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2013 CAHPS® Child Medicaid with CCC Member Satisfaction Survey

Amerigroup Louisiana, Inc.

August 2013



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Executive Summary

Background

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.
- In 2013, NCQA updated the CAHPS® 4.0H questionnaire to version 5.0H. These revisions include question numbers, question order, and question wording and are shown in the following table.

CAHPS 4.0H Questions and Response Choices	CAHPS 5.0H Questions and Response Choices
Q6. In the last 6 months, <i>not counting the times your child needed care right away</i> , how often did you get an appointment for <i>health care</i> at a doctor's office or clinic as soon as <i>you thought</i> your child needed? <i>Never, Sometimes, Usually, Always</i>	Q6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed? <i>Never, Sometimes, Usually, Always</i>
Q8. In the last 6 months, <i>how often</i> did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child? <i>Never, Sometimes, Usually, Always</i>	Q8. In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child? <i>Yes, No</i>
Q11. In the last 6 months, did your child's doctor or other health provider talk with you about the pros and cons of each choice for your child's treatment or health care? <i>Definitely yes, Somewhat yes, Somewhat no, Definitely no</i>	Q11. When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want your child to take a medicine? <i>Not at all, A little, Some, A lot</i> Q12. When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want your child to take a medicine? <i>Not at all, A little, Some, A lot</i>
Q12. 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? <i>Definitely yes, Somewhat yes, Somewhat no, Definitely no</i>	Q13. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child? <i>Yes, No</i>
Q48. In the last 6 months, how often was it easy to get the care, tests, or treatment <i>you thought</i> your child needed <i>through his or her health plan</i> ? <i>Never, Sometimes, Usually, Always</i>	Q15. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed? <i>Never, Sometimes, Usually, Always</i>
Q44. In the last 6 months, how often was it easy to get appointments for your child with specialists? <i>Never, Sometimes, Usually, Always</i>	Q46. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed? <i>Never, Sometimes, Usually, Always</i>

- Due to the question changes, the Shared Decision Making Composite will not be trended.

Executive Summary

Protocol

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.
- Amerigroup Louisiana, Inc. chose the mail/telephone protocol. This protocol included mailing a questionnaire with a cover letter. For those selected members who did not respond to the first questionnaire, a second questionnaire with a cover letter encouraging participation was sent. Thank you/reminder postcards were mailed after each survey mailing. (NCQA reinstated the postcard mailings as response rates had declined for the past two years.) If a selected member still did not respond to the questionnaires, at least four telephone calls were made to complete the survey using trained telephone interviewers.
- NCQA originally designed this protocol with the goal of achieving a total response rate of at least forty-five percent (45%). In 2012, the average response rate for all Child Medicaid with CCC plans reporting to NCQA was 28%.
- In February, 3985 Amerigroup Louisiana, Inc. members were randomly selected to participate in the 2013 CAHPS® 5.0H Child Medicaid with CCC Survey. This sample consisted of 2145 randomly selected Child members and 1,840 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. This report is compiled from the responses of the 867 Amerigroup Louisiana, Inc. members who responded to the survey (CAHPS® 5.0H Child survey sample and CCC Supplemental Sample combined).
- 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.

Executive Summary

Disposition Summary

- A response rate is calculated for those members who were eligible and able to respond. According to NCQA protocol, ineligible members include those who are deceased, do not meet eligible criteria, have a language barrier, or are either mentally or physically incapacitated. Non-responders include those members who have refused to participate in the survey, could not be reached due to a bad address or telephone number, or members that reached a maximum attempt threshold and were unable to be contacted during the survey time period.
- The table below shows the total number of members in the sample that fell into each of the various disposition categories.

Amerigroup Louisiana, Inc. 2013 Disposition Summary

Ineligible	Total Sample	General Population
Deceased (M20/T20)	3	1
Does not meet criteria (M21/T21)	112	60
Language barrier (M22/T22)	0	0
Mentally/physically incapacitated (M24/T24)	0	0
Total Ineligible	115	61

Non-response	Total Sample	General Population
Bad address/phone (M23/T23)	233	129
Refusal (M32/T32)	42	20
Maximum attempts made (M33/T33)	2728	1475
Total Non-response	3003	1624

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

Completed mail and telephone surveys
 Sample size - Ineligible surveys

= Response Rate

- Using the final figures from Amerigroup Louisiana, Inc.'s Child Medicaid with CCC survey, the numerator and denominator used to compute the response rate are presented below:

$$\begin{array}{lcl}
 \frac{\text{Mail completes } (400) + \text{Phone completes } (467)}{\text{Total Sample } (3985) - \text{Total Ineligible } (115)} & = & \frac{867}{3870} = \text{Total Sample Response Rate} = 22\% \\
 \frac{\text{Mail completes } (203) + \text{Phone completes } (257)}{\text{Total Sample } (2145) - \text{Total Ineligible } (61)} & = & \frac{460}{2084} = \text{General Population Response Rate} = 22\%
 \end{array}$$

Executive Summary

Summary of Key Measures

- For purposes of reporting the CAHPS® results, the National Committee for Quality Assurance (NCQA) uses five core composite measures plus an additional five CCC measures and four 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).

Amerigroup Louisiana, Inc.		
	General Population	CCC Population
Composite Measures	2013	2013
Getting Care Quickly	89%	94%
Shared Decision Making	61%	63%
How Well Doctors Communicate	94%	95%
Getting Needed Care	84%	83%
Customer Service	87%	86%
CCC Composite Measures		
Access to Prescription Medicines	85%	80%
Access to Specialized Services	80%	75%
Family-Centered Care: Personal Doctor Who Knows Child	91%	90%
Family-Centered Care: Getting Needed Information	92%	91%
Coordination of Care for Children with Chronic Conditions	79%	82%
Overall Rating Measures		
Health Care	84%	80%
Personal Doctor	90%	88%
Specialist	95%	88%
Health Plan	82%	76%
Health Promotion & Education	72%	75%
Coordination of Care	89%	86%
		Total Sample
Sample Size	2145	3985
# of Completes	460	867
Response Rates	22%	22%

Executive Summary

Scoring for NCQA Accreditation – General Population

				2013 NCQA National Accreditation Comparisons*					
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l	
				<u>Accreditation Points</u>	0.33	0.65	1.11	1.43	1.63
<u>Composite Scores</u>	<u>Unadjusted</u>	<u>Adjusted**</u>	Approximate Percentile Threshold						<u>Approximate Score**</u>
Getting Care Quickly	2.679	2.699	90 th		2.54	2.61	2.66	2.69	1.63
How Well Doctors Communicate	2.778	2.798	90 th		2.63	2.68	2.72	2.75	1.63
Getting Needed Care	2.492	2.512	90 th		2.29	2.36	2.45	2.50	1.63
Customer Service	2.549	2.577	75 th		2.40	2.46	2.51	2.58	1.43
<u>Overall Ratings Scores</u>									
Q14 Health Care	2.563	2.591	90 th		2.49	2.52	2.57	2.59	1.63
Q41 Personal Doctor	2.723	2.751	90 th		2.58	2.62	2.65	2.69	1.63
Q48 Specialist ***	0.000	0.000	NA		2.53	2.59	2.62	2.66	NA
				<u>Accreditation Points</u>	0.65	1.30	2.21	2.86	3.25
Q54 Health Plan	2.586	2.614	50 th		2.51	2.57	2.62	2.67	2.21
Estimated Overall CAHPS® Score:									11.79

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). 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: **NCQA Memorandum of January 28, 2013.** Subject: 2013 Accreditation Benchmarks and Thresholds.

**To take into account inherent sampling variation, prior to scoring, NCQA will add 0.028 to each of the four CAHPS® 5.0H rating questions and to the Customer Service composite means; and 0.02 to the Getting Needed Care, Getting Care Quickly, and How Well Doctors Communicate composite means. Data Source: "Important Information Regarding NCQA Accreditation Scoring Change" announcement dated May 11, 2011. NCQA will phase out the scoring adjustment over five years – 20% per year from 2011 until 2015.

*** Not reportable due to insufficient sample size.







Executive Summary

Comparison to Quality Compass® – General Population

		Amerigroup Louisiana, Inc.	2012 Child Medicaid Quality Compass® Comparisons*				
			10th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l
<u>Composite Scores</u>			%	%	%	%	%
Getting Care Quickly (<i>% Always and Usually</i>)		89.50%	79.94	85.31	88.40	90.27	92.01
Shared Decision Making (<i>% A lot/Yes</i>)		60.95%	NA	NA	NA	NA	NA
How Well Doctors Communicate (<i>% Always and Usually</i>)		94.35%	88.33	91.01	92.12	93.44	94.32
Getting Needed Care (<i>% Always and Usually</i>)		83.83%	71.89	75.09	79.64	84.07	86.71
Customer Service (<i>% Always and Usually</i>)		87.40%	77.12	81.36	82.69	84.71	88.99
<u>Overall Ratings Scores</u>							
Q14	Health Care (% 8, 9, and 10)	84.23%	78.93	80.83	83.43	85.10	86.79
Q41	Personal Doctor (% 8, 9, and 10)	90.05%	82.94	84.73	86.74	88.50	89.47
Q48	Specialist (% 8, 9, and 10)	94.74%	75.93	78.29	82.30	86.09	87.27
Q54	Health Plan (% 8, 9, and 10)	82.05%	78.65	81.12	84.40	86.61	88.56

NA = Comparison data not available from NCQA.

*Data Source: 2012 Child Medicaid Quality Compass®. Scores above based on 114 plans who qualified and chose to publicly report their scores.

	= Plan score falls on or above 90th Percentile
	= Plan score falls on 75th or below 90th Percentile
	= Plan score falls on 50th or below 75th Percentile
	= Plan score falls on 25th or below 50th Percentile
	= Plan score falls on 10th or below 25th Percentile
	= Plan score falls below 10th Percentile

Executive Summary

Comparison to Quality Compass® – CCC Population

	Amerigroup Louisiana, Inc.	2012 Child Medicaid with CCC Quality Compass Comparisons*				
		10th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l
<u>Composite Scores</u>		%	%	%	%	%
Getting Care Quickly (% Always and Usually)	94.33%	86.58	89.87	90.81	92.42	93.00
Shared Decision Making (% A lot/Yes)	62.68%	NA	NA	NA	NA	NA
How Well Doctors Communicate (% Always and Usually)	95.27%	91.17	92.27	93.24	93.90	95.07
Getting Needed Care (% Always and Usually)	82.77%	73.43	78.91	81.90	85.17	86.62
Customer Service (% Always and Usually)	85.68%	77.05	78.51	82.21	84.89	88.06
Access to Prescription Medicines (% Always and Usually)	79.70%	86.64	87.89	90.63	92.16	94.28
Access to Specialized Services (% Always and Usually)	75.48%	70.17	71.87	78.24	80.31	81.66
Coordination of Care for Children with Chronic Conditions (% Always and Usually)	81.53%	74.78	75.80	78.88	81.34	82.22
Family-Centered Care: Getting Needed Information (% Yes)	91.04%	86.27	88.22	90.42	91.46	91.91
Family-Centered Care: Personal Doctor Who Knows Child (% Yes)	90.39%	86.28	88.49	89.77	91.22	92.31
<u>Overall Ratings Scores</u>						
Q14 Health Care (% 8, 9, and 10)	80.24%	78.91	80.57	82.48	84.58	86.21
Q41 Personal Doctor (% 8, 9, and 10)	88.12%	82.74	85.47	87.32	89.72	90.00
Q48 Specialist (% 8, 9, and 10)	88.00%	79.76	81.25	84.57	86.84	87.58
Q54 Health Plan (% 8, 9, and 10)	76.08%	73.07	78.95	82.63	85.12	86.38

NA = Comparison data not available from NCQA.

*Data Source: 2012 Child Medicaid with CCC Quality Compass®. Scores above based on 28 plans who qualified and chose to publicly report their scores.

	= Plan score falls on or above 90th Percentile
	= Plan score falls on 75th or below 90th Percentile
	= Plan score falls on 50th or below 75th Percentile
	= Plan score falls on 25th or below 50th Percentile
	= Plan score falls on 10th or below 25th Percentile
	= Plan score falls below 10th Percentile

Executive Summary

Key Driver Recommendations for 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 from Quality Compass®)

The key drivers for the health plan and health care are shown below:

High Priority for Improvement (High correlation/Relatively low performance)	
<u>Health Plan</u> None	<u>Health Care</u> None
Continue to Target Efforts (High correlation/Relatively high performance)	
<u>Health Plan</u> Q50 - Got Information or Help Needed Q51 - Treated You with Courtesy and Respect Q15 - Easy to Get Care Believed Necessary for Child	<u>Health Care</u> Q15 - Easy to Get Care Believed Necessary for Child Q34 - Show Respect for What You Had to Say

Executive Summary

Key Driver Recommendations for CCC 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 from Quality Compass®)

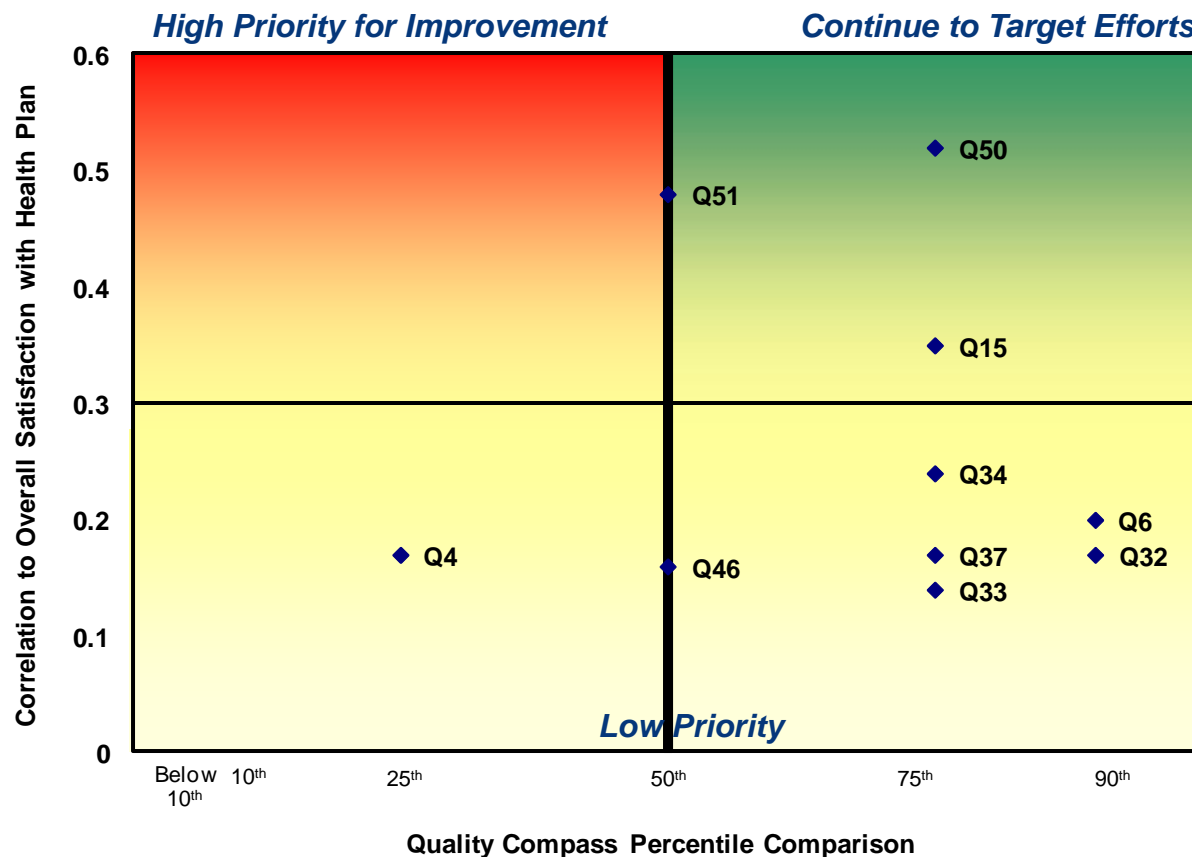
The key drivers for the health plan and health care are shown below:

High Priority for Improvement (High correlation/Relatively low performance)	
<u>Health Plan</u> Q56 - Easy to Get Prescription Medicine for Child	<u>Health Care</u> Q56 - Easy to Get Prescription Medicine for Child
Continue to Target Efforts (High correlation/Relatively high performance)	
<u>Health Plan</u> Q50 - Got Information or Help Needed Q51 - Treated You with Courtesy and Respect Q15 - Easy to Get Care Believed Necessary for Child	<u>Health Care</u> Q15 - Easy to Get Care Believed Necessary for Child Q50 - Got Information or Help Needed Q9 - Getting Questions Answered by Child's Doctor

Executive Summary

Quadrant Analysis – General Population

This exhibit depicts the relative importance of each attribute to the Overall Satisfaction with the Health Plan and the plan's performance on each attribute when compared to Quality Compass.



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:

<https://www.cahps.ahrq.gov/qiguide/content/analysis/default.aspx>

Getting Needed Care

- Ease of obtaining appointment with specialist
 - Review panel of specialists to assure that there are an adequate number of specialists and that they are disbursed geographically to meet the needs of your members.
 - Conduct an Access to Care Survey with either or both of 2 audiences: physician's office and/or among members
 - Conduct a CG-CAHPS Survey including specialists in the sample to identify the specialists with whom members are having a problem obtaining 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 it is difficult to make an appointment.
 - Utilize Provider relations staff to question PCP office staff when making a regular visit to determine with which types of specialists they have the most problems scheduling appointments.
 - Develop materials to promote your specialist network and encourage the PCPs to develop new referral patterns that align with the network.
- Ease of obtaining care, tests, or treatment you needed through your health plan
 - Include a supplemental question on the CAHPS survey to identify the type of care, test or treatment for which the member has a problem obtaining.
 - Review complaints received by Customer Service regarding inability to receive care, tests or treatments.
 - Evaluate pre-certification, authorization, and appeals processes. Of even more importance is to evaluate the manner in which the policies and procedures are delivered to the member, whether the delivery of the information is directly to the member or through their provider. Members may be hearing that they cannot receive the care, tests, or treatment, but are not hearing why.
 - When care or treatment is denied, care should be taken to ensure that the message is understood by both the provider and the member.

Action Plans for Improving CAHPS Scores (cont'd)

Getting Care Quickly

- Obtaining care for urgent care (illness, injury or condition that needed care right away) as soon as you needed
- Obtaining an appointment for routine care/check-ups
 - Conduct a CG-CAHPS survey to identify offices with scheduling issues.
 - Conduct an Access to Care Study
 - Calls to physician office - unblinded
 - Calls to physician office – blinded (Secret Shopper)
 - Calls to members with recent claims
 - Desk audit by provider relations staff
 - Develop seminars for physicians' office staff that could include telephone skills (answering, placing a person on hold, taking messages from patients, dealing with irate patients over the phone, etc.) as well as scheduling advice. Use this time to obtain feedback concerning what issues members have shared with the office staff concerning interactions with the plan.
 - These seminars could be offered early morning, lunch times or evenings so as to be convenient for the office staff. Most physicians would be appreciative of having this type of training for their staff as they do not have the time or talents to train their employees in customer service and practice management.

How Well Doctors Communicate

- Doctor explained things in a way that was easy to understand
- Doctor listened carefully
- Doctor showed respect for what member had to say
- Doctor spent enough time with member
 - Conduct a CG-CAHPS survey to identify lower performing physicians for whom improvement plans should be developed
 - Conduct focus group of members to identify examples of behaviors identified in the questions. Video the groups to show physicians how patients characterize excellent and poor physician performance.
 - Include supplemental questions from the Item Set for Addressing Health Literacy to better identify communication issues.
 - Develop "Questions Checklists" on specific diseases to be used by members when speaking to doctors. Have these available in office waiting rooms.
 - Offer in-service programs with CMEs for physicians on improving communication with patients. This could be couched in terms of motivating patients to comply with medication regimens or to incorporate healthy life-style habits. Research has shown that such small changes as having physicians sit down instead of stand when talking with a patient leads the patient to think that the doctor has spent more time with them.
 - Provide the physicians with patient education materials, which the physician will then give to the patient. These materials could reinforce that the physician has heard the concerns of the patient or that they are interested in the well-being of the patient. The materials might also speak to a healthy habit that the physician wants the patient to adopt, thereby reinforcing the communication and increasing the chances for compliance.
 - Provide communication tips in the provider newsletters. Often, these are absorbed well if presented as a testimonial from a patient.

Action Plans for Improving CAHPS Scores (cont'd)





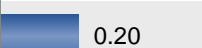

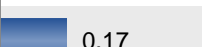

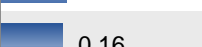
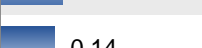


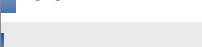
Shared Decision Making

- Doctor talked about reasons you might want to take a medicine
- Doctor talked about reasons you might not want to take a medicine
- Doctor asked you what you thought was best
 - Conduct a CG-CAHPS survey and include the Shared Decision Composite as supplemental questions.
 - Develop patient education materials on common medicines described for your members explaining pros and cons of each medicine. Examples: asthma medications, high blood pressure medications, statins.
 - Develop audio recordings and/or videos of patient/doctor dialogues/vignettes on common medications. Distribute to provider panel via podcast or other method.
- **Health Plan Customer Service**
- Customer service gave the information or help needed
- Customer service treated member with courtesy and respect
 - Conduct Call Center Satisfaction Survey. Implement a short IVR survey to members within days of their calling customer service to explore/assess their recent experience.
 - At the end of each Customer Service call, have your representative enter/post the reason for the call. At the end of a month, synthesize the information to discern the major reasons for a call. Have the customer service representatives and other appropriate staff discuss ways to address the reason for the majority of the calls and design interventions so that the reason for the call no longer exists.

Executive Summary

Key Driver Analysis for General Population – Health Plan

Q54. Rating of Health Plan

			Sample Size:	Health Plan's Score	Plan's Percentile Range
Q50. Got Information or Help Needed		0.52	123	83.74%	75th
Q51. Treated You with Courtesy and Respect		0.48	123	91.06%	50th
Q15. Easy to Get Care Believed Necessary for Child		0.35	337	89.61%	75th
Q34. Show Respect for What You Had to Say		0.24	306	96.41%	75th
Q6. Getting Appointment for Child as Soon as Needed		0.20	311	90.03%	90th
Q32. Explain Things in a Way You Could Understand		0.17	306	95.75%	90th
Q37. Spend Enough Time with Child		0.17	305	90.16%	75th
Q4. Getting Care for Child as Soon as Needed		0.17	154	88.96%	25th
Q46. Easy to Get Appointment for Child with Specialist		0.16	41	78.05%	50th
Q33. Listen Carefully to You		0.14	305	95.08%	75th
Q12. Discussed Reasons Not to Take Medicine		0.10	116	39.66%	NA
Q13. Asked Preference for Medicine		0.04	114	84.21%	NA
Q11. Discussed Reasons to Take Medicine		0.01	117	58.97%	NA

0.0 0.5 1.0

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

None

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

Q50 - Got Information or Help Needed
Q51 - Treated You with Courtesy and Respect
Q15 - Easy to Get Care Believed Necessary
for 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"; "A lot", "Yes"

Executive Summary

Key Driver Analysis for General Population – Health Care

Q14. Rating of Health Care

			Sample Size:	Health Plan's Score	Plan's Percentile Range
Q15. Easy to Get Care Believed Necessary for Child		0.54	337	89.61%	75th
Q34. Show Respect for What You Had to Say		0.43	306	96.41%	75th
Q33. Listen Carefully to You		0.33	305	95.08%	75th
Q32. Explain Things in a Way You Could Understand		0.32	306	95.75%	90th
Q12. Discussed Reasons Not to Take Medicine		0.29	116	39.66%	NA
Q37. Spend Enough Time with Child		0.28	305	90.16%	75th
Q4. Getting Care for Child as Soon as Needed		0.27	154	88.96%	25th
Q50. Got Information or Help Needed		0.27	123	83.74%	75th
Q11. Discussed Reasons to Take Medicine		0.24	117	58.97%	NA
Q13. Asked Preference for Medicine		0.24	114	84.21%	NA
Q6. Getting Appointment for Child as Soon as Needed		0.24	311	90.03%	90th
Q51. Treated You with Courtesy and Respect		0.19	123	91.06%	50th
Q46. Easy to Get Appointment for Child with Specialist		0.10	41	78.05%	50th
	0.0	0.5	1.0		

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

Q34 - Show Respect for What You Had to Say

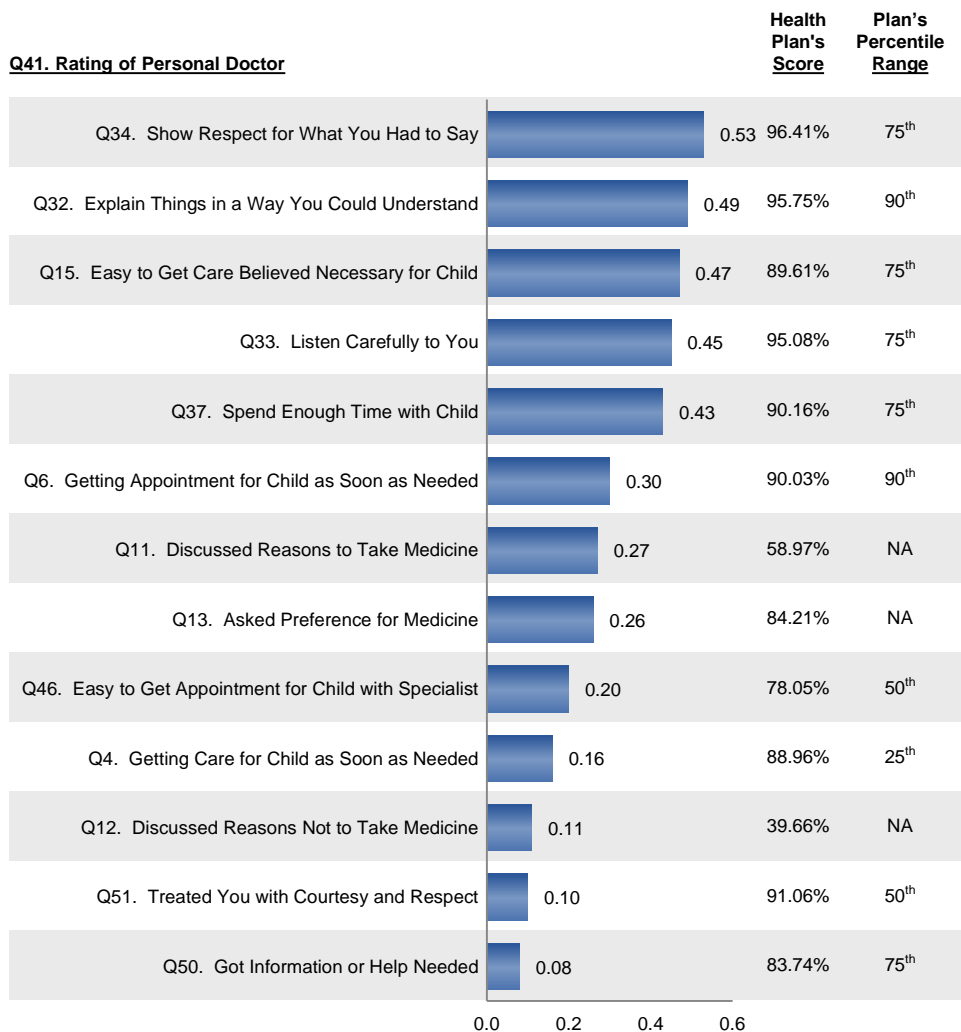
Use caution when reviewing scores with sample sizes less than 25.

