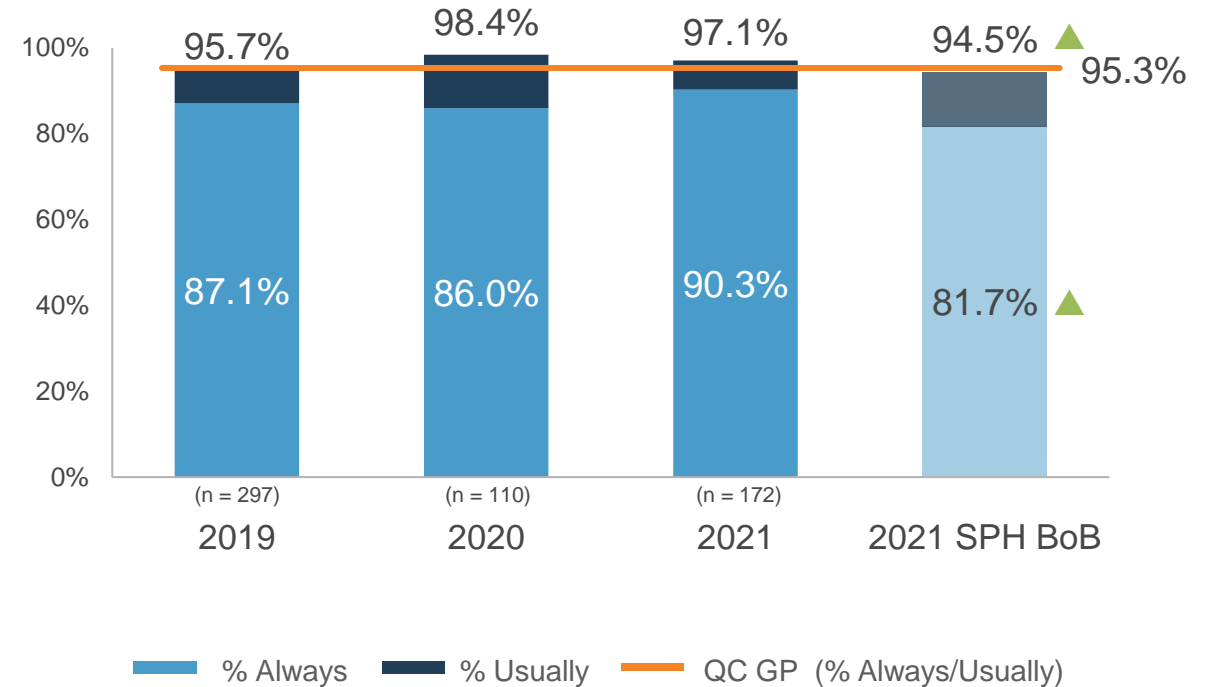
82nd

SPH BOOK OF BUSINESS DISTRIBUTION



HOW WELL DOCTORS COMMUNICATE

% Always or Usually



Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⬆) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⬆) or benchmark score (▼).

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

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



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

97.1%

Gate Question

	Valid n	Yes
Q25. Have a personal doctor	312	85.3%

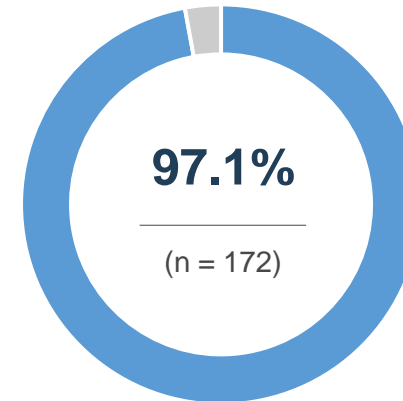
Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

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

Q27. PERSONAL DOCTOR EXPLAINED THINGS % Always or Usually

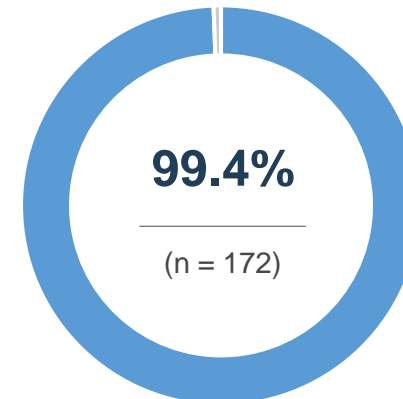


2021	97.1%
2020	96.4%
2019	97.0%
SPH	94.8%
QC	95.6%

Percentile Ranking 2020 QC All Plans GP



Q28. PERSONAL DOCTOR LISTENED CAREFULLY % Always or Usually



2021	99.4%	
2020	99.1%	
2019	98.0%	
SPH	95.9%	▲
QC	96.4%	▲

Percentile Ranking 2020 QC All Plans GP





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

97.1%

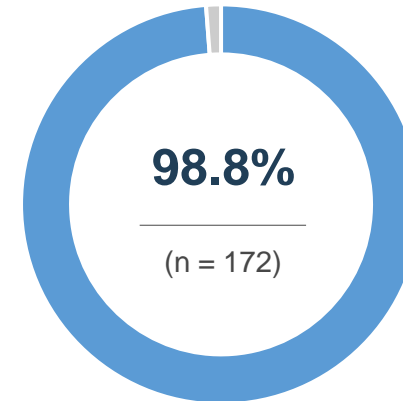
Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

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

Q29. PERSONAL DOCTOR SHOWED RESPECT % Always or Usually

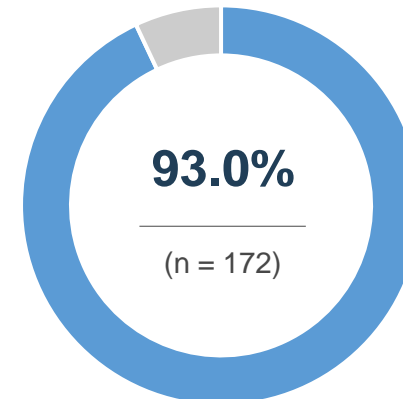


2021	98.8%
2020	100%
2019	97.6%
SPH	96.9% ▲
QC	97.2% ▲

Percentile Ranking 2020 QC All Plans GP



Q32. PERSONAL DOCTOR SPENT ENOUGH TIME % Always or Usually



2021	93.0% ↓
2020	98.1%
2019	90.2%
SPH	90.4%
QC	91.9%

Percentile Ranking 2020 QC All Plans GP





Summary of Trend and Benchmarks

Summary Rate Scores and Percentile Rankings

- Louisiana Healthcare Connections (Centene LA)



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.

Summary Rate Scores: 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 (↑), the 2019 score (⬆) or benchmark score (▲).

Red – Current year score is significantly lower than the 2020 score (↓), the 2019 score (⬆) or benchmark score (▼).

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



Benchmark Information

Available Benchmarks

The following benchmarks are used throughout the report.

	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 (Non-CCC and CCC) that submitted data to NCQA in 2020.	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) collected by 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 (CCC) collected by NCQA in 2020.	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	<ul style="list-style-type: none"> Contains more plans than the SPH Book of Business Is presented in NCQA's The State of Health Care Quality 	<ul style="list-style-type: none"> Contains more plans than the SPH Book of Business Is presented in NCQA's The State of Health Care Quality Provides a CCC benchmark 	<ul style="list-style-type: none"> Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass® All Plans benchmark 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Only contains benchmarks for certain key questions, composites, and rating questions 	<ul style="list-style-type: none"> Only contains benchmarks for certain key questions, composites, and rating questions 	<ul style="list-style-type: none"> Only contains benchmarks for certain key questions, composites, and rating questions 	<ul style="list-style-type: none"> Only contains benchmarks for certain key questions, composites, and rating questions 	<ul style="list-style-type: none"> Contains fewer plans than the Public Report and the Quality Compass® All Plans Benchmarks 	<ul style="list-style-type: none"> 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 RATING MEASURES		2021 VALID N	2019	2020	2021	2021 SPH GP BENCHMARK	2020 QC GP BENCHMARK
7 Total Star Rating ★ Measures	Rating Questions (% 9 or 10)						
	★ Q49. Rating of Health Plan	311	76.4%	78.1%	73.6%	73.3%	71.9%
	★ Q9. Rating of Health Care	170	78.2%	74.6%	78.2%	74.4%	71.9% ▲
	★ Q36. Rating of Personal Doctor	254	82.1%	81.8%	81.9%	78.6%	78.6%
	★ Q43. Rating of Specialist	63^	80.8%	81.8%	79.4%	75.7%	73.4%
5 Above QC GP Benchmark	Rating Questions (% 8, 9 or 10)						
	Q49. Rating of Health Plan	311	90.0%	86.5%	88.4%	87.3%	86.5%
	Q9. Rating of Health Care	170	89.9%	89.8%	91.2%	88.7%	88.0%
	Q36. Rating of Personal Doctor	254	91.0%	91.2%	93.3%	90.8%	90.9%
	Q43. Rating of Specialist	63^	88.5%	81.8%	88.9%	88.2%	87.0%
	★ Getting Needed Care (% Always or Usually)	118	85.7%	91.9%	82.6% ↓	86.6%	86.0%
	Q10. Getting care, tests, or treatment	171	91.2%	97.4%	93.0%	90.8%	91.2%
2 At or Below QC GP Benchmark	Q41. Getting specialist appointment	65^	80.2%	86.5%	72.3%	82.4%	79.8%
	★ Getting Care Quickly (% Always or Usually)	122	91.9%	94.4%	89.5%	87.8%	90.5%
	Q4. Getting urgent care	60^	92.7%	94.2%	91.7%	91.7%	92.6%
	Q6. Getting routine care	183	91.1%	94.6%	87.4% ↓	83.8%	89.0%
	Other Measure (% Always or Usually)						
	★ Q35. Coordination of Care	66^	85.6%	87.5%	89.4%	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)	60^	90.7%	92.4%	85.8%	88.3%	88.8%
Q45. Provided information or help	60^	86.9%	87.9%	80.0%	82.5%	83.8%
Q46. Treated with courtesy and respect	60^	94.4%	96.9%	91.7%	94.0%	93.8%
How Well Doctors Communicate (% Always or Usually)	172	95.7%	98.4%	97.1%	94.5% ▲	95.3%
Q27. Personal doctor explained things	172	97.0%	96.4%	97.1%	94.8%	95.6%
Q28. Personal doctor listened carefully	172	98.0%	99.1%	99.4%	95.9% ▲	96.4% ▲
Q29. Personal doctor showed respect	172	97.6%	100%	98.8%	96.9% ▲	97.2% ▲
Q32. Personal doctor spent enough time	172	90.2%	98.1%	93.0% ↓	90.4%	91.9%
Other Measure (% Always or Usually)						
Q48. Ease of filling out forms	302	96.2%	98.7%	96.7%	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	222	75.4%	78.0%	72.5%	71.9%	69.3%
★ Q9. Rating of Health Care	163	75.1%	76.3%	77.9%	73.0%	71.0% ▲
★ Q36. Rating of Personal Doctor	192	83.4%	78.6%	82.3%	78.8%	78.4%
★ Q43. Rating of Specialist	80^	83.3%	80.9%	73.8%	75.7%	75.2%
Rating Questions (% 8, 9 or 10)						
Q49. Rating of Health Plan	222	87.6%	85.6%	88.7%	85.9%	84.8%
Q9. Rating of Health Care	163	88.5%	87.6%	91.4%	87.3%	87.6%
Q36. Rating of Personal Doctor	192	92.4%	90.2%	90.6%	89.8%	90.1%
Q43. Rating of Specialist	80^	92.4%	80.9%	83.8%	88.1%	87.9%
★ Getting Needed Care (% Always or Usually)	123	88.5%	90.1%	86.4%	88.3%	88.1%
Q10. Getting care, tests, or treatment	163	93.4%	97.9%	93.3%	91.4%	92.2%
Q41. Getting specialist appointment	83^	83.6%	82.4%	79.5%	85.3%	84.8%
★ Getting Care Quickly (% Always or Usually)	112	96.6%	95.1%	89.8% ↓	91.1%	93.5%
Q4. Getting urgent care	66^	96.0%	97.8%	90.9%	92.9%	95.3%
Q6. Getting routine care	158	97.3%	92.5%	88.6% ↓	89.3%	91.9%
Other Measure (% Always or Usually)						
★ Q35. Coordination of Care	73^	82.9%	83.7%	86.3%	83.1%	85.1%



Summary Rate Scores - CCC Population

OTHER MEASURES*(Not used for accreditation/ratings)*

	2021 Valid n	2019	2020	2021	2021 SPH CCC BENCHMARK	2020 QC CCC BENCHMARK
Customer Service (% Always or Usually)	64[^]	88.5%	92.5%	89.0%	90.2%	90.3%
Q45. Provided information or help	64 [^]	83.8%	88.9%	84.4%	85.1%	85.3%
Q46. Treated with courtesy and respect	63 [^]	93.2%	96.2%	93.7%	95.3%	95.4%
How Well Doctors Communicate (% Always or Usually)	153	96.2%	98.9%	95.1%	94.9%	95.8%
Q27. Personal doctor explained things	154	97.1%	97.9%	95.5%	95.6%	96.3%
Q28. Personal doctor listened carefully	154	97.4%	100%	96.8% ↓	96.0%	96.3%
Q29. Personal doctor showed respect	153	97.8%	100%	97.4% ↓	96.8%	97.3%
Q32. Personal doctor spent enough time	151	92.6%	97.8%	90.7% ↓	91.3%	93.2%
Other Measure (% Always or Usually)						
Q48. Ease of filling out forms	217	95.9%	99.1%	95.9% ↓	95.9%	96.4%



Summary Rate Scores - CCC Population

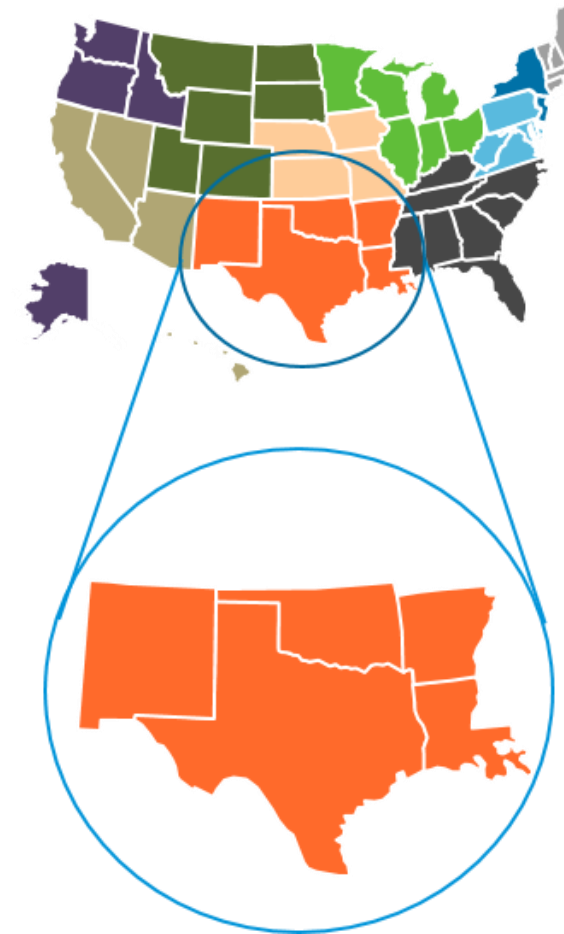
CCC MEASURES

	2021 Valid n	2019	2020	2021	2021 SPH CCC BENCHMARK	2020 QC CCC BENCHMARK
Q51. Access to Prescription Medicines (% Always or Usually)	179	90.0%	91.4%	90.5%	91.8%	91.3%
Access to Specialized Services (% Always or Usually)	51 [^]	83.2%	81.0%	70.2% [‡]	75.6%	74.5%
Q15. Ease of getting special medical equipment or devices	24 [^]	85.7%	71.4%	70.8%	75.5%	NA
Q18. Ease of getting therapy	47 [^]	82.8%	92.0%	68.1%	76.4%	74.1%
Q21. Ease of getting treatment or counseling	81 [^]	81.0%	79.6%	71.6%	74.7%	76.9%
FCC: Personal Doctor Who Knows Child (% Yes)	140	91.8%	89.9%	87.7%	91.5%	91.6%
Q33. Doctor talked about how child is feeling, growing, and behaving	153	88.1%	87.1%	85.0%	90.3%	90.0%
Q38. Doctor understands how these conditions affect child's day-to-day life	133	95.1%	92.0%	91.0%	93.7%	93.8%
Q39. Doctor understands how these conditions affect family's day-to-day life	133	92.2%	90.7%	87.2%	90.6%	90.6%
Q8. FCC: Getting Needed Information (% Always or Usually)	162	93.1%	94.8%	92.6%	91.4%	93.1%
Coordination of Care for CCC (% Yes)	54 [^]	79.1%	82.7%	71.6%	76.6%	76.4%
Q13. Obtained help from doctors or health providers in contacting child's school or daycare	27 [^]	91.2%	100%	81.5%	92.9%	NA
Q24. Obtained help coordinating child's care among different providers or services	81 [^]	66.9%	65.3%	61.7%	60.2%	58.7%

Regional Performance - General Population

	SUMMARY RATE	2021 SPH BoB REGION
Rating Questions (% 9 or 10)		
Q49. Rating of Health Plan	73.6%	77.3%
Q9. Rating of Health Care	78.2%	76.8%
Q36. Rating of Personal Doctor	81.9%	79.4%
Q43. Rating of Specialist	79.4%	79.1%
Rating Questions (% 8, 9 or 10)		
Q49. Rating of Health Plan	88.4%	89.6%
Q9. Rating of Health Care	91.2%	89.4%
Q36. Rating of Personal Doctor	93.3%	91.2%
Q43. Rating of Specialist	88.9%	89.2%
Getting Needed Care (% Always or Usually)		
Q10. Getting care, tests, or treatment	93.0%	89.8%
Q41. Getting specialist appointment	72.3%	81.9%
Getting Care Quickly (% Always or Usually)		
Q4. Getting urgent care	91.7%	90.9%
Q6. Getting routine care	87.4%	82.7%
Coordination of Care (Q35) (% Always or Usually)		
	89.4%	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.



Percentile Rankings - General Population

	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass									SPH %tile	National Percentiles from 2021 SPH Book of Business								
			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
Rating Questions (% 9 or 10)																					
Q49. Rating of Health Plan	73.6%	53 rd	60.6	63.6	68.9	70.6	73.3	74.6	75.5	77.9	80.5	44 th	61.6	65.4	69.8	71.5	74.2	76.4	77.4	80.3	81.8
Q9. Rating of Health Care	78.2%	91 st	63.0	66.1	69.3	70.3	72.4	74.0	75.5	77.7	79.8	79 th	66.2	68.6	71.2	72.1	74.4	76.4	77.0	80.5	82.5
Q36. Rating of Personal Doctor	81.9%	78 th	72.0	73.1	75.9	77.2	79.0	80.7	81.4	83.3	84.3	80 th	72.0	74.1	75.8	76.8	78.5	80.2	81.2	83.5	84.5
Q43. Rating of Specialist	79.4%	100 th	66.9	68.0	71.3	73.6	74.2	74.4	75.0	76.8	77.4	71 st	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	88.4%	62 nd	79.2	81.3	84.4	85.7	87.4	88.6	89.3	91.7	92.4	54 th	80.4	82.2	84.9	85.6	88.1	89.5	90.1	92.0	92.8
Q9. Rating of Health Care	91.2%	81 st	82.3	83.9	86.0	86.8	88.5	89.7	90.6	92.2	93.1	78 th	83.7	84.5	86.3	87.4	88.8	90.1	90.9	93.4	94.7
Q36. Rating of Personal Doctor	93.3%	86 th	86.0	87.6	89.5	90.2	91.2	92.0	92.5	93.8	94.8	82 nd	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)	82.6%	17 th	78.7	80.7	83.7	84.5	86.6	88.3	89.1	91.1	92.6	21 st	76.9	78.8	83.6	84.8	86.9	88.7	89.4	91.8	92.6
Q10. Getting care, tests, or treatment	93.0%	62 nd	84.8	86.7	89.1	90.0	92.0	93.3	93.8	95.4	96.2	68 th	83.6	85.6	88.3	89.1	91.0	93.0	93.3	95.0	96.0
Q41. Getting specialist appointment	72.3%	10 th	70.9	72.1	75.4	78.3	79.7	82.1	83.7	87.7	88.1	10 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)	89.5%	32 nd	82.3	85.0	88.3	89.6	91.6	92.9	93.5	95.0	95.6	61 st	78.8	79.3	84.5	86.4	88.2	90.7	91.2	92.9	93.7
Q4. Getting urgent care	91.7%	32 nd	85.7	86.2	90.3	91.7	93.3	94.8	95.6	96.7	97.1	48 th	81.8	83.8	87.9	89.5	92.0	93.9	95.2	96.9	98.1
Q6. Getting routine care	87.4%	30 th	79.4	81.8	86.1	88.3	90.1	91.7	92.4	94.3	94.9	69 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)	89.4%	76 th	77.3	79.7	83.9	85.3	87.1	88.2	89.3	90.7	91.7	77 th	73.6	76.9	81.6	82.9	85.1	87.6	88.9	92.3	94.1

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



Percentile Rankings - General Population

	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass									SPH %tile	National Percentiles from 2021 SPH Book of Business								
			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)	85.8%	13th	81.7	85.1	87.0	87.3	89.0	90.3	91.1	92.9	93.8	21st	80.5	82.8	86.1	86.8	88.5	90.4	91.1	93.1	93.7
Q45. Provided information or help	80.0%	19 th	73.0	77.0	81.0	82.0	84.4	85.9	87.3	89.5	90.4	33 rd	73.1	75.0	79.1	80.0	82.9	85.5	86.6	89.1	90.2
Q46. Treated with courtesy and respect	91.7%	21 st	90.1	91.0	92.0	92.9	94.0	94.9	95.5	97.3	97.3	19 th	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)	97.1%	82nd	91.6	92.5	94.3	94.7	95.5	96.4	96.6	97.6	98.0	82nd	90.5	91.3	92.9	93.4	94.5	95.8	96.4	97.4	97.9
Q27. Personal doctor explained things	97.1%	67 th	90.9	92.2	94.4	95.2	96.0	97.1	97.3	98.0	98.5	77 th	89.6	91.8	93.1	93.6	94.8	96.2	96.9	98.0	98.7
Q28. Personal doctor listened carefully	99.4%	99 th	93.1	94.2	95.3	95.8	96.6	97.3	97.5	98.5	98.7	98 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	93.0%	59 th	85.5	86.9	89.0	90.6	92.5	93.7	94.3	96.4	97.2	68 th	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)	96.7%	53rd	93.2	94.4	95.5	96.0	96.6	97.3	97.6	98.4	98.9	60th	92.9	93.7	94.8	95.3	96.2	96.9	97.2	98.0	98.3

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



Percentile Rankings - CCC Population

	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass									SPH %tile	National Percentiles from 2021 SPH Book of Business								
			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
Rating Questions (% 9 or 10)																					
Q49. Rating of Health Plan	72.5%	63 rd	56.9	59.8	66.0	66.4	70.1	73.2	74.2	76.2	77.1	53 rd	60.9	62.7	67.7	69.2	71.9	74.9	76.3	78.0	79.7
Q9. Rating of Health Care	77.9%	87 th	62.3	62.9	67.8	68.9	71.1	73.2	74.6	78.2	78.8	79 th	63.2	64.4	69.6	70.9	73.4	75.7	77.1	79.3	79.7
Q36. Rating of Personal Doctor	82.3%	83 rd	73.4	74.5	75.6	77.3	78.4	79.4	81.0	83.6	84.3	71 st	73.7	74.5	76.1	77.2	79.2	81.8	82.4	84.0	85.2
Q43. Rating of Specialist	73.8%	44 th	66.7	67.7	71.7	72.1	75.5	78.0	79.8	81.5	83.6	38 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	88.7%	85 th	78.2	79.5	83.1	83.7	85.2	86.9	87.8	89.3	89.7	77 th	78.1	80.3	83.1	83.9	86.4	88.0	88.5	90.2	90.7
Q9. Rating of Health Care	91.4%	87 th	82.4	83.3	84.6	86.3	88.5	89.9	90.3	91.6	92.1	91 st	82.1	83.2	85.0	86.1	87.6	89.1	89.6	91.3	93.5
Q36. Rating of Personal Doctor	90.6%	52 nd	84.0	85.5	89.0	89.8	90.5	91.3	92.2	93.0	94.0	53 rd	84.9	87.0	88.1	88.5	90.4	91.5	91.9	93.7	94.1
Q43. Rating of Specialist	83.8%	14 th	82.5	83.1	85.6	87.4	88.2	89.3	89.5	92.1	92.5	20 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)	86.4%	26 th	80.6	83.6	86.0	86.9	88.5	90.5	91.3	92.2	93.2	30 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	93.3%	53 rd	86.3	86.8	89.7	91.5	93.0	94.1	94.7	95.8	95.9	70 th	85.6	86.6	88.9	89.6	91.5	93.2	93.4	94.5	94.8
Q41. Getting specialist appointment	79.5%	11 th	74.8	75.7	81.8	83.1	86.1	87.9	88.8	90.5	91.0	13 th	73.8	76.8	81.8	82.8	85.3	88.2	88.7	89.9	90.6
Getting Care Quickly (% A or U)	89.8%	10 th	87.4	89.5	91.5	92.1	94.0	95.1	96.0	97.0	97.2	30 th	85.2	86.5	89.0	90.0	91.1	92.6	93.2	94.2	95.1
Q4. Getting urgent care	90.9%	7 th	89.9	91.9	93.6	93.9	95.8	97.0	97.2	98.3	99.3	28 th	85.3	87.8	90.4	91.3	93.3	94.2	95.2	97.0	97.4
Q6. Getting routine care	88.6%	23 rd	85.9	87.3	89.6	90.7	92.3	93.7	94.5	96.0	96.7	39 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)	86.3%	59 th	76.1	78.9	84.4	84.7	85.7	86.9	87.4	88.9	92.5	81 st	72.1	79.0	80.4	81.7	83.3	84.6	85.5	89.5	91.2

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



Percentile Rankings - CCC Population

	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass									SPH %tile	National Percentiles from 2021 SPH Book of Business								
			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)	89.0%	37th	87.2	87.2	87.9	88.4	91.2	92.4	92.4	92.7	92.7	33rd	83.3	85.5	87.5	89.0	90.0	91.0	91.9	94.1	94.8
Q45. Provided information or help	84.4%	37 th	80.2	80.2	82.4	83.5	86.2	87.7	87.8	89.5	89.5	50 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	93.7%	24 th	93.3	93.3	93.8	94.2	95.9	96.4	96.6	97.1	97.1	33 rd	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)	95.1%	26th	93.0	93.3	95.0	95.6	96.2	96.7	97.1	97.5	97.7	46th	90.8	92.3	93.4	94.4	95.3	96.0	96.2	97.3	97.6
Q27. Personal doctor explained things	95.5%	28 th	92.2	94.1	95.2	96.0	96.7	97.1	97.4	98.7	99.0	40 th	91.5	92.0	94.8	95.3	95.8	96.6	97.0	97.8	98.8
Q28. Personal doctor listened carefully	96.8%	58 th	92.4	93.6	95.7	96.1	96.6	97.0	97.2	98.3	98.9	63 rd	92.9	94.0	95.2	95.4	96.4	97.1	97.5	98.0	98.3
Q29. Personal doctor showed respect	97.4%	52 nd	95.1	95.8	96.7	96.9	97.3	97.9	98.0	99.3	99.5	60 th	94.0	94.6	95.7	96.3	97.2	98.0	98.0	98.5	98.9
Q32. Personal doctor spent enough time	90.7%	19 th	88.5	88.9	91.5	93.2	93.8	94.8	95.1	96.4	96.5	39 th	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)	95.9%	30th	94.1	94.4	95.5	96.1	96.5	97.1	97.6	98.6	98.9	46th	92.8	94.0	95.0	95.5	96.0	96.5	96.9	97.7	98.1

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



Percentile Rankings - CCC Population

CCC Population	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass									SPH %tile	National Percentiles from 2021 SPH Book of Business								
			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
Q51. Access to Prescription Medicines (% A or U)	90.5%	41st	86.5	87.1	89.1	89.7	91.4	92.7	93.6	95.4	96.3	24th	85.4	87.7	90.5	90.9	92.4	93.2	94.0	95.1	96.0
Access to Specialized Services (% A or U)	70.2%	22nd	66.6	66.6	71.4	71.4	75.0	75.4	75.4	82.7	82.7	23rd	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	70.8%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	36 th	57.1	61.1	68.8	70.5	75.0	81.9	84.4	86.7	90.0
Q18. Ease of getting therapy	68.1%	28 th	66.4	66.4	67.3	70.8	72.8	76.4	79.2	86.0	86.0	17 th	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	71.6%	20 th	65.6	66.9	72.4	73.1	76.9	80.4	81.9	86.3	87.3	36 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)	87.7%	6th	86.5	88.2	90.1	91.2	91.9	93.1	93.6	94.4	94.6	<5th	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	85.0%	8 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	87.2%	13 th	84.6	85.6	89.1	89.8	90.6	92.6	92.9	94.0	94.7	13 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)	92.6%	40th	89.1	90.3	91.7	92.1	93.4	93.8	94.7	95.6	96.7	66th	85.5	87.3	89.4	90.2	91.7	92.6	93.0	95.1	96.9
Coordination of Care for CCC (% Yes)	71.6%	<5th	71.9	71.9	72.0	75.2	77.9	78.9	79.0	79.6	80.3	19th	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	81.5%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	10 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	61.7%	65 th	50.0	50.8	54.5	55.3	58.7	62.0	63.6	66.9	67.0	56 th	50.3	51.2	56.1	56.9	61.1	63.0	64.2	67.8	70.2

% 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

- Louisiana Healthcare Connections (Centene LA)



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 (↑), the 2019 score (⬆) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⬆) or benchmark score (▼).

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.

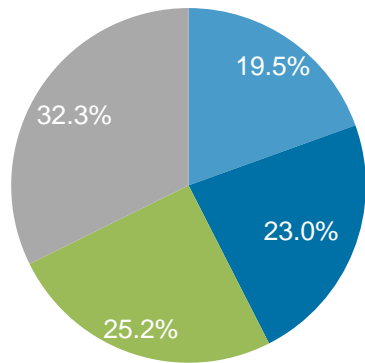


Profile of Survey Respondents - General Population

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.

