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2013 CAHPS[®] Adult Medicaid Member Satisfaction Survey

Amerigroup Louisiana, Inc.

August 2013



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Executive Summary

Background

Background

- CAHPS® measures health care consumers' satisfaction with the quality of care and customer service provided by their health plan. Plans which are collecting HEDIS® (Healthcare Effectiveness Data and Information Set) data for NCQA accreditation are required to field the CAHPS® survey among their eligible populations.
- In 2013, NCQA updated the CAHPS® 4.0H questionnaire to version 5.0H. These revisions include question numbers, 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.
- Amerigroup Louisiana, Inc. chose the mail/telephone protocol. This protocol included mailing a questionnaire with a cover letter. For those selected members who did not respond to the first questionnaire, a second questionnaire with a cover letter encouraging participation was sent. Thank you/reminder postcards were mailed after each survey mailing. (NCQA reinstated the postcard mailings as response rates had declined for the past two years.) If a selected member still did not respond to the questionnaires, at least four telephone calls were made to complete the survey using trained telephone interviewers.
- NCQA originally designed this protocol with the goal of achieving a total response rate of at least forty-five percent (45%). 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, 1755 Amerigroup Louisiana, Inc. members were randomly selected to participate in the 2013 CAHPS® 5.0H Adult Medicaid Survey. This report is compiled from the responses of the 330 Amerigroup Louisiana, Inc. members who responded to the survey (20% 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.

Amerigroup Louisiana, Inc. 2013 Disposition Summary

Ineligible	Number
Deceased (M20/T20)	1
Does not meet criteria (M21/T21)	110
Language barrier (M22/T22)	4
Mentally/physically incapacitated (M24/T24)	10
Total Ineligible	125

Non-response	Number
Bad address/phone (M23/T23)	92
Refusal (M32/T32)	28
Maximum attempts made (M33/T33)	1180
Total Non-response	1300

- 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 Amerigroup Louisiana, Inc.'s Adult Medicaid survey, the numerator and denominator used to compute the response rate are presented below:

$$\frac{\text{Mail completes (206)} + \text{Phone completes (124)}}{\text{Total Sample (1755)} - \text{Total Ineligible (125)}} = \frac{330}{1630} = \text{Response Rate} = 20\%$$

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).

Amerigroup Louisiana, Inc.	
Composite Measures	2013
Getting Care Quickly	79%
Shared Decision Making	49%
How Well Doctors Communicate	85%
Getting Needed Care	76%
Customer Service	86%
Overall Rating Measures	
Health Care	68%
Personal Doctor	78%
Specialist	83%
Health Plan	72%
HEDIS® Measures	
Advising Smokers and Tobacco Users to Quit*	76%
Discussing Cessation Medications*	44%
Discussing Cessation Strategies*	40%
Aspirin Use**	NR
Discussing Aspirin Risks and Benefits**	NR
Health Promotion & Education	71%
Coordination of Care	79%
<i>Sample Size</i>	1755
<i># of Completes</i>	330
<i>Response Rates</i>	20%

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	0.33	0.65	1.10	1.43	1.63
Composite Scores	Unadjusted	Adjusted**	Approximate Percentile Threshold						Approximate Score**
Getting Care Quickly	2.416	2.436	50 th		2.33	2.40	2.44	2.48	1.10
How Well Doctors Communicate	2.582	2.602	75 th		2.48	2.54	2.58	2.64	1.43
Getting Needed Care	2.325	2.345	50 th		2.18	2.28	2.35	2.43	1.10
Customer Service	2.584	2.612	90 th		2.34	2.42	2.47	2.55	1.63
Overall Ratings Scores									
Q13 Health Care	2.251	2.279	25 th		2.25	2.31	2.37	2.41	0.65
Q23 Personal Doctor	2.525	2.553	75 th		2.42	2.46	2.51	2.57	1.43
Q27 Specialist ***	0.000	0.000	NA		2.43	2.47	2.52	2.56	NA
				Accreditation Points	0.65	1.30	2.21	2.86	3.25
Q35 Health Plan	2.349	2.377	25 th		2.32	2.40	2.46	2.54	1.30
								Estimated Overall CAHPS® Score:	8.64

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®

		Amerigroup Louisiana, Inc.	2012 Quality Compass® Comparisons*				
			10th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l
Composite Scores			%	%	%	%	%
Getting Care Quickly	(% Always and Usually)	79.23%	74.26	78.23	81.28	83.51	85.53
Shared Decision Making	(% A lot/Yes)	49.14%	NA	NA	NA	NA	NA
How Well Doctors Communicate	(% Always and Usually)	85.08%	83.91	85.91	88.00	89.99	91.86
Getting Needed Care	(% Always and Usually)	76.00%	65.48	69.65	76.68	80.56	84.39
Customer Service	(% Always and Usually)	85.70%	74.29	76.89	80.74	83.19	86.67
Overall Ratings Scores							
Q13	Health Care (% 8, 9, and 10)	68.13%	62.46	67.00	69.96	73.58	76.20
Q23	Personal Doctor (% 8, 9, and 10)	77.92%	71.62	74.78	76.96	79.42	82.77
Q27	Specialist (% 8, 9, and 10)	82.65%	72.55	75.00	77.48	80.32	83.08
Q35	Health Plan (% 8, 9, and 10)	71.71%	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®).

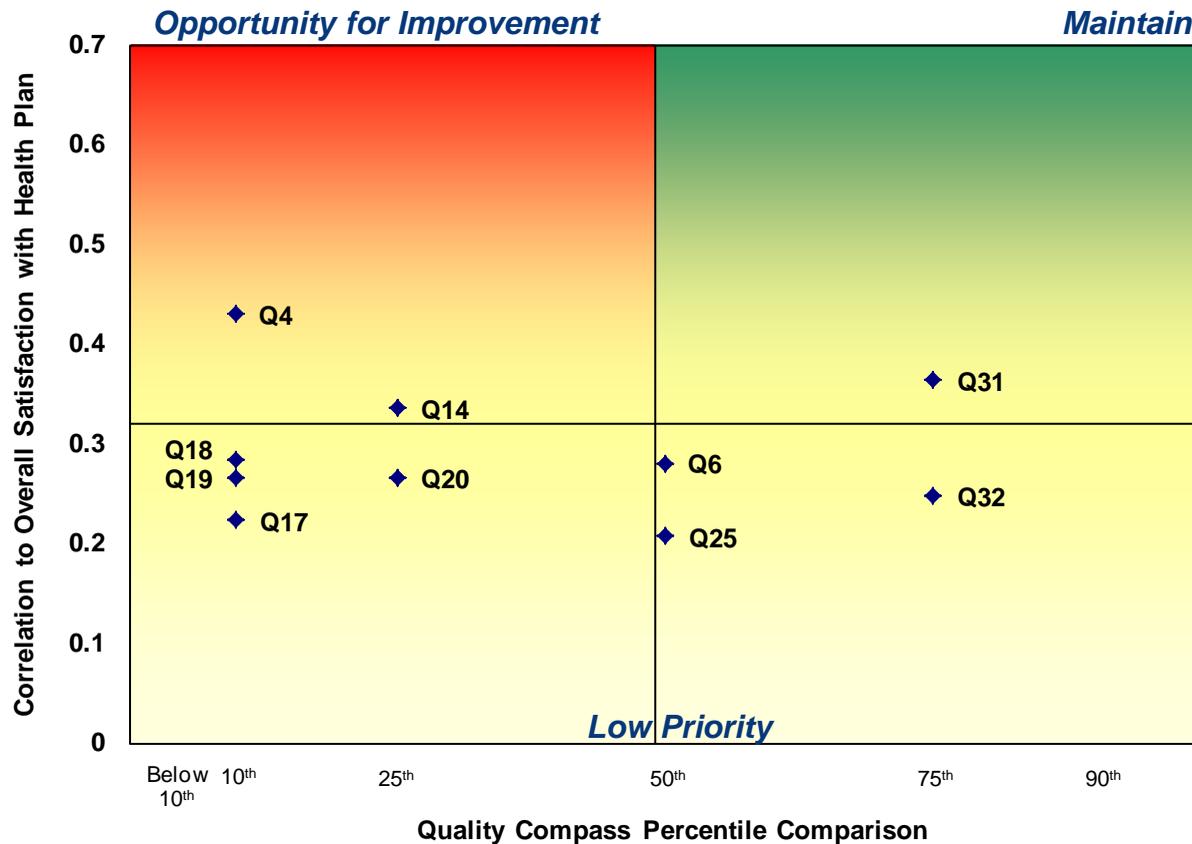
The key drivers for the health plan and health care are shown below:

High Priority for Improvement (High correlation/Relatively low performance)	
<u>Health Plan</u> Q4 - Getting Care as Soon as Needed Q14 - Easy to Get Care Believed Necessary	<u>Health Care</u> Q17 - Explain Things in a Way You Could Understand Q4 - Getting Care as Soon as Needed Q14 - Easy to Get Care Believed Necessary Q18 - Listen Carefully to You
Continue to Target Efforts (High correlation/Relatively high performance)	
<u>Health Plan</u> Q31 - Got Information or Help Needed	<u>Health Care</u> None

Executive Summary

Quadrant Analysis

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



Action Plans for Improving CAHPS Scores

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

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

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

Getting Needed Care

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

Action Plans for Improving CAHPS Scores (cont'd)

Getting Care Quickly

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

How Well Doctors Communicate

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

Action Plans for Improving CAHPS Scores (cont'd)

Shared Decision Making

- Doctor talked about reasons you might want to take a medicine
- Doctor talked about reasons you might not want to take a medicine
- Doctor asked you what you thought was best
 - Conduct a CG-CAHPS survey and include the Shared Decision Composite as supplemental questions
 - Develop patient education materials on common medicines described for your members explaining pros and cons of each medicine. Examples: asthma medications, high blood pressure medications, statins.
 - Develop audio recordings and/or videos of patient/doctor dialogues/vignettes on common medications. Distribute to provider panel via podcast or other method.

Health Plan Customer Service

- Customer service gave the information or help needed
- Customer service treated member with courtesy and respect
 - Conduct Call Center Satisfaction Survey. Implement a short IVR survey to members within days of their calling customer service to explore/assess their recent experience.
 - At the end of each Customer Service call, have your representative enter/post the reason for the call. At the end of a month, synthesize the information to discern the major reasons for a call. Have the customer service representatives and other appropriate staff discuss ways to address the reason for the majority of the calls and design interventions so that the reason for the call no longer exists.

