morpace Market Research & Consulting

August 15, 2014

Dear Ramona and Bobbie:

Morpace is pleased to present you with your final 2014 Adult Medicaid CAHPS® Report. This report is compiled from **Amerigroup Louisiana, Inc.** members' experiences in 2013. Included in this report are the Scoring for Accreditation, Key Driver Analysis, and comparisons to the 2013 Quality Compass.

New to your 2014 CAHPS® report are:

- *Addition of the Flu Vaccinations measure*
- *Comparisons to Quality Compass for the Smoking measures*
- **Question Summary** (can be found in the PDF report following the At-a-Glances)

The Predictive Modeling Analysis shown in your 2014 report has been updated using Morpace's 2014 Book of Business.

Morpace has many years' experience building simulators and modelers for other industry clients and using the advanced analytics that support those tools. We now bring the power of predictive modeling to the CAHPS studies. Both a description and a pictorial display of the analysis are included in your report.

Morpace can analyze your plan's data and construct the pictorial display that will then be used to develop a **Satisfaction Modeler for your plan.** The Modeler can be used for "what if" scenarios and allow you to quantify an expected change in your health plan rating score based on changes to individual survey question scores. If you are interested in Morpace conducting this analysis for your plan, including the **Satisfaction Modeler**, please contact Mary Kay Jordan.

Also, Morpace will be conducting a **Webinar** titled "*Identify and Use Insights from your 2014 CAHPS Report"* using our Book of Business Report for discussion purposes. The webinar will be in August. We hope you will be able to attend. An email invitation and registration information will be sent to you.

Please feel free to contact us with any comments, feedback, or questions that you may have concerning your report. We will be glad to schedule a walk-thru of your plan's report with you.

It has been a pleasure working with you and your organization on the CAHPS® project this year. We will soon be contacting you about 2015 CAHPS®.

Sincerely,

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Background

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

Protocol

- For CAHPS® results to be considered in HEDIS® results, the CAHPS® 5.0H survey must be fielded by an NCQA (National Committee for Quality Assurance)-certified survey vendor using an NCQA-approved protocol of administration in order to ensure that results are collected in a standardized way and can be compared across plans. Standard NCQA protocols for administering CAHPS® 5.0H include a mixed-mode mail/telephone protocol and a mail-only protocol.

- Amerigroup Louisiana, Inc. chose the mail/telephone protocol. This protocol included mailing a questionnaire with a cover letter. For those selected members who did not respond to the first questionnaire, a second questionnaire with a cover letter encouraging participation was sent. Thank you/reminder postcards were mailed after each survey mailing. If a selected member still did not respond to the questionnaires, at least four telephone calls were made to complete the survey using trained telephone interviewers.

- NCQA originally designed this protocol with the goal of achieving a total response rate of at least 45%. The average of response rates for all Adult Medicaid plans reporting to NCQA in 2013 was 29%, which is higher than the 2012 average (26%).

- In February, 1755 Amerigroup Louisiana, Inc. members were randomly selected to participate in the 2014 CAHPS® 5.0H Adult Medicaid Survey. This report is compiled from the responses of the 290 Amerigroup Louisiana, Inc. members who responded to the survey (18% response rate).

- The mail response rate for Amerigroup Louisiana, Inc. decreased 1% since the prior year, while the mail response rates for all Amerigroup Adult Medicaid projects conducted by Morpace in 2014 stayed the same since the prior year.

- Amerigroup Louisiana, Inc.'s Adult Medicaid phone response rate decreased 1% in 2014. The phone response rates for all Amerigroup Adult Medicaid projects conducted by Morpace in 2014 decreased an average of 2%.

- The 2014 total response rates for five of the ten Amerigroup Adult Medicaid markets with historical data remained the same or were higher than the prior year. The response rate for Amerigroup Louisiana, Inc. decreased 2% overall.

- A response rate is calculated for those members who were eligible and able to respond. According to NCQA protocol, ineligible members include those who are deceased, do not meet eligible criteria, have a language barrier, or are either mentally or physically incapacitated. Non-responders include those members who have refused to participate in the survey, could not be reached due to a bad address or telephone number, or members that reached a maximum attempt threshold and were unable to be contacted during the survey time period.

- The table below shows the total number of members in the sample that fell into each of the various disposition categories.

Amerigroup Louisiana, Inc.
2014 Disposition Summary

Ineligible	Number	Non-response	Number
Deceased (M20/T20)	1	Bad address/phone (M23/T23)	142
Does not meet criteria (M21/T21)	77	Refusal (M32/T32)	60
Language barrier (M22/T22)	26	Maximum attempts made (M33/T33)	1151
Mentally/physically incapacitated (M24/T24)	8		
Total Ineligible	**112**	**Total Non-response**	**1353**

- Ineligible surveys are subtracted from the sample size when computing a response rate (see below):

$$\frac{\textit{Completed mail and telephone surveys}}{\textit{Sample size - Ineligible surveys}} = \textit{Response Rate}$$

- Using the final figures from Amerigroup Louisiana, Inc.'s Adult Medicaid survey, the numerator and denominator used to compute the response rate are presented below:

$$\frac{\textit{Mail completes (193)} + \textit{Phone completes (97)}}{\textit{Total Sample (1755)} - \textit{Total Ineligible (112)}} = \frac{290}{1643} = \textit{Response Rate} = 18\%$$

Executive Summary
Summary of Key Measures

- For purposes of reporting the CAHPS® results in HEDIS® (Healthcare Effectiveness Data and Information Set) and for scoring for health plan accreditation, the National Committee for Quality Assurance (NCQA) uses five composite measures and four rating questions from the survey.

- Each of the composite measures is the average of 2 - 4 questions on the survey, depending on the measure, while each rating score is based on a single question. CAHPS® scores are most commonly shown using Summary Rate scores (percentage of positive responses).

Amerigroup Louisiana, Inc.		
	Trended Data	
Composite Measures	**2013**	**2014**
Getting Care Quickly	79%	81%
Shared Decision Making	49%	55%
How Well Doctors Communicate	85%	89%
Getting Needed Care	76%	77%
Customer Service	86%	82%
Overall Rating Measures		
Health Care	68%	70%
Personal Doctor	78%	80%
Specialist	83%	80%
Health Plan	72%	79%
HEDIS® Measures		
Flu Vaccinations***	NA	41%
Advising Smokers and Tobacco Users to Quit*	76%	78%
Discussing Cessation Medications*	44%	44%
Discussing Cessation Strategies*	40%	41%
Aspirin Use*	NR	NR
Discussing Aspirin Risks and Benefits**	NR	NR
Health Promotion & Education	71%	74%
Coordination of Care	79%	81%
Sample Size	*1755*	*1755*
# of Completes	*330*	*290*
Response Rates	*20%*	*18%*

Legend: ↑/↓ Statistically higher/lower compared to prior year results. Significance testing is not conducted on Composite Measures.
NA=Data not available   NR=Not reportable

*Measure is reported using a Rolling Average Methodology. The score shown is the reportable score for the corresponding year.
**Measure is reported using a Rolling Average Methodology, which was calculated for the first time in 2011.   Measure is not reportable in 2014.
***New measure in 2014. This is a single year measure.

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Composite Scores	Unadjusted	Adjusted**	Approximate Percentile Threshold	2014 NCQA National Accreditation Comparisons*					Approximate Score**
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l	
Accreditation Points				*0.37*	*0.74*	*1.26*	*1.63*	*1.86*	
Getting Care Quickly	**2.417**	**2.427**	50th		2.37	2.41	2.45	2.49	*1.26*
How Well Doctors Communicate	**2.656**	**2.666**	90th		2.48	2.54	2.58	2.64	*1.86*
Getting Needed Care	**2.345**	**2.355**	25th		2.31	2.37	2.41	2.46	*0.74*
Customer Service***	**0.000**	**0.000**	NA		2.48	2.54	2.58	2.61	*NA*
Overall Ratings Scores									
Q13 Health Care	**2.400**	**2.414**	75th		2.27	2.32	2.38	2.42	*1.63*
Q23 Personal Doctor	**2.559**	**2.573**	90th		2.43	2.50	2.53	2.57	*1.86*
Q27 Specialist ***	**0.000**	**0.000**	NA		2.48	2.51	2.56	2.59	*NA*
Accreditation Points				*0.74*	*1.49*	*2.53*	*3.27*	*3.71*	
Q35 Health Plan	**2.454**	**2.468**	75th		2.32	2.40	2.46	2.54	*3.27*

Estimated Overall CAHPS® Score: 10.62

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

*Data Source: <u>**NCQA Memorandum of January 30, 2014**</u>. Subject: 2014 Accreditation Benchmarks and Thresholds.

**To take into account inherent sampling variation, prior to scoring, NCQA will add 0.014 to each of the four CAHPS® 5.0H rating questions and to the Customer Service composite means; and 0.01 to the Getting Needed Care, Getting Care Quickly, and How Well Doctors Communicate composite means. Data Source: "Important Information Regarding NCQA Accreditation Scoring Change" announcement dated May 11, 2011. NCQA will phase out the scoring adjustment over five years – 20% per year from 2011 until 2015.

*** Not reportable due to insufficient sample size.

Amerigroup RealSolutions in healthcare **Louisiana**

	Amerigroup Louisiana, Inc.	2013 Quality Compass® Comparisons*				
		10th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l
Composite Scores		%	%	%	%	%
Getting Care Quickly *(% Always and Usually)*	**80.98%**	76.01	79.23	81.47	84.04	85.37
Shared Decision Making *(% A lot/Yes)*	**54.75%**	NA	NA	NA	NA	NA
How Well Doctors Communicate *(% Always and Usually)*	**89.14%**	86.26	87.69	89.44	90.66	92.55
Getting Needed Care *(% Always and Usually)*	**76.60%**	75.56	78.27	80.97	83.30	85.44
Customer Service *(% Always and Usually)*	**82.22%**	82.24	84.50	86.46	88.30	89.54
Overall Ratings Scores						
Q13 Health Care (% 8, 9, and 10)	**69.52%**	65.34	68.10	70.59	73.31	76.34
Q23 Personal Doctor (% 8, 9, and 10)	**80.45%**	73.24	76.13	78.65	80.67	82.89
Q27 Specialist (% 8, 9, and 10)	**79.80%**	75.00	76.70	79.53	82.25	84.39
Q35 Health Plan (% 8, 9, and 10)	**78.57%**	65.93	69.09	74.49	77.84	81.25

NA = Comparison data not available from NCQA.

*Data Source: 2013 Adult Medicaid Quality Compass®. Scores above based on 135 plans who qualified and chose to publicly report their scores.

- = Plan score falls on or above 90th Percentile
- = Plan score falls on 75th or below 90th Percentile
- = Plan score falls on 50th or below 75th Percentile
- = Plan score falls on 25th or below 50th Percentile
- = Plan score falls on 10th or below 25th Percentile
- = Plan score falls below 10th Percentile

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Executive Summary
Key Driver Recommendations

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

1. The relative importance of the individual issues (Correlation to overall measures).

2. The current levels of performance on each issue (Percentile group from Quality Compass®).

The key drivers for the health plan and health care are shown below:

High Priority for Improvement (High correlation/Relatively low performance)	
Health Plan	**Health Care**
Q31 - Got Information or Help Needed	Q14 - Easy to Get Care Believed Necessary
Q32 - Treated You with Courtesy and Respect	Q17 - Explain Things in a Way You Could Understand
	Q20 - Spend Enough Time with You
	Q19 - Show Respect for What You Had to Say
	Q4 - Getting Care as Soon as Needed
Continue to Target Efforts (High correlation/Relatively high performance)	
Health Plan	**Health Care**
None	Q18 - Listen Carefully to You

Executive Summary
Quadrant Analysis

This exhibit depicts the relative importance of each attribute to the Overall Satisfaction with the Health Plan and the plan's performance on each attribute when compared to Quality Compass.
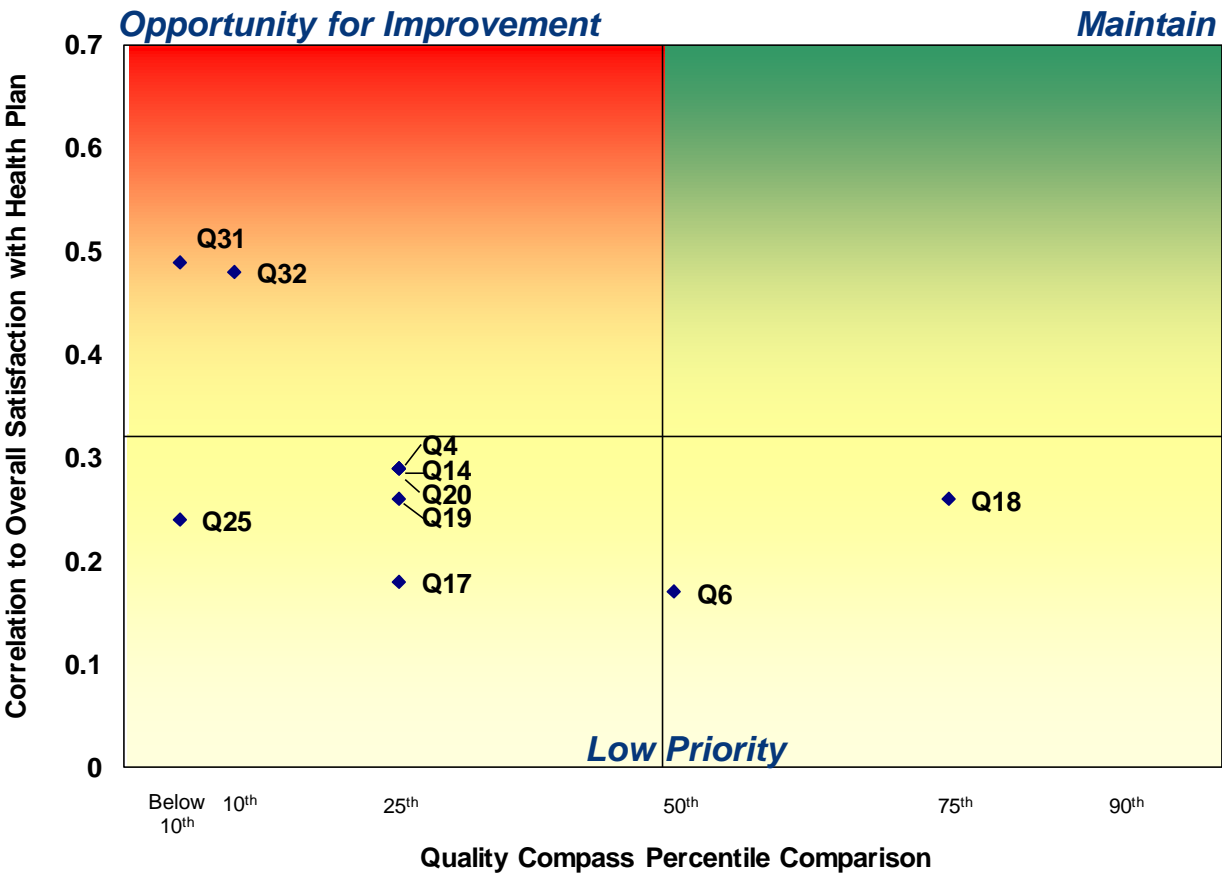
Action Plans for Improving CAHPS® Scores

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

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

https://www.cahps.ahrq.gov/qiguide/content/analysis/default.aspx

Getting Needed Care

- Ease of obtaining appointment with specialist
    - Review panel of specialists to assure that there are an adequate number of specialists and that they are disbursed geographically to meet the needs of your members.
    - Conduct an Access to Care Survey with either or both of 2 audiences: physician's office and/or among members.
    - Conduct a CG-CAHPS Survey including specialists in the sample to identify the specialists with whom members are having a problem obtaining an appointment.
    - Include supplemental questions on the CAHPS® survey to determine whether the difficulty is in obtaining the initial consult or subsequent appointments.
    - Include a supplemental question on the CAHPS® survey to determine with which type of specialist members have difficulty making an appointment.
    - Utilize Provider Relations staff to question PCP office staff when making a regular visit to determine with which types of specialists they have the most problems scheduling appointments.
    - Develop materials to promote your specialist network and encourage the PCPs to develop new referral patterns that align with the network.
- Ease of obtaining care, tests, or treatment you needed through your health plan
    - Include a supplemental question on the CAHPS® survey to identify the type of care, test or treatment for which the member has a problem obtaining.
    - Review complaints received by Customer Service regarding inability to receive care, tests or treatments.
    - Evaluate pre-certification, authorization, and appeals processes. Of even more importance is to evaluate the manner in which the policies and procedures are delivered to the member, whether the delivery of the information is directly to the member or through their provider. Members may be hearing that they cannot receive the care, tests, or treatment, but are not hearing why.
    - When care or treatment is denied, care should be taken to ensure that the message is understood by both the provider and the member.

Action Plans for Improving CAHPS® Scores (cont'd)

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Louisiana

Getting Care Quickly

- Obtaining care for urgent care (illness, injury or condition that needed care right away) as soon as you needed
- Obtaining an appointment for routine care/check-ups
  - Conduct a CG-CAHPS survey to identify offices with scheduling issues.
  - Conduct an Access to Care Study
    - Calls to physician office - unblinded
    - Calls to physician office – blinded (Secret Shopper)
    - Calls to members with recent claims
    - Desk audit by provider relations staff
  - Develop seminars for physicians' office staff that could include telephone skills (answering, placing a person on hold, taking messages from patients, dealing with irate patients over the phone, etc.) as well as scheduling advice. Use this time to obtain feedback concerning what issues members have shared with the office staff concerning interactions with the plan.
    - These seminars could be offered early morning, lunch times or evenings so as to be convenient for the office staff. Most physicians would be appreciative of having this type of training for their staff as they do not have the time or talents to train their employees in customer service and practice management.

How Well Doctors Communicate

- Doctor explained things in a way that was easy to understand
- Doctor listened carefully
- Doctor showed respect for what member had to say
- Doctor spent enough time with member
  - Conduct a CG-CAHPS survey to identify lower performing physicians for whom improvement plans should be developed.
  - Conduct focus group of members to identify examples of behaviors identified in the questions. Video the groups to show physicians how patients characterize excellent and poor physician performance.
  - Include supplemental questions from the Item Set for Addressing Health Literacy to better identify communication issues.
  - Develop "Questions Checklists" on specific diseases to be used by members when speaking to doctors. Have these available in office waiting rooms.
  - Offer in-service programs with CMEs for physicians on improving communication with patients. This could be couched in terms of motivating patients to comply with medication regimens or to incorporate healthy life-style habits. Research has shown that such small changes as having physicians sit down instead of stand when talking with a patient leads the patient to think that the doctor has spent more time with them.
  - Provide the physicians with patient education materials, which the physician will then give to the patient. These materials could reinforce that the physician has heard the concerns of the patient or that they are interested in the well-being of the patient. The materials might also speak to a healthy habit that the physician wants the patient to adopt, thereby reinforcing the communication and increasing the chances for compliance.
  - Provide communication tips in the provider newsletters. Often, these are better accepted if presented as a testimonial from a patient.

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Shared Decision Making

- Doctor talked about reasons you might want to take a medicine

- Doctor talked about reasons you might not want to take a medicine

- Doctor asked you what you thought was best
  - Conduct a CG-CAHPS survey and include the Shared Decision Composite as supplemental questions.
  - Develop patient education materials on common medicines described for your members explaining pros and cons of each medicine. Examples: asthma medications, high blood pressure medications, statins.
  - Develop audio recordings and/or videos of patient/doctor dialogues/vignettes on common medications. Distribute to provider panel via podcast or other method.

Health Plan Customer Service

- Customer service gave the information or help needed

- Customer service treated member with courtesy and respect
  - Conduct Call Center Satisfaction Survey. Implement a short IVR survey to members within days of their calling customer service to explore/assess their recent experience.
  - At the end of each Customer Service call, have your representative enter/post the reason for the call. At the end of a month, synthesize the information to discern the major reasons for a call. Have the customer service representatives and other appropriate staff discuss ways to address the reason for the majority of the calls and design interventions so that the reason for the call no longer exists.

Executive Summary
Key Driver Analysis – Health Plan

Q35. Rating of Health Plan	Sample Size:	Health Plan's Score	Plan's Percentile Range
Q31. Got Information or Help Needed — 0.49	90	74.44%	**Below 10th**
Q32. Treated You with Courtesy and Respect — 0.48	90	90.00%	**10th**
Q14. Easy to Get Care Believed Necessary — 0.29	215	80.47%	**25th**
Q20. Spend Enough Time with You — 0.29	190	84.74%	**25th**
Q4. Getting Care as Soon as Needed — 0.29	140	80.71%	**25th**
Q18. Listen Carefully to You — 0.26	192	91.67%	75th
Q19. Show Respect for What You Had to Say — 0.26	191	91.10%	**25th**
Q25. Easy to Get Appointment with Specialist — 0.24	110	72.73%	**Below 10th**
Q17. Explain Things in a Way You Could Understand — 0.18	192	89.06%	**25th**
Q6. Getting Appointment as Soon as Needed — 0.17	208	81.25%	50th
Q11. Discussed Reasons Not to Take Medicine — 0.14	98	36.73%	NA
Q10. Discussed Reasons to Take Medicine — 0.09	96	47.92%	NA
Q12. Asked Preference for Medicine — 0.05	98	79.59%	NA

Scale: 0.0   0.5   1.0

Use caution when reviewing scores with sample sizes less than 25.

