

Report of Results of

UnitedHealthcare of Louisiana, Inc.

2013 HEDIS®/CAHPS® Health Plan Survey

Child Medicaid with CCC Measure Version

for Medicaid Members Enrolled as of December 31, 2012

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ABOUT THIS REPORT

The features of this 2013 HEDIS/CAHPS report, prepared by the Center for the Study of Services (CSS) for UnitedHealthcare of Louisiana, Inc., hereafter referred to as UnitedHealthcare Community Plan of Louisiana, are highlighted below.

- In 2013, NCQA replaced the CAHPS 4.0H version of the survey instrument with version 5.0H. Wording, response choices, placement, and numbering of several questions were revised, and four new questions were introduced. Some of these revisions had significant implications for scoring, trending, and public reporting of survey results.
- All results were calculated by CSS following the NCQA guidelines published in *HEDIS 2013, Volume 3: Specifications for Survey Measures*. Any result shown in this report that does not meet the NCQA reporting threshold of 100 valid responses is denoted with “NA”.
- In the report, 2013 UnitedHealthcare Community Plan of Louisiana results are compared the 2012 NCQA Adult Medicaid National Average for All Lines of Business (LOBs). This national average is made up of Child Medicaid plans that submitted data to Quality Compass[®] in 2012.
- The *Summary of Survey Results* section provides an overview of the plan’s performance on key survey measures. The *Summary* includes the plan’s current-year results (including question summary rates (QSRs), global proportions, means, and NCQA Accreditation percentiles) as well as by each Geographic Service Area (GSA) and for the Title XXI population. Because 2012 was the inception year for the health plan, the 2013 CAHPS scores are baseline data. Year over year trends are not available yet for the health plan.
- The *Scoring for NCQA Accreditation* section reports the plan’s mean scores, which form the basis for NCQA Accreditation scoring. The plan’s 2013 Accreditation percentile is provided for all measures that meet the NCQA reporting threshold of 100 valid responses. This section of the report is limited to the measures that are scored for NCQA Accreditation.
- An *Analysis of Member Characteristics* is included in the report.
- *Key Driver Analysis* identifies the areas or dimensions of health plan performance that are closely related to the overall rating of the plan. The CSS Key Driver Model quantifies the contribution of each performance area to the overall rating. UnitedHealthcare Community Plan of Louisiana results on each performance dimension are compared to the best score among all child Medicaid plans surveyed by CSS in 2013, yielding a measure of available room for improvement in each area. The result is then weighted by the area’s contribution to the overall Rating of Health Plan score. Opportunities for improvement are prioritized based on the expected impact on the overall score resulting from improved performance in each area.
- The *Appendix* includes copies of survey materials as well as step-by-step guidelines for calculating composite and rating mean scores and global proportions.

HEDIS/CAHPS 5.0H HEALTH PLAN SURVEY

BACKGROUND

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

The National Committee for Quality Assurance (NCQA) uses the Health Plan CAHPS survey in its Health Plan Accreditation Program as part of the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS measures health plan performance on important dimensions of care and service and is designed to provide purchasers and consumers with the information they need to reliably compare the performance of health care plans. For health plans seeking NCQA Accreditation, the Health Plan CAHPS survey represents the member satisfaction component of the HEDIS measurement set. The survey measures member *Satisfaction with the Experience of Care* and gives a general indication of how well the health plan meets members' expectations. Sample members are asked to rate various aspects of the health plan based on their experience with the plan during the previous six months. UnitedHealthcare Community Plan of Louisiana utilized the most recent version of CAHPS for 2013, version 5.0H.

SURVEY ADMINISTRATION PROTOCOL

CSS administered the Child Medicaid with CCC Measure version of the 2013 HEDIS/CAHPS Health Plan Survey on behalf of UnitedHealthcare Community Plan of Louisiana in accordance with the NCQA sampling and data collection protocols detailed in *HEDIS 2013, Volume 3: Specifications for Survey Measures* and *Quality Assurance Plan for HEDIS 2013 Survey Measures*.

Health plans administering the survey may choose between a mail-only methodology and a mixed (mail with telephone follow-up) methodology. UnitedHealthcare Community Plan of Louisiana opted for the mixed methodology. The standard data collection protocol consisted of the following milestones:

- An initial questionnaire with cover letter, which was mailed on February 14;
- An initial reminder/thank-you postcard, which was mailed on February 20;
- A replacement questionnaire with cover letter, which was mailed on March 21;
- An additional reminder/thank-you postcard, which was mailed on March 26; and
- A telephone follow-up phase targeting non-respondents, with up to three telephone follow-up attempts spaced at different times of the day and on different days of the week, which started on April 10.

Data collection closed on May 6, 2013. Data for the plan was submitted to NCQA on May 31, 2013.

SURVEY MATERIALS

The complete set of survey materials used for UnitedHealthcare Community Plan of Louisiana was provided to DHH for approval prior to survey implementation. CSS designed survey materials for UnitedHealthcare Community Plan of Louisiana following the NCQA specifications detailed in *HEDIS 2013, Volume 3: Specifications for Survey Measures and Quality Assurance Plan for HEDIS 2013 Survey Measures*. All of the elements of the survey package, including the questionnaire, cover letters, postcards, and envelopes, were approved by NCQA and the Louisiana Department of Health and Hospitals (DHH) prior to the initial mailing. The name and logo of the plan appeared on all of the mailing materials. The mail survey included the UHC standard supplemental question set. None of these supplemental questions were asked on the phone. In addition to English, the health plan gave respondents the option to complete the survey in Spanish using a telephone request line.

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

SAMPLE SELECTION

Following the NCQA sampling protocol, CSS selected a random sample from the complete list of eligible members provided by UnitedHealthcare Community Plan of Louisiana. Eligible members were defined as plan members who were 17 years old or younger as of December 31, 2012; were currently enrolled; had been continuously enrolled for six months (with no more than one enrollment break of 45 days or less); and whose primary coverage was through Medicaid.

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

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

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

Plans that were unable to identify disenrollees prior to December 31, 2012, were required to increase their sample size by a factor sufficient to compensate for members expected to have left the plan by the time the survey was fielded. Plans could also choose to oversample to receive more completed surveys. In March 2013, plans that elected to oversample sent a file to CSS identifying those members who had left the plan by the start of survey fielding. Members identified as disenrolled were coded as ineligible notwithstanding any survey responses received.

The NCQA-prescribed sample size for health plans administering the Child Medicaid with CCC Measure version of the survey was 1,650 members from the general child Medicaid population and 1,840 members from the CCC population for a total of 3,490 members. UnitedHealthcare Community Plan of Louisiana chose to oversample by 40 percent. Therefore, the final survey sample for UnitedHealthcare Community Plan of Louisiana included 2,310 members from the general child Medicaid population and 2,576 members from the CCC population for a total of 4,886 members.

DATA CAPTURE

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

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

MEMBER DISPOSITIONS AND RESPONSE RATE

Of the UnitedHealthcare Community Plan of Louisiana sample members meeting final eligibility criteria, 478 completed the survey, resulting in the NCQA response rate of 20.69 percent. Additional detail performed by Geographic Service Area on sample member dispositions is provided in Exhibit 1.

