



Report of Results of

UnitedHealthcare of Louisiana, Inc.

2013 HEDIS®/CAHPS® Health Plan Survey

Adult Medicaid Version

for Medicaid Members Enrolled as of December 31, 2012

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ABOUT THIS REPORT

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

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

HEDIS/CAHPS 5.0H HEALTH PLAN SURVEY

BACKGROUND

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

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

SURVEY ADMINISTRATION PROTOCOL

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

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

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

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

SURVEY MATERIALS

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

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

SAMPLE SELECTION

Following the NCQA sampling protocol, CSS selected a random sample from the complete list of eligible members provided by UnitedHealthcare Community Plan of Louisiana. Eligible members were defined as plan members who were 18 years old or older as of December 31, 2012; were currently enrolled; had been continuously enrolled for six months (with no more than one enrollment break of 45 days or less); and whose primary coverage was through Medicaid.

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

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

The NCQA-prescribed sample size for health plans administering the Adult Medicaid version of the survey was 1,350 members. UnitedHealthcare Community Plan of Louisiana chose to oversample by 40 percent. Therefore, the final survey sample for UnitedHealthcare Community Plan of Louisiana included 1,890 members.

DATA CAPTURE

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

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

MEMBER DISPOSITIONS AND RESPONSE RATE

Of the UnitedHealthcare Community Plan of Louisiana sample members meeting final eligibility criteria, 429 completed the survey, resulting in the NCQA response rate of 22.7 percent. Additional detail performed by Geographic Service Area on sample member dispositions is provided in Exhibit 1.

EXHIBIT 1. 2013 UNITEDHEALTHCARE COMMUNITY PLAN OF LOUISIANA ADULT MEDICAID CAHPS SURVEY: SAMPLE MEMBER DISPOSITIONS AND RESPONSE RATE

Disposition	Geographic Service Area (GSA)			2013 Total Plan
	GSA A	GSA B	GSA C	
Ineligible				
Did not meet eligible population criteria	8	6	1	15
Deceased	1	0	2	3
Language barrier	6	6	3	15
Mentally or physically incapacitated	5	8	5	18
Total ineligible	20	20	11	51
Total % ineligible	3.36%	2.84%	1.85%	2.69%
Unreturned Surveys/Refusals				
Non-respondents after maximum attempts	404	455	393	1,252
Refused to answer the survey	8	11	10	29
Unable to contact	39	42	48	129
Total non-respondents	451	508	451	1,410
Total % non-respondents	75.92%	72.36%	75.92%	74.60%
Eligible Returns				
Initial Sample	594	702	594	1,890
Completed Surveys	123	174	132	429
NCQA Response Rate*	21.42%	25.51%	22.64%	23.32%

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

ANALYSIS OF MEMBER CHARACTERISTICS

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

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

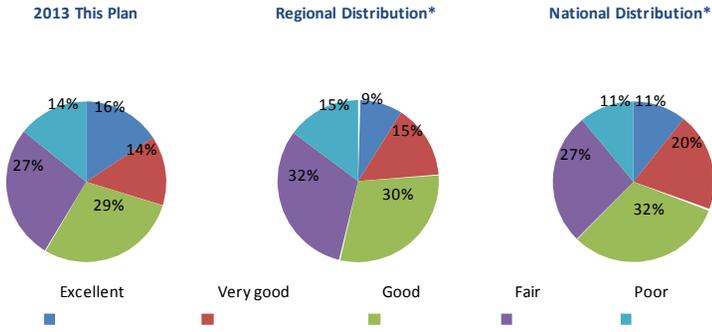
The charts on the following pages compare the plan's membership to the relevant regional and national distributions on demographic characteristics and utilization patterns. The pie charts in the upper half of each panel contrast the distribution of the UnitedHealthcare Community Plan of Louisiana membership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

MEMBER HEALTH STATUS AND DEMOGRAPHICS

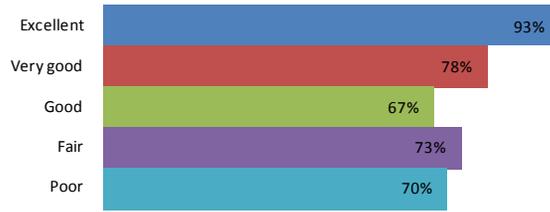
The following characteristics are profiled in this section:

- Respondent's self-reported health status
- Respondent's self-reported mental or emotional health status
- Respondent's age
- Respondent's gender
- Respondent's education level
- Respondent's race
- Respondent's ethnicity (Hispanic or Latino)

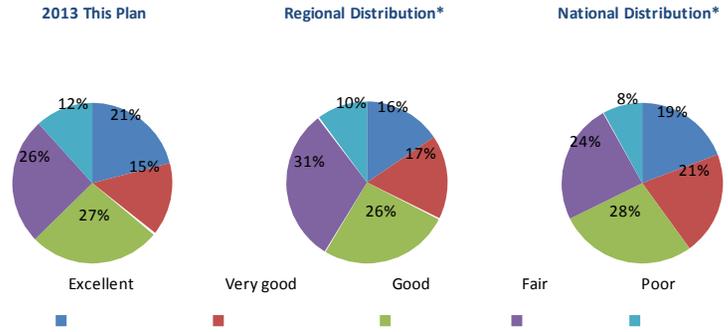
Q36. In general, how would you rate your overall health?



