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2013 CAHPS® Adult Medicaid Member Satisfaction Survey

Oklahoma Health Care Authority

July 2013

oklahoma health care authority

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Executive Summary
Background

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.

- In 2013, NCQA updated the CAHPS® 4.0H questionnaire to version 5.0H.   These revisions include question numbers, questions order, and question wording and are shown in the following table.

CAHPS 4.0H Questions and Response Choices	CAHPS 5.0H Questions and Response Choices
Q6. In the last 6 months, *not counting the times you needed care right away*, how often did you get an appointment for *your health care* at a doctor's office or clinic as soon as *you thought* you needed? *Never, Sometimes, Usually, Always*	Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed? *Never, Sometimes, Usually, Always*
Q8. In the last 6 months, *how often* did you and a doctor or other health provider talk about specific things you could do to prevent illness? *Never, Sometimes, Usually, Always*	Q8. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness? *Yes, No*
Q10. In the last 6 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care? *Definitely yes, Somewhat yes, Somewhat no, Definitely no*	Q10. When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine? *Not at all, A little, Some, A lot* Q11. When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want to take a medicine? *Not at all, A little, Some, A lot*
Q11. In the last 6 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice you thought was best for you? *Definitely yes, Somewhat yes, Somewhat no, Definitely no*	Q12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you? *Yes, No*
Q27. In the last 6 months, how often was it easy to get the care, tests, or treatment *you thought* you needed *through your health plan*? *Never, Sometimes, Usually, Always*	Q14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? *Never, Sometimes, Usually, Always*
Q23. In the last 6 months, how often was it easy to get appointments with specialists? *Never, Sometimes, Usually, Always*	Q25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? *Never, Sometimes, Usually, Always*

- Due to the question changes, the Shared Decision Making Composite will not be trended.

Executive Summary
Protocol

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.

- Oklahoma Health Care Authority chose the mail/telephone protocol. This protocol included mailing a questionnaire with a cover letter. For those selected members who did not respond to the first questionnaire, a second questionnaire with a cover letter encouraging participation was sent. Thank you/reminder postcards were mailed after each survey mailing. (NCQA reinstated the postcard mailings as response rates had declined for the past two years.) If a selected member still did not respond to the questionnaires, at least four telephone calls were made to complete the survey using trained telephone interviewers.

- NCQA originally designed this protocol with the goal of achieving a total response rate of at least forty-five percent (45%). The average of response rates for all Adult Medicaid plans reporting to NCQA in 2012 was 26%, which is lower than the 2011 average (29%).

- In April, 1350 adult SoonerCare Choice members were randomly selected to participate in the 2013 CAHPS® 5.0H Adult Medicaid Survey. This report is compiled from the responses of the 414 Oklahoma Health Care Authority members who responded to the survey (32% response rate).

Executive Summary
Disposition Summary

- A response rate is calculated for those members who were eligible and able to respond. According to NCQA protocol, ineligible members include those who are deceased, do not meet eligible criteria, have a language barrier, or are either mentally or physically incapacitated. Non-responders include those members who have refused to participate in the survey, could not be reached due to a bad address or telephone number, or members that reached a maximum attempt threshold and were unable to be contacted during the survey time period.

- The table below shows the total number of members in the sample that fell into each of the various disposition categories.

Oklahoma Health Care Authority
2013 Disposition Summary

Ineligible	Number		Non-response	Number
Deceased (M20/T20)	2		Bad address/phone (M23/T23)	125
Does not meet criteria (M21/T21)	23		Refusal (M32/T32)	58
Language barrier (M22/T22)	9		Maximum attempts made (M33/T33)	704
Mentally/physically incapacitated (M24/T24)	15			
Total Ineligible	**49**		**Total Non-response**	**887**

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

$$\frac{\textit{Completed mail and telephone surveys}}{\textit{Sample size - Ineligible surveys}} = \textit{Response Rate}$$

- Using the final figures from Oklahoma Health Care Authority's Adult Medicaid survey, the numerator and denominator used to compute the response rate are presented below:

$$\frac{\textit{Mail completes (299)} + \textit{Phone completes (115)}}{\textit{Total Sample (1350)} - \textit{Total Ineligible (49)}} = \frac{414}{1301} = \textit{Response Rate} = 32\%$$

Executive Summary
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 five composite measures and four 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).

Oklahoma Health Care Authority	
Composite Measures	**2013**
Getting Care Quickly	79%
Shared Decision Making	48%
How Well Doctors Communicate	87%
Getting Needed Care	80%
Customer Service	90%
Overall Rating Measures	
Health Care	64%
Personal Doctor	71%
Specialist	75%
Health Plan	61%
HEDIS® Measures	
Advising Smokers and Tobacco Users to Quit*	76%
Discussing Cessation Medications*	45%
Discussing Cessation Strategies*	42%
Aspirin Use**	NR
Discussing Aspirin Risks and Benefits**	NR
Health Promotion & Education	70%
Coordination of Care	77%
Sample Size	*1350*
# of Completes	*414*
Response Rates	*32%*

NR = Not reportable

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

**Measure is reported using a Rolling Average Methodology, which was calculated for the first time in 2011. Measure is not reportable in 2013.

Executive Summary
Scoring for NCQA Accreditation

				2013 NCQA National Accreditation Comparisons*					
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l	
				Accreditation Points	*0.29*	*0.58*	*0.98*	*1.27*	*1.44*
Composite Scores	**Unadjusted**	**Adjusted****	**Approximate Percentile Threshold**						**Approximate Score****
Getting Care Quickly	**2.367**	**2.387**	25th		2.33	2.40	2.44	2.48	*0.58*
How Well Doctors Communicate	**2.550**	**2.570**	50th		2.48	2.54	2.58	2.64	*0.98*
Getting Needed Care	**2.320**	**2.340**	50th		2.18	2.28	2.35	2.43	*0.98*
Customer Service	**2.566**	**2.594**	90th		2.34	2.42	2.47	2.55	*1.44*
Overall Ratings Scores									
Q13 Health Care	**2.213**	**2.241**	Below 25th		2.25	2.31	2.37	2.41	*0.29*
Q23 Personal Doctor	**2.338**	**2.366**	Below 25th		2.42	2.46	2.51	2.57	*0.29*
Q27 Specialist	**2.459**	**2.487**	50th		2.43	2.47	2.52	2.56	*0.98*
				Accreditation Points	*0.58*	*1.16*	*1.96*	*2.54*	*2.89*
Q35 Health Plan	**2.188**	**2.216**	Below 25th		2.32	2.40	2.46	2.54	*0.58*

Estimated Overall CAHPS® Score: 6.12

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: **NCQA Memorandum of January 28, 2013**. Subject: 2013 Accreditation Benchmarks and Thresholds.
**To take into account inherent sampling variation, prior to scoring, NCQA will add 0.028 to each of the four CAHPS® 5.0H rating questions and to the Customer Service composite means; and 0.02 to the Getting Needed Care, Getting Care Quickly, and How Well Doctors Communicate composite means. Data Source: "Important Information Regarding NCQA Accreditation Scoring Change" announcement dated May 11, 2011. NCQA will phase out the scoring adjustment over five years – 20% per year from 2011 until 2015.
*** Not reportable due to insufficient sample size.

Executive Summary
Comparison to Quality Compass®

	Oklahoma Health Care Authority	2012 Quality Compass® Comparisons*				
		10th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l
Composite Scores		%	%	%	%	%
Getting Care Quickly *(% Always and Usually)*	**79.37%**	74.26	**78.23**	81.28	83.51	85.53
Shared Decision Making *(% A lot/Yes)*	**47.81%**	**NA**	**NA**	**NA**	**NA**	**NA**
How Well Doctors Communicate *(% Always and Usually)*	**87.12%**	83.91	**85.91**	88.00	89.99	91.86
Getting Needed Care *(% Always and Usually)*	**79.98%**	65.48	69.65	**76.68**	80.56	84.39
Customer Service *(% Always and Usually)*	**90.34%**	74.29	76.89	80.74	83.19	**86.67**
Overall Ratings Scores						
Q13 Health Care (% 8, 9, and 10)	**64.02%**	**62.46**	67.00	69.96	73.58	76.20
Q23 Personal Doctor (% 8, 9, and 10)	**70.73%**	**71.62**	74.78	76.96	79.42	82.77
Q27 Specialist (% 8, 9, and 10)	**74.52%**	**72.55**	75.00	77.48	80.32	83.08
Q35 Health Plan (% 8, 9, and 10)	**61.34%**	**65.32**	69.22	73.86	77.21	81.23

NA = Comparison data not available from NCQA.

*Data Source: 2012 Adult Medicaid Quality Compass®. Scores above based on 146 plans who qualified and chose to publicly report their scores.

- = Plan score falls on or above 90th Percentile
- = Plan score falls on 75th or below 90th Percentile
- = Plan score falls on 50th or below 75th Percentile
- = Plan score falls on 25th or below 50th Percentile
- = Plan score falls on 10th or below 25th Percentile
- = Plan score falls below 10th Percentile

Executive Summary
Key Driver Recommendations

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. <u>The relative importance of the individual issues</u> (Correlation to overall measures).

2. <u>The current levels of performance on each issue</u> (Percentile group from Quality Compass®).

The key drivers for the health plan and health care are shown below:

High Priority for Improvement (High correlation/Relatively low performance)	
Health Plan Q4 - Getting Care as Soon as Needed Q19 - Show Respect for What You Had to Say	**Health Care** Q19 - Show Respect for What You Had to Say Q18 - Listen Carefully to You Q20 - Spend Enough Time with You
Continue to Target Efforts (High correlation/Relatively high performance)	
Health Plan Q32 - Treated You with Courtesy and Respect Q25 - Easy to Get Appointment with Specialist Q14 - Easy to Get Care Believed Necessary	**Health Care** Q14 - Easy to Get Care Believed Necessary Q17 - Explain Things in a Way You Could Understand

Action Plans for 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:

https://www.cahps.ahrq.gov/qiguide/content/analysis/default.aspx

Getting Needed Care

- Ease of obtaining appointment with specialist
    - Review panel of specialists to assure that there are an adequate number of specialists and that they are disbursed geographically to meet the needs of your members.
    - Conduct an Access to Care Survey with either or both of 2 audiences: physician's office and/or among members
    - Conduct a CG-CAHPS Survey including specialists in the sample to identify the specialists with whom members are having a problem obtaining 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 it is difficult to make an appointment.
    - Utilize Provider relations staff to question PCP office staff when making a regular visit to determine with which types of specialists they have the most problems scheduling appointments.
    - Develop materials to promote your specialist network and encourage the PCPs to develop new referral patterns that align with the network.
- Ease of obtaining care, tests, or treatment you needed through your health plan
    - Include a supplemental question on the CAHPS survey to identify the type of care, test or treatment for which the member has a problem obtaining.
    - Review complaints received by Customer Service regarding inability to receive care, tests or treatments.
    - Evaluate pre-certification, authorization, and appeals processes. Of even more importance is to evaluate the manner in which the policies and procedures are delivered to the member, whether the delivery of the information is directly to the member or through their provider. Members may be hearing that they cannot receive the care, tests, or treatment, but are not hearing why.
    - When care or treatment is denied, care should be taken to ensure that the message is understood by both the provider and the member.

Getting Care Quickly

- Obtaining care for urgent care (illness, injury or condition that needed care right away) as soon as you needed
- Obtaining an appointment for routine care/check-ups
  - Conduct a CG-CAHPS survey to identify offices with scheduling issues.
  - Conduct an Access to Care Study
    - Calls to physician office - unblinded
    - Calls to physician office – blinded (Secret Shopper)
    - Calls to members with recent claims
    - Desk audit by provider relations staff
  - Develop seminars for physicians' office staff that could include telephone skills (answering, placing a person on hold, taking messages from patients, dealing with irate patients over the phone, etc.) as well as scheduling advice. Use this time to obtain feedback concerning what issues members have shared with the office staff concerning interactions with the plan.
    - These seminars could be offered early morning, lunch times or evenings so as to be convenient for the office staff. Most physicians would be appreciative of having this type of training for their staff as they do not have the time or talents to train their employees in customer service and practice management.

How Well Doctors Communicate

- Doctor explained things in a way that was easy to understand
- Doctor listened carefully
- Doctor showed respect for what member had to say
- Doctor spent enough time with member
  - Conduct a CG-CAHPS survey to identify lower performing physicians for whom improvement plans should be developed
  - 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.
  - Include supplemental questions from the Item Set for Addressing Health Literacy to better identify communication issues.
  - Develop "Questions Checklists" on specific diseases to be used by members when speaking to doctors. Have these available in office waiting rooms.
  - Offer in-service programs with CMEs for physicians on improving communication with patients. This could be couched in terms of motivating patients to comply with medication regimens or to incorporate healthy life-style habits. Research has shown that such small changes as having physicians sit down instead of stand when talking with a patient leads the patient to think that the doctor has spent more time with them.
  - Provide the physicians with patient education materials, which the physician will then give to the patient.   These materials could reinforce that the physician has heard the concerns of the patient 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.
  - Provide communication tips in the provider newsletters. Often, these are absorbed well if presented as a testimonial from a patient.

Action Plans for Improving CAHPS Scores (cont'd)

Shared Decision Making

- Doctor talked about reasons you might want to take a medicine

- Doctor talked about reasons you might not want to take a medicine

- Doctor asked you what you thought was best
  - Conduct a CG-CAHPS survey and include the Shared Decision Composite as supplemental questions
  - Develop patient education materials on common medicines described for your members explaining pros and cons of each medicine. Examples: asthma medications, high blood pressure medications, statins.
  - Develop audio recordings and/or videos of patient/doctor dialogues/vignettes on common medications. Distribute to provider panel via podcast or other method.

Health Plan Customer Service

- Customer service gave the information or help needed
- Customer service treated member with courtesy and respect
  - 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.
  - At the end of each Customer Service call, have your representative enter/post the reason for the call. At the end of a month, synthesize the information to discern the major reasons for a call. Have the customer service representatives and other appropriate staff discuss ways to address the reason for the majority of the calls and design interventions so that the reason for the call no longer exists.

Executive Summary
Key Driver Analysis – Health Plan

Q35. Rating of Health Plan

	Sample Size:	Health Plan's Score	Plan's Percentile Range
Q4. Getting Care as Soon as Needed — 0.39	198	78.28%	10th
Q32. Treated You with Courtesy and Respect — 0.36	103	91.26%	75th
Q19. Show Respect for What You Had to Say — 0.35	284	88.38%	10th
Q25. Easy to Get Appointment with Specialist — 0.33	170	79.41%	75th
Q14. Easy to Get Care Believed Necessary — 0.32	329	80.55%	50th
Q31. Got Information or Help Needed — 0.29	104	89.42%	90th
Q20. Spend Enough Time with You — 0.27	285	84.21%	25th
Q18. Listen Carefully to You — 0.24	287	87.46%	25th
Q17. Explain Things in a Way You Could Understand — 0.19	285	88.42%	50th
Q6. Getting Appointment as Soon as Needed — 0.19	307	80.46%	50th
Q12. Asked Preference for Medicine — 0.17	175	70.29%	NA
Q11. Discussed Reasons Not to Take Medicine — 0.04	175	29.71%	NA
Q10. Discussed Reasons to Take Medicine — 0.02	175	43.43%	NA
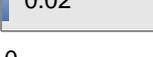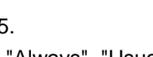
0.0   0.5   1.0

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

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

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

Q4 - Getting Care as Soon as Needed
Q19 - Show Respect for What You Had to Say

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

Q32 - Treated You with Courtesy and Respect
Q25 - Easy to Get Appointment with Specialist
Q14 - Easy to Get Care Believed Necessary

Legend:
90th = Plan score falls on or above 90th 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
Below 10th = Plan score falls below 10th Percentile

Executive Summary
Key Driver Analysis – Health Care

Q13. Rating of Health Care

	Sample Size:	Health Plan's Score	Plan's Percentile Range
Q14. Easy to Get Care Believed Necessary — 0.54	329	80.55%	50th
Q18. Listen Carefully to You — 0.46	287	87.46%	25th
Q19. Show Respect for What You Had to Say — 0.46	284	88.38%	10th
Q20. Spend Enough Time with You — 0.44	285	84.21%	25th
Q17. Explain Things in a Way You Could Understand — 0.41	285	88.42%	50th
Q12. Asked Preference for Medicine — 0.35	175	70.29%	NA
Q25. Easy to Get Appointment with Specialist — 0.33	170	79.41%	75th
Q4. Getting Care as Soon as Needed — 0.31	198	78.28%	10th
Q31. Got Information or Help Needed — 0.28	104	89.42%	90th
Q6. Getting Appointment as Soon as Needed — 0.25	307	80.46%	50th
Q32. Treated You with Courtesy and Respect — 0.20	103	91.26%	75th
Q10. Discussed Reasons to Take Medicine — 0.17	175	43.43%	NA
Q11. Discussed Reasons Not to Take Medicine — 0.17	175	29.71%	NA

Axis: 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"; "A lot", "Yes"

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

Q19 - Show Respect for What You Had to Say
Q18 - Listen Carefully to You
Q20 - Spend Enough Time with You

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

Q14 - Easy to Get Care Believed Necessary
Q17 - Explain Things in a Way You Could Understand

Legend:
90th = Plan score falls on or above 90th 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
Below 10th = Plan score falls below 10th Percentile

