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2017 CAHPS® Child Medicaid with CCC Survey Summary Report

Blue Cross Community Centennial

July 2017

Blue Cross
Community Centennial™

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**Detailed exhibits and data tables available in online reporting portal.*



2017 Executive Highlights

Summary Rate Scores (% Positive Response)			
COMPOSITE SCORES	2017	2016	2017 Score versus 2016 Quality Compass
Getting Care Quickly	89%	89%	44 th
How Well Doctors Communicate	96%	95%	89 th
Care Coordination	84%	74%	56 th
Getting Needed Care	87%	85%	78 th
Customer Service	88%	91%	49 th
Shared Decision Making	83%	81%	92 nd
OVERALL RATING SCORES			
Health Care	85%	87%	41 st
Personal Doctor	90%	89%	70 th
Specialist	85%	83%	40 th
Health Plan	88%	86%	74 th

2017 NCQA Accreditation CAHPS Points			
Approx. 2017 Percentile Threshold	2017 Approx. Points	2016 Approx. Points	Difference from 2016
50 th	1.263	1.473	-0.210
NA	NA	NA	NA
NA	NA	NA	NA
75 th	1.634	1.473	0.161
50 th	1.263	NA	NA
NA	NA	NA	NA
75 th	1.634	2.167	-0.533
90 th	1.857	1.907	-0.050
NA	NA	NA	NA
75 th	3.268	2.946	0.322
	10.919	9.966	0.953

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

Total Possible CAHPS Points = 13.00



Key Learnings from these tables:

- The **Summary Rate Scores** show the proportion of members who rate the plan favorably on a measure - 100% is the highest.
- Comparing the plan's percentages for the current year against last year, you can quickly see where the plan improved or declined.
- Colored arrows denote significant changes from last year, and likely play a role in changes to the plan's overall CAHPS accreditation points.
- The Quality Compass percentiles provide an indication of how the plan fared against *last year's* national average - 100th is the highest.
- The **NCQA Accreditation CAHPS Points** are approximated due to rounding because NCQA provides only two digits after the decimal but uses six digits in their actual calculation.
- NCQA awards CAHPS points based on the percentile in which the plan places for each measure. The maximum total points for all measures is 13.
- By measure, the plan earns maximum points when ranked 90th percentile or above, and minimum points for falling below the 25th percentile.
- Importantly, the Health Plan Overall Rating measure earns double points so it always plays a key role in the plan's Total CAHPS Points.

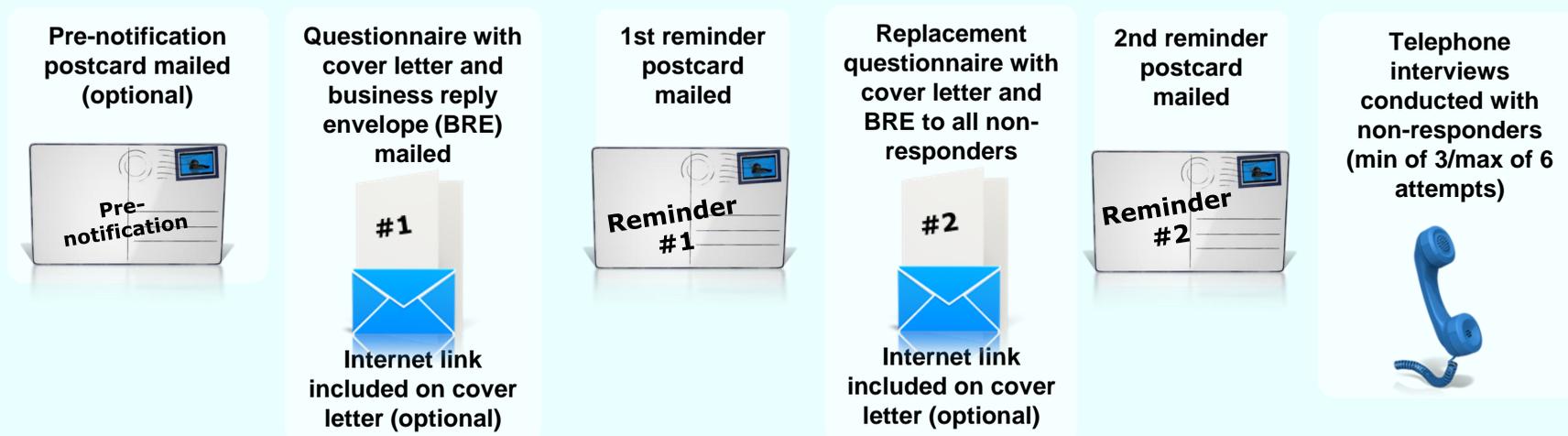


Background

CAHPS® measures health care consumers' satisfaction with the quality of care and customer service provided by their health plan. Plans which are collecting HEDIS® (Healthcare Effectiveness Data and Information Set) data for NCQA accreditation are required to field the CAHPS® survey among their eligible populations.

