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2014 CAHPS® Adult Medicaid Member Satisfaction Survey

Oklahoma Health Care Authority

June 2014

oklahoma
health care
authority

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Background

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

Protocol

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

- 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. 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.

- Morpace designed a pre-notification postcard which pictured a portion of the questionnaire and the envelope in which it would arrive. A message encouraging the member to complete and return the questionnaire that would be arriving soon was also included.

- NCQA originally designed this protocol with the goal of achieving a total response rate of at least 45%. The average of response rates for all Adult Medicaid plans reporting to NCQA in 2013 was 29%, which is higher than the 2012 average (26%).

- In February, 1350 Oklahoma Health Care Authority members were randomly selected to participate in the 2014 CAHPS® 5.0H Adult Medicaid Survey. This report is compiled from the responses of the 309 Oklahoma Health Care Authority members who responded to the survey (23% 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
2014 Disposition Summary

Ineligible	Number		Non-response	Number
Deceased (M20/T20)	3		Bad address/phone (M23/T23)	89
Does not meet criteria (M21/T21)	12		Refusal (M32/T32)	32
Language barrier (M22/T22)	7		Maximum attempts made (M33/T33)	895
Mentally/physically incapacitated (M24/T24)	3			
Total Ineligible	**25**		**Total Non-response**	**1016**

- 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:

$$\frac{\textit{Mail completes (240) + Phone completes (69)}}{\textit{Total Sample (1350) - Total Ineligible (25)}} = \frac{309}{1325} = \textit{Response Rate} = 23\%$$

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		
		Trended Data
Composite Measures	**2013**	**2014**
Getting Care Quickly	79%	82%
Shared Decision Making	48%	50%
How Well Doctors Communicate	87%	90%
Getting Needed Care	80%	82%
Customer Service	90%	82%
Overall Rating Measures		
Health Care	64%	68%
Personal Doctor	71%	79% ⬆
Specialist	75%	83%
Health Plan	61%	73% ⬆
HEDIS® Measures		
Flu Vaccinations***	NA	45%
Advising Smokers and Tobacco Users to Quit*	76%	75%
Discussing Cessation Medications*	45%	48%
Discussing Cessation Strategies*	42%	44%
Aspirin Use**	NR	NR
Discussing Aspirin Risks and Benefits**	NR	NR
Health Promotion & Education	70%	71%
Coordination of Care	77%	83%
Sample Size	*1350*	*1350*
# of Completes	*414*	*309*
Response Rates	*32%*	*23%*

Legend: ⬆/⬇ Statistically higher/lower compared to prior year results. Significance testing is not conducted on Composite Measures.
NA=Data not available   NT=Data not trendable   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 2014.
***New measure in 2014. This is a single year measure.

Executive Summary
Scoring for NCQA Accreditation

				2014 NCQA National Accreditation Comparisons*					
					Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l
				Accreditation Points	0.33	0.65	1.11	1.43	1.63
Composite Scores	**Unadjusted**	**Adjusted****	**Approximate Percentile Threshold**							**Approximate Score****
Getting Care Quickly	2.434	2.444	50th			2.37	2.41	2.45	2.49	1.11
How Well Doctors Communicate	2.603	2.613	75th			2.48	2.54	2.58	2.64	1.43
Getting Needed Care	2.389	2.399	50th			2.31	2.37	2.41	2.46	1.11
Customer Service***	0.000	0.000	NA			2.48	2.54	2.58	2.61	NA
Overall Ratings Scores										
Q13 Health Care	2.265	2.279	25th			2.27	2.32	2.38	2.42	0.65
Q23 Personal Doctor	2.518	2.532	75th			2.43	2.50	2.53	2.57	1.43
Q27 Specialist	2.563	2.577	75th			2.48	2.51	2.56	2.59	1.43
				Accreditation Points	0.65	1.30	2.21	2.86	3.25	
Q35 Health Plan	2.341	2.355	25th			2.32	2.40	2.46	2.54	1.30

Estimated Overall CAHPS® Score:	8.46

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 30, 2014**. Subject: 2014 Accreditation Benchmarks and Thresholds.

**To take into account inherent sampling variation, prior to scoring, NCQA will add 0.014 to each of the four CAHPS® 5.0H rating questions and to the Customer Service composite means; and 0.01 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	2013 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)*	**82.33%**	76.01	79.23	81.47	84.04	85.37
Shared Decision Making *(% A lot/Yes)*	**49.95%**	NA	NA	NA	NA	NA
How Well Doctors Communicate *(% Always and Usually)*	**89.92%**	86.26	87.69	89.44	90.66	92.55
Getting Needed Care *(% Always and Usually)*	**82.12%**	75.56	78.27	80.97	83.30	85.44
Customer Service *(% Always and Usually)*	**82.20%**	82.24	84.50	86.46	88.30	89.54
Overall Ratings Scores						
Q13 Health Care (% 8, 9, and 10)	**68.38%**	65.34	68.10	70.59	73.31	76.34
Q23 Personal Doctor (% 8, 9, and 10)	**78.95%**	73.24	76.13	78.65	80.67	82.89
Q27 Specialist (% 8, 9, and 10)	**82.54%**	75.00	76.70	79.53	82.25	84.39
Q36 Health Plan (% 8, 9, and 10)	**73.10%**	65.93	69.09	74.49	77.84	81.25

NA = Comparison data not available from NCQA.

*Data Source: 2013 Adult Medicaid Quality Compass®. Scores above based on 135 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. The relative importance of the individual issues (Correlation to overall measures).

2. The current levels of performance on each issue (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	**Health Care**
Q14 - Easy to Get Care Believed Necessary	Q14 - Easy to Get Care Believed Necessary
Q32 - Treated You with Courtesy and Respect	Q19 - Show Respect for What You Had to Say
Q31 - Got Information or Help Needed	Q18 - Listen Carefully to You
Q4 - Getting Care as Soon as Needed	
Continue to Target Efforts (High correlation/Relatively high performance)	
Health Plan	**Health Care**
None	Q20 - Spend Enough Time with You
	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 members have difficulty making 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 better accepted if presented as a testimonial from a patient.

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
Q14. Easy to Get Care Believed Necessary	0.41	251	81.27%	**25th**
Q32. Treated You with Courtesy and Respect	0.40	78	87.18%	**Below 10th**
Q31. Got Information or Help Needed	0.35	79	77.22%	**10th**
Q4. Getting Care as Soon as Needed	0.33	158	82.28%	**25th**
Q17. Explain Things in a Way You Could Understand	0.23	205	90.73%	50th
Q18. Listen Carefully to You	0.23	206	90.29%	**25th**
Q20. Spend Enough Time with You	0.22	206	88.35%	50th
Q19. Show Respect for What You Had to Say	0.21	206	90.29%	**25th**
Q11. Discussed Reasons Not to Take Medicine	0.18	139	28.78%	NA
Q6. Getting Appointment as Soon as Needed	0.18	227	82.38%	75th
Q25. Easy to Get Appointment with Specialist	0.17	135	82.96%	75th
Q12. Asked Preference for Medicine	0.08	135	70.37%	NA
Q10. Discussed Reasons to Take Medicine	0.02	140	50.71%	NA
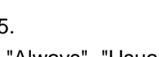
0.0   0.5   1.0

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)

Q14 - Easy to Get Care Believed Necessary
Q32 - Treated You with Courtesy and Respect
Q31 - Got Information or Help Needed
Q4 - Getting Care as Soon as Needed

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

None

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	0.55	251	81.27%	25th
Q19. Show Respect for What You Had to Say	0.54	206	90.29%	25th
Q20. Spend Enough Time with You	0.52	206	88.35%	50th
Q18. Listen Carefully to You	0.51	206	90.29%	25th
Q17. Explain Things in a Way You Could Understand	0.45	205	90.73%	50th
Q12. Asked Preference for Medicine	0.38	135	70.37%	NA
Q11. Discussed Reasons Not to Take Medicine	0.36	139	28.78%	NA
Q10. Discussed Reasons to Take Medicine	0.33	140	50.71%	NA
Q31. Got Information or Help Needed	0.30	79	77.22%	10th
Q4. Getting Care as Soon as Needed	0.30	158	82.28%	25th
Q25. Easy to Get Appointment with Specialist	0.29	135	82.96%	75th
Q6. Getting Appointment as Soon as Needed	0.23	227	82.38%	75th
Q32. Treated You with Courtesy and Respect	0.21	78	87.18%	Below 10th
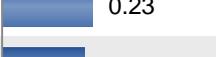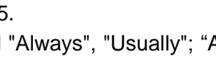
0.0   0.5   1.0

Use caution when reviewing scores with sample sizes less than 25.
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High Priority for Improvement
(High Correlation/ Lower Quality Compass® Group)

Q14 - Easy to Get Care Believed Necessary
Q19 - Show Respect for What You Had to Say
Q18 - Listen Carefully to You

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

Q20 - Spend Enough Time with You
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

