

Report of Results of

UnitedHealthcare of Louisiana, Inc., dba UnitedHealthcare Community Plan (LA)

2014 HEDIS®/CAHPS® Health Plan Survey

Child Medicaid with CCC Measure Version

for Medicaid Members Enrolled as of December 31, 2013

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ABOUT THIS REPORT

The key features of this 2014 HEDIS/CAHPS report, prepared by CSS for UnitedHealthcare of Louisiana, Inc., dba UnitedHealthcare Community Plan (LA), hereafter referred to as UnitedHealthcare Community Plan (LA), 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”.
- Throughout the report, 2014 UnitedHealthcare Community Plan (LA) results are compared to the 2013 NCQA Child Medicaid National Average for All Lines of Business (LOBs). The 2013 NCQA Child Medicaid National Average (All LOBs) is made up of Child Medicaid plans that submitted data to Quality Compass® in 2013.
- *Summary of Survey Results* presents the plan’s scores on key survey measures, including question summary rates (QSRs), global proportions, means, and NCQA Accreditation percentiles; changes in QSR and global proportion scores from the previous year; and comparisons to relevant regional and national benchmarks. Statistically significant changes in scores over time as well as statistically significant differences from benchmark scores are noted.
- *Scoring for NCQA Accreditation* presents the plan’s mean scores, which form the basis for NCQA Accreditation scoring. If applicable and/or available, a three-year trend in the plan’s scores is shown. 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.
- *Analysis of Member Characteristics* compares the plan’s respondent profile to the regional and national distribution of demographic characteristics and utilization variables (e.g., number of doctor visits, number of specialists seen, etc.). Variation in health plan ratings by member segment is examined.
- *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 evaluation of the plan. UnitedHealthcare Community Plan (LA) results on each key driver are compared to the best score among all child 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 key driver’s contribution to the overall *Rating of Health Plan* score. Opportunities for improvement are prioritized based on the expected improvement in the overall health plan rating score due to improved key driver performance.
- The *Appendix* includes copies of survey materials as well as step-by-step guidelines for calculating composite and rating mean scores and global proportions.

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. Surveyed members are asked to rate various aspects of the health plan based on their experience with the plan during the previous six months. UnitedHealthcare of Louisiana utilized the most recent version of CAHPS for 2014, version 5.0H.

SURVEY ADMINISTRATION PROTOCOL

CSS administered the Child Medicaid with CCC Measure 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. Both of these standard NCQA protocols include two survey mailings, each followed by a reminder postcard. For plans following the mail-only protocol, non-respondents are sent a third, final survey mailing. Non-respondents from the mixed-methodology samples are contacted by telephone.

UnitedHealthcare Community Plan (LA) 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 six 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 (LA) is provided in the Appendix. CSS designed survey materials for UnitedHealthcare Community Plan (LA) 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 prior to the initial mailing. The name and logo of the plan appeared on all of the mailing materials. 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 \$0.49 stamp to increase the likelihood of a response. The mail survey included the UHC standard supplemental question set. None of these supplemental questions were asked on the phone. Plan members also had the option of requesting a survey in Spanish, Vietnamese, or using a TTY line.

SAMPLE SELECTION

Following the NCQA sampling protocol, CSS selected a random sample from the complete list of eligible members provided by UnitedHealthcare Community Plan (LA). Eligible members were defined as plan members who were 17 years old or younger 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.

The sample frame included a pre-screen status code to identify children that were likely to have a chronic condition (CCC) based on claim and encounter records. Using this code, a second sample was drawn from the child Medicaid CCC population, in addition to those members from the general child Medicaid population included in the initial sample. While the CCC sample was drawn based on member pre-screen status, the results for the CCC population presented in this report are based on responses to the survey. Children were included in the CCC results if their parent or caretaker responded “Yes” to all of the screener questions for any one of the following summary measures:

- *Use of or Need of Prescription Medicines;*
- *Above-Average Use or Need for Medical, Mental Health, or Education Services;*
- *Functional Limitations Compared with Others of Same Age;*
- *Use of or Need for Specialized Therapies; and*
- *Treatment or Counseling for Emotional or Developmental Problems.*

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 2014, plans that were able to identify disenrollees 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 Child Medicaid with CCC Measure version of the survey was 1,650 members from the general child Medicaid population and 1,840 members from the CCC population for a total of 3,490 members. UnitedHealthcare Community Plan (LA) chose to oversample by 40 percent. Therefore, the final survey sample for UnitedHealthcare Community Plan (LA) included 2,310 members from the general child Medicaid population and 2,576 members from the CCC population for a total of 4,886 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 scanning technology 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 from the general population meeting final eligibility criteria, 704 completed the survey, resulting in the NCQA response rate of 31.07 percent (2013 response rate 20.69). Additional detail on sample member dispositions is provided in Exhibit 1.

EXHIBIT 1. 2014 UNITEDHEALTHCARE COMMUNITY PLAN (LA) CHILD MEDICAID WITH CCC MEASURE 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	4	5	10	19
Deceased	0	1	0	1
Language barrier	6	13	5	24
Mentally or physically incapacitated	0	0	0	0
Total ineligible	10	19	15	44
Total % ineligible	1.60%	1.90%	2.20%	1.90%
Unreturned Surveys/Refusals				
Non-respondents after maximum attempts	337	535	374	1,246
Refused to answer the survey	29	34	18	81
Unable to contact	53	118	64	235
Total non-respondents	419	687	456	1,562
Total % non-respondents	66.93%	68.56%	66.86%	67.62%
Eligible Returns				
Initial Sample	626	1,002	682	2,310
Completed surveys	197	296	211	704 (49 Title XXI)
NCQA Response Rate**	31.98%	30.11%	31.63%	31.07%

* 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. Child, general population, was used to complete the member characteristics graphs.

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 (LA) 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.