Protocol

For CAHPS® results to be considered in HEDIS® results, the CAHPS® 5.0H survey must be fielded by an NCQA (National Committee for Quality Assurance)-certified survey vendor using an NCQA-approved protocol of administration in order to ensure that results are collected in a standardized way and can be compared across plans. Standard NCQA protocols for administering CAHPS® 5.0H include a mixed-mode mail/telephone protocol and a mail-only protocol. The protocol includes the following:



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

Sample

	Sample Size	Total Completes	General Population Completes	CCC Population Completes	English Completes	Spanish Completes
Blue Cross Community Centennial	3490	696	324	232	602	94

- In 2017, 3490 Blue Cross Community Centennial members were randomly selected to participate in the 2017 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 all 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.

Disposition Summary and Response Rate

- A response rate is calculated for those members who were eligible and able to respond.
- A completed questionnaire is defined as a respondent who completed three of the five required questions that all respondents are eligible to answer (question # 3, 30, 45, 49, 54).
- According to NCQA protocol, ineligible members include those who are deceased, do not meet eligible population criteria, have a language barrier, or are either mentally or physically incapacitated.
- Non-responders include those members who refuse to participate in the current year's survey, could not be reached due to a bad address or telephone number, members that reached a maximum attempt threshold without a response, or members that did not meet the completed survey definition.
- The table below shows the total number of members in the sample that fell into each of the various disposition categories.

Blue Cross Community Centennial 2017 Disposition Summary

Ineligible	Total Sample	General Population
Deceased	3	2
Does not meet eligible population criteria	14	6
Language barrier	28	10
Mentally/physically incapacitated	0	0
Total Ineligible	45	18

Non-response	Total Sample	General Population
Partial complete	26	7
Refusal	144	65
Maximum attempts made	2579	1236
Do Not Call list	0	0
Total Non-response	2749	1308

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

$$\frac{\text{Totalled completed surveys}}{\text{Sample size} - \text{Ineligible surveys}} = \text{Response Rate}$$

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

$$\text{Total Sample Response Rate} = \frac{\text{Mail (267)} + \text{Phone (393)} + \text{Internet (36)} = 696}{\text{Total Sample (3490)} - \text{Total Ineligible (45)} = 3445} = 20\%$$

$$\text{General Population Response Rate} = \frac{\text{Mail (126)} + \text{Phone (180)} + \text{Internet (18)} = 324}{\text{Total Sample (1650)} - \text{Total Ineligible (18)} = 1632} = 20\%$$

Memo:
2016 NCQA Avg.
Total Response Rate = 23%



Summary of Key Measures

- For purposes of reporting the CAHPS® results in HEDIS® (Healthcare Effectiveness Data and Information Set) and for scoring for health plan accreditation, the National Committee for Quality Assurance (NCQA) uses 5 core composite measures plus an additional 5 CCC composite measures and 4 rating questions from the survey.
- Each of the composite measures is the average of 2 - 4 questions on the survey, depending on the measure, while each rating score is based on a single question. CAHPS® scores are most commonly shown using Summary Rate scores (percentage of positive responses).

Blue Cross Community Centennial				
	General Population		CCC Population	
Composite Measures	2016	2017	2016	2017
Getting Care Quickly	89%	89%	90%	90%
Shared Decision Making	81%	83%	89%	85%
How Well Doctors Communicate	95%	96%	94%	93%
Getting Needed Care	85%	87%	87%	82%
Customer Service	91%	88%	92%	86%
CCC Composite Measures				
Access to Prescription Medicines	90%	92%	91%	88%
Access to Specialized Services	75%	77%	82%	71%↓
Family-Centered Care: Personal Doctor Who Know Child	92%	90%	92%	90%
Family-Centered Care: Getting Needed Information	87%	88%	90%	91%
Coordination of Care for Children with Chronic Conditions	64%	73%	76%	75%
Overall Ratings Measures				
Health Care	87%	85%	85%	82%
Personal Doctor	89%	90%	88%	89%
Specialist	83%	85%	78%	80%
Health Plan	86%	88%	84%	83%
Health Promotion & Education	64%	72%	82%	84%
Care Coordination	74%	84%	82%	81%
	General Population		Total Sample	
Sample Size	1705	1650	3686	3490
# of Completes	287	324	645	696
Response Rate	18%	20%	19%	20%

↑/↓ Statistically higher/lower compared to prior year results.



Comparison to Quality Compass[®] – General Population

Child Medicaid with CCC Survey Questions	Blue Cross Community Centennial		2016 Child Medicaid Quality Compass [®] - General Population Results							
	2017	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly (% Always/Usually)	88.70	44th	88.54	79.02	82.62	85.91	89.23	92.02	93.59	94.56
How Well Doctors Communicate (% Always/Usually)	95.59	89th	93.17	89.20	90.83	91.94	93.26	94.78	95.67	96.28
Q40 Care Coordination (% Always/Usually)	83.51	56th	82.64	75.63	76.92	80.00	82.88	85.38	87.31	88.82
Getting Needed Care (% Always/Usually)	87.22	78th	83.66	75.49	76.78	81.01	84.25	87.07	89.19	90.23
Customer Service (% Always/Usually)	88.15	49th	87.98	83.05	84.02	86.38	88.16	89.61	91.84	92.57
Shared Decision Making (% Yes)	83.25	92nd	78.41	73.28	74.15	76.28	78.31	80.56	82.51	84.04
Q14 Rating of Health Care (% 8, 9, 10)	85.48	41st	85.81	79.58	81.48	83.87	85.85	88.14	90.10	91.24
Q41 Rating of Personal Doctor (% 8, 9, 10)	90.15	70th	88.42	83.48	85.06	86.81	88.56	90.40	91.82	93.19
Q48 Rating of Specialist (% 8, 9, 10)	84.85	40th	85.53	78.95	79.65	83.33	86.24	88.14	89.47	90.71
Q54 Rating of Health Plan (% 8, 9, 10)	87.70	74th	84.70	76.84	78.77	82.34	85.16	87.87	90.55	91.21

