2018 CAHPS® Child Medicaid with CCC Survey Summary Report

Blue Cross Community Centennial

July 2018

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Detailed exhibits and data tables available in online reporting portal.
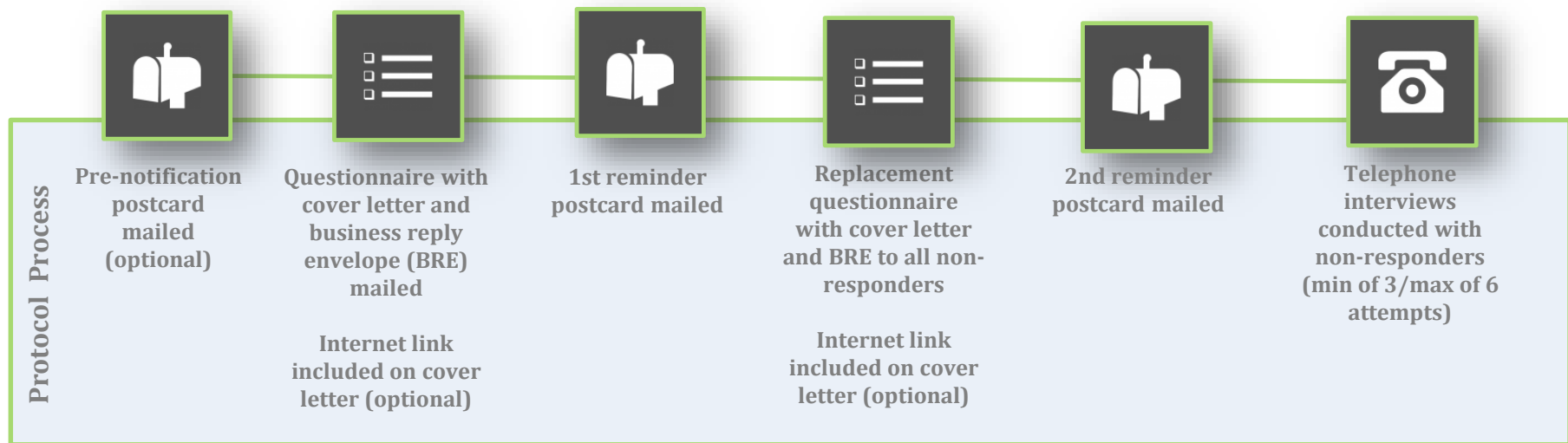
Study Overview

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.**

Protocol Process

| 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) |

Sample

» In 2018, 3490 Blue Cross Community Centennial members were randomly selected to participate in the 2018 CAHPS 5.0H Child Medicaid with CCC Survey. This sample consisted of 1650 randomly selected Child members and 1840 CCC Supplemental Sample. The CCC Supplemental Sample was pulled after the CAHPS 5.0H Child survey sample was drawn. The CCC Supplemental Sample consisted of members with the prescreen status code of 2 (children more likely to have a chronic condition) who were not already selected for the CAHPS 5.0H Child survey sample. Morpace combined the CAHPS 5.0H Child survey sample and the CCC Supplemental Sample for survey administration and submission of data to NCQA for calculation of survey results.

» For purposes of reporting the Child Medicaid with CCC survey results, the results are divided into two groups: General Population and CCC Population. The General Population consists of all child members who were randomly selected for the CAHPS 5.0H Child survey during sampling. The CCC Population consists of <u>all</u> children (either from the CAHPS 5.0H Child survey sample or the CCC Supplemental Sample) who are identified as having a chronic condition, as defined by the member's responses to the CCC survey-based screening tool.

