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morpace Market Research & Consulting

2017 CAHPS® Child Medicaid with CCC Survey Summary Report

Centene - LA (Louisiana Healthcare Connections)

July 2017

louisiana healthcare connections™

Morpace research is completed in compliance with ISO 20252

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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	**93%**	94%	84th
How Well Doctors Communicate	**94%**	94%	62nd
Care Coordination	**83%**	85%	56th
Getting Needed Care	**89%**	92%	89th
Customer Service	**90%**	90%	79th
Shared Decision Making	**78%**	77%	46th
OVERALL RATING SCORES			
Health Care	**88%**	88%	74th
Personal Doctor	**88%**	91%	47th
Specialist	**86%**	92%	49th
Health Plan	**90%**	89%	89th

2017 NCQA Accreditation CAHPS Points			
Approx. 2017 Percentile Threshold	*2017 Approx. Points*	*2016 Approx. Points*	Difference from 2016
90th	**1.444**	1.625	-0.181
NA	**NA**	NA	NA
75th	**1.271**	1.625	-0.354
90th	**1.444**	1.625	-0.181
90th	**1.444**	1.625	-0.181
NA	**NA**	NA	NA
90th	**1.444**	1.625	-0.181
90th	**1.444**	1.625	-0.181
90th	**1.444**	NA	NA
90th	**2.888**	3.250	-0.362
	12.823	13.000	-0.177

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 - 100th 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 90th percentile or above, and minimum points for falling below the 25th 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)

- Centene - LA (Louisiana Healthcare Connections) chose the mail/telephone/Internet protocol.

Sample

	Sample Size	Total Completes	General Population Completes	CCC Population Completes	English Completes	Spanish Completes
Centene - LA (Louisiana Healthcare Connections)	5575	1166	538	566	1148	18

Population Details

- In 2017, 5575 Centene - LA (Louisiana Healthcare Connections) members were randomly selected to participate in the 2017 CAHPS® 5.0H Child Medicaid with CCC Survey. This sample consisted of 2723 randomly selected Child members and 2852 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.

Centene - LA (Louisiana Healthcare Connections)
2017 Disposition Summary

Ineligible	Total Sample	General Population
Deceased	2	2
Does not meet eligible population criteria	1	0
Language barrier	210	105
Mentally/physically incapacitated	0	0
Total Ineligible	**213**	**107**

Non-response	Total Sample	General Population
Partial complete	6	1
Refusal	138	59
Maximum attempts made	4052	2018
Do Not Call list	0	0
Total Non-response	**4196**	**2078**

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

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

- Using the final figures from Centene - LA (Louisiana Healthcare Connections)'s survey, the 2017 response rate is calculated using the equation below:

$$\text{Total Sample Response Rate} = \frac{\text{Mail } (519) + \text{Phone } (588) + \text{Internet } (59) = 1166}{\text{Total Sample } (5575) - \text{Total Ineligible } (213) = 5362} = \mathbf{22\%}$$

$$\text{General Population Response Rate} = \frac{\text{Mail } (235) + \text{Phone } (274) + \text{Internet } (29) = 538}{\text{Total Sample } (2723) - \text{Total Ineligible } (107) = 2616} = \mathbf{21\%}$$

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).

Centene - LA (Louisiana Healthcare Connections)				
	General Population		CCC Population	
Composite Measures	**2016**	**2017**	**2016**	**2017**
Getting Care Quickly	94%	93%	95%	94%
Shared Decision Making	77%	78%	84%	84%
How Well Doctors Communicate	94%	94%	93%	95%
Getting Needed Care	92%	89%	91%	92%
Customer Service	90%	90%	88%	94% ↑
CCC Composite Measures				
Access to Prescription Medicines	92%	92%	91%	92%
Access to Specialized Services	72%	80%	77%	79%
Family-Centered Care: Personal Doctor Who Know Child	89%	89%	90%	92%
Family-Centered Care: Getting Needed Information	89%	89%	90%	92%
Coordination of Care for Children with Chronic Conditions	75%	72%	78%	78%
Overall Ratings Measures				
Health Care	88%	88%	88%	86%
Personal Doctor	91%	88%	89%	90%
Specialist	92%	86%	88%	87%
Health Plan	89%	90%	88%	90%
Health Promotion & Education	74%	72%	79%	77%
Care Coordination	85%	83%	89%	87%
	General Population		*Total Sample*	
Sample Size	*2558*	*2723*	*5409*	*5575*
# of Completes	*495*	*538*	*1099*	*1166*
Response Rate	*20%*	*21%*	*21%*	*22%*

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

Comparison to Quality Compass® – General Population

	Centene - LA (Louisiana Healthcare Connections)		2016 Child Medicaid Quality Compass® - General Population Results							
Child Medicaid with CCC Survey Questions	2017	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly *(% Always/Usually)*	92.98	84th	88.54	79.02	82.62	85.91	89.23	92.02	93.59	94.56
How Well Doctors Communicate *(% Always/Usually)*	94.09	62nd	93.17	89.20	90.83	91.94	93.26	94.78	95.67	96.28
Q40 Care Coordination *(% Always/Usually)*	83.43	56th	82.64	75.63	76.92	80.00	82.88	85.38	87.31	88.82
Getting Needed Care *(% Always/Usually)*	89.13	89th	83.66	75.49	76.78	81.01	84.25	87.07	89.19	90.23
Customer Service *(% Always/Usually)*	90.32	79th	87.98	83.05	84.02	86.38	88.16	89.61	91.84	92.57
Shared Decision Making *(% Yes)*	77.97	46th	78.41	73.28	74.15	76.28	78.31	80.56	82.51	84.04
Q14 Rating of Health Care *(% 8, 9, 10)*	88.12	74th	85.81	79.58	81.48	83.87	85.85	88.14	90.10	91.24
Q41 Rating of Personal Doctor *(% 8, 9, 10)*	88.42	47th	88.42	83.48	85.06	86.81	88.56	90.40	91.82	93.19
Q48 Rating of Specialist *(% 8, 9, 10)*	85.85	49th	85.53	78.95	79.65	83.33	86.24	88.14	89.47	90.71
Q54 Rating of Health Plan *(% 8, 9, 10)*	90.11	89th	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

	Centene - LA (Louisiana Healthcare Connections)		2016 Child Medicaid with CCC Quality Compass® - CCC Population Results							
Child Medicaid with CCC Survey Questions	2017	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly *(% Always/Usually)*	94.49	82nd	91.82	86.25	88.56	90.57	92.30	94.10	94.87	95.37
How Well Doctors Communicate *(% Always/Usually)*	95.25	84th	93.92	90.92	91.76	93.12	94.21	94.94	95.50	96.18
Q40 Care Coordination *(% Always/Usually)*	87.08	93rd	81.98	73.51	77.24	80.17	82.52	84.77	85.82	87.20
Getting Needed Care *(% Always/Usually)*	91.75	100th	86.14	79.42	80.07	83.33	87.13	88.72	90.18	90.83
Customer Service *(% Always/Usually)*	93.91	96th	89.43	85.38	86.80	87.46	89.07	90.97	93.10	93.64
Shared Decision Making *(% Yes)*	83.85	24th	84.95	81.47	81.75	83.85	85.36	86.10	87.19	87.71
Access to Prescription Medicines *(% Always/Usually)*	92.37	65th	90.68	84.12	85.98	89.00	91.29	93.33	94.70	95.14
Access to Specialized Services *(% Always/Usually)*	79.22	57th	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)*	91.74	71st	90.55	86.95	87.27	89.47	90.75	91.91	92.70	93.25
Family-Centered Care: Getting Needed Information *(% Always/Usually)*	91.75	75th	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)*	77.92	65th	77.11	72.89	72.89	75.86	77.04	78.41	80.87	81.21
Q14 Rating of Health Care *(% 8, 9, 10)*	85.98	73rd	84.21	79.29	80.20	83.04	84.06	86.18	87.83	88.16
Q41 Rating of Personal Doctor *(% 8, 9, 10)*	90.06	79th	88.03	84.03	85.09	86.67	88.02	89.50	90.66	92.44
Q48 Rating of Specialist *(% 8, 9, 10)*	87.37	76th	85.52	81.02	82.95	83.85	85.21	86.96	89.11	89.92
Q54 Rating of Health Plan *(% 8, 9, 10)*	89.82	98th	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	***0.289***	***0.578***	***0.982***	***1.271***	***1.444***	
Composite Scores	**Sample Size**	**Mean**	**Approximate Percentile Threshold**						***Approximate Score***
Getting Care Quickly	(n=314)	**2.733**	90th		2.54	2.61	2.66	2.69	***1.444***
How Well Doctors Communicate	(n=389)	**2.775**	90th		2.63	2.68	2.72	2.75	***1.444***
Getting Needed Care	(n=271)	**2.608**	90th		2.37	2.46	2.51	2.56	***1.444***
Customer Service	(n=160)	**2.654**	90th		2.50	2.53	2.58	2.63	***1.444***
Overall Ratings Scores									
Health Care	(n=421)	**2.710**	90th		2.49	2.52	2.57	2.59	***1.444***
Personal Doctor	(n=475)	**2.707**	90th		2.58	2.62	2.65	2.69	***1.444***
Specialist	(n=106)	**2.660**	90th		2.53	2.59	2.62	2.66	***1.444***
			Accreditation Points	***0.578***	***1.156***	***1.964***	***2.542***	***2.888***	
Health Plan	(n=536)	**2.718**	90th		2.51	2.57	2.62	2.67	***2.888***
								Estimated Overall CAHPS® Score:	**12.996**

