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morpace Market Research & Consulting

2017 CAHPS® Adult Medicaid Survey Summary Report

Blue Cross Community Centennial

July 2017

Blue Cross Community Centennial℠

Morpace research is completed in compliance with ISO 20252

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Detailed exhibits and data tables available in online reporting portal.

2017 Executive Highlights

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Summary Rate Scores (% Positive Response)				2017 NCQA Accreditation CAHPS Points			
COMPOSITE SCORES	2017	2016	2017 Score versus 2016 Quality Compass	*Approx.* 2017 Percentile Threshold	*2017 Approx. Points*	*2016 Approx. Points*	Difference from 2016
Getting Care Quickly	**78%**	78%	26th	50th	**1.105**	0.433	0.672
How Well Doctors Communicate	**91%**	90%	61st	NA	**NA**	NA	NA
Care Coordination	**79%**	82%	20th	25th	**0.650**	NA	NA
Getting Needed Care	**77%**	75%	17th	25th	**0.650**	0.433	0.217
Customer Service	**89%**	88%	70th	NA	**NA**	NA	NA
Shared Decision Making	**83%**	83%	93rd	NA	NA	NA	NA
OVERALL RATING SCORES							
Health Care	**73%**	78%	37th	25th	**0.650**	1.473	-0.823
Personal Doctor	**83%**	79%	78th	75th	**1.430**	1.907	-0.477
Specialist	**82%**	85%	66th	75th	**1.430**	NA	NA
Health Plan	**75%**	79%	47th	50th	**2.210**	2.946	-0.736
					8.125	7.192	0.933

Green (light) shade ***= relative strength*** *Red (dark) shade* ***= relative weakness***

Total Possible CAHPS Points = 13.00

Key Learnings from these tables:

- The **Summary Rate Scores** show the proportion of members who rate the plan favorably on a measure - 100% is the highest.
- Comparing the plan's percentages for the current year against last year, you can quickly see where the plan improved or declined.
- Colored arrows denote significant changes from last year, and likely play a role in changes to the plan's overall CAHPS accreditation points.
- The Quality Compass percentiles provide an indication of how the plan fared against *last year's* national average - 100th is the highest.

- The **NCQA Accreditation CAHPS Points** are approximated due to rounding because NCQA provides only two digits after the decimal but uses six digits in their actual calculation.
- NCQA awards CAHPS points based on the percentile in which the plan places for each measure. The maximum total points for all measures is 13.
- By measure, the plan earns maximum points when ranked 90th percentile or above, and minimum points for falling below the 25th percentile.
- Importantly, the Health Plan Overall Rating measure earns double points so it always plays a key role in the plan's Total CAHPS Points.

Background, Protocol and Sample

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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.

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. The protocol includes the following:

Pre-notification postcard mailed (optional)

Questionnaire with cover letter and business reply envelope (BRE) mailed

Internet link included on cover letter (optional)

1st reminder postcard mailed

Replacement questionnaire with cover letter and BRE to all non-responders

Internet link included on cover letter (optional)

2nd reminder postcard mailed

Telephone interviews conducted with non-responders (min of 3/max of 6 attempts)

- Blue Cross Community Centennial chose the mail/telephone/Internet protocol with pre-notification postcard.

Sample

	Sample Size	Total Completes	English Completes	Spanish Completes
Blue Cross Community Centennial	1350	294	272	22

Disposition Summary and Response Rate

- A response rate is calculated for those members who were eligible and able to respond.
- A completed questionnaire is defined as a respondent who completed three of the five required questions that all respondents are eligible to answer (question #3,15, 24, 28, 35).
- According to NCQA protocol, ineligible members include those who are deceased, do not meet eligible population criteria, have a language barrier, or are either mentally or physically incapacitated.
- Non-responders include those members who refuse to participate in the current year's survey, could not be reached due to a bad address or telephone number, members that reached a maximum attempt threshold without a response, or members that did not meet the completed survey definition.
- The table below shows the total number of members in the sample that fell into each of the various disposition categories.

Blue Cross Community Centennial
2017 Disposition Summary

Ineligible	Number
Deceased	1
Does not meet eligible population criteria	10
Language barrier	32
Mentally/physically incapacitated	9
Total Ineligible	**52**

Non-response	Number
Partial complete	7
Refusal	45
Maximum attempts made	952
Do Not Call list	0
Total Non-response	**1004**

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

$$\frac{\textit{Total completed surveys}}{\textit{Sample size - Ineligible surveys}} = \textit{Response Rate}$$

- Using the final figures from Blue Cross Community Centennial's survey, the 2017 response rate is calculated using the equation below:

$$\textit{Response Rate} = \frac{\textit{Mail (163)} + \textit{Phone (118)} + \textit{Internet (13)} = \textit{294}}{\textit{Total Sample (1350)} - \textit{Total Ineligible (52)} = \textit{1298}} = \mathbf{23\%}$$

Memo:
2016 NCQA Avg.
Response Rate = 25%

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 5 composite measures and 4 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).

Blue Cross Community Centennial				
	Trended Data			
Composite Measures	**2014**	**2015**	**2016**	**2017**
Getting Care Quickly	77%	80%	78%	78%
Shared Decision Making	NA	78%	83%	83%
How Well Doctors Communicate	88%	90%	90%	91%
Getting Needed Care	78%	81%	75%	77%
Customer Service	85%	87%	88%	89%
Overall Rating Measures				
Health Care	68%	75%	78%	73%
Personal Doctor	79%	83%	79%	83%
Specialist	84%	81%	85%	82%
Health Plan	78%	78%	79%	75%
HEDIS® Measures				
Flu Vaccinations	41%	43%	43%	40%
Advising Smokers and Tobacco Users to Quit*	71%	66%	60%	65%
Discussing Cessation Medications*	41%	35%	35%	41%
Discussing Cessation Strategies*	39%	33%	33%	37%
Health Promotion & Education	74%	73%	70%	76%
Care Coordination	77%	78%	82%	79%
Sample Size	*1350*	*1350*	*1425*	*1350*
# of Completes	*308*	*331*	*247*	*294*
Response Rate	*23%*	*25%*	*19%*	*23%*