**EXHIBIT 1. 2013 UNITEDHEALTHCARE COMMUNITY PLAN OF LOUISIANA CHILD MEDICAID WITH CCC MEASURE CAHPS
SURVEY: SAMPLE MEMBER DISPOSITIONS AND RESPONSE RATES**

Disposition	Geographic Service Area (GSA)			2013 Total Plan
	GSA A	GSA B	GSA C	
Ineligible				
Did not meet eligible population criteria	1	3	2	6
Deceased	1	0	0	1
Language barrier	5	12	4	21
Mentally or physically incapacitated	0	0	0	0
Total ineligible	7	15	6	28
Total % ineligible	1.04%	1.59%	.86%	1.21%
Unreturned Surveys/Refusals				
Non-respondents after maximum attempts	433	637	454	1,524
Refused to answer the survey	28	32	29	89
Unable to contact	63	74	54	191
Total respondents	524	743	537	1,804
Total % non-respondents	78.20%	78.79%	77.04%	78.09%
Eligible Returns				
Initial Sample	670	943	697	2,310
Completed Surveys	139	185	154	478 (109 Title XXI)
NCQA Response Rate*	20.97%	19.94%	22.29%	20.95%

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

ANALYSIS OF MEMBER CHARACTERISTICS

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

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

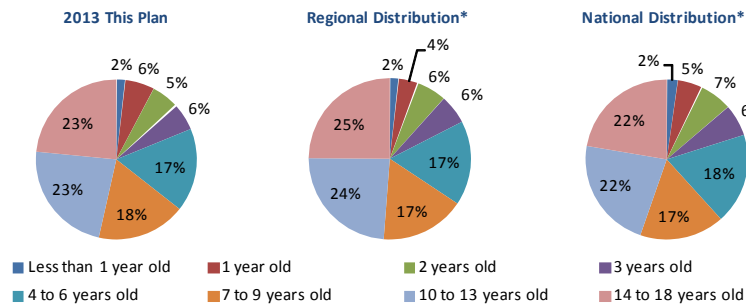
The charts on the following pages compare the plan's membership to the relevant regional and national distributions on demographic characteristics and utilization patterns. The pie charts in the upper half of each panel contrast the distribution of the UnitedHealthcare Community Plan of Louisiana membership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

MEMBER HEALTH STATUS AND DEMOGRAPHICS

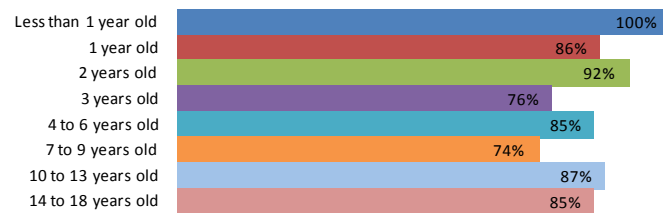
The following characteristics are profiled in this section:

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

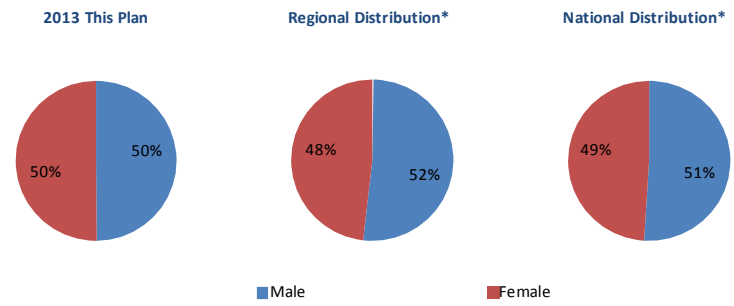
Q74. What is your child's age?



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



Q75. Is your child male or female?



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



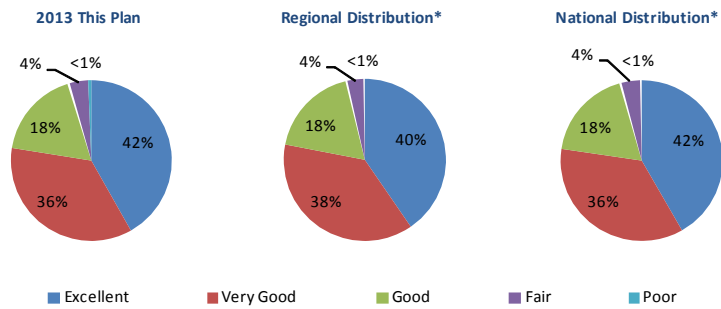
Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small.

12470

* Regional Distribution represents the combined distribution of responses to this question for all plans included in the 2013 UnitedHealthcare Child Medicaid Southeast Region Average. National Distribution represents the combined distribution of responses to this question for all plans included in the 2013 UnitedHealthcare Child Medicaid Average.

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

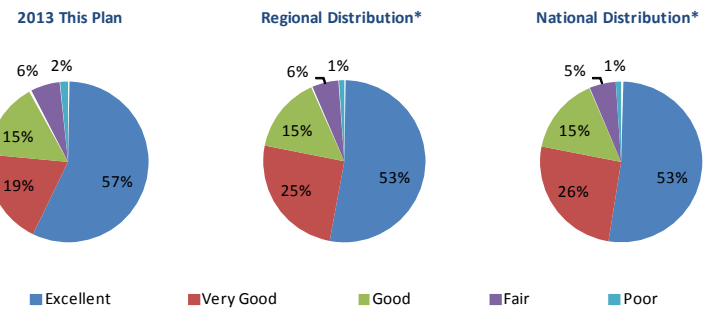
Q58. In general, how would you rate your child's overall health?



Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q58**



Q59. In general, how would you rate your child's overall mental or emotional health?



Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q59**



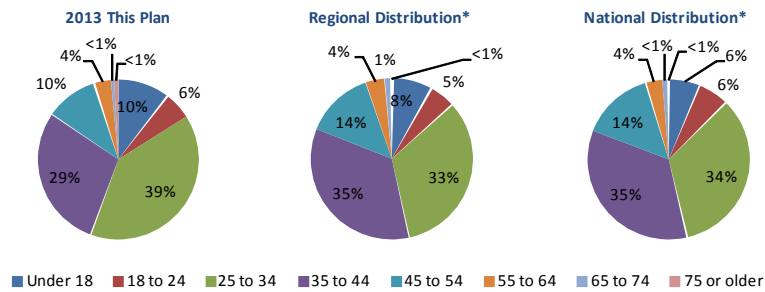
Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small.

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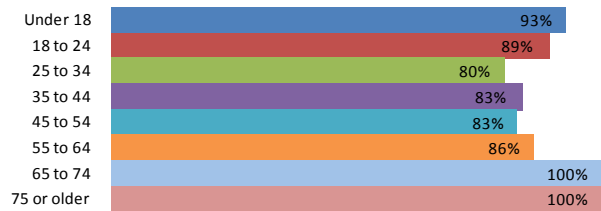
* Regional Distribution represents the combined distribution of responses to this question for all plans included in the 2013 UnitedHealthcare Child Medicaid Southeast Region Average. National Distribution represents the combined distribution of responses to this question for all plans included in the 2013 UnitedHealthcare Child Medicaid Average.

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

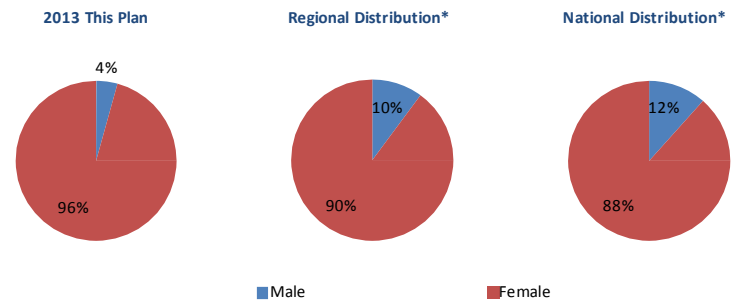
Q78. What is your age?



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



Q79. Are you male or female?



