



Report of Results of

UnitedHealthcare of Louisiana, Inc.

2014 HEDIS®/CAHPS® Health Plan Survey

Adult Medicaid Version

for Medicaid Members Enrolled as of December 31, 2013

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ABOUT THIS REPORT

The features of this 2014 HEDIS/CAHPS report, prepared by the Center for the Study of Services (CSS) for UnitedHealthcare of Louisiana, Inc., hereafter referred to as UnitedHealthcare Community Plan of Louisiana, are highlighted below.

- All survey results presented in this report were calculated by CSS following the NCQA guidelines published in *HEDIS 2014, Volume 3: Specifications for Survey Measures*. Any result shown in this report that does not meet the NCQA reporting threshold of 100 valid responses is denoted with “NA”.
- ☐ In the report, 2014 UnitedHealthcare Community Plan of Louisiana results are compared the 2013 NCQA Adult Medicaid National Average for All Lines of Business (LOBs). The national average is made up of Adult Medicaid plans that submitted data to Quality Compass® in 2013.
- The *Summary of Survey Results* section provides an overview of the plan’s performance on key survey measures. The *Summary* includes the plan’s current-year results (including question summary rates (QSRs), global proportions, means, and NCQA Accreditation percentiles) as well as by each Geographic Service Area (GSA).
- The *Scoring for NCQA Accreditation* section reports the plan’s mean scores, which form the basis for NCQA Accreditation scoring. The plan’s 2014 Accreditation percentile is provided for all measures that meet the NCQA reporting threshold of 100 valid responses. This section of the report is limited to the measures that are scored for NCQA Accreditation.
- An *Analysis of Member Characteristics* is included in the report.
- *Key Driver Analysis* identifies the areas or dimensions of health plan performance that are closely related to the overall rating of the plan. The CSS Key Driver Model quantifies the contribution of each performance area to the overall rating. UnitedHealthcare Community Plan of Louisiana results on each performance dimension are compared to the best score among all adult Medicaid plans surveyed by CSS in 2014, yielding a measure of available room for improvement in each area. The result is then weighted by the area’s contribution to the overall Rating of Health Plan score. Opportunities for improvement are prioritized based on the expected impact on the overall score resulting from improved performance in each area.
- The *Appendix* includes copies of survey materials as well as step-by-step guidelines for calculating composite and rating mean scores and global proportions.

HEDIS/CAHPS 5.0H HEALTH PLAN SURVEY

BACKGROUND

Introduced by the Agency for Healthcare Research and Quality (AHRQ) in the mid-1990s, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program encompasses the full range of standardized surveys that ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers, such as accessibility of services and communication skills of providers.

The National Committee for Quality Assurance (NCQA) uses the Health Plan CAHPS survey in its Health Plan Accreditation Program as part of the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS measures health plan performance on important dimensions of care and service and is designed to provide purchasers and consumers with the information they need to reliably compare the performance of health care plans. For health plans seeking NCQA Accreditation, the Health Plan CAHPS survey represents the member satisfaction component of the HEDIS measurement set. The survey measures member Satisfaction with the Experience of Care and gives a general indication of how well the health plan meets members' expectations. Sample members are asked to rate various aspects of the health plan based on their experience with the plan during the previous six months. In addition, the survey is used to collect data on several measures from the Effectiveness of Care domain. UnitedHealthcare Community Plan of Louisiana utilized the most recent version of CAHPS for 2014, version 5.0H.

SURVEY ADMINISTRATION PROTOCOL

CSS administered the Adult Medicaid version of the 2014 HEDIS/CAHPS Health Plan Survey on behalf of UnitedHealthcare Community Plan (LA) in accordance with the NCQA sampling and data collection protocols detailed in *HEDIS 2014, Volume 3: Specifications for Survey Measures and Quality Assurance Plan for HEDIS 2014 Survey Measures*.

Health plans administering the survey may choose between a mail-only methodology and a mixed (mail with telephone follow-up) methodology.

UnitedHealthcare Community Plan of Louisiana opted for the mixed methodology. The standard data collection protocol consisted of the following milestones:

- An initial questionnaire with cover letter, which was mailed on February 14;
- An initial reminder/thank-you postcard, which was mailed on February 18;
- A replacement questionnaire with cover letter, which was mailed on March 20;
- An additional reminder/thank-you postcard, which was mailed on March 25; and
- A telephone follow-up phase targeting non-respondents, with up to three telephone follow-up attempts spaced at different times of the day and on different days of the week, which started on April 9.

Data collection closed on May 5, 2014. Data for the plan was submitted to NCQA on May 30, 2014.

SURVEY MATERIALS

The complete set of survey materials used for UnitedHealthcare Community Plan of Louisiana was provided to DHH for approval prior to survey implementation. CSS designed survey materials for UnitedHealthcare Community Plan of Louisiana following the NCQA specifications detailed in *HEDIS 2014, Volume 3: Specifications for Survey Measures and Quality Assurance Plan for HEDIS 2014 Survey Measures*. All of the elements of the survey package, including the questionnaire, cover letters, postcards, and envelopes, were approved by NCQA and the Louisiana Department of Health and Hospitals prior to the initial mailing. The name and logo of the plan appeared on all of the mailing materials. The mail survey included the UHC standard supplemental question set. None of these supplemental questions were asked on the phone. In addition to English, the health plan gave respondents the option to complete the survey in Spanish using a telephone request line.

The outer envelope used for the first questionnaire mailing was marked “Address Service Requested”, requiring the United States Postal Service (USPS) to provide a new address if the postal customer had moved and given USPS a forwarding address. The address change service provides new addresses for those people who have moved recently and were not identified through the National Change of Address (NCOA) process. The carrier envelope used for the replacement questionnaires was marked “URGENT” to enhance response rates. Each survey package included a postage-paid return envelope with a \$0.46 stamp to increase the likelihood of a response.

SAMPLE SELECTION

Following the NCQA sampling protocol, CSS selected a random sample from the complete list of eligible members provided by UnitedHealthcare Community Plan of Louisiana. Eligible members were defined as plan members who were 18 years old or older as of December 31, 2013; were currently enrolled; had been continuously enrolled for six months (with no more than one enrollment break of 45 days or less); and whose primary coverage was through Medicaid.

Prior to sampling, CSS carefully inspected the member file provided by the plan and informed the plan of any errors or irregularities found (such as missing address elements or subscriber numbers). Once the quality assurance process had been completed, CSS processed member addresses through the USPS National Change of Address (NCOA) service to ensure that the mailing addresses were up-to-date. Random samples were generated as specified by NCQA, with no more than one member per household selected to receive the survey. CSS assigned each sampled member a unique identification number, which was used to track the sample member’s progress throughout the data collection period.