↑/↓Statistically higher/lower compared to prior year results.
NA=Data not available

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

Comparison to Quality Compass®

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	Blue Cross Community Centennial		2016 Adult Medicaid Quality Compass®							
Adult Medicaid Survey Questions	2017	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly *(% Always/Usually)*	**77.86**	26th	80.06	70.47	74.32	77.74	80.52	83.36	85.67	86.05
How Well Doctors Communicate *(% Always/Usually)*	**91.48**	61st	90.73	86.78	87.82	89.48	90.96	92.37	93.47	94.29
Q22 Care Coordination *(% Always/Usually)*	79.44	20th	81.76	74.80	75.84	79.65	81.57	84.62	86.61	87.80
Getting Needed Care *(% Always/Usually)*	**76.70**	17th	80.43	73.09	75.07	78.23	81.11	83.36	85.67	86.45
Customer Service *(% Always/Usually)*	**89.17**	70th	87.54	82.42	84.07	85.45	87.45	89.80	91.04	91.88
Shared Decision Making *(% Yes)*	**83.45**	93rd	79.20	73.31	74.73	77.37	79.70	81.24	82.80	83.65
Q13 Rating of Health Care *(% 8, 9, 10)*	72.81	37th	73.52	65.25	67.51	70.83	74.06	76.47	78.91	79.82
Q23 Rating of Personal Doctor *(% 8, 9, 10)*	82.67	78th	80.23	74.09	75.55	77.88	80.58	82.48	84.80	85.61
Q27 Rating of Specialist *(% 8, 9, 10)*	82.05	66th	80.42	74.61	75.62	78.10	80.75	82.78	84.81	86.40
Q35 Rating of Health Plan *(% 8, 9, 10)*	75.36	47th	74.97	65.94	68.10	71.67	75.70	78.78	81.37	83.10

Legend:
95th = Plan score falls on or above 95th percentile
90th = Plan score falls on 90th or below 95th 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
5th = Plan scores falls below 10th percentile

The 2016 Adult Medicaid Quality Compass® consists of 191 public and non-public reporting health plan products (All Lines of Business excluding PPOs).

Accreditation Details

Scoring for NCQA Accreditation (Includes How Well Doctors Communicate)

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				2017 NCQA National Accreditation Comparisons*					
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l	
			Accreditation Points	***0.325***	***0.650***	***1.105***	***1.430***	***1.625***	
Composite Scores	**Sample Size**	**Mean**	**Approximate Percentile Threshold**						***Approximate Score***
Getting Care Quickly	(n=154)	**2.404**	50th		2.33	2.40	2.45	2.49	***1.105***
How Well Doctors Communicate	(n=182)	**2.640**	90th		2.48	2.54	2.58	2.64	***1.625***
Getting Needed Care	(n=173)	**2.300**	25th		2.28	2.35	2.41	2.45	***0.650***
Customer Service***	(n=97)	**0.000**	NA		2.48	2.54	2.58	2.61	***NA***
Overall Ratings Scores									
Health Care	(n=217)	**2.346**	25th		2.32	2.38	2.43	2.46	***0.650***
Personal Doctor	(n=225)	**2.542**	75th		2.43	2.50	2.53	2.57	***1.430***
Specialist	(n=117)	**2.573**	75th		2.48	2.51	2.56	2.59	***1.430***
			Accreditation Points	***0.650***	***1.300***	***2.210***	***2.860***	***3.250***	
Health Plan	(n=280)	**2.457**	50th		2.35	2.43	2.48	2.53	***2.210***
								Estimated Overall CAHPS® Score:	**9.100**

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). Starting in 2015, NCQA will no longer use an adjusted score. 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: 2017 Initial Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.

Accreditation Details

Scoring for NCQA Accreditation (Includes Care Coordination)

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				2017 NCQA National Accreditation Comparisons*					
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l	
			Accreditation Points	***0.325***	***0.650***	***1.105***	***1.430***	***1.625***	
Composite Scores	**Sample Size**	**Mean**	**Approximate Percentile Threshold**						***Approximate Score***
Getting Care Quickly	(n=154)	**2.404**	50th		2.33	2.40	2.45	2.49	***1.105***
Getting Needed Care	(n=173)	**2.300**	25th		2.28	2.35	2.41	2.45	***0.650***
Customer Service***	(n=97)	**0.000**	NA		2.48	2.54	2.58	2.61	***NA***
Care Coordination	(n=107)	**2.346**	25th		2.34	2.39	2.44	2.50	***0.650***
Health Care	(n=217)	**2.346**	25th		2.32	2.38	2.43	2.46	***0.650***
Personal Doctor	(n=225)	**2.542**	75th		2.43	2.50	2.53	2.57	***1.430***
Specialist	(n=117)	**2.573**	75th		2.48	2.51	2.56	2.59	***1.430***
			Accreditation Points	***0.650***	***1.300***	***2.210***	***2.860***	***3.250***	
Health Plan	(n=280)	**2.457**	50th		2.35	2.43	2.48	2.53	***2.210***
								Estimated Overall CAHPS® Score:	**8.125**

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). Starting in 2015, NCQA will no longer use an adjusted score. 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: 2017 Initial Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.

Key Driver Analysis and Action Plans

Action Plan – Rating of Health Plan

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 in Quality Compass®)

Plans should take action to improve items that are both highly correlated to the overall measure, and currently rated low when compared to national averages (Quality Compass®). Below is a list of items that are considered a High Priority for Improvement to the Overall Rating of Health Plan as well as the Primary Recommendation for improving this measure. For more ideas on how to improve your scores, please see the *Action Plans for Improving CAHPS® Scores* section of this report.

High Priority for Improvement
(High correlation/Relatively low performance)

Overall Rating of Health Plan		Primary Recommendation
Q14 - Easy to Get Care Believed Necessary	➡	Evaluate pre-certification, authorization, and appeals processes. Of even more importance is to evaluate the manner in which the decisions are communicated to the member. Members may be told that the health plan has not approved specific care, tests, or treatment, but are not being told why. The health plan should go the extra step to ensure that the member understands the decision and hears directly from them.