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

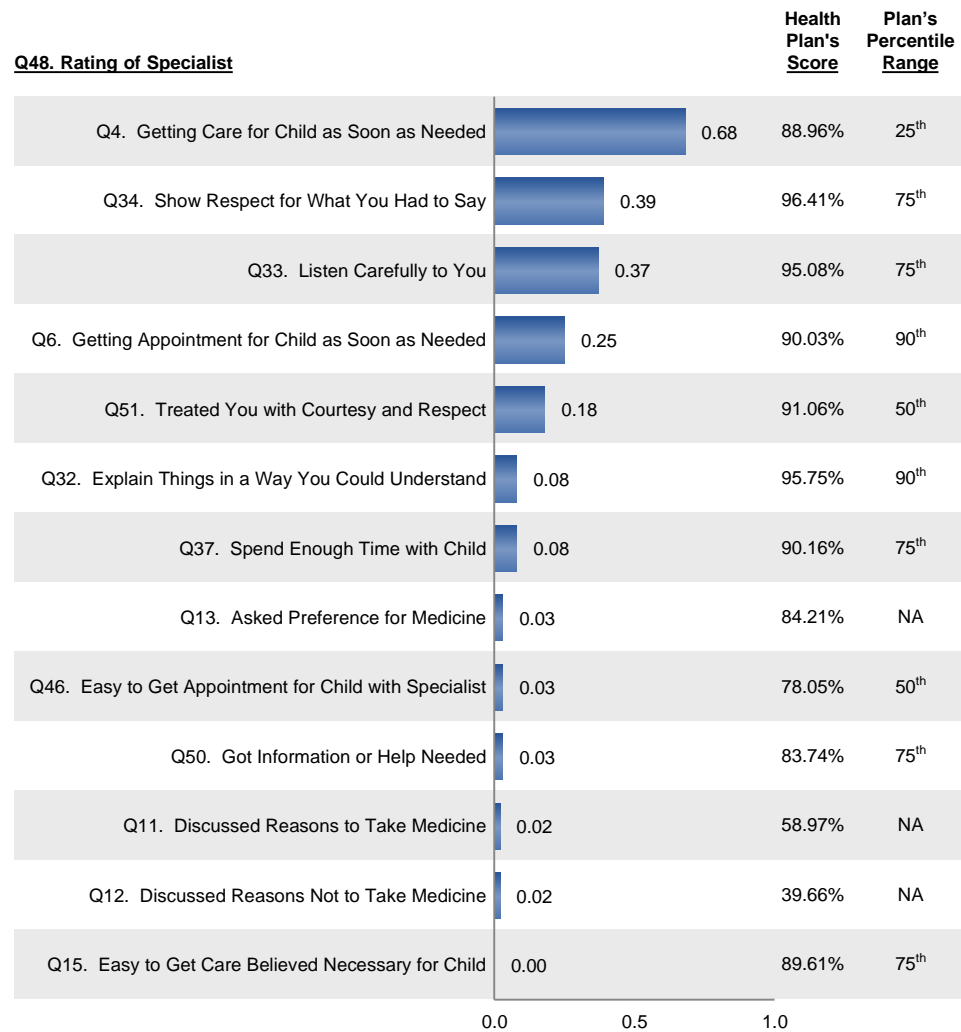
Executive Summary

Key Driver Analysis for General Population – Doctor and Specialist

Q41. Rating of Personal Doctor



Q48. Rating of Specialist



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

Executive Summary

Key Driver Analysis for CCC Population – Health Plan

<u>Q54. Rating of Health Plan</u>		<u>Sample Size:</u>	<u>Health Plan's Score</u>	<u>Plan's Percentile Range</u>
Q23. Easy to Get Therapy for Child	0.48	68	69.12%	NA
Q50. Got Information or Help Needed	0.47	147	80.95%	90th
Q51. Treated You with Courtesy and Respect	0.41	146	90.41%	50th
Q56. Easy to Get Prescription Medicine for Child	0.40	335	79.70%	Below 10th
Q15. Easy to Get Care Believed Necessary for Child	0.39	334	88.92%	90th
Q20. Easy to Get Special Medical Equipment for Child	0.37	54	75.93%	NA
Q46. Easy to Get Appointment for Child with Specialist	0.32	77	76.62%	10th
Q4. Getting Care for Child as Soon as Needed	0.27	180	94.44%	75th
Q6. Getting Appointment for Child as Soon as Needed	0.25	311	94.21%	90th
Q26. Easy to Get Treatment or Counseling for Child	0.20	129	81.40%	90th
Q9. Getting Questions Answered by Child's Doctor	0.20	335	91.04%	50th
Q37. Spend Enough Time with Child	0.19	311	91.00%	75th
Q34. Show Respect for What You Had to Say	0.16	313	97.12%	90th
Q33. Listen Carefully to You	0.13	310	97.10%	90th
Q12. Discussed Reasons Not to Take Medicine	0.12	173	38.15%	NA
Q32. Explain Things in a Way You Could Understand	0.11	313	95.85%	75th
Q11. Discussed Reasons to Take Medicine	0.10	172	68.60%	NA
Q13. Asked Preference for Medicine	0.10	171	81.29%	NA

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

Q56 - Easy to Get Prescription Medicine for Child

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

Q50 - Got Information or Help Needed
Q51 - Treated You with Courtesy and Respect
Q15 - Easy to Get Care Believed Necessary for Child

Above are 18 of the 23 key measures. The 5 measures with lowest correlation to Rating of Health Plan are not displayed.

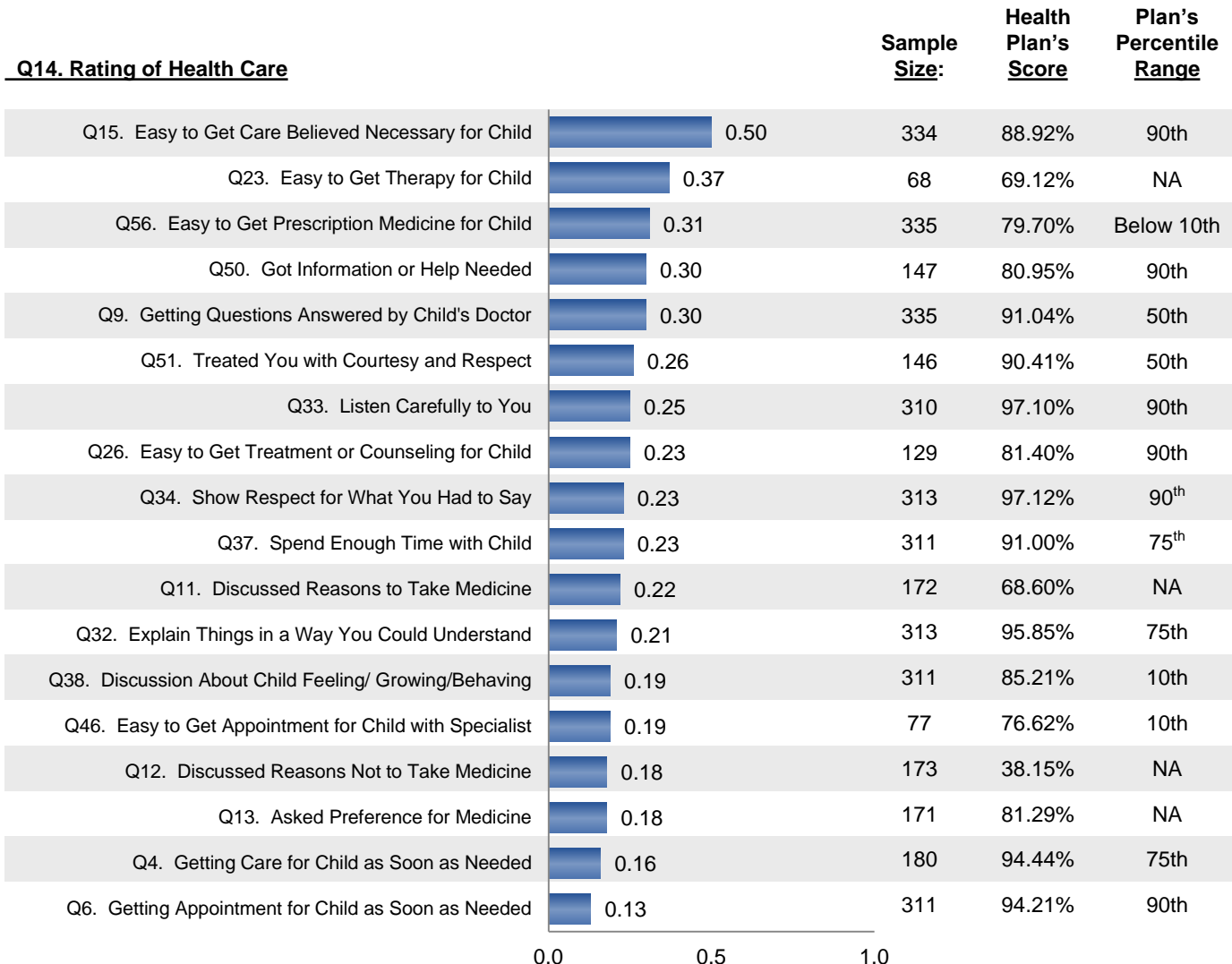
Use caution when reviewing scores with sample sizes less than 25.

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



Executive Summary

Key Driver Analysis for CCC Population – Health Care



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

Q56 - Easy to Get Prescription Medicine 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
Q9 - Getting Questions Answered by Child's Doctor

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.

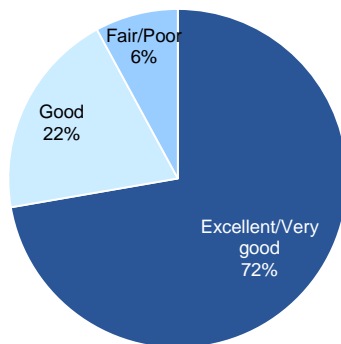
"Health Plan's Score" is the percent of respondents that answered "Always", "Usually", "A lot", "Yes"



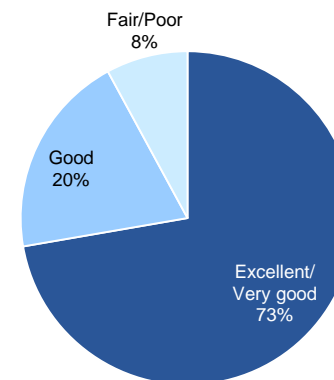
Executive Summary

Demographics – General Population

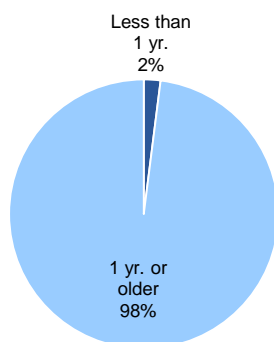
CHILD'S HEALTH STATUS



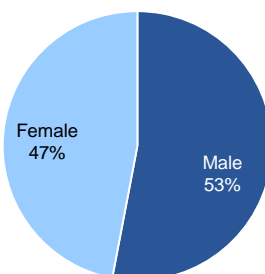
CHILD'S MENTAL/EMOTIONAL HEALTH STATUS



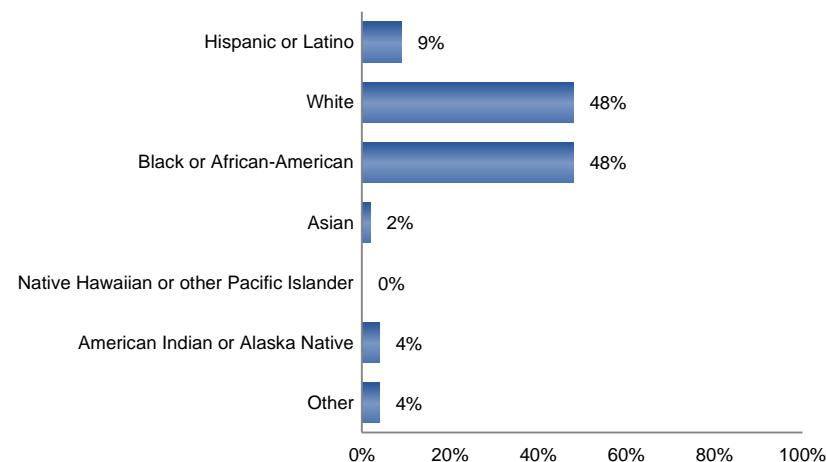
CHILD'S AGE



CHILD'S GENDER



CHILD'S RACE / ETHNICITY

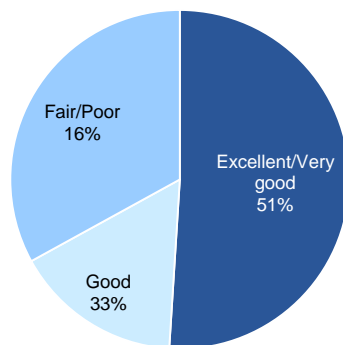


Data shown are self reported.

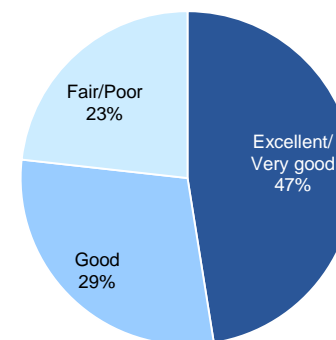
Executive Summary

Demographics – CCC Population

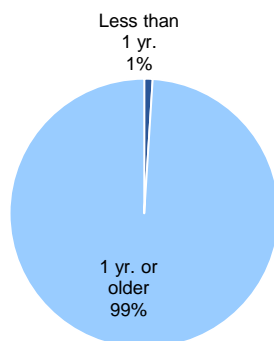
CHILD'S HEALTH STATUS



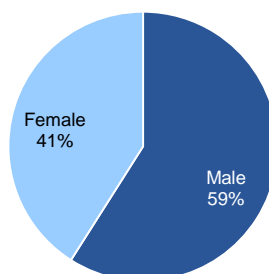
CHILD'S MENTAL/EMOTIONAL HEALTH STATUS



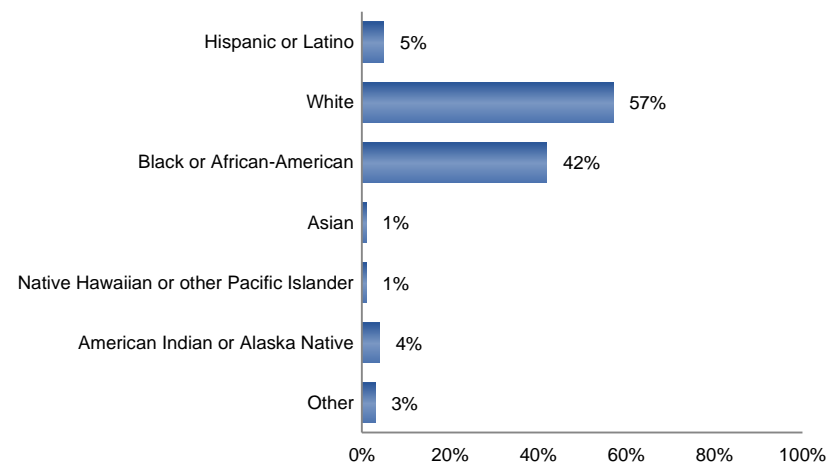
CHILD'S AGE



CHILD'S GENDER



CHILD'S RACE / ETHNICITY



Data shown are self reported.

Executive Summary

Child Demographics

		General Population	2012 Quality Compass®-General Population	CCC Population	2012 Quality Compass®-CCC Population
		2013		2013	
Q58. Child's Health Status					
	Excellent/Very good	72%	76%	51%	55%
	Good	22%	19%	33%	32%
	Fair/Poor	6%	5%	16%	13%
Q59. Child's Mental/Emotional Health Status					
	Excellent/Very good	73%	NA	47%	NA
	Good	20%	NA	29%	NA
	Fair/Poor	8%	NA	23%	NA
Q74. Child's Age					
	Less than 1 yr	2%	3%	1%	1%
	1 year or older	98%	97%	99%	99%
Q75. Child's Gender					
	Male	53%	52%	59%	59%
	Female	47%	48%	41%	41%
Q76/77. Child's Race/Ethnicity					
	Hispanic or Latino	9%	25%	5%	20%
	White	48%	45%	57%	62%
	Black or African-American	48%	22%	42%	43%
	Asian	2%	3%	1%	5%
	Native Hawaiian or other Pacific Islander	0%	0%	1%	1%
	American Indian or Alaska Native	4%	2%	4%	3%
	Other	4%	9%	3%	16%

Data shown are self reported.

NA = Data not available from NCQA (question added in 2013).

Executive Summary

Respondent Demographics

		General Population	2012 Quality Compass®- General Population	CCC Population	2012 Quality Compass®-CCC Population
		2013		2013	
Q7. Number of Times Going to Doctor's Office/Clinic for Care					
	None	22%	NA	9%	NA
	1 time	22%	NA	16%	NA
	2 times	24%	NA	20%	NA
	3-4 times	23%	NA	28%	NA
	5-9 times	7%	NA	20%	NA
	10 or more times	2%	NA	7%	NA
Q31. Number of Times Visited Personal Doctor to Get Care					
	None	20%	NA	8%	NA
	1 time	24%	NA	19%	NA
	2 times	26%	NA	23%	NA
	3-4 times	20%	NA	30%	NA
	5-9 times	8%	NA	16%	NA
	10 or more times	2%	NA	5%	NA
Q78. Respondent's Age					
	Under 18	6%	7%	6%	8%
	18 to 24	11%	9%	6%	5%
	25 to 34	35%	34%	33%	29%
	35 to 44	24%	29%	31%	29%
	45 to 54	15%	14%	16%	18%
	55 to 64	5%	5%	6%	8%
	65 or older	2%	2%	2%	3%
Q79. Respondent's Gender					
	Male	8%	11%	7%	10%
	Female	92%	89%	93%	90%
Q80. Respondent's Education					
	Did not graduate high school	19%	21%	22%	18%
	High school graduate or GED	35%	35%	33%	36%
	Some college or 2-year degree	37%	34%	35%	36%
	4-year college graduate	6%	7%	7%	6%
	More than 4-year college degree	2%	3%	3%	4%

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



Executive Summary

General Knowledge about Demographic Differences

The commentary below is based on generally recognized industry knowledge per various published sources:

Age	Older respondents tend to be more satisfied than younger respondents.
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.
Education	More educated respondents tend to be less satisfied.
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.	
Race	Whites give the highest ratings to both rating and composite questions. In general, Hispanics, Asian/Pacific Islanders and American Indian/Alaska Natives give the lowest ratings.
	Growing evidence that lower satisfaction ratings from Asian Americans are partially attributable to cultural differences in their response tendencies. Therefore, their lower scores might not reflect an accurate comparison of their experience with health care.
Ethnicity	Hispanics tend to give lower ratings than non-Hispanics. Non-English speaking Hispanics tend to give lower ratings than English-speaking Hispanics.

Note: If a health plan's population differs from Quality Compass® in any of the demographic groups, these differences could account for the plan's score when compared to Quality Compass®. For example, if a plan's population rates themselves in better health than the Quality Compass® population, this could impact a plan's score positively. Conversely, if a plan's population rates themselves in poorer health than the Quality Compass® population, the plan's scores could be negatively impacted.

Executive Summary

Demographic Differences About Your Plan

Louisiana	Typical Response of Demographic	Response of Amerigroup Respondents
Age	Parents of older members tend to be more satisfied than younger members.	Parents of older members are significantly more satisfied than parents of younger members with: <ul style="list-style-type: none">• Asked preference for medicine (Q13)• Spend enough time with child (Q37)
Health Status	People who rate their child's health status as 'Excellent' or 'Very good' tend to be more satisfied than people who rate their child's health status lower.	Parents that rate their child's health status as 'Good' are significantly more satisfied than those who rate their health status as 'Fair' or 'Poor' with: <ul style="list-style-type: none">• Explain things in a way you could understand (Q32)• Show respect for what you had to say (Q34)• Doctor talks with you about how child is feeling/growing/behaving (Q38)• Rating of Personal Doctor and Health Plan
Education	More educated parents tend to be less satisfied.	More educated parents are significantly less satisfied with: <ul style="list-style-type: none">• Customer Service (Q50, Q51)• Health plan or doctor's office helps coordinate care (Q29)• Rating of Health Plan• Coordination of Care (Q40) More educated parents are significantly <u>MORE</u> satisfied with: <ul style="list-style-type: none">• Health Promotion and Education (Q8)

Executive Summary

Demographic Differences About Your Plan

Louisiana	Typical Response of Demographic	Response of Amerigroup Respondents
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.		
Race	Whites give the highest ratings to both rating and composite questions. In general, Hispanics, Asian/Pacific Islanders and American Indian/Alaska Natives give the lowest ratings.	White members are significantly more satisfied than African American members with: <ul style="list-style-type: none">• Getting care for child as soon as needed (Q4)
Ethnicity	Hispanics tend to give lower ratings than non-Hispanics. Non-English speaking Hispanics tend to give lower ratings than English-speaking Hispanics.	Hispanics are significantly less satisfied with: <ul style="list-style-type: none">• Getting Care Quickly (Q4, Q6)• Spend enough time with child (Q37)

Executive Summary

Composite & Rating Scores by Demographics for General Population

	Child's Gender		Child's Age					Child's Race				Child's Ethnicity		Respondent's Educational Level		Child's Health Status		
Demographic	Male	Female	1 yr or less	2-5 yrs	6-9 yrs	10-14 yrs	15-18 yrs	Caucasian	African American	Asian	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/Very Good	Good	Fair/Poor
Sample size	(n=238)	(n=214)	(n=40)	(n=95)	(n=109)	(n=115)	(n=84)	(n=223)	(n=222)	(n=10)	(n=37)	(n=40)	(n=404)	(n=241)	(n=203)	(n=326)	(n=101)	(n=28)
Composites (% Always/Usually)																		
Getting Care Quickly	91%	88%	88%	92%	86%	94%	90%	93%	88%	89%	91%	74%	91%	92%	89%	89%	91%	89%
Shared Decision Making(% A lot/Yes)	61%	63%	59%	56%	69%	59%	65%	61%	65%	53%	63%	73%	61%	60%	66%	60%	57%	86%
How Well Doctors Communicate	95%	93%	89%	94%	95%	98%	93%	96%	93%	100%	94%	88%	95%	94%	95%	94%	97%	87%
Getting Needed Care	83%	86%	77%	77%	91%	85%	85%	88%	79%	50%	82%	94%	84%	80%	92%	86%	80%	67%
Customer Service	91%	83%	86%	89%	92%	90%	74%	89%	84%	75%	100%	88%	88%	93%	80%	87%	86%	92%
Ratings (% 8,9,10)																		
Personal Doctor	91%	89%	92%	93%	91%	93%	81%	91%	90%	100%	88%	91%	90%	92%	88%	90%	94%	80%
Specialist	90%	100%	100%	100%	100%	91%	86%	92%	100%	-	100%	100%	93%	95%	93%	92%	100%	100%
Health Care	86%	83%	76%	88%	91%	92%	71%	86%	85%	100%	92%	83%	85%	86%	83%	85%	86%	72%
Health Plan	84%	79%	85%	83%	86%	83%	73%	80%	83%	80%	86%	92%	81%	87%	76%	83%	84%	57%

