

2019 CAHPS[®] Child Medicaid with CCC 5.0H Summary Report

July 2019

A decorative graphic on the right side of the slide. It features a horizontal line that is blue for most of its length and green for the last portion. To the right of the line are three overlapping circles: a large blue circle at the top, a light blue circle at the bottom, and a green circle on the right. The text "Blue Cross Community Centennial" is centered within the blue circle.

Blue Cross Community
Centennial

Table of Contents

Study Overview.....	3
Response Rate Summary.....	5
CAHPS Measures Defined.....	6
Executive Highlights.....	7
Summary of Key Measures.....	8
Comparison to Quality Compass®.....	9
Accreditation Details.....	11
Key Driver Analysis and Improving CAHPS Scores.....	12
Demographics.....	26
Supplemental Questions.....	30

Study Overview

(1 of 2)

Background

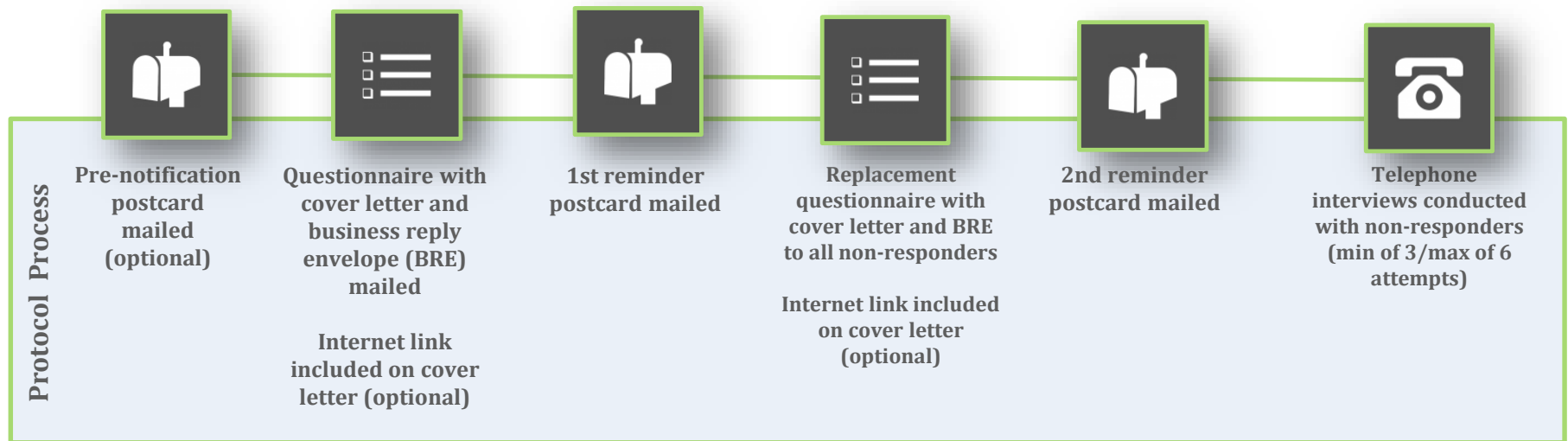
CAHPS (Consumer Assessment of Healthcare Providers and Systems) measures health care consumers' satisfaction with the quality of care and customer service provided by their health plan. Plans which are collecting HEDIS® (Healthcare Effectiveness Data and Information Set) data for NCQA accreditation are 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 health plans.

Standard NCQA protocols for administering CAHPS 5.0H include a mixed-mode mail/telephone protocol and a mail-only protocol. NCQA allows enhanced methodology options that do not significantly alter the standard methodology, such as Internet or Spanish.

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



Study Overview

(2 of 2)

Sample

- » In 2019, 1650 Blue Cross Community Centennial members were pulled randomly and assigned as General Population (GP). From the balance of the remaining members, 1840 members flagged as possible CCC (based on the variable prescreen status=2, meaning they are more likely to have a chronic condition) were pulled randomly and assigned as CCC. The two samples together create a total sample size of 3490 (per NCQA standard).
- » For purposes of reporting the Child Medicaid with CCC survey results, the results are divided into two groups:
 - » General Population Completes are comprised of:
 - » Members who were assigned as General Population (GP) during sample selection and completed the survey
 - » CCC Population Completes are comprised of:
 - » Members indicated they have chronic care conditions based on responses to the CCC survey questions. These members could be from either the GP or CCC sample selection pull.
 - » A member assigned as GP from sample selection could be represented in both the GP Completes and CCC Completes if they indicated they have chronic care conditions in the survey.
 - » Total Completes are comprised of:
 - » Members who completed the survey, regardless of which sample pull they were assigned initially
 - » Note: If a member was assigned as CCC during sample selection but did not answer the CCC survey questions indicating they have a chronic condition, the member is represented under Total Completes only.
 - » The Total Completes will not add up to the sum of GP Completes and CCC Completes because:
 - » The GP Completes and CCC Completes are not mutually exclusive so a member could be represented in both groups, and
 - » The members assigned as CCC during sample selection that do not have a chronic condition are included in Total Completes Only

The 2019 sample for Blue Cross Community Centennial:

				Total Completes				
Sample Size	Total Completes	General Population Completes	CCC Population Completes	English Completes	Spanish Completes	Mail Completes	Phone Completes	Internet Completes
3490	661	310	236	584	77	289	331	41

Response Rate Summary

Response Rate Calculation

A response rate is calculated for those members who were eligible and able to respond.