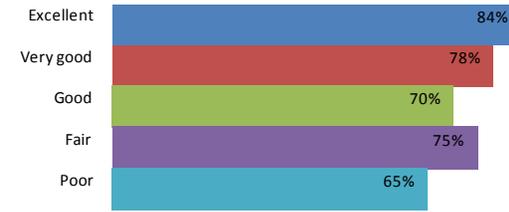
Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q36**



Q37. In general, how would you rate your overall mental or emotional health?



Percent of This Plan's Members Rating the Plan as 8, 9, or 10 by Response to Q37**



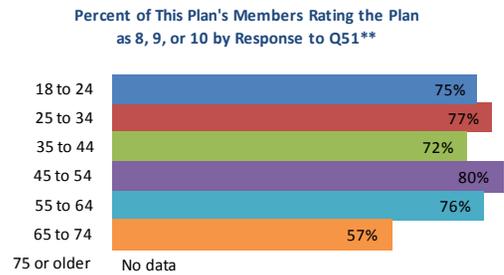
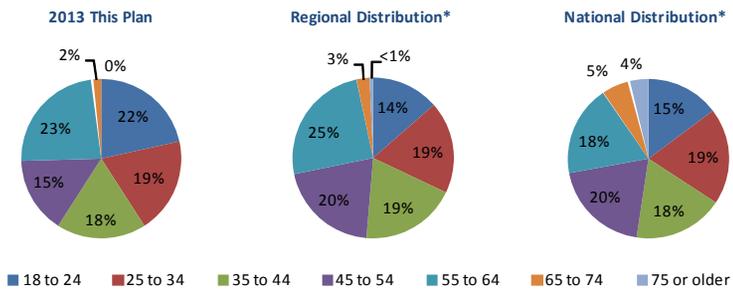
Note: all percentages are rounded for display. The *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small.

12430

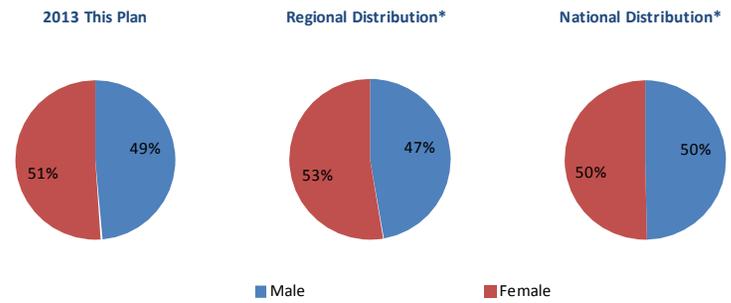
* Regional Distribution represents the combined distribution of responses to this question for all plans included in the 2013 UnitedHealthcare Adult Medicaid Southeast Region Average. National Distribution represents the combined distribution of responses to this question for all plans included in the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

** Includes members of this health plan who answered the question and provided a valid response to Q35 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q35.

Q51. What is your age?



Q52. Are you male or female?



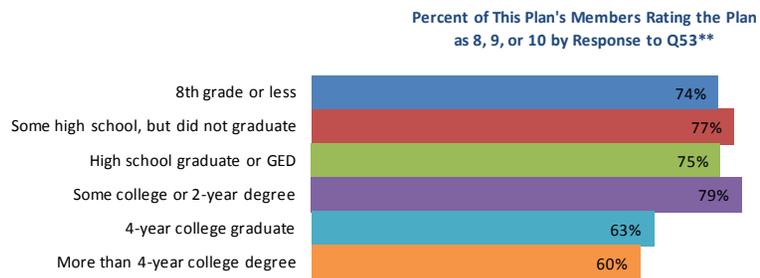
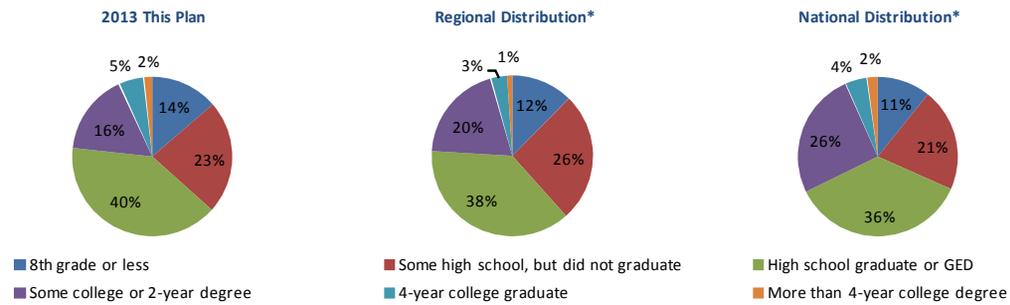
Note: all percentages are rounded for display. The *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small.

12430

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

** Includes members of this health plan who answered the question and provided a valid response to Q35 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q35.