Executive Summary
Key Driver Analysis – Doctor and Specialist

Q23. Rating of Personal Doctor	Health Plan's Score	Plan's Percentile Range
Q19. Show Respect for What You Had to Say — 0.72	90.29%	**25th**
Q20. Spend Enough Time with You — 0.66	88.35%	50th
Q18. Listen Carefully to You — 0.65	90.29%	**25th**
Q17. Explain Things in a Way You Could Understand — 0.59	90.73%	50th
Q14. Easy to Get Care Believed Necessary — 0.49	81.27%	**25th**
Q10. Discussed Reasons to Take Medicine — 0.32	50.71%	NA
Q25. Easy to Get Appointment with Specialist — 0.25	82.96%	75th
Q11. Discussed Reasons Not to Take Medicine — 0.24	28.78%	NA
Q12. Asked Preference for Medicine — 0.23	70.37%	NA
Q6. Getting Appointment as Soon as Needed — 0.16	82.38%	75th
Q32. Treated You with Courtesy and Respect — 0.14	87.18%	**Below 10th**
Q4. Getting Care as Soon as Needed — 0.14	82.28%	**25th**
Q31. Got Information or Help Needed — 0.01	77.22%	**10th**

Q27. Rating of Specialist	Health Plan's Score	Plan's Percentile Range
Q14. Easy to Get Care Believed Necessary — 0.31	81.27%	**25th**
Q25. Easy to Get Appointment with Specialist — 0.28	82.96%	75th
Q20. Spend Enough Time with You — 0.27	88.35%	50th
Q32. Treated You with Courtesy and Respect — 0.24	87.18%	**Below 10th**
Q12. Asked Preference for Medicine — 0.21	70.37%	NA
Q18. Listen Carefully to You — 0.18	90.29%	**25th**
Q10. Discussed Reasons to Take Medicine — 0.17	50.71%	NA
Q11. Discussed Reasons Not to Take Medicine — 0.17	28.78%	NA
Q6. Getting Appointment as Soon as Needed — 0.16	82.38%	75th
Q19. Show Respect for What You Had to Say — 0.11	90.29%	**25th**
Q17. Explain Things in a Way You Could Understand — 0.09	90.73%	50th
Q31. Got Information or Help Needed — 0.08	77.22%	**10th**
Q4. Getting Care as Soon as Needed — 0.01	82.28%	**25th**

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

Advanced Analysis Using CAHPS® Data

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 Morpace's Adult Medicaid CAHPS ® Book of Business* so is not representative of any single health plan. 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 2014 Morpace Adult Medicaid Book of Business is based on 37 health plans including 15,647 beneficiaries.

# Data Relationships based on PLS Output for 2014 Adult Medicaid CAHPS® Morpace Book of Business

# Executive Summary
Demographics

HEALTH STATUS

- Excellent/Very good 24%
- Good 30%
- Fair/Poor 46%

MENTAL/EMOTIONAL HEALTH STATUS

- Excellent/Very good 35%
- Good 26%
- Fair/Poor 39%

MEMBER'S AGE

- 65 or older 2%
- 18-24 18%
- 25-34 15%
- 35-44 16%
- 45-54 25%
- 55-64 24%

GENDER

- Male 32%
- Female 68%

EDUCATION

- 4-yr college graduate 3%
- More than 4-year college degree 1%
- Some college or 2-yr degree 20%
- Did not graduate high school 30%
- High School graduate or GED 46%

RACE / ETHNICITY

- Hispanic or Latino 7%
- White 71%
- Black or African-American 14%
- Asian 1%
- Native Hawaiian or other Pacific Islander 1%
- American Indian or Alaska Native 18%
- Other 6%

Data shown are self reported.

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Executive Summary
Demographics

	2013	2014	2013 Quality Compass®
Q36. Health Status			
Excellent/Very good	25%	24%	33%
Good	27%	30%	32%
Fair/Poor	48%	46%	35%
Q37. Mental/Emotional Health Status			
Excellent/Very good	32%	35%	NA
Good	28%	26%	NA
Fair/Poor	40%	39%	NA
Q52. Member's Age			
18 to 24	18%	18%	18%
25 to 34	21%	15%	21%
35 to 44	15%	16%	18%
45 to 54	24%	25%	20%
55 to 64	21%	24%	18%
65 or older	1%	2%	5%
Q53. Gender			
Male	32%	32%	34%
Female	68%	68%	66%
Q54. Education			
Did not graduate high school	32%	30%	27%
High school graduate or GED	46%	46%	39%
Some college or 2-year degree	19%	20%	27%
4-year college graduate	2%	3%	5%
More than 4-year college degree	1%	1%	2%
Q55/56. Race/Ethnicity			
Hispanic or Latino	6%	7%	17%
White	74%	71%	54%
Black or African-American	15%	14%	22%
Asian	1%	1%	4%
Native Hawaiian or other Pacific Islander	0%	1%	2%
American Indian or Alaska Native	18%	18%	4%
Other	5%	6%	9%

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	Age				Race				Ethnicity		Educational Level		Health Status		
	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
Sample size	(n=55)	(n=47)	(n=49)	(n=153)	(n=219)	(n=43)	(n=4)	(n=73)	(n=19)	(n=271)	(n=230)	(n=74)	(n=72)	(n=88)	(n=137)
Composites *(% Always/Usually)*															
Getting Care Quickly	81	77	90	82	84	79	50	80	70	83	84	78	72	79	89
Shared Decision Making *(% A lot/Yes)*	44	54	50	51	48	53	33	54	75	49	54	40	44	53	52
How Well Doctors Communicate	91	88	88	91	89	95	75	89	86	91	88	94	93	92	89
Getting Needed Care	87	88	74	82	82	86	67	81	56	84	80	86	79	88	80
Customer Service	75	90	74	84	83	80	0	85	64	85	82	81	71	97	83
Ratings *(% 8,9,10)*															
Personal Doctor	77	78	79	80	77	85	50	82	86	80	78	81	87	75	80
Specialist	75	94	81	82	83	86	67	84	80	82	83	82	90	86	79
Health Care	83C	63	62	68	68	74	67	70	79	68	69	67	76	70	66
Health Plan	73	66	76	76	71	82	75	78	67	73	72	77	84O	74	67

A/B/C = significantly higher than indicated column at 95% confidence level
Significance testing is not conducted on Composite Measures.

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
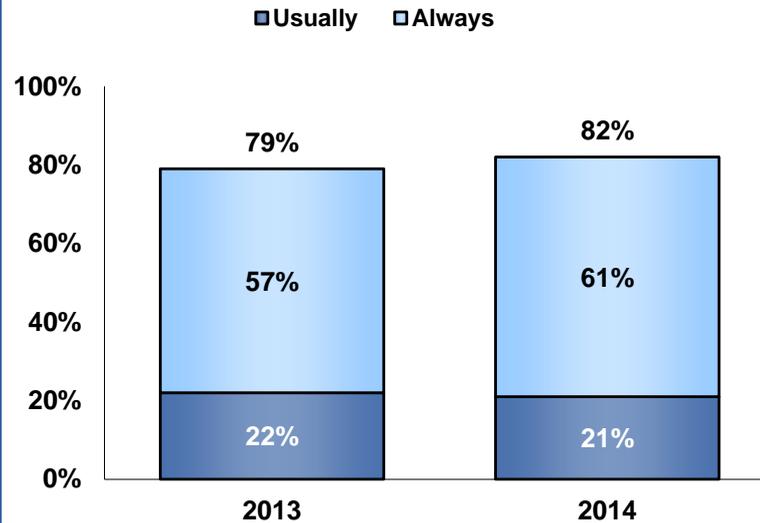
□ Usually   □ Always

Chart showing:
- 2013: Usually 22%, Always 57%, total 79%
- 2014: Usually 21%, Always 61%, total 82%

Plan score falls on 50th or below 75th Percentile

2013 Quality Compass®

Mean	10th	25th	50th	75th	90th
81.16	76.01	79.23	81.47	84.04	85.37

NOTE: Numbers are rounded to the nearest whole number

Getting Care Quickly
Composite Measures
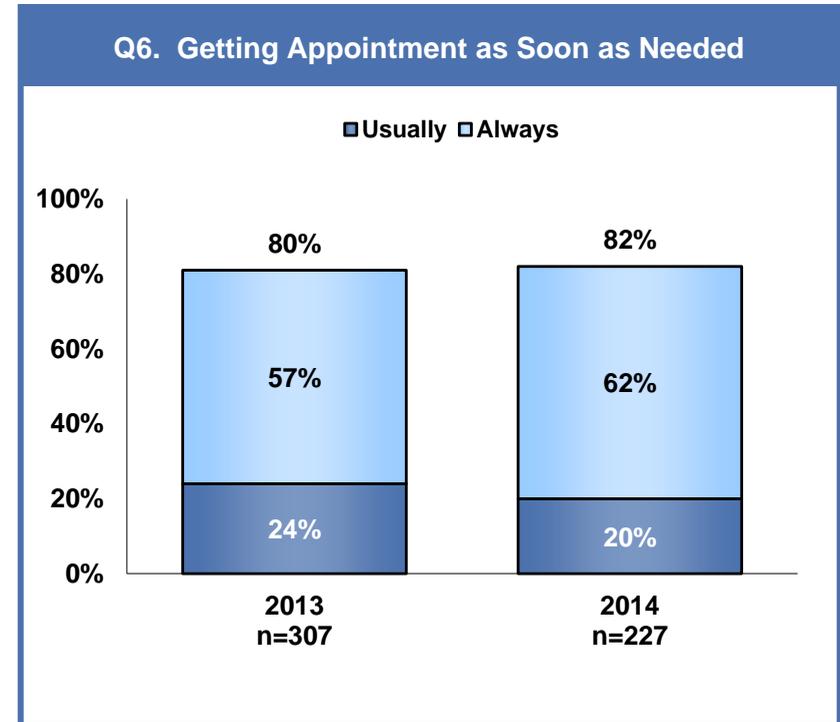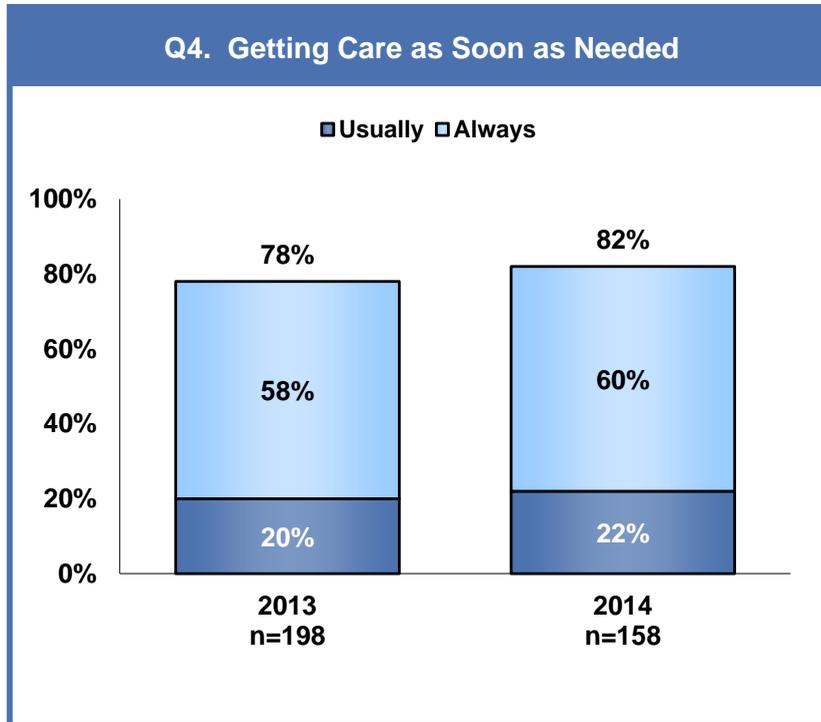
Q4. Getting Care as Soon as Needed