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	***0.289***	***0.578***	***0.982***	***1.271***	***1.444***	
Composite Scores	**Sample Size**	**Mean**	**Approximate Percentile Threshold**						***Approximate Score***
Getting Care Quickly	(n=314)	**2.733**	90th		2.54	2.61	2.66	2.69	***1.444***
Getting Needed Care	(n=271)	**2.608**	90th		2.37	2.46	2.51	2.56	***1.444***
Customer Service	(n=160)	**2.654**	90th		2.50	2.53	2.58	2.63	***1.444***
Care Coordination	(n=169)	**2.485**	75th		2.36	2.42	2.48	2.52	***1.271***
Overall Ratings Scores									
Health Care	(n=421)	**2.710**	90th		2.49	2.52	2.57	2.59	***1.444***
Personal Doctor	(n=475)	**2.707**	90th		2.58	2.62	2.65	2.69	***1.444***
Specialist	(n=106)	**2.660**	90th		2.53	2.59	2.62	2.66	***1.444***
			Accreditation Points	***0.578***	***1.156***	***1.964***	***2.542***	***2.888***	
Health Plan	(n=536)	**2.718**	90th		2.51	2.57	2.62	2.67	***2.888***
								Estimated Overall CAHPS® Score:	**12.823**

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

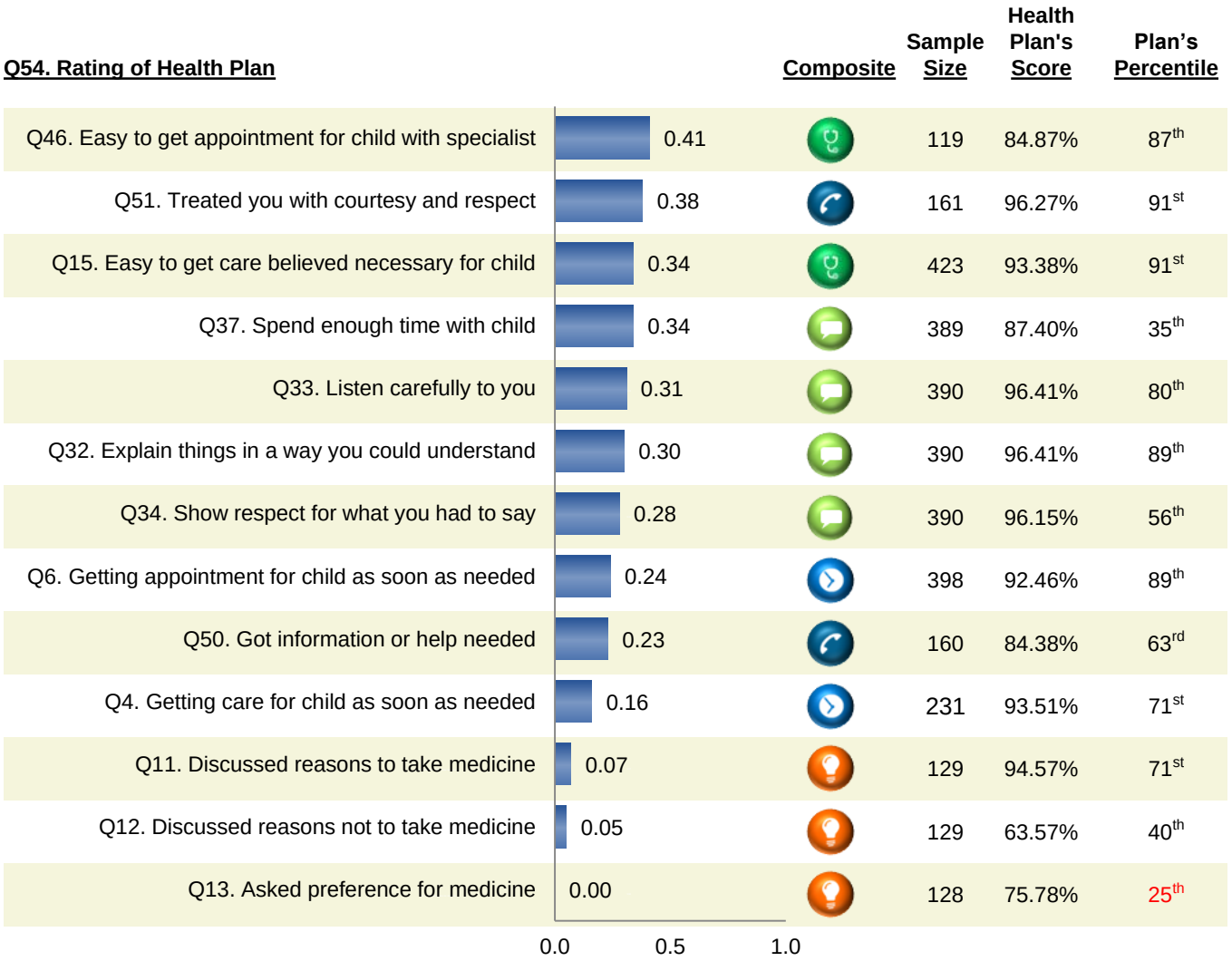
A Key Driver Analysis is conducted to understand the impact that different aspects of plan service and provider care have on members' overall satisfaction with their health plan, their personal doctor, their specialist, and health care in general. Two specific scores are assessed both individually and 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)	
Overall Rating of Health Plan	**Primary Recommendation**
Q37 - Spend Enough Time with Child	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.

Key Driver Analysis for General Population – Health Plan



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

Q37 - Spend Enough Time with Child

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

Q46 - Easy to Get Appointment for Child with Specialist

Q51 - Treated You with Courtesy and Respect

Q15 - Easy to Get Care Believed Necessary for Child

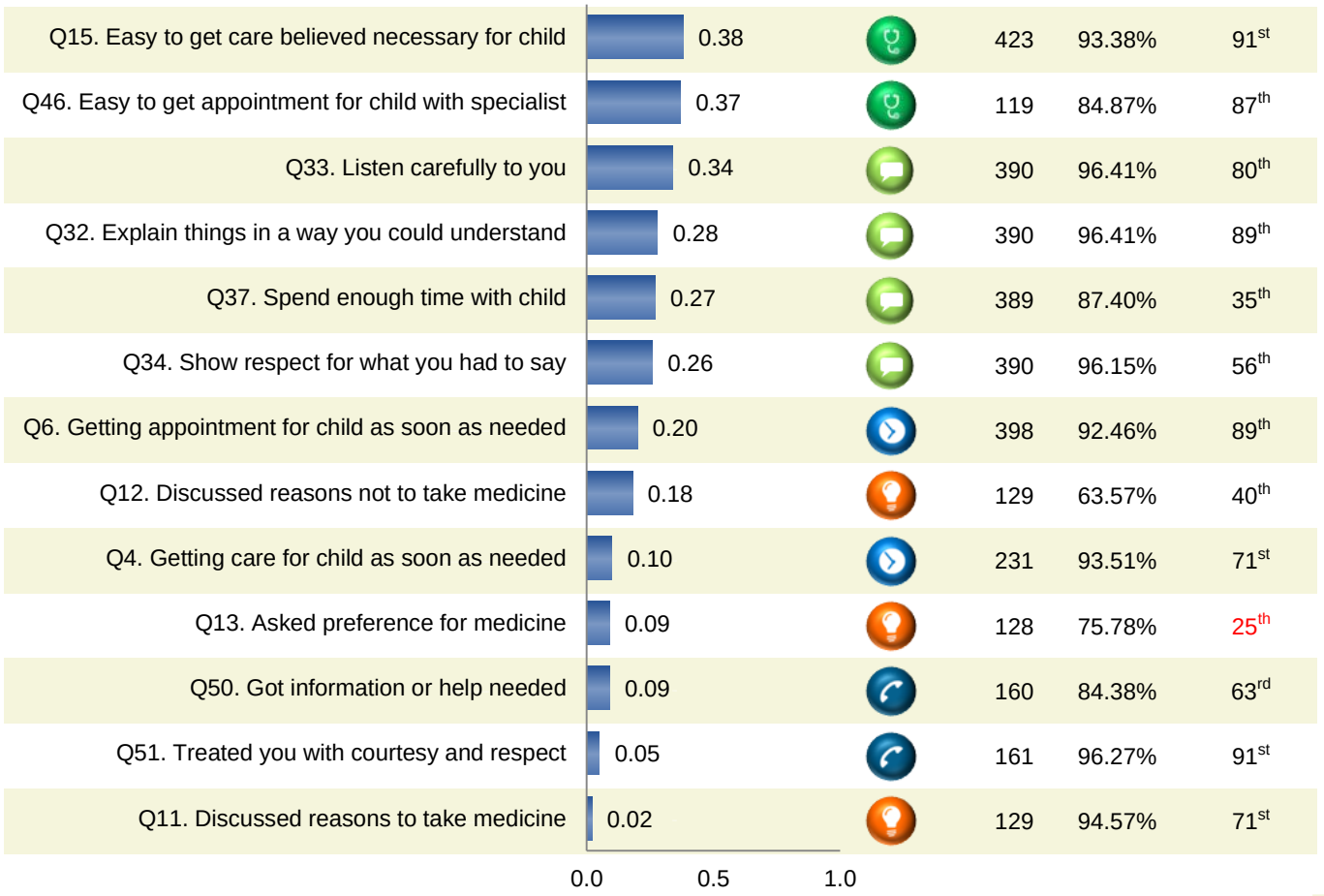
Getting Care Quickly | Shared Decision Making | How Well Doctors Communicate | Getting Needed Care | Customer Service