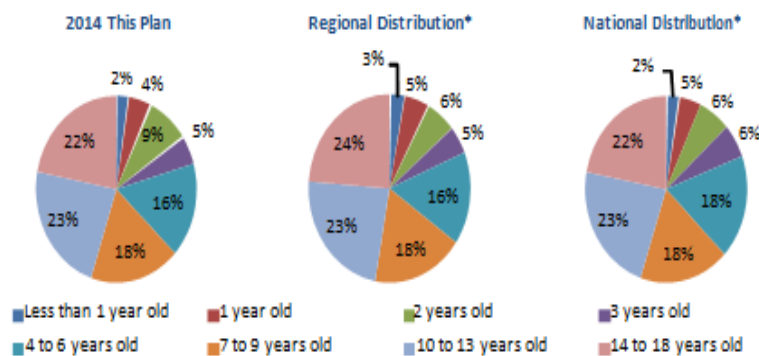
MEMBER HEALTH STATUS AND DEMOGRAPHICS

The following characteristics are profiled in this section:

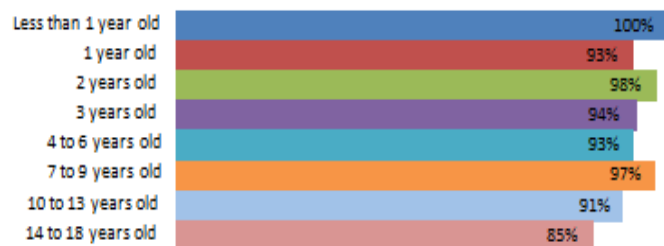
- Child's age
- Child's gender
- Child's health status
- Child's mental or emotional health status
- Respondent's age
- Respondent's gender
- Respondent's education level
- Respondent's relationship to the child
- Child's race
- Child's ethnicity (Hispanic or Latino)



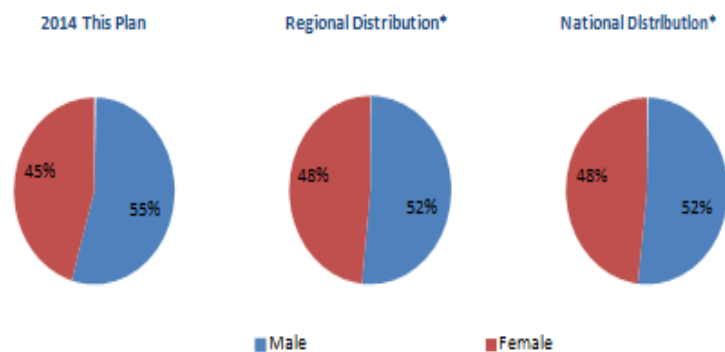
Q74. What is your child's age?



Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q74**



Q75. Is your child male or female?



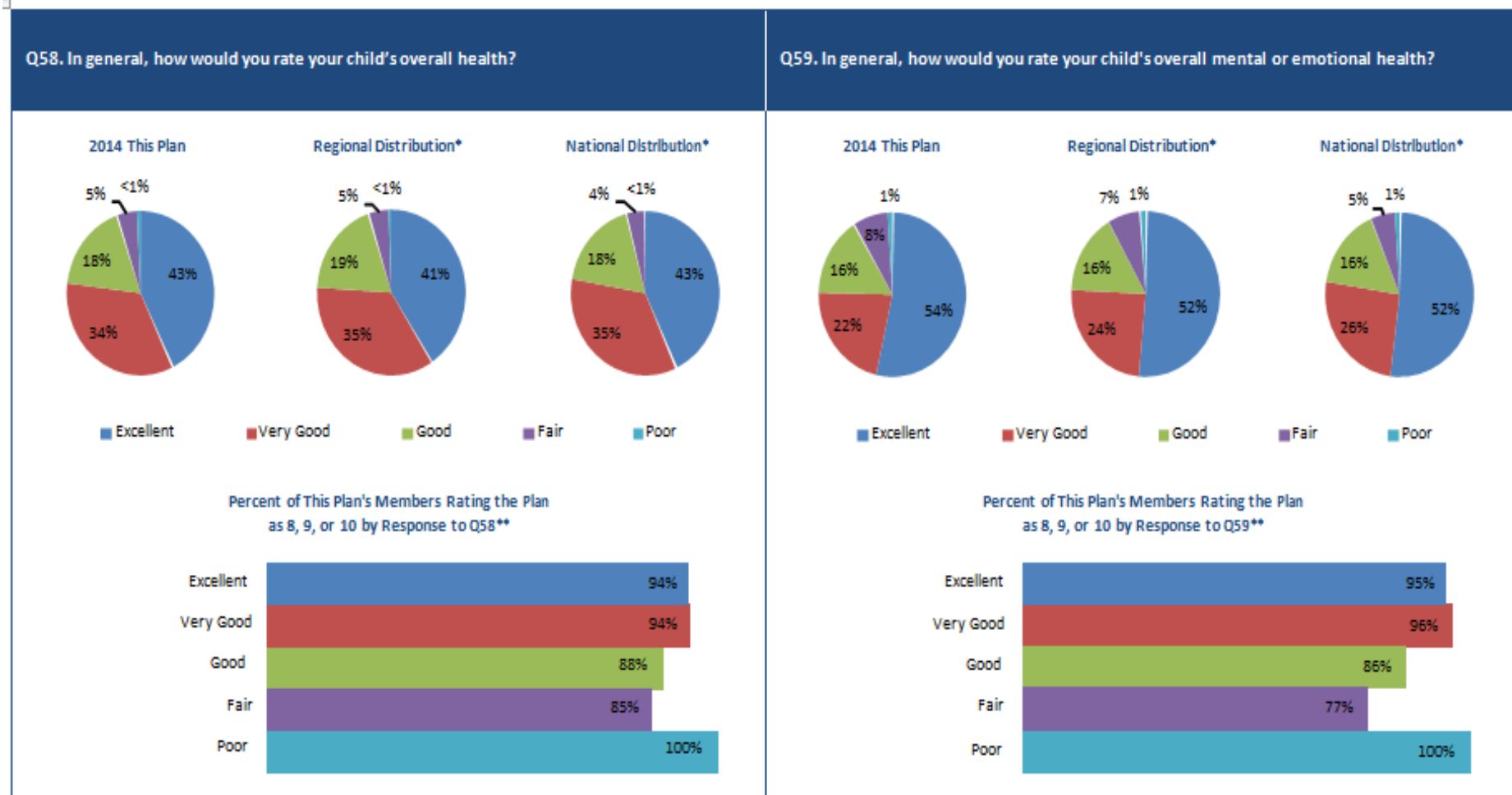
Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q75**