Plans that were unable to identify disenrollees prior to December 31, 2013, were required to increase their sample size by a factor sufficient to compensate for members expected to have left the plan by the time the survey was fielded. Plans could also choose to oversample to receive more completed surveys. In March 2013, plans that elected to oversample sent a file to CSS identifying those members who had left the plan by the start of survey fielding. Members identified as disenrolled were coded as ineligible notwithstanding any survey responses received.

The NCQA-prescribed sample size for health plans administering the Adult Medicaid version of the survey was 1,350 members. UnitedHealthcare Community Plan of Louisiana chose to oversample by 40 percent. Therefore, the final survey sample for UnitedHealthcare Community Plan of Louisiana included 1,890 members.

DATA CAPTURE

Questionnaires returned by mail were recorded using either manual data entry or optical scanning. Responses recorded via manual data entry were keyed by two independent data entry operators, and any discrepancies between the two response records were flagged and reconciled by a supervisor. Individual items on surveys recorded via optical scanning were sent to data entry operators if the computer was unable to identify the specific response option selected with a pre-defined degree of certainty.

Computer Assisted Telephone Interviewing (CATI) technology was used to electronically capture survey responses obtained during telephone interviews. On-site CATI supervisors maintained quality control by monitoring the telephone interviews and keyboard entry of interviewers in real time. In addition, CSS research staff remotely monitored interviews on a regular basis. Due to the multiple mailings and varied modes of data collection, multiple survey responses could be received from the same sample member. In those cases, CSS included only one survey response (the most complete survey) in the final analysis dataset.

MEMBER DISPOSITIONS AND RESPONSE RATE

Of the UnitedHealthcare Community Plan (LA) sample members meeting final eligibility criteria, 522 completed the survey, resulting in the NCQA response rate of 28.52 percent. Additional detail on sample member dispositions is provided in Exhibit 1.

EXHIBIT 1. 2014 UNITEDHEALTHCARE COMMUNITY PLAN OF LOUISIANA ADULT MEDICAID CAHPS SURVEY: SAMPLE MEMBER DISPOSITIONS AND RESPONSE RATE

Disposition	Geographic Service Area (GSA)			2014 Total Plan
	GSA A	GSA B	GSA C	
Ineligible				
Did not meet eligible population criteria	5	6	5	16
Deceased	2	0	2	4
Language barrier	5	8	4	17
Mentally or physically incapacitated	5	7	11	23
Total ineligible	17	21	22	60
Total % ineligible	2.86%	2.83%	3.97%	3.17%
Unreturned Surveys/Refusals				
Non-respondents after maximum attempts	306	391	281	979
Refused to answer the survey	40	45	27	112
Unable to contact	65	86	66	217
Total non-respondents	411	522	374	1,308
Total % non-respondents	69.19%	70.45%	67.51%	69.21%
Eligible Returns				
Initial Sample	594	741	554	1,890
Completed surveys	166	198	158	522
NCQA Response Rate**	28.77%	27.50%	29.70%	28.52%

* NCQA response rate = (Number of completed surveys)/(Initial sample – number not in eligible population – number of deceased – number with language barrier – number mentally or physically incapacitated)

ANALYSIS OF MEMBER CHARACTERISTICS

This section of the report presents a detailed profile of the health plan's membership. In addition to member demographics and health status, responses to survey items that assess utilization of healthcare services are included.

While the interplay between these membership mix variables and health plan ratings is complex, health plan ratings clearly vary across demographic groups and user segments. Understanding the nature of the plan's membership mix can help decision makers to gain insight into possible sources of this variation.

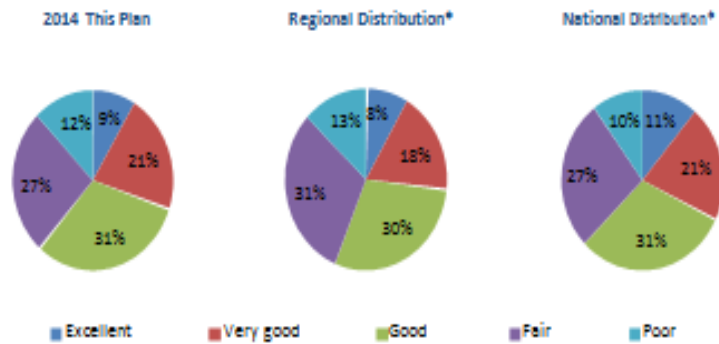
The charts on the following pages compare the plan's membership to the relevant regional and national distributions on demographic characteristics and utilization patterns. The pie charts in the upper half of each panel contrast the distribution of the UnitedHealthcare Community Plan of Louisiana membership on a given variable (e.g., gender, education level, number of doctor visits, etc.) with the regional and national distributions on the same variable. The bar chart in the lower half of each panel shows how the overall rating of the plan varies by member segment.

MEMBER HEALTH STATUS AND DEMOGRAPHICS

The following characteristics are profiled in this section:

- Respondent's self-reported health status
- Respondent's self-reported mental or emotional health status
- Respondent's age
- Respondent's gender
- Respondent's education level
- Respondent's race
- Respondent's ethnicity (Hispanic or Latino)

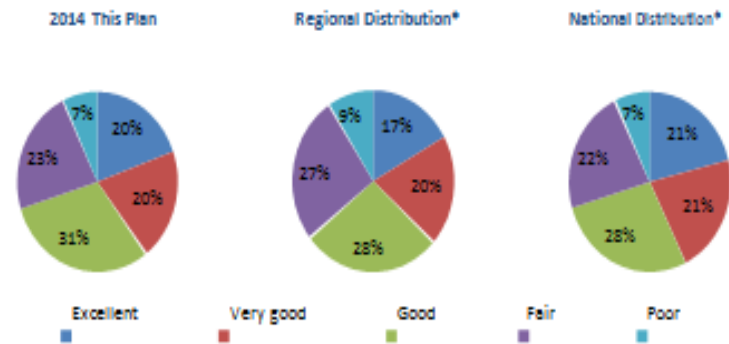
Q36. In general, how would you rate your overall health?



Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q36**



Q37. In general, how would you rate your overall mental or emotional health?



Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q37**

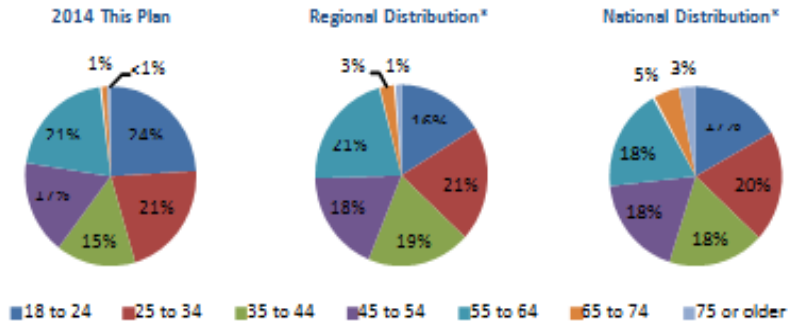


Note: All percentages are rounded for display. *Rating of the Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small

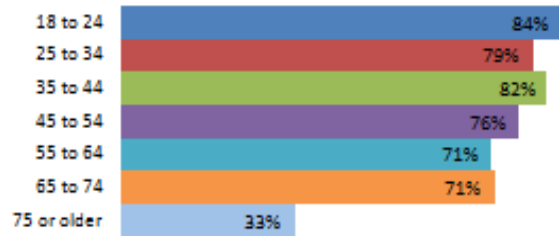
* Regional Distribution represents the combined distribution of responses to this question for all plans included in the 2014 UnitedHealthcare Adult Medicaid Southeast Region Average. National Distribution represents the combined distribution of responses to this question for all plans included in the 2014 UnitedHealthcare Adult Medicaid Average.

