2014 AmeriHealth Caritas Louisiana Member Satisfaction Survey Analysis
CAHPS 5.0H Adult Medicaid

INTRODUCTION

AmeriHealth Caritas Louisiana Plan serves the Medicaid population of Louisiana. As of December 2013, AmeriHealth Caritas Louisiana was serving approximately 145,329 members.

AmeriHealth Caritas Louisiana systematically monitors its member satisfaction on an annual basis to acquire a complete understanding of the drivers behind member dissatisfaction thereby enabling the Plan to identify opportunities for improvement as well as barriers. Furthermore, this analysis enables the Plan to develop and implement interventions to increase member's satisfaction and evaluate the effectiveness of those interventions.

AmeriHealth Caritas Louisiana utilized the National Council on Quality Assurance's (NCQA), Healthcare Effectiveness Data and information Set (HEDIS), Consumer Assessment of Healthcare Providers and Systems (CAHPS 5.0H) Questionnaire for Medicaid to conduct the 2014 Member Satisfaction Survey. AmeriHealth Caritas Louisiana measures member satisfaction in the full range of its operations, including the following:

- 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

The CAHPS 5.0H survey is specifically designed to assess Adult member satisfaction.

SAMPLE

The universe for the study population is defined as:

- All current members enrolled at the time the survey was conducted (For the time period of February 2014 – May 2014)
- Age 18 years and older as of December 31, 2013
- Members who have been continuously enrolled for the six months of the reporting year

Morpace randomly sampled 1,620 Adult enrollees.

SURVEY INSTRUMENT

NCQA HEDIS CAHPS survey methodology required the Plan to contract with an independent survey vendor certified by NCQA to administer the CAHPS 5.0H Questionnaire. AmeriHealth Caritas Louisiana contracted with Morpace to administer the CAHPS 5.0H Adult Questionnaire (Medicaid). This year the survey was offered in both English and Spanish.

Question Types:
The adult survey consists of the following question types:

- Demographic questions
- Preliminary questions to determine the applicability of specific assessment questions to a particular respondent
- Assessment questions to evaluate respondent's experiences and satisfaction with the Plan
- Smoking
- Flu Vaccinations

Answer Scales
Different response scales were utilized depending on the type of question. Table 1 summarizes the answer scales used in the study.

Table 1: Answer scales used in the 2014 CAHPS 5.0H Survey

Types of Response Scales	Examples
Ordinal ranking Scale	0-10
Frequency Scale	Never, Sometimes, Usually, Always
Completeness Scale	A little, Not at all, Some, A lot
Dichotomous Scale	Yes, No
Time Scale	Number of days/weeks

DATA COLLECTION

Study Period:
The data collection process took place over the period beginning February 2014 with the first mailing and ending in May 2014 with the final telephone interview to those who did not complete the mailed survey.

Protocol:
Morpace was required to adhere to the HEDIS data collection protocol for the administration of the CAHPS 5.0H Questionnaire. The prescribed methodology selected for data collection, employs a combination of mail and telephone survey. The following provides a description of the prescribed HEDIS protocol:

1. A questionnaire with cover letter was mailed to the member. For those selected members who did not respond to the first questionnaire, a second questionnaire with cover letter encouraging participation was sent. Thank you/reminder postcards were mailed after each survey mailing. (NCQA reinstated the postcard mailings as response rates had declined for the past two years). If a selected member still did not respond to questionnaires, at least four telephone calls were made to complete the survey using trained telephone interviewers.
2. Morpace designed a pre-notification postcard which pictured a portion of the questionnaire and the envelope in which it would arrive. A message encouraging the member to complete and return the questionnaire that would be arriving soon was also included.
3. NCQA originally designed this protocol with the goal of achieving a total response rate of at least forty-five percent. 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%).

Morpace was successful in obtaining a 21% response rate for Adult CAHPS (327 completed surveys). Response rates are presented in figure 1.

Figure 1: Total Sample Response Rate Calculation, 2014

$$\frac{\text{Mail completes (266) + Phone completes (61)}}{\text{Total Sample (1620) - Total Ineligible (41)}} = \frac{327}{1579} = \text{Response Rate} = 21\%$$

Table 2: Distribution of Responses, 2014

2014 Distribution of Reponses	Count	%
Mail Completes	266	81%
Phone Completes	61	19%
Total	327	100%

ANALYSIS

Member satisfaction with AmeriHealth Caritas Louisiana was evaluated based on the 58 questions of the CAHPS 5.0H Adult Questionnaire (Medicaid). The percentage of respondents that selected each answer choice was calculated for each of the 58 questions. A composite favorable score for each question is calculated by adding the responses from appropriate answer choices.