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

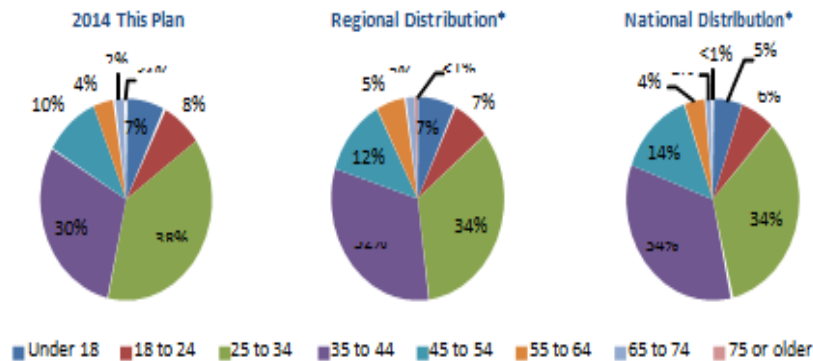
* Regional Distribution represents the combined distribution of responses to this question for all plans included in the 2014 UnitedHealthcare Child Medicaid Southeast Region Average. National Distribution represents the combined distribution of responses to this question for all plans included in the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

** Includes members of this health plan who answered the question and provided a valid response to Q54 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q54.

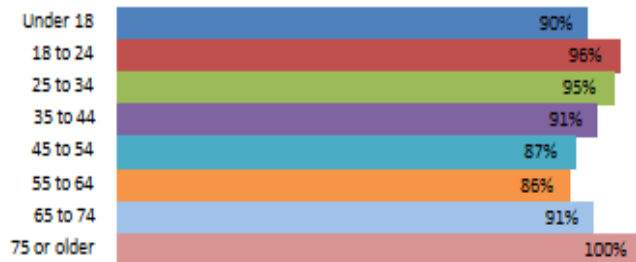


Note: all percentages are rounded for display. Rating of Health Plan should be interpreted with caution if the size of the group (pie slice) is small. * Regional Distribution represents the combined distribution of responses to this question for all plans included in the 2014 UnitedHealthcare Child Medicaid Southeast Region Average. National Distribution represents the combined distribution of responses to this question for all plans included in the 2014 UnitedHealthcare Child Medicaid Average. ** Includes members of this health plan who answered the question and provided a valid response to Q54 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q54.

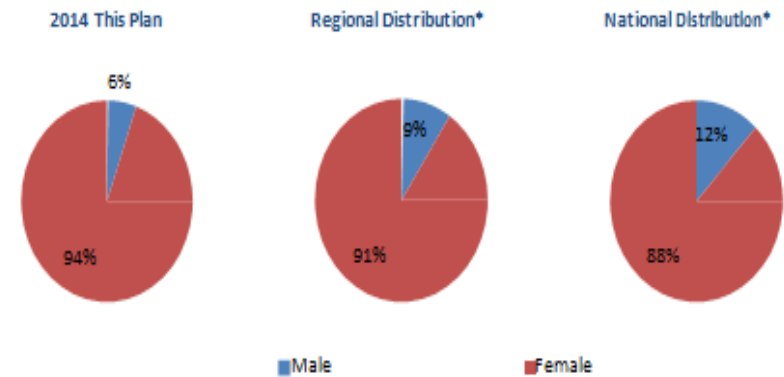
Q78. What is your age?



Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q78**



Q79. Are you male or female?

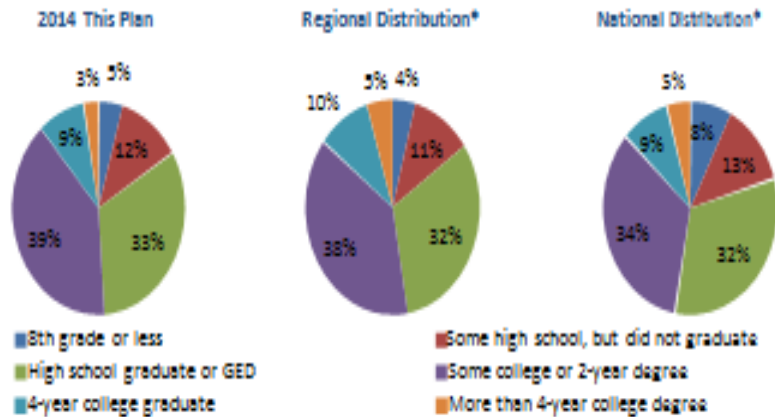


Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q79**

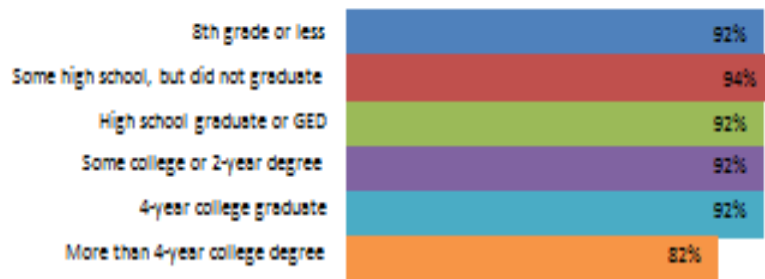


* Regional Distribution represents the combined distribution of responses to this question for all plans included in the 2014 UnitedHealthcare Child Medicaid Southeast Region Average. National Distribution represents the combined distribution of responses to this question for all plans included in the 2014 UnitedHealthcare Child Medicaid Average.** Includes members of this health plan who answered the question and provided a valid response to Q54 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q54.