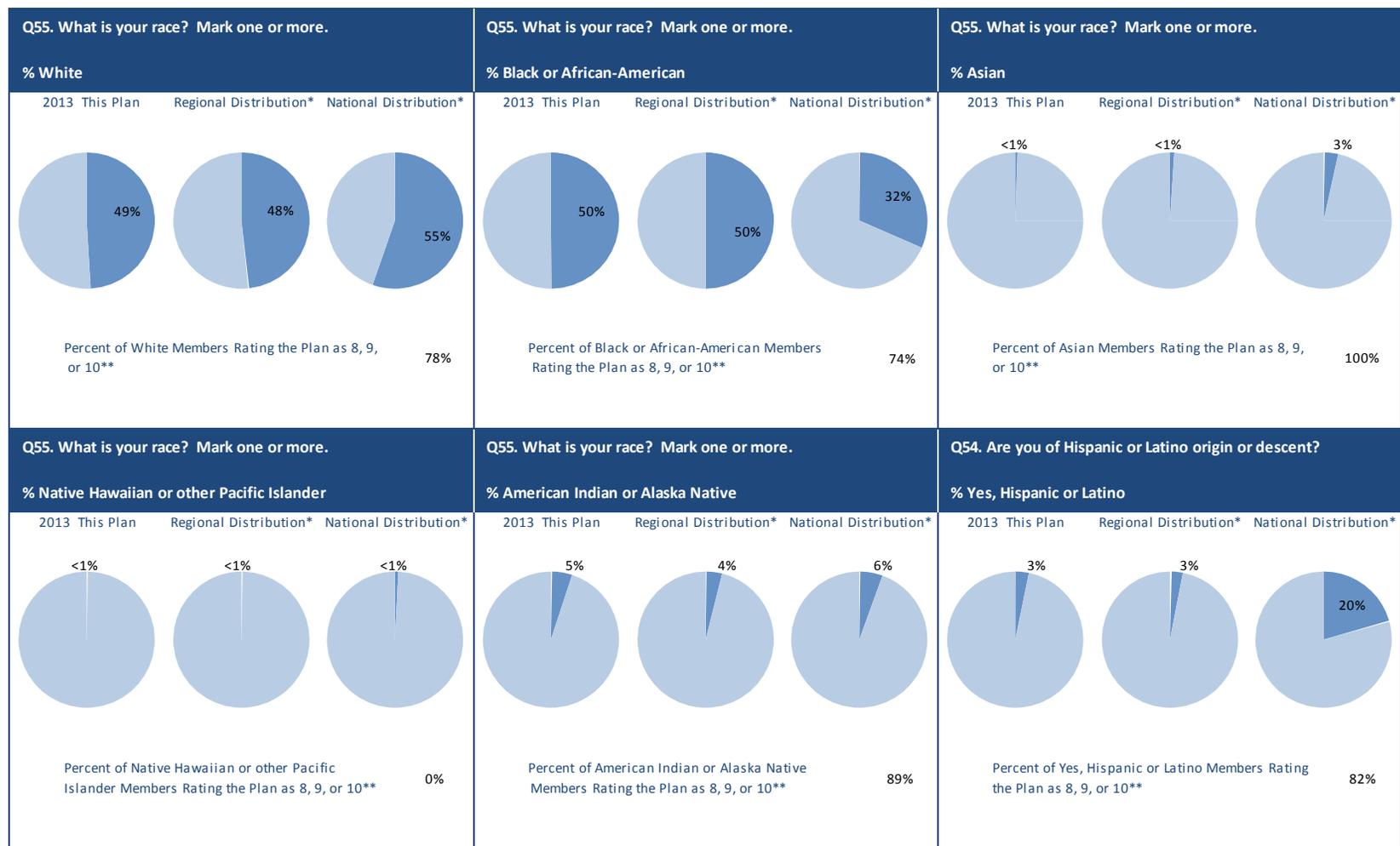
Q53. What is the highest grade or level of school that you have completed?



Note: all percentages are rounded for display. The *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 12430

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

** Includes members of this health plan who answered the question and provided a valid response to Q35 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q35.



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

12430

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

** Includes members of this health plan who answered the question and provided a valid response to Q35 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q35.

SATISFACTION WITH THE EXPERIENCE OF CARE DOMAIN

MEASURES

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

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

The results for five **composite measures** are also reported. Composite measures combine results from related survey questions into a single measure to summarize health plan performance in the areas listed below.

- **Getting Needed Care** combines responses to two survey questions that address member access to care:
 - *In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?*
 - *In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?*
- **Getting Care Quickly** combines responses to two survey questions that address timely access to both urgent and routine care:
 - *In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?*
 - *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?*
- **How Well Doctors Communicate** combines responses to four survey questions that address physician communication:
 - *In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? In the last 6 months, how often did your personal doctor listen carefully to you?*
 - *In the last 6 months, how often did your personal doctor show respect for what you had to say?*
 - *In the last 6 months, how often did your personal doctor spend enough time with you?*
- **Customer Service** combines responses to two survey questions that ask about member experience with the health plan's customer service:
 - *In the last 6 months, how often did your health plan's customer service staff give you the information or help you needed?*
 - *In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?*

