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# 2017 CAHPS® Child Medicaid with CCC Survey Summary Report

AmeriHealth Caritas Louisiana

July 2017



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*\*Detailed exhibits and data tables available in online reporting portal.*



# 2017 Executive Highlights

Summary Rate Scores (% Positive Response)			
COMPOSITE SCORES	2017	2016	2017 Score versus 2016 Quality Compass
Getting Care Quickly	87%↓	93%	29 <sup>th</sup>
How Well Doctors Communicate	95%	93%	71 <sup>st</sup>
Care Coordination	85%	80%	74 <sup>th</sup>
Getting Needed Care	92%↑	84%	98 <sup>th</sup>
Customer Service	89%	88%	66 <sup>th</sup>
Shared Decision Making	76%	69%	24 <sup>th</sup>
OVERALL RATING SCORES			
Health Care	87%	86%	67 <sup>th</sup>
Personal Doctor	91%	87%	76 <sup>th</sup>
Specialist	87%	81%	61 <sup>st</sup>
Health Plan	89%	87%	84 <sup>th</sup>

2017 NCQA Accreditation CAHPS Points			
Approx. 2017 Percentile Threshold	2017 Approx. Points	2016 Approx. Points	Difference from 2016
50 <sup>th</sup>	1.473	2.167	-0.694
NA	NA	NA	NA
NA	NA	NA	NA
90 <sup>th</sup>	2.167	1.473	0.694
NA	NA	NA	NA
NA	NA	NA	NA
90 <sup>th</sup>	2.167	2.167	0.00
90 <sup>th</sup>	2.167	1.907	0.260
NA	NA	NA	NA
90 <sup>th</sup>	4.334	3.814	0.520
	12.308	11.528	0.780

Green (light) shade = relative strength Red (dark) shade = relative weakness

Total Possible CAHPS Points = 13.00



## Key Learnings from these tables:

- The **Summary Rate Scores** show the proportion of members who rate the plan favorably on a measure - 100% is the highest.
- Comparing the plan's percentages for the current year against last year, you can quickly see where the plan improved or declined.
- Colored arrows denote significant changes from last year, and likely play a role in changes to the plan's overall CAHPS accreditation points.
- The Quality Compass percentiles provide an indication of how the plan fared against *last year's* national average - 100<sup>th</sup> is the highest.
- The **NCQA Accreditation CAHPS Points** are approximated due to rounding because NCQA provides only two digits after the decimal but uses six digits in their actual calculation.
- NCQA awards CAHPS points based on the percentile in which the plan places for each measure. The maximum total points for all measures is 13.
- By measure, the plan earns maximum points when ranked 90<sup>th</sup> percentile or above, and minimum points for falling below the 25<sup>th</sup> percentile.
- Importantly, the Health Plan Overall Rating measure earns double points so it always plays a key role in the plan's Total CAHPS Points.



# Background, Protocol and Sample

## **Background**

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

## **Protocol**

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

**Pre-notification postcard mailed (optional)**

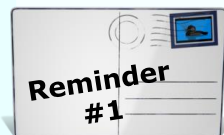


**Questionnaire with cover letter and business reply envelope (BRE) mailed**



**Internet link included on cover letter (optional)**

**1st reminder postcard mailed**

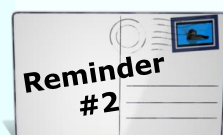


**Replacement questionnaire with cover letter and BRE to all non-responders**



**Internet link included on cover letter (optional)**

**2nd reminder postcard mailed**



**Telephone interviews conducted with non-responders (min of 3/max of 6 attempts)**



- AmeriHealth Caritas Louisiana chose the mail/telephone protocol with pre-notification postcard.

## **Sample**

	Sample Size	Total Completes	General Population Completes	CCC Population Completes	English Completes	Spanish Completes
AmeriHealth Caritas Louisiana	3985	602	297	290	552	50

# Population Details

- In 2017, 3985 AmeriHealth Caritas Louisiana members were randomly selected to participate in the 2017 CAHPS® 5.0H Child Medicaid with CCC Survey. This sample consisted of 2145 randomly selected Child members and 1840 CCC Supplemental Sample. The CCC Supplemental Sample was pulled after the CAHPS® 5.0H Child survey sample was drawn. The CCC Supplemental Sample consisted of members with the prescreen status code of 2 (children more likely to have a chronic condition) who were not already selected for the CAHPS® 5.0H Child survey sample. Morpace combined the CAHPS® 5.0H Child survey sample and the CCC Supplemental Sample for survey administration and submission of data to NCQA for calculation of survey results.
- For purposes of reporting the Child Medicaid with CCC survey results, the results are divided into two groups: General Population and CCC Population. The General Population consists of all child members who were randomly selected for the CAHPS® 5.0H Child survey during sampling. The CCC Population consists of all children (either from the CAHPS® 5.0H Child survey sample or the CCC Supplemental Sample) who are identified as having a chronic condition, as defined by the member's responses to the CCC survey-based screening tool.

# Disposition Summary and Response Rate

- A response rate is calculated for those members who were eligible and able to respond.
- A completed questionnaire is defined as a respondent who completed three of the five required questions that all respondents are eligible to answer (question # 3, 30, 45, 49, 54).
- According to NCQA protocol, ineligible members include those who are deceased, do not meet eligible population criteria, have a language barrier, or are either mentally or physically incapacitated.
- Non-responders include those members who refuse to participate in the current year's survey, could not be reached due to a bad address or telephone number, members that reached a maximum attempt threshold without a response, or members that did not meet the completed survey definition.
- The table below shows the total number of members in the sample that fell into each of the various disposition categories.

## AmeriHealth Caritas Louisiana 2017 Disposition Summary

Ineligible	Total Sample	General Population
Deceased	1	0
Does not meet eligible population criteria	7	4
Language barrier	12	7
Mentally/physically incapacitated	0	0
<b>Total Ineligible</b>	<b>20</b>	<b>11</b>

Non-response	Total Sample	General Population
Partial complete	29	19
Refusal	62	34
Maximum attempts made	3272	1784
Do Not Call list	0	0
<b>Total Non-response</b>	<b>3363</b>	<b>1837</b>

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

$$\frac{\text{Total completed surveys}}{\text{Sample size} - \text{Ineligible surveys}} = \text{Response Rate}$$

- Using the final figures from AmeriHealth Caritas Louisiana's survey, the 2017 response rate is calculated using the equation below:

$$\text{Total Sample Response Rate} = \frac{\text{Mail (364)} + \text{Phone (238)} + \text{Internet (0)}}{\text{Total Sample (3985)} - \text{Total Ineligible (20)}} = \frac{602}{3965} = \mathbf{15\%}$$

$$\text{General Population Response Rate} = \frac{\text{Mail (184)} + \text{Phone (113)} + \text{Internet (0)}}{\text{Total Sample (2145)} - \text{Total Ineligible (11)}} = \frac{297}{2134} = \mathbf{14\%}$$

Memo:  
2016 NCQA Avg.  
Total Response Rate = 23%



# Summary of Key Measures

- For purposes of reporting the CAHPS® results in HEDIS® (Healthcare Effectiveness Data and Information Set) and for scoring for health plan accreditation, the National Committee for Quality Assurance (NCQA) uses 5 core composite measures plus an additional 5 CCC composite measures and 4 rating questions from the survey.
- Each of the composite measures is the average of 2 - 4 questions on the survey, depending on the measure, while each rating score is based on a single question. CAHPS® scores are most commonly shown using Summary Rate scores (percentage of positive responses).

↑/↓ Statistically higher/lower compared to prior year results.



AmeriHealth Caritas Louisiana				
	General Population		CCC Population	
Composite Measures	2016	2017	2016	2017
Getting Care Quickly	93%	87%↓	93%	92%
Shared Decision Making	69%	76%	86%	86%
How Well Doctors Communicate	93%	95%	93%	95%
Getting Needed Care	84%	92%↑	86%	90%
Customer Service	88%	89%	91%	86%
CCC Composite Measures				
Access to Prescription Medicines	89%	92%	89%	94%
Access to Specialized Services	81%	84%	77%	78%
Family-Centered Care: Personal Doctor Who Know Child	89%	87%	93%	90%
Family-Centered Care: Getting Needed Information	93%	88%↓	95%	93%
Coordination of Care for Children with Chronic Conditions	85%	79%	79%	80%
Overall Ratings Measures				
Health Care	86%	87%	84%	89%
Personal Doctor	87%	91%	86%	92%↑
Specialist	81%	87%	80%	90%
Health Plan	87%	89%	85%	89%
Health Promotion & Education	75%	76%	82%	78%
Care Coordination	80%	85%	84%	81%
General Population			Total Sample	
Sample Size	2025	2145	3958	3985
# of Completes	269	297	528	602
Response Rate	14%	14%	14%	15%

# Comparison to Quality Compass® – General Population

	AmeriHealth Caritas Louisiana		2016 Child Medicaid Quality Compass® - General Population Results							
Child Medicaid with CCC Survey Questions	2017	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th
<b>Getting Care Quickly</b> (% Always/Usually)	<b>87.08</b>	29th	88.54	79.02	82.62	85.91	89.23	92.02	93.59	94.56
<b>How Well Doctors Communicate</b> (% Always/Usually)	<b>94.60</b>	71st	93.17	89.20	90.83	91.94	93.26	94.78	95.67	96.28
<b>Q40 Care Coordination</b> (% Always/Usually)	<b>85.26</b>	74th	82.64	75.63	76.92	80.00	82.88	85.38	87.31	88.82
<b>Getting Needed Care</b> (% Always/Usually)	<b>91.55</b>	98th	83.66	75.49	76.78	81.01	84.25	87.07	89.19	90.23
<b>Customer Service</b> (% Always/Usually)	<b>89.12</b>	66th	87.98	83.05	84.02	86.38	88.16	89.61	91.84	92.57
<b>Shared Decision Making</b> (% Yes)	<b>76.17</b>	24th	78.41	73.28	74.15	76.28	78.31	80.56	82.51	84.04
<b>Q14 Rating of Health Care</b> (% 8, 9, 10)	<b>87.44</b>	67th	85.81	79.58	81.48	83.87	85.85	88.14	90.10	91.24
<b>Q41 Rating of Personal Doctor</b> (% 8, 9, 10)	<b>90.57</b>	76th	88.42	83.48	85.06	86.81	88.56	90.40	91.82	93.19
<b>Q48 Rating of Specialist</b> (% 8, 9, 10)	<b>87.10</b>	61st	85.53	78.95	79.65	83.33	86.24	88.14	89.47	90.71
<b>Q54 Rating of Health Plan</b> (% 8, 9, 10)	<b>89.04</b>	84th	84.70	76.84	78.77	82.34	85.16	87.87	90.55	91.21

## Legend:

**95th** = Plan score falls on or above 95th percentile  
**90th** = Plan score falls on 90th or below 95th percentile  
**75th** = Plan score falls on 75th or below 90th percentile  
**50th** = Plan score falls on 50th or below 75th percentile  
**25th** = Plan score falls on 25th or below 50th percentile  
**10th** = Plan score falls on 10th or below 25th percentile  
**5th** = Plan scores falls below 10th percentile

The 2016 Child Medicaid Quality Compass® consists of 129 public and non-public reporting health plan products (All Lines of Business excluding PPOs).