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 for General Population – Health Care



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

Q37 - Spend Enough Time with Child

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

Q15 - Easy to Get Care Believed Necessary for Child

Q46 - Easy to Get Appointment for Child with Specialist

Q33 - Listen Carefully to You

Q32 - Explain Things in a Way You Could Understand

Q34 - Show Respect for What You Had to Say

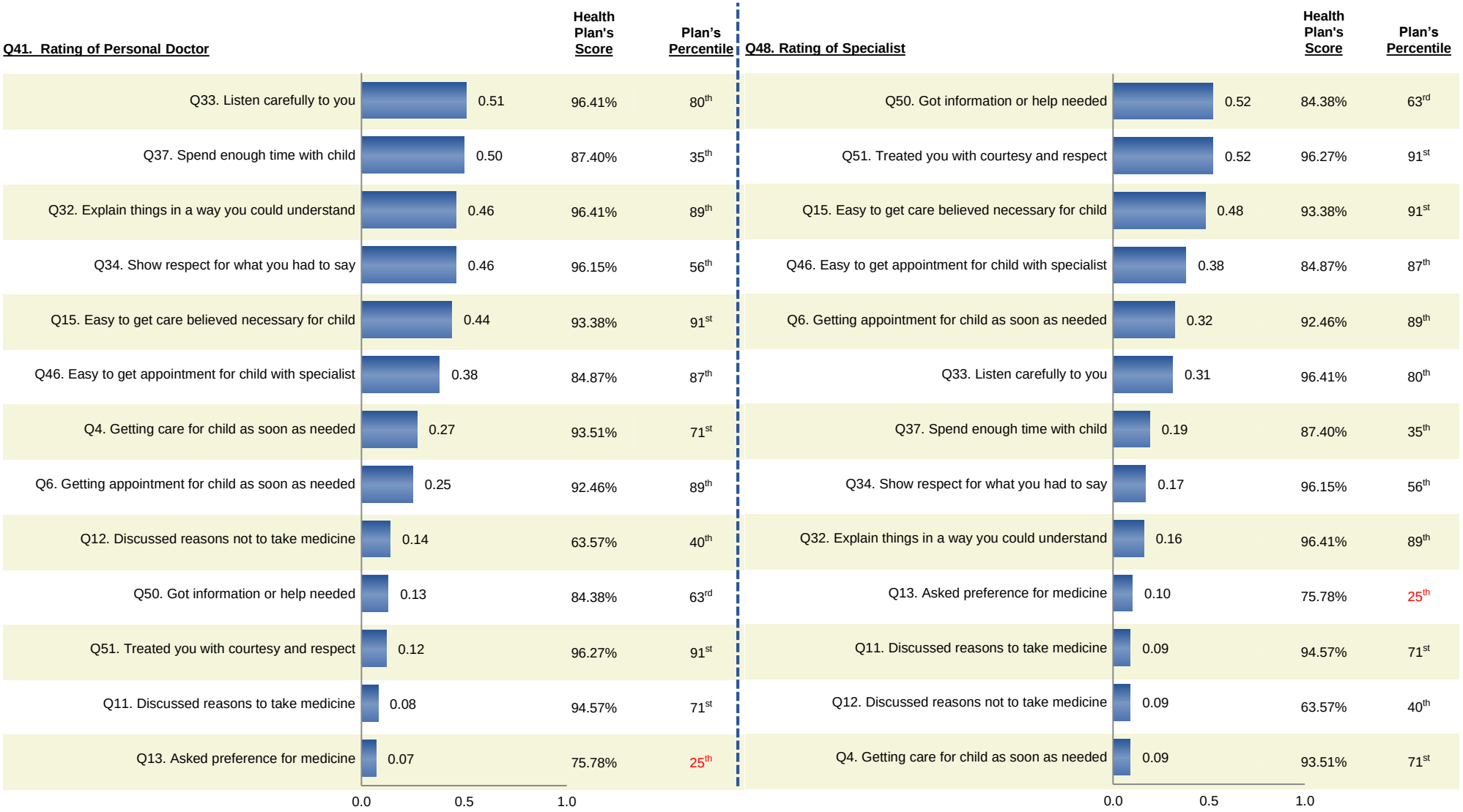
Getting Care Quickly | Shared Decision Making | How Well Doctors Communicate | Getting Needed Care | Customer Service

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"

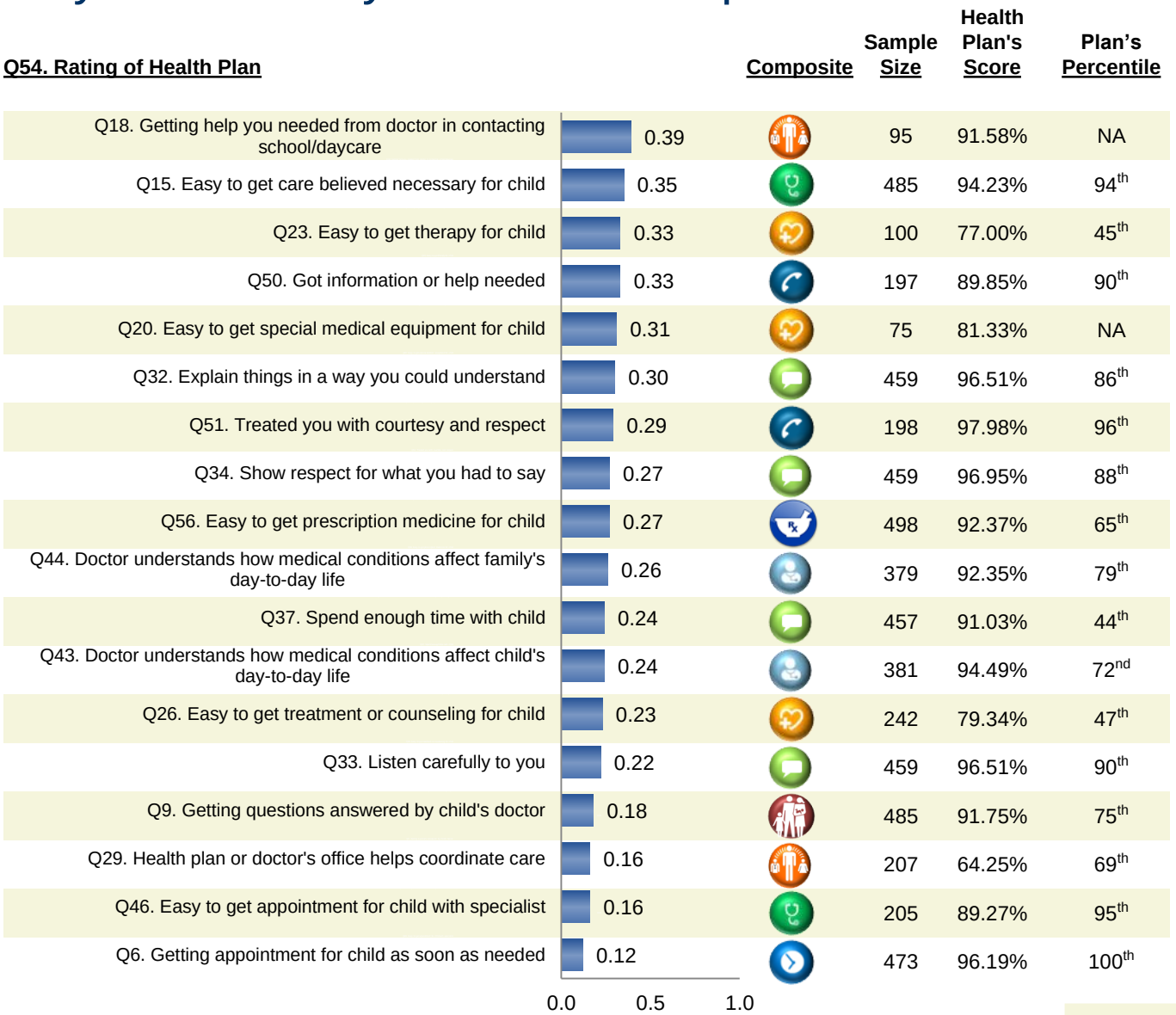
Red Text indicates measure is 25th percentile or lower.