□ Usually □ Always

	2013 n=198	2014 n=158
Total	78%	82%
Always	58%	60%
Usually	20%	22%

Q6. Getting Appointment as Soon as Needed

□ Usually □ Always

	2013 n=307	2014 n=227
Total	80%	82%
Always	57%	62%
Usually	24%	20%

Legend: ↑/↓ 2014 statistically higher/lower compared to 2013 results.

NOTE: Numbers are rounded to the nearest whole number

morpace

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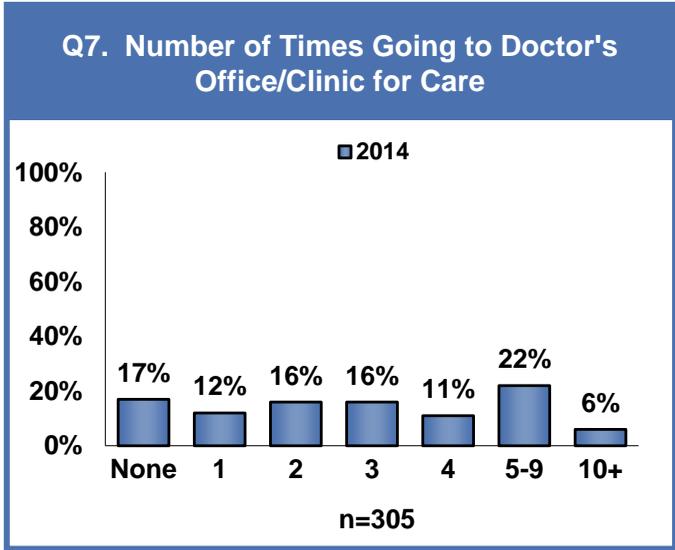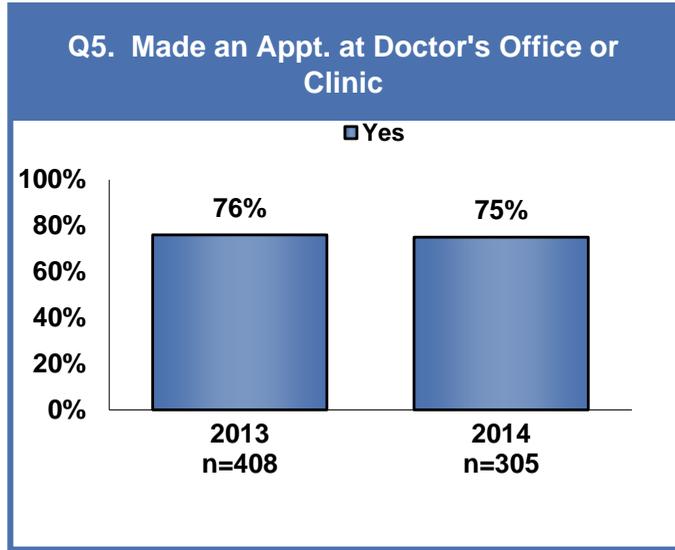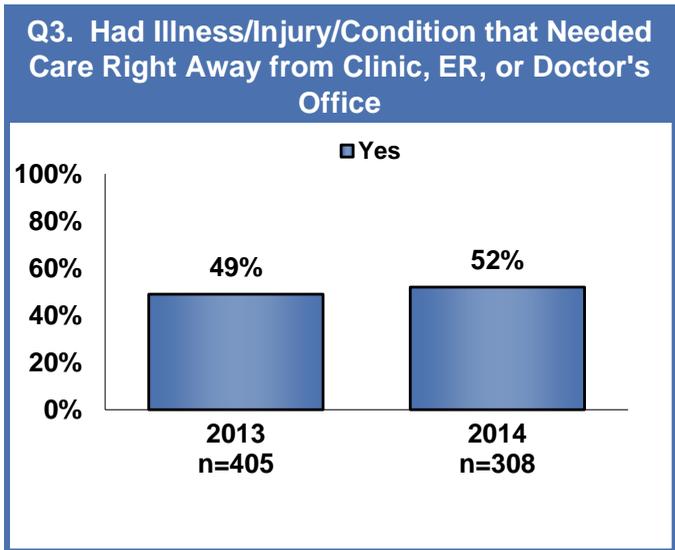
Q3. Had Illness/Injury/Condition that Needed Care Right Away from Clinic, ER, or Doctor's Office

■Yes

	2013 n=405	2014 n=308
Yes	49%	52%

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

■Yes

	2013 n=408	2014 n=305
Yes	76%	75%

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

■2014

None	1	2	3	4	5-9	10+
17%	12%	16%	16%	11%	22%	6%

n=305

Legend: ↑/↓ 2014 statistically higher/lower compared to 2013 results.   NOTE: Numbers are rounded to the nearest whole number

Shared Decision Making
Composite

Shared Decision Making

◾A lot/Yes

Bar chart showing "A lot/Yes" values:
- 2013: 48%
- 2014: 50%

(Y-axis: 0% to 100%)
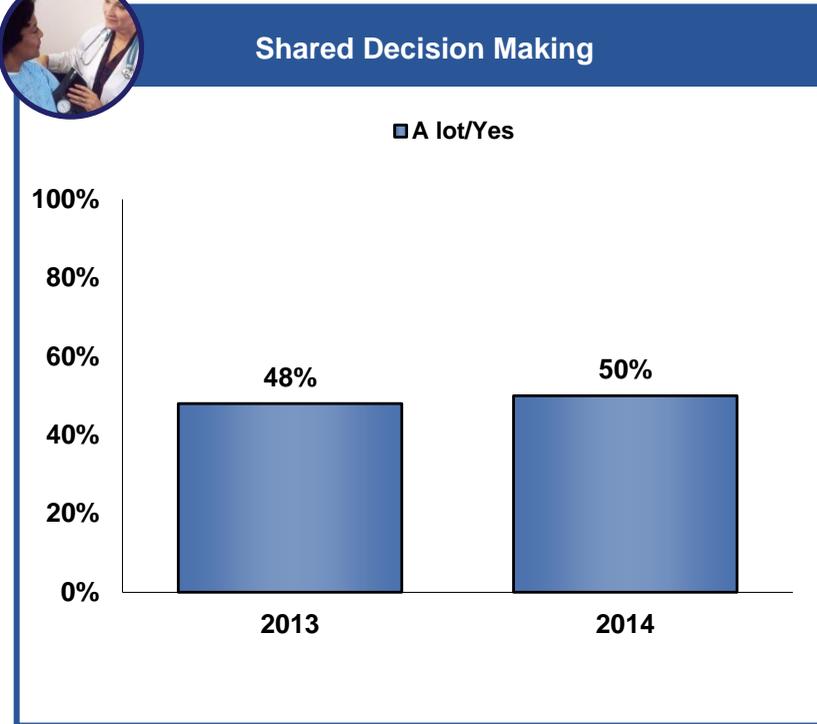
This composite was revised in 2013 to focus on patients' discussion with their doctor or other health provider about prescription medicine. The score for this measure is the average of 3 questions
(Q10 - % A lot, Q11 - % A lot, Q12 - % Yes). This measure will be publicly reported for the first time in 2014.