The 2018 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	706	325	247	628	78	239	424	43

Response Rate Summary

Response Rate Calculation

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

20%

Is the Final 2018 Total Sample Response Rate

2017 NCQA Avg. Response Rate = 22%

20%

Is the Final 2018 General Population Response Rate

Using the final figures from Blue Cross Community Centennial's survey, the 2018 response rate is calculated using the equation below:

Total Sample

Mail (239)   + Phone (424)   + Internet (43)   = 706 completes

÷

Total Sample (3490) - Total Ineligible (18)   = 3472

General Population

Mail   (111)   + Phone (194)   + Internet (20)   = 325 completes

÷

Total Sample (1650) - Total Ineligible (13)   = 1637

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).

	Count	
Ineligible	**Total Sample**	**General Population**
Deceased	1	1
Does not meet eligible population criteria	2	1
Language barrier	15	11
Total Ineligible	**18**	**13**

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

	Count	
Non-response	**Total Sample**	**General Population**
Partial complete	47	22
Refusal	44	20
Maximum attempts made	2644	1251
Do Not Call list	31	19
Total Non-response	**2766**	**1312**

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.

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.

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.

Measure not included in scoring for accreditation.

Executive Highlights

General Population

Summary Rate Scores (% Positive Response)				2018 NCQA Accreditation CAHPS Points			
COMPOSITE SCORES	2018	2017	2018 Score versus 2017 Quality Compass	Approx. 2018 Percentile Threshold	2018 Approx. Points	2017 Approx. Points	Difference from 2017
Getting Care Quickly	89%	89%	41st	25th	0.867	1.263	-0.396
Shared Decision Making	81%	83%	78th	NA	NA	NA	NA
How Well Doctors Communicate	95%	96%	78th	NA	NA	NA	NA
Getting Needed Care	86%	87%	52nd	25th	0.867	1.634	-0.767
Customer Service	91%	88%	82nd	NA	NA	1.263	NA
Care Coordination	79%	84%	16th	NA	NA	NA	NA
OVERALL RATING SCORES							
Health Care	91%	85%	92nd	90th	2.167	1.634	0.533
Personal Doctor	92%	90%	87th	90th	2.167	1.857	0.310
Specialist	88%	85%	57th	NA	NA	NA	NA
Health Plan	89%	88%	78th	90th	4.334	3.268	1.066
					10.402	10.919	-0.517

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		2017 Quality Compass	CCC Population		2017 Quality Compass
Composite Measures	**2017**	**2018**		**2017**	**2018**	
Getting Care Quickly	89%	89%	89%	90%	91%	92%
Shared Decision Making	83%	81%	79%	85%	89%	85%
How Well Doctors Communicate	96%	95%	93%	93%	97%	94%
Getting Needed Care	87%	86%	85%	82%	82%	86%
Customer Service	88%	91%	88%	86%	85%	90%
CCC Composite Measures						
Access to Prescription Medicines	92%	92%	NA	88%	88%	91%
Access to Specialized Services	77%	80%	NA	71%	73%	76%
Family-Centered Care: Personal Doctor Who Knows Child	90%	89%	NA	90%	89%	90%
Family-Centered Care: Getting Needed Information	88%	91%	NA	91%	92%	91%
Coordination of Care for Children with Chronic Conditions	73%	64%	NA	75%	76%	78%
Overall Ratings Measures						
Health Care	85%	91%	87%	82%	87%	85%
Personal Doctor	90%	92%	89%	89%	91%	89%
Specialist	85%	88%	87%	80%	88%	86%
Health Plan	88%	89%	86%	83%	88%	84%
Health Promotion & Education	72%	77%	72%	84%	83%	78%
Care Coordination	84%	79%	83%	81%	83%	83%
	General Population			*Total Sample*		
Sample Size	*1,650*	*1,650*		*3,490*	*3,490*	
# of Completes	*324*	*325*		*696*	*706*	
Response Rate	*20%*	*20%*		*20%*	*20%*	

⬆/⬇ Statistically higher/lower compared to prior year results.   NA=Data not available

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Comparison to Quality Compass

