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2015 CAHPS® Child Medicaid Member Satisfaction Survey Executive Summary

Oklahoma Health Care Authority (Medicaid)

June 2015

This document was developed through funding provided by the grant program outlined under the Catalog of Federal Domestic Assistance Number 93.609 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. However, these contents do not necessarily represent the policy or views of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal Government.

Oklahoma HealthCare Authority

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Background and Protocol

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 (Medicaid) 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.
- NCQA originally designed this protocol with the goal of achieving a total response rate of at least 45%. In 2014, the average response rate for all Child Medicaid plans reporting to NCQA was 28%, which is lower than the 2013 average (29%).
- In February, 1980 Oklahoma Health Care Authority (Medicaid) members were randomly selected to participate in the 2015 CAHPS® 5.0H Child Medicaid Survey. This report is compiled from the responses of the 473 Oklahoma Health Care Authority (Medicaid) members who responded to the survey (24% 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 (Medicaid)
2015 Disposition Summary

Ineligible	Number
Deceased (M20/T20)	0
Does not meet criteria (M21/T21)	22
Language barrier (M22/T22)	0
Mentally/physically incapacitated (M24/T24)	0
Total Ineligible	**22**

Non-response	Number
Bad address/phone (M23/T23)	156
Refusal (M32/T32)	0
Maximum attempts made (M33/T33)	1329
Total Non-response	**1485**

- 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 (Medicaid)'s Child Medicaid survey, the numerator and denominator used to compute the response rate are presented below:

$$\frac{\textit{Mail completes (267)} + \textit{Phone completes (206)}}{\textit{Total Sample (1980)} - \textit{Total Ineligible (22)}} = \frac{473}{1958} = \textit{Response Rate} = \textbf{\textit{24\%}}$$

Executive Summary

Summary of Key Measures

- For purposes of reporting the CAHPS® results, the National Committee for Quality Assurance (NCQA) uses 5 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 (Medicaid)	
Composite Measures	**2015**
Getting Care Quickly	91%
Shared Decision Making	79%
How Well Doctors Communicate	95%
Getting Needed Care	89%
Customer Service	88%
Overall Rating Measures	
Health Care	84%
Personal Doctor	86%
Specialist	90%
Health Plan	85%
Health Promotion & Education	75%
Coordination of Care	80%
Sample Size	*1980*
# of Completes	*473*
Response Rate	*24%*

Executive Summary

Scoring for NCQA Accreditation

			2015 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**	**Approximate Percentile Threshold**						***Approximate Score***
Getting Care Quickly	**2.616**	50th		2.54	2.61	2.66	2.69	***1.11***
How Well Doctors Communicate	**2.735**	75th		2.63	2.68	2.72	2.75	***1.43***
Getting Needed Care	**2.554**	75th		2.42	2.47	2.53	2.58	***1.43***
Customer Service	**2.534**	50th		2.50	2.53	2.58	2.63	***1.11***
Overall Ratings Scores								
Q13 Health Care	**2.538**	50th		2.49	2.52	2.57	2.59	***1.11***
Q26 Personal Doctor	**2.595**	25th		2.58	2.62	2.65	2.69	***0.65***
Q30 Specialist***	**0.000**	NA		2.53	2.59	2.62	2.66	***NA***
		Accreditation Points	***0.65***	***1.30***	***2.21***	***2.86***	***3.25***	
Q36 Health Plan	**2.582**	50th		2.51	2.57	2.62	2.67	***2.21***
							Estimated Overall CAHPS® Score:	**9.05**

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). For 2015, this is the first year NCQA is no longer using 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: **NCQA Memorandum of January 30, 2015**. Subject: 2015 Accreditation Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.

Executive Summary

Comparison to Quality Compass®

	Oklahoma Health Care Authority (Medicaid)	2014 Child Medicaid Quality Compass® Comparisons*						
		5th Nat'l	10th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l	95th Nat'l
Composite Scores		%	%	%	%	%	%	%
Getting Care Quickly *(% Always and Usually)*	**91.34%**	**80.19**	**83.34**	**87.67**	**90.59**	**92.45**	**93.81**	**94.04**
Shared Decision Making *(% Yes)*	**79.43%**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
How Well Doctors Communicate *(% Always and Usually)*	**95.25%**	**88.40**	**89.71**	**91.96**	**93.25**	**94.67**	**95.61**	**95.96**
Getting Needed Care *(% Always and Usually)*	**89.21%**	**77.49**	**79.05**	**82.62**	**85.44**	**87.90**	**90.71**	**91.28**
Customer Service *(% Always and Usually)*	**88.46%**	**83.24**	**84.38**	**85.98**	**88.13**	**89.91**	**91.03**	**91.91**
Overall Ratings Scores								
Q13 Health Care (% 8, 9, and 10)	**84.14%**	**79.64**	**80.94**	**82.63**	**84.70**	**86.65**	**88.85**	**89.67**
Q26 Personal Doctor (% 8, 9, and 10)	**86.17%**	**83.17**	**84.38**	**85.89**	**87.84**	**89.43**	**90.93**	**91.46**
Q30 Specialist (% 8, 9, and 10)	**89.89%**	**78.66**	**80.69**	**83.06**	**85.01**	**87.36**	**89.50**	**91.52**
Q36 Health Plan (% 8, 9, and 10)	**84.65%**	**77.60**	**78.63**	**81.85**	**84.83**	**87.45**	**88.66**	**91.28**

NA = Comparison data not available from NCQA.

*Data Source: 2014 Child Medicaid Quality Compass®. Scores above based on 94 plans who qualified and chose to publicly report their scores.