Executive Summary

Key Driver Analysis – Health Plan

Q35. Rating of Health Plan

			<u>Sample Size:</u>	<u>Health Plan's Score</u>	<u>Plan's Percentile Range</u>
Q4. Getting Care as Soon as Needed		0.43	159	77.36%	10 th
Q31. Got Information or Help Needed		0.36	116	80.17%	75 th
Q14. Easy to Get Care Believed Necessary		0.34	255	76.08%	25 th
Q18. Listen Carefully to You		0.28	211	86.26%	10 th
Q6. Getting Appointment as Soon as Needed		0.28	254	81.10%	50 th
Q19. Show Respect for What You Had to Say		0.27	210	87.62%	10 th
Q20. Spend Enough Time with You		0.27	212	83.02%	25 th
Q32. Treated You with Courtesy and Respect		0.25	114	91.23%	75 th
Q17. Explain Things in a Way You Could Understand		0.22	211	83.41%	10 th
Q25. Easy to Get Appointment with Specialist		0.21	108	75.93%	50 th
Q11. Discussed Reasons Not to Take Medicine		0.13	116	29.31%	NA
Q10. Discussed Reasons to Take Medicine		0.11	116	46.55%	NA
Q12. Asked Preference for Medicine		0.10	116	71.55%	NA

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)

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

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

Q31 - Got Information or Help Needed

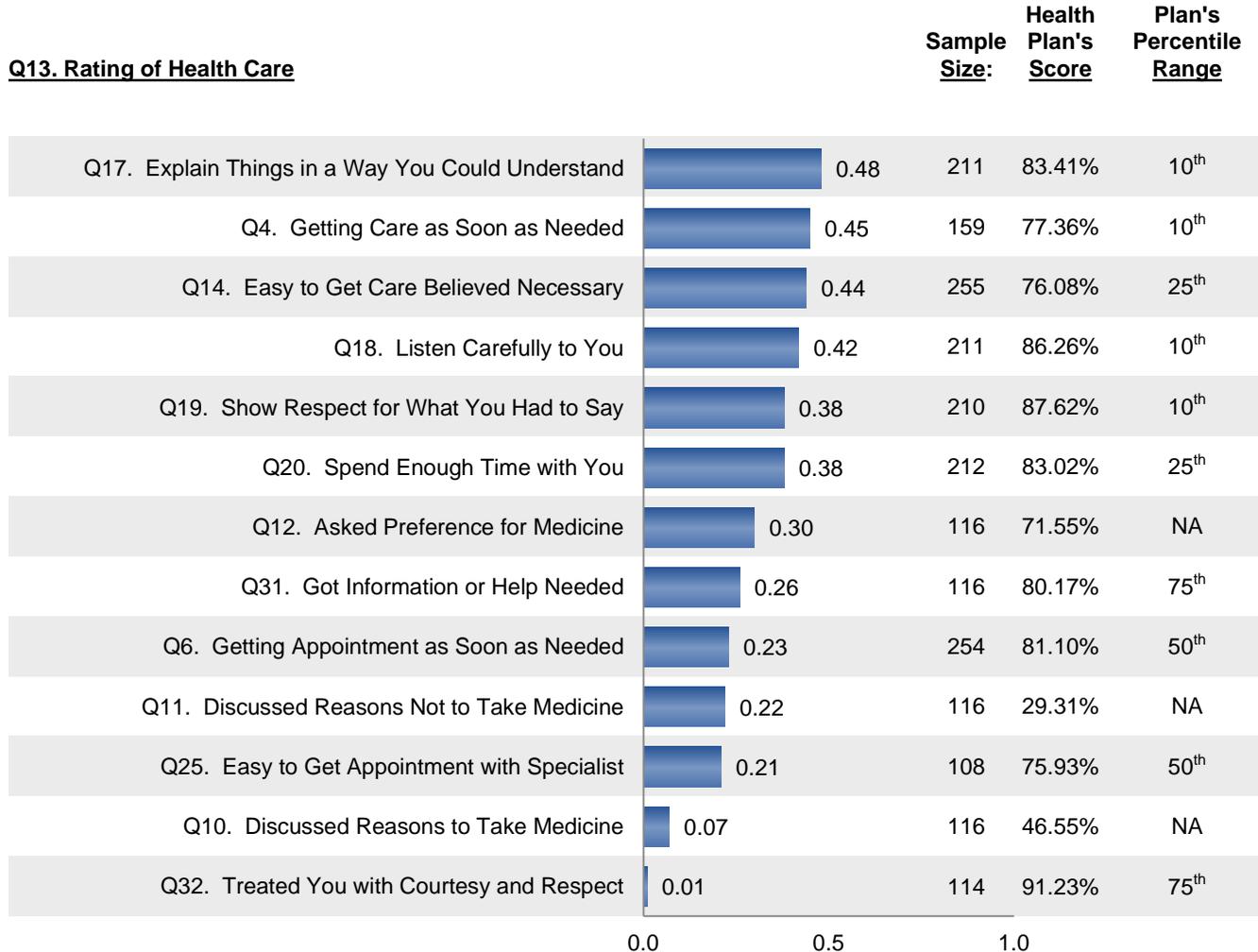
Legend:

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 – Health Care

Q13. Rating of Health Care



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

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

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

Q17 - Explain Things in a Way You Could Understand

Q4 - Getting Care as Soon as Needed

Q14 - Easy to Get Care Believed Necessary

Q18 - Listen Carefully to You

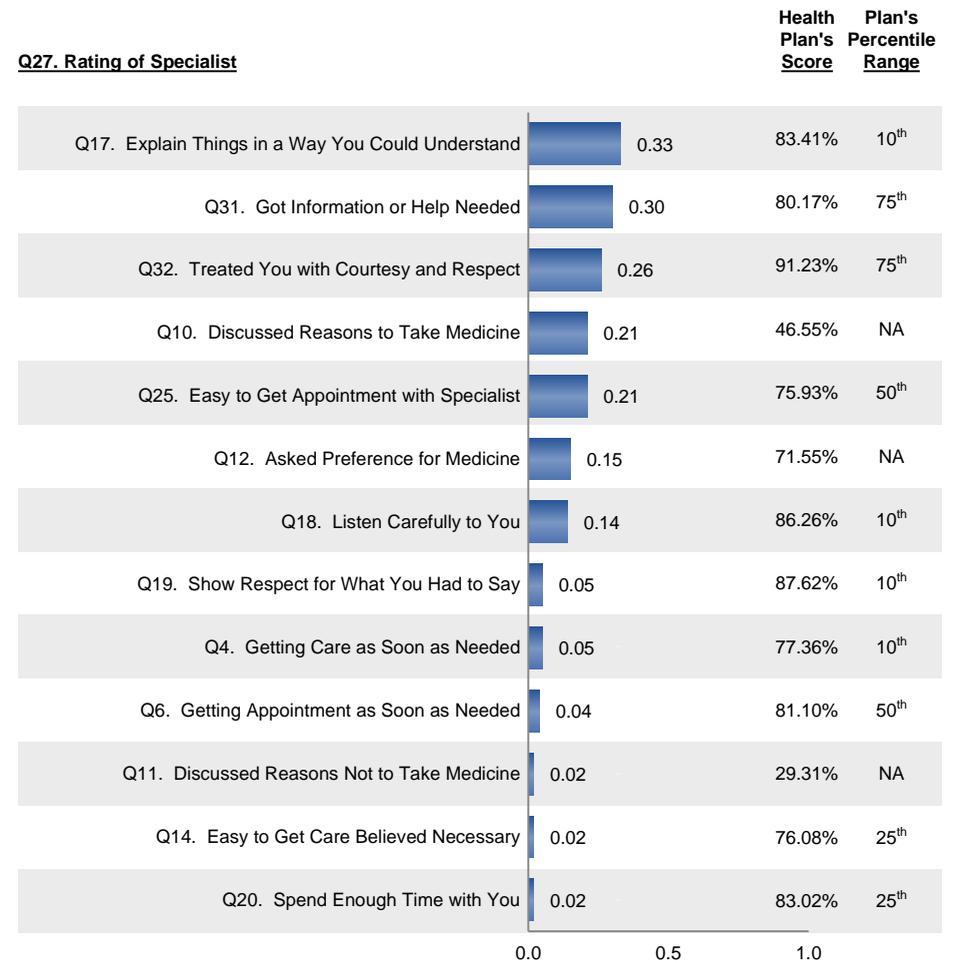
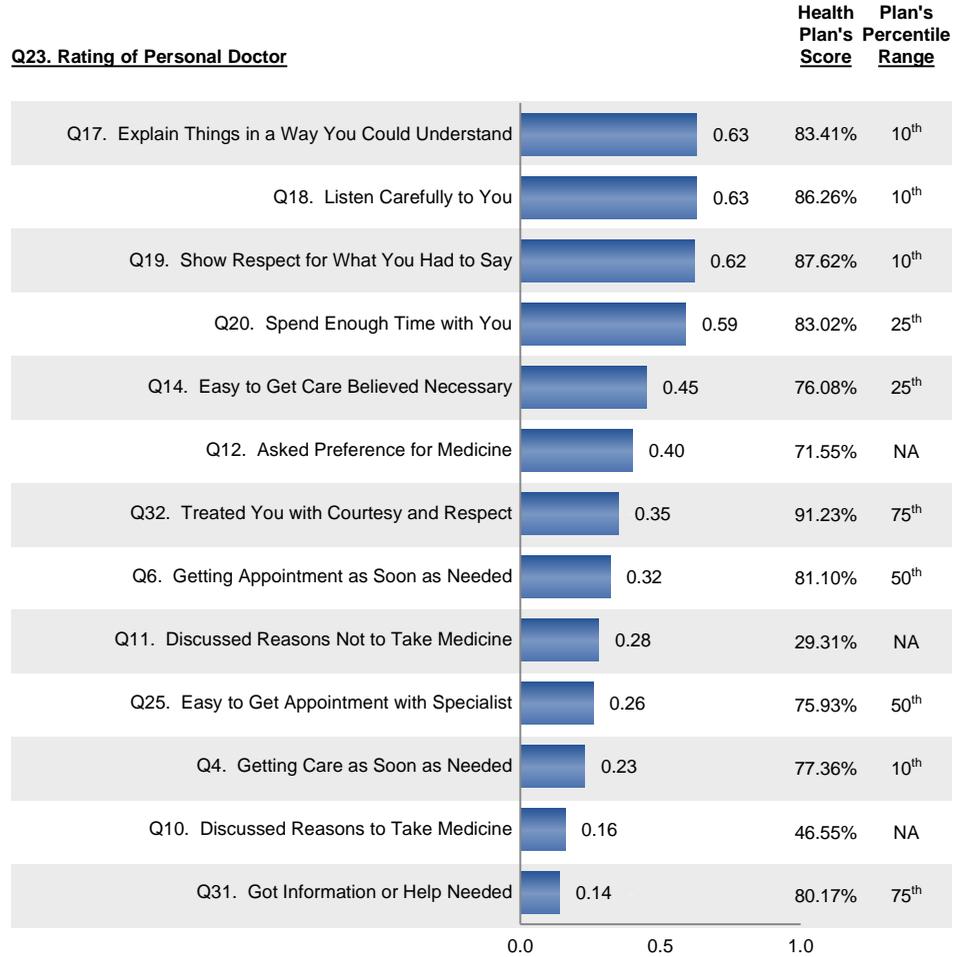
Continue to Target Efforts
(High Correlation/
Higher Quality Compass[®] Group)

None

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"