- **Shared Decision Making** combines responses to three survey questions that deal with decisions regarding prescription medicines:
 - *When you talked about 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?*
 - *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?*
 - *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?*

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

- **Health Promotion and Education**
 - *In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?*
- **Coordination of Care**
 - *In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?*

CALCULATION AND REPORTING OF RESULTS

QUESTION SUMMARY RATES AND COMPOSITE GLOBAL PROPORTIONS

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

- Rating questions use a 0 to 10 scale with 10 being the most favorable response.
- Most survey items use a *Never, Sometimes, Usually, or Always* scale, with *Always* being the most favorable response.
- Two of the *Shared Decision Making* composite items use a *Not at all, A little, Some, or A lot* response scale, while the remaining item is on the *Yes or No* scale.
- *Health Promotion and Education* uses a *Yes or No* scale, with *Yes* being the desired response.

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

NCQA MINIMUM DENOMINATOR SIZE

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

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

In the report, the 2013 UnitedHealthcare Community Plan of Louisiana question summary rates and composite global proportions are compared to the 2012 NCQA Adult Medicaid National Average (All LOBs), where available. The 2012 NCQA Adult Medicaid National Average (All LOBs) is made up of Adult Medicaid plans that submitted data to Quality Compass in 2012. There are no prior year or trend health plan data to compare to CAHPS 2013.

SUMMARY OF SURVEY RESULTS

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

EXHIBIT 2. 2013 UNITEDHEALTHCARE COMMUNITY PLAN OF LOUISIANA ADULT MEDICAID CAHPS SURVEY: SUMMARY OF RESULTS ON KEY MEASURES

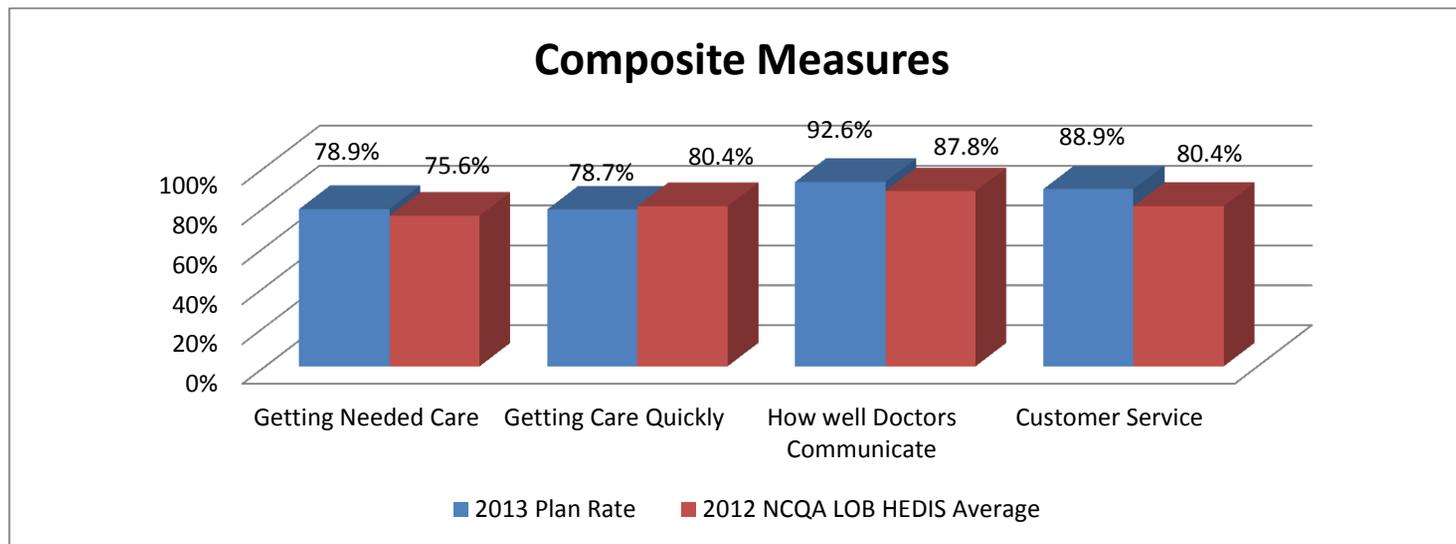
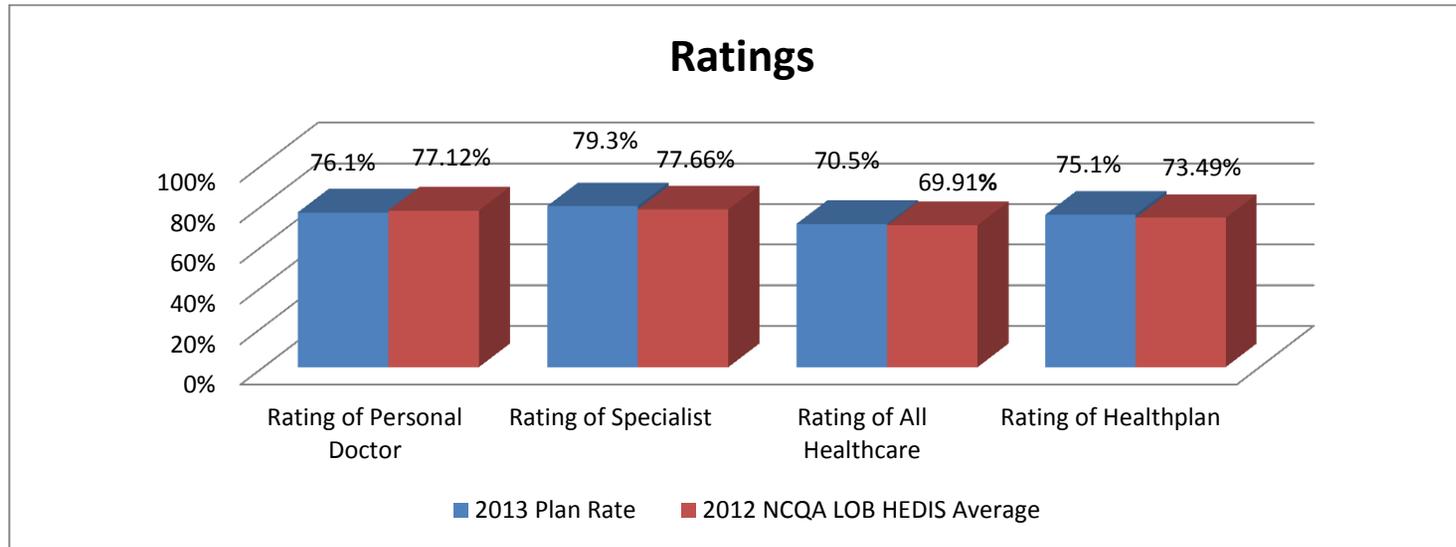
CAHPS 5.0H Survey Results*	2013 Plan Rate	2012 NCOA LOB HEDIS Average	Geographic Service Areas			2013 NCOA Accreditation Scoring	
			GSA A	GSA B	GSA C	Mean	Percentile for Accreditation
Ratings							
Rating of Personal Doctor	76.13%	77.12%	69.32%	77.27%	81.11%	2.5258	75 th
Rating of Specialist	79.28%	77.66%	80%	79.63%	76.47%	2.5225	75 th
Rating of All Healthcare	70.53%	69.91%	73.03%	69.5%	69.66%	2.4169	90 th
Rating of Healthplan	75.07%	73.49%	76.77%	71.43%	78.64%	2.5014	75 th
Composite Measures							
Getting Needed Care	78.93%	75.57%	76.65%	80.04%	78.49%	2.4449	90 th
Getting Care Quickly	78.70%	80.37%	77.01%	83.51%	73.14%	2.4056	50 th
How Well Doctors Communicate	92.58%	87.83%	89.67%	94.46%	92.27%	2.7218	90 th
Customer Service	88.94%	80.42%	93.16%	90.22%	83.56%	2.6361	90 th
Shared Decision Making ***	50.13%	No Data	37.63%	57.86%	49.43%	2.2163	Not Scored
Additional Content Areas							
Health Promotion and Education ***	69.50%	No Data	73.33%	71.22%	62.92%	2.3899	Not Scored
Coordination of Care	73.50%	77.52%	55.56%	82.14%	80%	2.3076	Not Scored