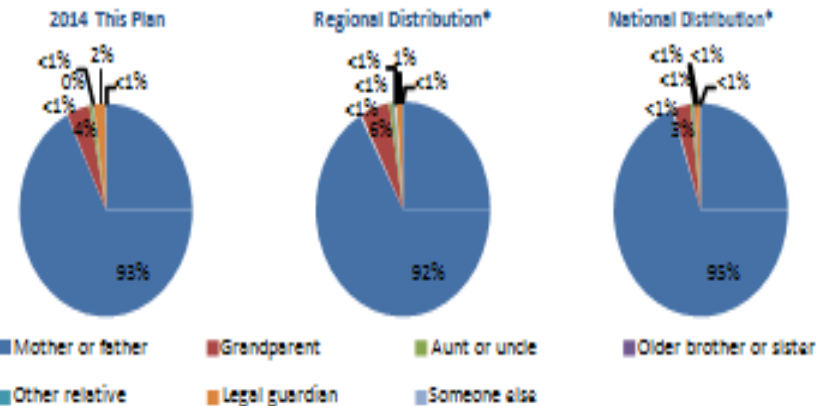
Q80. What is the highest grade or level of school that you have completed?



Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q80**



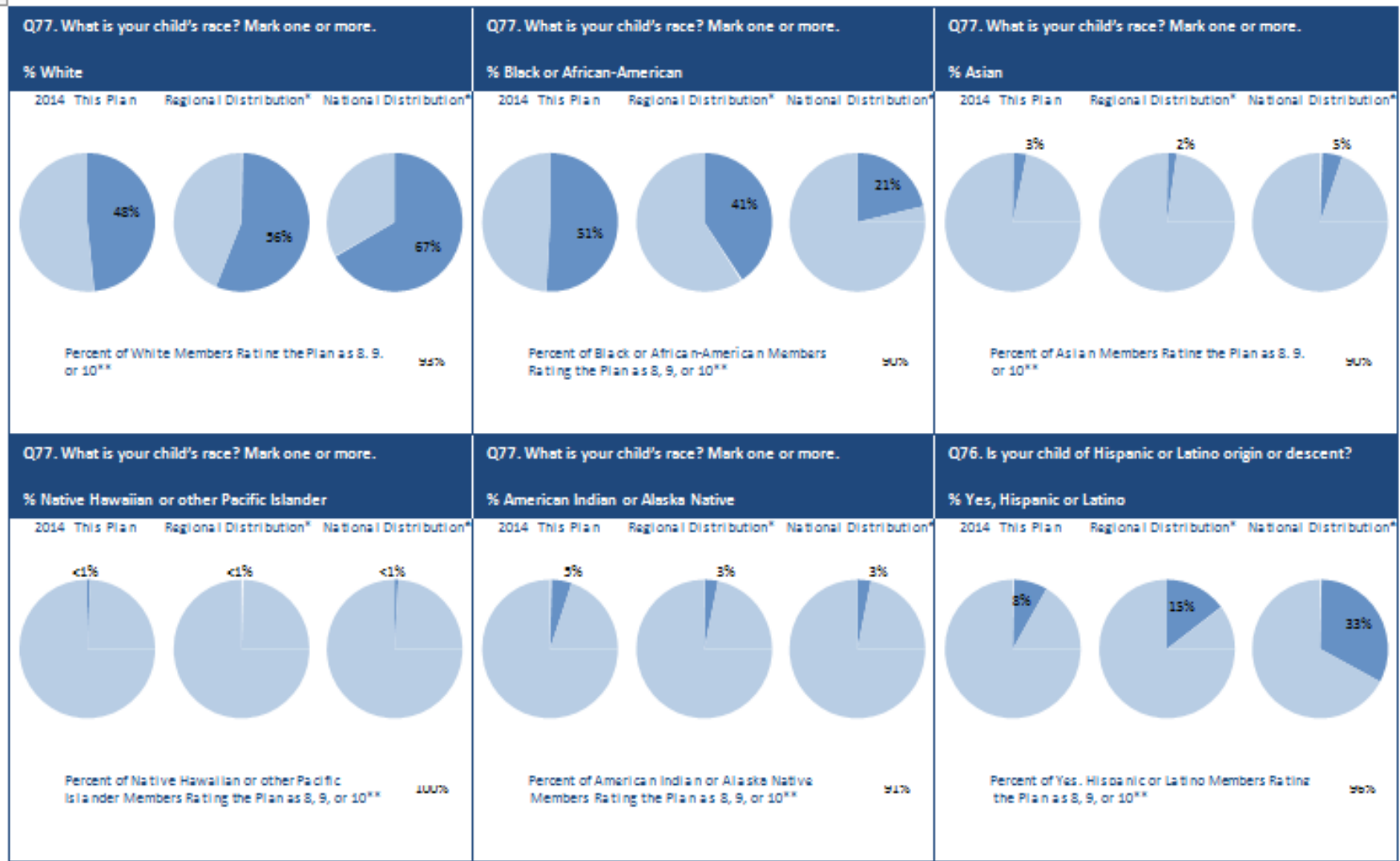
Q81. How are you related to the child?



Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q81**



* Regional Distribution represents the combined distribution of responses to this question for all plans included in the 2014 UnitedHealthcare Child Medicaid Southeast Region Average. National Distribution represents the combined distribution of responses to this question for all plans included in the 2014 UnitedHealthcare Child Medicaid Average. ** Includes members of this health plan who answered the question and provided a valid response to Q54 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q54.



* Regional Distribution represents the combined distribution of responses to this question for all plans included in the 2014 UnitedHealthcare Child Medicaid Southeast Region Average. National Distribution represents the combined distribution of responses to this question for all plans included in the 2014 UnitedHealthcare Child Medicaid Average. ** Includes members of this health plan who answered the question and provided a valid response to Q54 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q54.

MEASURES

The CAHPS Health Plan Survey 5.0H, Child Medicaid with CCC Measure 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 eight **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. The following composites are reported for the general child Medicaid population:

- **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 your child needed?
 - In the last 6 months, how often did you get an appointment for your child 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 your child needed care right away, how often did your child get care as soon as he or she needed?
 - In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?
- **How Well Doctors Communicate** combines responses to four survey questions that address physician communication:
 - In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?
 - In the last 6 months, how often did your child's personal doctor listen carefully to you?
 - In the last 6 months, how often did your child's personal doctor show respect for what you had to say?
 - In the last 6 months, how often did your child's personal doctor spend enough time with your child?
- **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 customer service staff at your child's health plan give you the information or help you needed?
 - In the last 6 months, how often did customer service staff at your child's health plan 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 your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want your child to take a medicine?

-When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want your child to take a medicine?