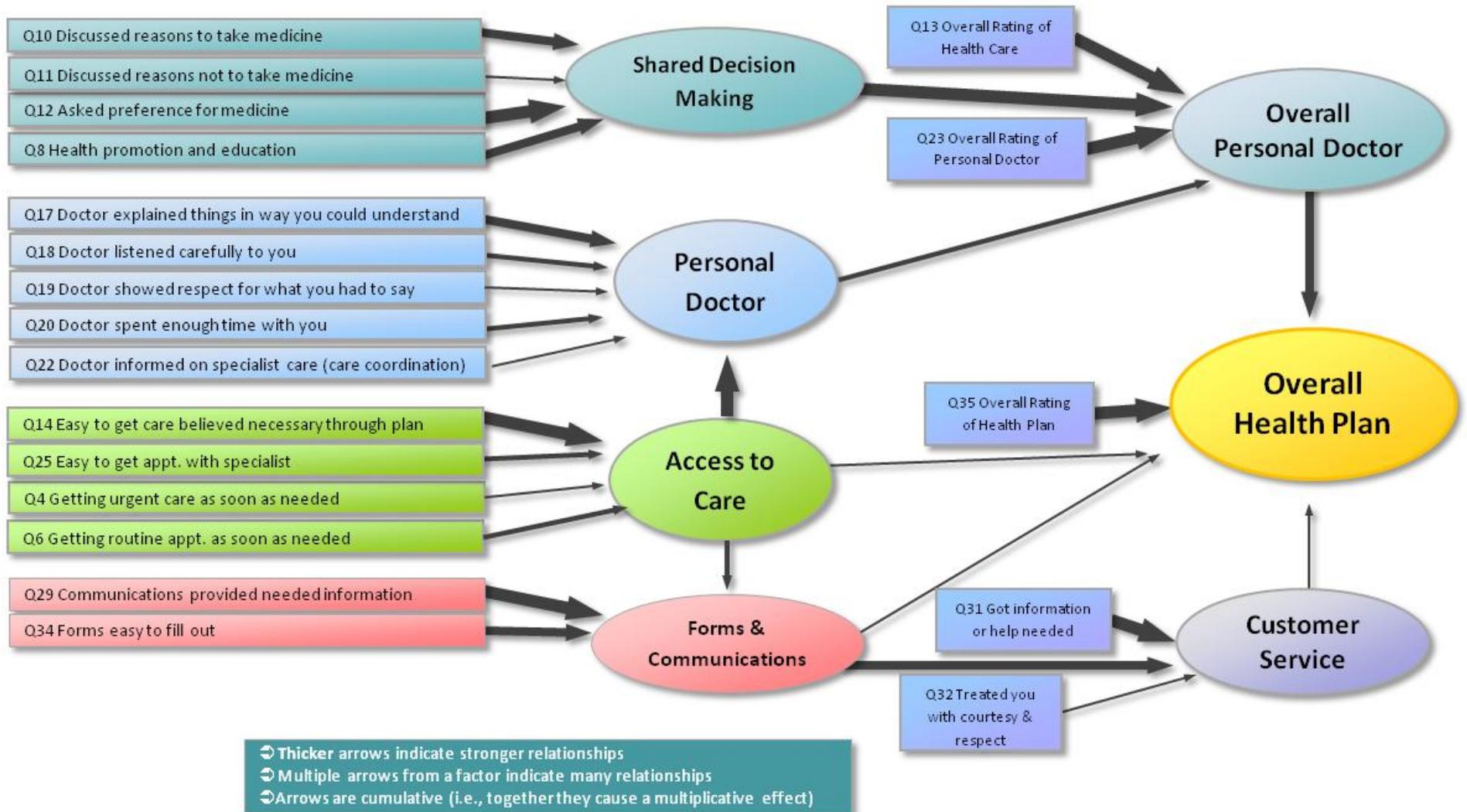
Morpace strives to illuminate the CAHPS® data in ways that yield a richer understanding of the data - moving from data to information to knowledge. Morpace conducted advanced analysis to better understand the relationships across and between survey variables. The analysis shown on the next page is based 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.

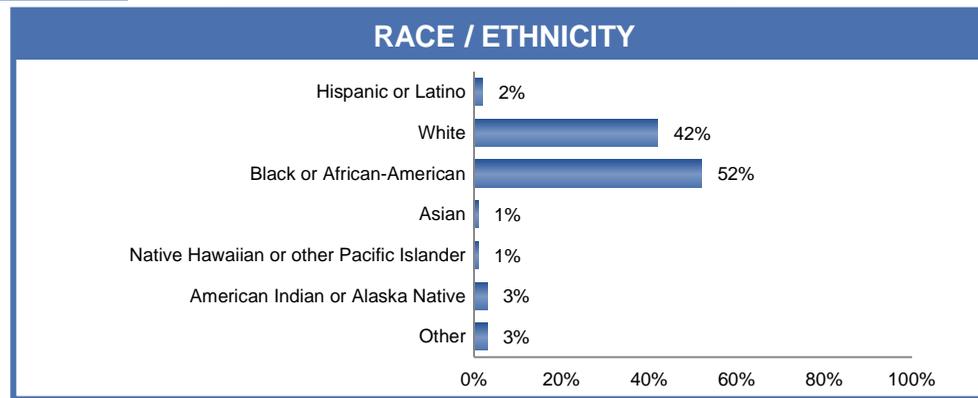
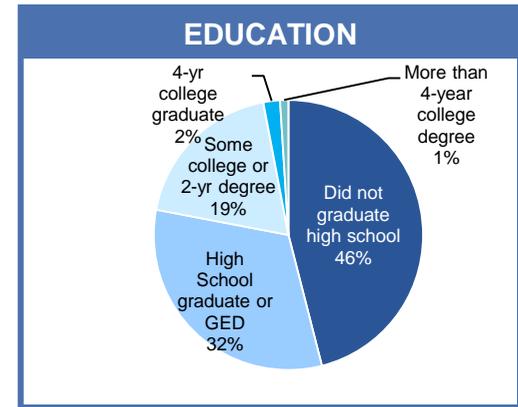
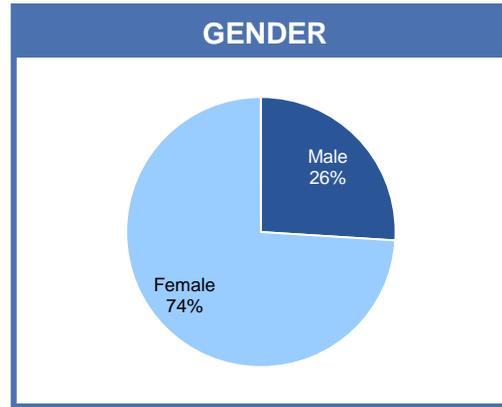
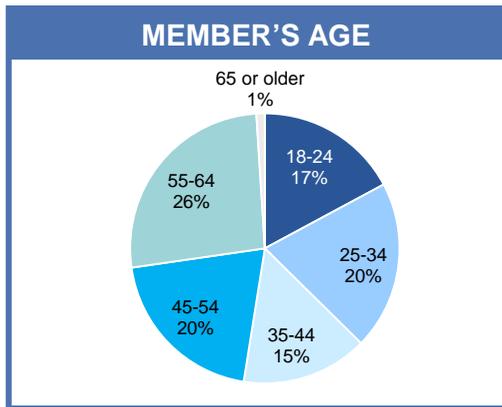
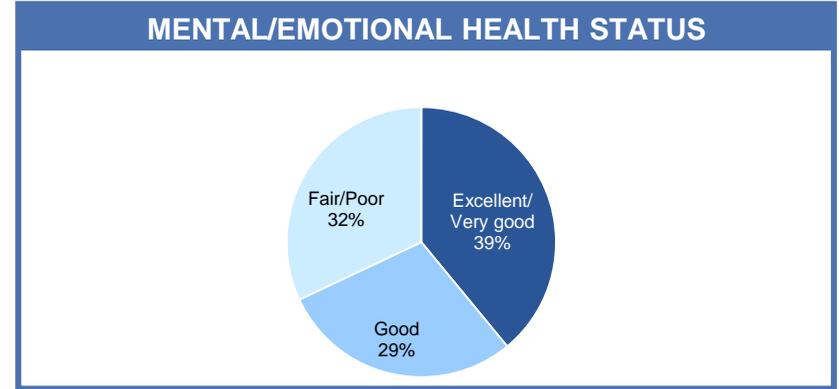
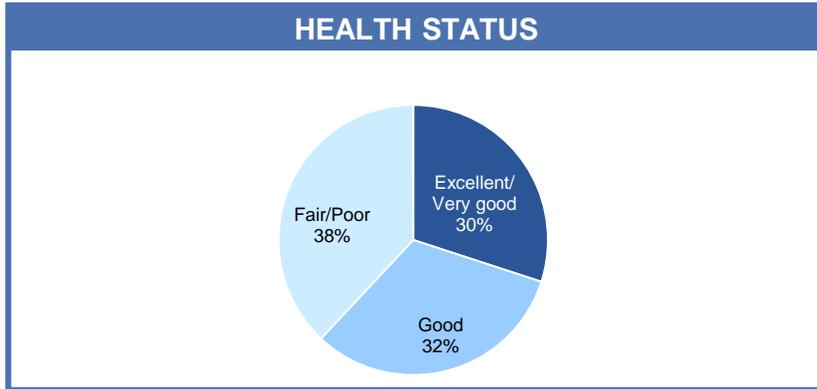
* The Morpace Adult Medicaid Book of Business is based on 30 health plans including 16,170 beneficiaries.

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



Executive Summary

Demographics



Data shown are self reported.

Executive Summary

Demographics

		2013	2012 Quality Compass®
Q36. Health Status	Excellent/Very good	30%	35%
	Good	32%	32%
	Fair/Poor	38%	33%
Q37. Mental/Emotional Health Status	Excellent/Very good	39%	NA
	Good	29%	NA
	Fair/Poor	32%	NA
Q51. Member's Age	18 to 24	17%	18%
	25 to 34	20%	23%
	35 to 44	15%	19%
	45 to 54	20%	20%
	55 to 64	26%	16%
	65 or older	1%	4%
Q52. Gender	Male	26%	30%
	Female	74%	70%
Q53. Education	Did not graduate high school	46%	26%
	High school graduate or GED	32%	39%
	Some college or 2-year degree	19%	28%
	4-year college graduate	2%	5%
	More than 4-year college degree	1%	2%
Q54/55. Race/Ethnicity	Hispanic or Latino	2%	17%
	White	42%	51%
	Black or African-American	52%	24%
	Asian	1%	4%
	Native Hawaiian or other Pacific Islander	1%	1%
	American Indian or Alaska Native	3%	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

Demographic Differences About Your Plan

Louisiana	Typical Response of Demographic	Response of Amerigroup Respondents
Age	Older members tend to be more satisfied than younger members.	<p>Members aged 35-54 years are significantly <u>MORE</u> satisfied than 55+ years old with:</p> <ul style="list-style-type: none"> • Easy to get care believed necessary (Q14) <p>Members aged 35-54 are significantly more satisfied than members 18-34 years old with:</p> <ul style="list-style-type: none"> • Getting care as soon as needed (Q4) • Spend enough time with you (Q20) • Easy to get appointment with specialist (Q25) <p>Members aged 18-34 and 35-54 are significantly <u>MORE</u> satisfied than members 55+ years old with:</p> <ul style="list-style-type: none"> • Got information or help needed (Q31)
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.	<p>Members who rate their health status as 'Excellent', 'Very good' or 'Good' are significantly more satisfied than members who rate their health status 'Fair' or "Poor" with:</p> <ul style="list-style-type: none"> • Explain things in a way you could understand (Q17) • Listen carefully to you (Q18) • Show respect for what you had to say (Q19) • Rating of Health Care and Health Plan
Education	More educated members tend to be less satisfied.	<p>More educated members are significantly <u>MORE</u> satisfied with:</p> <ul style="list-style-type: none"> • Getting appointment as soon as needed (Q6)

Executive Summary

Demographic Differences About Your Plan

Louisiana	Typical Response of Demographic	Response of Amerigroup Respondents
<p>Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.</p>		
<p>Race</p>	<p>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.</p>	<p>White members are significantly more satisfied than African American members with:</p> <ul style="list-style-type: none"> • Getting Care Quickly (Q4, Q6) • Explain things in a way you could understand (Q17) • Easy to get appointment with specialist (Q25) • Treated you with courtesy and respect (Q32) <p>White members are significantly more satisfied than Asian members with:</p> <ul style="list-style-type: none"> • Getting appointment as soon as needed (Q6) • Easy to get care believed necessary (Q14) • Treated you with courtesy and respect (Q32) • Rating of Personal Doctor and Specialist <p>African American members are significantly more satisfied than Asian members with:</p> <ul style="list-style-type: none"> • Easy to get care believed necessary (Q14) • Treated you with courtesy and respect (Q32) • Rating of Health Plan
<p>Ethnicity</p>	<p>Hispanics tend to give lower ratings than non-Hispanics. Non-English speaking Hispanics tend to give lower ratings than English-speaking Hispanics.</p>	<p>Hispanic members are significantly less satisfied than non-Hispanic members with:</p> <ul style="list-style-type: none"> • Explain things in a way you could understand (Q17) • Listen carefully to you (Q18) • Show respect for what you had to say (Q19) • Easy to get care believed necessary (Q14)