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



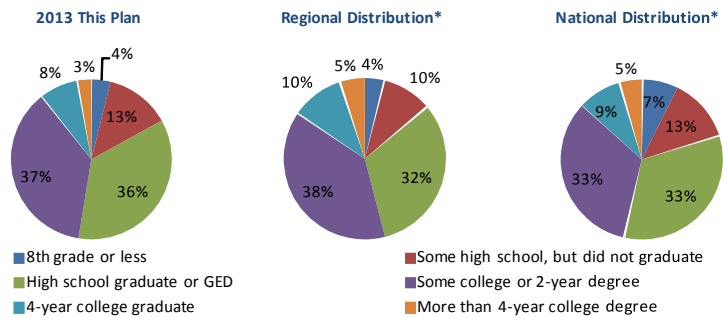
Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small.

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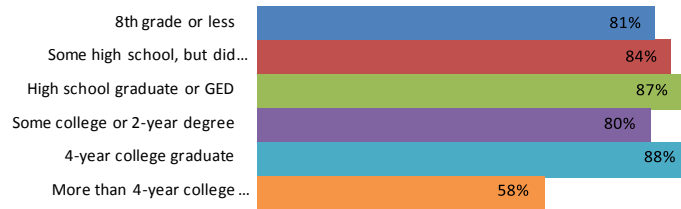
* Regional Distribution represents the combined distribution of responses to this question for all plans included in the 2013 UnitedHealthcare Child Medicaid Southeast Region Average. National Distribution represents the combined distribution of responses to this question for all plans included in the 2013 UnitedHealthcare Child Medicaid Average.

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

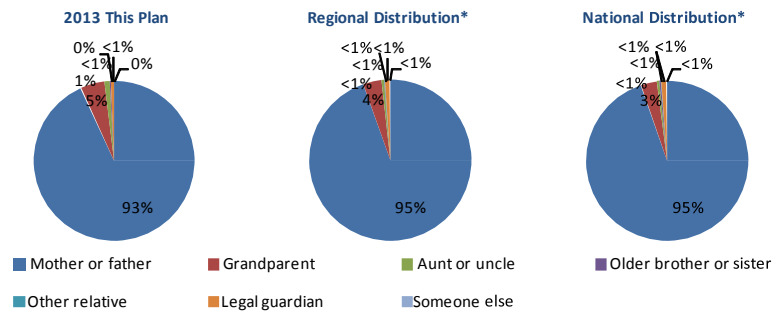
Q80. What is the highest grade or level of school that you have completed?



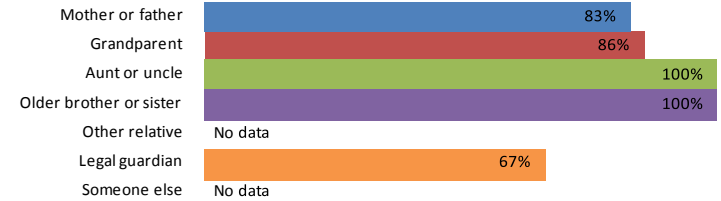
Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q80**



Q81. How are you related to the child?



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

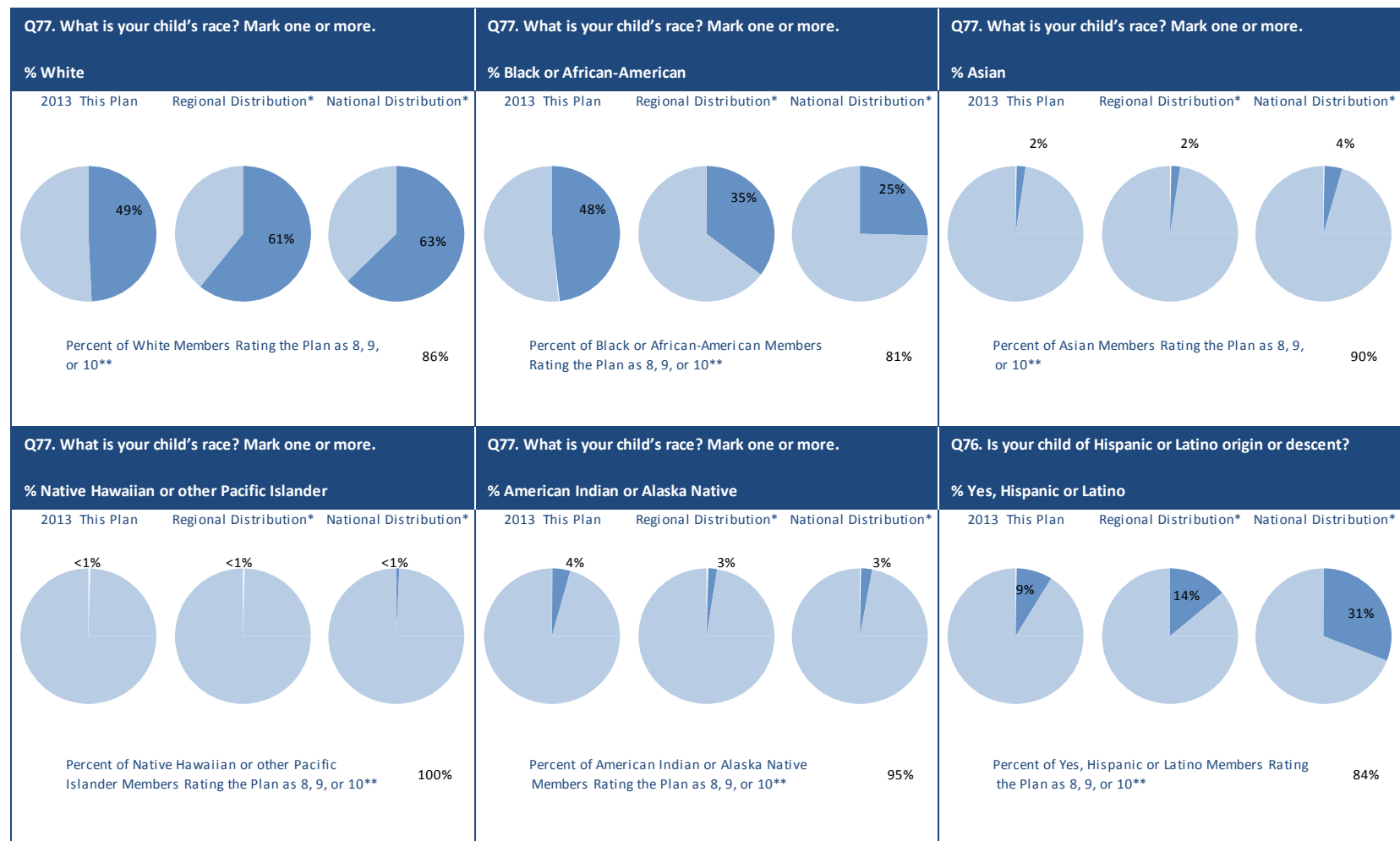


Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small.

12470

* Regional Distribution represents the combined distribution of responses to this question for all plans included in the 2013 UnitedHealthcare Child Medicaid Southeast Region Average. National Distribution represents the combined distribution of responses to this question for all plans included in the 2013 UnitedHealthcare Child Medicaid Average.

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



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

12470

* Regional Distribution represents the combined distribution of responses to this question for all plans included in the 2013 UnitedHealthcare Child Medicaid Southeast Region Average. National Distribution represents the combined distribution of responses to this question for all plans included in the 2013 UnitedHealthcare Child Medicaid Average.

