

2019 CAHPS® Child Medicaid 5.0H Summary Report

July 2019

The logo for the Oklahoma HealthCare Authority, consisting of three overlapping circles in blue, green, and light blue. The text "Oklahoma HealthCare Authority" is overlaid on the circles in white, with "HealthCare" in a larger, bold font and "Oklahoma" and "Authority" in a smaller font above and below it, respectively.

Oklahoma
HealthCare
Authority

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Detailed exhibits and data tables available in online reporting portal.

Study Overview

Background

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

Protocol

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

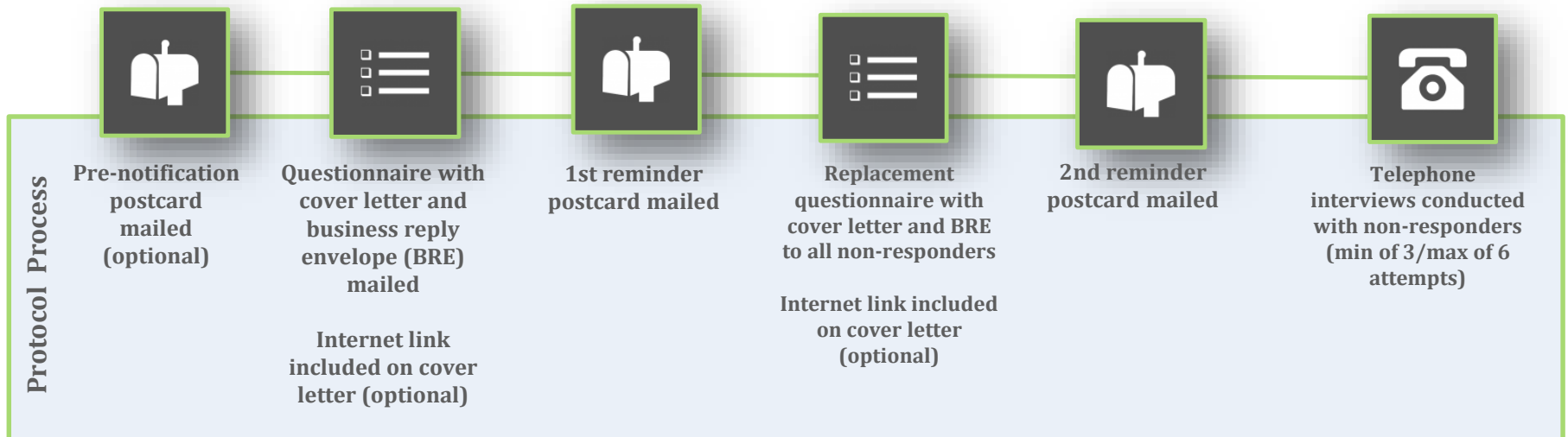
Standard NCQA protocols for administering CAHPS 5.0H include a mixed-mode mail/telephone protocol and a mail-only protocol. NCQA allows enhanced methodology options that do not significantly alter the standard methodology, such as Internet or Spanish.

Sample

The 2019 sample for Oklahoma Health Care Authority:

Sample Size	Total Completes	English Completes	Spanish Completes	Mail Completes	Phone Completes	Internet Completes
2145	428	402	26	254	130	44

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



Response Rate Summary

Response Rate Calculation

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

20%

Is the Final 2019 Response Rate

Using the final figures from Oklahoma Health Care Authority's survey, the 2019 response rate is calculated using the equation below:

$$\frac{\text{Mail (254)} + \text{Phone (130)} + \text{Internet (44)} = 428 \text{ completes}}{\text{Total Sample (2145)} - \text{Total Ineligible (31)} = 2114}$$

Disposition Summary

A completed questionnaire is defined as a respondent who completed three of the five required questions that all respondents are eligible to answer (question #3, 15, 27, 31, 36).

Ineligible	Count
Deceased	0
Does not meet eligible population criteria	24
Language barrier	7
Total Ineligible	31

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

Non-response	Count
Partial complete	10
Refusal	7
Maximum attempts made	1661
Do Not Call list	8
Total Non-response	1686

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

CAHPS Measures Defined

Key Measures

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

- » Getting Care Quickly
- » Shared Decision Making*
- » How Well Doctors Communicate*
- » Getting Needed Care
- » Customer Service
- » Care Coordination (Q25)
- » Rating of Health Care
- » Rating of Personal Doctor
- » Rating of Specialist
- » Rating of Health Plan

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

** Measure not included in scoring for accreditation.*

Summary Rate Scores

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

Quality Compass Percentiles

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

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.

