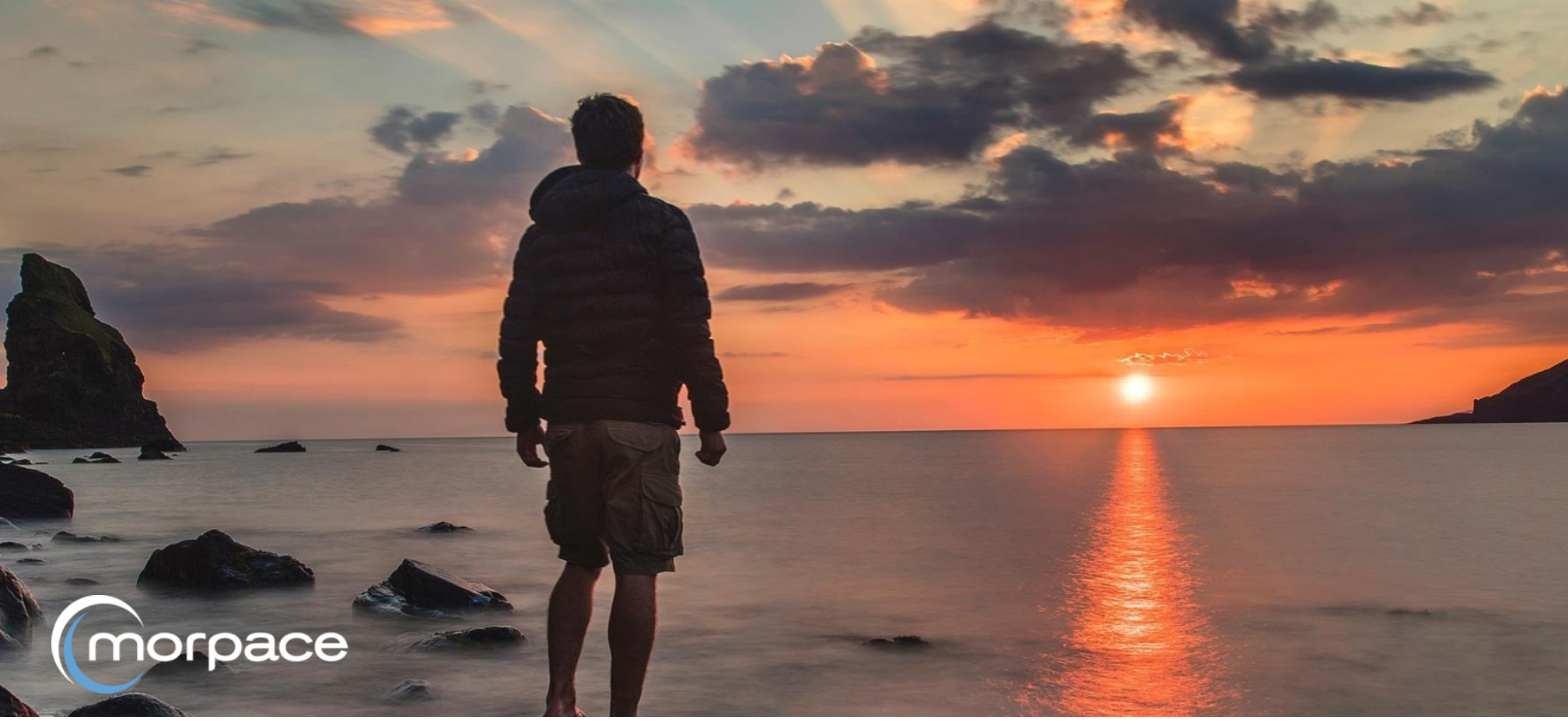

2018 CAHPS® Adult Medicaid Survey Summary Report

Oklahoma Health Care Authority

Oklahoma HealthCare Authority

June 2018

Morpace research is completed in compliance with ISO 20252

Morpace, Inc.