-When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

The following composite measures are calculated and reported for the CCC population:

- **Access to Specialized Services** combines responses to three survey questions addressing the child's access to special equipment or devices, therapies, treatments, or counseling:
 - In the last 6 months, how often was it easy to get special medical equipment or devices for your child?*
 - In the last 6 months, how often was it easy to get this therapy for your child?*
 - In the last 6 months, how often was it easy to get this treatment or counseling for your child?*
- **Personal Doctor Who Knows Child** combines responses to three survey questions addressing the doctor's understanding of the child's health issues:
 - In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?*
 - Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?*
 - Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life?*
- **Coordination of Care for Children with Chronic Conditions** combines responses to two survey items addressing care coordination needs related to the child's chronic condition:
 - In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?*
 - In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?*

In addition to the eight 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 your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?*
- **Coordination of Care**
 - In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?*
- **Getting Needed Information**
 - In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?*
- **Access to Prescription Medicines**
 - In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?*

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. Results are reported as the proportion of members selecting one of the top three responses (8, 9, or 10).
- 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*.
- Items contributing to CCC composites *Personal Doctor Who Knows Child* and *Coordination of Care for Children with Chronic Conditions* use a *Yes or No* scale, with *Yes* being the most favorable 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.

Unless indicated otherwise, composite results are reported as *Usually* or *Always* global proportions.

- For *Shared Decision Making*, the proportion of *A lot/Yes* is reported.
- For two of the three CCC composites (*Personal Doctor Who Knows Child* and *Coordination of Care for Children with Chronic Conditions*), the proportion of *Yes* is reported.

Throughout the report, all question summary rates and composite global proportions are rounded to two decimal places for display purposes (e.g., 0.23456 is displayed as 23.46%). However, all calculations involving rates and proportions, including statistical significance testing, are carried out prior to rounding. For more details on the calculations please refer to *HEDIS 2014, Volume 3: Specifications for Survey Measures* or consult the Appendix.

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 Child Medicaid National Average (All LOBs), where available. 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 Child Medicaid National Average (All LOBs) is made up of Child 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 (LA) CHILD MEDICAID WITH CCC MEASURE CAHPS SURVEY: SUMMARY OF RESULTS ON KEY MEASURES

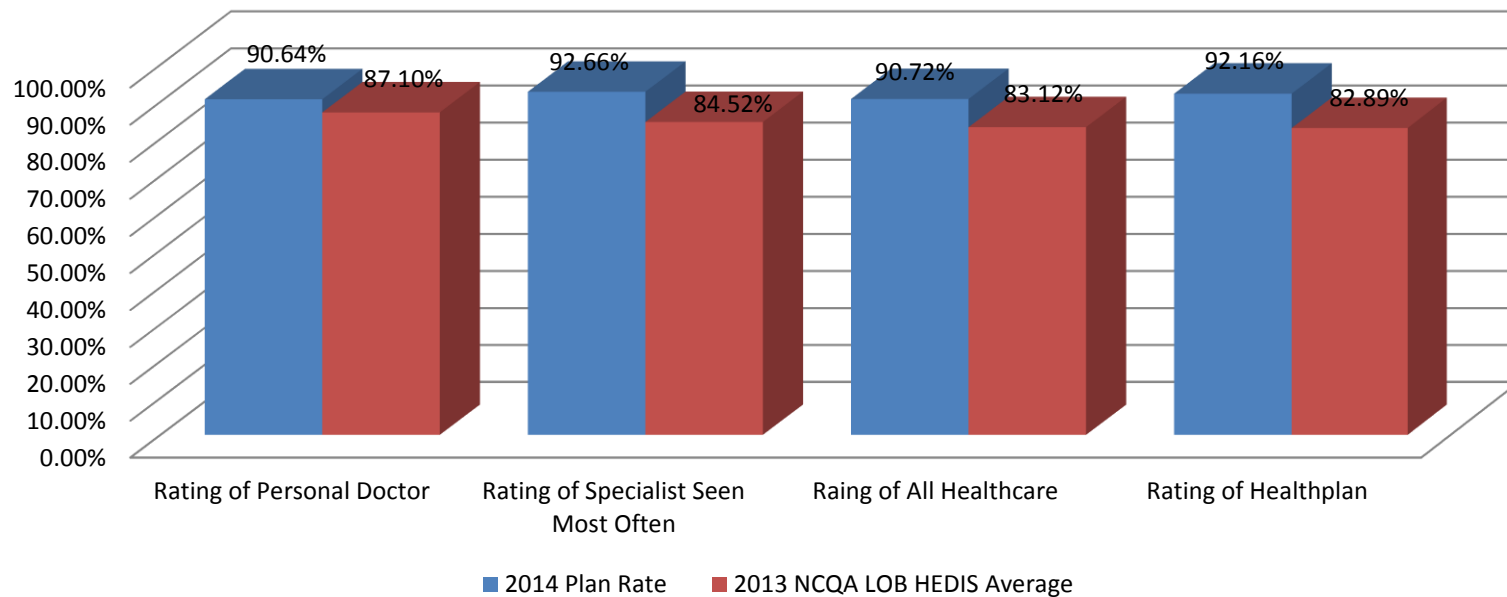
CAHPS 5.0H Survey Results*	2013 NCQA LOB HEDIS Average	2014 Plan Rate	2013 Plan Rate	2014 Title XXI Rate	2013 Title XXI Rate	Geographic Service Areas			2014 NCQA Accreditation	
						GSA A	GSA B	GSA C	Plan Mean	Percentile for Accreditation**
Ratings (General Population)										
Rating of Personal Doctor	87.10%	90.64%	88.31%	92.31%	86.05%	89.94	92.34	88.82	2.7417	90 th
Rating of Specialist Seen	84.52%	92.66%	85.39%	100.%	80.00%	93.55	95.74	87.10	2.7706	90 th
Rating of All Healthcare	83.12%	90.72%	80.77%	100.%	78.89%	90.54	92.95	87.58	2.7140	90 th
Rating of Healthplan	82.89%	92.16%	83.25%	95.12%	84.21%	90.75%	92.78%	92.61%	2.7238	90 th
Composite Measures (General Population)										
Getting Needed Care	84.38%	90.71%	89.69%	92.61%	92.16%	89.94%	92.35%	89.03%	2.6256	90 th
Getting Care Quickly	89.18%	91.82%	91.01%	89.00%	89.40%	87.51%	93.86%	92.37	2.7244	90 th
How Well Doctors Communicate	92.61%	95.30%	94.91%	88.97%	93.84%	93.36%	96.22%	95.74	2.8089	90 th
Customer Service	87.61%	88.03%	85.68%	80.00%	77.50%	81.43%	89.86%	90.53	2.6001	75 th
Shared Decision Making	Does not trend	60.32%	50.76%	64.58%	48.72%	57.82%	62.89%	59.03%	2.4016	Not Scored
Additional Content Areas (General Population)										
Health Promotion and Education	Does not trend	75.52%	73.68%	77.78%	67.78%	75.17%	76.42%	74.51%	2.5103	Not Scored
Coordination of Care	80.05%	84.62%	82.88	88.89%	80.00%	84.21%	88.10%	78.72%	2.4852	Not Scored
Children with Chronic Conditions Measures (CCC Population)										
Access to Prescription Medicines	90.55%	92.34%	91.13%	94.59%	92.63%	93.85%	93.28%	89.70	2.6970	Not Scored
Access to Specialized	76.70%	82.43%	75.81%	80.06%	76.82%	84.44%	82.65%	79.89%	2.4802	Not Scored
Getting Needed	90.26%	93.81%	92.34%	92.11%	95.74%	94.81%	94.23%	92.35%	2.7415	Not Scored
Personal Doctor Who Knows Child	89.26%	91.28%	89.77%	90.57%	88.90%	91.57%	90.28%	92.58%	Not Calculated	Not Scored
Coord. of Care for Children with Chronic Conditions	77.19%	78.32%	77.67%	83.33%	77.78%	77.31%	81.38%	74.04%	Not Calculated	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. ** Percentiles are based on the 2014 Accreditation Benchmarks and Thresholds released by NCQA in January 2014.

