

July 23, 2013

Dear Chris:

Morpace is pleased to present you with your final 2013 Adult Medicaid CAHPS® Report. This report is compiled from **LaCare Adult** members' experiences in 2013. Included in this report are the Scoring for Accreditation, Key Driver Analysis, and comparisons to the 2012 Quality Compass.

New to your 2013 CAHPS® report are:

- **Updates to 5.0H questions and question order**
- **Notations are evident where trending is not available due to transition to 5.0H questionnaire**

The Predictive Modeling Analysis shown in your 2013 report has been updated using Morpace's 2013 Book of Business.

Morpace has many years' experience building simulators and modelers for other industry clients and using the advanced analytics that support those tools. We now bring the power of predictive modeling to the CAHPS studies. Both a description and a pictorial display of the analysis are included in your report.

Morpace can analyze your plan's data and construct the pictorial display that will then be used to develop a **Satisfaction Modeler for your plan**. The Modeler can be used for "what if" scenarios and allow you to quantify an expected change in your health plan rating score based on changes to individual survey question scores. If you are interested in Morpace conducting this analysis for your plan, including the **Satisfaction Modeler**, please contact Mary Kay Jordan.

Also, Morpace will be conducting a **Webinar** entitled "*Identify and Use Insights from your 2013 CAHPS Report*" using our Book of Business Report for discussion purposes. The webinar will be in August. We hope you will be able to attend. An email invitation and registration information will be sent to you.

Please feel free to contact us with any comments, feedback, or questions that you may have concerning your report. We will be glad to schedule a walk-thru of your plan's report with you.

It has been a pleasure working with you and your organization on the CAHPS® project this year. We will soon be contacting you about 2014 CAHPS®.

Sincerely,



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Creative Minds. Intelligent Solutions.



2013 CAHPS® Adult Medicaid Member Satisfaction Survey

LaCare

July 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, questions 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 you needed care right away</i> , how often did you get an appointment for <i>your health care</i> at a doctor's office or clinic as soon as <i>you thought</i> you needed? <i>Never, Sometimes, Usually, Always</i>	Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed? <i>Never, Sometimes, Usually, Always</i>
Q8. In the last 6 months, <i>how often</i> did you and a doctor or other health provider talk about specific things you could do to prevent illness? <i>Never, Sometimes, Usually, Always</i>	Q8. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness? <i>Yes, No</i>
Q10. In the last 6 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care? <i>Definitely yes, Somewhat yes, Somewhat no, Definitely no</i>	Q10. When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine? <i>Not at all, A little, Some, A lot</i> Q11. When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want to take a medicine? <i>Not at all, A little, Some, A lot</i>
Q11. In the last 6 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice you thought was best for you? <i>Definitely yes, Somewhat yes, Somewhat no, Definitely no</i>	Q12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you? <i>Yes, No</i>
Q27. In the last 6 months, how often was it easy to get the care, tests, or treatment <i>you thought</i> you needed <i>through your health plan</i> ? <i>Never, Sometimes, Usually, Always</i>	Q14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? <i>Never, Sometimes, Usually, Always</i>
Q23. In the last 6 months, how often was it easy to get appointments with specialists? <i>Never, Sometimes, Usually, Always</i>	Q25. In the last 6 months, how often did you get an appointment 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.



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.
- LaCare 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.
- Morpace designed a pre-notification postcard which pictured a portion of the questionnaire and the envelope in which it would arrive. A message encouraging the member to complete and return the questionnaire that would be arriving soon was also included.
- NCQA originally designed this protocol with the goal of achieving a total response rate of at least forty-five percent (45%). The average of response rates for all Adult Medicaid plans reporting to NCQA in 2012 was 26%, which is lower than the 2011 average (29%).
- In February, 1620 LaCare members were randomly selected to participate in the 2013 CAHPS® 5.0H Adult Medicaid Survey. This report is compiled from the responses of the 443 LaCare members who responded to the survey (28% response rate).

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.

LaCare
2013 Disposition Summary

Ineligible	Number	Non-response	Number
Deceased (M20/T20)	10	Bad address/phone (M23/T23)	91
Does not meet criteria (M21/T21)	13	Refusal (M32/T32)	14
Language barrier (M22/T22)	0	Maximum attempts made (M33/T33)	1041
Mentally/physically incapacitated (M24/T24)	8		
Total Ineligible	31	Total Non-response	1146

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

$$\frac{\text{Completed mail and telephone surveys}}{\text{Sample size} - \text{Ineligible surveys}} = \text{Response Rate}$$

- Using the final figures from LaCare's Adult Medicaid survey, the numerator and denominator used to compute the response rate are presented below:

$$\frac{\text{Mail completes (317)} + \text{Phone completes (126)}}{\text{Total Sample (1620)} - \text{Total Ineligible (31)}} = \frac{443}{1589} = \text{Response Rate} = 28\%$$

Executive Summary

Summary of Key Measures

- For purposes of reporting the CAHPS® results in HEDIS® (Healthcare Effectiveness Data and Information Set) and for scoring for health plan accreditation, the National Committee for Quality Assurance (NCQA) uses five composite 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).

LaCare	
Composite Measures	2013
Getting Care Quickly	77%
Shared Decision Making	52%
How Well Doctors Communicate	87%
Getting Needed Care	75%
Customer Service	87%
Overall Rating Measures	
Health Care	68%
Personal Doctor	75%
Specialist	82%
Health Plan	66%
HEDIS® Measures	
Advising Smokers and Tobacco Users to Quit*	76%
Discussing Cessation Medications*	42%
Discussing Cessation Strategies*	32%
Aspirin Use**	NR
Discussing Aspirin Risks and Benefits**	NR
Health Promotion & Education	72%
Coordination of Care	74%
Sample Size	1620
# of Completes	443
Response Rates	28%

NR=Not reportable

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

**Measure is reported using a Rolling Average Methodology, which was calculated for the first time in 2011. Measure is not reportable in 2013.

Executive Summary

Scoring for NCQA Accreditation



				2013 NCQA National Accreditation Comparisons*						
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l		
				Accreditation Points	0.29	0.58	0.98	1.27	1.44	
<u>Composite Scores</u>	<u>Unadjusted</u>	<u>Adjusted**</u>	<u>Approximate Percentile Threshold</u>						<u>Approximate Score**</u>	
Getting Care Quickly	2.390	2.410	50 th	2.33	2.40	2.44	2.48		0.98	
How Well Doctors Communicate	2.632	2.652	90 th	2.48	2.54	2.58	2.64		1.44	
Getting Needed Care	2.332	2.352	75 th	2.18	2.28	2.35	2.43		1.27	
Customer Service	2.629	2.657	90 th	2.34	2.42	2.47	2.55		1.44	
<u>Overall Ratings Scores</u>										
Q13 Health Care	2.270	2.298	25 th	2.25	2.31	2.37	2.41		0.58	
Q23 Personal Doctor	2.419	2.447	25 th	2.42	2.46	2.51	2.57		0.58	
Q27 Specialist	2.602	2.630	90 th	2.43	2.47	2.52	2.56		1.44	
				Accreditation Points	0.58	1.16	1.96	2.54	2.89	
Q35 Health Plan	2.258	2.286	Below 25 th	2.32	2.40	2.46	2.54		0.58	
								Estimated Overall CAHPS® Score:	8.31	

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®



		2012 Quality Compass® Comparisons*					
		LaCare	10th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l
			%	%	%	%	%
Composite Scores							
Getting Care Quickly	(% Always and Usually)	77.48%	74.26	78.23	81.28	83.51	85.53
Shared Decision Making	(% A lot/Yes)	52.32%	NA	NA	NA	NA	NA
How Well Doctors Communicate	(% Always and Usually)	87.32%	83.91	85.91	88.00	89.99	91.86
Getting Needed Care	(% Always and Usually)	74.83%	65.48	69.65	76.68	80.56	84.39
Customer Service	(% Always and Usually)	87.08%	74.29	76.89	80.74	83.19	86.67
Overall Ratings Scores							
Q13	Health Care (% 8, 9, and 10)	67.83%	62.46	67.00	69.96	73.58	76.20
Q23	Personal Doctor (% 8, 9, and 10)	75.43%	71.62	74.78	76.96	79.42	82.77
Q27	Specialist (% 8, 9, and 10)	81.95%	72.55	75.00	77.48	80.32	83.08
Q35	Health Plan (% 8, 9, and 10)	65.50%	65.32	69.22	73.86	77.21	81.23

NA = Comparison data not available from NCQA.

*Data Source: 2012 Adult Medicaid Quality Compass®. Scores above based on 146 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

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)	
<p>Health Plan</p> <p>Q14 - Easy to Get Care Believed Necessary Q4 - Getting Care as Soon as Needed</p>	<p>Health Care</p> <p>Q17 - Explain Things in a Way You Could Understand Q14 - Easy to Get Care Believed Necessary Q18 - Listen Carefully to You Q19 - Show Respect for What You Had to Say Q4 - Getting Care as Soon as Needed</p>
Continue to Target Efforts (High correlation/Relatively high performance)	
<p>Health Plan</p> <p>Q31 - Got Information or Help Needed Q32 - Treated You with Courtesy and Respect</p>	<p>Health Care</p> <p>Q20 - Spend Enough Time with You</p>

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 – Health Plan

Q35. Rating of Health Plan

			<u>Sample Size:</u>	<u>Health Plan's Score</u>	<u>Plan's Percentile Range</u>
Q31. Got Information or Help Needed		0.48	147	81.63%	90 th
Q14. Easy to Get Care Believed Necessary		0.45	346	76.01%	25 th
Q32. Treated You with Courtesy and Respect		0.45	147	92.52%	75 th
Q4. Getting Care as Soon as Needed		0.45	195	79.49%	25 th
Q25. Easy to Get Appointment with Specialist		0.31	148	73.65%	25 th
Q20. Spend Enough Time with You		0.27	290	85.86%	50 th
Q17. Explain Things in a Way You Could Understand		0.21	290	86.55%	25 th
Q18. Listen Carefully to You		0.21	289	87.89%	25 th
Q19. Show Respect for What You Had to Say		0.21	290	88.97%	25 th
Q6. Getting Appointment as Soon as Needed		0.19	322	75.47%	10 th
Q10. Discussed Reasons to Take Medicine		0.13	148	52.03%	NA
Q11. Discussed Reasons Not to Take Medicine		0.13	147	31.97%	NA
Q12. Asked Preference for Medicine		0.13	148	72.97%	NA

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

Q14 - Easy to Get Care Believed Necessary
Q4 - Getting Care as Soon as Needed

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

Q31 - Got Information or Help Needed
Q32 - Treated You with Courtesy and Respect

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

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 – Health Care



Q13. Rating of Health Care

			<u>Sample Size:</u>	<u>Health Plan's Score</u>	<u>Plan's Percentile Range</u>
Q17. Explain Things in a Way You Could Understand		0.53	290	86.55%	25 th
Q14. Easy to Get Care Believed Necessary		0.51	346	76.01%	25 th
Q18. Listen Carefully to You		0.51	289	87.89%	25 th
Q19. Show Respect for What You Had to Say		0.50	290	88.97%	25 th
Q20. Spend Enough Time with You		0.49	290	85.86%	50 th
Q4. Getting Care as Soon as Needed		0.45	195	79.49%	25 th
Q25. Easy to Get Appointment with Specialist		0.33	148	73.65%	25 th
Q6. Getting Appointment as Soon as Needed		0.27	322	75.47%	10 th
Q10. Discussed Reasons to Take Medicine		0.26	148	52.03%	NA
Q12. Asked Preference for Medicine		0.26	148	72.97%	NA
Q11. Discussed Reasons Not to Take Medicine		0.18	147	31.97%	NA
Q31. Got Information or Help Needed		0.03	147	81.63%	90 th
Q32. Treated You with Courtesy and Respect		0.00	147	92.52%	75 th

0.0 0.5 1.0

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"

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

- Q17 - Explain Things in a Way You Could Understand
- Q14 - Easy to Get Care Believed Necessary
- Q18 - Listen Carefully to You
- Q19 - Show Respect for What You Had to Say
- Q4 - Getting Care as Soon as Needed

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

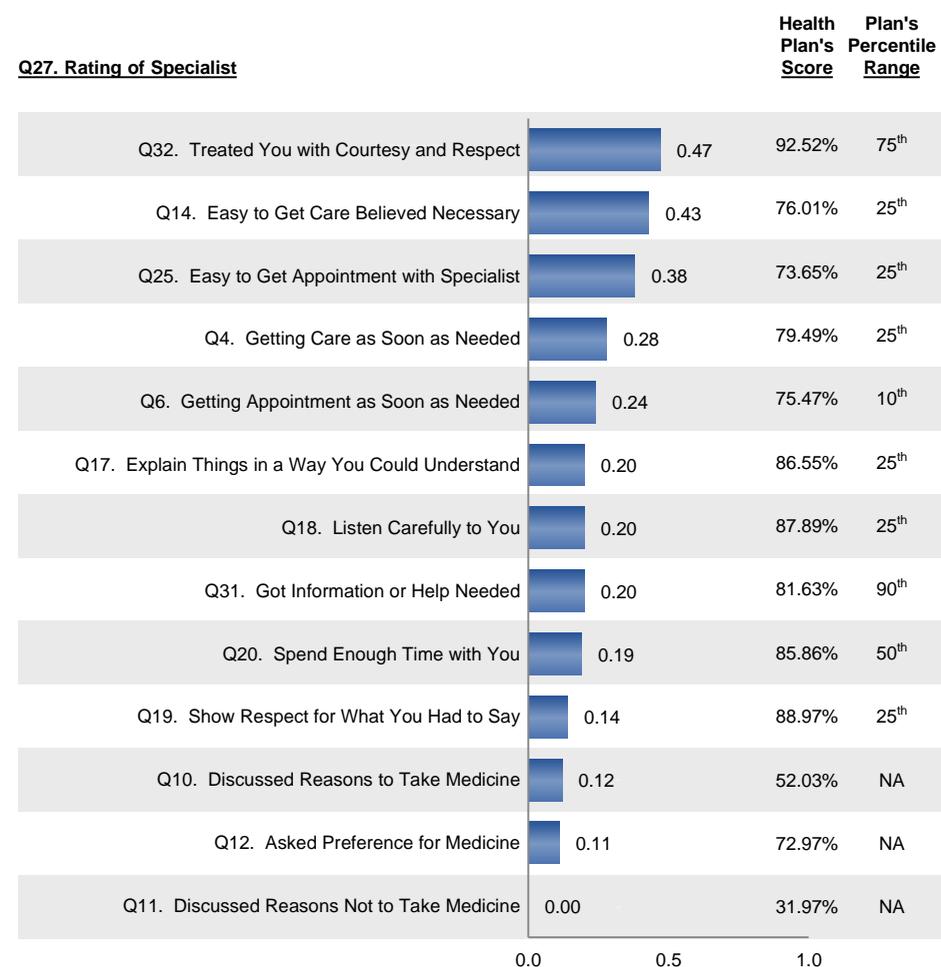
- Q20 - Spend Enough Time with You

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



Executive Summary

Key Driver Analysis – Doctor and Specialist



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



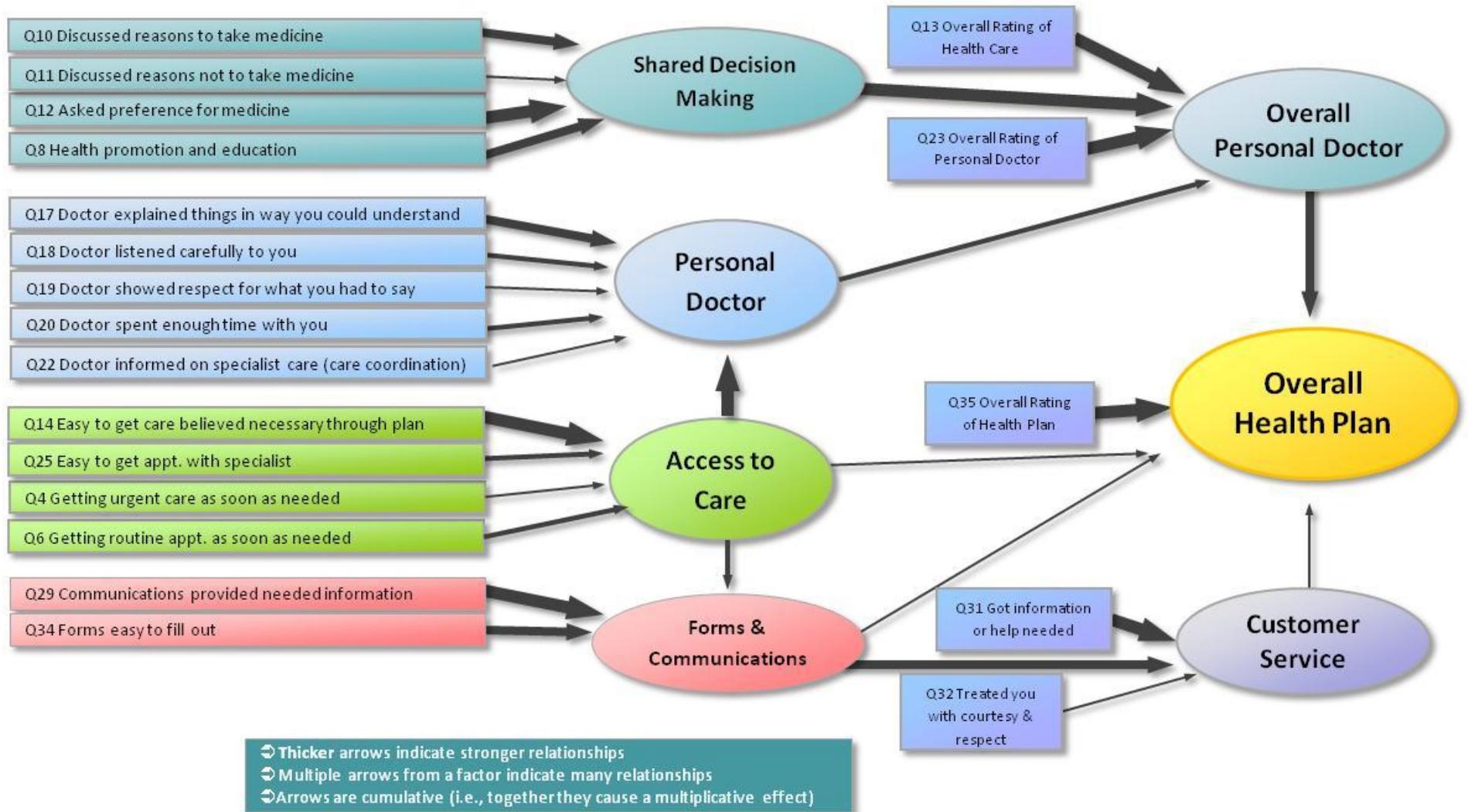
Morpace strives to illuminate the CAHPS® data in ways that yield a richer understanding of the data - moving from data to information to knowledge. Morpace conducted advanced analysis to better understand the relationships across and between survey variables. The analysis shown on the next page is based on Morpace's Adult Medicaid CAHPS® Book of Business* so is not representative of any single health plan. This type of advanced analysis can be conducted for an individual plan to identify and quantify what can be done to improve their overall scores that are used for accreditation.