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

SATISFACTION WITH THE EXPERIENCE OF CARE DOMAIN

MEASURES

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

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

The results for eight **composite measures** are also reported. Composite measures combine results from related survey questions into a single measure to summarize health plan performance in the areas listed below. The following composites are reported for the general child Medicaid population:

- **Getting Needed Care** combines responses to two survey questions that address member access to care:
 - *In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?*
 - *In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?*
- **Getting Care Quickly** combines responses to two survey questions that address timely access to both urgent and routine care:
 - *In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?*
 - *In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?*
- **How Well Doctors Communicate** combines responses to four survey questions that address physician communication:
 - *In the last 6 months, how often did your your child's personal doctor explain things about your child's health in a way that was easy to understand?*
 - *In the last 6 months, how often did your your child's personal doctor listen carefully to you?*
 - *In the last 6 months, how often did your your child's personal doctor show respect for what you had to say?*
 - *In the last 6 months, how often did your your child's personal doctor spend enough time with your child?*

- **Customer Service** combines responses to two survey questions that ask about member experience with the health plan's customer service:
 - *In the last 6 months, how often did customer service staff at your child's health plan give you the information or help you needed?*
 - *In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?*
- **Shared Decision Making** combines responses to three survey questions that deal with decisions regarding prescription medicines:
 - *When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want your child to take a medicine?*
 - *When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want your child to take a medicine?*
 - *When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?*

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

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

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

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

CALCULATION AND REPORTING OF RESULTS

QUESTION SUMMARY RATES AND COMPOSITE GLOBAL PROPORTIONS

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

- Rating questions use a 0 to 10 scale with 10 being the most favorable response. Results are reported as the proportion of members selecting one of the top three responses (8, 9, or 10).
- Most survey items use a *Never, Sometimes, Usually, or Always* scale, with *Always* being the most favorable response. Results are reported as the proportion of members selecting *Usually* or *Always*.
- Two of the *Shared Decision Making* composite items use a *Not at all, A little, Some, or A lot* response scale, while the remaining item is on the *Yes* or *No* scale. Results are reported as the proportion of members selecting *A lot* or *Yes*.
- *Health Promotion and Education* uses a *Yes* or *No* scale, with *Yes* being the desired response. Results are reported as the proportion of members selecting *Yes*.
- Items contributing to CCC composites *Personal Doctor Who Knows Child* and *Coordination of Care for Children with Chronic Conditions* use a *Yes* or *No* scale, with *Yes* being the most favorable response. Results are reported as the proportion of members selecting *Yes*.

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

- Unless indicated otherwise, composite results are reported as *Usually* or *Always* global proportions.
- For *Shared Decision Making*, the proportion of *A lot/Yes* is reported.
- For two of the three CCC composites (*Personal Doctor Who Knows Child* and *Coordination of Care for Children with Chronic Conditions*), the proportion of *Yes* is reported.
- In addition to the QSRs and global proportions, CSS calculated rating and composite means on a 3-point scale.

Throughout the report, all question summary rates and composite global proportions are rounded to two decimal places for display purposes (e.g., 0.23456 is displayed as 23.46%). However, all calculations involving rates and proportions, including statistical significance testing, are carried out prior to rounding. For more details on the calculations please refer to *HEDIS 2013, Volume 3: Specifications for Survey Measures*.

NCQA MINIMUM DENOMINATOR SIZE

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

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

In the report, the 2013 UnitedHealthcare Community Plan of Louisiana question summary rates and composite global proportions are compared to the 2012 NCQA Child Medicaid National Average (All LOBs). When separate surveys were administered for populations within a plan, responses were weighted proportionally to the plan's enrollment size and number of responses received for average calculation. The 2012 NCQA Child Medicaid National Average (All LOBs) is made up of Child Medicaid plans that submitted data to Quality Compass in 2012. There are no prior year or trend health plan data to compare to CAHPS 2013.

SUMMARY OF SURVEY RESULTS

Exhibit 2 provides an overview of the 2013 UnitedHealthcare Community Plan of Louisiana results on key survey measures. These include overall ratings, composite global proportions, and QSRs for additional content areas. The outcomes highlighted in light grey indicate that a result is not reportable by NCQA due to insufficient denominator (less than 100 responses). In such cases, CSS calculates measure results only for internal plan reporting.

EXHIBIT 2. 2013 UNITEDHEALTHCARE COMMUNITY PLAN OF LOUISIANA CHILD MEDICAID WITH CCC MEASURE CAHPS SURVEY:
SUMMARY OF RESULTS ON KEY MEASURES

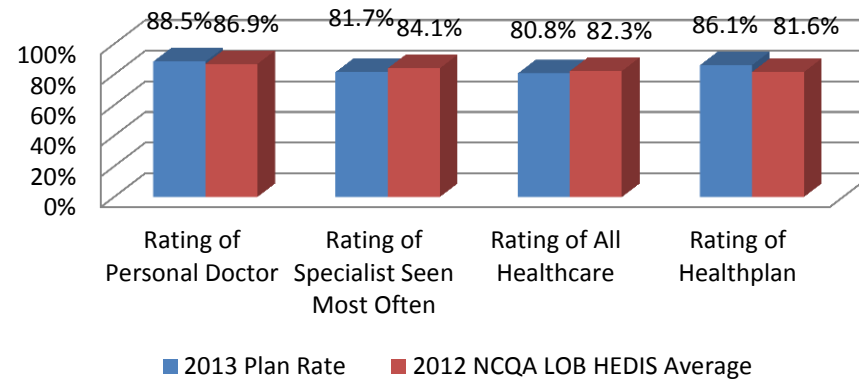
CAHPS 5.0H Survey Results*	2013 Plan Rate	2013 Title XXI Rate	2012 NCQA LOB HEDIS Average	Geographic Service Areas			2013 NCQA Accreditation Scoring	
				GSA A	GSA B	GSA C	Mean	Percentile for Accreditation
Ratings (General Population)								
Rating of Personal Doctor	88.46%	86.05%	86.91%	86.73%	90.16%	87.5%	2.6649	90 th
Rating of Specialist Seen Most Often	81.66%	80.00%	84.06%	84.31%	81.25%	79.63%	2.6404	90 th
Rating of All Healthcare	80.81%	78.89%	82.30%	75.00%	85.79%	78.83%	2.5796	90 th
Rating of Healthplan	86.09%	84.21%	81.60%	84.75%	88.32%	84.06%	2.6037	75 th
Composite Measures (General Population)								
Getting Needed Care	89.66%	92.16%	80.80%	86.22%	90.35%	91.80%	2.6093	90 th
Getting Care Quickly	92.19%	89.40%	90.28%	88.24%	92.45%	95.28%	2.6706	90 th
How Well Doctors Communicate	94.66%	93.84%	92.84%	95.33%	94.17%	94.81%	2.7697	90 th
Customer Service	88.21%	77.50%	82.15%	92.86%	90.43%	82.34%	2.5511	75 th
Shared Decision Making ***	57.37%	48.72%	Does not trend	52.04%	56.04%	63.49%	2.2784	Not Scored
Additional Content Areas (General Population)								
Health Promotion and Education ***	73.70%	67.78%	Does not trend	78.07%	71.73%	72.79%	2.4736	Not Scored
Coordination of Care	78.79%	80.00%	79.65%	77.78%	75.32%	84.48%	2.4774	Not Scored
Children with Chronic Conditions Measures (CCC Population)								
Access to Prescription Medicines	91.13%	92.63%	90.49%	87.6%	93.33%	91.11%	2.6651	Not Scored
Access to Specialized Services	75.81%	76.82%	76.46%	79.66%	79.22%	68.47%	2.3479	Not Scored
Getting Needed Information	92.34%	95.74%	89.72%	93.1%	92.71%	91.18%	2.7162	Not Scored
Personal Doctor Who Knows Child	89.77%	88.90%	89.15%	88.38%	89.00%	92.06%	Not Calculated	Not Scored
Coordination of Care for Children with Chronic Conditions	77.67%	77.78%	78.82%	83.46%	75.94%	74.72%	Not Calculated	Not Scored

* Results were calculated by CSS following NCQA specifications. At least 100 valid responses must be collected for a measure to be reportable by NCQA.