19%

Is the Final 2019 Total Sample Response Rate

19%

Is the Final 2019 General Population Response Rate

Using the final figures from Blue Cross Community Centennial's survey, the 2019 response rate is calculated using the equation below:

Total Sample

Mail (289) + Phone (331) + Internet (41) = 661 completes

÷

Total Sample (3490) - Total Ineligible (31) = 3459

General Population

Mail (133) + Phone (160) + Internet (17) = 310 completes

÷

Total Sample (1650) - Total Ineligible (14) = 1636

Disposition Summary

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, 30, 45, 49, 54).

Ineligible	Count	
	Total Sample	General Population
Deceased	3	2
Does not meet eligible population criteria	6	5
Language barrier	22	7
Total Ineligible	31	14

According to NCQA protocol, ineligible members include those who are deceased, do not meet eligible population criteria, or have a language barrier.

Non-response	Count	
	Total Sample	General Population
Partial complete	35	15
Refusal	12	7
Maximum attempts made	2731	1294
Do Not Call list	20	10
Total Non-response	2798	1326

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.

CAHPS Measures Defined

Key Measures

For purposes of reporting the CAHPS results in HEDIS and for scoring for health plan accreditation, NCQA uses composite measures and rating questions from the survey.

- » Getting Care Quickly
- » Shared Decision Making*
- » How Well Doctors Communicate*
- » Getting Needed Care
- » Customer Service
- » Care Coordination (Q40)
- » Rating of Health Care
- » Rating of Personal Doctor
- » Rating of Specialist
- » Rating of Health Plan
- » Access to Prescription Medicines* (CCC Measure)
- » Access to Specialized Services* (CCC Measure)
- » Family-Centered Care: Personal Doctor Who Knows Child* (CCC Measure)
- » Family-Centered Care: Getting Needed Information* (CCC Measure)
- » Coordination of Care for Children with Chronic Conditions* (CCC Measure)

Each of the composite measures is the average of 2 – 4 questions, depending on the measure, while each rating score is based on a single question. CAHPS scores are most commonly shown using Summary Rate scores.

* Measure not included in scoring for accreditation.

Summary Rate Scores

Summary Rate Scores indicate the proportion of members who rate the health plan **favorably** on a measure. The Summary Rate scores are calculated using % Always/Usually or %Yes for composite measures and %8,9,10 for rating questions – with 100% the highest possible score. Comparing the health plan’s percentages for the current year versus last year will provide an understanding where the health plan improved or declined.

Quality Compass Percentiles

Quality Compass is NCQA’s comprehensive national database of health plans’ HEDIS and CAHPS results. The Quality Compass percentiles provide an indication of how the health plan fared against last year’s national average – 100th is the highest percentile.

Percentiles displayed in this report are those provided in Quality Compass. A percentile is a value on a scale of one hundred that indicates the percent of the distribution that is equal to or below it. For example, if a plan’s score falls in the 75th percentile compared to the Quality Compass that means 75% of plans represented in the Quality Compass have a score that is equal to or lower than it. Conversely, 25% of the plans in the Quality Compass have a higher score.

NCQA Accreditation CAHPS Points

NCQA awards CAHPS points based on the percentile in which the health plan places for each measure. The maximum total points for all measures is 13 points.

By measure, the health plan earns maximum points when ranked 90th percentile or above, and minimum points for falling below the 25th percentile.

Executive Highlights

General Population

Summary Rate Scores (% Positive Response)			
COMPOSITE SCORES	2019	2018	2019 Score versus 2018 Quality Compass
Getting Care Quickly	92%	89%	68 th
Shared Decision Making	80%	81%	53 rd
How Well Doctors Communicate	96%	95%	90 th
Getting Needed Care	83%	86%	39 th
Customer Service	91%	91%	77 th
Care Coordination	85%	79%	61 st
OVERALL RATING SCORES			
Health Care	88%	91%	59 th
Personal Doctor	93%	92%	91 st
Specialist	83%	88%	14 th
Health Plan	87%	89%	58 th

2019 NCQA Accreditation CAHPS Points			
Approx. 2019 Percentile Threshold	2019 Approx. Points	2018 Approx. Points	Difference from 2018
90 th	2.167	0.867	1.300
NA	NA	NA	NA
NA	NA	NA	NA
25 th	0.867	0.867	0.000
NA	NA	NA	NA
NA	NA	NA	NA
90 th	2.167	2.167	0.000
90 th	2.167	2.167	0.000
NA	NA	NA	NA
75 th	3.814	4.334	-0.520
	11.182	10.402	0.780

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

Total Possible CAHPS Points = 13.000



Summary Rate Scores:

- » Colored arrows denote significant changes from last year, and likely play a role in changes to the health plan's overall CAHPS accreditation points.
- » The Quality Compass percentiles provide an indication of how the health plan fared against *last year's* national average - 100th is the highest.