Overall Composite Rating Scores

The National Committee for Quality Assurance (NCQA) uses five core composite measures. Each of the composite measures have an 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).

Below are the contributory questions for each composite:

Getting needed care

- Easy to get appointment with specialist
- Easy to get care believed necessary

Getting Care Quickly

- Getting care as soon as needed
- Getting an appointment as soon as needed

Customer Service

- Got information or help needed
- Treated you with courtesy and respect

Shared Decision Making

- Discussed reasons to take medicine
- Discussed reasons not to take medicine
- Asked preference for medicine

How Well Doctors Communicate

- Explain things in a way you could understand
- Listen carefully to you
- Show respect for what you had to say
- Spend enough time with you

The composite score distributions for AmeriHealth Caritas Louisiana can be found in Table 3. AmeriHealth Caritas Louisiana members gave the high proportion of satisfaction to the composite measures of *Getting Needed Care* while there was no high satisfaction in the overall rating measures.

Table 3: Overall Member Satisfaction Rates and Composite Score Distribution, 2014

AmeriHealth Caritas Louisiana		
	Trended Data	
Composite Measures	**2013**	**2014**
Getting Care Quickly	77%	77%
Shared Decision Making	52%	46%
How Well Doctors Communicate	87%	86%
Getting Needed Care	75%	77%
Customer Service	87%	80%
Overall Rating Measures		
Health Care	68%	62%
Personal Doctor	75%	75%
Specialist	82%	81%
Health Plan	66%	63%

Benchmarks and Thresholds

On an annual basis the National Committee on Quality Assurance (NCQA) releases information on national CAHPS findings (Quality compass Comparisons). This information will allows the Plan to compare its results to a national benchmark (the 90th percentile of the national results) and to national thresholds (the 75th, 50th, 25th percentiles, and below the 25th percentile) See Table 4.

The percentile rank is to help indicate the number of points toward the plan's accreditation score AmeriHealth Caritas Louisiana receives. On Table 4, the results indicate that the *rating of specialist* falls on the 50th percentile while other 7 variables fall on the 10th percentile and did not change from previous year except for shared decision making, which was not reported. However, all the variables fall below the 75th percentile.

Table 4: AmeriHealth Caritas Louisiana National Benchmark Comparisons, 2014

Variables	Percentile Rank		2012-2014 Direction
	2013	2014	
Getting Care Quickly	10	10	↔
Shared Decision Making	NA	NA	NA
How Well Doctors Communicate	10	10	↔
Getting Needed Care	10	10	↔
Customer Service	50	10	↓
Rating of Health Care	10	10	↔
Rating of Personal Doctor	10	10	↔
Rating of Specialist	50	50	↔
Rating of Health Plan	10	10	↔

Table 5 displays the accreditation score. The overall CAHPS® Accreditation scores for AmeriHealth Caritas Louisiana are 4.86 out of 13 possible points.

Table 5: NCQA Accreditation Score, 2014

Composite & Overall Ratings Measures	Approximate NCQA Accreditation Score
Getting Care Quickly	0.29
How Well Doctors Communicate	0.98
Getting Needed Care	0.58
Customer Service	0.29
Rating of Health Care	0.29
Rating of Personal Doctor	0.58
Rating of Specialist	1.27
Rating of Health Plan	0.58
Estimated Overall CAHPS® Score	***4.86***

Disparities Analysis

AmeriHealth Caritas Louisiana examines the results by segmenting the member's race and ethnicity to gain a better understanding of disparities in members' perceptions and experiences. Table 6 has the data broken down by race. Based on the results, there were a low number of Asian respondents and their responses can only be considered directional. The results indicated that *Shared Decision Making* and *Personal Doctor* displayed largest disparity. The results further noted *African American* gave the most favorable scores in race categories.

Table 6: Member Satisfaction by Race, 2014

	Caucasian (%)	*African American (%)*	*Asian (%)*	*All Other (%)*	*High/Low Diff. (%)*
Sample size	(n=140)	(n=169)	(n=5)	(n=30)	
Getting Care Quickly	76	76	-----	85	9
Shared Decision Making	44	52	-----	33	19
How Well Doctors Communicate	88	82	-----	84	6
Getting Needed Care	80	75	-----	74	6
Customer Service	81	77	-----	79	4
Rating of Health Care	58	65	-----	56	9
Rating of Personal Doctor	74	75	-----	60	15
Rating of Specialist	80	84	-----	85	5
Rating of Health Plan	60	66	-----	59	6

----- *Too few respondents for comparison*

Table 7 outlines the survey data broken down by ethnicity. Overall Non-Hispanic provides higher scores than Hispanic. The largest disparities between Hispanic and Non-Hispanic respondents are in the *Getting Needed Care, Customer Service* and *Specialist* categories.