Key Driver Analysis – Health Plan

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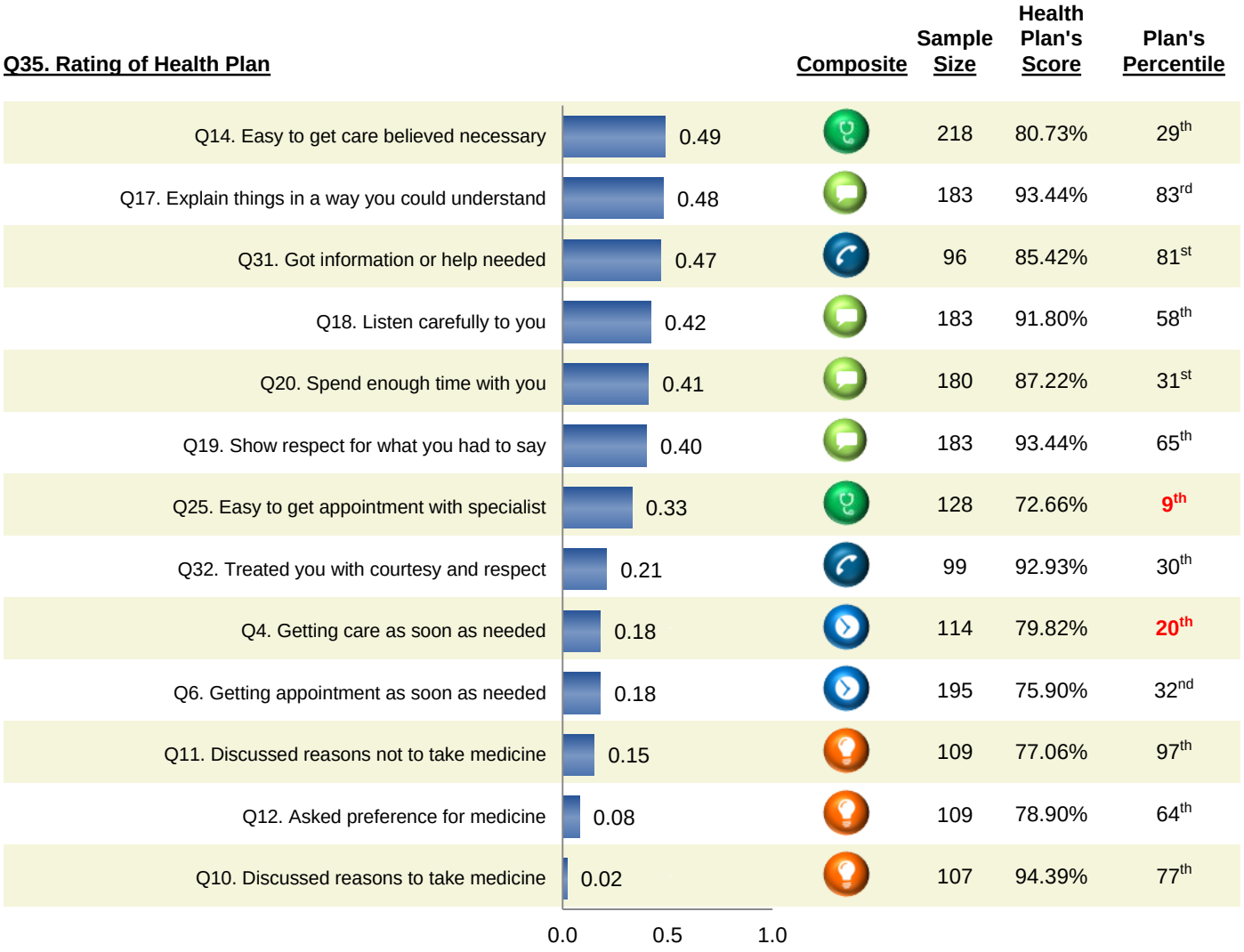

High Priority for Improvement
(High Correlation/
Lower Quality Compass® Group)

Q14 - Easy to Get Care Believed Necessary

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

Q17 - Explain Things in a Way You Could Understand

Q31 - Got Information or Help Needed

Use caution when reviewing scores with sample sizes less than 25.
"Health Plan's Score" is the percent of respondents that answered “Always”, “Usually”; “Yes”

Red Text indicates measure is 25th percentile or lower.

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Key Driver Analysis – Health Care