2013 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
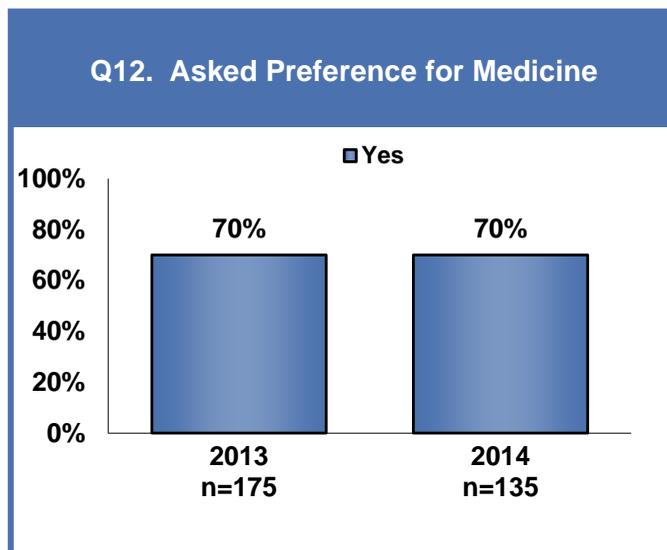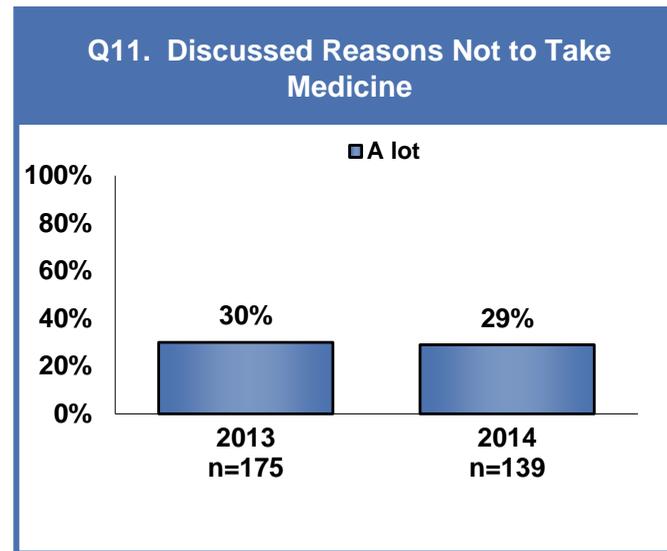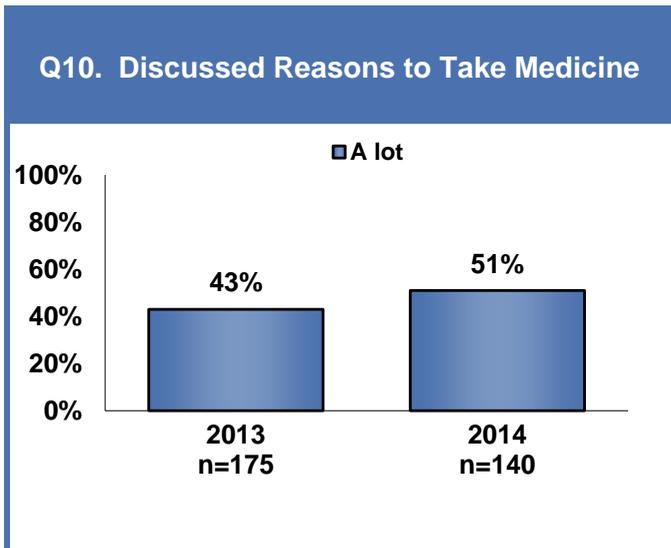
Q10. Discussed Reasons to Take Medicine

■ A lot

	2013 n=175	2014 n=140
A lot	43%	51%

Q11. Discussed Reasons Not to Take Medicine

■ A lot

	2013 n=175	2014 n=139
A lot	30%	29%

Q12. Asked Preference for Medicine

■ Yes

	2013 n=175	2014 n=135
Yes	70%	70%

Legend: ↑/↓ 2014 statistically higher/lower compared to 2013 results.
NOTE: Numbers are rounded to the nearest whole number

How Well Doctors Communicate
Composite

How Well Doctors Communicate
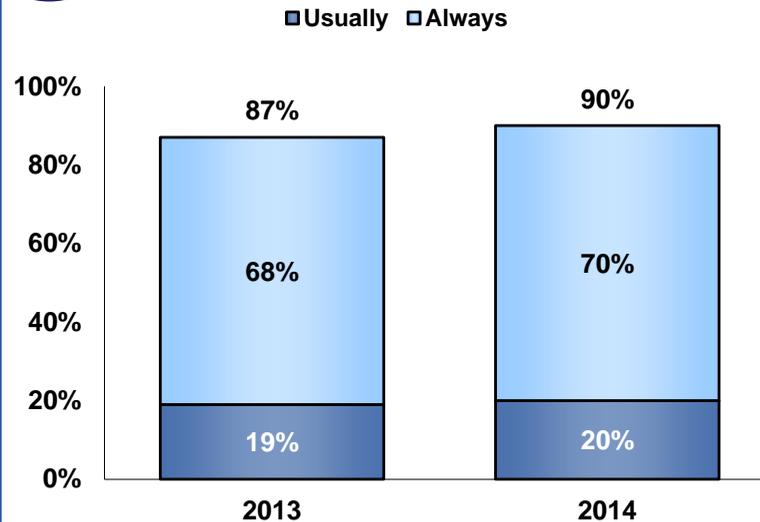
■ Usually ■ Always

	2013	2014
Always	68%	70%
Usually	19%	20%
Total	87%	90%

Plan score falls on 50th or below 75th Percentile

2013 Quality Compass®					
Mean	10th	25th	50th	75th	90th
89.27	86.26	87.69	89.44	90.66	92.55

NOTE: Numbers are rounded to the nearest whole number

How Well Doctors Communicate
Composite Measures

Q17. Explain Things in a Way You Could Understand
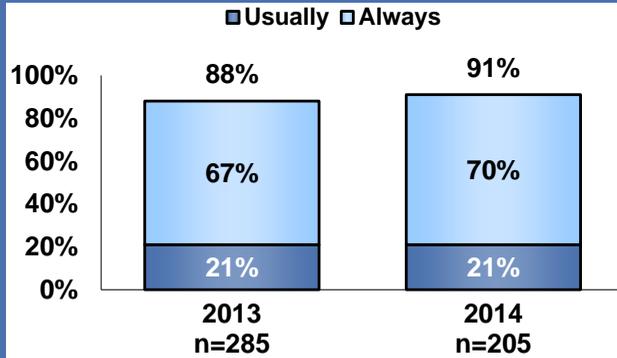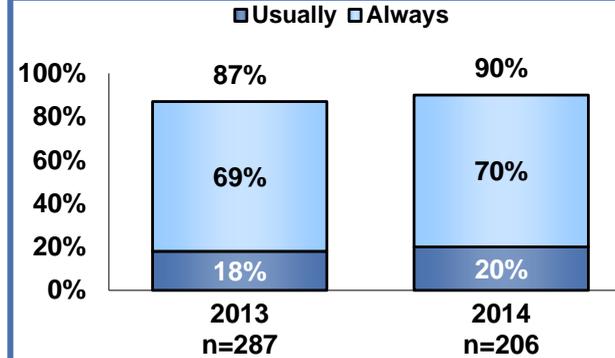
■ Usually ■ Always

	2013 n=285	2014 n=205
Total	88%	91%
Always	67%	70%
Usually	21%	21%

Q18. Listen Carefully to You

■ Usually ■ Always

	2013 n=287	2014 n=206
Total	87%	90%
Always	69%	70%
Usually	18%	20%

Q19. Show Respect for What You Had to Say

■ Usually ■ Always

	2013 n=284	2014 n=206
Total	88%	90%
Always	74%	76%
Usually	14%	15%

Q20. Spend Enough Time with You

■ Usually ■ Always

|	2013 n=285	2014 n=206
Total	84%	88%
Always	61%	66%
Usually	24%	23%
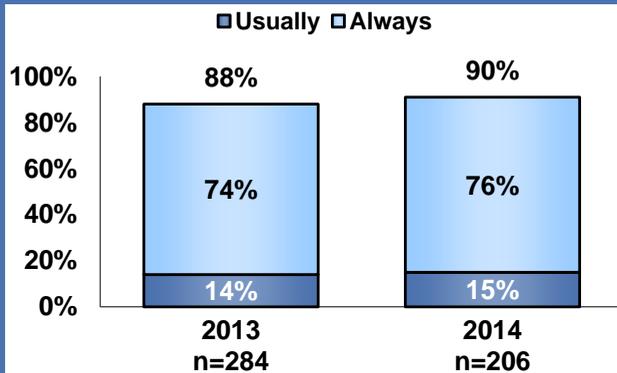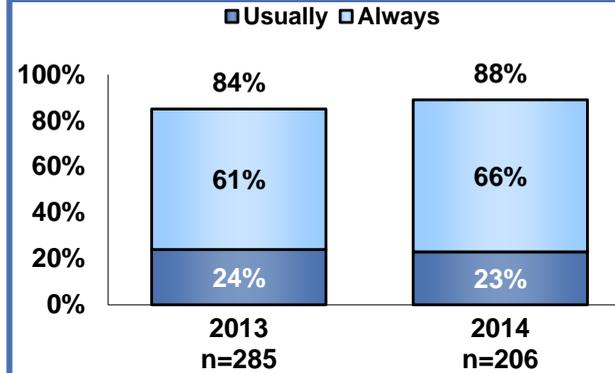
Legend: ⬆/⬇ 2014 statistically higher/lower compared to 2013 results.   NOTE: Numbers are rounded to the nearest whole number