** Includes members of this healthplan who answered the question and provided a valid response to Q35 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q35.

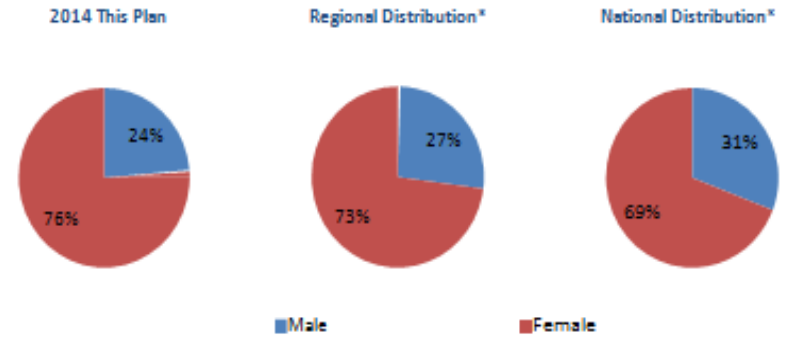
Q52. What is your age?



Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q52**



Q53. Are you male or female?



Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q53**

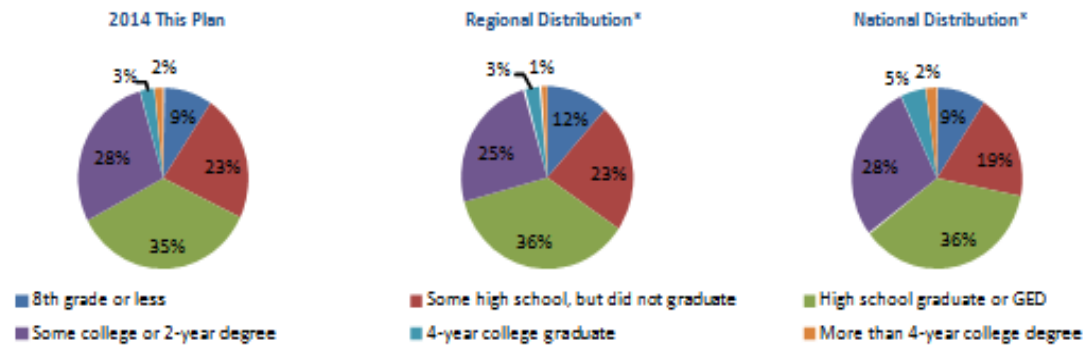


Note: All percentages are rounded for display. Rating of the Health Plan score should be interpreted with caution if the size of the group (pie slice) is small

* Regional Distribution represents the combined distribution of responses to this question for all plans included in the 2014 UnitedHealthcare Adult Medicaid Southeast Region Average. National Distribution represents the combined distribution of responses to this question for all plans included in the 2014 UnitedHealthcare Adult Medicaid Average.

** Includes members of this healthplan who answered the question and provided a valid response to Q35 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q35.

Q54. What is the highest grade or level of school that you have completed?



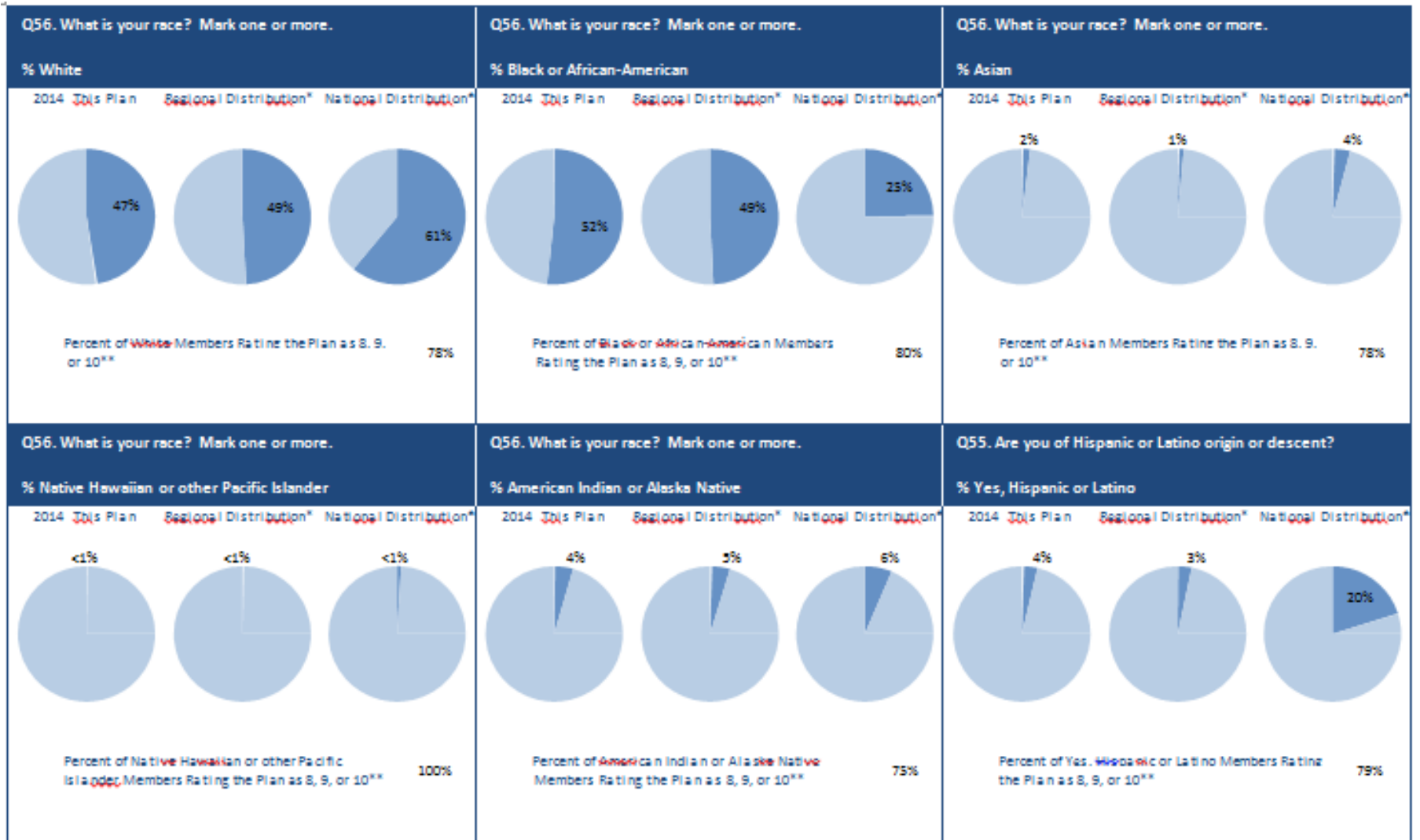
Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q54**



