

# STATE OF MARYLAND HEALTHCHOICE ADULT AND CHILD POPULATIONS

## **CAHPS® 2012** ***4.0H Adult and Child Medicaid Survey***

### ***Executive Summary***

Date: November 2012

Job Number: 12-202



2191 Defense Highway, Suite 401  
Crofton, MD 21114  
Phone: 410.721.0500  
Fax: 410.721.7571  
[www.WBandA.com](http://www.WBandA.com)

## Background and Purpose

Beginning in 2008, the State of Maryland Department of Health and Mental Hygiene (DHMH) selected WB&A Market Research (WB&A), a National Committee for Quality Assurance (NCQA) certified survey vendor, to conduct its Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®1</sup>) 4.0H Adult Medicaid Survey and 4.0H Child Medicaid Survey (with Children with Chronic Conditions (CCC) Measurement Set)<sup>2</sup>.

- Members from each of the seven HealthChoice managed care organizations (MCOs) that provide Medicaid services participated in this research:
  - AMERIGROUP Community Care,
  - Diamond Plan,
  - Jai Medical Systems,
  - Maryland Physicians Care,
  - MedStar Family Choice,
  - Priority Partners, and
  - UnitedHealthcare.

The CAHPS<sup>®</sup> 4.0H Adult and Child Medicaid Surveys measure those aspects of care for which members are the best and/or the only source of information. From these surveys, members' ratings of and experiences with the medical care they receive can be determined. Based on members' health care experiences, potential opportunities for improvement can be identified.

- Specifically, the results obtained from these consumer surveys will allow DHMH to determine how well participating HealthChoice MCOs are meeting their members' expectations, provide feedback to the HealthChoice MCOs to improve quality of care, encourage HealthChoice MCO accountability, and develop HealthChoice MCO action to improve members' quality of care.
- Results from the CAHPS<sup>®</sup> 4.0H Adult and Child Medicaid Surveys summarize member satisfaction through ratings, composites and question Summary Rates. In general, Summary Rates represent the percentage of respondents who chose the most positive response categories as specified by NCQA.

<sup>1</sup>CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

<sup>2</sup>A child with a chronic condition, included in the survey, refers to a child who currently experiences a consequence associated with a condition. The consequence results from a medical/behavioral/health condition, and the duration of the condition is expected to be at least twelve (12) months.

## Background and Purpose (continued)

### Survey and Reporting Changes in 2012

- NCQA made no survey changes to the CAHPS® 4.0H Adult Medicaid Survey nor the CAHPS® 4.0H Child Medicaid Survey (with Children with Chronic Conditions (CCC) Measurement Set) in 2012.
- Likewise, DHMH made no survey changes to the CAHPS® 4.0H Adult Medicaid Survey nor the CAHPS® 4.0H Child Medicaid Survey (with Children with Chronic Conditions (CCC) Measurement Set) in 2012.

## Research Approach

WB&A administered a mixed-methodology which involved a mail survey with telephone follow-up, per NCQA protocol.

- Specifically, two questionnaire packages were sent to random samples of eligible adult and child members from each of the seven HealthChoice MCOs with “Return Service Requested” and WB&A’s toll-free number included. The mail materials also included a toll-free number for Spanish-speaking members to complete the survey over the telephone. Those who did not respond by mail were contacted by telephone to complete the survey. During the telephone follow-up, members had the option to complete the survey in either English or Spanish.
  - The child surveys were conducted by proxy, that is, with the parent/guardian who knows the most about the sampled child’s health care.
- The NCQA required sample size is 1,350 for adult Medicaid plans and 1,650 for child Medicaid plans (General Population/Sample A). In addition to the required sample size, NCQA allows over-sampling up to 30%. DHMH elected to use this option.
  - To qualify, adult Medicaid members had to be 18 years of age or older, while child Medicaid members had to be 17 years of age or younger. Furthermore, members of both populations had to be continuously enrolled in the HealthChoice MCO for five of the last six months as of the last day of the measurement year (December 31, 2011).
- Among the child population, an additional over-sample of up to 1,840 child members with diagnoses indicative of a probable chronic condition was also pulled (CCC Over-sample/Sample B). This is standard procedure when the CAHPS® 4.0H Child Medicaid Survey (with CCC Measurement Set) is administered, to ensure the validity of the information collected.
  - The CCC population is identified based on child members’ responses to the CCC survey-based screening tool (questions 59 to 72), which contains five questions representing five different health consequences; four are three-part questions and one is a two-part question. A child member is identified as having a chronic condition if all parts of the question for at least one of the specific health consequences are answered “Yes”.
  - It’s important to note that the General Population data set (Sample A) and CCC Over-sample data set (Sample B) are not mutually exclusive groups. For example, if a child member is randomly selected for the CAHPS® Child Survey sample (General Population/Sample A) and is identified as having a chronic condition based on responses to the CCC survey-based screening tool, the member is included in both General and CCC Population results.

Between February and May 2012, WB&A collected 2,946 valid surveys from the eligible Medicaid adult population (9 of which were completed in Spanish) and 3,895 valid surveys from the eligible Medicaid child population (154 of which were completed in Spanish). 2,095 of the child members across all HealthChoice MCOs qualified as being children with chronic conditions based on the parent's/guardian's responses to the CCC survey-based screening tool.

Ineligible adult and child members included those who were deceased, did not meet eligible population criteria (indicated non-membership in the specified health plan) or had a language barrier. In addition, adult members who were mentally or physically incapacitated were also considered ineligible. Non-respondents included those who had refused to participate, could not be reached due to a bad address or telephone number or were unable to be contacted during the survey time period.

- Ineligible surveys are subtracted from the sample size when computing a response rate.

Table 1 below shows the total number of adult and child members in the sample that fell into each disposition category:

**Table 1: Sample Dispositions**

Disposition Group	Disposition Category	Adult	Child (General Population/ Sample A)
Ineligible	Deceased (M20/T20)	17	3
	Does not meet eligibility criteria (M21/T21)	152	167
	Language barrier (M22/T22)	59	179
	Mentally/Physically incapacitated (M24/T24)	31	N/A
	<b>Total Ineligible</b>	<b>259</b>	<b>349</b>
Non-Response	Bad address/phone (M23/T23)	909	1,252
	Refusal (M32/T32)	501	596
	Maximum attempts made (M33/T33)*	7,670	8,923
	<b>Total Non-Response</b>	<b>9,080</b>	<b>10,771</b>

\*Maximum attempts made include two survey mailings and an average of six call attempts.