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

High Priority for Improvement
(High Correlation/ Lower Quality Compass® Group)

Q31 - Got Information or Help Needed

Q32 - Treated You with Courtesy and Respect

Continue to Target Efforts
(High Correlation/ Higher Quality Compass® Group)

None

Legend:
90th = Plan score falls on or above 90th Percentile
75th = Plan score falls on 75th or below 90th Percentile
50th = Plan score falls on 50th or below 75th Percentile
25th = Plan score falls on 25th or below 50th Percentile
10th = Plan score falls on 10th or below 25th Percentile
Below 10th = Plan score falls below 10th Percentile

Q13. Rating of Health Care

	Sample Size:	Health Plan's Score	Plan's Percentile Range
Q14. Easy to Get Care Believed Necessary — 0.53	215	80.47%	25th
Q18. Listen Carefully to You — 0.53	192	91.67%	75th
Q17. Explain Things in a Way You Could Understand — 0.51	192	89.06%	25th
Q20. Spend Enough Time with You — 0.51	190	84.74%	25th
Q19. Show Respect for What You Had to Say — 0.48	191	91.10%	25th
Q4. Getting Care as Soon as Needed — 0.44	140	80.71%	25th
Q10. Discussed Reasons to Take Medicine — 0.27	96	47.92%	NA
Q6. Getting Appointment as Soon as Needed — 0.26	208	81.25%	50th
Q25. Easy to Get Appointment with Specialist — 0.25	110	72.73%	Below 10th
Q32. Treated You with Courtesy and Respect — 0.20	90	90.00%	10th
Q31. Got Information or Help Needed — 0.18	90	74.44%	Below 10th
Q12. Asked Preference for Medicine — 0.04	98	79.59%	NA
Q11. Discussed Reasons Not to Take Medicine — 0.02	98	36.73%	NA

Scale: 0.0 — 0.5 — 1.0

Use caution when reviewing scores with sample sizes less than 25.
"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "A lot", "Yes"

High Priority for Improvement
(High Correlation/ Lower Quality Compass® Group)

Q14 - Easy to Get Care Believed Necessary
Q17 - Explain Things in a Way You Could Understand
Q20 - Spend Enough Time with You
Q19 - Show Respect for What You Had to Say
Q4 - Getting Care as Soon as Needed

Continue to Target Efforts
(High Correlation/ Higher Quality Compass® Group)
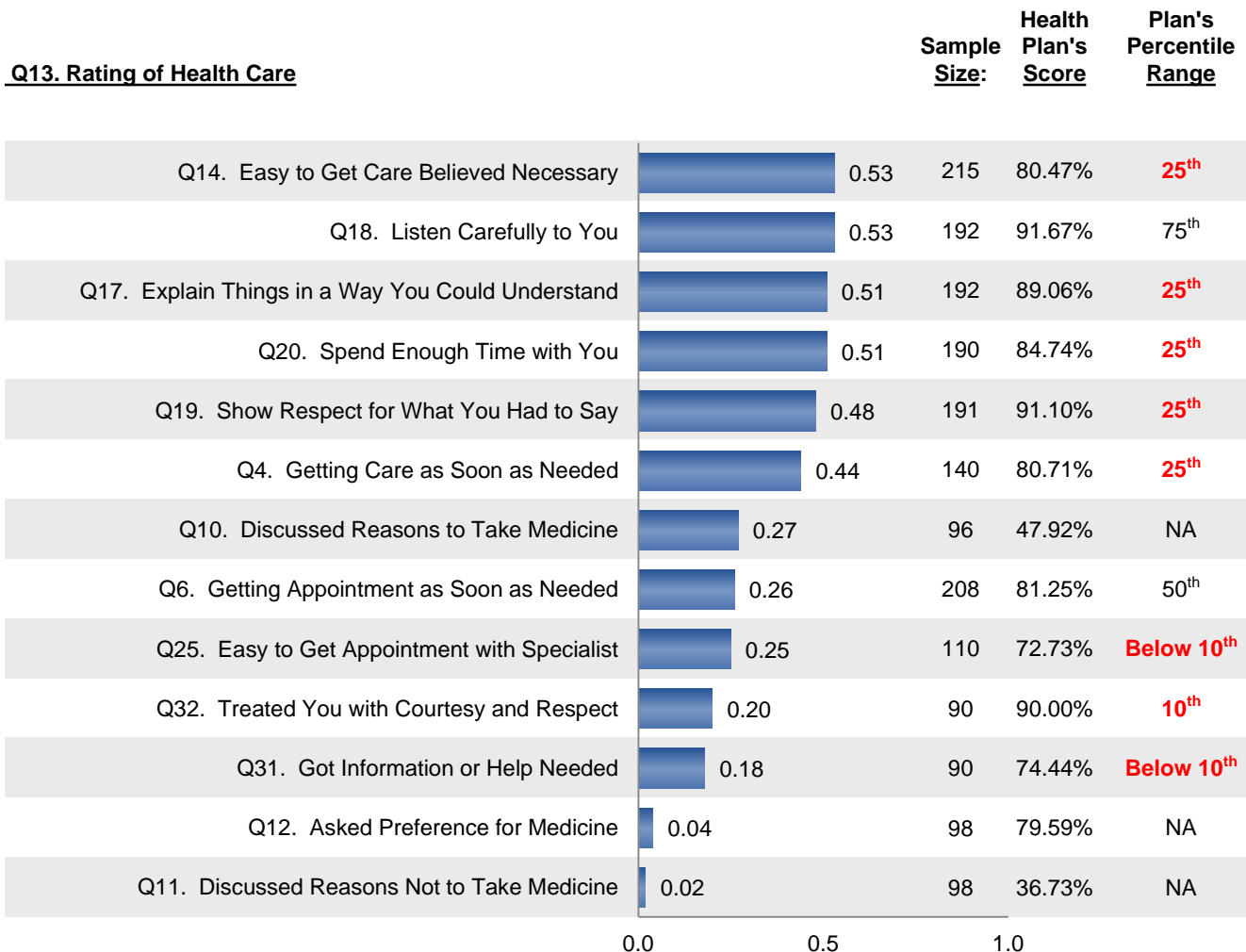
Q18 - Listen Carefully to You

Legend:
90th = Plan score falls on or above 90th Percentile
75th = Plan score falls on 75th or below 90th Percentile
50th = Plan score falls on 50th or below 75th Percentile
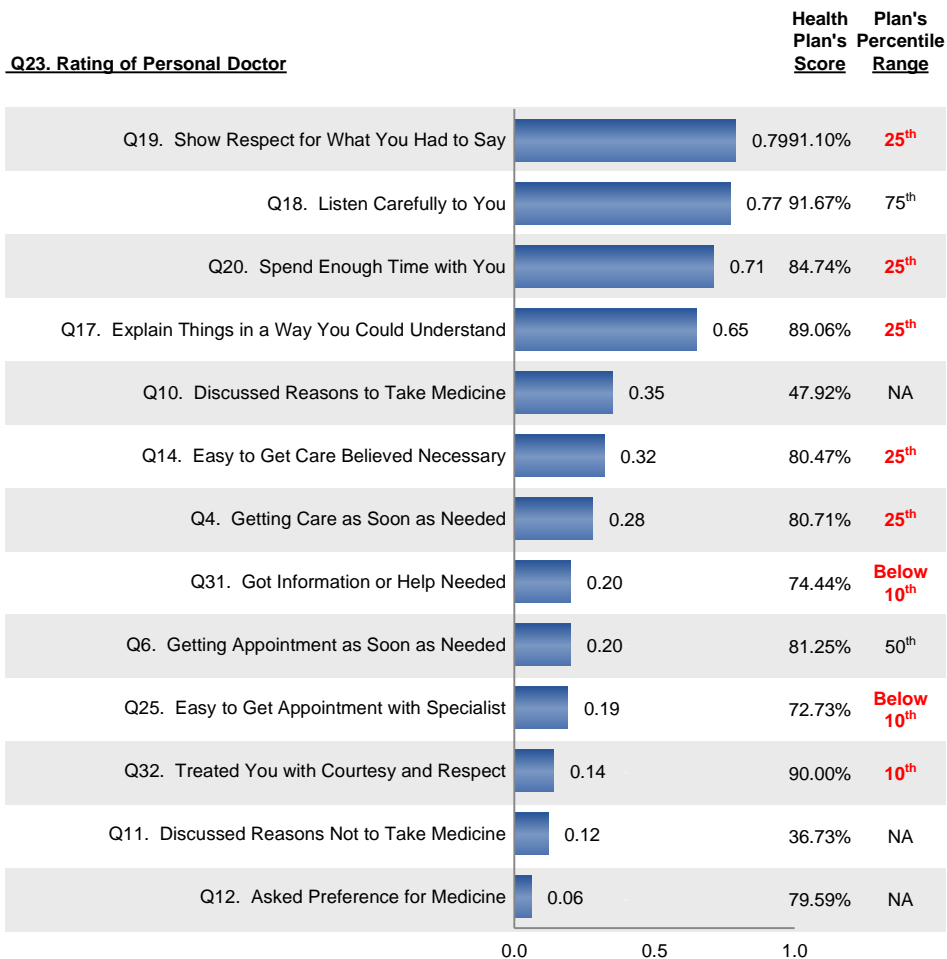25th = Plan score falls on 25th or below 50th Percentile
10th = Plan score falls on 10th or below 25th Percentile
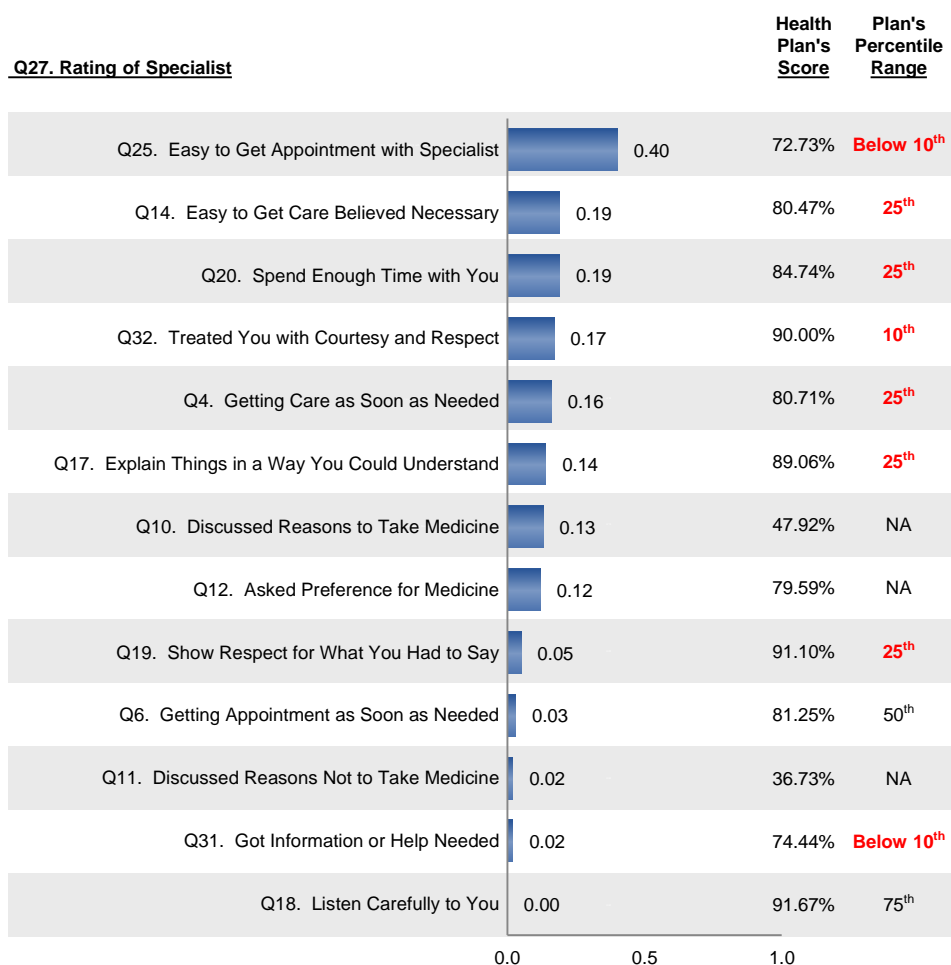Below 10th = Plan score falls below 10th Percentile

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Louisiana

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Executive Summary
Key Driver Analysis – Doctor and Specialist

Amerigroup RealSolutions in healthcare — Louisiana

Q23. Rating of Personal Doctor

Question	Score (bar)	Health Plan's Score	Plan's Percentile Range
Q19. Show Respect for What You Had to Say	0.79	91.10%	25th
Q18. Listen Carefully to You	0.77	91.67%	75th
Q20. Spend Enough Time with You	0.71	84.74%	25th
Q17. Explain Things in a Way You Could Understand	0.65	89.06%	25th
Q10. Discussed Reasons to Take Medicine	0.35	47.92%	NA
Q14. Easy to Get Care Believed Necessary	0.32	80.47%	25th
Q4. Getting Care as Soon as Needed	0.28	80.71%	25th
Q31. Got Information or Help Needed	0.20	74.44%	Below 10th
Q6. Getting Appointment as Soon as Needed	0.20	81.25%	50th
Q25. Easy to Get Appointment with Specialist	0.19	72.73%	Below 10th
Q32. Treated You with Courtesy and Respect	0.14	90.00%	10th
Q11. Discussed Reasons Not to Take Medicine	0.12	36.73%	NA
Q12. Asked Preference for Medicine	0.06	79.59%	NA

Q27. Rating of Specialist

Question	Score (bar)	Health Plan's Score	Plan's Percentile Range
Q25. Easy to Get Appointment with Specialist	0.40	72.73%	Below 10th
Q14. Easy to Get Care Believed Necessary	0.19	80.47%	25th
Q20. Spend Enough Time with You	0.19	84.74%	25th
Q32. Treated You with Courtesy and Respect	0.17	90.00%	10th
Q4. Getting Care as Soon as Needed	0.16	80.71%	25th
Q17. Explain Things in a Way You Could Understand	0.14	89.06%	25th
Q10. Discussed Reasons to Take Medicine	0.13	47.92%	NA
Q12. Asked Preference for Medicine	0.12	79.59%	NA
Q19. Show Respect for What You Had to Say	0.05	91.10%	25th
Q6. Getting Appointment as Soon as Needed	0.03	81.25%	50th
Q11. Discussed Reasons Not to Take Medicine	0.02	36.73%	NA
Q31. Got Information or Help Needed	0.02	74.44%	Below 10th
Q18. Listen Carefully to You	0.00	91.67%	75th

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

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Morpace strives to illuminate the CAHPS® data in ways that yield a richer understanding of the data -- moving from data to information to knowledge. Morpace conducted advanced analysis to better understand the relationships across and between survey variables. The analysis shown on the next page is based on <u>Morpace's Adult Medicaid CAHPS ® Book of Business* so is not representative of any single health plan</u>. This type of advanced analysis can be conducted for an individual plan to identify and quantify what can be done to improve their overall scores that are used for accreditation.
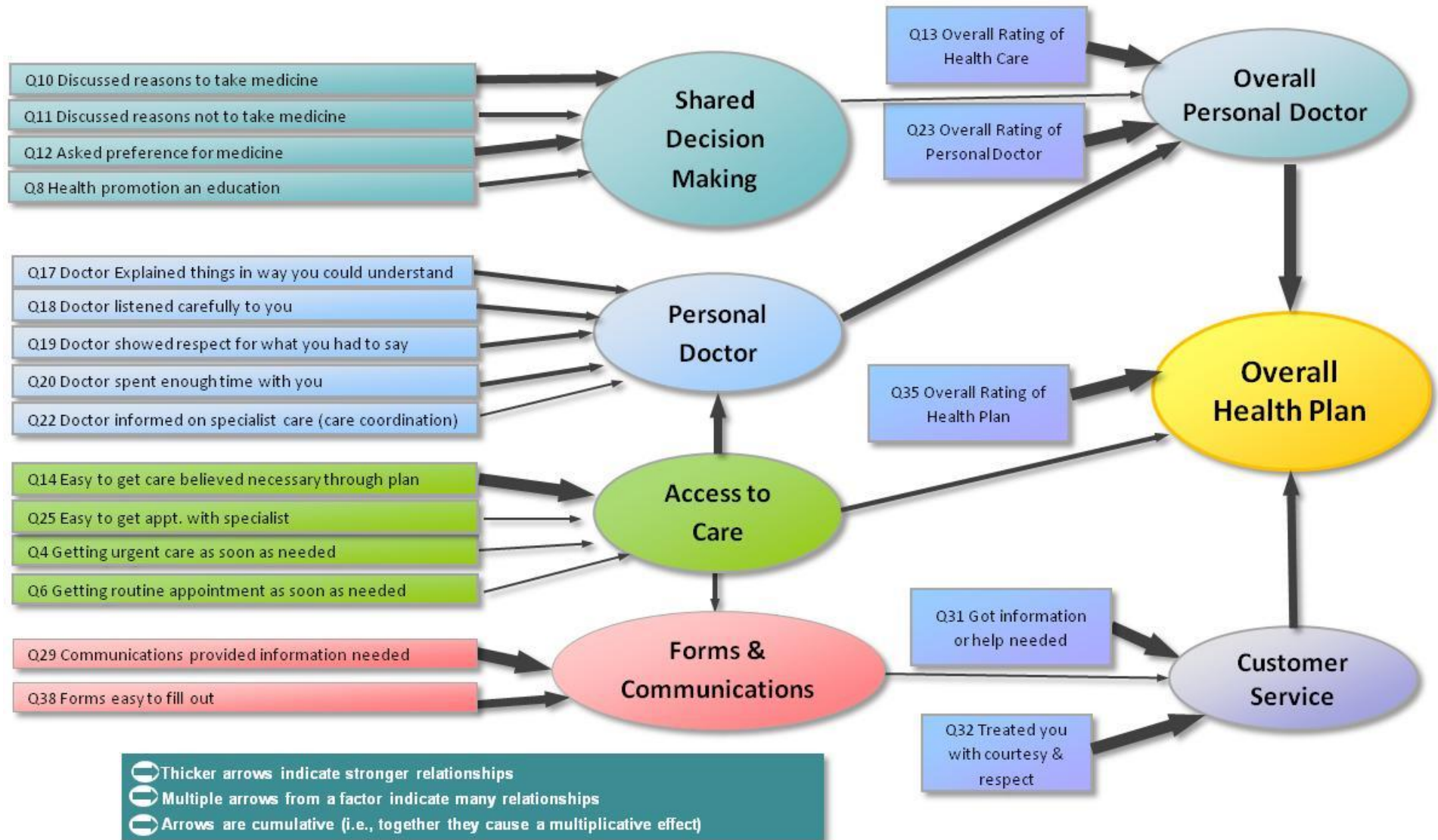
Key stages of the analysis are:

1) Conduct **Factor Analysis** to help determine how the independent variables (attributes) should be grouped. Relationships among these factors are then examined/tested to identify the strongest set of direct and indirect linkages among them.

2) Supplement the factor analysis, and linkages among the factors, with **expert opinion** to fine-tune the factor groupings and their relationships to each other.

3) Employ **Partial Least Squares** (PLS) predictive technique to estimate the interrelationships across the survey variables. The key dependent measure assessed is Health Plan Rating. The PLS approach is appropriate when evaluating a large number of independent variables (survey questions), and when those variables are highly correlated to each other.

- The PLS output is displayed on the following page in a manner that is easy to interpret quickly. The lines depict the relative impact of the survey questions on various topics (the colored ovals), and ultimately on Rating of Health Plan.

- The coefficients derived from a PLS analysis are used to create a Health Plan Satisfaction Modeler. The Modeler which allows a plan to test what-if scenarios and quantify the impact on its Health Plan Rating given any potential changes to the individual survey question scores. The Satisfaction Modeler is available outside the scope of this report.

* The 2014 Morpace Adult Medicaid Book of Business is based on 37 health plans including 15,647 beneficiaries.

Amerigroup
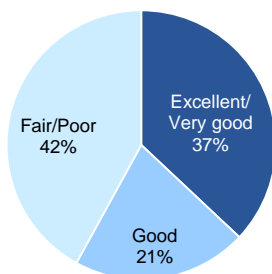RealSolutions®
in healthcare
Louisiana

Q13 Overall Rating of Health Care

Q10 Discussed reasons to take medicine
Q11 Discussed reasons not to take medicine
Q12 Asked preference for medicine
Q8 Health promotion an education

Shared Decision Making

Q23 Overall Rating of Personal Doctor

Overall Personal Doctor

Q17 Doctor Explained things in way you could understand
Q18 Doctor listened carefully to you
Q19 Doctor showed respect for what you had to say
Q20 Doctor spent enough time with you
Q22 Doctor informed on specialist care (care coordination)

Personal Doctor

Q35 Overall Rating of Health Plan

Overall Health Plan

Q14 Easy to get care believed necessary through plan
Q25 Easy to get appt. with specialist
Q4 Getting urgent care as soon as needed
Q6 Getting routine appointment as soon as needed

Access to Care

Q29 Communications provided information needed
Q38 Forms easy to fill out

Forms & Communications

Q31 Got information or help needed

Customer Service

Q32 Treated you with courtesy & respect

◯ Thicker arrows indicate stronger relationships
◯ Multiple arrows from a factor indicate many relationships
◯ Arrows are cumulative (i.e., together they cause a multiplicative effect)

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Executive Summary
Demographics

HEALTH STATUS
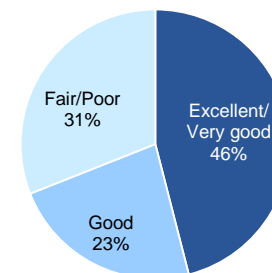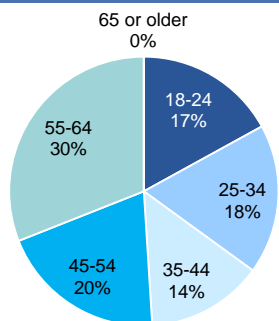
- Excellent/Very good 37%
- Good 21%
- Fair/Poor 42%

MENTAL/EMOTIONAL HEALTH STATUS

- Excellent/Very good 46%
- Good 23%
- Fair/Poor 31%

MEMBER'S AGE

- 65 or older 0%
- 18-24 17%
- 25-34 18%
- 35-44 14%
- 45-54 20%
- 55-64 30%

GENDER

- Male 31%
- Female 69%

EDUCATION

- 4-yr college graduate 4%
- More than 4-year college degree 1%
- Did not graduate high school 39%
- High School graduate or GED 36%
- Some college or 2-yr degree 19%

RACE / ETHNICITY

- Hispanic or Latino 3%
- White 41%
- Black or African-American 52%
- Asian 0%
- Native Hawaiian or other Pacific Islander 0%
- American Indian or Alaska Native 6%
- Other 2%

Data shown are self reported.

morpace
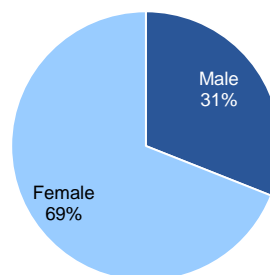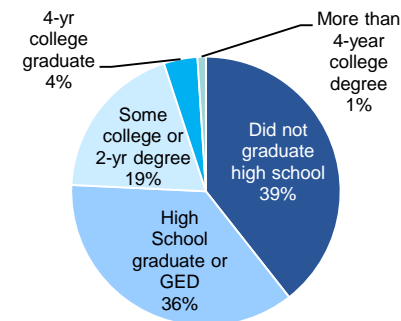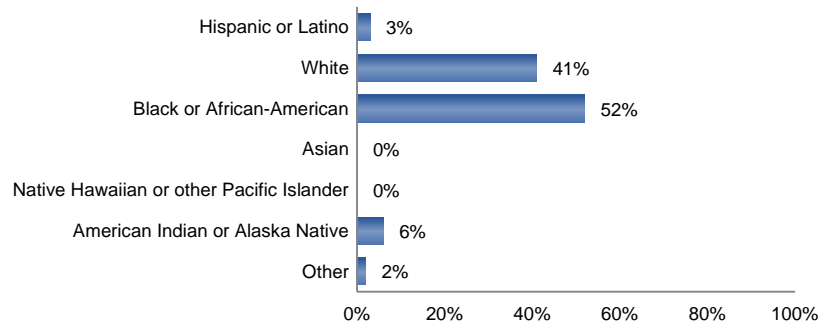
Executive Summary
Demographics

	2013	2014	2013 Quality Compass®
Q36. Health Status			
Excellent/Very good	30%	37%	33%
Good	32%	21%	32%
Fair/Poor	38%	42%	35%
Q37. Mental/Emotional Health Status			
Excellent/Very good	39%	46%	NA
Good	29%	23%	NA
Fair/Poor	32%	31%	NA
Q52. Member's Age			
18 to 24	17%	17%	18%
25 to 34	20%	18%	21%
35 to 44	15%	14%	18%
45 to 54	20%	20%	20%
55 to 64	26%	31%	18%
65 or older	1%	0%	5%
Q53. Gender			
Male	26%	31%	34%
Female	74%	69%	66%
Q54. Education			
Did not graduate high school	46%	39%	27%
High school graduate or GED	32%	36%	39%
Some college or 2-year degree	19%	19%	27%
4-year college graduate	2%	4%	5%
More than 4-year college degree	1%	1%	2%
Q55/56. Race/Ethnicity			
Hispanic or Latino	2%	3%	17%
White	42%	41%	54%
Black or African-American	52%	52%	22%
Asian	1%	0%	4%
Native Hawaiian or other Pacific Islander	1%	0%	2%
American Indian or Alaska Native	3%	6%	4%
Other	3%	2%	9%

Data shown are self reported.
NA = Data not available from NCQA (question added in 2013)

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Executive Summary
General Knowledge about Demographic Differences

The commentary below is based on generally recognized industry knowledge per various published sources:

Age	Older respondents tend to be more satisfied than younger respondents.
Health Status	People who rate their health status as 'Excellent' or 'Very good' tend to be more satisfied than people who rate their health status lower.
Education	More educated respondents tend to be less satisfied.
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.	
Race	Whites give the highest ratings to both rating and composite questions. In general, Hispanics, Asian/Pacific Islanders and American Indian/Alaska Natives give the lowest ratings. Growing evidence that lower satisfaction ratings from Asian Americans are partially attributable to cultural differences in their response tendencies. Therefore, their lower scores might not reflect an accurate comparison of their experience with health care.
Ethnicity	Hispanics tend to give lower ratings than non-Hispanics. Non-English speaking Hispanics tend to give lower ratings than English-speaking Hispanics.