Note: All percentages are rounded for display. *Rating of the Health Plan* score should be interpreted with caution as the size of the group (pie slice) is small

* Regional Distribution represents the combined distribution of responses to this question for all plans included in the 2014 UnitedHealthcare Adult Medicaid Southeast Region Average. National Distribution represents the combined distribution of responses to this question for all plans included in the 2014 UnitedHealthcare Adult Medicaid Average.

** Includes members of this healthplan who answered the question and provided a valid response to Q35 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q35.



Note: All percentages are rounded for display. Rating of the Health Plan score should be interpreted with caution if the size of the group (pie slice) is small

* Regional Distribution represents the combined distribution of responses to this question for all plans included in the 2014 UnitedHealthcare Adult Medicaid Southeast Region Average. National Distribution represents the combined distribution of responses to this question for all plans included in the 2014 UnitedHealthcare Adult Medicaid Average.

** Includes members of this healthplan who answered the question and provided a valid response to Q35 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q35.

SATISFACTION WITH THE EXPERIENCE OF CARE DOMAIN

MEASURES

The CAHPS Health Plan Survey 5.0H, Adult Medicaid version includes four global **rating questions** that ask respondents to rate the following items on a 0 to 10 scale:

- **Rating of Personal Doctor** (0 = worst personal doctor possible; 10 = best personal doctor possible)
- **Rating of Specialist Seen Most Often** (0 = worst specialist possible; 10 = best specialist possible)
- **Rating of All Health Care** (0 = worst health care possible; 10 = best health care possible)
- **Rating of Health Plan** (0 = worst health plan possible; 10 = best health plan possible)

The results for five **composite measures** are also reported. Composite measures combine results from related survey questions into a single measure to summarize health plan performance in the areas listed below.

- **Getting Needed Care** combines responses to two survey questions that address member access to care:
 - *In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?*
 - *In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?*
- **Getting Care Quickly** combines responses to two survey questions that address timely access to both urgent and routine care:
 - *In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?*
 - *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?*
- **How Well Doctors Communicate** combines responses to four survey questions that address physician communication:
 - *In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?*
 - *In the last 6 months, how often did your personal doctor listen carefully to you?*
 - *In the last 6 months, how often did your personal doctor show respect for what you had to say?*
 - *In the last 6 months, how often did your personal doctor spend enough time with you?*
- **Customer Service** combines responses to two survey questions that ask about member experience with the health plan's customer service:
 - *In the last 6 months, how often did your health plan's customer service staff give you the information or help you needed?*
 - *In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?*

- **Shared Decision Making** combines responses to three survey questions that deal with decisions regarding prescription medicines:
 - *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?*
 - *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?*
 - *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?*

In addition to the five composite measures listed above, question summary rates are also reported for two survey items summarizing the following concepts:

- **Health Promotion and Education**
 - *In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?*
- **Coordination of Care**
 - *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?*

CALCULATION AND REPORTING OF RESULTS

QUESTION SUMMARY RATES AND COMPOSITE GLOBAL PROPORTIONS

Question Summary Rates express the proportion of respondents selecting the response option(s) of interest from a given question on the survey.

- Rating questions use a 0 to 10 scale with 10 being the most favorable response.
- Most survey items use a *Never, Sometimes, Usually, or Always* scale, with *Always* being the most favorable response. Results are reported as the proportion of members selecting *Usually* or *Always*.
- Two of the *Shared Decision Making* composite items use a *Not at all, A little, Some, or A lot* response scale, while the remaining item is on the *Yes* or *No* scale. Results are reported as the proportion of members selecting *A lot* or *Yes*.
- *Health Promotion and Education* uses a *Yes* or *No* scale, with *Yes* being the desired response. Results are reported as the proportion of members selecting *Yes*.

Composite Global Proportions express the proportion of respondents selecting the response(s) of interest from a given group of questions on the survey. They are calculated by first determining the proportion of respondents selecting the reported response(s) on each survey question contributing to the composite and subsequently averaging these proportions across all items in the composite.

NCQA MINIMUM DENOMINATOR SIZE

NCQA requires health plans to achieve a denominator of at least 100 responses to obtain a reportable result on a measure. The denominator for an individual question is the total number of responses to that question; the denominator for a composite is the average number of responses across all questions in the composite (note: composite denominators are rounded for display purposes). If the denominator for a particular rate is less than 100, NCQA assigns a measure result of “NA”. To be of maximum value to UnitedHealthcare Community Plan (LA), results are presented for all measures, regardless of denominator size. Any result appearing in this report that does not meet the NCQA threshold of 100 valid responses is denoted with “NA”. The only exception is the *Scoring for NCQA Accreditation* section, where reporting is limited to the measures that meet the NCQA minimum denominator threshold

COMPARISONS TO REGIONAL AND NATIONAL BENCHMARKS AND PRIOR-YEAR PLAN RESULTS

Throughout the report, the 2014 UnitedHealthcare Community Plan (LA) question summary rates and composite global proportions are compared to the 2013 NCQA Adult Medicaid National Average (All LOBs). The 2014 UnitedHealthcare Adult Medicaid Average is calculated by pooling survey responses across the plans listed in the Appendix. Regional benchmarks were newly introduced for Medicaid plans for 2013 CAHPS reporting. When separate surveys were administered for populations within a plan, responses were weighted proportionally to the plan's enrollment size and number of responses received for average calculation. The 2013 NCQA Adult Medicaid National Average (All LOBs) is made up of Adult Medicaid plans that submitted data to Quality Compass in 2013.

SUMMARY OF SURVEY RESULTS

Exhibit 2 provides a high-level overview of the 2014 UnitedHealthcare Community Plan (LA) results on key survey measures. These include overall ratings, composite global proportions, and QSRs for additional content areas. Where applicable, changes in plan scores over time and comparisons to relevant regional and national benchmarks are reported and tested for statistical significance.