N/A=Not applicable to this population

Tables 2 and 3 below illustrate the number of adult and child surveys mailed, the number of completed surveys (mail and phone) and the response rate for each HealthChoice MCO.

**Table 2: Adult Survey**

HealthChoice MCO	Surveys Mailed	Mail and Phone Completes*	Response Rate
AMERIGROUP Community Care	1,755	403	23%
Diamond Plan	1,755	349	20%
Jai Medical Systems	1,755	427	25%
Maryland Physicians Care	1,755	481	28%
MedStar Family Choice	1,755	430	25%
Priority Partners	1,755	430	25%
UnitedHealthcare	1,755	426	25%
<b>Total HealthChoice MCOs</b>	<b>12,285</b>	<b>2,946</b>	<b>24%</b>

**Table 3: Child Survey**

HealthChoice MCO	Surveys Mailed			General Population Mail and Phone Completes*	CCC Respondents <sup>2</sup>	Response Rate
	Total Child	General Population (Sample A)	CCC Over-sample (Sample B) <sup>1</sup>			
AMERIGROUP Community Care	3,729	2,145	1,584	565	349	27%
Diamond Plan	2,145	2,145	0	482	132	23%
Jai Medical Systems	2,145	2,145	0	422	130	20%
Maryland Physicians Care	3,132	2,145	987	611	384	29%
MedStar Family Choice	2,297	2,145	152	580	226	28%
Priority Partners	3,985	2,145	1,840	660	541	31%
UnitedHealthcare	3,194	2,145	1,049	575	333	27%
<b>Total HealthChoice MCOs</b>	<b>20,627</b>	<b>15,015</b>	<b>5,612</b>	<b>3,895</b>	<b>2,095</b>	<b>27%</b>

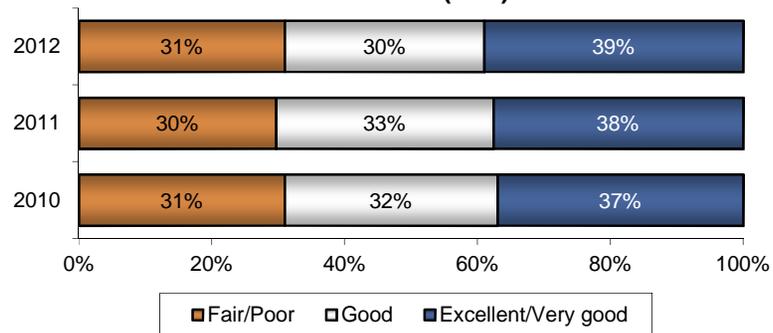
<sup>1</sup>In HealthChoice MCOs with fewer members than the required sample size (1,840), the sample includes all members with a diagnosis indicative of a probable chronic condition who were not already selected for the General Population sample.

<sup>2</sup>As explained on page 4, it is important to note that the General Population data set (Sample A) and CCC Over-sample (Sample B) data set are not mutually exclusive groups.

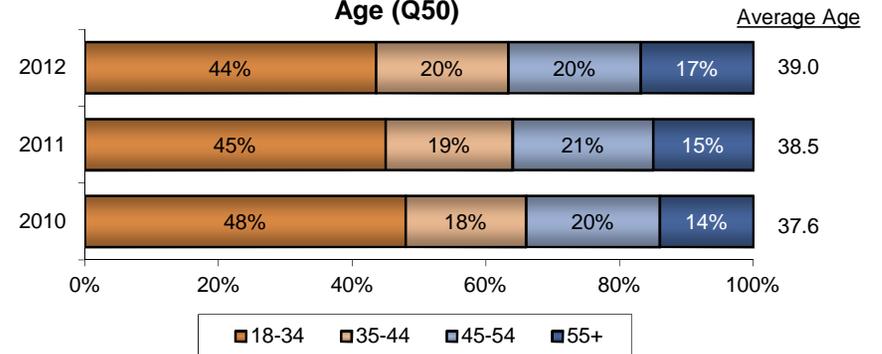
\*During the telephone follow-up, members had the option to complete the survey in either English or Spanish.

# Profile of Adult Members Surveyed

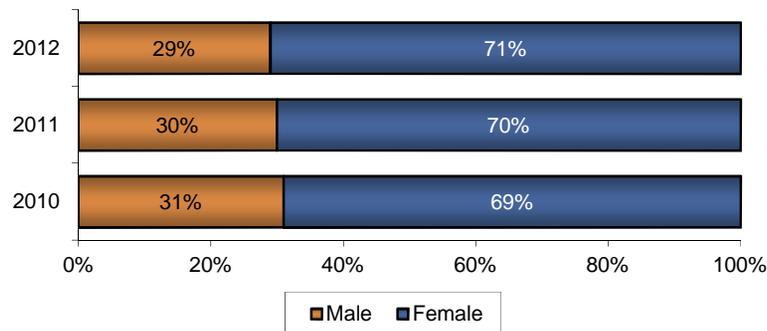
### Health Status (Q36)



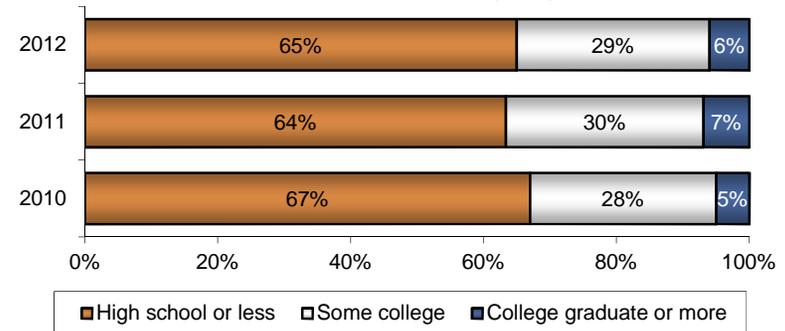
### Age (Q50)