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=85)	(n=239)	(n=121)	(n=114)	(n=88)	(n=140)	(n=173)	(n=4)	(n=21)	(n=6)	(n=286)	(n=249)	(n=70)	(n=98)	(n=103)	(n=123)
Composites (% Always/Usually)																
Getting Care Quickly	84%	77%	76%	86%	76%	91%	70%	75%	81%	75%	80%	79%	80%	83%	77%	78%
Shared Decision Making (% A lot/Yes)	48%	50%	46%	53%	46%	48%	51%	33%	38%	-	49%	49%	51%	47%	51%	51%
How Well Doctors Communicate	88%	84%	83%	89%	82%	90%	82%	75%	69%	50%	87%	85%	86%	93%	88%	78%
Getting Needed Care	79%	75%	71%	86%	69%	83%	71%	50%	82%	20%	78%	76%	76%	81%	68%	77%
Customer Service	84%	86%	88%	91%	76%	94%	81%	50%	94%	100%	86%	85%	92%	87%	85%	84%
Ratings (% 8,9,10)																
Personal Doctor	84%	76%	72%	80%	83%	83%	76%	33%	64%	50%	79%	78%	78%	83%	76%	76%
Specialist	90%	81%	77%	86%	84%	89%	78%	50%	100%	-	84%	83%	84%	77%	74%	90%
Health Care	75%	65%	63%	68%	73%	68%	68%	75%	56%	60%	70%	68%	70%	82%	63%	62%
Health Plan	73%	71%	69%	77%	66%	69%	75%	25%	71%	67%	73%	74%	63%	84%	65%	67%

Detailed Results

Getting Care Quickly

Shared Decision Making

How Well Doctors Communicate

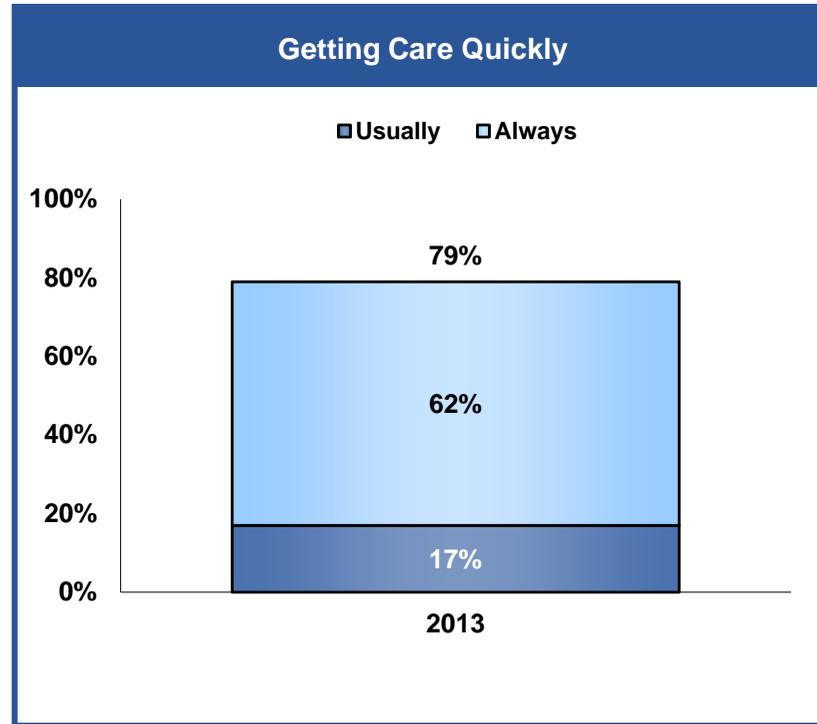
Getting Needed Care

Customer Service

Health Promotion and Education/Coordination of Care

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

Getting Care Quickly Composite



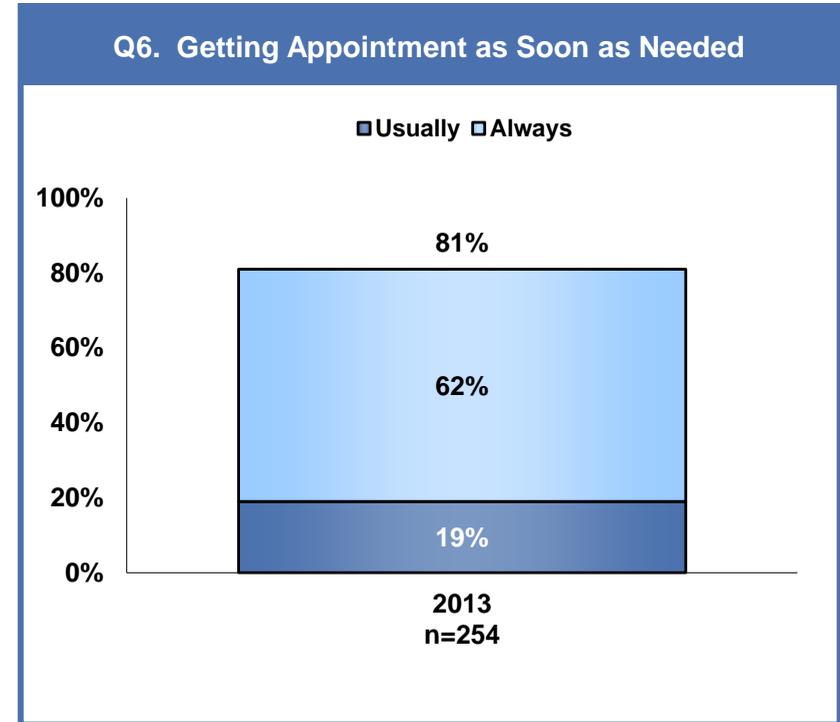
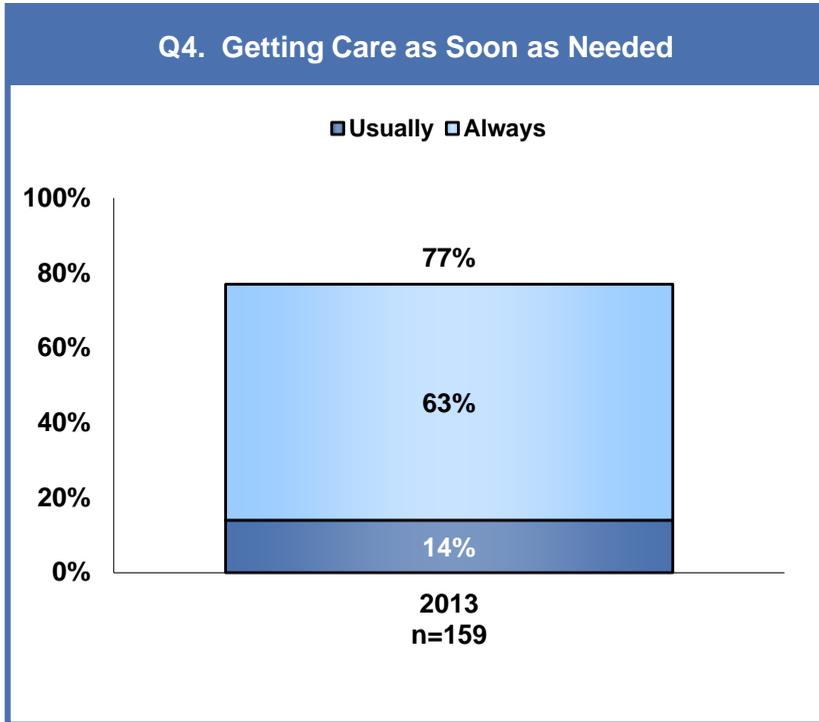
Plan score falls on 25th or below 50th Percentile

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

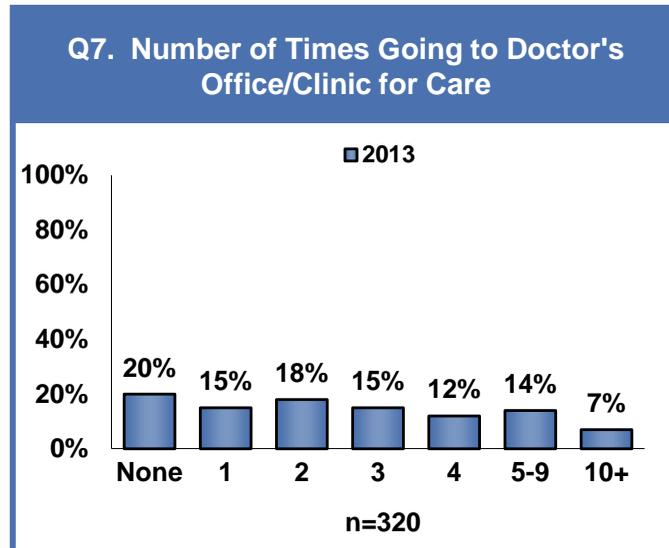
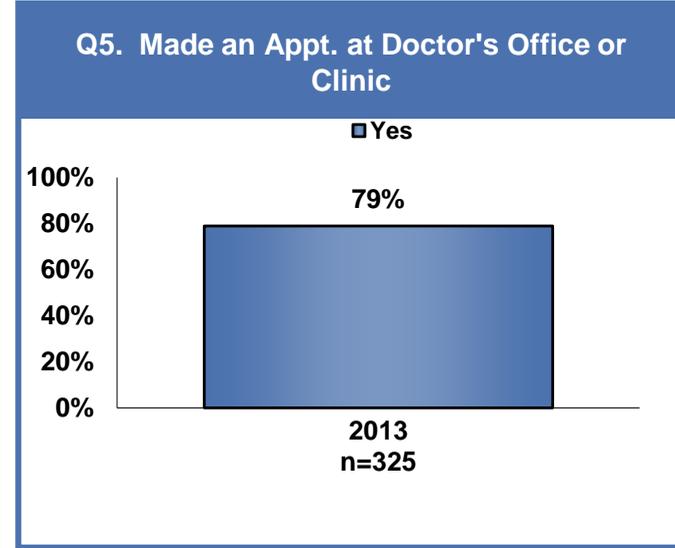
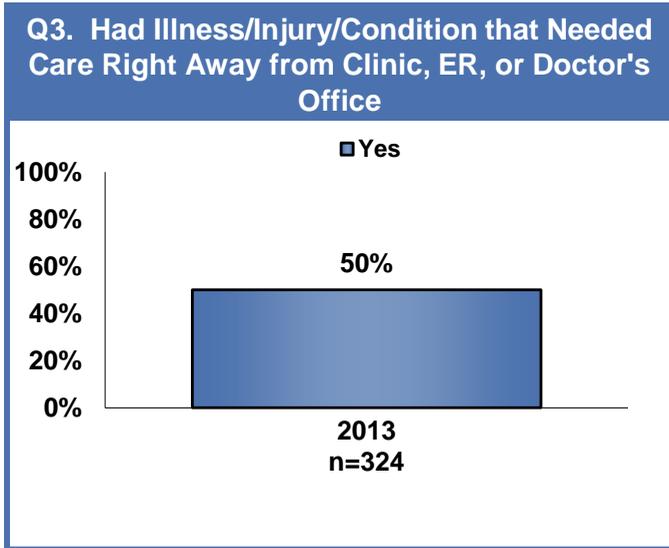
Composite Measures