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Executive Summary
Key Driver Analysis – Doctor and Specialist

Q23. Rating of Personal Doctor

	Health Plan's Score	Plan's Percentile Range
Q20. Spend Enough Time with You — 0.69	84.21%	25th
Q19. Show Respect for What You Had to Say — 0.67	88.38%	10th
Q17. Explain Things in a Way You Could Understand — 0.63	88.42%	50th
Q18. Listen Carefully to You — 0.63	87.46%	25th
Q14. Easy to Get Care Believed Necessary — 0.43	80.55%	50th
Q12. Asked Preference for Medicine — 0.36	70.29%	NA
Q4. Getting Care as Soon as Needed — 0.25	78.28%	10th
Q25. Easy to Get Appointment with Specialist — 0.23	79.41%	75th
Q32. Treated You with Courtesy and Respect — 0.22	91.26%	75th
Q6. Getting Appointment as Soon as Needed — 0.19	80.46%	50th
Q11. Discussed Reasons Not to Take Medicine — 0.13	29.71%	NA
Q31. Got Information or Help Needed — 0.10	89.42%	90th
Q10. Discussed Reasons to Take Medicine — 0.03	43.43%	NA

Q27. Rating of Specialist

	Health Plan's Score	Plan's Percentile Range
Q25. Easy to Get Appointment with Specialist — 0.36	79.41%	75th
Q14. Easy to Get Care Believed Necessary — 0.31	80.55%	50th
Q4. Getting Care as Soon as Needed — 0.26	78.28%	10th
Q6. Getting Appointment as Soon as Needed — 0.20	80.46%	50th
Q31. Got Information or Help Needed — 0.18	89.42%	90th
Q32. Treated You with Courtesy and Respect — 0.14	91.26%	75th
Q19. Show Respect for What You Had to Say — 0.13	88.38%	10th
Q20. Spend Enough Time with You — 0.12	84.21%	25th
Q18. Listen Carefully to You — 0.08	87.46%	25th
Q12. Asked Preference for Medicine — 0.07	70.29%	NA
Q17. Explain Things in a Way You Could Understand — 0.06	88.42%	50th
Q10. Discussed Reasons to Take Medicine — 0.04	43.43%	NA
Q11. Discussed Reasons Not to Take Medicine — 0.01	29.71%	NA

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

Morpace strives to illuminate the CAHPS® data in ways that yield a richer understanding of the data -- moving from data to information to knowledge. Morpace conducted advanced analysis to better understand the relationships across and between survey variables. The analysis shown on the next page is based on <u>Morpace's Adult Medicaid CAHPS® Book of Business* so is not representative of any single health plan</u>. This type of advanced analysis can be conducted for an individual plan to identify and quantify what can be done to improve their overall scores that are used for accreditation.

Key stages of the analysis are:

1) Conduct **Factor Analysis** to help determine how the independent variables (attributes) should be grouped. Relationships among these factors are then examined/tested to identify the strongest set of direct and indirect linkages among them.

2) Supplement the factor analysis, and linkages among the factors, with **expert opinion** to fine-tune the factor groupings and their relationships to each other.

3) Employ **Partial Least Squares** (PLS) predictive technique to estimate the interrelationships across the survey variables. The key dependent measure assessed is Health Plan Rating. The PLS approach is appropriate when evaluating a large number of independent variables (survey questions), and when those variables are highly correlated to each other.

- The PLS output is displayed on the following page in a manner that is easy to interpret quickly. The lines depict the relative impact of the survey questions on various topics (the colored ovals), and ultimately on Rating of Health Plan.

- The coefficients derived from a PLS analysis are used to create a Health Plan Satisfaction Modeler. The Modeler which allows a plan to test what-if scenarios and quantify the impact on its Health Plan Rating given any potential changes to the individual survey question scores. The Satisfaction Modeler is available outside the scope of this report.

* The Morpace Adult Medicaid Book of Business is based on 30 health plans including 16,170 beneficiaries.

# Data Relationships based on PLS Output for 2013 Medicaid CAHPS® Morpace Book of Business

○ Thicker arrows indicate stronger relationships
○ Multiple arrows from a factor indicate many relationships
○ Arrows are cumulative (i.e., together they cause a multiplicative effect)

Executive Summary
Demographics

HEALTH STATUS

Excellent/Very good 25%
Good 27%
Fair/Poor 48%

MENTAL/EMOTIONAL HEALTH STATUS

Excellent/Very good 32%
Good 28%
Fair/Poor 40%

MEMBER'S AGE

65 or older 1%
18-24 18%
25-34 21%
35-44 15%
45-54 24%
55-64 21%

GENDER

Male 32%
Female 68%

EDUCATION

4-yr college graduate 2%
More than 4-year college degree 1%
Did not graduate high school 32%
Some college or 2-yr degree 19%
High School graduate or GED 46%

RACE / ETHNICITY

Hispanic or Latino	6%
White	74%
Black or African-American	15%
Asian	1%
Native Hawaiian or other Pacific Islander	0%
American Indian or Alaska Native	18%
Other	5%

0%   20%   40%   60%   80%   100%

Data shown are self reported.

Executive Summary
Demographics

	2013	2012 Quality Compass®
Q36. Health Status		
Excellent/Very good	25%	35%
Good	27%	32%
Fair/Poor	48%	33%
Q37. Mental/Emotional health Status		
Excellent/Very good	32%	NA
Good	28%	NA
Fair/Poor	40%	NA
Q51. Member's Age		
18 to 24	18%	18%
25 to 34	21%	23%
35 to 44	15%	19%
45 to 54	24%	20%
55 to 64	21%	16%
65 or older	1%	4%
Q52. Gender		
Male	32%	30%
Female	68%	70%
Q53. Education		
Did not graduate high school	32%	26%
High school graduate or GED	46%	39%
Some college or 2-year degree	19%	28%
4-year college graduate	2%	5%
More than 4-year college degree	1%	2%
Q54/55. Race/Ethnicity		
Hispanic or Latino	6%	17%
White	74%	51%
Black or African-American	15%	24%
Asian	1%	4%
Native Hawaiian or other Pacific Islander	0%	1%
American Indian or Alaska Native	18%	4%
Other	5%	8%

Data shown are self reported.
NA = Data not available from NCQA (question added in 2013)

Executive Summary
General Knowledge about Demographic Differences

The commentary below is based on generally recognized industry knowledge per various published sources:

Age	Older respondents tend to be more satisfied than younger respondents.
Health Status	People who rate their health status as 'Excellent' or 'Very good' tend to be more satisfied than people who rate their health status lower.
Education	More educated respondents tend to be less satisfied.
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.	
Race	Whites give the highest ratings to both rating and composite questions. In general, Hispanics, Asian/Pacific Islanders and American Indian/Alaska Natives give the lowest ratings. Growing evidence that lower satisfaction ratings from Asian Americans are partially attributable to cultural differences in their response tendencies. Therefore, their lower scores might not reflect an accurate comparison of their experience with health care.
Ethnicity	Hispanics tend to give lower ratings than non-Hispanics. Non-English speaking Hispanics tend to give lower ratings than English-speaking Hispanics.

Note: If a health plan's population differs from Quality Compass® in any of the demographic groups, these differences could account for the plan's score when compared to Quality Compass®. For example, if a plan's population rates themselves in better health than the Quality Compass® population, this could impact a plan's score positively. Conversely, if a plan's population rates themselves in poorer health than the Quality Compass® population, the plan's scores could be negatively impacted.

Executive Summary
Composite & Rating Scores by Demographics

Demographic	Gender		Age				Race				Ethnicity		Educational Level		Health Status		
	Male	Female	18-24	25-34	35-44	45+	Caucasian	African American	Asian	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/ Very Good	Good	Fair/ Poor
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sample size	(n=131)	(n=279)	(n=73)	(n=84)	(n=60)	(n=180)	(n=306)	(n=61)	(n=6)	(n=88)	(n=23)	(n=363)	(n=315)	(n=90)	(n=97)	(n=105)	(n=186)
Composites *(% Always/Usually)*																	
Getting Care Quickly	82%	79%	78%	77%	86%	79%	81%	82%	-	79%	77%	81%	80%	80%	77%	78%	83%
Shared Decision Making *(% A lot/Yes)*	45%	49%	48%	48%	53%	47%	47%	51%	-	54%	50%	48%	49%	45%	50%	39%	51%
How Well Doctors Communicate	89%	86%	88%	90%	83%	89%	88%	88%	75%	88%	90%	87%	87%	88%	90%	87%	87%
Getting Needed Care	81%	79%	81%	74%	75%	84%	83%	75%	33%	76%	65%	81%	82%	74%	78%	74%	83%
Customer Service	94%	89%	89%	96%	88%	90%	92%	85%	-	92%	93%	91%	90%	94%	98%P	82%	90%
Ratings *(% 8,9,10)*																	
Personal Doctor	76%	69%	73%	70%	69%	70%	73%	67%	50%	70%	72%	70%	72%	67%	75%	69%	69%
Specialist	75%	74%	67%	83%	63%	75%	74%	69%	50%	90%	86%	75%	75%	73%	81%	69%	75%
Health Care	66%	63%	62%	65%	57%	67%	64%	67%	67%	66%	86%	63%	67%N	53%	70%	61%	62%
Health Plan	63%	61%	56%	63%	50%	67%E	63%	53%	25%	64%	82%L	60%	64%N	52%	69%	56%	61%

A/B/C = significantly higher than indicated column at 95% confidence level

Detailed Results

Getting Care Quickly

Shared Decision Making

How Well Doctors Communicate

Getting Needed Care

Customer Service

Health Promotion and Education/Coordination of Care

Overall Rating Scores for Health Care, Health Plan, Personal Doctor & Specialist

Getting Care Quickly
Composite
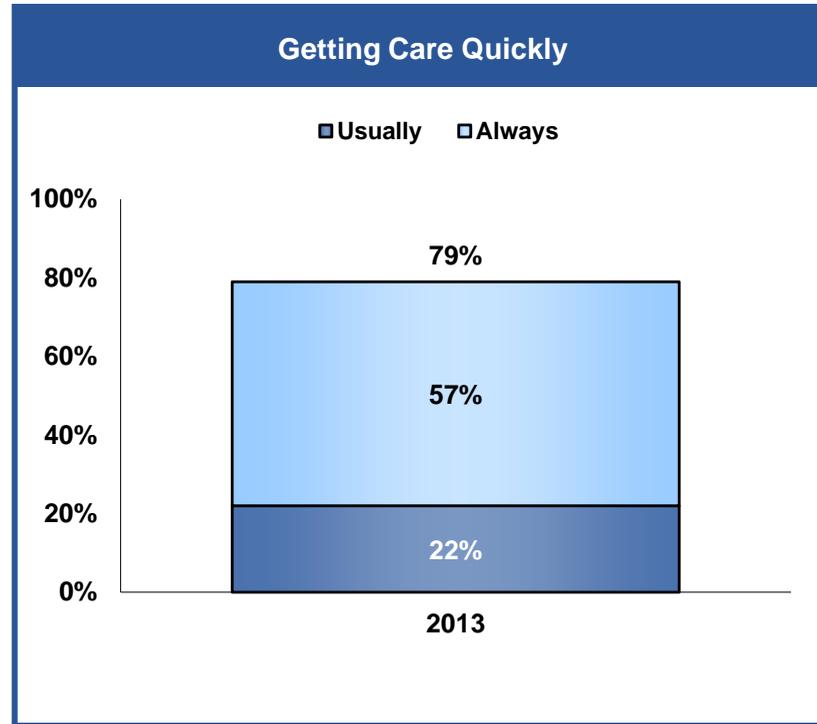
Getting Care Quickly

☐ Usually   ☐ Always

79%

57%

22%

2013

Plan score falls on 25th or below 50th Percentile

2012 Quality Compass®					
Mean	10th	25th	50th	75th	90th
80.33	74.26	78.23	81.28	83.51	85.53

NOTE: Numbers are rounded to the nearest whole number

Getting Care Quickly
Composite Measures

Q4. Getting Care as Soon as Needed

□ Usually □ Always

78%	
58%	
20%	

2013
n=198

Q6. Getting Appointment as Soon as Needed

□ Usually □ Always

80%	
57%	
24%	

2013
n=307
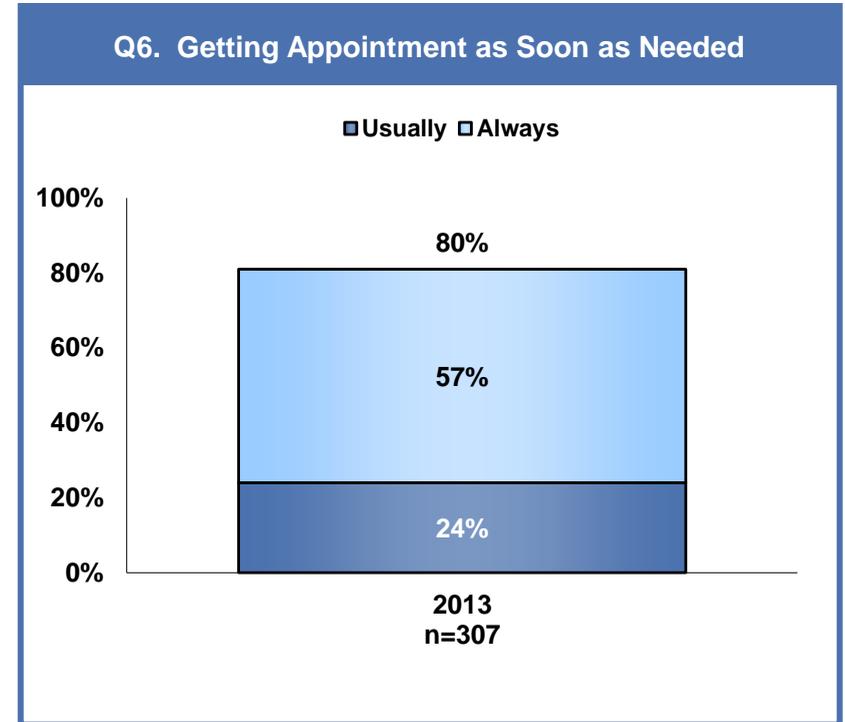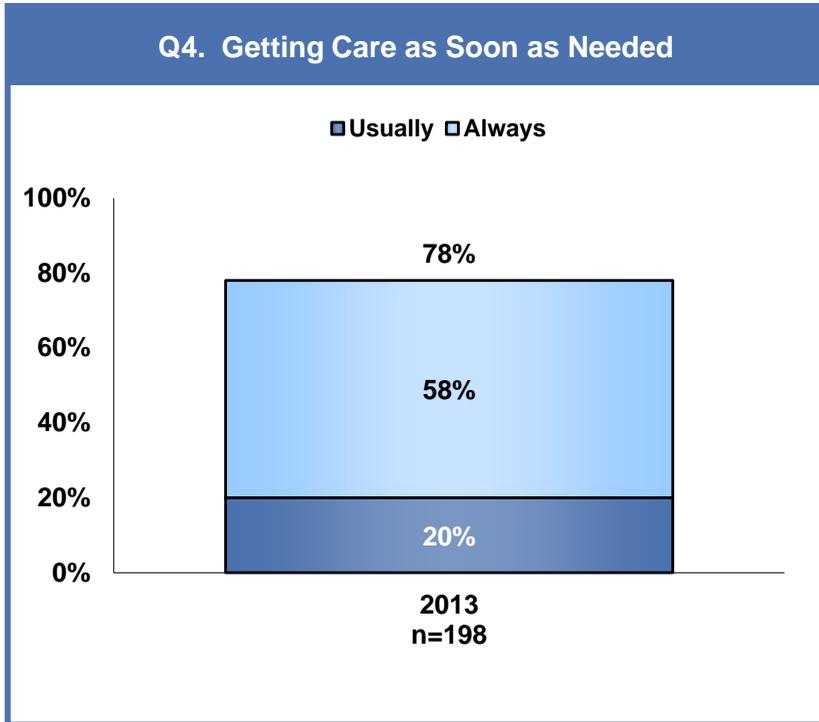
NOTE: Numbers are rounded to the nearest whole number

Getting Care Quickly
Access to Care

Q3. Had Illness/Injury/Condition that Needed Care Right Away from Clinic, ER, or Doctor's Office