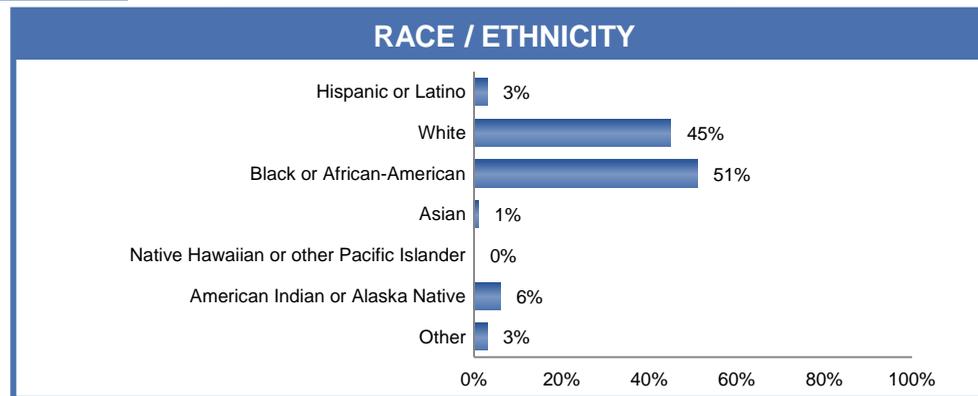
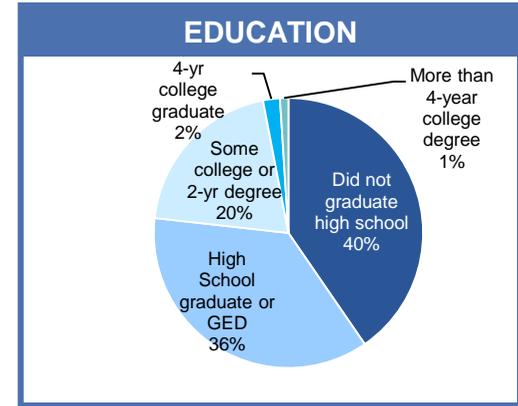
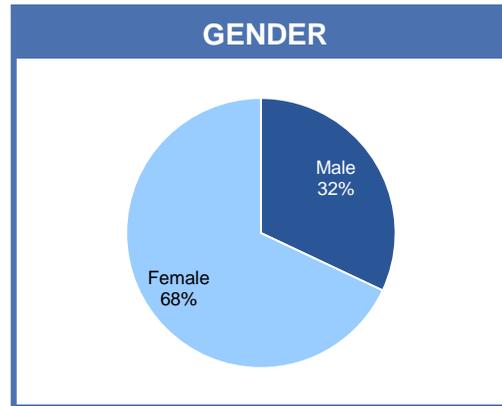
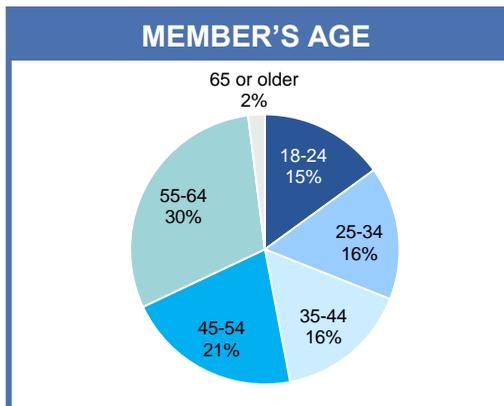
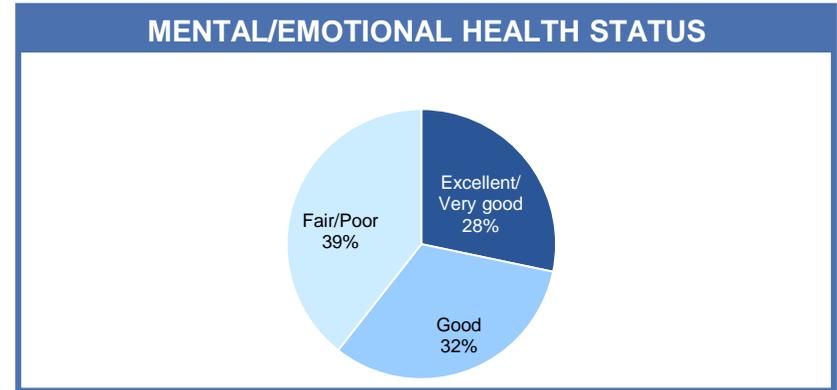
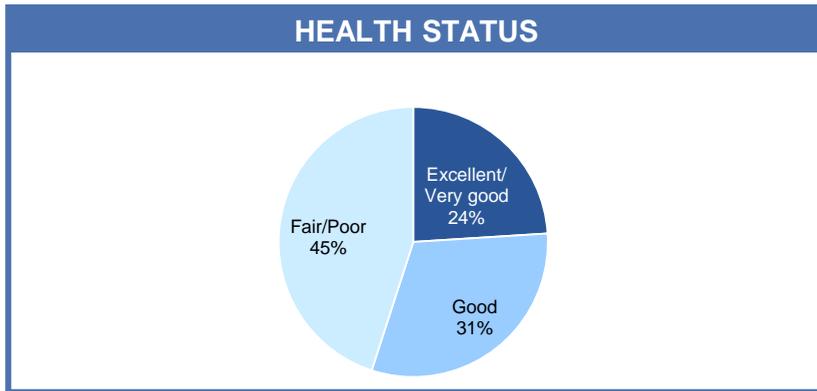
Key stages of the analysis are:

- 1) Conduct **Factor Analysis** to help determine how the independent variables (attributes) should be grouped. Relationships among these factors are then examined/tested to identify the strongest set of direct and indirect linkages among them.
 - 2) Supplement the factor analysis, and linkages among the factors, with **expert opinion** to fine-tune the factor groupings and their relationships to each other.
 - 3) Employ **Partial Least Squares** (PLS) predictive technique to estimate the interrelationships across the survey variables. The key dependent measure assessed is Health Plan Rating. The PLS approach is appropriate when evaluating a large number of independent variables (survey questions), and when those variables are highly correlated to each other.
- The PLS output is displayed on the following page in a manner that is easy to interpret quickly. The lines depict the relative impact of the survey questions on various topics (the colored ovals), and ultimately on Rating of Health Plan.
 - The coefficients derived from a PLS analysis are used to create a Health Plan Satisfaction Modeler. The Modeler which allows a plan to test what-if scenarios and quantify the impact on its Health Plan Rating given any potential changes to the individual survey question scores. The Satisfaction Modeler is available outside the scope of this report.

* The Morpace Adult Medicaid Book of Business is based on 30 health plans including 16,170 beneficiaries.

Data Relationships based on PLS Output for 2013 Medicaid CAHPS® Morpace Book of Business





Data shown are self reported.



Executive Summary

Demographics

		2013	2012 Quality Compass®
Q36. Health Status	Excellent/Very good	24%	35%
	Good	31%	32%
	Fair/Poor	45%	33%
Q37. Mental/Emotional Health Status	Excellent/Very good	28%	NA
	Good	32%	NA
	Fair/Poor	39%	NA
Q51. Member's Age	18 to 24	15%	18%
	25 to 34	16%	23%
	35 to 44	16%	19%
	45 to 54	21%	20%
	55 to 64	30%	16%
	65 or older	2%	4%
Q52. Gender	Male	32%	30%
	Female	68%	70%
Q53. Education	Did not graduate high school	40%	26%
	High school graduate or GED	36%	39%
	Some college or 2-year degree	20%	28%
	4-year college graduate	2%	5%
	More than 4-year college degree	1%	2%
Q54/55. Race/Ethnicity	Hispanic or Latino	3%	17%
	White	45%	51%
	Black or African-American	51%	24%
	Asian	1%	4%
	Native Hawaiian or other Pacific Islander	0%	1%
	American Indian or Alaska Native	6%	4%
	Other	3%	8%

Data shown are self reported.

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

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

Composite & Rating Scores by Demographics



Demographic	Gender		Age			Race				Ethnicity		Educational Level		Health Status		
	Male	Female	18-34	35-54	55+	Caucasian	African American	Asian	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/ Very Good	Good	Fair/ Poor
<i>Sample size</i>	(n=140)	(n=294)	(n=139)	(n=162)	(n=138)	(n=200)	(n=227)	(n=5)	(n=36)	(n=13)	(n=397)	(n=334)	(n=102)	(n=101)	(n=133)	(n=195)
Composites (% Always/Usually)																
Getting Care Quickly	82%	77%	73%	81%	76%	77%	75%	100%	69%	86%	77%	77%	81%	88%	76%	74%
Shared Decision Making (% A lot/Yes)	47%	56%	47%	57%	52%	51%	56%	-	47%	48%	51%	53%	51%	46%	60%	51%
How Well Doctors Communicate	95%	84%	87%	86%	89%	83%	91%	92%	75%	67%	89%	88%	86%	93%	87%	86%
Getting Needed Care	76%	76%	72%	76%	75%	75%	76%	50%	68%	72%	75%	73%	80%	80%	77%	72%
Customer Service	89%	87%	78%	88%	94%	90%	84%	100%	88%	50%	88%	84%	95%	86%	87%	87%
Ratings (% 8,9,10)																
Personal Doctor	79%	74%	72%	74%	79%	70%	80%	75%	59%	70%	76%	77%	71%	80%	72%	75%
Specialist	81%	83%	79%	78%	88%	77%	88%	-	67%	100%	81%	80%	85%	95%	76%	81%
Health Care	66%	69%	70%	66%	67%	67%	68%	-	61%	75%	70%	67%	71%	81%	70%	61%
Health Plan	64%	67%	64%	69%	63%	64%	66%	50%	71%	83%	65%	64%	70%	76%	62%	63%



Detailed Results

Getting Care Quickly

Shared Decision Making

How Well Doctors Communicate

Getting Needed Care

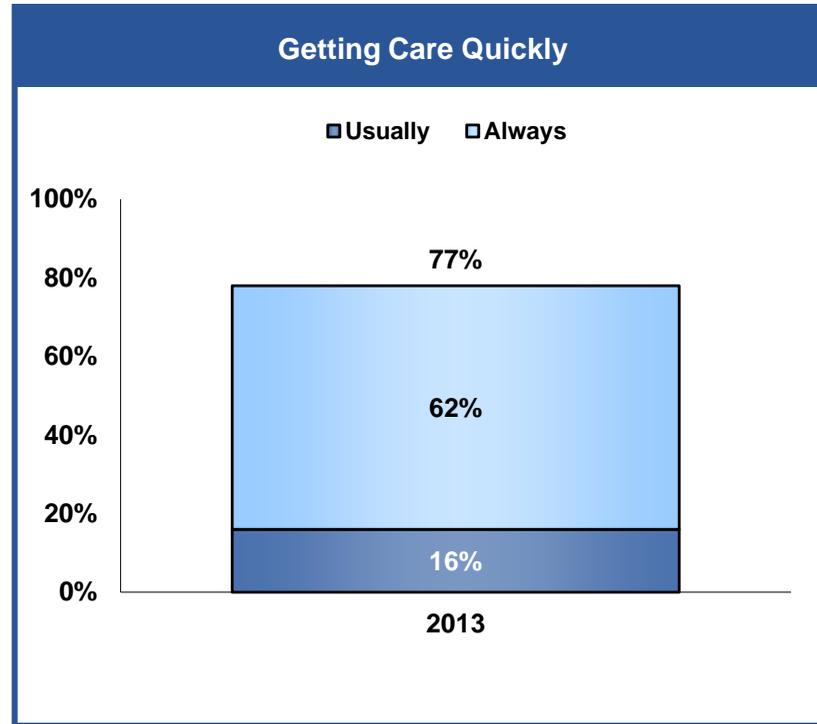
Customer Service

Health Promotion and Education/Coordination of Care

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



Getting Care Quickly Composite



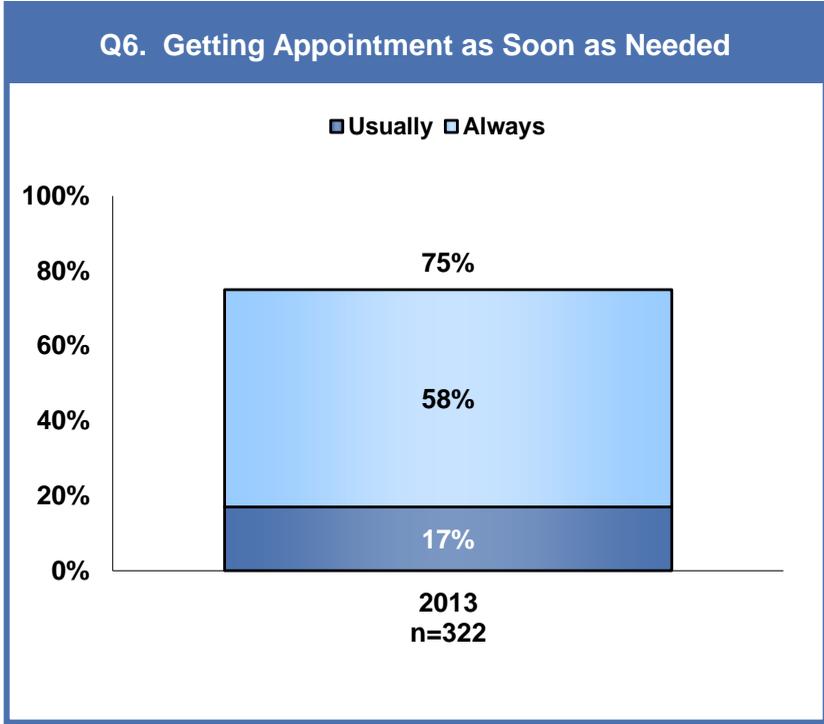
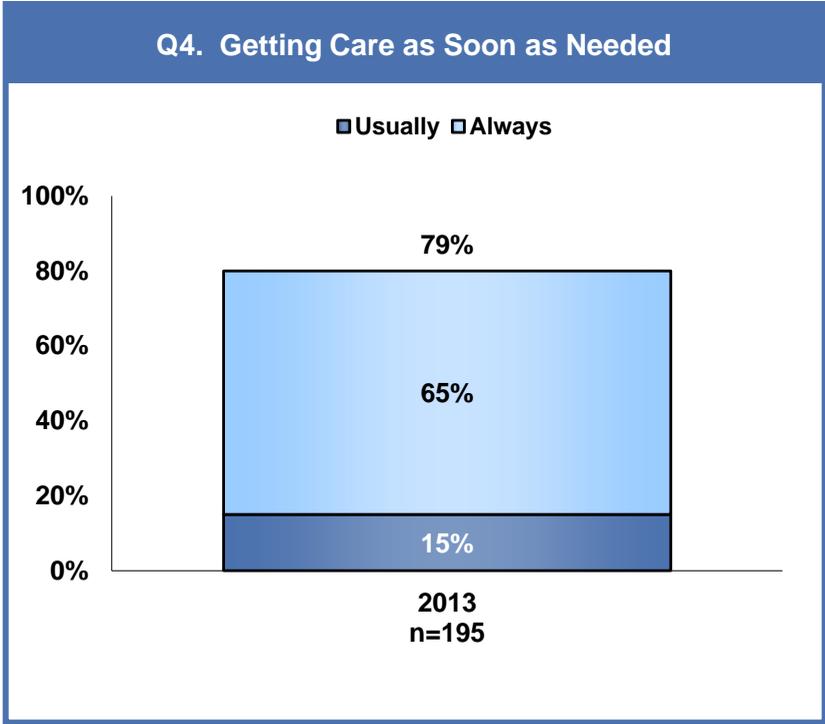
Plan score falls on 10th or below 25th Percentile

