State of Maryland Executive Summary Report

for

HealthChoice Managed Care Organizations

Adult and Child Populations

2018 CAHPS® 5.0H Member Experience Survey

Prepared for:

The Maryland Department of Health

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Table of Contents

BACKGROUND AND PURPOSE

Introduced by the Agency for Healthcare Research and Quality (AHRQ) in the mid-1990s, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program encompasses the full range of standardized surveys that ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers, such as accessibility of services and communication skills of providers.

The National Committee for Quality Assurance (NCQA) uses the Health Plan CAHPS survey in its Health Plan Accreditation Program as part of the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS measures health plan performance on important dimensions of care and service and is designed to provide purchasers and consumers with the information they need to reliably compare the performance of health care plans. For health plans seeking NCQA Accreditation, the Health Plan CAHPS survey represents the member satisfaction component of the HEDIS measurement set. The survey measures member satisfaction with the experience of care and gives a general indication of how well the health plan meets members' expectations. Surveyed members are asked to rate various aspects of the health plan based on their experience with the plan during the previous six months.

In 2017, the State of Maryland Department of Health (MDH) contracted with the Center for the Study of Services (CSS), a National Committee for Quality Assurance (NCQA)-certified survey vendor, to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0H Member Experience Survey. The purpose of the survey is to assess members' experience with their health plan and health care. The overall goal of the survey is to provide performance feedback that is actionable and that will aid in improving overall member experience.

CSS administered the Adult and Child with CCC Measure Medicaid versions of the 2018 CAHPS Health Plan Survey for the Maryland Department of Health on behalf of the HealthChoice MCOs between February 16 and May 15, 2018. The following health plans participated in the survey:

- AMERIGROUP Community Care;
- Jai Medical Systems;
- Kaiser Permanente;
- MedStar Family Choice;
- Maryland Physicians Care;
- Priority Partners;
- UnitedHealthcare; and
- University of Maryland Health Partners (formerly Riverside Health).

SURVEY METHODOLOGY

CSS administered the 2018 Health Plan CAHPS Survey for the Maryland Department of Health on behalf of the HealthChoice MCOs in accordance with the NCQA methodology detailed in *HEDIS 2018, Volume 3: Specifications for Survey Measures* and *Quality Assurance Plan for HEDIS 2018 Survey Measures.*

The Maryland Department of Health followed the NCQA-prescribed sample size of 3,490 members for the Child Medicaid with CCC Measure version of the survey and 1,350 members for the Adult Medicaid version. Sample-eligible members were members who were 18 years of age or older (for the Adult version) or 17 years old or younger (for the Child Medicaid with CCC Measure version) as of December 31, 2017; were currently enrolled; had been continuously enrolled for six months (with no more than one enrollment break of 45 days or less); and whose primary coverage was through Medicaid. The sample frame(s) for the Child with CCC Measure survey included a pre-screen status code to identify children that were likely to have a chronic condition (CCC) based on claim and encounter records. Using this code, a second sample was drawn from the child Medicaid CCC population, in addition to those members from the general child Medicaid population included in the initial sample. While the CCC sample was drawn based on member pre-screen status, the results for the CCC population presented in this report are based on responses to the survey. Children were included in the CCC results if their parent or caretaker responded "Yes" to all of the screener questions for any one of the following summary measures: *Use of or Need of Prescription Medicines*; *Above-Average Use or Need for Medical, Mental Health, or Education Services*; *Functional Limitations Compared with Others of Same Age*; *Use of or Need for Specialized Therapies*; and *Treatment or Counseling for Emotional or Developmental Problems*.

Prior to sampling, CSS carefully inspected the member file(s) and informed the Maryland Department of Health of any errors or irregularities found (such as missing address elements or subscriber numbers). Once the quality assurance process had been completed, CSS processed member addresses through the USPS National Change of Address (NCOA) service to ensure that the mailing addresses were up-to-date. The final sample was generated following the NCQA-specified methodology, with no more than one member per household selected to receive the survey. CSS assigned each sampled member a unique identification number, which was used to track their progress throughout the data collection process.