Detailed Results

Getting Care Quickly

Shared Decision Making

How Well Doctors Communicate

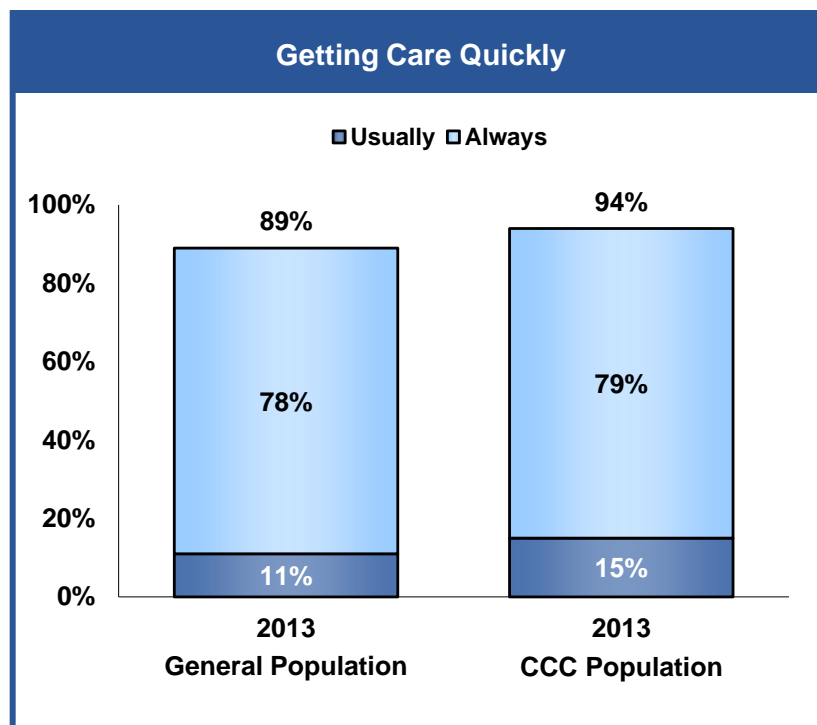
Getting Needed Care

Customer Service

Health Promotion and Education/Coordination of Care

Overall Rating Scores for Health Care, Health Plan, Personal Doctor & Specialist

Getting Care Quickly Composite



**General Population
plan score falls on 50th
or below 75th Percentile**

**CCC Population plan
score falls on or above
90th Percentile**

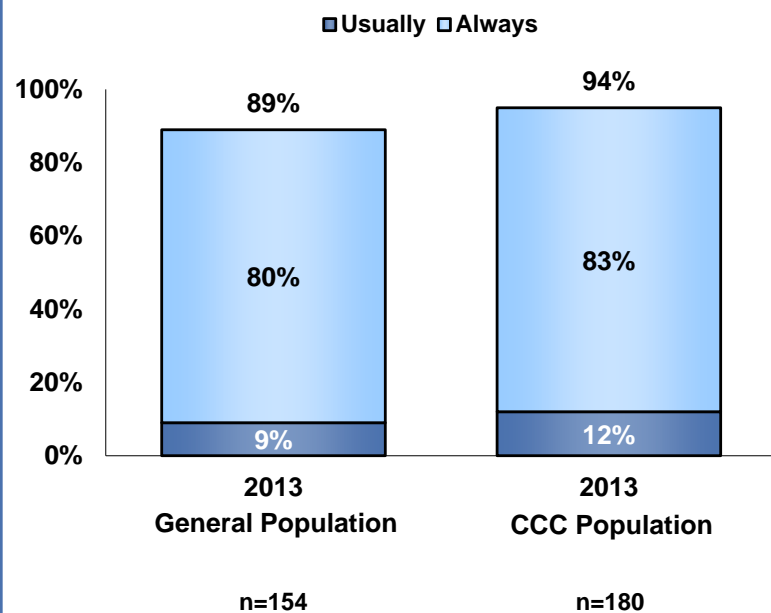
2012 Quality Compass®						
	Mean	10 th	25 th	50 th	75 th	90 th
General Population	87.28	79.94	85.31	88.40	90.27	92.01
CCC Population	90.28	86.58	89.87	90.81	92.42	93.00

NOTE: Numbers are rounded to the nearest whole number

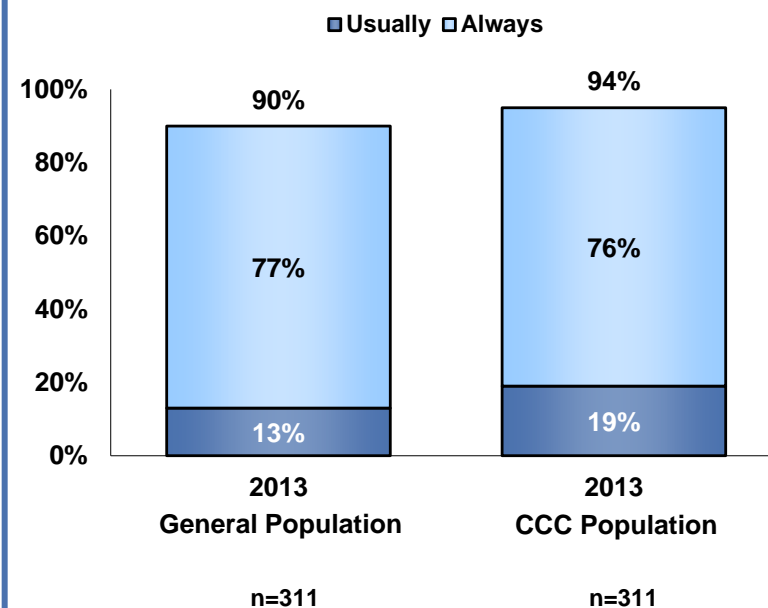
Getting Care Quickly

Composite Measures

Q4. Getting Care for Child as Soon as Needed



Q6. Getting Appointment for Child as Soon as Needed

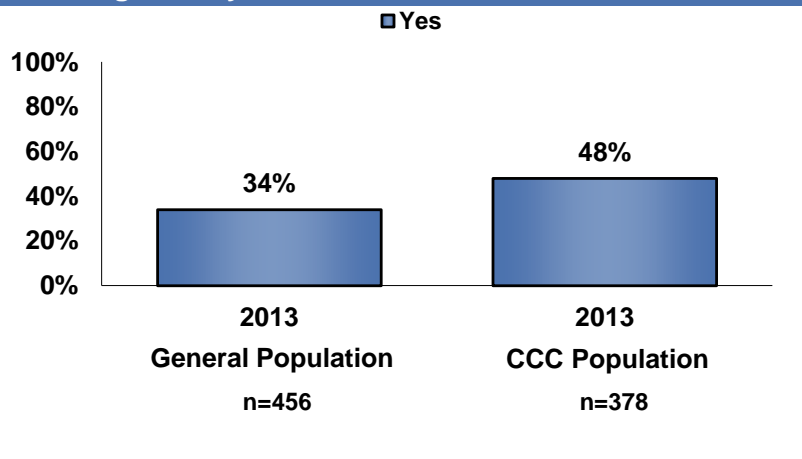


NOTE: Numbers are rounded to the nearest whole number

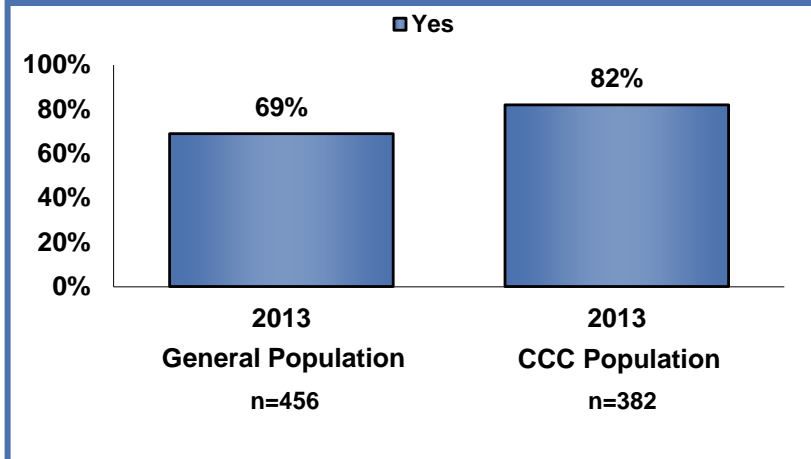
Getting Care Quickly

Access to Care

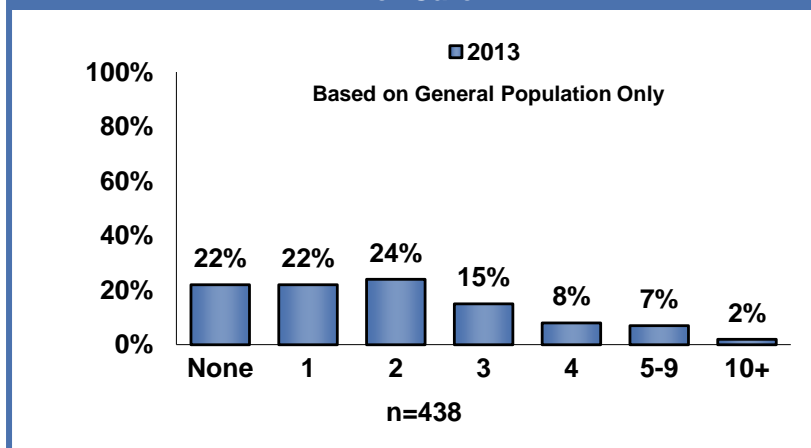
Q3. Had Illness/Injury/Condition that Needed Care Right Away from Clinic, ER, or Doctor's Office



Q5. Made an Appt. at Doctor's Office or Clinic*

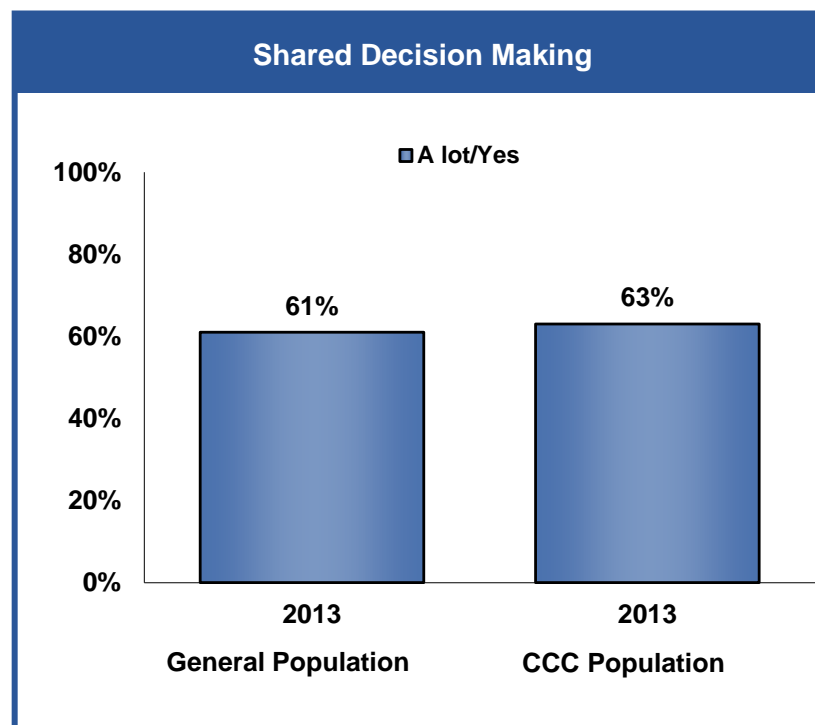


Q7. Number of Times Going to Doctor's Office/Clinic for Care



NOTE: Numbers are rounded to the nearest whole number

Shared Decision Making Composite



This composite was revised in 2013 to focus on patients' discussion with their doctor or other health provider about prescription medicine. The score for this measure is the average of 3 questions (Q11 - % A lot, Q12 - % A lot, Q13 - % Yes). This measure will not be publicly reported in 2013.

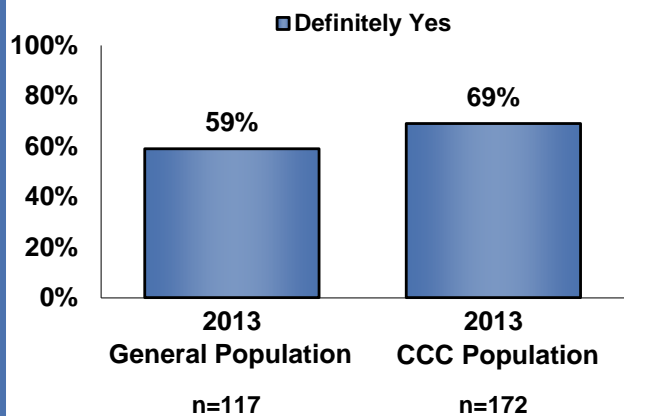
2012 Quality Compass®						
	Mean	10 th	25 th	50 th	75 th	90 th
General Population	NA	NA	NA	NA	NA	NA
CCC Population	NA	NA	NA	NA	NA	NA

NOTE: Numbers are rounded to the nearest whole number

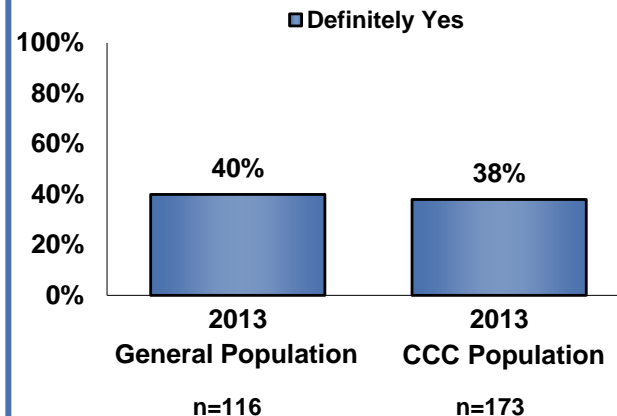
Shared Decision Making

Composite Measures

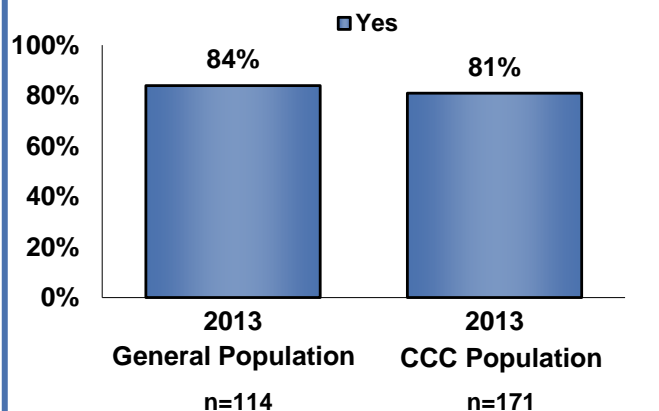
Q11. Discussed Reasons to Take Medicine



Q12. Discussed Reasons Not to Take Medicine



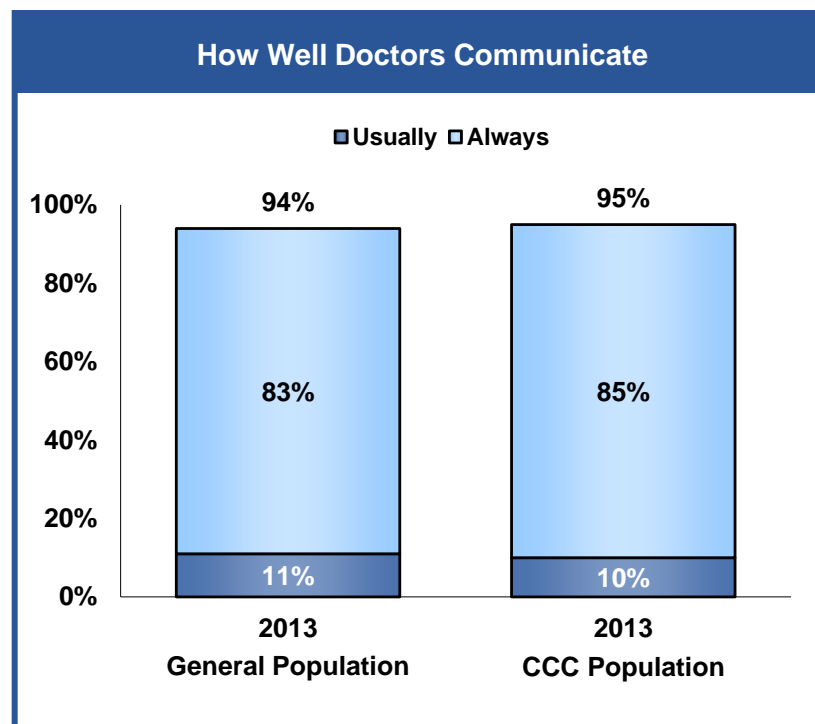
Q13. Asked Preference for Medicine



NOTE: Numbers are rounded to the nearest whole number

How Well Doctors Communicate

Composite



**General Population
plan score falls on or
above 90th Percentile**

**CCC Population plan
score falls on or above
90th Percentile**

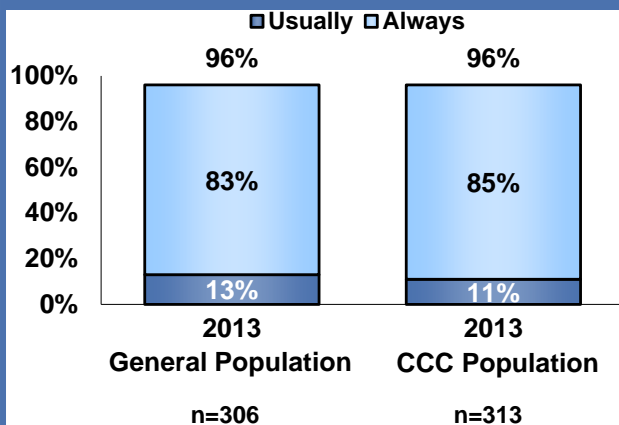
2012 Quality Compass®						
	Mean	10 th	25 th	50 th	75 th	90 th
General Population	91.79	88.33	91.01	92.12	93.44	94.32
CCC Population	92.84	91.17	92.27	93.24	93.90	95.07

NOTE: Numbers are rounded to the nearest whole number

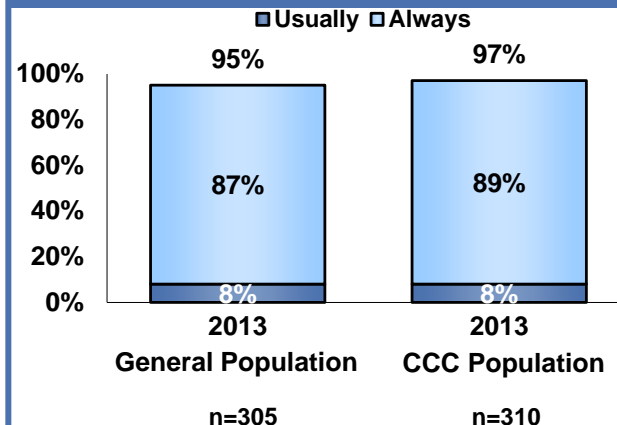
How Well Doctors Communicate

Composite Measures

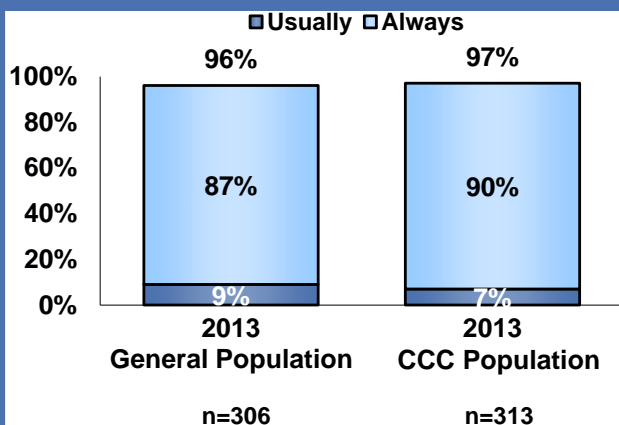
Q32. Explain Things in a Way You Could Understand



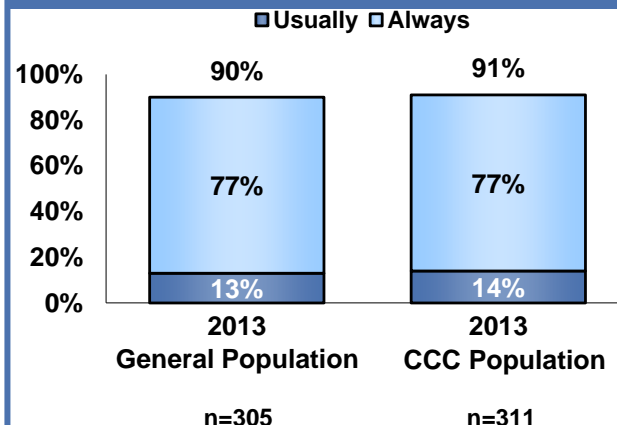
Q33. Listen Carefully to You



Q34. Show Respect for What You Had to Say



Q37. Spend Enough Time with Child

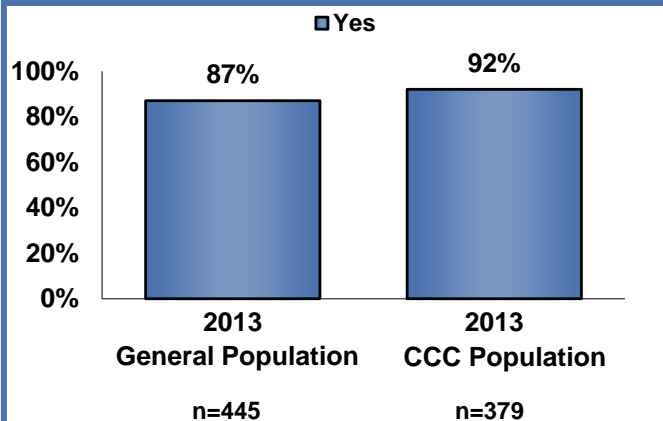


NOTE: Numbers are rounded to the nearest whole number

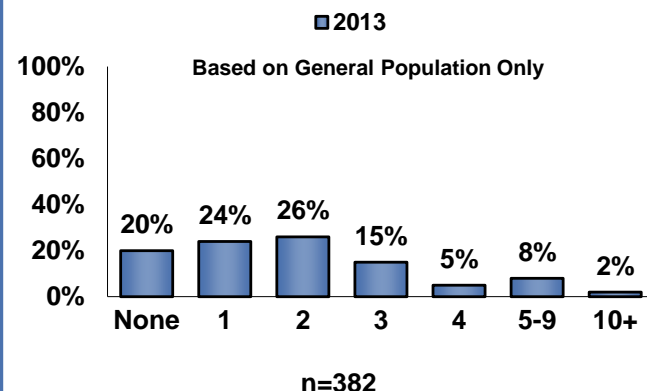
How Well Doctors Communicate

Access to Personal Doctor

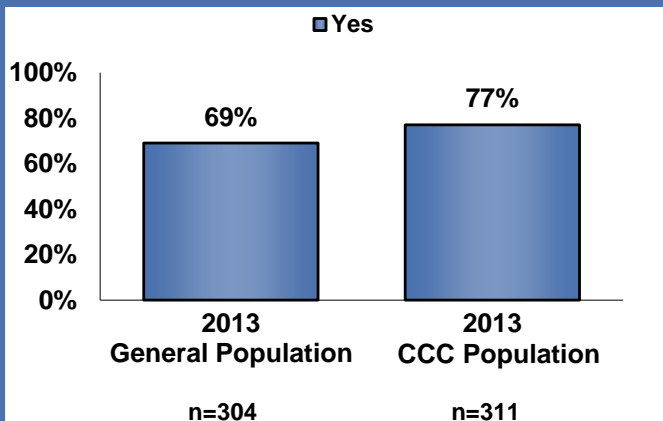
Q30. Have a Personal Doctor



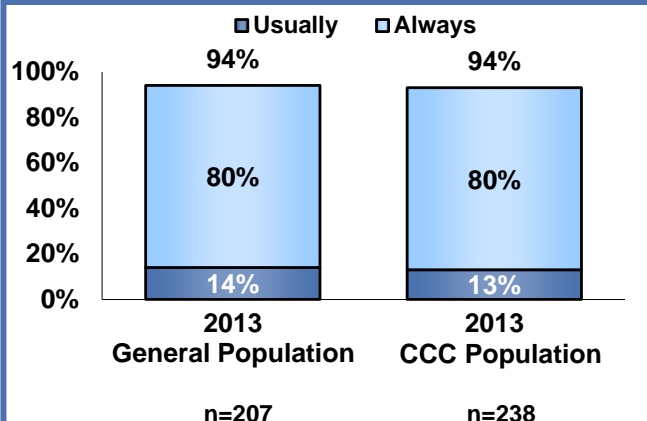
Q31. Number of Times Visited Personal Doctor to Get Care