NOTE: Numbers are rounded to the nearest whole number

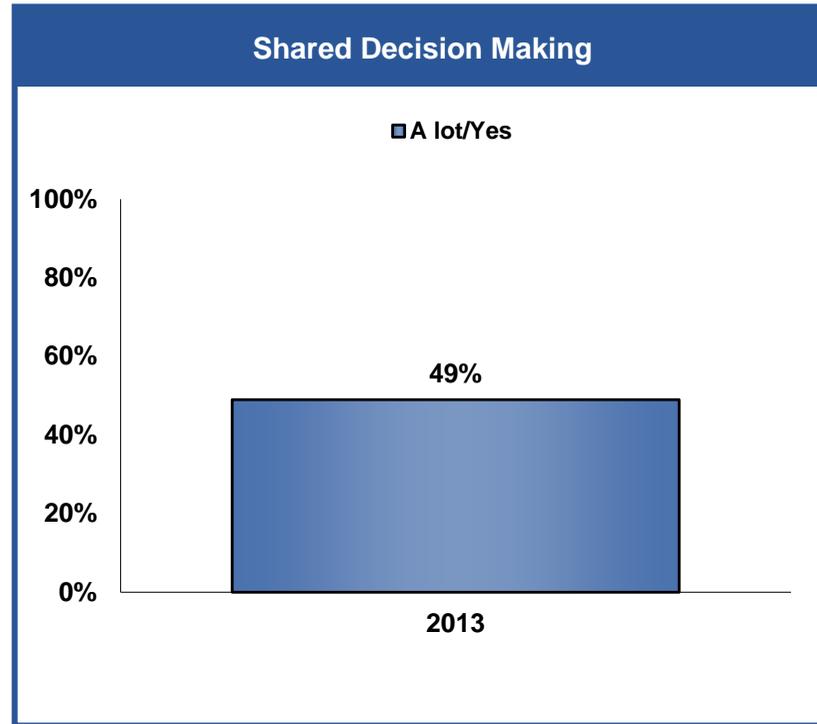
Getting Care Quickly

Access to Care



NOTE: Numbers are rounded to the nearest whole number

Shared Decision Making Composite



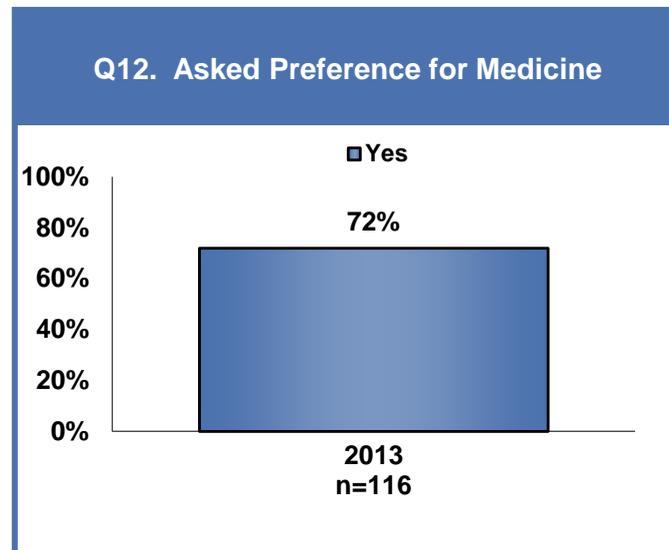
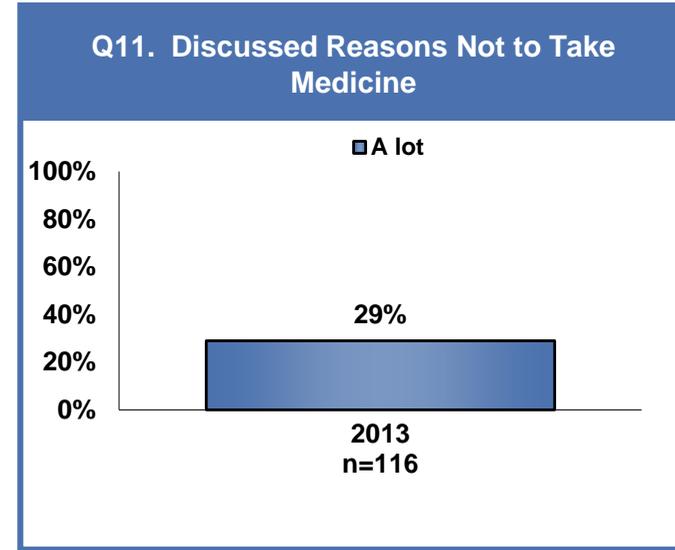
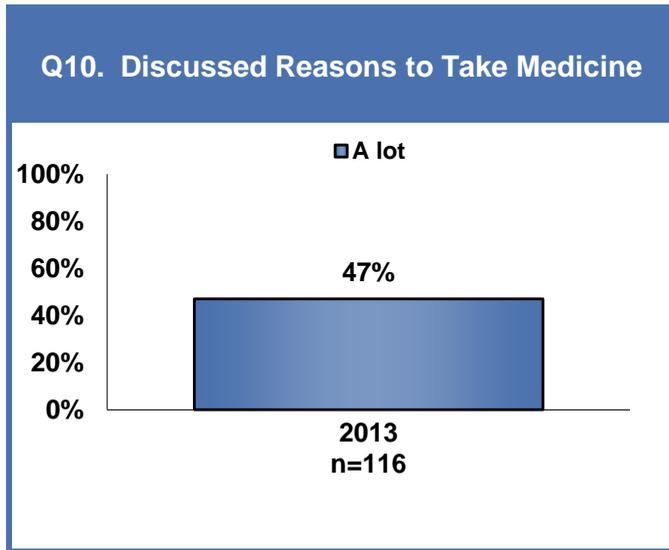
This composite was revised in 2013 to focus on patients' discussion with their doctor or other health provider about prescription medicine. The score for this measure is the average of 3 questions (Q10 - % A lot, Q11 - % A lot, Q12 - % Yes). This measure will not be publicly reported in 2013.

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

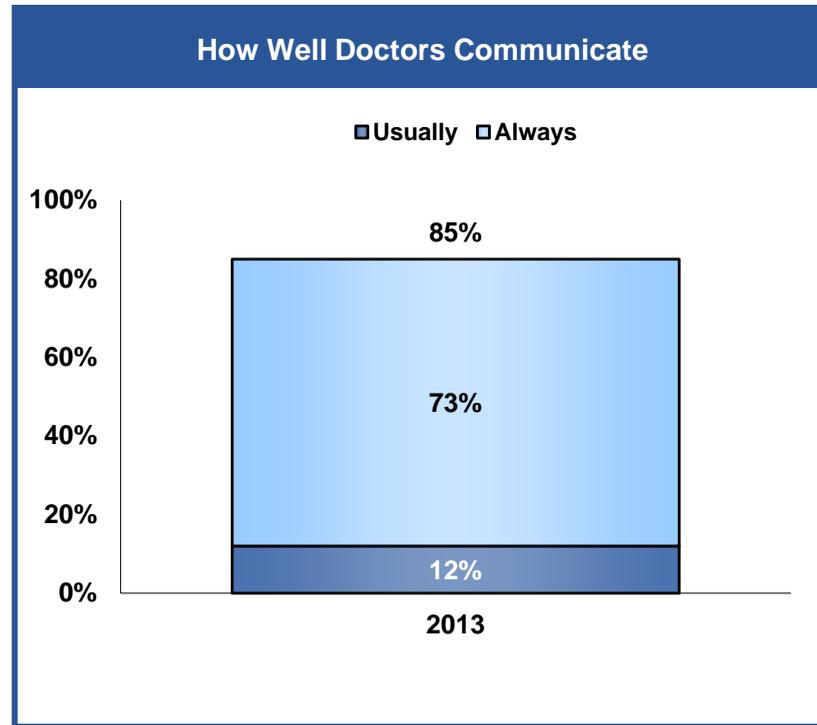
Shared Decision Making

Composite Measures



NOTE: Numbers are rounded to the nearest whole number

How Well Doctors Communicate Composite



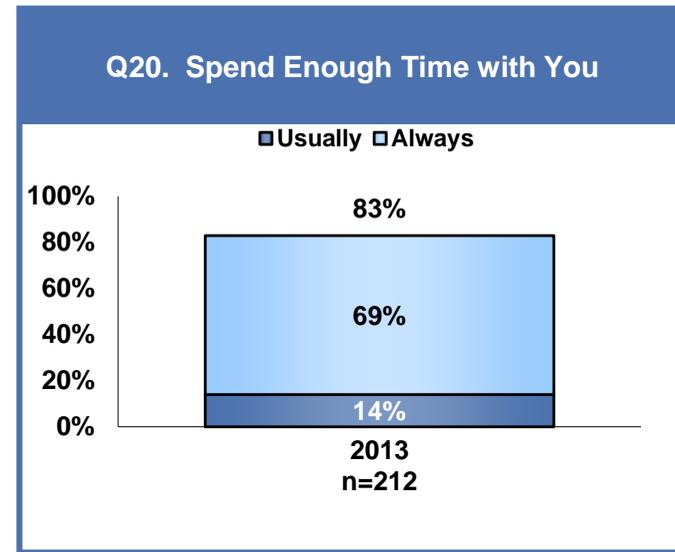
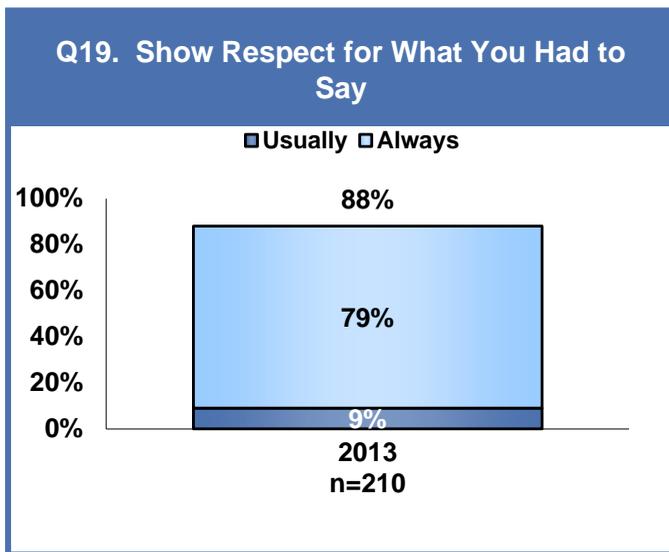
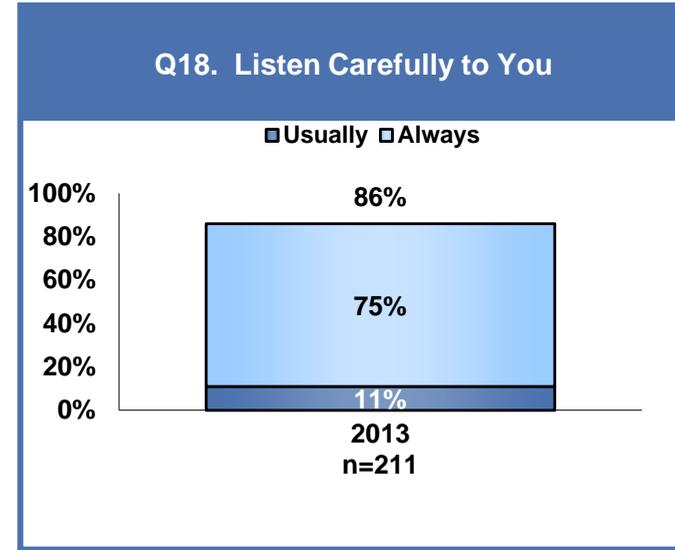
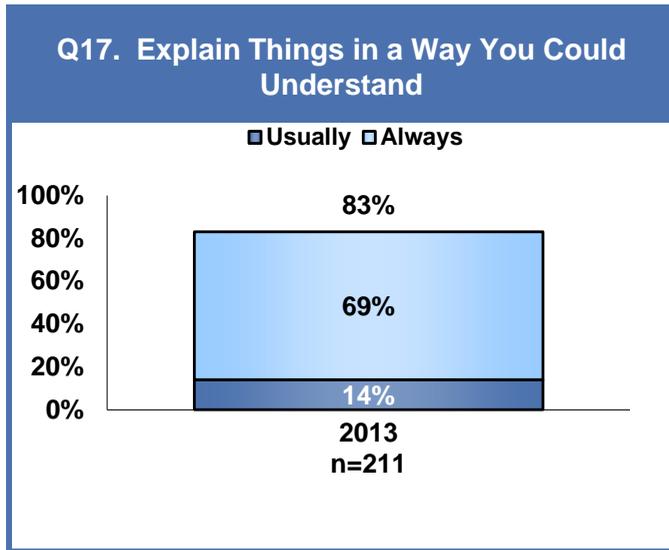
Plan score falls on 10th or below 25th Percentile