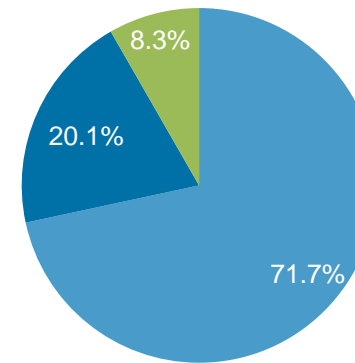
Child's Age



■ 0-4 ■ 5-8 ■ 9-13 ■ 14 or older

	0 - 4	5 - 8	9 - 13	14 or older
2021	19.5%	23.0%	25.2% ↓	32.3% ↑
2020	18.5%	17.2%	39.5%	24.8%
2019	23.2%	24.0%	27.3%	25.5%
SPH	21.4%	21.1%	29.7%	27.7%
QC	NA	NA	NA	NA

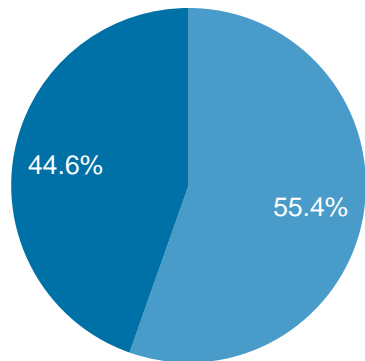
Child's Health Status



■ Excellent/Very Good ■ Good ■ Fair/Poor

	Excellent/Very Good	Good	Fair/Poor
2021	71.7%	20.1%	8.3%
2020	73.8%	18.8%	7.5%
2019	75.0%	16.8%	8.2%
SPH	76.5%	18.7%	4.8% ▲
QC	NA	NA	NA

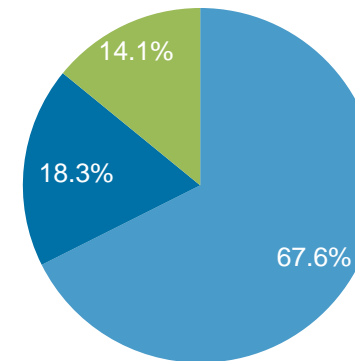
Child's Gender



■ Male ■ Female

	Male	Female
2021	55.4%	44.6%
2020	48.7%	51.3%
2019	57.8%	42.3%
SPH	52.9%	47.1%
QC	NA	NA

Child's Mental/Emotional Health Status



■ Excellent/Very Good ■ Good ■ Fair/Poor

	Excellent/Very Good	Good	Fair/Poor
2021	67.6%	18.3%	14.1%
2020	62.9%	22.6%	14.5%
2019	70.9%	16.9%	12.2%
SPH	68.3%	20.5%	11.3%
QC	NA	NA	NA

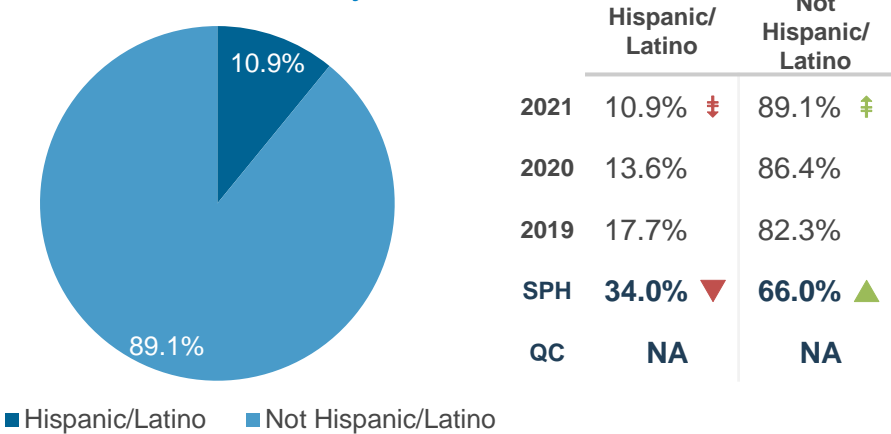


Profile of Survey Respondents - General Population

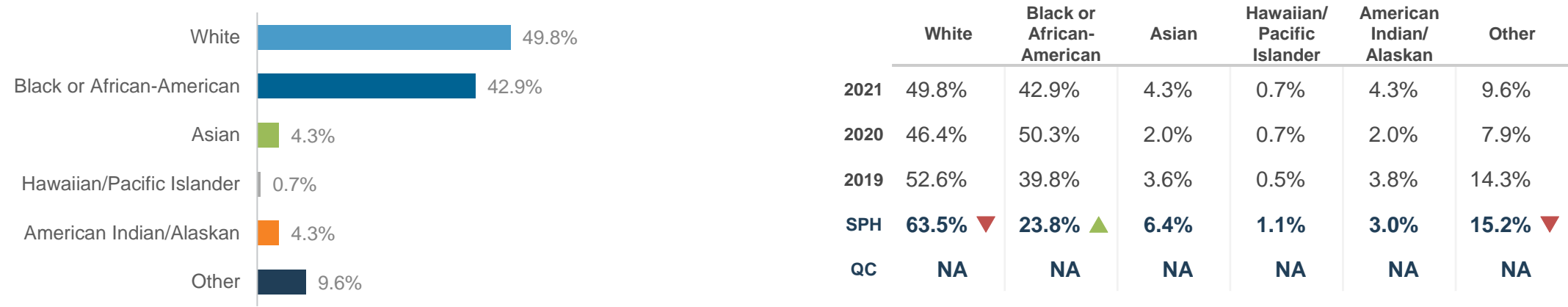
Survey Demographics

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 Ethnicity



Child's Race



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.

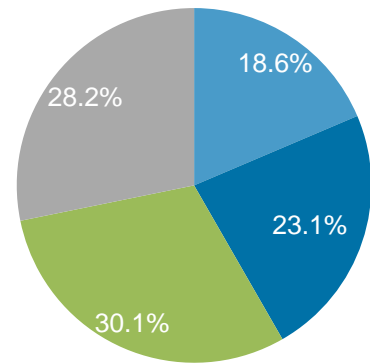


Profile of Survey Respondents - General Population

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.

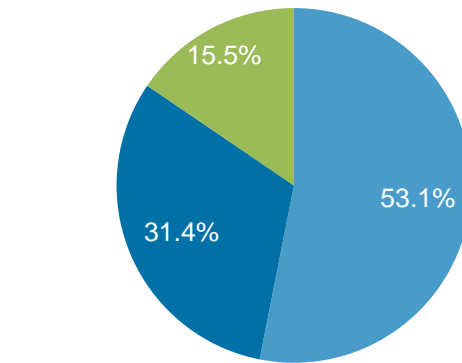
Respondent's Age



■ 24 or younger ■ 25-34

	24 or younger	25 - 34	35 - 44	45 or older
2021	18.6% ↑	23.1% ↓	30.1%	28.2%
2020	16.0%	21.2%	29.5%	33.3%
2019	11.4%	31.1%	30.1%	27.3%
SPH	12.4% ▲	24.0%	33.6%	30.1%
QC	NA	NA	NA	NA

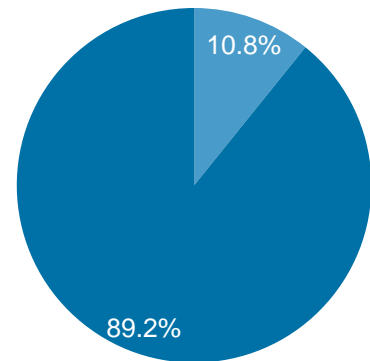
Respondent's Education



■ HS Graduate or Less ■ Some College

	HS Graduate or Less	Some College	College Graduate or More
2021	53.1%	31.4%	15.5% ↑
2020	58.0%	35.0%	7.0%
2019	54.2%	30.2%	15.6%
SPH	50.3%	31.7%	18.0%
QC	NA	NA	NA

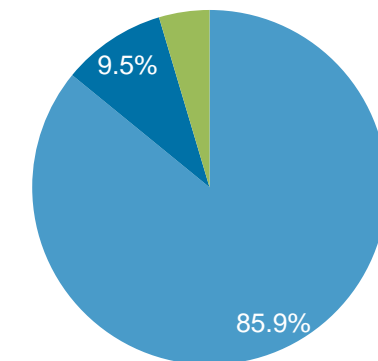
Respondent's Gender



■ Male ■ Female

	Male	Female
2021	10.8%	89.2%
2020	8.3%	91.7%
2019	8.6%	91.4%
SPH	12.7%	87.3%
QC	NA	NA

Respondent's Relation to Child



■ Parent ■ Grandparent ■ Other

	Parent	Grandparent	Other
2021	85.9%	9.5%	4.6%
2020	82.1%	13.9%	4.0%
2019	84.9%	11.5%	3.6%
SPH	89.9% ▼	6.6%	3.4%
QC	NA	NA	NA

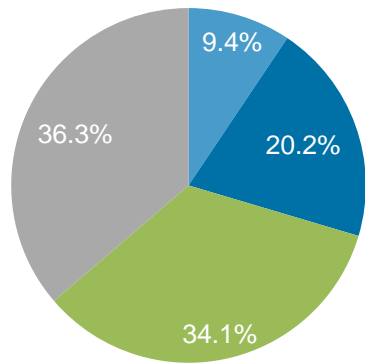


Profile of Survey Respondents - CCC Population

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.

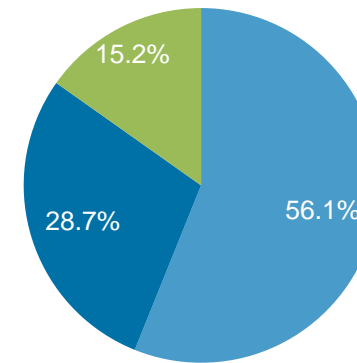
Child's Age



■ 0-4 ■ 5-8 ■ 9-13 ■ 14 or older

	0 - 4	5 - 8	9 - 13	14 or older
2021	9.4% ↓	20.2%	34.1%	36.3%
2020	18.0%	14.8%	35.2%	32.0%
2019	10.4%	21.4%	38.9%	29.3%
SPH	10.3%	19.9%	35.8%	34.0%
QC	NA	NA	NA	NA

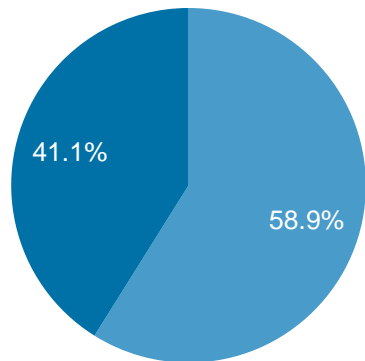
Child's Health Status



■ Excellent/Very Good ■ Good ■ Fair/Poor

	Excellent/ Very Good	Good	Fair/Poor
2021	56.1%	28.7%	15.2%
2020	60.3%	30.6%	9.1%
2019	63.1%	23.2%	13.7%
SPH	55.8%	31.7%	12.5%
QC	NA	NA	NA

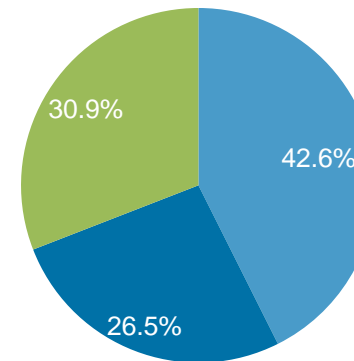
Child's Gender



■ Male ■ Female

	Male	Female
2021	58.9%	41.1%
2020	58.3%	41.7%
2019	64.9%	35.1%
SPH	59.1%	40.9%
QC	NA	NA

Child's Mental/Emotional Health Status



■ Excellent/Very Good ■ Good ■ Fair/Poor

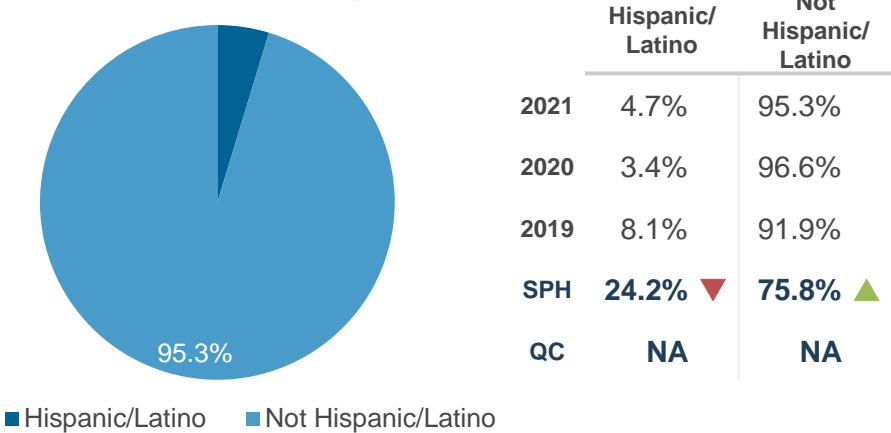
	Excellent/ Very Good	Good	Fair/Poor
2021	42.6%	26.5%	30.9%
2020	40.0%	30.8%	29.2%
2019	44.6%	27.4%	28.0%
SPH	36.4%	32.4% ▼	31.1%
QC	NA	NA	NA

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 Ethnicity



Child's Race



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.

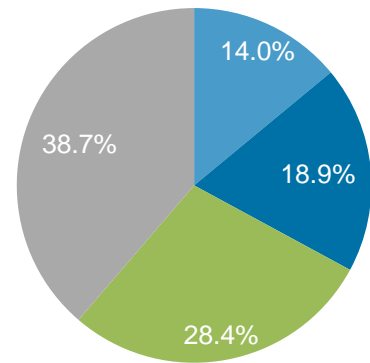


Profile of Survey Respondents - CCC Population

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.

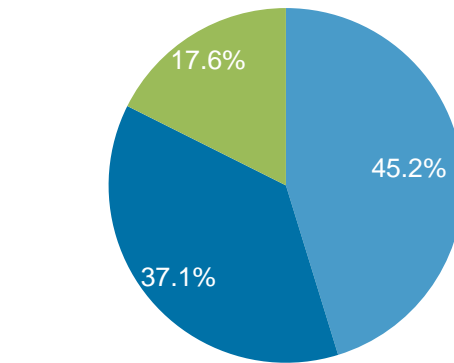
Respondent's Age



■ 24 or younger ■ 25-34

	24 or younger	25 - 34	35 - 44	45 or older
2021	14.0%	18.9%	28.4%	38.7%
2020	11.5%	15.6%	29.5%	43.4%
2019	10.5%	23.7%	28.9%	36.9%
SPH	11.4%	16.9%	31.5%	40.2%
QC	NA	NA	NA	NA

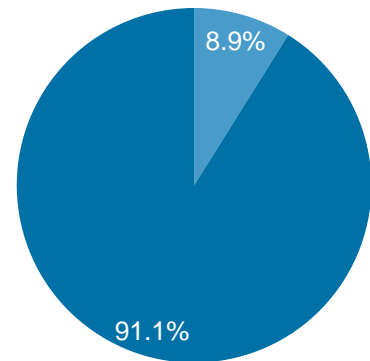
Respondent's Education



■ HS Graduate or Less ■ Some College

	HS Graduate or Less	Some College	College Graduate or More
2021	45.2%	37.1%	17.6% ↑
2020	51.3%	40.3%	8.4%
2019	47.8%	37.6%	14.6%
SPH	44.4%	36.1%	19.5%
QC	NA	NA	NA

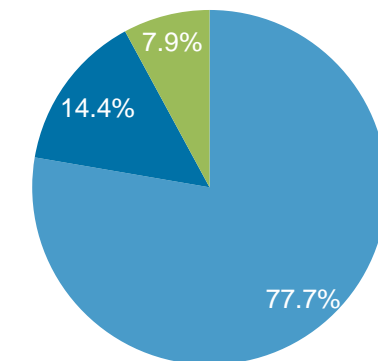
Respondent's Gender



■ Male ■ Female

	Male	Female
2021	8.9%	91.1%
2020	6.6%	93.4%
2019	9.6%	90.4%
SPH	10.2%	89.8%
QC	NA	NA

Respondent's Relation to Child



■ Parent ■ Grandparent ■ Other

	Parent	Grandparent	Other
2021	77.7%	14.4%	7.9%
2020	78.9%	14.9%	6.1%
2019	78.3%	13.2%	8.5%
SPH	82.6%	11.6%	5.8%
QC	NA	NA	NA



Demographic Segment Analyses

Subgroup Analysis

- Louisiana Healthcare Connections (Centene LA)



Demographic Analyses: Section Information

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)



Demographic Segments - General Population

	Rating of Health Plan		Rating of Health Care		Child's Health Status			Child's Mental Health Status			Survey Type			Child'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)	(W)
Total respondents	275	36	155	15^	225	63	26	211	57	44	170	105	42	61	72	79	101
Rating Questions (% 9 or 10)																	
Q49. Rating of Health Plan	83.3% H	0.0%	79.7%	33.3%	77.7% L	62.9%	61.5%	74.9%	70.9%	70.5%	73.7%	73.5%	73.8%	70.5%	67.1%	78.2%	75.5%
Q9. Rating of Health Care	83.0%	33.3%	85.8%	0.0%	84.3% L	65.9%	64.3%	83.6% P	72.4%	64.5%	77.0%	76.8%	85.2%	88.9% U	67.5%	83.0%	73.9%
Q36. Rating of Personal Doctor	84.7%	56.5%	86.6%	36.4%	84.6%	71.4%	81.8%	84.4%	79.5%	72.2%	80.8%	81.7%	86.1%	90.4% W	77.0%	85.9%	75.3%
Q43. Rating of Specialist	86.8%	40.0%	82.9%	57.1%	80.0%	82.6%	70.0%	85.3%	66.7%	76.5%	75.0%	87.5%	81.8%	91.7%	60.0%	88.9%	76.5%
Rating Questions (% 8, 9 or 10)																	
Q49. Rating of Health Plan	100% H	0.0%	93.5%	66.7%	91.4%	83.9%	73.1%	88.9%	90.9%	84.1%	89.2%	86.3%	90.5%	90.2%	81.4%	94.9% U	86.7%
Q9. Rating of Health Care	93.5%	66.7%	100%	0.0%	93.0%	87.8%	85.7%	92.7%	89.7%	87.1%	90.8%	92.9%	88.9%	97.2% U	80.0%	95.7% U	91.3%
Q36. Rating of Personal Doctor	95.2%	73.9%	97.9%	54.5%	94.5%	89.8%	90.9%	94.2%	90.9%	91.7%	92.0%	94.6%	94.4%	96.2%	91.8%	95.3%	90.4%
Q43. Rating of Specialist	96.2%	50.0%	95.1%	57.1%	93.3%	87.0%	80.0%	91.2%	83.3%	88.2%	86.1%	87.5%	100%	91.7%	73.3%	94.4%	94.1%
Getting Needed Care (% A or U)	85.3%	64.8%	86.5%	55.2%	82.9%	86.7%	69.3%	88.6% O	69.8%	76.4%	85.5%	77.9%	81.5%	88.3% U	68.6%	86.8% U	86.1%
Q10. Getting care, tests, or treatment	94.8%	75.0%	96.8%	53.3%	93.9%	95.2%	78.6%	97.3% P	89.7%	80.6%	93.2%	91.1%	96.3%	91.9%	87.2%	95.8%	95.7%
Q41. Getting specialist appointment	75.9%	54.5%	76.2%	57.1%	71.9%	78.3%	60.0%	80.0%	50.0%	72.2%	77.8%	64.7%	66.7%	84.6%	50.0%	77.8%	76.5%
Getting Care Quickly (% A or U)	91.5%	75.0%	93.4%	54.2%	89.8%	91.5%	83.3%	88.9%	87.4%	93.5%	89.6%	87.8%	93.1%	89.2%	88.1%	85.3%	93.7%
Q4. Getting urgent care	94.2%	75.0%	93.2%	75.0%	92.1%	93.8%	83.3%	89.5%	90.9%	100%	90.6%	89.5%	100%	90.0%	90.9%	87.5%	95.5%
Q6. Getting routine care	88.8%	75.0%	93.6%	33.3%	87.4%	89.2%	83.3%	88.3%	83.9%	87.1%	88.5%	86.2%	86.2%	88.4%	85.3%	83.0%	92.0%
Coordination of Care (Q35) (% A or U)	91.4%	75.0%	94.1%	100%	88.6%	92.3%	88.9%	95.1%	80.0%	80.0%	86.7%	88.0%	100%	87.5%	75.0%	100%	93.8%

% A = % Always, % U = % Usually, % S = % Sometimes. ^Indicates a base size smaller than 20. Interpret results with caution.



Demographic Segments - General Population

	Rating of Health Plan		Rating of Health Care		Child's Health Status			Child's Mental Health Status			Survey Type			Child'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)	(W)
Total respondents	275	36	155	15^	225	63	26	211	57	44	170	105	42	61	72	79	101
Customer Service (% A or U)	89.3%	62.5%	87.9%	100%	84.5%	100%	77.8%	84.6%	100%	80.8%	93.3%	77.5%	80.0%	88.9%	70.0%	91.7%	93.3%
Q45. Provided information or help	82.4%	62.5%	81.8%	100%	76.2%	100%	77.8%	76.9%	100%	76.9%	93.3%	70.0%	60.0%	83.3%	60.0%	91.7%	86.7%
Q46. Treated with courtesy and respect	96.2%	62.5%	93.9%	100%	92.9%	100%	77.8%	92.3%	100%	84.6%	93.3%	85.0%	100%	94.4%	80.0%	91.7%	100%
How Well Doctors Communicate (% A or U)	97.2%	95.6%	98.0%	82.5%	97.5%	94.9%	98.5%	98.5%	97.3%	91.7%	98.0%	96.1%	96.6%	96.6%	96.9%	97.7%	96.8%
Q27. Personal doctor explained things	97.4%	94.1%	97.6%	80.0%	96.7%	97.1%	100%	98.2%	96.4%	93.3%	98.8%	94.7%	96.6%	97.3%	95.0%	97.7%	97.9%
Q28. Personal doctor listened carefully	99.4%	100%	100%	90.0%	100%	97.1%	100%	100%	100%	96.7%	100%	98.2%	100%	100%	100%	100%	97.9%
Q29. Personal doctor showed respect	98.7%	100%	99.2%	90.0%	100%	94.1%	100%	100%	100%	93.3%	98.8%	98.2%	100%	100%	100%	97.7%	97.9%
Q32. Personal doctor spent enough time	93.5%	88.2%	95.3%	70.0%	93.4%	91.2%	94.1%	95.6%	92.9%	83.3%	94.2%	93.0%	89.7%	89.2%	92.5%	95.5%	93.6%
Other Measures																	
Q48. Ease of filling out forms (% A or U)	96.6%	97.1%	97.3%	100%	96.7%	96.8%	100%	97.0%	96.4%	97.6%	97.5%	97.0%	92.1%	98.3%	97.0%	93.5%	99.0%
Q7. Average number of visits to doctor's office or clinic	1.6	2.1	2.8	2.5	1.4	2.1	2.5	1.4	1.5	3.0 NO	1.4	1.6	2.4	2.2 U	1.3	1.7	1.4
Q26. Average number of visits to personal doctor	1.5	3.2	2.2	2.0	1.4	1.7	3.7	1.5	1.6	2.6	1.7	1.5	2.0	2.3	1.5	1.5	1.5
Q42. Average number of specialists seen	1.5	2.3	1.7	1.6	1.4	1.3	3.1	1.6	1.2	2.1	1.6	2.1	1.3	1.9	1.6	1.7	1.5



Demographic Segments - General Population

	Child's Gender		Child's Race						Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	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
	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)
Total respondents	175	141	151	130	13^	2^	13^	29	33	271	58	72	94	88	34	280	164	145
Rating Questions (% 9 or 10)																		
Q49. Rating of Health Plan	72.8%	74.6%	72.7%	73.4%	61.5%	100%	69.2%	75.0%	78.1%	73.0%	69.6%	73.2%	72.3%	79.3%	67.7%	74.2%	76.5%	71.3%
Q9. Rating of Health Care	73.4%	84.2%	81.1%	73.0%	100%	0.0%	71.4%	70.0%	80.0%	78.0%	67.7%	76.9%	82.4%	83.3%	60.0%	80.0%	83.1%	73.6%
Q36. Rating of Personal Doctor	79.6%	84.8%	80.5%	80.6%	100%	100%	72.7%	72.7%	84.6%	81.6%	76.2%	79.4%	86.8%	81.4%	87.0%	81.3%	84.4%	78.5%
Q43. Rating of Specialist	77.8%	81.5%	90.3%	79.2%	75.0%	100%	100%	50.0%	75.0%	82.1%	70.0%	100%	80.8%	75.0%	50.0%	80.3%	85.2%	77.1%
Rating Questions (% 8, 9 or 10)																		
Q49. Rating of Health Plan	86.7%	90.6%	90.0%	85.2%	92.3%	100%	100%	92.9%	93.8%	87.6%	83.9%	91.5%	88.3%	90.8%	83.9%	88.9%	88.9%	88.1%
Q9. Rating of Health Care	89.4%	93.4%	90.5%	92.1%	100%	0.0%	85.7%	90.0%	86.7%	91.3%	87.1%	92.3%	92.2%	91.7%	86.7%	91.6%	91.6%	90.8%
Q36. Rating of Personal Doctor	93.7%	92.9%	93.0%	93.2%	100%	100%	90.9%	95.5%	100%	92.2%	92.9%	95.2%	93.4%	91.4%	100%	92.6%	94.5%	91.7%
Q43. Rating of Specialist	86.1%	92.6%	96.8%	83.3%	75.0%	100%	100%	83.3%	75.0%	91.1%	90.0%	100%	88.5%	87.5%	50.0%	90.2%	88.9%	91.4%
Getting Needed Care (% A or U)	85.2%	78.9%	89.0%	84.1%	50.0%	100%	92.9%	86.7%	65.0%	84.1%	89.3%	81.2%	79.4%	83.3%	93.3%	82.5%	79.2%	85.1%
Q10. Getting care, tests, or treatment	91.5%	94.8%	93.7%	92.2%	100%	100%	85.7%	90.0%	80.0%	94.0%	96.9%	92.3%	92.2%	91.7%	86.7%	93.6%	92.9%	93.1%
Q41. Getting specialist appointment	78.9%	63.0%	84.4%	76.0%	0.0%	100%	100%	83.3%	50.0%	74.1%	81.8%	70.0%	66.7%	75.0%	100%	71.4%	65.5%	77.1%
Getting Care Quickly (% A or U)	89.5%	89.5%	93.3%	88.4%	50.0%	75.0%	91.7%	85.2%	56.0%	91.1%	94.3%	86.6%	87.0%	93.2%	93.8%	89.3%	87.1%	91.9%
Q4. Getting urgent care	94.3%	88.0%	96.6%	90.9%	50.0%	100%	100%	85.7%	33.3%	94.6%	100%	90.9%	88.0%	93.3%	100%	91.2%	92.0%	91.4%
Q6. Getting routine care	84.6%	91.0%	90.1%	85.9%	50.0%	50.0%	83.3%	84.6%	78.6%	87.6%	88.6%	82.2%	86.0%	93.0%	87.5%	87.3%	82.2%	92.3% n
Coordination of Care (Q35) (% A or U)	91.7%	86.7%	85.3%	93.3%	66.7%	100%	0.0%	66.7%	100%	91.8%	90.9%	86.7%	86.4%	100%	80.0%	90.2%	92.9%	89.2%



Demographic Segments - General Population

	Child's Gender		Child's Race						Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	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
	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)
Total respondents	175	141	151	130	13^	2^	13^	29	33	271	58	72	94	88	34	280	164	145
Customer Service (% A or U)	82.1%	90.4%	88.9%	88.0%	83.3%	NA	50.0%	50.0%	75.0%	88.0%	91.7%	76.5%	84.0%	97.2%	70.8%	86.7%	83.3%	94.0%
Q45. Provided information or help	79.4%	80.8%	85.2%	84.0%	66.7%	NA	0.0%	0.0%	50.0%	84.0%	83.3%	64.7%	83.3%	94.4%	75.0%	80.4%	78.8%	88.0%
Q46. Treated with courtesy and respect	84.8%	100%	92.6%	92.0%	100%	NA	100%	100%	100%	92.0%	100%	88.2%	84.6%	100%	66.7%	93.0%	87.9%	100%
How Well Doctors Communicate (% A or U)	97.4%	96.7%	96.7%	96.8%	95.0%	100%	83.3%	92.5%	91.1%	97.7%	97.1%	97.4%	97.9%	96.4%	93.1%	97.6%	98.3%	96.1%
Q27. Personal doctor explained things	96.9%	97.4%	97.8%	95.8%	100%	100%	100%	100%	92.9%	97.4%	97.1%	97.4%	97.9%	95.9%	100%	96.8%	97.7%	96.4%
Q28. Personal doctor listened carefully	100%	98.7%	100%	98.6%	100%	100%	100%	100%	100%	99.3%	100%	100%	100%	98.0%	100%	99.4%	100%	98.8%
Q29. Personal doctor showed respect	100%	97.4%	98.9%	98.6%	100%	100%	83.3%	90.0%	92.9%	99.3%	100%	100%	97.9%	98.0%	94.4%	99.4%	100%	97.6%
Q32. Personal doctor spent enough time	92.7%	93.4%	90.1%	94.4%	80.0%	100%	50.0%	80.0%	78.6%	94.7%	91.4%	92.3%	95.7%	93.9%	77.8%	94.8%	95.4%	91.6%
Other Measures																		
Q48. Ease of filling out forms (% A or U)	97.7%	95.4%	97.2%	97.6%	100%	50.0%	100%	92.6%	93.5%	96.9%	98.2%	97.1%	93.3%	98.8%	97.0%	96.6%	96.8%	97.2%
Q7. Average number of visits to doctor's office or clinic	1.7	1.5	1.7	1.7	0.4	1.0	1.1	1.0	0.9	1.7	1.5	1.4	1.6	1.9	1.2	1.7	1.5	1.8
Q26. Average number of visits to personal doctor	1.7	1.7	1.6	1.9	1.5	1.0	1.0	1.3	1.2	1.7	2.1	1.3	1.4	1.8	2.6	1.6	1.7	1.6
Q42. Average number of specialists seen	1.7	1.6	1.5	1.8	1.0	1.0	1.7	1.7	1.5	1.7	1.4	1.7	1.8	1.4	2.5	1.6	1.8	1.5



Demographic Segments - CCC Population

	Rating of Health Plan		Rating of Health Care		Child's Health Status			Child's Mental Health Status			Survey Type			Child'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+
	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)
Total respondents	197	25	149	14 [^]	125	64	34	95	59	69	135	66	24	21	45	76	81
Q51. Access to Prescription Medicines (% A or U)	92.5%	76.5%	91.5%	75.0%	91.3%	93.6%	82.1%	92.2%	93.8%	85.2%	89.3%	90.9%	95.2%	93.8%	83.3%	93.8%	90.5%
Access to Specialized Services (% A or U)	79.0%	15.6%	74.4%	NA	82.4%	69.0%	52.7%	78.2%	65.3%	64.6%	79.6%	64.4%	53.3%	52.0%	78.1%	71.7%	66.7%
Q15. Ease of getting special medical equipment or devices	85.0%	0.0%	75.0%	NA	88.9%	57.1%	62.5%	76.9%	50.0%	71.4%	77.8%	70.0%	60.0%	66.7%	100%	66.7%	66.7%
Q18. Ease of getting therapy	75.0%	16.7%	72.7%	40.0%	80.0%	83.3%	35.7%	77.8%	77.8%	52.6%	75.0%	66.7%	50.0%	69.2%	69.2%	73.3%	50.0%
Q21. Ease of getting treatment or counseling	77.1%	30.0%	75.4%	44.4%	78.4%	66.7%	60.0%	80.0%	68.2%	69.8%	86.0% ^z	56.7%	50.0%	20.0%	65.0%	75.0%	83.3%
FCC: Personal Doctor Who Knows Child (% Yes)	89.5%	75.6%	90.1%	69.4%	91.4%	86.4%	82.3%	96.8% ^x	91.3% ^x	76.9%	84.8%	90.4%	94.1%	82.7%	89.5%	90.9%	86.4%
Q33. Doctor talked about how child is feeling, growing, and behaving	85.7%	75.0%	86.3%	55.6%	89.5%	76.9%	84.6%	90.5% ^x	94.7% ^x	70.6%	81.8%	87.2%	94.4%	82.4%	87.9%	90.2%	80.4%
Q38. Doctor understands how these conditions affect child's day-to-day life	93.2%	78.6%	94.1%	77.8%	92.4%	94.9%	84.6%	100% ^x	90.9%	84.0%	88.9%	93.2%	94.1%	85.7%	90.6%	92.5%	91.5%
Q39. Doctor understands how these conditions affect family's day-to-day life	89.7%	73.3%	90.1%	75.0%	92.2%	87.5%	77.8%	100% ^w _x	88.2%	76.0%	83.8%	90.7%	93.8%	80.0%	90.0%	90.0%	87.2%
Q8. FCC: Getting Needed Information (% A or U)	94.5%	78.6%	94.6%	69.2%	97.8% ^t	83.0%	91.3%	95.7%	90.9%	89.6%	94.6%	89.1%	91.3%	94.4%	94.6%	96.4%	86.3%
Coordination of Care for CCC (% Yes)	75.1%	52.2%	78.4%	55.0%	65.3%	82.1%	81.9%	70.0%	81.3%	75.2%	78.3%	77.8%	40.8%	85.0%	65.2%	63.4%	81.3%
Q13. Obtaining help from doctors or health providers in contacting child's school or daycare	86.4%	60.0%	94.7%	50.0%	75.0%	100%	88.9%	80.0%	100%	85.7%	91.7%	90.0%	40.0%	100%	77.8%	62.5%	100%
Q24. Obtaining help coordinating child's care among different providers or services	63.9%	44.4%	62.1%	60.0%	55.6%	64.3%	75.0%	60.0%	62.5%	64.7%	65.0%	65.5%	41.7%	70.0%	52.6%	64.3%	62.5%



Demographic Segments - CCC Population

	Child's Gender		Child's Race						Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	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)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)
Total respondents	132	92	122	98	2^	0^	11^	9^	10^	204	31	42	63	86	20	204	100	121
Q51. Access to Prescription Medicines (% A or U)	88.1%	94.2%	90.8%	89.6%	100%	---	90.0%	85.7%	87.5%	91.4%	92.0%	85.7%	91.5%	93.0%	75.0%	92.0%	94.9%	87.8%
Access to Specialized Services (% A or U)	62.8%	80.8% f	78.5%	64.0%	NA	---	28.6%	63.3%	75.0%	70.6%	84.1%	66.7%	63.1%	74.6%	83.3%	69.1%	73.1%	68.9%
Q15. Ease of getting special medical equipment or devices	63.6%	76.9%	87.5%	57.1%	0.0%	---	0.0%	100%	100%	69.6%	75.0%	80.0%	60.0%	80.0%	100%	69.6%	75.0%	66.7%
Q18. Ease of getting therapy	58.6%	83.3%	69.2%	68.2%	NA	---	0.0%	50.0%	100%	68.9%	85.7%	70.0%	64.3%	66.7%	50.0%	68.9%	70.0%	69.2%
Q21. Ease of getting treatment or counseling	66.0%	82.1%	78.7%	66.7%	NA	---	85.7%	40.0%	25.0%	73.3%	91.7%	50.0%	65.0%	77.1%	100%	68.9%	74.2%	70.8%
FCC: Personal Doctor Who Knows Child (% Yes)	87.5%	88.0%	91.8%	84.6%	0.0%	---	72.7%	70.8%	80.6%	88.9%	85.1%	85.1%	87.3%	91.6%	86.1%	87.7%	86.8%	89.2%
Q33. Doctor talked about how child is feeling, growing, and behaving	84.9%	84.8%	85.5%	84.4%	NA	---	62.5%	62.5%	66.7%	86.9%	80.8%	85.7%	83.3%	88.5%	91.7%	84.3%	81.3%	88.4%
Q38. Doctor understands how these conditions affect child's day-to-day life	89.4%	93.6%	97.5% i	85.7%	100%	---	88.9%	83.3%	100%	91.1%	89.5%	87.0%	92.1%	94.1%	88.9%	91.1%	92.3%	91.0%
Q39. Doctor understands how these conditions affect family's day-to-day life	88.1%	85.4%	92.5%	83.7%	100%	---	66.7%	66.7%	75.0%	88.6%	85.0%	82.6%	86.5%	92.2%	77.8%	87.8%	86.8%	88.3%
Q8. FCC: Getting Needed Information (% A or U)	91.6%	93.9%	95.6%	89.1%	100%	---	100%	100%	100%	91.9%	88.0%	96.9%	88.9%	96.6%	84.6%	93.2%	90.9%	94.7%
Coordination of Care for CCC (% Yes)	69.6%	74.5%	74.6%	65.0%	NA	---	33.3%	100%	100%	69.1%	0.0%	68.3%	69.1%	71.8%	100%	69.5%	74.8%	70.9%
Q13. Obtaining help from doctors or health providers in contacting child's school or daycare	80.0%	83.3%	92.3%	64.3%	NA	---	50.0%	100%	100%	80.0%	NA	75.0%	72.7%	91.7%	100%	79.2%	88.9%	77.8%
Q24. Obtaining help coordinating child's care among different providers or services	59.2%	65.6%	56.8%	65.7%	NA	---	16.7%	100%	100%	58.1%	76.9%	61.5%	65.4%	51.9%	100%	59.7%	60.7%	64.0%



Supplemental Questions

Results for Supplemental Questions

- Louisiana Healthcare Connections (Centene LA)



Supplemental Questions - General Population

Survey Item	Opt-out Responses <i>Out of 317 Total Respondents</i>	Category Responses <i>Based on Valid Responses Per Question</i>				Plan Summary Rate Score			2021 SPH BoB Summary Rate Score
						2019	2020	2021	
Q77. When selecting your health provider(s), how often did you have a problem finding a physician you were comfortable with based on your cultural, personal, or religious beliefs?		<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	(n = 382)	(n = 158)	(n = 309)	---
		11.3%	3.6%	10.7%	74.4%	82.7%	84.8%	85.1%	---
Q78. In the last 6 months, how often did you feel that the health care staff was sensitive to your child's cultural needs?		<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	---	---	(n = 299)	---
		57.9%	12.7%	8.0%	21.4%	---	---	70.6%	---
Q79. In the last 6 months, were you given as much information as you wanted about what you could do to manage your child's condition?		<u>Yes</u>	<u>No</u>			---	(n = 31)	(n = 298)	---
		81.5%	18.5%			---	80.6%	81.5%	---
Q80. In the last 6 months, were you given information about your child's rights as a patient?		<u>Yes</u>	<u>No</u>			---	(n = 31)	(n = 307)	---
		75.6%	24.4%			---	93.5%	75.6%↓	---
Q81. In the last 6 months, did you feel you could refuse a specific type of medicine or treatment for your child?		<u>Yes</u>	<u>No</u>			---	(n = 32)	(n = 300)	---
		61.0%	39.0%			---	71.9%	61.0%	---
Q82. Some health plans help with transportation for your child to get to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your child's health plan to get help with transportation for your child?		<u>Yes</u>	<u>No</u>			---	---	(n = 306)	---
		2.9%	97.1%			---	---	2.9%	---

Summary Rate Indicator

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

Significance Testing

Current year score is significantly higher than 2020 score (↑), the 2019 score (⬆) or benchmark score (▲).
Current year score is significantly lower than 2020 score (↓), the 2019 score (⬆) or benchmark score (▼).