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

Study Overview

Background

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

Sample

The 2018 sample for Oklahoma Health Authority:

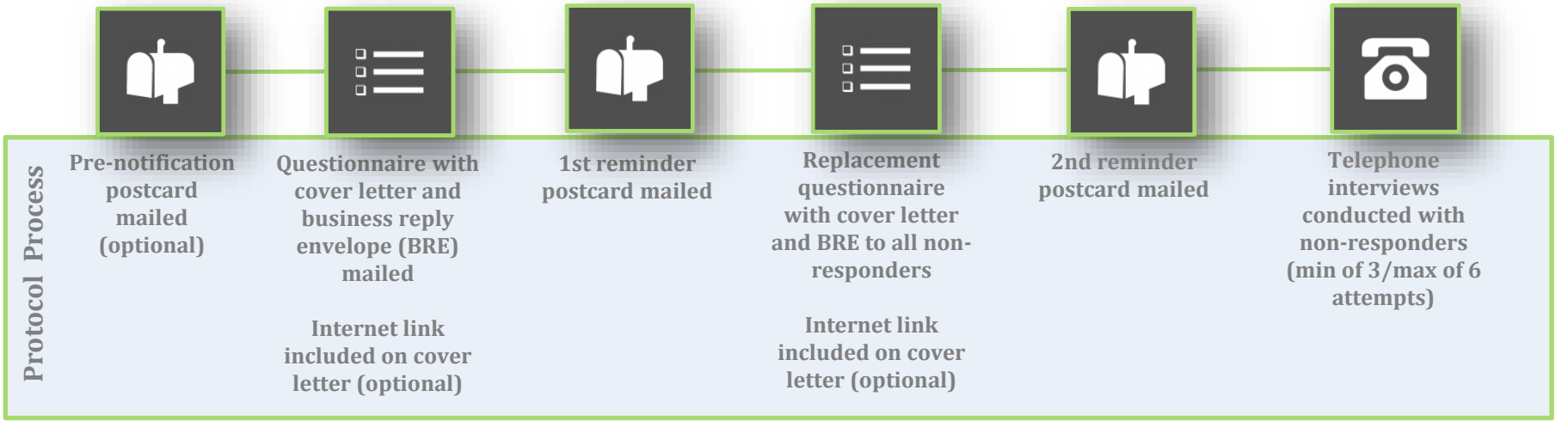
Sample Size	Total Completes	English Completes	Spanish Completes	Mail Completes	Phone Completes	Internet Completes
1823	474	472	2	352	101	21

Protocol

For CAHPS results to be considered in HEDIS results, the CAHPS 5.0H survey must be fielded by an NCQA (National Committee for Quality Assurance)–certified survey vendor using an NCQA-approved protocol of administration in order to ensure that results are collected in a standardized way and can be compared across health plans.

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

» **Oklahoma Health Authority chose the mail/telephone/Internet protocol.**



Response Rate Summary

Response Rate Calculation

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

27%

Is the Final 2018 Response Rate

2017 NCQA Avg. Response Rate = 23%

Using the final figures from Oklahoma Health Authority's survey, the 2018 response rate is calculated using the equation below:

Mail(352) + Phone (101) + Internet (21) = 474 completes

÷

Total Sample (1823) - Total Ineligible (67) = 1756

Disposition Summary

A completed questionnaire is defined as a respondent who completed three of the five required questions that all respondents are eligible to answer (question #3, 15, 24, 28, 35).

Ineligible	Count
Deceased	8
Does not meet eligible population criteria	12
Language barrier	19
Mentally/physically incapacitated	28
Total Ineligible	**67**

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

Non-response	Count
Partial complete	7
Refusal	94
Maximum attempts made	1174
Do Not Call list	7
Total Non-response	**1282**

Non-responders include those members who refuse to participate in the current year's survey, could not be reached due to a bad address or telephone number, members that reached a maximum attempt threshold without a response, or members that did not meet the completed survey definition.