Q35. Child Able to Talk with Doctors About Care

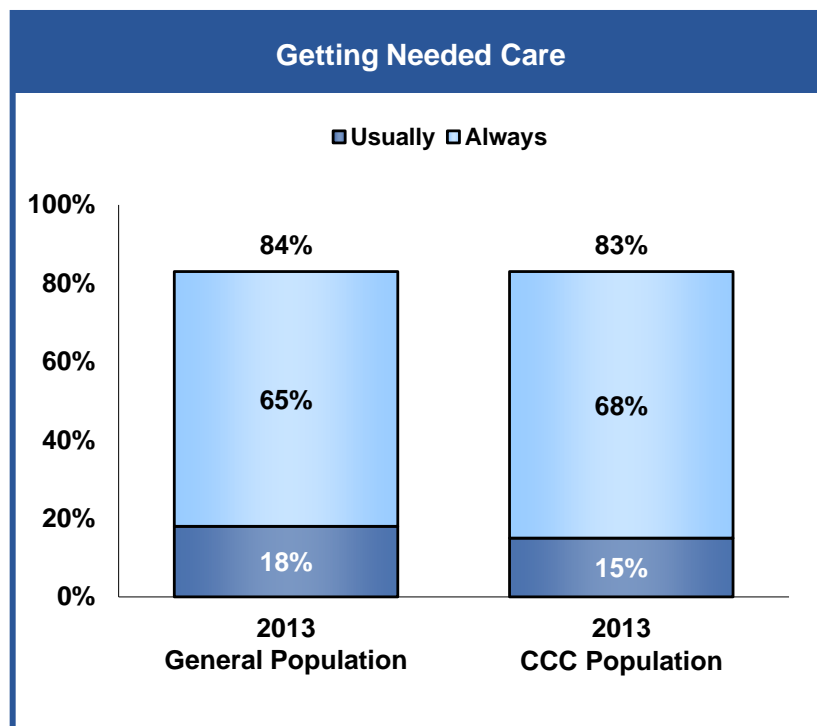


Q36. Doctor Explained Things for Child to Understand



NOTE: Numbers are rounded to the nearest whole number

Getting Needed Care Composite



General Population
plan score falls on 50th
or below 75th Percentile

CCC Population plan
score falls on 50th or
below 75th Percentile

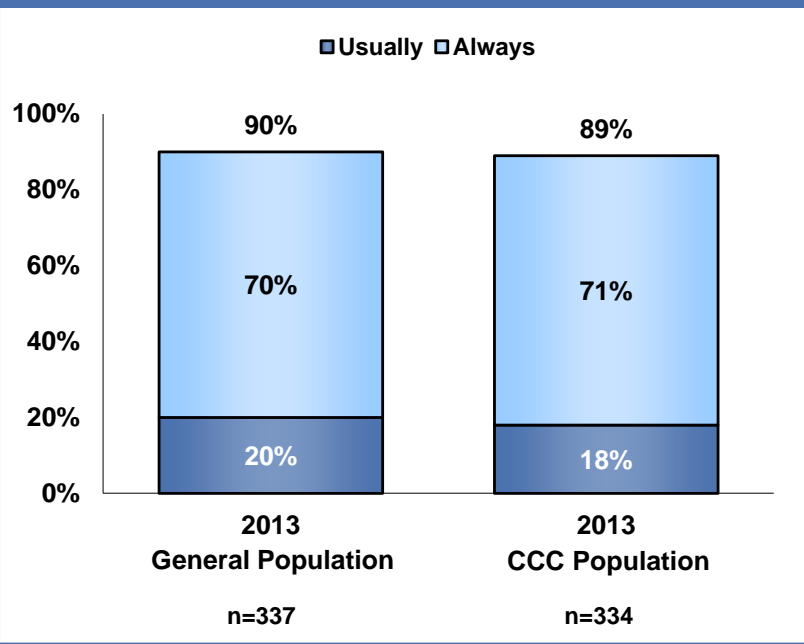
2012 Quality Compass®						
	Mean	10 th	25 th	50 th	75 th	90 th
General Population	79.25	71.89	75.09	79.64	84.07	86.71
CCC Population	80.80	73.43	78.91	81.90	85.17	86.62

NOTE: Numbers are rounded to the nearest whole number

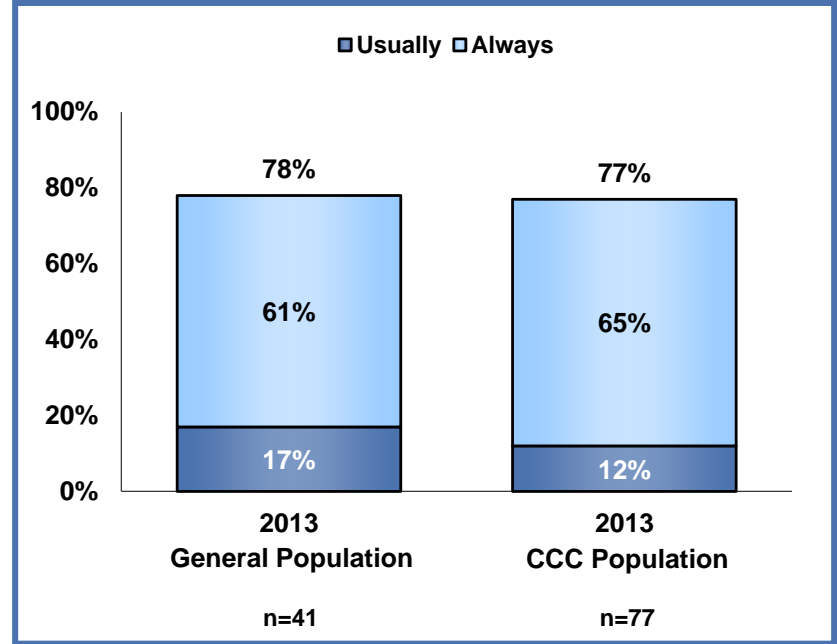
Getting Needed Care

Composite Measures

Q15. Easy to Get Care Believed Necessary for Child



Q46. Easy to Get Appointment for Child with Specialist

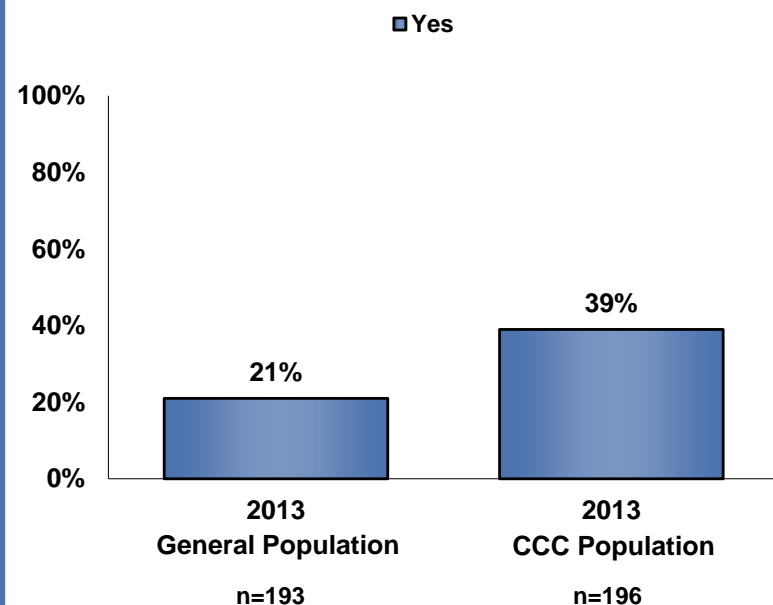


NOTE: Numbers are rounded to the nearest whole number

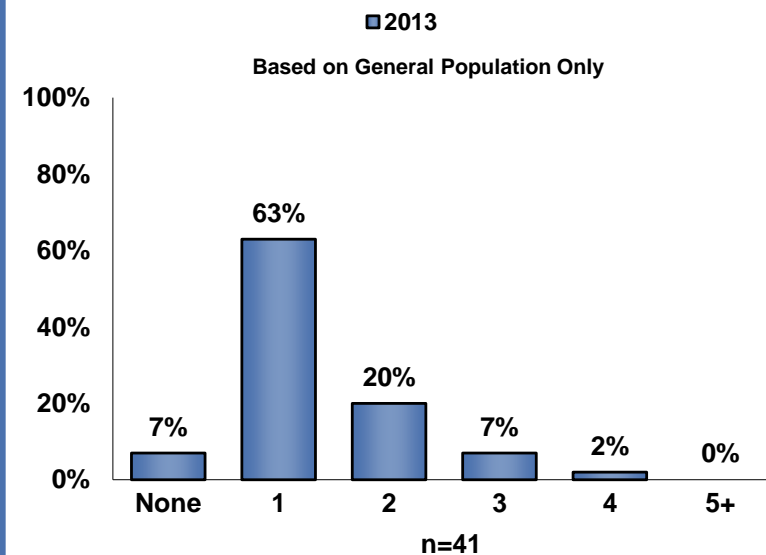
Getting Needed Care

Access to Specialty Care

Q45. Made an Appointment to See a Specialist

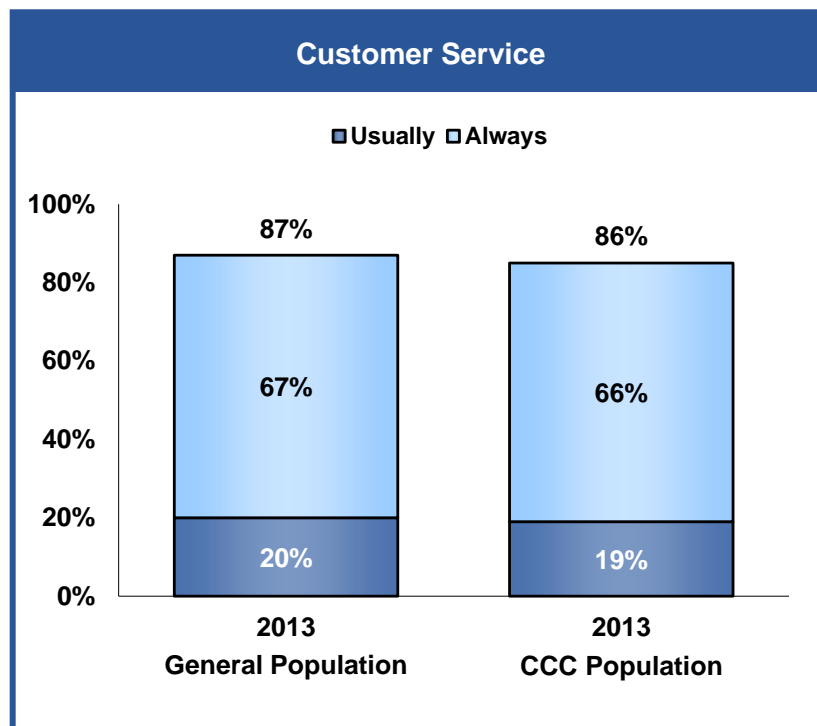


Q47. Number of Specialists Seen



NOTE: Numbers are rounded to the nearest whole number

Customer Service Composite



**General Population
plan score falls on 75th
or below 90th Percentile**

**CCC Population plan
score falls on 75th or
below 90th Percentile**

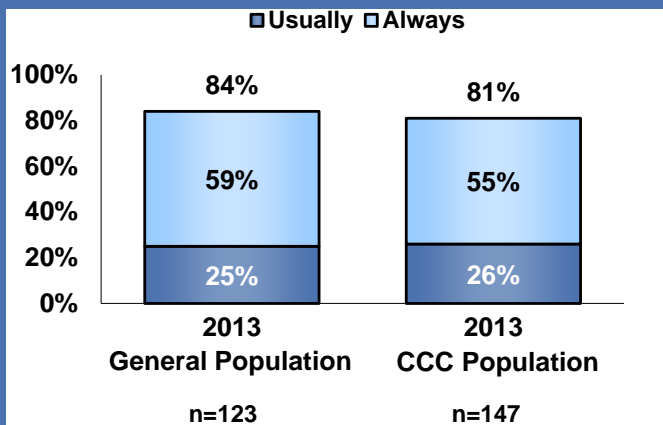
2012 Quality Compass®						
	Mean	10 th	25 th	50 th	75 th	90 th
General Population	83.02	77.12	81.36	82.69	84.71	88.99
CCC Population	82.15	77.05	78.51	82.21	84.89	88.06

NOTE: Numbers are rounded to the nearest whole number

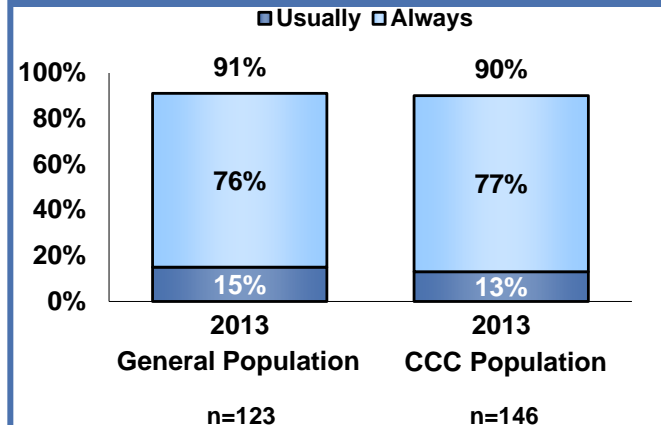
Customer Service

Composite Measures

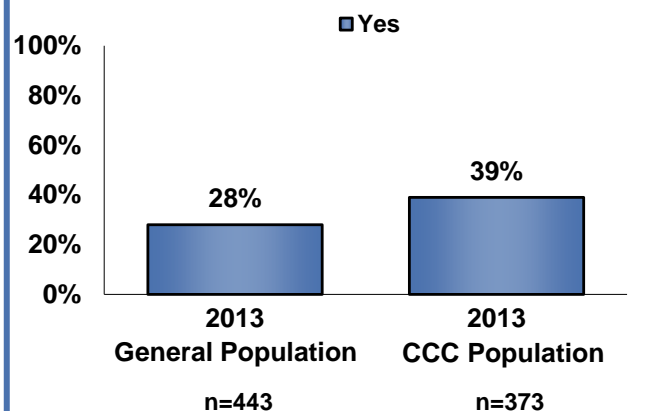
Q50. Got Information or Help Needed



Q51. Treated You with Courtesy and Respect



Q49. Sought Information/Help from Customer Service

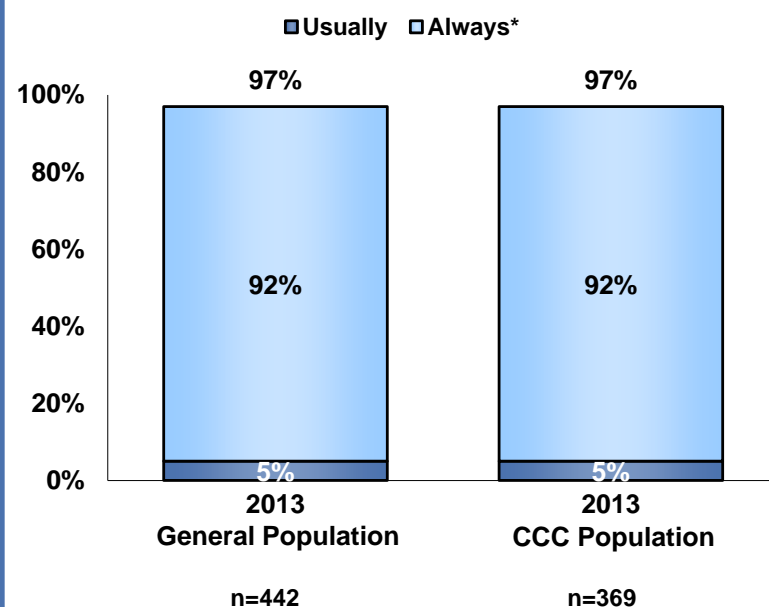


NOTE: Numbers are rounded to the nearest whole number

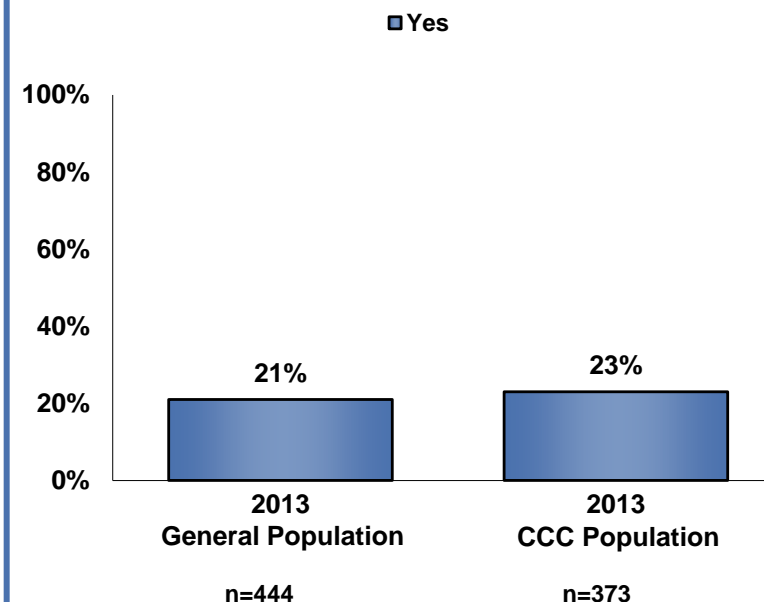
Customer Service

Access to Information and Paperwork

Q52/Q53. Health Plan Forms Easy to Fill Out



Q52. Health Plan Gave You Forms to Fill Out



NOTE: Numbers are rounded to the nearest whole number

*Q53 includes the No's from Q52.

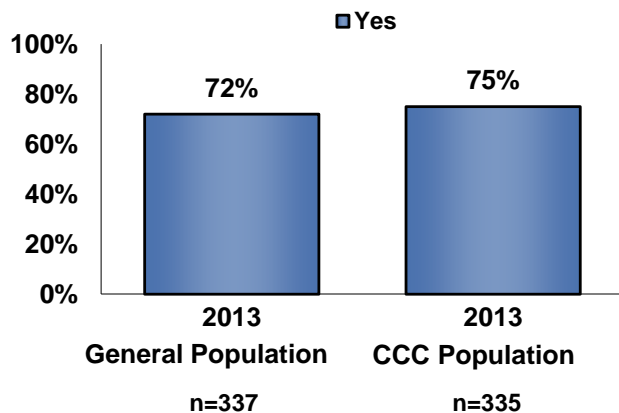
Other Measures

Health Promotion & Education

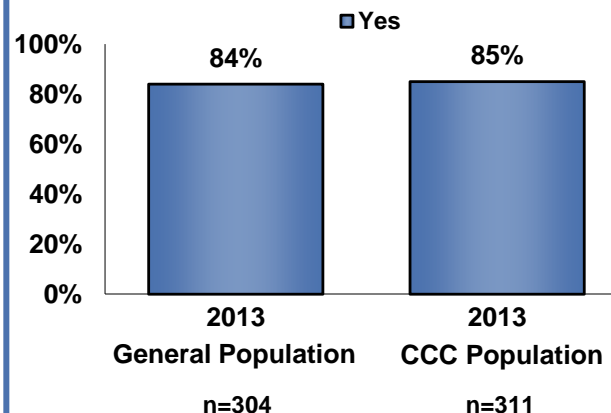
Coordination of Care

Health Promotion & Education Coordination of Care

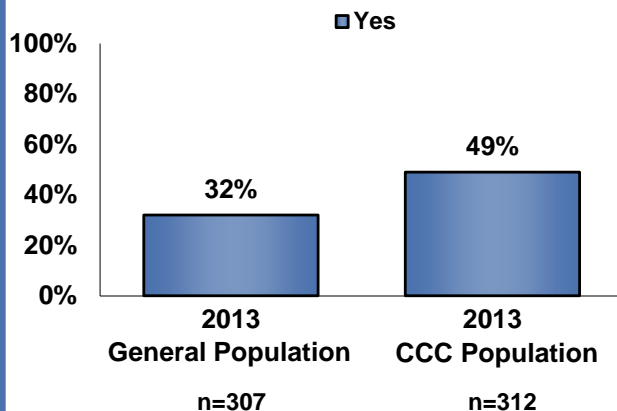
Q8. Health Promotion and Education



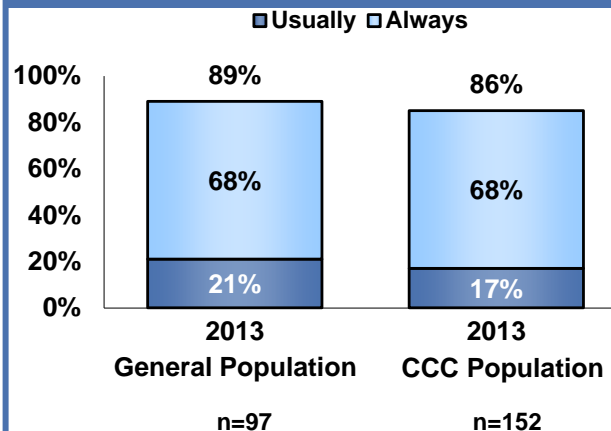
**Q38. Discussion About Child Feeling/
Growing/Behaving**



Q39. Received Care from Other Providers



Q40. Coordination of Care

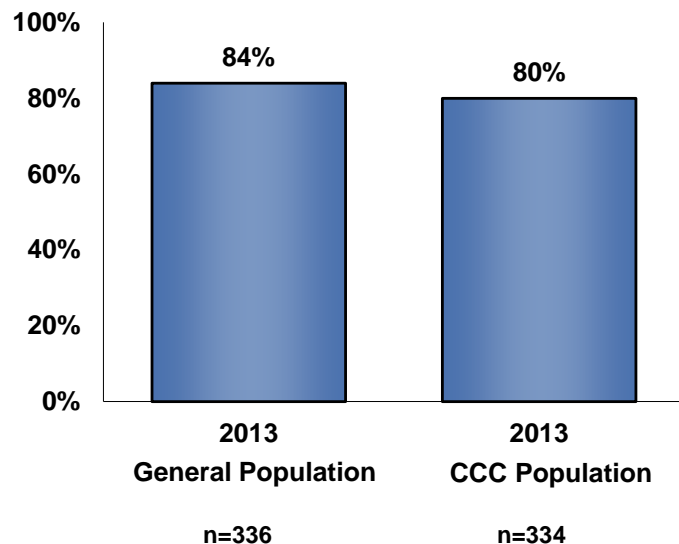


NOTE: Numbers are rounded to the nearest whole number

Overall Ratings

Overall Rating – Health Care & Health Plan

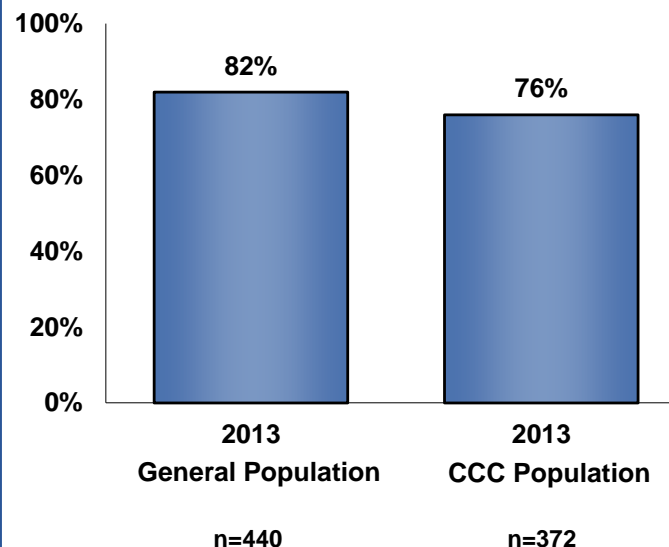
Q14. Rating of Health Care
(% 8, 9, 10)



General Population plan score falls on 50th or below 75th Percentile

CCC Population plan score falls on 10th or below 25th Percentile

Q54. Rating of Health Plan
(% 8, 9, 10)



General Population plan score falls on 25th or below 50th Percentile

CCC Population plan score falls on 10th or below 25th Percentile

2012 Quality Compass®

	Mean	10 th	25 th	50 th	75 th	90 th
General Population	83.04	78.93	80.83	83.43	85.10	86.79
CCC Population	82.30	78.91	80.57	82.48	84.58	86.21

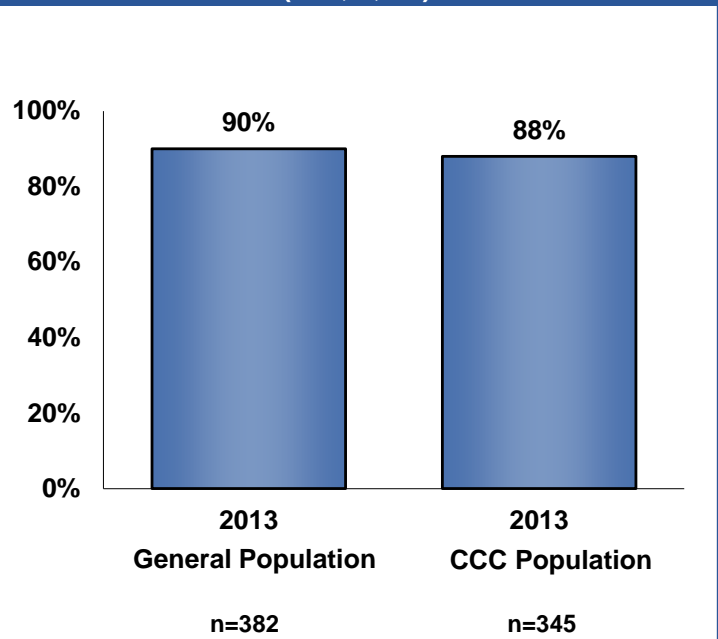
2012 Quality Compass®

	Mean	10 th	25 th	50 th	75 th	90 th
General Population	83.72	78.65	81.12	84.40	86.61	88.56
CCC Population	81.60	73.07	78.95	82.63	85.12	86.38