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

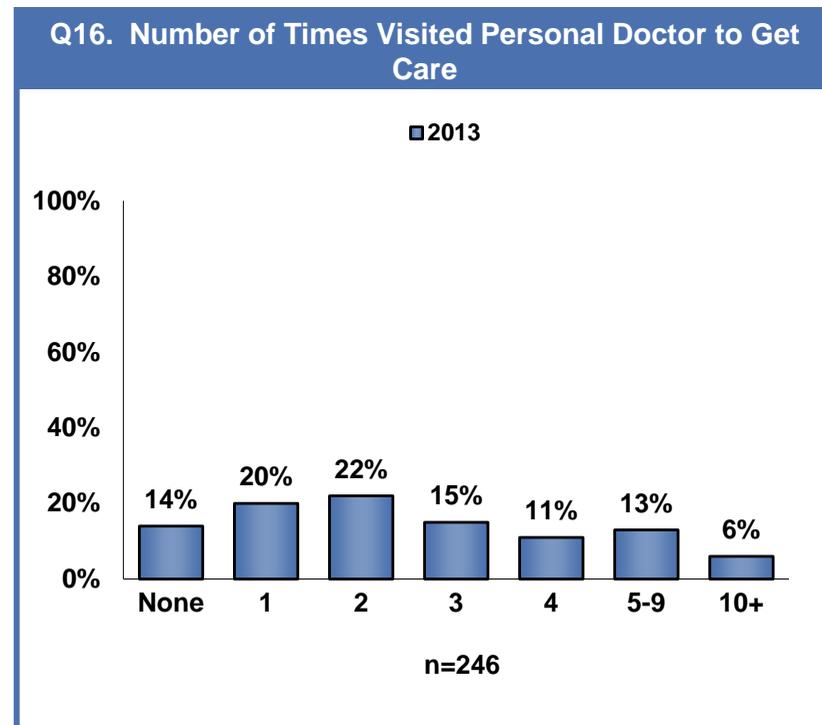
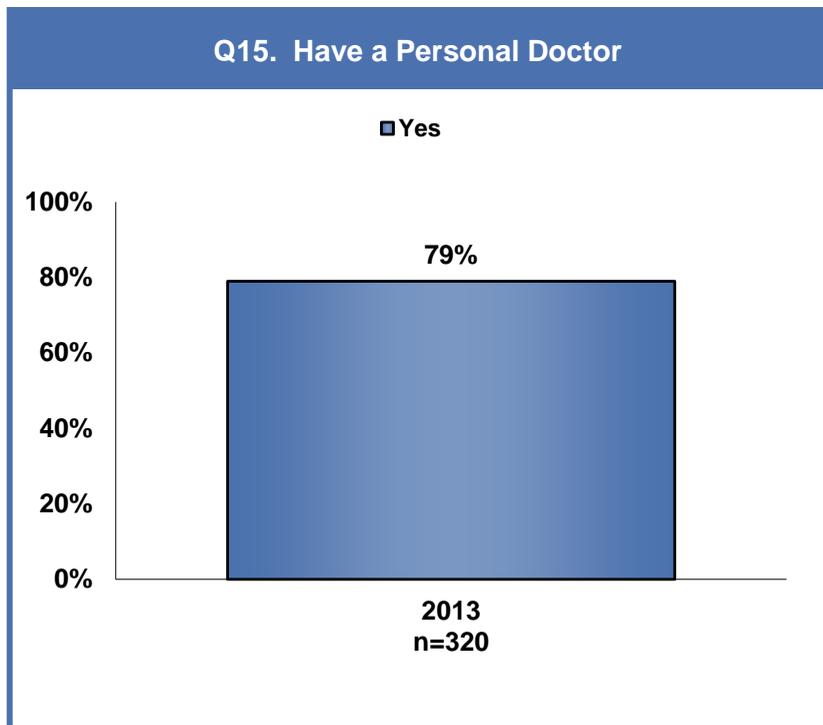
Composite Measures



NOTE: Numbers are rounded to the nearest whole number

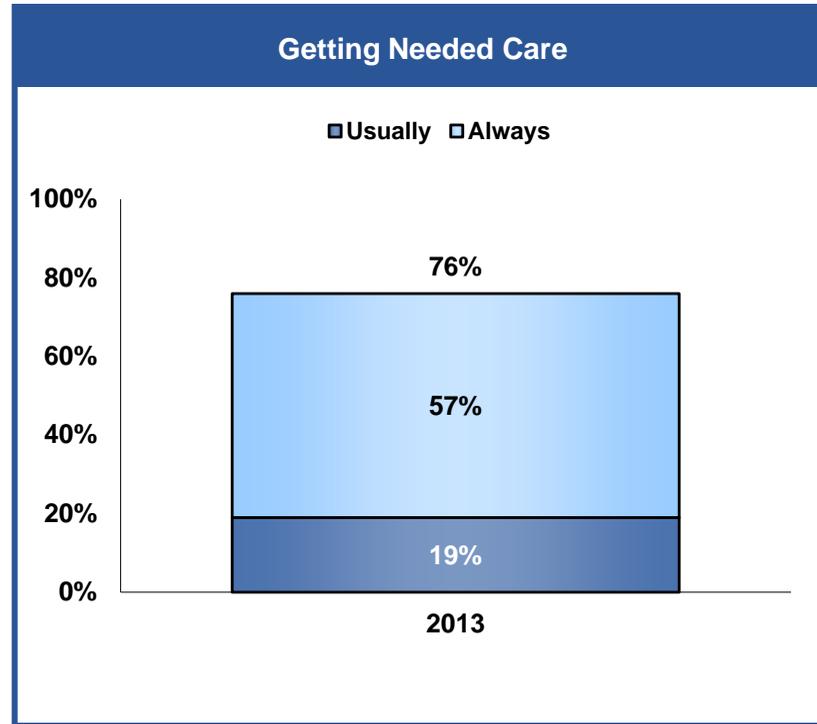
How Well Doctors Communicate

Access to Personal Doctor



NOTE: Numbers are rounded to the nearest whole number

Getting Needed Care Composite



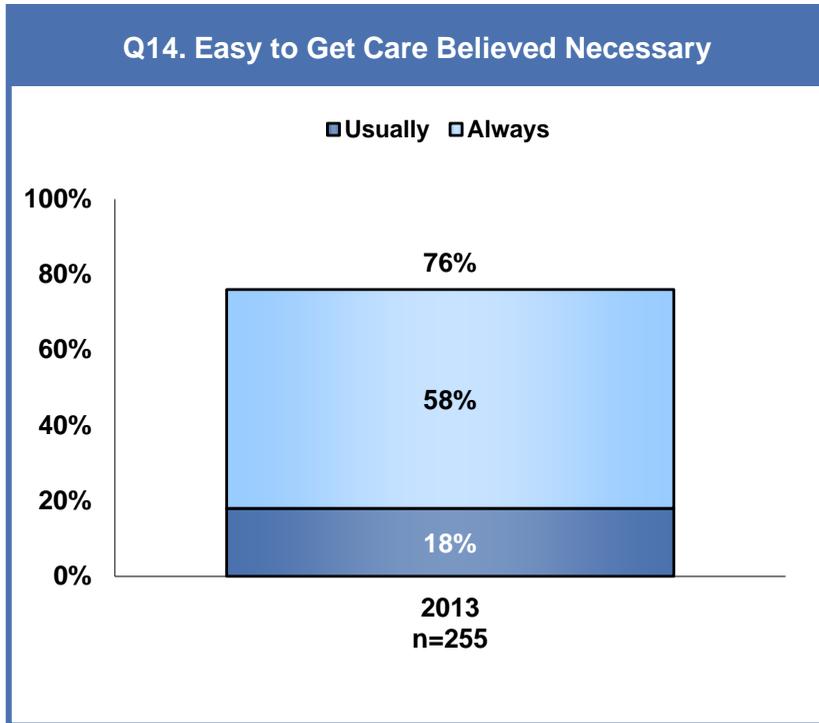
Plan score falls on 25th or below 50th Percentile