Legend:

95th = Plan score falls on or above 95th percentile
 90th = Plan score falls on 90th or below 95th percentile
 75th = Plan score falls on 75th or below 90th percentile
 50th = Plan score falls on 50th or below 75th percentile
 25th = Plan score falls on 25th or below 50th percentile
 10th = Plan score falls on 10th or below 25th percentile
 5th = Plan scores falls below 10th percentile

The 2016 Child Medicaid Quality Compass[®] consists of 129 public and non-public reporting health plan products (All Lines of Business excluding PPOs).



Comparison to Quality Compass[®] – CCC Population

Child Medicaid with CCC Survey Questions	Blue Cross Community Centennial		2016 Child Medicaid with CCC Quality Compass [®] - CCC Population Results								
	2017	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th	
Getting Care Quickly (% Always/Usually)	90.15	21st	91.82	86.25	88.56	90.57	92.30	94.10	94.87	95.37	
How Well Doctors Communicate (% Always/Usually)	92.74	19th	93.92	90.92	91.76	93.12	94.21	94.94	95.50	96.18	
Q40 Care Coordination (% Always/Usually)	81.08	35th	81.98	73.51	77.24	80.17	82.52	84.77	85.82	87.20	
Getting Needed Care (% Always/Usually)	82.01	15th	86.14	79.42	80.07	83.33	87.13	88.72	90.18	90.83	
Customer Service (% Always/Usually)	85.88	6th	89.43	85.38	86.80	87.46	89.07	90.97	93.10	93.64	
Shared Decision Making (% Yes)	85.33	46th	84.95	81.47	81.75	83.85	85.36	86.10	87.19	87.71	
Access to Prescription Medicines (% Always/Usually)	87.70	15th	90.68	84.12	85.98	89.00	91.29	93.33	94.70	95.14	
Access to Specialized Services (% Always/Usually)	70.61	15th	77.06	66.37	69.36	72.78	78.86	80.96	82.39	83.04	
Family-Centered Care: Personal Doctor Who Knows Child (% Yes)	90.49	40th	90.55	86.95	87.27	89.47	90.75	91.91	92.70	93.25	
Family-Centered Care: Getting Needed Information (% Always/Usually)	91.28	67th	90.91	88.39	88.66	89.88	90.53	91.73	93.85	94.23	
Coordination of Care for Children with Chronic Conditions (% Yes)	75.11	17th	77.11	72.89	72.89	75.86	77.04	78.41	80.87	81.21	
Q14 Rating of Health Care (% 8, 9, 10)	82.14	15th	84.21	79.29	80.20	83.04	84.06	86.18	87.83	88.16	
Q41 Rating of Personal Doctor (% 8, 9, 10)	88.57	56th	88.03	84.03	85.09	86.67	88.02	89.50	90.66	92.44	
Q48 Rating of Specialist (% 8, 9, 10)	80.20	4th	85.52	81.02	82.95	83.85	85.21	86.96	89.11	89.92	
Q54 Rating of Health Plan (% 8, 9, 10)	83.48	50th	82.23	72.36	76.58	79.55	83.22	84.99	86.90	88.29	

Legend:

- 95th = Plan score falls on or above 95th percentile
- 90th = Plan score falls on 90th or below 95th percentile
- 75th = Plan score falls on 75th or below 90th percentile
- 50th = Plan score falls on 50th or below 75th percentile
- 25th = Plan score falls on 25th or below 50th percentile
- 10th = Plan score falls on 10th or below 25th percentile
- 5th = Plan scores falls below 10th percentile

The 2016 Child Medicaid with CCC Quality Compass[®] consists of 53 public and non-public reporting health plan products (All Lines of Business excluding PPOs).



Accreditation Details

Scoring for NCQA Accreditation (Includes How Well Doctors Communicate) – General Population

2017 NCQA National Accreditation Comparisons*										
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l		
				Accreditation Points	0.325	0.650	1.105	1.430	1.625	
<u>Composite Scores</u>	Sample Size	Mean	Approximate Percentile Threshold						Approximate Score	
Getting Care Quickly	(n=175)	2.616	50 th		2.54	2.61	2.66	2.69	1.105	
How Well Doctors Communicate	(n=215)	2.779	90 th		2.63	2.68	2.72	2.75	1.625	
Getting Needed Care	(n=160)	2.535	75 th		2.37	2.46	2.51	2.56	1.430	
Customer Service	(n=100)	2.555	50 th		2.50	2.53	2.58	2.63	1.105	
<u>Overall Ratings Scores</u>										
Health Care	(n=248)	2.589	75 th		2.49	2.52	2.57	2.59	1.430	
Personal Doctor	(n=274)	2.712	90 th		2.58	2.62	2.65	2.69	1.625	
Specialist***	(n=66)	0.000	NA		2.53	2.59	2.62	2.66	NA	
				Accreditation Points	0.650	1.300	2.210	2.860	3.250	
Health Plan	(n=317)	2.666	75 th		2.51	2.57	2.62	2.67	2.860	
								Estimated Overall CAHPS® Score:	11.180	

NOTE: NCQA begins their calculation with an unadjusted raw score showing six digits after the decimal and then compares the adjusted score to their benchmarks and thresholds (also calculated to the sixth decimal place). Starting in 2015, NCQA will no longer use an adjusted score. This report displays accreditation points and scores with only two digits after the decimal. Therefore, the estimated overall CAHPS® score may differ from the sum of the individual scores due to rounding and could differ slightly from official scores provided by NCQA. The CAHPS® measures account for 13 points towards accreditation.