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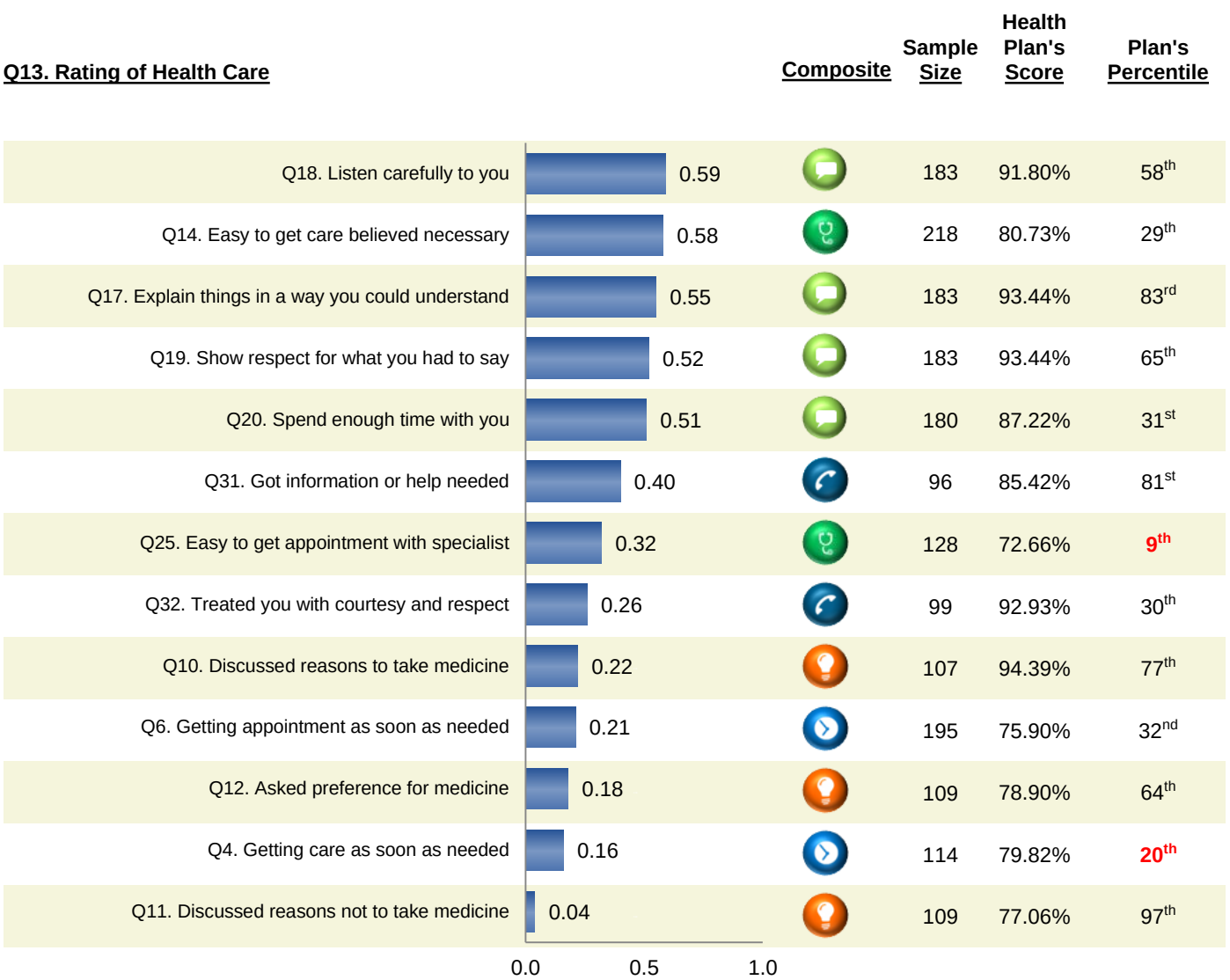

High Priority for Improvement
(High Correlation/
Lower Quality Compass® Group)

Q14 - Easy to Get Care Believed Necessary
Q20 - Spend Enough Time with You

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

Q18 - Listen Carefully to You
Q17 - Explain Things in a Way You Could Understand
Q19 - Show Respect for What You Had to Say

Use caution when reviewing scores with sample sizes less than 25.
"Health Plan's Score" is the percent of respondents that answered “Always”, “Usually”; “Yes”

Red Text indicates measure is 25th percentile or lower.

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

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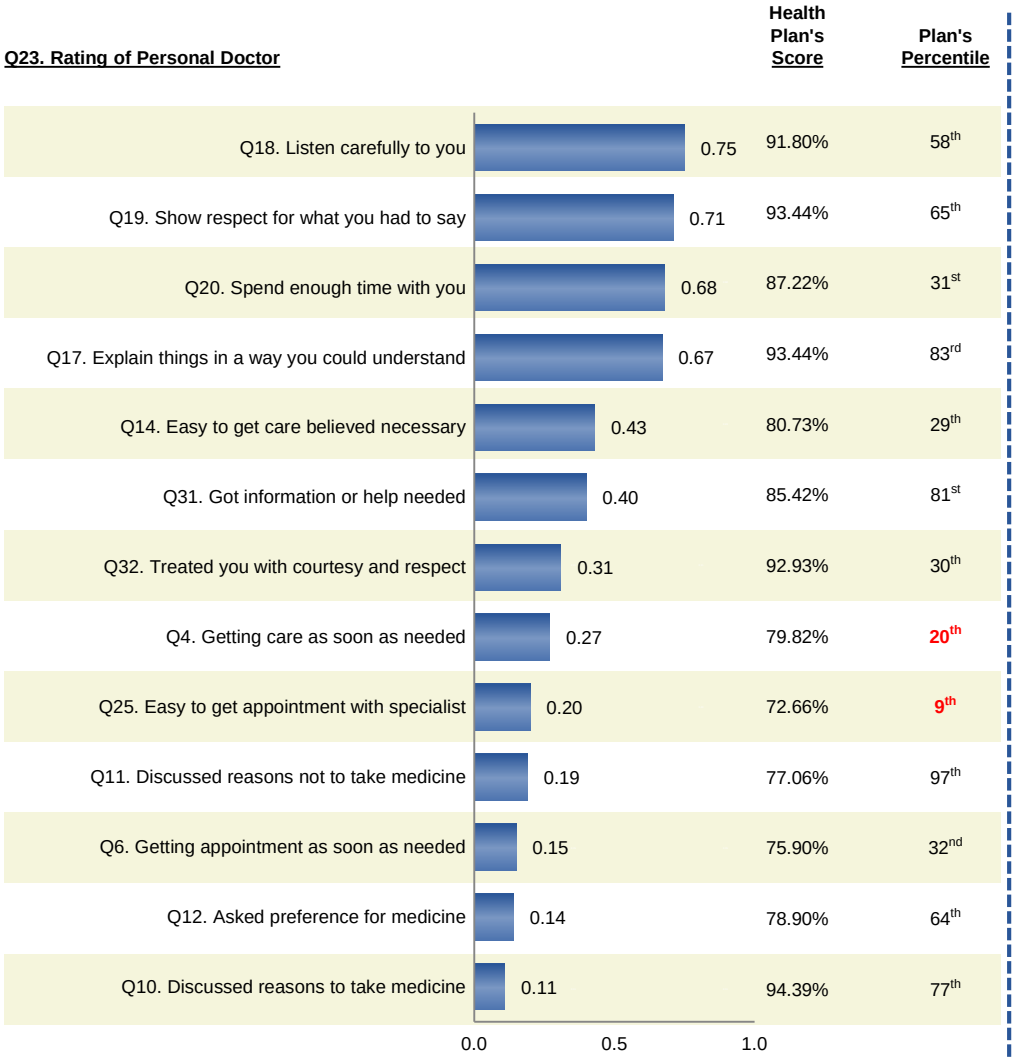
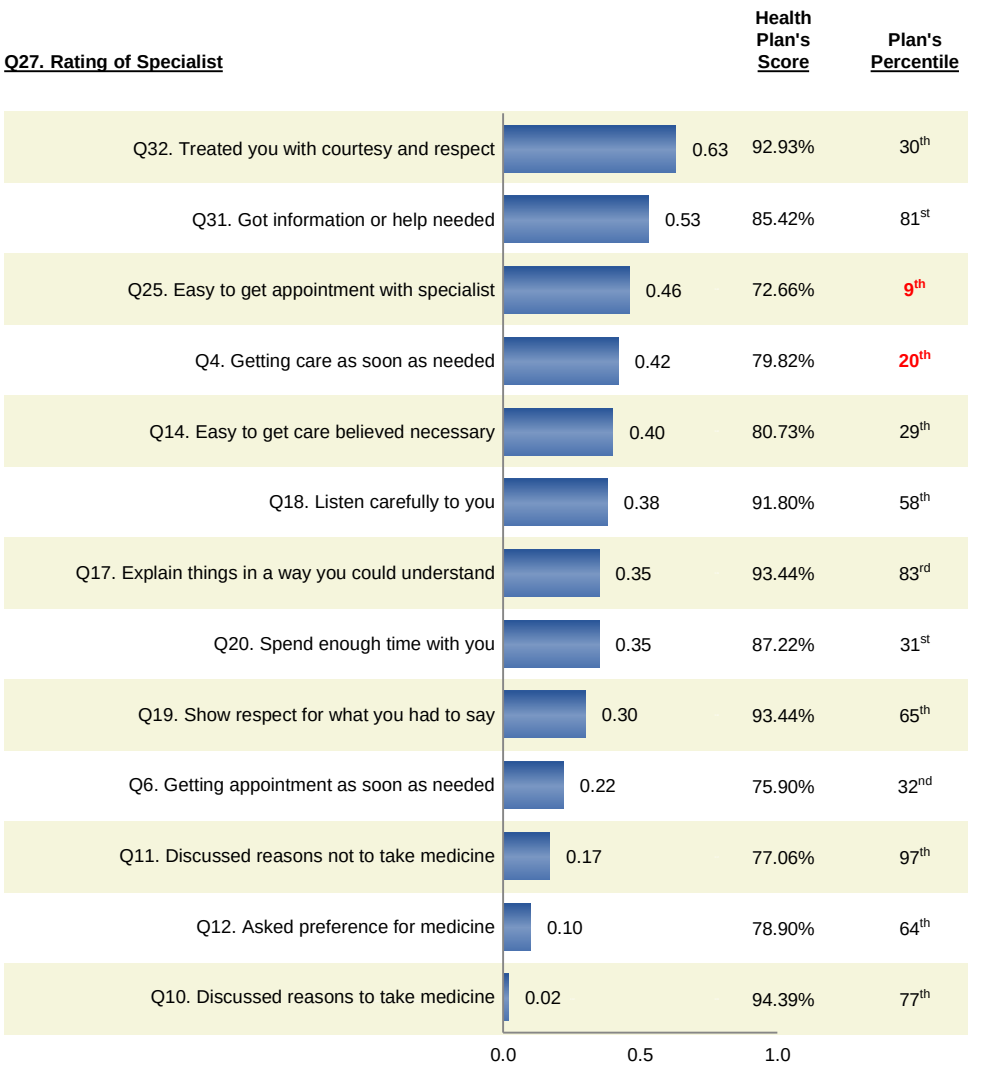
Key Driver Analysis – Doctor and Specialist