Note: If a health plan's population differs from Quality Compass® in any of the demographic groups, these differences could account for the plan's score when compared to Quality Compass®. For example, if a plan's population rates themselves in better health than the Quality Compass® population, this could impact a plan's score positively. Conversely, if a plan's population rates themselves in poorer health than the Quality Compass® population, the plan's scores could be negatively impacted.

Executive Summary
Demographic Differences About Your Plan

Louisiana	Typical Response of Demographic	Response of Amerigroup Respondents
Age	Older members tend to be more satisfied than younger members.	Members aged 55+ years old are significantly more satisfied than members 34-54 years old with: • Listen carefully to you (Q18) • Spend enough time with you (Q20) • Easy to get care believed necessary (Q14) • Coordination of Care (Q22) Members aged 55+ years are significantly more satisfied than members 18-34 years old with: • Coordination of Care (Q22) Members aged 18-34 years are significantly MORE satisfied than members 55+ years old with: • Discussed reasons to take medicine (Q10) Members aged 18-34 are significantly MORE satisfied than members 35-54 years old with: • Easy to get care believed necessary (Q14) Members aged 18-34 and 35-54 are significantly MORE satisfied than members 55+ years old with: • Discussed reasons not to take medicine (Q11)

Executive Summary
Demographic Differences About Your Plan

Louisiana	Typical Response of Demographic	Response of Amerigroup Respondents
Health Status	People who rate their health status as 'Excellent' or 'Very good' tend to be more satisfied than people who rate their health status lower.	Members who rate their health status as 'Excellent' or 'Very good' are significantly more satisfied than members who rate their health status 'Fair' or "Poor' with: • Show respect for what you had to say (Q19) • Rating of Health Care, Personal Doctor, and Health Plan Members who rate their health status as 'Good' are significantly more satisfied than members who rate their health status 'Fair' or "Poor' with: • Easy to get care believed necessary (Q14) Members who rate their health status as 'Excellent' or 'Very good' are significantly more satisfied than members who rate their health status 'Good' with: • Rating of Health Plan
Education	More educated members tend to be less satisfied.	More educated members are significantly less satisfied with: • Rating of Personal Doctor • Coordination of Care (Q22)
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.		
Race	Whites give the highest ratings to both rating and composite questions. In general, Hispanics, Asian/Pacific Islanders and American Indian/Alaska Natives give the lowest ratings.	African American members are significantly MORE satisfied than White members with: • Getting appointment as soon as needed (Q6)
Ethnicity	Hispanics tend to give lower ratings than non-Hispanics. Non-English speaking Hispanics tend to give lower ratings than English-speaking Hispanics.	There are no significant differences between Hispanic and non-Hispanic members.

Executive Summary
Composite & Rating Scores by Demographics

Demographic	Age			Race				Ethnicity		Educational Level		Health Status		
	18-34	35-54	55+	Caucasian	African American	Asian	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/ Very Good	Good	Fair/ Poor
Sample size	(n=94)	(n=92)	(n=85)	(n=120)	(n=151)	(n=1)	(n=22)	(n=7)	(n=243)	(n=201)	(n=67)	(n=104)	(n=60)	(n=118)
Composites *(% Always/Usually)*														
Getting Care Quickly	82	81	79	78	84	0	63	100	79	81	77	83	86	78
Shared Decision Making *(% A lot/Yes)*	63	63	40	50	54	0	56	50	55	51	61	55	58	54
How Well Doctors Communicate	91	84	93	87	90	0	76	100	89	90	83	94	90	85
Getting Needed Care	81	69	81	76	75	0	74	90	77	76	76	78	86	71
Customer Service	86	75	86	77	83	0	73	100	82	78	90	90	70	81
Ratings *(% 8,9,10)*														
Personal Doctor	77	76	88	78	82	100	82	100	79	85	67	88	77	76
Specialist	64	85	88	84	78	0	83	67	81	79	81	82	81	81
Health Care	68	66	72	64	71	0	82	100	68	68	70	85	70	60
Health Plan	75	78	83	76	81	100	71	83	79	81	76	92	68	73

Detailed Results

Getting Care Quickly

Shared Decision Making

How Well Doctors Communicate

Getting Needed Care

Customer Service

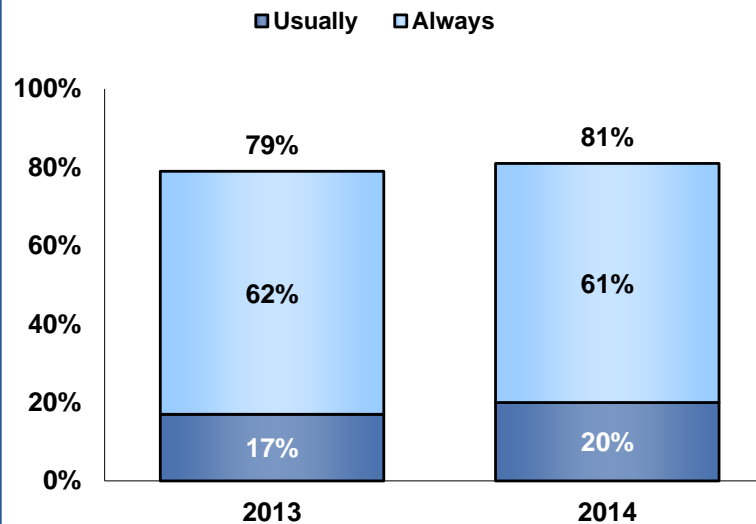Health Promotion and Education/Coordination of Care

Overall Rating Scores for Health Care, Health Plan, Personal Doctor & Specialist

Getting Care Quickly
Composite

Getting Care Quickly

□ Usually   □ Always

	2013	2014
Always	62%	61%
Usually	17%	20%
Total	79%	81%

Plan score falls on 25th or below 50th Percentile

2013 Quality Compass®					
Mean	10th	25th	50th	75th	90th
81.16	76.01	79.23	81.47	84.04	85.37

NOTE: Numbers are rounded to the nearest whole number

Getting Care Quickly
Composite Measures

Q4. Getting Care as Soon as Needed

■ Usually ■ Always

	2013 n=159	2014 n=140
Total	77%	81%
Always	63%	64%
Usually	14%	16%

Q6. Getting Appointment as Soon as Needed

■ Usually ■ Always

	2013 n=254	2014 n=208
Total	81%	81%
Always	62%	57%
Usually	19%	24%

Legend: ↑/↓ 2014 statistically higher/lower compared to 2013 results.
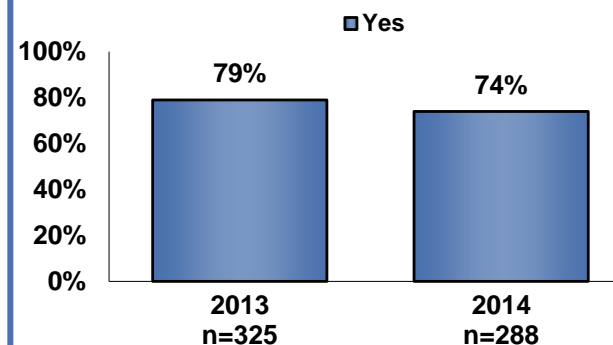NOTE: Numbers are rounded to the nearest whole number

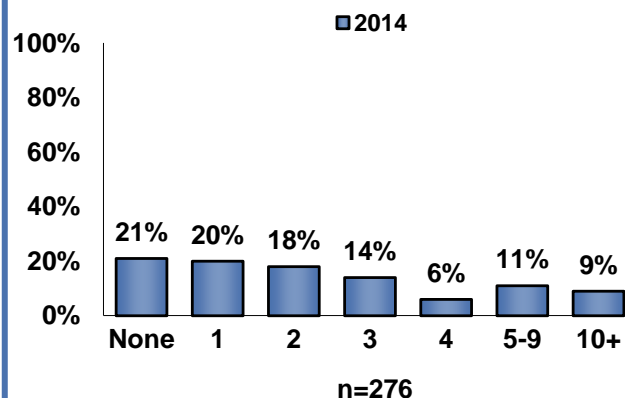**morpace**

Getting Care Quickly
Access to Care

Q3. Had Illness/Injury/Condition that Needed Care Right Away from Clinic, ER, or Doctor's Office

■Yes

	2013 n=324	2014 n=286
	50%	50%
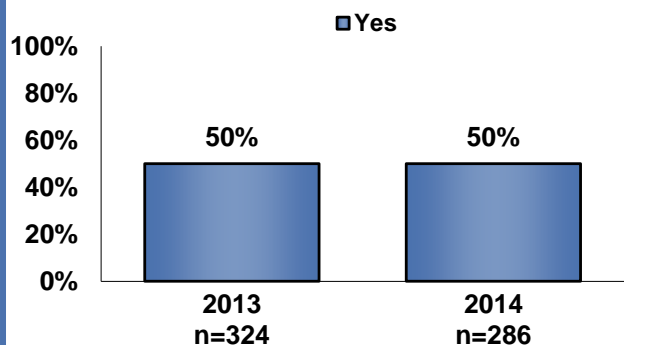
Q5. Made an Appt. at Doctor's Office or Clinic

■Yes

	2013 n=325	2014 n=288
	79%	74%

Q7. Number of Times Going to Doctor's Office/Clinic for Care

■2014

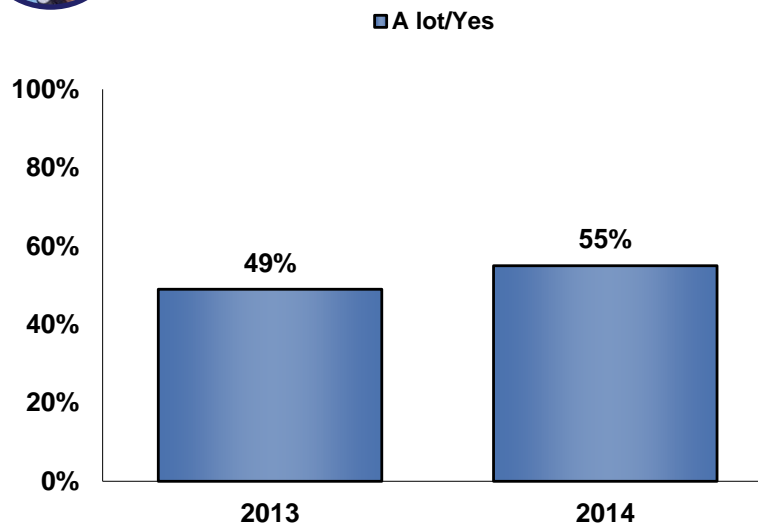| None	1	2	3	4	5-9	10+
21%	20%	18%	14%	6%	11%	9%

n=276

Legend: ↑/↓ 2014 statistically higher/lower compared to 2013 results.   NOTE: Numbers are rounded to the nearest whole number

Shared Decision Making
Composite

Shared Decision Making

◼ A lot/Yes

Year	Value
2013	49%
2014	55%

This composite was revised in 2013 to focus on patients' discussion with their doctor or other health provider about prescription medicine. The score for this measure is the average of 3 questions (Q10 - % A lot, Q11 - % A lot, Q12 - % Yes). This measure will be publicly reported for the first time in 2014.
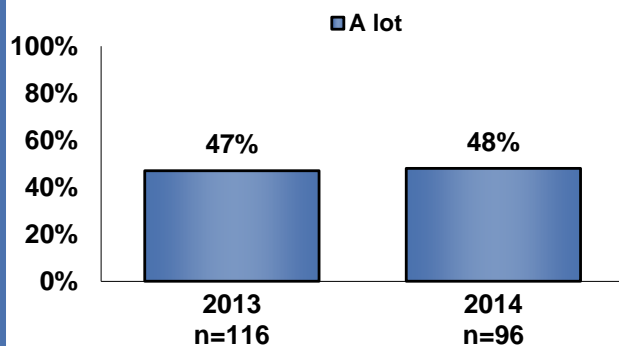
2013 Quality Compass®					
Mean	10th	25th	50th	75th	90th
NA	NA	NA	NA	NA	NA

NOTE: Numbers are rounded to the nearest whole number

Shared Decision Making
Composite Measures

Q10. Discussed Reasons to Take Medicine
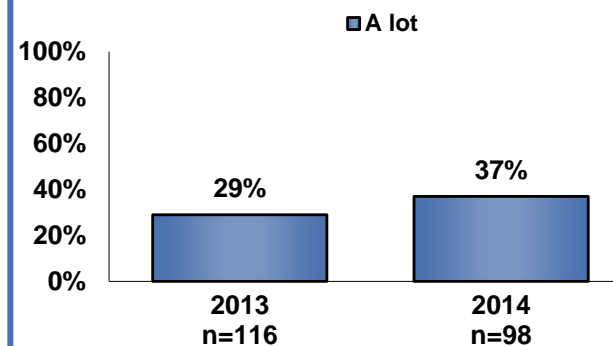
A lot

	2013 n=116	2014 n=96
A lot	47%	48%

Q11. Discussed Reasons Not to Take Medicine

A lot

	2013 n=116	2014 n=98
A lot	29%	37%

Q12. Asked Preference for Medicine

Yes

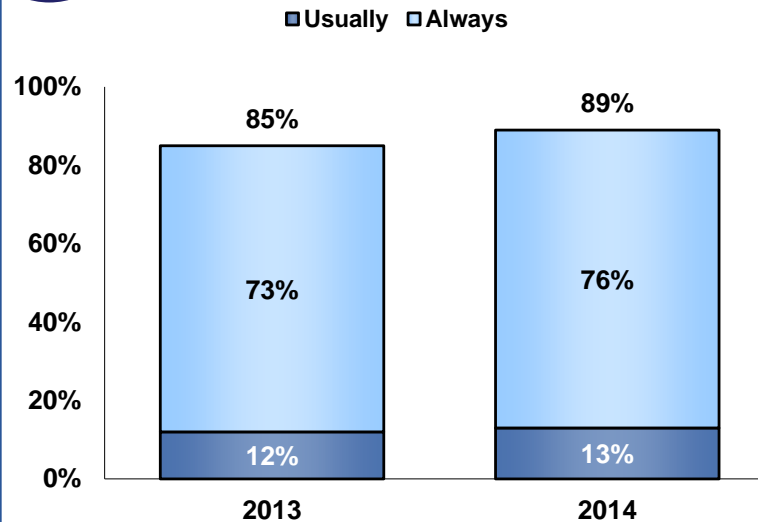|	2013 n=116	2014 n=98
Yes	72%	80%
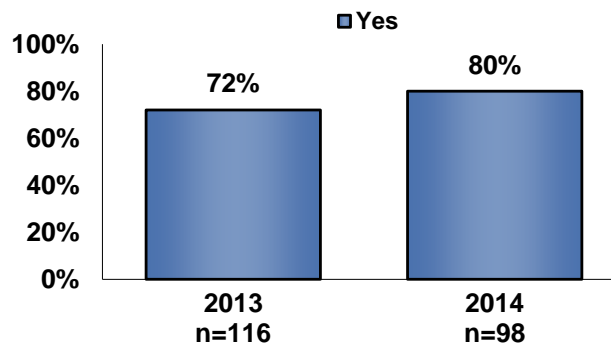
Legend: ↑/↓ 2014 statistically higher/lower compared to 2013 results.   NOTE: Numbers are rounded to the nearest whole number

How Well Doctors Communicate
Composite

How Well Doctors Communicate

■ Usually □ Always

	2013	2014
Always	73%	76%
Usually	12%	13%
Total	85%	89%

Plan score falls on 25th or below 50th Percentile

2013 Quality Compass®

Mean	10th	25th	50th	75th	90th
89.27	86.26	87.69	89.44	90.66	92.55

NOTE: Numbers are rounded to the nearest whole number
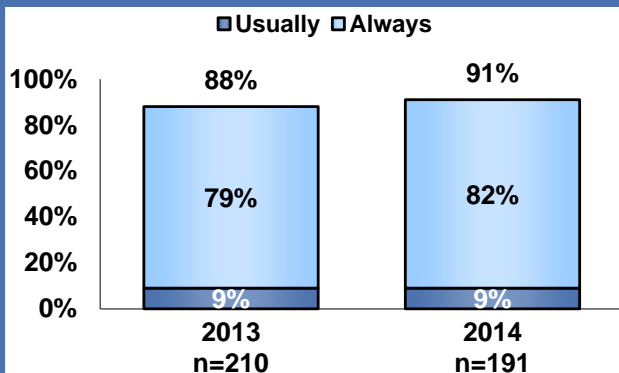
How Well Doctors Communicate
Composite Measures
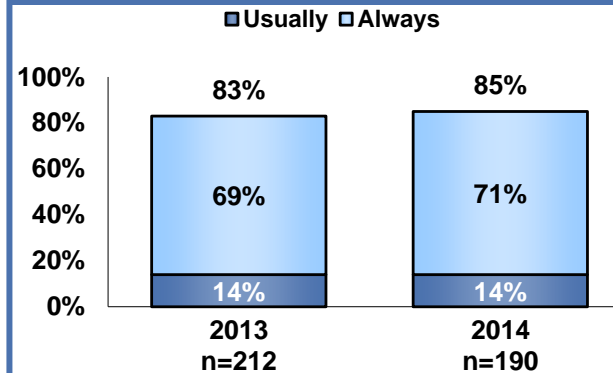
Q17. Explain Things in a Way You Could Understand
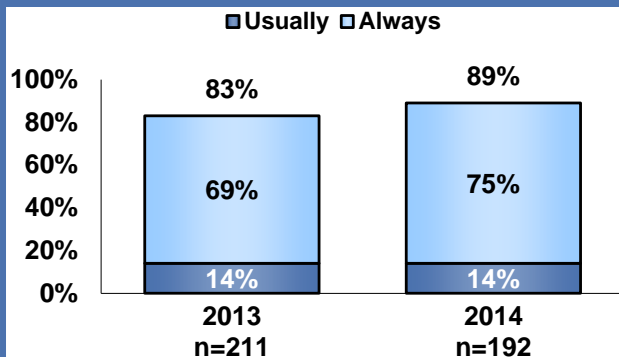
Legend: □ Usually □ Always

- 2013 n=211: 14% (Usually), 69% (Always), 83% total
- 2014 n=192: 14% (Usually), 75% (Always), 89% total

Q18. Listen Carefully to You

Legend: □ Usually □ Always

- 2013 n=211: 11% (Usually), 75% (Always), 86% total
- 2014 n=192: 14% (Usually), 78% (Always), 92% total

Q19. Show Respect for What You Had to Say

Legend: □ Usually □ Always

- 2013 n=210: 9% (Usually), 79% (Always), 88% total
- 2014 n=191: 9% (Usually), 82% (Always), 91% total
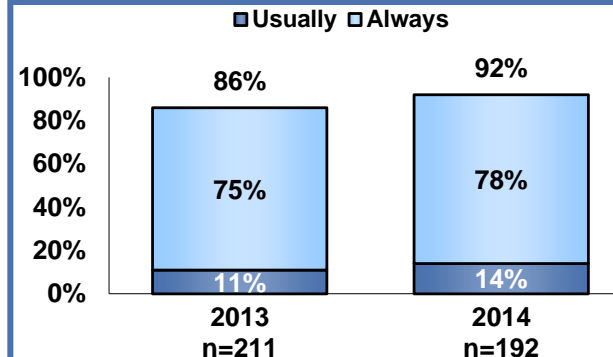
Q20. Spend Enough Time with You

Legend: □ Usually □ Always

- 2013 n=212: 14% (Usually), 69% (Always), 83% total
- 2014 n=190: 14% (Usually), 71% (Always), 85% total
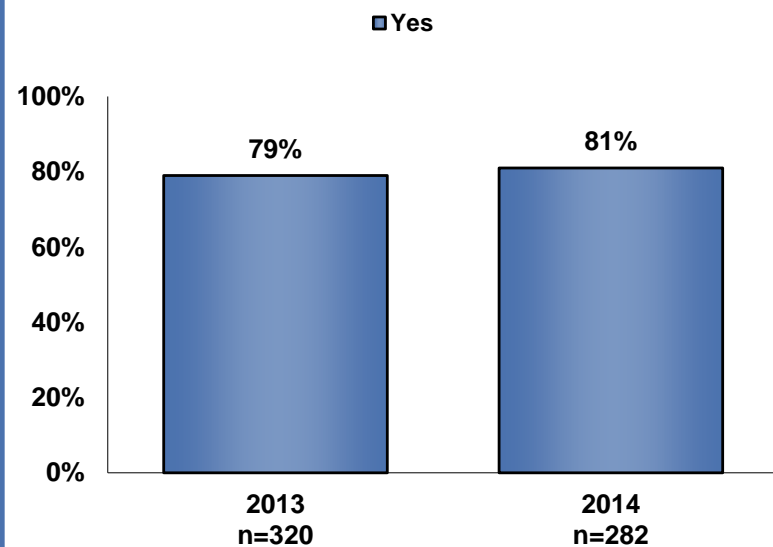
Legend: ↑/↓ 2014 statistically higher/lower compared to 2013 results.   NOTE: Numbers are rounded to the nearest whole number