*Data Source: 2017 Initial Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.



Accreditation Details

Scoring for NCQA Accreditation (Includes Care Coordination) – General Population

2017 NCQA National Accreditation Comparisons*									
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l	
				Accreditation Points	0.371	0.743	1.263	1.634	1.857
<u>Composite Scores</u>	Sample Size	Mean	Approximate Percentile Threshold						Approximate Score
Getting Care Quickly	(n=175)	2.616	50 th	2.54	2.61	2.66	2.69	1.263	
Getting Needed Care	(n=160)	2.535	75 th	2.37	2.46	2.51	2.56	1.634	
Customer Service	(n=100)	2.555	50 th	2.50	2.53	2.58	2.63	1.263	
Care Coordination***	(n=97)	0.000	NA	2.36	2.42	2.48	2.52	NA	
<u>Overall Ratings Scores</u>									
Health Care	(n=248)	2.589	75 th	2.49	2.52	2.57	2.59	1.634	
Personal Doctor	(n=274)	2.712	90 th	2.58	2.62	2.65	2.69	1.857	
Specialist***	(n=66)	0.000	NA	2.53	2.59	2.62	2.66	NA	
				Accreditation Points	0.742	1.486	2.526	3.268	3.714
Health Plan	(n=317)	2.666	75 th	2.51	2.57	2.62	2.67	3.268	
								Estimated Overall CAHPS® Score:	10.919

NOTE: NCQA begins their calculation with an unadjusted raw score showing six digits after the decimal and then compares the adjusted score to their benchmarks and thresholds (also calculated to the sixth decimal place). Starting in 2015, NCQA will no longer use an adjusted score. This report displays accreditation points and scores with only two digits after the decimal. Therefore, the estimated overall CAHPS® score may differ from the sum of the individual scores due to rounding and could differ slightly from official scores provided by NCQA. The CAHPS® measures account for 13 points towards accreditation.

*Data Source: 2017 Initial Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.



Key Driver Analysis and Actions Plans

Action Plan – Rating of Health Plan - 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:

1. The relative importance of the individual issues (Correlation to overall measures)
2. The current levels of performance on each issue (Percentile group in Quality Compass®)

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

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

Overall Rating of Health Plan

Primary Recommendation

 Q50 - 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.

Key Driver Analysis for General Population – Health Plan

Q54. Rating of Health Plan

	<u>Composite</u>	<u>Sample Size</u>	<u>Health Plan's Score</u>	<u>Plan's Percentile</u>
Q51. Treated you with courtesy and respect	0.44	99	93.94%	60 th
Q50. Got information or help needed	0.40	102	82.35%	44 th
Q46. Easy to get appointment for child with specialist	0.23	73	84.93%	87 th
Q15. Easy to get care believed necessary for child	0.22	248	89.52%	52 nd
Q33. Listen carefully to you	0.21	216	95.83%	67 th
Q6. Getting appointment for child as soon as needed	0.21	239	89.12%	62 nd
Q32. Explain things in a way you could understand	0.19	216	96.30%	88 th
Q37. Spend enough time with child	0.19	215	93.95%	96 th
Q11. Discussed reasons to take medicine	0.17	68	88.24%	14 th
Q13. Asked preference for medicine	0.15	67	83.58%	88 th
Q34. Show respect for what you had to say	0.14	216	96.30%	59 th
Q4. Getting care for child as soon as needed	0.09	111	88.29%	25 th
Q12. Discussed reasons not to take medicine	0.02	68	77.94%	100 th

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

Q50 - Got Information or Help Needed

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

Q51 - Treated You with Courtesy and Respect

0.0 0.5 1.0

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

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

Red Text indicates measure is 25th percentile or lower.



Key Driver Analysis for General Population – Health Care

<u>Q14. Rating of Health Care</u>	<u>Composite</u>	<u>Sample Size</u>	<u>Health Plan's Score</u>	<u>Plan's Percentile</u>
Q46. Easy to get appointment for child with specialist	0.65	73	84.93%	87 th
Q15. Easy to get care believed necessary for child	0.62	248	89.52%	52 nd
Q32. Explain things in a way you could understand	0.52	216	96.30%	88 th
Q33. Listen carefully to you	0.50	216	95.83%	67 th
Q34. Show respect for what you had to say	0.48	216	96.30%	59 th
Q37. Spend enough time with child	0.44	215	93.95%	96 th
Q51. Treated you with courtesy and respect	0.43	99	93.94%	60 th
Q6. Getting appointment for child as soon as needed	0.35	239	89.12%	62 nd
Q4. Getting care for child as soon as needed	0.28	111	88.29%	25 th
Q50. Got information or help needed	0.27	102	82.35%	44 th
Q13. Asked preference for medicine	0.25	67	83.58%	88 th
Q11. Discussed reasons to take medicine	0.24	68	88.24%	14 th
Q12. Discussed reasons not to take medicine	0.04	68	77.94%	100 th

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

Q15 - Easy to Get Care Believed Necessary for Child

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

Q46 - Easy to Get Appointment for Child with Specialist

0.0 0.5 1.0

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

"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"
Red Text indicates measure is 25th percentile or lower.