Key Driver Analysis 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 25th percentile or lower.

Key Driver Analysis for CCC Population – Health Plan



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

Q23 - Easy to Get Therapy for Child

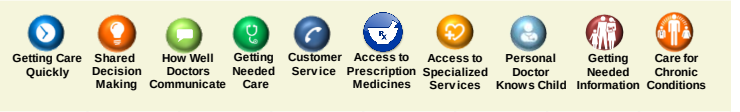
Continue to Target Efforts
(High Correlation/
Higher Quality Compass® Group)

Q15 - Easy to Get Care Believed Necessary for Child

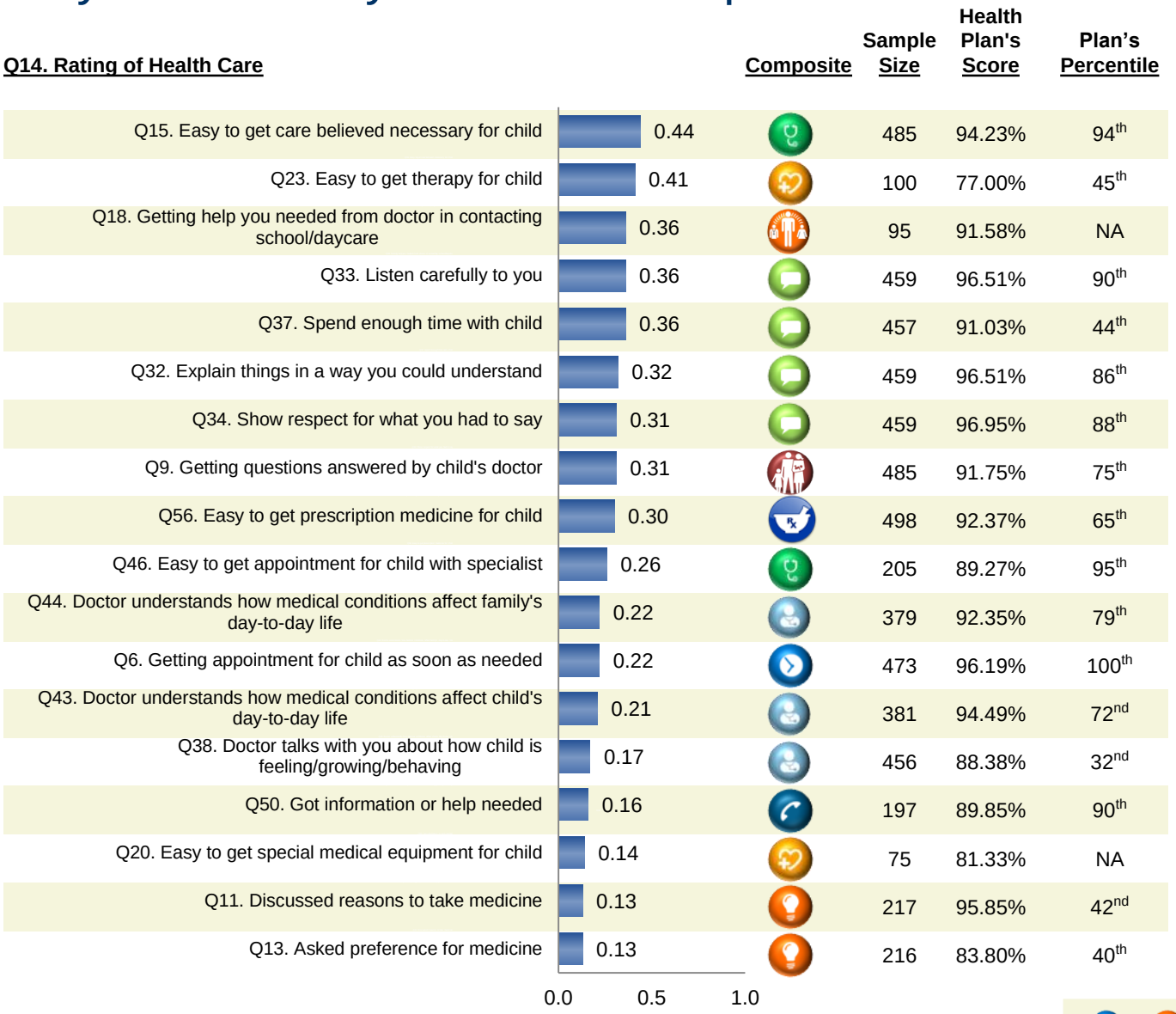
Q50 - Got Information or Help Needed

Q32 - Explain Things in a Way You Could Understand

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 25th percentile or lower.



Key Driver Analysis for CCC Population – Health Care



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

Q23 - Easy to Get Therapy for Child

Q37 - Spend Enough Time with Child

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

Q15 - Easy to Get Care Believed Necessary for Child

Q33 - Listen Carefully to You

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 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 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	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. Morpace Book of Business: White - 52%, African American - 25%, All other - 27% 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.
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

	Centene - LA (Louisiana Healthcare Connections)					
	General Population		2016 Quality Compass®-General Population	CCC Population		2016 Quality Compass®-CCC Population
	2016	2017		2016	2017	
Q58. Child's Health Status						
Excellent/Very good	74%	73%	76%	57%	54%	57%
Good	20%	21%	19%	27%	32%	31%
Fair/Poor	7%	6%	5%	16%	13%	12%
Q59. Child's Mental/Emotional Health Status						
Excellent/Very good	72%	72%	75%	43%	43%	44%
Good	17%	17%	17%	28%	31%	31%
Fair/Poor	11%	11%	8%	29%	26%	25%
Q74. Child's Age						
1yr and under	6%	8%	NA	2%	2%	NA
2-5	23%	24%	NA	17%	15%	NA
6-9	23%	20%	NA	28%	24%	NA
10-14	28%	28%	NA	36%	36%	NA
15-18	19%	21%	NA	17%	22%	NA
Q75. Child's Gender						
Male	47%	52%	52%	61%	64%	59%
Female	53%	48%	48%	39%	36%	41%
Q76/77. Child's Race/Ethnicity						
Hispanic or Latino	8%	9%	34%	6%	6%	22%
White	43%	49%	46%	48%	52%	75%
African American	49%	47%	20%	49%	48%	36%
Asian	2%	2%	5%	1%	1%	7%
Native Hawaiian or other Pacific Islander	2%	0%	1%	1%	0%	1%
American Indian or Alaska Native	4%	4%	3%	4%	4%	5%
Other	6%	5%	13%	6%	4%	20%