How Well Doctors Communicate
Access to Personal Doctor

Q15. Have a Personal Doctor

■Yes

	2013 n=320	2014 n=282
Yes	79%	81%

Q16. Number of Times Visited Personal Doctor to Get Care

■2014

None	1	2	3	4	5-9	10+
15%	25%	23%	14%	8%	9%	5%

n=225

Legend: ⬆/⬇ 2014 statistically higher/lower compared to 2013 results.
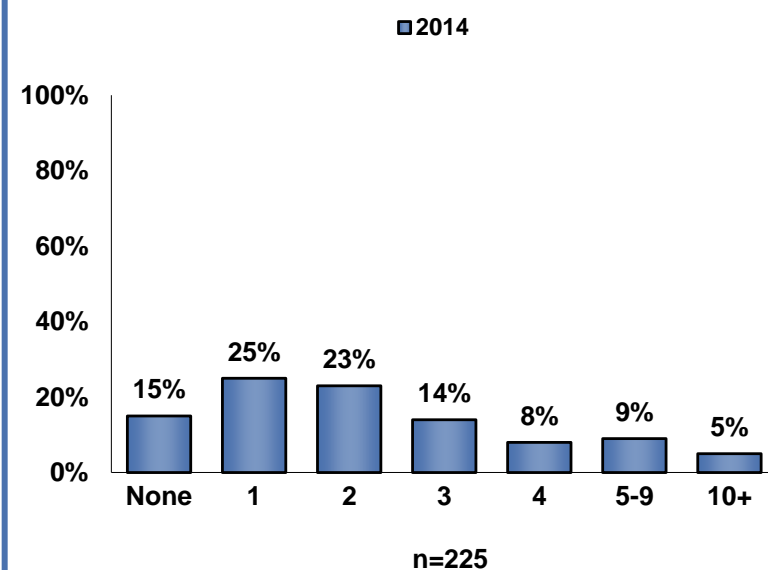NOTE: Numbers are rounded to the nearest whole number

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Getting Needed Care
Composite

Getting Needed Care

☐ Usually   ☐ Always

	2013	2014
	76%	77%
Always	57%	58%
Usually	19%	19%

Plan score falls on 10th or below 25th Percentile

2013 Quality Compass®					
Mean	10th	25th	50th	75th	90th
80.62	75.56	78.27	80.97	83.30	85.44

NOTE: Numbers are rounded to the nearest whole number

Getting Needed Care
Composite Measures

Q14. Easy to Get Care Believed Necessary

□ Usually □ Always

- 2013 (n=255): Usually 18%, Always 58%, total 76%
- 2014 (n=215): Usually 22%, Always 59%, total 80%

Q25. Easy to Get Appointment with Specialist

□ Usually □ Always

- 2013 (n=108): Usually 21%, Always 55%, total 76%
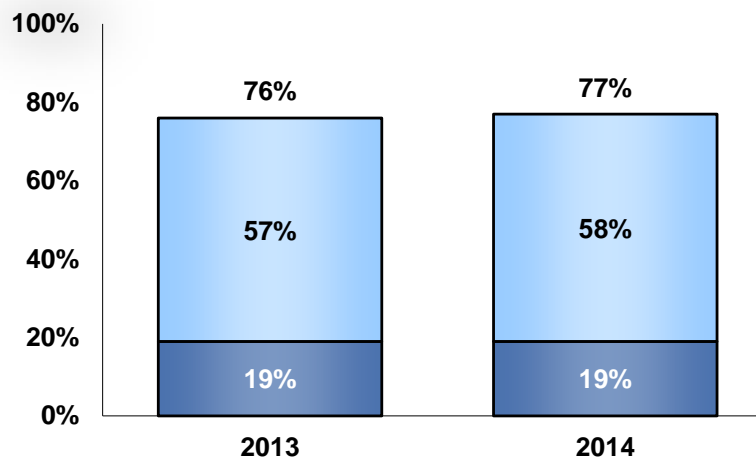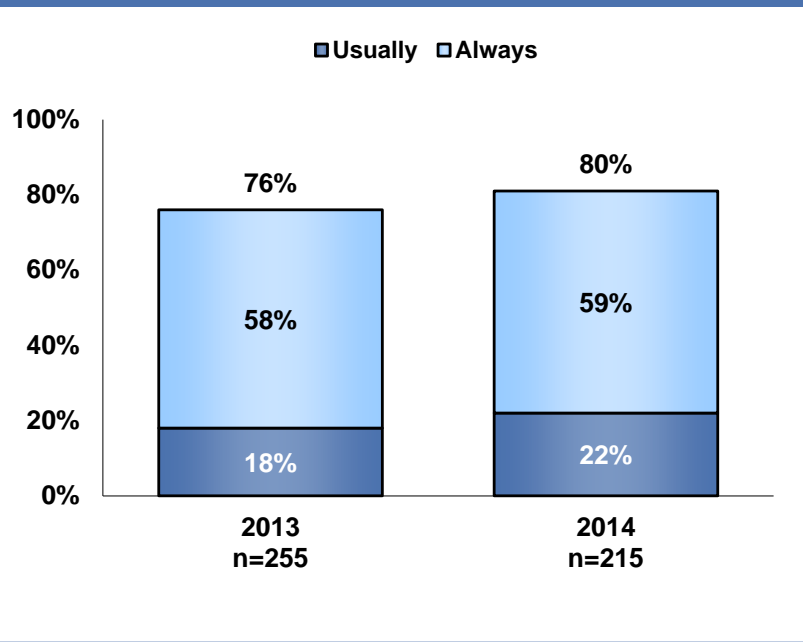- 2014 (n=110): Usually 15%, Always 57%, total 73%

Legend: ↑↓ 2014 statistically higher/lower compared to 2013 results.
NOTE: Numbers are rounded to the nearest whole number

Amerigroup RealSolutions in healthcare
Louisiana

Q24. Made an Appointment to See a Specialist

■ Yes

	2013 n=317	2014 n=285
	35%	39%

(Bar chart: 2013 = 35%, 2014 = 39%; y-axis 0%–100%)

Q26. Number of Specialists Seen

■ 2014

None	1	2	3	4	5+
8%	48%	22%	14%	5%	4%

n=111

(Bar chart; y-axis 0%–100%)

Legend: ↑/↓ 2014 statistically higher/lower compared to 2013 results.   NOTE: Numbers are rounded to the nearest whole number

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Customer Service
Composite

Customer Service

◼ Usually ◻ Always

	2013	2014
Always	86% / 73%	82% / 68%
Usually	13%	14%

Plan score falls below 10th Percentile

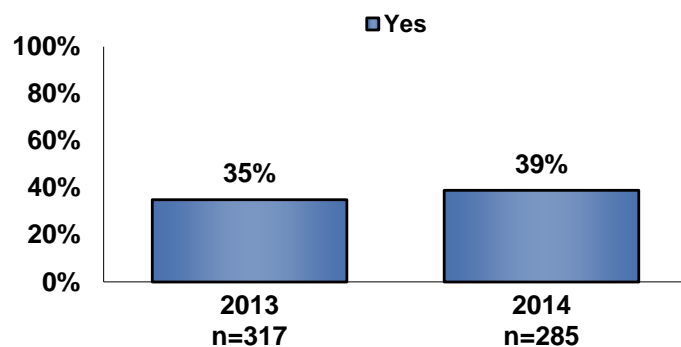| 2013 Quality Compass®					
Mean	10th	25th	50th	75th	90th
86.16	82.24	84.50	86.46	88.30	89.54

NOTE: Numbers are rounded to the nearest whole number

Customer Service
Composite Measures

Q31. Got Information or Help Needed
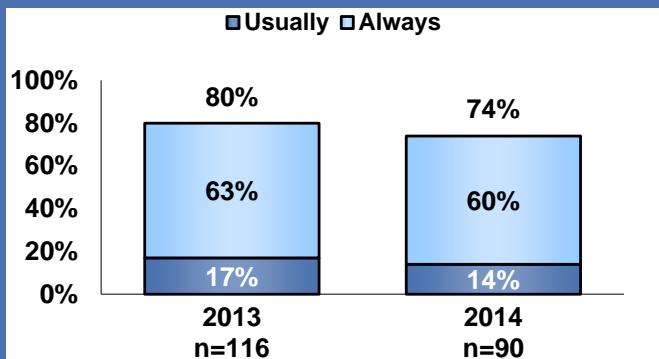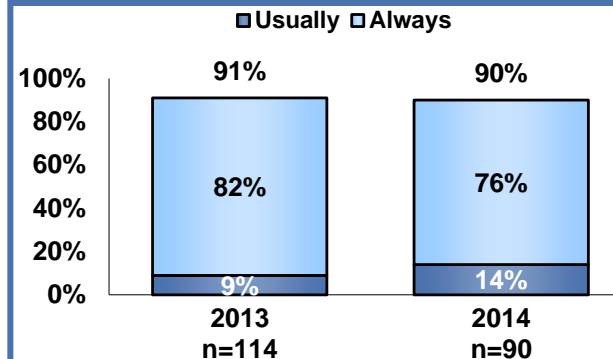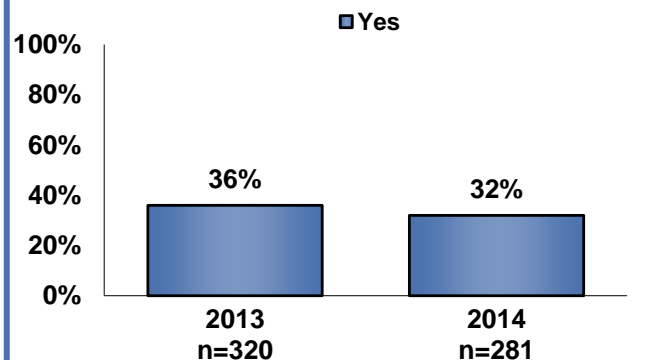
Legend: ⬆/⬇ 2014 statistically higher/lower compared to 2013 results.   NOTE: Numbers are rounded to the nearest whole number

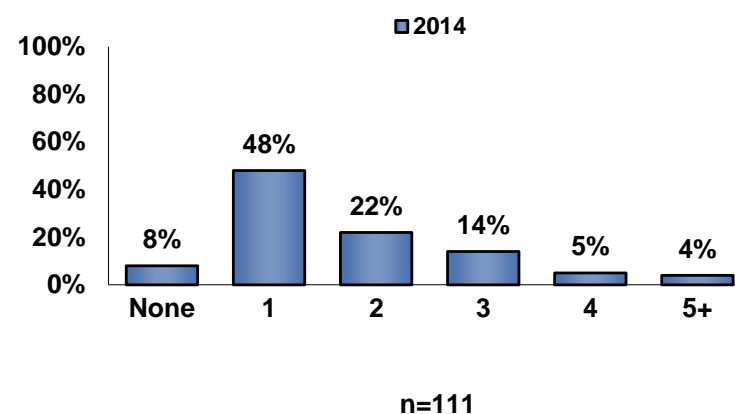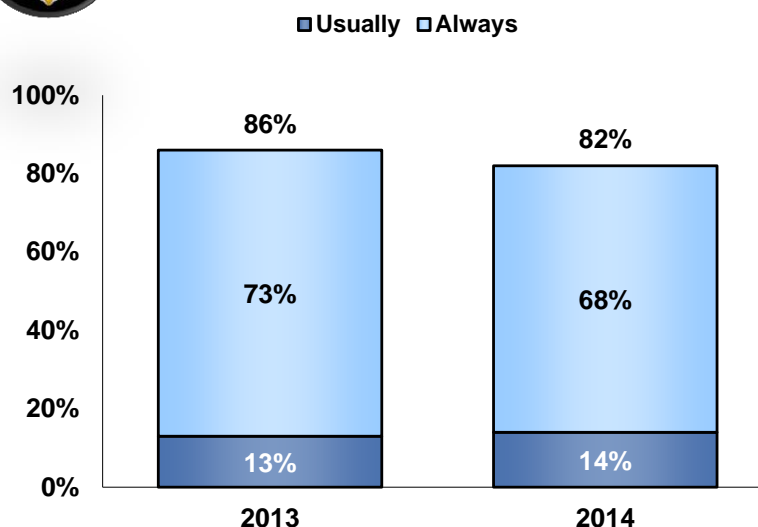# Customer Service
Access to Information and Paperwork

Q29. Written Materials or Internet Provided Information Needed

Legend: ■ Usually ■ Always

	2013 n=80	2014 n=62
Total	64%	73%
Always	40%	45%
Usually	24%	27%

Q33/Q34. Health Plan Forms Easy to Fill Out

Legend: ■ Usually ■ Always*

	2013 n=313	2014 n=278
Total	94%	95%
Always*	88%	88%
Usually	6%	6%

Q28. Looked for Information in Written Materials or on the Internet

Legend: ■ Yes

	2013 n=321	2014 n=284
Yes	25%	22%
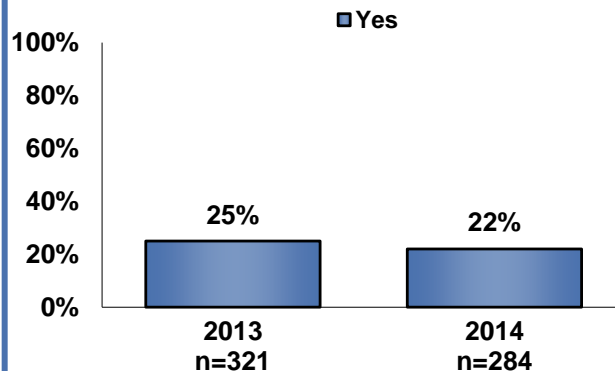
Q33. Health Plan Gave You Forms to Fill Out
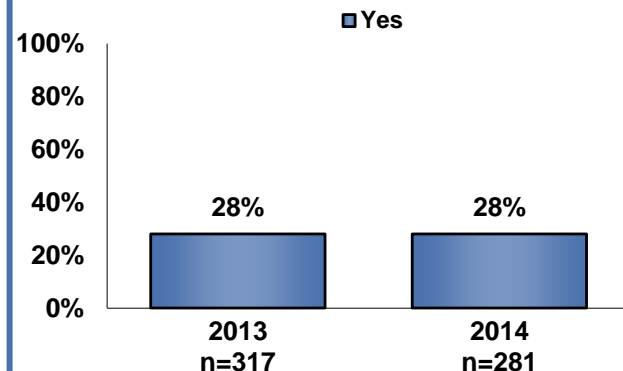
Legend: ■ Yes

	2013 n=317	2014 n=281
Yes	28%	28%

Legend: ⬆/⬇ 2014 statistically higher/lower compared to 2013 results.

NOTE: Numbers are rounded to the nearest whole number   *Q34 included the No's from Q33.

Other Measures

Health Promotion & Education

Coordination of Care

Health Promotion & Education Coordination of Care

Q8. Health Promotion and Education

■Yes

	2013 n=255	2014 n=213
Yes	71%	74%

Q21. Received Care from Other Providers
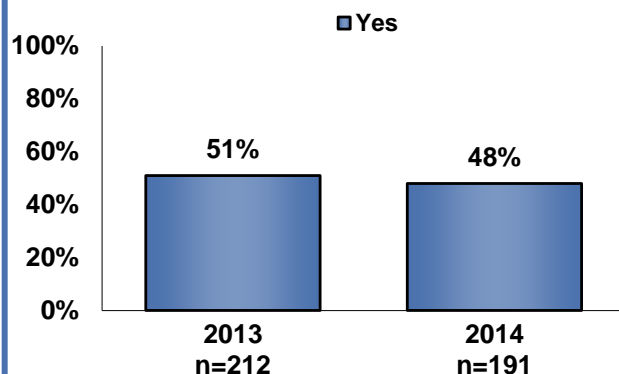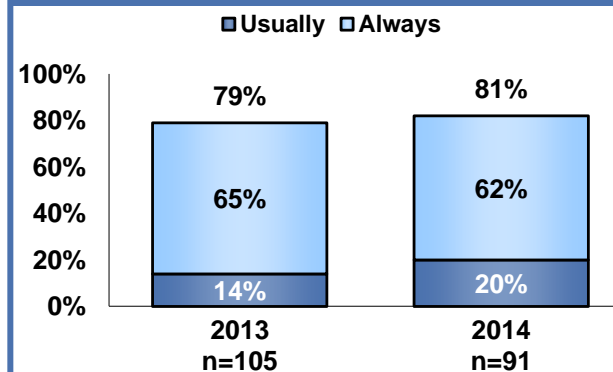
■Yes

	2013 n=212	2014 n=191
Yes	51%	48%

Q22. Coordination of Care

■Usually ■Always

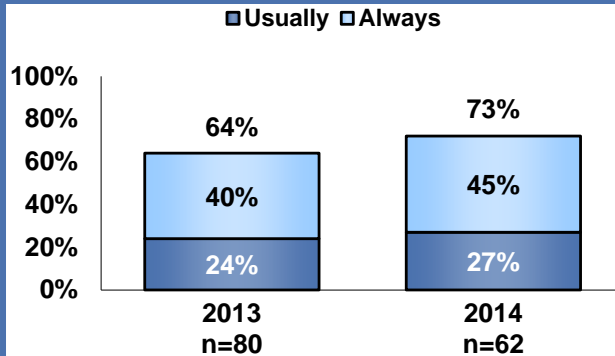|	2013 n=105	2014 n=91
Always (top)	65%	62%
Usually (bottom)	14%	20%
Total	79%	81%

Legend: ↑/↓ 2014 statistically higher/lower compared to 2013 results.   NOTE: Numbers are rounded to the nearest whole number

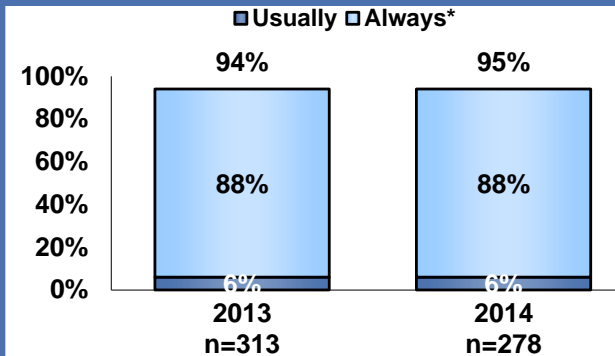# Overall Ratings

Overall Rating – Health Care & Health Plan

Q13. Rating of Health Care (% 8, 9, 10)

100%
80%
60%
40%
20%
0%

68%
2013
n=251

70%
2014
n=210
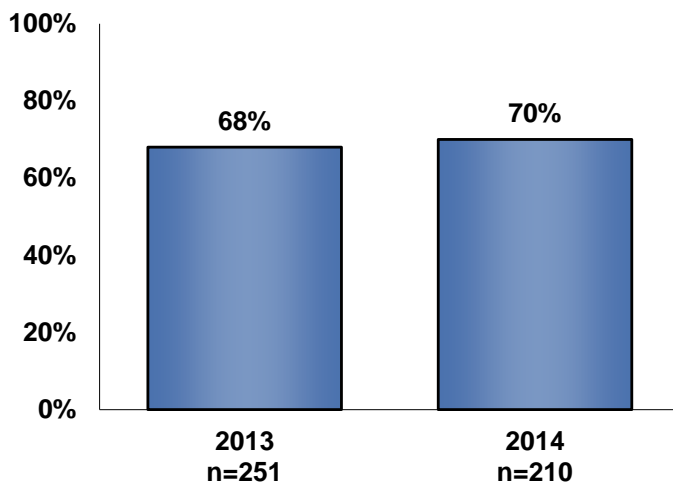
Plan score falls on 25th or below 50th Percentile

Q35. Rating of Health Plan (% 8, 9, 10)

100%
80%
60%
40%
20%
0%

72%
2013
n=304

79%
2014
n=280
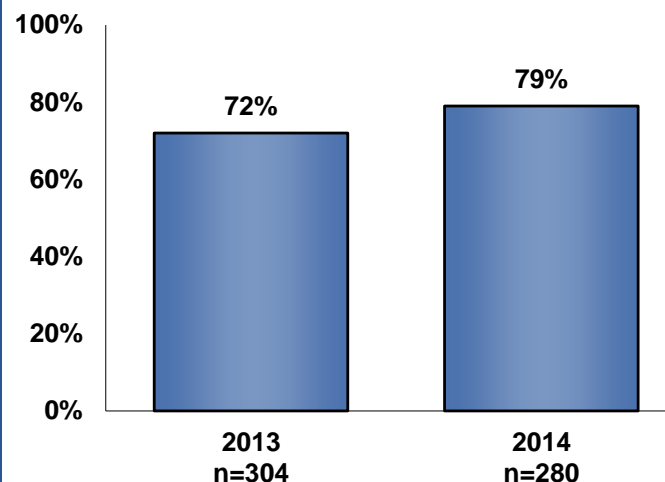
Plan score falls on 75th or below 90th Percentile

2013 Quality Compass®

Mean	10th	25th	50th	75th	90th
70.84	65.34	68.10	70.59	73.31	76.34

2013 Quality Compass®

Mean	10th	25th	50th	75th	90th
73.53	65.93	69.09	74.49	77.84	81.25

Legend: ↑/↓ 2014 statistically higher/lower compared to 2013 results.

NOTE: Numbers are rounded to the nearest whole number

Overall Rating – Personal Doctor & Specialist

Q23. Rating of Personal Doctor (% 8, 9, 10)
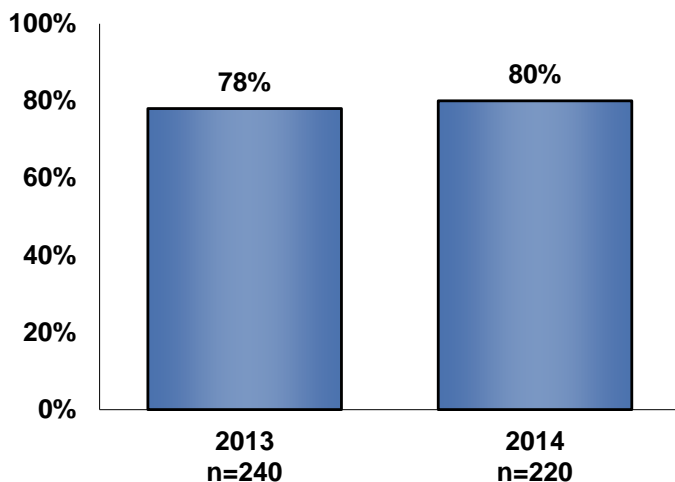
Year	Rating
2013 n=240	78%
2014 n=220	80%
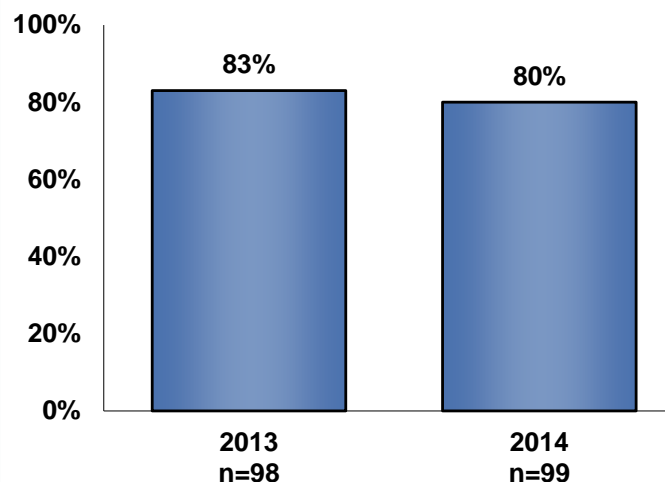
Plan score falls on 50th or below 75th Percentile

2013 Quality Compass®

Mean	10th	25th	50th	75th	90th
78.36	73.24	76.13	78.65	80.67	82.89

Q27. Rating of Specialist (% 8, 9, 10)

Year	Rating
2013 n=98	83%
2014 n=99	80%

Plan score falls on 50th or below 75th Percentile

2013 Quality Compass®

Mean	10th	25th	50th	75th	90th
79.37	75.00	76.70	79.53	82.25	84.39

Legend: ↑/↓ 2014 statistically higher/lower compared to 2013 results.
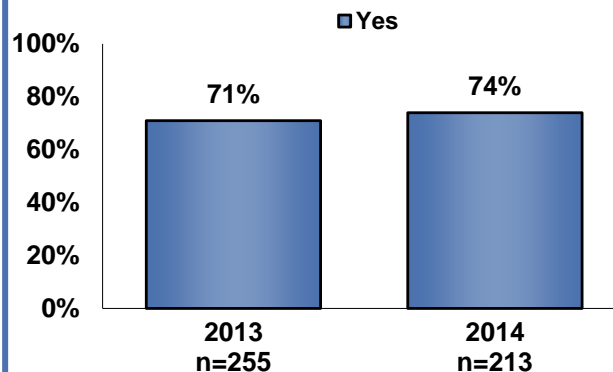NOTE: Numbers are rounded to the nearest whole number

HEDIS® Measures

Flu Vaccinations for Adults Ages 18 - 64

Medical Assistance with Smoking and Tobacco Use Cessation

Aspirin Use and Discussion

Flu Vaccinations for Adults Ages 18 – 64

- In 2014, the Flu Vaccinations for Adults Ages 18-64 Measure (FVA) was added to the Medicaid product line.
- The Flu Vaccinations for Adults Ages 18-64 Measure is designed to report the percent of members:
  - who are between the ages of 18-64 as of July 1st of the measurement year
  - who were continuously enrolled during the measurement year, and
  - who received an influenza vaccination or flu spray between July of the measurement year and the date on which the survey was completed
- Results for this measure are calculated using data collected during the measurement year.
- All members in the sample are asked to answer this question but only the members that meet the age criteria will be included in the results for this measure. Below are the 2014 Reported Results. See Technical Notes for Accreditation Scoring.