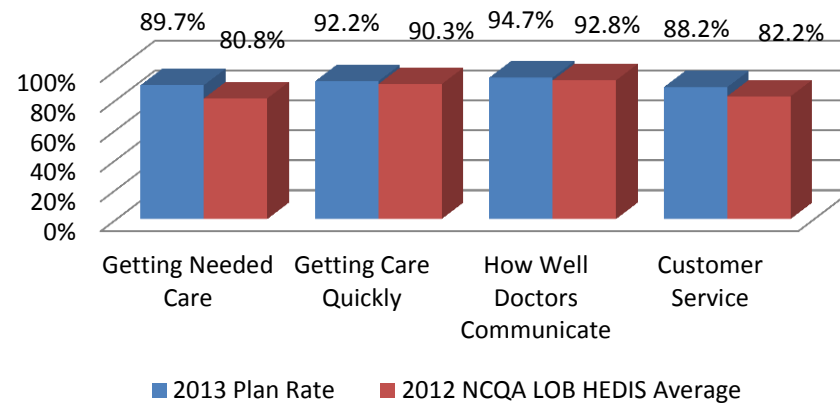
***Health Promotion & Education and Shared Decision Making measures were revised on the 2013 CAHPS 5.0H instrument. Scores do not trend to previous years.

OVERALL HEALTHPLAN PERFORMANCE

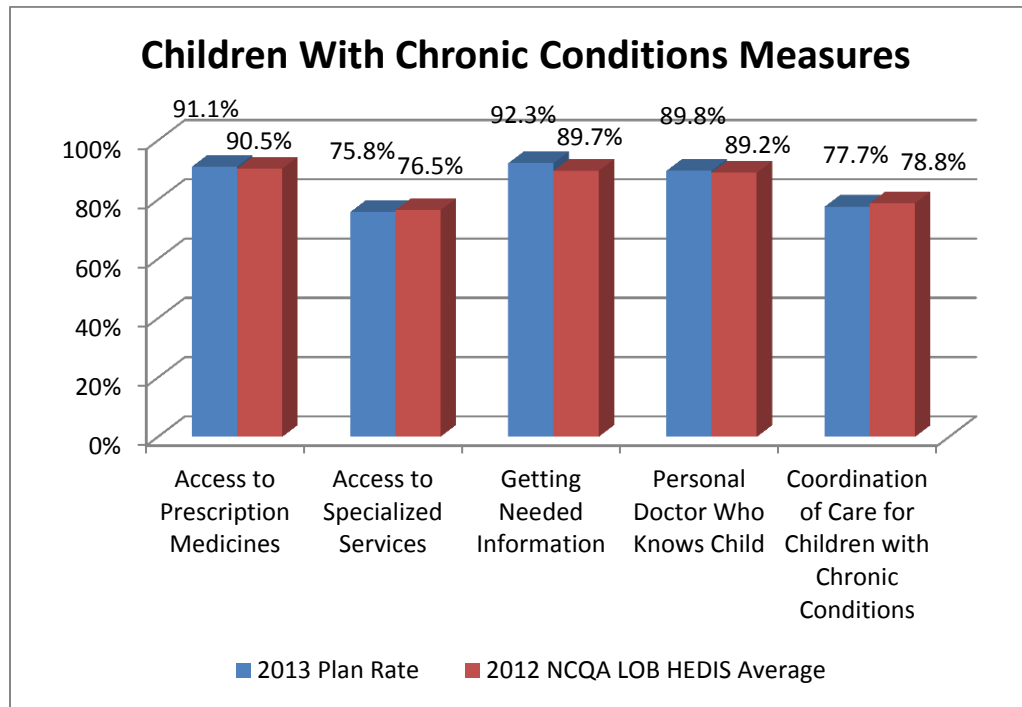
Ratings: General Population



Composite Measures: General Population



Overall, the health plan performed well on the CAHPS 2013 survey, scoring above the NCQA average on six of the eight key measures, including Overall Rating of the Health Plan. On the Children with Chronic Conditions Measures, the health plan scored above the NCQA average on three of the five key measures.



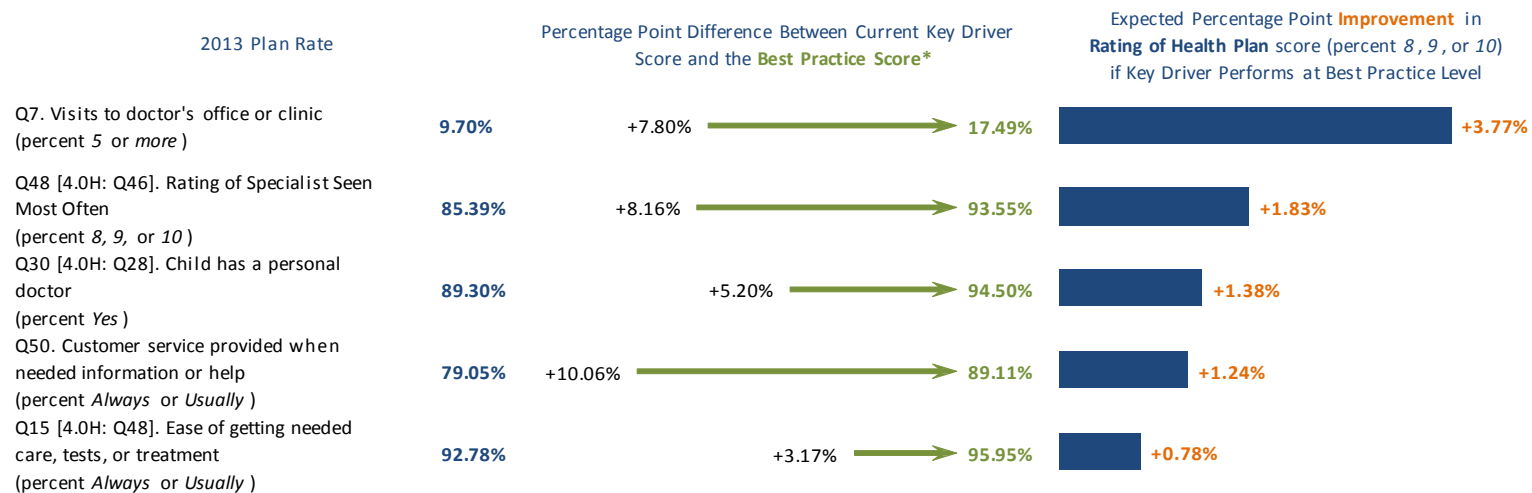
OPPORTUNITIES FOR PLAN QUALITY IMPROVEMENT

Exhibit 3 lists opportunities and priorities for improvement identified specifically for UnitedHealthcare Community Plan of Louisiana. This prioritization scheme takes into account both the key driver strength in the broad industry context and the plan's current performance on each measure.

The middle panel of the chart compares the plan's current performance to the *best practice* score on each key driver. CSS defined the best practice score as the best score among all child Medicaid plans surveyed by CSS in 2013. Room for improvement, represented by the green arrow segments on the chart, is the difference between the 2013 UnitedHealthcare Community Plan of Louisiana score and the best practice score.