NOTE: Numbers are rounded to the nearest whole number

Overall Rating – Personal Doctor & Specialist

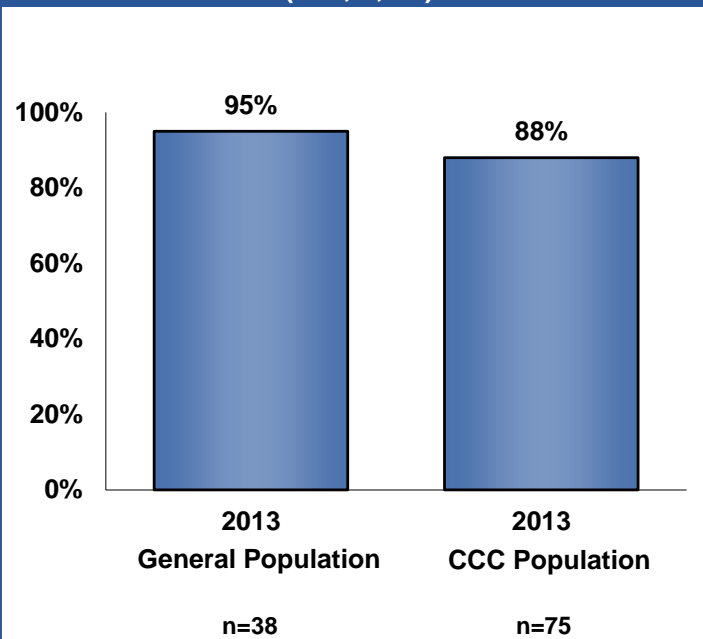
Q41. Rating of Personal Doctor
(% 8, 9, 10)



General
Population
plan score
falls on or
above 90th
Percentile

CCC
Population
plan score
falls on
50th or
below 75th
Percentile

Q48. Rating of Specialist
(% 8, 9, 10)



General
Population
plan score
falls on or
above 90th
Percentile

CCC
Population
plan score
falls on or
above 90th
Percentile

2012 Quality Compass®

	Mean	10 th	25 th	50 th	75 th	90 th
General Population	86.44	82.94	84.73	86.74	88.50	89.47
CCC Population	86.91	82.74	85.47	87.32	89.72	90.00

2012 Quality Compass®

	Mean	10 th	25 th	50 th	75 th	90 th
General Population	82.35	75.93	78.29	82.30	86.09	87.27
CCC Population	84.06	79.76	81.25	84.57	86.84	87.58

NOTE: Numbers are rounded to the nearest whole number

Detailed Results – CCC Measures

Access to Prescription Medicines

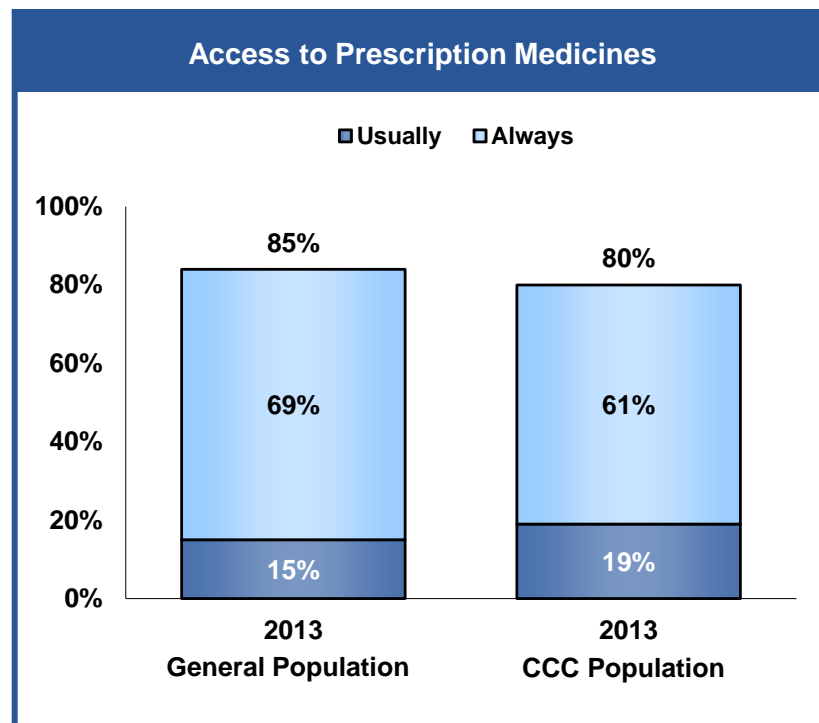
Access to Specialized Services

Family-Centered Care: Personal Doctor/Nurse Who Knows Child

Family-Centered Care: Getting Needed Information

Coordination of Care for Children with Chronic Conditions

Access to Prescription Medicines



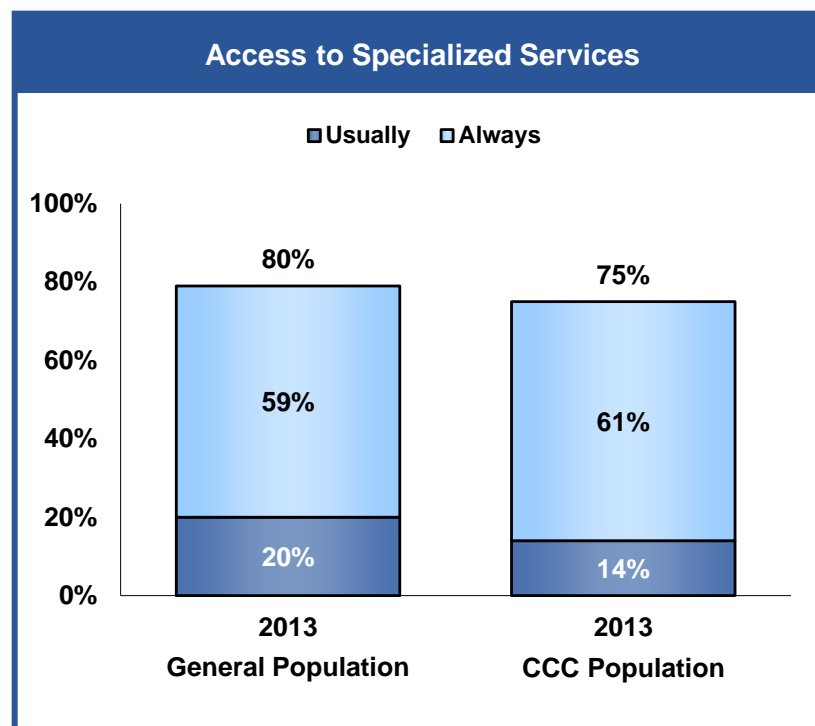
**CCC Population plan
score falls below 10th
Percentile**

2012 Quality Compass®						
	Mean	10 th	25 th	50 th	75 th	90 th
CCC Population	90.49	86.64	87.89	90.63	92.16	94.28

NOTE: Numbers are rounded to the nearest whole number

Access to Specialized Services

Composite



CCC Population plan score falls on 25th or below 50th Percentile

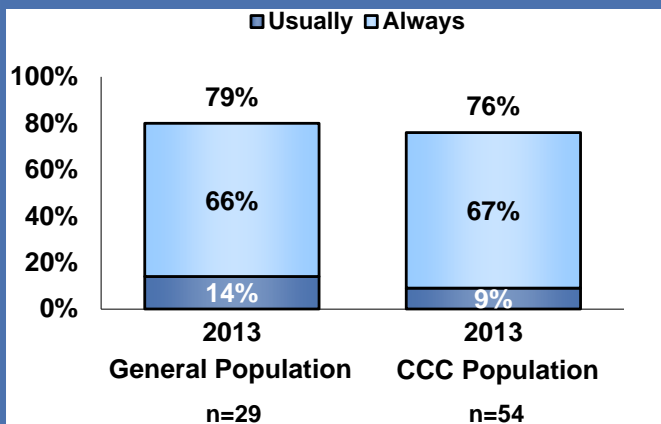
2012 Quality Compass®						
	Mean	10 th	25 th	50 th	75 th	90 th
CCC Population	76.46	70.17	71.87	78.24	80.31	81.66

NOTE: Numbers are rounded to the nearest whole number

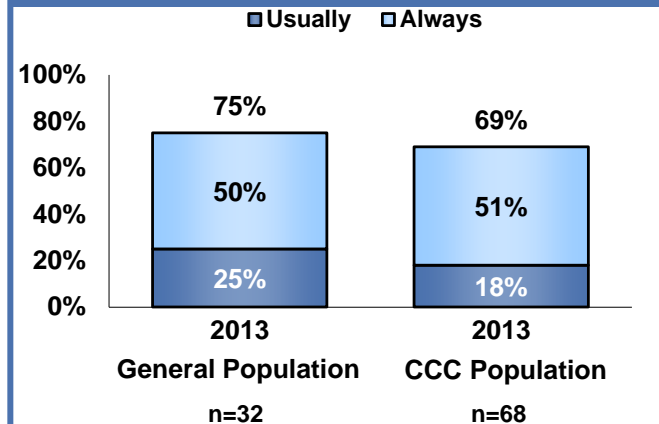
Access to Specialized Services

Composite Measures

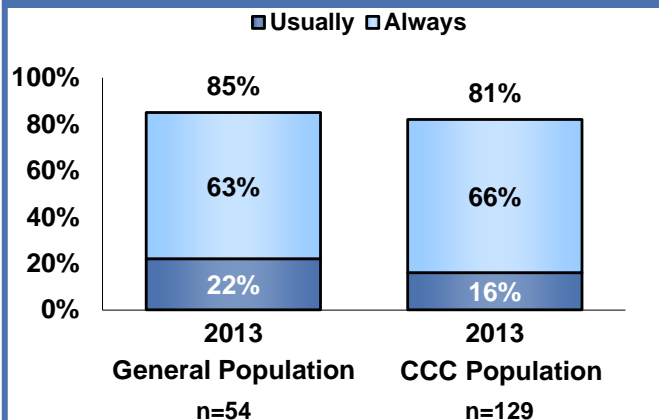
Q20. Easy to Get Special Medical Equipment for Child



Q23. Easy to Get Therapy for Child



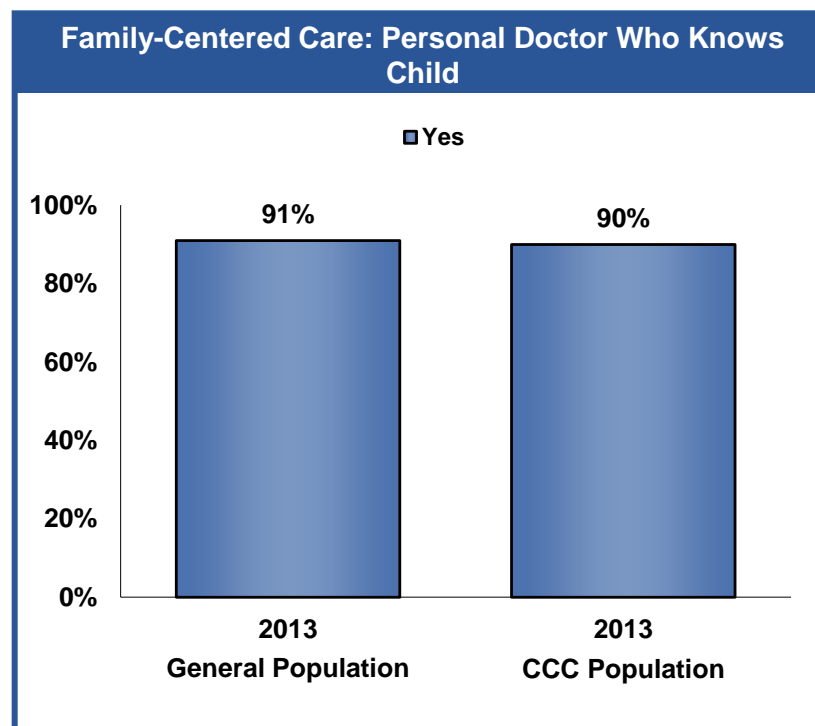
Q26. Easy to Get Treatment or Counseling for Child



NOTE: Numbers are rounded to the nearest whole number

Family-Centered Care: Personal Doctor Who Knows Child

Composite



CCC Population plan score falls on 50th or below 75th Percentile

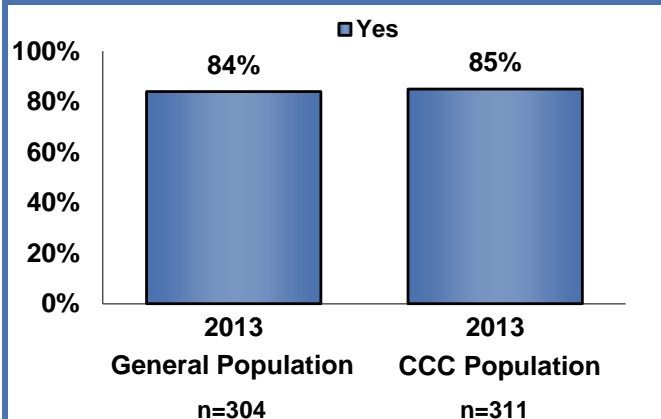
2012 Quality Compass®						
	Mean	10 th	25 th	50 th	75 th	90 th
CCC Population	89.15	86.28	88.49	89.77	91.22	92.31

NOTE: Numbers are rounded to the nearest whole number

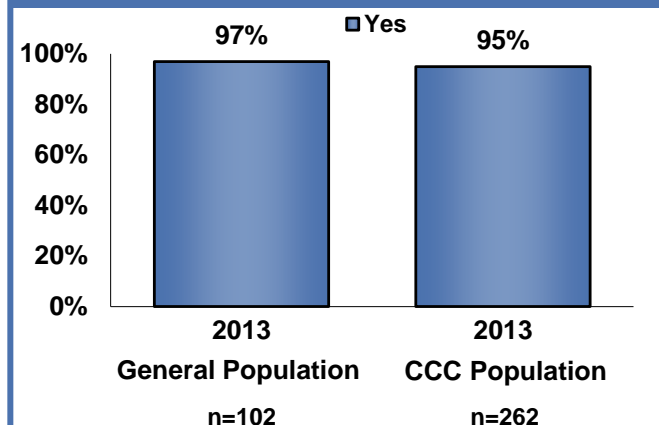
Family-Centered Care: Personal Doctor Who Knows Child

Composite Measures

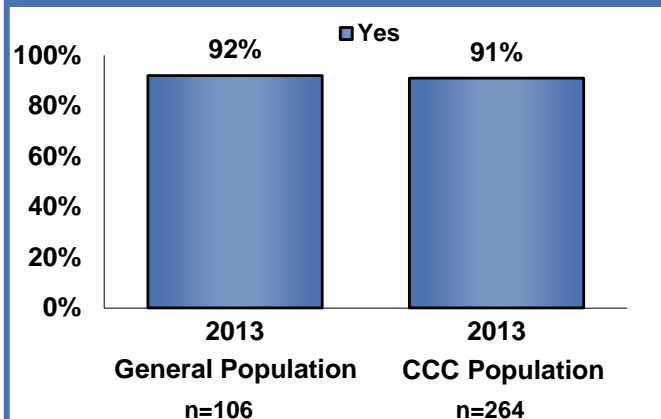
**Q38. Discussion About Child Feeling/
Growing/Behaving**



**Q43. Doctor Understands How Medical
Conditions Affect Child's Day-to-Day Life**

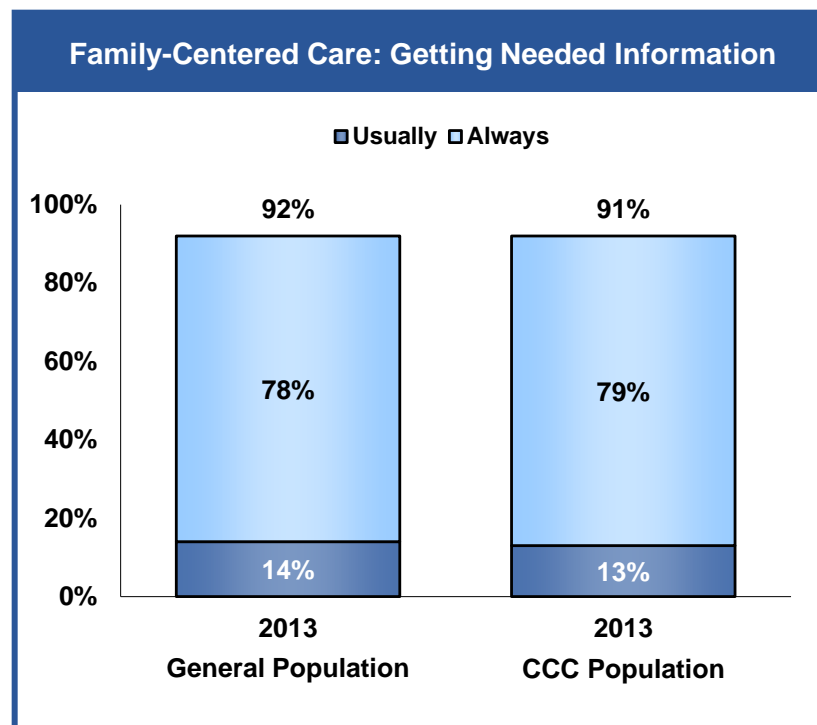


**Q44. Doctor Understands How Medical
Conditions Affect Family's Day-to-Day Life**



NOTE: Numbers are rounded to the nearest whole number

Family-Centered Care: Getting Needed Information



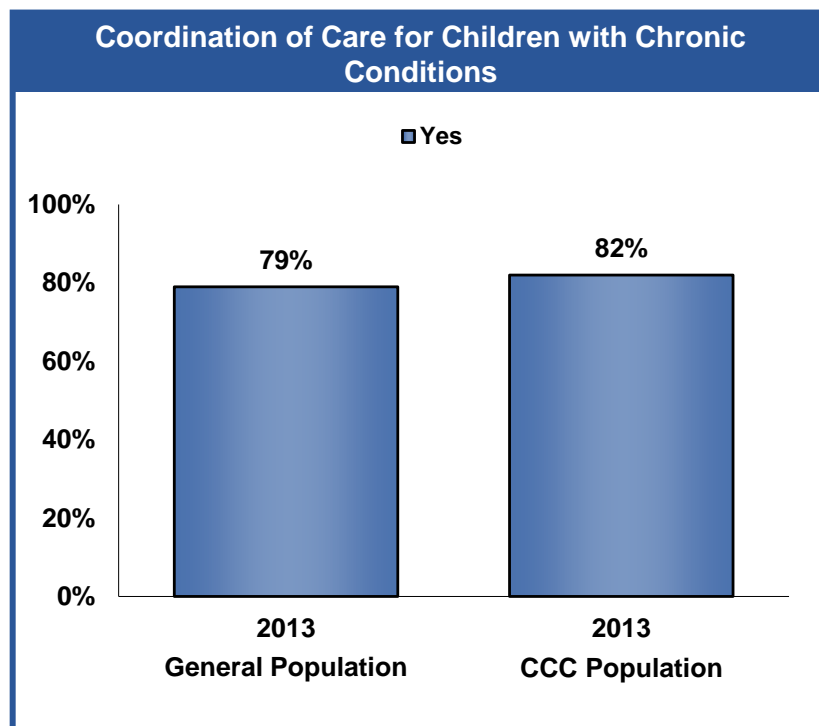
CCC Population plan score falls on 50th or below 75th Percentile

2012 Quality Compass®						
	Mean	10 th	25 th	50 th	75 th	90 th
CCC Population	89.72	86.27	88.22	90.42	91.46	91.91

NOTE: Numbers are rounded to the nearest whole number

Coordination of Care for Children with Chronic Conditions

Composite



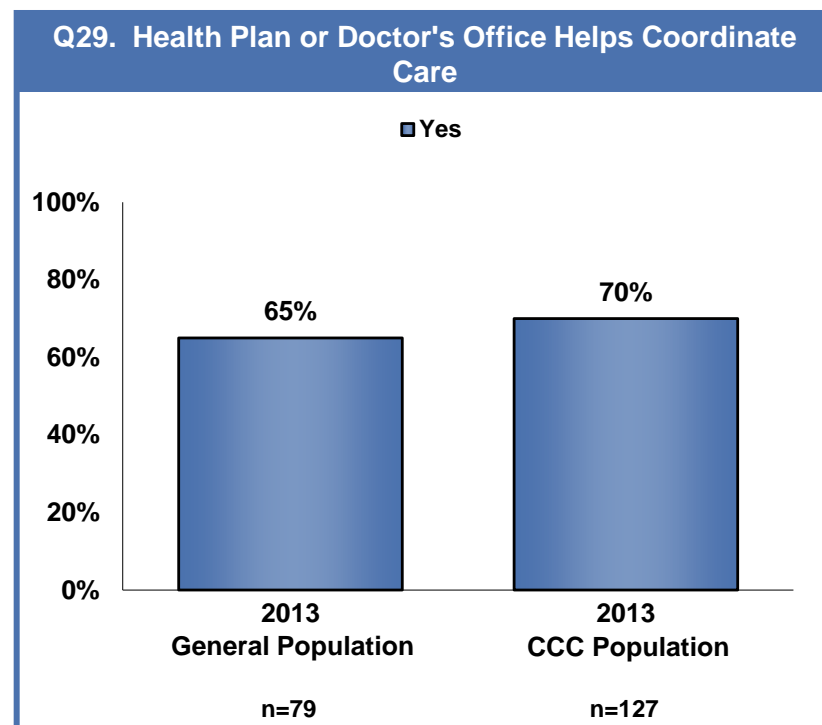
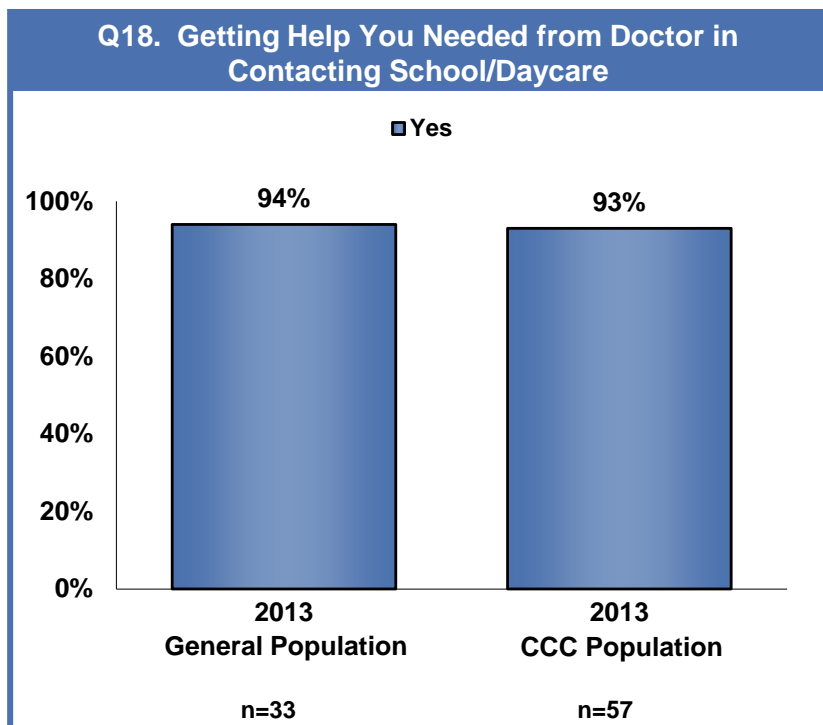
CCC Population plan score falls on 75th or below 90th Percentile

2012 Quality Compass®						
	Mean	10 th	25 th	50 th	75 th	90 th
CCC Population	78.82	74.78	75.80	78.88	81.34	82.22

NOTE: Numbers are rounded to the nearest whole number

Coordination of Care for Children with Chronic Conditions

Composite Measures



NOTE: Numbers are rounded to the nearest whole number

Supplemental Questions

Supplemental Questions – Mental Health / Substance Abuse

Q73a. In the last 6 months, if you needed mental health or substance abuse services for your child, was your child's health plan helpful to you in getting these services?

	2013
Yes	82%
No	18%
Sample Size: (n=102)	

Q73b. Was the mental health or substance abuse provider helpful to your child?