Accreditation Points:

- » 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.
- » Importantly, the Health Plan Overall Rating measure earns double points so it always plays a key role in the health plan's Total CAHPS Points.
- » Estimated accreditation points cannot be calculated if too many measures (5 or more) are unreportable due to low sample size.

Summary of Key Measures

	General Population		2018 Quality Compass	CCC Population		2018 Quality Compass
	2018	2019		2018	2019	
Composite Measures						
Getting Care Quickly	89%	92%	89%	91%	90%	93%
Shared Decision Making	81%	80%	78%	89%	85%	85%
How Well Doctors Communicate	95%	96%	94%	97%	97%	95%
Getting Needed Care	86%	83%	85%	82%	81%	87%
Customer Service	91%	91%	89%	85%	90%	89%
CCC Composite Measures						
Access to Prescription Medicines	92%	88%	NA	88%	90%	91%
Access to Specialized Services	80%	70%	NA	73%	75%	78%
Family-Centered Care: Personal Doctor Who Knows Child	89%	92%	NA	89%	93%	91%
Family-Centered Care: Getting Needed Information	91%	91%	NA	92%	93%	92%
Coordination of Care for Children with Chronic Conditions	64%	72%	NA	76%	81%	77%
Overall Ratings Measures						
Health Care	91%	88%	87%	87%	85%	86%
Personal Doctor	92%	93%	89%	91%	91%	89%
Specialist	88%	83%	87%	88%	84%	87%
Health Plan	89%	87%	86%	88%	84%	84%
Health Promotion & Education	77%	76%	73%	83%	83%	79%
Care Coordination	79%	85%	83%	83%	83%	84%
	<i>General Population</i>			<i>Total Sample</i>		
<i>Sample Size</i>	1,650	1,650		3,490	3,490	
<i># of Completes</i>	325	310		706	661	
<i>Response Rate</i>	20%	19%		20%	19%	

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

Comparison to Quality Compass

General Population

Child Medicaid with CCC Survey Questions	2019	Percentile	2018 Child Medicaid Quality Compass - General Population Results							
			Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly (% Always/Usually)	92.10	68th	89.47	82.18	83.90	86.81	89.96	92.56	94.52	95.06
Shared Decision Making (% Yes)	79.69	53rd	78.27	69.87	72.18	75.81	79.31	80.95	83.06	83.56
How Well Doctors Communicate (% Always/Usually)	96.38	90th	93.72	89.39	91.10	92.46	94.05	95.40	96.36	96.81
Getting Needed Care (% Always/Usually)	83.39	39th	84.68	78.11	79.28	81.67	84.41	87.94	90.26	91.35
Customer Service (% Always/Usually)	90.87	77th	88.72	84.60	85.48	87.22	88.50	90.58	92.01	93.07
Q40 Care Coordination (% Always/Usually)	84.52	61st	82.94	75.00	76.85	80.21	82.94	86.54	88.24	89.29
Q14 Rating of Health Care (% 8, 9, 10)	87.71	59th	87.02	82.31	83.20	85.23	87.27	89.25	90.64	91.54
Q41 Rating of Personal Doctor (% 8, 9, 10)	92.89	91st	89.47	84.52	86.14	88.01	89.64	91.28	92.59	93.26
Q48 Rating of Specialist (% 8, 9, 10)	83.33	14th	87.03	81.46	82.26	84.75	86.94	89.30	91.87	92.25
Q54 Rating of Health Plan (% 8, 9, 10)	87.21	58th	86.32	80.58	82.08	84.10	86.63	89.06	90.77	91.49

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 score falls below 10th percentile

The 2018 Child Medicaid Quality Compass consists of 114 public and non-public reporting health plan products (All Lines of Business excluding PPO/EPOs).