General Population

Child Medicaid with CCC Survey Questions	2018	Percentile	2017 Child Medicaid Quality Compass - General Population Results							
			Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly *(% Always/Usually)*	88.53	41st	88.83	79.48	82.56	86.14	89.46	92.12	93.74	94.69
Shared Decision Making *(% Yes)*	81.44	78th	78.70	71.18	74.21	77.15	79.31	81.13	82.50	83.21
How Well Doctors Communicate *(% Always/Usually)*	95.27	78th	93.49	89.85	90.53	92.29	93.81	94.97	95.84	96.45
Getting Needed Care *(% Always/Usually)*	85.63	52nd	84.50	75.87	77.86	80.80	85.14	88.66	90.62	91.43
Customer Service *(% Always/Usually)*	90.53	82nd	88.09	83.63	84.50	86.36	88.05	89.68	91.22	91.94
Q40 Care Coordination *(% Always/Usually)*	78.89	16th	82.91	74.82	78.17	80.18	83.18	85.84	88.27	89.62
Q14 Rating of Health Care *(% 8, 9, 10)*	90.61	92nd	86.72	81.14	82.61	85.14	87.14	88.68	90.05	91.13
Q41 Rating of Personal Doctor *(% 8, 9, 10)*	91.58	87th	89.27	85.27	86.42	87.87	89.46	90.69	91.86	92.55
Q48 Rating of Specialist *(% 8, 9, 10)*	88.24	57th	87.30	81.56	82.84	84.88	87.16	89.71	91.37	92.98
Q54 Rating of Health Plan *(% 8, 9, 10)*	89.06	78th	85.84	79.03	81.47	83.83	86.04	88.86	90.34	91.20

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 2017 Child Medicaid Quality Compass consists of 118 public and non-public reporting health plan products (All Lines of Business excluding PPOs).

2018 CAHPS 5.0H Child Medicaid with CCC Survey
Blue Cross Community Centennial

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Comparison to Quality Compass

CCC Population

Child Medicaid with CCC Survey Questions	2018	Percentile	2017 Child Medicaid with CCC Quality Compass - CCC Population Results							
			Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly (% Always/Usually)	90.61	33rd	91.78	86.16	87.60	89.89	92.07	94.12	94.81	95.25
Shared Decision Making (% Yes)	88.65	95th	84.71	82.09	82.39	83.76	84.60	86.02	88.00	88.63
How Well Doctors Communicate (% Always/Usually)	96.92	96th	94.24	91.06	91.67	93.35	94.46	95.47	96.33	96.46
Getting Needed Care (% Always/Usually)	82.03	25th	85.96	79.48	79.73	82.01	86.61	89.79	90.94	91.75
Customer Service (% Always/Usually)	85.20	5th	89.84	84.77	85.77	88.79	90.41	91.53	93.75	93.91
Q40 Care Coordination (% Always/Usually)	82.84	49th	82.93	77.83	78.79	81.03	82.93	85.75	86.52	87.42
Access to Prescription Medicines (% Always/Usually)	88.02	22nd	90.65	85.77	87.06	88.56	91.10	92.97	94.16	94.45
Access to Specialized Services (% Always/Usually)	73.27	20th	76.29	65.54	69.67	73.54	77.47	79.51	81.91	82.46
Family-Centered Care: Personal Doctor Who Knows Child (% Yes)	89.48	31st	89.99	84.56	86.68	88.56	90.57	91.72	92.42	92.81
Family-Centered Care: Getting Needed Information (% Always/Usually)	92.34	71st	91.28	87.95	88.30	90.02	91.67	92.42	93.58	93.93
Coordination of Care for Children with Chronic Conditions (% Yes)	76.12	35th	77.90	73.63	73.88	75.49	78.31	80.57	81.05	82.52
Q14 Rating of Health Care (% 8, 9, 10)	87.44	74th	85.43	79.94	80.20	83.66	85.71	87.46	88.84	89.76
Q41 Rating of Personal Doctor (% 8, 9, 10)	91.07	84th	88.66	84.09	85.33	87.27	88.84	90.04	91.79	92.50
Q48 Rating of Specialist (% 8, 9, 10)	88.46	85th	85.98	80.20	80.81	85.09	86.36	87.89	89.84	90.08
Q54 Rating of Health Plan (% 8, 9, 10)	88.21	87th	83.53	76.42	77.67	81.33	84.15	86.36	89.16	89.54

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 2017 Child Medicaid with CCC Quality Compass consists of 64 public and non-public reporting health plan products (All Lines of Business excluding PPOs).