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

Demographic Profile

Respondent Demographics

	Centene - LA (Louisiana Healthcare Connections)					
	General Population		2016 Quality Compass®-General Population	CCC Population		2016 Quality Compass®-CCC Population
	2016	2017		2016	2017	
Q7. Number of Times Going to Doctor's Office/Clinic for Care						
None	20%	18%	25%	11%	10%	12%
1 time	22%	21%	26%	18%	17%	19%
2 times	27%	23%	22%	26%	24%	24%
3 times	13%	20%	12%	16%	19%	17%
4 times	7%	8%	6%	10%	12%	10%
5-9 times	7%	8%	6%	13%	14%	13%
10 or more times	3%	2%	2%	7%	4%	5%
Q31. Number of Times Visited Personal Doctor to Get Care						
None	15%	16%	21%	8%	11%	13%
1 time	25%	24%	32%	19%	21%	27%
2 times	27%	27%	23%	27%	28%	25%
3 times	15%	15%	12%	16%	14%	15%
4 times	7%	7%	6%	10%	10%	8%
5-9 times	9%	9%	5%	15%	12%	10%
10 or more times	2%	1%	1%	4%	4%	3%
Q78. Respondent's Age						
Under 18	7%	8%	6%	8%	9%	8%
18 to 24	9%	8%	6%	4%	3%	3%
25 to 34	36%	30%	32%	30%	28%	27%
35 to 44	29%	30%	34%	34%	28%	32%
45 to 54	11%	15%	15%	12%	15%	17%
55 to 64	7%	6%	5%	8%	10%	9%
65 or older	2%	3%	2%	5%	6%	4%
Q79. Respondent's Gender						
Male	5%	10%	12%	6%	7%	10%
Female	95%	90%	88%	94%	93%	90%
Q80. Respondent's Education						
Did not graduate high school	21%	18%	21%	21%	19%	16%
High school graduate or GED	40%	41%	34%	35%	39%	33%
Some college or 2-year degree	29%	31%	32%	34%	32%	38%
4-year college graduate	6%	7%	8%	6%	7%	8%
More than 4-year college degree	3%	3%	5%	4%	3%	5%

Data shown are self reported.

Composite & Rating Scores by Demographics - General Population

	Centene - LA (Louisiana Healthcare Connections)														
	Child's Age					Child's Race			Child's Ethnicity		Respondent's Educational Level		Child's Health Status		
Demographic	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=40)	(n=129)	(n=105)	(n=147)	(n=110)	(n=261)	(n=252)	(n=52)	(n=44)	(n=473)	(n=314)	(n=215)	(n=390)	(n=115)	(n=31)
Composites *(% Always/Usually)*															
Getting Care Quickly	93	94	90	93	93	93	95	90	78	94	91	96	94	91	89
Shared Decision Making *(% Yes)*	87	76	78	77	77	79	77	75	82	78	79	78	80	76	63
How Well Doctors Communicate	94	95	95	96	92	95	95	89	86	95	93	96	95	91	93
Getting Needed Care	92	88	90	93	83	91	89	81	73	91	91	87	91	87	79
Customer Service	97	91	86	95	86	93	92	80	82	92	92	89	93	88	73
Overall Ratings *(% 8,9,10)*															
Health Care	82	96	86	88	82	89	87	87	97	87	90	85	91	81	85
Personal Doctor	87	91	87	91	85	90	87	89	87	89	90	86	90	82	89
Specialist	86	86	87	84	88	88	87	78	71	88	92	80	89	79	80
Health Plan	95	93	91	90	83	90	90	88	95	90	92	87	92	85	84

Supplemental Questions

Supplemental Questions – Appointment with Provider

Q84. In the last 6 months, how many days did you usually have to wait between making an initial appointment for your child with a provider and actually seeing the provider for a non-urgent problem or health condition?

	2017
Same day	38%
1-2 days	33%
3-7 days	18%
8-14 days	5%
15-30 days	3%
More than 30 days	3%

Sample Size: *(n=452)*

Supplemental Questions – Appointment with Provider

Q85. In the last 6 months, how long did you usually have to wait between making an appointment for your child for a regular or routine care visit with a provider and actually seeing a provider?

	2017
6 weeks or less	94%
More than 6 weeks	6%
Sample Size:	*(n=350)*

Supplemental Questions – Appointment with Specialist

Q86. In the last 6 months, how many days did you usually have to wait between making an initial appointment for your child with a specialist and actually seeing the specialist for a non-urgent problem or health condition?

	2017
Same day	23%
1-2 days	26%
3-7 days	26%
8-14 days	9%
15-30 days	8%
More than 30 days	7%
Sample Size:	*(n=232)*

Supplemental Questions – Referral Process

Q87. In the last 6 months, when your child was referred to a specialist, how long did you usually have to wait between making an appointment for a referred visit with a specialist and actually seeing a specialist?

	2017
Within 1 month (30 days) of referral	89%
More than 1 month (31 days or more) after referral	11%
Sample Size:	*(n=178)*

Supplemental Questions – Appointment for Routine Lab or X-Ray Services

Q88. 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 for your child for routine lab or x-ray services and actually getting the lab or x-ray services?

	2017
21 days or less	95%
22 days or more	5%
Sample Size:	*(n=127)*

Supplemental Questions – Appointment for Urgent Lab or X-Ray Services

Q89. In the last 6 months, how many days did you usually have to wait between making an appointment for your child for urgent lab or x-ray services and actually getting the lab or x-ray services?

	2017
Same day	74%
1-2 days	15%
3-7 days	6%
8-14 days	2%
15-30 days	1%
More than 30 days	1%
Sample Size:	*(n=142)*

Supplemental Questions – After Hours

Q90. In the last 6 months, did you phone your child's personal doctor's office after regular office hours to get help or advice for your child?

	2017
Yes	14%
No	86%
Sample Size:	*(n=566)*

Q91. In the last 6 months, when you phoned after regular office hours, how often did you get the help or advice you needed for your child?

	2017
Always	67%
Usually	20%
Sometimes	3%
Never	10%
Sample Size:	*(n=79)*

Supplemental Questions – Cultural, Personal, or Religious Beliefs

Q92. When selecting your health provider(s), how often did you have a problem finding a physician you were comfortable with based on your cultural, personal, or religious beliefs?

	2017
Never	79%
Sometimes	7%
Usually	3%
Always	11%
Sample Size:	*(n=566)*

Supplemental Questions – Cultural and Language Needs

Q93. Do you feel that your cultural and/or language needs are recognized and addressed, as needed, by Louisiana Healthcare Connections?

	2017
Yes	80%
No	20%
Sample Size:	*(n=566)*

Creative Minds. Intelligent Solutions.

morpace Market Research & Consulting

2017 CAHPS® Adult Medicaid Survey Summary Report

Centene - LA (Louisiana Healthcare Connections)

July 2017

louisiana healthcare connections™

Morpace research is completed in compliance with ISO 20252

Table of Contents

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	**81%**	77%	52nd
How Well Doctors Communicate	**91%**	90%	50th
Care Coordination	**85%**	85%	75th
Getting Needed Care	**83%**	79%	73rd
Customer Service	**93%**	90%	99th
Shared Decision Making	**73%**	79%	4th
OVERALL RATING SCORES			
Health Care	**73%**	76%	39th
Personal Doctor	**83%**	85%	78th
Specialist	**88%**	84%	96th
Health Plan	**77%**	78%	62nd

2017 NCQA Accreditation CAHPS Points			
***Approx.* 2017 Percentile Threshold**	***2017 Approx. Points***	***2016 Approx. Points***	**Difference from 2016**
50th	**0.982**	0.578	0.404
NA	**NA**	NA	NA
90th	**1.444**	1.444	0.000
75th	**1.271**	0.982	0.289
90th	**1.444**	1.444	0.000
NA	NA	NA	NA
25th	**0.578**	1.271	-0.693
90th	**1.444**	1.444	0.000
90th	**1.444**	1.444	0.000
50th	**1.964**	2.542	-0.578
	10.571	11.149	-0.578

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 - 100th 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 90th percentile or above, and minimum points for falling below the 25th 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)

- Centene - LA (Louisiana Healthcare Connections) chose the mail/telephone/Internet protocol.

Sample

	Sample Size	Total Completes	English Completes	Spanish Completes
Centene - LA (Louisiana Healthcare Connections)	2093	433	431	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.

Centene - LA (Louisiana Healthcare Connections)
2017 Disposition Summary

Ineligible	Number
Deceased	3
Does not meet eligible population criteria	6
Language barrier	1
Mentally/physically incapacitated	8
Total Ineligible	**18**

Non-response	Number
Partial complete	34
Refusal	20
Maximum attempts made	1588
Do Not Call list	0
Total Non-response	**1642**

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

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

- Using the final figures from Centene - LA (Louisiana Healthcare Connections)'s survey, the 2017 response rate is calculated using the equation below:

$$\textit{Response Rate} = \frac{\textit{Mail (266)} + \textit{Phone (141)} + \textit{Internet (26)} = \textit{433}}{\textit{Total Sample (2093)} - \textit{Total Ineligible (18)} = \textit{2075}} = \textbf{\textit{21\%}}$$

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).