# Comparison to Quality Compass® – CCC Population

Child Medicaid with CCC Survey Questions	AmeriHealth Caritas Louisiana		2016 Child Medicaid with CCC Quality Compass® - CCC Population Results							
	2017	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly (% Always/Usually)	91.96	44th	91.82	86.25	88.56	90.57	92.30	94.10	94.87	95.37
How Well Doctors Communicate (% Always/Usually)	95.04	80th	93.92	90.92	91.76	93.12	94.21	94.94	95.50	96.18
Q40 Care Coordination (% Always/Usually)	81.42	37th	81.98	73.51	77.24	80.17	82.52	84.77	85.82	87.20
Getting Needed Care (% Always/Usually)	90.35	90th	86.14	79.42	80.07	83.33	87.13	88.72	90.18	90.83
Customer Service (% Always/Usually)	85.85	6th	89.43	85.38	86.80	87.46	89.07	90.97	93.10	93.64
Shared Decision Making (% Yes)	86.17	75th	84.95	81.47	81.75	83.85	85.36	86.10	87.19	87.71
Access to Prescription Medicines (% Always/Usually)	93.60	80th	90.68	84.12	85.98	89.00	91.29	93.33	94.70	95.14
Access to Specialized Services (% Always/Usually)	77.88	42nd	77.06	66.37	69.36	72.78	78.86	80.96	82.39	83.04
Family-Centered Care: Personal Doctor Who Knows Child (% Yes)	90.18	34th	90.55	86.95	87.27	89.47	90.75	91.91	92.70	93.25
Family-Centered Care: Getting Needed Information (% Always/Usually)	93.00	81st	90.91	88.39	88.66	89.88	90.53	91.73	93.85	94.23
Coordination of Care for Children with Chronic Conditions (% Yes)	79.85	86th	77.11	72.89	72.89	75.86	77.04	78.41	80.87	81.21
Q14 Rating of Health Care (% 8, 9, 10)	88.84	96th	84.21	79.29	80.20	83.04	84.06	86.18	87.83	88.16
Q41 Rating of Personal Doctor (% 8, 9, 10)	92.02	94th	88.03	84.03	85.09	86.67	88.02	89.50	90.66	92.44
Q48 Rating of Specialist (% 8, 9, 10)	89.58	92nd	85.52	81.02	82.95	83.85	85.21	86.96	89.11	89.92
Q54 Rating of Health Plan (% 8, 9, 10)	88.58	96th	82.23	72.36	76.58	79.55	83.22	84.99	86.90	88.29

## Legend:

95th = Plan score falls on or above 95th percentile  
 90th = Plan score falls on 90th or below 95th percentile  
 75th = Plan score falls on 75th or below 90th percentile  
 50th = Plan score falls on 50th or below 75th percentile  
 25th = Plan score falls on 25th or below 50th percentile  
 10th = Plan score falls on 10th or below 25th percentile  
 5th = Plan scores falls below 10th percentile

The 2016 Child Medicaid with CCC Quality Compass® consists of 53 public and non-public reporting health plan products (All Lines of Business excluding PPOs).



# Accreditation Details

## Scoring for NCQA Accreditation (Includes How Well Doctors Communicate) – General Population

				2017 NCQA National Accreditation Comparisons*						
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l		
				Accreditation Points	0.371	0.743	1.263	1.634	1.857	
Composite Scores	Sample Size	Mean	Approximate Percentile Threshold						Approximate Score	
Getting Care Quickly	(n=159)	2.640	50 <sup>th</sup>		2.54	2.61	2.66	2.69	1.263	
How Well Doctors Communicate	(n=217)	2.781	90 <sup>th</sup>		2.63	2.68	2.72	2.75	1.857	
Getting Needed Care	(n=143)	2.641	90 <sup>th</sup>		2.37	2.46	2.51	2.56	1.857	
Customer Service***	(n=91)	0.000	NA		2.50	2.53	2.58	2.63	NA	
Overall Ratings Scores										
Health Care	(n=223)	2.668	90 <sup>th</sup>		2.49	2.52	2.57	2.59	1.857	
Personal Doctor	(n=265)	2.736	90 <sup>th</sup>		2.58	2.62	2.65	2.69	1.857	
Specialist***	(n=62)	0.000	NA		2.53	2.59	2.62	2.66	NA	
				Accreditation Points	0.742	1.486	2.526	3.268	3.714	
Health Plan	(n=292)	2.699	90 <sup>th</sup>		2.51	2.57	2.62	2.67	3.714	
Estimated Overall CAHPS® Score:									12.405	

**NOTE:** NCQA begins their calculation with an unadjusted raw score showing six digits after the decimal and then compares the adjusted score to their benchmarks and thresholds (also calculated to the sixth decimal place). Starting in 2015, NCQA will no longer use an adjusted score. This report displays accreditation points and scores with only two digits after the decimal. Therefore, the estimated overall CAHPS® score may differ from the sum of the individual scores due to rounding and could differ slightly from official scores provided by NCQA. The CAHPS® measures account for 13 points towards accreditation.

\*Data Source: 2017 Initial Benchmarks and Thresholds.

\*\*\* Not reportable due to insufficient sample size.



# Accreditation Details

## Scoring for NCQA Accreditation (Includes Care Coordination) – General Population

				2017 NCQA National Accreditation Comparisons*						
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l		
				Accreditation Points	0.433	0.867	1.473	1.907	2.167	
Composite Scores	Sample Size	Mean	Approximate Percentile Threshold							Approximate Score
Getting Care Quickly	(n=159)	2.640	50 <sup>th</sup>		2.54	2.61	2.66	2.69		1.473
Getting Needed Care	(n=143)	2.641	90 <sup>th</sup>		2.37	2.46	2.51	2.56		2.167
Customer Service***	(n=91)	0.000	NA		2.50	2.53	2.58	2.63		NA
Care Coordination***	(n=95)	0.000	NA		2.36	2.42	2.48	2.52		NA
Overall Ratings Scores										
Health Care	(n=223)	2.668	90 <sup>th</sup>		2.49	2.52	2.57	2.59		2.167
Personal Doctor	(n=265)	2.736	90 <sup>th</sup>		2.58	2.62	2.65	2.69		2.167
Specialist***	(n=62)	0.000	NA		2.53	2.59	2.62	2.66		NA
				Accreditation Points	0.866	1.734	2.946	3.814	4.334	
Health Plan	(n=292)	2.699	90 <sup>th</sup>		2.51	2.57	2.62	2.67		4.334
Estimated Overall CAHPS® Score:										12.308

**NOTE:** NCQA begins their calculation with an unadjusted raw score showing six digits after the decimal and then compares the adjusted score to their benchmarks and thresholds (also calculated to the sixth decimal place). Starting in 2015, NCQA will no longer use an adjusted score. This report displays accreditation points and scores with only two digits after the decimal. Therefore, the estimated overall CAHPS® score may differ from the sum of the individual scores due to rounding and could differ slightly from official scores provided by NCQA. The CAHPS® measures account for 13 points towards accreditation.

\*Data Source: 2017 Initial Benchmarks and Thresholds.

\*\*\* Not reportable due to insufficient sample size.




# Key Driver Analysis and Actions Plans

## Action Plan – Rating of Health Plan - General Population

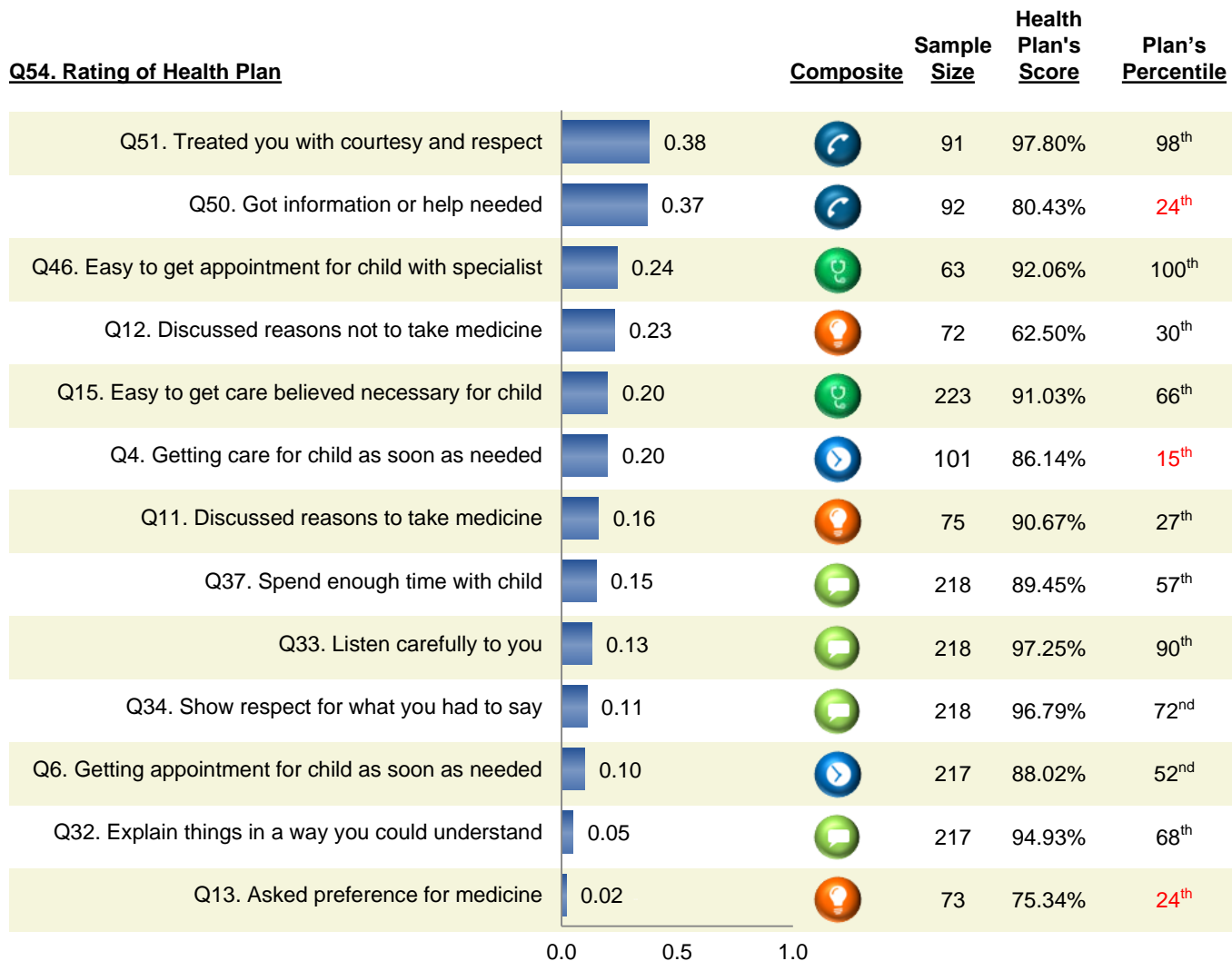
A Key Driver Analysis is conducted to understand the impact that different aspects of plan service and provider care have on members' overall satisfaction with their health plan, their personal doctor, their specialist, and health care in general. Two specific scores are assessed both individually and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

1. The relative importance of the individual issues (Correlation to overall measures)
2. The current levels of performance on each issue (Percentile group in Quality Compass®)

Plans should take action to improve items that are both highly correlated to the overall measure, and currently rated low when compared to national averages (Quality Compass®). Below is a list of items that are considered a High Priority for Improvement to the Overall Rating of Health Plan as well as the Primary Recommendation for improving this measure. For more ideas on how to improve your scores, please see the *Action Plans for Improving CAHPS® Scores* section of this report.

High Priority for Improvement (High correlation/Relatively low performance)	
<u>Overall Rating of Health Plan</u>	<u>Primary Recommendation</u>
 Q50 - Got Information or Help Needed	On a monthly basis study Call Center reports for reasons of incoming calls and identify the primary drivers of calls. Bring together Call Center representatives and key staff from related operational departments to design interventions to decrease call volume and/or improve member satisfaction with the health plan.