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

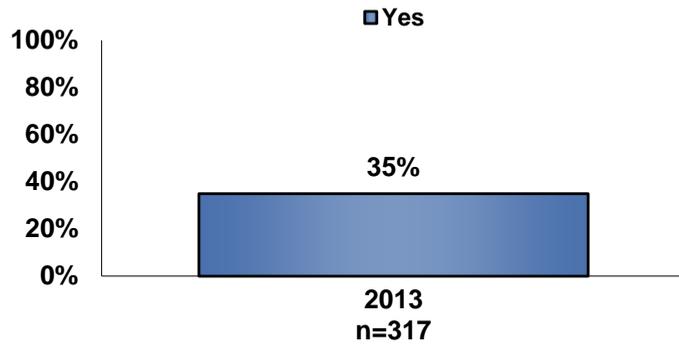


NOTE: Numbers are rounded to the nearest whole number

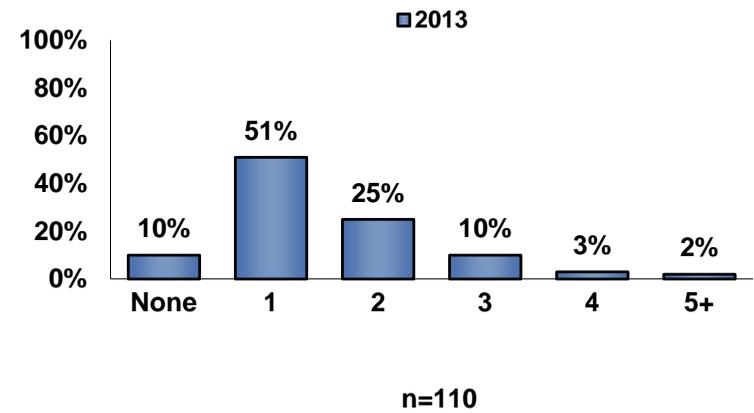
Getting Needed Care

Access to Specialty Care

Q24. Made an Appointment to See a Specialist

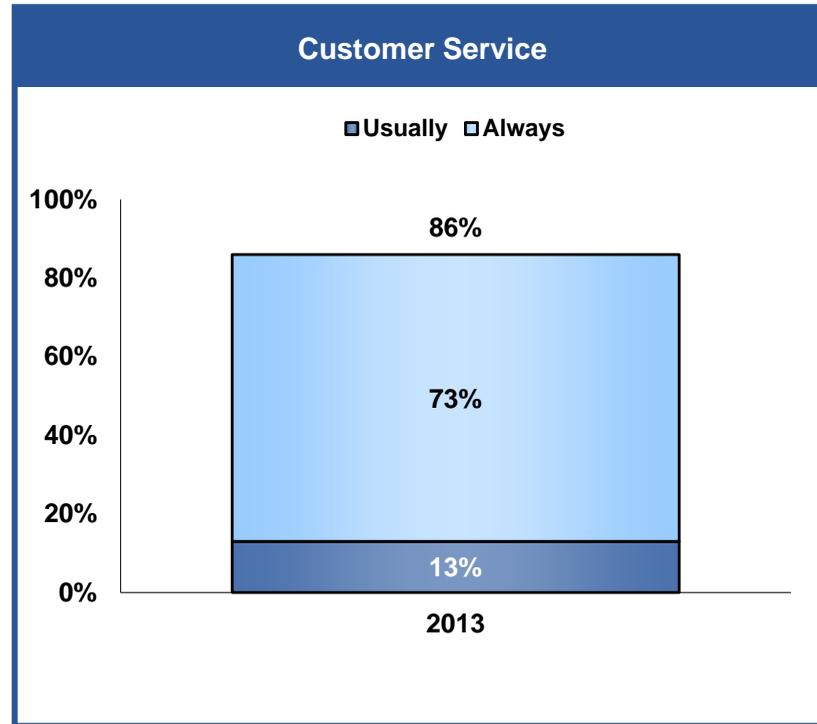


Q26. Number of Specialists Seen



NOTE: Numbers are rounded to the nearest whole number

Customer Service Composite

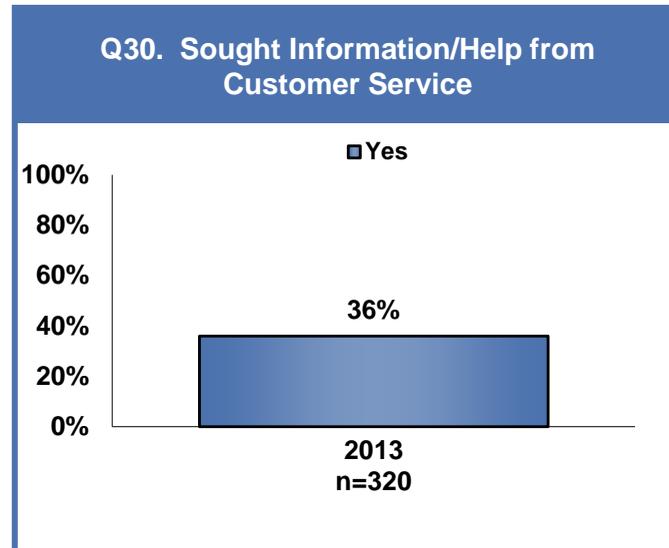
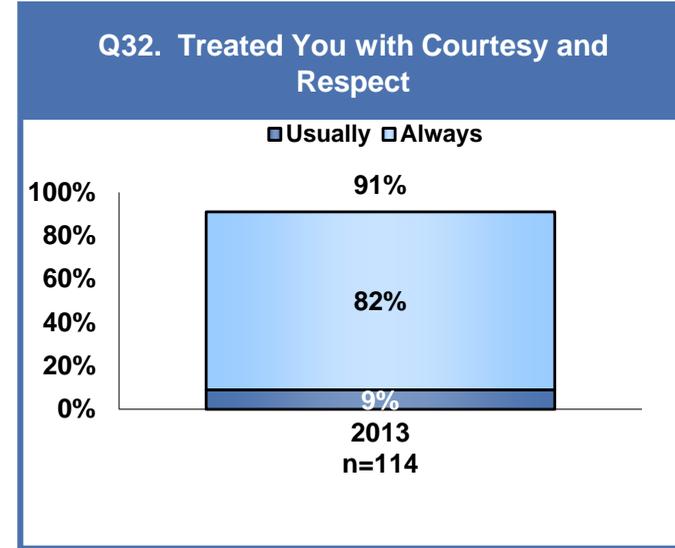
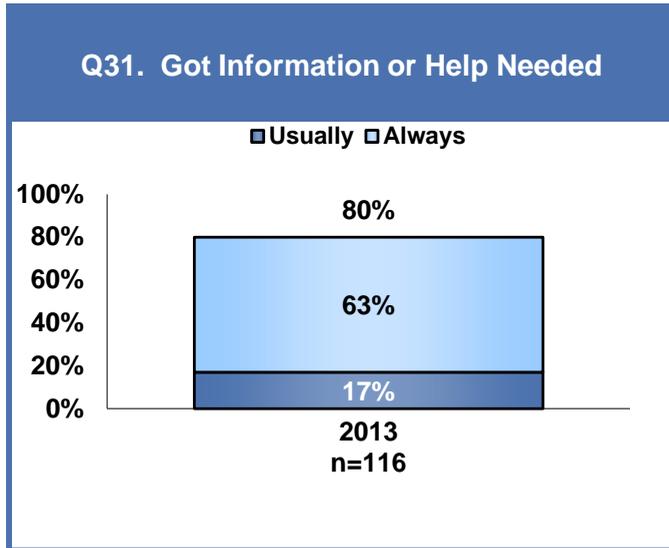


Plan score falls on 75th or below 90th Percentile

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

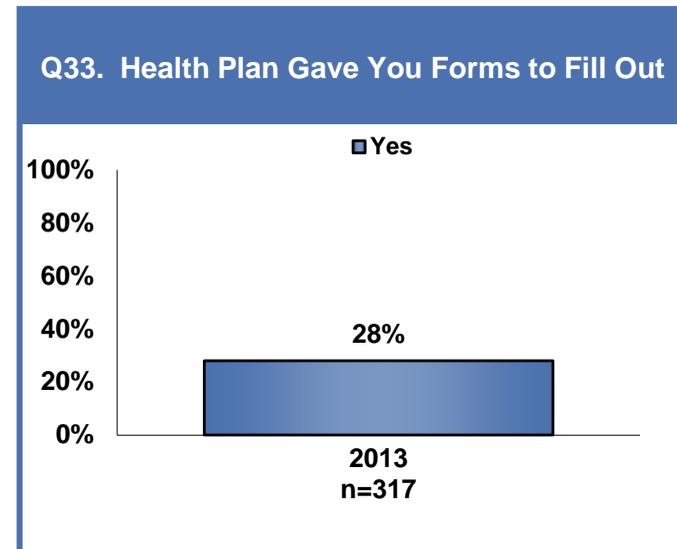
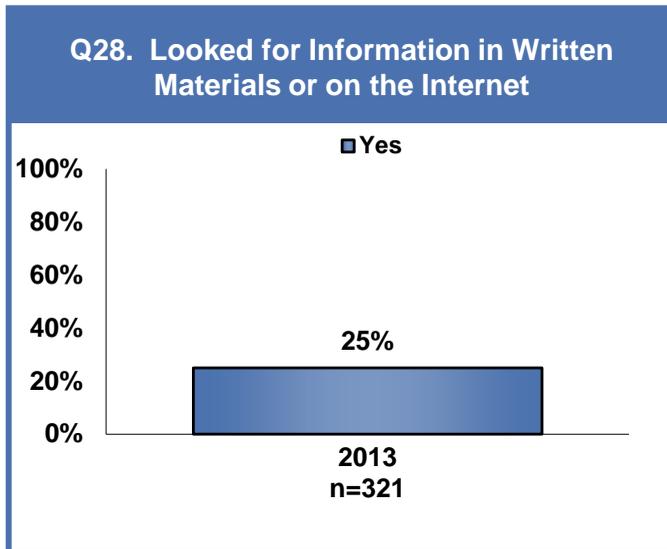
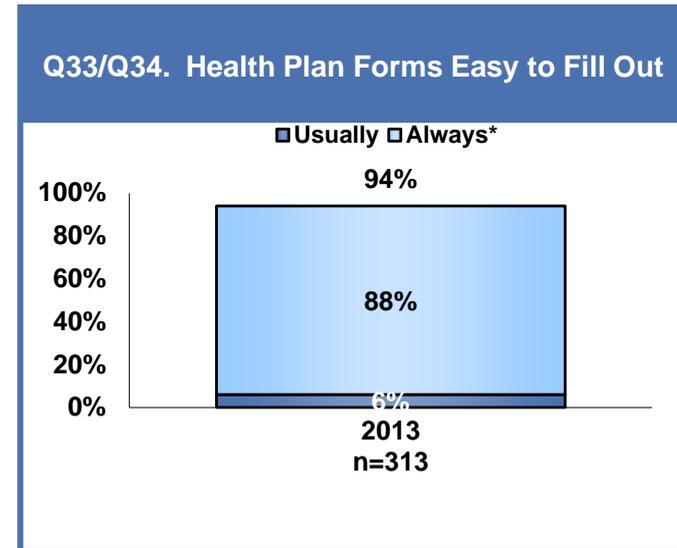
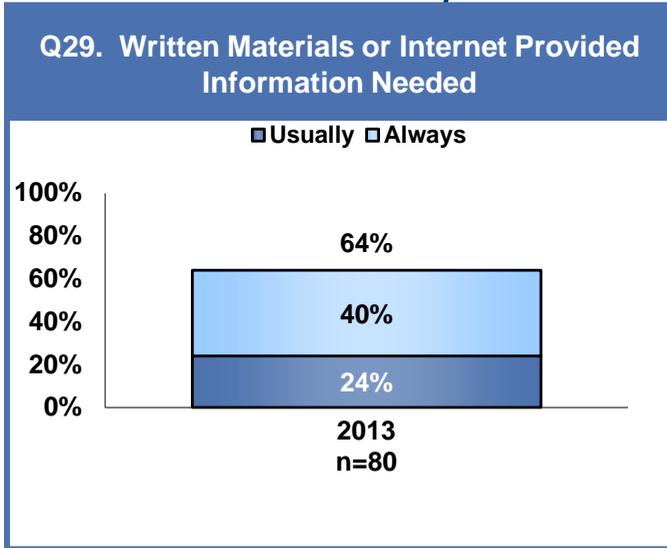
Customer Service Composite Measures



NOTE: Numbers are rounded to the nearest whole number

Customer Service

Access to Information and Paperwork



NOTE: Numbers are rounded to the nearest whole number *Q34 included the No's from Q33.