Q38. Have you had either a flu shot or flu spray in the nose since July 1, 2013?	2014 Reported Results*
Members that meet age criteria (results are not reportable in 2014)	263
Members that meet age criteria and received a flu vaccination	107
Flu Vaccinations for Adults Rate	*41%*

2013 Quality Compass®					
Mean	10th	25th	50th	75th	90th
NA	NA	NA	NA	NA	NA

* The 2014 Reported Result is calculated using results collected during the measurement year. There must be a total of 100 or more respondents eligible for calculation in the measurement year for the rate to be reportable. This is a first year measure and will not be eligible for public reporting in 2014.

Medical Assistance with Smoking & Tobacco Use Cessation
Advising Smokers and Tobacco Users to Quit

- In 2010, the Medical Assistance with Smoking Cessation measure was revised and is now called the Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure. The scope of the measure was expanded to include smokeless tobacco use and revised the question response choices. This measure consists of the following components that assess different facets of providing medical assistance with smoking and tobacco use cessation:
  - Advising Smokers and Tobacco Users to Quit
  - Discussing Cessation Medications
  - Discussing Cessation Strategies
- Criteria for inclusion in this measure are members who are at least 18 years old, who were either current smokers, tobacco users, or recent quitters, who were seen by an MCO practitioner during the measurement year, and who received advice on quitting smoking/tobacco use.

	2013	2014	2014 Reported Results*
Q40. Advising Smokers and Tobacco Users to Quit			
Members that meet criteria (results are not reportable if less than 100)	123	104	227
Members that meet criteria and were advised to quit smoking or using tobacco	93	83	176
Advising Smokers and Tobacco Users to Quit Rate	*76%*	*80%*	*78%*

2013 Quality Compass®					
Mean	10th	25th	50th	75th	90th
75.56	69.88	72.09	76.20	79.55	81.26

Plan score falls on 50th or below 75th Percentile

The Reported Results are calculated using a rolling average methodology, using results collected during two consecutive years of data collection. The Reported Results were calculated for the first time in 2011.

Medical Assistance with Smoking & Tobacco Use Cessation
Discussing Cessation Medications

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

	2013	2014	2014 Reported Results*
Q41. Discussing Cessation Medications			
Members that meet criteria (results are not reportable if less than 100)	121	104	225
Members that meet criteria and discussed medications to quit smoking or using tobacco	53	45	98
Discussing Cessation Medications Rate	**44%**	**43%**	**44%**

2013 Quality Compass®					
Mean	10th	25th	50th	75th	90th
45.81	36.03	40.46	45.18	51.38	57.50

Plan score falls on 25th or below 50th Percentile

The Reported Results are calculated using a rolling average methodology, using results collected during two consecutive years of data collection. The Reported Results were calculated for the first time in 2011.

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

	2013	2014	2014 Reported Results*
Q42. Discussing Cessation Strategies			
Members that meet criteria (results are not reportable if less than 100)	124	104	228
Members that meet criteria and discussed methods & strategies to quit smoking or using tobacco	49	44	93
Discussing Cessation Strategies Rate	*40%*	*42%*	*41%*

2013 Quality Compass®					
Mean	10th	25th	50th	75th	90th
41.14	33.44	36.65	40.25	44.77	50.69

Plan score falls on 50th or below 75th Percentile

The Reported Results are calculated using a rolling average methodology, using results collected during two consecutive years of data collection. The Reported Results were calculated for the first time in 2011.

Aspirin Use and Discussion (ASP)

- In 2010, Aspirin Use and Discussion (ASP) was added to assess different facets of managing aspirin use for the primary prevention of cardiovascular disease.

- This measure is not yet approved to be publicly reported for Adult Medicaid plans. The Aspirin results are calculated using a rolling average methodology, using results collected during two consecutive years of data collection.

- Criteria for inclusion in the Aspirin Use measure are:
  - Women 56-79 years of age with at least two risk factors for cardiovascular disease
  - Men 46-65 years of age with at least one risk factor for cardiovascular disease
  - Men 66-79 years of age, regardless of risk factors

- Criteria for the Discussing Aspirin Risks/Benefits measure are:
  - Women 56-79 years of age
  - Men 46-79 years of age

	2013	2014	2014 Rolling Average Results*
Q43. Aspirin Use			
Members that meet criteria (results are not reportable in 2014)	19	23	42
Members that meet criteria and use aspirin for preventative measures	7	4	11
Aspirin Use Rate	*37%*	*17%*	*26%*
Q45. Discussing Aspirin Risks and Benefits			
Members that meet criteria (results are not reportable in 2014)	43	45	88
Members that meet criteria and provider discussed risks/benefits of aspirin use for preventative measures	18	26	44
Discussing Aspirin Risks and Benefits Rate	*42%*	*58%*	*50%*

The Reported Results are calculated using a rolling average methodology, using results collected during two consecutive years of data collection. The Rolling Average was calculated for the first time in 2011 and is not yet approved for public reporting.

Supplemental Questions

Supplemental Questions – Doctors

Q23a. How would you rate the number of PCPs you had to choose from?

	2013	2014
Excellent	27%	36%
Very good	24%	21%
Good	26%	23%
Fair	16%	15%
Poor	7%	6%
Sample Size:	(n=217)	(n=199)

Q35a. How would you rate Amerigroup in providing doctors who represent your cultural and language needs?

	2013	2014
Excellent	41%	48%
Very good	26%	23%
Good	23%	21%
Fair	8%	6%
Poor	3%	2%
Sample Size:	(n=314)	(n=275)

Q6a. In the last 6 months, if you called your doctor's office after office hours for an urgent need, how many minutes did you usually have to wait between making a call to the office and speaking to the doctor or doctor's representative?		
	2013	**2014**
Less than 20 minutes	69%	64%
More than 20 minutes	17%	17%
Exceeded 60 minutes	14%	19%
Sample Size:	*(n=64)*	*(n=75)*

Supplemental Questions – Health Tips

Q32a. Health tips I hear while I am on hold are helpful.		
	2013	**2014**
Strongly agree	31%	24%
Agree	58%	66%
Disagree	8%	7%
Strongly disagree	3%	3%
Sample Size:	*(n=109)*	*(n=89)*

Q27a. How would you rate the number of Specialists you had to choose from?		
	2013	**2014**
Excellent	28%	31%
Very good	32%	23%
Good	23%	26%
Fair	10%	10%
Poor	7%	9%
Sample Size:	*(n=90)*	*(n=99)*

Supplemental Questions – Care or Tests Needed

Q14a. If you did not think that it was easy to get the care or tests you thought you needed, what was the main problem you had getting care or tests?

	2013	2014
Authorization process	24%	30%
Difficulty finding in-network provider for service	17%	19%
Waiting for approval for a new prescription drug	14%	16%
Transportation issues	25%	14%
Other	20%	20%
Sample Size:	*(n=91)*	*(n=69)*

Supplemental Questions – Nurse HelpLine

Q35g. Amerigroup's Nurse HelpLine helps members.		
	2013	**2014**
Strongly agree	49%	47%
Agree	46%	46%
Disagree	2%	6%
Strongly disagree	3%	1%
Sample Size:	*(n=198)*	*(n=176)*

Supplemental Questions – Health Plan

Q35b. If today you could select any health plan company in your area, would you select your current plan again?	2013	2014
Definitely yes	49%	55%
Probably yes	30%	27%
Uncertain	13%	10%
Probably not	5%	4%
Definitely not	4%	5%
Sample Size:	(n=316)	(n=283)

Q35f. What can your health plan do better to serve you (such as improving customer service, getting the care you need or anything else)? (Multiple Mentions) (Top Mentions)	2013	2014
Getting the care I need	14%	17%
Add more providers/specialists	13%	13%
Better prescription coverage	16%	9%
Offer dental coverage/Adult coverage/Over a certain age	11%	9%
Provide/Improve transportation	8%	9%
Sample Size:	(n=107)	(n=99)

Supplemental Questions – Amerigroup

Q35c. In the last 6 months, how helpful was Amerigroup at meeting your needs?		
	2013	**2014**
Excellent	38%	46%
Very good	25%	25%
Good	23%	19%
Fair	9%	8%
Poor	5%	2%
Sample Size:	*(n=318)*	*(n=283)*

Q35d. In the last 6 months, how easy was it to work with Amerigroup?		
	2013	**2014**
Excellent	41%	41%
Very good	23%	26%
Good	23%	21%
Fair	9%	9%
Poor	4%	2%
Sample Size:	*(n=316)*	*(n=285)*

Q35e. In the last 6 months, how enjoyable were your dealings with Amerigroup?		
	2013	**2014**
Excellent	38%	44%
Very good	25%	24%
Good	23%	21%
Fair	11%	8%
Poor	4%	2%
Sample Size:	*(n=315)*	*(n=283)*

Q35h. Amerigroup's newsletter has useful health tips.

	2013	2014
Strongly agree	39%	42%
Agree	53%	54%
Disagree	5%	4%
Strongly disagree	3%	0%
Sample Size:	*(n=287)*	*(n=262)*

Q35i. How helpful are the reminders that you receive from Amerigroup about the healthcare services (well-care check-ups, shots) you need?

	2013	2014
Very helpful	71%	76%
Somewhat helpful	24%	20%
Not too helpful	5%	4%
Sample Size:	*(n=244)*	*(n=226)*

Supplemental Questions – Mental Health / Substance Abuse

Q37a. In the last 6 months, if you needed mental health or substance abuse services for yourself, did you access them?

	2014
Yes	40%
No	60%
Sample Size:	*(n=139)*

Q37b. Was the mental health or substance abuse provider helpful to you?

	2014
Yes	93%
No	7%
Sample Size:	*(n=54)*

Supplemental Questions – Mental Health / Substance Abuse

Q37c. Please rate the mental health or substance abuse services you received through your health plan?

	2014
Excellent	45%
Very good	20%
Good	27%
Fair	4%
Poor	4%
Sample Size:	*(n=49)*

Q37d. Was your health plan helpful in getting mental health or substance abuse services for you?

	2014
Yes	89%
No	11%
Sample Size:	*(n=54)*

2014 Adult Medicaid CAHPS® Results
Amerigroup Louisiana, Inc.

Legend: | Never | Sometimes | Usually | Always |

Getting Care Quickly		% Always/Usually	Sample Size:
Getting care as soon as needed	4 / 15 / 16 / 64	81	(140)
Getting appointment as soon as needed	2 / 16 / 24 / 57	81	(208)

Shared Decision Making (% Not at all, A little, Some, A lot)		% A lot/Yes	
Discussed reasons to take medicine	7 / 17 / 28 / 48	48	(96)
Discussed reasons not to take medicine	20 / 17 / 26 / 37	37	(98)
Asked preference for medicine (% No, Yes)	20 / 80	80	(98)

How Well Doctors Communicate			
Explain things in a way you could understand	5 / 6 / 14 / 75	89	(192)
Listen carefully to you	4 / 5 / 14 / 78	92	(192)
Show respect for what you had to say	3 / 6 / 9 / 82	91	(191)
Spend enough time with you	6 / 9 / 14 / 71	85	(190)

Getting Needed Care			
Easy to get care believed necessary	4 / 15 / 22 / 59	80	(215)
Easy to get appointment with specialist	6 / 21 / 15 / 57	73	(110)

Customer Service			
Got information or help needed	6 / 20 / 14 / 60	74	(90)
Treated you with courtesy and respect	3 / 7 / 14 / 76	90	(90)

Other Measures			
Health Promotion and Education (% No, Yes)	26 / 74	74	(213)
Coordination of Care	11 / 8 / 20 / 62	81	(91)

Legend: | 0-3 | 4-5 | 6-7 | 8-10 |

Ratings		% 8-10	
Health Care	7 / 8 / 16 / 70	70	(210)
Personal Doctor	5 / 5 / 10 / 80	80	(220)
Specialist	3 / 4 / 13 / 80	80	(99)
Health Plan	4 / 7 / 11 / 79	79	(280)

Percents may not add to 100% due to rounding

M140003

Plan Comparison to 2013 Adult Medicaid Quality Compass®
Amerigroup Louisiana, Inc.

Adult Medicaid Survey Questions	Amerigroup Louisiana, Inc. 2014	Percentile	2013 Adult Medicaid Quality Compass® Mean	10th	25th	50th	75th	90th
Getting Care Quickly *(% Always/Usually)*	**80.98**	**25th**	81.16	76.01	79.23	81.47	84.04	85.37
Q4 **Getting care as soon as needed**	80.71	25th	83.14	77.73	80.36	83.33	86.38	88.35
Q6 **Getting appointment as soon as needed**	81.25	50th	79.25	73.68	76.51	79.65	81.98	84.03
Shared Decision Making *(% A lot/Yes)*	**54.75**	**NA**	NA	NA	NA	NA	NA	NA
Q10 **Discussed reasons to take medicine** *(% A lot)*	47.92	NA	NA	NA	NA	NA	NA	NA
Q11 **Discussed reasons not to take medicine** *(% A lot)*	36.73	NA	NA	NA	NA	NA	NA	NA
Q12 **Asked preference for medicine** *(% Yes)*	79.59	NA	NA	NA	NA	NA	NA	NA
How Well Doctors Communicate *(% Always/Usually)*	**89.14**	**25th**	89.27	86.26	87.69	89.44	90.66	92.55
Q17 **Explain things in a way you could understand**	89.06	25th	89.51	85.62	87.67	89.58	91.29	93.44
Q18 **Listen carefully to you**	91.67	75th	89.89	86.73	88.05	90.39	91.57	93.39
Q19 **Show respect for what you had to say**	91.10	25th	91.16	88.41	89.52	91.38	92.92	93.92
Q20 **Spend enough time with you**	84.74	25th	86.51	82.23	84.68	86.76	88.65	90.23
Getting Needed Care *(% Always/Usually)*	**76.60**	**10th**	80.62	75.56	78.27	80.97	83.30	85.44
Q14 **Easy to get care believed necessary**	80.47	25th	82.54	76.61	80.16	82.66	85.22	88.30
Q25 **Easy to get appointment with specialist**	72.73	Below 10th	79.04	73.17	76.24	79.15	81.90	84.71
Customer Service *(% Always/Usually)*	**82.22**	**Below 10th**	86.16	82.24	84.50	86.46	88.30	89.54
Q31 **Got information or help needed**	74.44	Below 10th	79.81	74.45	77.31	80.01	82.98	84.71
Q32 **Treated you with courtesy and respect**	90.00	10th	92.52	88.95	91.00	92.52	94.33	95.61
Q13 **Rating of Health Care** *(% 8, 9, 10)*	69.52	25th	70.84	65.34	68.10	70.59	73.31	76.34
Q23 **Rating of Personal Doctor** *(% 8, 9, 10)*	80.45	50th	78.36	73.24	76.13	78.65	80.67	82.89
Q27 **Rating of Specialist** *(% 8, 9, 10)*	79.80	50th	79.37	75.00	76.70	79.53	82.25	84.39
Q35 **Rating of Health Plan** *(% 8, 9, 10)*	78.57	75th	73.53	65.93	69.09	74.49	77.84	81.25
Q8 **Health Promotion and Education** *(% Yes)*	73.71	NA	NA	NA	NA	NA	NA	NA
Q22 **Coordination of Care** *(% Always/Usually)*	81.32	50th	78.66	72.64	75.22	78.95	81.99	85.11
HEDIS® Measures								
Q38 **Flu (Ages 18-64)**	40.68	NA	NA	NA	NA	NA	NA	NA
Q40 **Advising Smokers and Tobacco Users to Quit***	77.53	50th	75.56	69.88	72.09	76.20	79.55	81.26
Q41 **Discussing Cessation Medications***	43.56	25th	45.81	36.03	40.46	45.18	51.38	57.50
Q42 **Discussing Cessation Strategies***	40.79	50th	41.14	33.44	36.65	40.25	44.77	50.69
Q43 **Aspirin Use***	26.19	NA	NA	NA	NA	NA	NA	NA
Q45 **Discussing Aspirin Risks and Benefits***	50.00	NA	NA	NA	NA	NA	NA	NA

* Calculated using a rolling average.
NA= Comparison data not available from NCQA.

The 2013 Adult Medicaid Quality Compass® consists of 135 plans who publicly reported their scores (All Lines of Business excluding PPOs).

Legend
- = Plan score falls on or above 90th Percentile
- = Plan score falls on 75th or below 90th Percentile
- = Plan score falls on 50th or below 75th Percentile
- = Plan score falls on 25th or below 50th Percentile
- = Plan score falls on 10th or below 25th Percentile
- = Plan score falls below 10th Percentile

M140003

Adult Medicaid Survey Questions	Amerigroup Louisiana, Inc.							
	2012		2013		2014		Sig Testing	
	Summary Rate	Sample Size	Summary Rate	Sample Size	Summary Rate	Sample Size	2012 to 2013	2013 to 2014
Getting Care Quickly (% Always/Usually)	**NA**		**79.2**		**81.0**			
Q4 Getting care as soon as needed**	NA	NA	77.4	159	80.7	140	**NC**	**NS**
Q6 Getting appointment as soon as needed**	NA	NA	81.1	254	81.3	208	**NC**	**NS**
Shared Decision Making (% A lot/Yes)	**NT**		**49.1**		**54.8**			
Q10 Discussed reasons to take medicine (% A lot)	NT	NT	46.6	116	47.9	96	**NC**	**NS**
Q11 Discussed reasons not to take medicine (% A lot)	NT	NT	29.3	116	36.7	98	**NC**	**NS**
Q12 Asked preference for medicine (% Yes)	NT	NT	71.6	116	79.6	98	**NC**	**NS**
How Well Doctors Communicate (% Always/Usually)	**NA**		**85.1**		**89.1**			
Q17 Explain things in a way you could understand	NA	NA	83.4	211	89.1	192	**NC**	**NS**
Q18 Listen carefully to you	NA	NA	86.3	211	91.7	192	**NC**	**NS**
Q19 Show respect for what you had to say	NA	NA	87.6	210	91.1	191	**NC**	**NS**
Q20 Spend enough time with you	NA	NA	83.0	212	84.7	190	**NC**	**NS**
Getting Needed Care (% Always/Usually)	**NA**		**76.0**		**76.6**			
Q14 Easy to get care believed necessary**	NA	NA	76.1	255	80.5	215	**NC**	**NS**
Q25 Easy to get appointment with specialist**	NA	NA	75.9	108	72.7	110	**NC**	**NS**
Customer Service (% Always/Usually)	**NA**		**85.7**		**82.2**			
Q31 Got information or help needed	NA	NA	80.2	116	74.4	90	**NC**	**NS**
Q32 Treated you with courtesy and respect	NA	NA	91.2	114	90.0	90	**NC**	**NS**
Q13 **Rating of Health Care** (% 8, 9, 10)	NA	NA	68.1	251	69.5	210	**NC**	**NS**
Q23 **Rating of Personal Doctor** (% 8, 9, 10)	NA	NA	77.9	240	80.5	220	**NC**	**NS**
Q27 **Rating of Specialist** (% 8, 9, 10)	NA	NA	82.7	98	79.8	99	**NC**	**NS**
Q35 **Rating of Health Plan** (% 8, 9, 10)	NA	NA	71.7	304	78.6	280	**NC**	**NS**
Q8 **Health Promotion and Education** (% Yes)	NT	NT	70.6	255	73.7	213	**NC**	**NS**
Q22 **Coordination of Care** (% Always/Usually)	NA	NA	79.1	105	81.3	91	**NC**	**NS**
HEDIS® Measures								
Q38 **Flu (Ages 18-64)***	NA	NA	NA	NA	40.7	263	**NC**	**NC**
Q40 **Advising Smokers and Tobacco Users to Quit***	NA	NA	75.6	123	77.5	227	**NC**	**NS**
Q41 **Discussing Cessation Medications***	NA	NA	43.8	121	43.6	225	**NC**	**NS**
Q42 **Discussing Cessation Strategies***	NA	NA	39.5	124	40.8	228	**NC**	**NS**
Q43 **Aspirin Use***	NA	NA	36.8	19	26.2	42	**NC**	**NS**
Q45 **Discussing Aspirin Risks and Benefits***	NA	NA	41.9	43	50.0	88	**NC**	**NS**

* Calculated using a rolling average
** Question wording changed in 2013.
*** New measure in 2014. This is a single year measure.
NA= Data not available
NT= Not trendable
NC= Not comparable

Legend

+	= Results significantly higher than prior year's results
NS	= No significant difference between the two years
-	= Results significantly lower than prior year's results

2014 Adult Medicaid Demographic Profile - Age
Amerigroup Louisiana, Inc.

morpace

Adult Medicaid Survey Questions	Amerigroup Louisiana, Inc.				
	Total (%)	18-34 (%)	35-54 (%)	55+ (%)	High/Low Diff (%)
Sample Size	(n=290)	(n=94)	(n=92)	(n=85)	
Getting Care Quickly *(% Always/Usually)*	**81**	**82**	**81**	**79**	**3**
Q4 Getting care as soon as needed	81	83	78	83	5
Q6 Getting appointment as soon as needed	81	82	84	74	10
Shared Decision Making *(% A lot/Yes)*	**55**	**63**	**63**	**40**	**23**
Q10 Discussed reasons to take medicine *(% A lot)*	48	63	54	33	30
Q11 Discussed reasons not to take medicine *(% A lot)*	37	42	49	17	32
Q12 Asked preference for medicine *(% Yes)*	80	84	85	69	16
How Well Doctors Communicate *(% Always/Usually)*	**89**	**91**	**84**	**93**	**9**
Q17 Explain things in a way you could understand	89	93	84	89	9
Q18 Listen carefully to you	92	89	87	97	10
Q19 Show respect for what you had to say	91	93	87	92	6
Q20 Spend enough time with you	85	87	76	92	16
Getting Needed Care *(% Always/Usually)*	**77**	**81**	**69**	**81**	**12**
Q14 Easy to get care believed necessary	80	88	71	86	17
Q25 Easy to get appointment with specialist	73	73	67	77	10
Customer Service *(% Always/Usually)*	**82**	**86**	**75**	**86**	**11**
Q31 Got information or help needed	74	80	63	79	17
Q32 Treated you with courtesy and respect	90	92	87	93	6
Q13 **Rating of Health Care** *(% 8, 9, 10)*	**70**	**68**	**66**	**72**	**6**
Q23 **Rating of Personal Doctor** *(% 8, 9, 10)*	**80**	**77**	**76**	**88**	**12**
Q27 **Rating of Specialist** *(% 8, 9, 10)*	**80**	**64**	**85**	**88**	**24**
Q35 **Rating of Health Plan** *(% 8, 9, 10)*	**79**	**75**	**78**	**83**	**8**
Q8 **Health Promotion and Education** *(% Yes)*	74	76	73	74	3
Q22 **Coordination of Care** *(% Always/Usually)*	81	65	74	100	35
HEDIS® Measures					
Q38 **Flu (Ages 18-64)**	41	35	37	48	13
Q40 **Advising Smokers and Tobacco Users to Quit***	78	70	79	83	13
Q41 **Discussing Cessation Medications***	44	24	51	53	29
Q42 **Discussing Cessation Strategies***	41	20	51	46	31
Q43 **Aspirin Use***	26	0	25	26	26
Q45 **Discussing Aspirin Risks and Benefits***	50	0	36	52	52

* Calculated using a rolling average

"High/Low Diff" is the percentage point difference between the largest and smallest score across the demographic group for that specific measure.