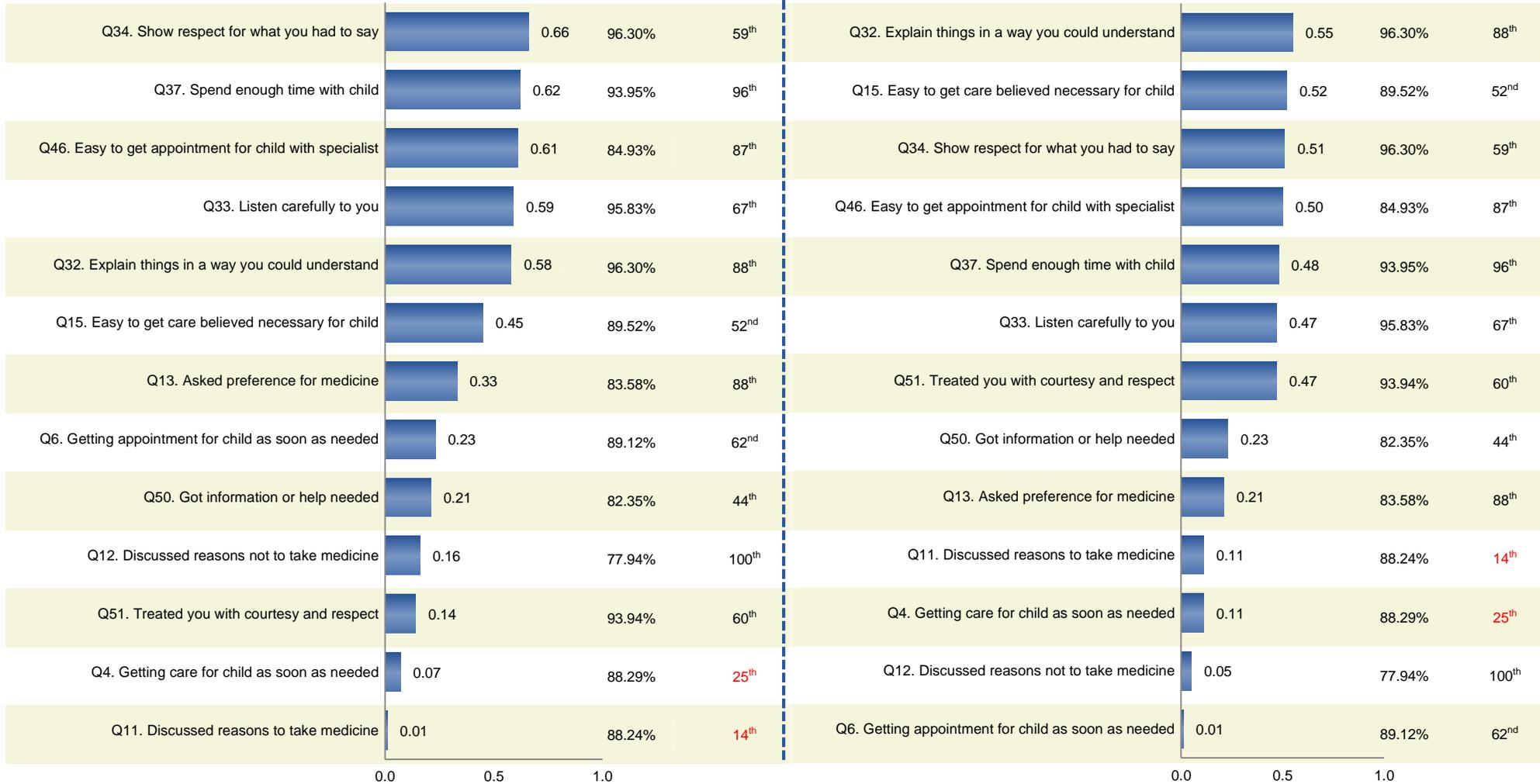
Key Driver Analysis for General Population – Doctor and Specialist

Q41. Rating of Personal Doctor

Health Plan's Score
Plan's Percentile

Q48. Rating of Specialist

Health Plan's Score
Plan's Percentile



"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 for CCC Population – Health Plan