2012 Quality Compass®					
Mean	10 th	25 th	50 th	75 th	90 th
80.33	74.26	78.23	81.28	83.51	85.53

NOTE: Numbers are rounded to the nearest whole number

Getting Care Quickly

Composite Measures

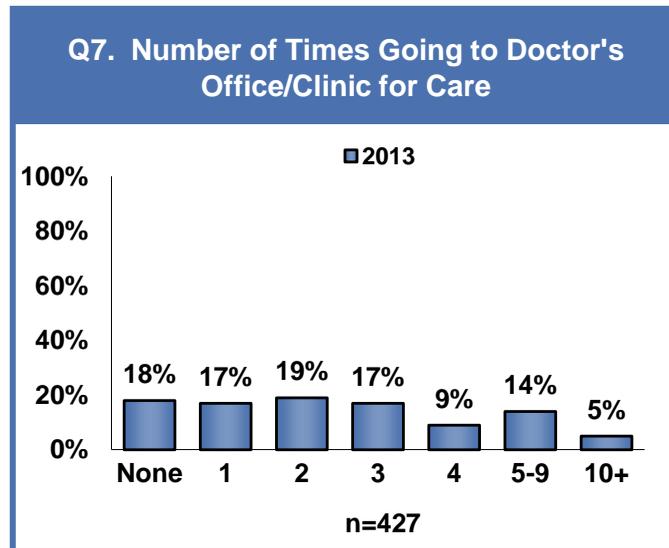
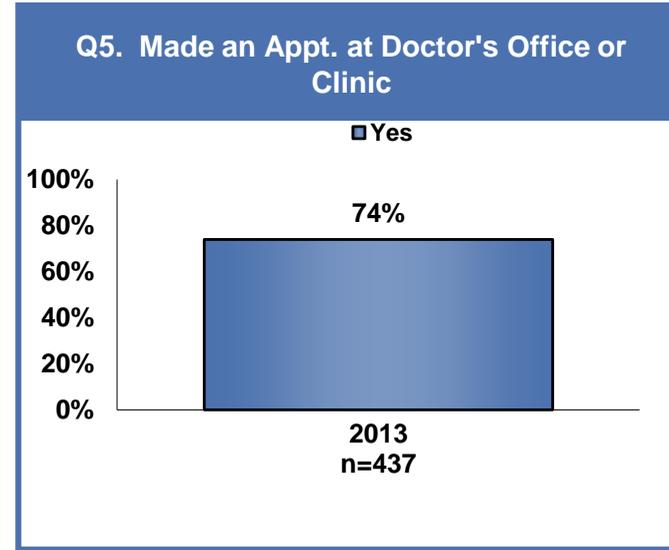
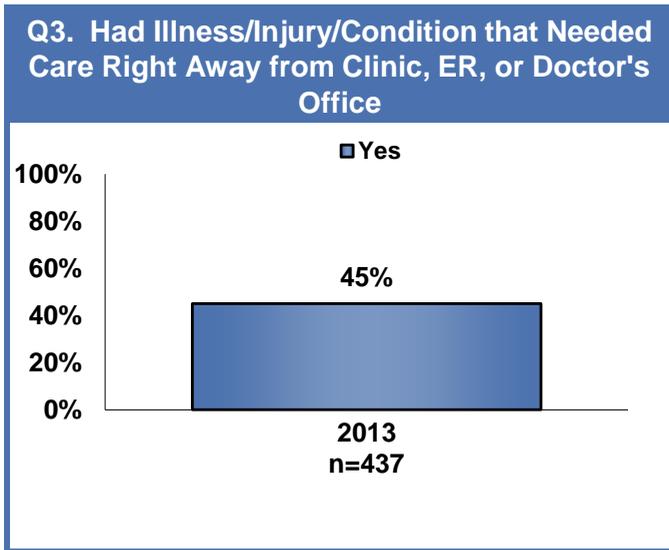


NOTE: Numbers are rounded to the nearest whole number



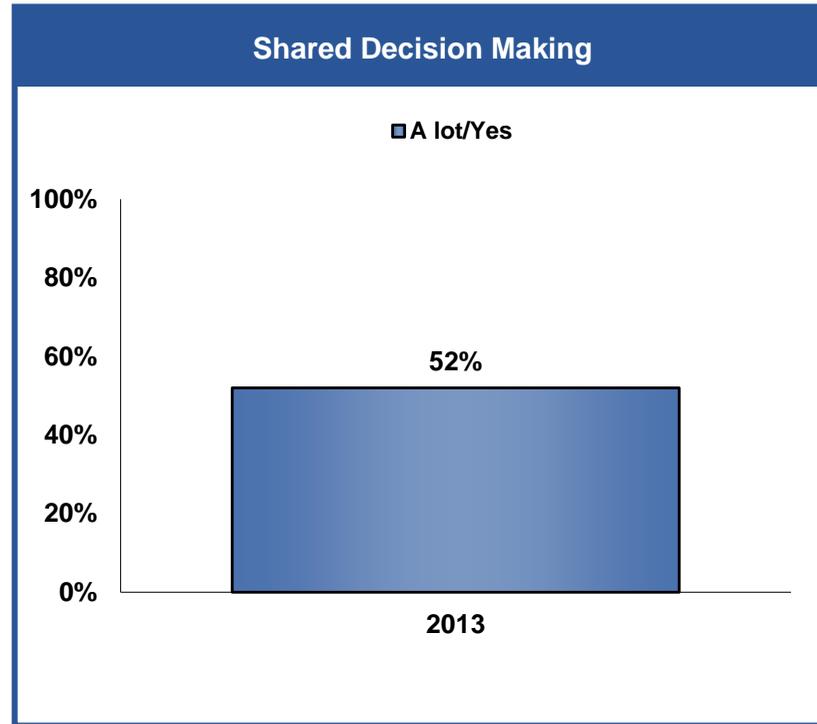
Getting Care Quickly

Access to Care



NOTE: Numbers are rounded to the nearest whole number

Shared Decision Making Composite



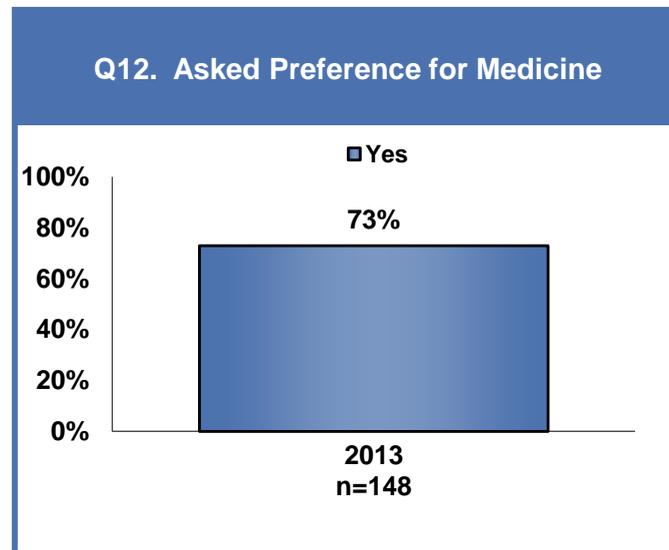
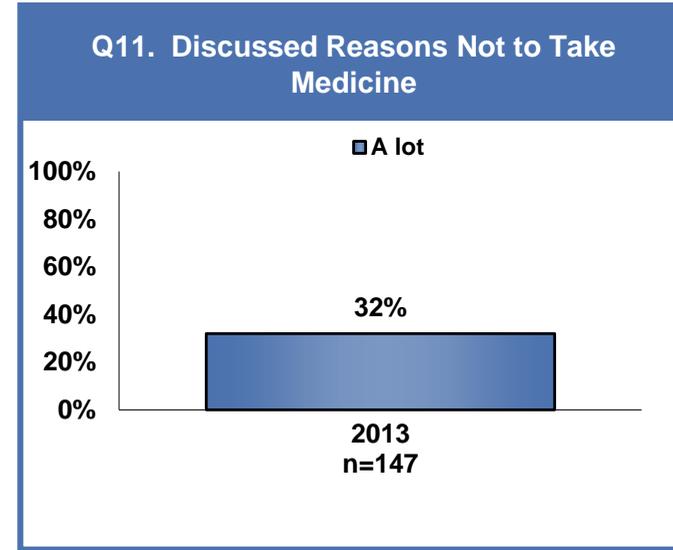
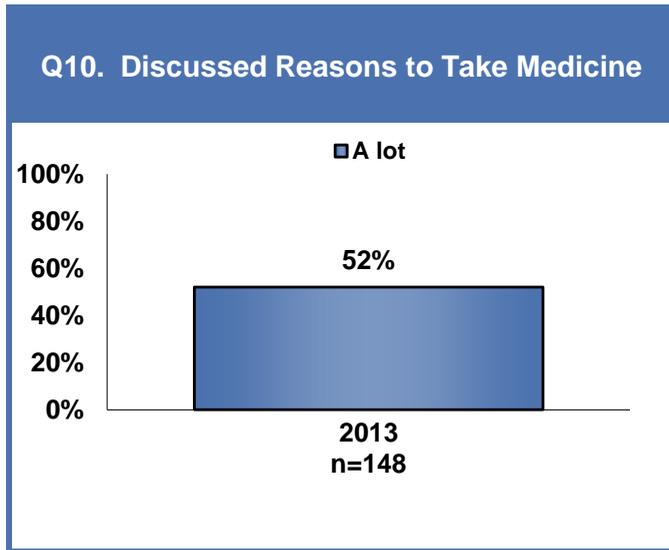
This composite was revised in 2013 to focus on patients' discussion with their doctor or other health provider about prescription medicine. The score for this measure is the average of 3 questions (Q10 - % A lot, Q11 - % A lot, Q12 - % Yes). This measure will not be publicly reported in 2013.

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

Note: Numbers are rounded to the nearest whole number.

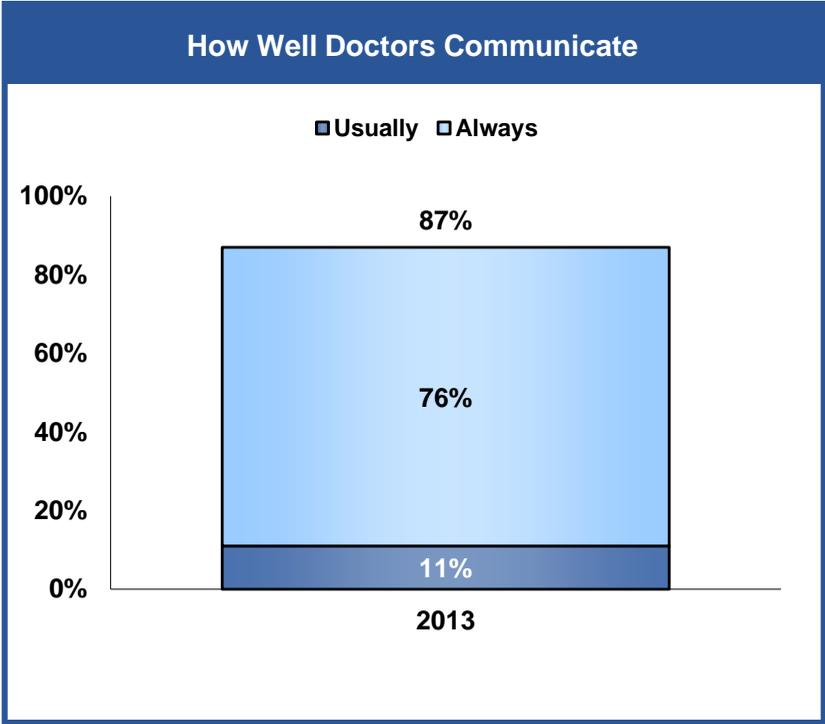
Shared Decision Making

Composite Measures



NOTE: Numbers are rounded to the nearest whole number

How Well Doctors Communicate Composite



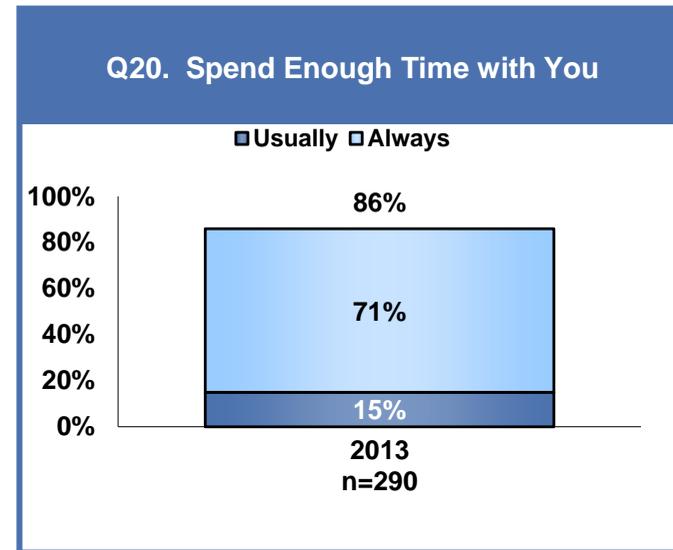
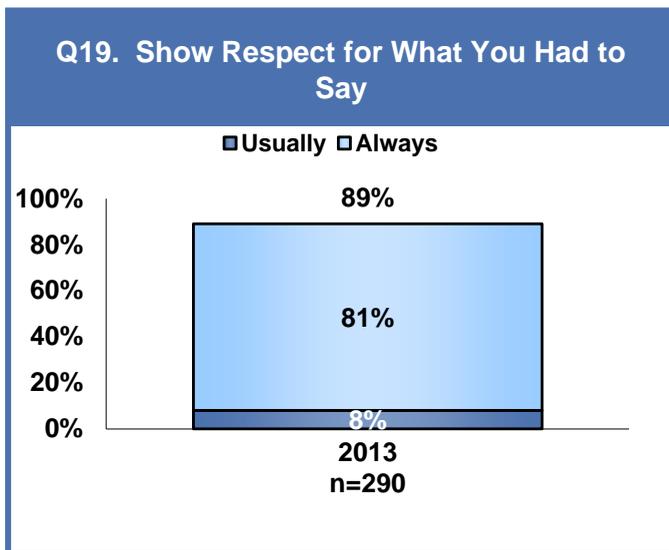
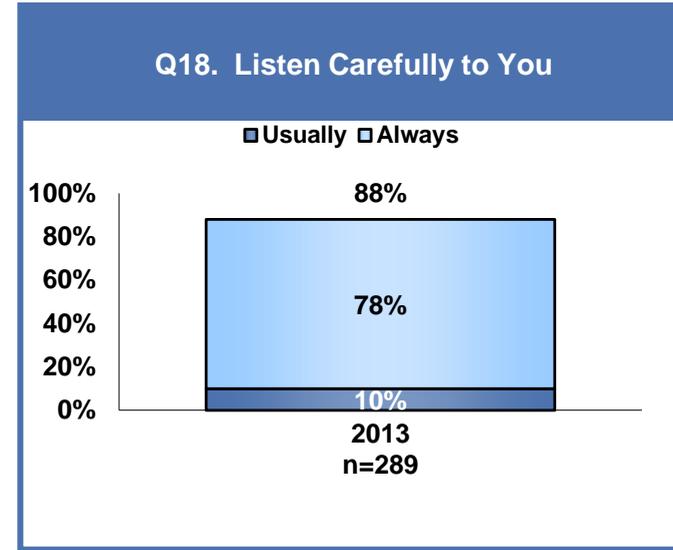
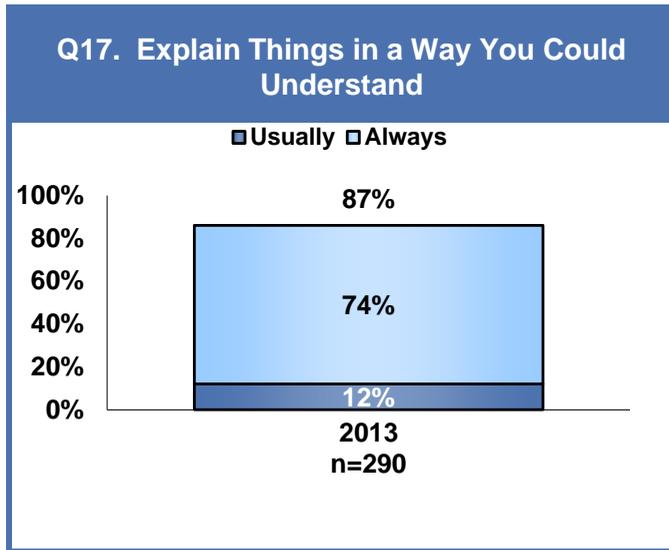
Plan score falls on 25th or below 50th Percentile