NCQA Accreditation CAHPS Points

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

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

Executive Highlights

Summary Rate Scores (% Positive Response)			
COMPOSITE SCORES	2019	2018	2019 Score versus 2018 Quality Compass
Getting Care Quickly	92%	94%	67 th
Shared Decision Making	79%	79%	47 th
How Well Doctors Communicate	97%	97%	91 st
Getting Needed Care	87%	89%	67 th
Customer Service	92%	87%	89 th
Care Coordination	83%	86%	50 th
OVERALL RATING SCORES			
Health Care	87%	85%	47 th
Personal Doctor	89%	86%	37 th
Specialist	90%	80%	75 th
Health Plan	87%	85%	55 th

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

2019 NCQA Accreditation CAHPS Points			
Approx. 2019 Percentile Threshold	2019 Approx. Points	2018 Approx. Points	Difference from 2018
90 th	1.625	1.430	0.195
NA	NA	NA	NA
NA	NA	NA	NA
50 th	1.105	0.650	0.455
75 th	1.430	0.325	1.105
50 th	1.105	1.105	0.000
90 th	1.625	1.105	0.520
90 th	1.625	1.430	0.195
NA	NA	NA	NA
90 th	3.250	2.210	1.040
	11.765	8.255	3.510

Total Possible CAHPS Points = 13.000



Summary Rate Scores:

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

Accreditation Points:

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

Summary of Key Measures

Composite Measures	2016	2017	2018	2019	2018 Quality Compass
Getting Care Quickly	93%	92%	94%	92%	89%
Shared Decision Making	78%	80%	79%	79%	78%
How Well Doctors Communicate	97%	96%	97%	97%	94%
Getting Needed Care	89%	81% ↓	89% ↑	87%	85%
Customer Service	86%	91%	87%	92%	89%
Overall Rating Measures					
Health Care	88%	84%	85%	87%	87%
Personal Doctor	89%	88%	86%	89%	89%
Specialist	83%	81%	80%	90%	87%
Health Plan	86%	87%	85%	87%	86%
Health Promotion & Education	70%	67%	70%	68%	73%
Care Coordination	89%	86%	86%	83%	83%
<i>Sample Size</i>	2,073	2,063	2,063	2,145	
<i># of Completes</i>	441	496	419	428	
<i>Response Rate</i>	22%	24%	21%	20%	

↑/↓ Statistically higher/lower compared to prior year results.
NA=Data not available

Comparison to Quality Compass

Child Medicaid Survey Questions	2019	Percentile	2018 Child Medicaid Quality Compass							
			Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly (% Always/Usually)	91.79	67th	89.47	82.18	83.90	86.81	89.96	92.56	94.52	95.06
Shared Decision Making (% Yes)	78.87	47th	78.27	69.87	72.18	75.81	79.31	80.95	83.06	83.56
How Well Doctors Communicate (% Always/Usually)	96.52	91st	93.72	89.39	91.10	92.46	94.05	95.40	96.36	96.81
Getting Needed Care (% Always/Usually)	87.22	67th	84.68	78.11	79.28	81.67	84.41	87.94	90.26	91.35
Customer Service (% Always/Usually)	91.69	89th	88.72	84.60	85.48	87.22	88.50	90.58	92.01	93.07
Q25 Care Coordination (% Always/Usually)	82.98	50th	82.94	75.00	76.85	80.21	82.94	86.54	88.24	89.29
Q13 Rating of Health Care (% 8, 9, 10)	86.97	47th	87.02	82.31	83.20	85.23	87.27	89.25	90.64	91.54
Q26 Rating of Personal Doctor (% 8, 9, 10)	88.83	37th	89.47	84.52	86.14	88.01	89.64	91.28	92.59	93.26
Q30 Rating of Specialist (% 8, 9, 10)	89.61	75th	87.03	81.46	82.26	84.75	86.94	89.30	91.87	92.25
Q36 Rating of Health Plan (% 8, 9, 10)	86.99	55th	86.32	80.58	82.08	84.10	86.63	89.06	90.77	91.49

The 2018 Child Medicaid Quality Compass consists of 114 public and non-public reporting health plan products (All Lines of Business excluding PPO/EPOs).