The appropriate health plan name and logo appeared on the materials that were sent to members. The outer envelope used for survey mailings was marked "RESPONSE NEEDED" or "FINAL REMINDER – PLEASE RESPOND", depending on the mailing wave. Each survey package included a postage-paid return envelope. In addition to English, members had the option to complete the survey in Spanish using a telephone request line. All of the elements of the survey package were approved by NCQA prior to the initial mailing.

The Maryland Department of Health elected to use NCQA's mixed survey administration methodology, which involved two survey mailings with telephone follow-up. The data collection protocol consisted of the following milestones:

- An initial questionnaire with cover letter, which was mailed on February 16;
- An initial reminder/thank-you postcard, which was mailed on February 22;

- A replacement questionnaire with cover letter, which was mailed on March 23;
- An additional reminder/thank-you postcard, which was mailed on March 28; and
- A telephone follow-up phase targeting non-respondents, with up to six telephone follow-up attempts spaced at different times of the day and on different days of the week, which started on April 12.

Data collection closed on May 15, 2018. Survey results were submitted to NCQA on May 30, 2018.

MEMBER DISPOSITIONS AND RESPONSE RATES

A detailed breakdown of sample member dispositions is provided in Exhibit 1 below. Exhibit 2 on page 7 provides response rate information on each surveyed MCO by population type.

EXHIBIT 1. HEALTHCHOICE SAMPLE MEMBER DISPOSITIONS AND FINAL SURVEY RESPONSE RATES

Disposition	HealthChoice MCO Adult Samples		HealthChoice MCO Child Samples (General Population)	
	Number	% Initial Sample	Number	% Initial Sample
Initial Sample	10,800	100.0%	13,200	100.0%
Completed Surveys				
Complete and Eligible - Mail	1,746	16.2%	1,807	13.7%
Complete and Eligible - Phone	559	5.2%	1,652	12.5%
Complete and Eligible - Internet*	3	0.0%	2	0.0%
Complete and Eligible - Total	2,308	21.4%	3,461	26.2%
Ineligible Sample Members				
Does not meet Eligible Population criteria	108	1.0%	149	1.1%
Language barrier	46	0.4%	55	0.4%
Mentally or physically incapacitated	8	0.1%	0	0.0%
Deceased	6	0.1%	10	0.1%
Ineligible - Total	168	1.6%	214	1.6%
Non-Response				
Incomplete (but Eligible)	219	2.0%	339	2.6%
Refusal	184	1.7%	764	5.8%
Non-response after maximum attempts	7,845	72.6%	8,362	63.3%
Added to Do Not Call (DNC) list	76	0.7%	60	0.5%
Non-Response - Total	8,324	77.1%	9,525	72.2%
NCQA Response Rate**		**21.7%**		**26.7%**

* Any sample members who called and requested another survey were given the option to complete the survey online.

**NCQA response rate = Complete and Eligible Surveys/[Complete and Eligible + Incomplete (but Eligible) + Refusal + Nonresponse after maximum attempts + Added to Do Not Call (DNC) List]

EXHIBIT 2. INDIVIDUAL HEALTHCHOICE MCO SAMLPE SIZES AND RESPONSE RATES

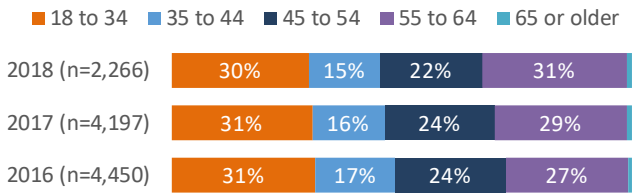
HealthChoice MCO	Adult Survey			Child with CCC Measure Survey					
	Sample Size	Completes	Response Rate	Sample Size (General Population)	Sample Size (CCC Population)	Sample Size (Total)	Completes (General Population)	Completes (CCC Population)	Response Rate (General Population)
HealthChoice MCOs (All)	**10,800**	**2,308**	**21.7%**	**13,200**	**13,671**	**26,871**	**3,461**	**2,480**	**26.7%**
Amerigroup Community Care	1,350	273	20.7%	1,650	1,840	3,490	474	338	29.2%
Jai Medical Systems	1,350	313	23.4%	1,650	791	2,441	336	164	20.7%
Kaiser Permanente	1,350	266	20.0%	1,650	1,840	3,490	419	220	25.9%
Maryland Physicians Care	1,350	278	20.9%	1,650	1,840	3,490	457	404	28.1%
MedStar Family Choice	1,350	290	21.8%	1,650	1,840	3,490	412	322	25.3%
Priority Partners	1,350	330	24.9%	1,650	1,840	3,490	517	389	31.6%
UnitedHealthcare	1,350	311	23.4%	1,650	1,840	3,490	464	394	28.6%
University of Maryland Health Partners	1,350	247	18.6%	1,650	1,840	3,490	382	249	23.8%