Low Base

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



Demographic Segments - General Population

Summary Rate Score	Rating of Health Plan		Rating of Health Care		Child's Health Status			Child's Mental Health Status			Survey Type			Child'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)	(W)
Total respondents	275	36	155	15^	225	63	26	211	57	44	170	105	42	61	72	79	101
Q77. When selecting your health provider(s), how often did you have a problem finding a physician you were comfortable with based on your cultural, personal, or religious beliefs? (% Never or Sometimes)	85.6%	82.9%	83.6%	66.7%	83.4%	92.1% K	80.8%	86.3%	82.1%	81.8%	85.2%	87.8%	78.6%	85.0%	75.4%	85.7%	90.9% U
Q78. In the last 6 months, how often did you feel that the health care staff was sensitive to your child's cultural needs? (% Always or Usually)	71.6%	62.9%	86.0%	73.3%	70.7%	74.2%	61.5%	70.7%	67.9%	74.4%	70.4%	69.7%	73.7%	69.0%	72.1%	71.6%	70.5%
Q79. In the last 6 months, were you given as much information as you wanted about what you could do to manage your child's condition? (% Yes)	83.1%	71.4%	87.7%	80.0%	80.4%	86.9%	76.0%	82.8%	81.1%	76.7%	78.5%	84.5%	86.8%	83.1%	79.4%	85.3%	79.3%
Q80. In the last 6 months, were you given information about your child's rights as a patient? (% Yes)	75.7%	75.0%	81.2%	66.7%	74.1%	80.6%	76.9%	76.4%	76.8%	75.0%	77.0%	70.6%	82.5%	75.4%	76.5%	74.0%	76.3%
Q81. In the last 6 months, did you feel you could refuse a specific type of medicine or treatment for your child? (% Yes)	59.9%	70.6%	68.7%	80.0%	62.4%	60.7%	50.0%	60.4%	64.3%	58.1%	57.7%	65.0%	64.9%	56.9%	69.6%	60.3%	58.3%
Q82. Some health plans help with transportation for your child to get to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your child's health plan to get help with transportation for your child? (% Yes)	3.0%	2.8%	3.3%	0.0%	1.9%	4.9%	7.7%	1.5%	7.1%	4.7%	4.9% RS	1.0%	0.0%	0.0%	4.3%	5.3% T	2.1%

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



Demographic Segments - General Population

Summary Rate Score	Child's Gender		Child's Race						Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	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
	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)
Total respondents	175	141	151	130	13^	2^	13^	29	33	271	58	72	94	88	34	280	164	145
Q77. When selecting your health provider(s), how often did you have a problem finding a physician you were comfortable with based on your cultural, personal, or religious beliefs? (% Never or Sometimes)	84.3%	86.1%	86.7%	84.9%	84.6%	100%	83.3%	89.3%	87.9%	84.8%	79.3%	88.2%	87.2%	83.9%	76.5%	86.2%	82.1%	88.0%
Q78. In the last 6 months, how often did you feel that the health care staff was sensitive to your child's cultural needs? (% Always or Usually)	74.8%	65.4%	75.2%	72.0%	15.4%	100%	53.8%	55.2%	40.6%	73.4% f	70.9%	68.7%	75.0%	67.5%	48.4%	73.1% l	63.1%	81.0% n
Q79. In the last 6 months, were you given as much information as you wanted about what you could do to manage your child's condition? (% Yes)	83.3%	79.4%	85.6%	80.7%	50.0%	100%	83.3%	75.0%	65.6%	83.1% f	81.1%	81.2%	84.3%	80.0%	72.4%	82.5%	75.6%	88.4% n
Q80. In the last 6 months, were you given information about your child's rights as a patient? (% Yes)	78.2%	72.3%	72.1%	80.8%	53.8%	100%	76.9%	65.5%	57.6%	78.6% f	82.1%	71.8%	78.0%	71.3%	65.6%	76.7%	70.4%	80.4% n
Q81. In the last 6 months, did you feel you could refuse a specific type of medicine or treatment for your child? (% Yes)	60.0%	62.2%	67.8%	60.7%	30.8%	50.0%	61.5%	53.6%	31.3%	64.1% f	57.1%	65.7%	60.9%	59.0%	46.7%	62.6%	52.2%	72.5% n

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



Demographic Segments - General Population

Summary Rate Score	Child's Gender		Child's Race						Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	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
	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)
Total respondents	175	141	151	130	13^	2^	13^	29	33	271	58	72	94	88	34	280	164	145
Q82. Some health plans help with transportation for your child to get to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your child's health plan to get help with transportation for your child? (% Yes)	2.4%	3.6%	0.7%	4.8% z	0.0%	0.0%	0.0%	3.4%	0.0%	2.7% f	3.7%	4.2%	1.1%	3.4%	0.0%	3.3% i	3.1%	2.8%

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



Supplemental Questions – CCC Population

Survey Item	Opt-out Responses <i>Out of 225 Total Respondents</i>			Category Responses <i>Based on Valid Responses Per Question</i>				Plan Summary Rate Score			2021 SPH BoB Summary Rate Score
								2019	2020	2021	
Q77. When selecting your health provider(s), how often did you have a problem finding a physician you were comfortable with based on your cultural, personal, or religious beliefs?				<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	(n = 357)	(n = 121)	(n = 224)	---
				9.4%	4.5%	10.7%	75.4%	82.1%	86.0%	86.2%	---
Q78. In the last 6 months, how often did you feel that the health care staff was sensitive to your child's cultural needs?				<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	---	---	(n = 221)	---
				62.4%	16.3%	5.4%	15.8%	---	---	78.7%	---
Q79. In the last 6 months, were you given as much information as you wanted about what you could do to manage your child's condition?				<u>Yes</u>	<u>No</u>			---	(n = 62)	(n = 222)	---
				85.1%	14.9%			---	87.1%	85.1%	---
Q80. In the last 6 months, were you given information about your child's rights as a patient?				<u>Yes</u>	<u>No</u>			---	(n = 62)	(n = 220)	---
				82.3%	17.7%			---	98.4%	82.3% ↓	---
Q81. In the last 6 months, did you feel you could refuse a specific type of medicine or treatment for your child?				<u>Yes</u>	<u>No</u>			---	(n = 62)	(n = 217)	---
				69.6%	30.4%			---	77.4%	69.6%	---
Q82. Some health plans help with transportation for your child to get to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your child's health plan to get help with transportation for your child?				<u>Yes</u>	<u>No</u>			---	---	(n = 224)	---
				4.5%	95.5%			---	---	4.5%	---

Summary Rate Indicator

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

Significance Testing

Current year score is significantly higher than 2020 score (↑), the 2019 score (⬆) or benchmark score (▲).
Current year score is significantly lower than 2020 score (↓), the 2019 score (⬆) or benchmark score (▼).

Low Base

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



Demographic Segments – CCC Population

Summary Rate Score	Rating of Health Plan		Rating of Health Care		Child's Health Status			Child's Mental Health Status			Survey Type			Child'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+
	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)
Total respondents	197	25	149	14^	125	64	34	95	59	69	135	66	24	21	45	76	81
Q77. When selecting your health provider(s), how often did you have a problem finding a physician you were comfortable with based on your cultural, personal, or religious beliefs? (% Never or Sometimes)	86.7%	84.0%	87.2%	57.1%	85.5%	87.5%	85.3%	89.5%	81.0%	85.5%	88.9%	87.9%	65.2%	90.5%	79.5%	88.2%	86.4%
Q78. In the last 6 months, how often did you feel that the health care staff was sensitive to your child's cultural needs? (% Always or Usually)	80.9%	60.0%	84.9%	64.3%	84.4% U	76.2%	61.8%	80.0%	81.8%	73.9%	76.5%	80.3%	87.0%	76.2%	84.1%	78.4%	76.3%
Q79. In the last 6 months, were you given as much information as you wanted about what you could do to manage your child's condition? (% Yes)	86.2%	75.0%	89.9%	50.0%	85.5%	91.9%	76.5%	89.5% X	87.9%	77.6%	82.7%	89.4%	87.0%	70.0%	82.2%	90.8%	84.8%
Q80. In the last 6 months, were you given information about your child's rights as a patient? (% Yes)	83.9%	68.0%	87.6%	64.3%	80.5%	87.1%	81.8%	86.2%	80.7%	77.6%	77.1%	92.4% Y	82.6%	80.0%	81.8%	85.3%	82.3%
Q81. In the last 6 months, did you feel you could refuse a specific type of medicine or treatment for your child? (% Yes)	72.1%	50.0%	71.3%	69.2%	72.1%	71.0%	59.4%	71.7%	70.2%	66.7%	65.2%	75.4%	80.0%	63.2%	79.5%	69.9%	65.8%
Q82. Some health plans help with transportation for your child to get to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your child's health plan to get help with transportation for your child? (% Yes)	4.6%	4.0%	4.7%	0.0%	2.4%	7.9%	5.9%	3.2%	6.8%	4.4%	5.2%	3.0%	4.2%	0.0%	4.4%	5.3%	3.8%

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



Demographic Segments – CCC Population

Summary Rate Score	Child's Gender		Child's Race						Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	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)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)
Total respondents	132	92	122	98	2^	0^	11^	9^	10^	204	31	42	63	86	20	204	100	121
Q77. When selecting your health provider(s), how often did you have a problem finding a physician you were comfortable with based on your cultural, personal, or religious beliefs? (% Never or Sometimes)	84.8%	87.9%	86.8%	86.7%	100%	---	72.7%	88.9%	100%	85.7%	80.0%	88.1%	88.9%	86.0%	70.0%	87.7%	84.8%	89.3%
Q78. In the last 6 months, how often did you feel that the health care staff was sensitive to your child's cultural needs? (% Always or Usually)	79.2%	78.0%	83.2%	75.3%	50.0%	---	72.7%	55.6%	60.0%	79.5%	86.7%	83.3%	76.2%	77.1%	73.7%	79.1%	70.1%	86.7% v
Q79. In the last 6 months, were you given as much information as you wanted about what you could do to manage your child's condition? (% Yes)	86.2%	83.5%	89.2%	84.5%	50.0%	---	81.8%	77.8%	90.0%	84.6%	93.1%	78.6%	81.0%	89.4%	84.2%	85.1%	84.7%	86.0%
Q80. In the last 6 months, were you given information about your child's rights as a patient? (% Yes)	83.8%	79.8%	83.6%	84.0%	50.0%	---	81.8%	62.5%	80.0%	83.1%	78.6%	81.0%	84.1%	83.3%	80.0%	82.9%	78.0%	85.5%
Q81. In the last 6 months, did you feel you could refuse a specific type of medicine or treatment for your child? (% Yes)	69.8%	70.1%	76.5% i	60.9%	50.0%	---	63.6%	66.7%	80.0%	70.6%	71.0%	74.4%	64.5%	69.5%	60.0%	70.9%	62.6%	75.4% v

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



Demographic Segments – CCC Population

Summary Rate Score	Child's Gender		Child's Race						Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	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)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)
Total respondents	132	92	122	98	2^	0^	11^	9^	10^	204	31	42	63	86	20	204	100	121
Q82. Some health plans help with transportation for your child to get to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your child's health plan to get help with transportation for your child? (% Yes)	3.1%	6.5%	0.8%	7.1% ^h	0.0%	---	0.0%	11.1%	10.0%	3.0%	6.5%	4.8%	4.8%	3.5%	0.0%	4.9%	3.0%	5.8%

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



Appendix: Correlation Analyses

Plan Specific Correlations

- Louisiana Healthcare Connections (Centene LA)

Highest Correlations

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

With Health Care Rating

Q36	Personal doctor overall	0.6300
Q4	Got urgent care	0.4680
Q10	Got care/tests/treatment	0.4283
Q28	Dr. listened carefully	0.3710
Q49	Health plan overall	0.3688
Q6	Got routine care	0.3648
Q29	Dr. showed respect	0.3554
Q27	Dr. explained things	0.3064
Q43	Specialist overall	0.3005
Q32	Dr. spent enough time	0.2943

With Personal Doctor Rating

Q9	Health care overall	0.6300
Q28	Dr. listened carefully	0.5266
Q35	Dr. informed about care	0.4410
Q31	Dr. explained things for child	0.4131
Q49	Health plan overall	0.3947
Q27	Dr. explained things	0.3746
Q32	Dr. spent enough time	0.3607
Q29	Dr. showed respect	0.3539
Q10	Got care/tests/treatment	0.2927
Q6	Got routine care	0.1408

With Specialist Rating

Q49	Health plan overall	0.6791
Q10	Got care/tests/treatment	0.3568
Q35	Dr. informed about care	0.3129
Q4	Got urgent care	0.3107
Q45	CS provided info./help	0.3037
Q9	Health care overall	0.3005
Q41	Got specialist appt.	0.1885
Q32	Dr. spent enough time	0.1589
Q46	CS courtesy/respect	0.1068
Q6	Got routine care	0.0848



Appendix: Flowchart

Understanding Relative Performance of Composite Measures

- Louisiana Healthcare Connections (Centene LA)



Flowchart – Understanding Relative Performance

How composite questions perform relative to each other

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

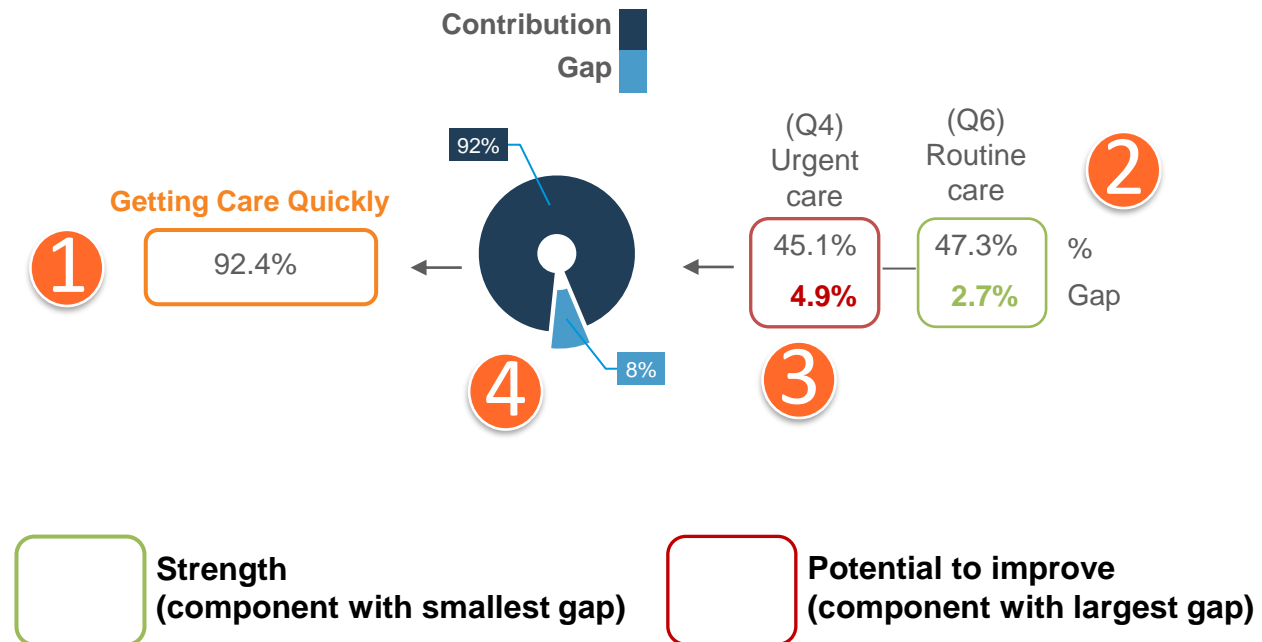
$$\begin{array}{r} \text{Plan Score} \\ \text{-----} \\ \text{Max Score} \end{array} \times \begin{array}{r} \text{Maximum} \\ \text{Contribution} \end{array} = \begin{array}{r} \text{Actual} \\ \text{Contribution} \end{array} \quad \begin{array}{r} \text{Maximum} \\ \text{Contribution} \end{array} - \begin{array}{r} \text{Actual} \\ \text{Contribution} \end{array} = \text{Gap}$$

Q6 Example:

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

$$50.0\% - 47.3\% = 2.7\%$$

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





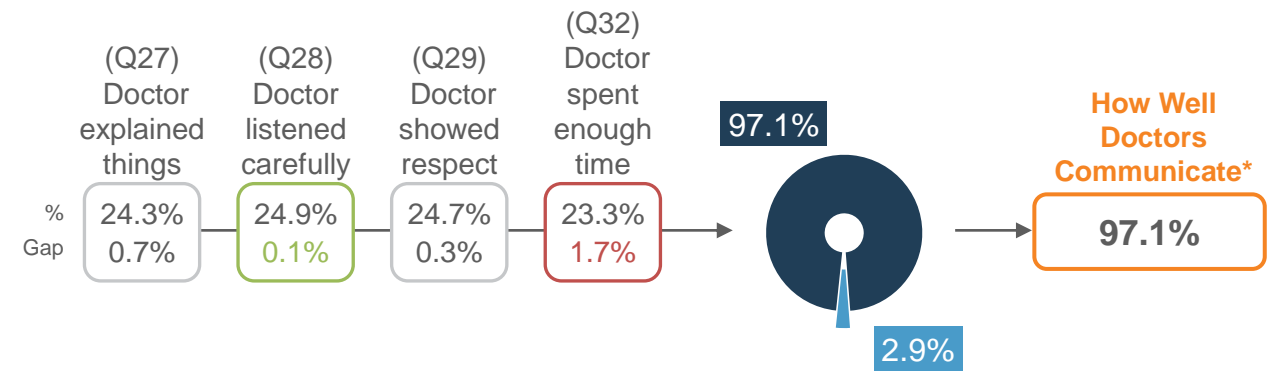
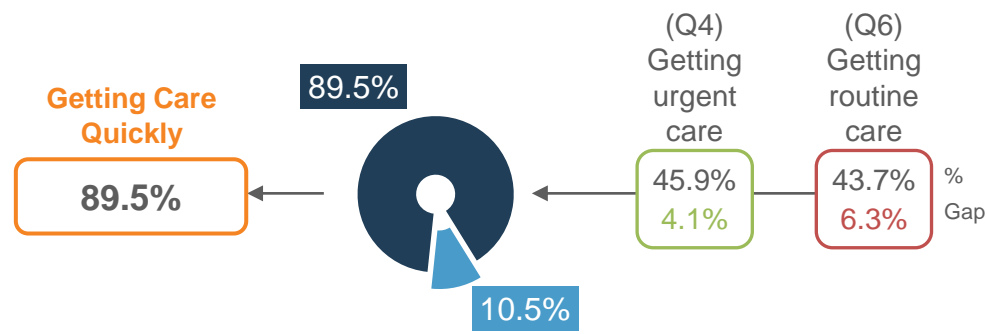
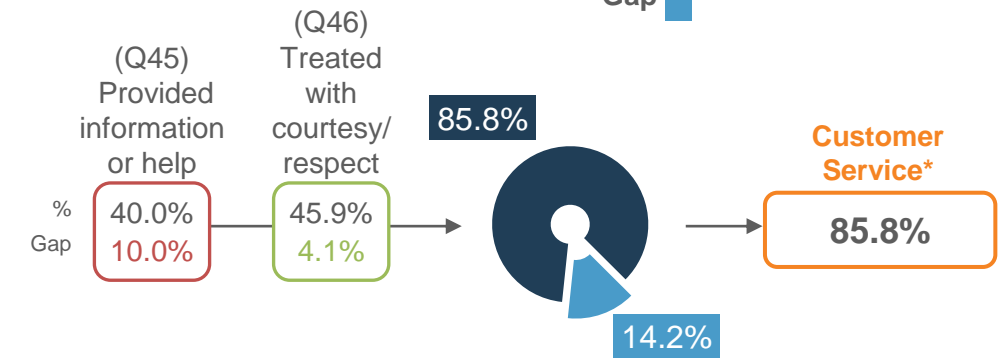
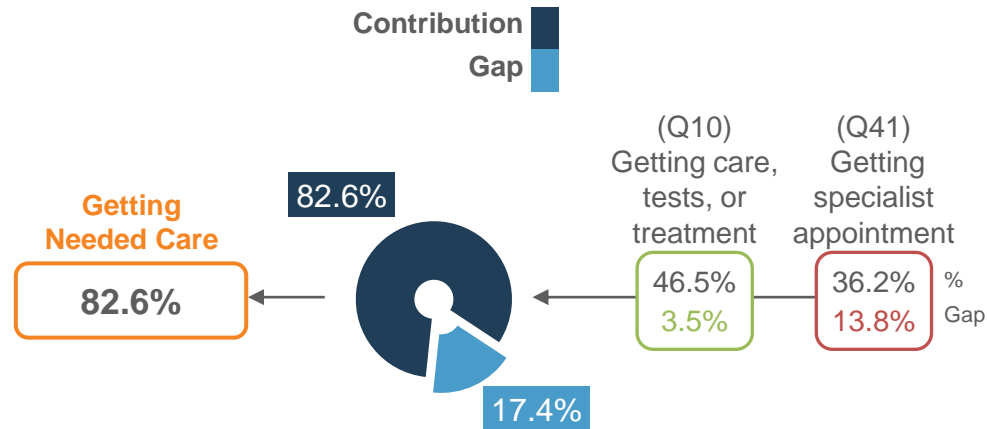
Flowchart – Understanding Relative Performance - General Population



Strength
(component with smallest gap)



Potential to improve
(component with largest gap)



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



Appendix: Accreditation

Estimated NCQA Plan Ratings and Frequency Distributions

- Louisiana Healthcare Connections (Centene LA)



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 Percentile	10 th – 32 rd Percentile	33 rd – 66 th Percentile	67 th – 90 th Percentile	>90 th 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.

9 Required HEDIS and CAHPS Measures for HEDIS Reporting Year 2021

HEDIS/CAHPS Measures Required for HP Accreditation—Medicaid

Measure Name		Web Display Name	Weight*
PATIENT EXPERIENCE			
Getting Care			
Getting Needed Care (Usually + Always)		Getting care easily	1.5
Getting Care Quickly (Usually + Always)		Getting care quickly	1.5
Satisfaction 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
Coordination of Care (Usually + Always)		Coordination of care	1.5
Satisfaction With Plan Services			
Rating of Health Plan (9 + 10)		Rating of health plan	1.5
PREVENTION			
Children 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
Women's Reproductive Health			
PPC Prenatal and Postpartum Care—Timeliness of Prenatal Care		Prenatal checkups	1
		Postpartum care	1
Cancer Screening			
BCS Breast Cancer Screening		Breast cancer screening	1
CCS Cervical Cancer Screening		Cervical cancer screening	1
Other 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					3.0	
GETTING CARE					2.0	
Getting Needed Care	118	82.6%	Usually or Always	17 th	2.0	1.5
Getting Care Quickly	122	89.5%	Usually or Always	32 nd	2.0	1.5
SATISFACTION WITH PLAN PHYSICIANS					4.5	
Rating of Personal Doctor	254	81.9%	9 or 10	78 th	4.0	1.5
Rating of Specialist	63 [^]	79.4%	9 or 10	100 th	NA	1.5
Rating of Health Care	170	78.2%	9 or 10	91 st	5.0	1.5
Coordination of Care	66 [^]	89.4%	Usually or Always	76 th	NA	1.5
SATISFACTION WITH PLAN SERVICES					3.0	
Rating of Health Plan	311	73.6%	9 or 10	53 rd	3.0	1.5

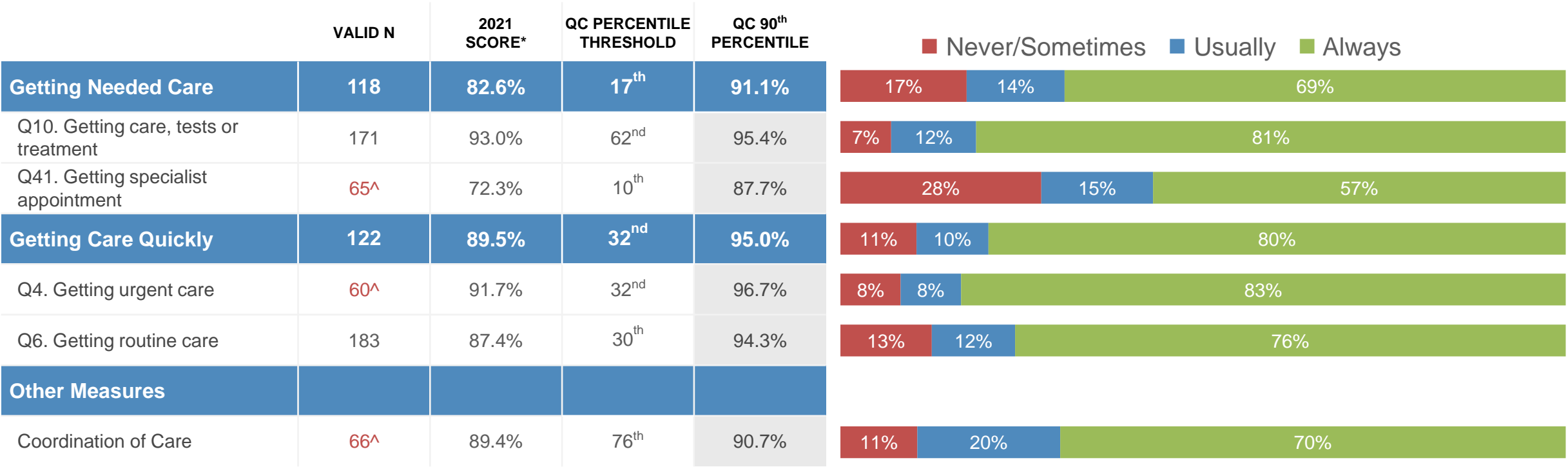
NOTE NCQA will assign a measure result of NA to overall ratings or composites with a denominator (i.e., the average number of responses across all questions used to calculate the composite) less than 100.



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.

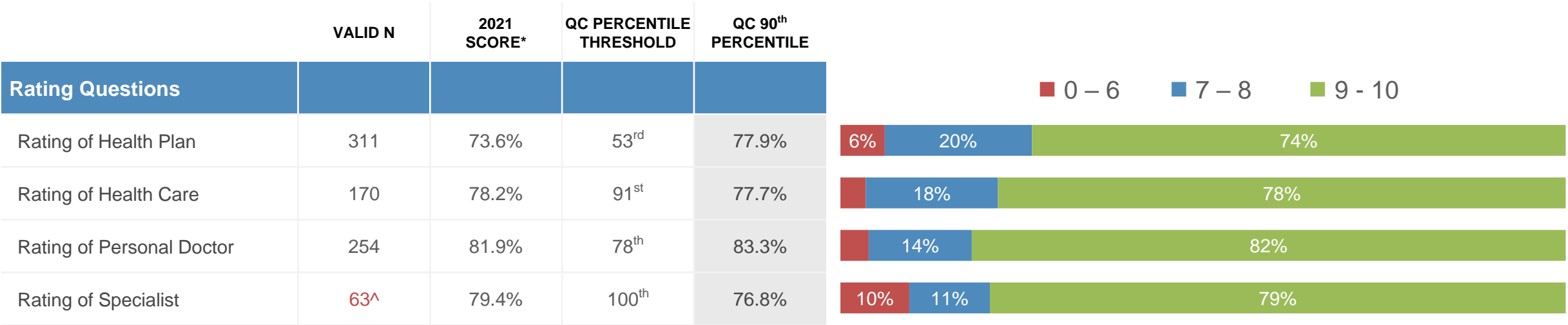




Global Proportions - General Population

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.



*Scores are % 9 or 10. **Note:** Due to space constraints, scores <5% will not be labeled on the graph.



Appendix: Improvement Strategies and Voice of the Member

- Louisiana Healthcare Connections (Centene LA)



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.”
- “Make the **website more user friendly**, make it **easier to find the information** we need.”
- “An app would be a good idea, because sometimes **getting online to recertify can be difficult**.”
- “**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.”
- “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**.”