Other Measures

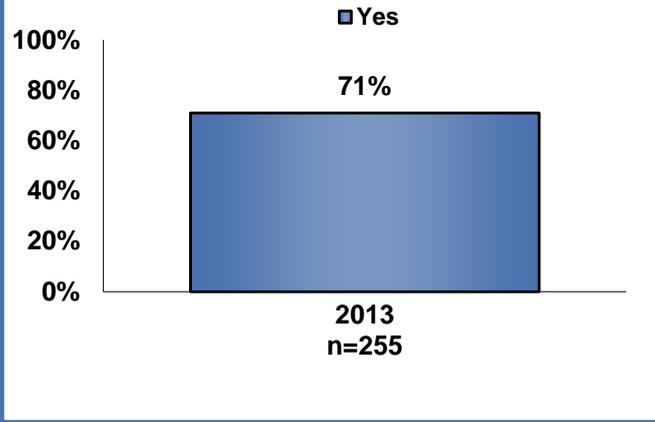
Health Promotion & Education

Coordination of Care

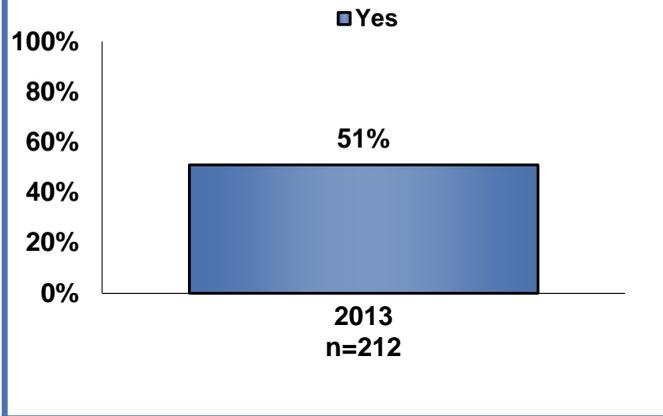
Health Promotion & Education

Coordination of Care

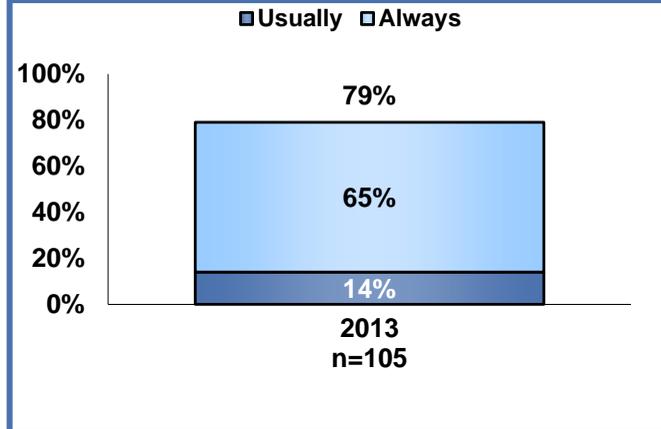
Q8. Health Promotion and Education



Q21. Received Care from Other Providers



Q22. Coordination of Care

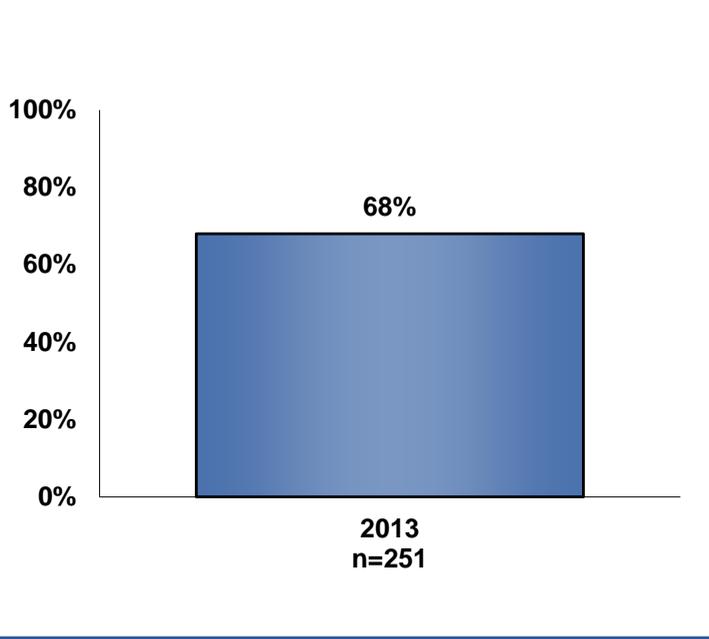


NOTE: Numbers are rounded to the nearest whole number

Overall Ratings

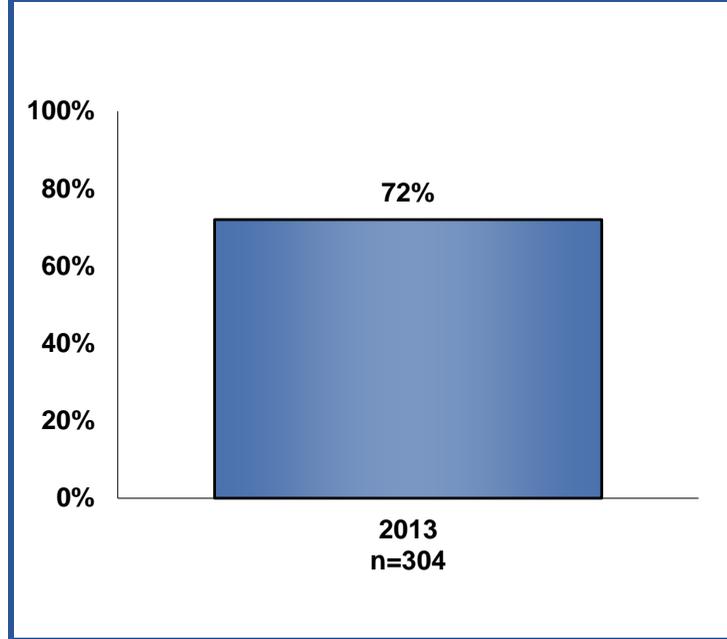
Overall Rating – Health Care & Health Plan

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 25th or below 50th Percentile

2012 Quality Compass®

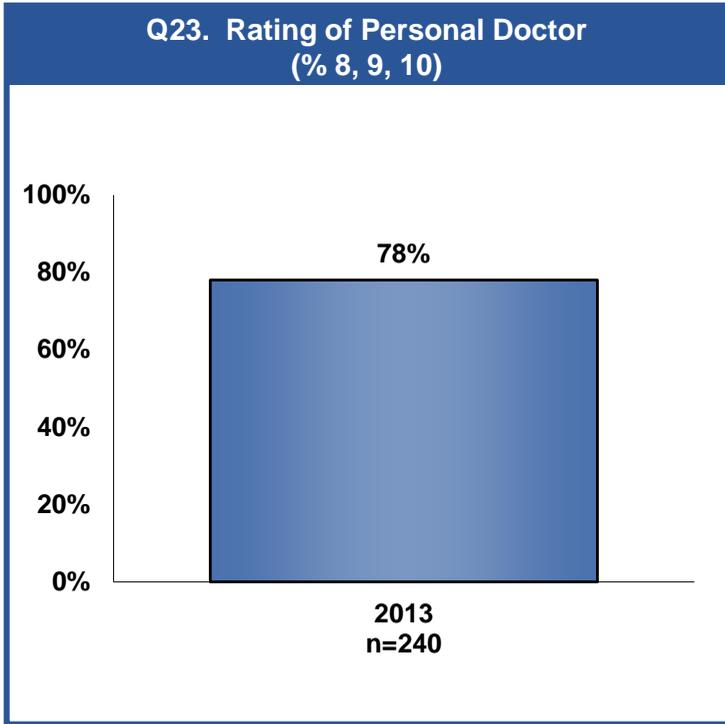
Mean	10 th	25 th	50 th	75 th	90 th
69.88	62.46	67.00	69.96	73.58	76.20

2012 Quality Compass®

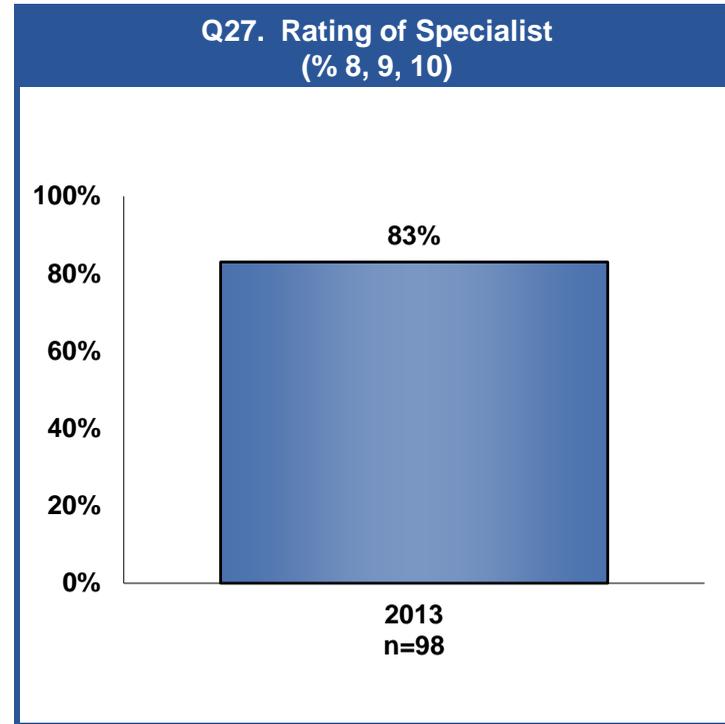
Mean	10 th	25 th	50 th	75 th	90 th
73.46	65.32	69.22	73.86	77.21	81.23

NOTE: Numbers are rounded to the nearest whole number

Overall Rating – Personal Doctor & Specialist



Plan score falls on 50th or below 75th 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

Medical Assistance with Smoking & Tobacco Use Cessation

- 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	123	123
Members that meet criteria and were advised to quit smoking or using tobacco	NA	93	93
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	121	121
Members that meet criteria and discussed medications to quit smoking or using tobacco	NA	53	53
Discussing Cessation Medications Rate	NA	44%	44%
Q41. Discussing Cessation Strategies			
Members that meet criteria (results are not reportable if less than 100)	NA	124	124
Members that meet criteria and discussed methods & strategies to quit smoking or using tobacco	NA	49	49
Discussing Cessation Strategies Rate	NA	40%	40%

*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	19	19
Members that meet criteria and use aspirin for preventative measures	NA	7	7
Aspirin Use Rate	NA	37%	37%
Q44. Discussing Aspirin Risks and Benefits			
Members that meet criteria (results are not reportable in 2013)	NA	43	43
Members that meet criteria and provider discussed risks/benefits of aspirin use for preventative measures	NA	18	18
Discussing Aspirin Risks and Benefits Rate	NA	42%	42%

*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

Supplemental Questions – Doctors

Q23a. How would you rate the number of PCPs you had to choose from?

	2013
Excellent	27%
Very good	24%
Good	26%
Fair	16%
Poor	7%
<i>Sample Size: (n=217)</i>	

Q35a. How would you rate Amerigroup in providing doctors who represent your cultural and language needs?

	2013
Excellent	41%
Very good	26%
Good	23%
Fair	8%
Poor	3%
<i>Sample Size: (n=314)</i>	

Supplemental Questions – After Hours

Q6a. In the last 6 months, if you called your doctor's office after office hours for an urgent need, how many minutes did you usually have to wait between making a call to the office and speaking to the doctor or doctor's representative?

	2013
Less than 20 minutes	69%
More than 20 minutes	17%
Exceeded 60 minutes	14%
<i>Sample Size: (n=64)</i>	

Supplemental Questions – Health Tips

Q32a. Health tips I hear while I am on hold are helpful.

	2013
Strongly agree	31%
Agree	58%
Disagree	8%
Strongly disagree	3%

Sample Size: (n=109)

Supplemental Questions – Specialists

Q27a. How would you rate the number of Specialists you had to choose from?	
	2013
Excellent	28%
Very good	32%
Good	23%
Fair	10%
Poor	7%
<i>Sample Size: (n=90)</i>	

Supplemental Questions – Care or Tests Needed

Q14a. If you did not think that it was easy to get the care or tests you thought you needed, what was the main problem you had getting care or tests?	
	2013
Transportation issues	25%
Authorization process	24%
Difficulty finding in-network provider for service	17%
Waiting for approval for a new prescription drug	14%
Other	20%
<i>Sample Size: (n=91)</i>	

Supplemental Questions – Nurse HelpLine

Q35g. Amerigroup's Nurse HelpLine helps members.	
	2013
Strongly agree	49%
Agree	46%
Disagree	2%
Strongly disagree	3%
<i>Sample Size: (n=198)</i>	

Supplemental Questions – Health Plan

Q35b. If today you could select any health plan company in your area, would you select your current plan again?	
	2013
Definitely yes	49%
Probably yes	30%
Uncertain	13%
Probably not	5%
Definitely not	4%
<i>Sample Size: (n=316)</i>	

Supplemental Questions – Health Plan

**Q35f. What can your health plan do better to serve you
(such as improving customer service, getting the care you need or anything else)?
(Multiple Mentions)
(Top Mentions)**

	2013
Better prescription coverage	16%
Getting the care I need (unspec.)	14%
Add more providers/specialists	13%
Offer dental coverage/Adult coverage/Over a certain age	11%
Better customer service	8%
Offer vision coverage	8%
Provide/Improve transportation	8%
<i>Sample Size: (n=107)</i>	

Supplemental Questions – Amerigroup

Q35c. In the last 6 months, how helpful was Amerigroup at meeting your needs?

	2013
Excellent	38%
Very good	25%
Good	23%
Fair	9%
Poor	5%
<i>Sample Size: (n=318)</i>	

Q35d. In the last 6 months, how easy was it to work with Amerigroup?

	2013
Excellent	41%
Very good	23%
Good	23%
Fair	9%
Poor	4%
<i>Sample Size: (n=316)</i>	

Q35e. In the last 6 months, how enjoyable were your dealings with Amerigroup?

	2013
Excellent	38%
Very good	25%
Good	23%
Fair	11%
Poor	4%
<i>Sample Size: (n=315)</i>	

Supplemental Questions – Amerigroup

Q35h. Amerigroup's newsletter has useful health tips.

	2013
Strongly agree	39%
Agree	53%
Disagree	5%
Strongly disagree	3%

Sample Size: (n=287)

Q35i. How helpful are the reminders that you receive from Amerigroup about the healthcare services (well-care check-ups, shots) you need?

	2013
Very helpful	71%
Somewhat helpful	24%
Not too helpful	5%

Sample Size: (n=244)

Supplemental Questions – Flu Shot

Q36a. Have you had a flu shot since September 1, 2012?	
	2013
Yes	38%
No	62%
<i>Sample Size: (n=314)</i>	