Q54. Rating of Health Plan

			<u>Composite</u>	<u>Sample Size</u>	<u>Health Plan's Score</u>	<u>Plan's Percentile</u>
Q50. Got information or help needed		0.53		93	80.65%	16 th
Q51. Treated you with courtesy and respect		0.37		90	91.11%	3 rd
Q9. Getting questions answered by child's doctor		0.31		195	91.28%	67 th
Q32. Explain things in a way you could understand		0.30		175	94.86%	36 th
Q46. Easy to get appointment for child with specialist		0.30		109	78.90%	22 nd
Q37. Spend enough time with child		0.29		176	88.07%	13 th
Q56. Easy to get prescription medicine for child		0.28		187	87.70%	15 th
Q23. Easy to get therapy for child		0.27		73	73.97%	36 th
Q34. Show respect for what you had to say		0.25		175	95.43%	40 th
Q13. Asked preference for medicine		0.24		100	86.00%	71 st
Q15. Easy to get care believed necessary for child		0.24		195	85.13%	3 rd
Q33. Listen carefully to you		0.24		176	92.61%	7 th
Q29. Health plan or doctor's office helps coordinate care		0.23		117	52.99%	1 st
Q44. Doctor understands how medical conditions affect family's day-to-day life		0.21		144	89.58%	47 th
Q38. Doctor talks with you about how child is feeling/growing/behaving		0.19		175	90.29%	69 th
Q26. Easy to get treatment or counseling for child		0.18		87	70.11%	7 th
Q6. Getting appointment for child as soon as needed		0.18		188	88.30%	20 th
Q43. Doctor understands how medical conditions affect child's day-to-day life		0.17		143	91.61%	27 th

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

Q50 - Got Information or Help Needed
Q51 - Treated You with Courtesy and Respect

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

Q9 - Getting Questions Answered by Child's Doctor

Above are 18 of the 23 key measures. The 5 measures with lowest correlation to Rating of Health Plan are not displayed. Use caution when reviewing scores with sample sizes less than 25.

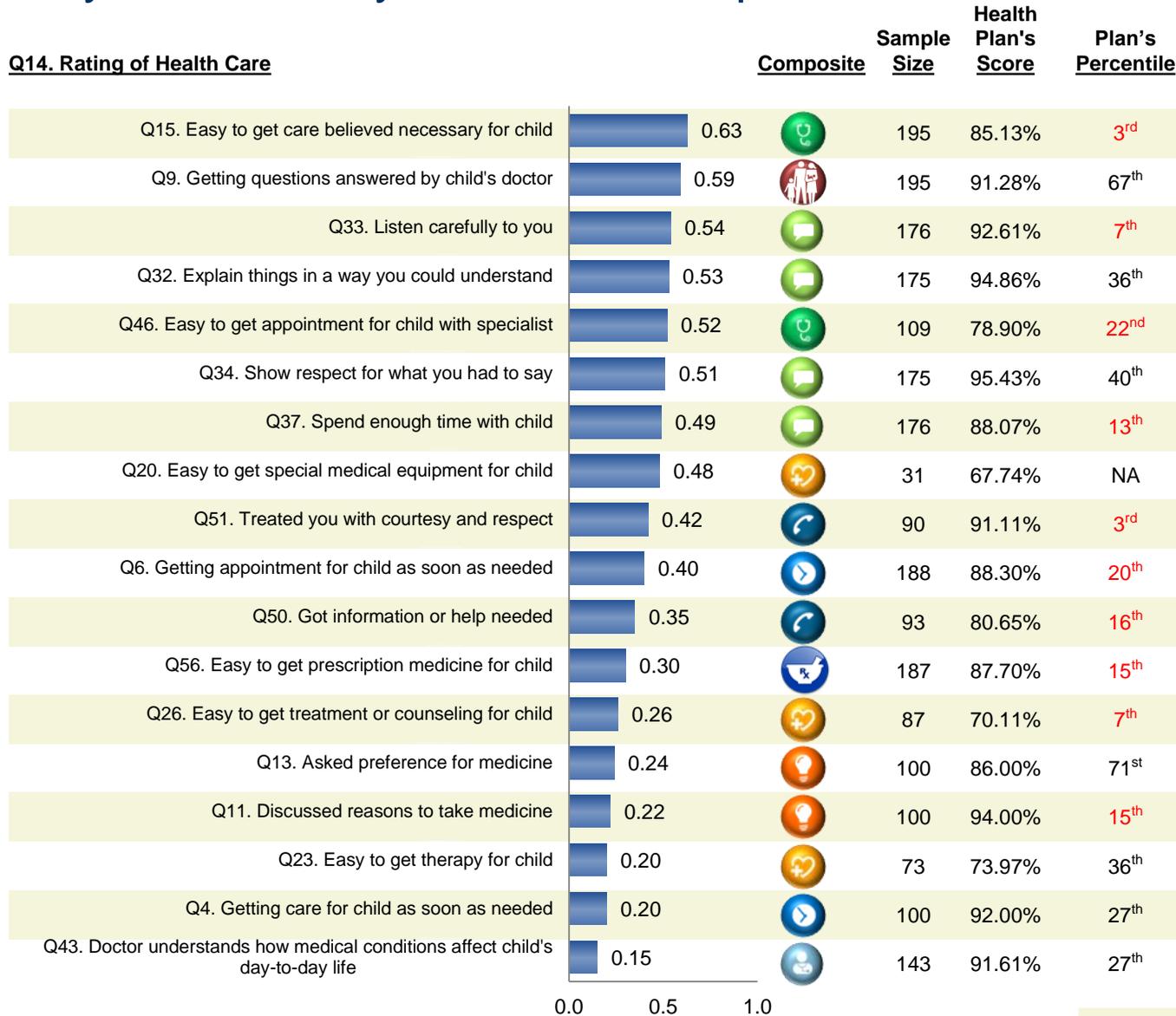
"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"

Red Text indicates measure is 25th percentile or lower.