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

Red Text indicates measure is 25th percentile or lower.

Action Plans for Improving CAHPS® Scores

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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:

http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/improvement-guide.html

GETTING NEEDED CARE *(1 of 2)*

Easy to get appointment with specialist

- Develop referral guidelines to identify which clinical conditions the PCPs should manage themselves and which should be referred to the specialists.
- Review authorization and referral patterns for internal barriers to member access to needed specialists. Include Utilization Management staff in the review process to assist in barrier identification and process improvement development.
- Review Complaint and Grievance information to assess if issues are with the process of getting a referral/authorization to a specialist, or if the issue is the wait time to get 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 members have difficulty making an appointment.
- Perform a GeoAccess study of your panel of specialists to assure that there are an adequate number of specialists and that they are dispersed geographically to meet the needs of your members.
- Instruct Provider Relations staff to question PCP office staff regarding which types of specialists they have the most problems scheduling appointments for their patients.
- Conduct an Access to Care survey to validate appointment availability of specialist appointments.
- Include specialists in a CG-CAHPS Study to determine ease of access as well as other issues with specialist care.
- Develop a worksheet which could be completed and given to the patient by the PCP explaining the need and urgency of the referral as well as any preparation on the patient's part prior to the appointment with the specialist. Including the patient in the decision making process improves the probability that the patient will visit the specialist.
- Develop materials to introduce and promote your specialist network to the PCPs and encourage the PCPs to develop new referral patterns that align with the network.

Action Plans for Improving CAHPS® Scores

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GETTING NEEDED CARE *(2 of 2)*

Easy to get care believed necessary

- Evaluate pre-certification, authorization, and appeals processes. Of even more importance is to evaluate the manner in which the decisions are communicated to the member. Members may be told that the health plan has not approved specific care, tests, or treatment, but are not being told why. The health plan should go the extra step to ensure that the member understands the decision and hears directly from them.

Additional recommendations

- Include a supplemental question on the CAHPS® survey to identify the type of care, test or treatment which the member has a problem obtaining.
- Review complaints received by Customer Service regarding inability to receive care, tests or treatments. Identify the issues generating the highest number of complaints and prioritize improvement activities to address these first.
- When care or treatment is denied, care should be taken to ensure that the message is understood by both the provider and the member. Evaluate language utilized in denial letters and scripts for telephonic notifications of denials to make sure messaging is clear and appropriate for a lay person. If state regulations mandate denial format and language in written communications, examine ways to also communicate denial decisions verbally to reinforce reasons for denial.

Action Plans for Improving CAHPS® Scores

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GETTING CARE QUICKLY

Getting care as soon as you needed

- Distribute to members listings of Urgent Care/After Hours Care options available in network. Promote Nurse on Call lines as part of the distribution. Refrigerator magnets with Nurse On-Call phone numbers and names of participating Urgent Care centers are very effective in this population.