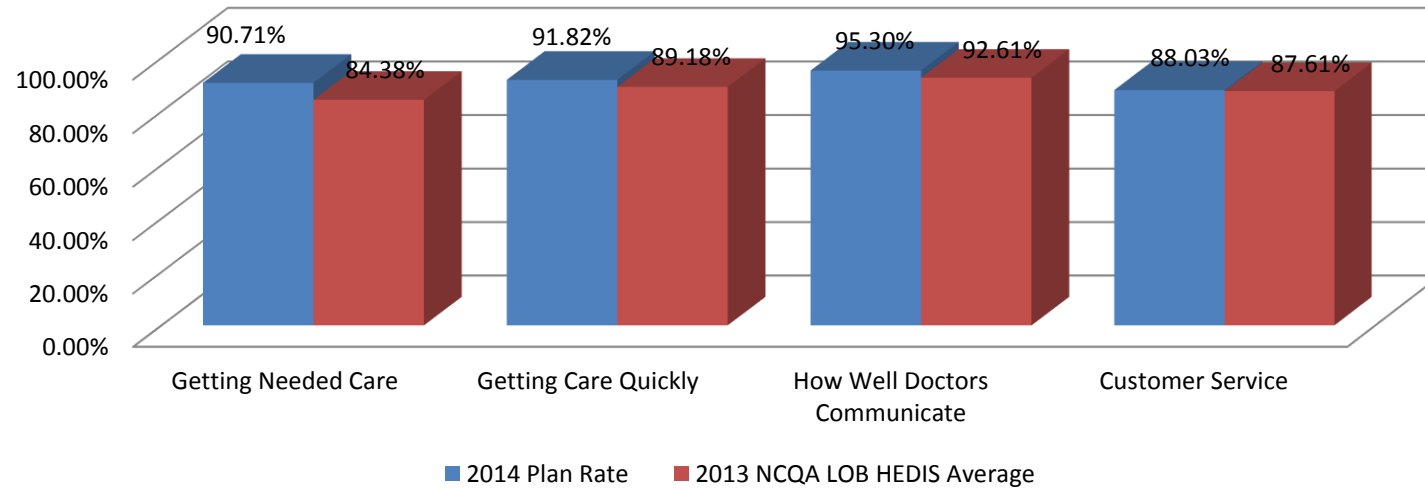
OVERALL HEALTHPLAN PERFORMANCE

Overall the Healthplan performed very well on the CAHPS 2014 Child survey, scoring above the NCQA average on all eight (8) of the key measures. On the Children with Chronic Conditions measures the plan scored above the NCQA average on all five (5) of the measures. Additionally the plan scored in the 90th percentile for accreditation on all the measures but one, customer service, which scored in the 75th percentile.