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

EXHIBIT 3. 2013 UNITEDHEALTHCARE COMMUNITY PLAN OF LOUISIANA CHILD MEDICAID WITH CCC MEASURE CAHPS SURVEY: KEY AREAS AND PRIORITIES FOR IMPROVEMENT



Improvement Strategies

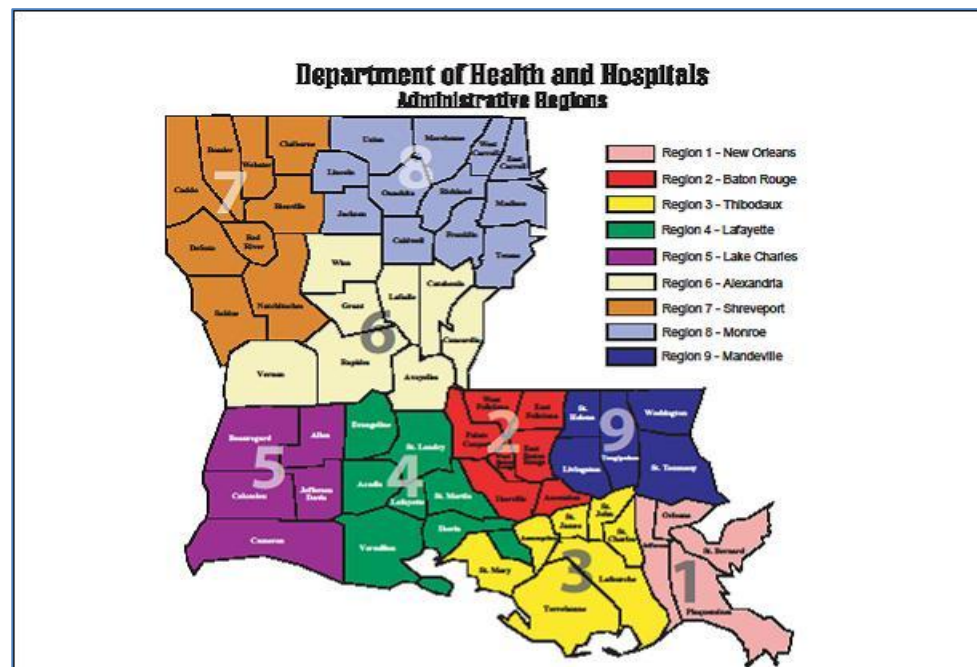
We are committed to quality improvement that adds value to our members, our community, and our health plan. We continuously measure and evaluate our performance in delivering quality care to our community. Using the key drivers of overall health plan rating improvements shown in Exhibit 3, the health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

Composite/Rating Measure	Barrier	Improvement Strategy
➤ Rating of specialist seen most often	<ul style="list-style-type: none"> The health plan only contracts with primary care physicians and uses the State Medicaid network for specialists. The member is not connected to a medical home. 	<ul style="list-style-type: none"> Continue to provide thought leadership to the State on reimbursement policy and strategies with respect to specialists. Continue patient centered medical home initiatives.
➤ Customer Service Provided Needed Information/Help	<ul style="list-style-type: none"> Call center does not always have access to the most current eligibility data. A member will call, but the data that the call center sees does not show the member as eligible yet. Lack of specialists is a key driver of member complaints. 	<ul style="list-style-type: none"> Form a workgroup to look at the timing and loading of the eligibility file. Further analyze the member surveys that members take at the end of calls to the call center to identify potential additional drivers of member dissatisfaction. Engage in improvement strategy outlined under “Rating of specialist seen most often” measure in the line above.
➤ Does your child have a personal doctor?	<ul style="list-style-type: none"> The member is not connected to a medical home. The member does not know who his/her assigned primary care provider is. The member is not aware of the need to seek out preventative care. 	<ul style="list-style-type: none"> Continue patient centered medical home initiatives. Engage in member engagement strategies that involve collaboration with the providers (e.g., co-branded letter and call initiatives, clinic days). Consult with the Member Advisory Council(s) to identify barriers to seeking out preventative care.

Geographic Service Area (GSA) Performance

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

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



GSA Survey Question Analysis

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

Composite/Rating Measure	Differences					Analysis
<p>➤ Rating of All Healthcare</p> <p>Question 14: Using any number from 0-10, where 0 is the worst health care possible and 10 is the best healthcare possible, what number would you use to rate all your child's healthcare in the last 6 months?</p>	Response	2013 Overall (443)	GSA A (116)	GSA B (190)	GSA C (137)	<p>There is a statistically significant difference in member perception of all healthcare. Members in GSA-B are more satisfied with their healthcare than in the other two GSAs. The lower availability of specialists in GSA A and GSA C versus GSA B may account for this and be addressed by the global intervention strategies outlined already. GSA A may have also been impacted by the learning curve experienced during implementation because that area was implemented first.</p>
	8 to 10	80.81% (358)	75.00% (87)	85.79% (163)	78.83% (108)	
<p>➤ Rating of Child's Overall Health</p> <p>Question 73: In general, how would you rate your child's overall health?</p>	Response	2013 Overall (508)	GSA A (130)	GSA B (221)	GSA C (157)	<p>There is a statistically significant difference between the rating of child's overall health between GSA A and GSA C. There is no statistically significant difference between GSA B and either GSA A or GSA C. This perception may be a function of access to healthcare in general. The improvement strategy will be to address reasons for differences in the Member Advisory Council meetings.</p>
	Poor	1.57% (8)	3.08% (4)	0.45% (1)	1.91% (3)	
	Fair	10.04% (51)	10.00% (13)	10.41% (23)	9.55% (15)	
	Good	32.28% (164)	26.92% (35)	33.94% (75)	34.39% (54)	
	Very Good	33.86% (172)	32.31% (42)	32.58% (72)	36.94% (58)	
	Excellent	22.24% (113)	27.69% (36)	22.62% (50)	17.20% (27)	

Composite/Rating Measure	Differences					Analysis										
<p>➤ Usage of Services</p> <p>Question 63: Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?</p>	<table><tr><th>Response</th><th>2013 Overall (503)</th><th>GSA A (130)</th><th>GSA B (216)</th><th>GSA C (157)</th></tr><tr><td>Yes</td><td>48.51% (244)</td><td>54.62% (71)</td><td>43.06% (93)</td><td>50.96% (80)</td></tr></table>					Response	2013 Overall (503)	GSA A (130)	GSA B (216)	GSA C (157)	Yes	48.51% (244)	54.62% (71)	43.06% (93)	50.96% (80)	There is a statistically significant difference in the perception of service usage in GSA A over GSA B. More analysis is needed to understand why this is the case.
Response	2013 Overall (503)	GSA A (130)	GSA B (216)	GSA C (157)												
Yes	48.51% (244)	54.62% (71)	43.06% (93)	50.96% (80)												
<p>➤ Usage of PT/OT/ST</p> <p>Question 69: Does your child need or get special therapy such as physical, occupational, or speech therapy?</p>	<table><tr><th>Response</th><th>2013 Overall (503)</th><th>GSA A (130)</th><th>GSA B (216)</th><th>GSA C (157)</th></tr><tr><td>Yes</td><td>20.99% (106)</td><td>26.15% (34)</td><td>16.13% (35)</td><td>23.42% (37)</td></tr></table>					Response	2013 Overall (503)	GSA A (130)	GSA B (216)	GSA C (157)	Yes	20.99% (106)	26.15% (34)	16.13% (35)	23.42% (37)	There is a statistically significant difference in the perception of service usage in GSA A over GSA B. This correlates with the response to Question 63 about services in general.
Response	2013 Overall (503)	GSA A (130)	GSA B (216)	GSA C (157)												
Yes	20.99% (106)	26.15% (34)	16.13% (35)	23.42% (37)												
<p>➤ Usage of Behavioral Health</p> <p>Question 72: Does your child have any kind of emotional, developmental, or behavioral problem for which he or she gets treatment or counseling?</p>	<table><tr><th>Response</th><th>2013 Overall (503)</th><th>GSA A (130)</th><th>GSA B (216)</th><th>GSA C (157)</th></tr><tr><td>Yes</td><td>49.50% (246)</td><td>52.76% (67)</td><td>42.33% (91)</td><td>56.77% (88)</td></tr></table>					Response	2013 Overall (503)	GSA A (130)	GSA B (216)	GSA C (157)	Yes	49.50% (246)	52.76% (67)	42.33% (91)	56.77% (88)	GSA C had statistically significant higher reporting of children being treated for emotional, developmental, or behavioral problems than GSA B. More analysis is needed to understand why this is the case.
Response	2013 Overall (503)	GSA A (130)	GSA B (216)	GSA C (157)												
Yes	49.50% (246)	52.76% (67)	42.33% (91)	56.77% (88)												

Conclusion

The CAHPS survey was originally developed to meet the consumer's need for a member perspective on the healthcare experience. This survey was quickly found to be an important tool in the quality process for healthplan on the strengths and weakness of the plan based on member surveys. This information is used to determine needs for improvement as well as commend areas of excellence.