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

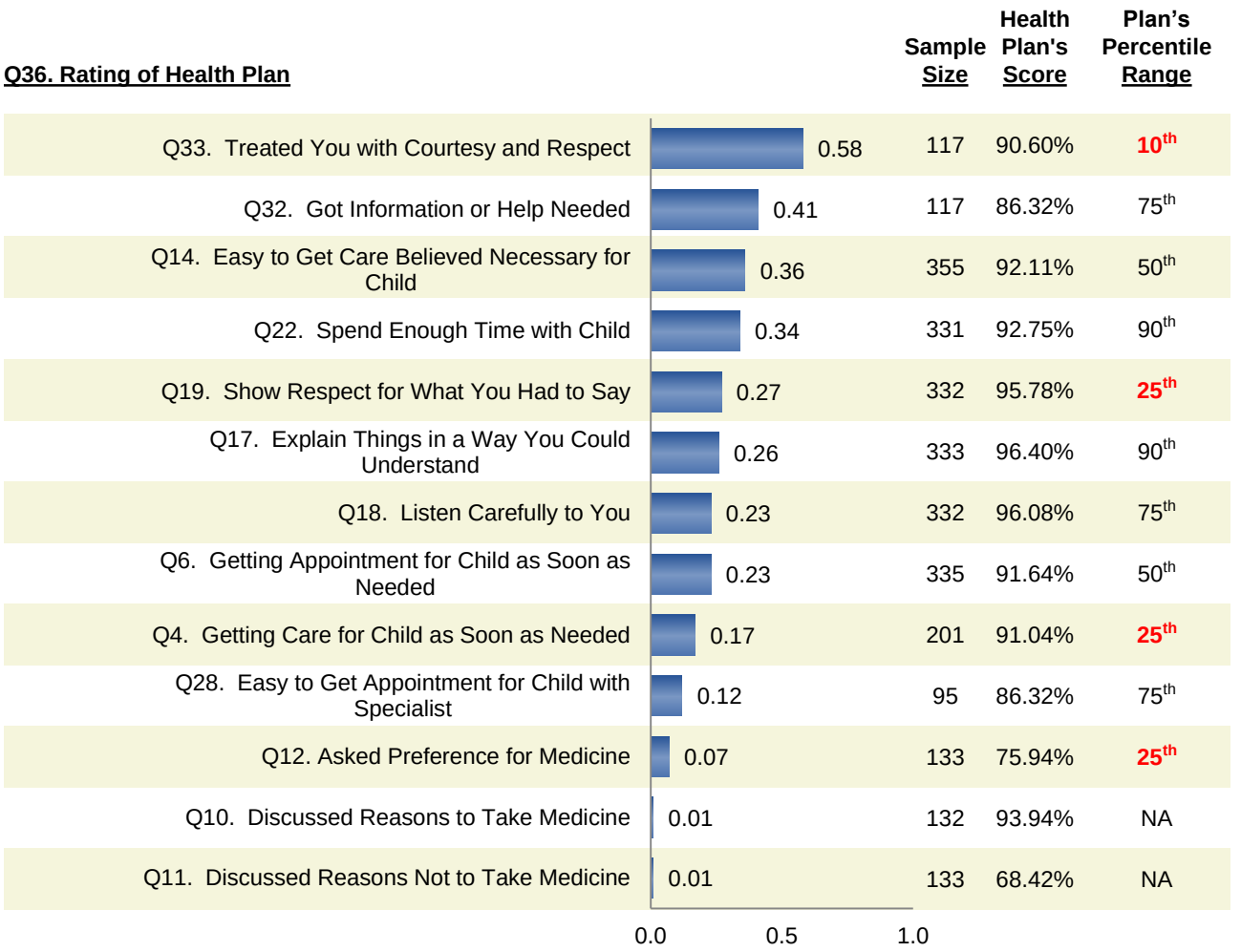
1. The relative importance of the individual issues (Correlation to overall measures).
2. The current levels of performance on each issue (Percentile group from Quality Compass®)

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**
Q33 - Treated You with Courtesy and Respect	Q33 - Treated You with Courtesy and Respect Q19 - Show Respect for What You Had to Say
Continue to Target Efforts (High correlation/Relatively high performance)	
Health Plan	**Health Care**
Q32 - Got Information or Help Needed	Q14 - Easy to Get Care Believed Necessary for Child Q28 - Easy to Get Appointment for Child with Specialist Q22 - Spend Enough Time with Child

Executive Summary

Key Driver Analysis – 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".

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

Q33 - Treated You with Courtesy and Respect

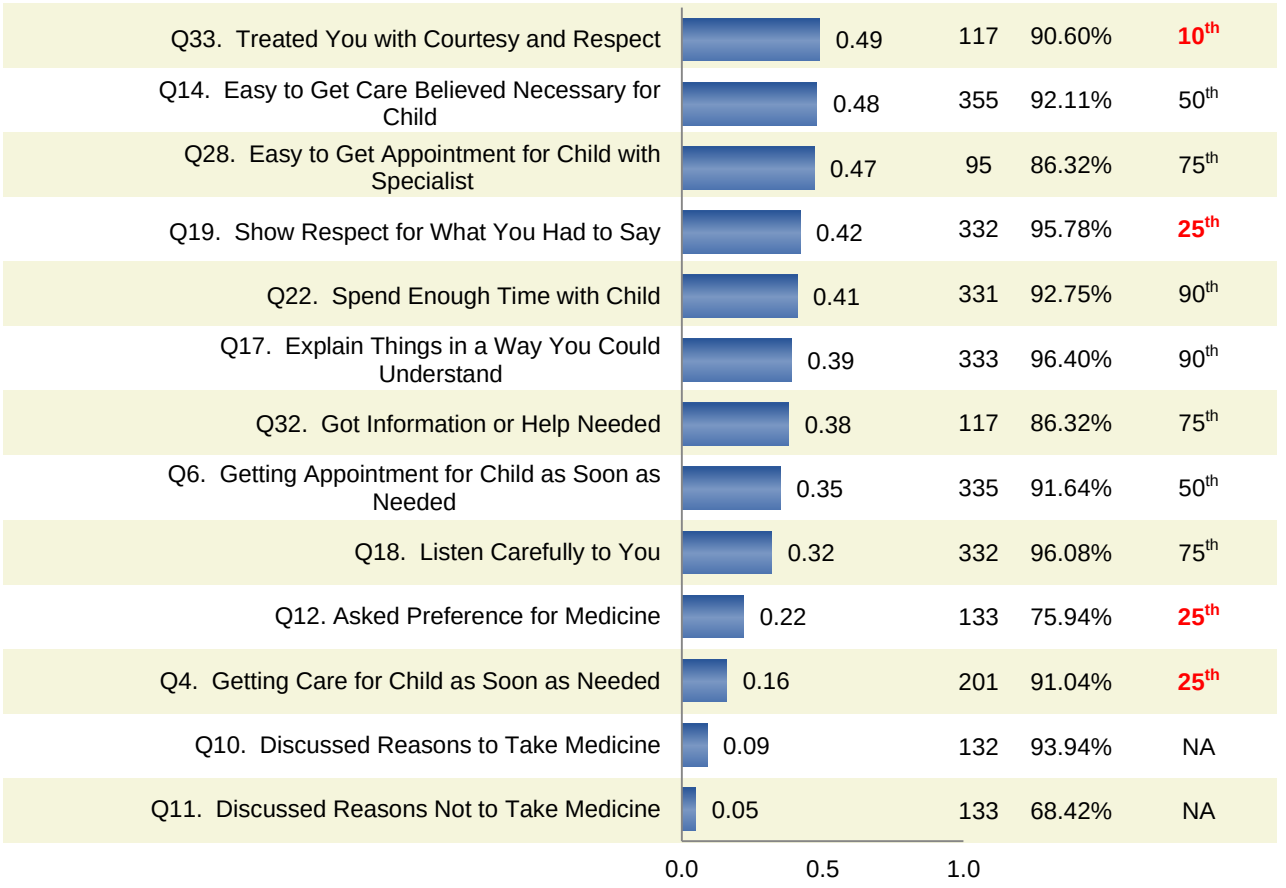
Continue to Target Efforts
(High Correlation/
Higher Quality Compass® Group

Q32 - Got Information or Help Needed

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 score falls on 5th or below 10th Percentile
Below 5th = Plan score falls below 5th Percentile