Centene - LA (Louisiana Healthcare Connections)				
	Trended Data			
Composite Measures	**2014**	**2015**	**2016**	**2017**
Getting Care Quickly	79%	76%	77%	81%
Shared Decision Making	NA	73%	79%	73%
How Well Doctors Communicate	91%	88%	90%	91%
Getting Needed Care	73%	78%	79%	83%
Customer Service	88%	89%	90%	93%
Overall Rating Measures				
Health Care	68%	72%	76%	73%
Personal Doctor	80%	81%	85%	83%
Specialist	87%	78%	84%	88%
Health Plan	68%	79%↑	78%	77%
HEDIS® Measures				
Flu Vaccinations	37%	37%	36%	39%
Advising Smokers and Tobacco Users to Quit*	72%	74%	72%	70%
Discussing Cessation Medications*	41%	44%	45%	48%
Discussing Cessation Strategies*	38%	43%	46%	44%
Health Promotion & Education	72%	68%	66%	74% ↑
Care Coordination	82%	80%	85%	85%
Sample Size	*1755*	*1755*	*1823*	*2093*
# of Completes	*491*	*527*	*399*	*433*
Response Rate	*29%*	*30%*	*22%*	*21%*

↑/ ↓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®

	Centene - LA (Louisiana Healthcare Connections)		2016 Adult Medicaid Quality Compass®							
Adult Medicaid Survey Questions	2017	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly *(% Always/Usually)*	**80.76**	52nd	80.06	70.47	74.32	77.74	80.52	83.36	85.67	86.05
How Well Doctors Communicate *(% Always/Usually)*	**91.02**	50th	90.73	86.78	87.82	89.48	90.96	92.37	93.47	94.29
Q22 **Care Coordination** *(% Always/Usually)*	84.83	75th	81.76	74.80	75.84	79.65	81.57	84.62	86.61	87.80
Getting Needed Care *(% Always/Usually)*	**83.09**	73rd	80.43	73.09	75.07	78.23	81.11	83.36	85.67	86.45
Customer Service *(% Always/Usually)*	**93.14**	99th	87.54	82.42	84.07	85.45	87.45	89.80	91.04	91.88
Shared Decision Making *(% Yes)*	**73.23**	4th	79.20	73.31	74.73	77.37	79.70	81.24	82.80	83.65
Q13 **Rating of Health Care** *(% 8, 9, 10)*	73.02	39th	73.52	65.25	67.51	70.83	74.06	76.47	78.91	79.82
Q23 **Rating of Personal Doctor** *(% 8, 9, 10)*	82.66	78th	80.23	74.09	75.55	77.88	80.58	82.48	84.80	85.61
Q27 **Rating of Specialist** *(% 8, 9, 10)*	87.59	96th	80.42	74.61	75.62	78.10	80.75	82.78	84.81	86.40
Q35 **Rating of Health Plan** *(% 8, 9, 10)*	77.20	62nd	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	***0.289***	***0.578***	***0.982***	***1.271***	***1.444***	
Composite Scores	**Sample Size**	**Mean**	**Approximate Percentile Threshold**						***Approximate Score***
Getting Care Quickly	(n=262)	**2.441**	50th		2.33	2.40	2.45	2.49	***0.982***
How Well Doctors Communicate	(n=281)	**2.699**	90th		2.48	2.54	2.58	2.64	***1.444***
Getting Needed Care	(n=244)	**2.413**	75th		2.28	2.35	2.41	2.45	***1.271***
Customer Service	(n=153)	**2.735**	90th		2.48	2.54	2.58	2.61	***1.444***
Overall Ratings Scores									
Health Care	(n=341)	**2.337**	25th		2.32	2.38	2.43	2.46	***0.578***
Personal Doctor	(n=323)	**2.576**	90th		2.43	2.50	2.53	2.57	***1.444***
Specialist	(n=137)	**2.642**	90th		2.48	2.51	2.56	2.59	***1.444***
			Accreditation Points	***0.578***	***1.156***	***1.964***	***2.542***	***2.888***	
Health Plan	(n=421)	**2.470**	50th		2.35	2.43	2.48	2.53	***1.964***
								Estimated Overall CAHPS® Score:	**10.571**

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	
			Accreditation Points	***0.289***	***0.578***	***0.982***	***1.271***	***1.444***	
Composite Scores	**Sample Size**	**Mean**	**Approximate Percentile Threshold**						***Approximate Score***
Getting Care Quickly	(n=262)	**2.441**	50th		2.33	2.40	2.45	2.49	***0.982***
Getting Needed Care	(n=244)	**2.413**	75th		2.28	2.35	2.41	2.45	***1.271***
Customer Service	(n=153)	**2.735**	90th		2.48	2.54	2.58	2.61	***1.444***
Care Coordination	(n=145)	**2.503**	90th		2.34	2.39	2.44	2.50	***1.444***
Health Care	(n=341)	**2.337**	25th		2.32	2.38	2.43	2.46	***0.578***
Personal Doctor	(n=323)	**2.576**	90th		2.43	2.50	2.53	2.57	***1.444***
Specialist	(n=137)	**2.642**	90th		2.48	2.51	2.56	2.59	***1.444***
			Accreditation Points	***0.578***	***1.156***	***1.964***	***2.542***	***2.888***	
Health Plan	(n=421)	**2.470**	50th		2.35	2.43	2.48	2.53	***1.964***
								Estimated Overall CAHPS® Score:	**10.571**

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

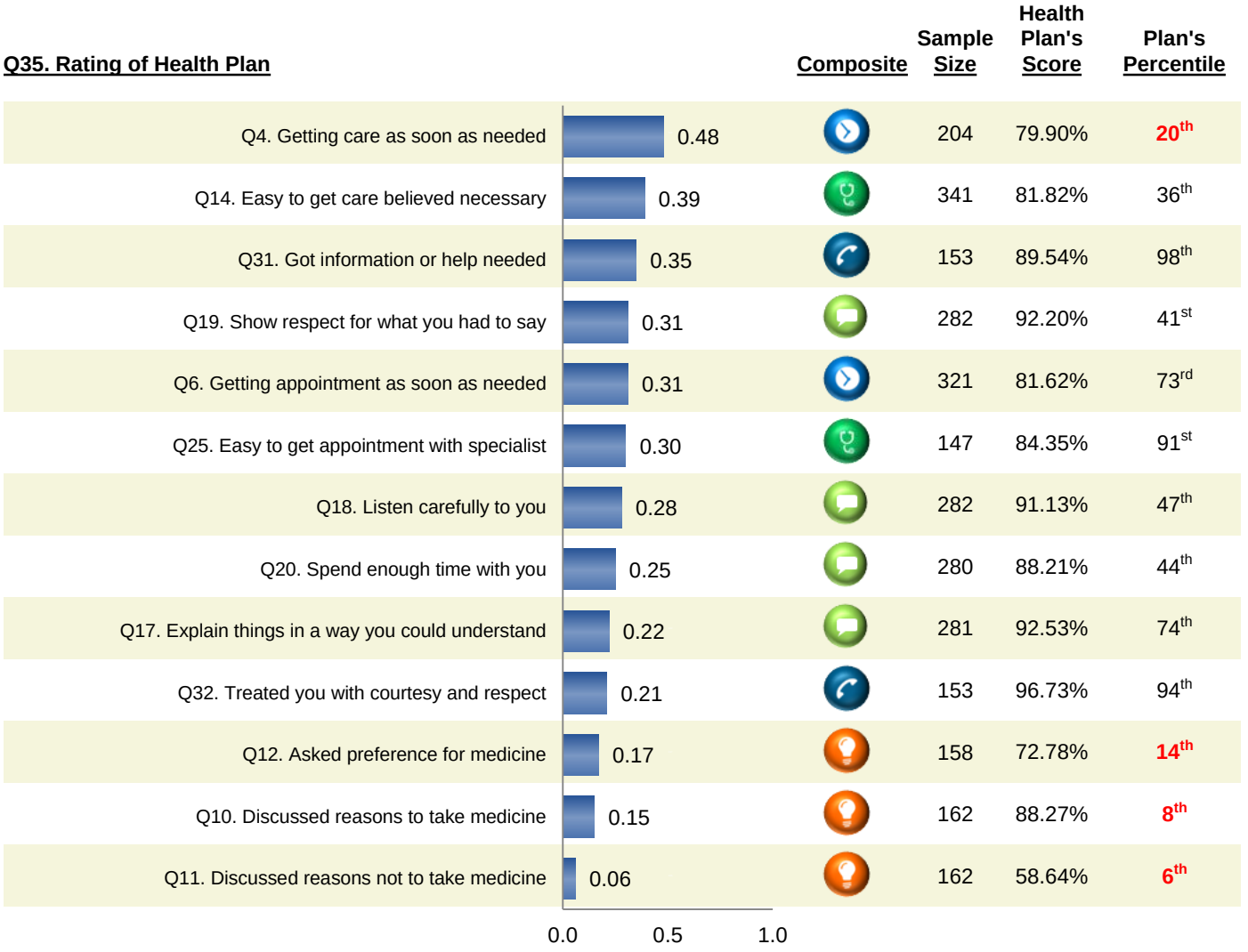
A Key Driver Analysis is conducted to understand the impact that different aspects of plan service and provider care have on members' overall satisfaction with their health plan, their personal doctor, their specialist, and health care in general. Two specific scores are assessed both individually and 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**
Q4 - Getting Care as Soon as 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.
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.