■ Yes

- 100%
- 80%
- 60%
- 40%
- 20%
- 0%

49%
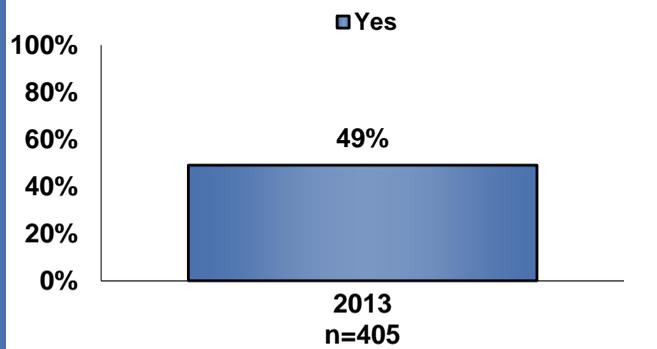
2013
n=405

Q5. Made an Appt. at Doctor's Office or Clinic

■ Yes

- 100%
- 80%
- 60%
- 40%
- 20%
- 0%

76%
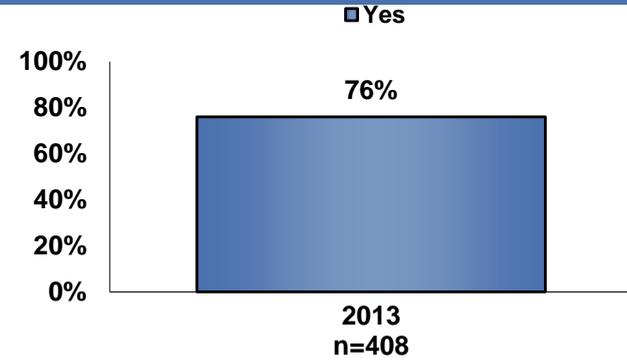
2013
n=408

Q7. Number of Times Going to Doctor's Office/Clinic for Care
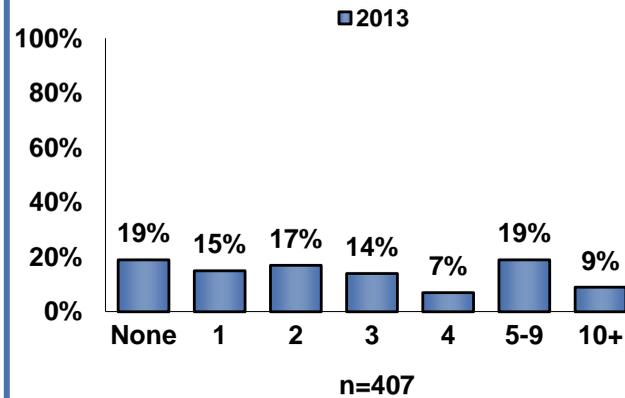
■ 2013

- 100%
- 80%
- 60%
- 40%
- 20%
- 0%

None	1	2	3	4	5-9	10+
19%	15%	17%	14%	7%	19%	9%

n=407

NOTE: Numbers are rounded to the nearest whole number

Shared Decision Making
Composite

Shared Decision Making

☐ A lot/Yes

48%
2013
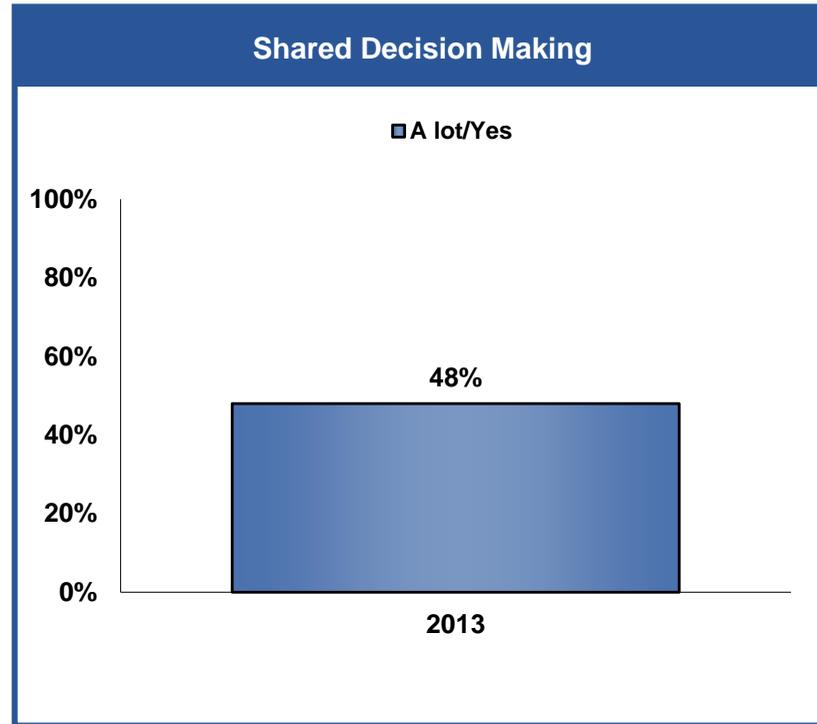
This composite was revised in 2013 to focus on patients' discussion with their doctor or other health provider about prescription medicine. The score for this measure is the average of 3 questions (Q10 - % A lot, Q11 - % A lot, Q12 - % Yes). This measure will not be publicly reported in 2013.

2012 Quality Compass®					
Mean	10th	25th	50th	75th	90th
NA	NA	NA	NA	NA	NA

NOTE: Numbers are rounded to the nearest whole number

Shared Decision Making
Composite Measures
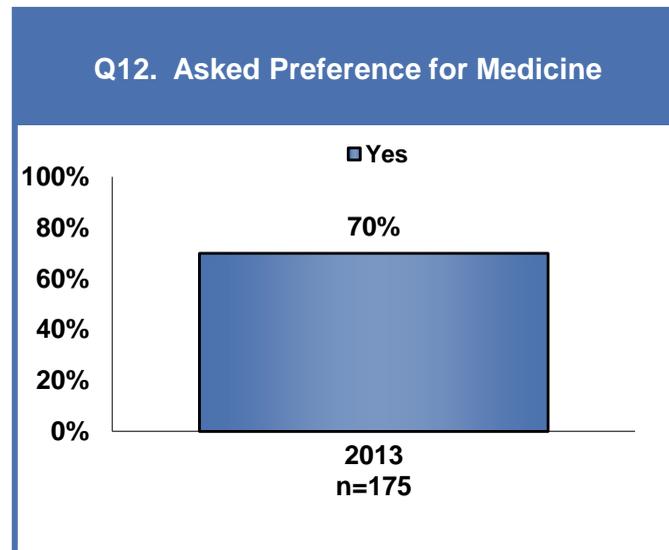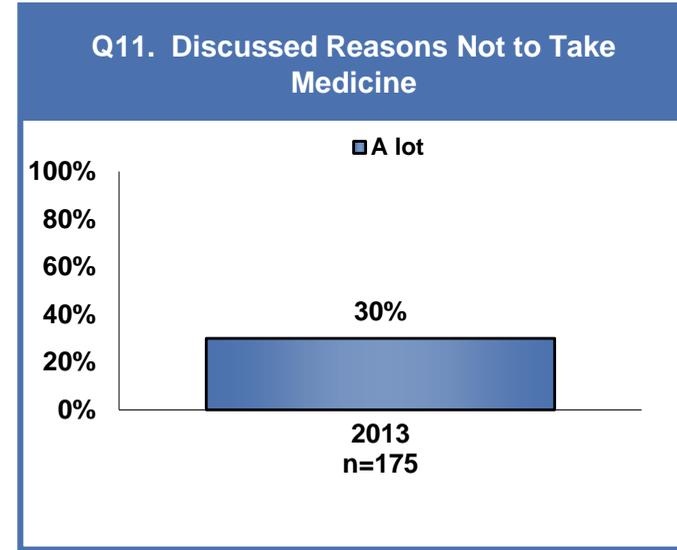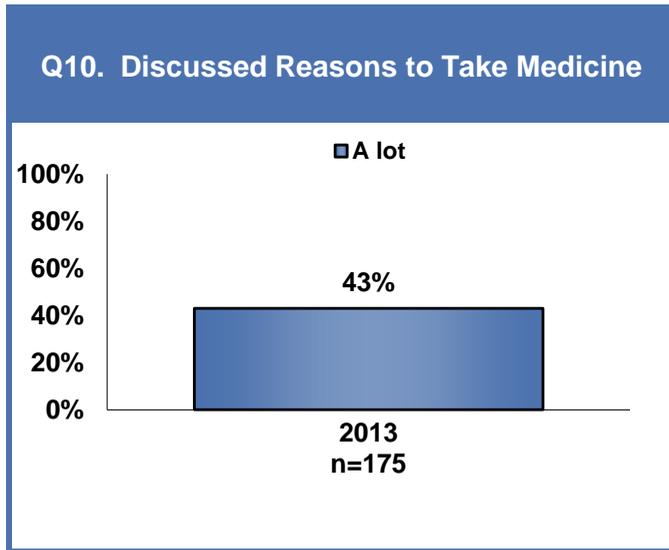
Q10. Discussed Reasons to Take Medicine

◻ A lot

- 100%
- 80%
- 60%
- 43%
- 40%
- 20%
- 0%

2013
n=175

Q11. Discussed Reasons Not to Take Medicine

◻ A lot

- 100%
- 80%
- 60%
- 40%
- 30%
- 20%
- 0%

2013
n=175

Q12. Asked Preference for Medicine

◻ Yes

- 100%
- 80%
- 70%
- 60%
- 40%
- 20%
- 0%

2013
n=175

NOTE: Numbers are rounded to the nearest whole number

How Well Doctors Communicate
Composite

How Well Doctors Communicate

☐ Usually ☐ Always

87%

68%

19%

2013
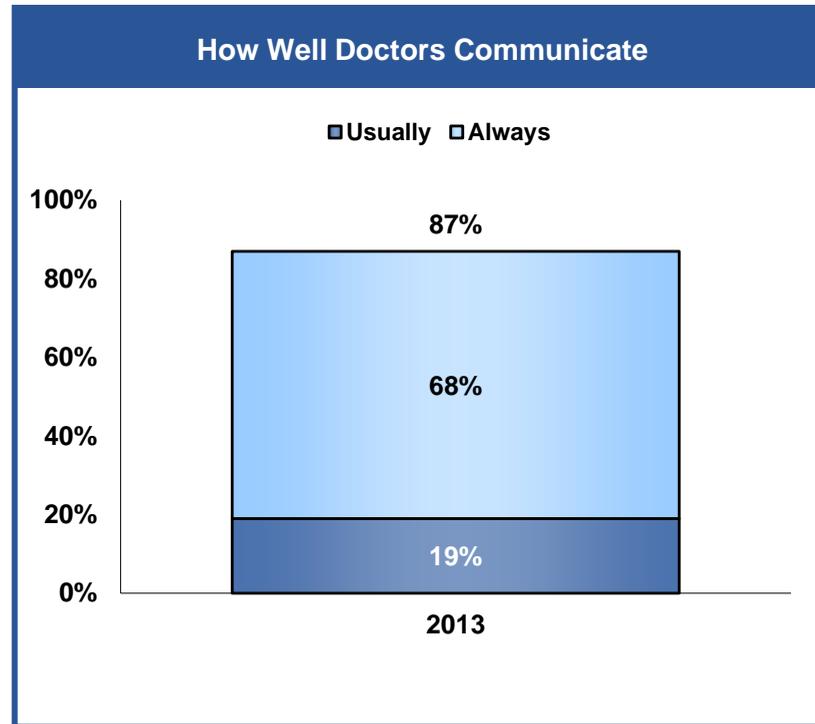
Plan score falls on 25th or below 50th Percentile

2012 Quality Compass®					
Mean	10th	25th	50th	75th	90th
87.81	83.91	85.91	88.00	89.99	91.86

NOTE: Numbers are rounded to the nearest whole number

How Well Doctors Communicate
Composite Measures

Q17. Explain Things in a Way You Could Understand

Usually   Always

88%

67%

21%

2013
n=285

Q18. Listen Carefully to You

Usually   Always

87%

69%

18%

2013
n=287

Q19. Show Respect for What You Had to Say

Usually   Always

88%

74%

14%

2013
n=284

Q20. Spend Enough Time with You

Usually   Always

84%

61%

24%

2013
n=285
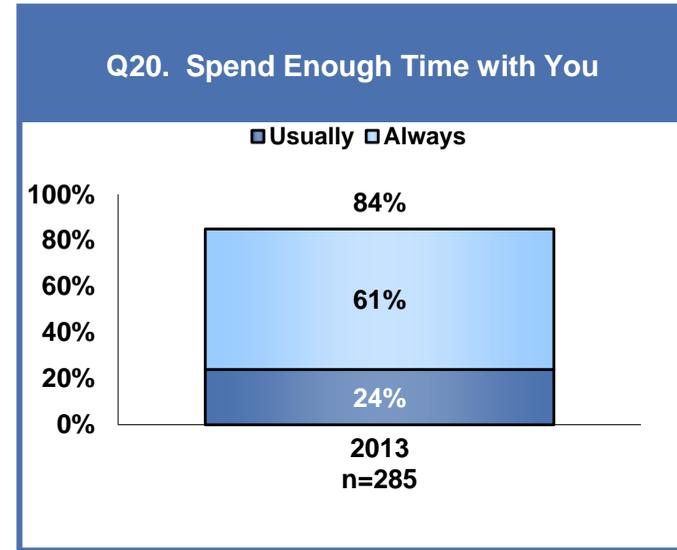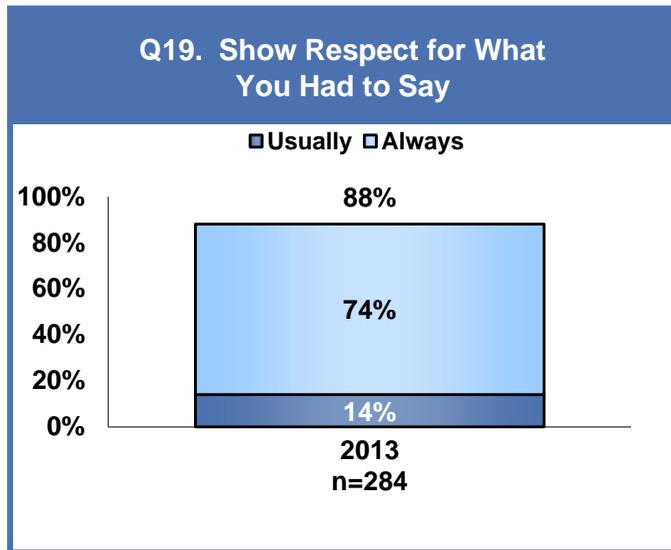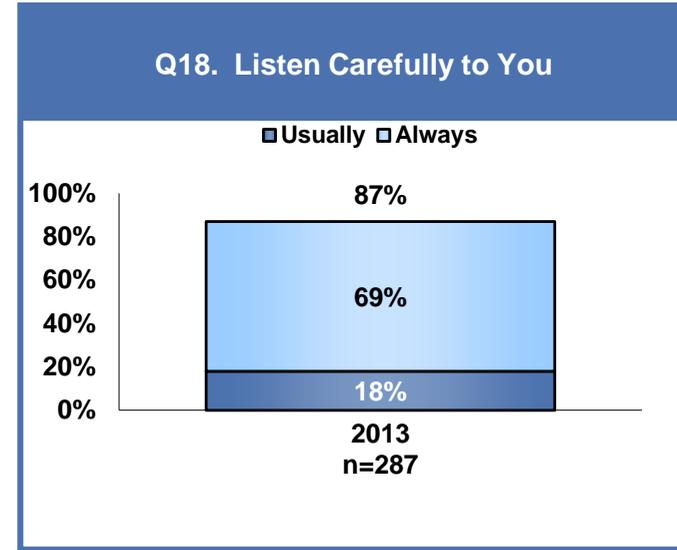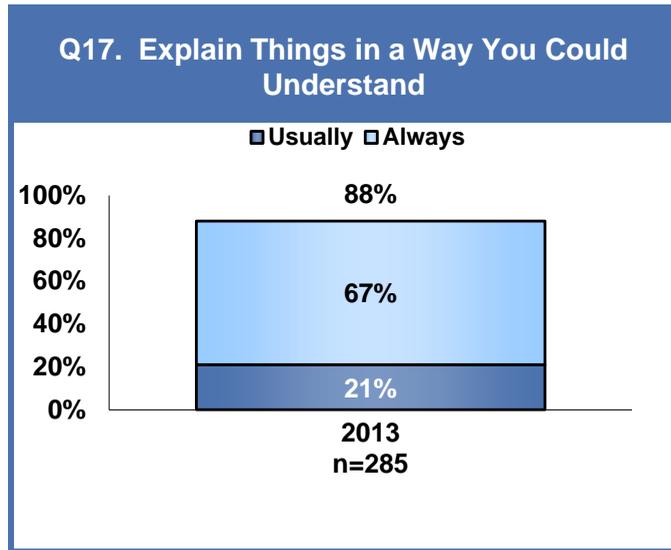
NOTE: Numbers are rounded to the nearest whole number