PROFILE OF SURVEY RESPONDENTS

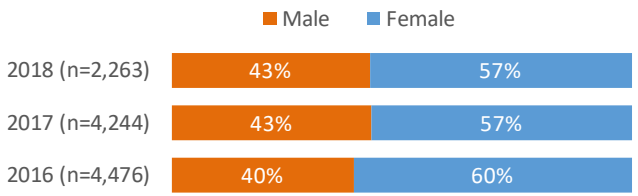
The charts in this section provide a demographic profile of members surveyed across the participating HealthChoice MCOs during the past three years. Member demographics including age, gender, health status, race, ethnicity, and education level are based on responses to survey questions. Numbers in parentheses next to the year labels indicate how many members provided a valid response to the question.

ADULT MEDICAID MEMBERS

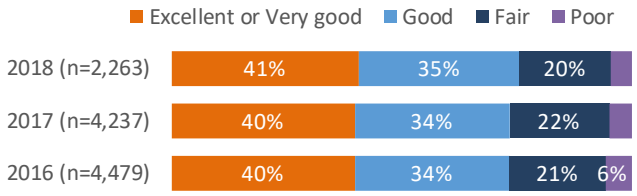
Q47. AGE



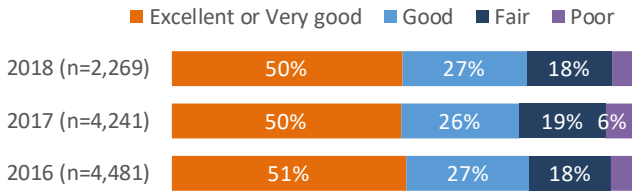
Q48. GENDER



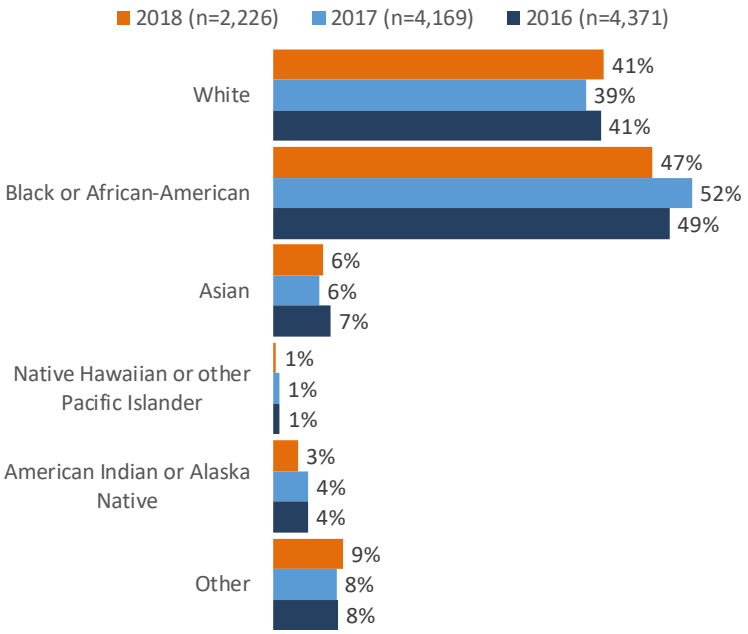
Q36. RATING OF OVERALL HEALTH



Q37. RATING OF OVERALL MENTAL/EMOTIONAL HEALTH



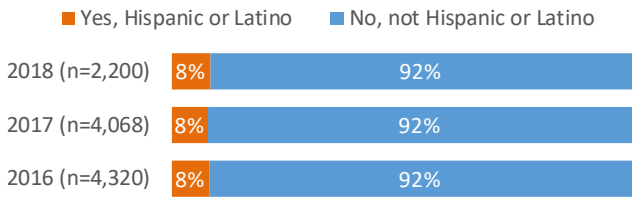
Q51. RACE



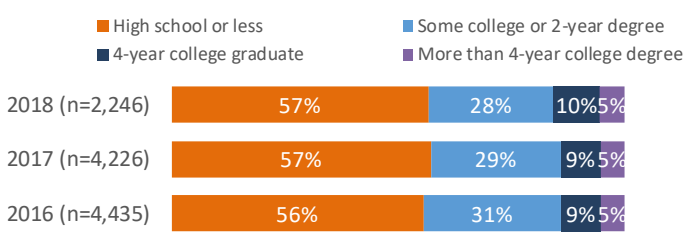
Note: since a respondent could mark more than once race in response to this question, the sum of the percentages may exceed 100%.

Note: percentages may not always add to 100% due to rounding. Labels for small categories (less than 5%) are not displayed in the charts.