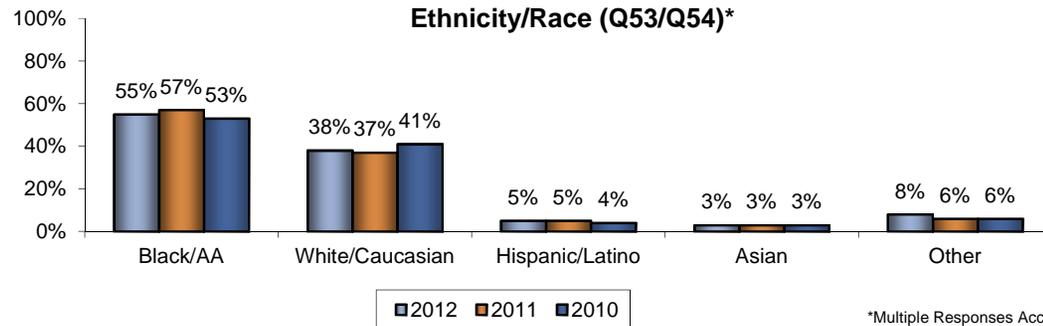
### Gender (Q51)



### Level of Education (Q52)



### Ethnicity/Race (Q53/Q54)\*

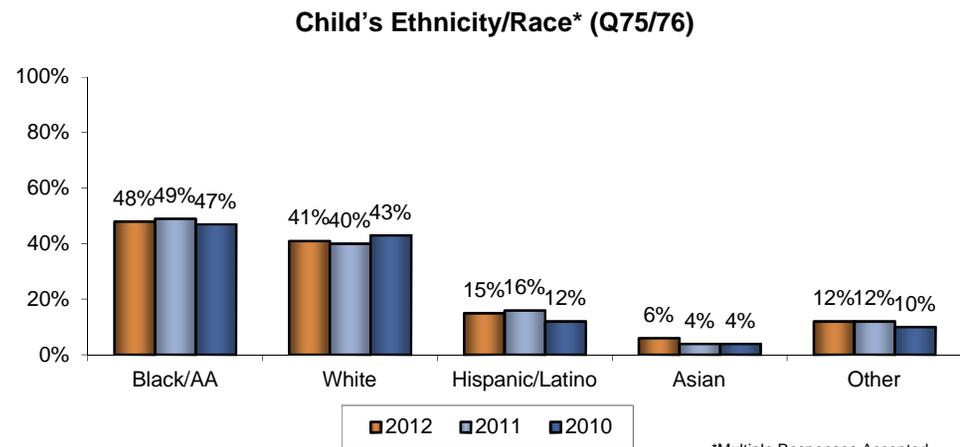
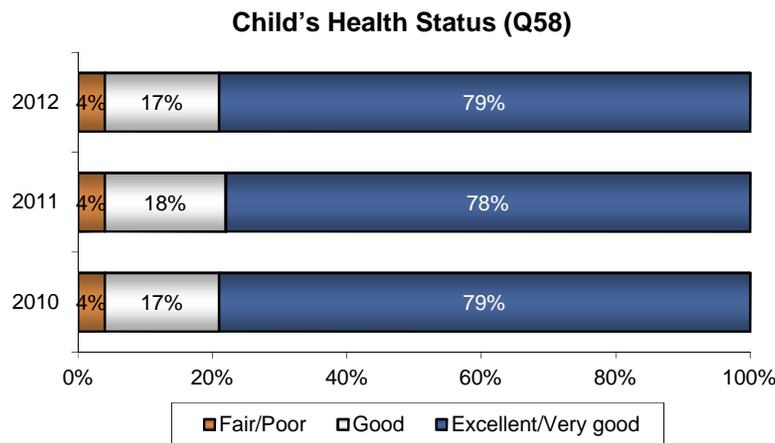
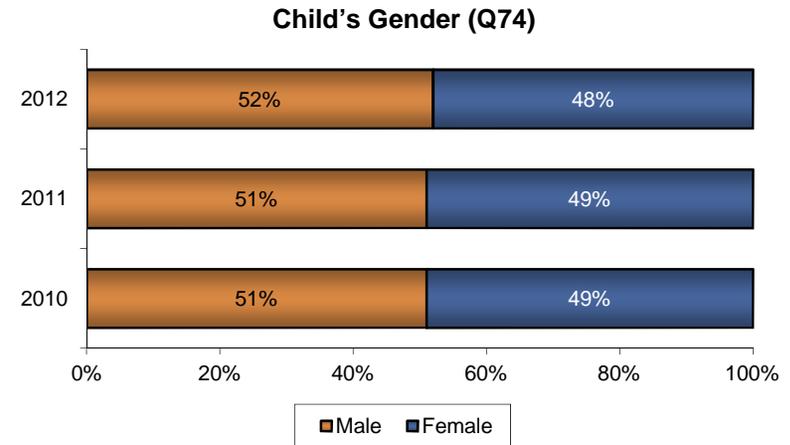
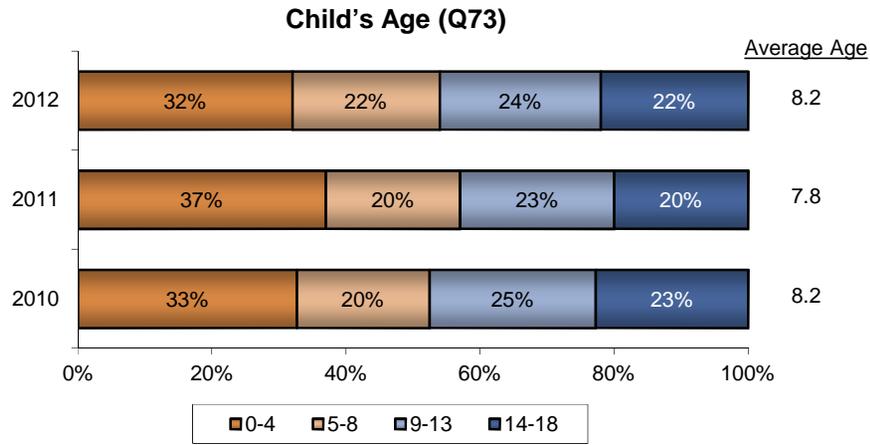