Getting appointment as soon as needed

- Encourage PCP offices to implement open access scheduling – allowing a portion of each day to be left open for urgent care and follow-up care.

Additional recommendations

- Include in member newsletters articles regarding scheduling routine care and check ups and informing members of the average wait time for a routine appointment for your network.
- Identify for members, PCP, Pediatric and OB/GYN practices that offer evening and weekend hours.
- Encourage PCP offices to make annual appointments 12 months in advance
- Conduct an Access to Care Study
  - Calls to physician office - unblinded
  - Calls to members with recent claims
  - Desk audit by provider relations staff
- Conduct a CG-CAHPS survey to identify offices with scheduling issues

Action Plans for Improving CAHPS® Scores

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HOW WELL DOCTORS COMMUNICATE

Explain things in a way you could understand

- Include supplemental questions from the Item Set for Addressing Health Literacy to identify communication issues.

Listen carefully to you

- Provide the physicians with patient education materials. These materials could reinforce that the physician has heard the concerns of the patient and/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. Materials should be available in appropriate/relevant languages and reading levels for the population.

Show respect for what you had to say

- 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.

Spend enough time with you

- Develop “Questions Checklists” on specific diseases to be used by members when speaking to doctors. Have these available in office waiting rooms or provided by office staff prior to the patient meeting with the doctor. The doctor can review and discuss the checklist during the office visit.

Additional recommendations

- Conduct a CG-CAHPS survey to identify physicians for whom improvement plans should be developed.
- Provide communication tips in the provider newsletters. Often, these are better accepted if presented as a testimonial from a patient.

Action Plans for Improving CAHPS® Scores

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SHARED DECISION MAKING

Discussed reasons to take medicine

- Develop patient education materials about common medicines described for your members explaining pros of each medicine. Examples: asthma medications, high blood pressure medications, statins.

Discussed reasons not to take medicine

- Develop patient education materials about common medicines described for your members explaining cons of each medicine. Examples: asthma medications, high blood pressure medications, statins.

Asked preference for medicine

- Conduct a CG-CAHPS survey and include the Shared Decision Making Composite as supplemental questions.

Additional recommendations

- Develop or purchase audio recordings and/or videos of patient/doctor dialogues/vignettes with information about common mediations. Distribute to provider panel via podcast or other method.

Action Plans for Improving CAHPS® Scores

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HEALTH PLAN CUSTOMER SERVICE

Got information or help needed

- On a monthly basis, study Call Center reports for reasons of incoming calls and identify the primary drivers of calls. Bring together Call Center representatives and key staff from related operational departments to design interventions to decrease call volume and/or improve member satisfaction with the health plan.

Treated you with courtesy and respect

- Operationally define customer service behaviors for Call Center representatives as well as all staff throughout the organization. Train staff on these behaviors.

Additional recommendations

- 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.
- Implement a service recovery program so that Call Center representatives have guidelines to follow for problem resolution and atonement.
- Acknowledge that all members who respond that they have called customer service have actually talked to plan staff in other areas than the Call Center. Promote the idea of customer service is the responsibility for all staff throughout the organization.

Action Plans for Improving CAHPS® Scores

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CARE COORDINATION

Personal doctor informed and up-to-date about the care you got from other doctors or other health providers

- Institute process where the plan notifies the PCP when a member is admitted/discharged from a hospital or SNF. Upon discharge, send a copy of the discharge summary to the PCP.

Care Coordination is an area in which the health plan can be seen as the partner to the physician in the management of a member's care. A plan's words and actions can emphasize the plan's willingness to work with the physician to improve the health of their members and to assist the physician in doing so.

- Offer to work with larger/high volume PCP groups to facilitate EMR connectivity with high volume specialty groups.
- Conduct a referring physician survey with PCPs via the Internet to ascertain the level of communication between PCPs and specific specialists.
- Investigate how the plan can assist the PCP in coordinating care with specialists and ancillary providers.
- Institute a policy and procedure whereby copies of MTM information is faxed/mailed to the member's assigned PCP.
- Have Provider Relations staff interview PCP office staff as to whether they communicate with Specialist offices to request updates on care delivered to patients that the PCP referred to the Specialist.
- Encourage PCP offices to assist members with appointment scheduling with specialists and other ancillary providers and for procedures and tests.

General Knowledge about Demographic Differences

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*The commentary below is **based on the Morpace Adult Medicaid Book of Business**:*

Age	Older respondents tend to be more satisfied with their health care experience and health plan than younger respondents. The older population scores significantly higher in the following areas: Getting Care Quickly, Getting Needed Care, Customer Service, Care Coordination (Q22), all rating questions, and obtaining the flu shot or spray.
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. The 'Excellent/Very good' group scores higher in the following areas: Shared Decision Making, How Well Doctors Communicate, Getting Needed Care, all rating questions, and Care Coordination (Q22). The exceptions are Getting appointment as soon as needed (Q6) and obtaining the flu shot or spray, where members rating their health status 'Fair/Poor' had significantly higher responses.
Education	Scores do not vary much when comparing education level. Shared Decision Making is the only composite where the more educated members have a significantly higher score. Less educated members have a significantly higher score for Care Coordination (Q22), Rating of Personal Doctor, and Rating of Health Plan.
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.	
Race	Whites tend to give higher ratings to both rating and composite questions than African Americans or the 'All other' group. Significantly higher scores are noted for Whites in the following composites: Getting Care Quickly and Getting Needed Care. Scores for 'All other' tend to be lower across the board. Morpace Book of Business: White - 53%; African American - 31%; All other - 18% Growing evidence denotes that lower satisfaction ratings from Asian Americans are partially attributable to cultural differences in their response tendencies. Therefore, the lower scores for 'All other' might not reflect an accurate comparison of their experience with health care.
Ethnicity	Little difference is seen between the scores for Hispanics and Non-Hispanics for the majority of measures. Non-Hispanics have significantly higher scores for Getting Care Quickly, whereas Hispanics have significantly higher scores for all rating questions, as well as a higher number of members obtaining the flu shot or spray. Hispanics make up 20% of the Morpace Book of Business.