Executive Summary

Key Driver Analysis – Health Care



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

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

Q33 - Treated You with Courtesy and Respect

Q19 - Show Respect for What You Had to Say

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

Q14 - Easy to Get Care Believed Necessary for Child

Q28 - Easy to Get Appointment for Child with Specialist

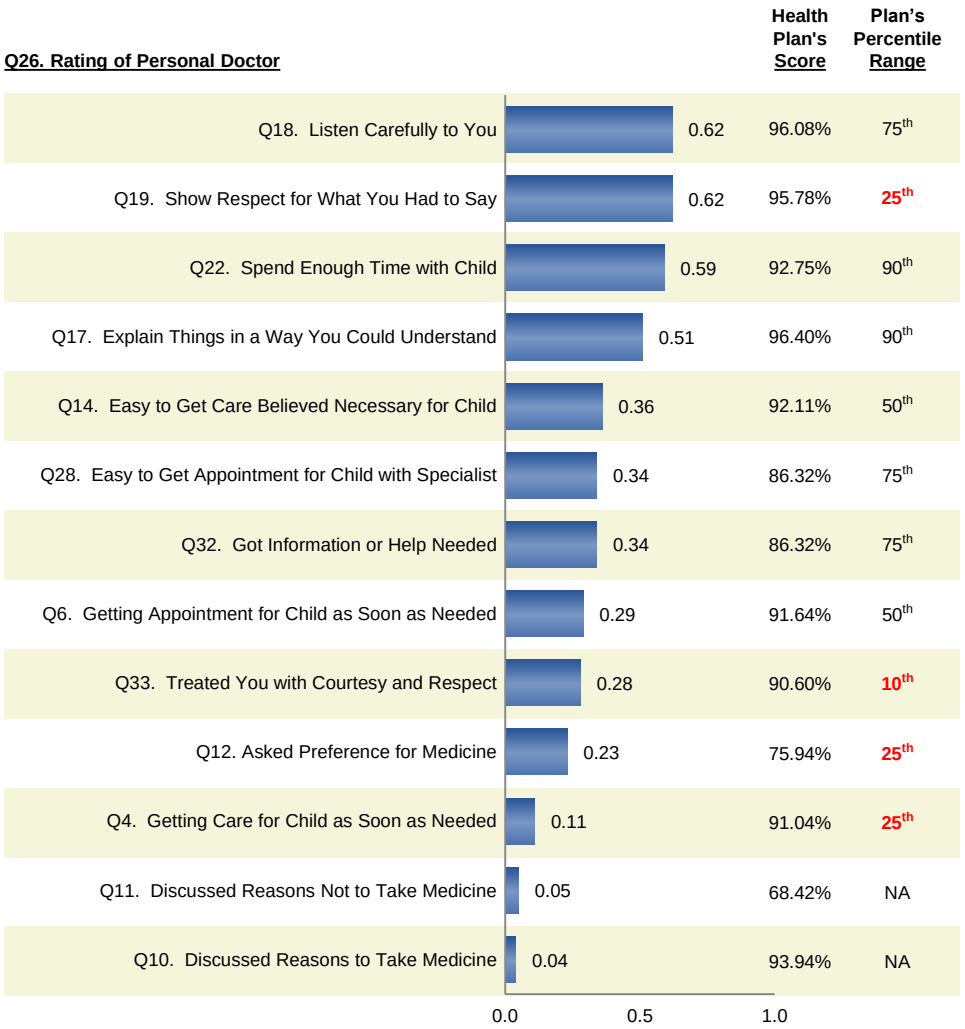
Q22 - Spend Enough Time with Child

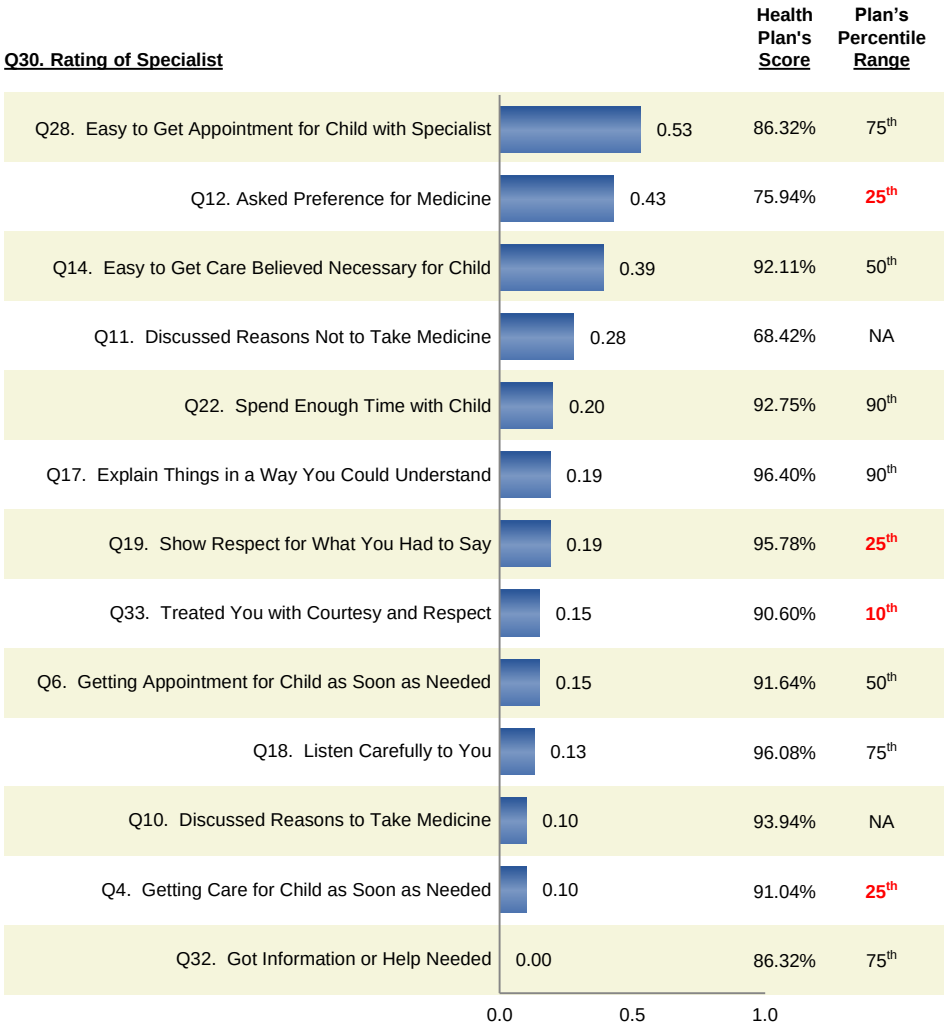
Legend:

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 score falls on 5th or below 10th Percentile
Below 5th = Plan score falls below 5th Percentile

Executive Summary

Key Driver Analysis – Doctor and Specialist





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

Executive Summary

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:

www.cahps.ahrq.gov/quality-improvement/index.html

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.

Getting Needed Care

- 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.

Executive Summary

Action Plans for Improving CAHPS® Scores (cont'd)

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.