EXHIBIT 2.2014 UNITEDHEALTHCARE COMMUNITY PLAN OF LOUISIANA ADULT MEDICAID CAHPS SURVEY: SUMMARY OF RESULTS ON KEY MEASURES

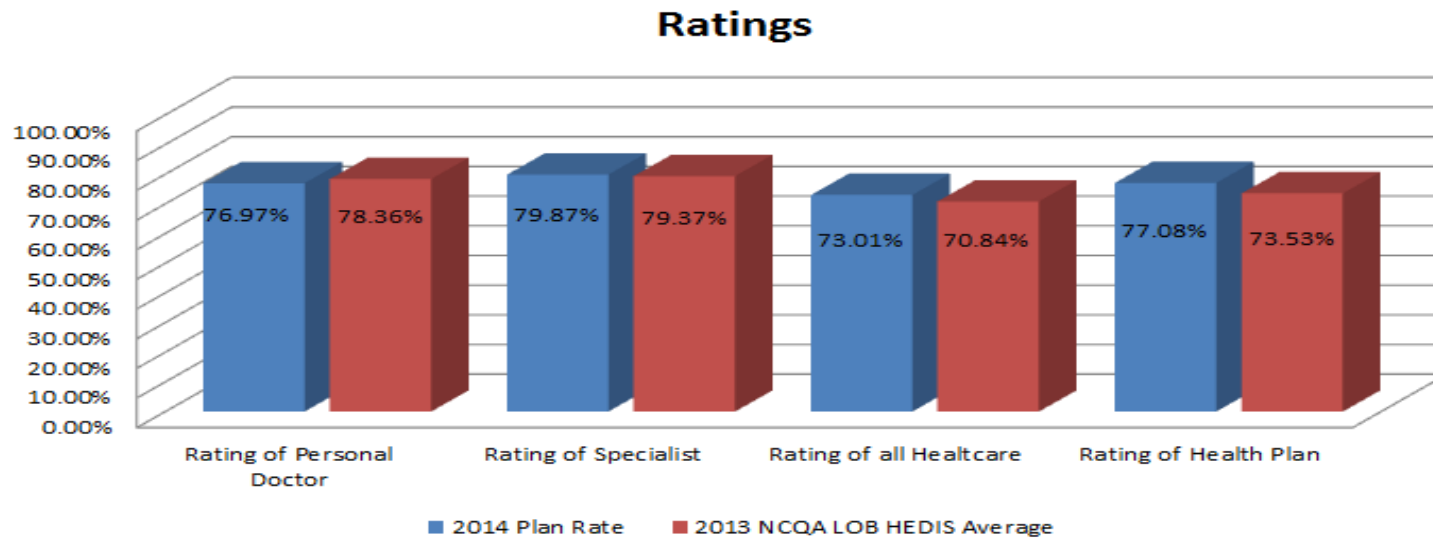
CAHPS 5.0H Survey Results*	2013 NCQA Adult Medicaid National Average, All LOBs	2014 Plan Rate	2013 Plan Rate	Geographic Service Areas			2014 NCQA Accreditation Scoring	
				GSA A	GSA B	GSA C	Mean	Percentile for Accreditation
Ratings								
Rating of Personal Doctor	78.36%	76.97%	76.13%	70.54%	82.01%	77.14%	2.4662	25th
Rating of Specialist Seen	79.37%	79.87%	79.28%	79.03%	77.55%	83.72%	2.5324	50th
Rating of All Healthcare	70.84%	73.01%	70.53%	75.78%	75.84%	66.07%	2.3856	75th
Rating of Health Plan	73.53%	77.08%	75.07%	76.76%	81.18%	72.18%	2.5033	75th
Getting Needed Care	80.63%	76.84%	78.93%	76.54%	78.61%	75.01%	2.3586	25th
Getting Care Quickly	81.16%	81.31%	78.70%	74.77%	86.00%	82.66%	2.4509	75th
How Well Doctors Communicate	89.27%	88.46%	92.58%	85.35%	92.45%	86.31%	2.6331	90th
Customer Service	86.17%	86.94%	88.94%	81.82%	88.24%	92.42%	2.5855	75th
Shared Decision Making	No Data ***	48.15%	50.13%	50.81%	47.03%	46.69%	2.1979	Not Scored
Health Promotion and Education	No Data ***	70.92%	69.50%	79.39%	68.46%	64.29%	2.4183	Not Scored
Coordination of Care	78.66%	73.68%	73.50%	66.67%	76.47%	78.72%	2.2565	Not Scored

* Results were calculated by CSS following NCQA specifications. At least 100 valid responses must be collected for a measure to be reportable by NCQA. A lighter display is used to indicate that a result is not reportable by NCQA due to insufficient denominator (less than 100 responses). In such cases, CSS calculates measure results only for internal plan reporting.

*** The result is not available because the measure is new or not trendable, or the plan did not collect survey data in a prior year.

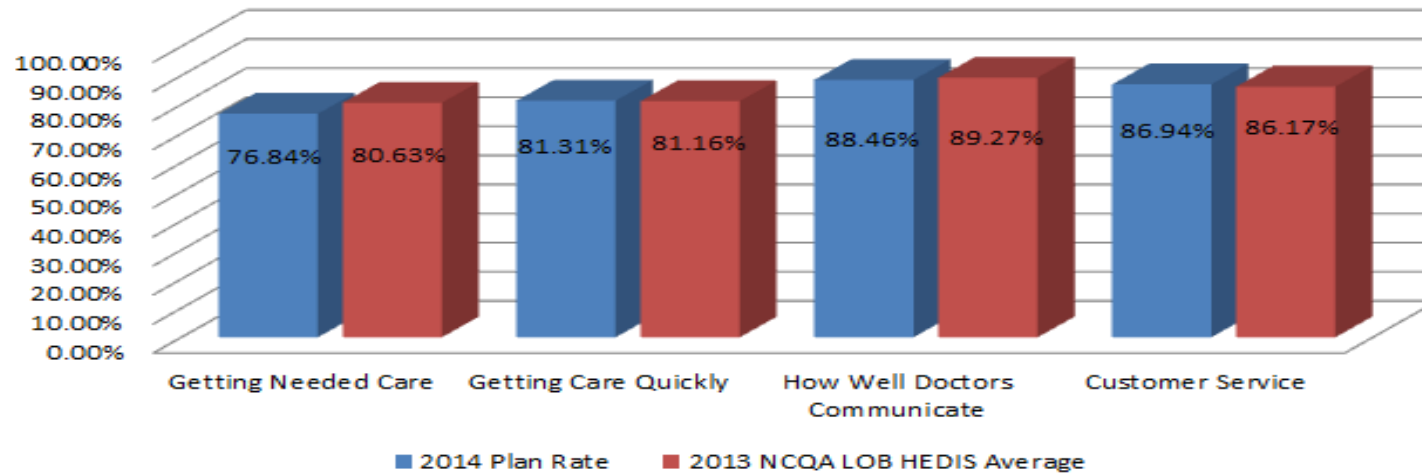
Overall Healthplan Performance

Overall, the health plan performed well on the CAHPS 2014 survey, scoring above the NCQA average on five of the eight key measures, including Overall Rating of the Health Plan.