From the results of the CAHPS scores it is evident that UnitedHealthcare has successfully implemented the managed care program in the State of Louisiana from the members' perspective. UnitedHealthcare has effectively implemented the managed care program with substantive engagement of providers and members, commitment to excellence in the healthcare experience, and commitment to the state of Louisiana to provide a fiscally responsible healthplan while providing the best care possible.

APPENDIX

SURVEY MATERIALS

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



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Herndon, VA 20172-9904

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UCP3LA_1

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

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

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

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

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

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

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

Si quieres que CSS le envíe un cuestionario en español, por favor llámenos al 1-800-874-5561. Dígale al operador su nombre, su número de teléfono, su dirección y su código postal.

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

Sincerely,

A handwritten signature in black ink that reads 'AK Logarbo, MD'. The signature is written in a cursive style with a large, looped 'O' at the end.

Ann Kay Logarbo, MD
Chief Medical Officer



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

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

Thanks again for your help!

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

Si quieres que CSS le envíe un cuestionario en español, por favor llámenos al 1-800-874-5561. Dígale al operador su nombre, su número de teléfono, su dirección y su código postal.

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UCP3LA



UCP3LA_3

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

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

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

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

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

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

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

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

Sincerely,

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

Ann Kay Logarbo, MD
Chief Medical Officer

NCQA CALCULATION GUIDELINES FOR RATING AND COMPOSITE MEANS AND GLOBAL PROPORTIONS

NCQA's *HEDIS 2013, Volume 3: Specifications for Survey Measures* contains detailed guidelines for calculation of survey results. These guidelines include:

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

COMPOSITE AND RATING MEAN SCORES

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

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

Step 1

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

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

Step 2

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

Step 3 (Composite Measures Only)

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

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

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

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

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

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

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

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

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

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

COMPOSITE GLOBAL PROPORTIONS

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

Step 1

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

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

Step 2

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

Step 3

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

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

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

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

Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- ☒₁ Yes → *If Yes, Go to Question 1*
☐₂ No

Your privacy is protected. All information that would let someone identify you or your family will be kept private. The Center for the Study of Services will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a number on the cover of this survey. This number is **ONLY** used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-800-874-5561.

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child is now in UnitedHealthcare Community Plan. Is that right?
☐₁ Yes → *If Yes, Go to Question 3*
☐₂ No
2. What is the name of your child's health plan? *(Please print)*

Your Child's Health Care in the Last 6 Months

These questions ask about your child's health care. Do **not** include care your child got when he or she stayed overnight in a hospital. Do **not** include the times your child went for dental care visits.

3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
☐₁ Yes
☐₂ No → *If No, Go to Question 5*
4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
Never Sometimes Usually Always
☐₁ ☐₂ ☐₃ ☐₄

5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?
☐₁ Yes
☐₂ No → *If No, Go to Question 7*
6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?
Never Sometimes Usually Always
☐₁ ☐₂ ☐₃ ☐₄
7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?
☐₀ None → *If None, Go to Question 16*
☐₁ 1 time
☐₂ 2
☐₃ 3
☐₄ 4
☐₅ 5 to 9
☐₆ 10 or more times
8. 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?
☐₁ Yes
☐₂ No
9. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?
Never Sometimes Usually Always
☐₁ ☐₂ ☐₃ ☐₄

10. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?
- ☐₁ Yes
☐₂ No → **If No, Go to Question 14**
11. 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 Some A lot
☐₁ ☐₂ ☐₃ ☐₄
12. 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?
- Not at all A little Some A lot
☐₁ ☐₂ ☐₃ ☐₄
13. 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?
- ☐₁ Yes
☐₂ No
14. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?
- 0 1 2 3 4 5 6 7 8 9 10
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Worst health care Best health care
possible possible
15. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
- Never Sometimes Usually Always
☐₁ ☐₂ ☐₃ ☐₄
16. Is your child now enrolled in any kind of school or daycare?
- ☐₁ Yes
☐₂ No → **If No, Go to Question 19**
17. In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?
- ☐₁ Yes
☐₂ No → **If No, Go to Question 19**
18. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?
- ☐₁ Yes
☐₂ No

Specialized Services

19. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?
- ☐₁ Yes
☐₂ No → **If No, Go to Question 22**
20. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?
- Never Sometimes Usually Always
☐₁ ☐₂ ☐₃ ☐₄
21. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?
- ☐₁ Yes
☐₂ No
22. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?
- ☐₁ Yes
☐₂ No → **If No, Go to Question 25**
23. In the last 6 months, how often was it easy to get this therapy for your child?
- Never Sometimes Usually Always
☐₁ ☐₂ ☐₃ ☐₄
24. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?
- ☐₁ Yes
☐₂ No
25. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?
- ☐₁ Yes
☐₂ No → **If No, Go to Question 28**
26. In the last 6 months, how often was it easy to get this treatment or counseling for your child?
- Never Sometimes Usually Always
☐₁ ☐₂ ☐₃ ☐₄
27. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?
- ☐₁ Yes
☐₂ No
28. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?
- ☐₁ Yes
☐₂ No → **If No, Go to Question 30**

29. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?

☐₁ Yes
☐₂ No

Your Child's Personal Doctor

30. A personal doctor is the one your child would see if he or she needs a check-up, has a health problem, or gets sick or hurt. Does your child have a personal doctor?

☐₁ Yes
☐₂ No → **If No, Go to Question 45**

31. In the last 6 months, how many times did your child visit his or her personal doctor for care?

☐₀ None → **If None, Go to Question 41**
☐₁ 1 time
☐₂ 2
☐₃ 3
☐₄ 4
☐₅ 5 to 9
☐₆ 10 or more times

32. 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 Usually Always
☐₁ ☐₂ ☐₃ ☐₄

33. In the last 6 months, how often did your child's personal doctor listen carefully to you?

Never Sometimes Usually Always
☐₁ ☐₂ ☐₃ ☐₄

34. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

Never Sometimes Usually Always
☐₁ ☐₂ ☐₃ ☐₄

35. Is your child able to talk with doctors about his or her health care?

☐₁ Yes
☐₂ No → **If No, Go to Question 37**

36. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?

Never Sometimes Usually Always
☐₁ ☐₂ ☐₃ ☐₄

37. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

Never Sometimes Usually Always
☐₁ ☐₂ ☐₃ ☐₄

38. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

☐₁ Yes
☐₂ No

39. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

☐₁ Yes
☐₂ No → **If No, Go to Question 41**

40. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

Never Sometimes Usually Always
☐₁ ☐₂ ☐₃ ☐₄

41. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worst personal doctor possible					Best personal doctor possible					

- 41a. In the last 6 months, did you call a doctor's office or clinic after hours to get help for your child?

☐₁ Yes
☐₂ No → **If No, Go to Question 41c**

- 41b. In the last 6 months, when you called a doctor's office or clinic after hours, how often did you get the help you wanted for your child?

Never Sometimes Usually Always
☐₁ ☐₂ ☐₃ ☐₄

- 41c. In the last 6 months, was it hard to find a personal doctor for your child who speaks your language?