How Well Doctors Communicate
Access to Personal Doctor
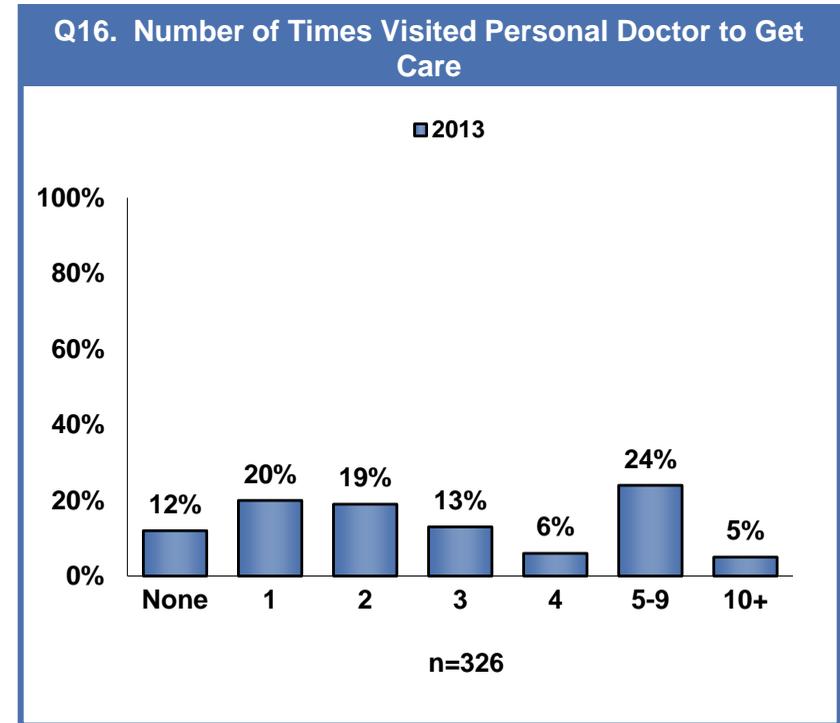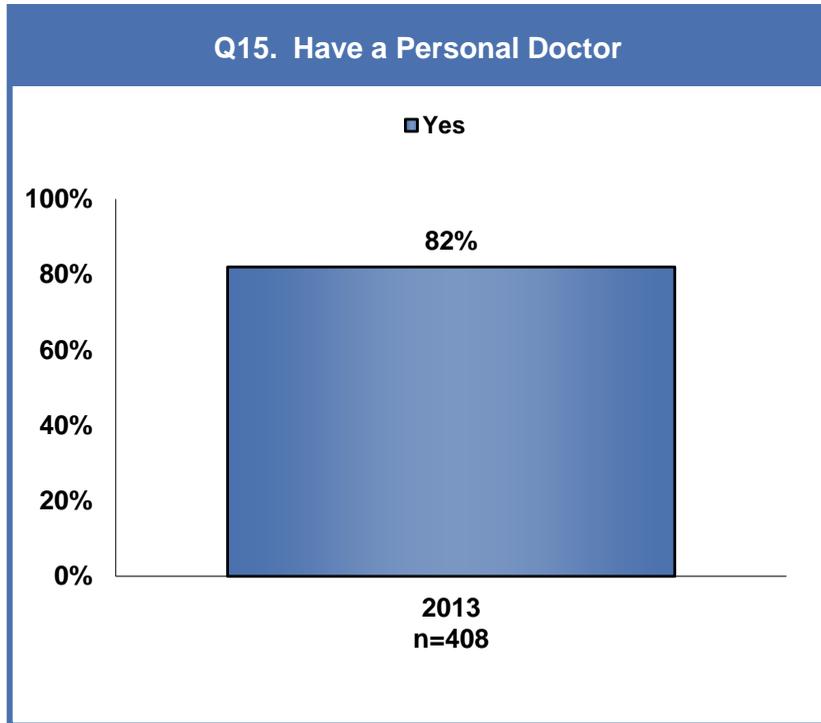
Q15. Have a Personal Doctor

■Yes

82%

2013
n=408

Q16. Number of Times Visited Personal Doctor to Get Care

■2013

None	1	2	3	4	5-9	10+
12%	20%	19%	13%	6%	24%	5%

n=326

NOTE: Numbers are rounded to the nearest whole number

Getting Needed Care
Composite

Getting Needed Care

◻ Usually   ◻ Always

Plan score falls on 50th or below 75th Percentile

```
100%
 80%                          80%
 60%               52%
 40%
 20%               28%
  0%
                  2013
```
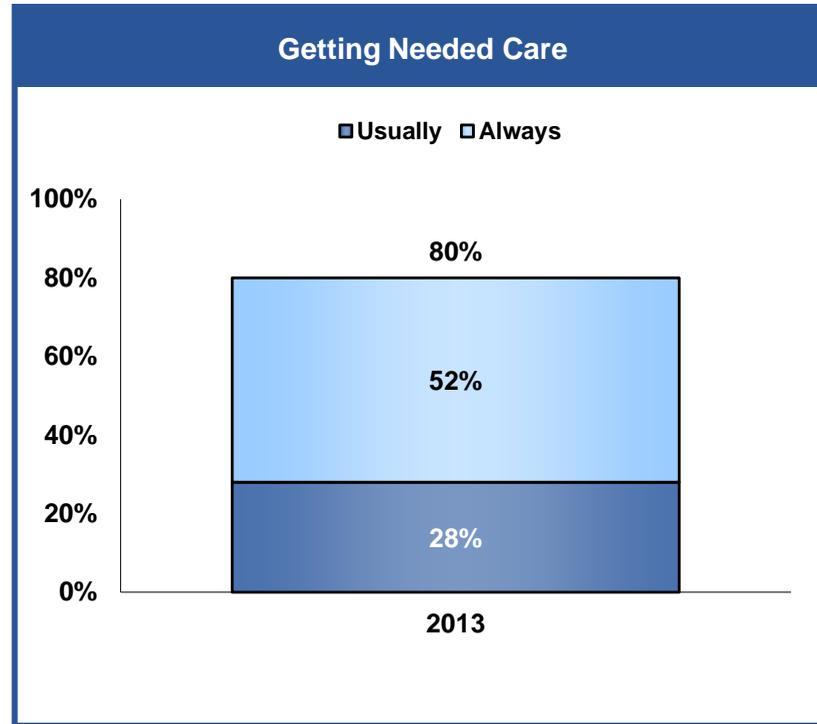
2012 Quality Compass®					
Mean	10th	25th	50th	75th	90th
75.50	65.48	69.65	76.68	80.56	84.39

NOTE: Numbers are rounded to the nearest whole number

morpace

Getting Needed Care
Composite Measures

Q14. Easy to Get Care Believed Necessary

■ Usually □ Always

- 81%
- 50%
- 31%

100%
80%
60%
40%
20%
0%

2013
n=329

Q25. Easy to Get Appointment with Specialist

■ Usually □ Always

- 79%
- 54%
- 25%

100%
80%
60%
40%
20%
0%

2013
n=170
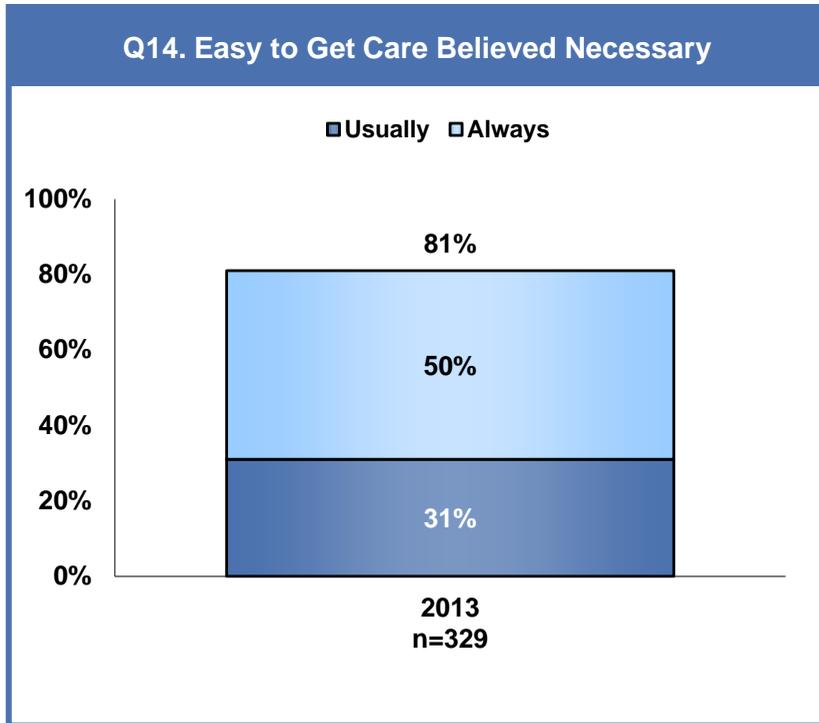
NOTE: Numbers are rounded to the nearest whole number

Getting Needed Care
Access to Specialty Care

Q24. Made an Appointment to See a Specialist

◼ Yes

43%

2013
n=397
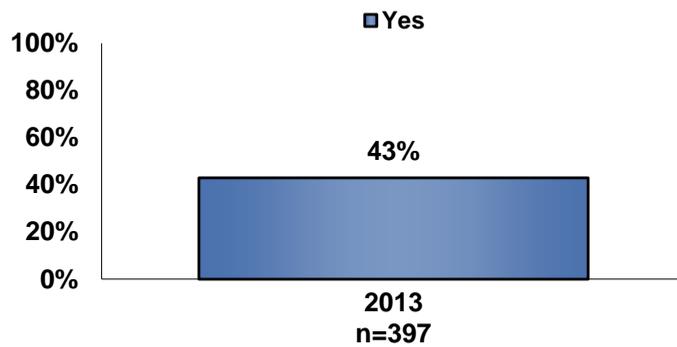
Q26. Number of Specialists Seen
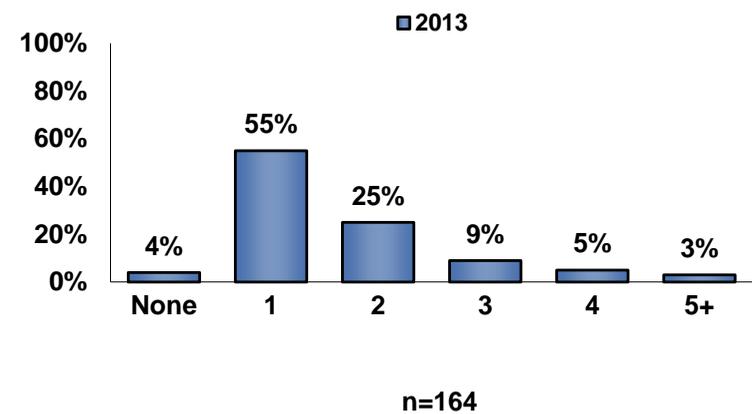
◼ 2013

None	1	2	3	4	5+
4%	55%	25%	9%	5%	3%

n=164

NOTE: Numbers are rounded to the nearest whole number

Customer Service
Composite

Customer Service

■ Usually ■ Always

100%
80%
60%
40%
20%
0%

90%

66%

24%

2013
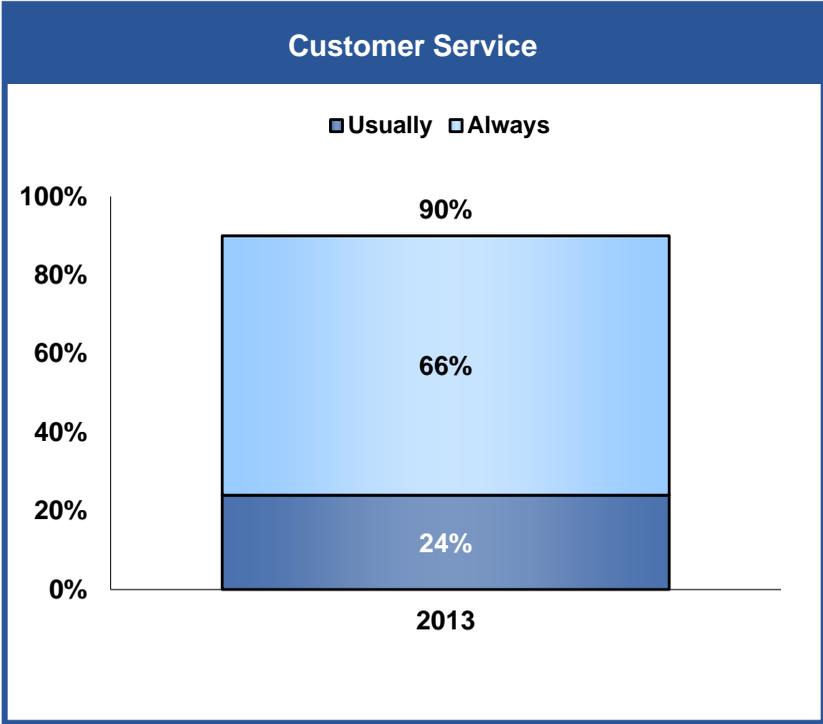
Plan score falls on or above 90th Percentile

2012 Quality Compass®					
Mean	10th	25th	50th	75th	90th
80.42	74.29	76.89	80.74	83.19	86.67

NOTE: Numbers are rounded to the nearest whole number

Customer Service
Composite Measures

Q31. Got Information or Help Needed

□ Usually □ Always

- 100%
- 80%
- 60%
- 40%
- 20%
- 0%

89%

61%

29%

2013
n=104

Q32. Treated You with Courtesy and Respect

□ Usually □ Always

- 100%
- 80%
- 60%
- 40%
- 20%
- 0%

91%

72%

19%

2013
n=103

Q30. Sought Information/Help from Customer Service

□ Yes

- 100%
- 80%
- 60%
- 40%
- 20%
- 0%

27%

2013
n=392

NOTE: Numbers are rounded to the nearest whole number

morpace
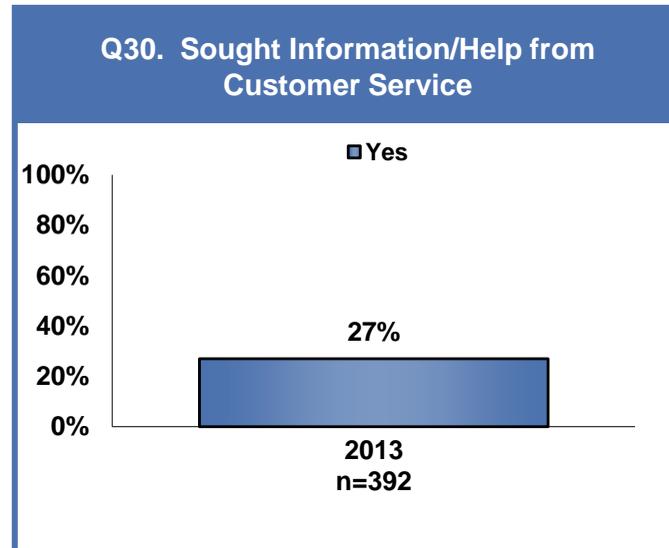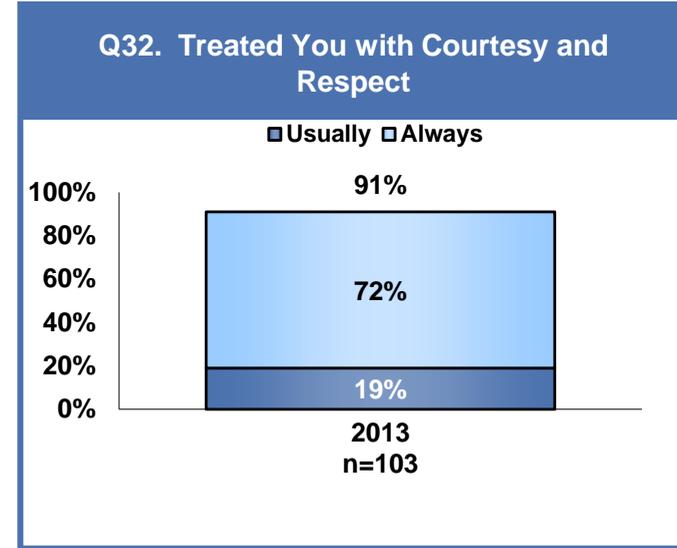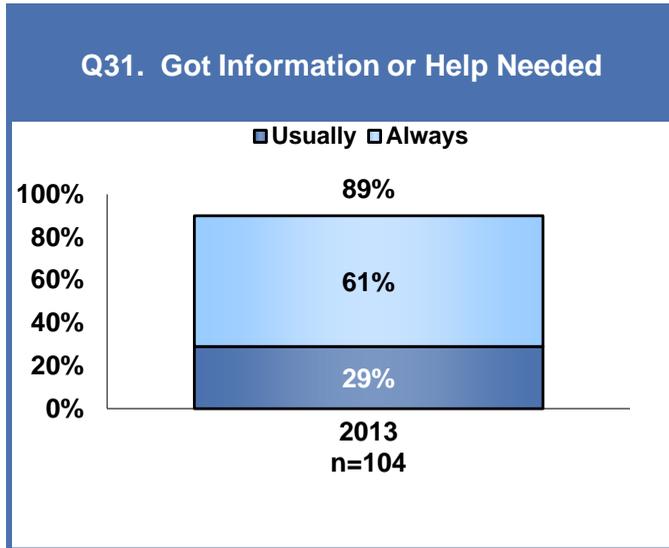
Customer Service
Access to Information and Paperwork

Q29. Written Materials or Internet Provided Information Needed

■ Usually ■ Always

- 71%
- 32% (Always)
- 39% (Usually)

2013
n=90

Q33/Q34. Health Plan Forms Easy to Fill Out

■ Usually ■ Always*

- 95%
- 86% (Always)
- 9% (Usually)