Accreditation Details

Scoring for NCQA Accreditation – General Population

				2018 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	163	**2.573**	25th		2.54	2.61	2.66	2.69	*0.867*
Getting Needed Care	151	**2.459**	25th		2.38	2.47	2.55	2.60	*0.867*
Customer Service***	95	**2.479**	Below 25th		2.50	2.53	2.58	2.63	*NA*
Care Coordination***	90	**2.256**	Below 25th		2.35	2.42	2.50	2.53	*NA*
Overall Ratings Scores									
Health Care	245	**2.645**	90th		2.49	2.52	2.57	2.59	*2.167*
Personal Doctor	273	**2.725**	90th		2.58	2.62	2.65	2.69	*2.167*
Specialist***	51	**2.725**	90th		2.53	2.59	2.62	2.66	*NA*
			Accreditation Points	*0.866*	*1.734*	*2.946*	*3.814*	*4.334*	
Health Plan	320	**2.722**	90th		2.51	2.57	2.62	2.67	*4.334*

Estimated Overall CAHPS Score: 10.402

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). 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: 2018 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:

Q46 - Easy to Get Appointment for Child with Specialist

Q51 - Treated You with Courtesy and Respect

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

Q50 - Got Information or Help Needed

Overall Rating of Health Care

Call to Action
High Correlation with Rating of Health Care and Lower Quality Compass Percentile:
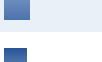
Q33 - Listen Carefully to You

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

Q34 - Show Respect for What You Had to Say

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
Q46. Easy to get appointment for child with specialist	0.42		56	78.57%	35th
Q50. Got information or help needed	0.38		95	86.32%	85th
Q51. Treated you with courtesy and respect	0.27		95	94.74%	66th
Q6. Getting appointment for child as soon as needed	0.17		218	90.83%	75th
Q13. Asked preference for medicine	0.17		67	82.09%	77th
Q34. Show respect for what you had to say	0.15		207	97.58%	86th
Q33. Listen carefully to you	0.14		205	96.10%	70th
Q15. Easy to get care believed necessary for child	0.12		246	92.68%	78th
Q11. Discussed reasons to take medicine	0.10		67	92.54%	49th
Q32. Explain things in a way you could understand	0.09		206	95.15%	65th

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

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

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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
Q34. Show respect for what you had to say	0.37		207	97.58%	86th
Q33. Listen carefully to you	0.34		205	96.10%	70th
Q32. Explain things in a way you could understand	0.28		206	95.15%	65th
Q15. Easy to get care believed necessary for child	0.28		246	92.68%	78th
Q37. Spend enough time with child	0.26		206	92.23%	80th
Q40. Care Coordination	0.25		90	78.89%	16th
Q6. Getting appointment for child as soon as needed	0.23		218	90.83%	75th
Q51. Treated you with courtesy and respect	0.18		95	94.74%	66th
Q11. Discussed reasons to take medicine	0.18		67	92.54%	49th
Q50. Got information or help needed	0.12		95	86.32%	85th

Legend: Getting Care Quickly · Shared Decision Making · How Well Doctors Communicate · Getting Needed Care · Customer Service · Care Coordination