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

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

Overall Healthplan Performance

Overall, the health plan performed well on the CAHPS 2013 survey, scoring above the NCQA average on six of the eight key measures, including Overall Rating of the Health Plan.



OPPORTUNITIES FOR PLAN QUALITY IMPROVEMENT

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

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

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

EXHIBIT 3. 2013 UNITEDHEALTHCARE COMMUNITY PLAN OF LOUISIANA ADULT MEDICAID CAHPS SURVEY: KEY AREAS AND PRIORITIES FOR IMPROVEMENT

Current Key Driver Performance	Room for Improvement on Key Driver Measure	Overall Improvement Opportunity
2013 Plan Rate	Percentage Point Difference Between Current Key Driver Score and the Best Practice Score*	Expected Percentage Point Improvement in Rating of Health Plan score (percent 8, 9, or 10) if Key Driver Performs at Best Practice Level
Q23 [4.0H: Q21]. Rating of Personal Doctor (percent 8, 9, or 10) 76.13%	+10.86% 86.99%	+7.33%
Q4. Getting urgent care as soon as needed (percent <i>Always</i> or <i>Usually</i>) 82.23%	+6.61% 88.84%	+3.07%
Q14 [4.0H: Q27. Ease of getting needed care, tests, or treatment (percent <i>Always</i> or <i>Usually</i>) 82.45%	+8.56% 91.01%	+2.69%
Q7. Visits to doctor's office or clinic (percent 5 or more) 24.32%	+3.29% 27.61%	+1.69%
Q29. Written materials or the Internet provided needed information (percent <i>Always</i> or <i>Usually</i>) 73.08%	+5.71% 78.79%	+0.99%