2013
n=382

Q28. Looked for Information in Written Materials or on the Internet

■ Yes

- 23%

2013
n=398

Q33. Health Plan Gave You Forms to Fill Out

■ Yes

- 27%

2013
n=385
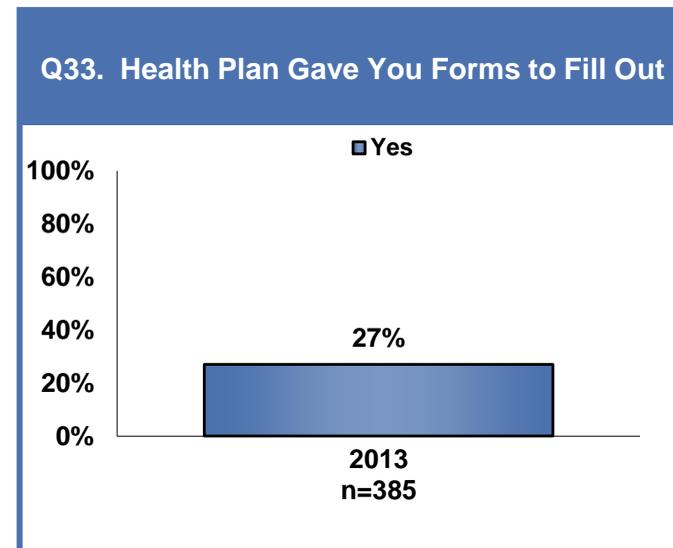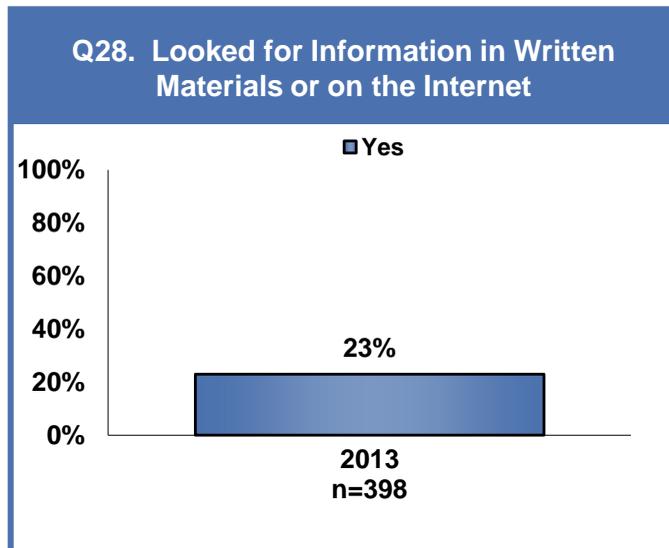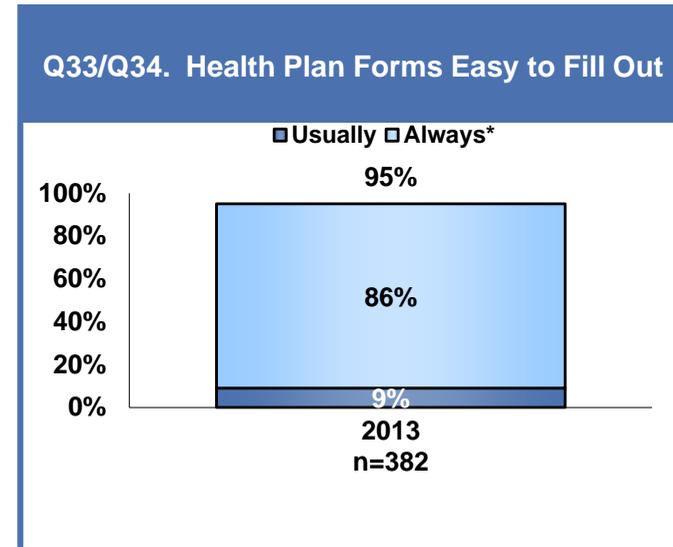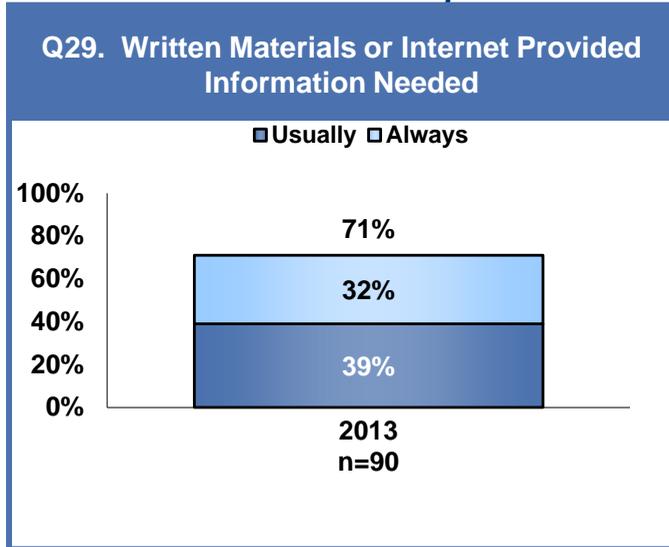
NOTE: Numbers are rounded to the nearest whole number   *Q34 included the No's from Q33.

Other Measures

Health Promotion & Education

Coordination of Care

Health Promotion & Education
Coordination of Care

Q8. Health Promotion and Education

■ Yes

70%

2013
n=328
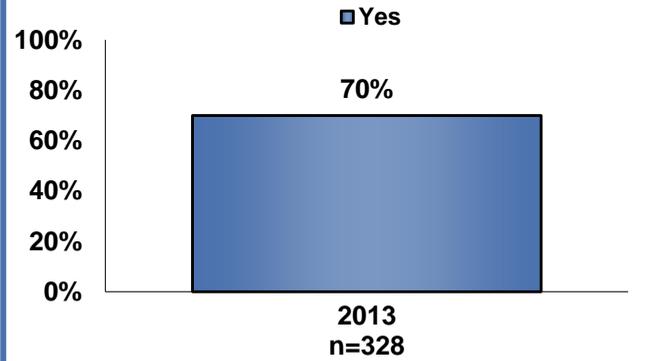
Q21. Received Care from Other Providers
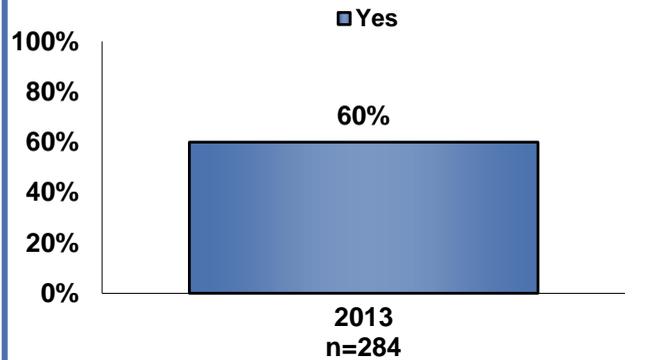
■ Yes

60%

2013
n=284

Q22. Coordination of Care

■ Usually   □ Always

77%

51%

26%

2013
n=166
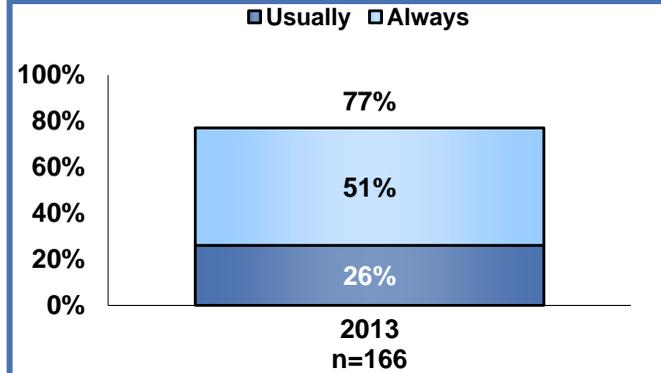
NOTE: Numbers are rounded to the nearest whole number

Overall Ratings

Overall Rating – Health Care & Health Plan

Q13. Rating of Health Care (% 8, 9, 10)
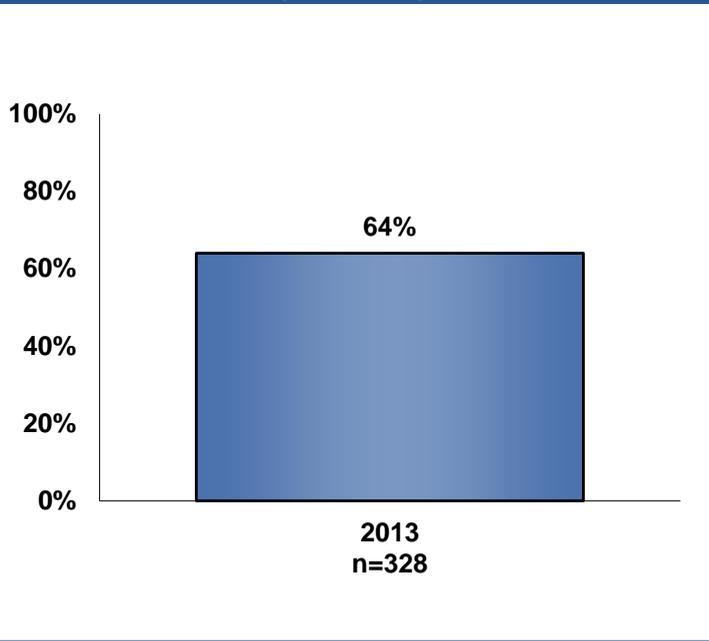
64%

2013
n=328
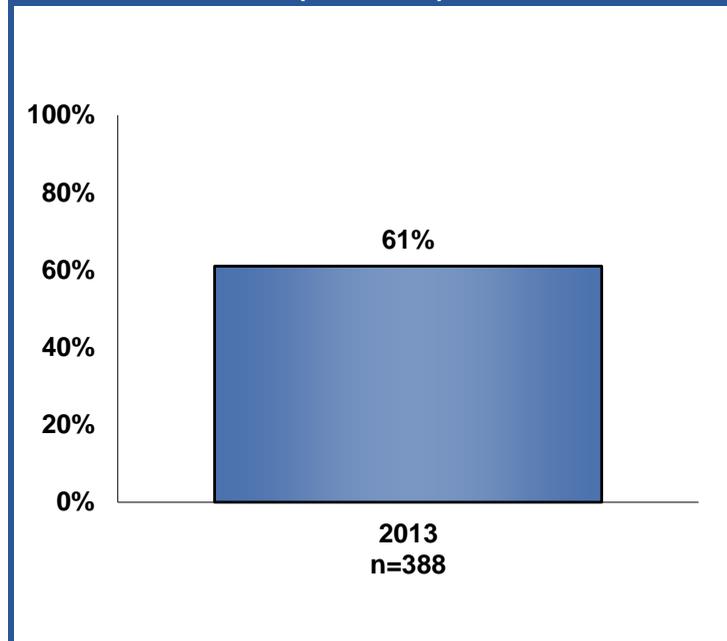
Plan score falls on 10th or below 25th Percentile

2012 Quality Compass®

Mean	10th	25th	50th	75th	90th
69.88	62.46	67.00	69.96	73.58	76.20

Q35. Rating of Health Plan (% 8, 9, 10)

61%

2013
n=388

Plan score falls below 10th Percentile

2012 Quality Compass®

Mean	10th	25th	50th	75th	90th
73.46	65.32	69.22	73.86	77.21	81.23

NOTE: Numbers are rounded to the nearest whole number

Overall Rating – Personal Doctor & Specialist

Q23. Rating of Personal Doctor (% 8, 9, 10)
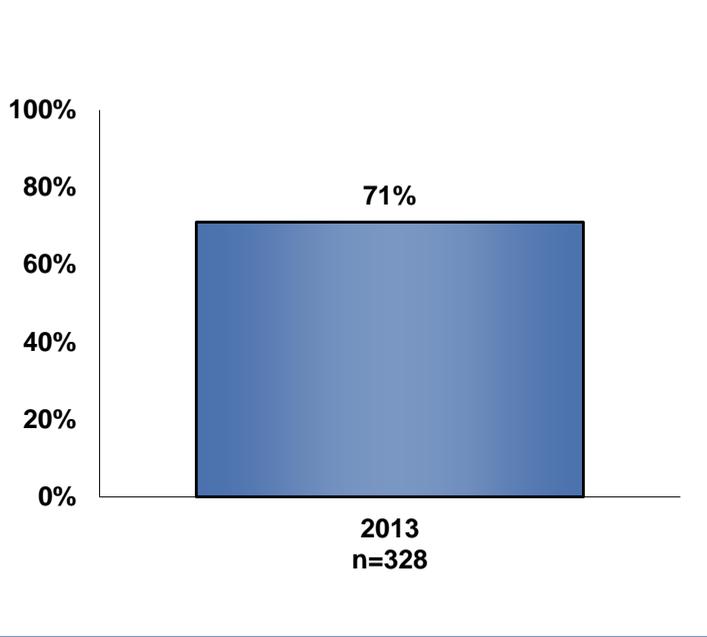
100% —
80% —
60% —
40% —
20% —
0% —

71%

2013
n=328
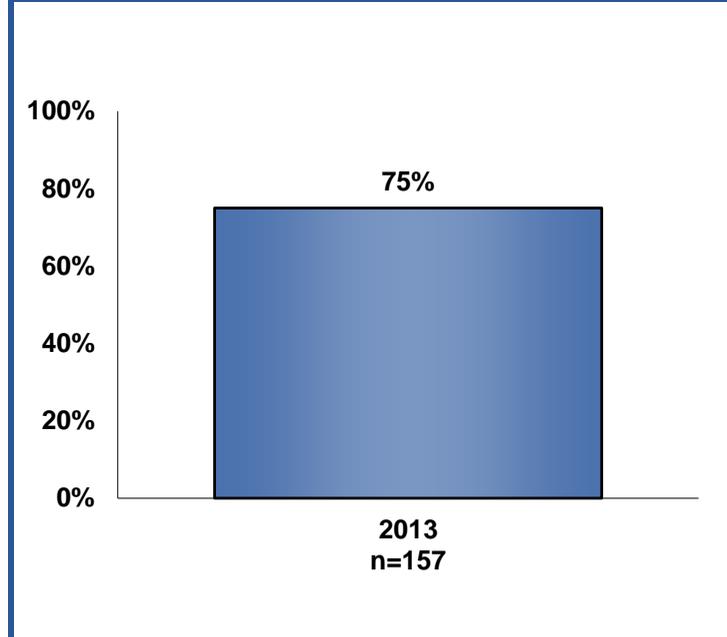
Plan score falls below 10th Percentile

2012 Quality Compass®					
Mean	10th	25th	50th	75th	90th
77.08	71.62	74.78	76.96	79.42	82.77

Q27. Rating of Specialist (% 8, 9, 10)

100% —
80% —
60% —
40% —
20% —
0% —

75%

2013
n=157

Plan score falls on 10th or below 25th Percentile

2012 Quality Compass®					
Mean	10th	25th	50th	75th	90th
77.66	72.55	75.00	77.48	80.32	83.08

NOTE: Numbers are rounded to the nearest whole number

HEDIS® Measures

Medical Assistance with Smoking and Tobacco Use Cessation

Aspirin Use and Discussion

morpace

Medical Assistance with Smoking & Tobacco Use Cessation

- In 2010, the Medical Assistance with Smoking Cessation measure was revised and is now called the Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure. The scope of the measure was expanded to include smokeless tobacco use and revised the question response choices. This measure consists of the following components that assess different facets of providing medical assistance with smoking and tobacco use cessation:
    – Advising Smokers and Tobacco Users to Quit
    – Discussing Cessation Medications
    – Discussing Cessation Strategies
- Criteria for inclusion in this measure are members who are at least 18 years old, who were either current smokers, tobacco users, or recent quitters, who were seen by an MCO practitioner during the measurement year, and who received advice on quitting smoking/tobacco use or discussed smoking/tobacco use cessation medications or strategies with their doctor.

	2012	2013	2013 Reported Results*
Q39. Advising Smokers and Tobacco Users to Quit			
Members that meet criteria (results are not reportable if less than 100)	NA	169	169
Members that meet criteria and were advised to quit smoking or using tobacco	NA	129	129
Advising Smokers and Tobacco Users to Quit Rate	***NA***	***76%***	***76%***
Q40. Discussing Cessation Medications			
Members that meet criteria (results are not reportable if less than 100)	NA	168	168
Members that meet criteria and discussed medications to quit smoking or using tobacco	NA	76	76
Discussing Cessation Medications Rate	***NA***	***45%***	***45%***
Q41. Discussing Cessation Strategies			
Members that meet criteria (results are not reportable if less than 100)	NA	168	168
Members that meet criteria and discussed methods & strategies to quit smoking or using tobacco	NA	70	70
Discussing Cessation Strategies Rate	***NA***	***42%***	***42%***

The Reported Results are calculated using a rolling average methodology, using results collected during two consecutive years of data collection. The Reported Results were calculated for the first time in 2011.

Aspirin Use and Discussion (ASP)

- In 2010, Aspirin Use and Discussion (ASP) was added to assess different facets of managing aspirin use for the primary prevention of cardiovascular disease.

- This is the third year this measure is calculated and is not yet approved to be publicly reported for Adult Medicaid plans. The Aspirin results are calculated using a rolling average methodology, using results collected during two consecutive years of data collection.

- Criteria for inclusion in the Aspirin Use measure are:
  – Women 55-79 years of age with at least two risk factors for cardiovascular disease
  – Men 45-64 years of age with at least one risk factor for cardiovascular disease
  – Men 65-79 years of age, regardless of risk factors

- Criteria for the Discussing Aspirin Risks/Benefits measure are:
  – Women 55-79 years of age
  – Men 45-79 years of age

	2012	2013	2013 Rolling Average Results*
Q42. Aspirin Use			
Members that meet criteria (results are not reportable in 2013)	NA	22	22
Members that meet criteria and use aspirin for preventative measures	NA	8	8
Aspirin Use Rate	*NA*	*36%*	*36%*
Q44. Discussing Aspirin Risks and Benefits			
Members that meet criteria (results are not reportable in 2013)	NA	55	55
Members that meet criteria and provider discussed risks/benefits of aspirin use for preventative measures	NA	23	23
Discussing Aspirin Risks and Benefits Rate	*NA*	*42%*	*42%*

The Rolling Average Results are calculated using a rolling average methodology, using results collected during two consecutive years of data collection. The Rolling Average was calculated for the first time in 2011 and is not yet approved for public reporting.