CAHPS Measures Defined

Key Measures

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

- Getting Care Quickly
- Shared Decision Making*
- How Well Doctors Communicate*
- Getting Needed Care
- Customer Service
- Care Coordination (Q22)
- Rating of Health Care
- Rating of Personal Doctor
- Rating of Specialist
- Rating of Health Plan

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

Summary Rate Scores

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

Quality Compass Percentiles

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

NCQA Accreditation CAHPS Points

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

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

** Measure not included in scoring for accreditation.*

Executive Highlights

Summary Rate Scores (% Positive Response)			
COMPOSITE SCORES	**2018**	**2017**	**2018 Score versus 2017 Quality Compass**
Getting Care Quickly	**86%**	NA	85th
Shared Decision Making	**76%**	NA	10th
How Well Doctors Communicate	**92%**	NA	60th
Getting Needed Care	**86%**	NA	82nd
Customer Service	**85%**	NA	11th
Care Coordination	**86%**	NA	81st
OVERALL RATING SCORES			
Health Care	**73%**	NA	32nd
Personal Doctor	**82%**	NA	52nd
Specialist	**83%**	NA	59th
Health Plan	**70%**	NA	13th

2018 NCQA Accreditation CAHPS Points			
***Approx.* 2018 Percentile Threshold**	***2018 Approx. Points***	***2017 Approx. Points***	**Difference from 2017**
75th	**1.271**	NA	NA
NA	**NA**	NA	NA
NA	**NA**	NA	NA
50th	**0.982**	NA	NA
Below 25th	**0.289**	NA	NA
75th	**1.271**	NA	NA
25th	**0.578**	NA	NA
75th	**1.271**	NA	NA
75th	**1.271**	NA	NA
Below 25th	**0.578**	NA	NA
	7.511	NA	NA

Total Possible CAHPS Points = 13.000

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

Summary Rate Scores:

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

Accreditation Points:

- The NCQA Accreditation CAHPS Points are approximated due to rounding because NCQA provides only two digits after the decimal but uses six digits in their actual calculation.
- Importantly, the Health Plan Overall Rating measure earns double points so it always plays a key role in the health plan's Total CAHPS Points.
- Estimated accreditation points cannot be calculated if too many measures (5 or more) are unreportable due to low sample size.

Summary of Key Measures

Composite Measures	2015	2016	2017	2018	2017 Quality Compass
Getting Care Quickly	86%	84%	NA	86%	82%
Shared Decision Making	77%	77%	NA	76%	80%
How Well Doctors Communicate	90%	91%	NA	92%	91%
Getting Needed Care	85%	85%	NA	86%	82%
Customer Service	92%	87%	NA	85%	88%
Overall Rating Measures					
Health Care	72%	74%	NA	73%	74%
Personal Doctor	80%	81%	NA	82%	81%
Specialist	78%	83%	NA	83%	82%
Health Plan	73%	67%	NA	70%	76%
HEDIS Measures					
Flu Vaccinations (Ages 18-64)	46%	43%	NA	50%	39%
Advising Smokers and Tobacco Users to Quit*	74%	76%	NA	82%	76%
Discussing Cessation Medications*	49%	50%	NA	52%	49%
Discussing Cessation Strategies*	46%	48%	NA	49%	44%
Health Promotion & Education	71%	70%	NA	75%	74%
Care Coordination	79%	79%	NA	86%	83%
Sample Size	*1,823*	*1,823*	*NA*	*1,823*	
# of Completes	*426*	*474*	*NA*	*474*	
Response Rate	*24%*	*27%*	*NA*	*27%*	

↑/↓Statistically higher/lower compared to prior year results.
NA=Data not available
*Measure is reported using a Rolling Average Methodology. The score shown is the reportable score for the corresponding year.