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>

(SPH National Sample)

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

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.”
- “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!”
- “His therapist is great. **She involves us in his treatment.**”
- “She **always spent a lot of time listening to me** and **taking great care of my daughter.**”
- “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.”

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

- “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.”
- “**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**.”
- “Our **doctor's bedside manner makes him stand out!** You can tell **how much he truly cares!**”
- “They have **worked hard to get the medication** we needed and **have gone out of their way** when there have been issues at the pharmacy.”
- “**Takes his time** and has those **one-on-one sessions with the child**.”
- “Our doctor **stays on top of things** and is **easy to get a hold of**.”

(SPH National Sample)

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

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.

Voice of the Member

- “The doctor who performed my son's follow-up circumcision was **very down to earth and did an excellent job.**”
- “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.**”
- “She always **spent a lot of time listening to me and taking great care of my daughter.**”
- “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.**”

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>

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

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., web-based, tele-health, urgent care, and emergency care.
- Support members and collaborate with providers to enhance access to care through innovative, proactive approaches within Care Management, Chronic Care, and Quality Management. Work with providers to identify and resolve opportunities.
- Continually assess, revisit and simplify plan requirements/processes (i.e., UM) impacting access to care, tests, or treatment. Seek opportunities to improve processes and procedures.
- Review and simplify precertification/auth/referral policies/procedures for both member and provider, including messages and communications. Cross-reference with complaints, concerns, and quality of care issues. Improve and clarify processes and communications.
- Evaluate and simplify member communications, assuring that members are clearly told why something is not approved. When appropriate, offer suggestions for next steps or alternatives.
- Ensure Customer Service representatives are able to accurately advise members of available alternatives for care, such as walk-in clinics, urgent care, specialists, labs, etc.

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.”

“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.**”

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

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>

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

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.

Voice of the Member

“She has been **always seen in a timely manner** and was treated well.”

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

“The **care was quick and friendly**, and I got her into both **appointments easily**.”

“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.”

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>

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

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 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).

Voice of the Member

- “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.**”
- “**Direct eye contact** and the **doctor restating what I had just said** goes a long way to **reassuring me that I'm being listened to** and paid attention to.”
- “They should **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.**”
- “**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.**”
- “**Look at you when you're talking to them**. He is always good about **facing us when we are talking to him.**”

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>

(SPH National Sample)

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

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.**”

“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.**”

“**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.”

“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.”

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

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

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

- “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.**”
- “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.**”
- “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.**”
- “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.”

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

- “It's **easy to get them filled and fast**, but they stopped paying for my daughter's allergy medicine.”
- “Normally what happens is **the doctor finds an alternative that the insurance will cover.**”
- “The doctor sends them to the pharmacy, and they are **always filled quick and easy, with no hassles.**”
- “I would **expect the doctor to call the pharmacy and iron out any issues** that may come up.”
- “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!**”
- “The **representative helped me not worry about bills** during that stressful time.”



Appendix: Questionnaire

- Louisiana Healthcare Connections (Centene LA)

SURVEY INSTRUCTIONS

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

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

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

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

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

Please answer the questions for the child listed on the letter. Please do not answer for any other children.

- 1. Our records show that your child is now in Louisiana Healthcare Connections. Is that right?**

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

- 2. What is the name of your child's health plan? (please print)**

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your child's health care 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?**

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

- 4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?**

☐ Never
☐ Sometimes
☐ Usually
☐ Always

- 5. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care for your child?**

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

- 6. In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?**

☐ Never
☐ Sometimes
☐ Usually
☐ Always



7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she 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?

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

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

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

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

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

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

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

12. In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?

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

13. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?

- ☐ Yes
- ☐ No

SPECIALIZED SERVICES

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

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

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

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

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

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

- ☐ Yes
- ☐ No

17. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?

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

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

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

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

- ☐ Yes
- ☐ No

20. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?

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

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

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

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

- ☐ Yes
- ☐ No

23. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

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

24. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?

- ☐ Yes
- ☐ No

YOUR CHILD'S PERSONAL DOCTOR

25. A personal doctor is the one your child would 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?

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

26. 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
- ☐ 10 or more times

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

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

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

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

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

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

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

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

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

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

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

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

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

- ☐ Yes
- ☐ No

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

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

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

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

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

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

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

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

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care your child got in person, by phone, or by video. Do not include dental visits or care your child got when he or she stayed overnight in a hospital.

40. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child with a specialist?

- ☐ Yes
- ☐ No ➔ *If No, Go to Question 44*

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?

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

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

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

43. We want to know your rating of the specialist your child 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 CHILD'S HEALTH PLAN

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

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

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

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

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

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

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

47. In the last 6 months, did your child's health plan give you any forms to fill out?

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

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

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

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

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

PRESCRIPTION MEDICINES

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

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

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

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

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

- ☐ Yes
☐ No

ABOUT YOUR CHILD AND YOU

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

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

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

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

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

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

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

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

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

- ☐ Yes
☐ No

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

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

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

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

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

- ☐ Yes
☐ No

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

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

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

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

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

- ☐ Yes
☐ No

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

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

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

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

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

- ☐ Yes
☐ No

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

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

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

- ☐ Yes
☐ No

69. What is your child's age?

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

70. Is your child male or female?

- ☐ Male
☐ Female

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

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

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

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

73. What is your age?

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

74. Are you male or female?

- ☐ Male
☐ Female

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

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

76. How are you related to the child?

- ☐ Mother or father
☐ Grandparent
☐ Aunt or uncle
☐ Older brother or sister
☐ Other relative
☐ Legal guardian
☐ Someone else

ADDITIONAL QUESTIONS

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

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

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

78. In the last 6 months, how often did you feel that the health care staff was sensitive to your child's cultural needs?

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

79. In the last 6 months, were you given as much information as you wanted about what you could do to manage your child's condition?

- ☐ Yes
☐ No

80. In the last 6 months, were you given information about your child's rights as a patient?

- ☐ Yes
☐ No

81. In the last 6 months, did you feel you could refuse a specific type of medicine or treatment for your child?

- ☐ Yes
☐ No

82. Some health plans help with transportation for your child to get to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your child's health plan to get help with transportation for your child?

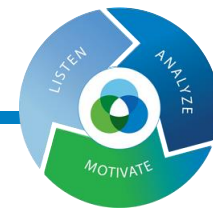
- ☐ Yes
☐ No

Thank You

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

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

SPH Solution Portfolio Built on Innovative Platform



LISTEN

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

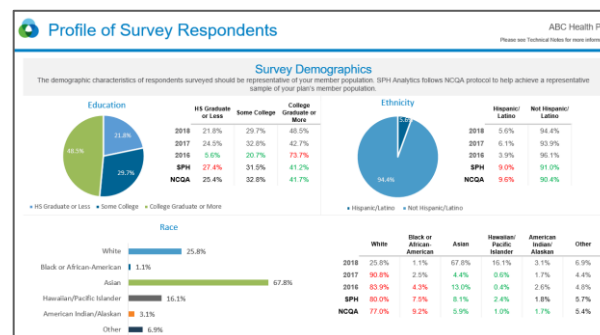
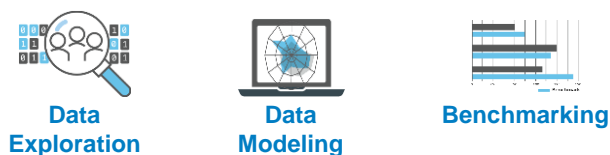


Survey Solutions Member Experience	Survey Solutions Patient Experience	Survey Solutions Medical Practice	Qualitative Solutions
HEDIS CAHPS	HCAHPS	CG CAHPS	Focus Groups
Medicare CAHPS	OAS CAHPS	Medical Practice Express	Online Communities
Medicare HOS	ACO CAHPS	PCMH	In-depth Interviews
QHP Enrollee	CAHPS 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 & Rehab	Broker / Employer Experience	
LISTEN	Hospice CAHPS		
	ICH CAHPS		

Broadest portfolio of healthcare market research & widest set of modalities

ANALYZE

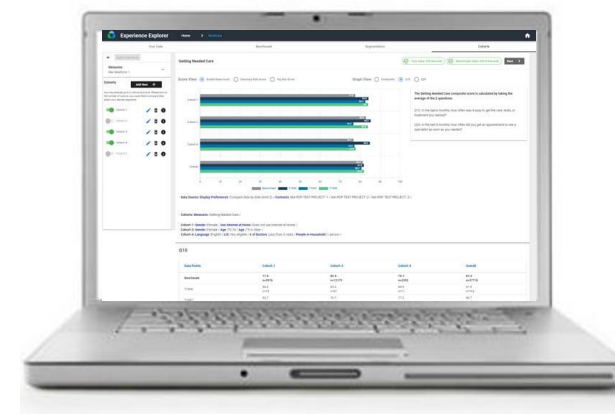
Our analytics offerings include 7 descriptive and predictive solutions built on our Nexus Platform



The clear industry leader in the insights provided by our analytics

MOTIVATE

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



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



LISTEN to voice of healthcare consumers

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	PCMH	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/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
				Employee Satisfaction		Discharge Phone Calls
				Broker / Employer Experience		
LISTEN					ANALYZE	MOTIVATE



MY 2020 CAHPS® Medicaid Adult 5.1H Final Report

Louisiana Healthcare Connections (Centene LA)



Louisiana Healthcare Connections (Centene LA)

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

SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) certified HEDIS® Survey Vendor, was selected by Louisiana Healthcare Connections (Centene LA) to conduct its 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 consumer-reported experiences with health care. Specifically, the survey aims to measure how well plans are meeting their members' expectations and goals; to determine which areas of service have the greatest effect on members' overall satisfaction; and to identify areas of opportunity for improvement, which 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 Alisa Simpson (678-689-0303) and your Project Manager is Julia Schneider (248-539-8757). Should you have any questions or comments regarding any aspect of the survey or reporting process, please feel free to call either your Strategic Account Executive or your Project Manager.

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:

Mail Protocol Begins
3/2/2021

Phone Protocol
04/27/2021 - 05/11/2021

Last day to accept completed surveys
05/19/2021

Data submission to NCQA
5/26/2021

VALID SURVEYS

✉ Total Number of Mail Completes =	190 (0 in Spanish)
☎ Total Number of Phone Completes =	66 (0 in Spanish)
💻 Total Number of Internet Completes =	24 (0 in Spanish)

Number of undeliverables: 347

2021 RESPONSE RATE

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

$$\frac{190 \text{ (Mail)} + 66 \text{ (Phone)} + 24 \text{ (Internet)} = 280}{2632 \text{ (Sample)} - 22 \text{ (Ineligible)} = 2610} = 10.7\%$$

RESPONSE RATE COMPARISON

The 2021 SPH Analytics Book of Business average response rate is **14.8%**.

		2019	2020	2021
Complete	Completed Survey	266	178	280
	SUBTOTAL	266	178	280
Ineligible	Does not Meet Eligibility Criteria (01)	4	0	9
	Language Barrier (03)	1	0	4
	Mentally/Physically Incapacitated (04)	1	0	4
	Deceased (05)	1	0	5
	SUBTOTAL	7	0	22
Non-Response	Break-off/Incomplete (02)	11	6	10
	Refusal (06)	3	1	53
	Maximum Attempts Made (07)	1869	2447	2267
	Added to DNC List (08)	4	1	0
	SUBTOTAL	1887	2455	2330
TOTAL		2160	2633	2632
OVERSAMPLING %		60.0%	95.0%	95.0%
RESPONSE RATE		12.4%	6.8%	10.7%

Note: Respondents were given the option of completing the survey in Spanish. A telephone number was provided on the survey cover letter for members to call if they would like to complete the survey in Spanish.



Executive Summary

- Louisiana Healthcare Connections (Centene LA)

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.

	No	Yes	
Never	Sometimes	Usually	Always

Rating questions are typically displayed with two Summary Rates:

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

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

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

TRENDING

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

MEASURE NAME	Trending
Rating of Personal Doctor (% 9 or 10)	↑
Q31. Flu Vaccinations (Adults 18-64) (% Yes)	↓



280 / 10.7%

Completed surveys / Response Rate

MEASURE NAME	2021 SCORE	ESTIMATED NCQA RATING
Rating of Health Plan (% 9 or 10)	71.4%	★★★★★
Rating of Health Care (% 9 or 10)	64.3%	★★★★
Rating of Personal Doctor (% 9 or 10)	75.7%	★★★★★
Rating of Specialist (% 9 or 10)	75.0%	★★★★★
Getting Needed Care (% Always or Usually)	82.9%	★★★
Getting Care Quickly (% Always or Usually)	80.0%	★★
Coordination of Care (% Always or Usually)	83.3%	NA^
Flu Vaccinations Adults 18-64 (% Yes)	36.2%	★★
Smoking Advice: Rolling average (% Always, Usually or Sometimes)	69.5%	★

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

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

POWER

Promote and Leverage Strengths

- Q8 Health care overall
- Q22 Specialist overall
- Q18 Personal doctor overall
- Q27 Easy to fill out forms
- Q24 CS provided info./help

OPPORTUNITIES

Focus Resources on Improving Processes That Underlie These Items

- Q25 CS courtesy/respect
- Q9 Got care/tests/treatment
- Q20 Got specialist appt.

Please refer to slide 13 for details.

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.

	SPH Book of Business Trends (Medicaid Adult)		
	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.

MEASURE	SUMMARY RATE		CHANGE	2021 SPH BENCHMARK		2020 QC BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan (% 9 or 10)	64.0%	71.4%	7.4%	64.5% ▲	93 rd	62.2% ▲	94 th
Rating of Health Plan (% 8, 9 or 10)	77.1%	84.0%	6.9%	79.8%	85 th	78.5% ▲	85 th
Getting Needed Care (% Always or Usually)	81.3%	82.9%	1.6%	84.1%	32 nd	83.0%	46 th
Customer Service (% Always or Usually)	92.8%	88.8%	-4.0%	89.7%	38 th	89.3%	36 th
Ease of Filling Out Forms (% Always or Usually)	95.7%	98.1%	2.4%	95.8% ▲	89 th	95.8% ▲	91 st

KEY TAKEAWAYS

Your overall Rating of Health Plan (9-10) Summary Rate score is 71.4% and represents a change of 7.4% from 2020.

Note: Please refer to benchmark descriptions on slide 40.

Significance Testing

Current year score is significantly higher than the 2020 score (↑) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓) or benchmark score (▼).



Measure Summary

Health Care Domain Performance

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

MEASURE	SUMMARY RATE		CHANGE	2021 SPH BENCHMARK		2020 QC BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care (% 9 or 10)	57.2%	64.3%	7.1%	59.4%	81 st	57.7%	88 th
Rating of Health Care (% 8, 9 or 10)	71.7%	80.2%	8.5%	77.5%	72 nd	76.4%	80 th
Getting Care Quickly (% Always or Usually)	80.2%	80.0%	-0.2%	82.6%	24 th	82.3%	25 th
How Well Doctors Communicate (% Always or Usually)	87.3%	91.1%	3.8%	92.6%	19 th	93.2%	14 th
Coordination of Care (% Always or Usually)	80.3%	83.3%	3.0%	84.8%	36 th	85.1%	30 th
Rating of Personal Doctor (% 9 or 10)	60.3%	75.7% ↑	15.4%	70.4%	90 th	69.2% ▲	90 th
Rating of Personal Doctor (% 8, 9 or 10)	74.3%	85.6% ↑	11.3%	83.8%	73 rd	83.5%	68 th
Rating of Specialist (% 9 or 10)	67.6%	75.0%	7.4%	69.7%	86 th	69.5%	87 th
Rating of Specialist (% 8, 9 or 10)	77.9%	81.0%	3.1%	83.9%	25 th	83.9%	21 st

Note: Please refer to benchmark descriptions on slide 40.

Significance Testing

Current year score is significantly higher than the 2020 score (↑) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓) or benchmark score (▼).

KEY TAKEAWAYS

Your overall Rating of Health Care (9-10) Summary Rate score is 64.3% and represents a change of 7.1% from 2020.

Effectiveness of Care Performance

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

MEASURE	SUMMARY RATE		CHANGE	2021 SPH BENCHMARK		2020 QC BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Flu Vaccinations (Adults 18-64) (% Yes)	50.6%	36.2% ↓	-14.4%	40.6%	32 nd	43.8% ▼	12 th
Advising Smokers and Tobacco Users to Quit: <i>Rolling average (% Always, Usually or Sometimes)</i>	74.8%	69.5%	-5.3%	74.0%	30 th	77.2% ▼	8 th
Discussing Cessation Medications: <i>Rolling average (% Always, Usually or Sometimes)</i>	49.3%	55.8%	6.5%	52.3%	70 th	54.5%	61 st
Discussing Cessation Strategies: <i>Rolling average (% Always, Usually or Sometimes)</i>	44.9%	46.1%	1.2%	46.2%	52 nd	48.7%	34 th

Note: Please refer to benchmark descriptions on slide 40.

Significance Testing

Current year score is significantly higher than the 2020 score (↑) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓) or benchmark score (▼).

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).

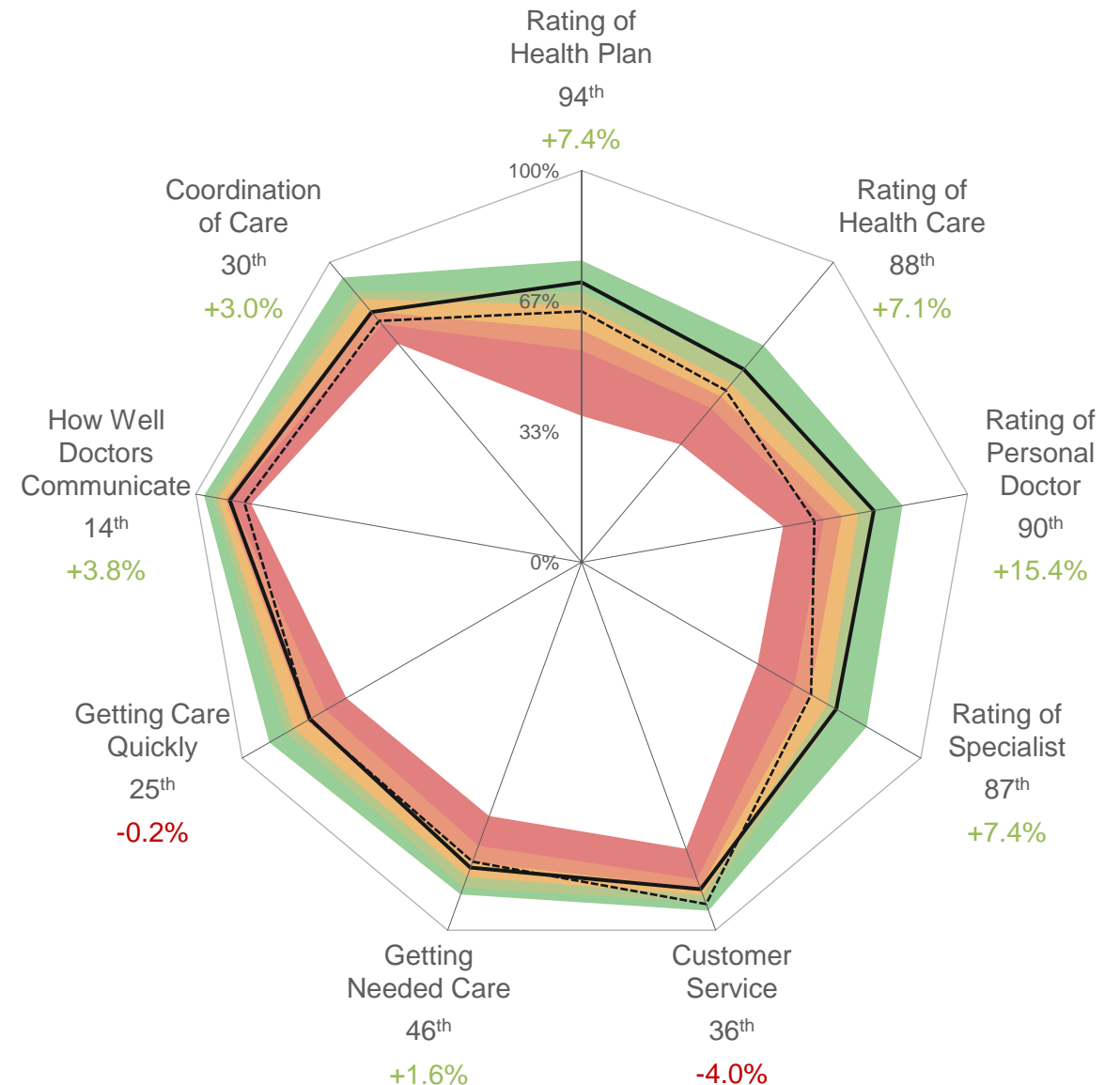
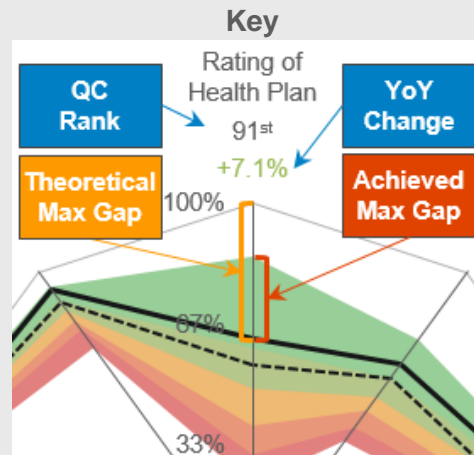
Displayed by the outer bound of the dark green section of the graph.

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 light green section 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.



2020 Quality Compass Thresholds

— 2021 Score

--- 2020 Score

<10th 10-32nd 33-66th 67-89th ≥90th

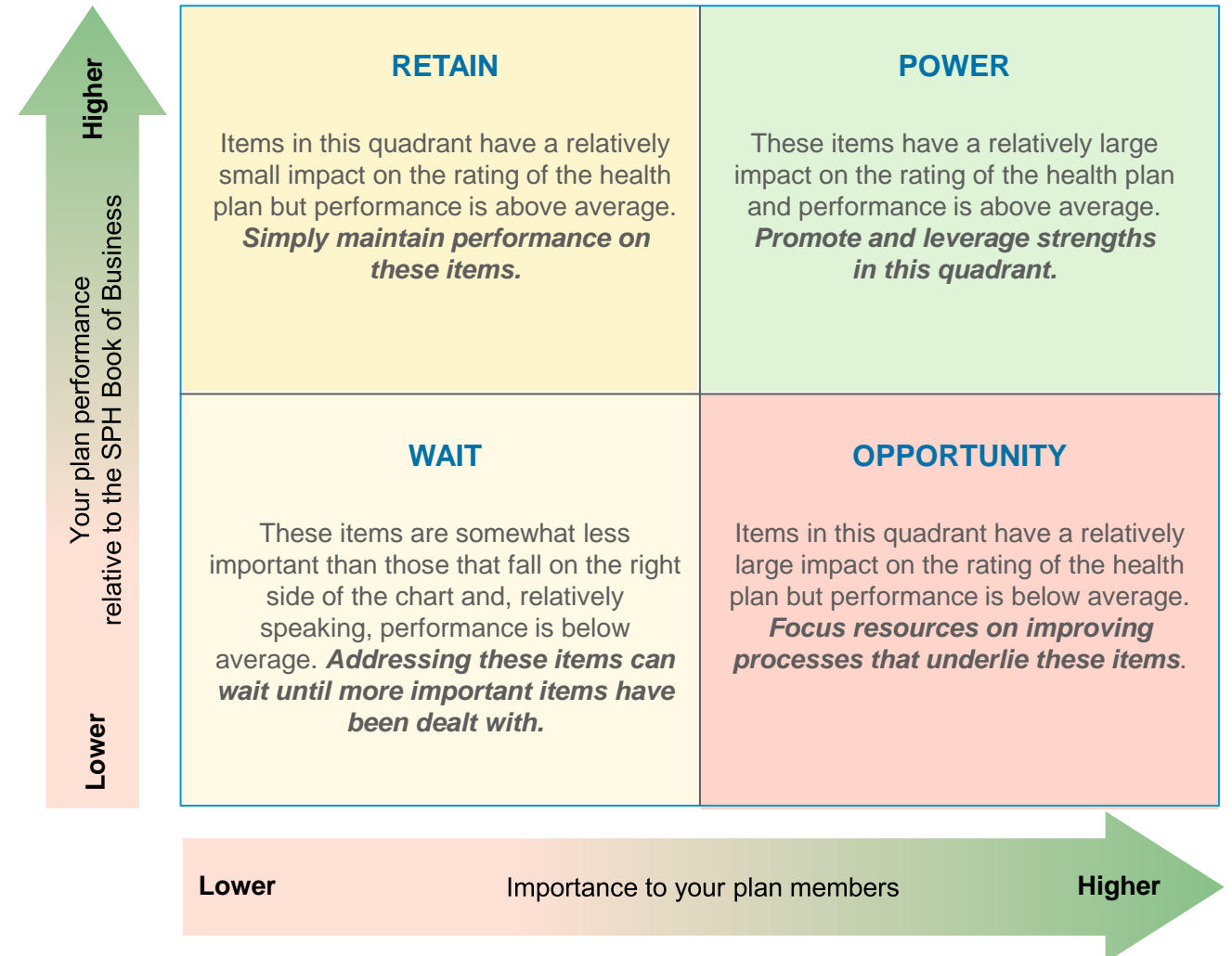
POWeR™ CHART CLASSIFICATION MATRIX

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.



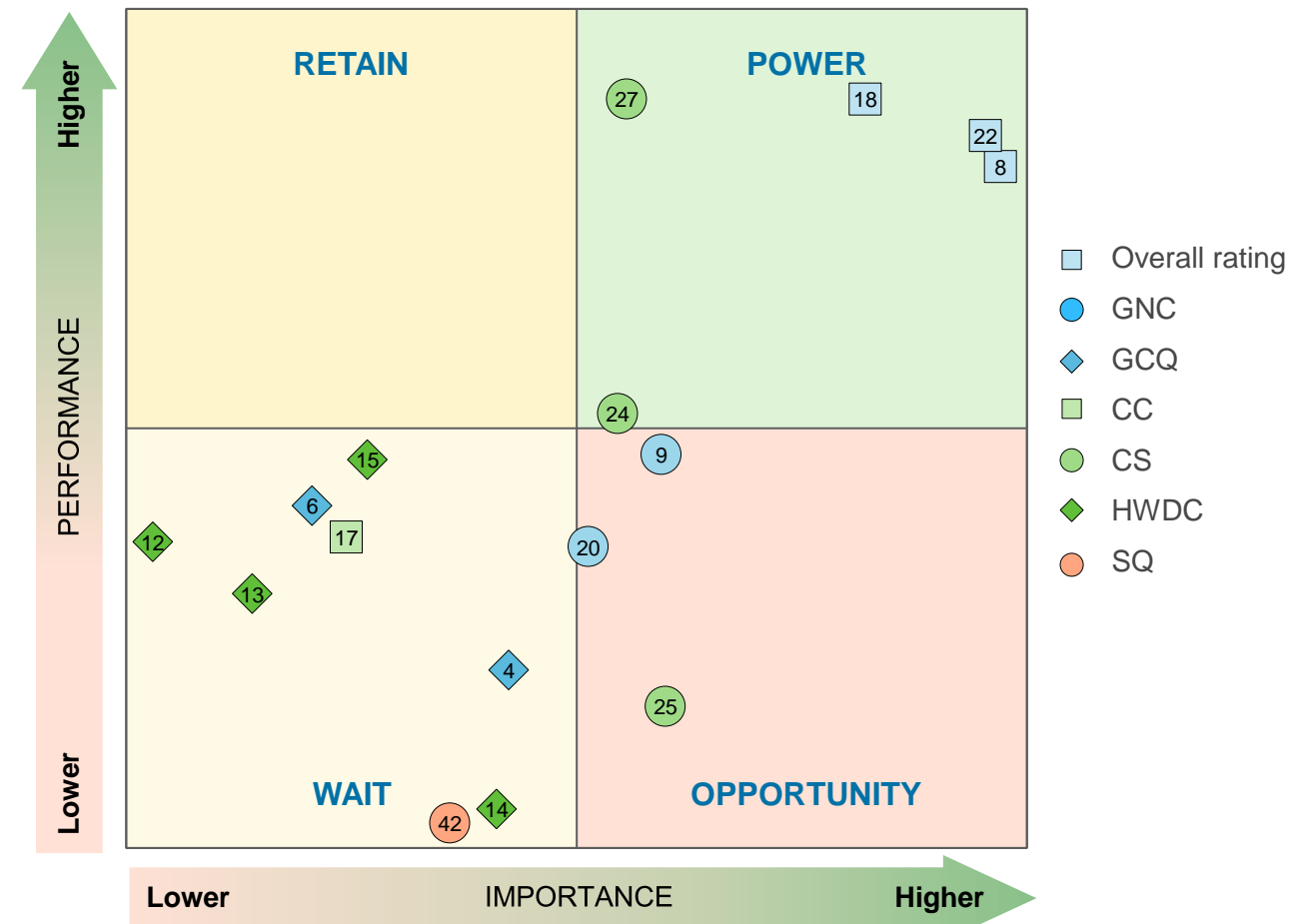
POWeR Chart: Your Results

SURVEY MEASURE		SUMMARY RATE SCORE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
POWER				
Q8	Health care overall	64.3%	81 st	4
Q22	Specialist overall	75.0%	86 th	4
Q18	Personal doctor overall	75.7%	90 th	5
Q27	Easy to fill out forms	98.1%	89 th	4
Q24	CS provided info./help	84.9%	51 st	3
OPPORTUNITY				
Q25	CS courtesy/respect	92.7%	15 th	2
Q9	Got care/tests/treatment	85.5%	47 th	3
Q20	Got specialist appt.	80.4%	35 th	3
WAIT				
Q4	Got urgent care	80.7%	20 th	2
Q14	Dr. showed respect	90.5%	<5 th	1
Q42	Staff was sensitive to cultural needs	69.7%	---	---
Q15	Dr. spent enough time	90.5%	47 th	3
Q17	Dr. informed about care	83.3%	36 th	3
Q6	Got routine care	79.4%	40 th	3
Q13	Dr. listened carefully	91.6%	29 th	2
Q12	Dr. explained things	91.7%	35 th	3
RETAIN				
None				

* 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.



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.