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 below 10th percentile**

Accreditation Details

Scoring for NCQA Accreditation

2019 NCQA National Accreditation Comparisons*

Below 25th Nat'l 25th Nat'l 50th Nat'l 75th Nat'l 90th Nat'l

Accreditation Points **0.325** **0.650** **1.105** **1.430** **1.625**

Composite Scores	Sample Size	Mean	Approximate Percentile Threshold	Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l	Approximate Score
Getting Care Quickly	243	2.699	90 th	Below 2.54	2.54	2.61	2.66	2.69	1.625
Getting Needed Care	208	2.506	50 th	Below 2.40	2.40	2.47	2.55	2.60	1.105
Customer Service	102	2.609	75 th	Below 2.50	2.50	2.53	2.58	2.63	1.430
Care Coordination	141	2.447	50 th	Below 2.36	2.36	2.43	2.49	2.55	1.105
Overall Rating Scores									
Health Care	330	2.636	90 th	Below 2.49	2.49	2.52	2.57	2.59	1.625
Personal Doctor	367	2.703	90 th	Below 2.58	2.58	2.62	2.65	2.69	1.625
Specialist***	77	2.714	90 th	Below 2.53	2.53	2.59	2.62	2.66	<i>NA</i>
				<i>Accreditation Points</i>	0.650	1.300	2.210	2.860	3.250
Health Plan	415	2.672	90 th	Below 2.51	2.51	2.57	2.62	2.67	3.250

Estimated Overall CAHPS Score: 11.765

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

NOTE: NCQA begins their calculation with an unadjusted raw score showing six digits after the decimal and then compares the adjusted score to their benchmarks and thresholds (also calculated to the sixth decimal place). 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: 2019 Accreditation Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.

Key Driver Summary

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

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

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

Overall Rating of Health Plan

Call to Action

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

Q33 - Treated You with Courtesy and Respect

Promote

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

Q14 - Easy to Get Care Believed Necessary for Child

Q17 - Explain Things in a Way You Could Understand

Overall Rating of Health Care

Call to Action

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

Q28 - Easy to Get Appointment for Child with Specialist

Q19 - Show Respect for What You Had to Say

Promote

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

Q14 - Easy to Get Care Believed Necessary for Child











Q32 - Got Information or Help Needed

Q17 - Explain Things in a Way You Could Understand

Q18 - Listen Carefully to You

Key Driver Analysis

Rating of Health Plan

	<u>Correlation to Rating of Health Plan</u>	<u>Composite</u>	<u>Sample Size</u>	<u>Health Plan's Score</u>	<u>Quality Compass Percentile</u>
Q33. Treated you with courtesy and respect	0.39		101	94.06%	55 th
Q14. Easy to get care believed necessary for child	0.38		331	93.05%	81 st
Q17. Explain things in a way you could understand	0.36		287	96.86%	87 th
Q32. Got information or help needed	0.34		103	89.32%	93 rd
Q18. Listen carefully to you	0.32		288	96.53%	76 th
Q19. Show respect for what you had to say	0.31		288	97.22%	72 nd
Q22. Spend enough time with child	0.29		287	95.47%	98 th
Q6. Getting appointment for child as soon as needed	0.29		309	88.67%	47 th
Q12. Asked preference for medicine	0.27		142	77.46%	40 th
Q28. Easy to get appointment for child with specialist	0.20		86	81.40%	52 nd

Above are the 10 key measures with the highest correlation to Rating of Health Plan

Use caution when reviewing scores with sample sizes less than 25





















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

Red Text indicates measure is 25th percentile or lower



Key Driver Analysis

Rating of Health Care

	Correlation to Rating of Health Care	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q14. Easy to get care believed necessary for child	 0.48		331	93.05%	81 st
Q32. Got information or help needed	 0.44		103	89.32%	93 rd
Q17. Explain things in a way you could understand	 0.41		287	96.86%	87 th
Q28. Easy to get appointment for child with specialist	 0.41		86	81.40%	52 nd
Q19. Show respect for what you had to say	 0.40		288	97.22%	72 nd
Q18. Listen carefully to you	 0.39		288	96.53%	76 th
Q22. Spend enough time with child	 0.36		287	95.47%	98 th
Q6. Getting appointment for child as soon as needed	 0.30		309	88.67%	47 th
Q33. Treated you with courtesy and respect	 0.28		101	94.06%	55 th
Q4. Getting care for child as soon as needed	 0.28		177	94.92%	81 st

Above are the 10 key measures with the highest correlation to Rating of Health Care

Use caution when reviewing scores with sample sizes less than 25

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

Red Text indicates measure is 25th percentile or lower

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

Key Driver Analysis

Rating of Doctor and Specialist

	Correlation to Rating of Personal Doctor	Health Plan's Score	Quality Compass Percentile
Q18. Listen carefully to you	0.57	96.53%	76 th
Q19. Show respect for what you had to say	0.54	97.22%	72 nd
Q17. Explain things in a way you could understand	0.47	96.86%	87 th
Q33. Treated you with courtesy and respect	0.43	94.06%	55 th
Q14. Easy to get care believed necessary for child	0.42	93.05%	81 st
Q22. Spend enough time with child	0.39	95.47%	98 th
Q32. Got information or help needed	0.38	89.32%	93 rd
Q28. Easy to get appointment for child with specialist	0.30	81.40%	52 nd
Q6. Getting appointment for child as soon as needed	0.26	88.67%	47 th
Q25. Care Coordination	0.25	82.98%	50 th