\*Multiple Responses Accepted

Base = Those answering

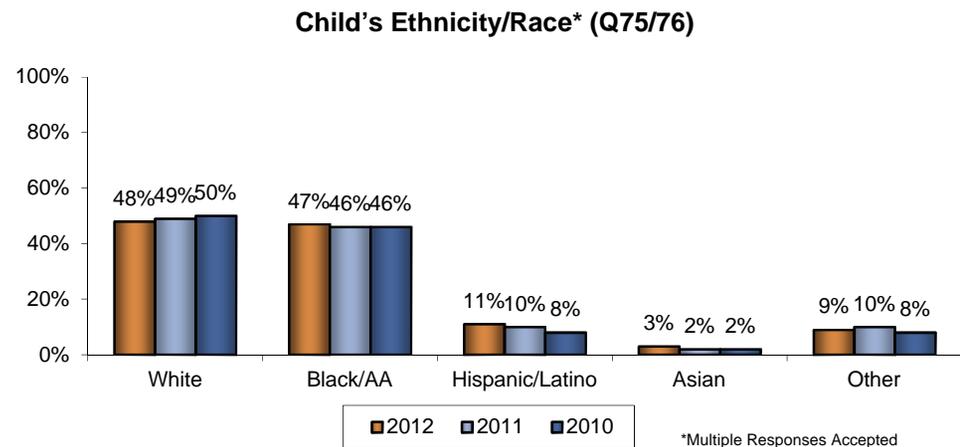
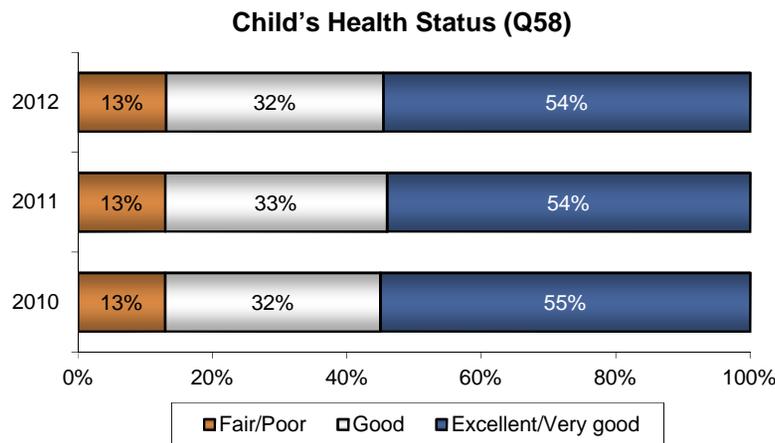
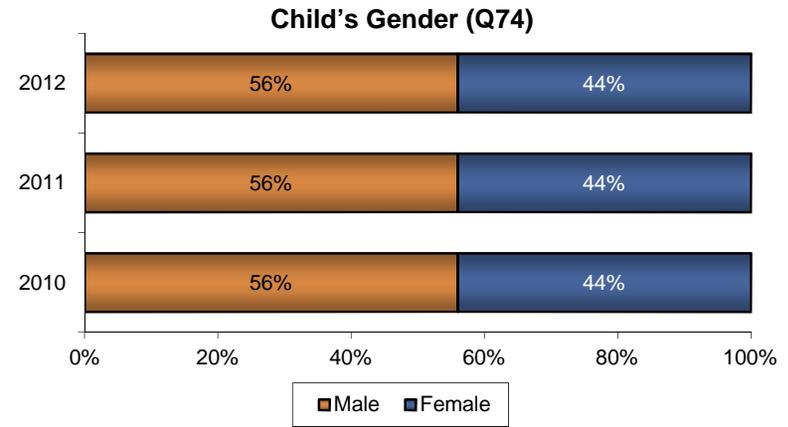
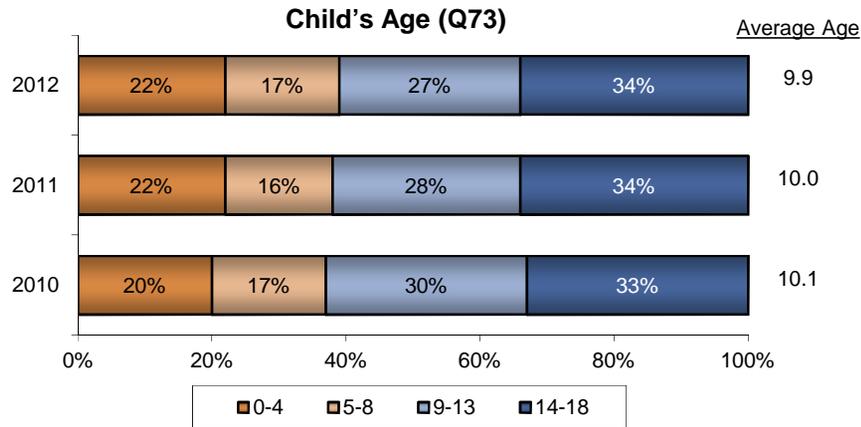
# Profile of Child Members Surveyed

## Child Member Profile – General Population



\*Multiple Responses Accepted

Child Member Profile – CCC Population



## Overall Ratings

There were four Overall Ratings questions asked in the adult and child surveys that used a scale of “0 to 10”, where a “0” represented the worst possible rating and a “10” represented the best possible rating. These measures included “Health Care”, “Personal Doctor”, “Specialist Seen Most Often” and “Health Plan”. The Summary Rate for these questions represents the percentage of members who rated the question an 8, 9 or 10.

- In order to assess how the HealthChoice MCOs’ overall ratings compared with other Medicaid adult and child plans nationwide, national benchmarks are provided. Specifically, the adult and child data are compared to the Quality Compass® benchmarks (Reporting Year 2011). Quality Compass® is a national database created by NCQA to provide health plans with comparative information on the quality of the nation’s managed care plans. Previously Quality Compass® comparisons to Child data were provided only for the General Population. However, in 2012, Quality Compass® comparisons to CCC data are available and included in this Executive Summary.