Comparison to Quality Compass

Adult Medicaid Survey Questions	2018	Percentile	2017 Adult Medicaid Quality Compass							
			Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly *(% Always/Usually)*	**85.63**	85th	81.83	74.92	76.72	79.64	82.22	84.51	86.64	87.97
Shared Decision Making *(% Yes)*	**76.22**	10th	79.76	75.02	76.12	78.04	79.69	81.55	83.40	84.17
How Well Doctors Communicate *(% Always/Usually)*	**91.97**	60th	91.38	87.54	88.80	90.07	91.53	92.75	93.90	94.46
Getting Needed Care *(% Always/Usually)*	**85.60**	82nd	81.98	74.84	76.08	79.65	82.67	84.74	86.56	87.07
Customer Service *(% Always/Usually)*	**84.84**	11th	88.15	83.64	84.64	86.64	88.38	90.07	91.23	91.73
Q22 **Care Coordination** *(% Always/Usually)*	86.32	81st	83.24	76.00	77.40	80.77	83.79	85.96	88.46	89.64
Q13 **Rating of Health Care** *(% 8, 9, 10)*	73.09	32nd	74.36	66.67	68.92	71.71	74.49	77.17	79.44	81.10
Q23 **Rating of Personal Doctor** *(% 8, 9, 10)*	81.70	52nd	81.18	73.97	75.29	79.32	81.59	83.65	85.48	86.83
Q27 **Rating of Specialist** *(% 8, 9, 10)*	82.52	59th	81.79	75.90	77.42	79.53	81.88	84.09	86.14	87.69
Q35 **Rating of Health Plan** *(% 8, 9, 10)*	69.74	13th	75.88	67.00	68.86	72.88	76.40	79.49	81.35	82.62

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

The 2017 Adult Medicaid Quality Compass® consists of 177 public and non-public reporting health plan products (All Lines of Business excluding PPOs).

Accreditation Details

Scoring for NCQA Accreditation

				2018 NCQA National Accreditation Comparisons*				
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l
			Accreditation Points	*0.289*	*0.578*	*0.982*	*1.271*	*1.444*
Composite Scores	**Sample Size**	**Mean**	**Approximate Percentile Threshold**					***Approximate Score***
Getting Care Quickly	294	**2.476**	75th		2.37	2.43	2.47	2.52	***1.271***
Getting Needed Care	299	**2.414**	50th		2.33	2.39	2.43	2.47	***0.982***
Customer Service	125	**2.462**	Below 25th		2.48	2.54	2.58	2.61	***0.289***
Care Coordination	212	**2.481**	75th		2.36	2.43	2.48	2.53	***1.271***
Overall Rating Scores									
Health Care	379	**2.367**	25th		2.35	2.39	2.44	2.48	***0.578***
Personal Doctor	399	**2.569**	75th		2.43	2.50	2.53	2.57	***1.271***
Specialist	206	**2.563**	75th		2.48	2.51	2.56	2.59	***1.271***
			Accreditation Points	*0.578*	*1.156*	*1.964*	*2.542*	*2.888*	
Health Plan	456	**2.351**	Below 25th		2.39	2.46	2.51	2.55	***0.578***
							Estimated Overall CAHPS Score:		**7.511**

Estimated accreditation points cannot be calculated if too many measures (5 or more) are unreportable due to low sample size (less than 100).

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

*Data Source: 2018 Accreditation Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.

Key Driver Summary

A Key Driver Analysis is conducted to understand the impact that different aspects of plan service and provider care have on members' overall satisfaction with their health plan, their personal doctor, their specialist, and health care in general. Two specific scores are assessed both individually and in relation to each other. These are:

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

Plans should take action to improve items that are both highly correlated to the overall measure and currently rated low when compared to national averages (Quality Compass).