RATING OF HEALTH PLAN

71.4%

Your plan scored in the
93rd
percentile
when compared to the
SPH Book of Business
benchmark

TOP 10 PLAN KEY DRIVERS








ALIGNMENT <i>Are your key drivers typical of the industry?</i>		ATTRIBUTE	YOUR PLAN SUMMARY RATE SCORE	INDUSTRY KEY DRIVER RANK	SPH BoB SUMMARY RATE SCORE	SPH BoB PERCENTILE	CLASSIFICATION
	Q8	Health care overall	64.3%	1	59.4%	81st	POWER
	Q22	Specialist overall	75.0%	3	69.7%	86th	POWER
	Q18	Personal doctor overall	75.7%	2	70.4%	90th	POWER
	Q25	CS courtesy/respect	92.7%	4	95.0%	15th	OPPORTUNITY
	Q9	Got care/tests/treatment	85.5%	6	85.8%	47th	OPPORTUNITY
	Q27	Easy to fill out forms	98.1%	15	95.8%	89th	POWER
	Q24	CS provided info./help	84.9%	7	84.5%	51st	POWER
	Q20	Got specialist appt.	80.4%	10	82.4%	35th	OPPORTUNITY
	Q4	Got urgent care	80.7%	5	84.3%	20th	WAIT
	Q14	Dr. showed respect	90.5%	11	94.6%	<5th	WAIT
<hr/>							
ADD'L TOP 10 INDUSTRY DRIVERS							
	Q6	Got routine care	79.4%	8	80.9%	40th	WAIT
	Q13	Dr. listened carefully	91.6%	9	92.9%	29th	WAIT

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

Demographic Comparisons

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

 <p>Gender</p> <table> <tr> <th></th><th>8 - 10</th><th>9 - 10</th></tr> <tr> <td>MALE (n=110)</td><td>80.0%</td><td>64.5%</td></tr> <tr> <td>FEMALE (n=159)</td><td>86.8%</td><td>76.1%</td></tr> </table>		8 - 10	9 - 10	MALE (n=110)	80.0%	64.5%	FEMALE (n=159)	86.8%	76.1%	 <p>Age</p> <table> <tr> <th></th><th>8 - 10</th><th>9 - 10</th></tr> <tr> <td>18 - 34 (n=72)</td><td>83.3%</td><td>66.7%</td></tr> <tr> <td>35 - 44 (n=31)</td><td>80.6%</td><td>74.2%</td></tr> <tr> <td>45 - 54 (n=61)</td><td>91.8%</td><td>78.7%</td></tr> <tr> <td>55 or older (n=103)</td><td>80.6%</td><td>68.9%</td></tr> </table>		8 - 10	9 - 10	18 - 34 (n=72)	83.3%	66.7%	35 - 44 (n=31)	80.6%	74.2%	45 - 54 (n=61)	91.8%	78.7%	55 or older (n=103)	80.6%	68.9%	<p>Ethnicity & Race</p>  <table> <tr> <th></th><th>8 - 10</th><th>9 - 10</th></tr> <tr> <td>WHITE (n=142)</td><td>83.1%</td><td>69.0%</td></tr> <tr> <td>BLACK/AFRICAN AMERICAN (n=121)</td><td>86.0%</td><td>75.2%</td></tr> <tr> <td>ASIAN (n=10)[^]</td><td>70.0%</td><td>50.0%</td></tr> <tr> <td>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (n=1)[^]</td><td>100%</td><td>100%</td></tr> <tr> <td>AMERICAN INDIAN OR ALASKA NATIVE (n=8)[^]</td><td>87.5%</td><td>62.5%</td></tr> <tr> <td>OTHER (n=13)[^]</td><td>84.6%</td><td>69.2%</td></tr> <tr> <td>HISPANIC/LATINO (n=12)[^]</td><td>100%</td><td>83.3%</td></tr> <tr> <td>NOT HISPANIC/ LATINO (n=248)</td><td>83.1%</td><td>71.4%</td></tr> </table>		8 - 10	9 - 10	WHITE (n=142)	83.1%	69.0%	BLACK/AFRICAN AMERICAN (n=121)	86.0%	75.2%	ASIAN (n=10) [^]	70.0%	50.0%	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (n=1) [^]	100%	100%	AMERICAN INDIAN OR ALASKA NATIVE (n=8) [^]	87.5%	62.5%	OTHER (n=13) [^]	84.6%	69.2%	HISPANIC/LATINO (n=12) [^]	100%	83.3%	NOT HISPANIC/ LATINO (n=248)	83.1%	71.4%
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[^] 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 SATISFACTION				3.5
GETTING CARE				2.5
Getting Needed Care	82.9%	Usually or Always	46 th	3.0
Getting Care Quickly	80.0%	Usually or Always	25 th	2.0
SATISFACTION WITH PLAN PHYSICIANS				4.0
Rating of Personal Doctor	75.7%	9 or 10	90 th	4.0
Rating of Specialist	75.0%	9 or 10	87 th	4.0
Rating of Health Care	64.3%	9 or 10	88 th	4.0
Coordination of Care	83.3%	Usually or Always	30 th	NA
SATISFACTION WITH PLAN SERVICES				5.0
Rating of Health Plan	71.4%	9 or 10	94 th	5.0
PREVENTION				
Flu Vaccinations Adults Ages 18-64	36.2%	Yes	12 th	2.0
TREATMENT				
Smoking Advice: Rolling Average	69.5%	Sometimes, Usually or Always	8 th	1.0

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 Percentile	10 th – 32 rd Percentile	33 rd – 66 th Percentile	67 th – 90 th Percentile	>90 th 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 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 95%. SPH recommends no oversampling in order to maximize ratings.

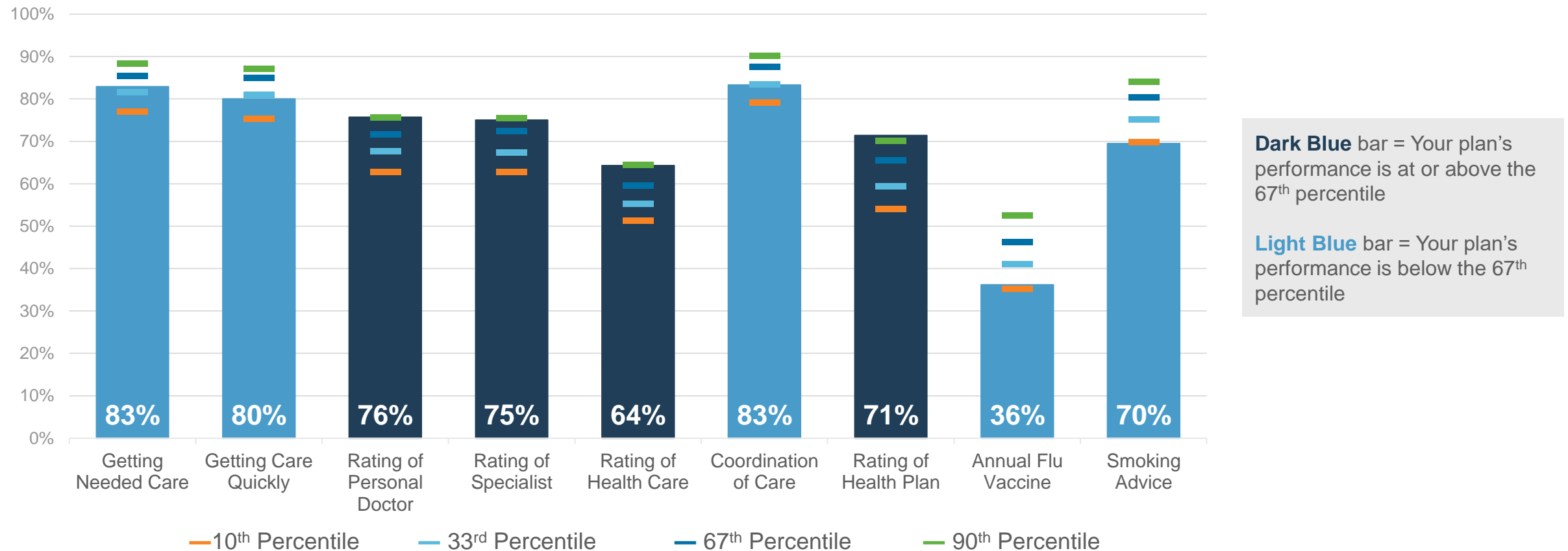
Based on the scenarios tested, holding everything else constant, an oversampling rate of 132% and above yields all reportable measures and a decrease on 1 measure. **This is an estimate only and cannot be used to predict NCQA star ratings.**

MEASURE NAME	ESTIMATED RATING (Current: 95%)	OVERSAMPLING SCENARIOS	
		0%	≥ 132%
CONSUMER SATISFACTION	3.5	4.5	3.5
GETTING CARE	2.5	NA	2.5
Getting Needed Care	3.0	NA	3.0
Getting Care Quickly	2.0	NA	2.0
SATISFACTION WITH PLAN PHYSICIANS	4.0	4.0	3.5
Rating of Personal Doctor	4.0	4.0	4.0
Rating of Specialist	4.0	NA	4.0
Rating of Health Care	4.0	NA	4.0
Coordination of Care	NA	NA	2.0
SATISFACTION WITH PLAN SERVICES	5.0	5.0	5.0
Rating of Health Plan	5.0	5.0	5.0
PREVENTION			
Flu Vaccinations <i>Adults Ages 18-64</i>	2.0	2.0	2.0
TREATMENT			
Smoking Advice: Rolling Average	1.0	NA	1.0

Higher Rating
 Lower Rating
 Reportable

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

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		SUMMARY RATE	PERCENTILE RANK	
Rating of Health Plan (% 9 or 10)	269	64.0%	71.4%	7.4%	62.2% ▲	94 th	9.2%
Rating of Personal Doctor (% 9 or 10)	222	60.3%	75.7% ↑	15.4%	69.2% ▲	90 th	6.5%
Rating of Health Care (% 9 or 10)	182	57.2%	64.3%	7.1%	57.7%	88 th	6.6%

Bottom Three Measures

Your plan had the lowest 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		SUMMARY RATE	PERCENTILE RANK	
Coordination of Care (% Always or Usually)	84^	80.3%	83.3%	3.0%	85.1%	30 th	-1.8%
Getting Care Quickly (% Always or Usually)	124	80.2%	80.0%	-0.2%	82.3%	25 th	-2.3%
How Well Doctors Communicate (% Always or Usually)	168	87.3%	91.1%	3.8%	93.2%	14 th	-2.1%

Significance Testing

Current year score is significantly higher than the 2020 score (↑) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓) or benchmark score (▼).

Improving Performance

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

Improvement Strategies – Coordination of Care

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

Improvement Strategies – 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 – How Well Doctors Communicate

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

See full list of strategies in the [Appendix: Improvement Strategies](#)

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



Measure Analyses

Measure Details and Scoring

- Louisiana Healthcare Connections (Centene LA)

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.



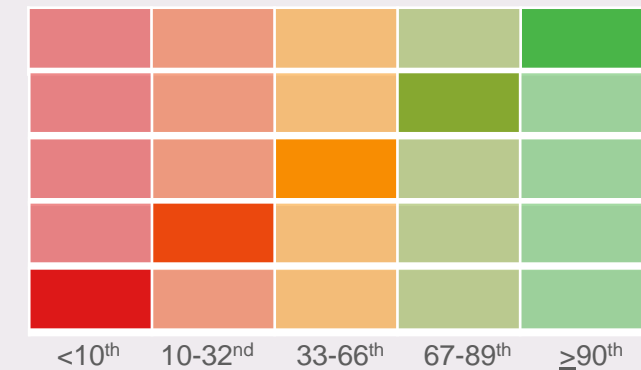
Analyses presented in this section include:

- 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*

Percentile Rankings



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



PERCENTILE RANKING 2020 QC ALL PLANS

% 8, 9 or 10



% 9 or 10



SatisAction™ KEY DRIVER STATISTICAL MODEL

Key Drivers Of The Rating Of The Health Plan

POWER

Promote and Leverage Strengths

- Q8 Health care overall
- Q22 Specialist overall
- Q18 Personal doctor overall
- Q27 Easy to fill out forms
- Q24 CS provided info./help

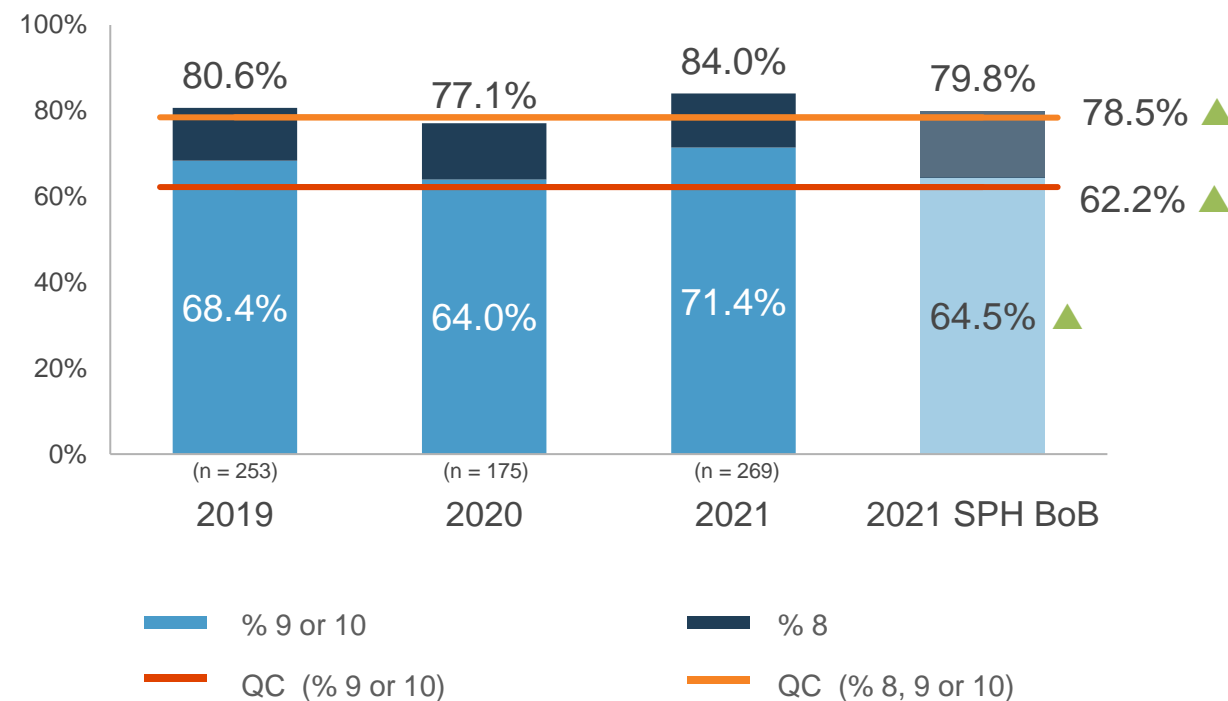
OPPORTUNITIES

Focus Resources on Improving Processes That Underlie These Items

- Q25 CS courtesy/respect
- Q9 Got care/tests/treatment
- Q20 Got specialist appt.

RATING OF HEALTH PLAN

% 8, 9 or 10



Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

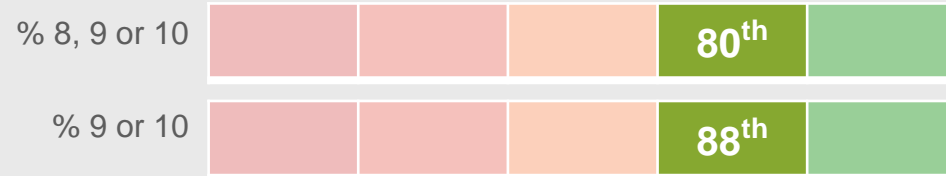
Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

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

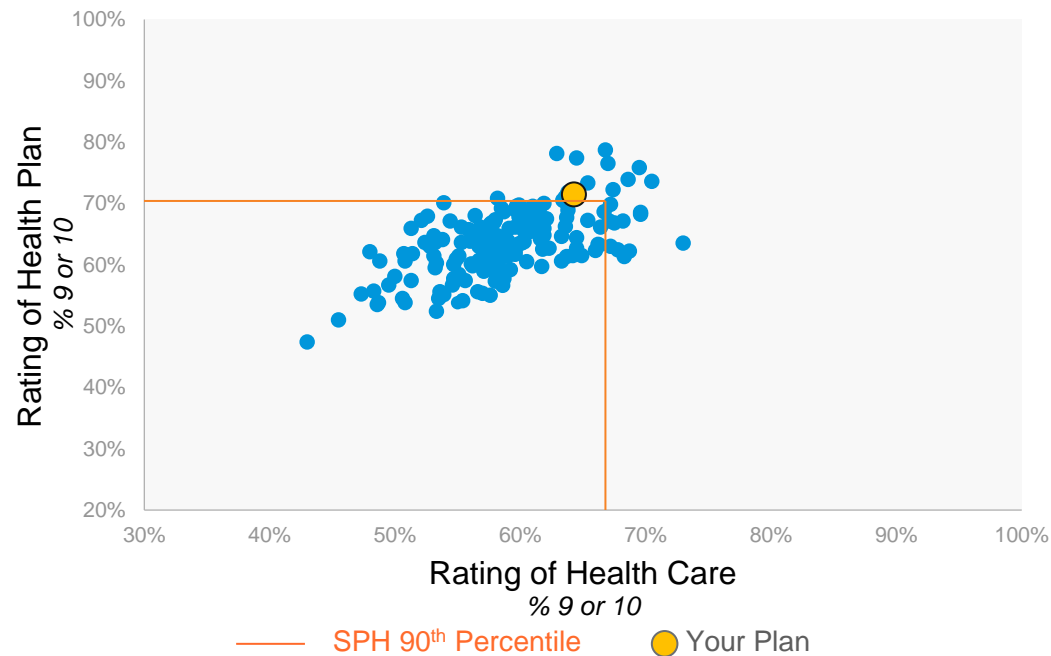


Rating of Health Care Measure

PERCENTILE RANKING 2020 QC ALL PLANS

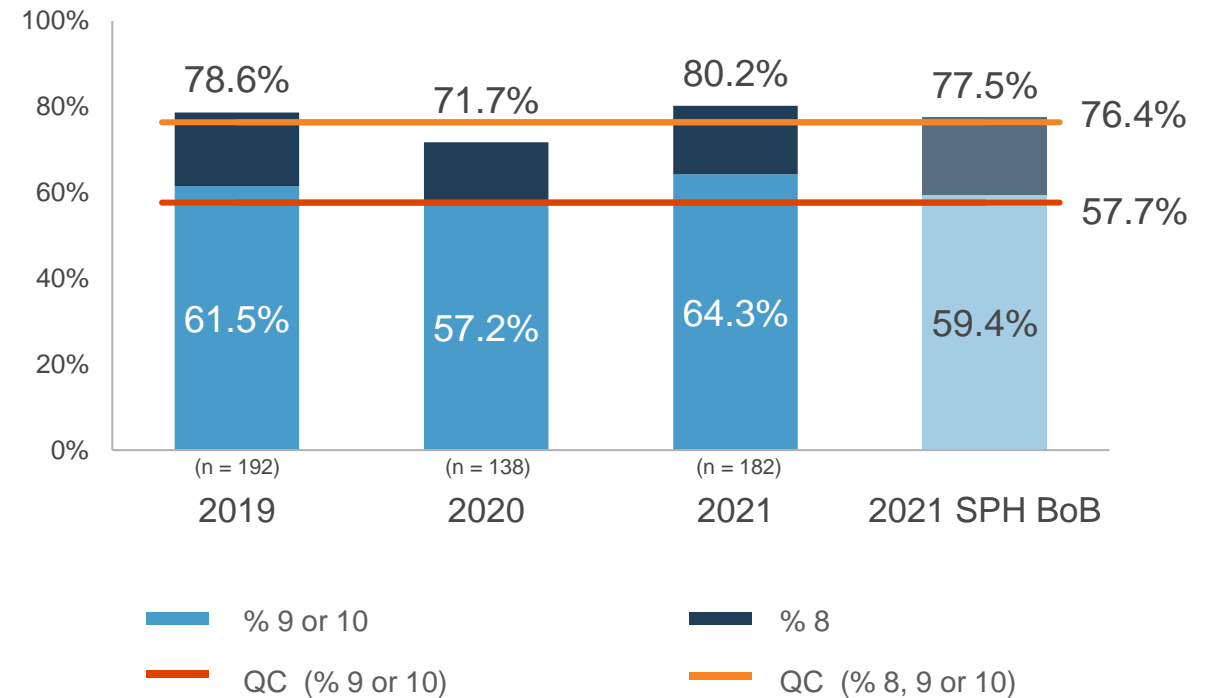


SPH BOOK OF BUSINESS DISTRIBUTION



RATING OF HEALTH CARE

% 8, 9 or 10



Significance Testing

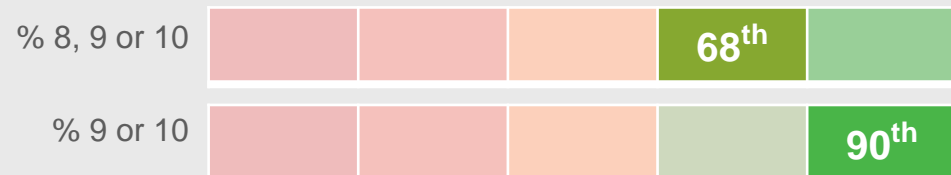
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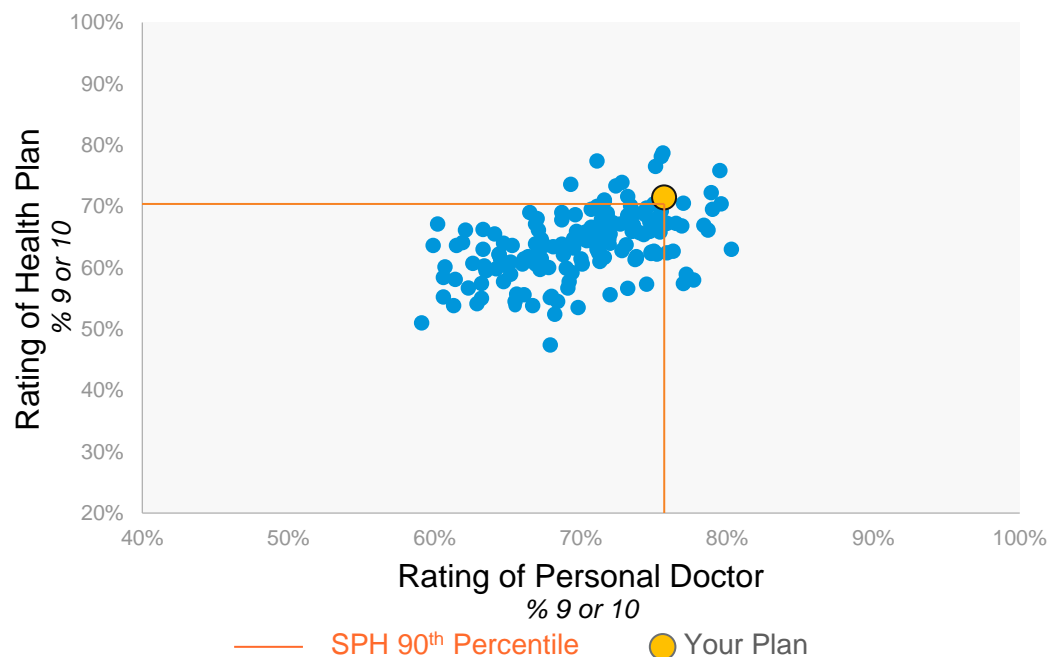
^Denominator less than 100. NCQA will assign an NA to this measure.



PERCENTILE RANKING 2020 QC ALL PLANS

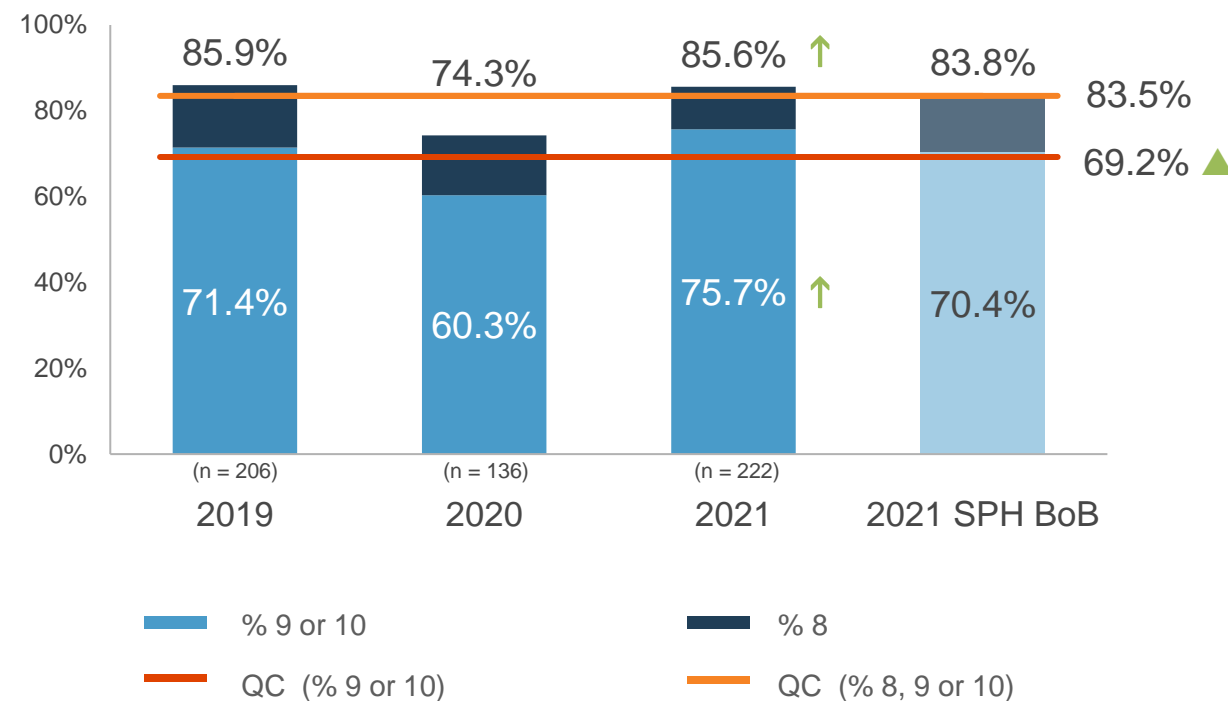


SPH BOOK OF BUSINESS DISTRIBUTION



RATING OF PERSONAL DOCTOR

% 8, 9 or 10



Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

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



PERCENTILE RANKING 2020 QC ALL PLANS

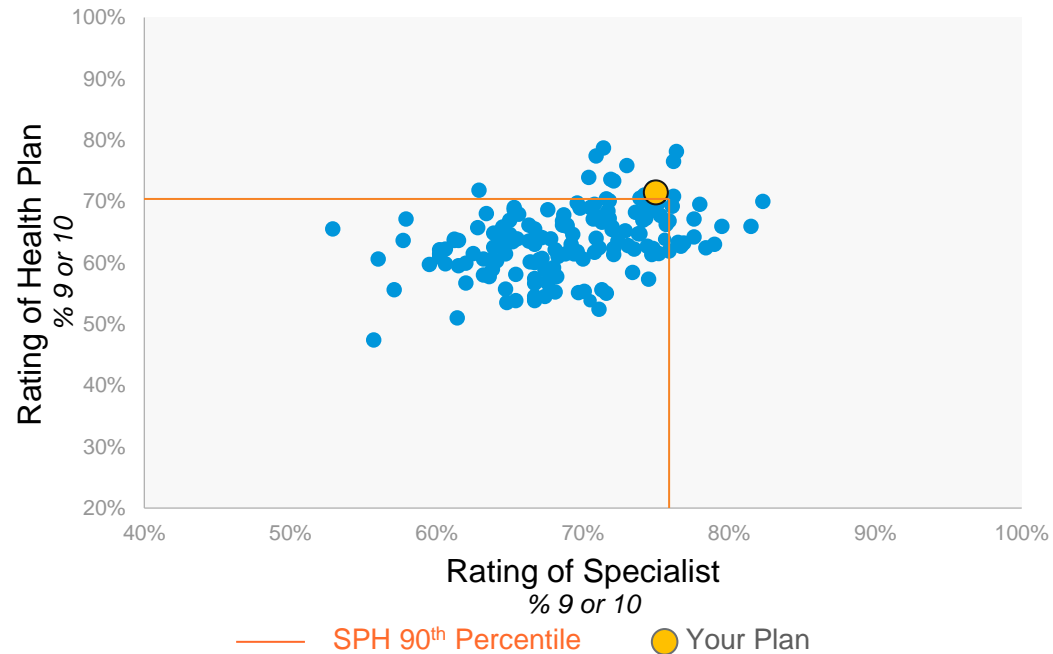
% 8, 9 or 10

21st

% 9 or 10

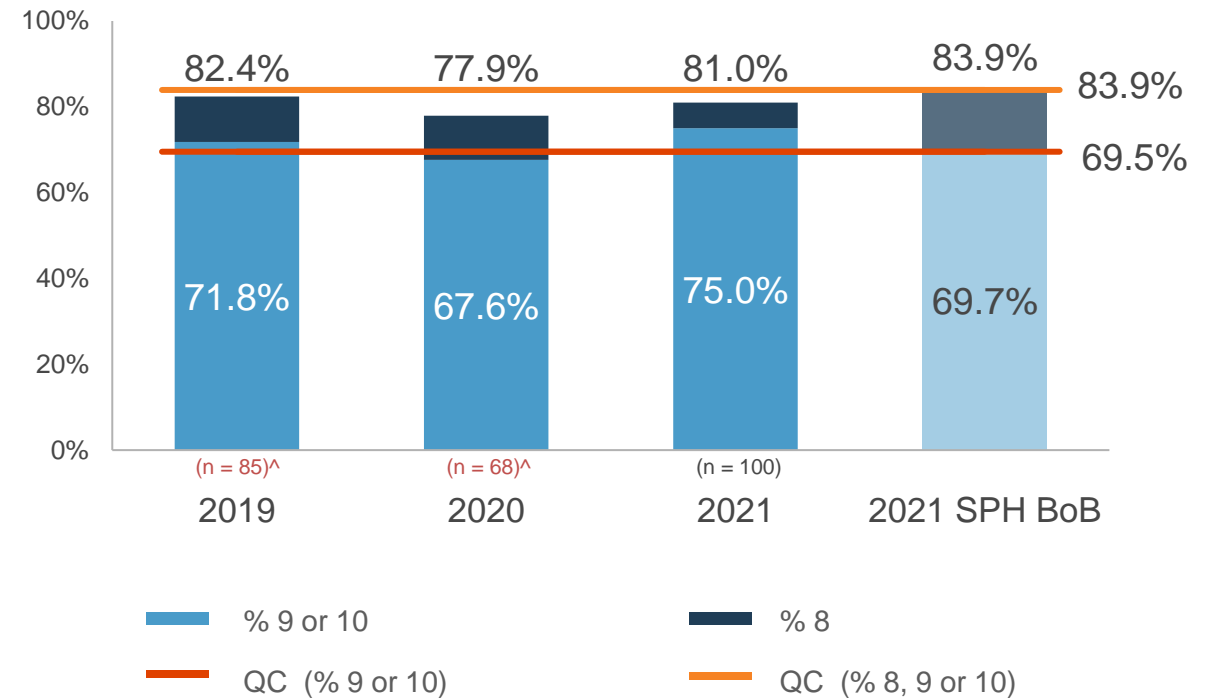
87th

SPH BOOK OF BUSINESS DISTRIBUTION



RATING OF SPECIALIST

% 8, 9 or 10



Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

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



Getting Needed Care

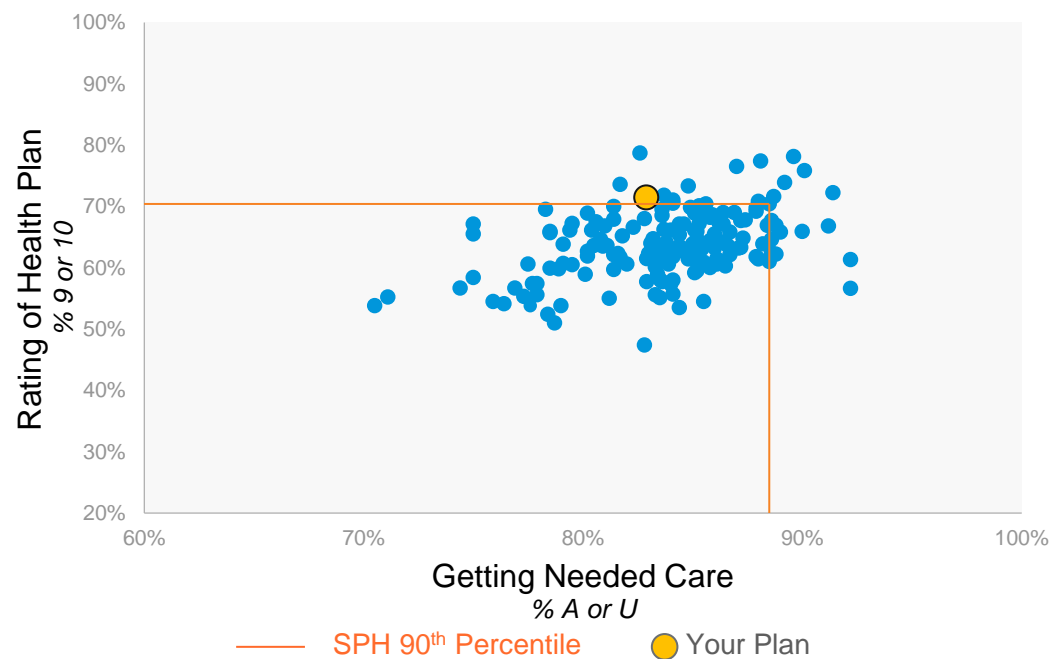
Composite

PERCENTILE RANKING 2020 QC ALL PLANS

% A or U

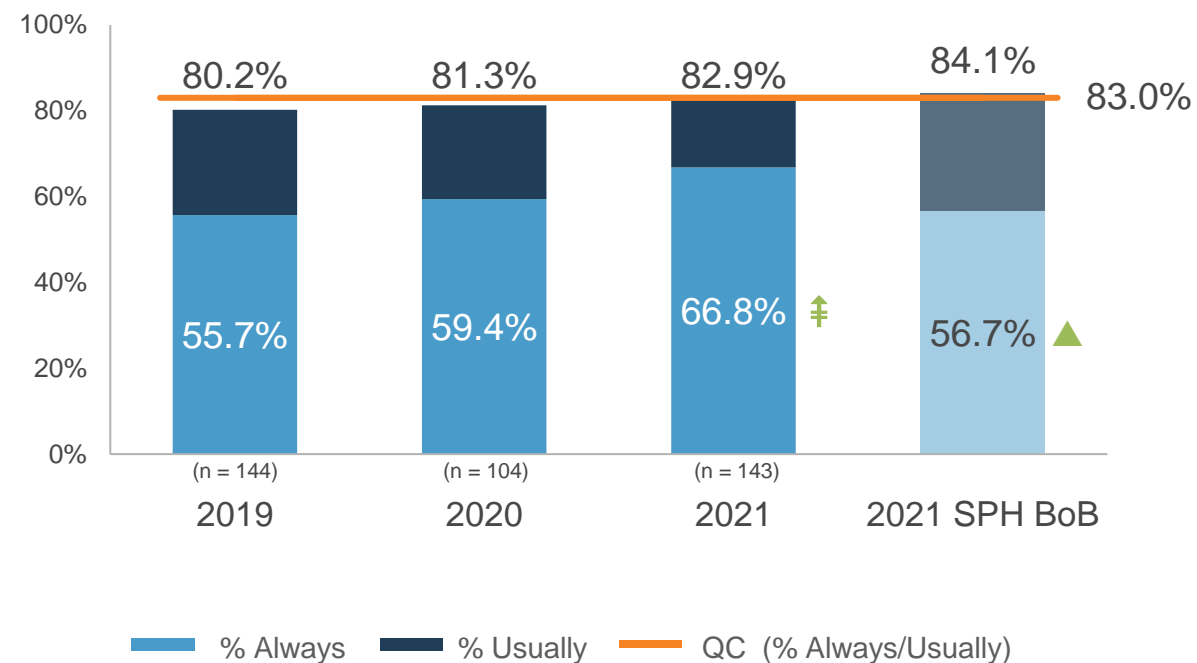
46th

SPH BOOK OF BUSINESS DISTRIBUTION



GETTING NEEDED CARE

% Always or Usually



Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (‡) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (‡) or benchmark score (▼).