Executive Summary

Action Plans for Improving CAHPS® Scores (cont'd)

Shared Decision Making

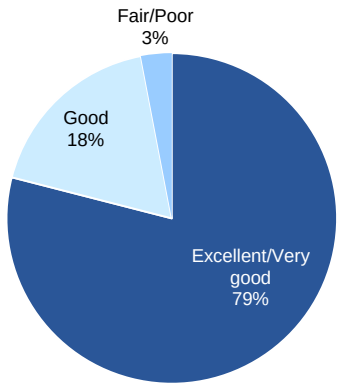
- Doctor talked about reasons you might want to take a medicine
- Doctor talked about reasons you might not want to take a medicine
- Doctor asked you what you thought was best
  - Conduct a CG-CAHPS survey and include the Shared Decision Making Composite as supplemental questions.
  - Develop patient 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

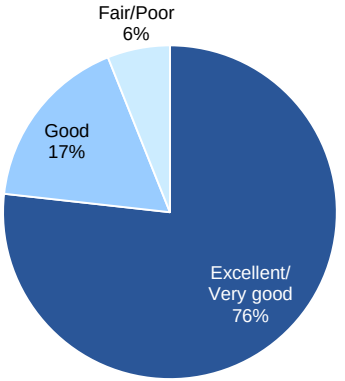
- Customer service gave the information or help needed
- Customer service treated member with courtesy and respect
  - Conduct Call Center Satisfaction Survey. Implement a short IVR survey to members within days of their calling customer service to explore/assess their recent experience.
  - At the end 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
Demographics

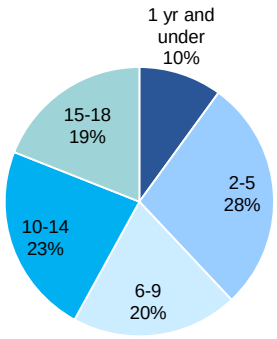
CHILD'S HEALTH STATUS



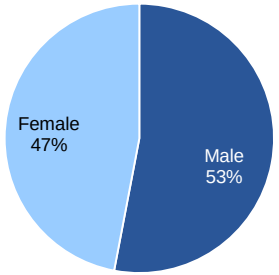
CHILD'S MENTAL/EMOTIONAL HEALTH STATUS



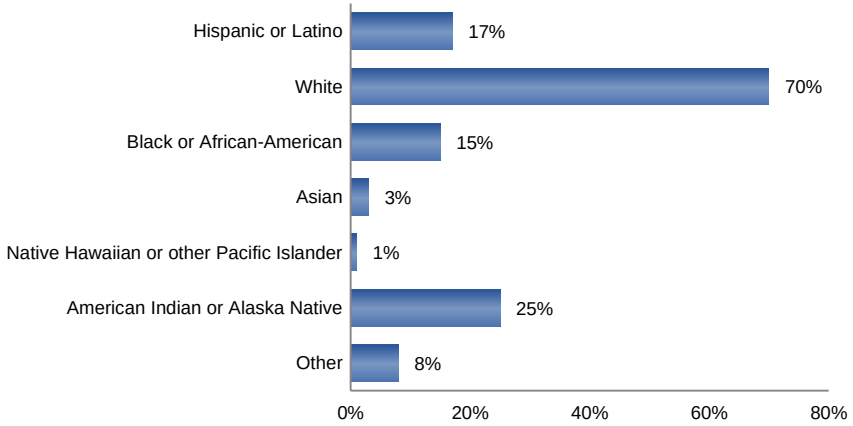
CHILD'S AGE



CHILD'S GENDER



CHILD'S RACE / ETHNICITY



Data shown are self reported.

Executive Summary
Child Demographics

	2015	2014 Quality Compass®
Q37. Child's Health Status		
Excellent/Very good	79%	76%
Good	18%	19%
Fair/Poor	3%	4%
Q38. Child's Mental/Emotional Health Status		
Excellent/Very good	76%	75%
Good	17%	17%
Fair/Poor	6%	9%
Q39. Child's Age		
1 yr and under	10%	NA
2-5	28%	NA
6-9	20%	NA
10-14	23%	NA
15-18	19%	NA
Q40. Child's Gender		
Male	53%	52%
Female	47%	48%
Q41/42. Child's Race/Ethnicity		
Hispanic or Latino	17%	30%
White	70%	46%
Black or African-American	15%	21%
Asian	3%	5%
Native Hawaiian or other Pacific Islander	1%	1%
American Indian or Alaska Native	25%	2%
Other	8%	11%

Data shown are self reported.
NA = Data not available

Executive Summary
Respondent Demographics

	2015	2014 Quality Compass®
Q7. Number of Times Going to Doctor's Office/Clinic for Care		
None	22%	25%
1 time	22%	26%
2 times	22%	22%
3 times	16%	13%
4 times	7%	6%
5-9 times	10%	6%
10 or more times	2%	2%
Q16. Number of Times Visited Personal Doctor to Get Care		
None	19%	21%
1 time	29%	32%
2 times	24%	23%
3 times	14%	12%
4 times	7%	6%
5-9 times	7%	6%
10 or more times	1%	1%
Q43. Respondent's Age		
Under 18	2%	7%
18 to 24	10%	8%
25 to 34	32%	33%
35 to 44	28%	30%
45 to 54	16%	14%
55 to 64	8%	5%
65 or older	4%	2%
Q44. Respondent's Gender		
Male	14%	12%
Female	86%	88%
Q45. Respondent's Education		
Did not graduate high school	17%	22%
High school graduate or GED	32%	34%
Some college or 2-year degree	36%	32%
4-year college graduate	10%	8%
More than 4-year college degree	4%	4%

Data shown are self reported.

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, 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.

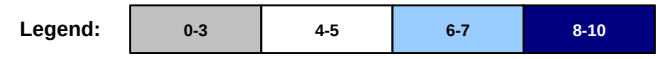
Executive Summary

Composite & Rating Scores by Demographics

Demographic	Child's Age					Child's Race				Child's Ethnicity		Respondent's Educational Level		Child's Health Status		
	1 yr and under	2-5 yrs	6-9 yrs	10-14 yrs	15-18 yrs	Caucasian	African American	Asian	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/ Very Good	Good	Fair/ Poor
Sample size	(n=45)	(n=129)	(n=90)	(n=106)	(n=84)	(n=332)	(n=70)	(n=13)	(n=157)	(n=77)	(n=382)	(n=226)	(n=235)	(n=367)	(n=85)	(n=13)
Composites *(% Always/Usually)*																
Getting Care Quickly	94	93	89	94	86	94	88	68	91	90	91	93	90	91	91	89
Shared Decision Making *(% Yes)*	67	82	83	80	77	80	88	83	75	75	80	80	79	81	75	76
How Well Doctors Communicate	97	92	95	97	99	95	95	92	95	91	96	94	97	96	92	85
Getting Needed Care	83	89	90	92	86	88	97	44	83	80	90	90	89	90	88	78
Customer Service	90	92	85	93	78	88	94	50	89	95	87	88	89	90	88	71
Ratings *(% 8,9,10)*																
Personal Doctor	93	85	83	91	81	84	92	83	88	83	87	86	87	89	79	67
Specialist	100	87	100	86	85	90	92	0	83	89	90	88	91	95	81	75
Health Care	86	85	85	81	84	83	90	67	86	89	83	84	85	87	77	54
Health Plan	89	88	87	83	77	84	86	77	87	86	84	88	81	86	80	62

2015 Child Medicaid CAHPS® Results
Oklahoma Health Care Authority (Medicaid)

	% Always / Usually or % Yes	Summary Mean (1-3)	*Sample Size*
Getting Care Quickly	**91**	**2.62**	***(376)***
Getting care for child as soon as needed	91	2.64	*(201)*
Getting appointment for child as soon as needed	92	2.59	*(335)*
Shared Decision Making (% No, Yes)	**79**	**NA**	***(133)***
Discussed reasons to take medicine	94	NA	*(132)*
Discussed reasons not to take medicine	68	NA	*(133)*
Asked preference for medicine	76	NA	*(133)*
How Well Doctors Communicate	**95**	**2.74**	***(333)***
Explain things in a way you could understand	96	2.75	*(333)*
Listen carefully to you	96	2.77	*(332)*
Show respect for what you had to say	96	2.78	*(332)*
Spend enough time with child	93	2.65	*(331)*
Getting Needed Care	**89**	**2.55**	***(363)***
Easy to get care believed necessary for child	92	2.57	*(355)*
Easy to get appointment for child with specialist	86	2.54	*(95)*
Customer Service	**88**	**2.53**	***(117)***
Got information or help needed	86	2.48	*(117)*
Treated you with courtesy and respect	91	2.59	*(117)*
Other Measures			
Health Promotion and Education (% No, Yes)	75	2.49	*(353)*
Coordination of Care	80	2.34	*(150)*



Ratings	**% 8-10**		
Health Care	84	2.54	*(353)*
Personal Doctor	86	2.60	*(405)*
Specialist	90	2.69	*(89)*
Health Plan	85	2.58	*(469)*

Percents may not add to 100% due to rounding

NA = Means are not calculated for the Shared Decision Making composite.