Overall Rating of Health Plan

Call to Action

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

Q18 - Listen Carefully to You

Q20 - Spend Enough Time with You

Q31 - Got Information or Help Needed

Q19 - Show Respect for What You Had to Say

Promote

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

Q22 - Care Coordination

Q14 - Easy to Get Care Believed Necessary

Overall Rating of Health Care

Call to Action

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

Q18 - Listen Carefully to You

Q20 - Spend Enough Time with You

Q17 - Explain Things in a Way You Could Understand

Q19 - Show Respect for What You Had to Say

Promote

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

Q14 - Easy to Get Care Believed Necessary

Q22 - Care Coordination

Key Driver Analysis

Rating of Health Plan	Correlation to Rating of Health Plan	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q22. Care Coordination	0.37		212	86.32%	81st
Q18. Listen carefully to you	0.35		350	93.14%	71st
Q20. Spend enough time with you	0.33		348	88.51%	37th
Q31. Got information or help needed	0.33		125	79.20%	**21st**
Q19. Show respect for what you had to say	0.32		348	93.68	61st
Q14. Easy to get care believed necessary	0.32		380	89.47	93rd
Q25. Easy to get appointment with specialist	0.30		219	81.74%	60th
Q17. Explain things in a way you could understand	0.28		349	92.55%	62nd
Q4. Getting care as soon as needed	0.22		220	83.18%	38th
Q32. Treated you with courtesy and respect	0.21		126	90.48%	**3rd**

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

Above are the 10 key measures with the highest correlation to Rating of Health Plan
Use caution when reviewing scores with sample sizes less than 25
"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"
Red Text indicates measure is 25th percentile or lower

Key Driver Analysis

Rating of Health Care

	Correlation to Rating of Health Care	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q18. Listen carefully to you	0.52		350	93.14%	71st
Q14. Easy to get care believed necessary	0.52		380	89.47%	93rd
Q22. Care Coordination	0.46		212	86.32%	81st
Q20. Spend enough time with you	0.45		348	88.51%	37th
Q17. Explain things in a way you could understand	0.44		349	92.55%	62nd
Q19. Show respect for what you had to say	0.42		348	93.68%	61st
Q25. Easy to get appointment with specialist	0.36		219	81.74%	60th
Q4. Getting care as soon as needed	0.36		220	83.18%	38th
Q31. Got information or help needed	0.29		125	79.20%	**21st**
Q32. Treated you with courtesy and respect	0.29		126	90.48%	**3rd**

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

Above are the 10 key measures with the highest correlation to Rating of Health Care
Use caution when reviewing scores with sample sizes less than 25
"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"
Red Text indicates measure is 25th percentile or lower

Key Driver Analysis

Rating of Doctor and Specialist

	Correlation to Rating of Personal Doctor	Health Plan's Score	Quality Compass Percentile
Q19. Show respect for what you had to say	0.69	93.68%	61st
Q18. Listen carefully to you	0.67	93.14%	71st
Q20. Spend enough time with you	0.66	88.51%	37th
Q22. Care Coordination	0.64	86.32%	81st
Q17. Explain things in a way you could understand	0.57	92.55%	62nd
Q14. Easy to get care believed necessary	0.43	89.47%	93rd
Q25. Easy to get appointment with specialist	0.30	81.74%	60th
Q6. Getting appointment as soon as needed	0.26	88.08%	97th
Q4. Getting care as soon as needed	0.26	83.18%	38th
Q12. Asked preference for medicine	0.22	71.76%	**6th**

	Correlation to Rating of Specialist	Health Plan's Score	Quality Compass Percentile
Q25. Easy to get appointment with specialist	0.51	81.74%	60th
Q22. Care Coordination	0.29	86.32%	81st
Q20. Spend enough time with you	0.27	88.51%	37th
Q14. Easy to get care believed necessary	0.25	89.47%	93rd
Q6. Getting appointment as soon as needed	0.23	88.08%	97th
Q31. Got information or help needed	0.20	79.20%	**21st**
Q19. Show respect for what you had to say	0.20	93.68%	**61st**
Q32. Treated you with courtesy and respect	0.18	90.48%	**3rd**
Q18. Listen carefully to you	0.16	93.14%	71st
Q17. Explain things in a way you could understand	0.15	92.55%	62nd