	Correlation to Rating of Specialist	Health Plan's Score	Quality Compass Percentile
Q18. Listen carefully to you	0.60	96.53%	76 th
Q19. Show respect for what you had to say	0.59	97.22%	72 nd
Q17. Explain things in a way you could understand	0.56	96.86%	87 th
Q33. Treated you with courtesy and respect	0.56	94.06%	55 th
Q14. Easy to get care believed necessary for child	0.45	93.05%	81 st
Q25. Care Coordination	0.44	82.98%	50 th
Q28. Easy to get appointment for child with specialist	0.44	81.40%	52 nd
Q6. Getting appointment for child as soon as needed	0.40	88.67%	47 th
Q22. Spend enough time with child	0.39	95.47%	98 th
Q4. Getting care for child as soon as needed	0.37	94.92%	81 st

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

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

Red Text indicates measure is 25th percentile or lower

Improving CAHPS Scores

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

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

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

GETTING CARE QUICKLY

Getting care as soon as you needed

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

Getting appointment as soon as needed

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

Additional recommendations

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

Improving CAHPS Scores

SHARED DECISION MAKING

Discussed reasons to take medicine

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

Discussed reasons not to take medicine

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

Asked preference for medicine

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

Additional recommendations

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

Improving CAHPS Scores

HOW WELL DOCTORS COMMUNICATE

Explain things in a way you could understand

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

Listen carefully to you

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

Show respect for what you had to say

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

Spend enough time with you

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

Additional recommendations

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

Improving CAHPS Scores

GETTING NEEDED CARE (1 of 2)

Easy to get appointment with specialist

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

Improving CAHPS Scores

GETTING NEEDED CARE *(2 of 2)*

Easy to get care believed necessary

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

Additional recommendations

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

Improving CAHPS Scores

HEALTH PLAN CUSTOMER SERVICE

Got information or help needed

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

Treated you with courtesy and respect

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

Additional recommendations

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

Improving CAHPS Scores

CARE COORDINATION

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

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

Demographic Differences

The commentary below is based on the SPH Analytics (formerly Morpace) Child Medicaid Book of Business:

Child's Age	<ul style="list-style-type: none"> Parents/Guardians of older children rate Shared Decision Making higher than parents/guardians of younger children. Parents/Guardians of teens ages 15 to 18 rate their teen's Health Care, Personal Doctor, and Health Plan significantly lower than respondents with younger children.
Child's Health Status	<ul style="list-style-type: none"> Parents/Guardians of children with 'Excellent' or 'Very good' health status tend to be more satisfied than those who rate their child's health status lower. Significant differences are noted in all areas except for Shared Decision Making.
Respondent's Education	<ul style="list-style-type: none"> More educated respondents rate most composite measures higher than those less educated, whereas the opposite is true for overall rating measures – those less educated rate all overall rating measures similarly or higher than those with a higher education.
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.	
Child's Race	<ul style="list-style-type: none"> Parents/Guardians of White children give equal or higher ratings in all composite and overall rating areas with exception of Customer Service, in which respondents with children who are African American give the highest rating. SPH Analytics Book of Business: White - 61%; African American - 23%; All other - 22% Lower satisfaction ratings from Asian Americans may be partially attributable to cultural differences in their response tendencies. Therefore, the lower scores for 'All other' might not reflect an accurate comparison of their experience with health care.
Child's Ethnicity	<ul style="list-style-type: none"> Parents/Guardians of Hispanic children rate most <u>composite</u> measures significantly lower than those of non-Hispanic children, although, parents/guardians of Hispanic children rate all <u>overall rating</u> measures (Rating of Health Care, Personal Doctor, Specialist, and Health Plan) higher than non-Hispanics. SPH Analytics Book of Business: Hispanic - 26%