	2013
Yes	92%
No	8%
Sample Size: (n=88)	

2013 Child Medicaid with CCC CAHPS® Results Amerigroup Louisiana, Inc. - CAHPS® Sample

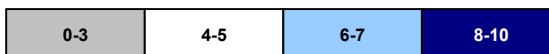


Legend:



Getting Care Quickly				% Always/Usually	Sample Size
Getting care for child as soon as needed	0	11	9	80	89% (154)
Getting appointment for child as soon as needed	3	7	13	77	90% (311)
Shared Decision Making (% Not at all, A little, Some, A lot)				% A lot/Yes	
Discussed reasons to take medicine	3	10	28	59	59% (117)
Discussed reasons not to take medicine		20	14	27	40% (116)
Asked preference for medicine (% No, Yes)		16		84	84% (114)
How Well Doctors Communicate					
Explain things in a way you could understand	3	13		83	96% (306)
Listen carefully to you	4	8		87	95% (305)
Show respect for what you had to say	3	9		87	96% (306)
Spend enough time with child	2	8	13	77	90% (305)
Getting Needed Care					
Easy to get care believed necessary for child	2	8	20	70	90% (337)
Easy to get appointment for child with specialist	2		20	17	61% (41)
Customer Service					
Got information or help needed	4	12	25	59	84% (123)
Treated you with courtesy and respect	2	7	15	76	91% (123)
Other Measures					
Health Promotion and Education (% No, Yes)		28		72	72% (337)
Coordination of Care	4	7	21	68	89% (97)

Legend:



Ratings				% 8-10	
Health Care	2	5	8	84	84% (336)
Personal Doctor	3	3	5	90	90% (382)
Specialist	0	5		95	95% (38)
Health Plan	2	6	10	82	82% (440)

Percents may not add to 100% due to rounding

Plan Comparison to Quality Compass®
Amerigroup Louisiana, Inc. - (CAHPS® sample)



	Amerigroup Louisiana, Inc.		2012 Child Medicaid Quality Compass® - General Population Results					
Child Medicaid with CCC Survey Questions	2013	Percentile	Mean	10th	25th	50th	75th	90th
Getting Care Quickly (% Always/Usually)	89.50	50th	87.28	79.94	85.31	88.40	90.27	92.01
Q4 Getting care for child as soon as needed**	88.96	25th	90.33	82.74	87.76	91.77	93.54	95.33
Q6 Getting appointment for child as soon as needed**	90.03	90th	84.20	76.23	81.95	84.81	87.61	89.63
Shared Decision Making (% A lot/Yes)	60.95	NA	NA	NA	NA	NA	NA	NA
Q11 Discussed reasons to take medicine (% A lot)	58.97	NA	NA	NA	NA	NA	NA	NA
Q12 Discussed reasons not to take medicine (% A lot)	39.66	NA	NA	NA	NA	NA	NA	NA
Q13 Asked preference for medicine (% Yes)	84.21	NA	NA	NA	NA	NA	NA	NA
How Well Doctors Communicate (% Always/Usually)	94.35	90th	91.79	88.33	91.01	92.12	93.44	94.32
Q32 Explain things in a way you could understand**	95.75	90th	92.54	88.05	91.18	93.17	94.66	95.55
Q33 Listen carefully to you	95.08	75th	93.51	91.14	92.16	93.59	94.89	96.05
Q34 Show respect for what you had to say	96.41	75th	94.70	92.74	93.69	94.96	95.80	96.57
Q37 Spend enough time with child	90.16	75th	86.40	80.93	84.38	87.16	89.49	90.86
Getting Needed Care (% Always/Usually)	83.83	50th	79.25	71.89	75.09	79.64	84.07	86.71
Q15 Easy to get care believed necessary for child**	89.61	75th	82.87	74.02	79.02	83.47	87.07	90.74
Q46 Easy to get appointment for child with specialist**	78.05	50th	75.68	69.44	70.73	75.08	80.42	84.76
Customer Service (% Always/Usually)	87.40	75th	83.02	77.12	81.36	82.69	84.71	88.99
Q50 Got information or help needed	83.74	75th	76.91	69.92	74.07	76.32	79.53	84.07
Q51 Treated you with courtesy and respect	91.06	50th	88.92	84.74	86.49	89.31	91.45	92.98
Q14 Rating of Health Care (% 8, 9, 10)	84.23	50th	83.04	78.93	80.83	83.43	85.10	86.79
Q41 Rating of Personal Doctor (% 8, 9, 10)	90.05	90th	86.44	82.94	84.73	86.74	88.50	89.47
Q48 Rating of Specialist (% 8, 9, 10)	94.74	90th	82.35	75.93	78.29	82.30	86.09	87.27
Q54 Rating of Health Plan (% 8, 9, 10)	82.05	25th	83.72	78.65	81.12	84.40	86.61	88.56
Q8 Health Promotion and Education (% Yes)	71.51	NA	NA	NA	NA	NA	NA	NA
Q40 Coordination of Care (% Always/Usually)	88.66	90th	79.62	73.68	77.12	80.41	82.50	84.38

** Question wording changed in 2013. Changes are not expected to impact trending, per NCQA.

NA= Comparison data not available from NCQA due to changes in question wording and response choices in 2013.

The 2012 Child Medicaid Quality Compass® consists of 114 plans who publicly reported their scores. (All lines of business excluding PPOs)

Legend

	= Plan score falls on or above 90th Percentile
	= Plan score falls on 75th or below 90th Percentile
	= Plan score falls on 50th or below 75th Percentile
	= Plan score falls on 25th or below 50th Percentile
	= Plan score falls on 10th or below 25th Percentile
	= Plan score falls below 10th Percentile

Plan Comparison to Quality Compass®
Amerigroup Louisiana, Inc. - CCC Sample



Child Medicaid with CCC Survey Questions	Amerigroup Louisiana, Inc.		2012 Child Medicaid with CCC Quality Compass® - CCC Population Results					
	2013	Percentile	Mean	10th	25th	50th	75th	90th
Getting Care Quickly (% Always/Usually)	94.33	90th	90.28	86.58	89.87	90.81	92.42	93.00
Q4 Getting care for child as soon as needed**	94.44	75th	92.27	86.84	91.37	93.36	94.30	95.74
Q6 Getting appointment for child as soon as needed**	94.21	90th	88.29	84.33	87.08	88.46	90.91	91.62
Shared Decision Making (% A lot/Yes)	62.68	NA	NA	NA	NA	NA	NA	NA
Q11 Discussed reasons to take medicine (% A lot)	68.60	NA	NA	NA	NA	NA	NA	NA
Q12 Discussed reasons not to take medicine (% A lot)	38.15	NA	NA	NA	NA	NA	NA	NA
Q13 Asked preference for medicine (% Yes)	81.29	NA	NA	NA	NA	NA	NA	NA
How Well Doctors Communicate (% Always/Usually)	95.27	90th	92.84	91.17	92.27	93.24	93.90	95.07
Q32 Explain things in a way you could understand**	95.85	75th	94.13	92.38	93.44	94.56	95.43	95.94
Q33 Listen carefully to you	97.10	90th	93.62	91.28	92.89	93.95	95.10	95.60
Q34 Show respect for what you had to say	97.12	90th	94.85	92.52	93.60	95.04	96.41	96.93
Q37 Spend enough time with child	91.00	75th	88.84	85.20	88.42	90.40	90.99	91.81
Getting Needed Care (% Always/Usually)	82.77	50th	80.80	73.43	78.91	81.90	85.17	86.62
Q15 Easy to get care believed necessary for child**	88.92	90th	82.36	75.23	80.00	83.52	87.15	88.70
Q46 Easy to get appointment for child with specialist**	76.62	10th	79.32	71.43	76.97	80.84	83.82	85.21
Customer Service (% Always/Usually)	85.68	75th	82.15	77.05	78.51	82.21	84.89	88.06
Q50 Got information or help needed	80.95	90th	75.14	70.25	71.57	75.16	78.87	79.82
Q51 Treated you with courtesy and respect	90.41	50th	89.17	82.52	86.78	89.26	90.91	96.30
Access to Prescription Medicines (% Always/Usually)	79.70	Below 10th	90.49	86.64	87.89	90.63	92.16	94.28
Q56 Easy to get prescription medicine for child	79.70	Below 10th	90.49	86.64	87.89	90.63	92.16	94.28
Access to Specialized Services (% Always/Usually)	75.48	25th	76.46	70.17	71.87	78.24	80.31	81.66
Q20 Easy to get special medical equipment for child	75.93	NA	NA	NA	NA	NA	NA	NA
Q23 Easy to get therapy for child	69.12	NA	NA	NA	NA	NA	NA	NA
Q26 Easy to get treatment or counseling for child	81.40	90th	75.50	66.12	73.01	76.84	79.81	81.37
Family-Centered Care: Personal Doctor Who Knows Child (% Yes)	90.39	50th	89.15	86.28	88.49	89.77	91.22	92.31
Q38 Doctor talks with you about how child is feeling/growing/behaving	85.21	10th	87.40	80.61	86.39	87.63	89.52	91.14
Q43 Doctor understands how medical conditions affect child's day-to-day life	95.42	90th	91.82	87.50	90.82	92.15	93.44	95.11
Q44 Doctor understands how medical conditions affect family's day-to-day life**	90.53	75th	88.31	83.33	87.80	88.74	90.34	92.03
Family-Centered Care: Getting Needed Information (% Always/Usually)	91.04	50th	89.72	86.27	88.22	90.42	91.46	91.91
Q9 Getting questions answered by child's doctor	91.04	50th	89.72	86.27	88.22	90.42	91.46	91.91
Coordination of Care for Children with Chronic Conditions (% Yes)	81.53	75th	78.82	74.78	75.80	78.88	81.34	82.22
Q18 Getting help you needed from doctor in contacting school/daycare	92.98	NA	NA	NA	NA	NA	NA	NA
Q29 Health plan or doctor's office helps coordinate care	70.08	75th	63.32	55.45	58.18	62.81	68.16	70.55
Q14 Rating of Health Care (% 8, 9, 10)	80.24	10th	82.30	78.91	80.57	82.48	84.58	86.21
Q41 Rating of Personal Doctor (% 8, 9, 10)	88.12	50th	86.91	82.74	85.47	87.32	89.72	90.00
Q48 Rating of Specialist (% 8, 9, 10)	88.00	90th	84.06	79.76	81.25	84.57	86.84	87.58
Q54 Rating of Health Plan (% 8, 9, 10)	76.08	10th	81.60	73.07	78.95	82.63	85.12	86.38
Q8 Health Promotion and Education (% Yes)	75.22	NA	NA	NA	NA	NA	NA	NA
Q40 Coordination of Care (% Always/Usually)	85.53	90th	79.65	76.15	77.28	79.51	83.06	84.51

** Question wording changed in 2013. Changes are not expected to impact trending, per NCQA.

NA= Comparison data not available from NCQA due to changes in question wording and response choices in 2013.

The 2012 Child Medicaid with CCC Quality Compass® consists of 28 plans who publicly reported their scores. (All lines of business)

Legend

	= Plan score falls on or above 90th Percentile
	= Plan score falls on 75th or below 90th Percentile
	= Plan score falls on 50th or below 75th Percentile
	= Plan score falls on 25th or below 50th Percentile
	= Plan score falls on 10th or below 25th Percentile
	= Plan score falls below 10th Percentile

2013 Sample Comparison At-a-Glance
Amerigroup Louisiana, Inc.



		Amerigroup Louisiana, Inc.					
Child Medicaid with CCC Survey Questions		Total Sample (%)	CAHPS (%)	Sample Size	CCC (%)	Sample Size	Sig Testing
Sample Size		(n=867)		(n=460)		(n=385)	CCC vs. CAHPS
Getting Care Quickly (% Always/Usually)		90.7%	89.5%	154	94.3%	180	NS
Q4	Getting care for child as soon as needed	91.1%	89.0%	154	94.4%	180	NS
Q6	Getting appointment for child as soon as needed	90.3%	90.0%	311	94.2%	311	NS
Shared Decision Making (% A lot/Yes)		59.3%	60.9%	114	62.7%	171	NS
Q11	Discussed reasons to take medicine (% A lot)	61.4%	59.0%	117	68.6%	172	NS
Q12	Discussed reasons not to take medicine (% A lot)	36.8%	39.7%	116	38.2%	173	NS
Q13	Asked preference for medicine (% Yes)	79.8%	84.2%	114	81.3%	171	NS
How Well Doctors Communicate (% Always/Usually)		94.1%	94.4%	305	95.3%	310	NS
Q32	Explain things in a way you could understand	94.9%	95.8%	306	95.9%	313	NS
Q33	Listen carefully to you	95.3%	95.1%	305	97.1%	310	NS
Q34	Show respect for what you had to say	96.3%	96.4%	306	97.1%	313	NS
Q37	Spend enough time with child	90.0%	90.2%	305	91.0%	311	NS
Getting Needed Care (% Always/Usually)		85.2%	83.8%	41	82.8%	77	NS
Q15	Easy to get care believed necessary for child	89.3%	89.6%	337	88.9%	334	NS
Q46	Easy to get appointment for child with specialist	81.1%	78.1%	41	76.6%	77	NS
Customer Service (% Always/Usually)		87.7%	87.4%	123	85.7%	146	NS
Q50	Got information or help needed	83.0%	83.7%	123	81.0%	147	NS
Q51	Treated you with courtesy and respect	92.5%	91.1%	123	90.4%	146	NS
Access to Prescription Medicines (% Always/Usually)		81.7%	84.7%	242	79.7%	335	NS
Q56	Easy to get prescription medicine for child	81.7%	84.7%	242	79.7%	335	NS
Access to Specialized Services (% Always/Usually)		75.9%	79.8%	29	75.5%	54	NS
Q20	Easy to get special medical equipment for child	76.3%	79.3%	29	75.9%	54	NS
Q23	Easy to get therapy for child	71.3%	75.0%	32	69.1%	68	NS
Q26	Easy to get treatment or counseling for child	80.3%	85.2%	54	81.4%	129	NS
Family-Centered Care: Personal Doctor Who Knows Child (% Yes)		90.4%	91.0%	102	90.4%	262	NS
Q38	Doctor talks with you about how child is feeling/growing/behaving	84.3%	83.6%	304	85.2%	311	NS
Q43	Doctor understands how medical conditions affect child's day-to-day life	95.4%	97.1%	102	95.4%	262	NS
Q44	Doctor understands how medical conditions affect family's day-to-day life	91.6%	92.5%	106	90.5%	264	NS
Family-Centered Care: Getting Needed Information (% Always/Usually)		89.6%	91.7%	338	91.0%	335	NS
Q9	Getting questions answered by child's doctor	89.6%	91.7%	338	91.0%	335	NS
Coordination of Care for Children with Chronic Conditions (% Yes)		78.1%	79.2%	33	81.5%	57	NS
Q18	Getting help you needed from doctor in contacting school/daycare	91.1%	93.9%	33	93.0%	57	NS
Q29	Health plan or doctor's office helps coordinate care	65.1%	64.6%	79	70.1%	127	NS
Q14	Rating of Health Care (% 8, 9, 10)	82.0%	84.2%	336	80.2%	334	NS
Q41	Rating of Personal Doctor (% 8, 9, 10)	89.0%	90.1%	382	88.1%	345	NS
Q48	Rating of Specialist (% 8, 9, 10)	89.0%	94.7%	38	88.0%	75	NS
Q54	Rating of Health Plan (% 8, 9, 10)	80.3%	82.1%	440	76.1%	372	-
Q8	Health Promotion and Education (% Yes)	72.5%	71.5%	337	75.2%	335	NS
Q40	Coordination of Care (% Always/Usually)	85.3%	88.7%	97	85.5%	152	NS

Legend

+ = CCC results significantly higher than CAHPS results
 NS = No significant difference between CCC and CAHPS
 - = CCC results significantly lower than CAHPS results

Demographic At-a-Glance - Child's Gender

Amerigroup Louisiana, Inc. - CAHPS® Sample



		Amerigroup Louisiana, Inc. - CAHPS® Sample			
	Child Medicaid with CCC Survey Questions	Total (%)	Male (%)	Female (%)	High/Low Diff (%)
	<i>Sample Size</i>	(n=460)	(n=238)	(n=214)	
	Getting Care Quickly (% Always/Usually)	90	91	88	3
Q4	Getting care for child as soon as needed	89	91	86	5
Q6	Getting appointment for child as soon as needed	90	91	90	1
	Shared Decision Making (% A lot/Yes)	61	61	63	2
Q11	Discussed reasons to take medicine (% A lot)	59	54	65	11
Q12	Discussed reasons not to take medicine (% A lot)	40	40	40	0
Q13	Asked preference for medicine (% Yes)	84	88	83	5
	How Well Doctors Communicate (% Always/Usually)	94	95	93	2
Q32	Explain things in a way you could understand	96	96	96	0
Q33	Listen carefully to you	95	94	96	2
Q34	Show respect for what you had to say	96	97	96	1
Q37	Spend enough time with child	90	94	85	9
	Getting Needed Care (% Always/Usually)	84	83	86	3
Q15	Easy to get care believed necessary for child	90	90	88	2
Q46	Easy to get appointment for child with specialist	78	76	83	7
	Customer Service (% Always/Usually)	87	91	83	8
Q50	Got information or help needed	84	88	79	9
Q51	Treated you with courtesy and respect	91	95	88	7
Q14	Rating of Health Care (% 8, 9, 10)	84	86	83	3
Q41	Rating of Personal Doctor (% 8, 9, 10)	90	91	89	2
Q48	Rating of Specialist (% 8, 9, 10)	95	90	100	10
Q54	Rating of Health Plan (% 8, 9, 10)	82	84	79	5
Q8	Health Promotion and Education (% Yes)	72	70	72	2
Q40	Coordination of Care (% Always/Usually)	89	87	90	3

"High/Low Diff" is the percentage point difference between the largest and smallest score across the demographic categories for that specific measure.

"High/Low Diff" column may not be exact due to rounding.

Demographic At-a-Glance - Child's Age
Amerigroup Louisiana, Inc. - CAHPS® Sample



		Amerigroup Louisiana, Inc. - CAHPS® Sample						
	Child Medicaid with CCC Survey Questions	Total (%)	1 and Less (%)	2 - 5 (%)	6 - 9 (%)	10 - 14 (%)	15 - 18 (%)	High/Low Diff (%)
	<i>Sample Size</i>	(n=460)	(n=40)	(n=95)	(n=109)	(n=115)	(n=84)	
	Getting Care Quickly (% Always/Usually)	90	88	92	86	94	90	8
Q4	Getting care for child as soon as needed	89	88	94	84	97	83	14
Q6	Getting appointment for child as soon as needed	90	89	90	88	91	97	9
	Shared Decision Making (% Definitely Yes)	61	59	56	69	59	65	13
Q11	Discussed reasons to take medicine (% A lot)	59	47	50	73	61	62	26
Q12	Discussed reasons not to take medicine (% A lot)	40	60	35	48	26	38	34
Q13	Asked preference for medicine (% Yes)	84	71	85	86	91	95	24
	How Well Doctors Communicate (% Always/Usually)	94	89	94	95	98	93	9
Q32	Explain things in a way you could understand	96	97	96	91	99	98	8
Q33	Listen carefully to you	95	90	93	100	96	94	10
Q34	Show respect for what you had to say	96	94	97	99	100	92	8
Q37	Spend enough time with child	90	74	89	91	97	90	23
	Getting Needed Care (% Always/Usually)	84	77	77	91	85	85	14
Q15	Easy to get care believed necessary for child	90	88	88	91	96	82	14
Q46	Easy to get appointment for child with specialist	78	67	67	91	73	88	24
	Customer Service (% Always/Usually)	87	86	89	92	90	74	18
Q50	Got information or help needed	84	79	85	90	84	74	16
Q51	Treated you with courtesy and respect	91	93	92	94	97	75	22
Q14	Rating of Health Care (% 8, 9, 10)	84	76	88	91	92	71	21
Q41	Rating of Personal Doctor (% 8, 9, 10)	90	92	93	91	93	81	12
Q48	Rating of Specialist (% 8, 9, 10)	95	100	100	100	91	86	14
Q54	Rating of Health Plan (% 8, 9, 10)	82	85	83	86	83	73	13
Q8	Health Promotion and Education (% Yes)	72	67	73	73	77	64	13
Q40	Coordination of Care (% Always/Usually)	89	75	87	100	95	80	25

"High/Low Diff" is the percentage point difference between the largest and smallest score across the demographic categories for that specific measure.

"High/Low Diff" column may not be exact due to rounding.

Demographic At-a-Glance - Child's Race (1 of 2)
Amerigroup Louisiana, Inc. - CAHPS® Sample



		Amerigroup Louisiana, Inc. - CAHPS® Sample					
Child Medicaid with CCC Survey Questions		Total (%)	Caucasian (%)	African American (%)	Asian (%)	All other (%)	High/Low Diff (%)
Sample Size		(n=460)	(n=223)	(n=222)	(n=10)	(n=37)	
Getting Care Quickly (% Always/Usually)		90	93	88	89	91	5
Q4	Getting care for child as soon as needed	89	95	86	100	92	14
Q6	Getting appointment for child as soon as needed	90	92	90	78	90	14
Shared Decision Making (% Definitely Yes)		61	61	65	53	63	12
Q11	Discussed reasons to take medicine (% A lot)	59	62	56	40	50	22
Q12	Discussed reasons not to take medicine (% A lot)	40	36	50	40	38	14
Q13	Asked preference for medicine (% Yes)	84	86	88	80	100	20
How Well Doctors Communicate (% Always/Usually)		94	96	93	100	94	7
Q32	Explain things in a way you could understand	96	96	95	100	96	5
Q33	Listen carefully to you	95	96	94	100	96	6
Q34	Show respect for what you had to say	96	97	96	100	100	4
Q37	Spend enough time with child	90	92	88	100	81	19
Getting Needed Care (% Always/Usually)		84	88	79	50	82	38
Q15	Easy to get care believed necessary for child	90	89	91	100	88	12
Q46	Easy to get appointment for child with specialist	78	88	67	-	75	21
Customer Service (% Always/Usually)		87	89	84	75	100	25
Q50	Got information or help needed	84	86	79	75	100	25
Q51	Treated you with courtesy and respect	91	92	90	75	100	25
Q14	Rating of Health Care (% 8, 9, 10)	84	86	85	100	92	15
Q41	Rating of Personal Doctor (% 8, 9, 10)	90	91	90	100	88	12
Q48	Rating of Specialist (% 8, 9, 10)	95	92	100	-	100	8
Q54	Rating of Health Plan (% 8, 9, 10)	82	80	83	80	86	6
Q8	Health Promotion and Education (% Yes)	72	67	76	88	80	21
Q40	Coordination of Care (% Always/Usually)	89	89	86	100	80	20

"High/Low Diff" is the percentage point difference between the largest and smallest score across the demographic categories for that specific measure.

"High/Low Diff" column may not be exact due to rounding.

Demographic At-a-Glance - Child's Race (2 of 2)
Amerigroup Louisiana, Inc. - CAHPS® Sample



		Amerigroup Louisiana, Inc. - CAHPS® Sample			
Child Medicaid with CCC Survey Questions		Total (%)	Caucasian (%)	Non-Caucasian (%)	High/Low Diff (%)
	Sample Size	(n=460)	(n=223)	(n=222)	
Getting Care Quickly (% Always/Usually)		90	93	87	6
Q4	Getting care for child as soon as needed	89	95	84	11
Q6	Getting appointment for child as soon as needed	90	92	90	2
Shared Decision Making (% Definitely Yes)		61	61	65	4
Q11	Discussed reasons to take medicine (% A lot)	59	62	58	4
Q12	Discussed reasons not to take medicine (% A lot)	40	36	50	14
Q13	Asked preference for medicine (% Yes)	84	86	88	2
How Well Doctors Communicate (% Always/Usually)		94	96	93	3
Q32	Explain things in a way you could understand	96	96	95	1
Q33	Listen carefully to you	95	96	94	2
Q34	Show respect for what you had to say	96	97	96	1
Q37	Spend enough time with child	90	92	88	4
Getting Needed Care (% Always/Usually)		84	88	78	10
Q15	Easy to get care believed necessary for child	90	89	90	1
Q46	Easy to get appointment for child with specialist	78	88	67	21
Customer Service (% Always/Usually)		87	89	86	3
Q50	Got information or help needed	84	86	82	4
Q51	Treated you with courtesy and respect	91	92	90	2
Q14	Rating of Health Care (% 8, 9, 10)	84	86	84	2
Q41	Rating of Personal Doctor (% 8, 9, 10)	90	91	89	2
Q48	Rating of Specialist (% 8, 9, 10)	95	92	100	8
Q54	Rating of Health Plan (% 8, 9, 10)	82	80	84	4
Q8	Health Promotion and Education (% Yes)	72	67	77	10
Q40	Coordination of Care (% Always/Usually)	89	89	88	1

"High/Low Diff" is the percentage point difference between the largest and smallest score across the demographic categories for that specific measure.

"High/Low Diff" column may not be exact due to rounding.

Demographic At-a-Glance - Child's Ethnicity

Amerigroup Louisiana, Inc. - CAHPS® Sample



		Amerigroup Louisiana, Inc. - CAHPS® Sample			
Child Medicaid with CCC Survey Questions		Total (%)	Hispanic (%)	Non-Hispanic (%)	High/Low Diff (%)
Sample Size		(n=460)	(n=40)	(n=404)	
Getting Care Quickly (% Always/Usually)		90	74	91	17
Q4	Getting care for child as soon as needed	89	71	90	19
Q6	Getting appointment for child as soon as needed	90	77	91	14
Shared Decision Making (% Definitely Yes)		61	73	61	12
Q11	Discussed reasons to take medicine (% A lot)	59	60	60	0
Q12	Discussed reasons not to take medicine (% A lot)	40	60	39	21
Q13	Asked preference for medicine (% Yes)	84	100	86	14
How Well Doctors Communicate (% Always/Usually)		94	88	95	7
Q32	Explain things in a way you could understand	96	89	97	8
Q33	Listen carefully to you	95	89	96	7
Q34	Show respect for what you had to say	96	93	97	4
Q37	Spend enough time with child	90	79	91	12
Getting Needed Care (% Always/Usually)		84	94	84	10
Q15	Easy to get care believed necessary for child	90	88	90	2
Q46	Easy to get appointment for child with specialist	78	100	78	22
Customer Service (% Always/Usually)		87	88	88	0
Q50	Got information or help needed	84	83	84	1
Q51	Treated you with courtesy and respect	91	92	91	1
Q14	Rating of Health Care (% 8, 9, 10)	84	83	85	2
Q41	Rating of Personal Doctor (% 8, 9, 10)	90	91	90	1
Q48	Rating of Specialist (% 8, 9, 10)	95	100	93	7
Q54	Rating of Health Plan (% 8, 9, 10)	82	92	81	11
Q8	Health Promotion and Education (% Yes)	72	76	71	5
Q40	Coordination of Care (% Always/Usually)	89	90	88	2

"High/Low Diff" is the percentage point difference between the largest and smallest score across the demographic categories for that specific measure.
 "High/Low Diff" column may not be exact due to rounding.