Above are the 10 key measures with the highest correlation to Rating of Doctor or Specialist

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

Red Text indicates measure is 25th percentile or lower

Improving CAHPS Scores

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

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

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

GETTING CARE QUICKLY

Getting care as soon as you needed

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

Getting appointment as soon as needed

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

Additional recommendations

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

Improving CAHPS Scores

SHARED DECISION MAKING

Discussed reasons to take medicine

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

Asked preference for medicine

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

Discussed reasons not to take medicine

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

Additional recommendations

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

Improving CAHPS Scores

HOW WELL DOCTORS COMMUNICATE

Explain things in a way you could understand

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

Listen carefully to you

- Provide the physicians with patient education materials. These materials could reinforce that the physician has heard the concerns of the patient and/or that they are interested in the well-being of the patient. The materials might also speak to a healthy habit that the physician wants the patient to adopt, thereby reinforcing the communication and increasing the chances for compliance. Materials should be available in appropriate/relevant languages and reading levels for the population.

Show respect for what you had to say

- Conduct focus group of members to identify examples of behaviors identified in the questions. Video the groups to show physicians how patients characterize excellent and poor physician performance.

Spend enough time with you

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

Additional recommendations

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

Improving CAHPS Scores

GETTING NEEDED CARE *(1 of 2)*

Easy to get appointment with specialist

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

Improving CAHPS Scores

GETTING NEEDED CARE *(2 of 2)*

Easy to get care believed necessary

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

Additional recommendations

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

Improving CAHPS Scores

HEALTH PLAN CUSTOMER SERVICE

Got information or help needed

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

Treated you with courtesy and respect

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

Additional recommendations

- Conduct Call Center Satisfaction Survey. Implement a short IVR survey to members within days of their calling customer service to explore/assess their recent experience.
- Implement a service recovery program so that Call Center representatives have guidelines to follow for problem resolution and atonement.
- Acknowledge that all members who respond that they have called customer service have actually talked to plan staff in other areas than the Call Center. Promote the idea of customer service is the responsibility for all staff throughout the organization.

Improving CAHPS Scores

CARE COORDINATION

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

- Institute process where the plan notifies the PCP when a member is admitted/discharged from a hospital or SNF. Upon discharge, send a copy of the discharge summary to the PCP.
- Care Coordination is an area in which the health plan can be seen as the partner to the physician in the management of a member's care. A plan's words and actions can emphasize the plan's willingness to work with the physician to improve the health of their members and to assist the physician in doing so.
  - Offer to work with larger/high volume PCP groups to facilitate EMR connectivity with high volume specialty groups.
  - Conduct a referring physician survey with PCPs via the Internet to ascertain the level of communication between PCPs and specific specialists.
  - Investigate how the plan can assist the PCP in coordinating care with specialists and ancillary providers.
  - Institute a policy and procedure whereby copies of MTM information is faxed/mailed to the member's assigned PCP.
  - Have Provider Relations staff interview PCP office staff as to whether they communicate with Specialist offices to request updates on care delivered to patients that the PCP referred to the Specialist.
  - Encourage PCP offices to assist members with appointment scheduling with specialists and other ancillary providers and for procedures and tests.