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

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Key Driver Analysis

Blue Cross Community Centennial℠

Rating of Doctor and Specialist – General Population

Correlation to Rating of Personal Doctor		Health Plan's Score	Quality Compass Percentile
Q34. Show respect for what you had to say	0.60	97.58%	86th
Q40. Care Coordination	0.49	78.89%	16th
Q33. Listen carefully to you	0.48	96.10%	70th
Q32. Explain things in a way you could understand	0.46	95.15%	65th
Q37. Spend enough time with child	0.43	92.23%	80th
Q13. Asked preference for medicine	0.36	82.09%	77th
Q15. Easy to get care believed necessary for child	0.22	92.68%	78th
Q6. Getting appointment for child as soon as needed	0.15	90.83%	75th
Q4. Getting care for child as soon as needed	0.14	86.24%	15th
Q51. Treated you with courtesy and respect	0.11	94.74%	66th

Correlation to Rating of Specialist		Health Plan's Score	Quality Compass Percentile
Q34. Show respect for what you had to say	0.44	97.58%	86th
Q37. Spend enough time with child	0.40	92.23%	80th
Q33. Listen carefully to you	0.39	96.10%	70th
Q13. Asked preference for medicine	0.39	82.09%	77th
Q51. Treated you with courtesy and respect	0.36	94.74%	66th
Q6. Getting appointment for child as soon as needed	0.30	90.83%	75th
Q32. Explain things in a way you could understand	0.27	95.15%	65th
Q40. Care Coordination	0.25	78.89%	16th
Q4. Getting care for child as soon as needed	0.24	86.24%	15th
Q15. Easy to get care believed necessary for child	0.22	92.68%	78th

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	Overall Rating of Health Care
Call to Action **High Correlation with Rating of Health Plan and Lower Quality Compass Percentile:**	**Call to Action** **High Correlation with Rating of Health Care and Lower Quality Compass Percentile:**
Q50 - Got Information or Help Needed Q46 - Easy to Get Appointment for Child with Specialist	Q9 - Getting Questions Answered by Child's Doctor Q50 - Got Information or Help Needed Q15 - Easy to Get Care Believed Necessary for Child
Promote **High Correlation with Rating of Health Plan and Higher Quality Compass Percentile:**	**Promote** **High Correlation with Rating of Health Care and Higher Quality Compass Percentile:**
None	Q32 - Explain Things in a Way You Could Understand

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
Q50. Got information or help needed	0.53	📞	98	78.57%	8th
Q46. Easy to get appointment for child with specialist	0.41	🩺	110	73.64%	4th
Q20. Easy to get special medical equipment for child	0.37	⚕	33	69.70%	NA
Q51. Treated you with courtesy and respect	0.36	📞	98	91.84%	5th
Q15. Easy to get care believed necessary for child	0.33	🩺	209	90.43%	44th
Q9. Getting questions answered by child's doctor	0.30	👪	209	92.34%	71st
Q56. Easy to get prescription medicine for child	0.27	℞	192	88.02%	22nd
Q26. Easy to get treatment or counseling for child	0.23	⚕	101	81.19%	63rd
Q6. Getting appointment for child as soon as needed	0.22	➤	199	89.95%	38th
Q23. Easy to get therapy for child	0.21	⚕	74	68.92%	6th

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

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

Morpace, Inc.

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
Q9. Getting questions answered by child's doctor	0.40		209	92.34%	71st
Q50. Got information or help needed	0.40		98	78.57%	8th
Q15. Easy to get care believed necessary for child	0.37		209	90.43%	44th
Q32. Explain things in a way you could understand	0.35		195	97.95%	95th
Q40. Care Coordination	0.33		134	82.84%	49th
Q46. Easy to get appointment for child with specialist	0.32		110	73.64%	4th
Q6. Getting appointment for child as soon as needed	0.28		199	89.95%	38th
Q33. Listen carefully to you	0.27		195	96.92%	84th
Q34. Show respect for what you had to say	0.26		195	98.46%	96th
Q20. Easy to get special medical equipment for child	0.26		33	69.70%	NA

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

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

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Improving CAHPS Scores

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

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

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.