Plan Comparison to 2014 Child Medicaid Quality Compass®

Oklahoma Health Care Authority (Medicaid)

		Oklahoma Health Care Authority (Medicaid)		2014 Child Medicaid Quality Compass®							
	Child Medicaid Survey Questions	2015	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th
	Getting Care Quickly *(% Always/Usually)*	**91.34**	**50th**	89.46	80.19	83.34	87.67	90.59	92.45	93.81	94.04
Q4	Getting care for child as soon as needed	91.04	25th	90.66	82.24	84.04	88.61	91.60	93.96	95.62	96.00
Q6	Getting appointment for child as soon as needed	91.64	50th	88.35	78.69	82.02	86.29	89.20	91.73	93.04	93.90
	Shared Decision Making *(% Yes)*	**79.43**	**NA**	NA	NA	NA	NA	NA	NA	NA	NA
Q10	Discussed reasons to take medicine	93.94	NA	NA	NA	NA	NA	NA	NA	NA	NA
Q11	Discussed reasons not to take medicine	68.42	NA	NA	NA	NA	NA	NA	NA	NA	NA
Q12	Asked preference for medicine	75.94	25th	77.23	70.18	71.88	74.53	77.17	80.42	82.21	83.89
	How Well Doctors Communicate *(% Always/Usually)*	**95.25**	**75th**	92.98	88.40	89.71	91.96	93.25	94.67	95.61	95.96
Q17	Explain things in a way you could understand	96.40	90th	93.54	88.84	90.42	91.68	93.86	95.63	96.35	97.10
Q18	Listen carefully to you	96.08	75th	94.48	90.52	91.88	93.57	94.86	95.88	96.50	97.30
Q19	Show respect for what you had to say	95.78	25th	95.61	92.95	93.77	94.68	95.87	96.64	97.61	97.88
Q22	Spend enough time with child	92.75	90th	88.29	80.90	82.71	86.45	88.66	91.24	92.38	93.30
	Getting Needed Care *(% Always/Usually)*	**89.21**	**75th**	84.97	77.49	79.05	82.62	85.44	87.90	90.71	91.28
Q14	Easy to get care believed necessary for child	92.11	50th	89.54	82.10	84.14	87.94	90.09	92.38	93.57	94.41
Q28	Easy to get appointment for child with specialist	86.32	75th	81.89	74.68	75.52	78.52	82.51	84.52	88.89	89.57
	Customer Service *(% Always/Usually)*	**88.46**	**50th**	87.89	83.24	84.38	85.98	88.13	89.91	91.03	91.91
Q32	Got information or help needed	86.32	75th	82.55	76.78	77.45	79.93	82.84	85.37	86.89	88.12
Q33	Treated you with courtesy and respect	90.60	10th	93.22	89.29	90.32	91.71	93.44	94.86	95.83	96.47
Q13	Rating of Health Care *(% 8, 9, 10)*	84.14	25th	84.70	79.64	80.94	82.63	84.70	86.65	88.85	89.67
Q26	Rating of Personal Doctor *(% 8, 9, 10)*	86.17	25th	87.63	83.17	84.38	85.89	87.84	89.43	90.93	91.46
Q30	Rating of Specialist *(% 8, 9, 10)*	89.89	90th	85.02	78.66	80.69	83.06	85.01	87.36	89.50	91.52
Q36	Rating of Health Plan *(% 8, 9, 10)*	84.65	25th	84.49	77.60	78.63	81.85	84.83	87.45	88.66	91.28
Q8	Health Promotion and Education *(% Yes)*	74.50	50th	71.74	65.33	67.66	69.19	71.48	74.62	76.50	77.82
Q25	Coordination of Care (% *Always/Usually*)	80.00	25th	81.03	73.56	75.44	77.60	81.82	84.12	86.31	87.65

NA = Comparison data not available from NCQA

The 2014 Child Medicaid Quality Compass® consists of 94 plans who publicly and non-publicly reported their scores (All Lines of Business excluding PPOs).

Legend

- = Plan score falls on or above 95th Percentile
- = Plan score falls on 90th or below 95th 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 on 5th or below 10th Percentile
- = Plan score falls below 5th Percentile

2015 Child Medicaid Demographic Profile - Child's Age
Oklahoma Health Care Authority (Medicaid)

Child Medicaid Survey Questions	Oklahoma Health Care Authority (Medicaid)						
	Total (%)	1 Yr and Less (%)	2 - 5 (%)	6 - 9 (%)	10 - 14 (%)	15 - 18 (%)	High/ Low Diff (%)
Sample Size	(n=473)	(n=45)	(n=129)	(n=90)	(n=106)	(n=84)	
Getting Care Quickly *(% Always/Usually)*	**91**	**94**	**93**	**89**	**94**	**86**	**8**
Q4 Getting care for child as soon as needed	91	93	95	88	93	85	10
Q6 Getting appointment for child as soon as needed	92	95	91	90	95	88	7
Shared Decision Making *(% Yes)*	**79**	**67**	**82**	**83**	**80**	**77**	**16**
Q10 Discussed reasons to take medicine	94	77	94	100	97	93	23
Q11 Discussed reasons not to take medicine	68	62	72	59	70	70	13
Q12 Asked preference for medicine	76	62	81	91	73	67	29
How Well Doctors Communicate *(% Always/Usually)*	**95**	**97**	**92**	**95**	**97**	**99**	**7**
Q17 Explain things in a way you could understand	96	98	95	98	96	98	3
Q18 Listen carefully to you	96	98	93	93	99	100	7
Q19 Show respect for what you had to say	96	95	92	98	97	98	6
Q22 Spend enough time with child	93	98	88	90	95	98	10
Getting Needed Care *(% Always/Usually)*	**89**	**83**	**89**	**90**	**92**	**86**	**9**
Q14 Easy to get care believed necessary for child	92	86	93	91	94	91	8
Q28 Easy to get appointment for child with specialist	86	80	85	88	91	80	11
Customer Service *(% Always/Usually)*	**88**	**90**	**92**	**85**	**93**	**78**	**15**
Q32 Got information or help needed	86	93	89	79	96	72	24
Q33 Treated you with courtesy and respect	91	87	95	92	91	83	12
Q13 Rating of Health Care *(% 8, 9, 10)*	**84**	**86**	**85**	**85**	**81**	**84**	**5**
Q26 Rating of Personal Doctor *(% 8, 9, 10)*	**86**	**93**	**85**	**83**	**91**	**81**	**12**
Q30 Rating of Specialist *(% 8, 9, 10)*	**90**	**100**	**87**	**100**	**86**	**85**	**15**
Q36 Rating of Health Plan *(% 8, 9, 10)*	**85**	**89**	**88**	**87**	**83**	**77**	**12**
Q8 Health Promotion and Education *(% Yes)*	75	86	75	65	73	79	21
Q25 Coordination of Care *(% Always/Usually)*	80	94	76	82	80	75	19

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

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

Use caution when reviewing scores with sample sizes less than 20.