Demographic Differences

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

Age	• Those ages 55+ tend to be more satisfied with their health care experience and health plan than those ages 54 or younger. Respondents 55+ rate all composite and overall rating areas significantly higher than those 54 or younger with the exception of Shared Decision Making. Respondents ages 54 or younger rate Shared Decision Making significantly higher than those 55+. • Younger respondents are significantly less likely to report receiving a flu shot/spray than older respondents.
Health Status	• Respondents who rate their health status as 'Excellent' or 'Very good' tend to be more satisfied with How Well Doctors Communicate and Getting Needed Care than respondents who rate their health status lower. Moreover, healthier respondents give significantly higher ratings to all overall rating measures in comparison to those less healthy. • Respondents who rate their health status as 'Fair' or 'Poor' are significantly more likely to report receiving a flu shot/spray than those who rate their health status higher.
Education	• There are few significant differences when analyzing results by education level. More educated respondents rate the area of Shared Decision Making significantly higher than those less educated. The opposite is true for Rating of Health Plan and Care Coordination (Q22), with those less educated providing significantly higher ratings.
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.	
Race	• White respondents give the highest ratings in most composite areas. However, in regard to overall rating measures, White respondents rate similarly or significantly lower than African-American respondents. Morpace Book of Business: White - 56%; African American - 28%; All other - 18% • Lower satisfaction ratings from Asian Americans may be partially attributable to cultural differences in their response tendencies. Therefore, the lower scores for 'All other' might not reflect an accurate comparison of their experience with health care.
Ethnicity	• Hispanics and non-Hispanics rate composite measures similarly, although, Hispanic respondents rate all overall rating measures (Rating of Health Care, Personal Doctor, Specialist, and Health Plan) significantly higher than non-Hispanics. Morpace Book of Business: Hispanic - 18%

Demographic Profile

	2015	2016	2017	2018	2017 Quality Compass
Q36. Health Status					
Excellent/Very Good	20%	17%	NA	18%	33%
Good	27%	32%	NA	28%	33%
Fair/Poor	52%	51%	NA	53%	34%
Q37. Mental/Emotional Health Status					
Excellent/Very Good	30%	31%	NA	32%	43%
Good	37%	30%	NA	30%	29%
Fair/Poor	33%	39%	NA	39%	29%
Q47. Member's Age					
18 to 24	7%	8%	NA	7%	12%
25 to 34	11%	12%	NA	10%	17%
35 to 44	12%	11%	NA	11%	15%
45 to 54	17%	16%	NA	16%	21%
55 to 64	23%	23%	NA	24%	28%
65 or older	30%	31%	NA	32%	7%
Q48. Gender					
Male	33%	35%	NA	32%	39%
Female	67%	65%	NA	68%	61%
Q49. Education					
Did not graduate high school	31%	32%	NA	28%	24%
High school graduate or GED	41%	39%	NA	42%	38%
Some college or 2-year degree	22%	23%	NA	26%	27%
4-year college graduate	2%	4%	NA	2%	7%
More than 4-year college degree	3%	2%	NA	3%	4%
Q50/51. Race/Ethnicity					
Hispanic or Latino	5%	5%	NA	4%	18%
White	71%	76%	NA	70%	57%
African American	13%	11%	NA	17%	26%
Asian	2%	1%	NA	2%	5%
Native Hawaiian or other Pacific Islander	0%	1%	NA	1%	1%
American Indian or Alaska Native	21%	19%	NA	16%	4%
Other	4%	3%	NA	6%	10%

Data shown are self reported.

Measures by Demographics

Demographic	Age			Race			Ethnicity		Education		Health Status		
	18-34	35-64	65+	White	African American	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/ Very Good	Good	Fair/ Poor
Sample size	(n=79)	(n=239)	(n=150)	(n=333)	(n=79)	(n=113)	(n=18)	(n=437)	(n=323)	(n=142)	(n=85)	(n=133)	(n=249)
Composites *(% Always/Usually)*													
Getting Care Quickly	82	85	89	85	89	85	81	86	85	85	86	85	87
Shared Decision Making *(% Yes)*	82	78	69	74	83	78	61	77	76	75	85	73	75
How Well Doctors Communicate	93	91	93	91	96	90	88	92	94	87	96	92	91
Getting Needed Care	84	83	92	88	84	81	88	85	86	85	92	87	83
Customer Service	72	87	85	81	94	85	100	84	85	84	88	80	86
Overall Ratings *(% 8,9,10)*													
Health Care	70	70	79	70	87	70	62	74	76	68	83	72	70
Personal Doctor	85	79	85	80	92	77	82	82	84	76	86	84	79
Specialist	81	80	89	82	87	86	80	83	83	83	70	79	87
Health Plan	66	67	77	65	77	68	72	70	70	68	75	74	65