Comparison to Quality Compass

CCC Population

Child Medicaid with CCC Survey Questions	2019	Percentile	2018 Child Medicaid with CCC Quality Compass - CCC Population Results							
			Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly (% Always/Usually)	89.59	13th	92.60	87.15	88.76	90.50	93.69	94.63	95.65	96.07
Shared Decision Making (% Yes)	85.44	48th	84.69	80.31	81.30	83.91	85.44	86.30	87.45	87.65
How Well Doctors Communicate (% Always/Usually)	96.87	87th	94.77	91.73	92.72	93.38	95.20	95.94	96.88	96.92
Getting Needed Care (% Always/Usually)	80.88	7th	87.39	79.48	82.05	84.89	88.17	90.35	91.61	92.63
Customer Service (% Always/Usually)	89.61	56th	89.03	85.10	86.08	87.06	89.26	90.76	91.99	94.36
Q40 Care Coordination (% Always/Usually)	82.79	38th	83.73	78.10	79.13	81.01	83.51	86.72	88.13	89.03
Access to Prescription Medicines (% Always/Usually)	89.56	24th	91.47	86.19	87.55	89.71	91.98	93.72	94.62	95.37
Access to Specialized Services (% Always/Usually)	75.01	23rd	78.04	68.90	69.12	76.51	79.27	81.93	84.27	85.58
Family-Centered Care: Personal Doctor Who Knows Child (% Yes)	92.93	88th	91.01	87.20	88.47	89.92	91.23	92.53	93.18	93.35
Family-Centered Care: Getting Needed Information (% Always/Usually)	93.00	69th	91.99	88.74	89.73	90.94	92.04	93.29	94.06	95.56
Coordination of Care for Children with Chronic Conditions (% Yes)	80.83	89th	77.10	69.55	71.90	75.35	77.19	79.40	80.86	83.54
Q14 Rating of Health Care (% 8, 9, 10)	85.07	29th	85.99	80.12	81.70	84.78	86.57	87.59	89.39	89.90
Q41 Rating of Personal Doctor (% 8, 9, 10)	91.12	79th	89.41	85.63	86.49	88.26	89.49	91.00	91.45	92.84
Q48 Rating of Specialist (% 8, 9, 10)	84.16	15th	86.93	81.50	82.53	85.16	87.05	88.68	90.57	91.83
Q54 Rating of Health Plan (% 8, 9, 10)	84.42	43rd	84.38	76.00	79.05	82.64	84.74	87.07	89.14	89.74

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 score falls below 10th percentile

The 2018 Child Medicaid with CCC Quality Compass consists of 57 public and non-public reporting health plan products (All Lines of Business excluding PPO/EPOs).

Accreditation Details

Scoring for NCQA Accreditation – General Population

2019 NCQA National Accreditation Comparisons*										
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l		
				Accreditation Points	0.433	0.867	1.473	1.907	2.167	
Composite Scores	Sample Size	Mean	Approximate Percentile Threshold						Approximate Score	
Getting Care Quickly	165	2.695	90 th	Below 2.54	2.54	2.61	2.66	2.69	2.167	
Getting Needed Care	146	2.451	25 th	Below 2.40	2.40	2.47	2.55	2.60	0.867	
Customer Service***	76	2.641	90 th	Below 2.50	2.50	2.53	2.58	2.63	NA	
Care Coordination***	84	2.429	25 th	Below 2.36	2.36	2.43	2.49	2.55	NA	
Overall Ratings Scores										
Health Care	236	2.627	90 th	Below 2.49	2.49	2.52	2.57	2.59	2.167	
Personal Doctor	253	2.747	90 th	Below 2.58	2.58	2.62	2.65	2.69	2.167	
Specialist***	54	2.611	50 th	Below 2.53	2.53	2.59	2.62	2.66	NA	
				Accreditation Points	0.866	1.734	2.946	3.814	4.334	
Health Plan	305	2.666	75 th	Below 2.51	2.51	2.57	2.62	2.67	3.814	
								Estimated Overall CAHPS Score:	11.182	

Estimated accreditation points cannot be calculated if too many measures (5 or more) are unreportable due to low sample size (less than 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). 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: 2019 Accreditation Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.

Key Driver Summary

General Population

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:

- » The relative importance of the individual issues (Correlation to overall measures)
- » 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).

Overall Rating of Health Plan

Call to Action

High Correlation with Rating of Health Plan and
Lower Quality Compass Percentile:

Q50 - Got Information or Help Needed

Promote

High Correlation with Rating of Health Plan and
Higher Quality Compass Percentile:

Q51 - Treated You with Courtesy and Respect

Overall Rating of Health Care

Call to Action

High Correlation with Rating of Health Care and
Lower Quality Compass Percentile:

Q15 - Easy to Get Care Believed Necessary for Child

Q40 - Care Coordination





















Promote

High Correlation with Rating of Health Care and
Higher Quality Compass Percentile:

Q51 - Treated You with Courtesy and Respect

Key Driver Analysis

Rating of Health Plan – General Population

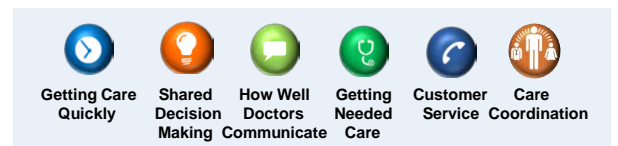
	Correlation to Rating of Health Plan	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q51. Treated you with courtesy and respect	 0.38		75	97.33%	96 th
Q50. Got information or help needed	 0.34		77	84.42%	61 st
Q46. Easy to get appointment for child with specialist	 0.27		61	75.41%	18 th
Q6. Getting appointment for child as soon as needed	 0.25		215	91.16%	72 nd
Q15. Easy to get care believed necessary for child	 0.22		232	91.38%	63 rd
Q33. Listen carefully to you	 0.18		195	97.44%	91 st
Q32. Explain things in a way you could understand	 0.16		195	98.46%	97 th
Q37. Spend enough time with child	 0.16		192	92.19%	77 th
Q12. Discussed reasons not to take medicine	 0.15		64	68.75%	75 th
Q34. Show respect for what you had to say	 0.11		195	97.44%	77 th

Above are the 10 key measures with the highest correlation to Rating of Health Plan

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



Key Driver Analysis

Rating of Health Care – General Population




	Correlation to Rating of Health Care	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q51. Treated you with courtesy and respect	 0.56		75	97.33%	96 th
Q15. Easy to get care believed necessary for child	 0.47		232	91.38%	63 rd
Q40. Care Coordination	 0.40		84	84.52%	61 st
Q6. Getting appointment for child as soon as needed	 0.36		215	91.16%	72 nd
Q13. Asked preference for medicine	 0.31		64	75.00%	13 th
Q50. Got information or help needed	 0.26		77	84.42%	61 st
Q33. Listen carefully to you	 0.25		195	97.44%	91 st
Q46. Easy to get appointment for child with specialist	 0.24		61	75.41%	18 th
Q37. Spend enough time with child	 0.23		192	92.19%	77 th
Q34. Show respect for what you had to say	 0.19		195	97.44%	77 th

Above are the 10 key measures with the highest correlation to Rating of Health Care

Use caution when reviewing scores with sample sizes less than 25

"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "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	Care Coordination

Key Driver Analysis

Rating of Doctor and Specialist – General Population

	Correlation to Rating of Personal Doctor	Health Plan's Score	Quality Compass Percentile
Q33. Listen carefully to you	0.68	97.44%	91 st
Q34. Show respect for what you had to say	0.60	97.44%	77 th
Q40. Care Coordination	0.55	84.52%	61 st
Q37. Spend enough time with child	0.48	92.19%	77 th
Q13. Asked preference for medicine	0.45	75.00%	13 th
Q32. Explain things in a way you could understand	0.40	98.46%	97 th
Q15. Easy to get care believed necessary for child	0.23	91.38%	63 rd
Q46. Easy to get appointment for child with specialist	0.11	75.41%	18 th
Q50. Got information or help needed	0.11	84.42%	61 st
Q51. Treated you with courtesy and respect	0.10	97.33%	96 th

	Correlation to Rating of Specialist	Health Plan's Score	Quality Compass Percentile
Q51. Treated you with courtesy and respect	0.42	97.33%	96 th
Q46. Easy to get appointment for child with specialist	0.39	75.41%	18 th
Q13. Asked preference for medicine	0.32	75.00%	13 th
Q40. Care Coordination	0.30	84.52%	61 st
Q15. Easy to get care believed necessary for child	0.29	91.38%	63 rd
Q37. Spend enough time with child	0.26	92.19%	77 th
Q4. Getting care for child as soon as needed	0.21	93.04%	67 th
Q32. Explain things in a way you could understand	0.18	98.46%	97 th
Q33. Listen carefully to you	0.16	97.44%	91 st
Q50. Got information or help needed	0.07	84.42%	61 st

Above are the 10 key measures with the highest correlation to Rating of Doctor or Specialist "Health Plan's Score" is the percent of respondents that answered "Always", "Usually", "Yes" Red Text indicates measure is 25th percentile or lower

Key Driver Summary

CCC Population

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:

- » The relative importance of the individual issues (Correlation to overall measures)
- » 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).

Overall Rating of Health Plan

Call to Action

High Correlation with Rating of Health Plan and
Lower Quality Compass Percentile:

Q23 - Easy to Get Therapy for Child

Q26 - Easy to Get Treatment or Counseling for Child

Promote

High Correlation with Rating of Health Plan and
Higher Quality Compass Percentile:

None

Overall Rating of Health Care

Call to Action

High Correlation with Rating of Health Care and
Lower Quality Compass Percentile:

Q15 - Easy to Get Care Believed Necessary for Child

Q9 - Getting Questions Answered by Child's Doctor





















Promote

High Correlation with Rating of Health Care and
Higher Quality Compass Percentile:

None

Key Driver Analysis

Rating of Health Plan – CCC Population





















	Correlation to Rating of Health Plan	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q23. Easy to get therapy for child	 0.36		84	79.76%	61 st
Q20. Easy to get special medical equipment for child	 0.35		32	71.88%	NA
Q26. Easy to get treatment or counseling for child	 0.32		94	73.40%	15 th
Q56. Easy to get prescription medicine for child	 0.30		182	89.56%	24 th
Q46. Easy to get appointment for child with specialist	 0.29		112	72.32%	2 nd
Q44. Doctor understands how medical conditions affect family's day-to-day life	 0.29		169	92.31%	80 th
Q15. Easy to get care believed necessary for child	 0.27		199	89.45%	21 st
Q50. Got information or help needed	 0.25		73	83.56%	49 th
Q9. Getting questions answered by child's doctor	 0.21		200	93.00%	69 th
Q6. Getting appointment for child as soon as needed	 0.19		193	86.01%	5 th

										
Getting Care Quickly	Shared Decision Making	How Well Doctors Communicate	Getting Needed Care	Customer Service	Care Coordination	Access to Prescription Medicines	Access to Specialized Services	Personal Doctor Knows Child	Getting Needed Information	Care for Chronic Conditions

Above are the 10 key measures with the highest correlation to Rating of Health Plan
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

Key Driver Analysis

Rating of Health Care – CCC Population

	Correlation to Rating of Health Care	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q15. Easy to get care believed necessary for child	 0.49		199	89.45%	21 st
Q9. Getting questions answered by child's doctor	 0.40		200	93.00%	69 th
Q51. Treated you with courtesy and respect	 0.36		69	95.65%	70 th
Q50. Got information or help needed	 0.33		73	83.56%	49 th
Q46. Easy to get appointment for child with specialist	 0.32		112	72.32%	2 nd
Q18. Getting help you needed from doctor in contacting school/daycare	 0.28		40	95.00%	83 rd
Q4. Getting care for child as soon as needed	 0.28		117	93.16%	32 nd
Q23. Easy to get therapy for child	 0.28		84	79.76%	61 st
Q32. Explain things in a way you could understand	 0.26		185	96.22%	59 th
Q13. Asked preference for medicine	 0.26		99	80.81%	16 th

Above are the 10 key measures with the highest correlation to Rating of Health Care
Use caution when reviewing scores with sample sizes less than 25

"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "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	Care Coordination	Access to Prescription Medicines	Access to Specialized Services	Personal Doctor Knows Child	Getting Needed Information	Care for Chronic Conditions

Improving CAHPS Scores

SPH Analytics 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 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

Improving CAHPS Scores

SHARED DECISION MAKING

Discussed reasons to take medicine

- » Develop patient education materials about common medicines prescribed 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 prescribed 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 medications. Distribute to provider panel via podcast or other method.

Improving CAHPS Scores

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.

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.

Improving CAHPS Scores

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.

Improving CAHPS Scores

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.

Improving CAHPS Scores

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.

Demographic Differences

The commentary below is based on the SPH Analytics (formerly Morpace) Child Medicaid Book of Business:

Child's Age	<ul style="list-style-type: none"> Parents/Guardians of older children rate Shared Decision Making higher than parents/guardians of younger children. Parents/Guardians of teens ages 15 to 18 rate their teen's Health Care, Personal Doctor, and Health Plan significantly lower than respondents with younger children.
Child's Health Status	<ul style="list-style-type: none"> Parents/Guardians of children with 'Excellent' or 'Very good' health status tend to be more satisfied than those who rate their child's health status lower. Significant differences are noted in all areas except for Shared Decision Making.
Respondent's Education	<ul style="list-style-type: none"> More educated respondents rate most composite measures higher than those less educated, whereas the opposite is true for overall rating measures – those less educated rate all overall rating measures similarly or higher than those with a higher education.
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.	
Child's Race	<ul style="list-style-type: none"> Parents/Guardians of White children give equal or higher ratings in all composite and overall rating areas with exception of Customer Service, in which respondents with children who are African American give the highest rating. SPH Analytics Book of Business: White - 61%; African American - 23%; All other - 22% Lower satisfaction ratings from Asian Americans may be 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.
Child's Ethnicity	<ul style="list-style-type: none"> Parents/Guardians of Hispanic children rate most <u>composite</u> measures significantly lower than those of non-Hispanic children, although, parents/guardians of Hispanic children rate all <u>overall rating</u> measures (Rating of Health Care, Personal Doctor, Specialist, and Health Plan) higher than non-Hispanics. SPH Analytics Book of Business: Hispanic - 26%