Q50. ETHNICITY

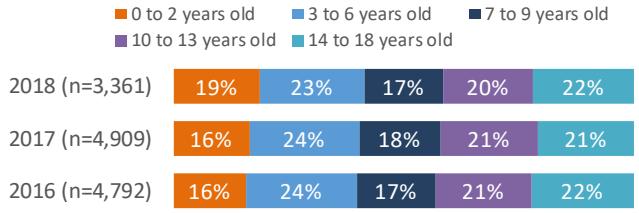


Q49. EDUCATION

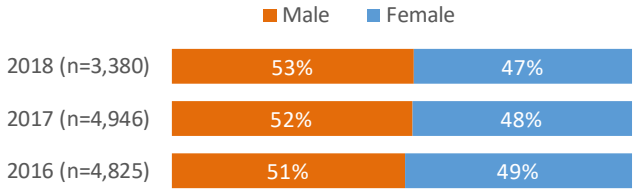


CHILD MEDICAID MEMBERS – GENERAL POPULATION

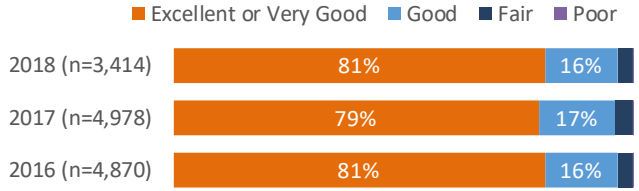
Q74. AGE



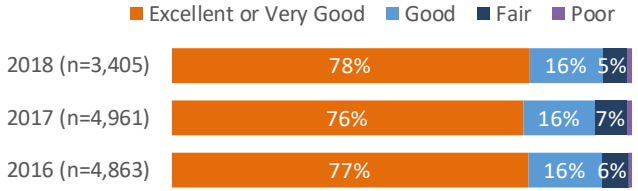
Q75. GENDER



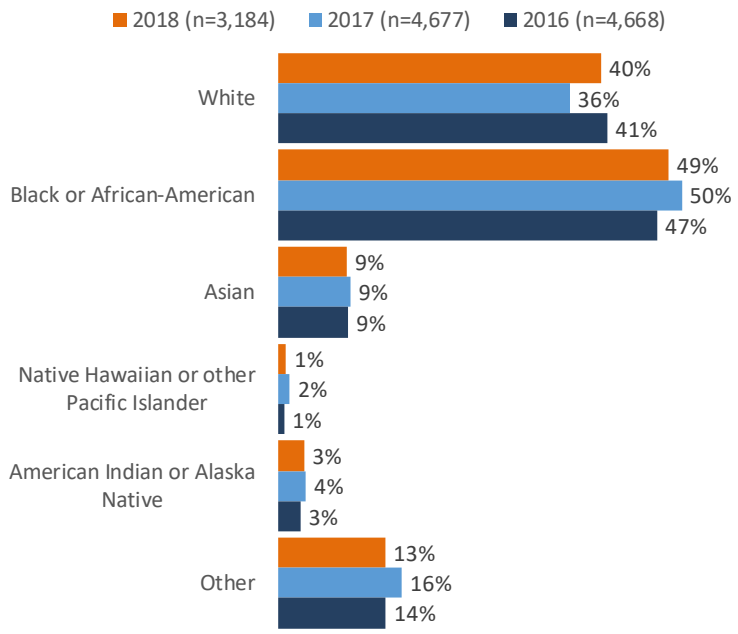
Q58. RATING OF OVERALL HEALTH



59. RATING OF OVERALL MENTAL/EMOTIONAL HEALTH



Q77. RACE



Note: since a respondent could mark more than once race in response to this question, the sum of the percentages may exceed 100%.

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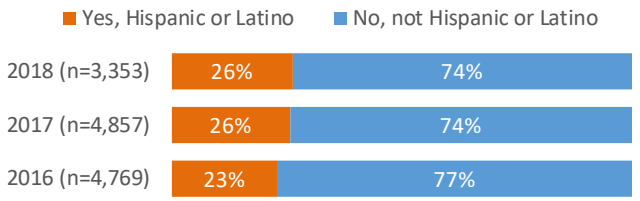
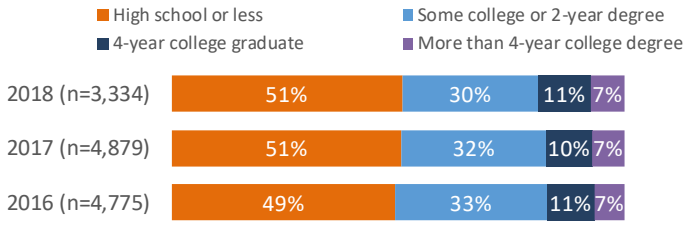
Q76. ETHNICITY