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



GETTING NEEDED CARE QUESTIONS

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

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

2021 GETTING NEEDED CARE COMPOSITE SUMMARY RATE SCORE

82.9%

Gate Question

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

Valid n	Yes
279	39.1%

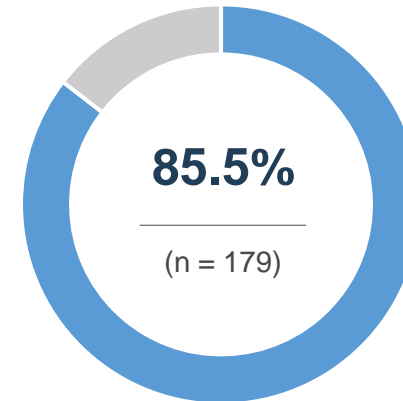
Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

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

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

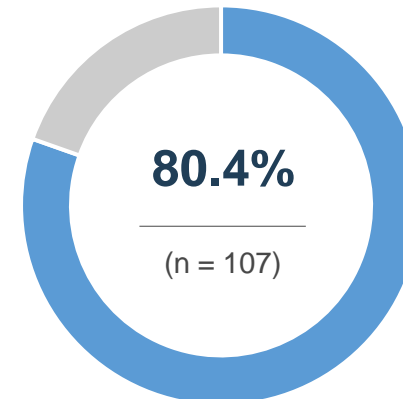


2021	85.5%
2020	88.0%
2019	85.1%
SPH	85.8%
QC	85.9%

Percentile Ranking 2020 QC All Plans



Q20. GETTING SPECIALIST APPOINTMENT % Always or Usually



2021	80.4%
2020	74.7%
2019	75.3%
SPH	82.4%
QC	80.1%

Percentile Ranking 2020 QC All Plans



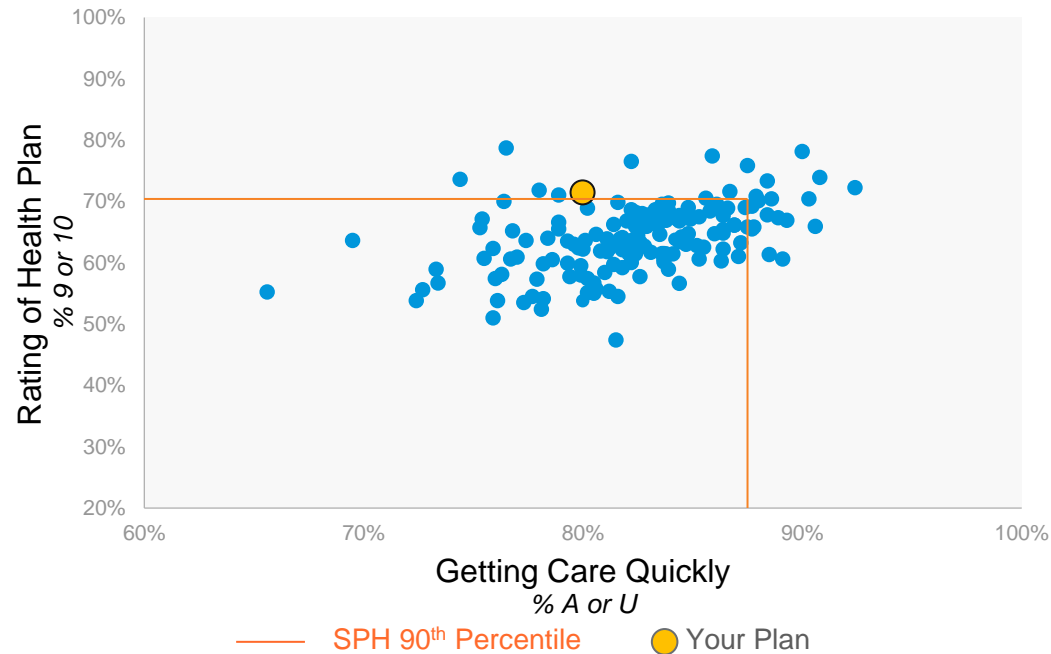


PERCENTILE RANKING 2020 QC ALL PLANS

% A or U

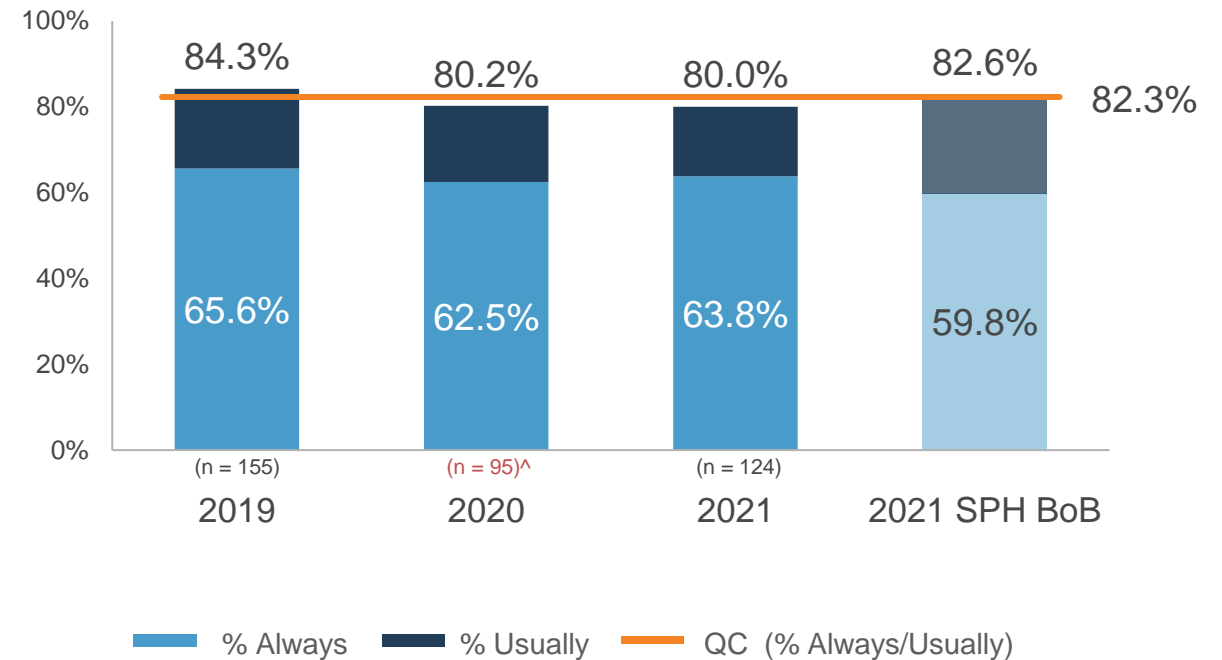
25th

SPH BOOK OF BUSINESS DISTRIBUTION



GETTING CARE QUICKLY

% Always or Usually



Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

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



GETTING CARE QUICKLY QUESTIONS

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

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

2021 GETTING CARE QUICKLY COMPOSITE SUMMARY RATE SCORE

80.0%

Gate Questions

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

Valid n	Yes
274	33.2%

Q5. Made appts for health care in person, on the phone, or on video

278	59.0%
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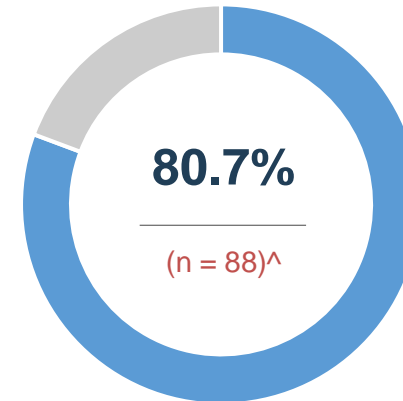
Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

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

Q4. GETTING URGENT CARE % Always or Usually

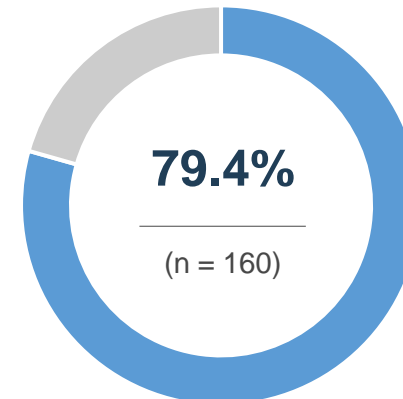


2021	80.7%
2020	79.4%
2019	86.7%
SPH	84.3%
QC	85.0%

Percentile Ranking 2020 QC All Plans



Q6. GETTING ROUTINE CARE % Always or Usually



2021	79.4%
2020	81.0%
2019	81.9%
SPH	80.9%
QC	79.8%

Percentile Ranking 2020 QC All Plans



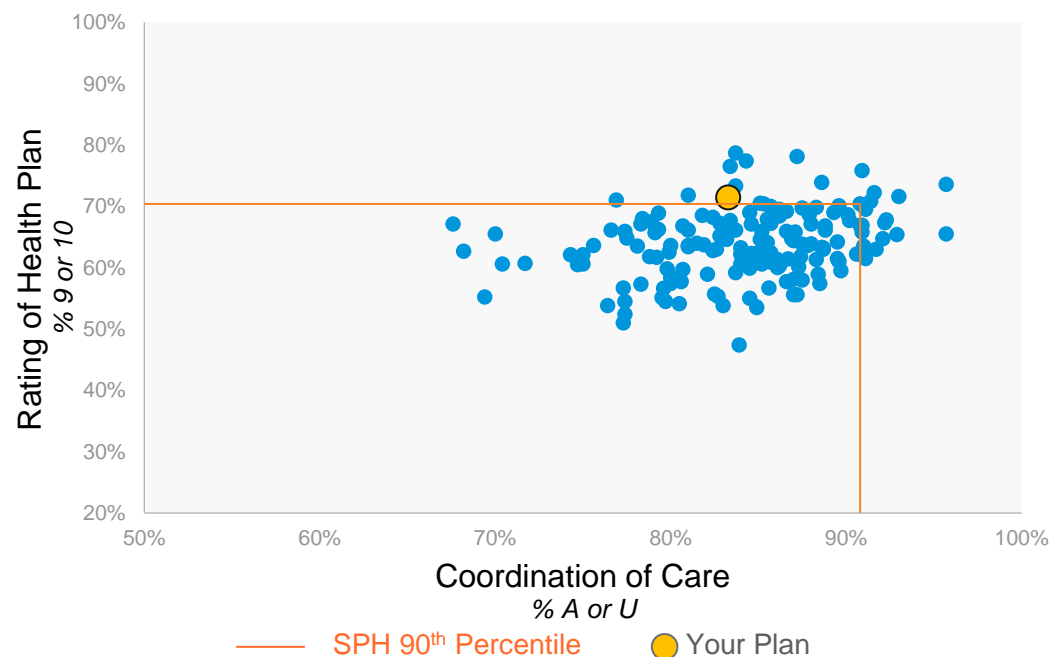


PERCENTILE RANKING 2020 QC ALL PLANS

% A or U

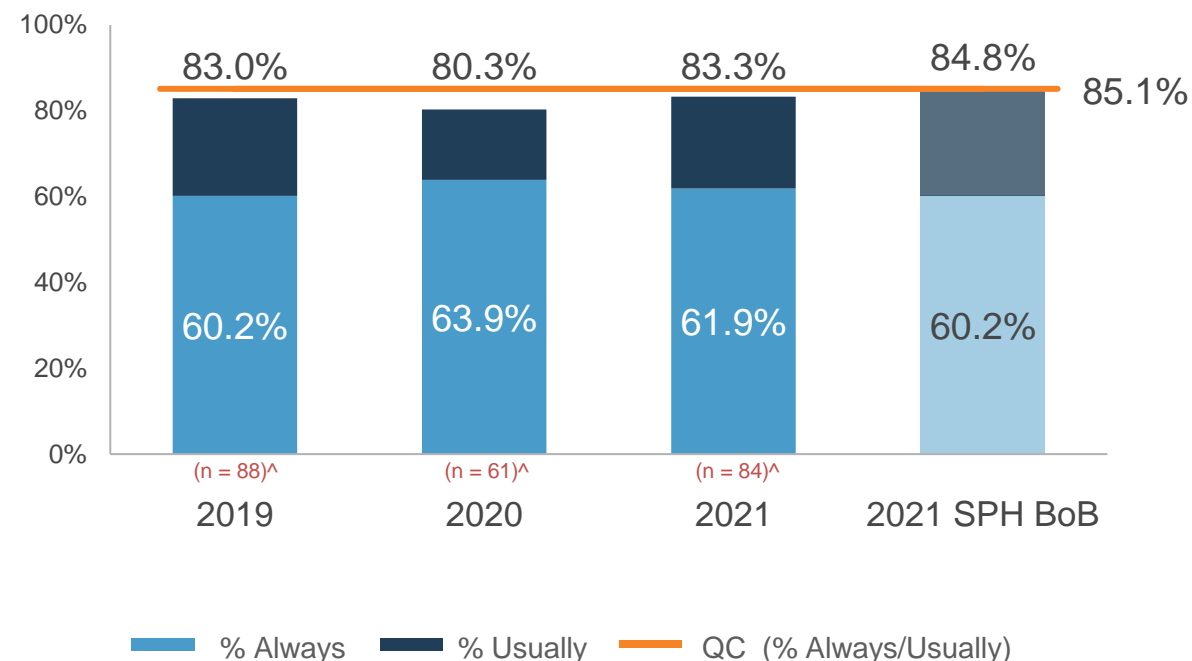
30th

SPH BOOK OF BUSINESS DISTRIBUTION



COORDINATION OF CARE

% Always or Usually



Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

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

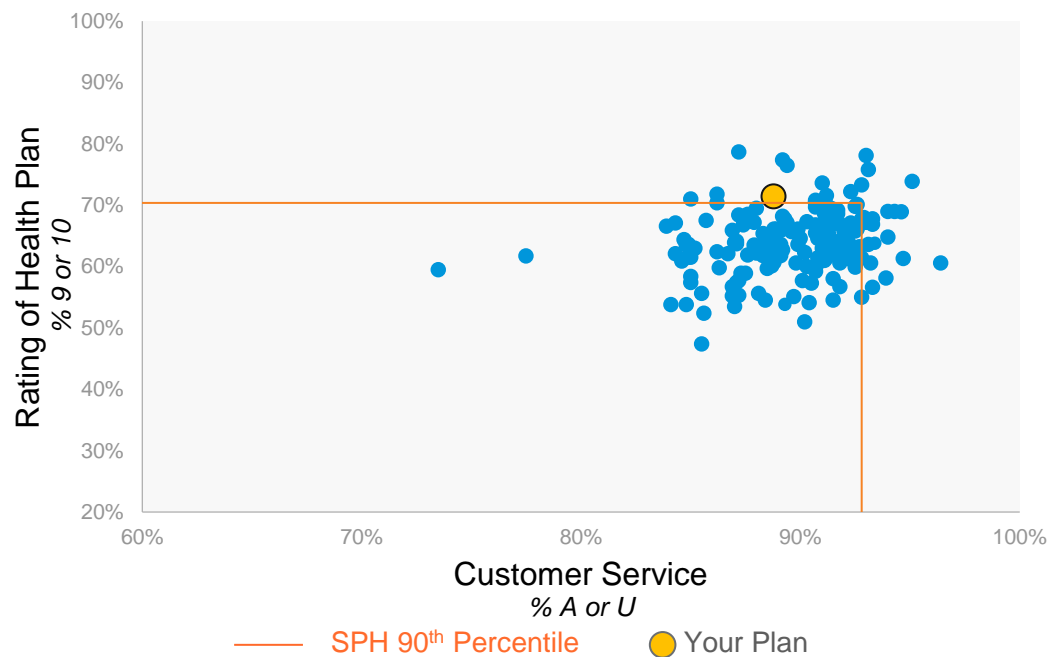


PERCENTILE RANKING 2020 QC ALL PLANS

% A or U

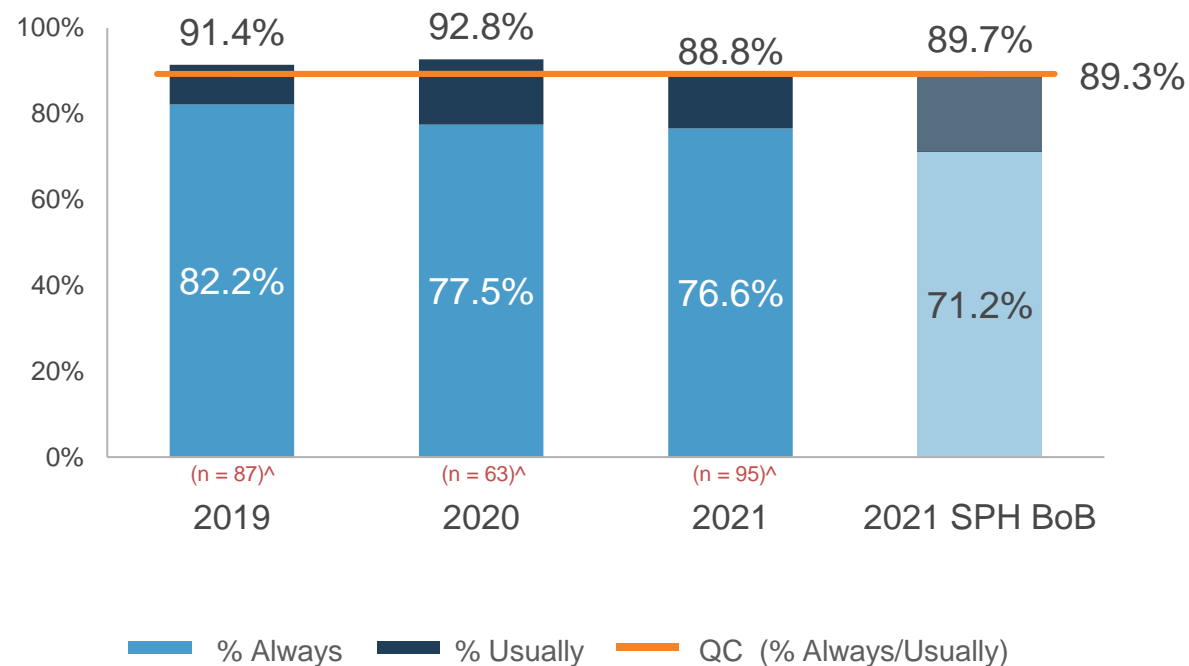
36th

SPH BOOK OF BUSINESS DISTRIBUTION



CUSTOMER SERVICE

% Always or Usually



Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

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



CUSTOMER SERVICE QUESTIONS

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

- 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

88.8%

Gate Question

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

Valid n	Yes
268	36.2%

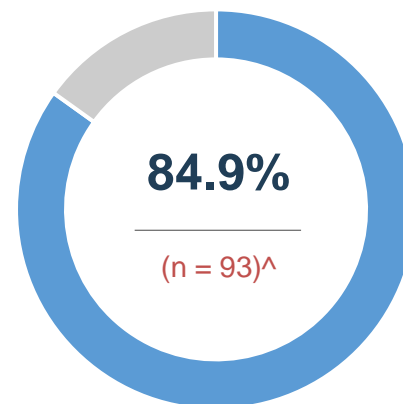
Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

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

Q24. PROVIDED INFORMATION OR HELP % Always or Usually

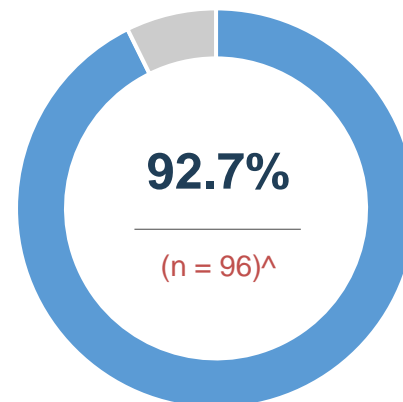


2021	84.9%
2020	87.1%
2019	86.2%
SPH	84.5%
QC	84.2%

Percentile Ranking 2020 QC All Plans



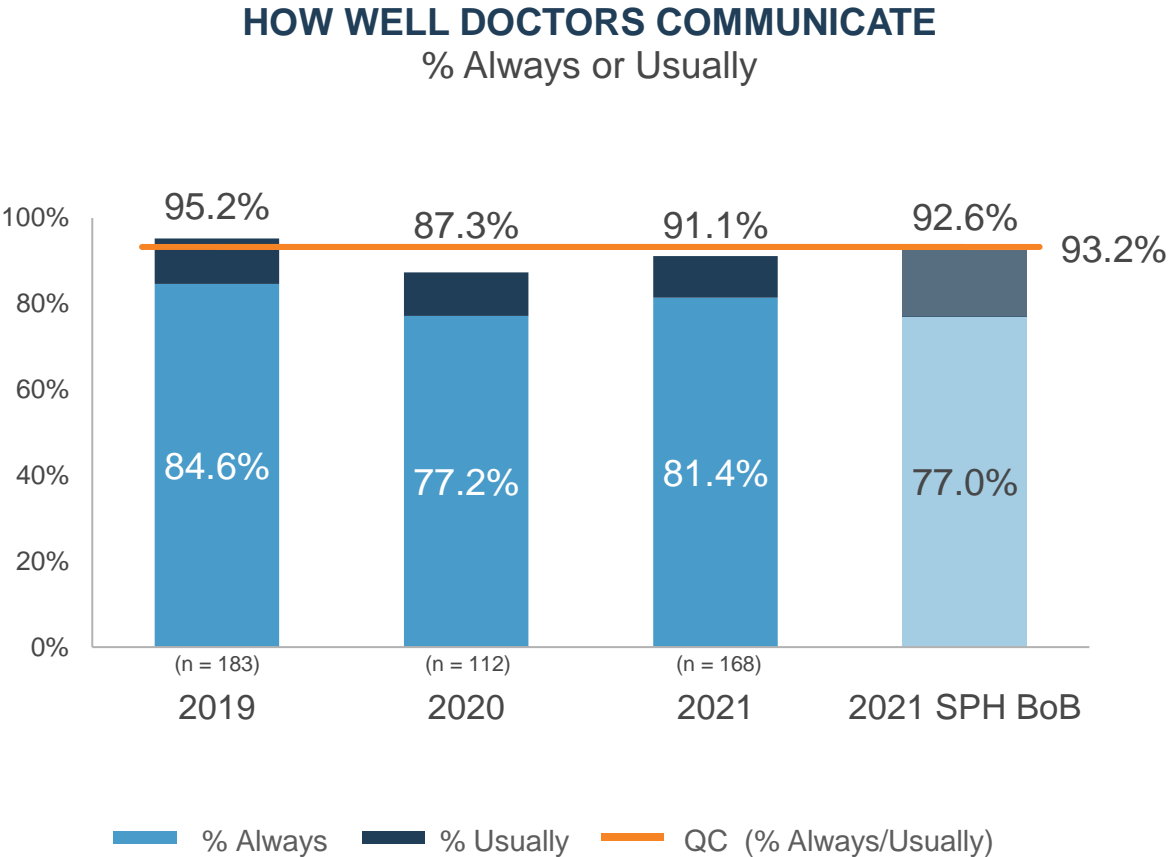
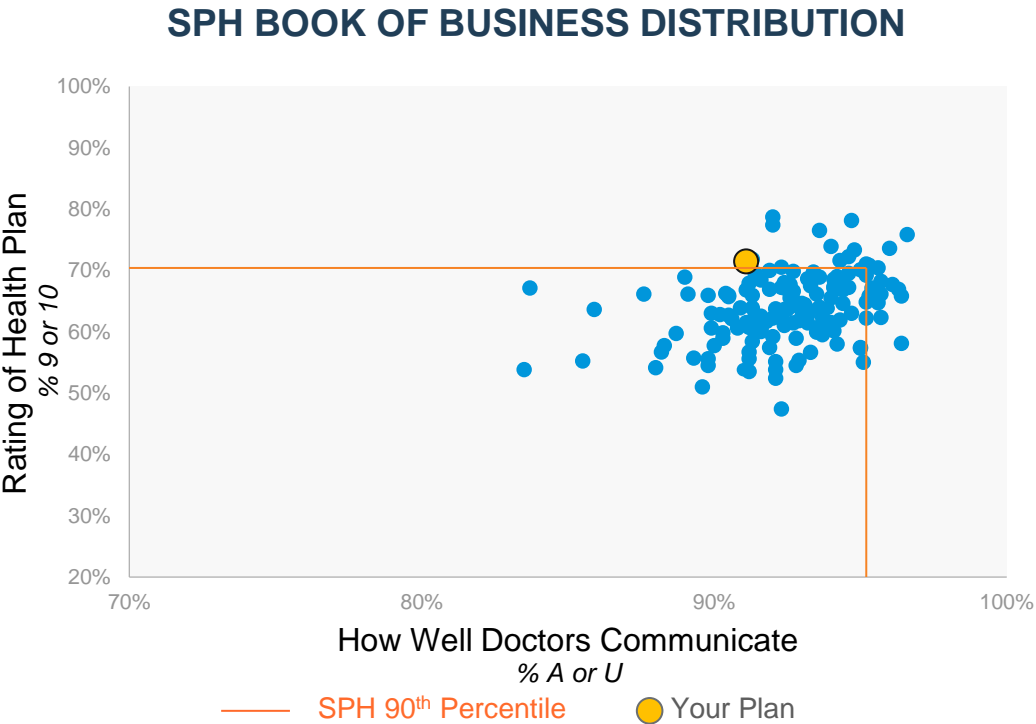
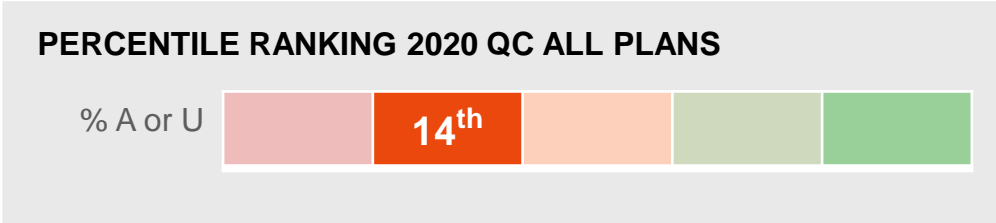
Q25. TREATED WITH COURTESY AND RESPECT % Always or Usually



2021	92.7%
2020	98.4%
2019	96.6%
SPH	95.0%
QC	94.4%

Percentile Ranking 2020 QC All Plans





Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⌆) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⌇) or benchmark score (▼).

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

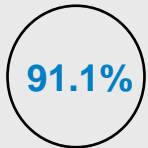
* The How Well Doctors Communicate measure is not used for NCQA ratings.

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	277	81.6%

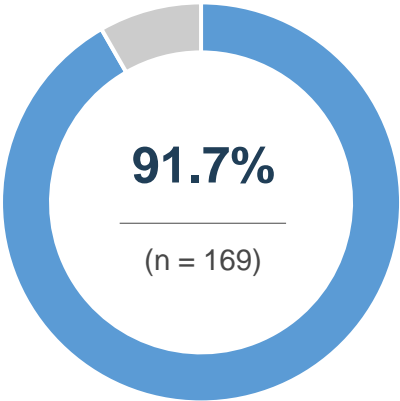
Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⬆) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⬆) or benchmark score (▼).

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

Q12. PERSONAL DOCTOR EXPLAINED THINGS
% Always or Usually

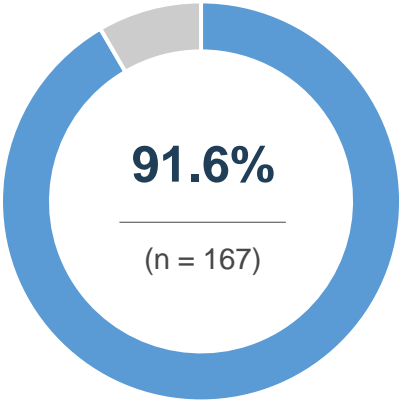


2021	91.7%
2020	84.8%
2019	95.7%
SPH	92.5%
QC	93.3%

Percentile Ranking 2020 QC All Plans



Q13. PERSONAL DOCTOR LISTENED CAREFULLY
% Always or Usually



2021	91.6%	⬆
2020	87.5%	
2019	96.7%	
SPH	92.9%	
QC	93.4%	

Percentile Ranking 2020 QC All Plans

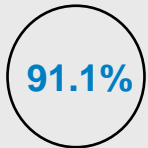


HOW WELL DOCTORS COMMUNICATE QUESTIONS

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



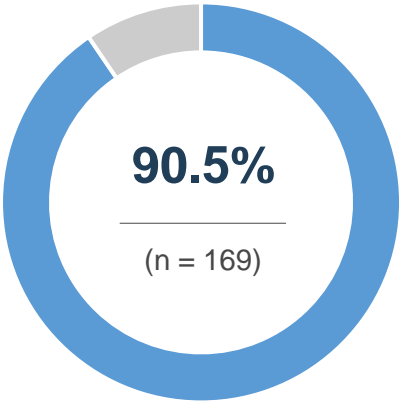
Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⬆) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⬆) or benchmark score (▼).

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

Q14. PERSONAL DOCTOR SHOWED RESPECT
% Always or Usually

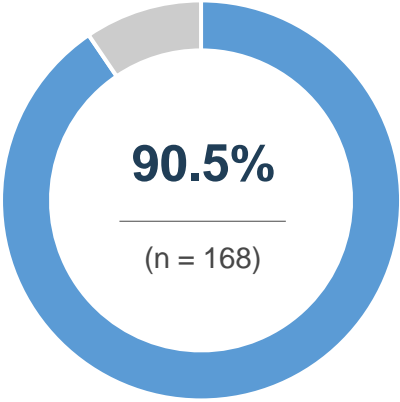


2021	90.5%	⬇
2020	89.2%	
2019	96.7%	
SPH	94.6%	
QC	94.7%	

Percentile Ranking 2020 QC All Plans



Q15. PERSONAL DOCTOR SPENT ENOUGH TIME
% Always or Usually



2021	90.5%	
2020	87.5%	
2019	91.8%	
SPH	90.7%	
QC	91.3%	

Percentile Ranking 2020 QC All Plans





Summary of Trend and Benchmarks

Summary Rate Scores and Percentile Rankings

- Louisiana Healthcare Connections (Centene LA)



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.

Summary Rate Scores: 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 (↑), the 2019 score (⬆️) or benchmark score (▲).

Red – Current year score is significantly lower than the 2020 score (↓), the 2019 score (⬆️) or benchmark score (▼).