Table 7: Member Satisfaction by Ethnicity, 2014

	Hispanic (%)	*Non-Hispanic (%)*	*High/Low Diff. (%)*
Sample size	(n=16)	(n=282)	
Getting Care Quickly	81	77	4
Shared Decision Making	52	46	6
How Well Doctors Communicate	81	86	5
Getting Needed Care	88	76	12
Customer Service	50	82	32
Rating of Health Care	69	62	7
Rating of Personal Doctor	73	75	2
Rating of Specialist	60	81	21
Rating of Health Plan	57	63	6

Supplemental Questions

AmeriHealth Caritas Louisiana included supplemental questions on the CAHPS survey to cover the areas of getting care quickly; doctor; getting care, tests, or treatment; specialist; and health plan.

When posing question on getting care quickly, it was found that 46% of respondents reported going to emergency room while 41% reported going to Doctor's when needed care right away (See figure 2).

Figure 2: Getting Care Quickly - the following question was asked

Q4a. In the last 6 months, when you needed care right away, where did you go most often?

	2014
Clinic/Outpatient Setting	13%
Emergency Room	46%
Doctor's Office	41%
Urgent Care Center	0%
Sample Size:	*(n=111)*

In regard to office hours, it was found that 26% of respondents reported waiting for '2 to 3 days' between making an appointment and actually seeing a provider (see figure 3).

Figure 3: Getting Care Quickly - the following questions were asked

Q6a. In the last 6 months, not counting the times you needed health care right away (i.e. at an emergency room or urgent care center), how many days did you usually have to wait between making an appointment and actually seeing a provider?

	2014
Same day	19%
1 day	12%
2 to 3 days	26%
4 to 7 days	16%
8 to 14 days	8%
15 to 30 days	13%
31 days or longer	6%
Sample Size:	*(n=245)*

For Q7a, the results showed that 78% of respondents indicated that it was 'Not a problem' to find a doctor who met their needs in a manner consistent with their preferences of religious beliefs, language, gender, and cultural customs (See figure 4).

Figure 4: Doctor- the following questions were asked

Q7a. During the last 6 months, how much of a problem, if any, was it to find a doctor who met your needs in a manner consistent with your personal preferences (religious beliefs, language, gender, and cultural customs)?

	2014
Not a problem	78%
A small problem	12%
A big problem	10%
Sample Size:	*(n=257)*

Below question on getting care, tests, or treatment was asked and found that 23% of respondents reported waiting too long to get an appointment while 20% indicated not being able to find a doctor, lab, or x-ray in their network were the main reason for the difficulty. (See figure 5).

Figure 5: Getting Care, Tests, or Treatment - the following question was asked

Q14a. In the last 6 months, if it was not easy to get the care, tests, or treatment you thought you needed, what was the main reason for the difficulty?

	2014
I had to wait too long to get an appointment	23%
I could not find a doctor, lab, or x-ray in my network	20%
I did not know where to go to get the care, tests, or treatments in network	16%
I had to wait too long for the health plan to give the OK	13%
I could not find a doctor who was easy to get to	11%
I could not find someone who spoke my language	0%
Other	17%
Sample Size:	*(n=70)*

The health plan question for 35a noted that 21% of respondents want more providers/specialists to be added in the health plan (see figure 6).

Figure 6: Health Plan - the following questions was asked

Q35a. What can we do to improve this rating and our services to you?
(Multiple Mentions)
(Top Mentions)

	2014
Add more providers/specialists	21%
Help me find a provider	8%
Better dental coverage	8%
Offer dental coverage/Adult coverage/Over a certain age	6%
Better explanation of coverage/benefits	6%
Improve appointment availability	6%
Better vision coverage	5%
Sample Size:	*(n=96)*

Opportunities for Improvement

Morpace conducts a key driver analysis in order to assess which areas could have the biggest impact on overall health plan and overall health care ratings. Through this analysis they determined the following areas for to be high priority for improvement.

For improving overall Health Care:

- Got information or help needed
- Getting care as soon as needed
- Easy to get care believed necessary

For improving Health Plan Rating:

- Listen carefully to you
- Explain things in a way you could understand
- Spend enough time with you
- Show respect for what you had to say
- Getting care as soon as needed
- Easy to get care believed necessary

Because rating of the health plan was below the 75th percentile grouping for NCQA accreditation, it is vital to focus on those areas which were found to be high priority and highly correlated with that rating. Morpace has suggested multiple interventions for the General and CCC population, which were highly correlated with the rating of the health plan and health care.