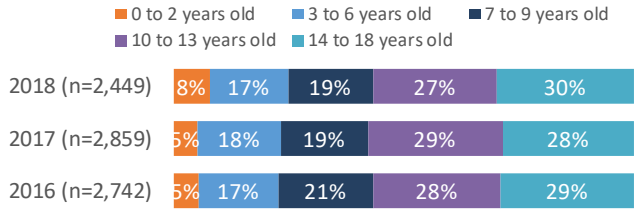


Q80. PARENT/GUARDIAN EDUCATION

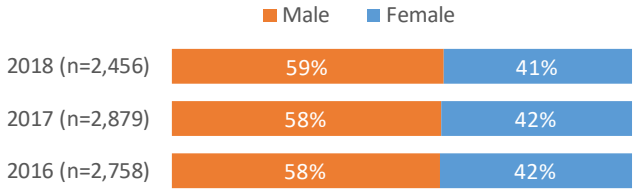


CHILD MEDICAID MEMBERS – CCC POPULATION

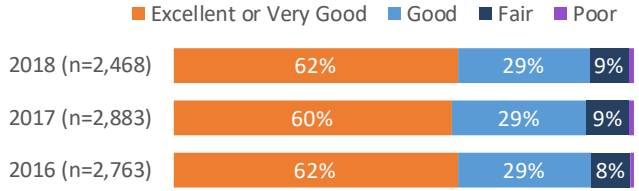
Q74. AGE



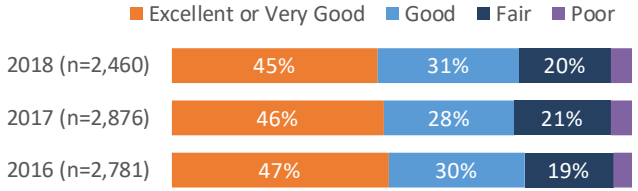
Q75. GENDER



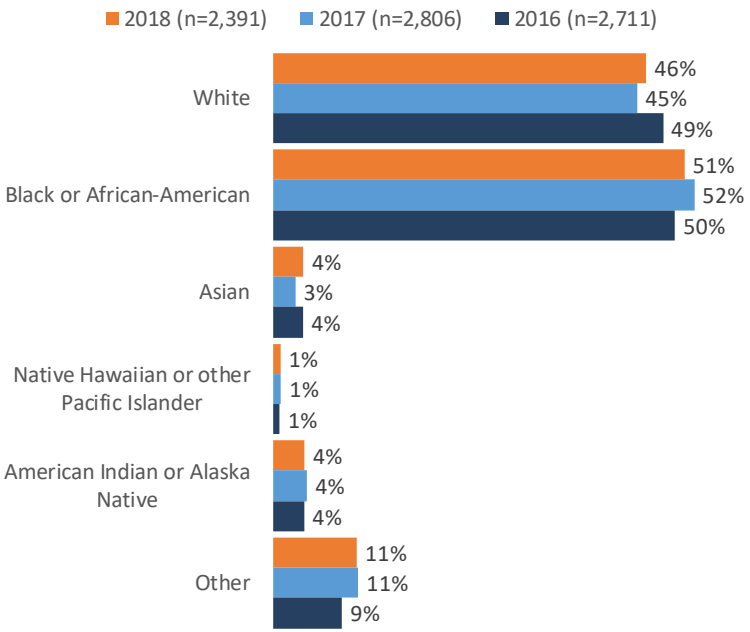
Q58. RATING OF OVERALL HEALTH



59. RATING OF OVERALL MENTAL/EMOTIONAL HEALTH



Q77. RACE



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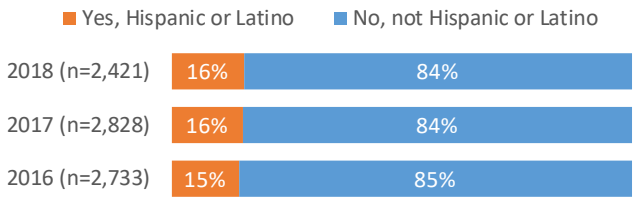
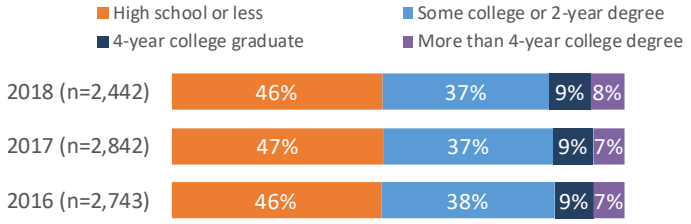
Q76. ETHNICITY



Q80. PARENT/CARETAKER EDUCATION



CAHPS SURVEY MEASURES

RATINGS

The CAHPS survey includes four global ***rating questions*** that ask respondents to rate the following items on a *0* to *10* scale:

- ***Rating of Personal Doctor*** (*0* = worst personal doctor possible; *10* = best personal doctor possible).
- ***Rating of Specialist Seen Most Often*** (*0* = worst specialist possible; *10* = best specialist possible)
- ***Rating of All Health Care*** (*0* = worst health care possible; *10* = best health care possible)
- ***Rating of Health Plan*** (*0* = worst health plan possible; *10* = best health plan possible)

Rating question results are reported as the proportion of members selecting one of the top three responses (*8*, *9*, or *10*).

COMPOSITES

Composite measures combine results from related survey questions into a single measure to summarize performance in specific areas. ***Composite Global Proportions*** express the proportion of respondents selecting the desired response option(s) from a given group of questions on the survey. A global proportion is calculated by first determining the proportion of respondents selecting the response(s) of interest on each survey question contributing to the composite and subsequently averaging these proportions across all items in the composite.

The following composites are reported for the Adult and General Child Medicaid populations:

- ***Getting Needed Care*** combines responses to two survey questions that address member access to care. Results are reported as the proportion of members responding *Always* or *Usually*.
- ***Getting Care Quickly*** combines responses to two survey questions that address timely availability of urgent and routine care. Results are reported as the proportion of members responding *Always* or *Usually*.
- ***How Well Doctors Communicate*** combines responses to four survey questions that address physician communication. Results are reported as the proportion of members responding *Always* or *Usually*.
- ***Customer Service*** combines responses to two survey questions about member experience with the health plan's customer service. Results are reported as the proportion of members responding *Always* or *Usually*.