Demographic Profile

Child Demographics

		2016	2017	2018	2019	2018 Quality Compass
Q37. Child's Health Status						
	Excellent/Very Good	79%	81%	78%	79%	75%
	Good	17%	17%	19%	18%	20%
	Fair/Poor	5%	3%	3%	3%	5%
Q38. Child's Mental/Emotional Health Status						
	Excellent/Very Good	79%	77%	73%	79%	73%
	Good	16%	18%	20%	16%	18%
	Fair/Poor	6%	5%	7%	5%	9%
Q39. Child's Age						
	1 year and under	1%	3%	2%	3%	NA
	2 - 5 years	14%	11%	9%	11%	NA
	6 - 9 years	28%	19%	20%	20%	NA
	10 - 14 years	34%	29%	30%	27%	NA
	15 - 18 years	24%	39%	39%	39%	NA
Q40. Child's Gender						
	Male	51%	49%	49%	50%	52%
	Female	49%	51%	51%	50%	48%
Q41/42. Child's Race/Ethnicity						
	Hispanic or Latino	26%	30%	27%	31%	34%
	White	73%	66%	66%	68%	56%
	African American	12%	8%	12%	8%	23%
	Asian	3%	4%	5%	5%	6%
	Native Hawaiian or other Pacific Islander	0%	0%	1%	2%	2%
	American Indian or Alaska Native	17%	20%	20%	16%	3%
	Other	10%	13%	8%	17%	16%

Data shown are self reported.

NA = Data not available.

SPH Analytics

2019 CAHPS 5.0H Child Medicaid Survey

Oklahoma Health Care Authority

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Demographic Profile

Respondent Demographics

		2016	2017	2018	2019	2018 Quality Compass
Q7. Number of Times Going to Doctor's Office/Clinic for Care						
	None	21%	22%	25%	20%	24%
	1 time	29%	29%	29%	29%	27%
	2 times	23%	24%	22%	24%	23%
	3 times	13%	14%	12%	13%	13%
	4 times	7%	5%	4%	6%	6%
	5-9 times	7%	5%	5%	6%	6%
	10 or more times	0%	1%	3%	1%	2%
Q16. Number of Times Visited Personal Doctor to Get Care						
	None	21%	23%	26%	21%	20%
	1 time	36%	36%	35%	35%	33%
	2 times	21%	21%	20%	23%	23%
	3 times	12%	10%	10%	11%	12%
	4 times	4%	3%	5%	4%	6%
	5-9 times	5%	5%	3%	4%	5%
	10 or more times	1%	1%	1%	1%	1%
Q43. Respondent's Age						
	Under 18	4%	3%	7%	6%	7%
	18 to 24	2%	3%	1%	3%	6%
	25 to 34	32%	26%	25%	22%	30%
	35 to 44	43%	42%	41%	44%	32%
	45 to 54	14%	16%	20%	18%	16%
	55 to 64	3%	5%	4%	6%	7%
	65 or older	2%	3%	1%	1%	3%
Q44. Respondent's Gender						
	Male	15%	15%	14%	15%	13%
	Female	85%	85%	86%	85%	87%
Q45. Respondent's Education						
	Did not graduate high school	17%	17%	15%	20%	20%
	High school graduate or GED	32%	37%	31%	35%	34%
	Some college or 2-year degree	34%	32%	34%	32%	31%
	4-year college graduate	11%	9%	15%	9%	9%
	More than 4-year college degree	6%	4%	5%	4%	6%

Data shown are self reported.

Measures by Demographics

Demographic	Child's Age					Child's Race			Child's Ethnicity		Respondent's Education		Child's Health Status		
	1 yr and under	2-5 yrs	6-9 yrs	10-14 yrs	15-18 yrs	White	African American	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/Very Good	Good	Fair/Poor
<i>Sample size</i>	(n=12)	(n=44)	(n=83)	(n=113)	(n=162)	(n=291)	(n=36)	(n=164)	(n=131)	(n=288)	(n=228)	(n=192)	(n=329)	(n=75)	(n=12)
Composites (% Always/Usually)															
Getting Care Quickly	100	99	91	92	89	95	87	89	83	95	89	95	93	89	85
Shared Decision Making (% Yes)	73	84	80	86	74	80	78	77	77	79	77	80	80	75	80
How Well Doctors Communicate	100	98	96	98	95	97	96	96	96	97	95	98	97	94	94
Getting Needed Care	95	92	84	97	84	91	59	87	83	90	86	89	88	84	100
Customer Service	88	96	92	90	93	93	82	94	96	89	92	90	93	85	100
Overall Ratings (% 8,9,10)															
Health Care	90	97	86	94	80	88	84	88	90	87	86	88	90	80	60
Personal Doctor	100	90	88	94	84	91	88	86	91	88	87	91	90	88	78
Specialist	100	75	83	96	93	89	67	96	89	91	91	89	91	88	100
Health Plan	100	95	89	87	83	87	89	89	91	85	87	86	90	80	45