# Key Driver Analysis for General Population – Health Plan



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

Q50 - Got Information or Help Needed

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

Q51 - Treated You with Courtesy and Respect

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



























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

**Red Text** indicates measure is 25<sup>th</sup> percentile or lower.



# Key Driver Analysis for General Population – Health Care

## Q14. Rating of Health Care

			<u>Composite</u>	<u>Sample Size</u>	<u>Health Plan's Score</u>	<u>Plan's Percentile</u>
Q15. Easy to get care believed necessary for child		0.36		223	91.03%	66 <sup>th</sup>
Q37. Spend enough time with child		0.35		218	89.45%	57 <sup>th</sup>
Q6. Getting appointment for child as soon as needed		0.29		217	88.02%	52 <sup>nd</sup>
Q4. Getting care for child as soon as needed		0.28		101	86.14%	15 <sup>th</sup>
Q51. Treated you with courtesy and respect		0.27		91	97.80%	98 <sup>th</sup>
Q32. Explain things in a way you could understand		0.26		217	94.93%	68 <sup>th</sup>
Q46. Easy to get appointment for child with specialist		0.25		63	92.06%	100 <sup>th</sup>
Q33. Listen carefully to you		0.23		218	97.25%	90 <sup>th</sup>
Q34. Show respect for what you had to say		0.19		218	96.79%	72 <sup>nd</sup>
Q50. Got information or help needed		0.17		92	80.43%	24 <sup>th</sup>
Q13. Asked preference for medicine		0.13		73	75.34%	24 <sup>th</sup>
Q12. Discussed reasons not to take medicine		0.06		72	62.50%	30 <sup>th</sup>
Q11. Discussed reasons to take medicine		0.05		75	90.67%	27 <sup>th</sup>

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

None

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

Q15 - Easy to Get Care Believed Necessary  
for Child

Q37 - Spend Enough Time with Child

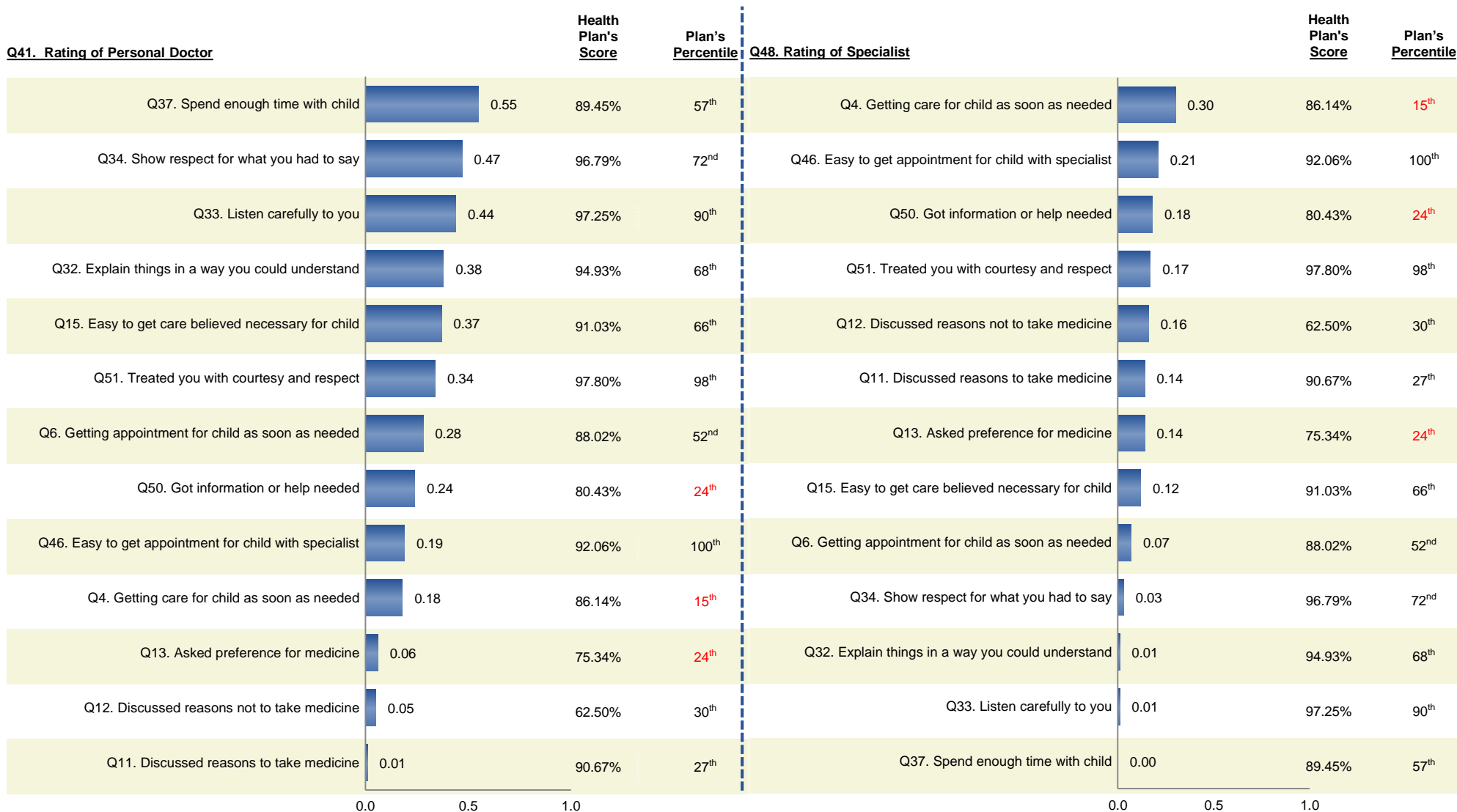
Use caution when reviewing scores with sample sizes less than 25.

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

**Red Text** indicates measure is 25<sup>th</sup> percentile or lower.



# Key Driver Analysis for General Population – Doctor and Specialist







































"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"  
**Red Text** indicates measure is 25<sup>th</sup> percentile or lower.





# Key Driver Analysis for CCC Population – Health Plan

## Q54. Rating of Health Plan

			Composite	Sample Size	Health Plan's Score	Plan's Percentile
Q50. Got information or help needed		0.39		106	77.36%	3 <sup>rd</sup>
Q26. Easy to get treatment or counseling for child		0.35		126	80.16%	59 <sup>th</sup>
Q51. Treated you with courtesy and respect		0.27		106	94.34%	45 <sup>th</sup>
Q15. Easy to get care believed necessary for child		0.25		244	91.80%	62 <sup>nd</sup>
Q6. Getting appointment for child as soon as needed		0.22		249	93.17%	71 <sup>st</sup>
Q46. Easy to get appointment for child with specialist		0.21		99	88.89%	95 <sup>th</sup>
Q20. Easy to get special medical equipment for child		0.20		41	73.17%	NA
Q56. Easy to get prescription medicine for child		0.17		250	93.60%	80 <sup>th</sup>
Q13. Asked preference for medicine		0.16		97	86.60%	77 <sup>th</sup>
Q29. Health plan or doctor's office helps coordinate care		0.16		89	64.04%	69 <sup>th</sup>
Q33. Listen carefully to you		0.14		237	97.05%	94 <sup>th</sup>
Q34. Show respect for what you had to say		0.13		237	98.73%	98 <sup>th</sup>
Q37. Spend enough time with child		0.12		237	90.30%	38 <sup>th</sup>
Q43. Doctor understands how medical conditions affect child's day-to-day life		0.11		187	93.05%	44 <sup>th</sup>
Q23. Easy to get therapy for child		0.10		66	80.30%	54 <sup>th</sup>
Q12. Discussed reasons not to take medicine		0.09		96	75.00%	48 <sup>th</sup>
Q44. Doctor understands how medical conditions affect family's day-to-day life		0.09		185	90.27%	59 <sup>th</sup>
Q11. Discussed reasons to take medicine		0.07		97	96.91%	55 <sup>th</sup>

**High Priority for Improvement**  
(High Correlation/  
Lower Quality Compass<sup>®</sup> Group)

Q50 - Got Information or Help Needed

**Continue to Target Efforts**  
(High Correlation/  
Higher Quality Compass<sup>®</sup> Group)

Q26 - Easy to Get Treatment or Counseling for Child

Above are 18 of the 23 key measures. The 5 measures with lowest correlation to Rating of Health Plan are not displayed. Use caution when reviewing scores with sample sizes less than 25.

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

Red Text indicates measure is 25<sup>th</sup> percentile or lower.





# Key Driver Analysis for CCC Population – Health Care

## Q14. Rating of Health Care

			Composite	Sample Size	Health Plan's Score	Plan's Percentile
Q15. Easy to get care believed necessary for child		0.47		244	91.80%	62 <sup>nd</sup>
Q26. Easy to get treatment or counseling for child		0.39		126	80.16%	59 <sup>th</sup>
Q6. Getting appointment for child as soon as needed		0.36		249	93.17%	71 <sup>st</sup>
Q33. Listen carefully to you		0.34		237	97.05%	94 <sup>th</sup>
Q37. Spend enough time with child		0.33		237	90.30%	38 <sup>th</sup>
Q34. Show respect for what you had to say		0.32		237	98.73%	98 <sup>th</sup>
Q9. Getting questions answered by child's doctor		0.29		243	93.00%	81 <sup>st</sup>
Q32. Explain things in a way you could understand		0.24		236	94.07%	19 <sup>th</sup>
Q29. Health plan or doctor's office helps coordinate care		0.19		89	64.04%	69 <sup>th</sup>
Q23. Easy to get therapy for child		0.16		66	80.30%	54 <sup>th</sup>
Q4. Getting care for child as soon as needed		0.16		119	90.76%	17 <sup>th</sup>
Q12. Discussed reasons not to take medicine		0.13		96	75.00%	48 <sup>th</sup>
Q46. Easy to get appointment for child with specialist		0.13		99	88.89%	95 <sup>th</sup>
Q38. Doctor talks with you about how child is feeling/growing/behaving		0.12		235	87.23%	19 <sup>th</sup>
Q51. Treated you with courtesy and respect		0.12		106	94.34%	45 <sup>th</sup>
Q11. Discussed reasons to take medicine		0.10		97	96.91%	55 <sup>th</sup>
Q50. Got information or help needed		0.10		106	77.36%	3 <sup>rd</sup>
Q18. Getting help you needed from doctor in contacting school/daycare		0.08		46	95.65%	NA

**High Priority for Improvement**  
(High Correlation/  
Lower Quality Compass<sup>®</sup> Group)

None

**Continue to Target Efforts**  
(High Correlation/  
Higher Quality Compass<sup>®</sup> Group)

Q15 - Easy to Get Care Believed Necessary for Child

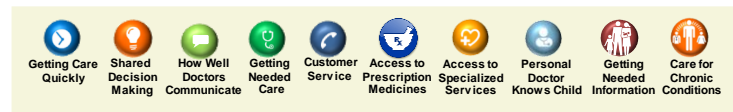
Q26 - Easy to Get Treatment or Counseling for Child

Q6 - Getting Appointment for Child as Soon as Needed

Above are 18 of the 23 key measures. The 5 measures with lowest correlation to Rating of Health Care are not displayed. Use caution when reviewing scores with sample sizes less than 25.

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

**Red Text** indicates measure is 25<sup>th</sup> percentile or lower.



# Action Plans for Improving CAHPS® Scores

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

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

<http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/improvement-guide.html>

## GETTING NEEDED CARE (1 of 2)

### *Easy to get appointment with specialist*

- Develop referral guidelines to identify which clinical conditions the PCPs should manage themselves and which should be referred to the specialists.
- Review authorization and referral patterns for internal barriers to member access to needed specialists. Include Utilization Management staff in the review process to assist in barrier identification and process improvement development.
- Review Complaint and Grievance information to assess if issues are with the process of getting a referral/authorization to a specialist, or if the issue is the wait time to get an appointment.
- Include supplemental questions on the CAHPS® survey to determine whether the difficulty is in obtaining the initial consult or subsequent appointments.
- Include a supplemental question on the CAHPS® survey to determine with which type of specialist members have difficulty making an appointment.
- Perform a GeoAccess study of your panel of specialists to assure that there are an adequate number of specialists and that they are dispersed geographically to meet the needs of your members.
- Instruct Provider Relations staff to question PCP office staff regarding which types of specialists they have the most problems scheduling appointments for their patients.
- Conduct an Access to Care survey to validate appointment availability of specialist appointments.
- Include specialists in a CG-CAHPS Study to determine ease of access as well as other issues with specialist care.
- Develop a worksheet which could be completed and given to the patient by the PCP explaining the need and urgency of the referral as well as any preparation on the patient's part prior to the appointment with the specialist. Including the patient in the decision making process improves the probability that the patient will visit the specialist.
- Develop materials to introduce and promote your specialist network to the PCPs and encourage the PCPs to develop new referral patterns that align with the network.



# Action Plans for Improving CAHPS® Scores

## GETTING NEEDED CARE (2 of 2)

### *Easy to get care believed necessary*

- Evaluate pre-certification, authorization, and appeals processes. Of even more importance is to evaluate the manner in which the decisions are communicated to the member. Members may be told that the health plan has not approved specific care, tests, or treatment, but are not being told why. The health plan should go the extra step to ensure that the member understands the decision and hears directly from them.