**Table 4: Adult Members**

Overall Ratings (Summary Rate – 8,9,10)												
	Personal Doctor			Specialist Seen Most Often			Health Plan			Health Care		
	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010
Quality Compass® <sup>1</sup>	77%	76%	76%	78%	77%	76%	73%	72%	71%	70%	69%	67%
HealthChoice Aggregate	75%	74%	75%	73%	73%	76%	70%	67%	67%	68%	66%	66%
AMERIGROUP Community Care	78%	71%	74%	78%	71%	74%	74%	65%	66%	73%	65%	68%
Diamond Plan	74%	71%	67%	76%	71%	71%	70%	68%	63%	67%	62%	58%
Jai Medical Systems	74%	74%	77%	73%	69%	74%	61%	59%	62%	58%	61%	63%
Maryland Physicians Care	72%	70%	73%	65%	70%	78%	67%	68%	72%	66%	64%	68%
MedStar Family Choice	80%	80%	76%	72%	76%	76%	75%	73%	68%	72%	74%	69%
Priority Partners	77%	74%	78%	77%	77%	78%	74%	70%	71%	71%	70%	67%
UnitedHealthcare	70%	76%	77%	73%	77%	77%	68%	64%	63%	68%	67%	67%

○ HealthChoice MCO with the highest Summary Rate in 2012

<sup>1</sup>Quality Compass® is a registered trademark of NCQA.

**Table 5: Child Members - General Population**

Overall Ratings (Summary Rate – 8,9,10)												
	Personal Doctor			Health Care			Health Plan			Specialist Seen Most Often		
	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010
Quality Compass <sup>®1</sup>	86%	85%	85%	83%	82%	81%	84%	82%	82%	82%	83%	81%
HealthChoice Aggregate	89%	87%	87%	85%	83%	82%	84%	83%	81%	80%	81%	78%
AMERIGROUP Community Care	90%	87%	87%	86%	85%	82%	88%	85%	82%	84%	81%	78%
Diamond Plan	89%	88%	82%	85%	81%	79%	82%	80%	78%	88%	79%	73%
Jai Medical Systems	90%	89%	93%	82%	81%	84%	79%	78%	78%	72%	78%	69%
Maryland Physicians Care	88%	86%	85%	82%	82%	82%	81%	81%	80%	75%	79%	77%
MedStar Family Choice	90%	88%	88%	86%	86%	82%	86%	85%	83%	81%	82%	75%
Priority Partners	87%	86%	88%	87%	82%	85%	87%	85%	85%	80%	81%	84%
UnitedHealthcare	86%	87%	86%	85%	85%	81%	83%	83%	76%	80%	83%	79%

○ HealthChoice MCO with the highest Summary Rate in 2012

<sup>1</sup>Quality Compass<sup>®</sup> is a registered trademark of NCQA.

Table 6: Child Members - CCC Population

Overall Ratings (Summary Rate – 8,9,10)												
	Personal Doctor			Specialist Seen Most Often			Health Care			Health Plan		
	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010
Quality Compass <sup>®1</sup>	87%			84%			82%			82%		
HealthChoice Aggregate	87%	87%	85%	83%	81%	78%	82%	80%	78%	81%	80%	77%
AMERIGROUP Community Care	86%	87%	84%	85%	80%	82%	79%	82%	80%	83%	81%	78%
Diamond Plan	90%	85%	80%	90%	82%	83%	80%	73%	71%	72%	70%	67%
Jai Medical Systems	90%	88%	95%	72%	73%	66%	83%	80%	88%	83%	76%	79%
Maryland Physicians Care	88%	88%	83%	79%	84%	77%	80%	81%	77%	78%	79%	78%
MedStar Family Choice	90%	90%	85%	84%	76%	76%	84%	84%	77%	86%	83%	80%
Priority Partners	87%	85%	86%	81%	83%	80%	85%	80%	81%	84%	83%	79%
UnitedHealthcare	83%	85%	85%	87%	79%	74%	83%	78%	73%	79%	76%	71%

○ HealthChoice MCO with the highest Summary Rate in 2012

<sup>1</sup>Quality Compass<sup>®</sup> is a registered trademark of NCQA.

# Composite Measures

Composite measures assess results for main issues/areas of concern. These composite measures were derived by combining survey results of similar questions (*note: two composite scores are comprised of only one question*). Specifically, it's the average of each response category of the attributes that comprise a particular service area or composite.

- The CAHPS® 4.0H Adult Medicaid Survey includes seven composite measures, defined below.

**Table 7: Adult Composite Measure Definitions**

Composite Measure/Rating Item	Survey Question Number	What is Measured	Summary Rate <sup>1</sup>
Getting Needed Care	23 and 27	Measures members' experiences in the last 6 months when trying to get care from specialists and through their health plan	% of members who responded "Usually" or "Always"
Getting Care Quickly	4 and 6	Measures members' experiences with receiving care and getting appointments as soon as they needed	% of members who responded "Usually" or "Always"
How Well Doctors Communicate	15 – 18	Measures how well their personal doctor explained things, listened to them, showed respect for what they had to say and spent enough time with them	% of members who responded "Usually" or "Always"
Customer Service	31 and 32	Measures members' experiences with getting the information needed and treatment by Customer Service staff	% of members who responded "Usually" or "Always"
Shared Decision-Making	10 and 11	Measures members' experiences with doctors discussing the pros and cons for treatment or health care and asking the member which choice was best for them	% of members who responded "Somewhat Yes" or "Definitely Yes"
Health Promotion and Education	8	Measures members' experiences with their doctor discussing specific things to do to prevent illness	% of members who responded "Usually" or "Always"
Coordination of Care	20	Measures members' perceptions of whether their doctor is up-to-date about the care he/she received from other doctors or health providers	% of members who responded "Usually" or "Always"

<sup>1</sup>Summary Rates most often represent the most favorable responses for that question.

## Composite Measures (continued)

The CAHPS® 4.0H Child Medicaid Survey includes seven standard composite measures, defined below (*note: two composite scores are comprised of only one question*).