2012 Quality Compass®					
Mean	10 th	25 th	50 th	75 th	90 th
87.81	83.91	85.91	88.00	89.99	91.86

NOTE: Numbers are rounded to the nearest whole number

How Well Doctors Communicate

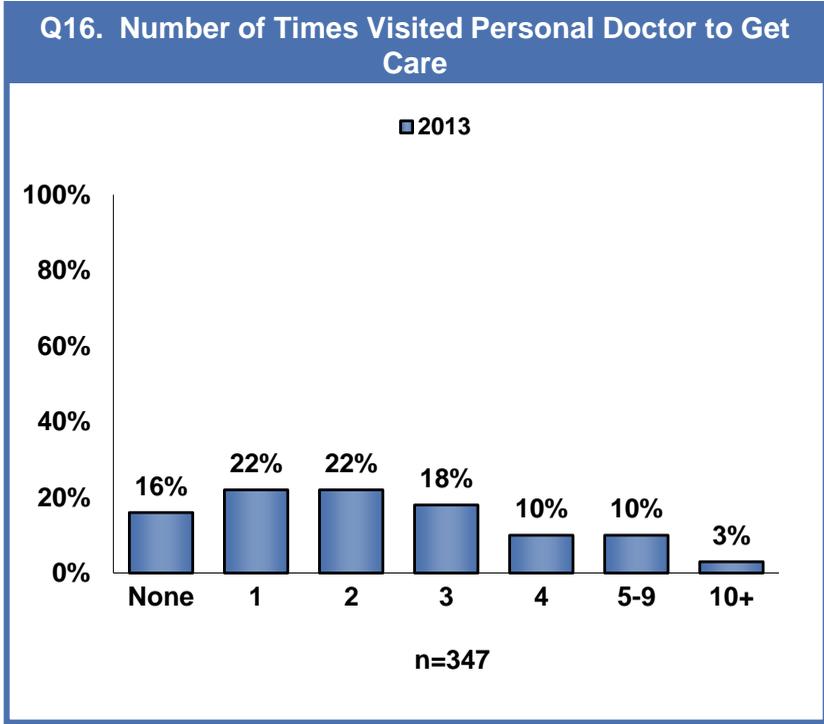
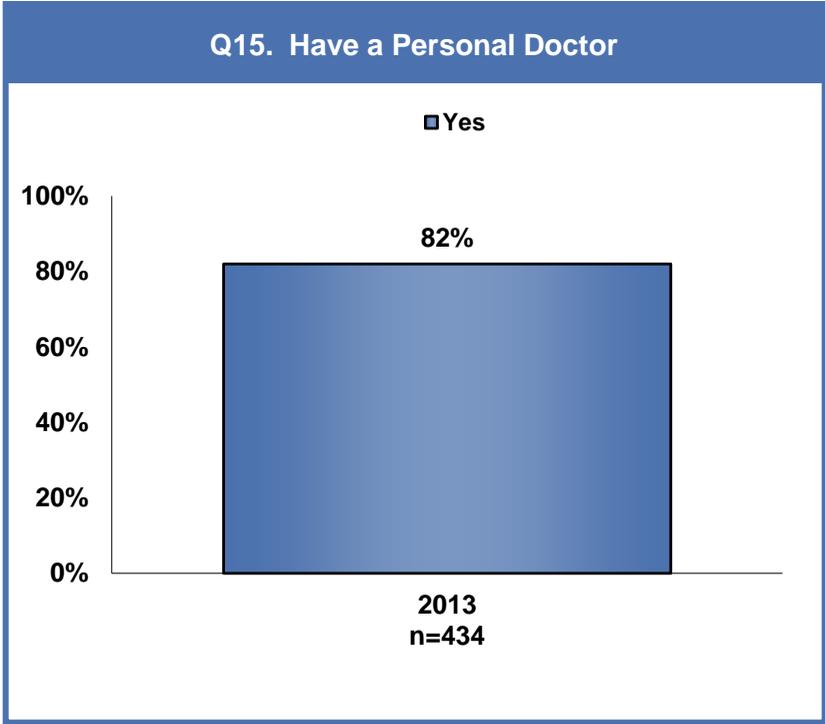
Composite Measures



NOTE: Numbers are rounded to the nearest whole number

How Well Doctors Communicate

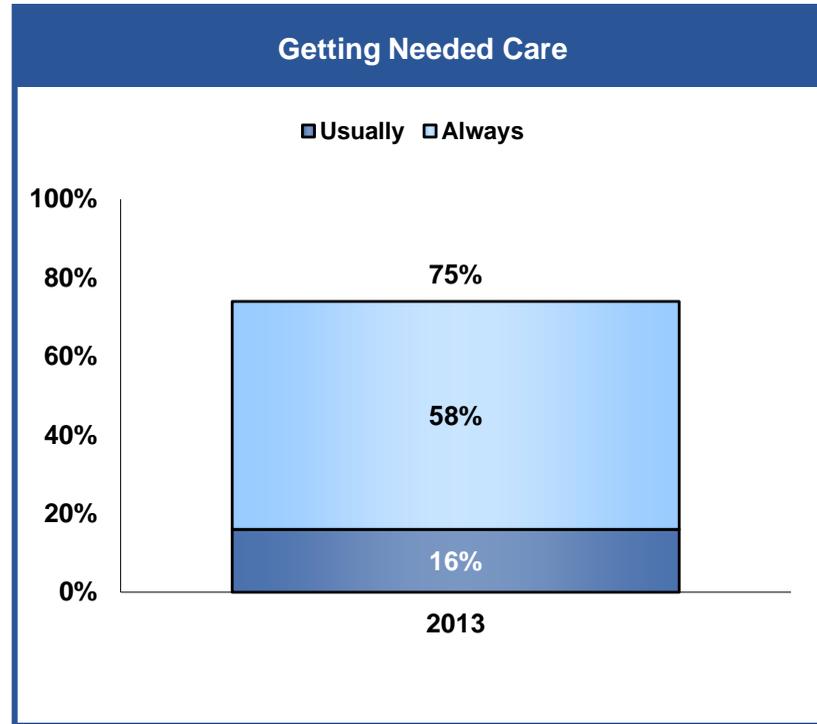
Access to Personal Doctor



NOTE: Numbers are rounded to the nearest whole number



Getting Needed Care Composite

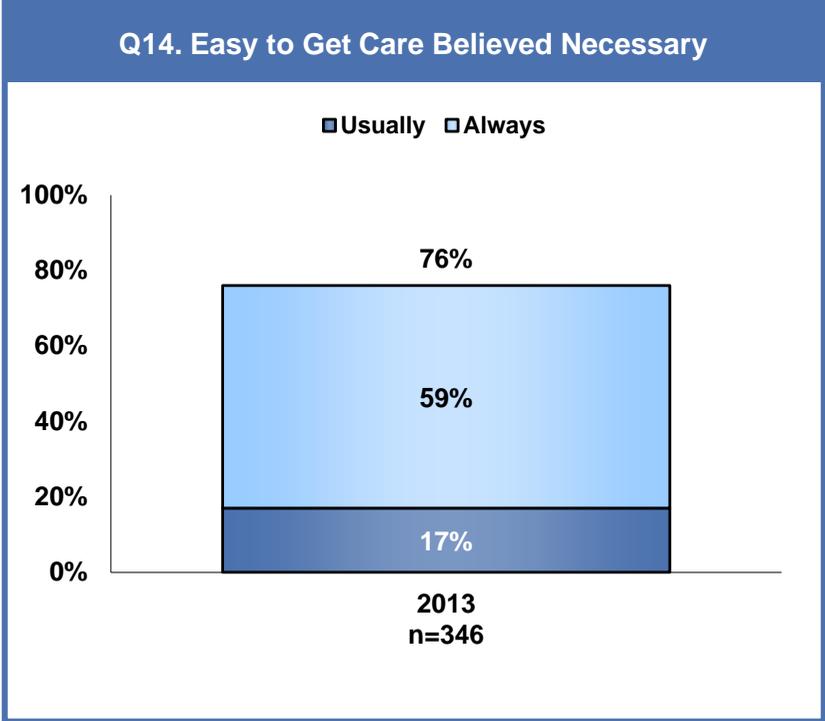


Plan score falls on 25th or below 50th Percentile

2012 Quality Compass®					
Mean	10 th	25 th	50 th	75 th	90 th
75.50	65.48	69.65	76.68	80.56	84.39

NOTE: Numbers are rounded to the nearest whole number

Getting Needed Care Composite Measures

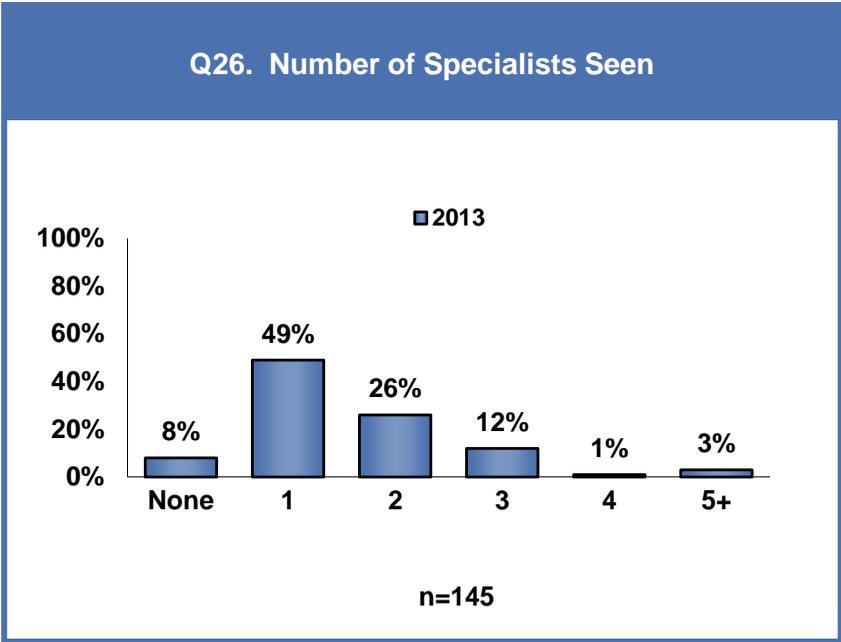
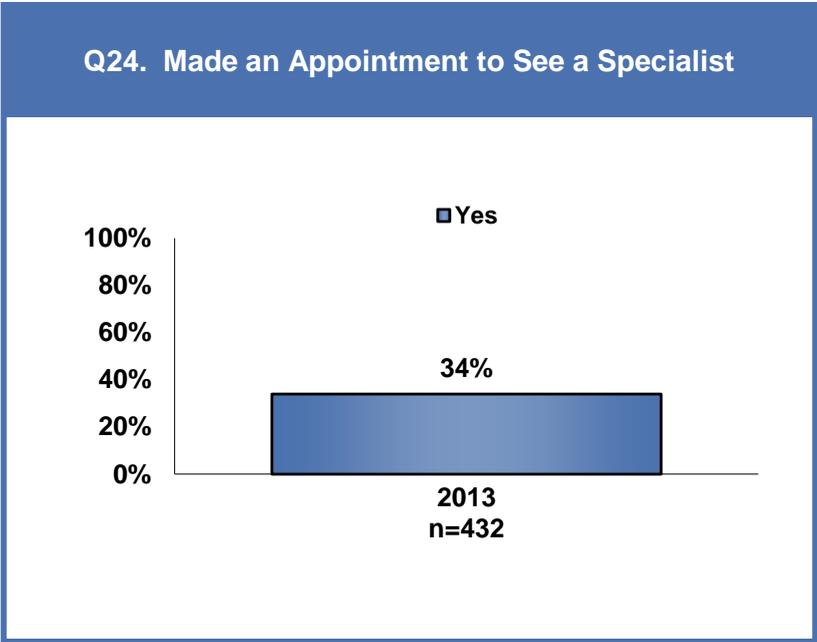


NOTE: Numbers are rounded to the nearest whole number



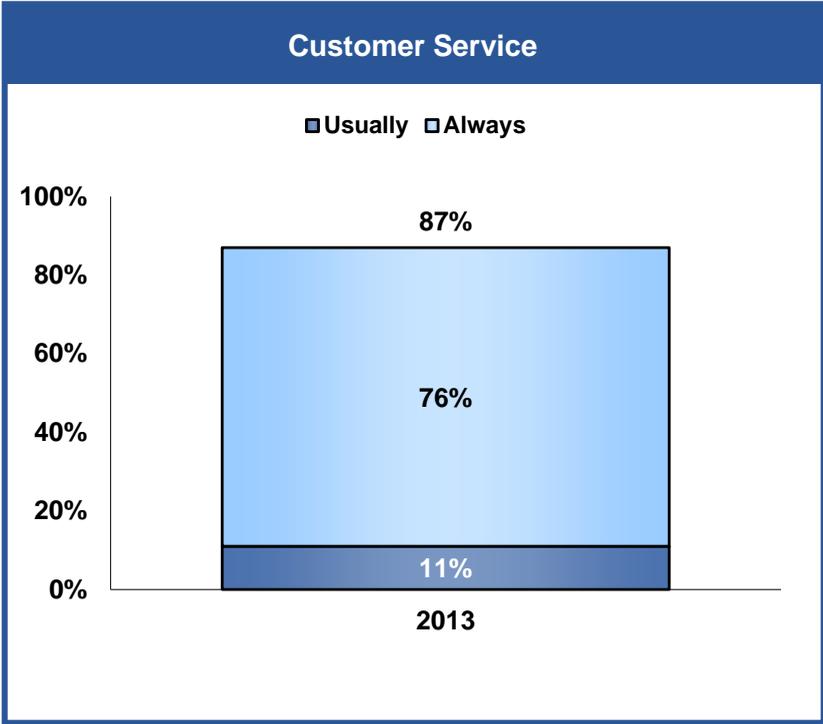
Getting Needed Care

Access to Specialty Care



NOTE: Numbers are rounded to the nearest whole number

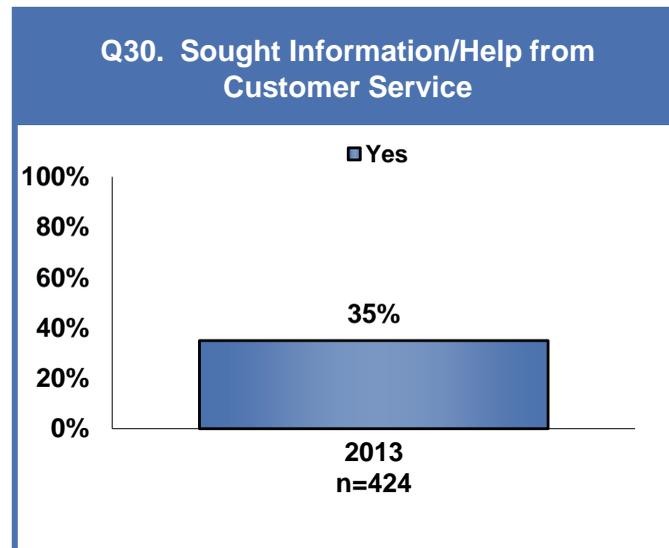
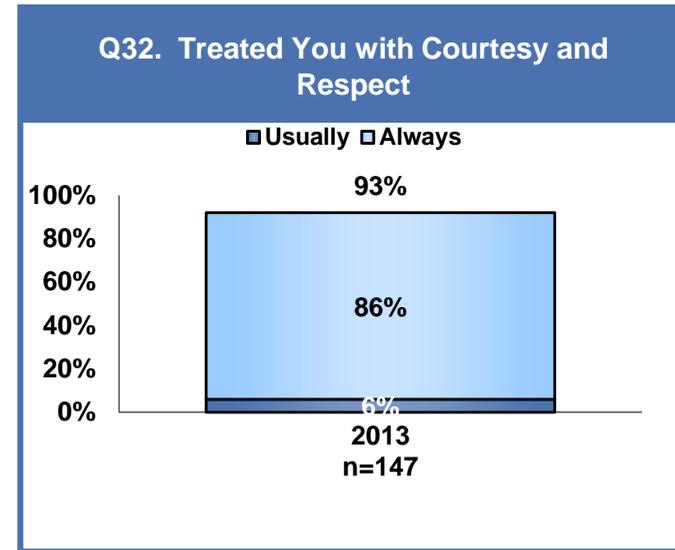
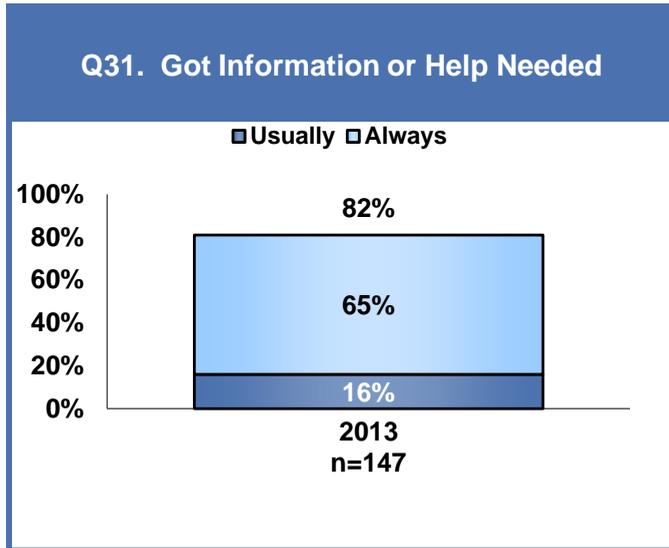