Demographic Profile

Child Demographics

	General Population		2018 Quality Compass-General Population	CCC Population		2018 Quality Compass-CCC Population
	2018	2019		2018	2019	
Q58. Child's Health Status						
Excellent/Very Good	79%	77%	75%	58%	60%	57%
Good	20%	17%	20%	33%	26%	31%
Fair/Poor	2%	7%	5%	9%	14%	12%
Q59. Child's Mental/Emotional Health Status						
Excellent/Very Good	77%	73%	73%	47%	47%	42%
Good	16%	19%	18%	30%	28%	31%
Fair/Poor	7%	8%	9%	23%	26%	27%
Q74. Child's Age						
1 yr and under	6%	10%	NA	4%	4%	NA
2-5 years	33%	29%	NA	21%	24%	NA
6-9 years	25%	22%	NA	26%	24%	NA
10-14 years	22%	26%	NA	29%	28%	NA
15-18 years	15%	13%	NA	21%	21%	NA
Q75. Child's Gender						
Male	56%	45%	52%	64%	54%	59%
Female	44%	55%	48%	36%	46%	41%
Q76/77. Child's Race/Ethnicity						
Hispanic or Latino	68%	64%	34%	61%	64%	21%
White	62%	58%	56%	67%	67%	63%
African American	8%	5%	23%	7%	7%	27%
Asian	2%	2%	6%	2%	3%	3%
Native Hawaiian or other Pacific Islander	1%	2%	2%	2%	2%	1%
American Indian or Alaska Native	13%	18%	3%	11%	11%	4%
Other	24%	25%	16%	26%	24%	11%

Data shown are self reported.

NA = Data not available

Demographic Profile

Respondent Demographics

	General Population		2018 Quality Compass-General Population	CCC Population		2018 Quality Compass-CCC Population
	2018	2019		2018	2019	
Q7. Number of Times Going to Doctor's Office/Clinic for Care						
None	22%	23%	24%	12%	13%	13%
1 time	26%	24%	27%	22%	18%	21%
2 times	27%	27%	23%	23%	29%	25%
3 times	13%	11%	13%	18%	16%	16%
4 times	7%	7%	6%	8%	10%	9%
5-9 times	4%	6%	6%	13%	9%	12%
10 or more times	1%	3%	2%	3%	7%	4%
Q31. Number of Times Visited Personal Doctor to Get Care						
None	24%	21%	20%	13%	14%	13%
1 time	35%	27%	33%	30%	25%	28%
2 times	22%	29%	23%	24%	33%	26%
3 times	11%	6%	12%	13%	9%	15%
4 times	4%	6%	6%	8%	9%	8%
5-9 times	4%	7%	5%	11%	7%	8%
10 or more times	0%	2%	1%	1%	3%	2%
Q78. Respondent's Age						
Under 18	3%	5%	7%	3%	4%	9%
18 to 24	9%	8%	6%	3%	5%	3%
25 to 34	36%	35%	30%	26%	26%	22%
35 to 44	28%	32%	32%	32%	36%	31%
45 to 54	14%	12%	16%	19%	18%	19%
55 to 64	6%	5%	7%	12%	8%	10%
65 or older	3%	3%	3%	5%	3%	6%
Q79. Respondent's Gender						
Male	12%	13%	13%	11%	9%	11%
Female	88%	87%	87%	89%	91%	89%
Q80. Respondent's Education						
Did not graduate high school	14%	15%	20%	10%	8%	15%
High school graduate or GED	31%	28%	34%	27%	27%	32%
Some college or 2-year degree	38%	37%	31%	43%	42%	37%
4-year college graduate	9%	11%	9%	14%	14%	9%
More than 4-year college degree	9%	9%	6%	7%	9%	7%

Data shown are self reported.

Measures by Demographics

General Population

Demographic	Child's Age					Child's Race			Child's Ethnicity		Respondent's Education		Child's Health Status		
	1 yr and under	2-5 yrs	6-9 yrs	10-14 yrs	15-18 yrs	White	African American	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/Very Good	Good	Fair/Poor
<i>Sample size</i>	(n=30)	(n=89)	(n=65)	(n=78)	(n=40)	(n=181)	(n=16)	(n=136)	(n=194)	(n=110)	(n=129)	(n=173)	(n=235)	(n=52)	(n=20)
Composites (% Always/Usually)															
Getting Care Quickly	89	91	93	93	93	93	97	88	91	94	92	92	93	89	93
Shared Decision Making (% Yes)	75	68	86	86	85	75	80	83	78	81	81	79	81	75	78
How Well Doctors Communicate	96	96	95	99	100	97	98	95	96	98	94	98	98	95	85
Getting Needed Care	88	83	83	79	95	86	97	80	85	83	84	84	81	88	79
Customer Service	100	92	91	80	95	90	75	91	91	93	89	92	90	93	88
Overall Ratings (% 8,9,10)															
Health Care	93	85	96	83	86	89	73	88	89	85	87	88	91	83	63
Personal Doctor	100	89	95	95	90	94	100	91	93	94	94	92	95	86	81
Specialist	67	71	92	86	100	82	100	81	85	79	88	81	79	88	88
Health Plan	93	86	89	84	88	90	75	84	92	79	87	87	90	78	75

Supplemental Questions

Q84. In the last 6 months, have you received any material from your health plan about good health and how to stay healthy?