**Table 8: Child Composite Measure Definitions**

Composite Measure/ Rating Item	What is Measured	Response Choices	Summary Rate <sup>1</sup>
Getting Needed Care	Measures members' experiences in the last 6 months when attempting to get care from doctors and specialists	"Always, Usually, Sometimes or Never"	% of members who responded "Usually" or "Always"
Getting Care Quickly	Measures members' experiences with receiving care and getting appointments as soon as they wanted	"Always, Usually, Sometimes or Never"	% of members who responded "Usually" or "Always"
How Well Doctors Communicate	Measures how well personal doctor explains things, listens to them, shows respect for what they have to say and spends enough time with them	"Always, Usually, Sometimes or Never"	% of members who responded "Usually" or "Always"
Customer Service	Measures members' experiences with getting the information needed and treatment by Customer Service staff	"Always, Usually, Sometimes or Never"	% of members who responded "Usually" or "Always"
Shared Decision-Making	Measures members' experiences with doctors discussing the pros and cons for treatment or health care and asking the member which choice was best for them	"Definitely Yes, Somewhat Yes, Somewhat No or Definitely No"	% of members who responded "Somewhat Yes" or "Definitely Yes"
Health Promotion & Education	Measures members' experience with their doctor discussing specific things to do to prevent illness	"Always, Usually, Sometimes or Never"	% of members who responded "Usually" or "Always"
Coordination of Care	Measures members' perception of whether their doctor is up-to-date about the care he/she received from other doctors or health providers	"Always, Usually, Sometimes or Never"	% of members who responded "Usually" or "Always"

<sup>1</sup>Summary Rates most often represent the most favorable responses for that question.

# Composite Measures (continued)

CCC measurement composite scores are derived by combining survey results of similar questions related to basic components for successful treatment, management and support of children with chronic conditions (*note: two composite scores are comprised of only one question*). The table below shows how each CCC measurement set composite score is defined.

**Table 9: Additional CCC Composite Measure Definitions**

Composite Measure/ Rating Item	What is Measured	Response Choices	Summary Rate <sup>1</sup>
Access to Prescription Medicine	Measures members' experiences in the last 6 months when trying to get prescription medicine	"Always, Usually, Sometimes or Never"	% of members who responded "Usually" or "Always"
Access to Specialized Services	Measures members' experiences with getting special medical equipment, therapy, treatment or counseling for their child	"Always, Usually, Sometimes or Never"	% of members who responded "Usually" or "Always"
Family Centered Care: Personal Doctor who Knows Child	Measures whether or not the provider discussed how the child is feeling, growing and behaving; as well as understands how the child's condition affects the child's and family's day-to-day life	"Yes or No"	% of members who responded "Yes"
Family Centered Care: Getting Needed Information	Measures how often providers answered members' questions	"Always, Usually, Sometimes or Never"	% of members who responded "Usually" or "Always"
Coordination of Care for Children with Chronic Conditions	Measures whether or not members received the help needed from the provider in contacting the child's school/daycare and whether anyone from their plan or the provider's office coordinated care among the different providers/services	"Yes or No"	% of members who responded "Yes"

<sup>1</sup>Summary Rates most often represent the most favorable responses for that question.

# Composite Measures (continued)

The following tables show composite measure comparisons of the seven HealthChoice MCOs.

- In order to assess how the HealthChoice MCOs' overall composite ratings compared with other Medicaid adult and child plans nationwide, national benchmarks are provided. Specifically, the adult and child data are compared to the Quality Compass<sup>®</sup> benchmarks. Quality Compass<sup>®</sup> is a national database created by NCQA to provide health plans with comparative information on the quality of the nation's managed care plans.

**Table 10: Adult Composite Measures**

Composite Measures																						
	Shared Decision-Making				How Well Doctors Communicate			Getting Care Quickly			Customer Service			Coordination of Care			Getting Needed Care			Health Promotion and Education		
	Def-initely Yes <sup>2</sup>	Summary Rate: Definitely Yes/Somewhat Yes			Summary Rate: Always/Usually																	
	2012	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010
Quality Compass <sup>®1</sup>	61%				88%	88%	87%	80%	81%	79%	80%	80%	79%	77%	77%	76%	76%	76%	75%	59%	59%	57%
HealthChoice Aggregate	60%	90%	89%	90%	87%	87%	87%	79%	80%	80%	79%	78%	77%	75%	76%	76%	71%	72%	74%	63%	61%	62%
AMERIGROUP Community Care	58%	90%	91%	89%	88%	85%	86%	78%	77%	77%	81%	75%	79%	72%	74%	73%	75%	67%	71%	63%	60%	57%
Diamond Plan	61%	90%	88%	90%	87%	87%	83%	78%	82%	78%	80%	80%	77%	71%	71%	73%	63%	62%	68%	58%	60%	62%
Jai Medical Systems	55%	85%	90%	89%	86%	87%	87%	75%	74%	78%	73%	74%	74%	82%	78%	80%	70%	73%	74%	65%	61%	67%
Maryland Physicians Care	61%	88%	86%	90%	85%	85%	85%	79%	80%	81%	77%	79%	74%	71%	73%	74%	64%	74%	76%	61%	59%	63%
MedStar Family Choice	64%	92%	91%	89%	91%	89%	89%	86%	85%	84%	85%	78%	86%	80%	79%	76%	79%	78%	79%	71%	68%	67%
Priority Partners	63%	93%	93%	90%	90%	89%	87%	81%	83%	80%	83%	77%	73%	81%	76%	75%	80%	79%	76%	62%	61%	56%
UnitedHealthcare	63%	90%	87%	91%	85%	87%	89%	80%	81%	81%	76%	80%	77%	70%	80%	83%	68%	70%	71%	61%	56%	61%

○ HealthChoice MCO with the highest Summary Rate in 2012

<sup>1</sup>Quality Compass<sup>®</sup> is a registered trademark of NCQA.

<sup>2</sup>While the Summary Rate for "Shared Decision-Making" is "Definitely Yes/Somewhat Yes", Quality Compass<sup>®</sup> reports only on "Definitely Yes"; therefore, both percentages are shown.