Supplemental Questions

Supplemental Questions – Flu Shot (all respondents)

Q37a. Have you had a flu shot since September 1, 2012?	
	2013
Yes	**45%**
No	**55%**
Sample Size:	*(n=269)*

Q37a. Have you had a flu shot since September 1, 2012? *(Based on eligible population - 50 - 64 year olds)*	
	2013
Yes	**51%**
No	**49%**
Sample Size:	*(n=99)*

2013 Adult Medicaid CAHPS® Results
Oklahoma Health Care Authority

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Legend: | Never | Sometimes | Usually | Always |

Getting Care Quickly		% Always/Usually	Sample Size:
Getting care as soon as needed	3 / 19 / 20 / 58	78%	(198)
Getting appointment as soon as needed	2 / 18 / 24 / 57	80%	(307)

Shared Decision Making (% Not at all, A little, Some, A lot)		% A lot/Yes	
Discussed reasons to take medicine	4 / 15 / 38 / 43	43%	(175)
Discussed reasons not to take medicine	22 / 19 / 29 / 30	30%	(175)
Asked preference for medicine (% No, Yes)	30 / 70	70%	(175)

How Well Doctors Communicate			
Explain things in a way you could understand	2 / 10 / 21 / 67	88%	(285)
Listen carefully to you	1 / 11 / 18 / 69	87%	(287)
Show respect for what you had to say	1 / 10 / 14 / 74	88%	(284)
Spend enough time with you	4 / 12 / 24 / 61	84%	(285)

Getting Needed Care			
Easy to get care believed necessary	1 / 18 / 31 / 50	81%	(329)
Easy to get appointment with specialist	3 / 18 / 25 / 54	79%	(170)

Customer Service			
Got information or help needed	1 / 10 / 29 / 61	89%	(104)
Treated you with courtesy and respect	1 / 8 / 19 / 72	91%	(103)

Other Measures			
Health Promotion and Education (% No, Yes)	30 / 70	70%	(328)
Coordination of Care	7 / 16 / 26 / 51	77%	(166)

Legend: | 0-3 | 4-5 | 6-7 | 8-10 |

Ratings		% 8-10	
Health Care	3 / 10 / 23 / 64	64%	(328)
Personal Doctor	5 / 13 / 12 / 71	71%	(328)
Specialist	6 / 5 / 14 / 75	75%	(157)
Health Plan	5 / 13 / 21 / 61	61%	(388)

Percents may not add to 100% due to rounding

M130003

Plan Comparison to Quality Compass®
Oklahoma Health Care Authority

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Adult Medicaid Survey Questions	Oklahoma Health Care Authority		2012 Adult Medicaid Quality Compass®					
	2013	Percentile	Mean	10th	25th	50th	75th	90th
Getting Care Quickly *(% Always/Usually)*	**79.37**	**25th**	80.33	74.26	78.23	81.28	83.51	85.53
Q4 **Getting care as soon as needed****	78.28	10th	81.40	74.10	78.43	82.26	85.00	86.60
Q6 **Getting appointment as soon as needed****	80.46	50th	79.17	72.01	77.01	80.14	82.90	84.44
Shared Decision Making *(% A lot/Yes)*	**47.81**	**NA**	NA	NA	NA	NA	NA	NA
Q10 **Discussed reasons to take medicine** *(% A lot)*	43.43	NA	NA	NA	NA	NA	NA	NA
Q11 **Discussed reasons not to take medicine** *(% A lot)*	29.71	NA	NA	NA	NA	NA	NA	NA
Q12 **Asked preference for medicine** *(% Yes)*	70.29	NA	NA	NA	NA	NA	NA	NA
How Well Doctors Communicate *(% Always/Usually)*	**87.12**	**25th**	87.81	83.91	85.91	88.00	89.99	91.86
Q17 **Explain things in a way you could understand**	88.42	50th	87.77	82.94	85.27	88.21	90.43	92.51
Q18 **Listen carefully to you**	87.46	25th	88.38	84.42	86.32	88.52	90.59	92.09
Q19 **Show respect for what you had to say**	88.38	10th	90.33	86.69	88.41	90.56	92.27	93.78
Q20 **Spend enough time with you**	84.21	25th	84.75	79.44	82.49	84.93	87.23	89.36
Getting Needed Care *(% Always/Usually)*	**79.98**	**50th**	75.50	65.48	69.65	76.68	80.56	84.39
Q14 **Easy to get care believed necessary****	80.55	50th	77.02	66.67	71.36	77.74	82.19	86.18
Q25 **Easy to get appointment with specialist****	79.41	75th	74.23	62.13	70.21	75.21	79.26	82.24
Customer Service *(% Always/Usually)*	**90.34**	**90th**	80.42	74.29	76.89	80.74	83.19	86.67
Q31 **Got information or help needed**	89.42	90th	72.28	64.04	66.37	72.22	76.36	81.30
Q32 **Treated you with courtesy and respect**	91.26	75th	88.57	84.03	86.00	87.83	91.23	93.49
Q13 **Rating of Health Care** *(% 8, 9, 10)*	64.02	10th	69.88	62.46	67.00	69.96	73.58	76.20
Q23 **Rating of Personal Doctor** *(% 8, 9, 10)*	70.73	Below 10th	77.08	71.62	74.78	76.96	79.42	82.77
Q27 **Rating of Specialist** *(% 8, 9, 10)*	74.52	10th	77.66	72.55	75.00	77.48	80.32	83.08
Q35 **Rating of Health Plan** *(% 8, 9, 10)*	61.34	Below 10th	73.46	65.32	69.22	73.86	77.21	81.23
Q8 **Health Promotion and Education** *(% Yes)*	70.12	NA	NA	NA	NA	NA	NA	NA
Q22 **Coordination of Care** *(% Always/Usually)*	77.11	25th	77.42	71.05	74.76	78.19	80.98	82.80

** Question wording changed in 2013. Changes are not expected to impact
trending, per NCQA.

NA= Comparison data not available from NCQA due to changes in question
wording and response choices in 2013.

The 2012 Adult Medicaid Quality Compass® consists of 146 plans who publicly
reported their scores (All Lines of Business excluding PPOs).

Legend

- = Plan score falls on or above 90th Percentile
- = Plan score falls on 75th or below 90th Percentile
- = Plan score falls on 50th or below 75th Percentile
- = Plan score falls on 25th or below 50th Percentile
- = Plan score falls on 10th or below 25th Percentile
- = Plan score falls below 10th Percentile

M130003

Demographic At-a-Glance - Gender
Oklahoma Health Care Authority

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Adult Medicaid Survey Questions	Oklahoma Health Care Authority			
	Total (%)	Male (%)	Female (%)	High/Low Diff (%)
Sample Size	(n=414)	(n=131)	(n=279)	
Getting Care Quickly *(% Always/Usually)*	**79**	**82**	**79**	**3**
Q4 Getting care as soon as needed	78	80	78	2
Q6 Getting appointment as soon as needed	80	83	80	3
Shared Decision Making *(% A lot/Yes)*	**48**	**45**	**49**	**4**
Q10 Discussed reasons to take medicine *(% A lot)*	43	42	44	2
Q11 Discussed reasons not to take medicine *(% A lot)*	30	32	29	3
Q12 Asked preference for medicine *(% Yes)*	70	60	74	14
How Well Doctors Communicate *(% Always/Usually)*	**87**	**89**	**86**	**3**
Q17 Explain things in a way you could understand	88	89	88	1
Q18 Listen carefully to you	87	91	86	5
Q19 Show respect for what you had to say	88	90	88	2
Q20 Spend enough time with you	84	87	83	4
Getting Needed Care *(% Always/Usually)*	**80**	**81**	**79**	**2**
Q14 Easy to get care believed necessary	81	84	79	5
Q25 Easy to get appointment with specialist	79	78	80	2
Customer Service *(% Always/Usually)*	**90**	**94**	**89**	**5**
Q31 Got information or help needed	89	92	88	4
Q32 Treated you with courtesy and respect	91	96	90	6
Q13 Rating of Health Care *(% 8, 9, 10)*	**64**	**66**	**63**	**3**
Q23 Rating of Personal Doctor *(% 8, 9, 10)*	**71**	**76**	**69**	**7**
Q27 Rating of Specialist *(% 8, 9, 10)*	**75**	**75**	**74**	**1**
Q35 Rating of Health Plan *(% 8, 9, 10)*	**61**	**63**	**61**	**2**
Q8 Health Promotion and Education *(% Yes)*	70	76	68	8
Q22 Coordination of Care *(% Always/Usually)*	77	70	80	10
HEDIS® Measures				
Q39 Advising Smokers and Tobacco Users to Quit*	76	66	82	16
Q40 Discussing Cessation Medications*	45	36	50	14
Q41 Discussing Cessation Strategies*	42	34	46	12

* Calculated using a rolling average

"High/Low Diff" is the percentage point difference between the largest and smallest score across the demographic group for that specific measure.

"High/Low Diff" column may not be exact due to rounding.

Demographic At-a-Glance - Age
Oklahoma Health Care Authority

Adult Medicaid Survey Questions	Oklahoma Health Care Authority					
	Total (%)	18-24 (%)	25-34 (%)	35-44 (%)	45+ (%)	High/Low Diff (%)
Sample Size	(n=414)	(n=73)	(n=84)	(n=60)	(n=180)	
Getting Care Quickly *(% Always/Usually)*	**79**	**78**	**77**	**86**	**79**	**9**
Q4 Getting care as soon as needed	78	81	84	90	73	17
Q6 Getting appointment as soon as needed	80	75	69	82	85	16
Shared Decision Making *(% A lot/Yes)*	**48**	**48**	**48**	**53**	**47**	**6**
Q10 Discussed reasons to take medicine *(% A lot)*	43	48	36	50	43	14
Q11 Discussed reasons not to take medicine (% A lot)	30	26	25	40	30	15
Q12 Asked preference for medicine *(% Yes)*	70	70	82	70	67	15
How Well Doctors Communicate *(% Always/Usually)*	**87**	**88**	**90**	**83**	**89**	**7**
Q17 Explain things in a way you could understand	88	86	94	86	89	8
Q18 Listen carefully to you	87	89	92	84	88	8
Q19 Show respect for what you had to say	88	92	88	85	89	7
Q20 Spend enough time with you	84	83	84	78	88	10
Getting Needed Care *(% Always/Usually)*	**80**	**81**	**74**	**75**	**84**	**10**
Q14 Easy to get care believed necessary	81	78	75	78	85	10
Q25 Easy to get appointment with specialist	79	85	72	72	84	13
Customer Service *(% Always/Usually)*	**90**	**89**	**96**	**88**	**90**	**8**
Q31 Got information or help needed	89	89	96	85	89	11
Q32 Treated you with courtesy and respect	91	89	96	92	91	7
Q13 Rating of Health Care *(% 8, 9, 10)*	**64**	**62**	**65**	**57**	**67**	**10**
Q23 Rating of Personal Doctor *(% 8, 9, 10)*	**71**	**73**	**70**	**69**	**70**	**4**
Q27 Rating of Specialist *(% 8, 9, 10)*	**75**	**67**	**83**	**63**	**75**	**20**
Q35 Rating of Health Plan *(% 8, 9, 10)*	**61**	**56**	**63**	**50**	**67**	**17**
Q8 Health Promotion and Education *(% Yes)*	70	56	65	78	76	22
Q22 Coordination of Care *(% Always/Usually)*	77	59	86	83	75	27
HEDIS® Measures						
Q39 Advising Smokers and Tobacco Users to Quit*	76	60	79	74	81	21
Q40 Discussing Cessation Medications*	45	40	43	43	49	9
Q41 Discussing Cessation Strategies*	42	40	50	32	43	18

* Calculated using a rolling average

"High/Low Diff" is the percentage point difference between the largest and smallest score across the demographic group for that specific measure.

"High/Low Diff" column may not be exact due to rounding.

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Adult Medicaid Survey Questions	Oklahoma Health Care Authority					
	Total (%)	Caucasian (%)	African American (%)	Asian (%)	All other (%)	High/Low Diff (%)
Sample Size	(n=414)	(n=306)	(n=61)	(n=6)	(n=88)	
Getting Care Quickly *(% Always/Usually)*	**79**	**81**	**82**	**-**	**79**	**3**
Q4 Getting care as soon as needed	78	79	87	-	82	8
Q6 Getting appointment as soon as needed	80	82	77	-	77	5
Shared Decision Making *(% A lot/Yes)*	**48**	**47**	**51**	**-**	**54**	**7**
Q10 Discussed reasons to take medicine *(% A lot)*	43	43	41	-	50	9
Q11 Discussed reasons not to take medicine *(% A lot)*	30	29	35	-	29	6
Q12 Asked preference for medicine *(% Yes)*	70	68	76	-	82	14
How Well Doctors Communicate *(% Always/Usually)*	**87**	**88**	**88**	**75**	**88**	**13**
Q17 Explain things in a way you could understand	88	89	91	75	93	18
Q18 Listen carefully to you	87	89	85	75	88	14
Q19 Show respect for what you had to say	88	89	91	75	86	16
Q20 Spend enough time with you	84	85	85	75	84	10
Getting Needed Care *(% Always/Usually)*	**80**	**83**	**75**	**33**	**76**	**50**
Q14 Easy to get care believed necessary	81	84	78	67	73	17
Q25 Easy to get appointment with specialist	79	82	71	-	79	11
Customer Service *(% Always/Usually)*	**90**	**92**	**85**	**-**	**92**	**7**
Q31 Got information or help needed	89	93	80	-	90	13
Q32 Treated you with courtesy and respect	91	92	90	-	95	5
Q13 **Rating of Health Care** *(% 8, 9, 10)*	**64**	**64**	**67**	**67**	**66**	**3**
Q23 **Rating of Personal Doctor** *(% 8, 9, 10)*	**71**	**73**	**67**	**50**	**70**	**23**
Q27 **Rating of Specialist** *(% 8, 9, 10)*	**75**	**74**	**69**	**50**	**90**	**40**
Q35 **Rating of Health Plan** *(% 8, 9, 10)*	**61**	**63**	**53**	**25**	**64**	**39**
Q8 Health Promotion and Education *(% Yes)*	70	70	74	67	70	7
Q22 Coordination of Care *(% Always/Usually)*	77	79	67	-	82	15
HEDIS® Measures						
Q39 Advising Smokers and Tobacco Users to Quit*	76	74	84	-	86	12
Q40 Discussing Cessation Medications*	45	42	58	50	50	16
Q41 Discussing Cessation Strategies*	42	37	56	-	46	19

* Calculated using a rolling average

"High/Low Diff" is the percentage point difference between the largest and smallest score across the demographic group for that specific measure.

"High/Low Diff" column may not be exact due to rounding.

Adult Medicaid Survey Questions	Oklahoma Health Care Authority			
	Total (%)	Caucasian (%)	Non-Caucasian (%)	High/Low Diff (%)
Sample Size	(n=414)	(n=306)	(n=102)	
Getting Care Quickly *(% Always/Usually)*	**79**	**81**	**78**	**3**
Q4 Getting care as soon as needed	78	79	81	2
Q6 Getting appointment as soon as needed	80	82	75	7
Shared Decision Making *(% A lot/Yes)*	**48**	**47**	**53**	**6**
Q10 Discussed reasons to take medicine *(% A lot)*	43	43	45	2
Q11 Discussed reasons not to take medicine *(% A lot)*	30	29	32	3
Q12 Asked preference for medicine *(% Yes)*	70	68	81	13
How Well Doctors Communicate *(% Always/Usually)*	**87**	**88**	**86**	**2**
Q17 Explain things in a way you could understand	88	89	90	1
Q18 Listen carefully to you	87	89	85	4
Q19 Show respect for what you had to say	88	89	87	2
Q20 Spend enough time with you	84	85	83	2
Getting Needed Care *(% Always/Usually)*	**80**	**83**	**70**	**13**
Q14 Easy to get care believed necessary	81	84	69	15
Q25 Easy to get appointment with specialist	79	82	71	11
Customer Service *(% Always/Usually)*	**90**	**92**	**86**	**6**
Q31 Got information or help needed	89	93	78	15
Q32 Treated you with courtesy and respect	91	92	94	2
Q13 **Rating of Health Care** *(% 8, 9, 10)*	**64**	**64**	**64**	**0**
Q23 **Rating of Personal Doctor** *(% 8, 9, 10)*	**71**	**73**	**64**	**9**
Q27 **Rating of Specialist** *(% 8, 9, 10)*	**75**	**74**	**75**	**1**
Q35 **Rating of Health Plan** *(% 8, 9, 10)*	**61**	**63**	**58**	**5**
Q8 Health Promotion and Education *(% Yes)*	70	70	72	2
Q22 Coordination of Care *(% Always/Usually)*	77	79	73	6
HEDIS® Measures				
Q39 Advising Smokers and Tobacco Users to Quit*	76	74	85	11
Q40 Discussing Cessation Medications*	45	42	59	17
Q41 Discussing Cessation Strategies*	42	37	59	22

* Calculated using a rolling average

"High/Low Diff" is the percentage point difference between the largest and smallest score across the demographic group for that specific measure.

"High/Low Diff" column may not be exact due to rounding.