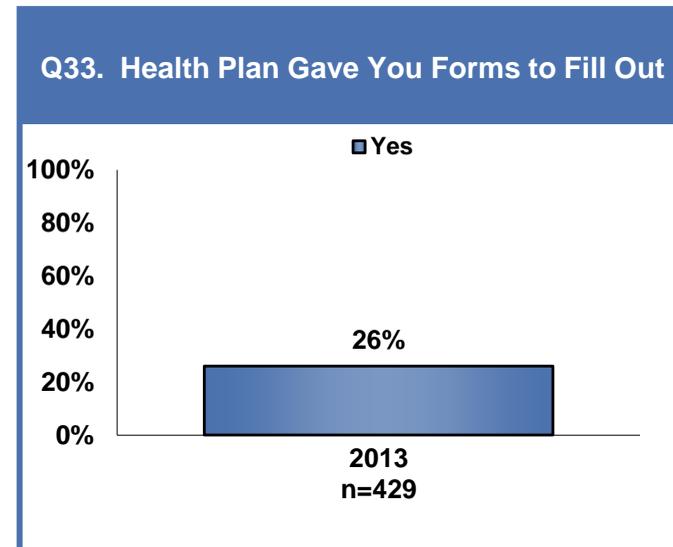
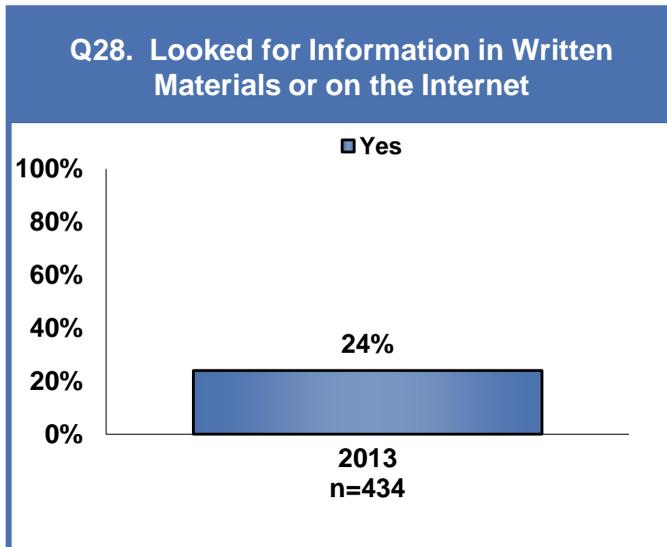
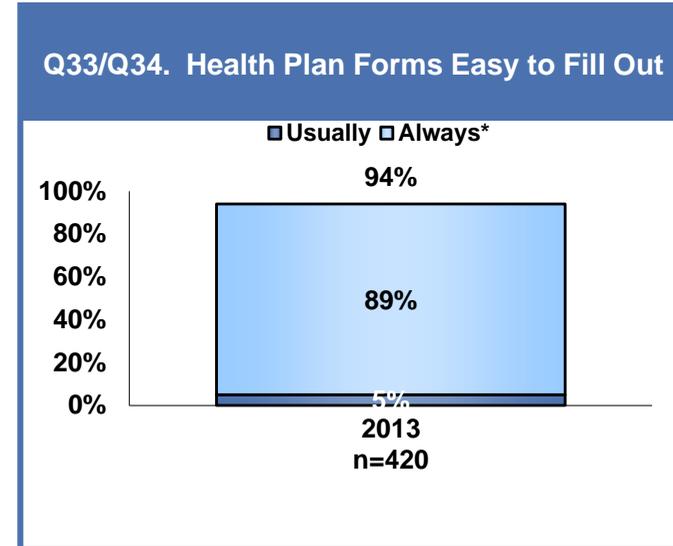
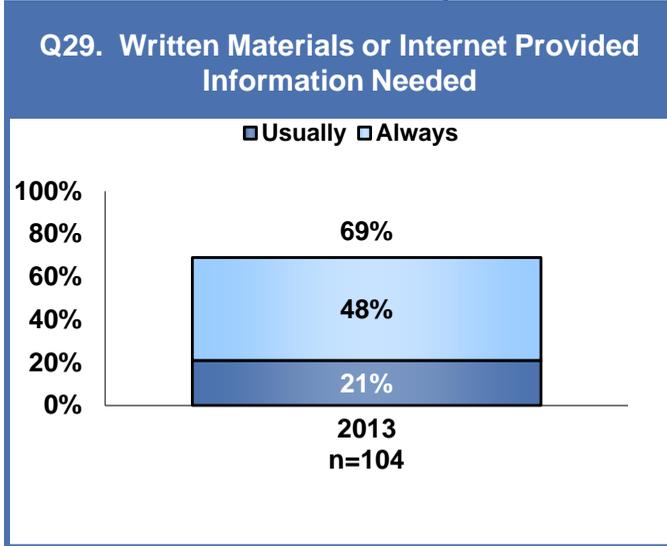
Plan score falls on or above 90th Percentile

2012 Quality Compass®					
Mean	10 th	25 th	50 th	75 th	90 th
80.42	74.29	76.89	80.74	83.19	86.67

NOTE: Numbers are rounded to the nearest whole number



NOTE: Numbers are rounded to the nearest whole number



NOTE: Numbers are rounded to the nearest whole number

*Q34 included the No's from Q33.

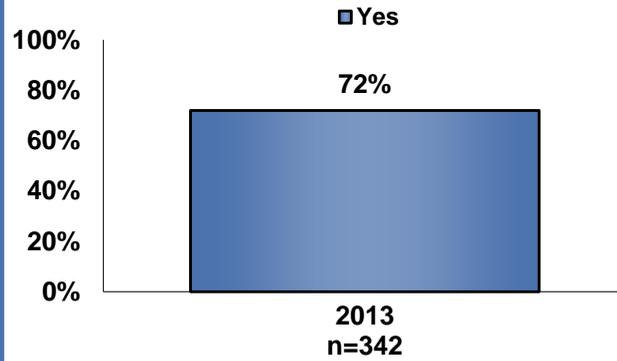
Other Measures

Health Promotion & Education

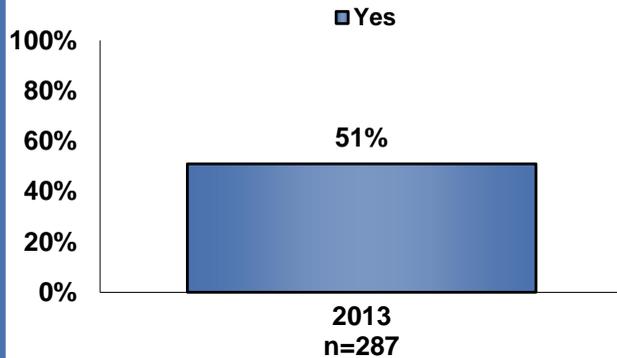
Coordination of Care



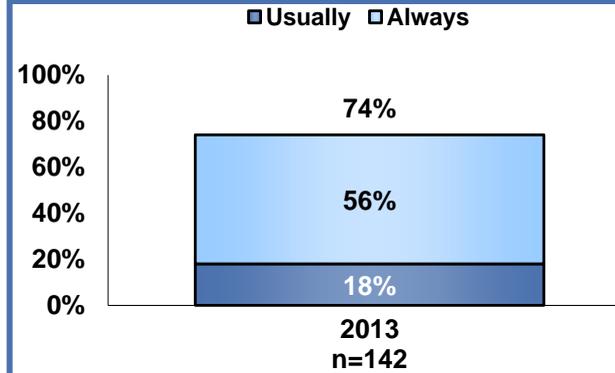
Q8. Health Promotion and Education



Q21. Received Care from Other Providers



Q22. Coordination of Care



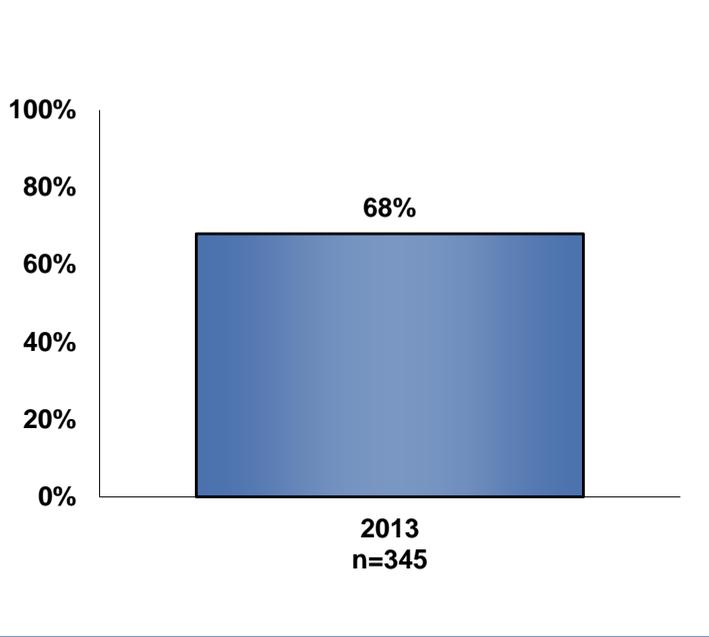
NOTE: Numbers are rounded to the nearest whole number

Overall Ratings



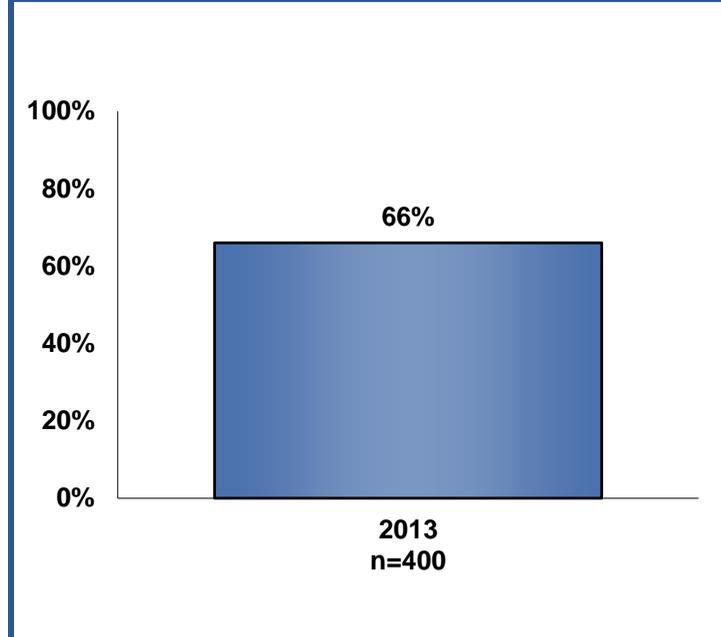
Overall Rating – Health Care & Health Plan

Q13. Rating of Health Care
(% 8, 9, 10)



Plan score falls on 25th or below 50th Percentile

Q35. Rating of Health Plan
(% 8, 9, 10)



Plan score falls on 10th or below 25th Percentile

2012 Quality Compass®

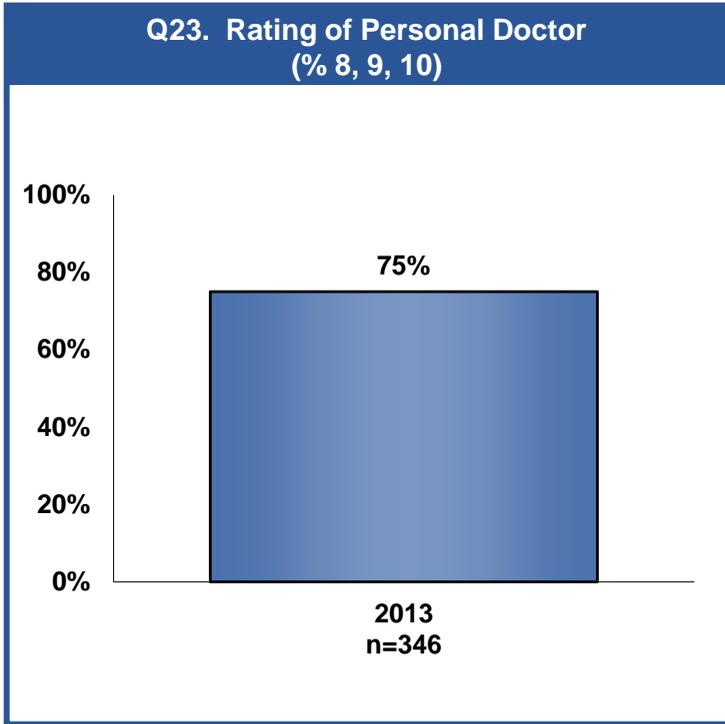
Mean	10 th	25 th	50 th	75 th	90 th
69.88	62.46	67.00	69.96	73.58	76.20

2012 Quality Compass®

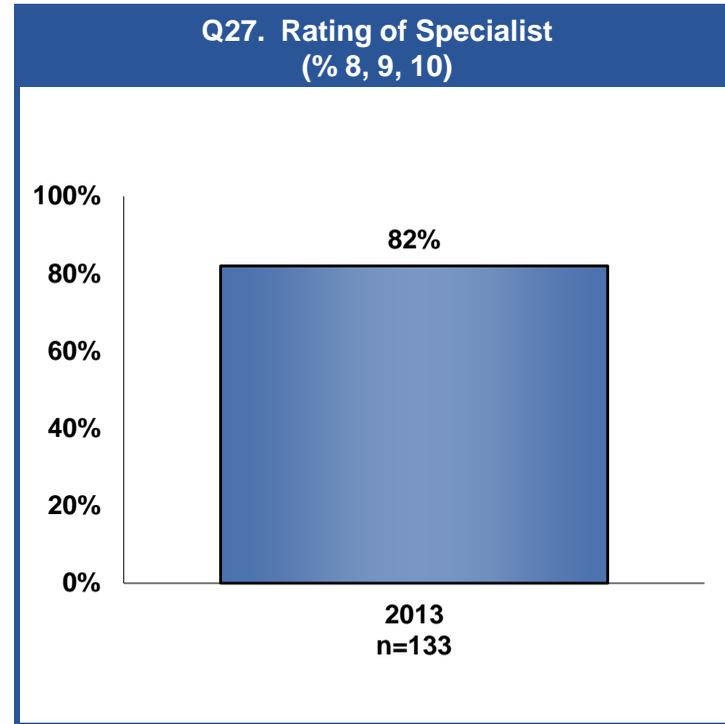
Mean	10 th	25 th	50 th	75 th	90 th
73.46	65.32	69.22	73.86	77.21	81.23

NOTE: Numbers are rounded to the nearest whole number

Overall Rating – Personal Doctor & Specialist



Plan score falls on 25th or below 50th Percentile



Plan score falls on 75th or below 90th Percentile

2012 Quality Compass®					
Mean	10 th	25 th	50 th	75 th	90 th
77.08	71.62	74.78	76.96	79.42	82.77

2012 Quality Compass®					
Mean	10 th	25 th	50 th	75 th	90 th
77.66	72.55	75.00	77.48	80.32	83.08

NOTE: Numbers are rounded to the nearest whole number

HEDIS[®] Measures

Medical Assistance with Smoking and Tobacco Use Cessation

Aspirin Use and Discussion

- In 2010, the Medical Assistance with Smoking Cessation measure was revised and is now called the Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure. The scope of the measure was expanded to include smokeless tobacco use and revised the question response choices. This measure consists of the following components that assess different facets of providing medical assistance with smoking and tobacco use cessation:
 - Advising Smokers and Tobacco Users to Quit
 - Discussing Cessation Medications
 - Discussing Cessation Strategies
- Criteria for inclusion in this measure are members who are at least 18 years old, who were either current smokers, tobacco users, or recent quitters, who were seen by an MCO practitioner during the measurement year, and who received advice on quitting smoking/tobacco use or discussed smoking/tobacco use cessation medications or strategies with their doctor.