Key Driver Analysis – Health Plan



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

Q4 - Getting Care as Soon as Needed

Q14 - Easy to Get Care Believed Necessary

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

Q31 - Got Information or Help Needed

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.

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

Key Driver Analysis – 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)

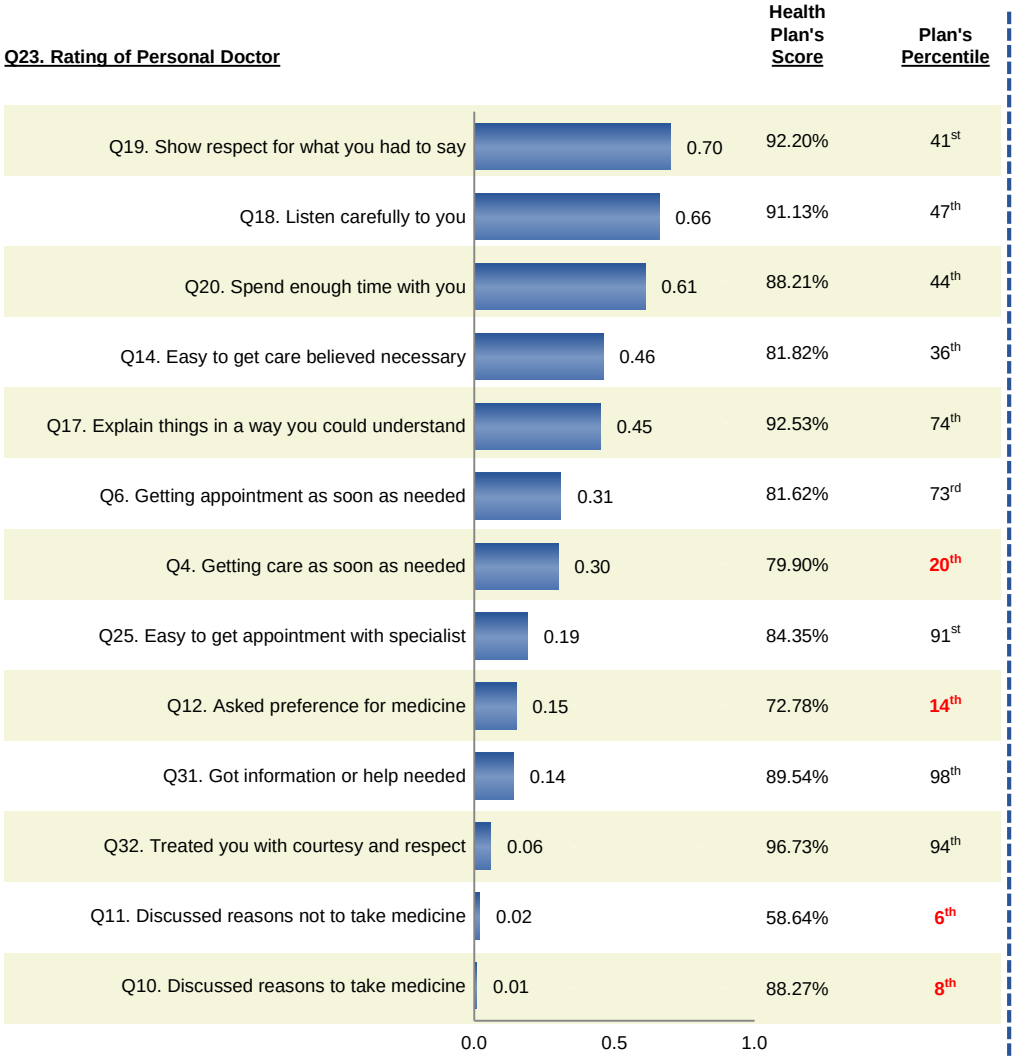
Q18 - Listen Carefully to You
Q19 - Show Respect for What You Had to Say
Q14 - Easy to Get Care Believed Necessary
Q20 - Spend Enough Time with You

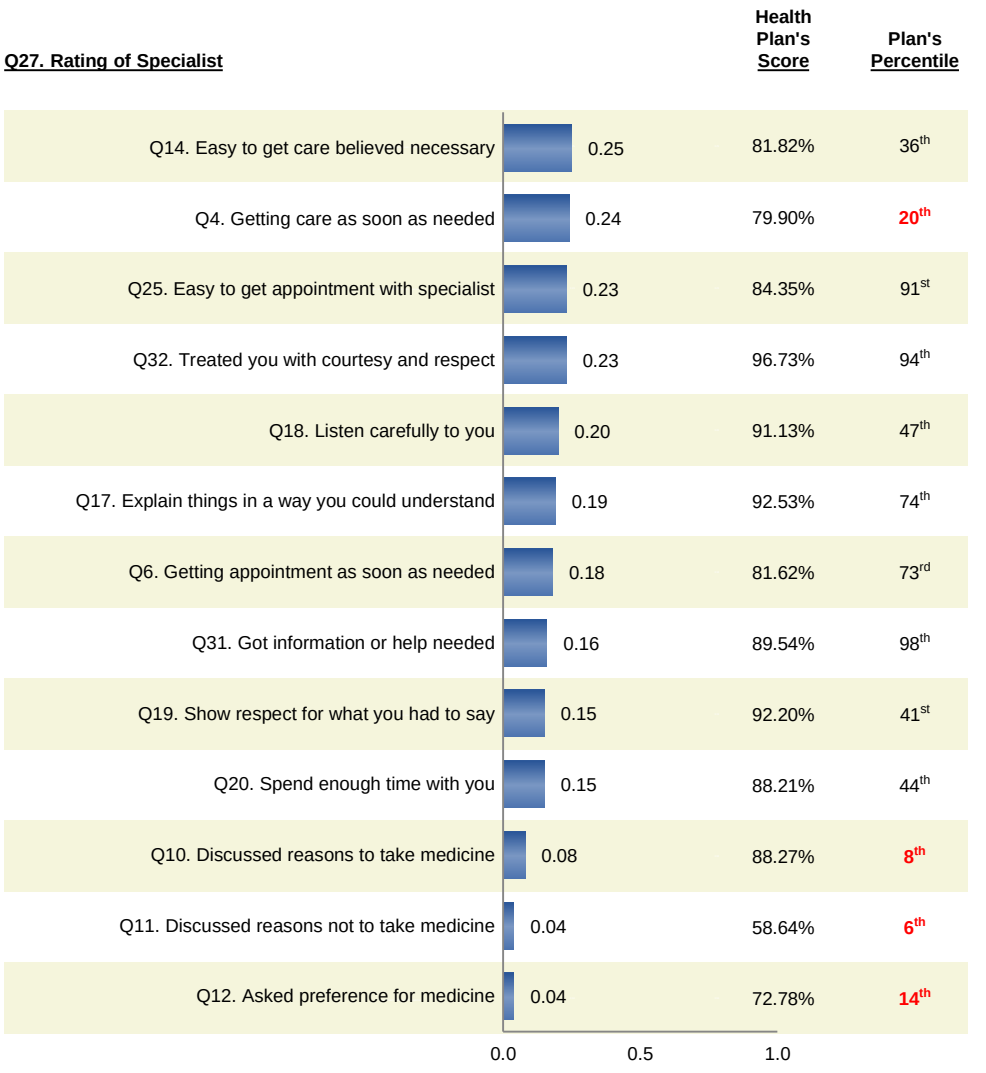
Continue to Target Efforts
(High Correlation/
Higher Quality Compass® Group)

None

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 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 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	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. Morpace Book of Business: White - 53%; African American - 31%; All other - 18% 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.
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