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Composite Measures



Opportunities for Plan Quality Improvement

Exhibit 4 lists opportunities and priorities for improvement identified specifically for UnitedHealthcare Community Plan (LA). This prioritization scheme takes into account both the key driver strength in the broad industry context and the plan's current performance on each measure.

The middle panel of the chart compares the plan's current performance to the *best practice* score on each key driver. CSS defined the best practice score as the best score among all adult Medicaid plans surveyed by CSS in 2014. Room for improvement, represented by the green arrow segments on the chart, is the difference between the 2014 UnitedHealthcare Community Plan (LA) score and the best practice score.

The bar chart on the right displays the expected improvement in the overall *Rating of Health Plan* score that could be achieved by UnitedHealthcare Community Plan (LA) if it performed on par with the best practice plan on each of the key driver measures. Each bar represents the plan's room for improvement on the key driver weighted by its contribution to the *Rating of Health Plan* score.

EXHIBIT 4. 2014 UNITEDHEALTHCARE COMMUNITY PLAN (LA) ADULT MEDICAID CAHPS SURVEY: KEY AREAS AND PRIORITIES FOR IMPROVEMENT

Current Key Driver Performance		Room for Improvement on Key Driver Measure		Overall Improvement Opportunity
2014 Plan Rate		Percentage Point Difference Between Current Key Driver Score and the Best Practice Score*		Expected Percentage Point Improvement in Rating of Health Plan score (percent 8, 9, or 10) if Key Driver Performs at Best Practice Level
Q14 [4.0H: Q27]. Ease of getting needed care, tests, or treatment (percent Always or Usually)	79.28%	+11.10%	→ 90.38%	+4.38%
Q29. Written materials or the Internet provided needed information (percent Always or Usually)	61.43%	+15.60%	→ 77.03%	+3.94%
Q27 [4.0H: Q25]. Rating of Specialist Seen Most Often (percent 8, 9, or 10)	79.87%	+6.47%	→ 86.34%	+1.89%
Q31. Health plan customer service provided needed information or help (percent Always or Usually)	81.08%	+4.44%	→ 85.52%	+1.24%
Q5. Member made appointments for routine care at a doctor's office or clinic (percent Yes)	77.11%	+4.07%	→ 81.18%	+1.09%

* Best score among all Adult Medicaid plans surveyed by CSS in 2014

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Improvement Strategies

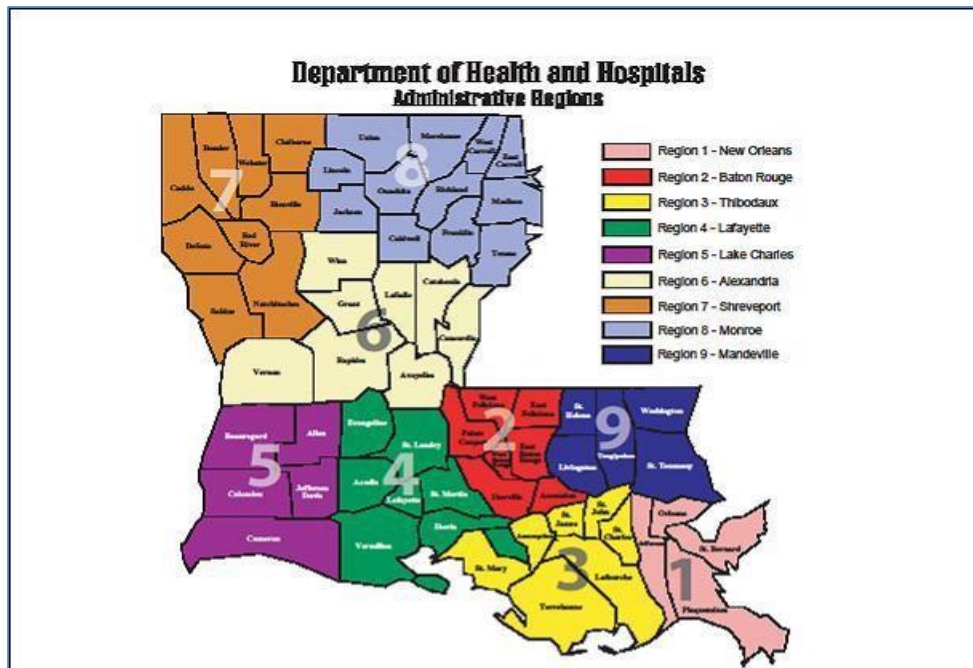
We are committed to quality improvement that adds value to our members, our community, and our health plan. We continuously measure and evaluate our performance in delivering quality care to our community. Using the key drivers of overall health plan rating improvements shown in Exhibit 4, the health plan conducted a barrier analysis and developed an improvement intervention strategy to address the top two key areas.

Composite/Rating Measure	Barrier	Improvement Strategy
<ul style="list-style-type: none"> ➤ Ease of getting needed care, tests, or treatment 	<ul style="list-style-type: none"> • Member is not connected to a medical home • Lack of after-hours access • Members unaware of providers/facilities that offer after-hours access 	<ul style="list-style-type: none"> • Continue patient centered medical home initiative • Continue provider initiatives around after-hours access • Continue education on 24/7 NurseLine • Continue education on case management and disease management programs • Continue provider education on appointment availability standards
<ul style="list-style-type: none"> ➤ Written materials on the internet provided needed information on how your health plan works 	<ul style="list-style-type: none"> • Member health literacy • Member unaware of health tools available • Members state provider search function hard to use 	<ul style="list-style-type: none"> • Discuss education on member health literacy • Education on available health tools on myuhc.com • Largest age group dissatisfied was >35 years old. Discuss targeting this age group for education on health literacy and health plan internet navigation. • Discuss simplifying provider search

Geographic Service Area (GSA) Performance

This section highlights differences between member satisfactions by GSA. The state was divided into three geographic service areas which grouped the State Department of Health and Hospitals administrative regions. The administrative regions map is shown below.

- GSA A covers Administrative Regions 1 and 9
- GSA B covers Administrative Regions 2, 3, and 4
- GSA C covers Administrative Regions 5, 6, 7, and 8



GSA Survey Question Analysis

Individual survey questions were analyzed by GSA to assess if regional differences in member satisfaction existed within the State. The results indicated that for the majority of the questions, there are no statistically significant variations across GSAs. The following analysis details key measures where there were statistically significant differences.