Key Driver Analysis for CCC Population – Health Care

Q14. Rating of Health Care



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

Q15 - Easy to Get Care Believed Necessary for Child

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

Q9 - Getting Questions Answered by Child's Doctor

Above are 18 of the 23 key measures. The 5 measures with lowest correlation to Rating of Health Care are not displayed. 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 has consulted with numerous clients on ways to improve CAHPS® scores. Even though each health plan is unique and faces different challenges, many of the improvement strategies discussed on the next few pages can be applied by most plans with appropriate modifications.

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

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

GETTING NEEDED CARE (1 of 2)

Easy to get appointment with specialist

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



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.



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



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



SHARED DECISION MAKING

Discussed reasons to take medicine

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

Discussed reasons not to take medicine

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

Asked preference for medicine

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

Additional recommendations

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



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.



CARE COORDINATION

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

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

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

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



General Knowledge about Demographic Differences

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

Age	Older respondents tend to be more satisfied than younger respondents.
Health Status	Responses for children whose health status is rated as 'Excellent' or 'Very good' tend to be more satisfied than people who rate the child's health status lower. The 'Excellent/Very good' group scores higher in the following areas: Getting Care Quickly, How Well Doctors Communicate, Getting Needed Care, three rating questions (Health Care, Personal Doctor and Health Plan) and Coordination of Care.
Education	In the Morpace Book of Business, the more educated respondents (some college or more) have significantly higher scores for Getting Care Quickly, How Well Doctors Communicate and Getting Needed Care. The less educated respondents have significantly higher scores for all rating questions.
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.	
Race	Whites tend to give higher scores to both the rating and composite questions than the African Americans or the 'All other' group. Significantly higher scores are noted for Whites in the following composites: Getting Care Quickly and Getting Needed Care. Scores for 'All other' tend to be lower across the board. Morpace Book of Business: White - 52%, African American - 25%, All other - 27%
	Growing evidence denotes that lower satisfaction ratings from Asian Americans are partially attributable to cultural differences in their response tendencies. Therefore, the lower scores for 'All other' might not reflect an accurate comparison of their experience with health care.
Ethnicity	Non-Hispanic respondents have significantly higher scores for Getting Care Quickly, How Well Doctors Communicate and Getting Needed Care. Hispanics have significantly higher scores for all rating questions. Hispanics make up 41% of the Morpace Book of Business.

Demographic Profile

Child Demographics

		Blue Cross Community Centennial					
		General Population		2016 Quality Compass®-General Population	CCC Population		2016 Quality Compass®-CCC Population
		2016	2017		2016	2017	
Q58. Child's Health Status							
	Excellent/Very good	78%	75%	76%	58%	57%	57%
	Good	18%	19%	19%	31%	32%	31%
	Fair/Poor	4%	6%	5%	11%	12%	12%
Q59. Child's Mental/Emotional Health Status							
	Excellent/Very good	77%	74%	75%	40%	45%	44%
	Good	16%	18%	17%	32%	32%	31%
	Fair/Poor	7%	8%	8%	28%	23%	25%
Q74. Child's Age							
	1yr and under	11%	13%	NA	3%	6%	NA
	2-5	26%	30%	NA	20%	20%	NA
	6-9	22%	22%	NA	18%	23%	NA
	10-14	27%	23%	NA	38%	33%	NA
	15-18	15%	12%	NA	20%	18%	NA
Q75. Child's Gender							
	Male	49%	48%	52%	59%	51%	59%
	Female	51%	52%	48%	41%	49%	41%
Q76/77. Child's Race/Ethnicity							
	Hispanic or Latino	65%	67%	34%	56%	65%	22%
	White	64%	57%	46%	71%	66%	75%
	African American	6%	5%	20%	8%	6%	36%
	Asian	2%	4%	5%	1%	2%	7%
	Native Hawaiian or other Pacific Islander	1%	2%	1%	2%	1%	1%
	American Indian or Alaska Native	13%	11%	3%	11%	11%	5%
	Other	23%	26%	13%	21%	20%	20%

Data shown are self reported.
NA = Data not available.



Demographic Profile

Respondent Demographics

		Blue Cross Community Centennial					
		General Population		2016 Quality Compass®- General Population	CCC Population		2016 Quality Compass®-CCC Population
		2016	2017		2016	2017	
Q7. Number of Times Going to Doctor's Office/Clinic for Care							
	None	26%	22%	25%	17%	14%	12%
	1 time	29%	27%	26%	19%	21%	19%
	2 times	23%	25%	22%	22%	20%	24%
	3 times	9%	12%	12%	12%	16%	17%
	4 times	7%	6%	6%	10%	12%	10%
	5-9 times	4%	6%	6%	13%	11%	13%
	10 or more times	1%	2%	2%	7%	5%	5%
Q31. Number of Times Visited Personal Doctor to Get Care							
	None	22%	21%	21%	18%	15%	13%
	1 time	35%	36%	32%	31%	32%	27%
	2 times	23%	19%	23%	22%	20%	25%
	3 times	9%	11%	12%	9%	13%	15%
	4 times	6%	7%	6%	9%	8%	8%
	5-9 times	3%	6%	5%	8%	10%	10%
	10 or more times	1%	1%	1%	2%	2%	3%
Q78. Respondent's Age							
	Under 18	4%	3%	6%	4%	5%	8%
	18 to 24	9%	6%	6%	4%	5%	3%
	25 to 34	40%	39%	32%	27%	29%	27%
	35 to 44	31%	30%	34%	34%	33%	32%
	45 to 54	12%	14%	15%	20%	16%	17%
	55 to 64	3%	5%	5%	8%	7%	9%
	65 or older	2%	2%	2%	3%	4%	4%
Q79. Respondent's Gender							
	Male	11%	11%	12%	11%	8%	10%
	Female	89%	89%	88%	89%	92%	90%
Q80. Respondent's Education							
	Did not graduate high school	16%	17%	21%	10%	15%	16%
	High school graduate or GED	29%	31%	34%	23%	26%	33%
	Some college or 2-year degree	38%	35%	32%	45%	40%	38%
	4-year college graduate	10%	11%	8%	14%	12%	8%
	More than 4-year college degree	7%	6%	5%	8%	8%	5%