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



Benchmark Information

Available Benchmarks

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	<ul style="list-style-type: none">Contains more plans than Public ReportIs presented in NCQA's The State of Health Care Quality	<ul style="list-style-type: none">Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass® All Plans benchmark	<ul style="list-style-type: none">Provides a benchmark for each question from the surveyPermits precise percentile ranking of plan compared to benchmarkHistorically, the SPH BoB has varied by less than 1% from the Public Report benchmark
CONS	<ul style="list-style-type: none">Only contains benchmarks for certain key questions, composites, and rating questions	<ul style="list-style-type: none">Only contains benchmarks for certain key questions, composites, and rating questions	<ul style="list-style-type: none">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 RATING MEASURES		2021 VALID N	2019	2020	2021	2021 SPH BENCHMARK	2020 QC BENCHMARK
<div>9</div> <div>Total Star Rating</div> <div>★</div> <div>Measures</div>	Rating Questions (% 9 or 10)						
	★ Q28. Rating of Health Plan	269	68.4%	64.0%	71.4%	64.5% ▲	62.2% ▲
	★ Q8. Rating of Health Care	182	61.5%	57.2%	64.3%	59.4%	57.7%
	★ Q18. Rating of Personal Doctor	222	71.4%	60.3%	75.7% ↑	70.4%	69.2% ▲
	★ Q22. Rating of Specialist	100	71.8%	67.6%	75.0%	69.7%	69.5%
	Rating Questions (% 8, 9 or 10)						
	Q28. Rating of Health Plan	269	80.6%	77.1%	84.0%	79.8%	78.5% ▲
	Q8. Rating of Health Care	182	78.6%	71.7%	80.2%	77.5%	76.4%
	Q18. Rating of Personal Doctor	222	85.9%	74.3%	85.6% ↑	83.8%	83.5%
	Q22. Rating of Specialist	100	82.4%	77.9%	81.0%	83.9%	83.9%
<div>4</div> <div>Above QC Benchmark*</div>	★ Getting Needed Care (% Always or Usually)	143	80.2%	81.3%	82.9%	84.1%	83.0%
	Q9. Getting care, tests, or treatment	179	85.1%	88.0%	85.5%	85.8%	85.9%
	Q20. Getting specialist appointment	107	75.3%	74.7%	80.4%	82.4%	80.1%
	★ Getting Care Quickly (% Always or Usually)	124	84.3%	80.2%	80.0%	82.6%	82.3%
	Q4. Getting urgent care	88^	86.7%	79.4%	80.7%	84.3%	85.0%
	Q6. Getting routine care	160	81.9%	81.0%	79.4%	80.9%	79.8%
<div>5</div> <div>At or Below QC Benchmark*</div>	Other Measure (% Always or Usually)						
	★ Q17. Coordination of Care	84^	83.0%	80.3%	83.3%	84.8%	85.1%
	Effectiveness of Care Measures						
	★ Q31. Flu Vaccinations (Adults 18-64) (% Yes)	257	42.5%	50.6%	36.2% ↓	40.6%	43.8% ▼
	★ Q33. Advising Smokers and Tobacco Users to Quit: Rolling Avg.	154	78.5%	74.8%	69.5%	74.0%	77.2% ▼
	Q34. Discussing Cessation Medications: Rolling Avg.	154	47.4%	49.3%	55.8%	52.3%	54.5%
	Q35. Discussing Cessation Strategies: Rolling Avg.	154	45.8%	44.9%	46.1%	46.2%	48.7%



Summary Rate Scores

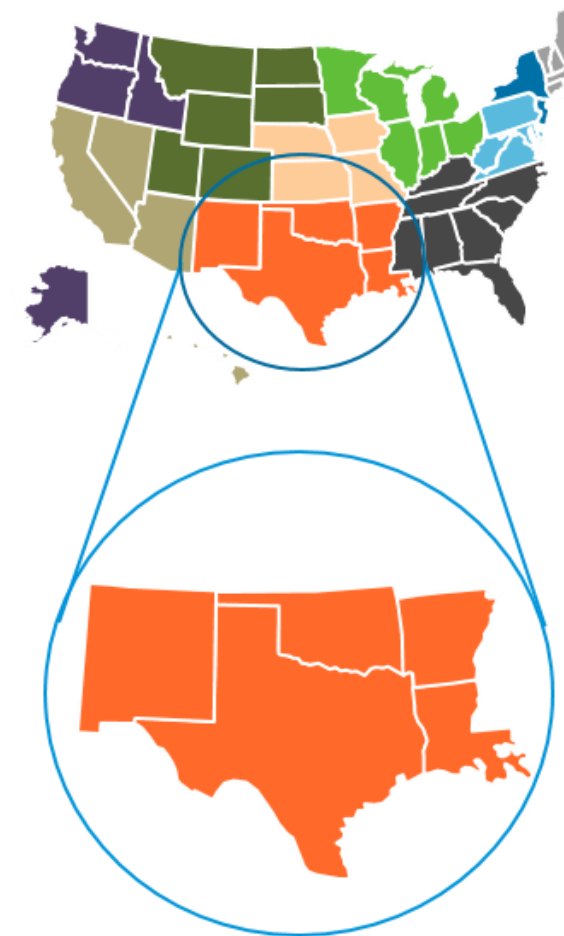
OTHER MEASURES

(Not used for accreditation/ratings)

	2021 VALID N	2019	2020	2021	2021 SPH BENCHMARK	2020 QC BENCHMARK
Customer Service (% Always or Usually)	95^	91.4%	92.8%	88.8%	89.7%	89.3%
Q24. Provided information or help	93^	86.2%	87.1%	84.9%	84.5%	84.2%
Q25. Treated with courtesy and respect	96^	96.6%	98.4%	92.7%	95.0%	94.4%
How Well Doctors Communicate (% Always or Usually)	168	95.2%	87.3%	91.1%	92.6%	93.2%
Q12. Personal doctor explained things	169	95.7%	84.8%	91.7%	92.5%	93.3%
Q13. Personal doctor listened carefully	167	96.7%	87.5%	91.6% ↓	92.9%	93.4%
Q14. Personal doctor showed respect	169	96.7%	89.2%	90.5% ↓	94.6%	94.7%
Q15. Personal doctor spent enough time	168	91.8%	87.5%	90.5%	90.7%	91.3%
Other Measure (% Always or Usually)						
Q27. Ease of filling out forms	265	95.3%	95.7%	98.1%	95.8% ▲	95.8% ▲

	SUMMARY RATE	2021 SPH BoB REGION
Rating Questions (% 9 or 10)		
Q28. Rating of Health Plan	71.4% ◆	65.0%
Q8. Rating of Health Care	64.3%	61.3%
Q18. Rating of Personal Doctor	75.7%	71.8%
Q22. Rating of Specialist	75.0%	68.9%
Rating Questions (% 8, 9 or 10)		
Q28. Rating of Health Plan	84.0%	79.4%
Q8. Rating of Health Care	80.2%	78.2%
Q18. Rating of Personal Doctor	85.6%	84.0%
Q22. Rating of Specialist	81.0%	82.0%
Getting Needed Care (% Always or Usually)		
Q9. Getting care, tests, or treatment	85.5%	84.2%
Q20. Getting specialist appointment	80.4%	82.3%
Getting Care Quickly (% Always or Usually)		
Q4. Getting urgent care	80.7%	82.2%
Q6. Getting routine care	79.4%	80.0%
Coordination of Care (Q17) (% Always or Usually)		
Q17. Coordination of care	83.3%	82.2%
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)		
Q31. Flu vaccinations for adults ages 18-64	36.2%	40.6%
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)		
Q33. Advising Smokers and Tobacco Users to Quit	69.5%	73.2%
Q34. Discussing Cessation Medications	55.8%	49.9%
Q35. Discussing Cessation Strategies	46.1%	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.



Percentile Rankings

	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass									SPH %tile	National Percentiles from 2021 SPH Book of Business								
			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
Rating Questions (% 9 or 10)																					
Q28. Rating of Health Plan	71.4%	94 th	51.6	54.0	58.0	59.4	62.8	65.6	66.5	70.2	71.8	93 rd	54.5	55.7	60.6	61.8	63.6	66.1	67.2	70.4	72.2
Q8. Rating of Health Care	64.3%	88 th	48.2	51.3	54.3	55.3	57.6	59.6	61.4	64.5	67.5	81 st	50.6	52.4	55.4	56.8	58.6	61.6	63.3	66.8	68.2
Q18. Rating of Personal Doctor	75.7%	90 th	58.2	62.8	66.2	67.7	69.7	71.7	72.4	75.7	77.4	90 th	61.9	63.3	66.9	67.9	70.3	72.0	73.7	75.7	77.2
Q22. Rating of Specialist	75.0%	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	84.0%	85 th	68.8	72.1	75.6	76.6	79.5	81.3	82.5	84.5	85.8	85 th	72.1	73.2	76.0	77.7	79.8	81.5	82.4	84.8	86.6
Q8. Rating of Health Care	80.2%	80 th	67.9	70.3	73.4	74.9	76.8	78.2	79.4	82.4	84.2	72 nd	69.3	70.7	74.8	76.2	77.9	79.5	80.5	82.7	84.0
Q18. Rating of Personal Doctor	85.6%	68 th	75.2	78.2	81.7	82.4	83.7	85.3	86.5	88.2	89.5	73 rd	78.0	79.7	81.5	82.4	83.9	85.2	85.7	87.9	88.9
Q22. Rating of Specialist	81.0%	21 st	76.0	77.8	81.6	82.8	84.2	85.7	86.8	88.5	91.7	25 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)	82.9%	46 th	72.9	77.0	81.0	81.6	83.4	85.5	86.2	88.4	89.3	32 nd	76.9	78.4	81.4	82.9	84.1	85.5	86.2	88.5	89.0
Q9. Getting care, tests, or treatment	85.5%	38 th	78.6	79.9	83.3	84.6	86.5	88.0	88.7	91.0	91.4	47 th	76.9	80.6	83.0	83.8	85.8	87.6	88.7	90.6	91.1
Q20. Getting specialist appointment	80.4%	49 th	69.6	73.5	77.0	77.8	80.5	82.9	84.3	87.7	88.6	35 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)	80.0%	25 th	72.7	75.4	79.9	81.0	83.5	84.9	86.1	87.1	88.1	24 th	75.4	76.7	80.0	81.0	82.4	83.9	84.8	87.5	88.5
Q4. Getting urgent care	80.7%	14 th	75.6	77.6	82.5	83.2	85.5	87.5	88.3	90.4	92.6	20 th	76.8	78.6	81.3	82.6	84.3	86.0	87.3	90.1	91.8
Q6. Getting routine care	79.4%	39 th	69.9	72.3	76.1	78.5	80.8	82.7	83.8	85.7	86.8	40 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)	83.3%	30 th	77.6	79.2	82.5	83.5	85.6	87.6	88.3	90.2	92.1	36 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)	36.2%	12 th	31.5	35.2	39.7	41.1	43.4	46.3	48.1	52.6	56.8	32 nd	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	69.5%	8 th	65.3	69.8	74.3	75.2	77.7	80.4	80.9	84.2	85.0	30 th	56.1	60.7	68.1	70.0	73.2	76.5	77.8	81.7	85.1
Q34. Discussing Cessation Medications	55.8%	61 st	43.0	45.0	49.3	51.2	54.2	57.6	59.4	64.3	67.0	70 th	35.5	37.5	44.2	46.6	50.0	54.7	56.8	63.5	69.0
Q35. Discussing Cessation Strategies	46.1%	34 th	37.7	40.9	43.8	45.9	47.9	50.8	53.9	56.7	60.6	52 nd	28.1	33.3	39.2	40.9	45.8	48.5	50.0	56.3	59.3

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



Percentile Rankings

	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass									SPH %tile	National Percentiles from 2021 SPH Book of Business								
			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)	88.8%	36th	84.8	86.1	87.5	88.6	89.6	90.7	91.2	92.4	93.2	38th	84.8	85.2	87.4	88.3	89.9	91.2	91.7	92.8	93.3
Q24. Provided information or help	84.9%	54 th	78.0	80.0	82.1	82.7	84.5	86.3	86.8	88.5	90.0	51 st	75.5	77.9	81.4	82.1	84.6	86.4	88.2	89.4	90.4
Q25. Treated with courtesy and respect	92.7%	25 th	90.5	91.5	92.7	93.9	95.0	95.8	96.3	97.1	97.4	15 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)	91.1%	14th	89.2	90.7	92.0	92.4	93.4	94.2	94.5	95.7	96.5	19th	88.7	89.9	91.3	91.9	92.7	93.6	94.1	95.2	95.6
Q12. Personal doctor explained things	91.7%	21 st	88.8	89.8	91.9	92.6	93.5	94.7	95.1	96.2	96.6	35 th	88.1	89.2	90.8	91.2	92.9	93.9	94.4	95.4	96.1
Q13. Personal doctor listened carefully	91.6%	17 th	89.1	90.0	92.2	92.6	93.4	94.4	95.0	96.4	97.1	29 th	87.9	89.4	91.4	91.8	93.1	94.0	94.4	95.6	95.7
Q14. Personal doctor showed respect	90.5%	<5 th	91.1	92.2	93.4	93.9	94.8	95.5	96.0	97.4	98.1	<5 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	90.5%	33 rd	85.8	87.7	89.5	90.5	91.7	92.9	93.3	94.4	95.4	47 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)	98.1%	91st	92.5	93.5	94.6	95.0	95.9	96.7	97.2	98.0	98.6	89th	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

- Louisiana Healthcare Connections (Centene LA)



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 (↑), the 2019 score (⬆) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⬆) or benchmark score (▼).

SPH refers to the 2021 SPH Analytics Book of Business benchmark.

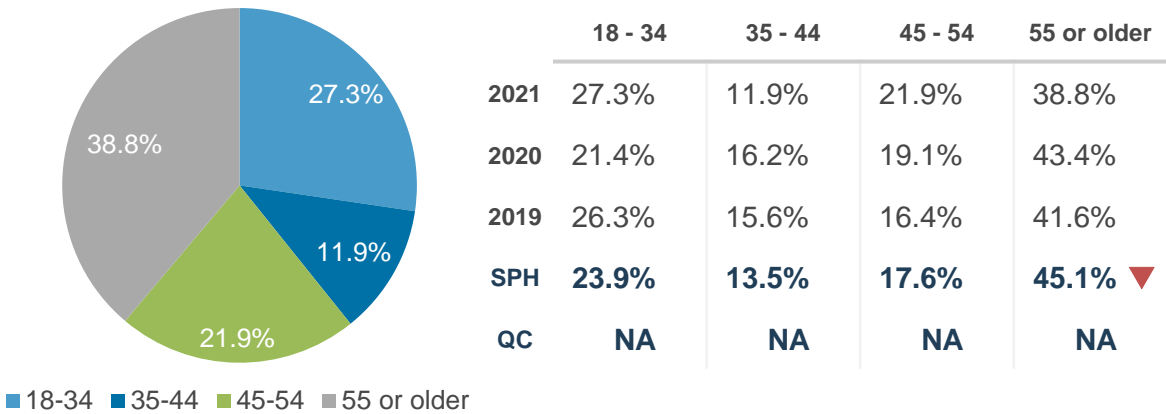
QC refers to the 2020 Quality Compass[®] All Plans benchmark.

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.

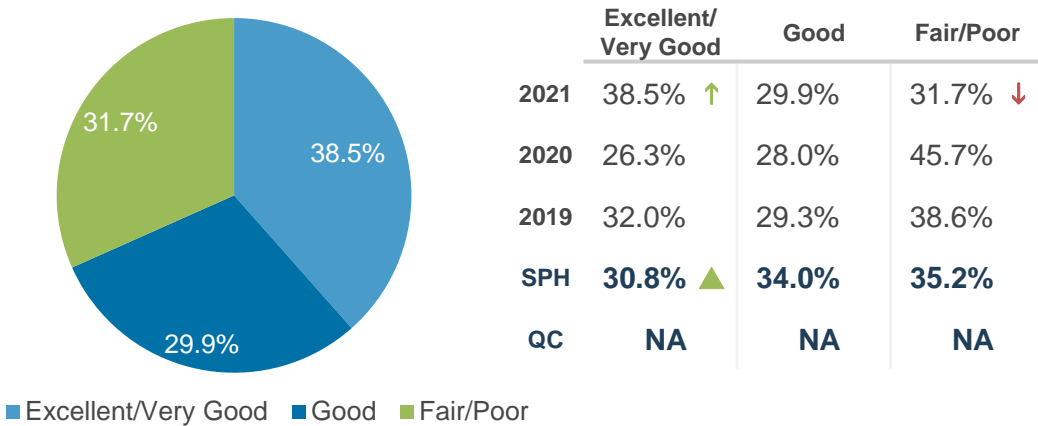
Survey Demographics

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

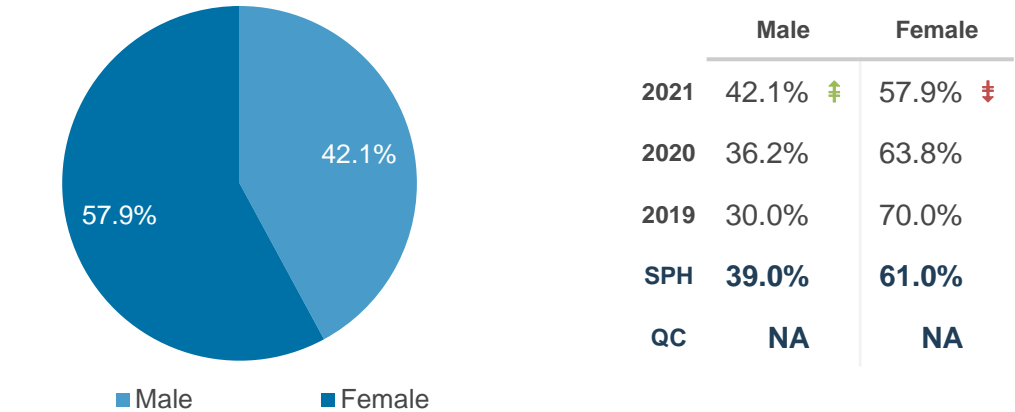
Age



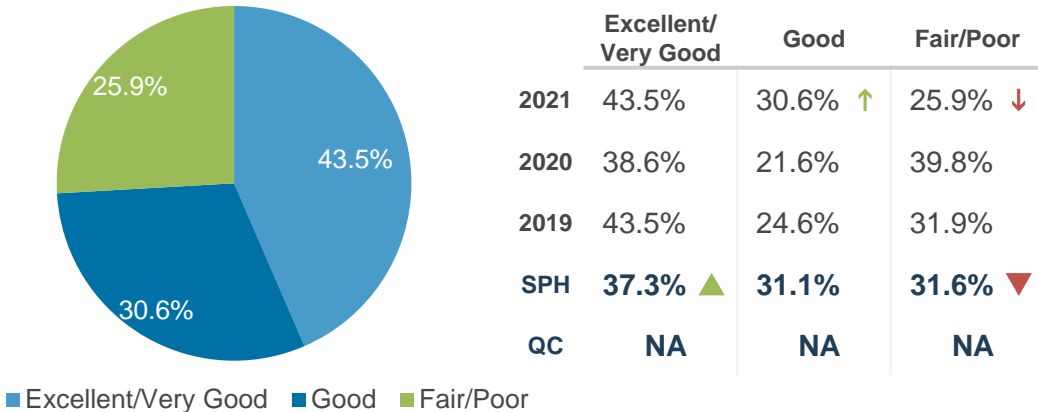
Health Status



Gender



Mental/Emotional Health Status



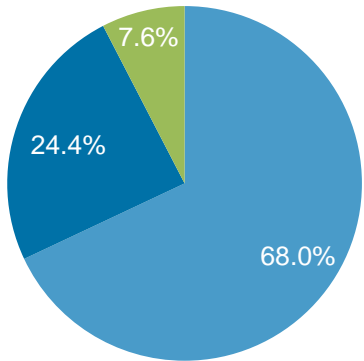
Note: NCQA did not provide Quality Compass demographic benchmarks in 2020.

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

Survey Demographics

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

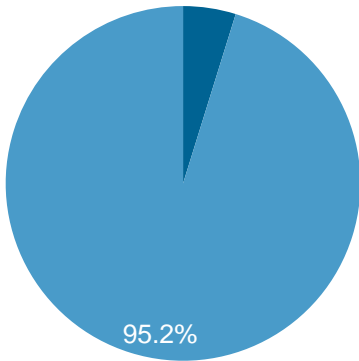
Education



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

	HS Graduate or Less	Some College	College Graduate or More
2021	68.0% ↓	24.4% ↑	7.6%
2020	76.7%	14.0%	9.3%
2019	67.0%	25.4%	7.6%
SPH	62.1% ▲	26.5%	11.4% ▼
QC	NA	NA	NA

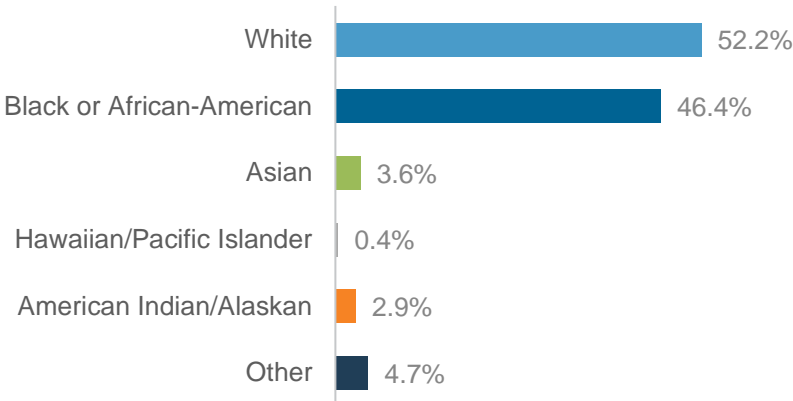
Ethnicity



■ Hispanic/Latino ■ Not Hispanic/Latino

	Hispanic/Latino	Not Hispanic/Latino
2021	4.8%	95.2%
2020	6.2%	93.8%
2019	3.6%	96.4%
SPH	17.7% ▼	82.3% ▲
QC	NA	NA

Race



	White	Black or African-American	Asian	Hawaiian/Pacific Islander	American Indian/Alaskan	Other
2021	52.2%	46.4%	3.6%	0.4%	2.9% ↑	4.7%
2020	50.6%	47.6%	1.2%	0.0%	0.6%	1.8%
2019	48.9%	45.4%	1.5%	0.4%	0.8%	5.3%
SPH	63.0% ▼	23.7% ▲	6.3% ▼	1.3% ▼	3.9%	10.7% ▼
QC	NA	NA	NA	NA	NA	NA



Demographic Segment Analyses

Subgroup Analysis

- Louisiana Healthcare Connections (Centene LA)



Demographic Analyses: Section Information

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)



Demographic Segments

	<u>Rating of Health Plan</u>		<u>Rating of Health Care</u>		<u>Health Status</u>			<u>Mental Health Status</u>			<u>Survey Type</u>			<u>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	18-34	35-44	45-54	55+
	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)
Total respondents	226	43	146	36	107	83	88	121	85	72	190	66	24	76	33	61	108
Rating Questions (% 9 or 10)																	
Q28. Rating of Health Plan	85.0% H	0.0%	84.1% J	28.6%	78.1%	70.0%	65.1%	75.4%	70.4%	65.2%	72.0%	71.9%	65.2%	66.7%	74.2%	78.7%	68.9%
Q8. Rating of Health Care	73.5%	12.0%	80.1% J	0.0%	81.4% LM	55.0%	58.1%	71.6%	62.3%	55.6%	62.3%	69.8%	64.7%	62.2%	60.9%	72.9%	60.8%
Q18. Rating of Personal Doctor	84.2% H	30.3%	86.7% J	38.7%	75.0%	85.7% M	68.0%	81.1% P	78.3%	65.1%	75.3%	75.0%	80.0%	72.7%	74.1%	84.9%	72.1%
Q22. Rating of Specialist	82.7%	41.2%	84.4%	44.4%	85.7%	77.4%	67.5%	81.1%	82.1%	62.9%	76.9%	75.0%	63.6%	73.3%	66.7%	95.8%	67.3%
Rating Questions (% 8, 9 or 10)																	
Q28. Rating of Health Plan	100% H	0.0%	95.2% J	48.6%	90.5% M	81.3%	79.5%	87.3%	84.0%	78.3%	81.3%	92.2% Q	82.6%	83.3%	80.6%	91.8% W	80.6%
Q8. Rating of Health Care	89.0%	28.0%	100% J	0.0%	88.1%	78.3%	75.8%	85.1%	75.5%	77.8%	77.0%	93.0% Q	70.6%	73.0%	87.0%	91.7% TW	74.3%
Q18. Rating of Personal Doctor	94.0% H	42.4%	93.8% J	54.8%	86.8%	91.4% M	78.7%	88.9%	88.4%	77.8%	86.0%	86.5%	80.0%	81.8%	81.5%	92.5%	84.9%
Q22. Rating of Specialist	88.9%	47.1%	89.1%	50.0%	92.9%	87.1%	70.0%	89.2% P	85.7%	68.6%	80.0%	83.3%	81.8%	86.7%	75.0%	95.8%	73.5%
Getting Needed Care (% A or U)	87.6% H	60.6%	91.2% J	57.8%	82.9%	82.6%	83.4%	81.5%	77.8%	88.9%	86.8%	75.6%	74.5%	78.8%	76.1%	95.0% TW	79.0%
Q9. Getting care, tests, or treatment	90.2%	60.0%	92.9% J	55.6%	87.7%	86.4%	83.9%	84.9%	82.4%	88.9%	89.2%	76.2%	82.4%	88.9%	77.3%	97.8% W	78.7%
Q20. Getting specialist appointment	85.1%	61.1%	89.6%	60.0%	78.1%	78.8%	82.9%	78.0%	73.3%	88.9%	84.5%	75.0%	66.7%	68.8%	75.0%	92.3%	79.2%
Getting Care Quickly (% A or U)	82.0%	68.1%	85.4%	74.3%	72.8%	81.1%	83.9%	81.3%	76.2%	82.4%	85.0%	72.1%	65.2%	71.4%	92.9%	77.3%	81.8%
Q4. Getting urgent care	82.7%	60.0%	88.1%	77.8%	76.0%	80.0%	83.3%	83.9%	75.0%	82.1%	86.0%	75.0%	57.1%	76.2%	100%	72.7%	82.4%
Q6. Getting routine care	81.3%	76.2%	82.8%	70.8%	69.6%	82.1%	84.5%	78.7%	77.4%	82.6%	84.0%	69.2%	73.3%	66.7%	85.7%	81.8%	81.3%
Coordination of Care (Q17) (% A or U)	84.3%	76.9%	89.1%	66.7%	85.7%	89.3%	75.0%	87.9%	87.0%	75.0%	87.0%	72.7%	87.5%	81.3%	76.9%	90.0%	82.4%
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	37.6%	32.6%	42.0%	40.0%	30.2%	35.0%	45.0% K	31.3%	35.4%	45.5%	40.1%	27.7%	30.0%	16.9%	25.8%	33.3% T	53.4% TUV
Medical Assistance with Smoking and Tobacco Use Cessation (% A, U or S) (Rolling average)																	
Q33. Advising Smokers and Tobacco Users to Quit	69.8%	75.0%	73.8%	88.0%	64.9%	73.3%	68.6%	72.0%	69.0%	68.3%	71.9%	57.1%	58.3%	44.4%	56.5%	71.1%	79.5%
Q34. Discussing Cessation Medications	55.9%	56.5%	58.8%	72.0%	56.8%	57.8%	52.9%	65.3% O	43.9%	58.1%	57.5%	50.0%	46.2%	33.3%	43.5%	61.5%	62.5%
Q35. Discussing Cessation Strategies	46.5%	47.8%	47.6%	56.0%	50.0%	47.7%	42.9%	52.0%	42.5%	43.5%	46.0%	33.3%	61.5%	31.6%	34.8%	55.3%	50.0%

% A = % Always, % U = % Usually, % S = % Sometimes. ▲Indicates a base size smaller than 20. Interpret results with caution.



Demographic Segments

	<u>Rating of Health Plan</u>		<u>Rating of Health Care</u>		<u>Health Status</u>			<u>Mental Health Status</u>			<u>Survey Type</u>			<u>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	18-34	35-44	45-54	55+
	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)
Total respondents	226	43	146	36	107	83	88	121	85	72	190	66	24	76	33	61	108
Customer Service (% A or U)	94.9%	58.3%	97.1%	80.0%	86.4%	92.1%	89.4%	89.6%	90.1%	86.0%	90.8%	82.3%	100%	91.7%	87.5%	94.4%	85.8%
Q24. Provided information or help	92.2%	50.0%	96.2%	73.3%	82.5%	84.2%	87.9%	86.0%	84.0%	84.0%	88.1%	75.0%	100%	83.3%	83.3%	94.4%	82.2%
Q25. Treated with courtesy and respect	97.5%	66.7%	98.1%	86.7%	90.2%	100%	90.9%	93.2%	96.3%	88.0%	93.4%	89.7%	100%	100%	91.7%	94.4%	89.4%
How Well Doctors Communicate (% A or U)	92.8%	84.0%	95.5%	87.0%	90.5%	94.7%	88.0%	93.2%	93.5%	85.5%	92.8%	83.9%	96.7%	97.3%	77.3%	92.7%	91.8%
Q12. Personal doctor explained things	94.4%	80.0%	96.4%	88.9%	90.0%	93.0%	91.8%	93.9%	92.6%	87.8%	94.8%	82.1%	93.3%	92.9%	81.8%	93.3%	93.2%
Q13. Personal doctor listened carefully	92.9%	84.0%	95.5%	85.2%	90.0%	96.5%	88.1%	92.4%	92.6%	89.4%	92.1%	89.5%	93.3%	96.4%	77.3%	93.2%	93.1%
Q14. Personal doctor showed respect	92.3%	84.0%	94.6%	88.9%	90.0%	94.7%	86.9%	93.9%	92.6%	83.7%	92.2%	82.1%	100%	100%	77.3%	91.1%	90.4%
Q15. Personal doctor spent enough time	91.5%	88.0%	95.5%	85.2%	92.0%	94.7%	85.0%	92.4%	96.3% P	81.3%	92.1%	82.1%	100%	100%	72.7%	93.2%	90.4%
Other Measures																	
Q27. Ease of filling out forms (% A or U)	99.1%	92.7%	99.3%	94.1%	97.1%	100%	97.6%	99.2%	97.5%	96.9%	98.9%	95.2%	100%	98.7%	100% W	100% W	95.9%
Q7. Average number of visits to doctor's office or clinic	2.6	2.2	3.5	3.3	1.9	2.5	3.1 K	2.0	2.5	3.0 N	2.3	2.8	2.0	1.7	3.8	3.0 T	2.3
Q11. Average number of visits to personal doctor	2.3	1.8	2.7	2.3	2.0	2.4	2.3	2.2	2.3	2.1	2.3	2.2	2.2	1.4	3.8	2.3 T	2.2 T
Q21. Average number of specialists seen	1.5	1.6	1.5	1.6	1.4	1.4	1.8	1.6	1.3	1.8 O	1.5	1.8	1.2	1.2	2.1	1.2	1.7

% A = % Always, % U = % Usually, % S = % Sometimes. ▲Indicates a base size smaller than 20. Interpret results with caution.