	<u>2012</u>	<u>2013</u>	<u>2013 Reported Results*</u>
Q39. Advising Smokers and Tobacco Users to Quit			
Members that meet criteria (results are not reportable if less than 100)	NA	185	185
Members that meet criteria and were advised to quit smoking or using tobacco	NA	141	141
Advising Smokers and Tobacco Users to Quit Rate	NA	76%	76%
Q40. Discussing Cessation Medications			
Members that meet criteria (results are not reportable if less than 100)	NA	185	185
Members that meet criteria and discussed medications to quit smoking or using tobacco	NA	78	78
Discussing Cessation Medications Rate	NA	42%	42%
Q41. Discussing Cessation Strategies			
Members that meet criteria (results are not reportable if less than 100)	NA	182	182
Members that meet criteria and discussed methods & strategies to quit smoking or using tobacco	NA	59	59
Discussing Cessation Strategies Rate	NA	32%	32%

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

Aspirin Use and Discussion (ASP)

- In 2010, Aspirin Use and Discussion (ASP) was added to assess different facets of managing aspirin use for the primary prevention of cardiovascular disease.
- This is the third year this measure is calculated and is not yet approved to be publicly reported for Adult Medicaid plans. The Aspirin results are calculated using a rolling average methodology, using results collected during two consecutive years of data collection.
- Criteria for inclusion in the Aspirin Use measure are:
 - Women 55-79 years of age with at least two risk factors for cardiovascular disease
 - Men 45-64 years of age with at least one risk factor for cardiovascular disease
 - Men 65-79 years of age, regardless of risk factors
- Criteria for the Discussing Aspirin Risks/Benefits measure are:
 - Women 55-79 years of age
 - Men 45-79 years of age

	<u>2012</u>	<u>2013</u>	<u>2013 Rolling Average Results*</u>
Q42. Aspirin Use			
Members that meet criteria (results are not reportable in 2013)	NA	30	30
Members that meet criteria and use aspirin for preventative measures	NA	14	14
Aspirin Use Rate	NA	47%	47%
Q44. Discussing Aspirin Risks and Benefits			
Members that meet criteria (results are not reportable in 2013)	NA	62	62
Members that meet criteria and provider discussed risks/benefits of aspirin use for preventative measures	NA	30	30
Discussing Aspirin Risks and Benefits Rate	NA	48%	48%

*The Rolling Average Results are calculated using a rolling average methodology, using results collected during two consecutive years of data collection. The Rolling Average was calculated for the first time in 2011 and is not yet approved for public reporting.

Supplemental Questions



Q14a. What clinic do you receive care from? (Multiple Mentions) (Top Mentions)	
	2013
Individual doctors	13%
LSU Hospitals and Clinics	7%
Women's Clinic/Women's Clinic (general)	3%
<i>Sample Size: (n=266)</i>	

Q29a. Please check which applied when you needed written information about how your health plan works.

	2013
Written materials <u>always</u> provided the information I needed	43%
Written materials <u>usually</u> provided the information I needed	28%
Written materials <u>sometimes</u> provided the information I needed	26%
Written materials <u>never</u> provided the information I needed	2%

Sample Size: (n=88)

Q29b. What type of information were you seeking when you visited the health plan website? (Multiple Mentions)	
	2013
Benefits and covered services	58%
Prescription drug information	38%
Provider information	36%
Referrals	30%
Health management programs	17%
Membership	16%
Co-payment, co-insurance and deductible information	14%
Claims information	6%
Other	17%
<i>Sample Size: (n=64)</i>	

Q29c. How often do you use the Internet?	
	2013
Daily	29%
Weekly	6%
Monthly	3%
Occasionally	21%
Never	42%

Sample Size: (n=429)

Q35a. What can your health plan do to better serve you? (Multiple Mentions)	
	2013
Improve choice of doctors	44%
Improve formulary/prescription card	27%
Improve choice of hospitals	24%
Improve referral process	24%
Improve claims processing	13%
Improve customer service	12%
Other	36%
<i>Sample Size: (n=339)</i>	

2013 Adult Medicaid CAHPS® Results LaCare



Legend:

Never	Sometimes	Usually	Always
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Getting Care Quickly				% Always/Usually	Sample Size:
Getting care as soon as needed	4	17	15	65	79% (195)
Getting appointment as soon as needed	2	22	17	58	75% (322)
Shared Decision Making (% Not at all, A little, Some, A lot)				% A lot/Yes	
Discussed reasons to take medicine	8	13	27	52	52% (148)
Discussed reasons not to take medicine	21	20	27	32	32% (147)
Asked preference for medicine (% No, Yes)	27			73	73% (148)
How Well Doctors Communicate					
Explain things in a way you could understand	3	10	12	74	87% (290)
Listen carefully to you	3	9	10	78	88% (289)
Show respect for what you had to say	4	7	8	81	89% (290)
Spend enough time with you	4	10	15	71	86% (290)
Getting Needed Care					
Easy to get care believed necessary	3	21	17	59	76% (346)
Easy to get appointment with specialist	6	20	16	57	74% (148)
Customer Service					
Got information or help needed	3	15	16	65	82% (147)
Treated you with courtesy and respect	7	6		86	93% (147)
Other Measures					
Health Promotion and Education (% No, Yes)	28			72	72% (342)
Coordination of Care	13	13	18	56	74% (142)

Legend:

0-3	4-5	6-7	8-10
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Ratings					% 8-10	
Health Care	7	9	17	68	68%	(345)
Personal Doctor	7	9	9	75	75%	(346)
Specialist	3	6	9	82	82%	(133)
Health Plan	6	13	16	66	66%	(400)

Percents may not add to 100% due to rounding

Plan Comparison to Quality Compass®
LaCare



Adult Medicaid Survey Questions	LaCare		2012 Adult Medicaid Quality Compass®					
	2013	Percentile	Mean	10th	25th	50th	75th	90th
Getting Care Quickly (% Always/Usually)	77.48	10th	80.33	74.26	78.23	81.28	83.51	85.53
Q4 Getting care as soon as needed**	79.49	25th	81.40	74.10	78.43	82.26	85.00	86.60
Q6 Getting appointment as soon as needed**	75.47	10th	79.17	72.01	77.01	80.14	82.90	84.44
Shared Decision Making (% A lot/Yes)	52.32	NA	NA	NA	NA	NA	NA	NA
Q10 Discussed reasons to take medicine (% A lot)	52.03	NA	NA	NA	NA	NA	NA	NA
Q11 Discussed reasons not to take medicine (% A lot)	31.97	NA	NA	NA	NA	NA	NA	NA
Q12 Asked preference for medicine (% Yes)	72.97	NA	NA	NA	NA	NA	NA	NA
How Well Doctors Communicate (% Always/Usually)	87.32	25th	87.81	83.91	85.91	88.00	89.99	91.86
Q17 Explain things in a way you could understand	86.55	25th	87.77	82.94	85.27	88.21	90.43	92.51
Q18 Listen carefully to you	87.89	25th	88.38	84.42	86.32	88.52	90.59	92.09
Q19 Show respect for what you had to say	88.97	25th	90.33	86.69	88.41	90.56	92.27	93.78
Q20 Spend enough time with you	85.86	50th	84.75	79.44	82.49	84.93	87.23	89.36
Getting Needed Care (% Always/Usually)	74.83	25th	75.50	65.48	69.65	76.68	80.56	84.39
Q14 Easy to get care believed necessary**	76.01	25th	77.02	66.67	71.36	77.74	82.19	86.18
Q25 Easy to get appointment with specialist**	73.65	25th	74.23	62.13	70.21	75.21	79.26	82.24
Customer Service (% Always/Usually)	87.08	90th	80.42	74.29	76.89	80.74	83.19	86.67
Q31 Got information or help needed	81.63	90th	72.28	64.04	66.37	72.22	76.36	81.30
Q32 Treated you with courtesy and respect	92.52	75th	88.57	84.03	86.00	87.83	91.23	93.49
Q13 Rating of Health Care (% 8, 9, 10)	67.83	25th	69.88	62.46	67.00	69.96	73.58	76.20
Q23 Rating of Personal Doctor (% 8, 9, 10)	75.43	25th	77.08	71.62	74.78	76.96	79.42	82.77
Q27 Rating of Specialist (% 8, 9, 10)	81.95	75th	77.66	72.55	75.00	77.48	80.32	83.08
Q35 Rating of Health Plan (% 8, 9, 10)	65.50	10th	73.46	65.32	69.22	73.86	77.21	81.23
Q8 Health Promotion and Education (% Yes)	72.22	NA	NA	NA	NA	NA	NA	NA
Q22 Coordination of Care (% Always/Usually)	73.94	10th	77.42	71.05	74.76	78.19	80.98	82.80

** 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 Adult Medicaid Quality Compass® consists of 146 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

Demographic At-a-Glance - Gender

LaCare



Adult Medicaid Survey Questions	LaCare			
	Total (%)	Male (%)	Female (%)	High/Low Diff (%)
<i>Sample Size</i>	(n=443)	(n=140)	(n=294)	
Getting Care Quickly (% Always/Usually)	77	82	77	5
Q4 Getting care as soon as needed	79	82	81	1
Q6 Getting appointment as soon as needed	75	82	73	9
Shared Decision Making (% A lot/Yes)	52	47	56	9
Q10 Discussed reasons to take medicine (% A lot)	52	43	58	15
Q11 Discussed reasons not to take medicine (% A lot)	32	24	37	13
Q12 Asked preference for medicine (% Yes)	73	74	73	1
How Well Doctors Communicate (% Always/Usually)	87	95	84	11
Q17 Explain things in a way you could understand	87	95	83	12
Q18 Listen carefully to you	88	96	85	11
Q19 Show respect for what you had to say	89	95	86	9
Q20 Spend enough time with you	86	91	83	8
Getting Needed Care (% Always/Usually)	75	76	76	0
Q14 Easy to get care believed necessary	76	79	76	3
Q25 Easy to get appointment with specialist	74	73	77	4
Customer Service (% Always/Usually)	87	89	87	2
Q31 Got information or help needed	82	84	82	2
Q32 Treated you with courtesy and respect	93	95	92	3
Q13 Rating of Health Care (% 8, 9, 10)	68	66	69	3
Q23 Rating of Personal Doctor (% 8, 9, 10)	75	79	74	5
Q27 Rating of Specialist (% 8, 9, 10)	82	81	83	2
Q35 Rating of Health Plan (% 8, 9, 10)	66	64	67	3
Q8 Health Promotion and Education (% Yes)	72	73	72	1
Q22 Coordination of Care (% Always/Usually)	74	93	67	26
HEDIS® Measures				
Q39 Advising Smokers and Tobacco Users to Quit*	76	78	75	3
Q40 Discussing Cessation Medications*	42	46	41	5
Q41 Discussing Cessation Strategies*	32	41	27	14

* Calculated using a rolling average

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

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

Demographic At-a-Glance - Age LaCare



Adult Medicaid Survey Questions	LaCare				High/Low Diff (%)
	Total (%)	18-34 (%)	35-54 (%)	55+ (%)	
<i>Sample Size</i>	(n=443)	(n=139)	(n=162)	(n=138)	
Getting Care Quickly (% Always/Usually)	77	73	81	76	8
Q4 Getting care as soon as needed	79	77	84	75	9
Q6 Getting appointment as soon as needed	75	69	79	77	10
Shared Decision Making (% A lot/Yes)	52	47	57	52	10
Q10 Discussed reasons to take medicine (% A lot)	52	45	53	58	13
Q11 Discussed reasons not to take medicine (% A lot)	32	28	39	29	11
Q12 Asked preference for medicine (% Yes)	73	68	81	68	13
How Well Doctors Communicate (% Always/Usually)	87	87	86	89	3
Q17 Explain things in a way you could understand	87	88	84	88	4
Q18 Listen carefully to you	88	88	84	92	8
Q19 Show respect for what you had to say	89	90	89	88	2
Q20 Spend enough time with you	86	81	88	87	7
Getting Needed Care (% Always/Usually)	75	72	76	75	4
Q14 Easy to get care believed necessary	76	77	76	75	2
Q25 Easy to get appointment with specialist	74	68	77	75	9
Customer Service (% Always/Usually)	87	78	88	94	16
Q31 Got information or help needed	82	69	83	91	22
Q32 Treated you with courtesy and respect	93	87	92	98	11
Q13 Rating of Health Care (% 8, 9, 10)	68	70	66	67	4
Q23 Rating of Personal Doctor (% 8, 9, 10)	75	72	74	79	7
Q27 Rating of Specialist (% 8, 9, 10)	82	79	78	88	10
Q35 Rating of Health Plan (% 8, 9, 10)	66	64	69	63	6
Q8 Health Promotion and Education (% Yes)	72	65	76	75	11
Q22 Coordination of Care (% Always/Usually)	74	63	78	78	15
HEDIS® Measures					
Q39 Advising Smokers and Tobacco Users to Quit*	76	56	81	83	27
Q40 Discussing Cessation Medications*	42	39	42	44	5
Q41 Discussing Cessation Strategies*	32	27	30	39	12

* Calculated using a rolling average

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

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

Demographic At-a-Glance - Race (1 of 2)
LaCare



Adult Medicaid Survey Questions	LaCare					
	Total (%)	Caucasian (%)	African American (%)	Asian (%)	All other (%)	High/Low Diff (%)
<i>Sample Size</i>	(n=443)	(n=200)	(n=227)	(n=5)	(n=36)	
Getting Care Quickly (% Always/Usually)	77	77	75	100	69	31
Q4 Getting care as soon as needed	79	79	77	100	74	26
Q6 Getting appointment as soon as needed	75	74	74	100	64	36
Shared Decision Making (% A lot/Yes)	52	51	56	-	47	9
Q10 Discussed reasons to take medicine (% A lot)	52	49	58	-	47	11
Q11 Discussed reasons not to take medicine (% A lot)	32	29	38	-	29	9
Q12 Asked preference for medicine (% Yes)	73	76	73	-	65	11
How Well Doctors Communicate (% Always/Usually)	87	83	91	92	75	17
Q17 Explain things in a way you could understand	87	84	89	100	70	30
Q18 Listen carefully to you	88	84	91	100	80	20
Q19 Show respect for what you had to say	89	84	93	100	80	20
Q20 Spend enough time with you	86	82	90	67	70	23
Getting Needed Care (% Always/Usually)	75	75	76	50	68	26
Q14 Easy to get care believed necessary	76	75	79	-	61	18
Q25 Easy to get appointment with specialist	74	75	73	100	75	27
Customer Service (% Always/Usually)	87	90	84	100	88	16
Q31 Got information or help needed	82	86	78	100	81	22
Q32 Treated you with courtesy and respect	93	94	90	100	94	10
Q13 Rating of Health Care (% 8, 9, 10)	68	67	68	-	61	7
Q23 Rating of Personal Doctor (% 8, 9, 10)	75	70	80	75	59	21
Q27 Rating of Specialist (% 8, 9, 10)	82	77	88	-	67	21
Q35 Rating of Health Plan (% 8, 9, 10)	66	64	66	50	71	21
Q8 Health Promotion and Education (% Yes)	72	71	74	100	83	29
Q22 Coordination of Care (% Always/Usually)	74	68	79	-	43	36
HEDIS® Measures						
Q39 Advising Smokers and Tobacco Users to Quit*	76	73	80	-	73	7
Q40 Discussing Cessation Medications*	42	36	51	-	33	18
Q41 Discussing Cessation Strategies*	32	30	35	-	29	6

* Calculated using a rolling average

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

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

Demographic At-a-Glance - Race (2 of 2)