Composite/Rating Measure	Differences					Analysis
Question 6: In the last 6 months, how often did you get an appointment for a checkup or routine care at a doctor's office or clinic as soon as you needed?	Response	2014 Overall (367)	GSA A (121)	GSA B (142)	GSA C (104)	There was a statistically significant difference in the respondents between GSA A and GSA B. More analysis is needed as to why respondents' perception is different in GSA A. Will analyze the 2014 provider Appointment Availability Survey once survey is complete to look for opportunities.
	Never	11 3.00%	5 4.13%	3 2.11%	3 2.88%	
	Sometimes	65 17.71%	28 23.14%	19 13.38%	18 17.31%	
	Usually or Always	291 79.29%	88 72.73%	120 84.51%	83 79.81%	
Question 8: In the last 6 months, did you and your doctor or other health provider talk about specific things you could do to prevent illness?	Response	2014 Overall (392)	GSA A (131)	GSA B (149)	GSA C (112)	There was a statistically significant difference in the respondents between GSA A where members feel they receive less preventative medicine than GSA B and C. This response correlates members in GSA A perception of respect and ratings of their personal doctor. Further analysis with provider advocates and clinical practice consultants is needed.
	Yes	278 70.92%	104 79.39%	102 68.46%	72 64.29%	
	No	114 29.08%	27 20.61%	47 31.54%	40 35.71%	
Question 11: 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?	Response	2014 Overall (157)	GSA A (51)	GSA B (59)	GSA C (47)	There was a statistically significant difference in the respondents between GSA A and GSA C. This may be attributed to member perception of lack of shared decision making or communication barriers between member and provider.
	Not at all	35 22.29%	9 17.65%	15 25.42%	11 23.40%	
	A little	28 17.83%	6 11.76%	9 15.25%	13 27.66%	
	Some or A lot	94 59.87%	36 70.59%	35 59.32%	23 48.94%	

Question 19: In the last 6 months, how often did your personal doctor show respect for what you had to say?	Response	2014 Overall (310)	GSA A (96)	GSA B (122)	GSA C (92)	There was a statistically significant difference between the GSA A and GSA B where the respondents in GSA B perceived more respect from their provider. Patient centered medical home initiatives may address this opportunity for improvement.
	Never	9 2.90%	4 4.17%	2 1.64%	3 3.26%	
	Sometimes	20 6.45%	9 9.38%	4 3.28%	7 7.61%	
	Usually or Always	281 90.65%	83 86.46%	116 95.08%	82 89.13%	
Question 20: In the last 6 months, how often did your personal doctor spend enough time with you?	Response	2014 Overall (310)	GSA A (96)	GSA B (122)	GSA C (92)	There was a statistically significant difference between the GSA A and GSA B where the respondents in GSA A perceived their provider did not spend enough time with them. General provider education, especially in GSA A, may help address this opportunity.
	Never	10 3.26%	2 2.13%	4 3.28%	4 4.40%	
	Sometimes	35 11.40%	16 17.02%	7 5.74%	12 13.19%	
	Usually or Always	262 85.34%	76 80.85%	111 90.98%	75 82.42%	
Question 23: 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?	Response	2014 Overall (356)	GSA A (112)	GSA B (139)	GSA C (105)	There was a statistically significant difference between the GSA A and GSA C where the respondents in GSA C were more satisfied with their personal doctor than GSA A. This dissatisfaction in GSA A correlates with many of the other responses from GSA A. Targeted provider education in GSA A is needed as well as addressing the member advisory committee on the perceptions in GSA A.
	NCQA Composite Score of 1 (0 to 6)	61 17.13%	25 22.32%	15 10.79%	21 20.00%	
	NCQA Composite Score of 2 (7 to 8)	68 19.10%	25 22.32%	31 22.30%	12 11.43%	
	NCQA Composite Score of 3 (9 to 10)	227 63.76%	62 55.36%	93 66.91%	72 68.57%	

Question 35d: How would you rate your overall satisfaction with our products/services?	Response	2014 Overall (277)	GSA A (90)	GSA B (93)	GSA C (94)	There was a statistically significant difference between the member satisfaction in GSA A and B and GSA C. This can be further analyzed through the member advisory committee. The perception in GSA C may also stem from less specialist available in GSA C. UHCCPLA will continue to educate the state on areas of needed specialists to assist with more robust provider network.
	Not at all satisfied	7 2.53%	2 2.22%	2 2.15%	3 3.19%	
	Somewhat satisfied	32 11.55%	7 7.78%	10 10.75%	15 15.96%	
	Satisfied	82 29.60%	25 27.78%	23 24.73%	34 36.17%	
	Very Satisfied or Extremely	156 56.32%	56 62.22%	58 62.37%	42 44.68%	
Question 35e: How likely are you to recommend our services to others?	Response	2014 Overall (282)	GSA A (92)	GSA B (96)	GSA C (94)	There was a statistically significant difference between the respondents in GSA C than GSA A and B. This correlates with the overall satisfaction of the respondents in the respective GSAs. This will be further analyzed in the member advisory committee.
	Not at all likely	9 3.19%	1 1.09%	3 3.13%	5 5.32%	
	Somewhat Likely	33 11.70%	9 9.78%	7 7.29%	17 18.09%	
	Likely	64 22.70%	20 21.74%	21 21.88%	23 24.47%	
	Very likely or extremely	176 62.41%	62 67.39%	65 67.71%	49 52.13%	

Conclusion

2014 was the second year that UnitedHealthcare of Louisiana Community Plan (UHCCPLA) has performed the Adult CAHPS survey. The CAHPS process allows survey members to evaluate their experience with healthcare. This evaluation gives UHCCPLA an unbiased look at how the member perceives and receives healthcare while allowing the healthplan to act on its strengths and opportunities.

The 2014 Adult CAHPS results reveal five (5) of the key measures revealed plan rate improvement from 2013 including Rating of Healthplan and Five (5) measures rated in the NCQA 75th percentile or higher also including Rating of Healthplan. These results reveal that UHCCPLA continues to provide a managed care product which members and providers are engaged. UHCCPLA is committed to providing excellent healthcare while maintaining fiscal responsibility.

APPENDIX

SURVEY MATERIALS

Note: The survey instrument itself is submitted as a separate document.



UCP3LA_1

How can we better serve you, and meet your health needs? UnitedHealthcare Community Plan wants to know!

Here's your chance to tell us what you think about our services. This survey takes only a few minutes to fill out. Your benefits will not be affected in any way if you do not complete it.

The survey is called Consumer Assessment of Healthcare Providers and Systems (CAHPS®). It will help us improve the quality of care for our members. Your answers will help others learn more about health care plans.

The Center for the Study of Services (CSS) is helping us with this survey. The survey is private, and no one but the staff at CSS will see your answers. You can call the toll-free number at 1-800-874-5561 or send an e-mail to: questions@cssresearch.org with any questions.

You are one of the few members we are asking to help us. Please **fill out this important survey and mail it in right away**. We have enclosed a pre-paid envelope.

The survey will only be helpful if you send it in. Thank you for helping to make health care better for everyone.

Have speech or hearing problems? Call our TTY/TDD line for free at 1-855-249-5282.