### *Additional recommendations*

- Include a supplemental question on the CAHPS® survey to identify the type of care, test or treatment which the member has a problem obtaining.
- Review complaints received by Customer Service regarding inability to receive care, tests or treatments. Identify the issues generating the highest number of complaints and prioritize improvement activities to address these first.
- When care or treatment is denied, care should be taken to ensure that the message is understood by both the provider and the member. Evaluate language utilized in denial letters and scripts for telephonic notifications of denials to make sure messaging is clear and appropriate for a lay person. If state regulations mandate denial format and language in written communications, examine ways to also communicate denial decisions verbally to reinforce reasons for denial.



# Action Plans for Improving CAHPS® Scores

## GETTING CARE QUICKLY

### ***Getting care as soon as you needed***

- Distribute to members listings of Urgent Care/After Hours Care options available in network. Promote Nurse on Call lines as part of the distribution. Refrigerator magnets with Nurse On-Call phone numbers and names of participating Urgent Care centers are very effective in this population.

### ***Getting appointment as soon as needed***

- Encourage PCP offices to implement open access scheduling – allowing a portion of each day to be left open for urgent care and follow-up care.

### ***Additional recommendations***

- Include in member newsletters articles regarding scheduling routine care and check ups and informing members of the average wait time for a routine appointment for your network.
- Identify for members, PCP, Pediatric and OB/GYN practices that offer evening and weekend hours.
- Encourage PCP offices to make annual appointments 12 months in advance
- Conduct an Access to Care Study
  - Calls to physician office - unblinded
  - Calls to members with recent claims
  - Desk audit by provider relations staff
- Conduct a CG-CAHPS survey to identify offices with scheduling issues



# Action Plans for Improving CAHPS® Scores

## HOW WELL DOCTORS COMMUNICATE

### ***Explain things in a way you could understand***

- Include supplemental questions from the Item Set for Addressing Health Literacy to identify communication issues.

### ***Listen carefully to you***

- Provide the physicians with patient education materials. These materials could reinforce that the physician has heard the concerns of the patient and/or that they are interested in the well-being of the patient. The materials might also speak to a healthy habit that the physician wants the patient to adopt, thereby reinforcing the communication and increasing the chances for compliance. Materials should be available in appropriate/relevant languages and reading levels for the population.

### ***Show respect for what you had to say***

- Conduct focus group of members to identify examples of behaviors identified in the questions. Video the groups to show physicians how patients characterize excellent and poor physician performance.

### ***Spend enough time with you***

- Develop “Questions Checklists” on specific diseases to be used by members when speaking to doctors. Have these available in office waiting rooms or provided by office staff prior to the patient meeting with the doctor. The doctor can review and discuss the checklist during the office visit.

### ***Additional recommendations***

- Conduct a CG-CAHPS survey to identify physicians for whom improvement plans should be developed.
- Provide communication tips in the provider newsletters. Often, these are better accepted if presented as a testimonial from a patient.



# Action Plans for Improving CAHPS® Scores

## SHARED DECISION MAKING

### ***Discussed reasons to take medicine***

- Develop patient education materials about common medicines described for your members explaining pros of each medicine.  
Examples: asthma medications, high blood pressure medications, statins.

### ***Discussed reasons not to take medicine***

- Develop patient education materials about common medicines described for your members explaining cons of each medicine.  
Examples: asthma medications, high blood pressure medications, statins.

### ***Asked preference for medicine***

- Conduct a CG-CAHPS survey and include the Shared Decision Making Composite as supplemental questions.

### ***Additional recommendations***

- Develop or purchase audio recordings and/or videos of patient/doctor dialogues/vignettes with information about common mediations.  
Distribute to provider panel via podcast or other method.



# Action Plans for Improving CAHPS® Scores

## HEALTH PLAN CUSTOMER SERVICE

### ***Got information or help needed***

- On a monthly basis, study Call Center reports for reasons of incoming calls and identify the primary drivers of calls. Bring together Call Center representatives and key staff from related operational departments to design interventions to decrease call volume and/or improve member satisfaction with the health plan.

### ***Treated you with courtesy and respect***

- Operationally define customer service behaviors for Call Center representatives as well as all staff throughout the organization. Train staff on these behaviors.

### ***Additional recommendations***

- Conduct Call Center Satisfaction Survey. Implement a short IVR survey to members within days of their calling customer service to explore/assess their recent experience.
- Implement a service recovery program so that Call Center representatives have guidelines to follow for problem resolution and atonement.
- Acknowledge that all members who respond that they have called customer service have actually talked to plan staff in other areas than the Call Center. Promote the idea of customer service is the responsibility for all staff throughout the organization.



# Action Plans for Improving CAHPS® Scores

## CARE COORDINATION

### ***Personal doctor informed and up-to-date about the care you got from other doctors or other health providers***

- Institute process where the plan notifies the PCP when a member is admitted/discharged from a hospital or SNF. Upon discharge, send a copy of the discharge summary to the PCP.

Care Coordination is an area in which the health plan can be seen as the partner to the physician in the management of a member's care. A plan's words and actions can emphasize the plan's willingness to work with the physician to improve the health of their members and to assist the physician in doing so.

- Offer to work with larger/high volume PCP groups to facilitate EMR connectivity with high volume specialty groups.
- Conduct a referring physician survey with PCPs via the Internet to ascertain the level of communication between PCPs and specific specialists.
- Investigate how the plan can assist the PCP in coordinating care with specialists and ancillary providers.
- Institute a policy and procedure whereby copies of MTM information is faxed/mailed to the member's assigned PCP.
- Have Provider Relations staff interview PCP office staff as to whether they communicate with Specialist offices to request updates on care delivered to patients that the PCP referred to the Specialist.
- Encourage PCP offices to assist members with appointment scheduling with specialists and other ancillary providers and for procedures and tests.





# General Knowledge about Demographic Differences

The commentary below is **based on the Morpace Child Medicaid Book of Business**:

Age	Older respondents tend to be more satisfied than younger respondents.
Health Status	Responses for children whose health status is rated as 'Excellent' or 'Very good' tend to be more satisfied than people who rate the child's health status lower. The 'Excellent/Very good' group scores higher in the following areas: Getting Care Quickly, How Well Doctors Communicate, Getting Needed Care, three rating questions (Health Care, Personal Doctor and Health Plan) and Coordination of Care.
Education	In the Morpace Book of Business, the more educated respondents (some college or more) have significantly higher scores for Getting Care Quickly, How Well Doctors Communicate and Getting Needed Care. The less educated respondents have significantly higher scores for all rating questions.
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.	
Race	<p>Whites tend to give higher scores to both the rating and composite questions than the African Americans or the 'All other' group. Significantly higher scores are noted for Whites in the following composites: Getting Care Quickly and Getting Needed Care. Scores for 'All other' tend to be lower across the board.</p> <p>Morpace Book of Business: White - 52%, African American - 25%, All other - 27%</p> <p>Growing evidence denotes that lower satisfaction ratings from Asian Americans are partially attributable to cultural differences in their response tendencies. Therefore, the lower scores for 'All other' might not reflect an accurate comparison of their experience with health care.</p>
Ethnicity	Non-Hispanic respondents have significantly higher scores for Getting Care Quickly, How Well Doctors Communicate and Getting Needed Care. Hispanics have significantly higher scores for all rating questions. Hispanics make up 41% of the Morpace Book of Business.

# Demographic Profile

## Child Demographics

AmeriHealth Caritas Louisiana						
General Population		2016 Quality Compass®-General Population	CCC Population		2016 Quality Compass®-CCC Population	
2016	2017		2016	2017		
77%	76%	76%	59%	58%	57%	
19%	18%	19%	27%	29%	31%	
4%	6%	5%	15%	13%	12%	
72%	68%	75%	43%	42%	44%	
22%	19%	17%	31%	31%	31%	
6%	13%	8%	27%	27%	25%	
6%	7%	NA	3%	3%	NA	
25%	21%	NA	15%	9%	NA	
26%	18%	NA	23%	25%	NA	
27%	30%	NA	38%	35%	NA	
16%	24%	NA	21%	28%	NA	
56%	50%	52%	63%	56%	59%	
44%	50%	48%	37%	44%	41%	
15%	16%	34%	8%	10%	22%	
43%	43%	46%	46%	41%	75%	
48%	44%	20%	53%	55%	36%	
1%	3%	5%	1%	0%	7%	
0%	0%	1%	0%	1%	1%	
3%	2%	3%	5%	1%	5%	
8%	9%	13%	4%	7%	20%	

Data shown are self reported.  
NA = Data not available.



# Demographic Profile

## Respondent Demographics

		AmeriHealth Caritas Louisiana					
		General Population		2016 Quality Compass®- General Population	CCC Population		2016 Quality Compass®-CCC Population
		2016	2017		2016	2017	
<b>Q7. Number of Times Going to Doctor's Office/Clinic for Care</b>							
	None	21%	21%	25%	11%	12%	12%
	1 time	25%	25%	26%	15%	17%	19%
	2 times	25%	21%	22%	22%	23%	24%
	3 times	14%	14%	12%	18%	19%	17%
	4 times	6%	8%	6%	8%	9%	10%
	5-9 times	7%	9%	6%	18%	15%	13%
	10 or more times	3%	2%	2%	8%	5%	5%
<b>Q31. Number of Times Visited Personal Doctor to Get Care</b>							
	None	16%	17%	21%	9%	8%	13%
	1 time	31%	26%	32%	22%	20%	27%
	2 times	28%	24%	23%	26%	27%	25%
	3 times	11%	14%	12%	15%	17%	15%
	4 times	6%	9%	6%	5%	11%	8%
	5-9 times	7%	7%	5%	17%	12%	10%
	10 or more times	2%	3%	1%	6%	5%	3%
<b>Q78. Respondent's Age</b>							
	Under 18	9%	10%	6%	12%	9%	8%
	18 to 24	7%	5%	6%	4%	2%	3%
	25 to 34	36%	26%	32%	31%	25%	27%
	35 to 44	32%	34%	34%	25%	29%	32%
	45 to 54	8%	13%	15%	15%	17%	17%
	55 to 64	4%	9%	5%	8%	13%	9%
	65 or older	4%	3%	2%	6%	5%	4%
<b>Q79. Respondent's Gender</b>							
	Male	9%	10%	12%	9%	8%	10%
	Female	91%	90%	88%	91%	92%	90%
<b>Q80. Respondent's Education</b>							
	Did not graduate high school	21%	23%	21%	25%	21%	16%
	High school graduate or GED	34%	37%	34%	32%	39%	33%
	Some college or 2-year degree	36%	29%	32%	34%	31%	38%
	4-year college graduate	7%	7%	8%	5%	6%	8%
	More than 4-year college degree	2%	5%	5%	3%	4%	5%

Data shown are self reported.