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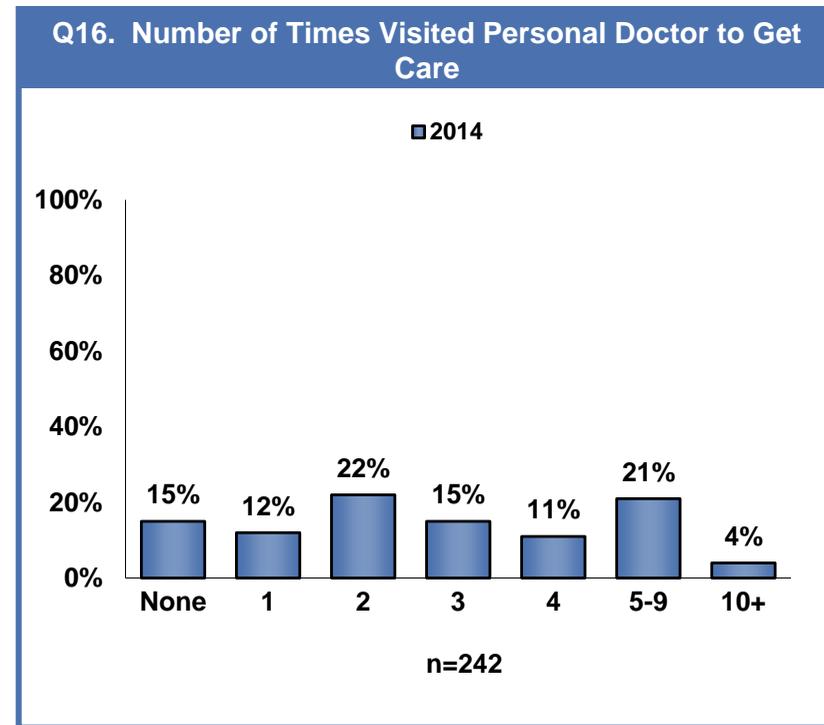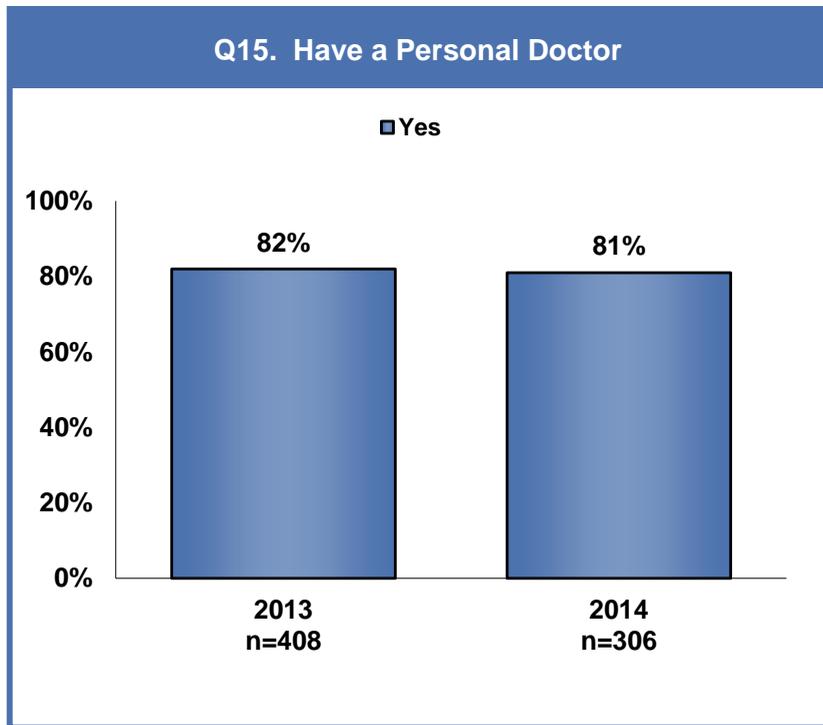
Q15. Have a Personal Doctor

■Yes

- 2013 n=408: 82%
- 2014 n=306: 81%

Q16. Number of Times Visited Personal Doctor to Get Care

■2014

None	1	2	3	4	5-9	10+
15%	12%	22%	15%	11%	21%	4%

n=242

Legend: ↑/↓ 2014 statistically higher/lower compared to 2013 results.
NOTE: Numbers are rounded to the nearest whole number

Getting Needed Care
Composite

Getting Needed Care
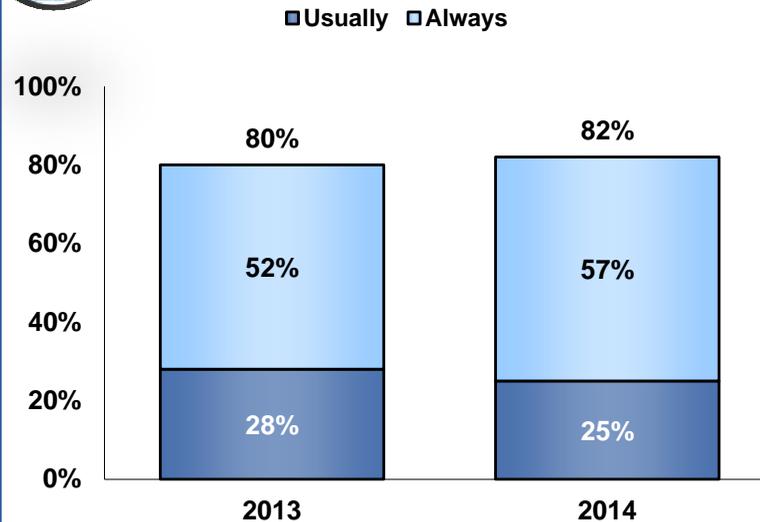
Usually ☐ Always ☐

Chart values:
- 2013: Usually 28%, Always 52%, Total 80%
- 2014: Usually 25%, Always 57%, Total 82%

Plan score falls on 50th or below 75th Percentile

| 2013 Quality Compass®					
Mean	10th	25th	50th	75th	90th
80.62	75.56	78.27	80.97	83.30	85.44

NOTE: Numbers are rounded to the nearest whole number

Getting Needed Care
Composite Measures
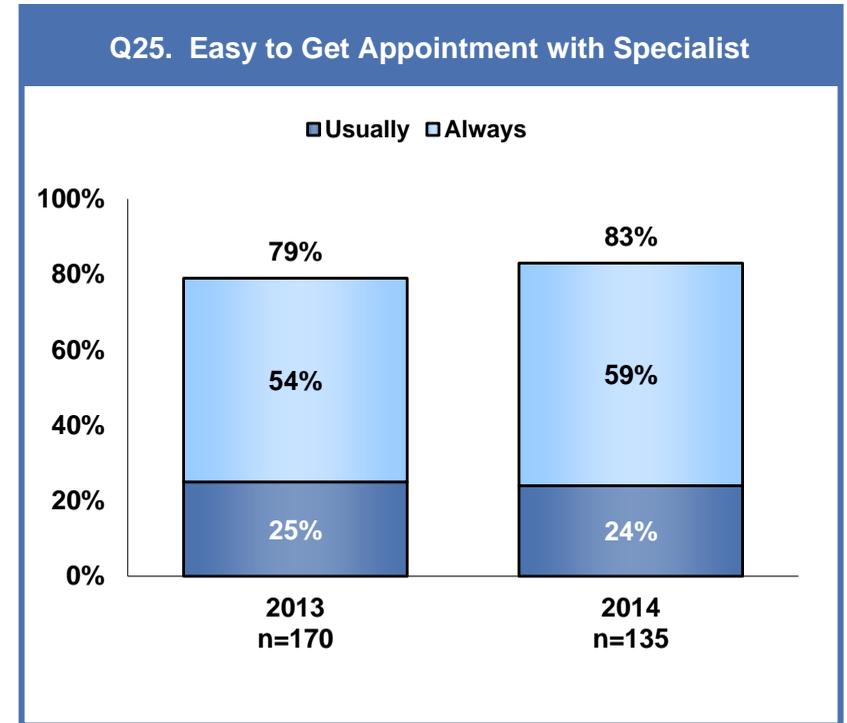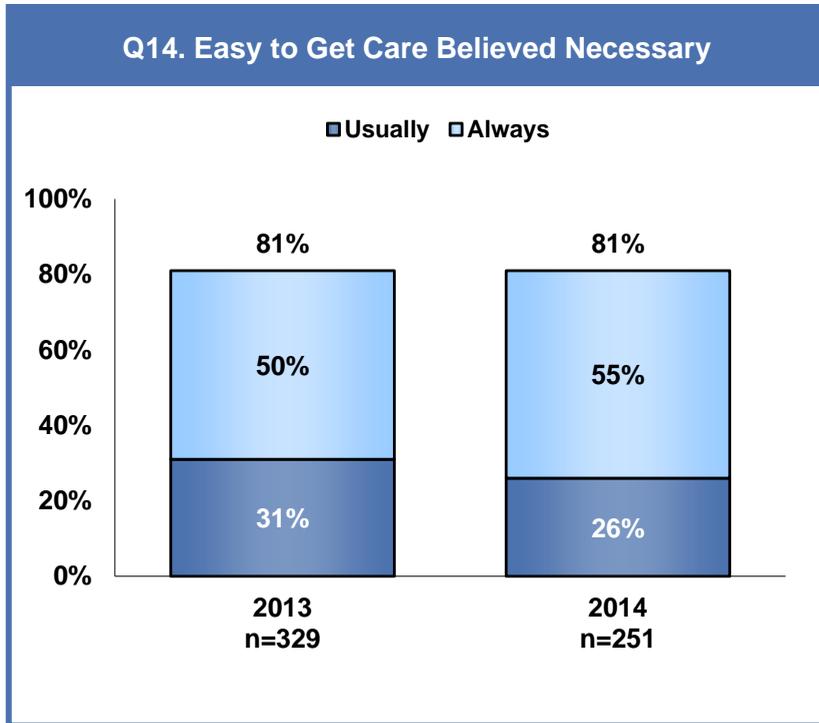
oklahoma
health care
authority