Improving CAHPS Scores

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 Morpace Child Medicaid Book of Business**:*

Child's Age	• Parents/Guardians of older children rate Shared Decision Making and How Well Doctors Communicate higher than parents/guardians of younger children. • Respondents with children 1 year or under rate Getting Care Quickly higher than respondents with children of any other age. • Parents/Guardians of teens ages 15 to 18 rate their teen's Health Care, Personal Doctor, and Health Plan lower than respondents with younger children.
Child's Health Status	• 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	• More educated respondents rate all 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	• Parents/Guardians of White children give higher ratings in all composite and overall rating areas with exception of Rating of Health Plan, in which respondents with children who are <u>not</u> White or African American (those in the 'All other' race category) give the highest rating. Morpace Book of Business: White - 60%; African American - 23%; All other - 24% • 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	• 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) significantly higher than non-Hispanics. Morpace Book of Business: Hispanic - 30%

Demographic Profile

Child Demographics

	General Population		2017 Quality Compass-General Population	CCC Population		2017 Quality Compass-CCC Population
	2017	2018		2017	2018	
Q58. Child's Health Status						
Excellent/Very Good	75%	79%	75%	57%	58%	57%
Good	19%	20%	20%	32%	33%	31%
Fair/Poor	6%	2%	5%	12%	9%	13%
Q59. Child's Mental/Emotional Health Status						
Excellent/Very Good	74%	77%	73%	45%	47%	44%
Good	18%	16%	18%	32%	30%	30%
Fair/Poor	8%	7%	9%	23%	23%	26%
Q74. Child's Age						
1 yr and under	13%	6%	NA	6%	4%	NA
2-5 years	30%	33%	NA	20%	21%	NA
6-9 years	22%	25%	NA	23%	26%	NA
10-14 years	23%	22%	NA	33%	29%	NA
15-18 years	12%	15%	NA	18%	21%	NA
Q75. Child's Gender						
Male	48%	56%	52%	51%	64%	59%
Female	52%	44%	48%	49%	36%	41%
Q76/77. Child's Race/Ethnicity						
Hispanic or Latino	67%	68%	35%	65%	61%	23%
White	57%	62%	55%	66%	67%	60%
African American	5%	8%	24%	6%	7%	30%
Asian	4%	2%	5%	2%	2%	3%
Native Hawaiian or other Pacific Islander	2%	1%	1%	1%	2%	1%
American Indian or Alaska Native	11%	13%	3%	11%	11%	5%
Other	26%	24%	16%	20%	26%	12%

Data shown are self reported.

NA = Data not available

Demographic Profile

Respondent Demographics

	General Population		2017 Quality Compass-General Population	CCC Population		2017 Quality Compass-CCC Population
	2017	2018		2017	2018	
Q7. Number of Times Going to Doctor's Office/Clinic for Care						
None	22%	22%	24%	14%	12%	13%
1 time	27%	26%	26%	21%	22%	20%
2 times	25%	27%	23%	20%	23%	24%
3 times	12%	13%	13%	16%	18%	17%
4 times	6%	7%	6%	12%	8%	10%
5-9 times	6%	4%	6%	11%	13%	12%
10 or more times	2%	1%	2%	5%	3%	4%
Q31. Number of Times Visited Personal Doctor to Get Care						
None	21%	24%	20%	15%	13%	13%
1 time	36%	35%	33%	32%	30%	27%
2 times	19%	22%	23%	20%	24%	25%
3 times	11%	11%	12%	13%	13%	15%
4 times	7%	4%	6%	8%	8%	8%
5-9 times	6%	4%	5%	10%	11%	9%
10 or more times	1%	0%	1%	2%	1%	2%
Q78. Respondent's Age						
Under 18	3%	3%	6%	5%	3%	7%
18 to 24	6%	9%	6%	5%	3%	3%
25 to 34	39%	36%	31%	29%	26%	25%
35 to 44	30%	28%	31%	33%	32%	31%
45 to 54	14%	14%	16%	16%	19%	19%
55 to 64	5%	6%	6%	7%	12%	10%
65 or older	2%	3%	3%	4%	5%	6%
Q79. Respondent's Gender						
Male	11%	12%	12%	8%	11%	10%
Female	89%	88%	88%	92%	89%	90%
Q80. Respondent's Education						
Did not graduate high school	17%	14%	21%	15%	10%	16%
High school graduate or GED	31%	31%	34%	26%	27%	32%
Some college or 2-year degree	35%	38%	31%	40%	43%	37%
4-year college graduate	11%	9%	9%	12%	14%	9%
More than 4-year college degree	6%	9%	5%	8%	7%	6%

Data shown are self reported.