Demographic At-a-Glance - Ethnicity
Oklahoma Health Care Authority

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Adult Medicaid Survey Questions	Oklahoma Health Care Authority			
	Total (%)	Hispanic (%)	Non-Hispanic (%)	High/Low Diff (%)
Sample Size	(n=414)	(n=23)	(n=363)	
Getting Care Quickly *(% Always/Usually)*	**79**	**77**	**81**	**4**
Q4 Getting care as soon as needed	78	86	79	7
Q6 Getting appointment as soon as needed	80	68	82	14
Shared Decision Making *(% A lot/Yes)*	**48**	**50**	**48**	**2**
Q10 Discussed reasons to take medicine *(% A lot)*	43	40	45	5
Q11 Discussed reasons not to take medicine *(% A lot)*	30	30	30	0
Q12 Asked preference for medicine *(% Yes)*	70	80	70	10
How Well Doctors Communicate *(% Always/Usually)*	**87**	**90**	**87**	**3**
Q17 Explain things in a way you could understand	88	88	88	0
Q18 Listen carefully to you	87	100	86	14
Q19 Show respect for what you had to say	88	94	88	6
Q20 Spend enough time with you	84	80	84	4
Getting Needed Care *(% Always/Usually)*	**80**	**65**	**81**	**16**
Q14 Easy to get care believed necessary	81	73	81	8
Q25 Easy to get appointment with specialist	79	57	81	24
Customer Service *(% Always/Usually)*	**90**	**93**	**91**	**2**
Q31 Got information or help needed	89	100	90	10
Q32 Treated you with courtesy and respect	91	86	92	6
Q13 **Rating of Health Care** *(% 8, 9, 10)*	**64**	**86**	**63**	**23**
Q23 **Rating of Personal Doctor** *(% 8, 9, 10)*	**71**	**72**	**70**	**2**
Q27 **Rating of Specialist** *(% 8, 9, 10)*	**75**	**86**	**75**	**11**
Q35 **Rating of Health Plan** *(% 8, 9, 10)*	**61**	**82**	**60**	**22**
Q8 Health Promotion and Education *(% Yes)*	70	73	70	3
Q22 Coordination of Care *(% Always/Usually)*	77	63	78	15
HEDIS® Measures				
Q39 Advising Smokers and Tobacco Users to Quit*	76	33	77	44
Q40 Discussing Cessation Medications*	45	-	46	-
Q41 Discussing Cessation Strategies*	42	-	43	-

* Calculated using a rolling average

"High/Low Diff" is the percentage point difference between the largest and smallest score across the demographic group for that specific measure.

"High/Low Diff" column may not be exact due to rounding.

M130003

Demographic At-a-Glance - Education
Oklahoma Health Care Authority

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Adult Medicaid Survey Questions	Oklahoma Health Care Authority			
	Total (%)	HS grad or less (%)	Some college or more (%)	High/Low Diff (%)
Sample Size	(n=414)	(n=315)	(n=90)	
Getting Care Quickly *(% Always/Usually)*	**79**	**80**	**80**	**0**
Q4 Getting care as soon as needed	78	79	79	0
Q6 Getting appointment as soon as needed	80	81	80	1
Shared Decision Making *(% A lot/Yes)*	**48**	**49**	**45**	**4**
Q10 Discussed reasons to take medicine *(% A lot)*	43	44	41	3
Q11 Discussed reasons not to take medicine *(% A lot)*	30	33	20	13
Q12 Asked preference for medicine *(% Yes)*	70	69	73	4
How Well Doctors Communicate *(% Always/Usually)*	**87**	**87**	**88**	**1**
Q17 Explain things in a way you could understand	88	88	91	3
Q18 Listen carefully to you	87	88	88	0
Q19 Show respect for what you had to say	88	88	88	0
Q20 Spend enough time with you	84	84	84	0
Getting Needed Care *(% Always/Usually)*	**80**	**82**	**74**	**8**
Q14 Easy to get care believed necessary	81	82	74	8
Q25 Easy to get appointment with specialist	79	82	74	8
Customer Service *(% Always/Usually)*	**90**	**90**	**94**	**4**
Q31 Got information or help needed	89	89	92	3
Q32 Treated you with courtesy and respect	91	91	96	5
Q13 **Rating of Health Care** *(% 8, 9, 10)*	**64**	**67**	**53**	**14**
Q23 **Rating of Personal Doctor** *(% 8, 9, 10)*	**71**	**72**	**67**	**5**
Q27 **Rating of Specialist** *(% 8, 9, 10)*	**75**	**75**	**73**	**2**
Q35 **Rating of Health Plan** *(% 8, 9, 10)*	**61**	**64**	**52**	**12**
Q8 Health Promotion and Education *(% Yes)*	70	70	70	0
Q22 Coordination of Care *(% Always/Usually)*	77	81	68	13
HEDIS® Measures				
Q39 Advising Smokers and Tobacco Users to Quit*	76	75	82	7
Q40 Discussing Cessation Medications*	45	47	38	9
Q41 Discussing Cessation Strategies*	42	43	37	6

* Calculated using a rolling average

"High/Low Diff" is the percentage point difference between the largest and smallest score across the demographic group for that specific measure.

"High/Low Diff" column may not be exact due to rounding.

Demographic At-a-Glance - Health Status
Oklahoma Health Care Authority

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Adult Medicaid Survey Questions	Oklahoma Health Care Authority				
	Total (%)	Excellent/ Very Good (%)	Good (%)	Fair/ Poor (%)	High/Low Diff (%)
Sample Size	(n=414)	(n=97)	(n=105)	(n=186)	
Getting Care Quickly *(% Always/Usually)*	**79**	**77**	**78**	**83**	**6**
Q4 Getting care as soon as needed	78	81	77	80	4
Q6 Getting appointment as soon as needed	80	72	79	85	13
Shared Decision Making *(% A lot/Yes)*	**48**	**50**	**39**	**51**	**12**
Q10 Discussed reasons to take medicine *(% A lot)*	43	38	32	51	19
Q11 Discussed reasons not to take medicine *(% A lot)*	30	29	16	37	21
Q12 Asked preference for medicine *(% Yes)*	70	82	70	67	15
How Well Doctors Communicate *(% Always/Usually)*	**87**	**90**	**87**	**87**	**3**
Q17 Explain things in a way you could understand	88	90	91	88	3
Q18 Listen carefully to you	87	91	89	86	5
Q19 Show respect for what you had to say	88	90	89	89	1
Q20 Spend enough time with you	84	90	80	85	10
Getting Needed Care *(% Always/Usually)*	**80**	**78**	**74**	**83**	**9**
Q14 Easy to get care believed necessary	81	77	75	85	10
Q25 Easy to get appointment with specialist	79	79	74	81	7
Customer Service *(% Always/Usually)*	**90**	**98**	**82**	**90**	**16**
Q31 Got information or help needed	89	100	86	83	17
Q32 Treated you with courtesy and respect	91	97	77	96	20
Q13 **Rating of Health Care** *(% 8, 9, 10)*	**64**	**70**	**61**	**62**	**9**
Q23 **Rating of Personal Doctor** *(% 8, 9, 10)*	**71**	**75**	**69**	**69**	**6**
Q27 **Rating of Specialist** *(% 8, 9, 10)*	**75**	**81**	**69**	**75**	**12**
Q35 **Rating of Health Plan** *(% 8, 9, 10)*	**61**	**69**	**56**	**61**	**13**
Q8 **Health Promotion and Education** *(% Yes)*	70	64	71	74	10
Q22 **Coordination of Care** *(% Always/Usually)*	77	79	77	76	3
HEDIS® Measures					
Q39 Advising Smokers and Tobacco Users to Quit*	76	70	82	76	12
Q40 Discussing Cessation Medications*	45	43	52	42	10
Q41 Discussing Cessation Strategies*	42	39	52	38	14

* Calculated using a rolling average

"High/Low Diff" is the percentage point difference between the largest and smallest score across the demographic group for that specific measure.

"High/Low Diff" column may not be exact due to rounding.

<div align="center"><u>**TECHNICAL NOTES–Adult Medicaid**</u></div>

<u>Aspirin Use and Discussion (ASP)</u>
A HEDIS Measure, Aspirin Use and Discussion (ASP), was added in 2010 to assess different facets of managing aspirin use for the primary prevention of cardiovascular disease. The ASP results are calculated using a rolling average methodology, with results collected during two consecutive years of data collection. The rolling average was calculated for the first time in 2011 and has not yet approved to be publicly reported for Adult Medicaid plans.

Criteria for inclusion in the Aspirin Use measure are:
- Women 56-79 years of age with at least two risk factors for cardiovascular disease
- Men 46-65 years of age with at least one risk factor for cardiovascular disease
- Men 66-79 years of age, regardless of risk factors

Criteria for Discussing Aspirin Risks/Benefits are:
- Women 56-79 years of age
- Men 46-79 years of age

The Cardiovascular disease risk factors include:
- Current smoker or tobacco user
- High cholesterol
- High blood pressure
- Parent or sibling who had a heart attack before 60 years of age

Because the measure assesses aspirin use for the primary prevention of cardiovascular disease, members with cardiovascular disease are <u>excluded</u>. This includes members with a history of:
- Heart attack
- Angina or coronary heart disease
- Stroke
- Diabetes or high blood sugar

In order to calculate the results, Gender-Dependent Age Band Eligibility Flags are established for each member in the CAHPS 5.0H Adult Survey sample frame data file. These flags identify members eligible for the Aspirin Use and Discussion measures (see below).

<u>Dependent Age Band Eligibility Flags</u>
1 = Female age 55 or younger as of December 31 of the measurement year
2 = Female age 56–79 as of December 31 of the measurement year
3 = Female age 80 or older as of December 31 of the measurement year
4 = Male age 45 or younger as of December 31 of the measurement year
5 = Male age 46-65 as of December 31 of the measurement year
6 = Male age 66–79 as of December 31 of the measurement year
7 = Male age 80 or older as of December 31 of the measurement year

The following table illustrates the questions and responses included in the Aspirin Use and Discussion measures.

Commercial	Medicaid	Question	Response Choices
Q46	Q38	Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	- Every day - Some days - Not at all - Don't know
Q50	Q42	Do you take aspirin daily or every other day?	- Yes - No - Don't know
Q51	Q43	Do you have a health problem or take medication that makes taking aspirin unsafe for you?	- Yes - No - Don't know
Q52	Q44	Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?	- Yes - No
Q53	Q45	Are you aware that you have any of the following conditions? Check all that apply.	- High cholesterol - High blood pressure - Parent or sibling with heart attack before the age of 60
Q54	Q46	Has a doctor ever told you that you have any of the following conditions? Check all that apply.	- A heart attack - Angina or coronary heart disease - A stroke - Any kind of diabetes or high blood sugar

Calculation of Aspirin Use and Discussion:

The Aspirin Use and Discussion measures are calculated using a rolling average methodology. See *Rolling Average* for an explanation of how a rolling average is calculated.

ASPIRIN USE	
Denominator	The number of members who responded to the survey and indicated that they did not have a health problem or take medication that makes taking aspirin unsafe, did not have an exclusion and who are: • Women 56-79 with at least two risk factors for cardiovascular disease • Men 45-64 with at least one risk factor for cardiovascular disease • Men 65-79
Eligible gender-dependent age bands	Only members with Gender-Dependent Age Band Eligibility Flags of 2,5, and 6 are included in the denominator. • Members with a **Gender-Dependent Age Band Eligibility Flag = 2** must have at least two cardiovascular risk factors • Members with a **Gender-Dependent Age Band Eligibility Flag = 5** must have at least one cardiovascular risk factor • Members with a **Gender-Dependent Age Band Eligibility Flag = 6** are included, regardless of the number of cardiovascular risk factors
Summing cardiovascular risk factors	Each response choice below indicates a cardiovascular risk factor. Sum the responses by member to calculate the total number of risk factors for that member. Q38 = "Every day" or "Some days" Q45 = "High cholesterol" Q45 = "High blood pressure" Q45 = "Parent or sibling with heart attack before the age of 60*
Exclusions	Any response to Q46 indicates a cardiovascular disease exclusion. Exclude any member who selected *any* response choice for Q46: "A heart attack" or "Angina or coronary heart disease" or "A stroke" or "Any kind of diabetes or high blood sugar."
Aspirin Use questions	Response choices must be as follows to be included in the denominator: Q42 = "Yes" or "No" Q43 = "No"
Numerator	The number of members in the denominator who indicated that they currently take aspirin daily or every other day. Member response choice must be as follows to be included in the numerator: Q42 = Yes

DISCUSSING ASPIRIN RISKS AND BENEFITS	
Denominator	The number of respondents who are Women 56-79 and Men 46-79 years of age.
Eligible gender-dependent age bands	Only members with Gender-Dependent Age Band Eligibility Flags of 2,5, and 6 are included in the denominator.
Aspirin discussion question	Response choices must be as follows to be included in the denominator: Q44 = "Yes" or "No"
Numerator	The number of members in the denominator who indicated that their doctor or other provider discussed the risks and benefits of aspirin use to prevent heart attack or stroke. Member response choice must be as follows to be included in the numerator: Q44 = "Yes"

SOURCE: Page 33-37, Volume 3 HEDIS® 2013 Specifications for Survey Measures

Composites

Composite scores are used to both facilitate aggregation of information from multiple specific questions and to enhance the communication of this important information to consumers.

The composites are:

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

In 2007 one composite was deleted (Courteous and Helpful Office Staff) and one was added (Shared Decision Making). In 2008 the Customer Service composite was reduced from 3 questions to 2 questions.

In 2013, the questions in the Shared Decision Making composite were changed; highlighting decisions on prescriptions rather than decisions about health care in general. These changes impacted trending for this composite and the individual measures. In addition, both questions in Getting Needed Care were modified, but changes are not expected to impact trending. See page O for the new wording of these questions.

The Composite Summary Rate is used in reporting to Quality Compass® and the Three-Point Score is used in NCQA accreditation. See *Summary Rate Scoring* and *Scoring for NCQA Accreditation* for an explanation of how the scores are calculated.

See Page K for a listing of each of the questions in the composites, the response choices, and how each response is scored.

Composite Mean

The composite mean that is calculated for Composite Measures is a mean of the individual means that make up that composite.

For example, the measure "Getting Care Quickly" comprises two individual measures:
Q4 - How often did you get care as soon as you thought you needed?
Q6 - How often did you get an appointment for a check-up or routine at a doctor's office or clinic as soon as you thought you needed?

To calculate a composite mean or composite percent, first calculate the individual means or percents for Q4 and Q6. For example, if the individual means or percents are:
>   Mean of Q4 = 1.9 or 84%
>   Mean of Q6 = 2.2 or 88%

Then, calculate the mean of those means:
>   Composite Mean = (1.9 + 2.2) / 2 = 2.05
>   Composite Percent = (84% + 88%)/2 = 86%

Note that each question within a composite is weighted equally, regardless of the number of members responding to each or to the relative importance of one question to another.

Correlation

The Pearson Product Moment Correlation (called Pearson correlation for short) is used in the Key Driver Analysis. Correlation is a measure of direction and degree of linear relationship between two variables. A correlation coefficient is a numerical index of that relationship.

Demographics

To allow for better statistical comparison of the demographic segments, Morpace has collapsed some of NCQA's response categories in the standard cross tabulations.

CAHPS® Segments	Morpace Segments
AGE	
18 – 24	18 – 34
25 – 34	
35 – 44	35 – 54
44 – 54	
55 – 64	55 +
65 – 74	
75 or older	
EDUCATION	
8th grade or less	High school or less
Some high school	
High school graduate/GED	
Some college/2-year degree	Some college or more
4-year college degree	
More than 4-year college degree	
RACE /ETHNICITY	
White	White
Black/African-American	Black/African-American
Asian	All Other
Native Hawaiian/Pacific Islander	
American Indian/Alaska Native	
Other	
HEALTH STATUS	
Excellent	Excellent – Very Good
Very Good	
Good	Good
Fair	Fair - Poor
Poor	

History of CAHPS®

The CAHPS® 5.0H surveys are a set of standardized surveys that assess health plan member satisfaction with the experience of care. In October 1995, the Agency of Healthcare Research and Quality (AHRQ) began the CAHPS® initiative with researchers from Harvard Medical School, RAND, and Research Triangle Institute, Inc. The first survey data from the CAHPS® 2.0H survey was reported to NCQA in 1998.

In 2002, a CAHPS® Instrument Panel was convened to reevaluate and update the CAHPS® 2.0H Surveys. The Panel evaluated consumer feedback, performed analyses on CAHPS® results, and conducted cognitive testing on proposed revisions. The outcome of the CAHPS® Instrument Panel was the revised set of surveys, CAHPS® 3.0H. The HEDIS® versions of the CAHPS® surveys were also updated to be consistent with the CAHPS® 3.0H surveys. In 2007, AHRQ replaced the CAHPS® 3.0H Adult Survey with the CAHPS® Health Plan Survey 4.0H as part of its Ambulatory CAHPS® initiative.

In 2013, AHRQ replaced the CAHPS® 4.0H Adult Survey with the CAHPS® Health Plan Survey 5.0H as part of its Ambulatory CAHPS® initiative.