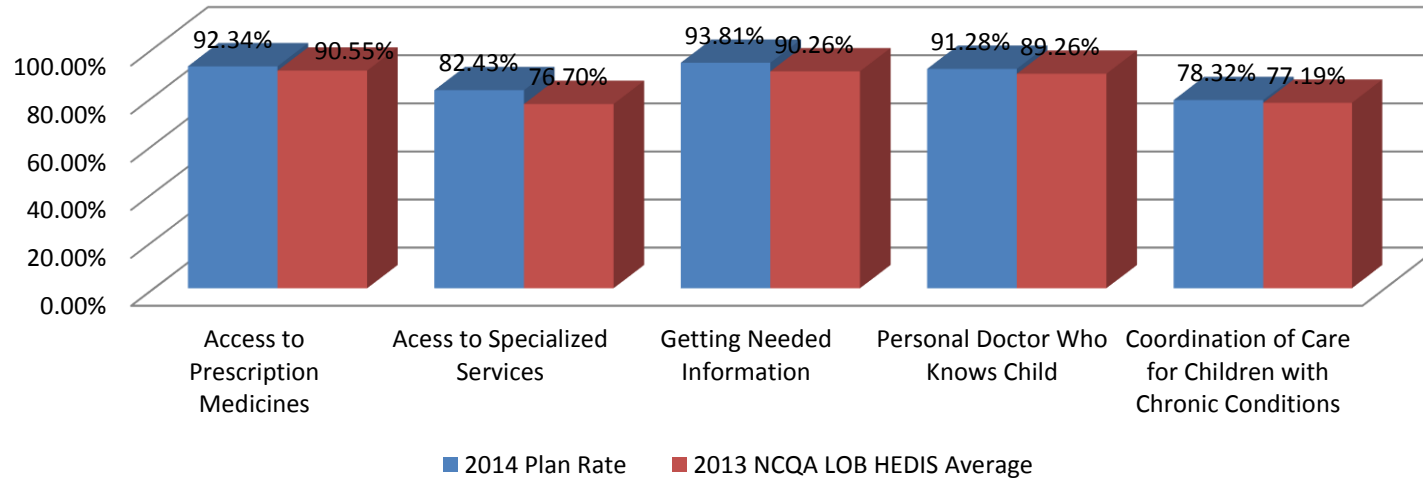
Rating: General Population



Composite Measures: General Population



Children With Chronic Conditions Measures









OPPORTUNITIES FOR PLAN QUALITY IMPROVEMENT

Exhibit 3 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 child 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 3. 2014 UNITEDHEALTHCARE COMMUNITY PLAN (LA) CHILD MEDICAID WITH CCC MEASURE CAHPS SURVEY: KEY AREAS AND PRIORITIES FOR IMPROVEMENT

Current Key Driver Performance 2014 Plan Rate	Room for Improvement on Key Driver Measure Percentage Point Difference Between Current Key Driver Score and the Best Practice Score*	Overall Improvement Opportunity Expected Percentage Point Improvement in Rating of Health Plan score (percent 8,9,or 10) if Key Driver performs at best practice level
Q15 [4.0H: Q48]. Ease of getting needed care, tests, or treatment (percent <i>Always</i> or <i>Usually</i>) 94.87%	+1.29  96.15%	 +.60%
Q41 [4.0H: Q39]. Rating of Personal Doctor(percent 8, 9, or 10) 90.64%	+1.85%  92.49%	 +.38%
Q30 [4.0H: Q28]. Child has a personal doctor (percent Yes) 92.92%	+1.65%  93.57%	 +.10
Q48 [4.0H: Q46]. Rating of Specialist Seen Most Often(percent 8, 9, or 10) 92.66%	Current Key Driver performance is 92.66% At or above Best Practice level	None

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

Improvement Strategies

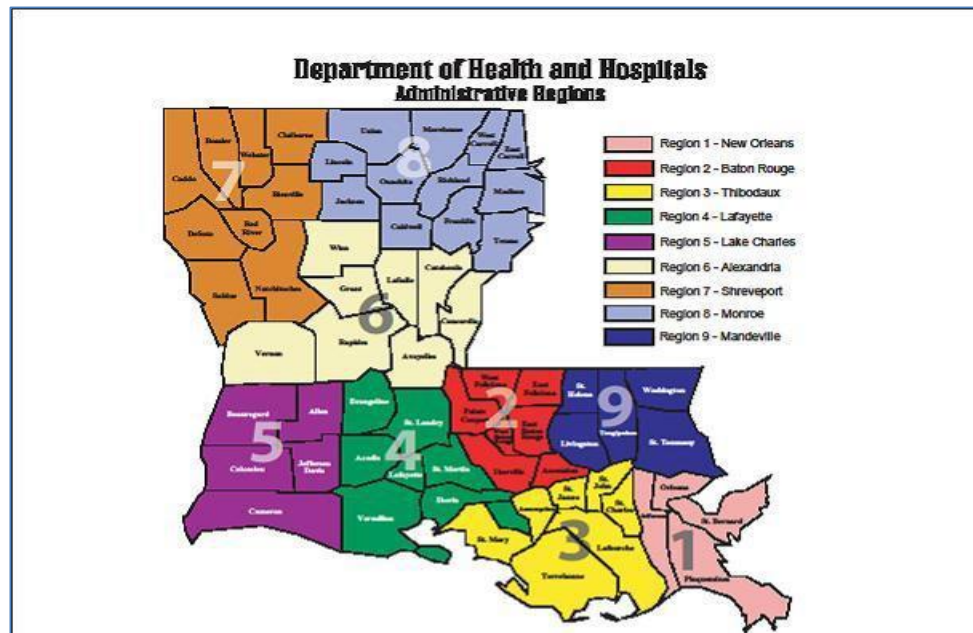
We are committed to quality improvement that adds value to our members, our community, and our health plan. We continuously measure and evaluate our performance in delivering quality care to our community. Using the key drivers of overall health plan rating improvements shown in Exhibit 3, the health plan conducted a barrier analysis and developed an improvement intervention strategy. The ease of getting needed care measures and rating of personal doctor are not addressed directly because the health plan believes that the measures were correlated with whether or not the child feels they have a personal doctor.

Composite/Rating Measure	Barrier	Improvement Strategy
<ul style="list-style-type: none"> Does your child have a personal doctor? 	<ul style="list-style-type: none"> The member is not connected to a medical home The member does not know who their assigned PCP is The member is not aware of the need for preventative medicine Transient population may not allow for static medical home 	<ul style="list-style-type: none"> Continue patient centered medical home initiatives Continue the PCP Reassignment initiative to align PCP assignment with the PCP that the member actually sees for care. UHCCPLA outreach team will continue to actively engage members to change PCP affiliation when performing outreach member engagement Ongoing education of primary care physicians regarding the role of the PCP in managed care by the Plan provider Advocates and Clinical Practice Consultant (CPC). The CPC works with PCP offices to improve HEDIS measure compliance and reinforce the importance of a medical home. Engage the member advisory committee to identify barriers to preventative care and strategies to correct barriers to preventative care

Geographic Service Area (GSA) Performance

This section highlights differences between member satisfaction by GSA. The state was divided into three geographical 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, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed	Response	2014 Overall (487)	GSA A (140)	GSA B (214)	GSA C (133)	There was a statistically significant difference in the respondents between GSA A and GSA B with members in GSA B perceiving they were not able to get routine care as soon as needed. More analysis is needed. Will analyze the 2014 provider Appointment Availability Survey once survey is complete to look for opportunities.
	Never	2	0	2	0	
	Sometimes	39	16	10	13	
	Usually or Always	446 91.58%	124 88.57%	202 94.39%	120 90.23%	
Question 9: In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?	Response	2014 Overall (534)	GSA A (149)	GSA B (228)	GSA C (157)	There was a statistically significant difference in the respondents between GSA A and C and GSA B where the members in GSA B perceived the provider did answer their questions. This may be a result of the member's perception of being able to get an appointment in the time frame needed, perception of less coordination of care, and perception of provider is aware of culture language. UHCCPLA will bring this to the MAC for discussion.
	Never	8 1.50%	3 2.01%	2 0.88%	3 1.91%	
	Sometimes	39 7.30%	15 10.07%	10 4.39%	14 8.92%	
	Usually or Always	487 91.20%	131 87.92%	216 94.74%	140 89.17%	