	2016	2017	2018	2019
Yes	69%	63%	67%	61%
No	31%	37%	33%	39%
<i>Sample Size:</i>	<i>(n=630)</i>	<i>(n=675)</i>	<i>(n=674)</i>	<i>(n=631)</i>

Q85. 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?

	2016	2017	2018	2019
Yes	65%	56%	55%	51%
No	35%	44%	45%	49%
<i>Sample Size:</i>	<i>(n=623)</i>	<i>(n=669)</i>	<i>(n=662)</i>	<i>(n=621)</i>

Plan of Care

Supplemental Questions

Q86. Did your Care Coordinator sit down with you and create a Plan of Care?

	2016	2017	2018	2019
Yes	17%	18%	15%	13%
No	83%	82%	85%	87%
<i>Sample Size:</i>	<i>(n=635)</i>	<i>(n=675)</i>	<i>(n=666)</i>	<i>(n=630)</i>

Plan of Care

Supplemental Questions

Q87. Are you satisfied that your care plan talks about the help you need to stay healthy and remain in your home?

	2016	2017	2018	2019
Very satisfied	28%	27%	27%	25%
Satisfied	50%	48%	46%	45%
Neither dissatisfied nor satisfied	18%	20%	22%	24%
Dissatisfied	2%	2%	2%	2%
Very dissatisfied	2%	3%	3%	4%

Sample Size: (n=623) (n=649) (n=662) (n=612)

Q88. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these doctors or other health providers?

	2016	2017	2018	2019
Yes	28%	26%	27%	29%
No	72%	74%	73%	71%
<i>Sample Size:</i>	<i>(n=635)</i>	<i>(n=676)</i>	<i>(n=666)</i>	<i>(n=628)</i>

Q89. In the last 6 months, who helped to coordinate your child's care?

	2016	2017	2018	2019
You	65%	66%	63%	63%
Someone from your child's doctor's office or clinic	22%	20%	23%	24%
Someone from your child's health plan	6%	5%	5%	6%
Someone from another organization	3%	3%	3%	4%
A friend or family member	4%	6%	6%	3%
<i>Sample Size:</i>	<i>(n=611)</i>	<i>(n=649)</i>	<i>(n=642)</i>	<i>(n=606)</i>

Q90. How satisfied are you with the help you got to coordinate your child's care in the last 6 months?

	2016	2017	2018	2019
Very satisfied	31%	30%	34%	32%
Satisfied	46%	45%	43%	43%
Neither dissatisfied nor satisfied	20%	19%	19%	20%
Dissatisfied	1%	2%	2%	2%
Very dissatisfied	2%	4%	3%	2%
<i>Sample Size:</i>	<i>(n=624)</i>	<i>(n=658)</i>	<i>(n=660)</i>	<i>(n=618)</i>

Q91. In the last 6 months, how often were you treated unfairly at this provider's office because you did not speak English very well?

	2016*	2017	2018	2019
Never	92%	91%	93%	93%
Sometimes	5%	3%	3%	4%
Usually	1%	2%	1%	1%
Always	3%	4%	3%	2%
<i>Sample Size:</i>	<i>(n=629)</i>	<i>(n=665)</i>	<i>(n=663)</i>	<i>(n=623)</i>

Q92. In the last 6 months, how often did the provider use medical words you did not understand?

	2016	2017	2018	2019
Never	76%	72%	73%	75%
Sometimes	21%	24%	21%	21%
Usually	2%	2%	4%	3%
Always	2%	3%	2%	2%
<i>Sample Size:</i>	<i>(n=638)</i>	<i>(n=674)</i>	<i>(n=680)</i>	<i>(n=633)</i>

Q93. In the last 6 months, how often did the provider ignore what you told him or her?

	2016	2017	2018	2019
Never	90%	87%	91%	90%
Sometimes	8%	10%	6%	7%
Usually	1%	1%	1%	2%
Always	1%	2%	1%	2%
<i>Sample Size:</i>	<i>(n=642)</i>	<i>(n=673)</i>	<i>(n=677)</i>	<i>(n=630)</i>

Educational Materials

Supplemental Questions

Q94. Your child's health plan mails educational materials. These materials are for you to learn how to take good care of your health and your family's health. The materials include flyers or pamphlets. How easy to understand were the educational materials you received from your Child's health plan?

	2016	2017	2018	2019
Very easy	78%	72%	77%	75%
Somewhat easy	21%	27%	21%	24%
Not easy at all	1%	1%	2%	1%
<i>Sample Size:</i>	<i>(n=446)</i>	<i>(n=479)</i>	<i>(n=448)</i>	<i>(n=429)</i>

Q95. How easily were you able to follow the instructions provided in the educational materials for your child?

	2016	2017	2018	2019
Very easily	62%	59%	63%	60%
Easily	36%	39%	35%	39%
Not easily at all	2%	2%	2%	1%
<i>Sample Size:</i>	<i>(n=444)</i>	<i>(n=475)</i>	<i>(n=444)</i>	<i>(n=424)</i>