Demographic Segments

	Gender		Education		Race						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
	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Total respondents	118	162	187	88	144	128	10^	1^	8^	13^	13^	258
Rating Questions (% 9 or 10)												
Q28. Rating of Health Plan	64.5%	76.1% x	73.5%	66.3%	69.0%	75.2%	50.0%	100%	62.5%	69.2%	83.3%	71.4%
Q8. Rating of Health Care	55.7%	69.6%	64.4%	62.9%	64.6%	65.4%	40.0%	100%	57.1%	90.0%	70.0%	64.7%
Q18. Rating of Personal Doctor	68.6%	80.1%	79.7% a	66.2%	77.9%	75.0%	50.0%	100%	66.7%	76.9%	72.7%	75.2%
Q22. Rating of Specialist	69.0%	79.3%	77.5%	67.9%	76.3%	75.0%	80.0%	100%	100%	83.3%	100%	74.5%
Rating Questions (% 8, 9 or 10)												
Q28. Rating of Health Plan	80.0%	86.8%	85.1%	80.7%	83.1%	86.0%	70.0%	100%	87.5%	84.6%	100%	83.1%
Q8. Rating of Health Care	74.3%	83.9%	80.5%	79.0%	80.8%	80.8%	60.0%	100%	85.7%	90.0%	80.0%	79.6%
Q18. Rating of Personal Doctor	81.4%	88.2%	86.7%	82.4%	86.9%	85.9%	50.0%	100%	83.3%	92.3%	81.8%	85.1%
Q22. Rating of Specialist	73.8%	86.2%	81.7%	78.6%	81.4%	83.3%	100%	100%	100%	83.3%	100%	80.9%
Getting Needed Care (% A or U)	76.9%	87.4%	82.6%	83.7%	82.6%	83.5%	60.0%	100%	69.0%	95.0%	80.0%	82.8%
Q9. Getting care, tests, or treatment	84.3%	86.2%	87.1%	81.7%	86.6%	84.4%	60.0%	100%	71.4%	90.0%	60.0%	86.5%
Q20. Getting specialist appointment	69.6%	88.5% x	78.2%	85.7%	78.7%	82.5%	60.0%	100%	66.7%	100%	100%	79.0%
Getting Care Quickly (% A or U)	75.1%	83.3%	81.5%	77.9%	82.5%	77.4%	53.6%	NA	60.7%	56.8%	85.7%	80.1%
Q4. Getting urgent care	71.4%	86.8%	78.3%	85.7%	80.4%	80.6%	50.0%	NA	50.0%	50.0%	100%	81.0%
Q6. Getting routine care	78.8%	79.8%	84.7% a	70.0%	84.6%	74.2%	57.1%	100%	71.4%	63.6%	71.4%	79.3%
Coordination of Care (Q17) (% A or U)	79.4%	86.0%	90.6% a	70.0%	88.5%	76.7%	50.0%	100%	100%	66.7%	75.0%	83.1%
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	31.1%	39.7%	36.7%	34.5%	38.9%	33.6%	44.4%	NA	16.7%	36.4%	41.7%	36.6%
Medical Assistance with Smoking and Tobacco Use Cessation (% A, U or S) (Rolling average)												
Q33. Advising Smokers and Tobacco Users to Quit	60.9%	77.1% x	68.1%	73.5%	68.4%	73.5%	50.0%	100%	100%	75.0%	100%	68.4%
Q34. Discussing Cessation Medications	46.3%	63.5% x	54.2%	60.0%	51.9%	61.8%	50.0%	100%	100%	75.0%	60.0%	54.1%
Q35. Discussing Cessation Strategies	37.9%	52.3%	45.8%	48.6%	40.0%	55.2%	50.0%	100%	50.0%	50.0%	60.0%	43.7%



Demographic Segments

	<u>Gender</u>		<u>Education</u>		<u>Race</u>						<u>Ethnicity</u>	
	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)
<i>Total respondents</i>	118	162	187	88	144	128	10^	1^	8^	13^	13^	258
Customer Service (% A or U)	90.6%	87.6%	89.4%	87.6%	88.4%	90.1%	87.5%	NA	100%	87.5%	90.0%	88.3%
Q24. Provided information or help	89.2%	82.1%	85.2%	84.4%	84.2%	86.0%	75.0%	NA	100%	75.0%	80.0%	85.0%
Q25. Treated with courtesy and respect	92.1%	93.1%	93.7%	90.9%	92.5%	94.1%	100%	NA	100%	100%	100%	91.6%
How Well Doctors Communicate (% A or U)	89.6%	91.9%	92.0%	90.4%	95.7%	86.7%	75.0%	100%	100%	97.5%	100%	90.3%
Q12. Personal doctor explained things	93.3%	90.8%	92.0%	92.3%	95.7%	88.2%	66.7%	100%	100%	100%	100%	90.8%
Q13. Personal doctor listened carefully	86.7%	94.4%	93.7%	88.5%	93.6%	89.6%	83.3%	100%	100%	100%	100%	90.8%
Q14. Personal doctor showed respect	88.3%	91.7%	91.2%	90.4%	95.7%	86.8%	66.7%	100%	100%	90.0%	100%	89.5%
Q15. Personal doctor spent enough time	90.0%	90.7%	91.1%	90.4%	97.9% c	82.1%	83.3%	100%	100%	100%	100%	90.2%
Other Measures												
Q27. Ease of filling out forms (% A or U)	97.3%	98.7%	97.7%	98.8%	98.6%	97.5%	100%	100%	100%	100%	100%	98.0%
Q7. Average number of visits to doctor's office or clinic	2.2	2.6	2.4	2.5	2.7	2.2	3.4	3.0	5.9	2.9	2.8	2.4
Q11. Average number of visits to personal doctor	2.0	2.4	2.4	2.0	2.1	2.3	3.2	3.0	4.9	1.9	1.3	2.3
Q21. Average number of specialists seen	1.6	1.5	1.5	1.6	1.6	1.5	2.6	2.0	2.0	1.5	1.5	1.6

% A = % Always, % U = % Usually, % S = % Sometimes. ^Indicates a base size smaller than 20. Interpret results with caution.



Supplemental Questions

Results for Supplemental Questions

- Louisiana Healthcare Connections (Centene LA)

Survey Item	Opt-out Responses <i>Out of 280 Total Respondents</i>	Category Responses <i>Based on Valid Responses Per Question</i>				Plan Summary Rate Score			2021 SPH BoB Summary Rate Score
						2019	2020	2021	
Q41. When selecting your health provider(s), how often did you have a problem finding a physician you were comfortable with based on your cultural, personal, or religious beliefs?		<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	(n = 259)	(n = 173)	(n = 271)	---
		14.0%	5.5%	14.0%	66.4%	17.0%	36.4%	19.6% ↓	---
Q42. In the last 6 months, how often did you feel that the health care staff was sensitive to your cultural needs?		<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	---	---	(n = 261)	---
		53.3%	16.5%	10.0%	20.3%	---	---	69.7%	---
Q43. In the last 6 months, were you given as much information as you wanted about what you could do to manage your condition?		<u>Yes</u>	<u>No</u>			---	(n = 46)	(n = 270)	---
		84.1%	15.9%			---	87.0%	84.1%	---
Q44. In the last 6 months, were you given information about your rights as a patient?		<u>Yes</u>	<u>No</u>			---	(n = 48)	(n = 264)	---
		83.3%	16.7%			---	81.3%	83.3%	---
Q45. In the last 6 months, did you feel you could refuse a specific type of medicine or treatment?		<u>Yes</u>	<u>No</u>			---	(n = 47)	(n = 265)	---
		67.2%	32.8%			---	74.5%	67.2%	---
Q46. Some health plans help with transportation to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your health plan to get help with transportation?		<u>Yes</u>	<u>No</u>			---	---	(n = 272)	---
		12.9%	87.1%			---	---	12.9%	---

Summary Rate Indicator

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

Significance Testing

Current year score is significantly higher than 2020 score (↑), the 2019 score (⬆) or benchmark score (▲).
Current year score is significantly lower than 2020 score (↓), the 2019 score (⬆) or benchmark score (▼).

Low Base

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



Demographic Segments

Summary Rate Score	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type			Age			
	8-10	0-7	8-10	0-7	Excellent/ Very good	Good	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)	(V)	(W)
Total respondents	226	43	146	36	107	83	88	121	85	72	190	66	24	76	33	61	108
Q41. When selecting your health provider(s), how often did you have a problem finding a physician you were comfortable with based on your cultural, personal, or religious beliefs? (% Always or Usually)	18.9%	21.4%	20.8%	13.9%	23.1%	18.5%	15.5%	18.6%	24.4%	14.5%	21.0%	16.1%	17.4%	16.9%	30.3%	24.6%	14.4%
Q42. In the last 6 months, how often did you feel that the health care staff was sensitive to your cultural needs? (% Always or Usually)	74.4% H	43.9%	80.3%	65.7%	65.3%	69.2%	74.7%	68.5%	75.9%	63.8%	69.7%	65.1%	85.0%	58.0%	81.3% T	75.4% T	70.4%
Q43. In the last 6 months, were you given as much information as you wanted about what you could do to manage your condition? (% Yes)	88.7% H	61.0%	92.4%	80.0%	83.2%	85.2%	83.7%	85.2%	86.6%	78.9%	82.6%	87.5%	86.4%	80.6%	81.8%	88.3%	86.4%
Q44. In the last 6 months, were you given information about your rights as a patient? (% Yes)	86.5% H	68.3%	90.1%	90.9%	85.1%	83.5%	81.7%	84.1%	86.4%	77.9%	80.3%	90.5% Q	88.9%	78.3%	90.9%	91.5% TW	79.2%
Q45. In the last 6 months, did you feel you could refuse a specific type of medicine or treatment? (% Yes)	69.9%	56.1%	75.4%	68.6%	69.6%	69.2%	62.7%	66.7%	66.7%	70.6%	62.1%	79.7% Q	73.7%	69.0%	72.7%	72.9%	62.0%
Q46. Some health plans help with transportation to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your health plan to get help with transportation? (% Yes)	12.7%	7.1%	11.2%	16.7%	12.4%	7.6%	17.4%	10.2%	7.2%	21.7% NO	14.3%	12.1%	4.2%	4.1%	3.0%	19.7% TU	18.6% TU

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



Demographic Segments

Summary Rate Score	Gender		Education		Race						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
	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Total respondents	118	162	187	88	144	128	10^	1^	8^	13^	13^	258
Q41. When selecting your health provider(s), how often did you have a problem finding a physician you were comfortable with based on your cultural, personal, or religious beliefs? (% Always or Usually)	16.8%	21.5%	21.0%	14.1%	20.7%	18.5%	40.0%	100%	50.0%	30.8%	15.4%	19.7%
Q42. In the last 6 months, how often did you feel that the health care staff was sensitive to your cultural needs? (% Always or Usually)	65.4%	72.7%	68.2%	72.5%	76.1% c	64.2%	55.6%	100%	85.7%	76.9%	53.8%	70.7%
Q43. In the last 6 months, were you given as much information as you wanted about what you could do to manage your condition? (% Yes)	82.7%	85.0%	84.1%	85.5%	89.7% c	77.8%	88.9%	100%	75.0%	100%	92.3%	83.5%
Q44. In the last 6 months, were you given information about your rights as a patient? (% Yes)	78.9%	86.5%	81.5%	88.0%	84.4%	79.5%	90.0%	100%	100%	100%	100%	83.5%
Q45. In the last 6 months, did you feel you could refuse a specific type of medicine or treatment? (% Yes)	63.3%	69.9%	63.3%	77.1% z	73.9% c	59.3%	90.0%	100%	71.4%	92.3%	76.9%	66.8%
Q46. Some health plans help with transportation to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your health plan to get help with transportation? (% Yes)	13.2%	12.7%	16.5% a	5.9%	7.7%	17.2% b	10.0%	0.0%	12.5%	15.4%	41.7%	11.8%

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



Appendix: Correlation Analyses

Plan Specific Correlations

- Louisiana Healthcare Connections (Centene LA)

Highest Correlations

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

With Health Care Rating

Q22	Specialist overall	0.6845
Q28	Health plan overall	0.6692
Q18	Personal doctor overall	0.5348
Q9	Got care/tests/treatment	0.4588
Q25	CS courtesy/respect	0.3501
Q20	Got specialist appt.	0.3374
Q15	Dr. spent enough time	0.3268
Q24	CS provided info./help	0.2879
Q17	Dr. informed about care	0.2842
Q13	Dr. listened carefully	0.2731

With Personal Doctor Rating

Q22	Specialist overall	0.5812
Q14	Dr. showed respect	0.5619
Q15	Dr. spent enough time	0.5376
Q8	Health care overall	0.5348
Q28	Health plan overall	0.4976
Q17	Dr. informed about care	0.4607
Q13	Dr. listened carefully	0.4215
Q9	Got care/tests/treatment	0.3497
Q12	Dr. explained things	0.3408
Q20	Got specialist appt.	0.2956

With Specialist Rating

Q8	Health care overall	0.6845
Q18	Personal doctor overall	0.5812
Q17	Dr. informed about care	0.5737
Q25	CS courtesy/respect	0.5587
Q14	Dr. showed respect	0.5569
Q28	Health plan overall	0.5239
Q15	Dr. spent enough time	0.4721
Q9	Got care/tests/treatment	0.3962
Q24	CS provided info./help	0.3651
Q13	Dr. listened carefully	0.3433



Appendix: Flowchart

Understanding Relative Performance of Composite Measures

- Louisiana Healthcare Connections (Centene LA)



Flowchart – Understanding Relative Performance

How composite questions perform relative to each other

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

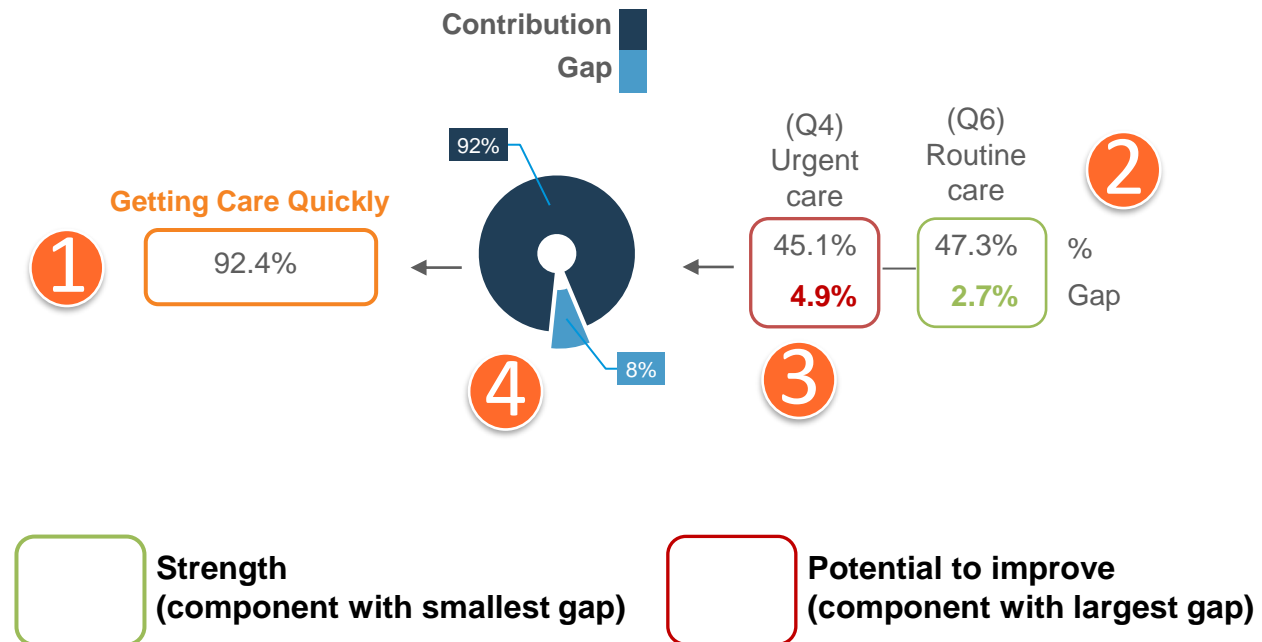
$$\begin{array}{r} \text{Plan Score} \\ \text{-----} \\ \text{Max Score} \end{array} \times \begin{array}{r} \text{Maximum} \\ \text{Contribution} \end{array} = \begin{array}{r} \text{Actual} \\ \text{Contribution} \end{array} \quad \begin{array}{r} \text{Maximum} \\ \text{Contribution} \end{array} - \begin{array}{r} \text{Actual} \\ \text{Contribution} \end{array} = \text{Gap}$$

Q6 Example:

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

$$50.0\% - 47.3\% = 2.7\%$$

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





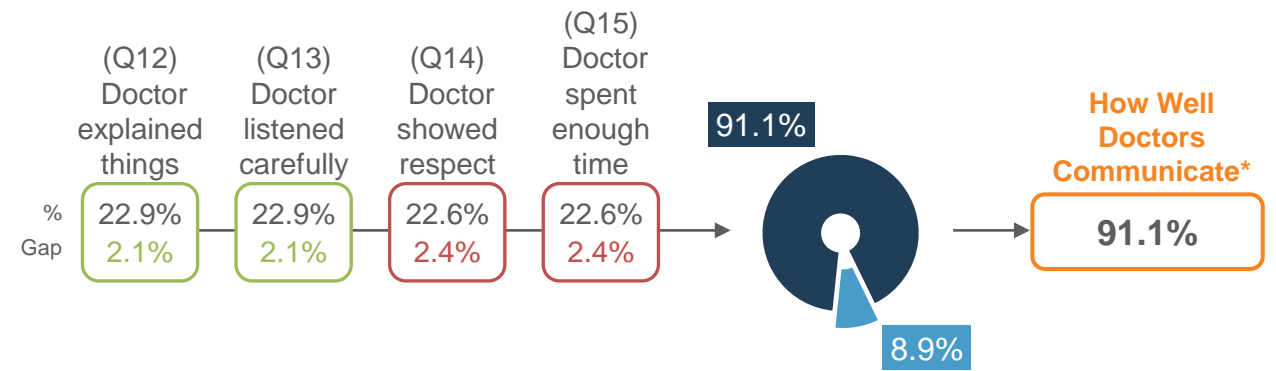
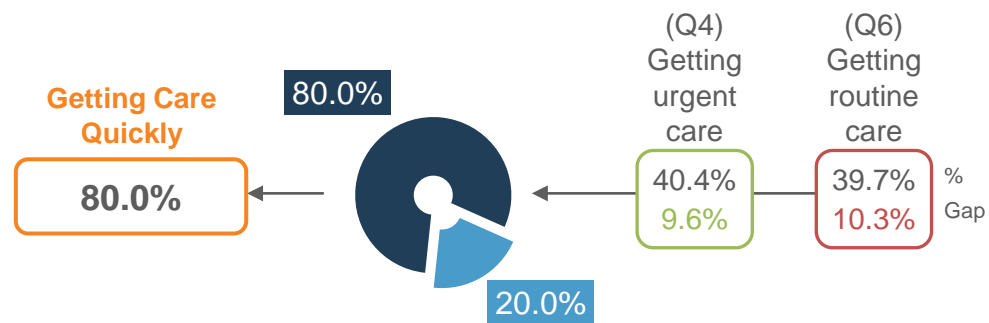
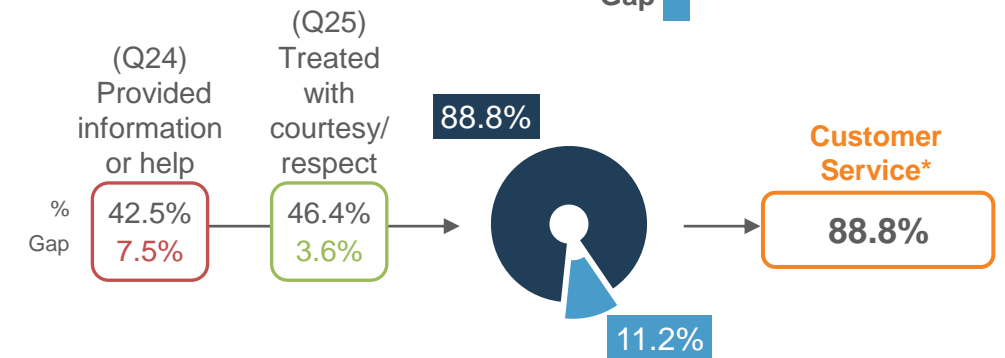
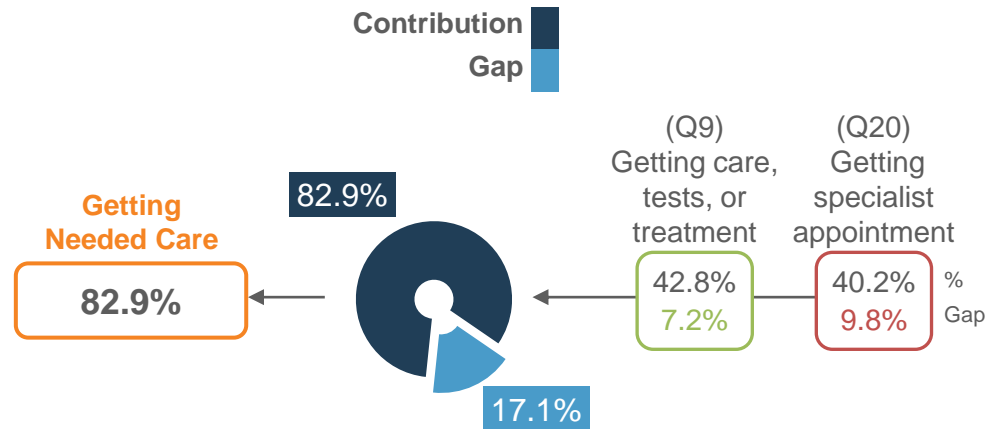
Flowchart – Understanding Relative Performance



Strength
(component with smallest gap)



Potential to improve
(component with largest gap)



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



Appendix: Accreditation

Estimated NCQA Plan Ratings and Frequency Distributions

- Louisiana Healthcare Connections (Centene LA)



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 Percentile	10 th – 32 rd Percentile	33 rd – 66 th Percentile	67 th – 90 th Percentile	>90 th 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.

9 Required HEDIS and CAHPS Measures for HEDIS Reporting Year 2021

HEDIS/CAHPS Measures Required for HP Accreditation—Medicaid

Measure Name	Web Display Name	Weight*
PATIENT EXPERIENCE		
Getting Care		
Getting Needed Care (Usually + Always)	Getting care easily	1.5
Getting Care Quickly (Usually + Always)	Getting care quickly	1.5
Satisfaction 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
Coordination of Care (Usually + Always)	Coordination of care	1.5
Satisfaction With Plan Services		
Rating of Health Plan (9 + 10)	Rating of health plan	1.5
PREVENTION		
Children 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
Women's Reproductive Health		
PPC Prenatal and Postpartum Care—Timeliness of Prenatal Care	Prenatal checkups	1
Prenatal and Postpartum Care—Postpartum Care	Postpartum care	1
Cancer Screening		
BCS Breast Cancer Screening	Breast cancer screening	1
CCS Cervical Cancer Screening	Cervical cancer screening	1
Other 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



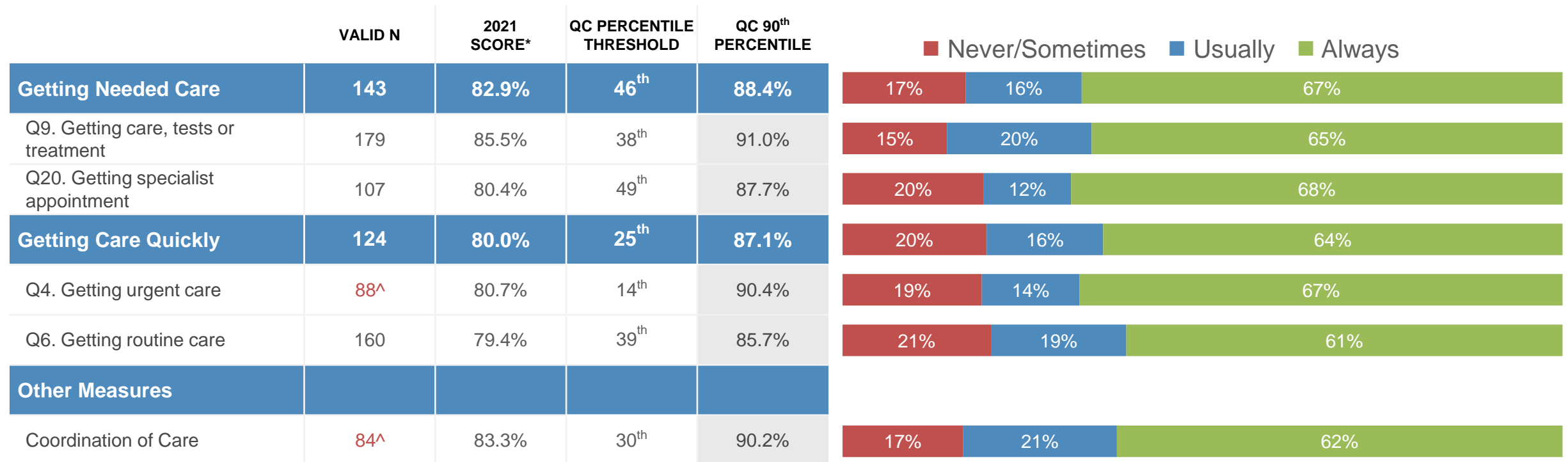
Estimated NCQA Plan Ratings

	2021 VALID N	2021 SCORE	SCORE DEFINITION	QC PERCENTILE RANK	SPH ESTIMATED RATING	WEIGHT
CONSUMER SATISFACTION					3.5	
GETTING CARE					2.5	
Getting Needed Care	143	82.9%	Usually or Always	46 th	3.0	1.5
Getting Care Quickly	124	80.0%	Usually or Always	25 th	2.0	1.5
SATISFACTION WITH PLAN PHYSICIANS					4.0	
Rating of Personal Doctor	222	75.7%	9 or 10	90 th	4.0	1.5
Rating of Specialist	100	75.0%	9 or 10	87 th	4.0	1.5
Rating of Health Care	182	64.3%	9 or 10	88 th	4.0	1.5
Coordination of Care	84 [^]	83.3%	Usually or Always	30 th	NA	1.5
SATISFACTION WITH PLAN SERVICES					5.0	
Rating of Health Plan	269	71.4%	9 or 10	94 th	5.0	1.5
PREVENTION						
Flu Vaccinations: <i>Adults Ages 18-64</i>	257	36.2%	Yes	12 th	2.0	1.0
TREATMENT						
Smoking Advice: <i>Rolling Average</i>	154	69.5%	Sometimes, Usually or Always	8 th	1.0	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.

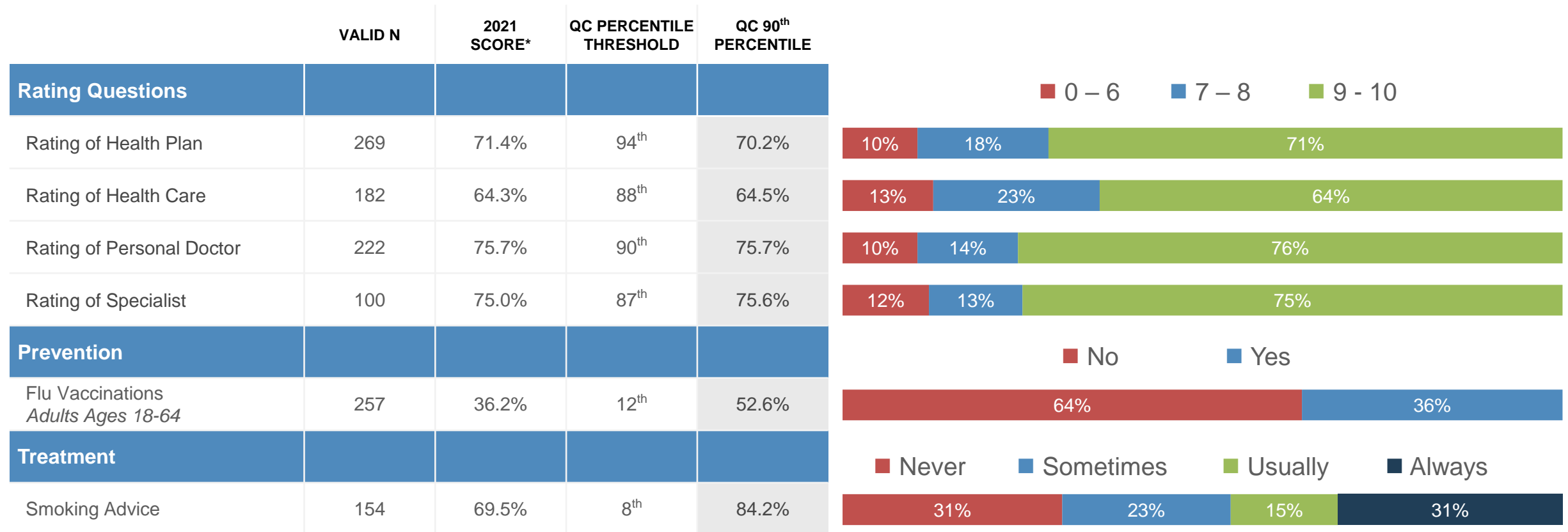
GLOBAL PROPORTIONS SCORING AND ACCREDITATION

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.



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.





Appendix: Improvement Strategies and Voice of the Member

- Louisiana Healthcare Connections (Centene LA)



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, up-to-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.**”

“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.**”

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

“The **current 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.”

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>

(SPH National Sample)

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

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.**”

“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.”

“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.**”

“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.”

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.

Voice of the Member

“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.”

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

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

“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.”

“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.”

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

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



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

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

Voice of the Member

“**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.**”

“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.**”

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

“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!”

(SPH National Sample)

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

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.

Voice of the Member

“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.”

“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.”

“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.”

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

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

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.

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.”

“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.”

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

(SPH National Sample)

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

Additional resource for improvement:

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

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 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.

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.”

“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.**”

“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:

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

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

(SPH National Sample)

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

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.”
- “It is **nice to know what you are paying for up front** instead of getting sticker shocked with bill.”
- “**What is covered and what isn't,** with a **simple list and not overcrowded with a bunch of words** that I have no idea what they really mean towards my health.”
- “I 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:

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

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

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.”
- “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.**”
- “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.”

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>

(SPH National Sample)

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



Appendix: Questionnaire

- Louisiana Healthcare Connections (Centene LA)

SURVEY INSTRUCTIONS

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

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

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the back of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

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

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

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

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

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care 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.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away?

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

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

5. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care?

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

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always



7. In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video?

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

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

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

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

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

YOUR PERSONAL DOCTOR

10. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

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

11. In the last 6 months, how many times did you have an in person, phone, or video visit with your personal doctor about your health?

- ☐ None → *If None, Go to Question 18*
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

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

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

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

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

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

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

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

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

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

- ☐ Yes
- ☐ No → *If No, Go to Question 18*

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

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

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

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

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care you got in person, by phone, or by video. Do not include dental visits or care you got when you stayed overnight in a hospital.

19. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments with a specialist?

- ☐ Yes
- ☐ 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?

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

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

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

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

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

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

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

ABOUT YOU

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

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

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

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

31. Have you had either a flu shot or flu spray in the nose since July 1, 2020?

- ☐ Yes
- ☐ No
- ☐ Don't know

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

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

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

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

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

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

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

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

36. What is your age?

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

37. Are you male or female?

- ☐ Male
- ☐ Female

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

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

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

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

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

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

ADDITIONAL QUESTIONS

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

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

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

42. In the last 6 months, how often did you feel that the health care staff was sensitive to your cultural needs?

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

43. In the last 6 months, were you given as much information as you wanted about what you could do to manage your condition?

- ☐ Yes
- ☐ No

44. In the last 6 months, were you given information about your rights as a patient?

- ☐ Yes
- ☐ No

45. In the last 6 months, did you feel you could refuse a specific type of medicine or treatment?

- ☐ Yes
- ☐ No

46. Some health plans help with transportation to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your health plan to get help with transportation?

☐ Yes

☐ No

Thank You

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

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





LISTEN

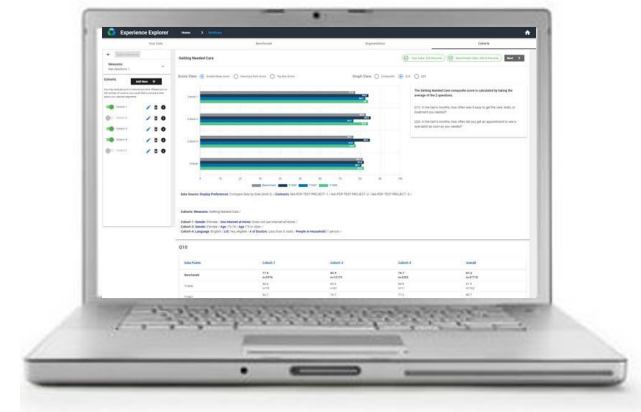
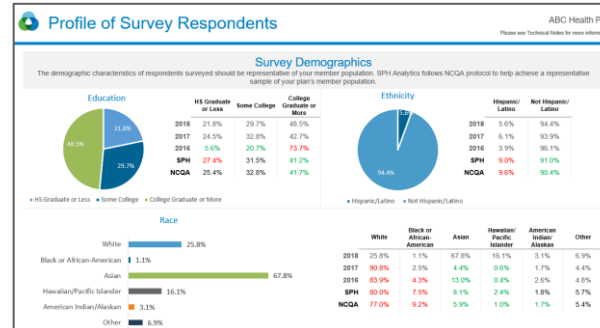


Data Exploration

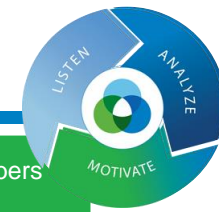


Data Modeling

Benchmarking



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



LISTEN to voice of healthcare consumers

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	PCMH	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/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
				Employee Satisfaction		Discharge Phone Calls
				Broker / Employer Experience		
LISTEN					ANALYZE	MOTIVATE