# Composite Measures (continued)

**Table 11: Child Composite Measures - General Population**

Composite Measures																						
	How Well Doctors Communicate			Shared Decision-Making				Getting Care Quickly			Customer Service			Coordination of Care			Getting Needed Care			Health Promotion and Education		
	Summary Rate: Always/Usually			Definitely Yes <sup>2</sup>	Summary Rate: Definitely Yes/Somewhat Yes			Summary Rate: Always/Usually														
	2012	2011	2010		2012	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011
Quality Compass <sup>®1</sup>	92%	92%	91%	68%				87%	87%	87%	83%	81%	80%	80%	77%	76%	79%	79%	79%	64%	63%	64%
HealthChoice Aggregate	94%	92%	93%	71%	93%	92%	92%	87%	88%	88%	82%	79%	76%	81%	80%	81%	79%	77%	74%	67%	65%	66%
AMERIGROUP Community Care	91%	90%	92%	63%	88%	90%	89%	82%	81%	82%	81%	81%	80%	72%	83%	86%	77%	76%	73%	60%	60%	63%
Diamond Plan	94%	93%	90%	69%	93%	92%	92%	89%	90%	89%	84%	84%	72%	82%	78%	75%	78%	73%	66%	72%	69%	66%
Jai Medical Systems	96%	94%	96%	75%	95%	92%	94%	84%	88%	91%	80%	77%	70%	86%	88%	83%	76%	76%	71%	74%	71%	74%
Maryland Physicians Care	93%	92%	94%	73%	95%	92%	93%	90%	88%	88%	82%	80%	79%	84%	76%	83%	78%	79%	80%	65%	63%	66%
MedStar Family Choice	95%	93%	92%	75%	94%	92%	95%	89%	90%	90%	83%	72%	74%	81%	83%	78%	80%	77%	75%	70%	68%	69%
Priority Partners	95%	92%	94%	67%	95%	93%	91%	89%	90%	88%	86%	79%	80%	82%	80%	83%	84%	78%	76%	64%	67%	67%
UnitedHealthcare	93%	93%	91%	71%	92%	92%	91%	86%	87%	90%	75%	77%	77%	77%	79%	75%	78%	75%	73%	64%	58%	62%

○ HealthChoice MCO with the highest Summary Rate in 2012

<sup>1</sup>Quality Compass<sup>®</sup> is a registered trademark of NCQA.

<sup>2</sup>While the Summary Rate for "Shared Decision-Making" is "Definitely Yes/Somewhat Yes", Quality Compass<sup>®</sup> reports only on "Definitely Yes"; therefore, both percentages are shown.

# Composite Measures (continued)

**Table 12: Child Composite Measures - CCC Population**

Composite Measures																						
	Shared Decision-Making				How Well Doctors Communicate			Getting Care Quickly			Customer Service			Coordination of Care			Getting Needed Care			Health Promotion and Education		
	Def-initely Yes <sup>2</sup>	Summary Rate: Definitely Yes/Somewhat Yes			Summary Rate: Always/Usually																	
	2012	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010
Quality Compass <sup>®1</sup>	70%				93%			90%			82%			80%			81%			71%		
HealthChoice Aggregate	71%	94%	93%	92%	93%	93%	92%	90%	91%	90%	81%	77%	76%	80%	80%	77%	80%	78%	75%	72%	70%	69%
AMERIGROUP Community Care	67%	92%	91%	89%	91%	93%	91%	86%	87%	89%	80%	80%	81%	73%	81%	77%	78%	79%	77%	68%	70%	69%
Diamond Plan	68%	92%	92%	91%	93%	91%	90%	92%	93%	91%	78%	81%	65%	83%	77%	67%	77%	71%	61%	82%	66%	66%
Jai Medical Systems	76%	97%	95%	94%	95%	92%	97%	85%	91%	95%	80%	78%	71%	80%	88%	81%	74%	74%	76%	76%	72%	81%
Maryland Physicians Care	73%	95%	94%	93%	94%	92%	92%	93%	90%	89%	79%	75%	74%	83%	76%	78%	79%	81%	75%	74%	69%	67%
MedStar Family Choice	74%	93%	96%	93%	95%	94%	91%	92%	90%	90%	84%	71%	74%	76%	79%	78%	84%	74%	75%	81%	72%	74%
Priority Partners	69%	94%	92%	93%	94%	93%	93%	91%	94%	91%	79%	80%	80%	85%	82%	79%	81%	80%	77%	71%	72%	70%
UnitedHealthcare	72%	95%	94%	91%	93%	93%	91%	91%	92%	90%	85%	71%	72%	77%	78%	73%	82%	75%	72%	67%	66%	63%

○ HealthChoice MCO with the highest Summary Rate in 2012

<sup>1</sup>Quality Compass<sup>®</sup> is a registered trademark of NCQA.

<sup>2</sup>While the Summary Rate for "Shared Decision-Making" is "Definitely Yes/Somewhat Yes", Quality Compass<sup>®</sup> reports only on "Definitely Yes"; therefore, both percentages are shown.

Table 13: Child Composite Measures - CCC Population

Additional CCC Composite Measures															
	Access to Prescription Medicine			FCC: Personal Doctor Who Knows Child			FCC: Getting Needed Information			Access to Specialized Services			Coordination of Care for Children with Chronic Conditions		
	Summary Rate: Always/Usually			Summary Rate: Yes			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Yes		
	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010	2012	2011	2010
Quality Compass <sup>1</sup>	90%			89%			90%			76%			79%		
HealthChoice Aggregate	90%	91%	90%	90%	90%	90%	90%	90%	87%	78%	77%	75%	78%	76%	75%
AMERIGROUP Community Care	88%	93%	89%	89%	89%	91%	89%	90%	87%	75%	73%	74%	77%	76%	76%
Diamond Plan	92%	92%	88%	92%	87%	84%	91%	89%	87%	90%	76%	66%	82%	72%	71%
Jai Medical Systems	93%	95%	96%	88%	90%	94%	86%	84%	92%	75%	85%	80%	67%	88%	80%
Maryland Physicians Care	91%	91%	91%	90%	91%	90%	90%	89%	87%	82%	79%	76%	81%	75%	73%
MedStar Family Choice	89%	90%	89%	92%	90%	90%	92%	92%	85%	82%	77%	73%	75%	69%	77%
Priority Partners	90%	91%	90%	90%	91%	90%	90%	90%	88%	82%	77%	78%	79%	79%	76%
UnitedHealthcare	92%	89%	88%	88%	88%	89%	91%	91%	87%	77%	77%	72%	75%	74%	69%

○ HealthChoice MCO with the highest Summary Rate in 2012

<sup>1</sup>Quality Compass<sup>®</sup> is a registered trademark of NCQA.