2015 Child Medicaid Demographic Profile - Child's Race (1 of 2)

Oklahoma Health Care Authority (Medicaid)

Child Medicaid Survey Questions	Oklahoma Health Care Authority (Medicaid)					
	Total (%)	Caucasian (%)	African American (%)	Asian (%)	All other (%)	High/Low Diff (%)
Sample Size	(n=473)	(n=332)	(n=70)	(n=13)	(n=157)	
Getting Care Quickly *(% Always/Usually)*	**91**	**94**	**88**	**68**	**91**	**26**
Q4 Getting care for child as soon as needed	91	94	89	67	89	27
Q6 Getting appointment for child as soon as needed	92	94	88	70	92	24
Shared Decision Making *(% Yes)*	**79**	**80**	**88**	**83**	**75**	**13**
Q10 Discussed reasons to take medicine	94	94	100	100	92	8
Q11 Discussed reasons not to take medicine	68	70	82	50	61	32
Q12 Asked preference for medicine	76	75	82	100	71	29
How Well Doctors Communicate *(% Always/Usually)*	**95**	**95**	**95**	**92**	**95**	**3**
Q17 Explain things in a way you could understand	96	97	94	89	98	9
Q18 Listen carefully to you	96	96	96	100	97	4
Q19 Show respect for what you had to say	96	95	98	100	95	5
Q22 Spend enough time with child	93	93	94	78	92	16
Getting Needed Care *(% Always/Usually)*	**89**	**88**	**97**	**44**	**83**	**53**
Q14 Easy to get care believed necessary for child	92	92	94	89	92	5
Q28 Easy to get appointment for child with specialist	86	85	100	0	75	100
Customer Service *(% Always/Usually)*	**88**	**88**	**94**	**50**	**89**	**44**
Q32 Got information or help needed	86	85	92	50	89	42
Q33 Treated you with courtesy and respect	91	91	96	50	89	46
Q13 Rating of Health Care *(% 8, 9, 10)*	**84**	**83**	**90**	**67**	**86**	**23**
Q26 Rating of Personal Doctor *(% 8, 9, 10)*	**86**	**84**	**92**	**83**	**88**	**9**
Q30 Rating of Specialist *(% 8, 9, 10)*	**90**	**90**	**92**	**0**	**83**	**92**
Q36 Rating of Health Plan *(% 8, 9, 10)*	**85**	**84**	**86**	**77**	**87**	**10**
Q8 Health Promotion and Education *(% Yes)*	75	72	82	78	72	10
Q25 Coordination of Care *(% Always/Usually)*	80	81	67	50	90	40

"High/Low Diff" is the percentage point difference between the largest and smallest score across the demographic categories for that specific measure.
"High/Low Diff" column may not be exact due to rounding.
Use caution when reviewing scores with sample sizes less than 20.

2015 Child Medicaid Demographic Profile - Child's Race (2 of 2)

Oklahoma Health Care Authority (Medicaid)

Child Medicaid Survey Questions	Oklahoma Health Care Authority (Medicaid)			
	Total (%)	Caucasian (%)	Non-Caucasian (%)	High/Low Diff (%)
Sample Size	(n=473)	(n=332)	(n=125)	
Getting Care Quickly *(% Always/Usually)*	**91**	**94**	**85**	**9**
Q4 Getting care for child as soon as needed	91	94	85	9
Q6 Getting appointment for child as soon as needed	92	94	85	9
Shared Decision Making *(% Yes)*	**79**	**80**	**77**	**3**
Q10 Discussed reasons to take medicine	94	94	93	1
Q11 Discussed reasons not to take medicine	68	70	60	10
Q12 Asked preference for medicine	76	75	77	2
How Well Doctors Communicate *(% Always/Usually)*	**95**	**95**	**95**	**0**
Q17 Explain things in a way you could understand	96	97	94	3
Q18 Listen carefully to you	96	96	95	1
Q19 Show respect for what you had to say	96	95	98	3
Q22 Spend enough time with child	93	93	91	2
Getting Needed Care *(% Always/Usually)*	**89**	**88**	**92**	**4**
Q14 Easy to get care believed necessary for child	92	92	93	1
Q28 Easy to get appointment for child with specialist	86	85	91	6
Customer Service *(% Always/Usually)*	**88**	**88**	**89**	**1**
Q32 Got information or help needed	86	85	89	4
Q33 Treated you with courtesy and respect	91	91	89	2
Q13 Rating of Health Care *(% 8, 9, 10)*	**84**	**83**	**86**	**3**
Q26 Rating of Personal Doctor *(% 8, 9, 10)*	**86**	**84**	**91**	**7**
Q30 Rating of Specialist *(% 8, 9, 10)*	**90**	**90**	**90**	**0**
Q36 Rating of Health Plan *(% 8, 9, 10)*	**85**	**84**	**86**	**2**
Q8 Health Promotion and Education *(% Yes)*	75	72	82	10
Q25 Coordination of Care *(% Always/Usually)*	80	81	78	3

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

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

Use caution when reviewing scores with sample sizes less than 20.

2015 Child Medicaid Demographic Profile - Child's Ethnicity
Oklahoma Health Care Authority (Medicaid)

Child Medicaid Survey Questions	Oklahoma Health Care Authority (Medicaid)			
	Total (%)	Hispanic (%)	Non-Hispanic (%)	High/Low Diff (%)
Sample Size	(n=473)	(n=77)	(n=382)	
Getting Care Quickly *(% Always/Usually)*	**91**	**90**	**91**	**1**
Q4 Getting care for child as soon as needed	91	86	92	6
Q6 Getting appointment for child as soon as needed	92	93	91	2
Shared Decision Making *(% Yes)*	**79**	**75**	**80**	**5**
Q10 Discussed reasons to take medicine	94	82	96	14
Q11 Discussed reasons not to take medicine	68	71	68	3
Q12 Asked preference for medicine	76	71	77	6
How Well Doctors Communicate *(% Always/Usually)*	**95**	**91**	**96**	**5**
Q17 Explain things in a way you could understand	96	96	97	1
Q18 Listen carefully to you	96	92	97	5
Q19 Show respect for what you had to say	96	92	97	5
Q22 Spend enough time with child	93	84	95	11
Getting Needed Care *(% Always/Usually)*	**89**	**80**	**90**	**10**
Q14 Easy to get care believed necessary for child	92	88	93	5
Q28 Easy to get appointment for child with specialist	86	73	88	15
Customer Service *(% Always/Usually)*	**88**	**95**	**87**	**8**
Q32 Got information or help needed	86	95	85	10
Q33 Treated you with courtesy and respect	91	95	90	5
Q13 Rating of Health Care *(% 8, 9, 10)*	**84**	**89**	**83**	**6**
Q26 Rating of Personal Doctor *(% 8, 9, 10)*	**86**	**83**	**87**	**4**
Q30 Rating of Specialist *(% 8, 9, 10)*	**90**	**89**	**90**	**1**
Q36 Rating of Health Plan *(% 8, 9, 10)*	**85**	**86**	**84**	**2**
Q8 Health Promotion and Education *(% Yes)*	75	67	75	8
Q25 Coordination of Care (% *Always/Usually*)	80	74	81	7

"High/Low Diff" is the percentage point difference between the largest and smallest score across the demographic categories for that specific measure.
"High/Low Diff" column may not be exact due to rounding.
Use caution when reviewing scores with sample sizes less than 20.