LaCare



Adult Medicaid Survey Questions	LaCare			
	Total (%)	Caucasian (%)	Non-Caucasian (%)	High/Low Diff (%)
<i>Sample Size</i>	(n=443)	(n=200)	(n=239)	
Getting Care Quickly (% Always/Usually)	77	77	78	1
Q4 Getting care as soon as needed	79	79	80	1
Q6 Getting appointment as soon as needed	75	74	76	2
Shared Decision Making (% A lot/Yes)	52	51	53	2
Q10 Discussed reasons to take medicine (% A lot)	52	49	55	6
Q11 Discussed reasons not to take medicine (% A lot)	32	29	35	6
Q12 Asked preference for medicine (% Yes)	73	76	70	6
How Well Doctors Communicate (% Always/Usually)	87	83	91	8
Q17 Explain things in a way you could understand	87	84	89	5
Q18 Listen carefully to you	88	84	92	8
Q19 Show respect for what you had to say	89	84	94	10
Q20 Spend enough time with you	86	82	89	7
Getting Needed Care (% Always/Usually)	75	75	75	0
Q14 Easy to get care believed necessary	76	75	77	2
Q25 Easy to get appointment with specialist	74	75	74	1
Customer Service (% Always/Usually)	87	90	85	5
Q31 Got information or help needed	82	86	78	8
Q32 Treated you with courtesy and respect	93	94	91	3
Q13 Rating of Health Care (% 8, 9, 10)	68	67	69	2
Q23 Rating of Personal Doctor (% 8, 9, 10)	75	70	80	10
Q27 Rating of Specialist (% 8, 9, 10)	82	77	86	9
Q35 Rating of Health Plan (% 8, 9, 10)	66	64	67	3
Q8 Health Promotion and Education (% Yes)	72	71	74	3
Q22 Coordination of Care (% Always/Usually)	74	68	79	11
HEDIS® Measures				
Q39 Advising Smokers and Tobacco Users to Quit*	76	73	80	7
Q40 Discussing Cessation Medications*	42	36	50	14
Q41 Discussing Cessation Strategies*	32	30	35	5

* Calculated using a rolling average

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

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

Demographic At-a-Glance - Ethnicity

LaCare



Adult Medicaid Survey Questions	LaCare			
	Total (%)	Hispanic (%)	Non-Hispanic (%)	High/Low Diff (%)
<i>Sample Size</i>	(n=443)	(n=13)	(n=397)	
Getting Care Quickly (% Always/Usually)	77	86	77	9
Q4 Getting care as soon as needed	79	100	80	20
Q6 Getting appointment as soon as needed	75	71	74	3
Shared Decision Making (% A lot/Yes)	52	48	51	3
Q10 Discussed reasons to take medicine (% A lot)	52	57	50	7
Q11 Discussed reasons not to take medicine (% A lot)	32	29	31	2
Q12 Asked preference for medicine (% Yes)	73	57	73	16
How Well Doctors Communicate (% Always/Usually)	87	67	89	22
Q17 Explain things in a way you could understand	87	50	89	39
Q18 Listen carefully to you	88	67	90	23
Q19 Show respect for what you had to say	89	83	90	7
Q20 Spend enough time with you	86	67	87	20
Getting Needed Care (% Always/Usually)	75	72	75	3
Q14 Easy to get care believed necessary	76	58	77	19
Q25 Easy to get appointment with specialist	74	86	73	13
Customer Service (% Always/Usually)	87	50	88	38
Q31 Got information or help needed	82	33	83	50
Q32 Treated you with courtesy and respect	93	67	93	26
Q13 Rating of Health Care (% 8, 9, 10)	68	75	70	5
Q23 Rating of Personal Doctor (% 8, 9, 10)	75	70	76	6
Q27 Rating of Specialist (% 8, 9, 10)	82	100	81	19
Q35 Rating of Health Plan (% 8, 9, 10)	66	83	65	18
Q8 Health Promotion and Education (% Yes)	72	67	73	6
Q22 Coordination of Care (% Always/Usually)	74	100	74	26
HEDIS® Measures				
Q39 Advising Smokers and Tobacco Users to Quit*	76	100	75	25
Q40 Discussing Cessation Medications*	42	100	40	60
Q41 Discussing Cessation Strategies*	32	100	31	69

* Calculated using a rolling average

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

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

Demographic At-a-Glance - Education LaCare



Adult Medicaid Survey Questions	LaCare			
	Total (%)	HS grad or less (%)	Some college or more (%)	High/Low Diff (%)
<i>Sample Size</i>	(n=443)	(n=334)	(n=102)	
Getting Care Quickly (% Always/Usually)	77	77	81	4
Q4 Getting care as soon as needed	79	78	84	6
Q6 Getting appointment as soon as needed	75	75	78	3
Shared Decision Making (% A lot/Yes)	52	53	51	2
Q10 Discussed reasons to take medicine (% A lot)	52	50	56	6
Q11 Discussed reasons not to take medicine (% A lot)	32	37	23	14
Q12 Asked preference for medicine (% Yes)	73	73	73	0
How Well Doctors Communicate (% Always/Usually)	87	88	86	2
Q17 Explain things in a way you could understand	87	88	82	6
Q18 Listen carefully to you	88	88	88	0
Q19 Show respect for what you had to say	89	90	86	4
Q20 Spend enough time with you	86	85	88	3
Getting Needed Care (% Always/Usually)	75	73	80	7
Q14 Easy to get care believed necessary	76	75	79	4
Q25 Easy to get appointment with specialist	74	70	82	12
Customer Service (% Always/Usually)	87	84	95	11
Q31 Got information or help needed	82	79	89	10
Q32 Treated you with courtesy and respect	93	89	100	11
Q13 Rating of Health Care (% 8, 9, 10)	68	67	71	4
Q23 Rating of Personal Doctor (% 8, 9, 10)	75	77	71	6
Q27 Rating of Specialist (% 8, 9, 10)	82	80	85	5
Q35 Rating of Health Plan (% 8, 9, 10)	66	64	70	6
Q8 Health Promotion and Education (% Yes)	72	72	73	1
Q22 Coordination of Care (% Always/Usually)	74	75	71	4
HEDIS® Measures				
Q39 Advising Smokers and Tobacco Users to Quit*	76	76	76	0
Q40 Discussing Cessation Medications*	42	45	35	10
Q41 Discussing Cessation Strategies*	32	33	30	3

* Calculated using a rolling average

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

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

Demographic At-a-Glance - Health Status

LaCare



Adult Medicaid Survey Questions	LaCare				
	Total (%)	Excellent/ Very Good (%)	Good (%)	Fair/ Poor (%)	High/Low Diff (%)
<i>Sample Size</i>	(n=443)	(n=101)	(n=133)	(n=195)	
Getting Care Quickly (% Always/Usually)	77	88	76	74	14
Q4 Getting care as soon as needed	79	95	77	75	20
Q6 Getting appointment as soon as needed	75	82	75	73	9
Shared Decision Making (% A lot/Yes)	52	46	60	51	14
Q10 Discussed reasons to take medicine (% A lot)	52	46	59	51	13
Q11 Discussed reasons not to take medicine (% A lot)	32	21	38	33	17
Q12 Asked preference for medicine (% Yes)	73	71	83	70	13
How Well Doctors Communicate (% Always/Usually)	87	93	87	86	7
Q17 Explain things in a way you could understand	87	93	86	84	9
Q18 Listen carefully to you	88	93	88	86	7
Q19 Show respect for what you had to say	89	95	86	88	9
Q20 Spend enough time with you	86	91	86	84	7
Getting Needed Care (% Always/Usually)	75	80	77	72	8
Q14 Easy to get care believed necessary	76	81	78	73	8
Q25 Easy to get appointment with specialist	74	78	76	70	8
Customer Service (% Always/Usually)	87	86	87	87	1
Q31 Got information or help needed	82	78	79	84	6
Q32 Treated you with courtesy and respect	93	95	95	90	5
Q13 Rating of Health Care (% 8, 9, 10)	68	81	70	61	20
Q23 Rating of Personal Doctor (% 8, 9, 10)	75	80	72	75	8
Q27 Rating of Specialist (% 8, 9, 10)	82	95	76	81	19
Q35 Rating of Health Plan (% 8, 9, 10)	66	76	62	63	14
Q8 Health Promotion and Education (% Yes)	72	68	70	75	7
Q22 Coordination of Care (% Always/Usually)	74	76	71	74	5
HEDIS® Measures					
Q39 Advising Smokers and Tobacco Users to Quit*	76	58	72	84	26
Q40 Discussing Cessation Medications*	42	47	41	42	6
Q41 Discussing Cessation Strategies*	32	33	33	32	1

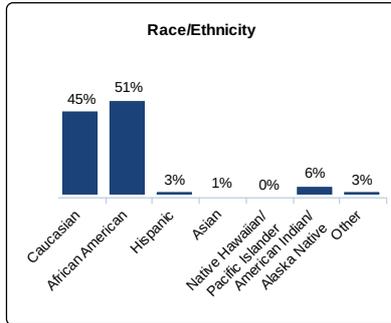
* Calculated using a rolling average

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

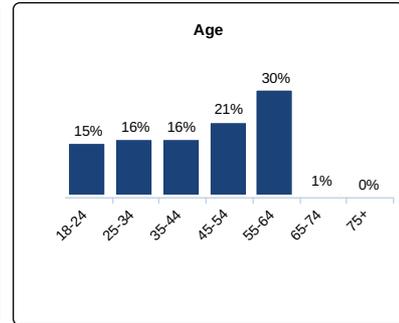
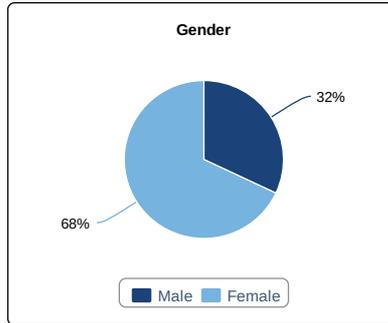
"High/Low Diff" column may not be exact due to rounding.

Data reflects returns through Monday of the current week

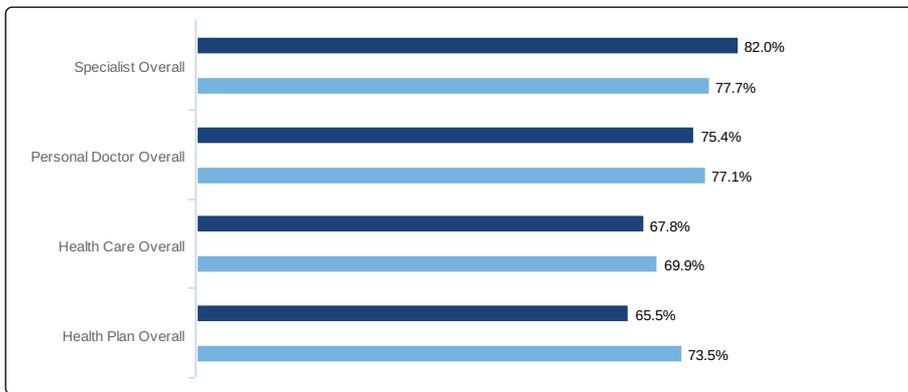
Respondent Profile



* Hispanic percentage taken from separate question

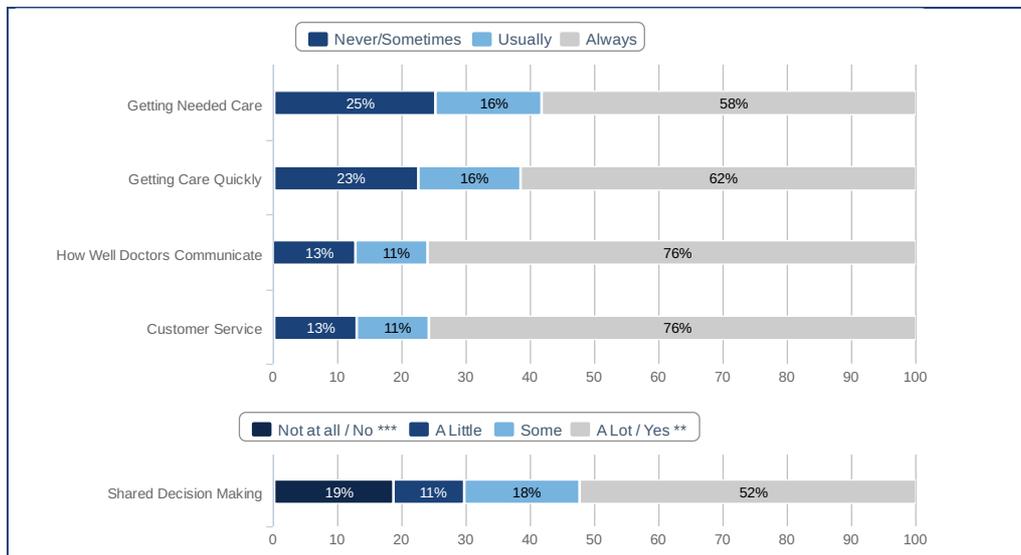


Overall Ratings (% 8,9,10)



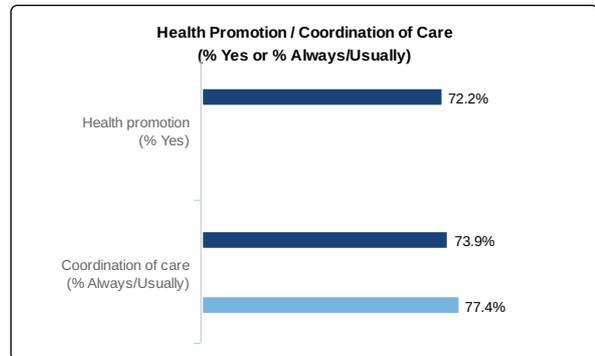
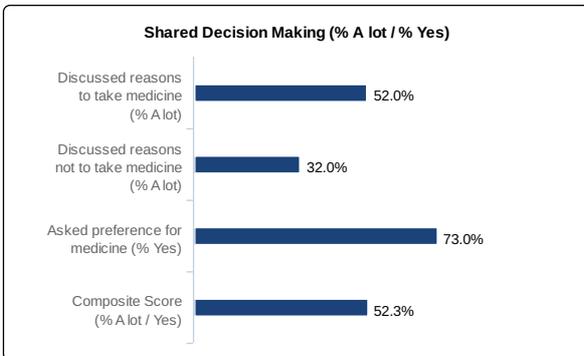
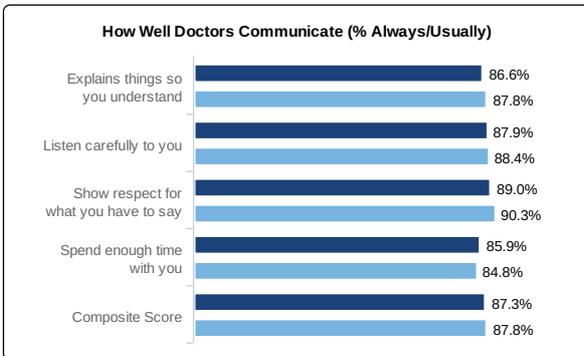
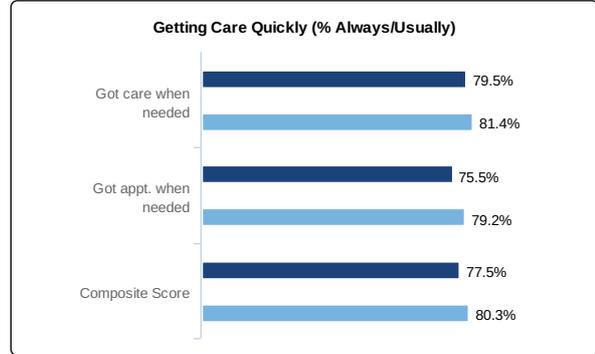
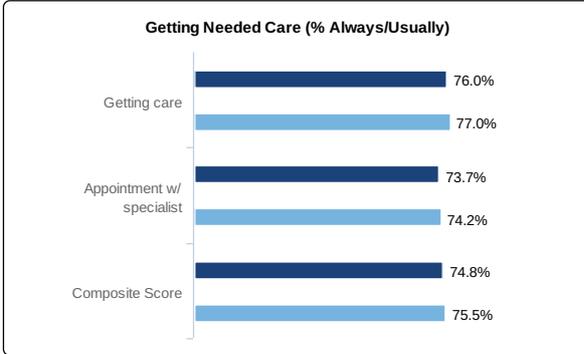
■ 2013 Health Plan
■ 2012 Quality Compass Mean (4.0H)

Composite Score Distribution



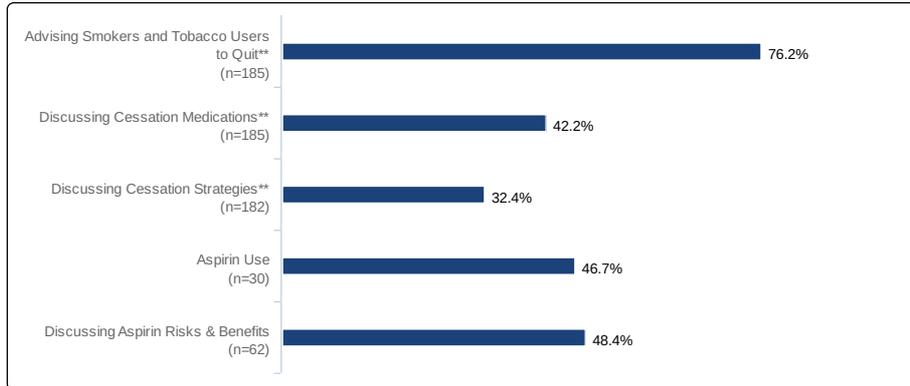
Notes: Data in this report is an estimate to date.
Numbers may not add up to 100% due to rounding.
** "Yes" responses are from 'Asked preference for medicine'.
*** "No" responses are from 'Asked preference for medicine'.