Si quiere que CSS le envíe un cuestionario en español, por favor llámenos al 1-800-874-5561.

UnitedHealthcare cung cấp dịch vụ dịch thuật cho bạn miễn phí. Xin gọi 1-866-500-6692 để có bức thư này được dịch.

Sincerely,

A handwritten signature in black ink that reads 'AK Logarbo, M.D.' with a circular flourish at the end.

Ann Kay Logarbo, MD
Chief Medical Officer



We need your help! We recently sent you a survey about your health care. This survey takes only a few minutes to fill out. Your answers will help us improve the services we provide. The survey will only be helpful if you send it in. Your benefits will not be affected in any way if you do not complete it.

When you have completed the survey, please return it in the postage-paid envelope to the Center for the Study of Services (CSS). CSS is working with us to carry out this study. Only the staff at CSS will see your answers. **If you did not get the survey, or if you have lost it**, please call CSS at the toll-free number 1-800-874-5561 or e-mail them at questions@cssresearch.org. You can also call that number if you have any questions.

If you have already sent in your survey, please ignore this message. Thanks again for your help!

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UCP3LA



UCP3LA_3

We recently sent you a survey so you could tell us what you think about UnitedHealthcare Community Plan. If you already sent in the survey, we thank you for your help. You do not need to complete the survey again.

If you have not had time to answer the survey or if you have lost the survey, please take a little time to complete the survey now. This survey takes only a few minutes to fill out. Your benefits will not be affected in any way if you do not complete it.

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Sincerely,

A handwritten signature in black ink that reads 'Ann Kay Logarbo, MD'. The signature is written in a cursive style with a large, looped 'A'.

Ann Kay Logarbo, MD
Chief Medical Officer

NCQA CALCULATION GUIDELINES FOR RATING AND COMPOSITE MEANS AND GLOBAL PROPORTIONS

NCQA's *HEDIS 2014, Volume 3: Specifications for Survey Measures* contains detailed guidelines for calculation of survey results. These guidelines include:

- Criteria for including a survey in the results calculation. A questionnaire must have the final disposition code of *Complete and Valid Survey* to be included in the calculation of plan-level scores.
- Rules for handling appropriately answered questions (i.e., questions that comply with survey skip-pattern instructions).
- Rules for handling inappropriately answered questions (e.g., unanswered questions, multiple-mark questions, questions that should have been skipped, and questions within a skip pattern of an inappropriately answered or skipped gate item).
- Denominator reporting thresholds. Health plans must achieve a denominator of at least 100 responses to obtain a reportable result. If the denominator for a particular survey result calculation is less than 100, NCQA assigns a measure result of "NA".
- Rules for calculating denominators for questions and composites. The denominator for a question is equal to the total number of responses to that question. The denominator for a composite is the average number of responses across all questions in the composite.
- Rules for calculating rolling average composites and question summary rates.
- Rules for handling changes in submission entity (i.e., if a health plan changes how it reports HEDIS/CAHPS results from one year to the next.)

COMPOSITE AND RATING MEAN SCORES

Composite and rating mean scores serve as the basis for NCQA Accreditation scoring. They range from 1 to 3, where 1 is the lowest possible score and 3 is the highest possible score.

There are two steps needed to calculate the *rating* mean score and three steps to calculate the *composite* mean score:

Step 1

Convert member responses to score values of 1, 2, or 3 according to the following rules:

Measure Used in Accreditation Scoring	Mean Scoring Scale Based on Responses
Composites and related items	<i>Never or Sometimes = 1; Usually = 2; Always = 3</i>
Ratings	<i>0 to 6 = 1; 7 or 8 = 2; 9 or 10 = 3</i>

Step 2

For a rating question, calculate the mean of all responses. This is the rating mean. For a composite, calculate the mean of all responses *for each question in the composite*.

Step 3 (Composite Measures Only)

Calculate the mean of the question means. This is the composite mean. (Note: each question in a composite is weighted equally, regardless of how many members respond.)

The step-by-step calculation of the *Getting Care Quickly* composite mean score is illustrated in the example for the Adult Commercial product line below.

This composite score is comprised of two questions, Q4 and Q6. Suppose the following member responses were collected:

Member	Q4	Q6
1	<i>Usually (2)</i>	<i>Never (1)</i>
2	<i>Sometimes (1)</i>	<i>Always (3)</i>
3	<i>Always (3)</i>	
4	<i>Usually (2)</i>	<i>Usually (2)</i>
5	<i>Always (3)</i>	<i>Always (3)</i>

Missing responses are not assigned any values, and are not included in the denominator.

After the mean response for each question is calculated, the composite mean score, which is a mean of the means, is calculated.

$$MEAN_{Q4} = (2 + 1 + 3 + 2 + 3) / 5 = 11 / 5 = 2.2000$$

$$MEAN_{Q6} = (1 + 3 + 2 + 3) / 4 = 9 / 4 = 2.2500$$

$$MEAN_{composite} = (2.2000 + 2.2500) / 2 = 2.2250$$

In this example, the *Getting Care Quickly* composite mean score is 2.2250.

COMPOSITE GLOBAL PROPORTIONS

Global Proportions are *average* proportions of respondents who gave the plan a favorable rating on each question in a composite. There are three steps needed to calculate the composite global proportion:

Step 1

For each question in a composite, count the number of members who selected a favorable response option:

- For all composite questions except those in the *Shared Decision Making* composite, the favorable responses are Usually and Always.
- For the Shared Decision Making questions, the favorable responses are *A lot* and *Yes*.

Step 2

For each question, determine the proportion of respondents rating favorably (i.e., *Usually/Always* or *A lot/Yes*).

Step 3

Calculate the average proportion rating favorably across all the questions in the composite. These are the composite global proportions. Note: each question in a composite is weighted equally, regardless of how many members respond.

Using the example above, here is an illustration of the step-by-step calculation of the *Getting Care Quickly* composite global proportion. Missing responses are not included in the denominator.

Response option	Q4	Q6	Global Proportion
<i>Never or Sometimes</i>	$1 / 5 = 0.20$	$1 / 4 = 0.25$	$(0.20 + 0.25) / 2 = 0.2250$
<i>Usually Always</i>	$2 / 5 = 0.40$	$1 / 4 = 0.25$	$(0.40 + 0.25) / 2 = 0.3250$
<i>Always or Usually</i>	$2 / 5 = 0.40$	$2 / 4 = 0.50$	$(0.40 + 0.50) / 2 = 0.4500$
	$4 / 5 = 0.80$	$3 / 4 = 0.75$	$(0.80 + 0.75) / 2 = 0.7750$

Therefore, 80.00 percent and 75.00 percent of members respectively provided favorable responses to the *Getting Care Quickly* questions Q4 and Q6. Averaging these two proportions yields the global proportion score of 77.50 percent for the *Getting Care Quickly* composite.