2015 Child Medicaid Demographic Profile - Respondent's Education
Oklahoma Health Care Authority (Medicaid)

Child Medicaid Survey Questions	Oklahoma Health Care Authority (Medicaid)			
	Total (%)	HS grad or less (%)	Some college or more (%)	High/Low Diff (%)
Sample Size	(n=473)	(n=226)	(n=235)	
Getting Care Quickly *(% Always/Usually)*	**91**	**93**	**90**	**3**
Q4 Getting care for child as soon as needed	91	96	87	9
Q6 Getting appointment for child as soon as needed	92	91	92	1
Shared Decision Making *(% Yes)*	**79**	**80**	**79**	**1**
Q10 Discussed reasons to take medicine	94	91	96	5
Q11 Discussed reasons not to take medicine	68	72	66	6
Q12 Asked preference for medicine	76	77	76	1
How Well Doctors Communicate *(% Always/Usually)*	**95**	**94**	**97**	**3**
Q17 Explain things in a way you could understand	96	95	98	3
Q18 Listen carefully to you	96	95	97	2
Q19 Show respect for what you had to say	96	94	98	4
Q22 Spend enough time with child	93	91	95	4
Getting Needed Care *(% Always/Usually)*	**89**	**90**	**89**	**1**
Q14 Easy to get care believed necessary for child	92	92	92	0
Q28 Easy to get appointment for child with specialist	86	87	85	2
Customer Service *(% Always/Usually)*	**88**	**88**	**89**	**1**
Q32 Got information or help needed	86	84	89	5
Q33 Treated you with courtesy and respect	91	92	89	3
Q13 Rating of Health Care *(% 8, 9, 10)*	**84**	**84**	**85**	**1**
Q26 Rating of Personal Doctor *(% 8, 9, 10)*	**86**	**86**	**87**	**1**
Q30 Rating of Specialist *(% 8, 9, 10)*	**90**	**88**	**91**	**3**
Q36 Rating of Health Plan *(% 8, 9, 10)*	**85**	**88**	**81**	**7**
Q8 Health Promotion and Education *(% Yes)*	75	75	74	1
Q25 Coordination of Care *(% Always/Usually)*	80	86	75	11

"High/Low Diff" is the percentage point difference between the largest and smallest score across the demographic categories for that specific measure.
"High/Low Diff" column may not be exact due to rounding.
Use caution when reviewing scores with sample sizes less than 20.

2015 Child Medicaid Demographic Profile - Child's Health Status
Oklahoma Health Care Authority (Medicaid)

Child Medicaid Survey Questions	Oklahoma Health Care Authority (Medicaid)				
	Total (%)	Excellent/ Very Good (%)	Good (%)	Fair/ Poor (%)	High/Low Diff (%)
Sample Size	(n=473)	(n=367)	(n=85)	(n=13)	
Getting Care Quickly *(% Always/Usually)*	**91**	**91**	**91**	**89**	**2**
Q4 Getting care for child as soon as needed	91	91	92	88	4
Q6 Getting appointment for child as soon as needed	92	92	91	91	1
Shared Decision Making *(% Yes)*	**79**	**81**	**75**	**76**	**6**
Q10 Discussed reasons to take medicine	94	96	89	100	11
Q11 Discussed reasons not to take medicine	68	70	61	86	25
Q12 Asked preference for medicine	76	79	75	43	36
How Well Doctors Communicate *(% Always/Usually)*	**95**	**96**	**92**	**85**	**11**
Q17 Explain things in a way you could understand	96	97	95	83	14
Q18 Listen carefully to you	96	97	92	92	5
Q19 Show respect for what you had to say	96	96	95	83	13
Q22 Spend enough time with child	93	95	86	83	12
Getting Needed Care *(% Always/Usually)*	**89**	**90**	**88**	**78**	**12**
Q14 Easy to get care believed necessary for child	92	93	94	69	25
Q28 Easy to get appointment for child with specialist	86	88	82	88	6
Customer Service *(% Always/Usually)*	**88**	**90**	**88**	**71**	**19**
Q32 Got information or help needed	86	89	80	71	18
Q33 Treated you with courtesy and respect	91	91	96	71	25
Q13 Rating of Health Care *(% 8, 9, 10)*	**84**	**87**	**77**	**54**	**33**
Q26 Rating of Personal Doctor *(% 8, 9, 10)*	**86**	**89**	**79**	**67**	**22**
Q30 Rating of Specialist *(% 8, 9, 10)*	**90**	**95**	**81**	**75**	**20**
Q36 Rating of Health Plan *(% 8, 9, 10)*	**85**	**86**	**80**	**62**	**24**
Q8 Health Promotion and Education *(% Yes)*	75	73	79	85	12
Q25 Coordination of Care *(% Always/Usually)*	80	78	88	67	21

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

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

Use caution when reviewing scores with sample sizes less than 20.

TECHNICAL NOTES–Child Medicaid Survey

Composites

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

The composites are:

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

In 2009 one composite was deleted (Courteous and Helpful Office Staff) and one was added (Shared Decision Making).

In 2013, the questions in the Shared Decision Making composite were changed; highlighting decisions on prescriptions rather than decisions about health care in general. These changes impacted trending for this composite and the individual measures. For HEDIS 2015, NCQA revised the Shared Decision Making composite. Question language and response options have been revised from a four-point scale (Not at all/A little/Some/A lot) to a two-point scale (Yes/No). This composite will not be trendable to 2014 data. See page I for new wording of these questions.

In addition, in 2013, both questions in Getting Needed Care were modified. Also, the placement of the question regarding ease of getting care, tests and treatment through your health plan (Q27) was changed and is now Q14 and the reference to "through the health plan" was removed from the question.

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

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

Composite Mean

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

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

To calculate a composite mean or composite percent, first calculate the individual means or percents for Q4 and Q6. For example, if the individual means or percents are:

Mean for Q4 = 1.9
Mean for Q6 = 2.2
Percent for Q4 = 84%
Percent for Q6 = 88%

Then, calculate the mean of those means or percents:

Composite Mean = (1.9 + 2.2) / 2 = 2.05
Composite Percent = (84% + 88%)/2 = 86%

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

Correlation

The Pearson Product Moment Correlation (called Pearson correlation for short) is used in the Key Driver Analysis. Correlation is a measure of direction and degree of linear relationship between two variables. A correlation coefficient is a numerical index of that relationship. The closer the correlation coefficient is to 1.0, the stronger the correlation between the two variables.