Demographic At-a-Glance - Respondent's Education

Amerigroup Louisiana, Inc. - CAHPS® Sample



		Amerigroup Louisiana, Inc. - CAHPS® Sample			
	Child Medicaid with CCC Survey Questions	Total (%)	HS grad or less (%)	Some college or more (%)	High/Low Diff (%)
	<i>Sample Size</i>	(n=460)	(n=241)	(n=203)	
	Getting Care Quickly (% Always/Usually)	90	92	89	3
Q4	Getting care for child as soon as needed	89	92	88	4
Q6	Getting appointment for child as soon as needed	90	92	89	3
	Shared Decision Making (% Definitely Yes)	61	60	66	6
Q11	Discussed reasons to take medicine (% A lot)	59	59	61	2
Q12	Discussed reasons not to take medicine (% A lot)	40	36	47	11
Q13	Asked preference for medicine (% Yes)	84	85	88	3
	How Well Doctors Communicate (% Always/Usually)	94	94	95	1
Q32	Explain things in a way you could understand	96	95	96	1
Q33	Listen carefully to you	95	95	95	0
Q34	Show respect for what you had to say	96	97	96	1
Q37	Spend enough time with child	90	89	91	2
	Getting Needed Care (% Always/Usually)	84	80	92	12
Q15	Easy to get care believed necessary for child	90	89	90	1
Q46	Easy to get appointment for child with specialist	78	70	93	23
	Customer Service (% Always/Usually)	87	93	80	13
Q50	Got information or help needed	84	90	76	14
Q51	Treated you with courtesy and respect	91	96	84	12
Q14	Rating of Health Care (% 8, 9, 10)	84	86	83	3
Q41	Rating of Personal Doctor (% 8, 9, 10)	90	92	88	4
Q48	Rating of Specialist (% 8, 9, 10)	95	95	93	2
Q54	Rating of Health Plan (% 8, 9, 10)	82	87	76	11
Q8	Health Promotion and Education (% Yes)	72	66	77	11
Q40	Coordination of Care (% Always/Usually)	89	98	77	21

"High/Low Diff" is the percentage point difference between the largest and smallest score across the demographic categories for that specific measure.
 "High/Low Diff" column may not be exact due to rounding.

Demographic At-a-Glance - Child's Health Status
Amerigroup Louisiana, Inc. - CAHPS® Sample

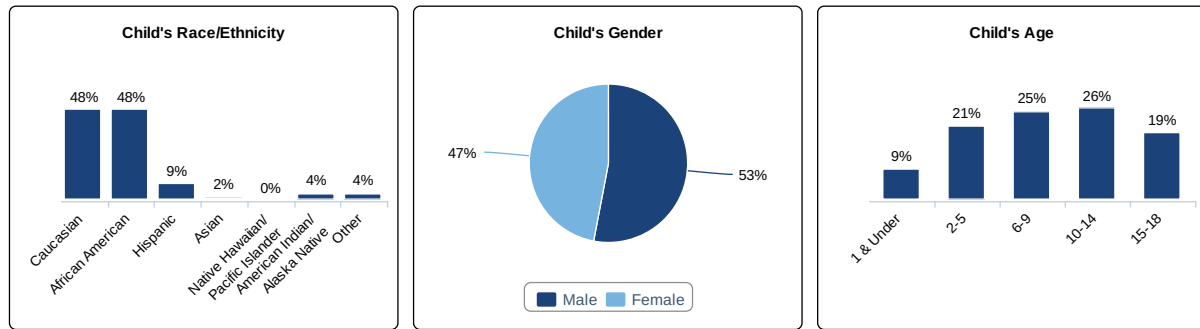


		Amerigroup Louisiana, Inc. - CAHPS® Sample				
Child Medicaid with CCC Survey Questions		Total (%)	Excellent/ Very Good (%)	Good (%)	Fair/ Poor (%)	High/Low Diff (%)
Sample Size		(n=460)	(n=326)	(n=101)	(n=28)	
Getting Care Quickly (% Always/Usually)		90	89	91	89	2
Q4	Getting care for child as soon as needed	89	88	90	93	5
Q6	Getting appointment for child as soon as needed	90	91	91	84	7
Shared Decision Making (% Definitely Yes)		61	60	57	86	29
Q11	Discussed reasons to take medicine (% A lot)	59	57	58	86	29
Q12	Discussed reasons not to take medicine (% A lot)	40	39	36	71	35
Q13	Asked preference for medicine (% Yes)	84	85	78	100	22
How Well Doctors Communicate (% Always/Usually)		94	94	97	87	10
Q32	Explain things in a way you could understand	96	96	100	84	16
Q33	Listen carefully to you	95	95	97	92	5
Q34	Show respect for what you had to say	96	97	98	88	10
Q37	Spend enough time with child	90	90	92	84	8
Getting Needed Care (% Always/Usually)		84	86	80	67	19
Q15	Easy to get care believed necessary for child	90	91	87	84	7
Q46	Easy to get appointment for child with specialist	78	81	73	50	31
Customer Service (% Always/Usually)		87	87	86	92	6
Q50	Got information or help needed	84	87	76	83	11
Q51	Treated you with courtesy and respect	91	88	97	100	12
Q14	Rating of Health Care (% 8, 9, 10)	84	85	86	72	14
Q41	Rating of Personal Doctor (% 8, 9, 10)	90	90	94	80	14
Q48	Rating of Specialist (% 8, 9, 10)	95	92	100	100	8
Q54	Rating of Health Plan (% 8, 9, 10)	82	83	84	57	27
Q8	Health Promotion and Education (% Yes)	72	71	79	60	19
Q40	Coordination of Care (% Always/Usually)	89	86	96	89	10

"High/Low Diff" is the percentage point difference between the largest and smallest score across the demographic categories for that specific measure.

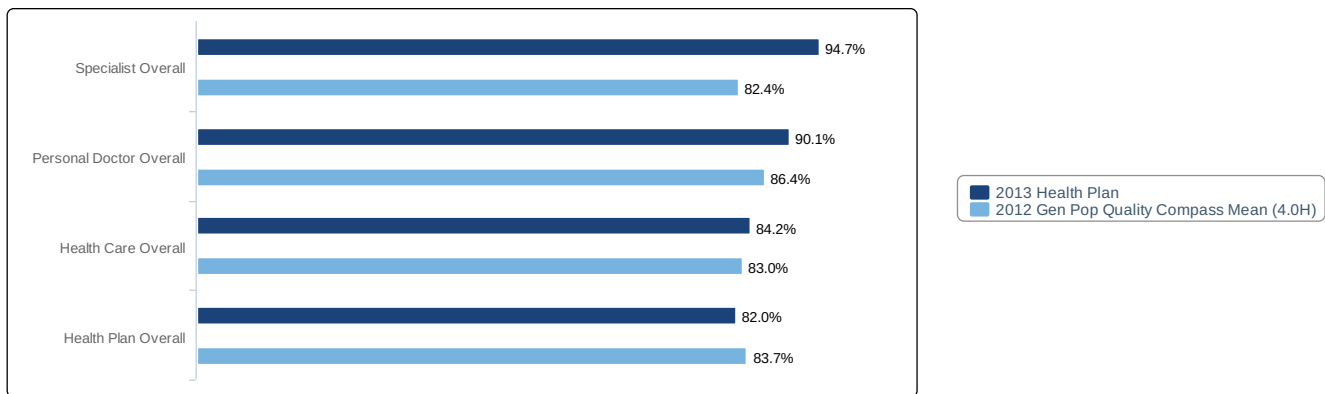
"High/Low Diff" column may not be exact due to rounding.

Respondent Profile

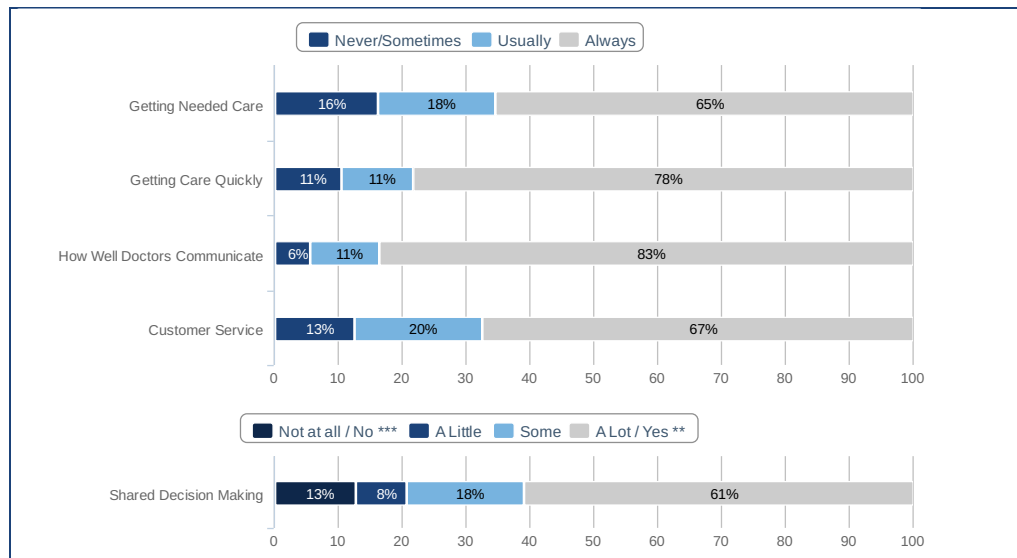


* Hispanic percentage taken from separate question

Overall Ratings (% 8,9,10)



Composite Score Distribution



Notes: Data in this report is an estimate to date.

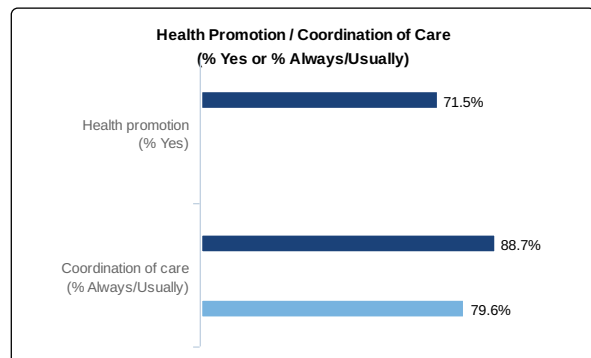
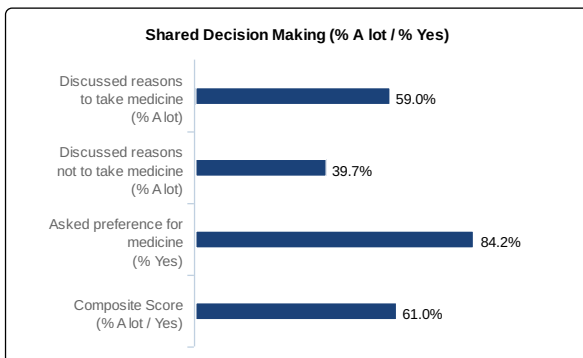
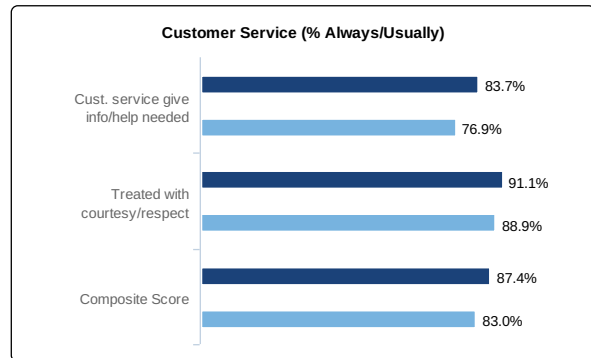
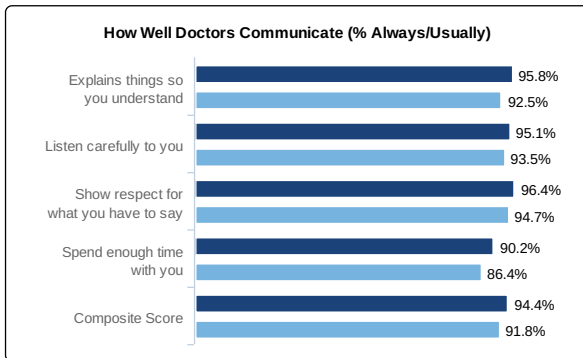
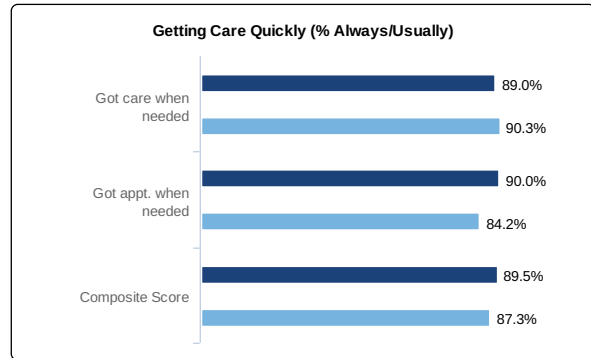
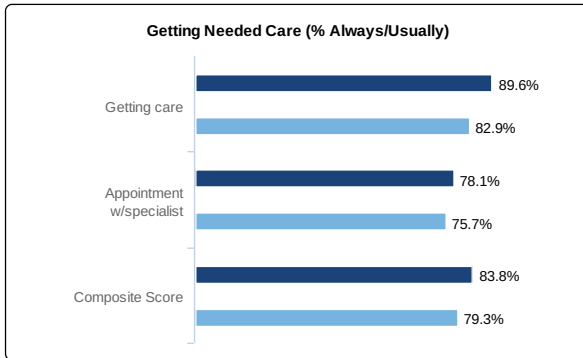
Numbers may not add up to 100% due to rounding.

** "Yes" responses are from 'Asked preference for medicine'.

*** "No" responses are from 'Asked preference for medicine'.

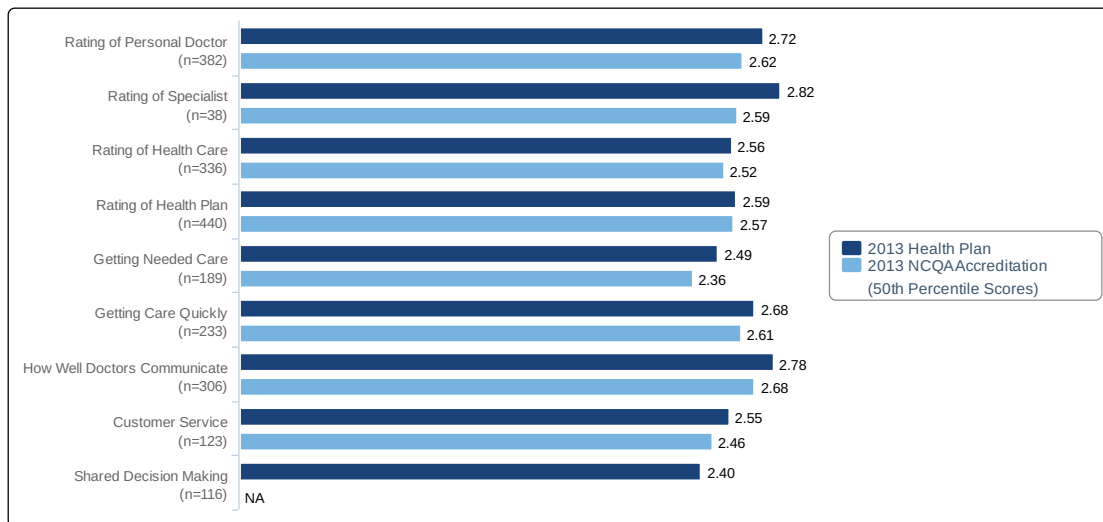
Composite Score Percentages

■ 2013 Health Plan
■ 2012 Gen Pop Quality Compass Mean (4.0H)



Notes: Data in this report is an estimate to date.
Numbers may not add up to 100% due to rounding.

Means of Composite and Rating Scores

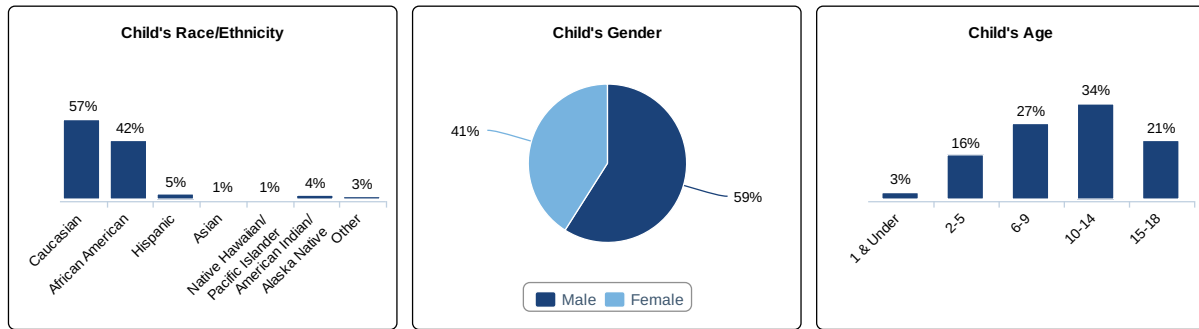


Notes: Health plan's mean scores do not include NCQA adjustment factors.
Data in this report is an estimate to date.
NA: Data not available.

Completes by Language

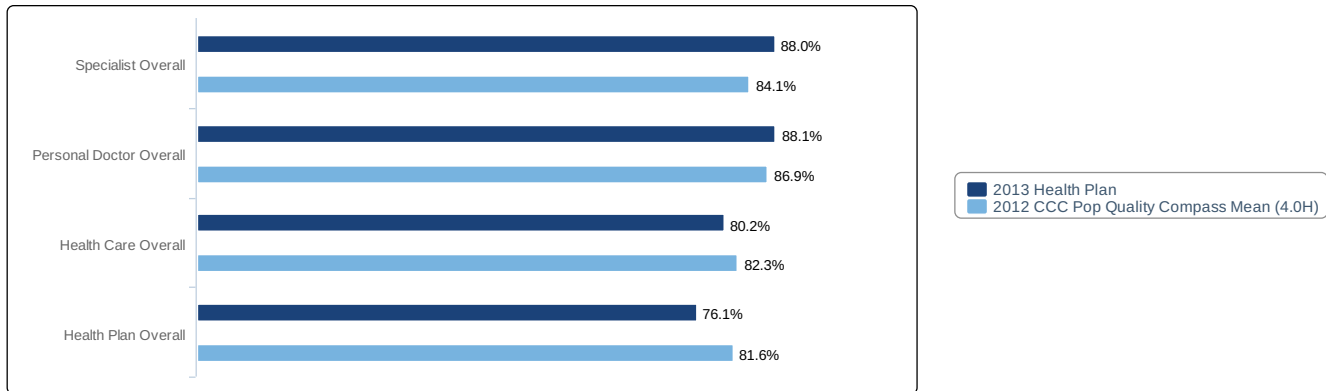
	English	Spanish
2013 Completes to Date	446	14
2012 Final Completes	N/A	N/A

Respondent Profile

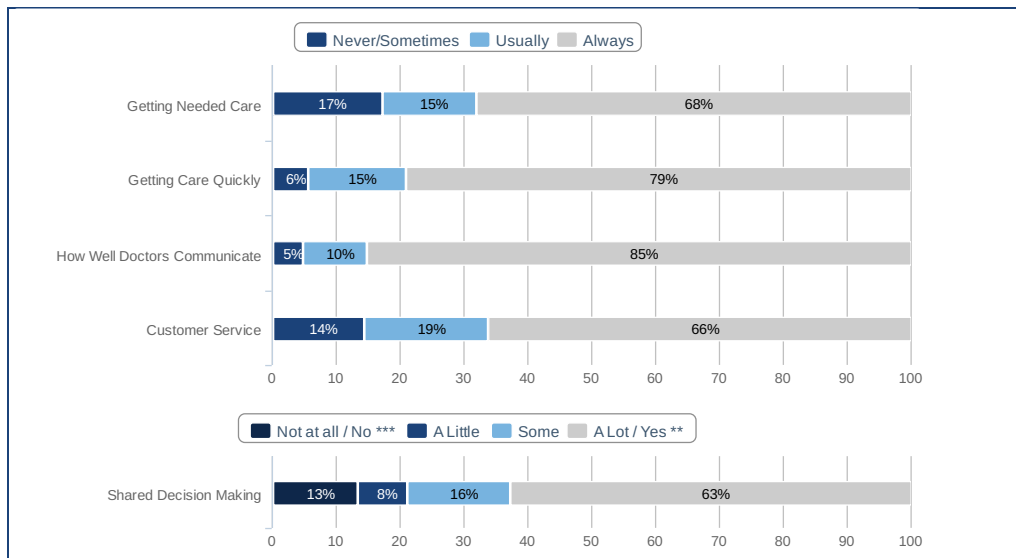


* Hispanic percentage taken from separate question

Overall Ratings (% 8,9,10)



Composite Score Distribution



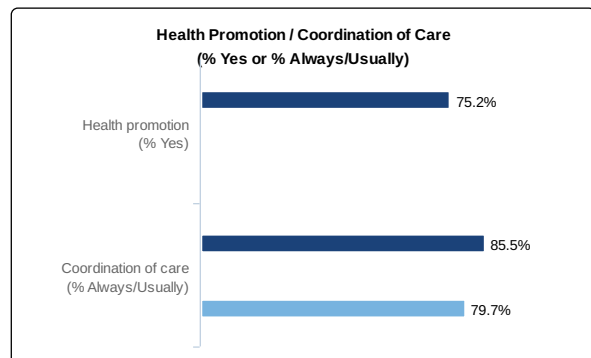
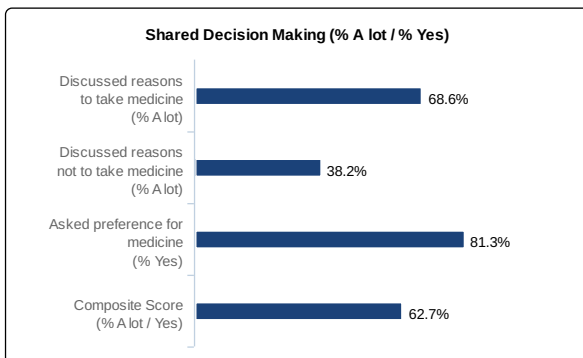
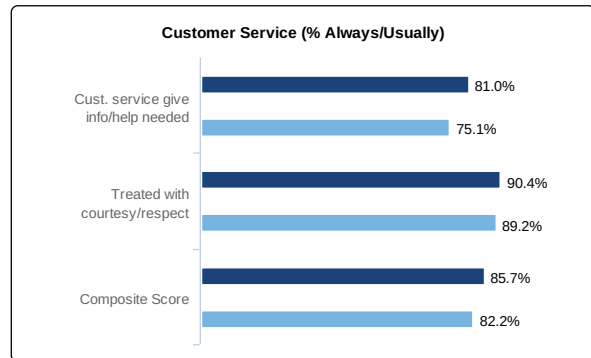
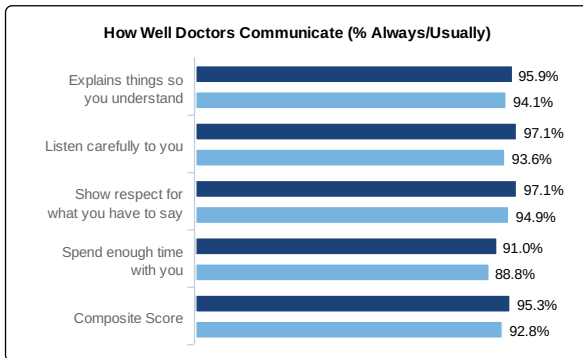
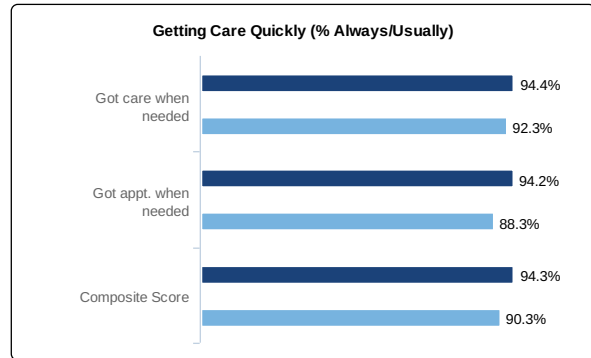
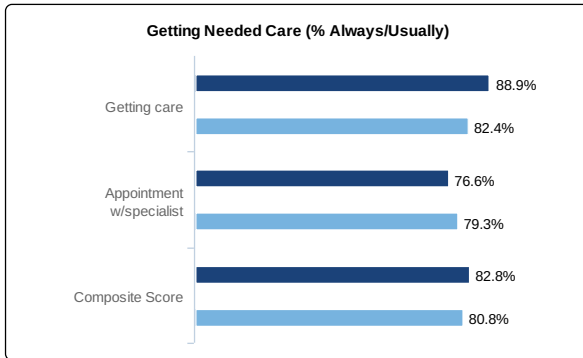
Notes: Data in this report is an estimate to date.

Numbers may not add up to 100% due to rounding.