"High/Low Diff" column may not be exact due to rounding.

M140003

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Adult Medicaid Survey Questions	Amerigroup Louisiana, Inc.					
	Total (%)	Caucasian (%)	African American (%)	Asian (%)	All other (%)	High/Low Diff (%)
Sample Size	(n=290)	(n=120)	(n=151)	(n=1)	(n=22)	
Getting Care Quickly *(% Always/Usually)*	**81**	**78**	**84**	**0**	**63**	**84**
Q4 Getting care as soon as needed	81	82	82	0	58	82
Q6 Getting appointment as soon as needed	81	74	87	0	67	87
Shared Decision Making *(% A lot/Yes)*	**55**	**50**	**54**	**0**	**56**	**56**
Q10 Discussed reasons to take medicine *(% A lot)*	48	45	46	0	44	46
Q11 Discussed reasons not to take medicine *(% A lot)*	37	30	35	0	44	44
Q12 Asked preference for medicine *(% Yes)*	80	75	82	0	78	82
How Well Doctors Communicate *(% Always/Usually)*	**89**	**87**	**90**	**0**	**76**	**90**
Q17 Explain things in a way you could understand	89	89	88	0	76	89
Q18 Listen carefully to you	92	89	93	0	71	93
Q19 Show respect for what you had to say	91	86	93	0	82	93
Q20 Spend enough time with you	85	84	86	0	76	86
Getting Needed Care *(% Always/Usually)*	**77**	**76**	**75**	**0**	**74**	**76**
Q14 Easy to get care believed necessary	80	79	81	0	72	81
Q25 Easy to get appointment with specialist	73	74	68	0	75	75
Customer Service *(% Always/Usually)*	**82**	**77**	**83**	**0**	**73**	**83**
Q31 Got information or help needed	74	68	76	0	64	76
Q32 Treated you with courtesy and respect	90	86	91	0	82	91
Q13 **Rating of Health Care** *(% 8, 9, 10)*	**70**	**64**	**71**	**0**	**82**	**82**
Q23 **Rating of Personal Doctor** *(% 8, 9, 10)*	**80**	**78**	**82**	**100**	**82**	**22**
Q27 **Rating of Specialist** *(% 8, 9, 10)*	**80**	**84**	**78**	**0**	**83**	**84**
Q35 **Rating of Health Plan** *(% 8, 9, 10)*	**79**	**76**	**81**	**100**	**71**	**29**
Q8 **Health Promotion and Education** *(% Yes)*	74	73	72	0	82	82
Q22 **Coordination of Care** *(% Always/Usually)*	81	76	84	0	83	84
HEDIS® Measures						
Q38 **Flu (Ages 18-64)**	41	43	39	0	29	43
Q40 **Advising Smokers and Tobacco Users to Quit***	78	76	79	0	87	87
Q41 **Discussing Cessation Medications***	44	41	45	0	53	53
Q42 **Discussing Cessation Strategies***	41	39	42	0	40	42
Q43 **Aspirin Use***	26	33	20	0	0	33
Q45 **Discussing Aspirin Risks and Benefits***	50	55	47	0	33	55

* Calculated using a rolling average

"High/Low Diff" is the percentage point difference between the largest and smallest score across the demographic group for that specific measure.

"High/Low Diff" column may not be exact due to rounding.

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Adult Medicaid Survey Questions	Amerigroup Louisiana, Inc.			
	Total (%)	Caucasian (%)	Non-Caucasian (%)	High/Low Diff (%)
Sample Size	(n=290)	(n=120)	(n=152)	
Getting Care Quickly *(% Always/Usually)*	**81**	**78**	**83**	**5**
Q4 **Getting care as soon as needed**	81	82	80	2
Q6 **Getting appointment as soon as needed**	81	74	86	12
Shared Decision Making *(% A lot/Yes)*	**55**	**50**	**57**	**7**
Q10 **Discussed reasons to take medicine** *(% A lot)*	48	45	49	4
Q11 **Discussed reasons not to take medicine** *(% A lot)*	37	30	39	9
Q12 **Asked preference for medicine** *(% Yes)*	80	75	82	7
How Well Doctors Communicate *(% Always/Usually)*	**89**	**87**	**90**	**3**
Q17 **Explain things in a way you could understand**	89	89	88	1
Q18 **Listen carefully to you**	92	89	93	4
Q19 **Show respect for what you had to say**	91	86	94	8
Q20 **Spend enough time with you**	85	84	86	2
Getting Needed Care *(% Always/Usually)*	**77**	**76**	**77**	**1**
Q14 **Easy to get care believed necessary**	80	79	82	3
Q25 **Easy to get appointment with specialist**	73	74	71	3
Customer Service *(% Always/Usually)*	**82**	**77**	**86**	**9**
Q31 **Got information or help needed**	74	68	78	10
Q32 **Treated you with courtesy and respect**	90	86	93	7
Q13 **Rating of Health Care** *(% 8, 9, 10)*	**70**	**64**	**72**	**8**
Q23 **Rating of Personal Doctor** *(% 8, 9, 10)*	**80**	**78**	**82**	**4**
Q27 **Rating of Specialist** *(% 8, 9, 10)*	**80**	**84**	**76**	**8**
Q35 **Rating of Health Plan** *(% 8, 9, 10)*	**79**	**76**	**81**	**5**
Q8 **Health Promotion and Education** *(% Yes)*	74	73	75	2
Q22 **Coordination of Care** *(% Always/Usually)*	81	76	85	9
HEDIS® Measures				
Q38 **Flu (Ages 18-64)**	41	43	39	4
Q40 **Advising Smokers and Tobacco Users to Quit***	78	76	80	4
Q41 **Discussing Cessation Medications***	44	41	47	6
Q42 **Discussing Cessation Strategies***	41	39	44	5
Q43 **Aspirin Use***	26	33	21	12
Q45 **Discussing Aspirin Risks and Benefits***	50	55	44	11

* Calculated using a rolling average

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2014 Adult Medicaid Demographic Profile - Ethnicity
Amerigroup Louisiana, Inc.

Adult Medicaid Survey Questions	Amerigroup Louisiana, Inc.			
	Total (%)	Hispanic (%)	Non-Hispanic (%)	High/Low Diff (%)
Sample Size	(n=290)	(n=7)	(n=243)	
Getting Care Quickly *(% Always/Usually)*	**81**	**100**	**79**	**21**
Q4 Getting care as soon as needed	81	100	79	21
Q6 Getting appointment as soon as needed	81	100	79	21
Shared Decision Making *(% A lot/Yes)*	**55**	**50**	**55**	**5**
Q10 Discussed reasons to take medicine *(% A lot)*	48	50	49	1
Q11 Discussed reasons not to take medicine *(% A lot)*	37	50	36	14
Q12 Asked preference for medicine *(% Yes)*	80	50	80	30
How Well Doctors Communicate *(% Always/Usually)*	**89**	**100**	**89**	**11**
Q17 Explain things in a way you could understand	89	100	88	12
Q18 Listen carefully to you	92	100	91	9
Q19 Show respect for what you had to say	91	100	90	10
Q20 Spend enough time with you	85	100	85	15
Getting Needed Care *(% Always/Usually)*	**77**	**90**	**77**	**13**
Q14 Easy to get care believed necessary	80	80	81	1
Q25 Easy to get appointment with specialist	73	100	74	26
Customer Service *(% Always/Usually)*	**82**	**100**	**82**	**18**
Q31 Got information or help needed	74	100	73	27
Q32 Treated you with courtesy and respect	90	100	91	9
Q13 **Rating of Health Care** *(% 8, 9, 10)*	**70**	**100**	**68**	**32**
Q23 **Rating of Personal Doctor** *(% 8, 9, 10)*	**80**	**100**	**79**	**21**
Q27 **Rating of Specialist** *(% 8, 9, 10)*	**80**	**67**	**81**	**14**
Q35 **Rating of Health Plan** *(% 8, 9, 10)*	**79**	**83**	**79**	**4**
Q8 **Health Promotion and Education** *(% Yes)*	74	80	74	6
Q22 **Coordination of Care** *(% Always/Usually)*	81	50	83	33
HEDIS® Measures				
Q38 **Flu (Ages 18-64)**	41	0	41	41
Q40 **Advising Smokers and Tobacco Users to Quit***	78	100	76	24
Q41 **Discussing Cessation Medications***	44	20	46	26
Q42 **Discussing Cessation Strategies***	41	20	42	22
Q43 **Aspirin Use***	26	100	27	73
Q45 **Discussing Aspirin Risks and Benefits***	50	0	52	52

* Calculated using a rolling average

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"High/Low Diff" column may not be exact due to rounding.

2014 Adult Medicaid Demographic Profile - Education
Amerigroup Louisiana, Inc.

Adult Medicaid Survey Questions	Amerigroup Louisiana, Inc.			
	Total (%)	HS grad or less (%)	Some college or more (%)	High/Low Diff (%)
Sample Size	(n=290)	(n=201)	(n=67)	
Getting Care Quickly *(% Always/Usually)*	**81**	**81**	**77**	**4**
Q4 Getting care as soon as needed	81	82	75	7
Q6 Getting appointment as soon as needed	81	80	78	2
Shared Decision Making *(% A lot/Yes)*	**55**	**51**	**61**	**10**
Q10 Discussed reasons to take medicine *(% A lot)*	48	43	53	10
Q11 Discussed reasons not to take medicine *(% A lot)*	37	29	47	18
Q12 Asked preference for medicine *(% Yes)*	80	79	83	4
How Well Doctors Communicate *(% Always/Usually)*	**89**	**90**	**83**	**7**
Q17 Explain things in a way you could understand	89	89	85	4
Q18 Listen carefully to you	92	92	88	4
Q19 Show respect for what you had to say	91	93	83	10
Q20 Spend enough time with you	85	87	77	10
Getting Needed Care *(% Always/Usually)*	**77**	**76**	**76**	**0**
Q14 Easy to get care believed necessary	80	80	82	2
Q25 Easy to get appointment with specialist	73	73	71	2
Customer Service *(% Always/Usually)*	**82**	**78**	**90**	**12**
Q31 Got information or help needed	74	71	80	9
Q32 Treated you with courtesy and respect	90	86	100	14
Q13 **Rating of Health Care** *(% 8, 9, 10)*	**70**	**68**	**70**	**2**
Q23 **Rating of Personal Doctor** *(% 8, 9, 10)*	**80**	**85**	**67**	**18**
Q27 **Rating of Specialist** *(% 8, 9, 10)*	**80**	**79**	**81**	**2**
Q35 **Rating of Health Plan** *(% 8, 9, 10)*	**79**	**81**	**76**	**5**
Q8 Health Promotion and Education *(% Yes)*	74	71	82	11
Q22 Coordination of Care *(% Always/Usually)*	81	86	65	21
HEDIS® Measures				
Q38 Flu (Ages 18-64)	41	42	33	9
Q40 Advising Smokers and Tobacco Users to Quit*	78	78	77	1
Q41 Discussing Cessation Medications*	44	46	41	5
Q42 Discussing Cessation Strategies*	41	43	39	4
Q43 Aspirin Use*	26	20	67	47
Q45 Discussing Aspirin Risks and Benefits*	50	47	61	14

* Calculated using a rolling average

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"High/Low Diff" column may not be exact due to rounding.

2014 Adult Medicaid Demographic Profile - Health Status
Amerigroup Louisiana, Inc.

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Adult Medicaid Survey Questions	Amerigroup Louisiana, Inc.				
	Total (%)	Excellent/ Very Good (%)	Good (%)	Fair/ Poor (%)	High/Low Diff (%)
Sample Size	(n=290)	(n=104)	(n=60)	(n=118)	
Getting Care Quickly *(% Always/Usually)*	**81**	**83**	**86**	**78**	**8**
Q4 Getting care as soon as needed	81	82	86	80	6
Q6 Getting appointment as soon as needed	81	83	87	76	11
Shared Decision Making *(% A lot/Yes)*	**55**	**55**	**58**	**54**	**4**
Q10 Discussed reasons to take medicine *(% A lot)*	48	52	50	45	7
Q11 Discussed reasons not to take medicine *(% A lot)*	37	38	35	38	3
Q12 Asked preference for medicine *(% Yes)*	80	75	88	80	13
How Well Doctors Communicate *(% Always/Usually)*	**89**	**94**	**90**	**85**	**9**
Q17 Explain things in a way you could understand	89	93	91	86	7
Q18 Listen carefully to you	92	95	93	88	7
Q19 Show respect for what you had to say	91	97	93	86	11
Q20 Spend enough time with you	85	90	82	83	8
Getting Needed Care *(% Always/Usually)*	**77**	**78**	**86**	**71**	**15**
Q14 Easy to get care believed necessary	80	84	91	74	17
Q25 Easy to get appointment with specialist	73	73	82	68	14
Customer Service *(% Always/Usually)*	**82**	**90**	**70**	**81**	**20**
Q31 Got information or help needed	74	85	60	73	25
Q32 Treated you with courtesy and respect	90	96	80	90	16
Q13 Rating of Health Care *(% 8, 9, 10)*	**70**	**85**	**70**	**60**	**25**
Q23 Rating of Personal Doctor *(% 8, 9, 10)*	**80**	**88**	**77**	**76**	**12**
Q27 Rating of Specialist *(% 8, 9, 10)*	**80**	**82**	**81**	**81**	**1**
Q35 Rating of Health Plan *(% 8, 9, 10)*	**79**	**92**	**68**	**73**	**24**
Q8 Health Promotion and Education *(% Yes)*	74	70	73	79	9
Q22 Coordination of Care *(% Always/Usually)*	81	82	76	82	6
HEDIS® Measures					
Q38 Flu (Ages 18-64)	41	36	40	45	9
Q40 Advising Smokers and Tobacco Users to Quit*	78	79	75	78	4
Q41 Discussing Cessation Medications*	44	42	43	46	4
Q42 Discussing Cessation Strategies*	41	39	38	45	7
Q43 Aspirin Use*	26	14	36	25	22
Q45 Discussing Aspirin Risks and Benefits*	50	50	52	50	2

* Calculated using a rolling average

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"High/Low Diff" column may not be exact due to rounding.

Amerigroup Louisiana, Inc.	Frequency	%	0% 25% 50% 75% 100%
Q1. Our records show that you are now in Amerigroup Louisiana, Inc.. Is that right?			
Total Completes	290		
Yes	287	100%	
No	0	0%	
Percentage Base	287	100%	
Q3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?			
Total Completes	290		
Yes	143	50%	
No	143	50%	
Percentage Base	286	100%	
Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?			
Total Completes	290		
Never	6	4%	
Sometimes	21	15%	
Usually	23	16%	
Always	90	64%	
Percentage Base	140	100%	
Q5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?			
Total Completes	290		
Yes	214	74%	
No	74	26%	
Percentage Base	288	100%	
Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?			
Total Completes	290		
Never	5	2%	
Sometimes	34	16%	
Usually	50	24%	
Always	119	57%	
Percentage Base	208	100%	
Q7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?			
Total Completes	290		
None	59	21%	
1 time	55	20%	
2	50	18%	
3	39	14%	
4	16	6%	
5 to 9	31	11%	
10 or more times	26	9%	
Percentage Base	276	100%	
Q8. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?			
Total Completes	290		
Yes	157	74%	
No	56	26%	
Percentage Base	213	100%	

Amerigroup Louisiana, Inc.	Frequency	%	
Q9. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?			
Total Completes	290		
Yes	99	46%	
No	118	54%	
Percentage Base	217	100%	
Q10. When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine?			
Total Completes	290		
Not at all	7	7%	
A little	16	17%	
Some	27	28%	
A lot	46	48%	
Percentage Base	96	100%	
Q11. When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want to take a medicine?			
Total Completes	290		
Not at all	20	20%	
A little	17	17%	
Some	25	26%	
A lot	36	37%	
Percentage Base	98	100%	
Q12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?			
Total Completes	290		
Yes	78	80%	
No	20	20%	
Percentage Base	98	100%	
Q13. 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?			
Total Completes	290		
0 Worst health care possible	3	1%	
1	4	2%	
2	3	1%	
3	4	2%	
4	6	3%	
5	11	5%	
6	14	7%	
7	19	9%	
8	17	8%	
9	33	16%	
10 Best health care possible	96	46%	
Percentage Base	210	100%	
Q14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?			
Total Completes	290		
Never	9	4%	
Sometimes	33	15%	
Usually	47	22%	
Always	126	59%	
Percentage Base	215	100%	

Amerigroup Louisiana, Inc.	Frequency	%	0% 25% 50% 75% 100%
Q15. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?			
Total Completes	290		
Yes	228	81%	
No	54	19%	
Percentage Base	282	100%	
Q16. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?			
Total Completes	290		
None	33	15%	
1 time	56	25%	
2	52	23%	
3	32	14%	
4	19	8%	
5 to 9	21	9%	
10 or more times	12	5%	
Percentage Base	225	100%	
Q17. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?			
Total Completes	290		
Never	9	5%	
Sometimes	12	6%	
Usually	27	14%	
Always	144	75%	
Percentage Base	192	100%	
Q18. In the last 6 months, how often did your personal doctor listen carefully to you?			
Total Completes	290		
Never	7	4%	
Sometimes	9	5%	
Usually	26	14%	
Always	150	78%	
Percentage Base	192	100%	
Q19. In the last 6 months, how often did your personal doctor show respect for what you had to say?			
Total Completes	290		
Never	6	3%	
Sometimes	11	6%	
Usually	17	9%	
Always	157	82%	
Percentage Base	191	100%	
Q20. In the last 6 months, how often did your personal doctor spend enough time with you?			
Total Completes	290		
Never	11	6%	
Sometimes	18	10%	
Usually	27	14%	
Always	134	71%	
Percentage Base	190	100%	

Amerigroup Louisiana, Inc.	Frequency	%	0%　25%　50%　75%　100%
Q21. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?			
Total Completes	290		
Yes	92	48%	
No	99	52%	
Percentage Base	191	100%	
Q22. 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?			
Total Completes	290		
Never	10	11%	
Sometimes	7	8%	
Usually	18	20%	
Always	56	62%	
Percentage Base	91	100%	
Q23. 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?			
Total Completes	290		
0 Worst personal doctor possible	5	2%	
1	2	1%	
2	2	1%	
3	2	1%	
4	2	1%	
5	8	4%	
6	12	6%	
7	10	5%	
8	21	10%	
9	26	12%	
10 Best personal doctor possible	130	59%	
Percentage Base	220	100%	
Q24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments to see a specialist?			
Total Completes	290		
Yes	111	39%	
No	174	61%	
Percentage Base	285	100%	
Q25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?			
Total Completes	290		
Never	7	6%	
Sometimes	23	21%	
Usually	17	16%	
Always	63	57%	
Percentage Base	110	100%	
Q26. How many specialists have you seen in the last 6 months?			
Total Completes	290		
None	9	8%	
1 specialist	53	48%	
2	24	22%	
3	16	14%	
4	5	5%	
5 or more specialists	4	4%	
Percentage Base	111	100%	

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Amerigroup Louisiana, Inc.	Frequency	%	0% 25% 50% 75% 100%

Q27. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

	Frequency	%	
Total Completes	290		
0 Worst specialist possible	0	0%	
1	0	0%	
2	3	3%	
3	0	0%	
4	0	0%	
5	4	4%	
6	4	4%	
7	9	9%	
8	16	16%	
9	13	13%	
10 Best specialist possible	50	51%	
Percentage Base	99	100%	

Q28. In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?

	Frequency	%	
Total Completes	290		
Yes	63	22%	
No	221	78%	
Percentage Base	284	100%	

Q29. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

	Frequency	%	
Total Completes	290		
Never	2	3%	
Sometimes	15	24%	
Usually	17	27%	
Always	28	45%	
Percentage Base	62	100%	

Q30. In the last 6 months, did you get information or help from your health plan's customer service?