Q14. Easy to Get Care Believed Necessary

□ Usually □ Always

	2013 n=329	2014 n=251
Total	81%	81%
Always	50%	55%
Usually	31%	26%

Q25. Easy to Get Appointment with Specialist

□ Usually □ Always

	2013 n=170	2014 n=135
Total	79%	83%
Always	54%	59%
Usually	25%	24%

Legend: ↑↓ 2014 statistically higher/lower compared to 2013 results.
NOTE: Numbers are rounded to the nearest whole number

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Getting Needed Care
Access to Specialty Care

Q24. Made an Appointment to See a Specialist

■Yes

- 2013: 43% (n=397)
- 2014: 45% (n=302)
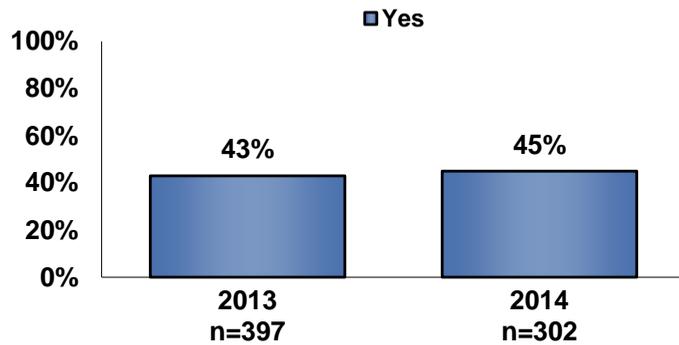
Q26. Number of Specialists Seen
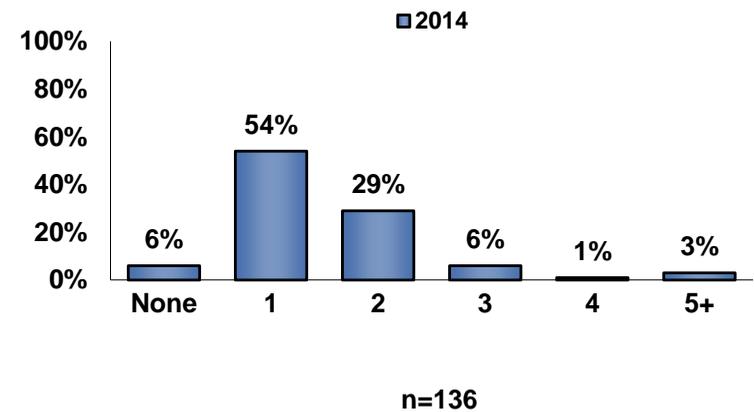
■2014

- None: 6%
- 1: 54%
- 2: 29%
- 3: 6%
- 4: 1%
- 5+: 3%

n=136

Legend: ↑/↓ 2014 statistically higher/lower compared to 2013 results.   NOTE: Numbers are rounded to the nearest whole number

Customer Service
Composite

Customer Service

Usually Always

- 2013: 90% (Always 66%, Usually 24%)
- 2014: 82% (Always 64%, Usually 18%)
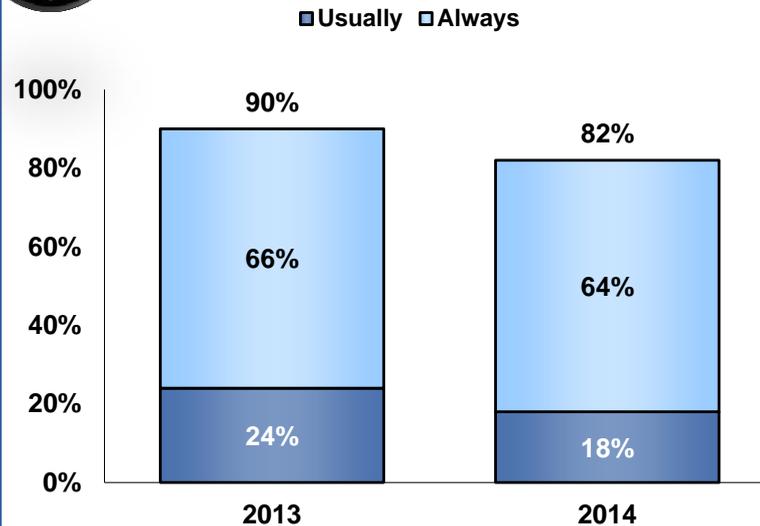
Plan score falls below 10th Percentile

2013 Quality Compass®					
Mean	10th	25th	50th	75th	90th
86.16	82.24	84.50	86.46	88.30	89.54

NOTE: Numbers are rounded to the nearest whole number

Customer Service
Composite Measures
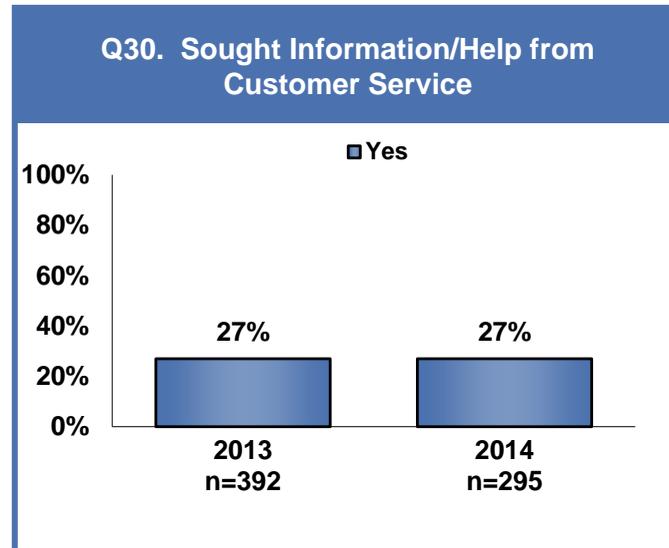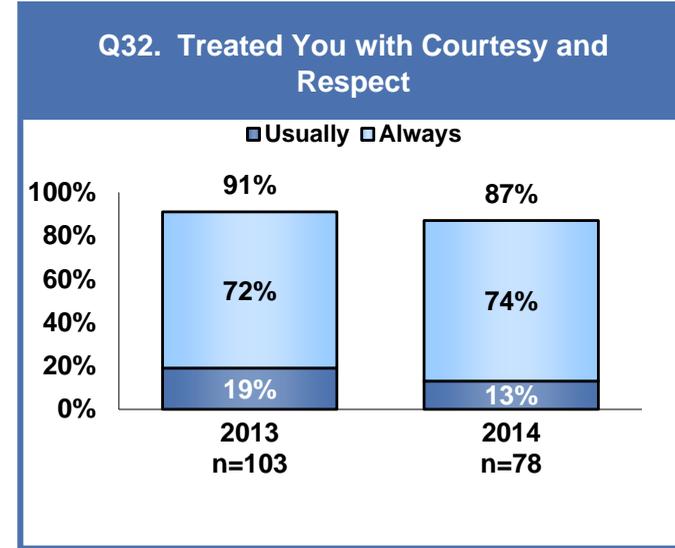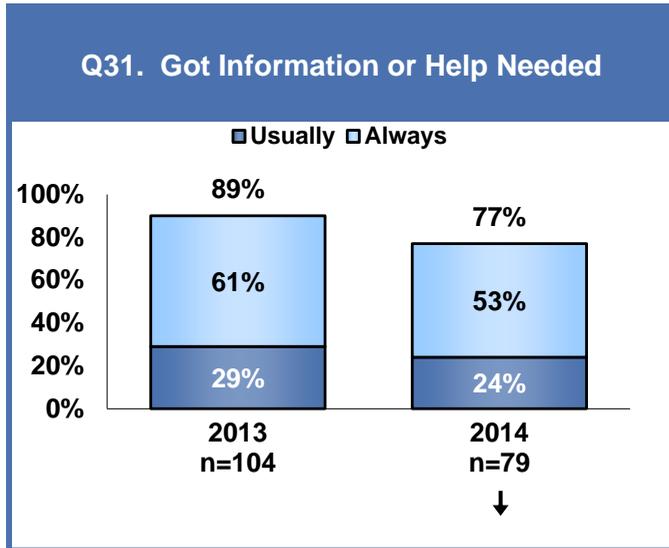
Q31. Got Information or Help Needed

Legend: ☐Usually ☐Always

- 2013 n=104: 89% (Usually 29%, Always 61%)
- 2014 n=79: 77% (Usually 24%, Always 53%) ↓

Q32. Treated You with Courtesy and Respect

Legend: ☐Usually ☐Always

- 2013 n=103: 91% (Usually 19%, Always 72%)
- 2014 n=78: 87% (Usually 13%, Always 74%)

Q30. Sought Information/Help from Customer Service

Legend: ☐Yes

- 2013 n=392: 27%
- 2014 n=295: 27%

Legend: ↑/↓ 2014 statistically higher/lower compared to 2013 results.   NOTE: Numbers are rounded to the nearest whole number