# Composite & Rating Scores by Demographics - General Population

Demographic	AmeriHealth Caritas Louisiana														
	Child's Age					Child's Race			Child's Ethnicity		Respondent's Educational Level		Child's Health Status		
	1 yr and under	2-5 yrs	6-9 yrs	10-14 yrs	15-18 yrs	White	African American	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/Very Good	Good	Fair/Poor
Sample size	(n=19)	(n=60)	(n=53)	(n=87)	(n=69)	(n=128)	(n=130)	(n=43)	(n=46)	(n=238)	(n=170)	(n=114)	(n=223)	(n=52)	(n=17)
Composites (% Always/Usually)															
Getting Care Quickly	100	82	93	82	96	93	85	72	71	90	82	94	88	84	86
Shared Decision Making (% Yes)	67	69	88	72	82	81	74	43	53	81	81	71	75	75	87
How Well Doctors Communicate	93	96	92	94	97	96	94	93	92	95	94	96	95	94	93
Getting Needed Care	84	96	93	90	93	95	87	91	93	91	92	91	94	87	79
Customer Service	92	95	83	88	88	86	90	89	78	91	88	90	88	93	88
Overall Ratings (% 8,9,10)															
Health Care	88	90	88	85	87	85	87	93	90	87	89	86	91	77	86
Personal Doctor	100	96	87	88	91	88	91	92	95	90	90	91	91	89	100
Specialist	100	80	87	89	92	89	82	89	88	88	88	92	86	87	100
Health Plan	100	93	85	87	91	91	88	90	98	87	90	89	90	87	88

# Supplemental Questions

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## Supplemental Questions – Doctor Communication

**Q84. In the last 6 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns?**

	2017
Always	77%
Usually	13%
Sometimes	6%
Never	4%

*Sample Size: (n=531)*

## Supplemental Questions – Wait for Provider

**Q85. In the last 6 months, not counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment and your child actually seeing a health provider?**

	2017
Same day	40%
1 day	24%
2 to 3 days	20%
4 to 7 days	8%
8 to 14 days	4%
15 to 30 days	3%
31 to 60 days	1%
61 to 90 days	0%
91 days or longer	1%

Sample Size: (n=516)

## Supplemental Questions – Treatment Choice

**Q86. In the last 6 months, when there was more than one choice for your child's treatment or health care, did your child's doctor or other health provider ask which choice you thought was best for your child?**

	2017
<b>Definitely yes</b>	<b>60%</b>
<b>Somewhat yes</b>	<b>22%</b>
<b>Somewhat no</b>	<b>6%</b>
<b>Definitely no</b>	<b>11%</b>

*Sample Size: (n=458)*



# Supplemental Questions – Authorizations

**Q87. Certain services, such as home health care, durable medical equipment (DME), and some procedures require authorization from AmeriHealth Caritas Louisiana. If you have required an authorization over the past 6 months, did the authorization slow down your ability to receive your desired care or service?**

	2017
No, I received an authorization quickly	77%
Yes, the authorization process slowed the process down some	16%
Yes, the authorization process slowed the process down a lot	7%

*Sample Size:* (n=166)

## Supplemental Questions – Specialists

**Q88. In the last 6 months, if you had trouble getting an appointment for your child to see a specialist, what type of specialist was it hard to get an appointment with?  
(Multiple Mentions)**

	2017
Allergy Doctor	15%
Skin Doctor	13%
Heart Doctor	2%
Surgeon	2%
Lung Doctor	2%
Other	71%
Sample Size: (n=48)	

# Supplemental Questions – Specialists

**Q89. In the last 6 months, if you had a hard time getting an appointment for your child to see a specialist, why was it not easy to get an appointment with a specialist?  
(Multiple Mentions)**

	2017
Long wait for specialist appointment	32%
My child's primary doctor decided to treat him or her instead of sending them to a specialist	19%
Specialist I wanted to see was not included in my child's health plan	14%
Specialist I wanted to see did not have an appointment when I wanted it	14%
The specialist's office was too far from my home or work	6%
Other	19%

*Sample Size:* (n=78)

## Supplemental Questions – Information

**Q90. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your child's health plan works?**

	2017
Always	41%
Usually	19%
Sometimes	16%
Never	24%

*Sample Size: (n=248)*

## Supplemental Questions – Information

**Q91. When your child's plan needs to share information with you, how do you prefer to receive this information?  
(Multiple Mentions)**

	2016	2017
By postal mail	71%	64%
A phone call from someone at the plan	19%	25%
By email	15%	22%
By text message	15%	18%
Mobile phone app	6%	7%
On the plan's website	10%	3%
Sample Size:	(n=518)	(n=569)

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# 2017 CAHPS® Adult Medicaid Survey Summary Report

AmeriHealth Caritas Louisiana

July 2017



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*\*Detailed exhibits and data tables available in online reporting portal.*

# 2017 Executive Highlights

Summary Rate Scores (% Positive Response)			
COMPOSITE SCORES	2017	2016	2017 Score versus 2016 Quality Compass
Getting Care Quickly	82%	84%	56 <sup>th</sup>
How Well Doctors Communicate	90%	89%	32 <sup>nd</sup>
Care Coordination	71%	81%	1 <sup>st</sup>
Getting Needed Care	82%	78%	59 <sup>th</sup>
Customer Service	88%	89%	55 <sup>th</sup>
Shared Decision Making	76%	74%	14 <sup>th</sup>
OVERALL RATING SCORES			
Health Care	70%	72%	20 <sup>th</sup>
Personal Doctor	78%	78%	26 <sup>th</sup>
Specialist	76%	84%	14 <sup>th</sup>
Health Plan	78%	77%	66 <sup>th</sup>

Green (light) shade = relative strength Red (dark) shade = relative weakness

2017 NCQA Accreditation CAHPS Points			
Approx. 2017 Percentile Threshold	2017 Approx. Points	2016 Approx. Points	Difference from 2016
50 <sup>th</sup>	1.105	1.444	-0.339
NA	NA	NA	NA
Below 25 <sup>th</sup>	0.325	1.271	-0.946
50 <sup>th</sup>	1.105	0.578	0.527
90 <sup>th</sup>	1.625	1.444	0.181
NA	NA	NA	NA
Below 25 <sup>th</sup>	0.325	0.578	-0.253
25 <sup>th</sup>	0.650	0.578	0.072
NA	NA	1.444	NA
50 <sup>th</sup>	2.210	1.964	0.246
	7.345	9.301	-1.956

Total Possible CAHPS Points = 13.00



## Key Learnings from these tables:

- The **Summary Rate Scores** show the proportion of members who rate the plan favorably on a measure - 100% is the highest.
- Comparing the plan's percentages for the current year against last year, you can quickly see where the plan improved or declined.
- Colored arrows denote significant changes from last year, and likely play a role in changes to the plan's overall CAHPS accreditation points.
- The Quality Compass percentiles provide an indication of how the plan fared against *last year's* national average - 100<sup>th</sup> is the highest.
- The **NCQA Accreditation CAHPS Points** are approximated due to rounding because NCQA provides only two digits after the decimal but uses six digits in their actual calculation.
- NCQA awards CAHPS points based on the percentile in which the plan places for each measure. The maximum total points for all measures is 13.
- By measure, the plan earns maximum points when ranked 90<sup>th</sup> percentile or above, and minimum points for falling below the 25<sup>th</sup> percentile.
- Importantly, the Health Plan Overall Rating measure earns double points so it always plays a key role in the plan's Total CAHPS Points.





# Background, Protocol and Sample

## **Background**

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

## **Protocol**

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

**Pre-notification postcard mailed (optional)**

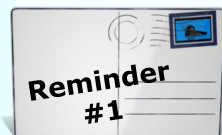


**Questionnaire with cover letter and business reply envelope (BRE) mailed**



**Internet link included on cover letter (optional)**

**1st reminder postcard mailed**

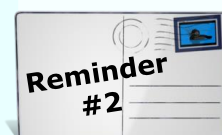


**Replacement questionnaire with cover letter and BRE to all non-responders**



**Internet link included on cover letter (optional)**

**2nd reminder postcard mailed**



**Telephone interviews conducted with non-responders (min of 3/max of 6 attempts)**



- AmeriHealth Caritas Louisiana chose the mail/telephone protocol with pre-notification postcard.

## **Sample**

	Sample Size	Total Completes	English Completes	Spanish Completes
AmeriHealth Caritas Louisiana	1620	304	302	2

# Disposition Summary and Response Rate

- A response rate is calculated for those members who were eligible and able to respond.
- A completed questionnaire is defined as a respondent who completed three of the five required questions that all respondents are eligible to answer (question #3,15, 24, 28, 35).
- According to NCQA protocol, ineligible members include those who are deceased, do not meet eligible population criteria, have a language barrier, or are either mentally or physically incapacitated.
- Non-responders include those members who refuse to participate in the current year's survey, could not be reached due to a bad address or telephone number, members that reached a maximum attempt threshold without a response, or members that did not meet the completed survey definition.
- The table below shows the total number of members in the sample that fell into each of the various disposition categories.

## AmeriHealth Caritas Louisiana 2017 Disposition Summary

Ineligible	Number
Deceased	2
Does not meet eligible population criteria	4
Language barrier	2
Mentally/physically incapacitated	0
<b>Total Ineligible</b>	<b>8</b>

Non-response	Number
Partial complete	20
Refusal	34
Maximum attempts made	1254
Do Not Call list	0
<b>Total Non-response</b>	<b>1308</b>

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

$$\frac{\text{Total completed surveys}}{\text{Sample size} - \text{Ineligible surveys}} = \text{Response Rate}$$

- Using the final figures from AmeriHealth Caritas Louisiana's survey, the 2017 response rate is calculated using the equation below:

$$\text{Response Rate} = \frac{\text{Mail (212)} + \text{Phone (92)} + \text{Internet (0)}}{\text{Total Sample (1620)} - \text{Total Ineligible (8)}} = \frac{304}{1612} = 19\%$$

*Memo:*  
2016 NCQA Avg.  
Response Rate = 25%



# Summary of Key Measures

- For purposes of reporting the CAHPS® results in HEDIS® (Healthcare Effectiveness Data and Information Set) and for scoring for health plan accreditation, the National Committee for Quality Assurance (NCQA) uses 5 composite measures and 4 rating questions from the survey.
- Each of the composite measures is the average of 2 - 4 questions on the survey, depending on the measure, while each rating score is based on a single question. CAHPS® scores are most commonly shown using Summary Rate scores (percentage of positive responses).

AmeriHealth Caritas Louisiana				
Trended Data				
Composite Measures	2014	2015	2016	2017
Getting Care Quickly	77%	82%	84%	82%
Shared Decision Making	NA	81%	74%	76%
How Well Doctors Communicate	86%	87%	89%	90%
Getting Needed Care	77%	80%	78%	82%
Customer Service	80%	89%↑	89%	88%
Overall Rating Measures				
Health Care	62%	67%	72%	70%
Personal Doctor	75%	78%	78%	78%
Specialist	81%	79%	84%	76%
Health Plan	63%	73%↑	77%	78%
HEDIS® Measures				
Flu Vaccinations	39%	39%	35%	33%
Advising Smokers and Tobacco Users to Quit*	81%	83%	78%	77%
Discussing Cessation Medications*	44%	43%	44%	48%
Discussing Cessation Strategies*	36%	45%↑	45%	43%
Health Promotion & Education	71%	71%	76%	75%
Care Coordination	78%	72%	81%	71%
Sample Size	1620	1620	1625	1620
# of Completes	327	344	293	304
Response Rate	21%	21%	18%	19%

↑/↓ Statistically higher/lower compared to prior year results.  
NA=Data not available

\*Measure is reported using a Rolling Average Methodology. The score shown is the reportable score for the corresponding year.



# Comparison to Quality Compass®

Adult Medicaid Survey Questions	AmeriHealth Caritas Louisiana		2016 Adult Medicaid Quality Compass®							
	2017	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th
<b>Getting Care Quickly (% Always/Usually)</b>	<b>81.52</b>	56th	80.06	70.47	74.32	77.74	80.52	83.36	85.67	86.05
<b>How Well Doctors Communicate (% Always/Usually)</b>	<b>89.86</b>	32nd	90.73	86.78	87.82	89.48	90.96	92.37	93.47	94.29
Q22 Care Coordination (% Always/Usually)	71.17	1st	81.76	74.80	75.84	79.65	81.57	84.62	86.61	87.80
<b>Getting Needed Care (% Always/Usually)</b>	<b>81.89</b>	59th	80.43	73.09	75.07	78.23	81.11	83.36	85.67	86.45
<b>Customer Service (% Always/Usually)</b>	<b>88.15</b>	55th	87.54	82.42	84.07	85.45	87.45	89.80	91.04	91.88
<b>Shared Decision Making (% Yes)</b>	<b>75.84</b>	14th	79.20	73.31	74.73	77.37	79.70	81.24	82.80	83.65
Q13 Rating of Health Care (% 8, 9, 10)	69.92	20th	73.52	65.25	67.51	70.83	74.06	76.47	78.91	79.82
Q23 Rating of Personal Doctor (% 8, 9, 10)	78.30	26th	80.23	74.09	75.55	77.88	80.58	82.48	84.80	85.61
Q27 Rating of Specialist (% 8, 9, 10)	76.40	14th	80.42	74.61	75.62	78.10	80.75	82.78	84.81	86.40
Q35 Rating of Health Plan (% 8, 9, 10)	77.62	66th	74.97	65.94	68.10	71.67	75.70	78.78	81.37	83.10

## Legend:

95th = Plan score falls on or above 95th percentile  
 90th = Plan score falls on 90th or below 95th percentile  
 75th = Plan score falls on 75th or below 90th percentile  
 50th = Plan score falls on 50th or below 75th percentile  
 25th = Plan score falls on 25th or below 50th percentile  
 10th = Plan score falls on 10th or below 25th percentile  
 5th = Plan scores falls below 10th percentile

The 2016 Adult Medicaid Quality Compass® consists of 191 public and non-public reporting health plan products (All Lines of Business excluding PPOs).