*Best score among all adults by CCS in 2013

Improvement Strategies

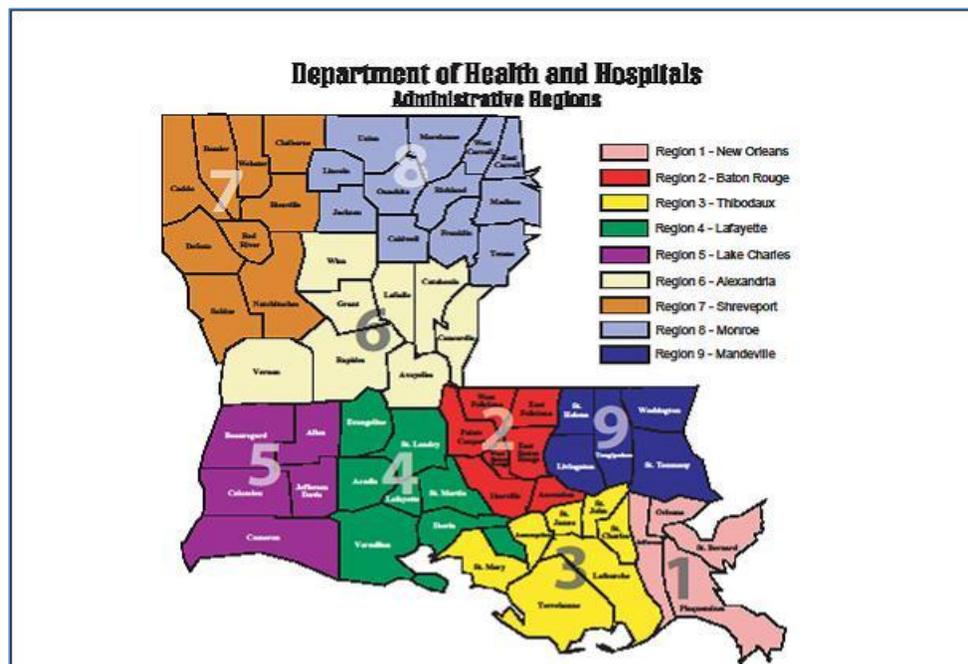
We are committed to quality improvement that adds value to our members, our community, and our health plan. We continuously measure and evaluate our performance in delivering quality care to our community. Using the key drivers of overall health plan rating improvements shown in Exhibit 3, the health plan conducted a barrier analysis and developed an improvement intervention strategy to address the top two key areas.

Composite/Rating Measure	Barrier	Improvement Strategy
<ul style="list-style-type: none"> ➤ Rating of personal doctor 	<ul style="list-style-type: none"> • The member is not connected to a medical home. • The member does not know who his/her assigned primary care provider is. • The member is not aware of the need to seek out preventative care. 	<ul style="list-style-type: none"> • Continue patient centered medical home initiatives. • Engage in member engagement strategies that involve collaboration with the providers (e.g., co-branded letter and call initiatives, clinic days). • Consult with the Member Advisory Council(s) to identify barriers to seeking out preventative care.
<ul style="list-style-type: none"> ➤ Getting urgent care as soon as needed 	<ul style="list-style-type: none"> • The member is not connected to a medical home. • Lack of after-hours access. 	<ul style="list-style-type: none"> • Continue patient centered medical home initiatives. • Continue initiatives around improving after-hours access. • Continue education around 24/7 NurseLine availability.

Geographic Service Area (GSA) Performance

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

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



GSA Survey Question Analysis

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

Composite/Rating Measure	Differences					Analysis
Question 11: When you talked about starting or stopping a prescription medication, how much did a doctor or other health provider talk about the reasons you may not want to take the medication?	Response	2013 Overall (116)	GSA A (32)	GSA B (53)	GSA C (32)	There was a statistically significant difference in the respondents between GSA A and the other GSAs as well as the overall health plan score. This may be attributed to member perception of lack of shared decision making or lack of communication between member and provider in GSA A or a lack of health literacy in GSA A. Further analysis is needed.
	Not at all	24.14% (28)	38.71% (12)	16.98% (9)	21.88% (7)	
	A little	19.83% (23)	22.58% (7)	18.87% (10)	18.75% (6)	
	Some	27.59% (32)	25.81% (8)	26.42% (14)	31.25% (10)	
	A lot	28.45% (33)	12.90% (4)	37.74% (20)	28.13% (9)	
Question 14: In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	Response	2013 Overall (319)	GSA A (91)	GSA B (138)	GSA C (90)	There was a statistically significant difference in the respondents between GSA C and GSA A where respondents in GSA C feel it is easier to get the care needed. Further analysis of the provider network is needed.
	Never	3.13% (10)	4.40% (4)	1.45% (2)	4.44% (4)	
	Sometimes	14.42% (46)	20.88% (19)	13.04% (18)	10.00% (9)	
	Usually	14.42% (46)	12.09% (11)	17.39% (24)	12.22% (11)	
	Always	68.03% (217)	62.64% (57)	68.12% (94)	73.33% (66)	