The overarching goal of the CAHPS® 5.0H survey is to obtain information that is not available from any other source - the person receiving care. The major objectives of the 2013 CAHPS® 5.0H Adult Medicaid Survey are to:

- Measure satisfaction levels, health plan use, health and socio-demographic characteristics of members
- Identify factors that affect the level of satisfaction
- Provide a tool that can be used by plan management to identify opportunities for quality improvement
- Provide plans with data for HEDIS® and NCQA accreditation

Key Driver Analysis

A Key Driver Analysis was conducted to understand the relationship between different aspects of plan service and provider care and overall satisfaction with a member's 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 (or attributes).
   Pearson correlation scores are calculated for the 13 individual ratings (potential drivers) in relation to ratings of the overall experience with the health plan, doctor, specialist, and health care. The correlation coefficients are then used to establish the relative importance of each driver - the higher the correlation, the more important the driver.

2) Relationship to 50th percentile for Quality Compass®
   Attributes are noted as to whether their score is above or below the 50th percentile. Those below the 50th percentile are noted as an area for improvement, if their correlation is high. Those above the 50th percentile are noted as an area of strength, if their correlation is high. Quality Compass® 2012 is used for this report.

   How to Read the Key Driver Analysis Charts:

   The bar charts on the key driver pages depict the correlation scores of the individual attributes to each of the four overall measures. Directly to the right of each correlation score is the plan's score and the percentile group in which the health plan's score falls.

   The higher the correlation score, the more impact the individual attribute has on the overall score. That is, if you modify behavior to improve the rating of the individual issue, the overall score is also likely to improve.

   The higher the Quality Compass® percentile group, the more members are satisfied with the attribute. Conversely, the lower the Quality Compass® percentile group, the fewer members are satisfied with the attribute. Attributes with scores below the 50th percentile are considered to be high priority for improvement.

How to interpret…

Higher correlation/Lower Quality Compass® Percentile Group	**HIGH PRIORITY FOR IMPROVEMENT**. The attribute is a driver of the overall measure and the plan's score is below the 50th percentile when compared to plans reporting to Quality Compass®. If performance can be improved on this attribute, members will be more satisfied, and the overall measure should reflect this.
Higher correlation/Higher Quality Compass® Percentile Group	**CONTINUE TO TARGET EFFORTS**. It is critical to continue to target efforts in this area. The majority of members are satisfied with the performance, and the attribute is clearly related to the overall measure.
Lower correlation	**LOW PRIORITY**. While satisfaction of these attributes varies, these attributes are lower in importance to the overall measure. Monitor performance and consider possible action based on cost benefit analysis.

Margin of Error

The results presented in this report are obtained from a sample of the members of each plan; therefore, the estimates presented have a margin of error that should be considered.

The following table shows the approximate margin of error for different combinations of sample sizes and the estimated proportions, using a 95% confidence level.

95% Confidence Interval for Sample Proportions Margin of Error						
Number of Valid Responses		**Observed Proportion**				
		90% | 10%	**80% | 20%**	**70% | 30%**	**60% | 40%**	**50%**
	100	±5.9%	±7.8%	±9.0%	±9.6%	±9.8%
	200	±4.2%	±5.5%	±6.4%	±6.8%	±6.9%
	300	±3.4%	±4.5%	±5.2%	±5.5%	±5.7%
	400	±2.9%	±3.9%	±4.5%	±4.8%	±4.9%
	500	±2.6%	±3.5%	±4.0%	±4.3%	±4.4%

Examples of how to use this table:

Assume that a plan obtains a rating of 50% for a given measure and the number of valid responses is 500. In this case we are 95% confident that the unknown population rating is between 45.6% and 54.4% (50%± 4.4%).

Assume that a plan obtains a rating of 70% for a given measure and the number of valid responses is 300. In this case we 95% confident that the unknown population rating is between 64.8% and 75.2% (70%± 5.2%).

Medical Assistance with Smoking Cessation and Tobacco Use Cessation (MSC)
The Medical Assistance with Smoking Cessation was revised in the 2010 survey and is now called the Medical Assistance with Smoking and Tobacco Use Cessation (MSC). The scope of the measure was expanded to include smokeless tobacco use and to include the smokers and tobacco users who were not seen by a health plan practitioner during the measurement year. The question response choices were also revised. This measure now consists of the following components that assess different facets of providing medical assistance with smoking and tobacco use cessation:

- Advising Smokers and Tobacco Users to Quit
- Discussing Cessation Medications
- Discussing Cessation Strategies

Calculating the results of these three measures is described in detail on pages 38-42 of HEDIS® Volume 3. Questions 38, 39, 40, and 41 are included in the calculation. The example here focuses on "Advising Smokers to Quit". The Advising Smokers and Tobacco Users to Quit rate includes members (18+ years of age) that are current smokers or tobacco users <u>and</u> who received advice to quit during the measurement year.

Responses must follow the path below to qualify for inclusion in the denominator of the calculation.

Q38 = "Everyday" or "Some Days"
Q39 = ""Never" or "Sometimes" or "Usually" or "Always"

To qualify for inclusion in the numerator, the member response choices must be "Sometimes", "Usually" or "Always" to Q39.

Note: The calculations for the other two sub-measures, "Discussing Cessation Medications" and "Discussing Cessation Strategies" use the same logic as above. However, Q39 is changed to Q40 for Discussing Cessation Medication, and Q39 is changed to Q41 for Discussing Cessation Strategies.

This measure is reported using a rolling average methodology, using results collected during two consecutive years of data collection. The reported results was calculated and publicly reported for the first time in 2011.

H

Overall Rating of Health Plan – National Results

The Overall Rating of Health Plan measure increased 1 percentage point since the previous year, now at its highest level. This measure remains comparatively low compared to other CAHPS® ratings and composites.

CAHPS® 3.0H/4.0H/5.0H Overall Rating of Health Plan 2000-2011	
Year	Mean
2000	-
2001	51.4
2002	69.3
2003	69.9
2004	71.2
2005	71.9
2006	70.1
2007	70.7
2008	72.7
2009	70.7
2010	72.4
2011	73.5

SOURCE: The State of Health Care Quality 2012 and Quality Compass® 2011.

Percentiles

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 Quality Compass®, that means 75% of plans represented in Quality Compass® have a score that is equal to or lower than it. Conversely, 25% of the plans in Quality Compass® have a higher score.

Quality Compass® 2012

The Quality Compass® database is compiled with performance data and member satisfaction information from 146 health plans who publicly reported their data to Quality Compass®.

Rating Questions

Responders are asked to rate four items (personal physician, specialist, health care received and overall experience with the health plan) from 0 to 10 with 0 being the worst and 10 being the best. The order in which these questions are asked in the survey changed in 2007.

Response Rate

Response rates are calculated according to the following NCQA method:

Final Response Rate =   Completed surveys
                                              Plan's total eligible sample*

*Total eligible sample = Entire random sample – Ineligible

Ineligible are: deceased, does not meet eligible population criteria, language barrier, mentally or physically incapacitated.

A survey is included in the analysis if the member answers one or more survey questions and indicates that they meet the eligible population criteria. SOURCE: *Page 65, Volume 3 HEDIS® 2013 Specifications for Survey Measures*

NCQA Average Response Rate Trend for Adult Medicaid Surveys

2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
34%	33%	34%	34%	32%	29%	29%	30%	31%	32%	29%	26%

The Adult Medicaid Average Response Rate for Adult Medicaid plans in 2012 was 26%, a decrease of 3% from the prior year. The minimum response rate for Adult Medicaid Surveys in 2012 was 13% while the maximum response rate was 47%.

SOURCE: 2013 NCQA Vendor Training Materials – October 2012

Rolling Average

The rolling average methodology is used for several survey measures:

- Advising Smokers to Quit
- Aspirin Use and Discussion
- Discussing Cessation Medications
- Discussing Cessation Strategies

Rolling average methodology allows the health plan up to two consecutive years of data collection to obtain a denominator (eligible sample size) sufficient to calculate results for a measure. Rolling average results are calculated using data reported for the current year and, when available, data reported for the prior year.

The denominator (eligible sample size) must be at least one hundred over two years in order to have a result calculated. If the denominator (eligible sample size) over the course of two years is less than one hundred, NCQA assigns a measure result of 'Not Applicable'. In this report, Morpace has identified these as 'NR' or 'Not Reportable'.

If the denominator (eligible sample size) over the course of two years is at least one hundred, the rate is calculated based on the following formula:

Rate = (Year 1 numerator + Year 2 numerator) / (Year 1 denominator + Year 2 denominator)

Sampling Criteria

The sample frame includes all current Medicaid health care members at the time the sample is drawn who are age 18 years and older as of December 31 of the reporting year. Members must have been continuously enrolled in the health plan for the 6 months of the reporting year (allowing for no more than one gap of up to 45 days). The reporting year for the 2013 CAHPS® 5.0H surveys is January 1, 2012 to December 31, 2012.

For each survey Morpace drew a random sample of enrollees making sure that only one adult per household would be sampled. In 2013, NCQA required all plans to draw a base sample of 1,350 members.

Scoring for NCQA Accreditation

The NCQA accreditation survey is based on 100 points with 33% of the results accounted for by HEDIS® measures and HEDIS®/CAHPS® 5.0H survey results. The HEDIS®/CAHPS® 5.0H survey results account for 13 of the 100 points.

Step 1: Convert responses to their score value.
At the member level, the member's response is recoded using a scale of 1-3 according to the following table.

CAHPS 5.0H Results	Scoring Scale Based on Responses		
Getting Needed Care (2 questions) Getting Care Quickly (2 questions) How Well Doctors Communicate (4 questions) Customer Service (2 questions)	Never or Sometimes Usually Always	= = =	1 2 3
Rating of Health Care Rating of Personal Doctor Rating of Health Plan Rating of Specialist	0, 1, 2, 3, 4, 5, 6 7, 8 9, 10	= = =	1 2 3

Step 2: Calculate the mean for all members' responses. For the composite measures, perform this calculation for each of the questions in the composite.

Step 3: Calculate the mean of the means for questions in that composite. The result of these calculations is the "unadjusted mean."

To take into account inherent sampling variation, prior to determining points for NCQA accreditation, NCQA will add 0.028 to each of the four CAHPS® 5.0H ratings questions and to the Customer Service composite mean; and 0.02 to the Getting Needed Care, Getting Care Quickly, and How Well Doctors Communicate composite means. This becomes the "adjusted mean." NCQA will phase out the scoring adjustment over five years – 20% per year from 2011 until 2015.

The CAHPS® survey represents a possible 13 points toward NCQA accreditation. Points are earned toward NCQA accreditation by comparing the adjusted mean for each of the measures to the NCQA national benchmark (the 90th percentile of national results) and to national thresholds (the 75th, 50th, 25th percentiles, and below the 25th percentile) for the same measure. NCQA does not publish the exact scores used in accreditation (calculated to the sixth decimal point). Therefore, Morpace cannot calculate the precise accreditation score. However, by adding up the individual composite and rating scores, an estimate of the overall accreditation score can be obtained.

For a composite's score to be counted toward accreditation, an average of 100 responses for all questions within the composite must be obtained. If an average of 100 responses is not obtained, that measure is not counted and denoted with an "N/A". The scoring is adjusted based on the number of reported measures according to the chart on the next page. If less than four of the measures qualify, no points are awarded from the survey.

**NCQA Scoring for all Composite Scores and Overall Ratings,
except Overall Rating of Health Plan**

Number of Applicable Measures

Percentile	9	8	7	6	5	4
90th	1.444	1.625	1.857	2.167	2.600	3.250
75th	1.271	1.430	1.634	1.907	2.288	2.860
50th	0.982	1.105	1.263	1.473	1.768	2.210
25th	0.578	0.650	0.743	0.867	1.040	1.300
0	0.289	0.325	0.371	0.433	0.520	0.650

NCQA Scoring for Overall Rating of Health Plan <u>only</u>

Number of Applicable Measures

Percentile	9	8	7	6	5	4
90th	2.888	3.250	3.714	4.334	5.200	6.500
75th	2.542	2.860	3.268	3.814	4.576	5.720
50th	1.964	2.210	2.526	2.946	3.536	4.420
25th	1.156	1.300	1.486	1.734	2.080	2.600
0	0.578	0.650	0.742	0.866	1.040	1.300

Specialty Calculation

The measure below is calculated by combining the results of two individual questions. The calculations are described briefly below.

Forms Easy to Fill Out
For this measure, questions 33 and 34 are used. A member who was not given any forms to fill out by their health plan in the last 6 months is coded as "Always" at Q34.

Statistical Testing

Statistical testing has been conducted in various places. A 0.05 level of significance was used in performing tests of *differences.* For example, when testing for a difference in the population percent for 2012 and the population percent for 2013, a 0.05 level of significance would mean there is a 0.05 chance that a significant difference would be found even if there were no difference in the population.

The notation of "up arrow" reflects the conclusion of significant *increase* which would be found if a significance test had been conducted for the hypothesis that the population percent for 2013 was *greater than* the population percent for 2012 (with a 0.025 level of significance). The notation of "down arrow" reflects the conclusion of significant *decrease* which would be found if a significance test had been conducted for the hypothesis that the population percent for 2013 was *less than* the population percent for 2012 (with a 0.025 level of significance).

Statistical testing of composite percentages (as opposed to attribute or rating percentages) uses a formula that gives *approximate* results. The results of these statistical tests should be treated with this in mind. Caution should be used when making decisions based on these results.

Summary Rate Scoring

Summary rate scores are those scores used in comparing scores to Quality Compass® and in presenting data to the public. Summary Rates are calculated in the following manner:

CAHPS® 5.0H Measures	Response = Summary Rate
Shared Decision Making (3 questions)	A lot/Yes
Getting Care Quickly (2 questions) How Well Doctors Communicate (4 questions) Getting Needed Care (2 questions) Customer Service (2 questions)	Usually and Always
Rating of Personal Doctor Rating of Specialist Seen Most Often Rating of All Health Care Received Rating of Health Plan	8, 9, 10

Survey Administration Protocol

NCQA has approved two options for survey administration of the CAHPS® 5.0H survey: a 5-wave mail-only methodology or a mixed methodology (mail and telephone), which includes a 4-wave mail (two questionnaire mailings and two reminder post cards) with telephone follow-up of at least 3 attempts.

Mixed Methodology Tasks	Time Frame
First questionnaire and cover letter sent to the member.	0 days
A postcard reminder is sent to non-responders 4-10 days after the 1st questionnaire.	4-10 days
A second questionnaire with replacement cover letter is sent to non-responders approximately 35 days after the mailing of the first questionnaire.	35 days
A second postcard reminder is sent to non-responders 4 to 10 days after mailing the second questionnaire.	39 – 45 days
Telephone calls by CATI are conducted for non-responders approximately 21 days after the mailing of the second questionnaire.	56 days
Telephone contact is made to all non-responders such that at least 3 calls are attempted at different times of day, on different days and in different weeks.	56 – 70 days
Telephone follow-up is completed approximately 14 days after initiation.	70 days

Mail-Only Methodology Tasks	Time Frame
First questionnaire and cover letter sent to the member.	0 days
A postcard reminder is sent to non-responders 4-10 days after the 1st questionnaire.	4-10 days
A second questionnaire with replacement cover letter is sent to non-responders approximately 35 days after the mailing of the first questionnaire.	35 days
A second postcard reminder is sent to non-responders 4 to 10 days after mailing the second questionnaire.	39-45 days
A third questionnaire and cover letter is sent to non-responders approximately 25 days after mailing the second questionnaire.	60 days
Allow 21 days for the third questionnaire to be returned by the member.	81 days

SOURCE: Pages 59-60, Volume 3 HEDIS® 2013 Specifications for Survey Measures

The actual timeline followed for the 2013 survey was:

2/8	First questionnaire with cover letter sent to sample.
2/15	Postcard reminder sent to sample.
3/15	Second questionnaire and cover letter sent to non-responders.
3/22	Second postcard reminder sent to non-responders.
4/8 – 5/9	Contacted all non-responders via telephone – Up to 4 attempts were made at different times of the day, different days of the week, and in different weeks.

The text of the mailing pieces and the CATI (Computer Assisted Telephone Interviewing) script are prescribed by NCQA.

Composites, Attributes and Rating Questions for CAHPS® 5.0H
Response Choices and Scoring Options

Composites and Questions	Response Choices	Summary Rate	Three-Point
Getting Care Quickly			
Q4 - In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?	Never/Sometimes		1
Q6 - In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctors' office or clinic as soon as you thought you needed? *Rewording of question in 2013*	Usually	Summary Rate	2
	Always		3
Shared Decision Making – *Questions and response categories changed in 2013 – Not trendable*			
Q10 – When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine?	Not at all/A little		1
	Some		2
Q11 – When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want to take a medicine?	A lot	Summary Rate	3
Q12 - When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?	Yes	Summary Rate	3
	No		1
How Well Doctors Communicate			
Q17 – In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	Never/Sometimes		1
Q18 - In the last 6 months, how often did your personal doctor listen carefully to you?	Usually	Summary Rate	2
Q19 - In the last 6 months, how often did your personal doctor show respect for what you had to say?			
Q20 - In the last 6 months, how often did your personal doctor spend enough time with you?	Always		3
Getting Needed Care - – *Question wording and order changed in 2013*			
Q14 - In the last 6 months, how often was it easy to get the care, tests or treatment you needed?	Never/Sometimes		1
Q25 - In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?	Usually	Summary Rate	2
	Always		3
Customer Service			
Q31 - In the last 6 months, how often did the health plan's customer service give you the information or help you needed?	Never/Sometimes		1
Q32 - In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	Usually	Summary Rate	2
	Always		3