The following are action plans for improving CAHPS scores:

Getting Needed Care:

- Conduct a CG-CAHPS Survey including specialists in the sample to identify the specialists with whom members are having a problem obtaining an appointment. Conduct an Access to Care Survey with either or both of 2 audiences: physician's office and/or among members. 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. 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.
- 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.

Getting Care Quickly:

- Conduct a CG-CAHPS survey to identify offices with scheduling issues. Conduct an Access to Care Study to include Calls to physician office – unblended or blinded, Calls to members with recent claims, and 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:

- 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.

Shared Decision Making:

- 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:

- 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 staffs 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.

AmeriHealth Caritas Louisiana has defined an opportunity for improvement as an indicator that has less than a 75% satisfaction rate or a dissatisfaction rate of 25% or greater. Based on the analysis of the survey, the following areas in Table 8 are opportunities for improvement.

Table 8: AmeriHealth Caritas Louisiana Opportunities for Improvement, 2014

Opportunities for Improvement	Percent Favorable
	General
Shared decision making (% A lot)	46%
Discussed your preference for medication (%Yes)	71%
Discussed reasons you might want to take medicine (% A lot)	43%
Discussed reasons you might not want to take medicine (% A lot)	23%
Easy to get care believed necessary (% Usually, Always)	74%
Made an appointment to see a specialist (%Yes)	36%
Got information or help needed (% Usually, Always)	74%
Sought information/help from customer service (%Yes)	36%
Health promotion and education (%Yes)	71%
Received care from other provider (%Yes)	56%

HEDIS Measures:

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

Criteria for inclusion in this measure are members who are at least 18 years old, who were 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 or discussed smoking/tobacco use cessation medications or strategies with their doctor.

In table 9, there was a large difference in responses by race with *Discussing Cessation Medications* (16%) compared to Advising Smokers and Tobacco Users to Quit and Discussing Cessation Strategies (6% and 7%, respectively).

Table 9: HEDIS Questions by Race, 2014

	Caucasian (n=140)	African American (n=169)	All Other (n=130)	High/Low Diff
Advising Smokers and Tobacco Users to Quit	78%	84%	83%	6%
Discussing Cessation Medications	38%	54%	41%	16%
Discussing Cessation Strategies	32%	39%	37%	7%

There was a large difference in responses by age with *Advising Smokers and Tobacco Users to Quit* (26%) compared to Discussing Cessation Medications (15%) and Discussing Cessation Strategies (11%) see table 10.

Table 10: HEDIS Questions by Age, 2014

	18-34 (n=105)	35-54 (n=110)	55+ (n=109)	High/Low Diff
Advising Smokers and Tobacco Users to Quit	64%	83%	90%	26%
Discussing Cessation Medications	39%	39%	54%	15%
Discussing Cessation Strategies	31%	33%	42%	11%

In table 11, the large difference by ethnicity was found with *Discussing Cessation Strategies* (22%) compared to Advising Smokers and Tobacco Users to Quit (6%) and Discussing Cessation Strategies (5%).

Table 11: HEDIS Questions by Ethnicity, 2014

	Hispanic (n=16)	Non-Hispanic (n=282)	High/Low Diff
Advising Smokers and Tobacco Users to Quit	88%	82%	6%
Discussing Cessation Medications	38%	43%	5%
Discussing Cessation Strategies	57%	35%	22%

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 and was 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

Based on figure 7, the results indicated that 39% of respondents who meet the age criteria receive a flu vaccination during the reporting year.

Figure 7: Flu Vaccination for Adult, 2014

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)	292
Members that meet age criteria and received a flu vaccination	113
Flu Vaccinations for Adults Rate	***39%***

CONCLUSIONS

Overall, AmeriHealth Caritas Louisiana Plan members provide strong satisfaction with highest proportion of satisfaction to *Getting Needed Care* in the composite measures and no high satisfaction in the overall rating measures. The results further indicate that 7 variables fall on the 10^{th} percentile except for the *rating of specialist* that falls on the 50^{th} percentile. However, all variables fall below the 75^{th} percentile for both the NCQA accreditation comparison as well as the CAHPS National Benchmark comparison. Our analysis has allowed for the identification of specific areas such as rating of the health plan overall, where member satisfaction is fading. These findings give AmeriHealth Caritas Louisiana the information necessary to develop targeted interventions and thus improve the satisfaction in this area. Furthermore, improvements on these areas will likely increase AmeriHealth Caritas Louisiana's overall chance of obtaining higher satisfaction ratings and composite scores.