# Accreditation Details

## Scoring for NCQA Accreditation (Includes How Well Doctors Communicate)

				2017 NCQA National Accreditation Comparisons*						
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l		
				Accreditation Points	0.325	0.650	1.105	1.430	1.625	
Composite Scores	Sample Size	Mean	Approximate Percentile Threshold							Approximate Score
Getting Care Quickly	(n=184)	2.442	50 <sup>th</sup>		2.33	2.40	2.45	2.49		1.105
How Well Doctors Communicate	(n=202)	2.655	90 <sup>th</sup>		2.48	2.54	2.58	2.64		1.625
Getting Needed Care	(n=165)	2.387	50 <sup>th</sup>		2.28	2.35	2.41	2.45		1.105
Customer Service	(n=109)	2.626	90 <sup>th</sup>		2.48	2.54	2.58	2.61		1.625
Overall Ratings Scores										
Health Care	(n=236)	2.297	Below 25 <sup>th</sup>		2.32	2.38	2.43	2.46		0.325
Personal Doctor	(n=235)	2.447	25 <sup>th</sup>		2.43	2.50	2.53	2.57		0.650
Specialist***	(n=89)	0.000	NA		2.48	2.51	2.56	2.59		NA
				Accreditation Points	0.650	1.300	2.210	2.860	3.250	
Health Plan	(n=286)	2.430	50 <sup>th</sup>		2.35	2.43	2.48	2.53		2.210
Estimated Overall CAHPS® Score:										8.645

**NOTE:** NCQA begins their calculation with an unadjusted raw score showing six digits after the decimal and then compares the adjusted score to their benchmarks and thresholds (also calculated to the sixth decimal place). Starting in 2015, NCQA will no longer use an adjusted score. This report displays accreditation points and scores with only two digits after the decimal. Therefore, the estimated overall CAHPS® score may differ from the sum of the individual scores due to rounding and could differ slightly from official scores provided by NCQA. The CAHPS® measures account for 13 points towards accreditation.

\*Data Source: 2017 Initial Benchmarks and Thresholds.

\*\*\* Not reportable due to insufficient sample size.



# Accreditation Details

## Scoring for NCQA Accreditation (Includes Care Coordination)

### 2017 NCQA National Accreditation Comparisons\*

	Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l
<b>Accreditation Points</b>	<b>0.325</b>	<b>0.650</b>	<b>1.105</b>	<b>1.430</b>	<b>1.625</b>

<u>Composite Scores</u>	Sample Size	Mean	Approximate Percentile Threshold						<i>Approximate Score</i>
Getting Care Quickly	(n=184)	<b>2.442</b>	50 <sup>th</sup>		2.33	2.40	2.45	2.49	<b>1.105</b>
Getting Needed Care	(n=165)	<b>2.387</b>	50 <sup>th</sup>		2.28	2.35	2.41	2.45	<b>1.105</b>
Customer Service	(n=109)	<b>2.626</b>	90 <sup>th</sup>		2.48	2.54	2.58	2.61	<b>1.625</b>
Care Coordination	(n=111)	<b>2.216</b>	Below 25 <sup>th</sup>		2.34	2.39	2.44	2.50	<b>0.325</b>
Health Care	(n=236)	<b>2.297</b>	Below 25 <sup>th</sup>		2.32	2.38	2.43	2.46	<b>0.325</b>
Personal Doctor	(n=235)	<b>2.447</b>	25 <sup>th</sup>		2.43	2.50	2.53	2.57	<b>0.650</b>
Specialist***	(n=89)	<b>0.000</b>	NA		2.48	2.51	2.56	2.59	<b>NA</b>
				<b>Accreditation Points</b>	<b>0.650</b>	<b>1.300</b>	<b>2.210</b>	<b>2.860</b>	<b>3.250</b>
Health Plan	(n=286)	<b>2.430</b>	50 <sup>th</sup>		2.35	2.43	2.48	2.53	<b>2.210</b>

**Estimated Overall  
CAHPS® Score:**

**7.345**

**NOTE:** NCQA begins their calculation with an unadjusted raw score showing six digits after the decimal and then compares the adjusted score to their benchmarks and thresholds (also calculated to the sixth decimal place). Starting in 2015, NCQA will no longer use an adjusted score. This report displays accreditation points and scores with only two digits after the decimal. Therefore, the estimated overall CAHPS® score may differ from the sum of the individual scores due to rounding and could differ slightly from official scores provided by NCQA. The CAHPS® measures account for 13 points towards accreditation.

\*Data Source: 2017 Initial Benchmarks and Thresholds.

\*\*\* Not reportable due to insufficient sample size.



# Key Driver Analysis and Action Plans

## Action Plan – Rating of Health Plan

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

1. The relative importance of the individual issues (Correlation to overall measures)
2. The current levels of performance on each issue (Percentile group in Quality Compass®)

Plans should take action to improve items that are both highly correlated to the overall measure, and currently rated low when compared to national averages (Quality Compass®). Below is a list of items that are considered a High Priority for Improvement to the Overall Rating of Health Plan as well as the Primary Recommendation for improving this measure. For more ideas on how to improve your scores, please see the *Action Plans for Improving CAHPS® Scores* section of this report.

### High Priority for Improvement (High correlation/Relatively low performance)

#### Overall Rating of Health Plan

#### Primary Recommendation

Q18 - Listen Carefully to You



Provide the physicians with patient education materials. These materials could reinforce that the physician has heard the concerns of the patient and/or that they are interested in the well-being of the patient. The materials might also speak to a healthy habit that the physician wants the patient to adopt, thereby reinforcing the communication and increasing the chances for compliance. Materials should be available in appropriate/relevant languages and reading levels for the population.

Q19 - Show Respect for What You Had to Say



Conduct focus group of members to identify examples of behaviors identified in the questions. Video the groups to show physicians how patients characterize excellent and poor physician performance.

Q14 - Easy to Get Care Believed Necessary



Evaluate pre-certification, authorization, and appeals processes. Of even more importance is to evaluate the manner in which the decisions are communicated to the member. Members may be told that the health plan has not approved specific care, tests, or treatment, but are not being told why. The health plan should go the extra step to ensure that the member understands the decision and hears directly from them.

Q17 - Explain Things in a Way You Could Understand























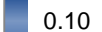

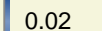



Include supplemental questions from the Item Set for Addressing Health Literacy to identify communication issues.



# Key Driver Analysis – Health Plan

## Q35. Rating of Health Plan

			<u>Composite</u>	<u>Sample Size</u>	<u>Health Plan's Score</u>	<u>Plan's Percentile</u>
Q18. Listen carefully to you		0.41		203	88.67%	16 <sup>th</sup>
Q19. Show respect for what you had to say		0.39		203	91.63%	33 <sup>rd</sup>
Q14. Easy to get care believed necessary		0.38		237	81.86%	37 <sup>th</sup>
Q17. Explain things in a way you could understand		0.38		203	89.16%	21 <sup>st</sup>
Q25. Easy to get appointment with specialist		0.36		94	81.91%	79 <sup>th</sup>
Q20. Spend enough time with you		0.35		200	90.00%	70 <sup>th</sup>
Q32. Treated you with courtesy and respect		0.32		109	93.58%	42 <sup>nd</sup>
Q31. Got information or help needed		0.30		110	82.73%	65 <sup>th</sup>
Q6. Getting appointment as soon as needed		0.24		222	81.53%	73 <sup>rd</sup>
Q4. Getting care as soon as needed		0.23		146	81.51%	34 <sup>th</sup>
Q12. Asked preference for medicine		0.17		118	76.27%	39 <sup>th</sup>
Q11. Discussed reasons not to take medicine		0.10		119	64.71%	22 <sup>nd</sup>
Q10. Discussed reasons to take medicine		0.02		119	86.55%	2 <sup>nd</sup>

0.0 0.5 1.0

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

Q18 - Listen Carefully to You  
Q19 - Show Respect for What You Had to Say  
Q14 - Easy to Get Care Believed Necessary  
Q17 - Explain Things in a Way You Could Understand

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

Q25 - Easy to Get Appointment with Specialist  
Q20 - Spend Enough Time with You

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

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

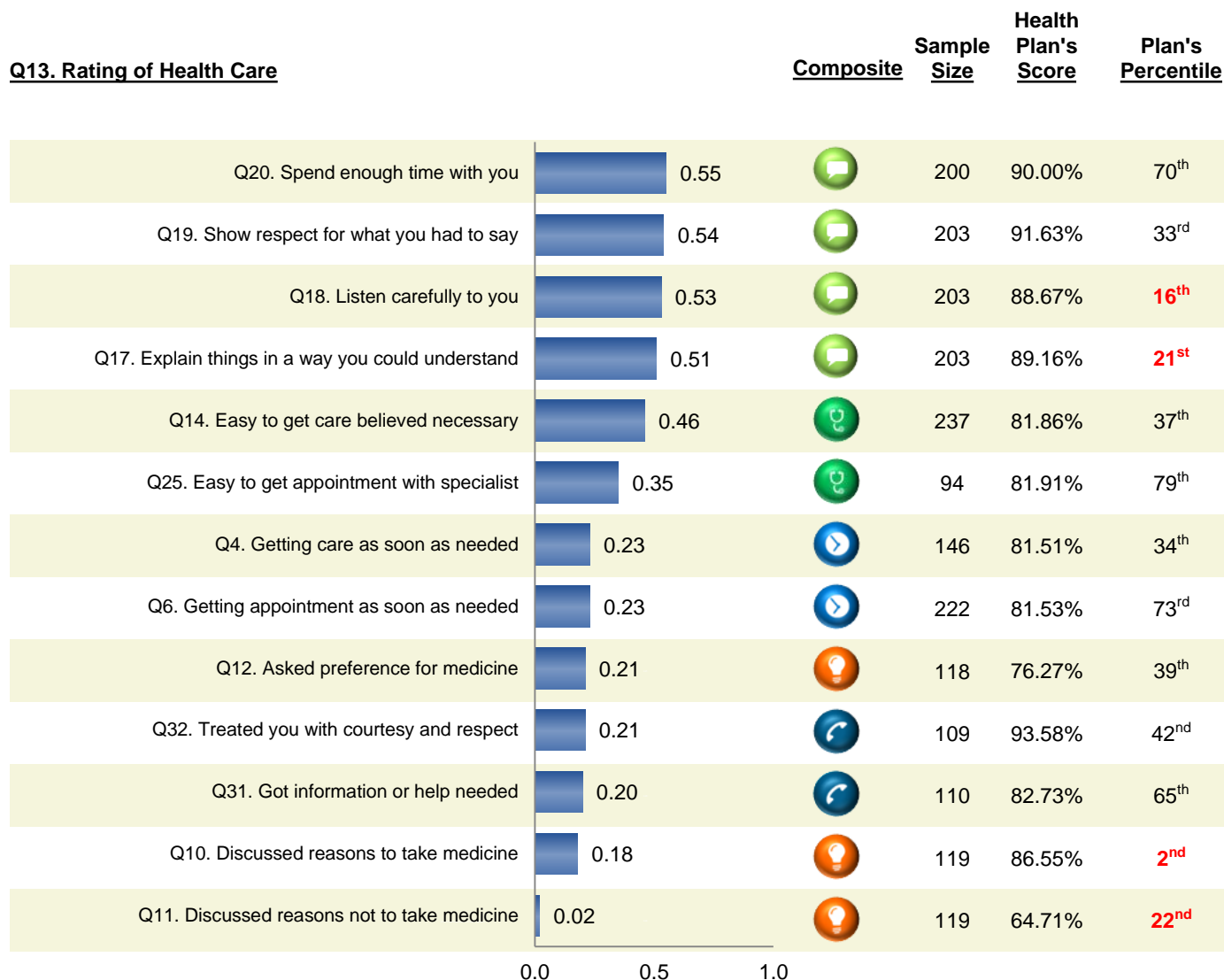
Red Text indicates measure is 25th percentile or lower.





# Key Driver Analysis – Health Care

## Q13. Rating of Health Care



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

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

Red Text indicates measure is 25th percentile or lower.