Question 20: In the last 6 months, how often was it easy to get special medical equipment or devices for your child?	Response	2014 Overall (41)	GSA A (7)	GSA B (22)	GSA C (12)	There was a statistically significant difference in the respondents between GSA A and C and GSA B where members did not feel it was easy to get equipment. Durable medical equipment is not a contracted service for UHCCPLA. UHCCPLA will continue to educate the state on areas of minimal DME providers to assist with more robust provider network.
	Never	1 2.44%	0 0.00%	1 4.55%	0 0.00%	
	Sometimes	1 2.44%	0 0.00%	1 4.55%	0 0.00%	
	Usually or Always	39 95.12%	7 100.00%	20 90.91%	12 100.00%	
Question 29: In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?	Response	2014 Overall (128)	GSA A (35)	GSA B (55)	GSA C (38)	There was a statistically significant difference in the respondents between GSA B and C and GSA. Members in GSA B perceived their provider coordinated care more than in GSA A and C. UHCCPLA is continuing to implement more vigorous accountable care communities in all GSAs that will be able to provide strong frame work for holistic care.
	Yes	75 58.59%	12 34.29%	37 67.27%	26 68.42%	
	No	171 42.29%	53 41.41%	23 65.71%	18 32.73%	
Question 41C: In the last 6 months, was it hard to find a personal doctor for your child who speaks your language?	Response	2014 Overall (289)	GSA A (80)	GSA B (113)	GSA C (96)	There was a statistically significant difference in the respondents between GSA A and B. Members in GSA B perceived fewer providers who spoke their language. Although we met language access standards more research is needed to what language deficits the members perceive. This will be addressed in the member advisory committee.
	Always	12 4.15%	1 1.25%	7 6.19%	4 4.17%	
	Usually	7 2.42%	1 1.25%	5 4.42%	1 1.04%	

	Never or Sometimes	270 93.43%	78 97.50%	101 89.38%	91 94.79%	
Question 41D: In the last 6 months, was it hard to find a personal doctor for your child who knows your culture:	Response	2014 Overall (41)	GSA A (7)	GSA B (22)	GSA C (12)	There was a statistically significant difference in the respondents between GSA A and B. This correlates with question 41C answer. Further analysis is needed to assess possible provider/member culture and language disparities.
	Always	12 4.15%	1 1.25%	7 6.19%	4 4.17%	
	Usually	7 2.42%	1 1.25%	5 4.42%	1 1.04%	
	Never or Sometimes	270 93.43%	78 97.50%	101 89.38%	91 94.79%	
Question 48: 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?	Response	2014 Overall (109)	GSA A (31)	GSA B (47)	GSA C (31)	Members in GSA C perceived a statistical significant difference in the availability of specialist in GSA A and B. UHC s not contracted with specialists but is assisting DHH to identify specialist provider's areas of opportunity.
	NCQA Composite Score of 1 (0 to 6)	4 3.67%	1 3.23%	0 0.00%	3 9.68%	
	NCQA Composite Score of 2 (7 to 8)	17 15.60%	6 19.35%	5 10.64%	6 19.35%	
	NCQA Composite Score of 3 (9 to 10)	88 80.73%	24 77.42%	42 89.36%	22 70.97%	

Question 54: Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?	Response	2014 Overall (612)	GSA A (173)	GSA B (263)	GSA C (176)	Members in GSA B were significantly more satisfied with their healthplan than members in GSA A. This correlates with the availability of specialists and may be a functional analysis of overall perception of health.
	NCQA Composite Score of 1 (0 to 6)	25 4.08%	9 5.20%	7 2.66%	9 5.11%	
	NCQA Composite Score of 2 (7 to 8)	119 19.44%	40 23.12%	44 16.73%	35 19.89%	
	NCQA Composite Score of 3 (9 to 10)	468 76.47%	124 71.68%	212 80.61%	132 75.00%	

Conclusion

2014 was the second year that UnitedHealthcare of Louisiana Community Plan (UHCCPLA) has performed the Children with Chronic Conditions 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 health plan to act on its strengths and opportunities.

From the results of the 2014 CAHPS scores it is evident that UnitedHealthcare Community Plan is providing excellent service to the members and providers of the community as evidenced by rate increases in all key measures, having higher rates than the 2013 NCQA LOB average in all areas, and scoring in the 90th percentile in all key areas but one. UHCCPLA is committed to learning from strengths and opportunities while providing the highest level of care possible while maintaining fiscal responsibility.



UCP7LA_1

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

Here's your chance to tell us what you think about the services we give your child. The person who knows the most about your child's health care should fill out this survey. Please answer the questions **only for the child whose name is listed above**. Do not answer for any other children. This survey takes only a few minutes to fill out. Your child's 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,



Ann Kay Logarbo, MD Chief Medical Officer



We need your help! We recently sent you a survey about your child's 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 child's 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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We recently sent you a survey so you could tell us what you think about UnitedHealthcare Community Plan. If you have already sent in the survey, we thank you for your help. You don't need to complete the survey again.

Here's your chance to tell us what you think about the services we give your child. The person who knows the most about your child's health care should fill out this survey. Please answer the questions **only for the child whose name is listed above**. Do not answer for any other children. This survey takes only a few minutes to fill out. Your child's benefits will not be affected in any way if you do not complete it.

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Sincerely,



Ann Kay Logarbo, MD
Chief Medical Officer

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</i> = 1; <i>Usually</i> = 2; <i>Always</i> = 3
Ratings	0 to 6 = 1; 7 or 8 = 2; 9 or 10 = 3

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

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.