Never Sometimes Usually Always
☐₁ ☐₂ ☐₃ ☐₄

- 41d. In the last 6 months, was it hard to find a personal doctor for your child who knows your culture?

Never Sometimes Usually Always
☐₁ ☐₂ ☐₃ ☐₄

42. Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?

☐₁ Yes
☐₂ No → **If No, Go to Question 45**

43. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?

☐₁ Yes
☐₂ No

44. Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life?

☐₁ Yes
☐₂ No

Getting Health Care from Specialists

When you answer the next questions, do **not** include dental visits or care your child got when he or she stayed overnight in a hospital.

45. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child to see a specialist?

☐₁ Yes
☐₂ No → **If No, Go to Question 49**

46. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

Never Sometimes Usually Always
☐₁ ☐₂ ☐₃ ☐₄

47. How many specialists has your child seen in the last 6 months?

☐₀ None → **If None, Go to Question 49**
☐₁ 1 specialist
☐₂ 2
☐₃ 3
☐₄ 4
☐₅ 5 or more specialists

48. We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

0 1 2 3 4 5 6 7 8 9 10
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Worst specialist possible Best specialist possible

Your Child's Health Plan

The next questions ask about your experience with your child's health plan.

49. In the last 6 months, did you get information or help from customer service at your child's health plan?

☐₁ Yes
☐₂ No → **If No, Go to Question 52**

50. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

Never Sometimes Usually Always
☐₁ ☐₂ ☐₃ ☐₄

51. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

Never Sometimes Usually Always
☐₁ ☐₂ ☐₃ ☐₄

52. In the last 6 months, did your child's health plan give you any forms to fill out?

☐₁ Yes
☐₂ No → **If No, Go to Question 54**

53. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

Never Sometimes Usually Always
☐₁ ☐₂ ☐₃ ☐₄

54. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

0 1 2 3 4 5 6 7 8 9 10
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Worst health plan possible Best health plan possible

- 54a. Are you able to get on the Internet?

☐₁ Yes
☐₂ No → **If No, Go to Question 54d**

- 54b. In the last 6 months, did you use the health plan website to look up information about a doctor or hospital for your child?

☐₁ Yes
☐₂ No → **If No, Go to Question 54d**

- 54c. In the last 6 months, if the health plan website was not useful in finding a doctor or hospital for your child, what was the problem? (Check all that apply.)

☐_a The print was too small
☐_b The information was hard to understand
☐_c It was hard to find the information I was looking for
☐_d The information was wrong
☐_e It was not in my language
☐_f I did not have a problem

- 54d. How would you rate your overall satisfaction with our products/services?

☐₁ Not at all satisfied
☐₂ Somewhat satisfied
☐₃ Satisfied
☐₄ Very satisfied
☐₅ Extremely satisfied

54e. How likely are you to recommend our services to others?

- ☐₁ Not at all likely
- ☐₂ Somewhat likely
- ☐₃ Likely
- ☐₄ Very likely
- ☐₅ Extremely likely

54f. In the last 6 months, if it was not easy to get the care, tests, or treatment you thought your child needed, what was the main reason for the difficulty?

- ☐₁ I had to wait too long for the health plan to give the OK
- ☐₂ I did not know where to go to get the care, tests, or treatments in network
- ☐₃ I could not find a doctor, lab, or x-ray facility in my network
- ☐₄ I could not find a doctor who was easy to get to
- ☐₅ I could not find a lab or x-ray facility that was easy to get to
- ☐₆ I had to wait too long to get an appointment
- ☐₇ I could not find someone who spoke my language
- ☐₈ Other, personal reason

Prescription Medicines

55. In the last 6 months, did you get or refill any prescription medicines for your child?

- ☐₁ Yes
- ☐₂ No → **If No, Go to Question 58**

56. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Never | Sometimes | Usually | Always |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

57. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

- ☐₁ Yes
- ☐₂ No

About Your Child and You

58. In general, how would you rate your child's overall health?

- ☐₁ Excellent
- ☐₂ Very good
- ☐₃ Good
- ☐₄ Fair
- ☐₅ Poor

59. In general, how would you rate your child's overall mental or emotional health?

- ☐₁ Excellent
- ☐₂ Very good
- ☐₃ Good
- ☐₄ Fair
- ☐₅ Poor

60. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

- ☐₁ Yes
- ☐₂ No → **If No, Go to Question 63**

61. Is this because of any medical, behavioral, or other health condition?

- ☐₁ Yes
- ☐₂ No → **If No, Go to Question 63**

62. Is this a condition that has lasted or is expected to last for at least 12 months?

- ☐₁ Yes
- ☐₂ No

63. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

- ☐₁ Yes
- ☐₂ No → **If No, Go to Question 66**

64. Is this because of any medical, behavioral, or other health condition?

- ☐₁ Yes
- ☐₂ No → **If No, Go to Question 66**

65. Is this a condition that has lasted or is expected to last for at least 12 months?

- ☐₁ Yes
- ☐₂ No

66. 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?

- ☐₁ Yes
- ☐₂ No → **If No, Go to Question 69**

67. Is this because of any medical, behavioral, or other health condition?

- ☐₁ Yes
- ☐₂ No → **If No, Go to Question 69**

68. Is this a condition that has lasted or is expected to last for at least 12 months?

- ☐₁ Yes
- ☐₂ No

69. Does your child need or get special therapy such as physical, occupational, or speech therapy?

- ☐₁ Yes
- ☐₂ No → **If No, Go to Question 72**

70. Is this because of any medical, behavioral, or other health condition?

- ☐₁ Yes
- ☐₂ No → **If No, Go to Question 72**

71. Is this a condition that has lasted or is expected to last for at least 12 months?

- ☐₁ Yes
- ☐₂ No

72. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?

☐₁ Yes

☐₂ No → ***If No, Go to Question 74***

73. Has this problem lasted or is it expected to last for at least 12 months?

☐₁ Yes

☐₂ No

74. What is your child's age?

☐₀₀ Less than 1 year old

_____ YEARS OLD (***write in***)

75. Is your child male or female?

☐₁ Male

☐₂ Female

76. Is your child of Hispanic or Latino origin or descent?

☐₁ Yes, Hispanic or Latino

☐₂ No, not Hispanic or Latino

77. What is your child's race? Mark one or more.

☐_a White

☐_b Black or African-American

☐_c Asian

☐_d Native Hawaiian or other Pacific Islander

☐_e American Indian or Alaska Native

☐_f Other

78. What is your age?

☐₀ Under 18

☐₁ 18 to 24

☐₂ 25 to 34

☐₃ 35 to 44

☐₄ 45 to 54

☐₅ 55 to 64

☐₆ 65 to 74

☐₇ 75 or older

79. Are you male or female?

☐₁ Male

☐₂ Female

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

☐₁ 8th grade or less

☐₂ Some high school, but did not graduate

☐₃ High school graduate or GED

☐₄ Some college or 2-year degree

☐₅ 4-year college graduate

☐₆ More than 4-year college degree

81. How are you related to the child?

☐₁ Mother or father

☐₂ Grandparent

☐₃ Aunt or uncle

☐₄ Older brother or sister

☐₅ Other relative

☐₆ Legal guardian

☐₇ Someone else

82. Did someone help you complete this survey?

☐₁ Yes → ***If Yes, Go to Question 83***

☐₂ No → ***Thank you. Please return the completed survey in the postage-paid envelope.***

83. How did that person help you? Mark one or more.

☐_a Read the questions to me

☐_b Wrote down the answers I gave

☐_c Answered the questions for me

☐_d Translated the questions into my language

☐_e Helped in some other way

Thank You

Please return the completed survey in the postage-paid envelope to:

Center for the Study of Services

PO Box 10810

Herndon, VA 20172-9904

Please do not include any other correspondence.