	Frequency	%	
Total Completes	290		
Yes	91	32%	
No	190	68%	
Percentage Base	281	100%	

Q31. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

	Frequency	%	
Total Completes	290		
Never	5	6%	
Sometimes	18	20%	
Usually	13	14%	
Always	54	60%	
Percentage Base	90	100%	

Q32. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

	Frequency	%	
Total Completes	290		
Never	3	3%	
Sometimes	6	7%	
Usually	13	14%	
Always	68	76%	
Percentage Base	90	100%	

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July 2014

Amerigroup Louisiana, Inc.	Frequency	%	
Q33. In the last 6 months, did your health plan give you any forms to fill out?			
Total Completes	290		
Yes	78	28%	
No	203	72%	
Percentage Base	281	100%	
Q34. In the last 6 months, how often were the forms from your health plan easy to fill out?			
Total Completes	290		
Never	4	5%	
Sometimes	11	15%	
Usually	18	24%	
Always	42	56%	
Percentage Base	75	100%	
Q35. 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?			
Total Completes	290		
0 Worst health plan possible	5	2%	
1	1	0%	
2	5	2%	
3	0	0%	
4	4	1%	
5	15	5%	
6	14	5%	
7	16	6%	
8	49	18%	
9	42	15%	
10 Best health plan possible	129	46%	
Percentage Base	280	100%	
Q36. In general, how would you rate your overall health?			
Total Completes	290		
Excellent	48	17%	
Very good	56	20%	
Good	60	21%	
Fair	84	30%	
Poor	34	12%	
Percentage Base	282	100%	
Q37. In general, how would you rate your overall mental or emotional health?			
Total Completes	290		
Excellent	71	25%	
Very good	60	21%	
Good	66	23%	
Fair	64	23%	
Poor	24	8%	
Percentage Base	285	100%	
Q38. Have you had either a flu shot or flu spray in the nose since July 1, 2013? (BASED ON ALL RESPONDENTS - CURRENT YR. ONLY)			
Total Completes	290		
Yes	112	40%	
No	165	60%	
Percentage Base	277	100%	

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Amerigroup Louisiana, Inc.	Frequency	%	0% 25% 50% 75% 100%
Q38. Have you had either a flu shot or flu spray in the nose since July 1, 2013? (BASED ON ELIGIBLE POPULATION - CURRENT YR. ONLY)			
Total Completes	263		
Yes	107	41%	
No	156	59%	
Percentage Base	263	100%	
Q39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?			
Total Completes	290		
Every day	66	23%	
Some days	39	14%	
Not at all	174	61%	
Don't know	5	2%	
Percentage Base	284	100%	
Q40. 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? (CURRENT YR. ONLY)			
Total Completes	290		
Never	21	20%	
Sometimes	16	15%	
Usually	18	17%	
Always	49	47%	
Percentage Base	104	100%	
Q40. 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? (ROLLING AVERAGE)			
Total Completes	620		
Never	51	23%	
Sometimes	41	18%	
Usually	37	16%	
Always	98	43%	
Percentage Base	227	100%	
Q41. 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. (CURRENT YR. ONLY)			
Total Completes	290		
Never	59	57%	
Sometimes	16	15%	
Usually	13	13%	
Always	16	15%	
Percentage Base	104	100%	
Q41. 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. (ROLLING AVERAGE)			
Total Completes	620		
Never	127	56%	
Sometimes	36	16%	
Usually	24	11%	
Always	38	17%	
Percentage Base	225	100%	

Amerigroup Louisiana, Inc.	Frequency	%	0% 25% 50% 75% 100%
Q42. 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. (CURRENT YR. ONLY)			
Total Completes	290		
Never	60	58%	
Sometimes	20	19%	
Usually	11	11%	
Always	13	13%	
Percentage Base	104	100%	
Q42. 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. (ROLLING AVERAGE)			
Total Completes	620		
Never	135	59%	
Sometimes	34	15%	
Usually	22	10%	
Always	37	16%	
Percentage Base	228	100%	
Q43. Do you take aspirin daily or every other day?			
Total Completes	290		
Yes	80	28%	
No	205	71%	
Don't know	2	1%	
Percentage Base	287	100%	
Q44. Do you have a health problem or take medication that makes taking aspirin unsafe for you?			
Total Completes	290		
Yes	35	12%	
No	223	78%	
Don't know	27	10%	
Percentage Base	285	100%	
Q45. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?			
Total Completes	290		
Yes	129	47%	
No	144	53%	
Percentage Base	273	100%	
Q46. Are you aware that you have any of the following conditions? (Multiple Mentions)			
Total Completes	290		
High cholesterol	81	28%	
High blood pressure	129	45%	
Parent or sibling with heart attack before the age of 60	51	18%	
No conditions indicated	124	43%	
Percentage Base	290	100%	

Amerigroup Louisiana, Inc.	Frequency	%	0% 25% 50% 75% 100%
Q47. Has a doctor ever told you that you have any of the following conditions? (Multiple Mentions)			
Total Completes	290		
A heart attack	15	5%	
Angina or coronary heart disease	17	6%	
A stroke	15	5%	
Any kind of diabetes or high blood sugar	64	22%	
No conditions indicated	202	70%	
Percentage Base	290	100%	
Q48. In the last 6 months, did you get health care 3 or more times for the same condition or problem?			
Total Completes	290		
Yes	91	34%	
No	176	66%	
Percentage Base	267	100%	
Q49. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.			
Total Completes	290		
Yes	70	80%	
No	18	21%	
Percentage Base	88	100%	
Q50. Do you now need or take medicine prescribed by a doctor? Do not include birth control.			
Total Completes	290		
Yes	190	70%	
No	80	30%	
Percentage Base	270	100%	
Q51. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.			
Total Completes	290		
Yes	173	93%	
No	14	8%	
Percentage Base	187	100%	
Q52. What is your age?			
Total Completes	290		
18 to 24	45	17%	
25 to 34	49	18%	
35 to 44	37	14%	
45 to 54	55	20%	
55 to 64	85	31%	
65 to 74	0	0%	
75 or older	0	0%	
Percentage Base	271	100%	
Q53. Are you male or female?			
Total Completes	290		
Male	85	31%	
Female	192	69%	
Percentage Base	277	100%	

Amerigroup Louisiana, Inc.	Frequency	%	
Q54. What is the highest grade or level of school that you have completed?			
Total Completes	290		
8th grade or less	32	12%	
Some high school, but did not graduate	73	27%	
High school graduate or GED	96	36%	
Some college or 2-year degree	51	19%	
4-year college graduate	12	5%	
More than 4-year college degree	4	2%	
Percentage Base	268	100%	
Q55. Are you of Hispanic or Latino origin or descent?			
Total Completes	290		
Yes - Hispanic or Latino	7	3%	
No - Not Hispanic or Latino	243	97%	
Percentage Base	250	100%	
Q56A-F. What is your race? (Multiple Mentions)			
Total Completes	290		
Checked White	120	41%	
Checked Black or African-American	151	52%	
Checked Asian	1	0%	
Checked Native Hawaiian or other Pacific Islander	0	0%	
Checked American Indian or Alaska Native	18	6%	
Checked Other	7	2%	
No Race Indicated	18	6%	
Percentage Base	290	100%	
Q57. Did someone help you complete this survey?			
Total Completes	290		
Yes	36	21%	
No	139	79%	
Percentage Base	175	100%	
Q58A-E. How did that person help you? (Multiple Mentions)			
Total Completes	290		
Read the questions to me	21	58%	
Wrote down the answers I gave	18	50%	
Answered the questions for me	10	28%	
Translated the questions into my language	0	0%	
Helped in some other way	3	8%	
Percentage Base	36	100%	

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2014 Sample Size: 1,755	2014 Total Completes to Date: 290	2014 Response Rate to Date: 17.7%
2013 Sample Size: 1,755	2013 Total Completes: 330	2013 Response Rate: 20.2%

June 06, 2014

Respondent Profile

Race/Ethnicity

Caucasian 41%, African American 52%, Hispanic 3%, Asian 0%, Native Hawaiian/ Pacific Islander 0%, American Indian/ Alaska Native 6%, Other 2%
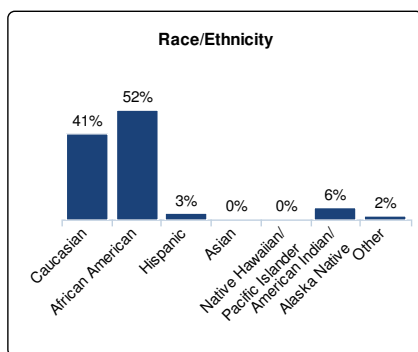
* Hispanic percentage taken from separate question

Age

18-24 17%, 25-34 18%, 35-44 14%, 45-54 20%, 55-64 31%, 65-74 0%, 75+ 0%

Health Status

Excellent 17%, Very good 20%, Good 21%, Fair 30%, Poor 12%
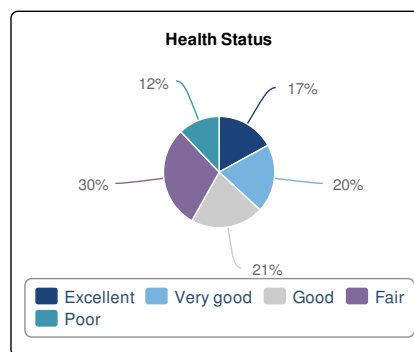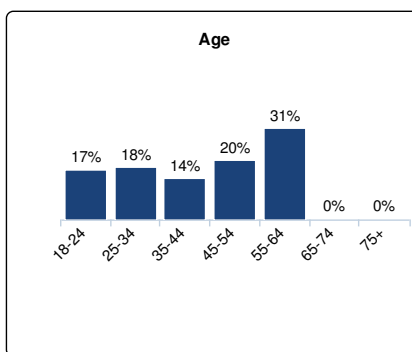
Overall Ratings (% 8,9,10)

	2014 Health Plan	2013 Health Plan Final Results	2013 Quality Compass Mean (5.0H)
Specialist Overall	79.8%	82.7%	79.4%
Personal Doctor Overall	80.5%	77.9%	78.4%
Health Care Overall	69.5%	68.1%	70.8%
Health Plan Overall	78.6%	71.7%	73.5%

Composite Score Distribution

Legend: Never/Sometimes, Usually, Always

	Never/Sometimes	Usually	Always
Getting Needed Care	23%	19%	58%
Getting Care Quickly	19%	20%	61%
How Well Doctors Communicate	11%	13%	76%
Customer Service	18%	14%	68%

Legend: Not at all / No ***, A Little, Some, A Lot / Yes **

	Not at all / No ***	A Little	Some	A Lot / Yes **
Shared Decision Making	16%	11%	18%	55%
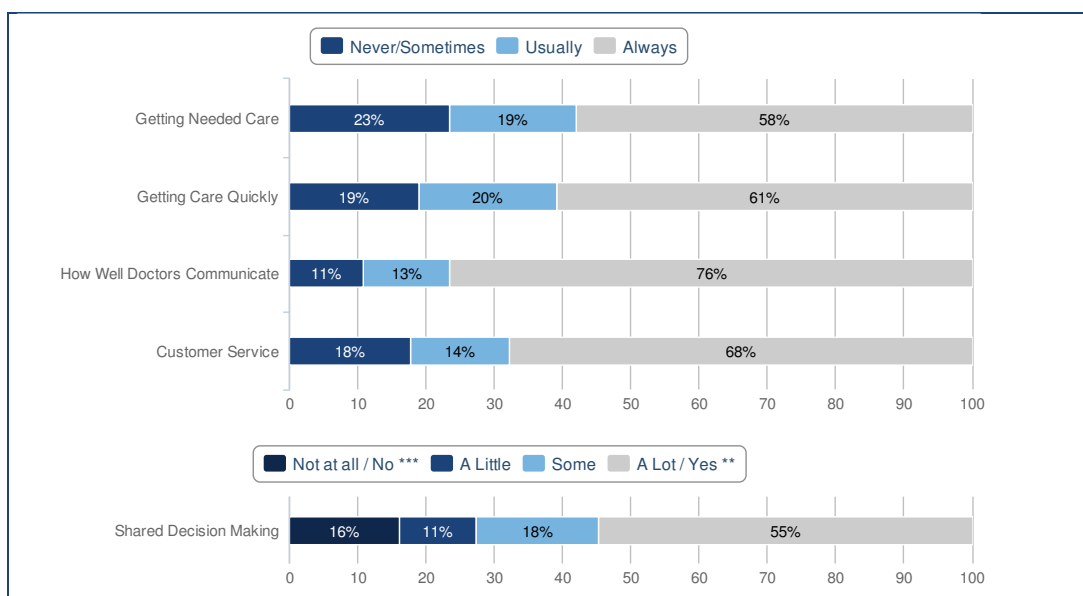
Notes: Data in this report is an estimate to date.
Numbers may not add up to 100% due to rounding.
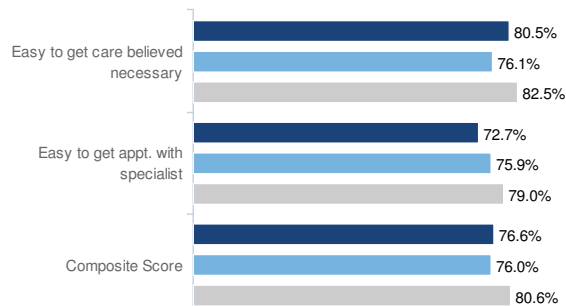** "Yes" responses are from 'Asked preference for medicine'.
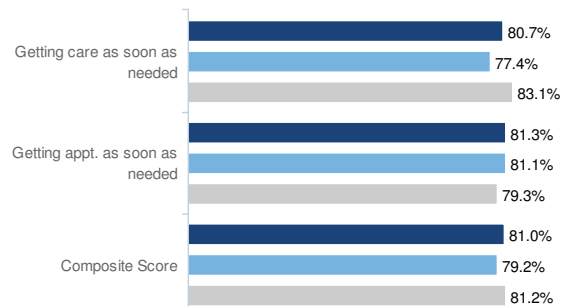*** "No" responses are from 'Asked preference for medicine'.

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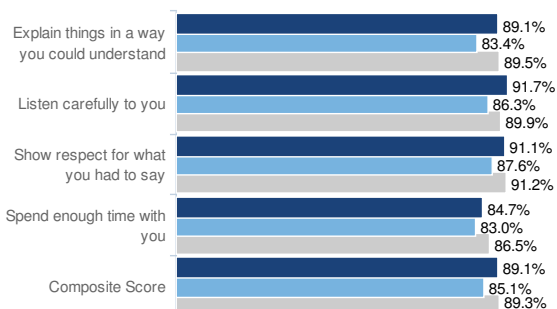
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Composite Score Percentages

- 2014 Health Plan
- 2013 Health Plan Final Results
- 2013 Quality Compass Mean (5.0H)

Getting Needed Care (% Always/Usually)

Easy to get care believed necessary	80.5% / 76.1% / 82.5%
Easy to get appt. with specialist	72.7% / 75.9% / 79.0%
Composite Score	76.6% / 76.0% / 80.6%

Getting Care Quickly (% Always/Usually)

Getting care as soon as needed	80.7% / 77.4% / 83.1%
Getting appt. as soon as needed	81.3% / 81.1% / 79.3%
Composite Score	81.0% / 79.2% / 81.2%

How Well Doctors Communicate (% Always/Usually)

Explain things in a way you could understand	89.1% / 83.4% / 89.5%
Listen carefully to you	91.7% / 86.3% / 89.9%
Show respect for what you had to say	91.1% / 87.6% / 91.2%
Spend enough time with you	84.7% / 83.0% / 86.5%
Composite Score	89.1% / 85.1% / 89.3%

Customer Service (% Always/Usually)

Got info or help needed	74.4% / 80.2% / 79.8%
Treated you with courtesy and respect	90.0% / 91.2% / 92.5%
Composite Score	82.2% / 85.7% / 86.2%

Shared Decision Making (% A lot / % Yes)

Discussed reasons to take medicine (% A lot)	47.9% / 46.6%
Discussed reasons not to take medicine (% A lot)	36.7% / 29.3%
Asked preference for medicine (% Yes)	79.6% / 71.6%
Composite Score (% A lot / Yes)	54.8% / 49.1%

Health Promotion / Coordination of Care (% Yes or % Always/Usually)

Health promotion and education (% Yes)	73.7% / 70.6%
Coordination of care (% Always/Usually)	81.3% / 79.1% / 78.7%

Notes: Data in this report is an estimate to date.

Amerigroup RealSolutions in healthcare
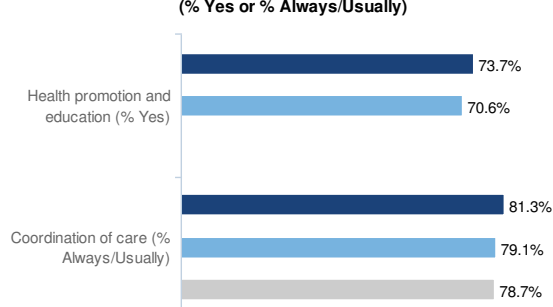
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HEDIS Measures (2013-2014 Rolling Average to Date)

Flu*** (n=263) — 40.7%
Advising Smokers and Tobacco Users to Quit** (n=227) — 77.5%
Discussing Cessation Medications** (n=225) — 43.6%
Discussing Cessation Strategies** (n=228) — 40.8%
Aspirin Use (n=42) — 26.2%
Discussing Aspirin Risks & Benefits (n=88) — 50.0%
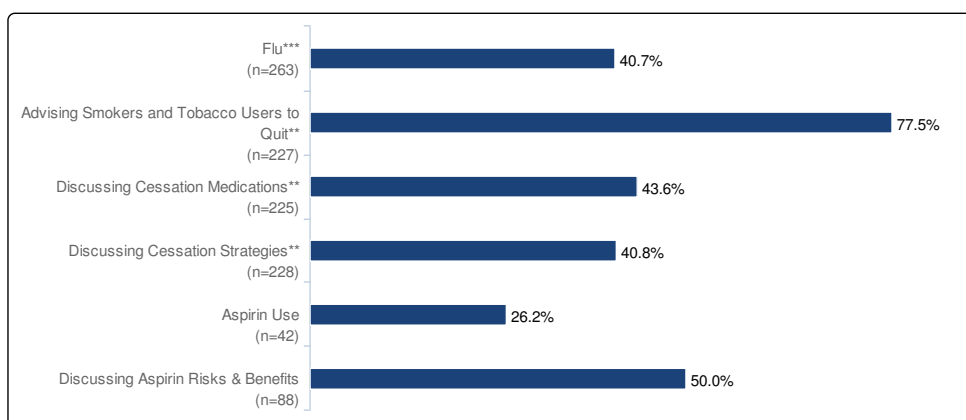
Notes: Data in this report is an estimate to date.

** % Always/Usually/Sometimes

*** New measure in 2014. This is a single year measure.

Means of Composite and Rating Scores

Measure	2014 Health Plan	2014 NCQA Accreditation (50th Percentile Scores)
Rating of Personal Doctor (n=220)	2.56	2.50
Rating of Specialist (n=99)	2.52	2.51
Rating of Health Care (n=210)	2.40	2.32
Rating of Health Plan (n=280)	2.45	2.40
Getting Needed Care (n=162)	2.35	2.37
Getting Care Quickly (n=174)	2.42	2.41
How Well Doctors Communicate (n=191)	2.66	2.54
Customer Service (n=90)	2.50	2.54
Shared Decision Making (n=97)	2.27	NA

Notes: Health plan's mean scores do not include NCQA adjustment factors.

Data in this report is an estimate to date.

NA: Data not available

Completes by Mode

	Mail	Phone	Internet
2014 Completes to Date	193	97	N/A
2013 Final Completes	206	124	N/A

Completes by Language

	English	Spanish
2014 Completes to Date	290	0
2013 Final Completes	330	0

TECHNICAL NOTES–Adult Medicaid

Aspirin Use and Discussion (ASP)
A HEDIS Measure, Aspirin Use and Discussion (ASP), was added in 2010 to assess different facets of managing aspirin use for the primary prevention of cardiovascular disease. The ASP results are calculated using a rolling average methodology, with results collected during two consecutive years of data collection. The rolling average was calculated for the first time in 2011 and has not yet approved to be publicly reported for Adult Medicaid plans.

Criteria for inclusion in the Aspirin Use measure are:
- Women 56-79 years of age with at least two risk factors for cardiovascular disease
- Men 46-65 years of age with at least one risk factor for cardiovascular disease
- Men 66-79 years of age, regardless of risk factors

Criteria for Discussing Aspirin Risks/Benefits are:
- Women 56-79 years of age
- Men 46-79 years of age

The Cardiovascular disease risk factors include:
- Current smoker or tobacco user
- High cholesterol
- High blood pressure
- Parent or sibling who had a heart attack before 60 years of age

Because the measure assesses aspirin use for the primary prevention of cardiovascular disease, members with cardiovascular disease are <u>excluded</u>. This includes members with a history of:
- Heart attack
- Angina or coronary heart disease
- Stroke
- Diabetes or high blood sugar

In order to calculate the results, Gender-Dependent Age Band Eligibility Flags are established for each member in the CAHPS 5.0H Adult Survey sample frame data file. These flags identify members eligible for the Aspirin Use and Discussion measures (see below).

Dependent Age Band Eligibility Flags
1 = Female age 55 or younger as of December 31 of the measurement year
2 = Female age 56–79 as of December 31 of the measurement year
3 = Female age 80 or older as of December 31 of the measurement year
4 = Male age 45 or younger as of December 31 of the measurement year
5 = Male age 46-65 as of December 31 of the measurement year
6 = Male age 66–79 as of December 31 of the measurement year
7 = Male age 80 or older as of December 31 of the measurement year

The following table illustrates the questions and responses included in the Aspirin Use and Discussion measures.

Commercial	Medicaid	Question	Response Choices
Q46	Q39	Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	• Every day • Some days • Not at all • Don't know
Q50	Q43	Do you take aspirin daily or every other day?	• Yes • No • Don't know
Q51	Q44	Do you have a health problem or take medication that makes taking aspirin unsafe for you?	• Yes • No • Don't know
Q52	Q45	Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?	• Yes • No
Q53	Q46	Are you aware that you have any of the following conditions? Check all that apply.	• High cholesterol • High blood pressure • Parent or sibling with heart attack before the age of 60
Q54	Q47	Has a doctor ever told you that you have any of the following conditions? Check all that apply.	• A heart attack • Angina or coronary heart disease • A stroke • Any kind of diabetes or high blood sugar

Calculation of Aspirin Use and Discussion:

The Aspirin Use and Discussion measures are calculated using a rolling average methodology. See *Rolling Average* for an explanation of how a rolling average is calculated.

ASPIRIN USE	
Denominator	The number of members who responded to the survey and indicated that they did not have a health problem or take medication that makes taking aspirin unsafe, did not have an exclusion and who are: • Women 56-79 with at least two risk factors for cardiovascular disease • Men 45-64 with at least one risk factor for cardiovascular disease • Men 65-79
Eligible gender-dependent age bands	Only members with Gender-Dependent Age Band Eligibility Flags of 2, 5, and 6 are included in the denominator. • Members with a **Gender-Dependent Age Band Eligibility Flag = 2** must have at least two cardiovascular risk factors • Members with a **Gender-Dependent Age Band Eligibility Flag = 5** must have at least one cardiovascular risk factor • Members with a **Gender-Dependent Age Band Eligibility Flag = 6** are included, regardless of the number of cardiovascular risk factors
Summing cardiovascular risk factors	Each response choice below indicates a cardiovascular risk factor. Sum the responses by member to calculate the total number of risk factors for that member. Q39 = "Every day" or "Some days" Q46 = "High cholesterol" Q46 = "High blood pressure" Q46 = "Parent or sibling with heart attack before the age of 60*
Exclusions	Any response to Q47 indicates a cardiovascular disease exclusion. Exclude any member who selected *any* response choice for Q47: "A heart attack" or "Angina or coronary heart disease" or "A stroke" or "Any kind of diabetes or high blood sugar."
Aspirin Use questions	Response choices must be as follows to be included in the denominator: Q43 = "Yes" or "No" Q44 = "No"
Numerator	The number of members in the denominator who indicated that they currently take aspirin daily or every other day. Member response choice must be as follows to be included in the numerator: Q43 = Yes

DISCUSSING ASPIRIN RISKS AND BENEFITS	
Denominator	The number of respondents who are Women 56-79 and Men 46-79 years of age.
Eligible gender-dependent age bands	Only members with Gender-Dependent Age Band Eligibility Flags of 2, 5, and 6 are included in the denominator.
Aspirin discussion question	Response choices must be as follows to be included in the denominator: Q45 = "Yes" or "No"
Numerator	The number of members in the denominator who indicated that their doctor or other provider discussed the risks and benefits of aspirin use to prevent heart attack or stroke. Member response choice must be as follows to be included in the numerator: Q45 = "Yes"

SOURCE: Page 33-37, Volume 3 HEDIS® 2014 Specifications for Survey Measures

Composites

Composite scores are used to both facilitate aggregation of information from multiple specific questions and to enhance the communication of this important information to consumers.