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

Q19 - Show Respect for What You Had to Say

Q18 - Listen Carefully to You

Q17 - Explain Things in a Way You Could Understand

**Continue to Target Efforts**

(High Correlation/  
Higher Quality Compass® Group)

Q20 - Spend Enough Time with You



Getting Care Quickly



Shared Decision Making



How Well Doctors Communicate

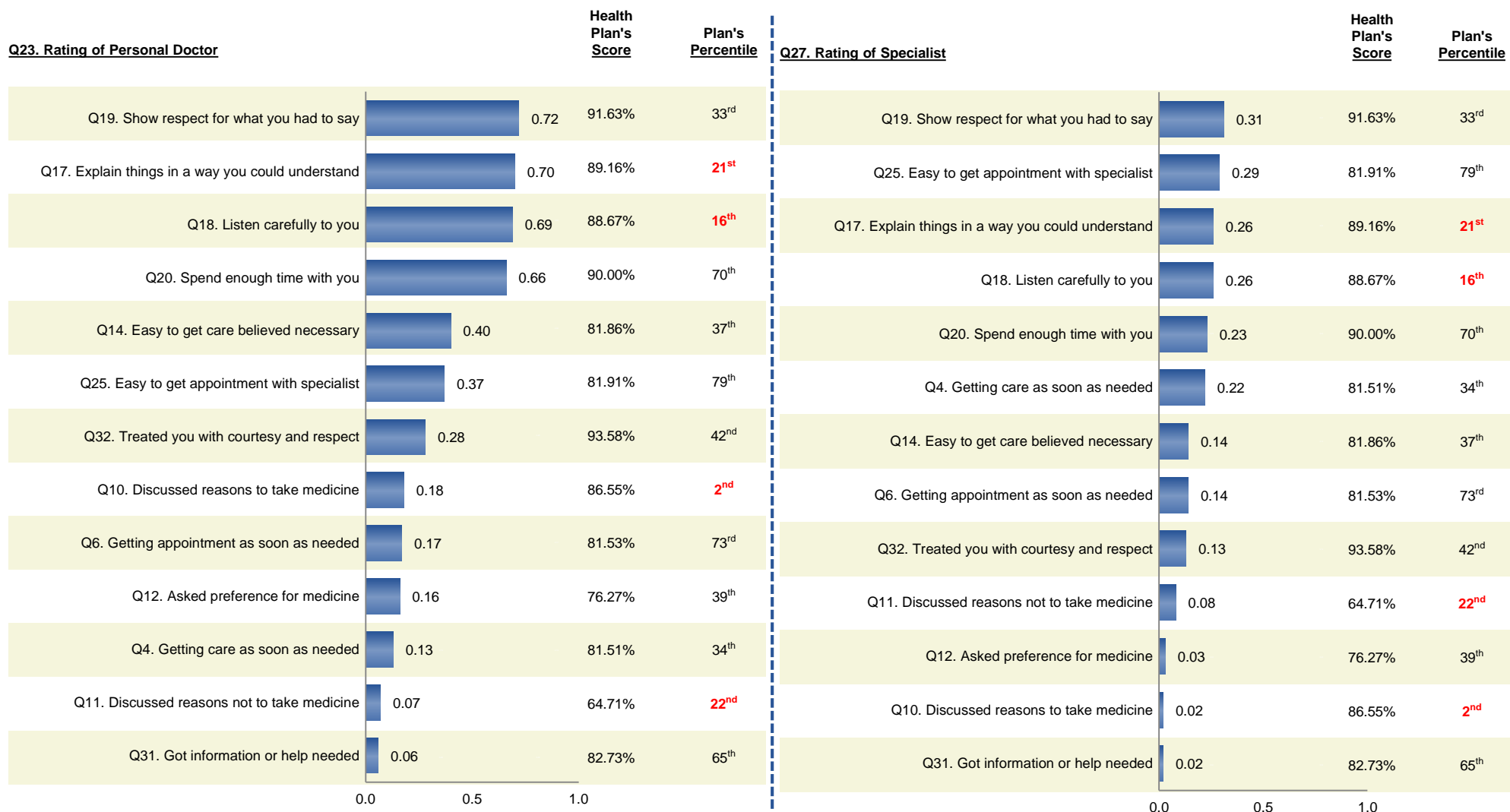


Getting Needed Care



Customer Service

# Key Driver Analysis – Doctor and Specialist



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

Red Text indicates measure is 25th percentile or lower.



# Action Plans for Improving CAHPS® Scores

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

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

<http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/improvement-guide.html>

## GETTING NEEDED CARE (1 of 2)

### *Easy to get appointment with specialist*

- Develop referral guidelines to identify which clinical conditions the PCPs should manage themselves and which should be referred to the specialists.
- Review authorization and referral patterns for internal barriers to member access to needed specialists. Include Utilization Management staff in the review process to assist in barrier identification and process improvement development.
- Review Complaint and Grievance information to assess if issues are with the process of getting a referral/authorization to a specialist, or if the issue is the wait time to get an appointment.
- Include supplemental questions on the CAHPS® survey to determine whether the difficulty is in obtaining the initial consult or subsequent appointments.
- Include a supplemental question on the CAHPS® survey to determine with which type of specialist members have difficulty making an appointment.
- Perform a GeoAccess study of your panel of specialists to assure that there are an adequate number of specialists and that they are dispersed geographically to meet the needs of your members.
- Instruct Provider Relations staff to question PCP office staff regarding which types of specialists they have the most problems scheduling appointments for their patients.
- Conduct an Access to Care survey to validate appointment availability of specialist appointments.
- Include specialists in a CG-CAHPS Study to determine ease of access as well as other issues with specialist care.
- Develop a worksheet which could be completed and given to the patient by the PCP explaining the need and urgency of the referral as well as any preparation on the patient's part prior to the appointment with the specialist. Including the patient in the decision making process improves the probability that the patient will visit the specialist.
- Develop materials to introduce and promote your specialist network to the PCPs and encourage the PCPs to develop new referral patterns that align with the network.



# Action Plans for Improving CAHPS® Scores

## GETTING NEEDED CARE (2 of 2)

### ***Easy to get care believed necessary***

- Evaluate pre-certification, authorization, and appeals processes. Of even more importance is to evaluate the manner in which the decisions are communicated to the member. Members may be told that the health plan has not approved specific care, tests, or treatment, but are not being told why. The health plan should go the extra step to ensure that the member understands the decision and hears directly from them.

### ***Additional recommendations***

- Include a supplemental question on the CAHPS® survey to identify the type of care, test or treatment which the member has a problem obtaining.
- Review complaints received by Customer Service regarding inability to receive care, tests or treatments. Identify the issues generating the highest number of complaints and prioritize improvement activities to address these first.
- When care or treatment is denied, care should be taken to ensure that the message is understood by both the provider and the member. Evaluate language utilized in denial letters and scripts for telephonic notifications of denials to make sure messaging is clear and appropriate for a lay person. If state regulations mandate denial format and language in written communications, examine ways to also communicate denial decisions verbally to reinforce reasons for denial.



# Action Plans for Improving CAHPS® Scores

## GETTING CARE QUICKLY

### ***Getting care as soon as you needed***

- Distribute to members listings of Urgent Care/After Hours Care options available in network. Promote Nurse on Call lines as part of the distribution. Refrigerator magnets with Nurse On-Call phone numbers and names of participating Urgent Care centers are very effective in this population.

### ***Getting appointment as soon as needed***

- Encourage PCP offices to implement open access scheduling – allowing a portion of each day to be left open for urgent care and follow-up care.

### ***Additional recommendations***

- Include in member newsletters articles regarding scheduling routine care and check ups and informing members of the average wait time for a routine appointment for your network.
- Identify for members, PCP, Pediatric and OB/GYN practices that offer evening and weekend hours.
- Encourage PCP offices to make annual appointments 12 months in advance
- Conduct an Access to Care Study
  - Calls to physician office - unblinded
  - Calls to members with recent claims
  - Desk audit by provider relations staff
- Conduct a CG-CAHPS survey to identify offices with scheduling issues



# Action Plans for Improving CAHPS® Scores

## HOW WELL DOCTORS COMMUNICATE

### ***Explain things in a way you could understand***

- Include supplemental questions from the Item Set for Addressing Health Literacy to identify communication issues.

### ***Listen carefully to you***

- Provide the physicians with patient education materials. These materials could reinforce that the physician has heard the concerns of the patient and/or that they are interested in the well-being of the patient. The materials might also speak to a healthy habit that the physician wants the patient to adopt, thereby reinforcing the communication and increasing the chances for compliance. Materials should be available in appropriate/relevant languages and reading levels for the population.

### ***Show respect for what you had to say***

- Conduct focus group of members to identify examples of behaviors identified in the questions. Video the groups to show physicians how patients characterize excellent and poor physician performance.

### ***Spend enough time with you***

- Develop “Questions Checklists” on specific diseases to be used by members when speaking to doctors. Have these available in office waiting rooms or provided by office staff prior to the patient meeting with the doctor. The doctor can review and discuss the checklist during the office visit.

### ***Additional recommendations***

- Conduct a CG-CAHPS survey to identify physicians for whom improvement plans should be developed.
- Provide communication tips in the provider newsletters. Often, these are better accepted if presented as a testimonial from a patient.



# Action Plans for Improving CAHPS® Scores

## SHARED DECISION MAKING

### ***Discussed reasons to take medicine***

- Develop patient education materials about common medicines described for your members explaining pros of each medicine.  
Examples: asthma medications, high blood pressure medications, statins.

### ***Discussed reasons not to take medicine***

- Develop patient education materials about common medicines described for your members explaining cons of each medicine.  
Examples: asthma medications, high blood pressure medications, statins.

### ***Asked preference for medicine***

- Conduct a CG-CAHPS survey and include the Shared Decision Making Composite as supplemental questions.

### ***Additional recommendations***

- Develop or purchase audio recordings and/or videos of patient/doctor dialogues/vignettes with information about common medications.  
Distribute to provider panel via podcast or other method.



# Action Plans for Improving CAHPS® Scores

## HEALTH PLAN CUSTOMER SERVICE

### ***Got information or help needed***

- On a monthly basis, study Call Center reports for reasons of incoming calls and identify the primary drivers of calls. Bring together Call Center representatives and key staff from related operational departments to design interventions to decrease call volume and/or improve member satisfaction with the health plan.

### ***Treated you with courtesy and respect***

- Operationally define customer service behaviors for Call Center representatives as well as all staff throughout the organization. Train staff on these behaviors.

### ***Additional recommendations***

- Conduct Call Center Satisfaction Survey. Implement a short IVR survey to members within days of their calling customer service to explore/assess their recent experience.
- Implement a service recovery program so that Call Center representatives have guidelines to follow for problem resolution and atonement.
- Acknowledge that all members who respond that they have called customer service have actually talked to plan staff in other areas than the Call Center. Promote the idea of customer service is the responsibility for all staff throughout the organization.





# Action Plans for Improving CAHPS® Scores

## CARE COORDINATION

### ***Personal doctor informed and up-to-date about the care you got from other doctors or other health providers***

- Institute process where the plan notifies the PCP when a member is admitted/discharged from a hospital or SNF. Upon discharge, send a copy of the discharge summary to the PCP.

Care Coordination is an area in which the health plan can be seen as the partner to the physician in the management of a member's care. A plan's words and actions can emphasize the plan's willingness to work with the physician to improve the health of their members and to assist the physician in doing so.

- Offer to work with larger/high volume PCP groups to facilitate EMR connectivity with high volume specialty groups.
- Conduct a referring physician survey with PCPs via the Internet to ascertain the level of communication between PCPs and specific specialists.
- Investigate how the plan can assist the PCP in coordinating care with specialists and ancillary providers.
- Institute a policy and procedure whereby copies of MTM information is faxed/mailed to the member's assigned PCP.
- Have Provider Relations staff interview PCP office staff as to whether they communicate with Specialist offices to request updates on care delivered to patients that the PCP referred to the Specialist.
- Encourage PCP offices to assist members with appointment scheduling with specialists and other ancillary providers and for procedures and tests.