Customer Service
## *Access to Information and Paperwork*
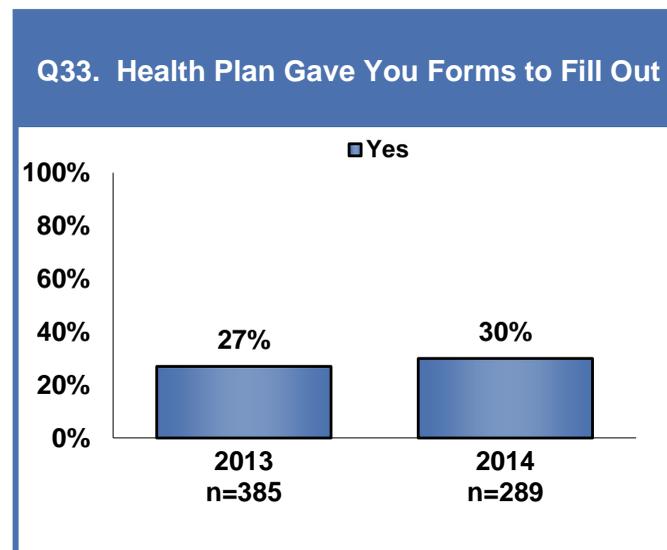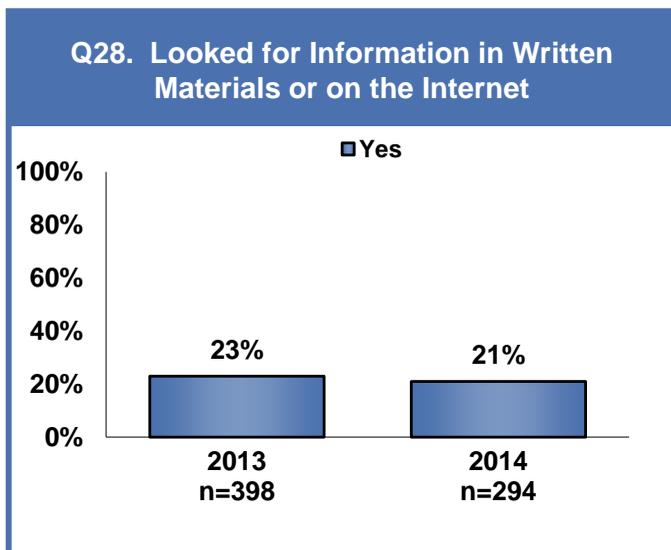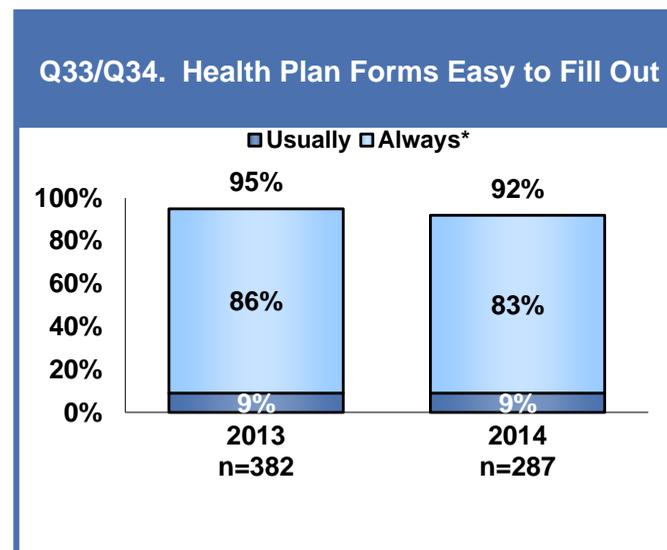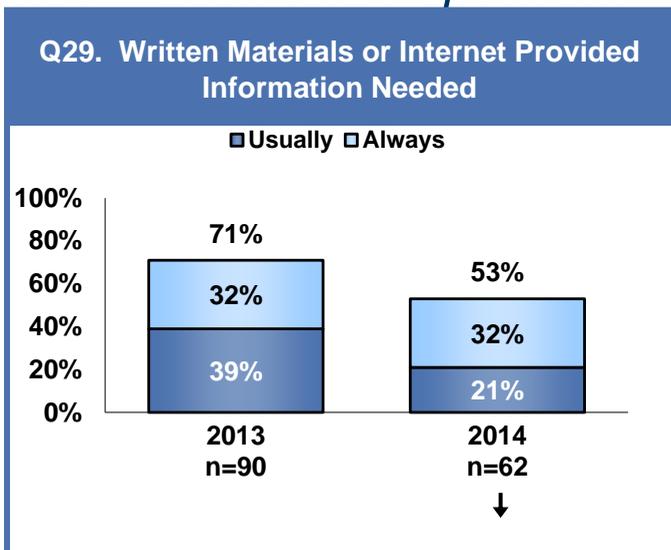
Q29. Written Materials or Internet Provided Information Needed

■Usually ■Always

- 2013 n=90: 71% (Always 32%, Usually 39%)
- 2014 n=62: 53% (Always 32%, Usually 21%) ↓

Q33/Q34. Health Plan Forms Easy to Fill Out

■Usually ■Always*

- 2013 n=382: 95% (Always 86%, Usually 9%)
- 2014 n=287: 92% (Always 83%, Usually 9%)

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

■Yes

- 2013 n=398: 23%
- 2014 n=294: 21%

Q33. Health Plan Gave You Forms to Fill Out

■Yes

- 2013 n=385: 27%
- 2014 n=289: 30%

Legend: ↑/↓ 2014 statistically higher/lower compared to 2013 results.

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

Health Promotion and Education

Yes

- 2013 n=328: 70%
- 2014 n=251: 71%
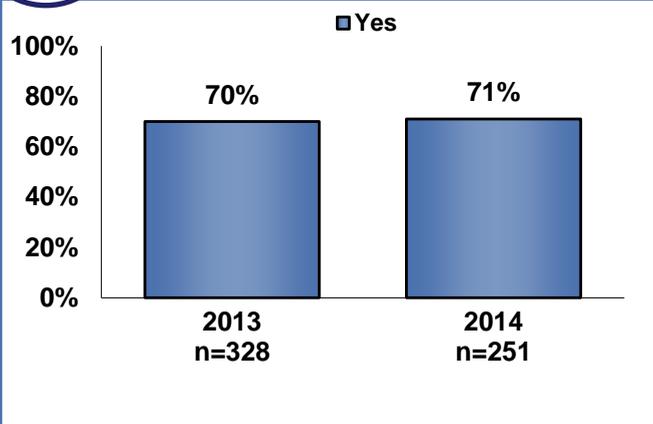
Q21. Received Care from Other Providers
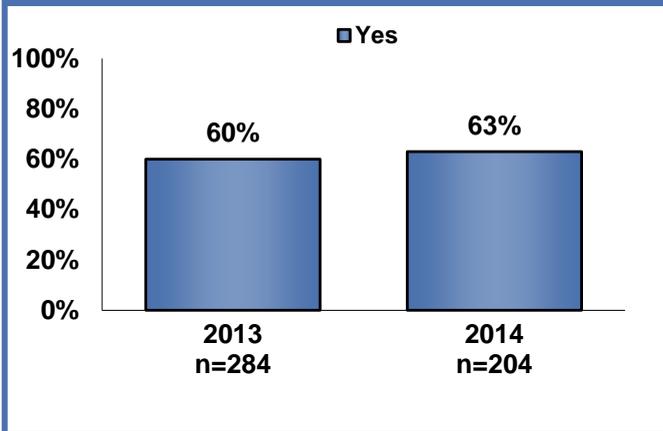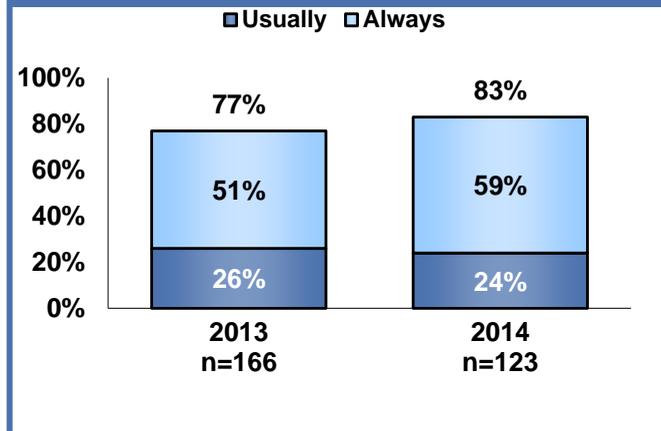
Yes

- 2013 n=284: 60%
- 2014 n=204: 63%

Q22. Coordination of Care

Usually / **Always**

- 2013 n=166: 77% (Usually 26%, Always 51%)
- 2014 n=123: 83% (Usually 24%, Always 59%)

Legend: ↑/↓ 2014 statistically higher/lower compared to 2013 results.   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)