Composite/Rating Measure	Differences					Analysis
Question 17: In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	Response	2013 Overall (288)	GSA A (75)	GSA B (130)	GSA C (83)	There was a statistically significant difference in the respondents between GSA C and GSA A where respondents in GSA A did not perceive that their doctor explains things in an easy way. Patient centered medical home initiatives and provider education in general may address this opportunity for improvement, particularly in GSA A.
	Never	1.74% (5)	1.33% (1)	1.54% (2)	2.41% (2)	
	Sometimes	5.56% (16)	8.00% (6)	2.31% (3)	8.43% (7)	
	Usually	14.24% (41)	22.67% (17)	11.54% (15)	10.84% (9)	
	Always	78.47% (226)	68.00% (51)	84.62% (110)	78.31% (65)	
Question 20: In the last 6 months, how often did your personal doctor spend enough time with you?	Response	2013 Overall (270)	GSA A (70)	GSA B (124)	GSA C (76)	There was a statistically significant difference in the respondents between GSA C and GSA A where respondents in GSA A did not perceive that their doctor spends enough time with them. Patient centered medical home initiatives and provider education in general may address this opportunity for improvement, particularly in GSA A.
	Never	2.96% (8)	4.29% (3)	2.42% (3)	2.63% (2)	
	Sometimes	5.93% (16)	10.00% (7)	4.84% (6)	3.95% (3)	
	Usually	16.67% (45)	21.43% (15)	16.13% (20)	13.16% (10)	
	Always	74.44% (201)	64.29% (45)	76.61% (95)	80.26% (61)	

Composite/Rating Measure	Differences					Analysis
➤ Question 35E: How likely are you to recommend our services to others?	Response	2013 Overall (117)	GSA A (36)	GSA B (56)	GSA C (25)	There was a statistically significant difference in the likelihood that respondents would recommend health plan services to others, with respondents in GSA A being less likely to do so than respondents in either GSA B or C. This may be consistent with GSA A respondents' poorer satisfaction with their personal doctors.
	Not at all likely	3.21% (9)	0.00% (0)	4.27% (5)	4.40% (4)	
	Somewhat likely	9.29% (26)	15.28% (11)	7.69% (9)	6.59% (6)	
	Likely	22.14% (62)	29.17% (21)	19.66% (23)	19.78% (18)	
	Very likely	26.07% (73)	27.78% (20)	23.08% (27)	28.57% (26)	
	Extremely likely	39.29% (110)	27.78% (20)	45.30% (53)	40.66% (37)	
➤ Question 39: In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?	Response	2013 Overall (142)	GSA A (43)	GSA B (54)	GSA C (45)	There was a statistically significant difference between the respondents in GSA A and GSA C. The respondents in GSA A responded they were more often advised to quit smoking than respondents in GSA C. Targeted education in GSA C may be indicated.
	Never	28.87% (41)	16.28% (7)	33.33% (18)	35.56% (16)	
	Sometimes	19.01% (27)	27.91% (12)	12.96% (7)	17.78% (8)	
	Usually	12.68% (18)	9.30% (4)	12.96% (7)	15.56% (7)	
	Always	39.44% (56)	46.51% (20)	40.74% (22)	31.11% (14)	

Conclusion

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

From the results of the CAHPS scores it is evident that UnitedHealthcare has successfully implemented the managed care program in the state of Louisiana. This is evidenced by the 90th percentile ranks in several components of the CAHPS survey as well only one measure were scored less than the 75th percentile. UnitedHealthcare has effectively implemented the managed care program with substantive engagement of providers and members, commitment to excellence in the healthcare experience, and commitment to the State of Louisiana to provide a fiscally responsible healthplan while providing the best care possible.

APPENDIX

SURVEY MATERIALS

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



UCP3LA_1

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

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

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

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

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

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

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

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

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

Sincerely,

A handwritten signature in black ink that reads 'Ann Kay Logarbo, MD'. The signature is written in a cursive style.

Ann Kay Logarbo, MD
Chief Medical Officer



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

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

If you have already sent in your survey, please ignore this message. Thanks again for your help!

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

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Herndon, VA 20172-9904

UCP3LA



UCP3LA_3

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

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

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

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

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Sincerely,

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

Ann Kay Logarbo, MD
Chief Medical Officer

NCQA CALCULATION GUIDELINES FOR RATING AND COMPOSITE MEANS AND GLOBAL PROPORTIONS

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

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

COMPOSITE AND RATING MEAN SCORES

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

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

Step 1

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

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

Step 2

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

Step 3 (Composite Measures Only)

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

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

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

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

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

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

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

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

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

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

COMPOSITE GLOBAL PROPORTIONS

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

Step 1

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

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

Step 2

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

Step 3

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

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

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

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

Survey Instructions

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

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

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

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

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

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

1. Our records show that you are now in UnitedHealthcare Community Plan. Is that right?
- ₁ Yes → **If Yes, Go to Question 3**
₂ No

2. What is the name of your health plan? (**Please print**)
- _____

Your Health Care in the Last 6 Months

These questions ask about your own health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
- ₁ Yes
₂ No → **If No, Go to Question 5**

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?
- ₁ Yes
₂ No → **If No, Go to Question 7**

6. 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?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?
- ₀ None → **If None, Go to Question 15**
₁ 1 time
₂ 2
₃ 3
₄ 4
₅ 5 to 9
₆ 10 or more times

8. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?
- ₁ Yes
₂ No

9. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?