Demographic Profile

Blue Cross Community Centennial℠

	Blue Cross Community Centennial				
	2014	2015	2016	2017	2016 Quality Compass®
Q36. Health Status					
Excellent/Very good	36%	35%	35%	30%	34%
Good	28%	30%	32%	31%	33%
Fair/Poor	36%	35%	33%	38%	33%
Q37. Mental/Emotional Health Status					
Excellent/Very good	44%	51%	43%	44%	44%
Good	25%	22%	33%	27%	28%
Fair/Poor	31%	27%	24%	29%	27%
Q52. Member's Age					
18 to 24	23%	10%	11%	8%	14%
25 to 34	20%	18%	19%	16%	18%
35 to 44	13%	13%	13%	13%	17%
45 to 54	20%	24%	22%	18%	21%
55 to 64	23%	29%	28%	34%	24%
65 or older	0%	6%	8%	11%	7%
Q53. Gender					
Male	40%	44%	47%	47%	37%
Female	60%	56%	53%	53%	63%
Q54. Education					
Did not graduate high school	21%	27%	24%	19%	25%
High school graduate or GED	39%	28%	29%	33%	38%
Some college or 2-year degree	34%	30%	33%	31%	27%
4-year college graduate	3%	10%	7%	10%	7%
More than 4-year college degree	3%	5%	7%	7%	4%
Q55/56. Race/Ethnicity					
Hispanic or Latino	51%	59%	46%	49%	18%
White	55%	51%	63%	59%	58%
African American	3%	2%	2%	3%	25%
Asian	1%	2%	2%	2%	5%
Native Hawaiian or other Pacific Islander	1%	0%	2%	2%	1%
American Indian or Alaska Native	9%	10%	11%	12%	4%
Other	24%	26%	21%	24%	10%

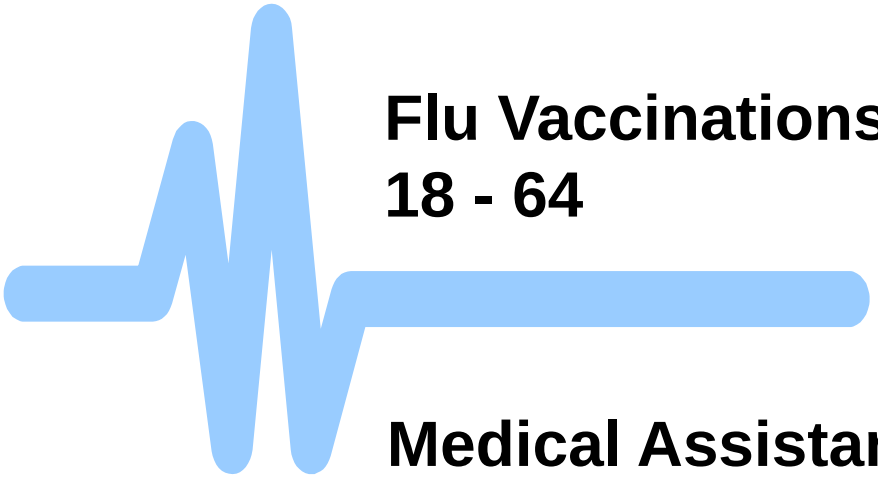
Data shown are self reported.

Composite & Rating Scores by Demographics

Blue Cross Community Centennial℠

	Blue Cross Community Centennial												
	Age			Race			Ethnicity		Educational Level		Health Status		
Demographic	18-34	35-54	55+	White	African American	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/ Very Good	Good	Fair/ Poor
Sample size	(n=68)	(n=91)	(n=131)	(n=174)	(n=8)	(n=113)	(n=137)	(n=144)	(n=151)	(n=137)	(n=88)	(n=90)	(n=111)
Composites *(% Always/Usually)*													
Getting Care Quickly	72	66	85	76	82	74	81	74	80	75	80	76	77
Shared Decision Making *(% Yes)*	90	84	81	82	100	85	83	83	81	85	81	89	82
How Well Doctors Communicate	91	94	90	93	96	92	92	90	90	93	97	92	88
Getting Needed Care	78	69	80	78	68	72	82	72	79	74	83	78	72
Customer Service	91	91	88	90	90	89	94	84	87	91	82	92	91
Overall Ratings *(% 8,9,10)*													
Health Care	70	75	72	73	86	71	81	64	78	67	87	71	66
Personal Doctor	82	82	83	82	86	87	87	77	82	83	91	78	80
Specialist	89	81	80	85	100	76	84	81	81	83	79	84	84
Health Plan	79	78	71	75	100	72	82	69	79	72	79	74	74

HEDIS® Measures



Flu Vaccinations for Adults Ages 18 - 64

Medical Assistance with Smoking and Tobacco Use Cessation

Flu Vaccinations for Adults Ages 18 – 64

Blue Cross Community Centennial℠

- The Flu Vaccinations for Adults Ages 18-64 Measure is designed to report the percent of members:
  - who are between the ages of 18-64 as of July 1st of the measurement year
  - who were continuously enrolled during the measurement year, and
  - who received an influenza vaccination or flu spray between July of the measurement year and the date on which the survey was completed
- Results for this measure are calculated using data collected during the measurement year.
- All members in the sample are asked to answer this question but only the members that meet the age criteria will be included in the results for this measure. Below are the 2017 Reported Results. See Technical Notes for Accreditation Scoring.

Q38. Have you had either a flu shot or flu spray in the nose since July 1, 2016?	2017 Reported Results*
Members that meet age criteria (results are not reportable if less than 100)	252
Members that meet age criteria and received a flu vaccination	100
Flu Vaccinations for Adults Rate	***40%***

2016 Quality Compass®							
Mean	5th	10th	25th	50th	75th	90th	95th
38.46	25.44	28.70	33.79	38.03	43.54	48.01	51.30

Plan Score:

56th Percentile

** The 2017 Reported Result is calculated using results collected during the measurement year. There must be a total of 100 or more respondents eligible for calculation in the measurement year for the rate to be reportable. The results for this measure became eligible for public reporting in 2015.*

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Medical Assistance with Smoking & Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

Blue Cross Community Centennial℠

- The Medical Assistance with Smoking and Tobacco Use Cessation (MSC) 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.