** "Yes" responses are from 'Asked preference for medicine'.

*** "No" responses are from 'Asked preference for medicine'.

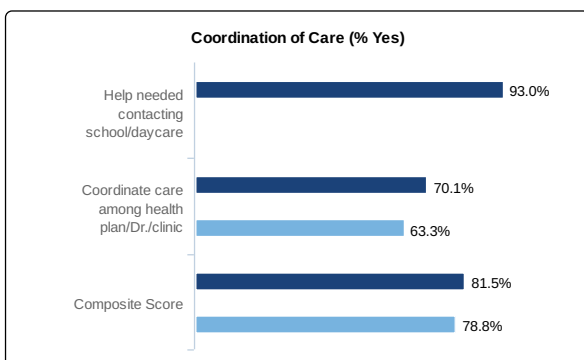
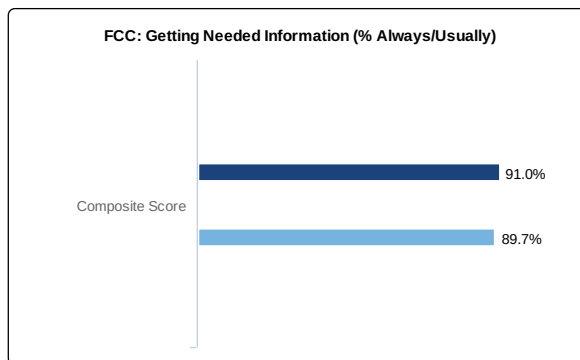
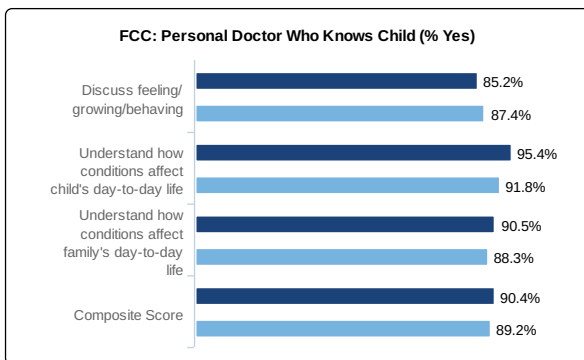
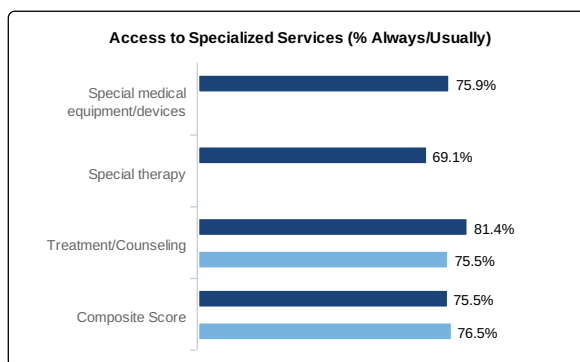
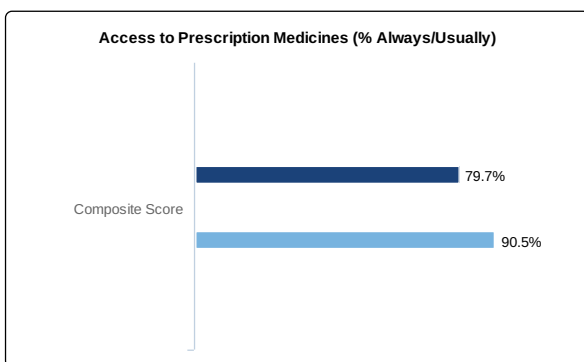
Composite Score Percentages



Notes: Data in this report is an estimate to date.
Numbers may not add up to 100% due to rounding.

CCC Composite Score Percentages

■ 2013 Health Plan
■ 2012 CCC Pop Quality Compass Mean (4.0H)



Notes: Data in this report is an estimate to date.
Numbers may not add up to 100% due to rounding.

Completes by Language

	English	Spanish
2013 Completes to Date	383	2
2012 Final Completes	N/A	N/A

TECHNICAL NOTES—Child Medicaid with CCC Measure**Composites**

Composite scores are used to both facilitate aggregation of information from multiple specific questions and to enhance the communication of this important information to consumers.

The composites are:

Getting Care Quickly
Shared Decision Making
How Well Doctors Communicate

Getting Needed Care
Customer Service

In 2009 one composite was deleted (Courteous and Helpful Office Staff) and one was added (Shared Decision Making).

In 2013, the questions in the Shared Decision Making composite were changed; highlighting decisions on prescriptions rather than decisions about health care in general. These changes impacted trending for this composite and the individual measures. In addition, both questions in Getting Needed Care were modified, but changes are not expected to impact trending. See page I for the new wording of these questions.

The Children with Chronic Conditions composites and measures are:

Access to Prescription Medicine
Access to Specialized Services
Family-Centered Care: Personal Doctor Who Knows Child
Family-Centered Care: Getting Needed Information
Coordination of Care for Children with Chronic Conditions

The Composite Summary Rate is used in reporting to Quality Compass®. See *Summary Rate Scoring* for an explanation of how the scores are calculated.

See Pages I and J for a listing of each of the questions in the composites, the response choices, and how each response is scored.

Composite Mean

The composite mean that is calculated for Composite Measures is a mean of the individual means that make up that composite.

For example, the measure “Getting Care Quickly” comprises two individual measures:

Q4 - How often did your child get care as soon as you thought he or she needed?

Q6 - How often did your child get an appointment for a check-up or routine care at a doctor’s office or clinic as soon as you thought your child needed?

To calculate a composite mean or composite percent, first calculate the individual means or percents for Q4 and Q6. For example, if the individual means or percents are:

Mean for Q4 = 1.9

Percent for Q4 - 84%

Mean for Q6 = 2.2

Percent for Q6 - 88%

Then, calculate the mean of those means or percents:

Composite Mean = $(1.9 + 2.2) / 2 = 2.05$

Composite Percent = $(84\% + 88\%) / 2 = 86\%$

Note that each question within a composite is weighted equally, regardless of the number of members responding to each question or to the relative importance of one question to another.

2013 CAHPS® 5.0H Child with CCC Measure Medicaid Survey

Correlation

The Pearson Product Moment Correlation (called Pearson correlation for short) is used in the Key Driver Analysis. Correlation is a measure of direction and degree of linear relationship between two variables. A correlation coefficient is a numerical index of that relationship. The closer the correlation coefficient is to 1.0, the stronger the correlation between the two variables.

Demographics

To allow for better statistical comparison of the demographic segments in the cross tabulations, Morpace has collapsed some of NCQA's response categories in the standard cross tabulations.

CAHPS® Segments	Morpac Segments
Age	
Less than 1 year	1 year and less
X years old (write in)	2-5 years
	6-9 years
	10-14 years
	15-18 years
Child's Health Status	
Excellent	Excellent - Very Good
Very Good	
Good	Good
Fair	Fair - Poor
Poor	
Child's Race	
White	White
Black/African-American	Black/African-American
Asian	All Other
Native Hawaiian/Pacific Islander	
American Indian/Alaska Native	
Other	

History of CAHPS®

The CAHPS® 5.0H surveys are a set of standardized surveys that assess health plan member satisfaction with the experience of care. In October 1995, the Agency of Healthcare Research and Quality (AHRQ) began the CAHPS® initiative with researchers from Harvard Medical School, RAND, and Research Triangle Institute, Inc. The first survey data from the CAHPS® 2.0H survey was reported to NCQA in 1998.

In 2002, a CAHPS® Instrument Panel was convened to reevaluate and update the CAHPS® 2.0H Surveys. The Panel evaluated consumer feedback, performed analyses on CAHPS® results, and conducted cognitive testing on proposed revisions. The outcome of the CAHPS® Instrument Panel was the revised set of surveys, CAHPS® 3.0H. The HEDIS® versions of the CAHPS® surveys were also updated to be consistent with the CAHPS® 3.0H surveys. In 2009, AHRQ replaced the CAHPS® 3.0H Child Survey with the CAHPS® Health Plan Survey 4.0H as part of its Ambulatory CAHPS® initiative.

In 2013, AHRQ replaced the CAHPS® Health Plan Survey 4.0H with the CAHPS® Health Plan Survey 5.0H. The overarching goal of the CAHPS® 5.0H survey is to obtain information that is not available from any other source - the person receiving care.

2013 CAHPS® 5.0H Child with CCC Measure Medicaid Survey

The major objectives of the 2013 CAHPS® 5.0H Child Medicaid with CCC Survey are to:

- Measure satisfaction levels, health plan use, health and socio-demographic characteristics of members
- Identify factors that affect the level of satisfaction
- Provide a tool that can be used by plan management to identify opportunities for quality improvement
- Provide plans with data for HEDIS® and NCQA accreditation

Key Driver Analysis to General Population

A Key Driver Analysis was conducted to understand the relationship between different aspects of plan service and provider care have on overall satisfaction of a parent or guardian with their child's health plan, their child's personal doctor, their child's specialist, and their child's 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 (or attributes).
Pearson correlation scores are calculated for the 13 individual ratings (potential drivers) in relation to ratings of the overall experience with the health plan, doctor, specialist, and health care. The correlation coefficients are then used to establish the relative importance of each driver - the higher the correlation, the more important the driver.
- 2) The relationship to 50th Percentile of Quality Compass®.
Attributes are noted as to whether their score is above or below the 50th percentile. Those below the 50th percentile are noted as an area for improvement, if their correlation is high. Those above the 50th percentile are noted as an area of strength, if their correlation is high. Quality Compass® 2012 is used for this report.

How to Read the Key Driver Analysis Charts:

The bar charts on the key driver pages depict the correlation scores of the individual attributes to each of the four overall measures. Directly to the right of each correlation score is the plan's score and the percentile group in which the health plan's score falls.

The higher the correlation score, the more impact the individual attribute has on the overall score. That is, if you modify behavior to improve the rating of the individual issue, the overall score is also likely to improve.

The higher the Quality Compass percentile group, the more members are satisfied with the attribute. Conversely, the lower Quality Compass® percentile group, the fewer members are satisfied with the attribute. Attributes with scores below 50th percentile are considered to be high priority for improvement.

How to interpret...

Higher correlation/Lower Quality Compass® Percentile Group	HIGH PRIORITY FOR IMPROVEMENT. The attribute is a driver of the overall measure and the plan's score is below the 50 th percentile when compared to plans reporting to Quality Compass®. If performance can be improved on this attribute, members will be more satisfied, and the overall measure should reflect this.
Higher correlation/ Higher Quality Compass® Percentile Group	CONTINUE TO TARGET EFFORTS. It is critical to continue to target efforts in this area. The majority of members are satisfied with the performance, and the attribute is clearly related to the overall measure.
Lower correlation	LOW PRIORITY. While satisfaction of these attributes vary, these attributes are lower in importance to the overall measure. Monitor performance and consider possible action based on cost benefit analysis.

2013 CAHPS® 5.0H Child with CCC Measure Medicaid Survey

Key Driver Analysis to CCC Population

A Key Driver Analysis was conducted to understand the relationship between different aspects of plan service and provider care have on overall satisfaction of a parent or guardian with their child's health plan and their child's 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 (or attributes).
Pearson correlation scores are calculated for the 23 individual ratings (potential drivers) in relation to ratings of the overall experience with the health plan and health care. The correlation coefficients are then used to establish the relative importance of each driver - the higher the correlation, the more important the driver.
- 2) Relationship to 50th percentile for Quality Compass®.
Attributes are noted as to whether their score is above or below the 50th percentile. Those below the 50th percentile are noted as an area for improvement, if their correlation is high. Those above the 50th percentile are noted as an area of strength, if their correlation is high. Quality Compass® 2012 is used for this report.

Margin of Error

The results presented in this report are obtained from a sample of the members of each plan; therefore, the estimates presented have a margin of error that should be considered.

The following table shows the approximate margin of error for different combinations of sample sizes and the estimated proportions, using a 95% confidence level.

95% Confidence Interval for Sample Proportions Margin of Error								
Number of Valid Responses	Observed Proportion							
		90% 10%	80% 20%	70% 30%	60% 40%	50%		
	100	±5.9%	±7.8%	±9.0%	±9.6%	±9.8%		
	200	±4.2%	±5.5%	±6.4%	±6.8%	±6.9%		
	300	±3.4%	±4.5%	±5.2%	±5.5%	±5.7%		
	400	±2.9%	±3.9%	±4.5%	±4.8%	±4.9%		
	500	±2.6%	±3.5%	±4.0%	±4.3%	±4.4%		

Example of how to use this table:

Assume that a plan obtains a rating of 50% for a given measure and the number of valid responses is 500. In this case we are 95% confident that the unknown population rating is between 45.6% and 54.4% (50%± 4.4%).

Assume that a plan obtains a rating of 70% for a given measure and the number of valid responses is 300. In this case we are 95% confident that the unknown population rating is between 64.8% and 75.2% (70%± 5.2%).

Percentiles

Percentiles displayed in this report are those provided in Quality Compass®. A percentile is a value on a scale of one hundred that indicates the percent of the distribution that is equal to or below it. For example, if a plan's score falls in the 75th percentile compared to the Quality Compass® that means 75% of plans represented in the Quality Compass® have a score that is equal to or lower than it. Conversely, 25% of the plans in the Quality Compass® have a higher score.

Quality Compass® 2012

The Quality Compass® for the Child Medicaid database is compiled from performance data and member satisfaction information from 114 Child Medicaid health plans and who publicly reported their data to Quality Compass. In addition, the Child Medicaid with CCC Quality Compass® database consists of 28 plans who publicly reported their Child Medicaid with CCC data to Quality Compass®.

2013 CAHPS® 5.0H Child with CCC Measure Medicaid Survey

Rating Questions

Responders are asked to rate four items (child's personal physician, child's specialist, child's health care received, and overall experience with child's health plan) from 0 to 10 with 0 being the worst and 10 being the best.

Reporting of CCC Measures

The CCC Sample consists of all members in both Sample A and Sample B who are identified as having a chronic condition based on responses to the CCC survey's screening tool.

Response Rate

Response rates are calculated according to the following NCQA method:

$$\text{Final Response Rate} = \frac{\text{Completed surveys}}{\text{Plan's total eligible sample}^*}$$

*Total eligible sample = Entire random sample – Ineligible

Ineligible are: deceased, does not meet eligible population criteria, language barrier, mentally or physically incapacitated.

A survey is included in the analysis if the member appropriately responds to Question 1 on the survey and indicates that they meet the eligible population criteria.

SOURCE: Page 65, Volume 3 HEDIS® 2013 Specifications for Survey Measures

Sampling Criteria

The sample frame includes all current Medicaid health care members at the time the sample is drawn who are age 17 years and younger as of December 31 of the reporting year. Members must have been continuously enrolled in the health plan for the 6 months of the reporting year (allowing for no more than one gap of up to 45 days). The reporting year for the 2013 CAHPS® 5.0H surveys is January 1, 2012 to December 31, 2012.

For each survey Morpace drew a random sample of enrollees making sure that only one child per household would be sampled. In 2013, NCQA required all plans to draw a base sample of 1,650 members. This sample is referred to in the report as the CAHPS sample or the General Population, and represents responses from child members with and without Chronic Conditions. It is referred to as Sample A in the sampling protocol.

The CCC population consists of all children identified as having a chronic condition, as defined by the member's responses to the CCC survey-based screening tool. As children with chronic conditions represent a relatively small proportion of the general population of children, a supplemental sample of children who are more likely to have a chronic condition is selected and added to the standard CAHPS 5.0H child survey sample.

The survey vendor selects the CCC supplemental sample of 1,840 members after the CAHPS 5.0H child survey sample is drawn. These members are identified with a prescreen status code and have not already been selected for the CAHPS 5.0H child survey sample. The sample is referred to in the sampling protocol as Sample B.

The general population data set and CCC population data set are not mutually exclusive groups. For example, if a child member is randomly selected for the CAHPS child survey sample and is identified as having a chronic condition based on responses to the CCC survey-based screening tool, then the member is included in general population and CCC population results.

Scoring for NCQA Accreditation

The NCQA accreditation survey is based on 100 points with 33% of the results accounted for by HEDIS® measures and HEDIS®/CAHPS® 5.0H survey results. The HEDIS®/CAHPS® 5.0H survey results account for 13 of the 100 points. NCQA will calculate the Scoring for Accreditation on the General Population sample (also referred as the "CAHPS sample").

2013 CAHPS® 5.0H Child with CCC Measure Medicaid Survey

Step 1: Convert responses to their score value.

At the member level, the member's response is recoded using a scale of 1-3 according to the following table.

CAHPS 5.0H Results	Scoring Scale Based on Responses	
Getting Needed Care (2 questions)	Never or Sometimes	= 1
Getting Care Quickly (2 questions)	Usually	= 2
How Well Doctors Communicate (4 questions)	Always	= 3
Customer Service (2 questions)		
Rating of Health Care	0, 1, 2, 3, 4, 5, 6	= 1
Rating of Personal Doctor	7, 8	= 2
Rating of Health Plan	9, 10	= 3
Rating of Specialist		

Step 2: Calculate the mean for all members' responses. For the composite measures, perform this calculation for each of the questions in the composite.

Step 3: Calculate the mean of the means for questions in that composite. The result of these calculations is the "unadjusted mean."

To take into account inherent sampling variation, prior to determining points for NCQA accreditation, NCQA will add 0.028 to each of the four CAHPS® 5.0H ratings questions and to the Customer Service composite mean; and 0.02 to the Getting Needed Care, Getting Care Quickly, and How Well Doctors Communicate composite means. This becomes the "adjusted mean." NCQA will phase out the scoring adjustment over five years – 20% reduction per year from 2011 until 2015.

The CAHPS® survey represents a possible 13 points toward NCQA accreditation. Points are earned toward NCQA accreditation by comparing the adjusted mean for each of the measures to the NCQA national benchmark (the 90th percentile of national results) and to national thresholds (the 75th, 50th, 25th percentiles, and below the 25th percentile) for the same measure. NCQA does not publish the exact scores used in accreditation (calculated to the sixth decimal point). Therefore, Morpace cannot calculate the precise accreditation score. However, by adding up the individual composite and rating scores, an estimate of the overall accreditation score can be obtained.

For a composite's score to be counted toward accreditation, an average of 100 responses for all questions within the composite must be obtained. If an average of 100 responses is not obtained, that measure is not counted and denoted with an "N/A". The scoring is adjusted based on the number of reported measures according to the chart on the next page. If less than four of the measures qualify, no points are awarded from the survey.

NCQA Scoring for all Composite Scores and Overall Ratings, except Overall Rating of Health Plan

Number of Applicable Measures

Percentile	9	8	7	6	5	4
90th	1.444	1.625	1.857	2.167	2.600	3.250
75th	1.271	1.430	1.634	1.907	2.288	2.860
50th	0.982	1.105	1.263	1.473	1.768	2.210
25th	0.578	0.650	0.743	0.867	1.040	1.300
0	0.289	0.325	0.371	0.433	0.520	0.650

NCQA Scoring for Overall Rating of Health Plan only

Number of Applicable Measures

Percentile	9	8	7	6	5	4
90th	2.888	3.250	3.714	4.334	5.200	6.500
75th	2.542	2.860	3.268	3.814	4.576	5.720
50th	1.964	2.210	2.526	2.946	3.536	4.420
25th	1.156	1.300	1.486	1.734	2.080	2.600
0	0.578	0.650	0.742	0.866	1.040	1.300

Specialty Calculation

This measure is calculated by combining the results of two individual questions. The calculations are described briefly below.

Forms Easy to Fill Out

For this measure, questions 52 and 53 are used. A member who was not given any forms to fill out by their health plan in the last 6 months is coded as “Always” at Q53.

Statistical Testing

Statistical testing has been conducted in various places in the report. A 0.05 level of significance was used in performing tests of *differences*. For example, when testing for a difference in the population percent for 2012 and the population percent for 2013, a 0.05 level of significance would mean there is a 0.05 chance that a significant difference would be found even if there were no difference in the population.

The notation of “up arrow” reflects the conclusion of significant *increase* which would be found if a significance test had been conducted for the hypothesis that the population percent for 2013 was *greater than* the population percent for 2012 (with a 0.025 level of significance). The notation of “down arrow” reflects the conclusion of significant *decrease* which would be found if a significance test had been conducted for the hypothesis that the population percent for 2013 was *less than* the population percent for 2012 (with a 0.025 level of significance).

Statistical testing of composite percentages (as opposed to attribute or rating percentages) uses a formula that gives approximate results. The results of these statistical tests should be treated with this in mind. Caution should be used when making decisions based on any significant differences in year to year comparison of 2012 to 2013 results.

Summary Rate Scoring

Summary rate scores are those scores used in presenting data to the public. Summary Rates are calculated in the following manner:

CAHPS® 5.0H Measures	Response = Summary Rate
Shared Decision Making (2 questions)	A lot / Yes
Getting Care Quickly (2 questions)	Usually and Always
How Well Doctors Communicate (4 questions)	
Getting Needed Care (2 questions)	
Customer Service (2 questions)	
Rating of Personal Doctor	8, 9, 10
Rating of Specialist Seen Most Often	
Rating of All Health Care Received	
Rating of Health Plan	

Survey Administration Protocol and Timeline

NCQA has approved two options for survey administration of the CAHPS 5.0H survey: a 5-wave mail-only methodology or a mixed methodology (mail and telephone), which includes a 4-wave mail (two questionnaire mailings and two reminder postcards) with telephone follow-up of at least 3 attempts.

Mixed Methodology Tasks	Time Frame
First questionnaire and cover letter sent to the member.	0 days
A postcard reminder is sent to non-responders 4-10 days after the 1 st questionnaire.	4-10 days
A second questionnaire with replacement cover letter is sent to non-responders approximately 35 days after the mailing of the first questionnaire.	35 days
A second postcard reminder is sent to non-responders 4 to 10 days after mailing the second questionnaire.	39 – 45 days
Telephone calls by CATI are conducted for non-responders approximately 21 days after the mailing of the second questionnaire.	56 days
Telephone contact is made to all non-responders such that at least 3 calls are attempted at different times of day, on different days and in different weeks.	56 – 70 days
Telephone follow-up is completed approximately 14 days after initiation.	70 days

Mail-Only Methodology Tasks	Time Frame
First questionnaire and cover letter sent to the member.	0 days
A postcard reminder is sent to non-responders 4-10 days after the 1 st questionnaire.	4-10 days
A second questionnaire with replacement cover letter is sent to non-responders approximately 35 days after the mailing of the first questionnaire.	35 days
A second postcard reminder is sent to non-responders 4 to 10 days after mailing the second questionnaire.	39-45 days
A third questionnaire and cover letter is sent to non-responders approximately 25 days after mailing the second questionnaire.	60 days
Allow 21 days for the third questionnaire to be returned by the member.	81 days

SOURCE: Page 59-60, Volume 3 HEDIS® 2013 Specifications for Survey Measures

The actual timeline followed for the 2013 survey was:

2/8	First questionnaire with cover letter sent to sample.
2/15	Postcard reminder sent to sample.
3/15	Second questionnaire and cover letter sent to non-responders.
3/22	Second postcard reminder sent to non-responders.
4/8 – 5/9	Contacted all non-responders via telephone – Up to 4 attempts were made at different times of the day, different days of the week, and in different weeks.

2013 CAHPS® 5.0H Child with CCC Measure Medicaid Survey

The text of the mailing pieces and the CATI (Computer Assisted Telephone Interviewing) script are prescribed by NCQA.

Composites, Attributes and Rating Questions for CAHPS® 5.0H Response Choices and Scoring Options

Composites and Questions	Response Choices	Summary Rate	Three-Point
Getting Care Quickly			
Q4 - In the last 6 months, when your child needed care right away, how often did your child get care as soon as you thought you needed?	Never/Sometimes		1
Q6 - In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctors' office or clinic, how often did you get an appointment as soon as your child needed? <i>Rewording of question in 2013</i>	Usually	Summary Rate	2
	Always		3
Shared Decision Making – Questions and response categories changed in 2013 – Not trendable			
Q11 – When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want your child to take a medicine?	Not at all/A little		1
	Some		2
Q12 – When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want your child to take a medicine?	A lot	Summary Rate	3
Q13 - When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?	Yes	Summary Rate	3
	No		1
How Well Doctors Communicate			
Q32 – In the last 6 months, how often did your child’s personal doctor explain things about your child’s health in a way that was easy to understand?	Never/Sometimes		1
Q33 - In the last 6 months, how often did your child’s personal doctor listen carefully to you?	Usually	Summary Rate	2
Q34 - In the last 6 months, how often did your child’s personal doctor show respect for what you had to say?	Always		3
Q37 - In the last 6 months, how often did your child’s personal doctor spend enough time with your child?			
Getting Needed Care - – Question wording changed in 2013			
Q15 - In the last 6 months, how often was it easy to get the care, tests or treatment your child needed?	Never/Sometimes		1
	Usually	Summary Rate	2
Q46 - In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?	Always		3
Customer Service			
Q50 - In the last 6 months, how often did the customer service at your child’s health plan give you the information or help you needed?	Never/Sometimes		1
	Usually	Summary Rate	2
Q51 - In the last 6 months, how often did your customer service staff at your child’s health plan treat you with courtesy and respect?	Always		3

2013 CAHPS® 5.0H Child with CCC Measure Medicaid Survey

Survey-Based Screening Tool for CCC Population

A survey-based screening tool is used to identify children with chronic conditions. The table below lists the questions for the CCC survey-based screening tool. It contains five questions representing five different health consequences. A child member is identified as having a chronic condition if all parts of the question for at least one of the specific health consequences are answered "Yes". The CCC population results consist of child members from either Sample A or Sample B who are identified as having a chronic condition from the survey-based screening tool.

Use of or Need for Prescription Medicines		Response Choices
Q60	Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?	Yes No
Q61	Is this because of any medical, behavioral or other health condition?	Yes No
Q62	Is this a condition that has lasted or is expected to last for at least 12 months?	Yes No
Above-Average Use or Need for Medical, Mental Health or Education Services		Response Choices
Q63	Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age?	Yes No
Q64	Is this because of any medical, behavioral or other health condition?	Yes No
Q65	Is this a condition that has lasted or is expected to last for at least 12 months?	Yes No
Functional Limitations Compared With Others of Same Age		Response Choices
Q66	Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?	Yes No
Q67	Is this because of any medical, behavioral or other health condition?	Yes No
Q68	Is this a condition that has lasted or is expected to last for at least 12 months?	Yes No
Use of or Need for Specialized Therapies		Response Choices
Q69	Does your child need or get special therapy, such as physical, occupational or speech therapy?	Yes No
Q70	Is this because of any medical, behavioral or other health condition?	Yes No
Q71	Is this a condition that has lasted or is expected to last for at least 12 months?	Yes No
Treatment or Counseling for Emotional or Developmental Problems		Response Choices
Q72	Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling?	Yes No
Q73	Has this problem lasted or is it expected to last for at least 12 months?	Yes No