- ₁ Yes
- ₂ No → **If No, Go to Question 13**

10. 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?

- ₁ Not at all
- ₂ A little
- ₃ Some
- ₄ A lot

11. 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?

- ₁ Not at all
- ₂ A little
- ₃ Some
- ₄ A lot

12. 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?

- ₁ Yes
- ₂ No

13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

- | | | | | | | | | | | |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Worst health care possible | | | | | Best health care possible | | | | | |

14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always → **If Always, Go to Question 15**

14a. In the last 6 months, if it was not easy to get the care, tests, or treatment you thought you needed, what was the main reason for the difficulty?

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

Your Personal Doctor

15. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- ₁ Yes
- ₂ No → **If No, Go to Question 23a**

16. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- ₀ None → **If None, Go to Question 23**
- ₁ 1 time
- ₂ 2
- ₃ 3
- ₄ 4
- ₅ 5 to 9
- ₆ 10 or more times

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

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

18. In the last 6 months, how often did your personal doctor listen carefully to you?

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

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

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

20. In the last 6 months, how often did your personal doctor spend enough time with you?

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

21. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- ₁ Yes
- ₂ No → **If No, Go to Question 23**

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

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

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

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

23a. In the last 6 months, did you call a doctor's office or clinic after hours to get help for yourself?

- ₁ Yes
- ₂ No → **If No, Go to Question 23c**

23b. In the last 6 months, when you called a doctor's office or clinic after hours, how often did you get the help you wanted?

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

23c. In the last 6 months, was it hard to find a personal doctor who speaks your language?

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

23d. In the last 6 months, was it hard to find a personal doctor who knows your culture?

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

Getting Health Care From Specialists

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

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

- ₁ Yes
- ₂ No → **If No, Go to Question 28**

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

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

26. How many specialists have you seen in the last 6 months?

- ₀ None → **If None, Go to Question 28**
- ₁ 1 specialist
- ₂ 2
- ₃ 3
- ₄ 4
- ₅ 5 or more specialists

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

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

About You

36. In general, how would you rate your overall health?

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

36a. Have you had a flu shot since September 1, 2012?

- ₁ Yes
- ₂ No
- ₃ Don't know

36b. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

- ₁ Yes
- ₂ No
- ₃ Don't know

37. In general, how would you rate your overall mental or emotional health?

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

38. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- ₁ Every day
- ₂ Some days
- ₃ Not at all → ***If Not at all, Go to Question 42***
- ₄ Don't know → ***If Don't know, Go to Question 42***

39. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

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

40. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

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

41. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

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

42. Do you take aspirin daily or every other day?

- ₁ Yes
- ₂ No
- ₃ Don't know

43. Do you have a health problem or take medication that makes taking aspirin unsafe for you?

- ₁ Yes
- ₂ No
- ₃ Don't know

44. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?

- ₁ Yes
- ₂ No

45. Are you aware that you have any of the following conditions? Mark one or more.

- _a High cholesterol
- _b High blood pressure
- _c Parent or sibling with heart attack before the age of 60

46. Has a doctor ever told you that you have any of the following conditions? Mark one or more.
- _a A heart attack
 - _b Angina or coronary heart disease
 - _c A stroke
 - _d Any kind of diabetes or high blood sugar
47. In the last 6 months, did you get health care 3 or more times for the same condition or problem?
- ₁ Yes
 - ₂ No → **If No, Go to Question 49**
48. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.
- ₁ Yes
 - ₂ No
49. Do you now need or take medicine prescribed by a doctor? Do not include birth control.
- ₁ Yes
 - ₂ No → **If No, Go to Question 51**
50. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.
- ₁ Yes
 - ₂ No
51. What is your age?
- ₁ 18 to 24
 - ₂ 25 to 34
 - ₃ 35 to 44
 - ₄ 45 to 54
 - ₅ 55 to 64
 - ₆ 65 to 74
 - ₇ 75 or older
52. Are you male or female?
- ₁ Male
 - ₂ Female
53. What is the highest grade or level of school that you have completed?
- ₁ 8th grade or less
 - ₂ Some high school, but did not graduate
 - ₃ High school graduate or GED
 - ₄ Some college or 2-year degree
 - ₅ 4-year college graduate
 - ₆ More than 4-year college degree
54. Are you of Hispanic or Latino origin or descent?
- ₁ Yes, Hispanic or Latino
 - ₂ No, not Hispanic or Latino
55. What is your race? Mark one or more.
- _a White
 - _b Black or African-American
 - _c Asian
 - _d Native Hawaiian or other Pacific Islander
 - _e American Indian or Alaska Native
 - _f Other
56. Did someone help you complete this survey?
- ₁ Yes → **If Yes, Go to Question 57**
 - ₂ No → **Thank you. Please return the completed survey in the postage-paid envelope.**
57. How did that person help you? Mark one or more.
- _a Read the questions to me
 - _b Wrote down the answers I gave
 - _c Answered the questions for me
 - _d Translated the questions into my language
 - _e Helped in some other way

Thank You

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

Center for the Study of Services
PO Box 10810
Herndon, VA 20172-9904

Please do not include any other correspondence.