# General Knowledge about Demographic Differences

The commentary below is **based on the Morpace Adult Medicaid Book of Business**:

Age	Older respondents tend to be more satisfied with their health care experience and health plan than younger respondents. The older population scores significantly higher in the following areas: Getting Care Quickly, Getting Needed Care, Customer Service, Care Coordination (Q22), all rating questions, and obtaining the flu shot or spray.
Health Status	People who rate their health status as 'Excellent' or 'Very good' tend to be more satisfied than people who rate their health status lower. The 'Excellent/Very good' group scores higher in the following areas: Shared Decision Making, How Well Doctors Communicate, Getting Needed Care, all rating questions, and Care Coordination (Q22). The exceptions are Getting appointment as soon as needed (Q6) and obtaining the flu shot or spray, where members rating their health status 'Fair/Poor' had significantly higher responses.
Education	Scores do not vary much when comparing education level. Shared Decision Making is the only composite where the more educated members have a significantly higher score. Less educated members have a significantly higher score for Care Coordination (Q22), Rating of Personal Doctor, and Rating of Health Plan.
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.	
Race	<p>Whites tend to give higher ratings to both rating and composite questions than African Americans or the 'All other' group. Significantly higher scores are noted for Whites in the following composites: Getting Care Quickly and Getting Needed Care. Scores for 'All other' tend to be lower across the board.</p> <p>Morpace Book of Business: White - 53%; African American - 31%; All other - 18%</p> <p>Growing evidence denotes that lower satisfaction ratings from Asian Americans are partially attributable to cultural differences in their response tendencies. Therefore, the lower scores for 'All other' might not reflect an accurate comparison of their experience with health care.</p>
Ethnicity	Little difference is seen between the scores for Hispanics and Non-Hispanics for the majority of measures. Non-Hispanics have significantly higher scores for Getting Care Quickly, whereas Hispanics have significantly higher scores for all rating questions, as well as a higher number of members obtaining the flu shot or spray. Hispanics make up 20% of the Morpace Book of Business.



# Demographic Profile

		AmeriHealth Caritas Louisiana				
		2014	2015	2016	2017	2016 Quality Compass®
<b>Q36. Health Status</b>						
	Excellent/Very good	28%	29%	27%	28%	34%
	Good	28%	27%	27%	36%	33%
	Fair/Poor	44%	44%	46%	37%	33%
<b>Q37. Mental/Emotional Health Status</b>						
	Excellent/Very good	32%	36%	27%	35%	44%
	Good	28%	26%	35%	30%	28%
	Fair/Poor	40%	38%	38%	35%	27%
<b>Q52. Member's Age</b>						
	18 to 24	14%	16%	11%	10%	14%
	25 to 34	18%	17%	18%	18%	18%
	35 to 44	15%	19%	15%	15%	17%
	45 to 54	19%	20%	18%	24%	21%
	55 to 64	32%	28%	34%	30%	24%
	65 or older	2%	1%	4%	2%	7%
<b>Q53. Gender</b>						
	Male	28%	25%	33%	38%	37%
	Female	72%	75%	67%	62%	63%
<b>Q54. Education</b>						
	Did not graduate high school	40%	39%	40%	32%	25%
	High school graduate or GED	37%	38%	39%	38%	38%
	Some college or 2-year degree	20%	19%	18%	24%	27%
	4-year college graduate	2%	3%	2%	5%	7%
	More than 4-year college degree	1%	1%	1%	1%	4%
<b>Q55/56. Race/Ethnicity</b>						
	Hispanic or Latino	5%	5%	3%	4%	18%
	White	43%	44%	43%	42%	58%
	African American	52%	49%	52%	53%	25%
	Asian	2%	2%	1%	1%	5%
	Native Hawaiian or other Pacific Islander	0%	0%	0%	0%	1%
	American Indian or Alaska Native	7%	6%	4%	5%	4%
	Other	2%	3%	2%	4%	10%

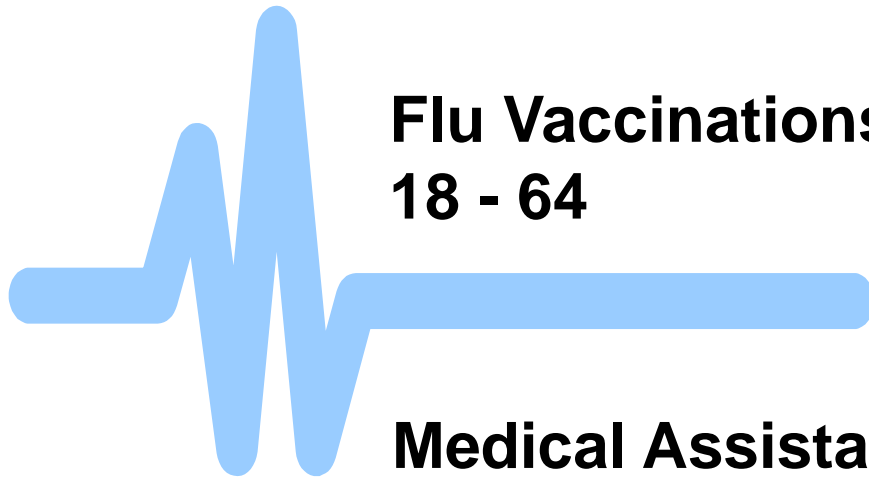
Data shown are self reported.



# Composite & Rating Scores by Demographics

Demographic	AmeriHealth Caritas Louisiana												
	Age			Race			Ethnicity		Educational Level		Health Status		
	18-34	35-54	55+	White	African American	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/Very Good	Good	Fair/Poor
Sample size	(n=84)	(n=117)	(n=96)	(n=128)	(n=160)	(n=27)	(n=12)	(n=272)	(n=205)	(n=89)	(n=82)	(n=106)	(n=110)
<b>Composites (% Always/Usually)</b>													
Getting Care Quickly	74	82	86	79	83	78	70	82	80	87	76	86	81
Shared Decision Making (% Yes)	76	79	73	77	76	79	78	76	74	80	80	77	75
How Well Doctors Communicate	91	91	88	87	94	81	85	90	88	94	94	95	84
Getting Needed Care	73	82	86	79	84	81	73	83	83	80	87	83	79
Customer Service	87	89	89	89	90	92	92	88	86	93	84	91	91
<b>Overall Ratings (% 8,9,10)</b>													
Health Care	66	69	74	72	67	65	80	69	68	72	79	79	54
Personal Doctor	74	82	76	74	81	67	80	77	77	80	83	85	69
Specialist	50	79	80	78	73	90	100	74	79	68	76	68	80
Health Plan	77	76	81	73	81	77	67	78	78	77	86	78	71

# HEDIS® Measures



**Flu Vaccinations for Adults Ages  
18 - 64**

**Medical Assistance with Smoking  
and Tobacco Use Cessation**

# Flu Vaccinations for Adults Ages 18 – 64

- The Flu Vaccinations for Adults Ages 18-64 Measure is designed to report the percent of members:
  - who are between the ages of 18-64 as of July 1st of the measurement year
  - who were continuously enrolled during the measurement year, and
  - who received an influenza vaccination or flu spray between July of the measurement year and the date on which the survey was completed
- Results for this measure are calculated using data collected during the measurement year.
- All members in the sample are asked to answer this question but only the members that meet the age criteria will be included in the results for this measure. Below are the 2017 Reported Results. See Technical Notes for Accreditation Scoring.



	2017 Reported Results*
<b>Q38. Have you had either a flu shot or flu spray in the nose since July 1, 2016?</b>	
Members that meet age criteria (results are not reportable if less than 100)	285
Members that meet age criteria and received a flu vaccination	95
<b>Flu Vaccinations for Adults Rate</b>	<b>33%</b>

2016 Quality Compass®							
Mean	5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
38.46	25.44	28.70	33.79	38.03	43.54	48.01	51.30

**Plan Score:**  
**23rd Percentile**

\* The 2017 Reported Result is calculated using results collected during the measurement year. There must be a total of 100 or more respondents eligible for calculation in the measurement year for the rate to be reportable. The results for this measure became eligible for public reporting in 2015.



# Medical Assistance with Smoking & Tobacco Use Cessation

## *Advising Smokers and Tobacco Users to Quit*

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



	2016	2017	2017 Reported Results*
<b>Q40. Advising Smokers and Tobacco Users to Quit</b>			
Members that meet criteria (results are not reportable if less than 100)	115	116	231
Members that meet criteria and were advised to quit smoking or using tobacco	90	88	178
<b>Advising Smokers and Tobacco Users to Quit Rate</b>	<b>78%</b>	<b>76%</b>	<b>77%</b>

2016 Quality Compass®							
Mean	5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
75.89	64.56	67.83	73.14	76.59	79.36	81.85	83.89

**Plan Score:**  
**53rd Percentile**

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



# Medical Assistance with Smoking & Tobacco Use Cessation

## Discussing Cessation Medications

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



	2016	2017	2017 Reported Results*
<b>Q41. Discussing Cessation Medications</b>			
Members that meet criteria (results are not reportable if less than 100)	114	114	228
Members that meet criteria and discussed medications to quit smoking or using tobacco	55	55	110
<b>Discussing Cessation Medications Rate</b>	<b>48%</b>	<b>48%</b>	<b>48%</b>

2016 Quality Compass®							
Mean	5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
48.12	33.54	36.67	43.01	48.31	53.85	58.39	60.42

**Plan Score:**  
**49th Percentile**

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





# Medical Assistance with Smoking & Tobacco Use Cessation

## Discussing Cessation Strategies

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



	2016	2017	2017 Reported Results*
<b>Q42. Discussing Cessation Strategies</b>			
Members that meet criteria (results are not reportable if less than 100)	114	114	228
Members that meet criteria and discussed methods & strategies to quit smoking or using tobacco	47	52	99
<b>Discussing Cessation Strategies Rate</b>	<b>41%</b>	<b>46%</b>	<b>43%</b>

2016 Quality Compass®							
Mean	5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
43.28	31.46	34.00	38.86	43.82	47.83	51.75	54.43

**Plan Score:**  
**48th Percentile**

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



# Supplemental Questions

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# Supplemental Questions – Getting Care, Tests, or Treatment

**Q59. If you had trouble getting the care, tests, or treatment that you needed, what is the reason for the trouble?  
(Multiple Mentions)**

	2017
<b>My plan said that it was not covered</b>	<b>35%</b>
<b>Took too long to get an appointment or appointment time was not convenient</b>	<b>23%</b>
<b>My doctor said that it was not covered</b>	<b>22%</b>
<b>Took too long to get approval from my health plan</b>	<b>7%</b>
<b>Some other reason</b>	<b>39%</b>

*Sample Size:* (n=95)

# Supplemental Questions – Getting Care Right Away

**Q60. When you needed care right away, where did you go most often?**

	2017
Emergency Room	43%
Doctor's Office	30%
Clinic	27%
Sample Size: (n=226)	

## Supplemental Questions – Medical Terminology

**Q61. In the last 6 months, how often did the provider use medical words you did not understand?**

	2017
<b>Never</b>	<b>61%</b>
<b>Sometimes</b>	<b>26%</b>
<b>Usually</b>	<b>6%</b>
<b>Always</b>	<b>7%</b>
<i>Sample Size: (n=291)</i>	

## Supplemental Questions – Provider Preferences

**Q62. Some people prefer a provider of a specific race, gender or ethnicity. Others prefer a provider who speaks a specific language. Have you been able to find providers that meet your preferences?**

	2017
Yes	83%
No	17%
Sample Size: (n=294)	

# Supplemental Questions – Specialist Appointment

**Q63. In the last 6 months, if you had trouble getting an appointment to see a specialist, what type of specialist was it hard to get an appointment with?  
(Multiple Mentions)**

	2017
Orthopedic Surgeon (Bone and Muscle Doctor)	24%
Neurologist (Brain Doctor)	14%
Otolaryngologist (Ear, Nose, Throat Doctor)	13%
Behavioral Health	13%
Obstetrics & Gynecology (Doctor for women)	11%
Gastroenterologist (Stomach Doctor)	8%
Ophthalmologist (Eye Doctor)	8%
Dermatologist (Skin Doctor)	6%
Allergist (Doctor for allergies)	3%
Cardiologist (Heart Doctor)	3%
Oncologist (Cancer Doctor)	3%
Other	38%
Sample Size: (n=72)	

## Supplemental Questions – Communication

**Q64. When your plan needs to share information with you, how do you prefer to receive this information?\***  
**(Multiple Mentions)**

	2015	2016	2017
By postal mail	44%	82%	72%
A phone call from someone at the plan	NA	36%	32%
By text message	11%	11%	21%
By email	12%	11%	20%
Mobile phone app	NA	5%	7%
On the plan's website	NA	2%	3%
Sample Size:	(n=308)	(n=266)	(n=272)