Data shown are self reported.



Composite & Rating Scores by Demographics - General Population

Blue Cross Community Centennial															
Demographic	Child's Age					Child's Race			Child's Ethnicity		Respondent's Educational Level		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=42)	(n=95)	(n=70)	(n=73)	(n=39)	(n=185)	(n=16)	(n=130)	(n=212)	(n=105)	(n=151)	(n=166)	(n=241)	(n=62)	(n=19)
Composites (% Always/Usually)															
Getting Care Quickly	94	93	91	76	96	90	82	89	89	90	86	92	90	86	91
Shared Decision Making (% Yes)	81	78	90	79	89	84	33	86	82	84	84	81	83	82	81
How Well Doctors Communicate	93	99	97	97	84	97	88	94	95	96	93	98	98	94	80
Getting Needed Care	88	92	87	83	84	88	95	83	87	88	81	92	89	84	71
Customer Service	82	86	92	93	82	90	83	85	90	81	88	88	91	84	67
Overall Ratings (% 8,9,10)															
Health Care	90	92	83	80	73	89	82	84	87	81	83	88	89	79	63
Personal Doctor	95	93	87	90	83	93	69	88	88	95	88	91	92	90	72
Specialist	71	78	88	94	86	85	100	93	88	76	83	86	89	79	67
Health Plan	90	94	87	86	73	90	94	85	90	81	88	87	89	85	74

Supplemental Questions



Supplemental Questions – Material

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
Yes	69%	63%
No	31%	37%
<i>Sample Size:</i>	<i>(n=630)</i>	<i>(n=675)</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
Yes	65%	56%
No	35%	44%
<i>Sample Size:</i>	<i>(n=623)</i>	<i>(n=669)</i>

Supplemental Questions – Plan of Care

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

	2016	2017
Yes	17%	18%
No	83%	82%
<i>Sample Size:</i>	<i>(n=635)</i>	<i>(n=675)</i>

Supplemental Questions – Plan of Care

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

	2016	2017
Very satisfied	28%	27%
Satisfied	50%	48%
Neither dissatisfied nor satisfied	18%	20%
Dissatisfied	2%	2%
Very dissatisfied	2%	3%
<i>Sample Size:</i>	<i>(n=623)</i>	<i>(n=649)</i>

Supplemental Questions – 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
Yes	28%	26%
No	72%	74%
<i>Sample Size:</i>	<i>(n=635)</i>	<i>(n=676)</i>

Supplemental Questions – Coordination

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

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

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

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

Supplemental Questions – Provider

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
Never	92%	91%
Sometimes	5%	3%
Usually	1%	2%
Always	3%	4%
<i>Sample Size:</i>	<i>(n=629)</i>	<i>(n=665)</i>

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

Supplemental Questions – Provider

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

	2014	2015*	2016	2017
Never	70%	NA	76%	72%
Sometimes	25%	NA	21%	24%
Usually	2%	NA	2%	2%
Always	2%	NA	2%	3%
<i>Sample Size:</i>	<i>(n=720)</i>	<i>(n=NA)</i>	<i>(n=638)</i>	<i>(n=674)</i>

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

	2014	2015*	2016	2017
Never	92%	NA	90%	87%
Sometimes	6%	NA	8%	10%
Usually	1%	NA	1%	1%
Always	1%	NA	1%	2%
<i>Sample Size:</i>	<i>(n=721)</i>	<i>(n=NA)</i>	<i>(n=642)</i>	<i>(n=673)</i>

* 2015 data could not be trended



Supplemental Questions – Educational Materials

Q94. How easy to understand were the educational materials you received from your Child’s health plan?

	2014	2015*	2016	2017
Very easy	70%	NA	78%	72%
Somewhat easy	29%	NA	21%	27%
Not easy at all	2%	NA	1%	1%
<i>Sample Size:</i>	<i>(n=726)</i>	<i>(n=NA)</i>	<i>(n=446)</i>	<i>(n=479)</i>

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

	2014	2015*	2016	2017
Very easily	56%	NA	62%	59%
Easily	42%	NA	36%	39%
Not easily at all	2%	NA	2%	2%
<i>Sample Size:</i>	<i>(n=718)</i>	<i>(n=NA)</i>	<i>(n=444)</i>	<i>(n=475)</i>

* 2015 data could not be trended