HEDIS Measures

Flu Vaccinations for Adults Ages 18 - 64

Medical Assistance with Smoking and Tobacco Use Cessation

Flu Vaccinations

For Adults Ages 18-64

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

Health Plan Scores (% Yes)	2015	2016	2017	2018
Q38. Flu Shot	46%	43%	NA	50%
Sample Size:	*(289)*	*(316)*	*(NA)*	*(311)*

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

Health Plan Percentile:

94th Percentile

2017 Quality Compass							
Mean	5th	10th	25th	50th	75th	90th	95th
38.57	25.20	29.57	34.28	39.20	43.00	47.46	51.31

- Results for this measure are calculated using data collected during the measurement year. There must be a total of 100 or more respondents eligible for calculation in the measurement year for the rate to be reportable.

Smoking & Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

- The Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure consists of the following components that assess different facets of providing medical assistance with smoking and tobacco use cessation:
  - Advising Smokers and Tobacco Users to Quit
  - Discussing Cessation Medications
  - Discussing Cessation Strategies
- Criteria for inclusion in this measure are members who are at least 18 years old, who were either current smokers, tobacco users, or recent quitters, who were seen by an MCO practitioner during the measurement year, and who received advice on quitting smoking/tobacco use.

Health Plan Scores (% Always/Usually/Sometimes)	2015	2016	2017	2018
Q40. Advising Smokers and Tobacco Users to Quit	74%	76%	NA	82%
Sample Size:	*(295)*	*(308)*	*(NA)*	*(152)*

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

Health Plan Percentile:

85th Percentile

2017 Quality Compass							
Mean	5th	10th	25th	50th	75th	90th	95th
76.24	64.56	68.75	72.56	77.05	80.23	82.34	84.54

- The Health Plan Scores are calculated using a rolling average methodology, using results collected during two consecutive years of data collection. There must be a total of 100 or more respondents for the rolling average calculation to be reportable.

Smoking & Tobacco Use Cessation

Discussing Cessation Medications

- Criteria for inclusion in this measure are members who are at least 18 years old, who were either current smokers, tobacco users, or recent quitters, who were seen by an MCO practitioner during the measurement year, and who discussed smoking/tobacco use cessation medications.

Health Plan Percentile:

62nd Percentile

- The Health Plan Scores are calculated using a rolling average methodology, using results collected during two consecutive years of data collection. There must be a total of 100 or more respondents for the rolling average calculation to be reportable.

Health Plan Scores (% Always/Usually/Sometimes)	2015	2016	2017	2018
Q41. Discussing Cessation Medications	49%	50%	NA	52%
Sample Size:	*(291)*	*(305)*	*(NA)*	*(152)*

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

2017 Quality Compass							
Mean	5th	10th	25th	50th	75th	90th	95th
49.46	32.56	38.94	44.11	49.71	55.17	60.34	65.06

Smoking & Tobacco Use Cessation

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

Health Plan Percentile:

73rd Percentile

- The Health Plan Scores are calculated using a rolling average methodology, using results collected during two consecutive years of data collection. There must be a total of 100 or more respondents for the rolling average calculation to be reportable.

Health Plan Scores (% Always/Usually/Sometimes)	2015	2016	2017	2018
Q42. Discussing Cessation Strategies	46%	48%	NA	49%
Sample Size:	*(294)*	*(307)*	*(NA)*	*(152)*

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

2017 Quality Compass							
Mean	5th	10th	25th	50th	75th	90th	95th
44.09	30.22	34.00	39.62	43.77	48.94	54.11	56.30