	2013 n=328	2014 n=253
	64%	68%
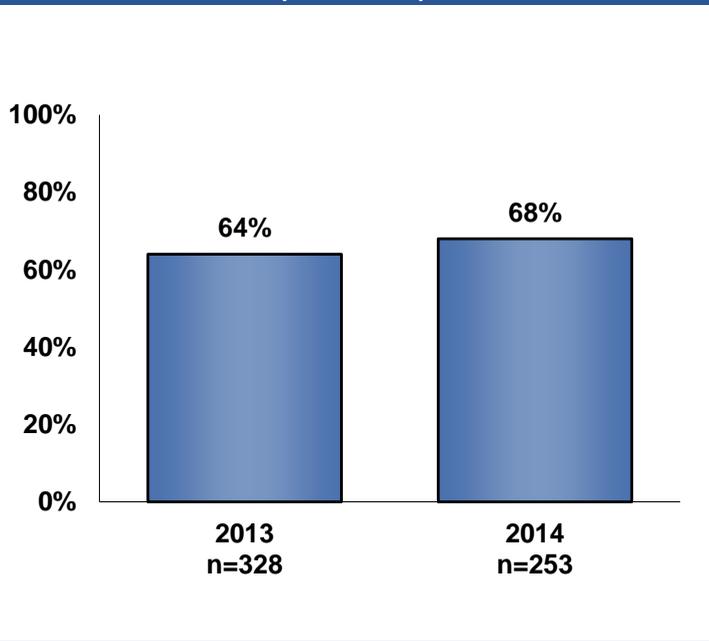
Plan score falls on 25th or below 50th Percentile

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

	2013 n=388	2014 n=290 ↑
	61%	73%
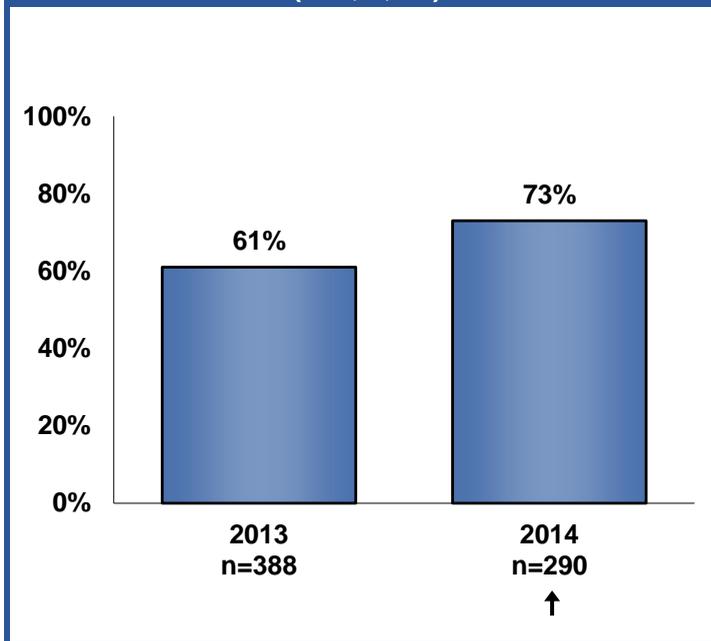
Plan score falls on 25th or below 50th Percentile

2013 Quality Compass®					
Mean	10th	25th	50th	75th	90th
70.84	65.34	68.10	70.59	73.31	76.34

2013 Quality Compass®					
Mean	10th	25th	50th	75th	90th
73.53	65.93	69.09	74.49	77.84	81.25

Legend: ↑/↓ 2014 statistically higher/lower compared to 2013 results.
NOTE: Numbers are rounded to the nearest whole number

Overall Rating – Personal Doctor & Specialist

Q23. Rating of Personal Doctor (% 8, 9, 10)

- 2013: 71% (n=328)
- 2014: 79% (n=247) ↑
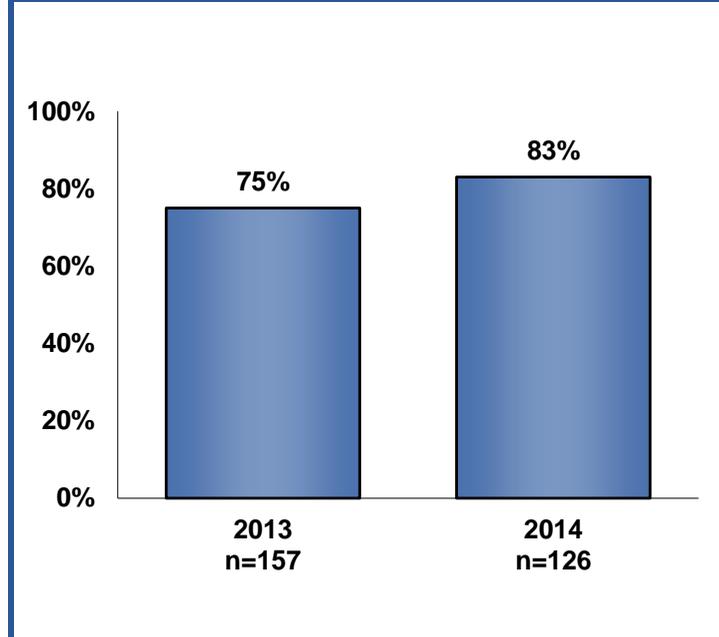
Plan score falls on 50th or below 75th Percentile

2013 Quality Compass®

Mean	10th	25th	50th	75th	90th
78.36	73.24	76.13	78.65	80.67	82.89

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

- 2013: 75% (n=157)
- 2014: 83% (n=126)

Plan score falls on 75th or below 90th Percentile

2013 Quality Compass®

Mean	10th	25th	50th	75th	90th
79.37	75.00	76.70	79.53	82.25	84.39

Legend: ↑/↓ 2014 statistically higher/lower compared to 2013 results.
NOTE: Numbers are rounded to the nearest whole number

HEDIS® Measures

Flu Vaccinations for Adults Ages 18 - 64

Medical Assistance with Smoking and Tobacco Use Cessation

Aspirin Use and Discussion

Flu Vaccinations for Adults Ages 18 – 64

- In 2014, the Flu Vaccinations for Adults Ages 18-64 Measure (FVA) was added to the Medicaid product line.

- 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

- Results for this measure are calculated using data collected during the measurement year.

- 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. Below are the 2014 Reported Results. See Technical Notes for Accreditation Scoring.

	2014 Reported Results*
Q38. Have you had either a flu shot or flu spray in the nose since July 1, 2013?	
Members that meet age criteria (results are not reportable in 2014)	280
Members that meet age criteria and received a flu shot	125
Flu Vaccinations for Adults Rate	*45%*

2013 Quality Compass®					
Mean	10th	25th	50th	75th	90th
NA	NA	NA	NA	NA	NA

* The 2014 Reported Result is calculated using results 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. This is a first year measure and will not be eligible for public reporting in 2014.

Medical Assistance with Smoking & Tobacco Use Cessation
Advising Smokers and Tobacco Users to Quit

- 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.

Q40. Advising Smokers and Tobacco Users to Quit	2013	2014	2014 Reported Results*
Members that meet criteria (results are not reportable if less than 100)	169	147	316
Members that meet criteria and were advised to quit smoking or using tobacco	129	108	237
Advising Smokers and Tobacco Users to Quit Rate	76%	73%	75%

2013 Quality Compass®					
Mean	10th	25th	50th	75th	90th
75.56	69.88	72.09	76.20	79.55	81.26

Plan score falls on 25th or below 50th Percentile

*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.

Medical Assistance with 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.

	2013	2014	2014 Reported Results*
Q41. Discussing Cessation Medications			
Members that meet criteria (results are not reportable if less than 100)	168	145	313
Members that meet criteria and discussed medications to quit smoking or using tobacco	76	74	150
Discussing Cessation Medications Rate	**45%**	**51%**	**48%**

2013 Quality Compass®					
Mean	10th	25th	50th	75th	90th
45.81	36.03	40.46	45.18	51.38	57.50

Plan score falls on 50th or below 75th Percentile

*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.

Medical Assistance with 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.

	2013	2014	2014 Reported Results*
Q42. Discussing Cessation Strategies			
Members that meet criteria (results are not reportable if less than 100)	168	145	313
Members that meet criteria and discussed methods & strategies to quit smoking or using tobacco	70	68	138
Discussing Cessation Strategies Rate	**42%**	**47%**	**44%**

2013 Quality Compass®					
Mean	10th	25th	50th	75th	90th
41.14	33.44	36.65	40.25	44.77	50.69

Plan score falls on 50th or below 75th Percentile

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

	2013	2014	2014 Rolling Average Results*
Q43. Aspirin Use			
Members that meet criteria (results are not reportable in 2014)	22	23	45
Members that meet criteria and use aspirin for preventative measures	8	11	19
Aspirin Use Rate	*36%*	*48%*	*42%*
Q45. Discussing Aspirin Risks and Benefits			
Members that meet criteria (results are not reportable in 2014)	55	43	98
Members that meet criteria and provider discussed risks/benefits of aspirin use for preventative measures	23	20	43
Discussing Aspirin Risks and Benefits Rate	*42%*	*47%*	*44%*

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 – Smoking

Q42a. In the last 30 days, have you used an electronic cigarette or vapor device, even one or two times?	
	2014
Yes	**18%**
No	**81%**
Don't Know	**1%**
	Sample Size: *(n=300)*

Q42b. Do you now use an electronic cigarette or vapor device every day, some days, or not at all?	
	2014
Every day	**15%**
Some days	**54%**
Not at all	**31%**
Don't know	**0%**
	Sample Size: *(n=52)*

Supplemental Questions – Smoking

Q42c. Which of the following would you say is the main reason or reasons that you used electronic cigarettes or vapor devices? Would you say that you used them… (Multiple Mentions)	2014
To help you quit using tobacco	59%
To reduce your tobacco use	47%
In places smoking regular cigarettes is not allowed	33%
To save money	33%
To avoid smelling like smoke	28%
Because they seem safer than cigarettes	24%
Some other reason	18%

Sample Size: *(n=51)*