Demographics

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

CAHPS® Segments	Morpace Segments
AGE	
Less than 1 year	1 year and less
X years old (write in)	2-5 years
	6-9 years
	10-14 years
	15-18 years
CHILD'S RACE	
White	White
Black/African-American	Black/African-American
Asian	All Other
Native Hawaiian/Pacific Islander	
American Indian/Alaska Native	
Other	
CHILD'S HEALTH STATUS	
Excellent	Excellent - Very Good
Very Good	
Good	Good
Fair	Fair - Poor
Poor	

History of CAHPS®

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

In 2002, a CAHPS® Instrument Panel was convened to reevaluate and update the CAHPS® 2.0H Surveys. The Panel evaluated consumer feedback, performed analyses on CAHPS® results, and conducted cognitive testing on proposed revisions. The outcome of the CAHPS® Instrument Panel was the revised set of surveys, CAHPS® 3.0H. The HEDIS® versions of the CAHPS® surveys were also updated to be consistent with the CAHPS® 3.0H surveys. In 2009, AHRQ replaced the CAHPS® 3.0H Child Survey with the CAHPS® Health Plan Survey 4.0H.

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

The overarching goal of the CAHPS® 5.0H survey is to obtain information that is not available from any other source - the person receiving care.

The major objectives of the 2015 CAHPS® 5.0H Child Medicaid Survey are to:

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

Key Driver Analysis

A Key Driver Analysis was conducted to understand the relationship between different aspects of plan service and provider care and the overall satisfaction of a parent or guardian with their child's health plan, their child's personal doctor, their child's specialist, and their child's health care in general. Two specific scores are assessed both individually and in relation to each other. These are:

1) The relative importance of the individual issues (or attributes).
   Pearson correlation scores are calculated for the 13 individual ratings (potential drivers) in relation to ratings of the overall experience with the health plan, doctor, specialist, and health care. The correlation coefficients are then used to establish the relative importance of each driver - the higher the correlation, the more important the driver.

2) The relationship to 50th Percentile of Quality Compass®.
   Attributes are noted as to whether their score is above or below the 50th percentile. Those below the 50th percentile are noted as an area for improvement, if their correlation is high. Those above the 50th percentile are noted as an area of strength, if their correlation is high. Quality Compass® 2014 is used for this report.

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

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

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

How to interpret…

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

Margin of Error

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

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

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

Example of how to use this table:

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

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

Percentiles

Percentiles displayed in this report are those provided in Quality Compass®. A percentile is a value on a scale of one hundred that indicates the percent of the distribution that is equal to or below it. For example, if a plan's score falls in the 75th percentile compared to the Quality Compass® that means 75% of plans represented in the Quality Compass® have a score that is equal to or lower than it. Conversely, 25% of the plans in the Quality Compass® have a higher score.

Quality Compass® 2014

The Quality Compass® for the Child Medicaid database is compiled from performance data and member satisfaction information from 94 Child Medicaid health plans who publicly reported their data to Quality Compass®.

Rating Questions

Responders are asked to rate four items (child's personal physician, child's specialist, child's health care received, and overall experience with child's health plan) from 0 to 10 with 0 being the worst and 10 being the best.

Response Rate

Response rates are calculated according to the following NCQA method:

$$\text{Final Response Rate} = \frac{\text{Completed surveys}}{\text{Plan's total eligible sample*}}$$

*Total eligible sample = Entire random sample – Ineligible

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

A survey is included in the analysis if the member answers one or more survey question and indicates that they meet the eligible population criteria.

SOURCE: Pages 63-64, Volume 3 HEDIS® 2015 Specifications for Survey Measures

Sampling Criteria

The sample frame includes all current Medicaid health care members at the time the sample is drawn who are age 17 years and younger as of December 31 of the reporting year. Members must have been continuously enrolled in the health plan for the 6 months of the reporting year (allowing for no more than one gap of up to 45 days). The reporting year for the 2015 CAHPS® 5.0H surveys is January 1, 2014 to December 31, 2014.

For each survey Morpace drew a random sample of enrollees making sure that only one child per household would be sampled. In 2015, NCQA required all plans to draw a base sample of 1,650 members.

Scoring for NCQA Accreditation

The NCQA accreditation survey is based on 100 points with 33% of the results accounted for by HEDIS® measures and HEDIS®/CAHPS® 5.0H survey results. The HEDIS®/CAHPS® 5.0H survey results account for 13 of the 100 points. NCQA will calculate the Scoring for Accreditation on the General Population sample (also referred as the "CAHPS sample").

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

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

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

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

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

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

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

Number of Applicable Measures

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

NCQA Scoring for Overall Rating of Health Plan only

Number of Applicable Measures

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

Specialty Calculation

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

Forms Easy to Fill Out
For this measure, questions 34 and 35 are used. A member who was not given any forms to fill out by their health plan in the last 6 months is coded as "Always" at Q35.

Statistical Testing

Statistical testing has been conducted in various places in the report. A 0.05 level of significance is used in performing tests of *differences.* For example, when testing for a difference in the population percent for 2014 and the population percent for 2015, a 0.05 level of significance would mean there is a 0.05 chance that a significant difference would be found even if there were no difference in the population.

The notation of "up arrow" reflects the conclusion of significant *increase* which would be found if a significance test had been conducted for the hypothesis that the population percent for 2015 was *greater than* the population percent for 2014 (with a 0.025 level of significance). The notation of "down arrow" reflects the conclusion of significant *decrease* which would be found if a significance test had been conducted for the hypothesis that the population percent for 2015 was *less than* the population percent for 2014 (with a 0.025 level of significance).

Summary Rate Scoring

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

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

Survey Administration Protocol and Timeline

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

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

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

SOURCE: Pages 59-60, Volume 3 HEDIS® 2015 Specifications for Survey Measures

The actual timeline followed for the 2015 survey was:

2/6	First questionnaire with cover letter sent to sample.
2/13	Postcard reminder sent to sample.
3/13	Second questionnaire and cover letter sent to non-responders.
3/20	Second postcard reminder sent to non-responders.
4/6 – 5/3	Contacted all non-responders via telephone – Up to 4 attempts were made at different times of the day, different days of the week, and in different weeks.

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

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

Composites and Questions	Response Choices	Summary Rate	Three-Point
Getting Care Quickly			
Q4 - In the last 6 months, when your child needed care right away, how often did your child get care as soon as you thought you needed?	Never/Sometimes		1
Q6 - In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctors' office or clinic, how often did you get an appointment as soon as your child needed? ***Rewording of question in 2013***	Usually	Summary Rate	2
	Always		3
Shared Decision Making – *Questions and response categories changed in 2015 – Not trendable*			
Q10 – Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine? Q11 – Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?	Yes	Summary Rate	NA
Q12 - When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?	No		NA
How Well Doctors Communicate			
Q17 – In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?	Never/Sometimes		1
Q18 - In the last 6 months, how often did your child's personal doctor listen carefully to you?	Usually	Summary Rate	2
Q19 - In the last 6 months, how often did your child's personal doctor show respect for what you had to say? Q22 - In the last 6 months, how often did your child's personal doctor spend enough time with your child?	Always		3
Getting Needed Care - – *Question wording changed in 2013*			
Q14 - In the last 6 months, how often was it easy to get the care, tests or treatment your child needed?	Never/Sometimes		1
Q28 - In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?	Usually	Summary Rate	2
	Always		3
Customer Service			
Q32 - In the last 6 months, how often did the customer service at your child's health plan give you the information or help you needed?	Never/Sometimes		1
Q33 - In the last 6 months, how often did your customer service staff at your child's health plan treat you with courtesy and respect?	Usually	Summary Rate	2
	Always		3