## Key Drivers of Satisfaction

In an effort to identify the underlying components of adult and child members' ratings of their Health Plan and Health Care, advanced statistical techniques were employed.

- Regression analysis is a statistical technique used to determine which influences or "independent variables" (composite measures) have the greatest impact on an overall attribute or "dependent variable" (overall rating of Health Plan or Health Care).
- In addition, correlation analyses were conducted between each composite measure attribute and overall rating of Health Plan and Health Care in order to ascertain which attributes have the greatest impact.

### *Adult Medicaid Members – Key Drivers of Satisfaction with Health Plan*

Based on the 2012 findings, the "**Getting Needed Care**" and "**Customer Service**" composite measures have the most significant impact on adult members' overall rating of their Health Plan.

- The attributes listed below are identified as **unmet needs**<sup>1</sup> and should be considered priority areas for the HealthChoice MCOs. If performance on these attributes is improved, it could have a positive impact on adult members' overall rating of their Health Plan.
  - **Got the care, tests or treatment you thought necessary**
  - **Received information or help needed from health plan's Customer Service**

### *Adult Medicaid Members – Key Drivers of Satisfaction with Health Care*

Based on the 2012 findings, the following composite measures have the most significant impact on adult members' overall rating of their Health Care: "**How Well Doctors Communicate**" and "**Getting Care Quickly**".

- The attribute listed below is identified as an **unmet need**<sup>1</sup> and should be considered a priority area for the HealthChoice MCOs. If performance on this attribute is improved, it could have a positive impact on adult members' overall rating of their Health Care.
  - **Got the care, tests or treatment you thought necessary**
- The attribute listed below is identified as a **driving strength**<sup>2</sup> and performance in this area should be maintained. If performance on this attribute is decreased, it could have a negative impact on adult members' overall rating of their Health Care.
  - **Doctor showed respect for what you had to say**

<sup>1</sup>**Unmet needs** are key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a lower level (Summary Rate is less than 80%).

<sup>2</sup>**Driving strengths** are key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a higher level (Summary Rate is 90% or more).

## Key Drivers of Satisfaction (continued)

### *Child Medicaid Members – Key Drivers of Satisfaction with Health Plan*

Based on the 2012 findings, there are two composite measures that have the most significant impact on child members' overall rating of their Health Plan: “**Customer Service**” and “**Getting Needed Care**”.

- The attributes listed below are identified as **unmet needs**<sup>1</sup> and should be considered priority areas for the HealthChoice MCOs. If performance on these attributes is improved, it could have a positive impact on child members' overall rating of their Health Plan.
  - **Got to see a specialist your child needed to see**
  - **Received the information or help needed from Customer Service**
- The attribute listed below is identified as a **driving strength**<sup>2</sup> and performance in this area should be maintained. If performance on this attribute is decreased, it could have a negative impact on child members' overall rating of their Health Plan.
  - **Treated with courtesy and respect by Customer Service staff**

### *Child Medicaid Members – Key Drivers of Satisfaction with Health Care*

Based on the 2012 findings, the “**Getting Needed Care**” composite measure is identified as having the most significant impact on child members' overall rating of their Health Care.

- Given some of the high ratings received, there were no attributes identified as **unmet needs**<sup>1</sup> that should be considered priority areas for improving child members' overall rating of their Health Care.
- Instead, the attributes listed below are identified as **driving strengths**<sup>2</sup> and performance in these areas should be maintained. If performance on these attributes is decreased, it could have a negative impact on child members' overall rating of their Health Care.
  - **Doctor listened carefully to you**
  - **Doctor showed respect for what you had to say**
  - **Doctor explained things in a way you could understand**

<sup>1</sup>**Unmet needs** are key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a lower level (Summary Rate is less than 80%).

<sup>2</sup>**Driving strengths** are key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a higher level (Summary Rate is 90% or more).

## Glossary of Terms

- **Attributes** are the questions that relate to a specific service area or composite as specified by NCQA.
- **Composite Measures** are derived by combining the survey results of similar questions that represent an overall aspect of plan quality. Specifically, it's the average of each response category of the attributes that comprise a particular service area or composite.
- **Confidence Level** is the degree of confidence, expressed as a percentage, that a reported number's true value is between the lower and upper specified range.
- **Correlation Coefficient** is a statistical measure of how closely two variables or measures are related to each other.
- **Disposition Category** is the final status given to a member record within the sample surveyed. The category signifies both the survey administration used to complete the survey (M=Mail, T=Telephone) and the status of the member record (M21=Mail, Ineligible; T10= Phone, Complete).
- **Key Drivers** are composite measures that have been found to impact ratings of overall Health Plan and Health Care among HealthChoice MCO members as determined by regression analysis.
- **Over-Sampling** is sampling more than the minimum required sample size. The NCQA required sample size for adult Medicaid MCOs is 1,350 and the target number of completed surveys is 411. The NCQA required sample size for child Medicaid MCOs is 1,650 (General Population/Sample A) and the target number of completed surveys is 411. The Department may choose to over-sample to achieve this target if necessary. NCQA allows over-sampling of up to 30% of the required sample size to aid in collecting a suitable amount of survey returns.
- **Significance Test** is a test used to determine the probability that a given result could not have occurred by chance.
- **Summary Rates** generally represent the most favorable responses for a particular question (i.e., *Always and Usually; 8, 9 or 10; Definitely Yes and Somewhat Yes; etc.*). Keep in mind that not every question is assigned a Summary Rate.
- **Trending** is the practice of examining several years of data in a comparative way to identify common attributes.