	2016	2017	2017 Reported Results*
Q40. Advising Smokers and Tobacco Users to Quit			
Members that meet criteria (results are not reportable if less than 100)	77	81	158
Members that meet criteria and were advised to quit smoking or using tobacco	46	56	102
Advising Smokers and Tobacco Users to Quit Rate	***60%***	***69%***	***65%***

2016 Quality Compass®							
Mean	5th	10th	25th	50th	75th	90th	95th
75.89	64.56	67.83	73.14	76.59	79.36	81.85	83.89

Plan Score:
4th Percentile

**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.*

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Medical Assistance with Smoking & Tobacco Use Cessation

Discussing Cessation Medications

Blue Cross Community Centennial℠

- 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 discussed smoking/tobacco use cessation medications.

	2016	2017	2017 Reported Results*
Q41. Discussing Cessation Medications			
Members that meet criteria (results are not reportable if less than 100)	76	81	157
Members that meet criteria and discussed medications to quit smoking or using tobacco	32	33	65
Discussing Cessation Medications Rate	***42%***	***41%***	***41%***

2016 Quality Compass®							
Mean	5th	10th	25th	50th	75th	90th	95th
48.12	33.54	36.67	43.01	48.31	53.85	58.39	60.42

Plan Score:

17th Percentile

**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.*

Medical Assistance with Smoking & Tobacco Use Cessation

Discussing Cessation Strategies

Blue Cross Community Centennial℠

- 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 discussed smoking/tobacco use cessation medications or strategies with their doctor.

	2016	2017	2017 Reported Results*
Q42. Discussing Cessation Strategies			
Members that meet criteria (results are not reportable if less than 100)	75	80	155
Members that meet criteria and discussed methods & strategies to quit smoking or using tobacco	28	29	57
Discussing Cessation Strategies Rate	***37%***	***36%***	***37%***

2016 Quality Compass®							
Mean	5th	10th	25th	50th	75th	90th	95th
43.28	31.46	34.00	38.86	43.82	47.83	51.75	54.43

Plan Score:

16th Percentile

**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.*

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Supplemental Questions

Supplemental Questions – Materials

Q59. In the last 6 months, have you received any material from your health plan about good health and how to stay healthy?

	2015	2016	2017
Yes	58%	73%	61%
No	42%	27%	39%
Sample Size:	*(n=304)*	*(n=243)*	*(n=285)*

Supplemental Questions – Materials

Q60. In the last 6 months, have you received any material from your health plan about care coordination and how to contact the care coordination unit?

	2015	2016	2017
Yes	**50%**	**60%**	**58%**
No	**50%**	**40%**	**42%**
Sample Size:	*(n=306)*	*(n=240)*	*(n=279)*

Supplemental Questions – Plan of Care

Q61. Did your Care Coordinator sit down with you and create a Plan of Care?

	2015	2016	2017
Yes	**24%**	**28%**	**33%**
No	**76%**	**72%**	**67%**
Sample Size:	*(n=305)*	*(n=243)*	*(n=280)*

Supplemental Questions – Plan of Care

Q62. Are you satisfied that your care plan talks about the help you need to stay healthy and remain in your home?

	2015	2016	2017
Very satisfied	44%	26%	29%
Satisfied	25%	44%	44%
Neither dissatisfied nor satisfied	23%	23%	20%
Dissatisfied	3%	3%	4%
Very dissatisfied	5%	4%	3%
Sample Size:	*(n=293)*	*(n=232)*	*(n=270)*

Supplemental Questions – Care Coordination

Q63. In the last 6 months, did anyone from your health plan, doctor's office, or clinic help coordinate your care among these doctors or other health providers?

	2015	2016	2017
Yes	**33%**	**38%**	**35%**
No	**67%**	**62%**	**65%**
Sample Size:	*(n=298)*	*(n=238)*	*(n=280)*

Supplemental Questions – Care Coordination

Blue Cross Community Centennial℠

Q64. In the last 6 months, who helped to coordinate your care?

	2015	2016	2017
You	50%	43%	46%
Someone from your doctor's office or clinic	25%	26%	24%
Someone from your health plan	9%	14%	14%
A friend or family member	14%	14%	14%
Someone from another organization	2%	4%	2%
Sample Size:	*(n=276)*	*(n=222)*	*(n=265)*

Supplemental Questions – Care Coordination

Q65. How satisfied are you with the help you received to coordinate your care in the last 6 months?

	2015	2016	2017
Very satisfied	57%	32%	34%
Satisfied	23%	42%	39%
Neither dissatisfied nor satisfied	10%	19%	19%
Dissatisfied	4%	3%	4%
Very dissatisfied	6%	3%	3%
Sample Size:	*(n=289)*	*(n=232)*	*(n=269)*

Supplemental Questions – Falling

Q66. A fall is when your body goes to the ground without being pushed. In the past 6 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?

	2015	2016	2017
Yes	22%	23%	22%
No	78%	77%	78%
Sample Size:	*(n=283)*	*(n=224)*	*(n=260)*

Supplemental Questions – Falling

Q67. Did you fall in the past 6 months?

	2015	2016	2017
Yes	**19%**	**21%**	**18%**
No	**81%**	**79%**	**82%**
Sample Size:	*(n=314)*	*(n=243)*	*(n=287)*

Supplemental Questions – Balance

Q68. In the past 6 months, have you had a problem with balance or walking?

	2015	2016	2017
Yes	27%	26%	29%
No	73%	74%	71%
Sample Size:	*(n=313)*	*(n=246)*	*(n=289)*

Supplemental Questions – Balance

Q69. Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking?

	2015	2016	2017
Yes	23%	26%	27%
No	77%	74%	73%
Sample Size:	*(n=262)*	*(n=199)*	*(n=242)*

Supplemental Questions – Treatment

Q70. In the last 6 months, how often were you treated unfairly at this provider's office because you did not speak English very well?

	2015	2016	2017
Never	96%	93%	91%
Sometimes	2%	3%	6%
Usually	1%	1%	1%
Always	1%	3%	2%
Sample Size:	*(n=305)*	*(n=225)*	*(n=282)*