Morpace, Inc.

Measures by Demographics

General Population

Blue Cross Community Centennial℠

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
Sample size	(n=18)	(n=103)	(n=79)	(n=69)	(n=47)	(n=201)	(n=27)	(n=126)	(n=210)	(n=101)	(n=140)	(n=174)	(n=254)	(n=63)	(n=5)
Composites *(% Always/Usually)*															
Getting Care Quickly	100	90	89	87	80	93	100	82	90	87	85	92	89	85	90
Shared Decision Making *(% Yes)*	80	73	79	90	90	79	72	83	81	81	85	79	79	86	83
How Well Doctors Communicate	92	94	93	97	100	96	90	94	95	96	92	97	95	95	94
Getting Needed Care	86	82	89	84	86	86	95	85	87	84	81	87	85	88	100
Customer Service	94	86	92	89	95	93	91	92	89	93	90	90	91	91	83
Overall Ratings *(% 8,9,10)*															
Health Care	94	90	91	89	91	93	86	86	91	89	88	92	93	84	80
Personal Doctor	94	92	90	89	95	90	100	91	90	96	90	93	94	83	75
Specialist	100	75	93	88	88	91	75	95	93	79	86	91	88	94	0
Health Plan	94	86	94	88	87	92	93	86	94	80	94	85	88	92	100

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
Yes	69%	63%	67%
No	31%	37%	33%
Sample Size:	(n=630)	(n=675)	(n=674)

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
Yes	65%	56%	55%
No	35%	44%	45%
Sample Size:	(n=623)	(n=669)	(n=662)

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

	2016	2017	2018
Yes	17%	18%	15%
No	83%	82%	85%
Sample Size:	(n=635)	(n=675)	(n=666)

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
Very satisfied	**28%**	**27%**	**27%**
Satisfied	**50%**	**48%**	**46%**
Neither dissatisfied nor satisfied	**18%**	**20%**	**22%**
Dissatisfied	**2%**	**2%**	**2%**
Very dissatisfied	**2%**	**3%**	**3%**
Sample Size:	*(n=623)*	*(n=649)*	*(n=662)*

Coordination

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
Yes	28%	26%	27%
No	72%	74%	73%
Sample Size:	*(n=635)*	*(n=676)*	*(n=666)*

Supplemental Questions

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

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

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

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

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
Never	92%	91%	93%
Sometimes	5%	3%	3%
Usually	1%	2%	1%
Always	3%	4%	3%
Sample Size:	*(n=629)*	*(n=665)*	*(n=663)*

*Note: The time period for the question in 2016 was "12 months".

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

	2016	2017	2018
Never	76%	72%	73%
Sometimes	21%	24%	21%
Usually	2%	2%	4%
Always	2%	3%	2%
Sample Size:	(n=638)	(n=674)	(n=680)

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

	2016	2017	2018
Never	90%	87%	91%
Sometimes	8%	10%	6%
Usually	1%	1%	1%
Always	1%	2%	1%
Sample Size:	(n=642)	(n=673)	(n=677)

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
Very easy	78%	72%	77%
Somewhat easy	21%	27%	21%
Not easy at all	1%	1%	2%
Sample Size:	(n=446)	(n=479)	(n=448)

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

	2016	2017	2018
Very easily	62%	59%	63%
Easily	36%	39%	35%
Not easily at all	2%	2%	2%
Sample Size:	(n=444)	(n=475)	(n=444)