Composite Score Percentages



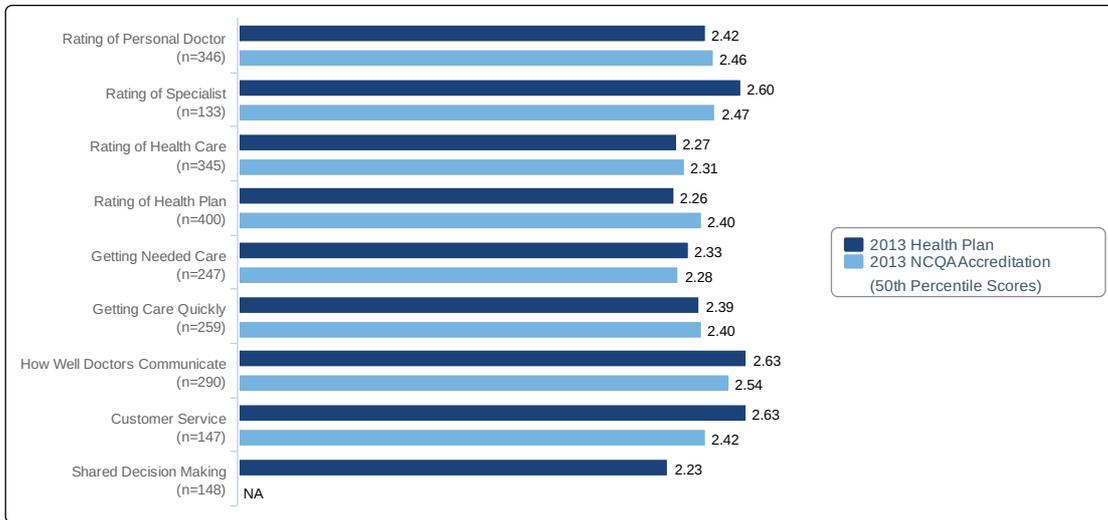
Notes: Data in this report is an estimate to date.
Numbers may not add up to 100% due to rounding.

HEDIS Measures (2012-2013 Rolling Average to Date)



Notes: **% Always/Usually/Sometimes

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	442	1
2012 Final Completes	N/A	N/A

TECHNICAL NOTES—Adult Medicaid

Aspirin Use and Discussion (ASP)

A HEDIS Measure, Aspirin Use and Discussion (ASP), was added in 2010 to assess different facets of managing aspirin use for the primary prevention of cardiovascular disease. The ASP results are calculated using a rolling average methodology, with results collected during two consecutive years of data collection. The rolling average was calculated for the first time in 2011 and has not yet approved to be publicly reported for Adult Medicaid plans.

Criteria for inclusion in the Aspirin Use measure are:

- Women 56-79 years of age with at least two risk factors for cardiovascular disease
- Men 46-65 years of age with at least one risk factor for cardiovascular disease
- Men 66-79 years of age, regardless of risk factors

Criteria for Discussing Aspirin Risks/Benefits are:

- Women 56-79 years of age
- Men 46-79 years of age

The Cardiovascular disease risk factors include:

- Current smoker or tobacco user
- High cholesterol
- High blood pressure
- Parent or sibling who had a heart attack before 60 years of age

Because the measure assesses aspirin use for the primary prevention of cardiovascular disease, members with cardiovascular disease are excluded. This includes members with a history of:

- Heart attack
- Angina or coronary heart disease
- Stroke
- Diabetes or high blood sugar

In order to calculate the results, Gender-Dependent Age Band Eligibility Flags are established for each member in the CAHPS 5.0H Adult Survey sample frame data file. These flags identify members eligible for the Aspirin Use and Discussion measures (see below).

Dependent Age Band Eligibility Flags

- 1 = Female age 55 or younger as of December 31 of the measurement year
- 2 = Female age 56–79 as of December 31 of the measurement year
- 3 = Female age 80 or older as of December 31 of the measurement year
- 4 = Male age 45 or younger as of December 31 of the measurement year
- 5 = Male age 46-65 as of December 31 of the measurement year
- 6 = Male age 66–79 as of December 31 of the measurement year
- 7 = Male age 80 or older as of December 31 of the measurement year

The following table illustrates the questions and responses included in the Aspirin Use and Discussion measures.

Commercial	Medicaid	Question	Response Choices
Q46	Q38	Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	<ul style="list-style-type: none"> • Every day • Some days • Not at all • Don't know
Q50	Q42	Do you take aspirin daily or every other day?	<ul style="list-style-type: none"> • Yes • No • Don't know
Q51	Q43	Do you have a health problem or take medication that makes taking aspirin unsafe for you?	<ul style="list-style-type: none"> • Yes • No • Don't know
Q52	Q44	Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?	<ul style="list-style-type: none"> • Yes • No
Q53	Q45	Are you aware that you have any of the following conditions? Check all that apply.	<ul style="list-style-type: none"> • High cholesterol • High blood pressure • Parent or sibling with heart attack before the age of 60
Q54	Q46	Has a doctor ever told you that you have any of the following conditions? Check all that apply.	<ul style="list-style-type: none"> • A heart attack • Angina or coronary heart disease • A stroke • Any kind of diabetes or high blood sugar

Calculation of Aspirin Use and Discussion:

The Aspirin Use and Discussion measures are calculated using a rolling average methodology. See *Rolling Average* for an explanation of how a rolling average is calculated.

ASPIRIN USE	
Denominator	<p>The number of members who responded to the survey and indicated that they did not have a health problem or take medication that makes taking aspirin unsafe, did not have an exclusion and who are:</p> <ul style="list-style-type: none"> Women 56-79 with at least two risk factors for cardiovascular disease Men 45-64 with at least one risk factor for cardiovascular disease Men 65-79
Eligible gender-dependent age bands	<p>Only members with Gender-Dependent Age Band Eligibility Flags of 2,5, and 6 are included in the denominator.</p> <ul style="list-style-type: none"> Members with a Gender-Dependent Age Band Eligibility Flag = 2 must have at least two cardiovascular risk factors Members with a Gender-Dependent Age Band Eligibility Flag = 5 must have at least one cardiovascular risk factor Members with a Gender-Dependent Age Band Eligibility Flag = 6 are included, regardless of the number of cardiovascular risk factors
Summing cardiovascular risk factors	<p>Each response choice below indicates a cardiovascular risk factor. Sum the responses by member to calculate the total number of risk factors for that member.</p> <p>Q38 = "Every day" or "Some days"</p> <p>Q45 = "High cholesterol"</p> <p>Q45 = "High blood pressure"</p> <p>Q45 = "Parent or sibling with heart attack before the age of 60"</p>
Exclusions	<p>Any response to Q46 indicates a cardiovascular disease exclusion. Exclude any member who selected <i>any</i> response choice for Q46: "A heart attack" or "Angina or coronary heart disease" or "A stroke" or "Any kind of diabetes or high blood sugar."</p>
Aspirin Use questions	<p>Response choices must be as follows to be included in the denominator:</p> <p>Q42 = "Yes" or "No"</p> <p>Q43 = "No"</p>
Numerator	<p>The number of members in the denominator who indicated that they currently take aspirin daily or every other day.</p> <p>Member response choice must be as follows to be included in the numerator:</p> <p>Q42 = Yes</p>

DISCUSSING ASPIRIN RISKS AND BENEFITS

Denominator	The number of respondents who are Women 56-79 and Men 46-79 years of age.
Eligible gender-dependent age bands	Only members with Gender-Dependent Age Band Eligibility Flags of 2,5, and 6 are included in the denominator.
Aspirin discussion question	Response choices must be as follows to be included in the denominator: Q44 = “Yes” or “No”
Numerator	The number of members in the denominator who indicated that their doctor or other provider discussed the risks and benefits of aspirin use to prevent heart attack or stroke. Member response choice must be as follows to be included in the numerator: Q44 = “Yes”

SOURCE: Page 33-37, Volume 3 HEDIS® 2013 Specifications for Survey Measures

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

In 2007 one composite was deleted (Courteous and Helpful Office Staff) and one was added (Shared Decision Making). In 2008 the Customer Service composite was reduced from 3 questions to 2 questions.

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 O for the new wording of these questions.

The Composite Summary Rate is used in reporting to Quality Compass® and the Three-Point Score is used in NCQA accreditation. See *Summary Rate Scoring and Scoring for NCQA Accreditation* for an explanation of how the scores are calculated.

See Page K 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 you get care as soon as you thought you needed?

Q6 - How often did you get an appointment for a check-up or routine at a doctor’s office or clinic as soon as you thought you 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 of Q4 = 1.9 or 84%

Mean of Q6 = 2.2 or 88%

Then, calculate the mean of those means:

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 or to the relative importance of one question to another.

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.

Demographics

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

CAHPS® Segments	Morpacel Segments
AGE	
18 – 24	18 – 34
25 – 34	
35 – 44	35 – 54
44 – 54	
55 – 64	55 +
65 – 74	
75 or older	
EDUCATION	
8 th grade or less	High school or less
Some high school	
High school graduate/GED	
Some college/2-year degree	Some college or more
4-year college degree	
More than 4-year college degree	
RACE /ETHNICITY	
White	White
Black/African-American	Black/African-American
Asian	All Other
Native Hawaiian/Pacific Islander	
American Indian/Alaska Native Other	
HEALTH STATUS	
Excellent	Excellent – Very Good
Very Good	
Good	Good
Fair	Fair - Poor
Poor	

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 2007, AHRQ replaced the CAHPS® 3.0H Adult Survey with the CAHPS® Health Plan Survey 4.0H as part of its Ambulatory CAHPS® initiative.

In 2013, AHRQ replaced the CAHPS® 4.0H Adult Survey with the CAHPS® Health Plan Survey 5.0H as part of its Ambulatory CAHPS® initiative.

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. The major objectives of the 2013 CAHPS® 5.0H Adult Medicaid 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

A Key Driver Analysis was conducted to understand the relationship between different aspects of plan service and provider care and overall satisfaction with a member's 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 (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) 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.

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 the Quality Compass® percentile group, the fewer members are satisfied with the attribute. Attributes with scores below the 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 varies, these attributes are lower in importance to the overall measure. Monitor performance and consider possible action based on cost benefit analysis.

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%	

Examples 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 95% confident that the unknown population rating is between 64.8% and 75.2% (70%± 5.2%).

Medical Assistance with Smoking Cessation and Tobacco Use Cessation (MSC)

The Medical Assistance with Smoking Cessation was revised in the 2010 survey and is now called the Medical Assistance with Smoking and Tobacco Use Cessation (MSC). The scope of the measure was expanded to include smokeless tobacco use and to include the smokers and tobacco users who were not seen by a health plan practitioner during the measurement year. The question response choices were also revised. This measure now consists of the following components that assess different facets of providing medical assistance with smoking and tobacco use cessation:

- Advising Smokers and Tobacco Users to Quit
- Discussing Cessation Medications
- Discussing Cessation Strategies

Calculating the results of these three measures is described in detail on pages 38-42 of HEDIS® Volume 3. Questions 38, 39, 40, and 41 are included in the calculation. The example here focuses on “Advising Smokers to Quit”. The Advising Smokers and Tobacco Users to Quit rate includes members (18+ years of age) that are current smokers or tobacco users and who received advice to quit during the measurement year.

Responses must follow the path below to qualify for inclusion in the denominator of the calculation.

Q38 = “Everyday” or “Some Days”

Q39 = “Never” or “Sometimes” or “Usually” or “Always”

To qualify for inclusion in the numerator, the member response choices must be “Sometimes”, “Usually” or “Always” to Q39.

Note: The calculations for the other two sub-measures, “Discussing Cessation Medications” and “Discussing Cessation Strategies” use the same logic as above. However, Q39 is changed to Q40 for Discussing Cessation Medication, and Q39 is changed to Q41 for Discussing Cessation Strategies.

This measure is reported using a rolling average methodology, using results collected during two consecutive years of data collection. The reported results was calculated and publicly reported for the first time in 2011.

Overall Rating of Health Plan – National Results

The Overall Rating of Health Plan measure increased 1 percentage point since the previous year, now at its highest level. This measure remains comparatively low compared to other CAHPS® ratings and composites.

CAHPS® 3.0H/4.0H/5.0H Overall Rating of Health Plan 2000-2011	
Year	Mean
2000	-
2001	51.4
2002	69.3
2003	69.9
2004	71.2
2005	71.9
2006	70.1
2007	70.7
2008	72.7
2009	70.7
2010	72.4
2011	73.5

SOURCE: *The State of Health Care Quality 2012 and Quality Compass® 2011.*

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 Quality Compass®, that means 75% of plans represented in Quality Compass® have a score that is equal to or lower than it. Conversely, 25% of the plans in Quality Compass® have a higher score.

Quality Compass® 2012

The Quality Compass® database is compiled with performance data and member satisfaction information from 146 health plans who publicly reported their data to Quality Compass®.

Rating Questions

Responders are asked to rate four items (personal physician, specialist, health care received and overall experience with the health plan) from 0 to 10 with 0 being the worst and 10 being the best. The order in which these questions are asked in the survey changed in 2007.

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

2013 CAHPS® 5.0H Adult Medicaid Member Satisfaction Survey

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 answers one or more survey questions and indicates that they meet the eligible population criteria. SOURCE: Page 65, Volume 3 HEDIS® 2013 Specifications for Survey Measures

NCQA Average Response Rate Trend for Adult Medicaid Surveys

2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
34%	33%	34%	34%	32%	29%	29%	30%	31%	32%	29%	26%

The Adult Medicaid Average Response Rate for Adult Medicaid plans in 2012 was 26%, a decrease of 3% from the prior year. The minimum response rate for Adult Medicaid Surveys in 2012 was 13% while the maximum response rate was 47%.

SOURCE: 2013 NCQA Vendor Training Materials – October 2012

Rolling Average

The rolling average methodology is used for several survey measures:

- Advising Smokers to Quit
- Aspirin Use and Discussion
- Discussing Cessation Medications
- Discussing Cessation Strategies

Rolling average methodology allows the health plan up to two consecutive years of data collection to obtain a denominator (eligible sample size) sufficient to calculate results for a measure. Rolling average results are calculated using data reported for the current year and, when available, data reported for the prior year.

The denominator (eligible sample size) must be at least one hundred over two years in order to have a result calculated. If the denominator (eligible sample size) over the course of two years is less than one hundred, NCQA assigns a measure result of 'Not Applicable'. In this report, Morpace has identified these as 'NR' or 'Not Reportable'.

If the denominator (eligible sample size) over the course of two years is at least one hundred, the rate is calculated based on the following formula:

$$\text{Rate} = (\text{Year 1 numerator} + \text{Year 2 numerator}) / (\text{Year 1 denominator} + \text{Year 2 denominator})$$

Sampling Criteria

The sample frame includes all current Medicaid health care members at the time the sample is drawn who are age 18 years and older 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 adult per household would be sampled. In 2013, NCQA required all plans to draw a base sample of 1,350 members.

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.

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% 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

The measure below 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 33 and 34 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 Q34.

Statistical Testing

Statistical testing has been conducted in various places. 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 these results.

Summary Rate Scoring

Summary rate scores are those scores used in comparing scores to Quality Compass® and in presenting data to the public. Summary Rates are calculated in the following manner:

CAHPS® 5.0H Measures	Response = Summary Rate
Shared Decision Making (3 questions)	A lot/Yes
Getting Care Quickly (2 questions) How Well Doctors Communicate (4 questions) Getting Needed Care (2 questions) Customer Service (2 questions)	Usually and Always
Rating of Personal Doctor Rating of Specialist Seen Most Often Rating of All Health Care Received Rating of Health Plan	8, 9, 10

Survey Administration Protocol

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 post cards) 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: Pages 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.

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 you needed care right away, how often did you get care as soon as you thought you needed?	Never/Sometimes		1
Q6 - In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctors' office or clinic as soon as you thought you 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			
Q10 – When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine?	Not at all/A little		1
	Some		2
Q11 – When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want to take a medicine?	A lot	Summary Rate	3
Q12 - When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?	Yes	Summary Rate	3
	No		1
How Well Doctors Communicate			
Q17 – In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	Never/Sometimes		1
Q18 - In the last 6 months, how often did your personal doctor listen carefully to you? Q19 - In the last 6 months, how often did your personal doctor show respect for what you had to say?	Usually	Summary Rate	2
	Always		3
Q20 - In the last 6 months, how often did your personal doctor spend enough time with you?			
Getting Needed Care - – Question wording and order changed in 2013			
Q14 - In the last 6 months, how often was it easy to get the care, tests or treatment you needed?	Never/Sometimes		1
	Usually	Summary Rate	2
Q25 - In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?	Always		3
Customer Service			
Q31 - In the last 6 months, how often did the health plan's customer service give you the information or help you needed?	Never/Sometimes		1
	Usually	Summary Rate	2
Q32 - In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	Always		3