The composites are:

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

In 2007 one composite was deleted (Courteous and Helpful Office Staff) and one was added (Shared Decision Making). In 2008 the Customer Service composite was reduced from 3 questions to 2 questions.

In 2013, the questions in the Shared Decision Making composite were changed; highlighting decisions on prescriptions rather than decisions about health care in general. These changes impacted trending for this composite and the individual measures. In addition, both questions in Getting Needed Care were modified, but changes are not expected to impact trending. See page O for the new wording of these questions.

The Composite Summary Rate is used in reporting to Quality Compass® and the Three-Point Score is used in NCQA accreditation. See *Summary Rate Scoring* and *Scoring for NCQA Accreditation* for an explanation of how the scores are calculated.

See Page K for a listing of each of the questions in the composites, the response choices, and how each response is scored.

Composite Mean

The composite mean that is calculated for Composite Measures is a mean of the individual means that make up that composite.

For example, the measure "Getting Care Quickly" comprises two individual measures:
Q4 - How often did you get care as soon as you thought you needed?
Q6 - How often did you get an appointment for a check-up or routine at a doctor's office or clinic as soon as you
       thought you needed?

To calculate a composite mean or composite percent, first calculate the individual means or percents for Q4 and Q6. For example, if the individual means or percents are:

Mean of Q4 = 1.9 or 84%
Mean of Q6 = 2.2 or 88%

Then, calculate the mean of those means:

Composite Mean = (1.9 + 2.2) / 2 = 2.05
Composite Percent = (84% + 88%)/2 = 86%

Note that each question within a composite is weighted equally, regardless of the number of members responding to each or to the relative importance of one question to another.

Correlation

The Pearson Product Moment Correlation (called Pearson correlation for short) is used in the Key Driver Analysis. Correlation is a measure of direction and degree of linear relationship between two variables. A correlation coefficient is a numerical index of that relationship.

Demographics

To allow for better statistical comparison of the demographic segments, Morpace has collapsed some of NCQA's response categories in the standard cross tabulations.

CAHPS® Segments	Morpace Segments
AGE	
18 – 24	18 – 34
25 – 34	
35 – 44	35 – 54
44 – 54	
55 – 64	55 +
65 – 74	
75 or older	
EDUCATION	
8th grade or less	High school or less
Some high school	
High school graduate/GED	
Some college/2-year degree	Some college or more
4-year college degree	
More than 4-year college degree	
RACE /ETHNICITY	
White	White
Black/African-American	Black/African-American
Asian	All Other
Native Hawaiian/Pacific Islander	
American Indian/Alaska Native	
Other	
HEALTH STATUS	
Excellent	Excellent – Very Good
Very Good	
Good	Good
Fair	Fair - Poor
Poor	

Flu Vaccinations for Adults Ages 18 – 64 (FVA)

This measure was added to the Adult Medicaid Survey in 2014. It is considered a first year measure and will not be publicly reported.

The health plan assigns a *Flu Vaccinations for Adults Ages 18 – 64* Eligibility Flag for each member in the adult survey sample frame data file. An eligible member receives a designation of "1" meaning that the member was born on or between July 2, 1948, and July 1, 1995.

Only one question is included in the measure:
Q38: Have you had either a flu shot or flu spray in the nose since July 1, 2013.

Calculations of Flu Vaccinations for Adults Ages 18 - 64
Denominator: Number of members with an "Eligible" flag that responded "Yes" or "No" to Q38.
Numerator: Number of members in the denominator who responded "Yes" to Q38.

Health plans must achieve a denominator of at least 100 responses to obtain a reportable result. If the denominator is less than 100, NCQA assigns a measure result of NA.

History of CAHPS®

The CAHPS® 5.0H surveys are a set of standardized surveys that assess health plan member satisfaction with the experience of care. In October 1995, the Agency of Healthcare Research and Quality (AHRQ) began the CAHPS® initiative with researchers from Harvard Medical School, RAND, and Research Triangle Institute, Inc. The first survey data from the CAHPS® 2.0H survey was reported to NCQA in 1998.

In 2002, a CAHPS® Instrument Panel was convened to reevaluate and update the CAHPS® 2.0H Surveys. The Panel evaluated consumer feedback, performed analyses on CAHPS® results, and conducted cognitive testing on proposed revisions. The outcome of the CAHPS® Instrument Panel was the revised set of surveys, CAHPS® 3.0H. The HEDIS® versions of the CAHPS® surveys were also updated to be consistent with the CAHPS® 3.0H surveys. In 2007, AHRQ replaced the CAHPS® 3.0H Adult Survey with the CAHPS® Health Plan Survey 4.0H as part of its Ambulatory CAHPS® initiative.

In 2013, AHRQ replaced the CAHPS® 4.0H Adult Survey with the CAHPS® Health Plan Survey 5.0H as part of its Ambulatory CAHPS® initiative.

The overarching goal of the CAHPS® 5.0H survey is to obtain information that is not available from any other source - the person receiving care. The major objectives of the 2014 CAHPS® 5.0H Adult Medicaid Survey are to:

- Measure satisfaction levels, health plan use, health and socio-demographic characteristics of members
- Identify factors that affect the level of satisfaction
- Provide a tool that can be used by plan management to identify opportunities for quality improvement
- Provide plans with data for HEDIS® and NCQA accreditation

Key Driver Analysis

A Key Driver Analysis was conducted to understand the relationship between different aspects of plan service and provider care and overall satisfaction with a member's health plan, their personal doctor, their specialist, and health care in general. Two specific scores are assessed both individually and in relation to each other. These are:

1) The relative importance of the individual issues (or attributes).
   Pearson correlation scores are calculated for the 13 individual ratings (potential drivers) in relation to ratings of the overall experience with the health plan, doctor, specialist, and health care. The correlation coefficients are then used to establish the relative importance of each driver - the higher the correlation, the more important the driver.

2) Relationship to 50th percentile for Quality Compass®
   Attributes are noted as to whether their score is above or below the 50th percentile. Those below the 50th percentile are noted as an area for improvement, if their correlation is high. Those above the 50th percentile are noted as an area of strength, if their correlation is high. Quality Compass® 2013 is used for this report.

<u>How to Read the Key Driver Analysis Charts:</u>

The bar charts on the key driver pages depict the correlation scores of the individual attributes to each of the four overall measures. Directly to the right of each correlation score is the plan's score and the percentile group in which the health plan's score falls.

The higher the correlation score, the more impact the individual attribute has on the overall score. That is, if you modify behavior to improve the rating of the individual issue, the overall score is also likely to improve.

The higher the Quality Compass® percentile group, the more members are satisfied with the attribute. Conversely, the lower the Quality Compass® percentile group, the fewer members are satisfied with the attribute. Attributes with scores below the 50th percentile are considered to be high priority for improvement.

How to interpret…

Higher correlation/Lower Quality Compass® Percentile Group	**HIGH PRIORITY FOR IMPROVEMENT**. The attribute is a driver of the overall measure and the plan's score is below the 50th percentile when compared to plans reporting to Quality Compass®. If performance can be improved on this attribute, members will be more satisfied, and the overall measure should reflect this.
Higher correlation/Higher Quality Compass® Percentile Group	**CONTINUE TO TARGET EFFORTS**. It is critical to continue to target efforts in this area. The majority of members are satisfied with the performance, and the attribute is clearly related to the overall measure.
Lower correlation	**LOW PRIORITY**. While satisfaction of these attributes varies, these attributes are lower in importance to the overall measure. Monitor performance and consider possible action based on cost benefit analysis.

Margin of Error
The results presented in this report are obtained from a sample of the members of each plan; therefore, the estimates presented have a margin of error that should be considered.

The following table shows the approximate margin of error for different combinations of sample sizes and the estimated proportions, using a 95% confidence level.

95% Confidence Interval for Sample Proportions Margin of Error						
		Observed Proportion				
		90% | 10%	80% | 20%	70% | 30%	60% | 40%	50%
Number of Valid Responses	100	±5.9%	±7.8%	±9.0%	±9.6%	±9.8%
	200	±4.2%	±5.5%	±6.4%	±6.8%	±6.9%
	300	±3.4%	±4.5%	±5.2%	±5.5%	±5.7%
	400	±2.9%	±3.9%	±4.5%	±4.8%	±4.9%
	500	±2.6%	±3.5%	±4.0%	±4.3%	±4.4%

Examples of how to use this table:

Assume that a plan obtains a rating of 50% for a given measure and the number of valid responses is 500. In this case we are 95% confident that the unknown population rating is between 45.6% and 54.4% (50%± 4.4%).

Assume that a plan obtains a rating of 70% for a given measure and the number of valid responses is 300. In this case we 95% confident that the unknown population rating is between 64.8% and 75.2% (70%± 5.2%).

Medical Assistance with Smoking Cessation and Tobacco Use Cessation (MSC)
The Medical Assistance with Smoking Cessation was revised in the 2010 survey and is now called the Medical Assistance with Smoking and Tobacco Use Cessation (MSC). The scope of the measure was expanded to include smokeless tobacco use and to include the smokers and tobacco users who were not seen by a health plan practitioner during the measurement year. The question response choices were also revised. This measure now consists of the following components that assess different facets of providing medical assistance with smoking and tobacco use cessation:

- Advising Smokers and Tobacco Users to Quit
- Discussing Cessation Medications
- Discussing Cessation Strategies

Calculating the results of these three measures is described in detail on pages 38-42 of HEDIS® Volume 3. Questions 39, 40, 41 and 42 are included in the calculation. The example here focuses on "Advising Smokers to Quit". The Advising Smokers and Tobacco Users to Quit rate includes members (18+ years of age) that are current smokers or tobacco users and who received advice to quit during the measurement year.

Responses must follow the path below to qualify for inclusion in the denominator of the calculation.

Q39 = "Everyday" or "Some Days"
Q40 = ""Never" or "Sometimes" or "Usually" or "Always"

To qualify for inclusion in the numerator, the member response choices must be "Sometimes", "Usually" or "Always" to Q40.

Note: The calculations for the other two sub-measures, "Discussing Cessation Medications" and "Discussing Cessation Strategies" use the same logic as above. However, Q40 is changed to Q41 for Discussing Cessation Medication, and Q41 is changed to Q42 for Discussing Cessation Strategies.

This measure is reported using a rolling average methodology, using results collected during two consecutive years of data collection. The reported results was calculated and publicly reported for the first time in 2011.

<u>**Overall Rating of Health Plan – National Results**</u>

The Overall Rating of Health Plan measure increased 1 percentage point since the previous year, now at its highest level. This measure remains comparatively low compared to other CAHPS® ratings and composites.

CAHPS® 3.0H/4.0H/5.0H Overall Rating of Health Plan 2000-2013	
Year	**Mean**
2000	-
2001	51.4
2002	69.3
2003	69.9
2004	71.2
2005	71.9
2006	70.1
2007	70.7
2008	72.7
2009	70.7
2010	72.4
2011	73.5
2012	73.5

SOURCE: The State of Health Care Quality 2013.

<u>**Percentiles**</u>

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

<u>**Quality Compass® 2013**</u>

The Quality Compass® database is compiled with performance data and member satisfaction information from 135 health plans who publicly reported their data to Quality Compass®.

<u>**Rating Questions**</u>

Responders are asked to rate four items (personal physician, specialist, health care received and overall experience with the health plan) from 0 to 10 with 0 being the worst and 10 being the best. The order in which these questions are asked in the survey changed in 2007.

<u>**Response Rate**</u>

Response rates are calculated according to the following NCQA method:

Final Response Rate =   <u>Completed surveys</u>
                      Plan's total eligible sample*

*Total eligible sample = Entire random sample − Ineligible

Ineligible are: deceased, does not meet eligible population criteria, language barrier, mentally or physically incapacitated.

A survey is included in the analysis if the member answers one or more survey questions and indicates that they meet the eligible population criteria. SOURCE: *Page 65, Volume 3 HEDIS® 2014 Specifications for Survey Measures*

NCQA Average Response Rate Trend for Adult Medicaid Surveys

2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
34%	33%	34%	34%	32%	29%	29%	30%	31%	32%	29%	26%	29%

The Adult Medicaid Average Response Rate for Adult Medicaid plans in 2013 was 29%, an increase of 3% from the prior year.

SOURCE: 2014 NCQA Vendor Training Materials – October 2013

Rolling Average

The rolling average methodology is used for several survey measures:

- Advising Smokers to Quit
- Aspirin Use and Discussion
- Discussing Cessation Medications
- Discussing Cessation Strategies

Rolling average methodology allows the health plan up to two consecutive years of data collection to obtain a denominator (eligible sample size) sufficient to calculate results for a measure. Rolling average results are calculated using data reported for the current year and, when available, data reported for the prior year.

The denominator (eligible sample size) must be at least one hundred over two years in order to have a result calculated. If the denominator (eligible sample size) over the course of two years is less than one hundred, NCQA assigns a measure result of 'Not Applicable'. In this report, Morpace has identified these as 'NR' or 'Not Reportable'.

If the denominator (eligible sample size) over the course of two years is at least one hundred, the rate is calculated based on the following formula:

Rate = (Year 1 numerator + Year 2 numerator) / (Year 1 denominator + Year 2 denominator)

Sampling Criteria

The sample frame includes all current Medicaid health care members at the time the sample is drawn who are age 18 years and older as of December 31 of the reporting year. Members must have been continuously enrolled in the health plan for the 6 months of the reporting year (allowing for no more than one gap of up to 45 days). The reporting year for the 2014 CAHPS® 5.0H surveys is January 1, 2013 to December 31, 2013.

For each survey Morpace drew a random sample of enrollees making sure that only one adult per household would be sampled. In 2014, NCQA required all plans to draw a base sample of 1,350 members.

Scoring for NCQA Accreditation

The NCQA accreditation survey is based on 100 points with 33% of the results accounted for by HEDIS® measures and HEDIS®/CAHPS® 5.0H survey results. The HEDIS®/CAHPS® 5.0H survey results account for 13 of the 100 points.

Step 1: Convert responses to their score value.
At the member level, the member's response is recoded using a scale of 1-3 according to the following table.

CAHPS 5.0H Results	Scoring Scale Based on Responses		
Getting Needed Care (2 questions) Getting Care Quickly (2 questions) How Well Doctors Communicate (4 questions) Customer Service (2 questions)	Never or Sometimes Usually Always	= = =	1 2 3
Rating of Health Care Rating of Personal Doctor Rating of Health Plan Rating of Specialist	0, 1, 2, 3, 4, 5, 6 7, 8 9, 10	= = =	1 2 3

Step 2: Calculate the mean for all members' responses. For the composite measures, perform this calculation for each of the questions in the composite.

Step 3: Calculate the mean of the means for questions in that composite. The result of these calculations is the "unadjusted mean."

To take into account inherent sampling variation, prior to determining points for NCQA accreditation, NCQA will add 0.014 to each of the four CAHPS® 5.0H ratings questions and to the Customer Service composite mean; and 0.01 to the Getting Needed Care, Getting Care Quickly, and How Well Doctors Communicate composite means. This becomes the "adjusted mean." NCQA will phase out the scoring adjustment over five years – 20% per year from 2011 until 2015.

The CAHPS® survey represents a possible 13 points toward NCQA accreditation. Points are earned toward NCQA accreditation by comparing the adjusted mean for each of the measures to the NCQA national benchmark (the 90th percentile of national results) and to national thresholds (the 75th, 50th, 25th percentiles, and below the 25th percentile) for the same measure. NCQA does not publish the exact scores used in accreditation (calculated to the sixth decimal point). Therefore, Morpace cannot calculate the precise accreditation score. However, by adding up the individual composite and rating scores, an estimate of the overall accreditation score can be obtained.

For a composite's score to be counted toward accreditation, an average of 100 responses for all questions within the composite must be obtained. If an average of 100 responses is not obtained, that measure is not counted and denoted with an "N/A". The scoring is adjusted based on the number of reported measures according to the chart on the next page. If less than four of the measures qualify, no points are awarded from the survey.

**NCQA Scoring for all Composite Scores and Overall Ratings,
except Overall Rating of Health Plan**

Number of Applicable Measures

Percentile	9	8	7	6	5	4
90th	1.444	1.625	1.857	2.167	2.600	3.250
75th	1.271	1.430	1.634	1.907	2.288	2.860
50th	0.982	1.105	1.263	1.473	1.768	2.210
25th	0.578	0.650	0.743	0.867	1.040	1.300
0	0.289	0.325	0.371	0.433	0.520	0.650

NCQA Scoring for Overall Rating of Health Plan <u>only</u>

Number of Applicable Measures

Percentile	9	8	7	6	5	4
90th	2.888	3.250	3.714	4.334	5.200	6.500
75th	2.542	2.860	3.268	3.814	4.576	5.720
50th	1.964	2.210	2.526	2.946	3.536	4.420
25th	1.156	1.300	1.486	1.734	2.080	2.600
0	0.578	0.650	0.742	0.866	1.040	1.300

Specialty Calculation

The measure below is calculated by combining the results of two individual questions. The calculations are described briefly below.

Forms Easy to Fill Out
For this measure, questions 33 and 34 are used. A member who was not given any forms to fill out by their health plan in the last 6 months is coded as "Always" at Q34.

Statistical Testing

Statistical testing has been conducted in various places. A 0.05 level of significance was used in performing tests of *differences.* For example, when testing for a difference in the population percent for 2013 and the population percent for 2014, a 0.05 level of significance would mean there is a 0.05 chance that a significant difference would be found even if there were no difference in the population.

The notation of "up arrow" reflects the conclusion of significant *increase* which would be found if a significance test had been conducted for the hypothesis that the population percent for 2014 was *greater than* the population percent for 2013 (with a 0.025 level of significance). The notation of "down arrow" reflects the conclusion of significant *decrease* which would be found if a significance test had been conducted for the hypothesis that the population percent for 2014 was *less than* the population percent for 2013 (with a 0.025 level of significance).

Summary Rate Scoring

Summary rate scores are those scores used in comparing scores to Quality Compass® and in presenting data to the public. Summary Rates are calculated in the following manner:

CAHPS® 5.0H Measures	Response = Summary Rate
Shared Decision Making (3 questions)	A lot/Yes
Getting Care Quickly (2 questions) How Well Doctors Communicate (4 questions) Getting Needed Care (2 questions) Customer Service (2 questions)	Usually and Always
Rating of Personal Doctor Rating of Specialist Seen Most Often Rating of All Health Care Received Rating of Health Plan	8, 9, 10

Survey Administration Protocol

NCQA has approved two options for survey administration of the CAHPS® 5.0H survey: a 5-wave mail-only methodology or a mixed methodology (mail and telephone), which includes a 4-wave mail (two questionnaire mailings and two reminder post cards) with telephone follow-up of at least 3 attempts.

Mixed Methodology Tasks	Time Frame
First questionnaire and cover letter sent to the member.	0 days
A postcard reminder is sent to non-responders 4-10 days after the 1st questionnaire.	4-10 days
A second questionnaire with replacement cover letter is sent to non-responders approximately 35 days after the mailing of the first questionnaire.	35 days
A second postcard reminder is sent to non-responders 4 to 10 days after mailing the second questionnaire.	39 – 45 days
Telephone calls by CATI are conducted for non-responders approximately 21 days after the mailing of the second questionnaire.	56 days
Telephone contact is made to all non-responders such that at least 3 calls are attempted at different times of day, on different days and in different weeks.	56 – 70 days
Telephone follow-up is completed approximately 14 days after initiation.	70 days

Mail-Only Methodology Tasks	Time Frame
First questionnaire and cover letter sent to the member.	0 days
A postcard reminder is sent to non-responders 4-10 days after the 1st questionnaire.	4-10 days
A second questionnaire with replacement cover letter is sent to non-responders approximately 35 days after the mailing of the first questionnaire.	35 days
A second postcard reminder is sent to non-responders 4 to 10 days after mailing the second questionnaire.	39-45 days
A third questionnaire and cover letter is sent to non-responders approximately 25 days after mailing the second questionnaire.	60 days
Allow 21 days for the third questionnaire to be returned by the member.	81 days

SOURCE: Pages 59-60, Volume 3 HEDIS® 2014 Specifications for Survey Measures

The actual timeline followed for the 2014 survey was:

2/7	First questionnaire with cover letter sent to sample.
2/14	Postcard reminder sent to sample.
3/14	Second questionnaire and cover letter sent to non-responders.
3/21	Second postcard reminder sent to non-responders.
4/7 – 5/6	Contacted all non-responders via telephone – Up to 4 attempts were made at different times of the day, different days of the week, and in different weeks.

The text of the mailing pieces and the CATI (Computer Assisted Telephone Interviewing) script are prescribed by NCQA.

Composites, Attributes and Rating Questions for CAHPS® 5.0H
Response Choices and Scoring Options

Composites and Questions	Response Choices	Summary Rate	Three-Point
Getting Care Quickly			
Q4 - In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?	Never/Sometimes		1
Q6 - In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctors' office or clinic as soon as you thought you needed?	Usually	Summary Rate	2
	Always		3
Shared Decision Making			
Q10 – When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine?	Not at all/A little		1
	Some		2
Q11 – When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want to take a medicine?	A lot	Summary Rate	3
Q12 - When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?	Yes	Summary Rate	3
	No		1
How Well Doctors Communicate			
Q17 – In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	Never/Sometimes		1
Q18 - In the last 6 months, how often did your personal doctor listen carefully to you?	Usually		2
Q19 - In the last 6 months, how often did your personal doctor show respect for what you had to say?		Summary Rate	
Q20 - In the last 6 months, how often did your personal doctor spend enough time with you?	Always		3
Getting Needed Care			
Q14 - In the last 6 months, how often was it easy to get the care, tests or treatment you needed?	Never/Sometimes		1
Q25 - In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?	Usually	Summary Rate	2
	Always		3
Customer Service			
Q31 - In the last 6 months, how often did the health plan's customer service give you the information or help you needed?	Never/Sometimes		1
Q32 - In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	Usually	Summary Rate	2
	Always		3