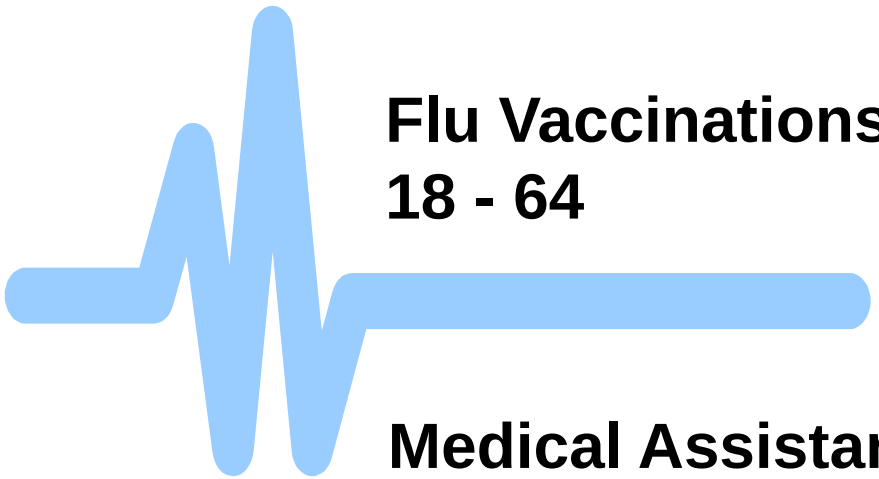
	Centene - LA (Louisiana Healthcare Connections)				
	2014	2015	2016	2017	2016 Quality Compass®
Q36. Health Status					
Excellent/Very good	27%	29%	36%	30%	34%
Good	33%	33%	27%	33%	33%
Fair/Poor	40%	39%	37%	37%	33%
Q37. Mental/Emotional Health Status					
Excellent/Very good	36%	35%	43%	39%	44%
Good	26%	29%	21%	30%	28%
Fair/Poor	38%	36%	36%	31%	27%
Q52. Member's Age					
18 to 24	17%	16%	20%	13%	14%
25 to 34	20%	19%	20%	15%	18%
35 to 44	13%	14%	19%	18%	17%
45 to 54	20%	19%	16%	20%	21%
55 to 64	29%	30%	24%	25%	24%
65 or older	2%	2%	2%	8%	7%
Q53. Gender					
Male	31%	31%	28%	30%	37%
Female	69%	69%	72%	70%	63%
Q54. Education					
Did not graduate high school	40%	45%	38%	34%	25%
High school graduate or GED	42%	40%	38%	36%	38%
Some college or 2-year degree	16%	14%	20%	24%	27%
4-year college graduate	2%	1%	3%	4%	7%
More than 4-year college degree	1%	1%	1%	2%	4%
Q55/56. Race/Ethnicity					
Hispanic or Latino	4%	4%	4%	3%	18%
White	30%	31%	40%	42%	58%
African American	54%	53%	53%	50%	25%
Asian	2%	1%	2%	1%	5%
Native Hawaiian or other Pacific Islander	1%	1%	1%	0%	1%
American Indian or Alaska Native	6%	4%	5%	4%	4%
Other	2%	5%	4%	4%	10%

Data shown are self reported.

Composite & Rating Scores by Demographics

	Centene - LA (Louisiana Healthcare Connections)												
	Age			Race			Ethnicity		Educational Level		Health Status		
Demographic	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=118)	(n=164)	(n=140)	(n=182)	(n=218)	(n=37)	(n=12)	(n=386)	(n=295)	(n=126)	(n=130)	(n=141)	(n=157)
Composites *(% Always/Usually)*													
Getting Care Quickly	71	83	85	86	80	62	84	81	84	74	83	79	82
Shared Decision Making *(% Yes)*	71	78	72	77	73	59	67	74	73	78	68	80	72
How Well Doctors Communicate	87	92	93	92	91	80	100	91	92	89	94	93	87
Getting Needed Care	77	83	86	87	81	64	82	83	83	83	84	87	79
Customer Service	92	92	97	99	89	91	67	94	92	96	95	90	94
Overall Ratings *(% 8,9,10)*													
Health Care	70	70	77	77	69	67	78	73	77	65	84	70	67
Personal Doctor	78	83	86	84	83	64	83	82	83	81	90	84	76
Specialist	83	92	85	93	83	80	100	87	89	85	94	82	88
Health Plan	70	77	84	81	77	73	67	78	79	74	85	75	72

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.

Q38. Have you had either a flu shot or flu spray in the nose since July 1, 2016?	2017 Reported Results*
Members that meet age criteria (results are not reportable if less than 100)	378
Members that meet age criteria and received a flu vaccination	149
Flu Vaccinations for Adults Rate	***39%***

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

Plan Score:

55th 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*
Q40. Advising Smokers and Tobacco Users to Quit			
Members that meet criteria (results are not reportable if less than 100)	129	162	291
Members that meet criteria and were advised to quit smoking or using tobacco	87	118	205
Advising Smokers and Tobacco Users to Quit Rate	***67%***	***73%***	***70%***

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

Plan Score:

16th 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*
Q41. Discussing Cessation Medications			
Members that meet criteria (results are not reportable if less than 100)	131	162	293
Members that meet criteria and discussed medications to quit smoking or using tobacco	58	82	140
Discussing Cessation Medications Rate	***44%***	***51%***	***48%***

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

Plan Score:
47th 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*
Q42. Discussing Cessation Strategies			
Members that meet criteria (results are not reportable if less than 100)	129	162	291
Members that meet criteria and discussed methods & strategies to quit smoking or using tobacco	58	70	128
Discussing Cessation Strategies Rate	***45%***	***43%***	***44%***

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

Plan Score:

51st 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

Supplemental Questions – Time Waited for Initial Appointment

Q59. In the last 6 months, how many days did you usually have to wait between making an initial appointment with a provider and actually seeing the provider for a non-urgent problem or health condition?

	2017
Same day	20%
1-2 days	24%
3-7 days	24%
8-14 days	11%
15-30 days	10%
More than 30 days	12%
Sample Size:	*(n=284)*

Supplemental Questions – Time Waited for Routine Care Visit

Q60. In the last 6 months, how long did you usually have to wait between making an appointment for a regular or routine care visit with a provider and actually seeing a provider?

	2017
6 weeks or less	85%
More than 6 weeks	15%
Sample Size:	*(n=254)*

Supplemental Questions – Time Waited for Specialist Initial Appointment

Q61. In the last 6 months, how many days did you usually have to wait between making an initial appointment with a specialist and actually seeing the specialist for a non-urgent problem or health condition?

	2017
Same day	13%
1-2 days	19%
3-7 days	28%
8-14 days	12%
15-30 days	16%
More than 30 days	13%
Sample Size:	*(n=219)*

Supplemental Questions – Time Waited for Specialist Referred Visit

Q62. In the last 6 months, when you were referred to a specialist, how long did you usually have to wait between making an appointment for a referred visit with a specialist and actually seeing a specialist?

	2017
Within 1 month (30 days) of referral	82%
More than 1 month (30 days) after referral	18%
Sample Size:	*(n=174)*

Supplemental Questions – Currently Pregnant

Q63. Are you currently pregnant, or have you been pregnant in the last 6 months?

	2017
Yes	5%
No	95%
Sample Size:	*(n=399)*

Supplemental Questions – Time Waited for First Trimester Check-Up

Q64. In the last 6 months, how many days did you usually have to wait between making an appointment for a first trimester check-up with your OB/GYN and actually seeing your OB/GYN?

	2017
14 days or less	75%
15 days or more	25%
Sample Size:	*(n=16)*

Supplemental Questions – Time Waited for Second Trimester Check-Up

Q65. In the last 6 months, how many days did you usually have to wait between making an appointment for a second trimester check-up with your OB/GYN and actually seeing your OB/GYN?

	2017
7 days or less	71%
8 days or more	29%
Sample Size:	*(n=17)*

Supplemental Questions – Time Waited for Third Trimester Check-Up

Q66. In the last 6 months, how many days did you usually have to wait between making an appointment for a third trimester check-up with your OB/GYN and actually seeing your OB/GYN?

	2017
3 days or less	60%
4 days or more	40%
Sample Size:	*(n=15)*

Supplemental Questions – Phoned Doctor After Hours

Q67. In the last 6 months, did you phone your personal doctor's office after regular office hours to get help or advice for yourself?

	2017
Yes	15%
No	85%
Sample Size:	*(n=390)*

Supplemental Questions – Help From After Hours Call

Q68. In the last 6 months, when you phoned after regular office hours, how often did you get the help or advice you needed?

	2017
Always	60%
Usually	13%
Sometimes	15%
Never	13%
Sample Size:	*(n=55)*

Supplemental Questions – Comfortable with Physician

Q69. When selecting your health provider(s), how often did you have a problem finding a physician you were comfortable with based on your cultural, personal, or religious beliefs?

	2017
Never	65%
Sometimes	13%
Usually	8%
Always	14%
Sample Size:	*(n=390)*

Supplemental Questions – Cultural/Language Needs From Plan

Q70. Do you feel that your cultural and/or language needs are recognized and addressed, as needed, by Louisiana Healthcare Connections?

	2017
Yes	77%
No	23%
Sample Size:	*(n=387)*