- ***Shared Decision Making*** combines responses to three survey questions that focus on decisions related to prescription medicines. Results are reported as the proportion of members responding *Yes*.

The following composite measures are calculated and reported for the Child CCC population:

- ***Access to Specialized Services*** combines responses to three survey questions addressing the child's access to special equipment or devices, therapies, treatments, or counseling. Results are reported as the proportion of members responding *Always* or *Usually*.
- ***Personal Doctor Who Knows Child*** combines responses to three survey questions addressing the doctor's understanding of the child's health issues. Results are reported as the proportion of members responding *Yes*.
- ***Coordination of Care for Children with Chronic Conditions*** combines responses to two survey items addressing care coordination needs related to the child's chronic condition. Results are reported as the proportion of members responding *Yes*.
- ***Getting Needed Information*** (single item). Results are reported as the proportion of members responding *Always* or *Usually*.
- ***Access to Prescription Medicines*** (single item). Results are reported as the proportion of members responding *Always* or *Usually*.

HEALTHCHOICE MCO PERFORMANCE ON CAHPS SURVEY MEASURES

The exhibits that follow show how the HealthChoice Aggregate and each of the individual MCOs performed over time. The 2018 NCQA Quality Compass® Medicaid HMO National Average rate is provided for reference. Statistically significant improvements and declines in reported rates are indicated at the 95% confidence level. Consistent directional trends (i.e., improvements or declines over the 2016-2017 and 2017-2018 measurement periods) are noted even if they do not reach statistical significance. For each measure, best and worst performing plans as well as the plans performing significantly above or below the HealthChoice MCO Aggregate rate are flagged.

EXHIBIT 3. HEALTHCHOICE ADULT MEDICAID PLANS – TRENDS IN PERFORMANCE ON KEY SURVEY MEASURES

Plan Name	Measure	Ratings				Composites				
		Rating of Doctor	Rating of Specialist	Rating of Health Care	Rating of Health Plan	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
	Year	Percent *8*, *9*, or *10*				Percent *Always* or *Usually*				Percent *Yes*
Quality Compass	**2018**	**81.5%**	**82.1%**	**74.6%**	**77.0%**	**82.4%**	**82.1%**	**91.6%**	**88.3%**	**79.5%**
HealthChoice MCOs (Aggregate)	**2018**	**79.0%**	**80.4%**	**74.3%**	**75.9%**	**82.2%** ⇈	**81.6%** ⇈	**91.7%**	**88.4%**	**79.3%**
	2017	79.8%	81.3%	73.6%	74.0%	82.2%	81.4%	91.7%	89.1%	81.0%
	2016	79.2%	79.2%	74.8%	74.1%	81.3%	80.5%	90.8%	87.1%	79.3%
AMERIGROUP Community Care	**2018**	**74.9%**	**74.7%**	**71.1%**	**71.3%**	**77.9%** ⇊	**81.2%**	**90.8%**	**89.7%** ⇈	**82.2%**
	2017	78.8%	77.0%	70.1%	73.6%	80.7%	77.7%	92.3%	88.4%	82.4%
	2016	78.7%	76.1%	72.7%	72.6%	82.9%	79.4%	89.7%	82.1%	77.9%
Jai Medical Systems	**2018**	**82.5%** ⇈	**78.3%**	**75.1%**	**77.2%** ⇈	**80.6%**	**82.0%** ⇈	**93.8%**	**87.2%** ⇊	**77.9%**
	2017	80.1%	82.0%	69.1%	70.1% ▲	81.0%	80.7%	90.0%	88.4%	80.1%
	2016	79.0%	78.5%	69.9%	69.8% ▲	80.6%	78.9%	90.2%	90.8%	79.2%
Kaiser Permanente	**2018**	**80.8%**	**83.7%**	**76.7%** ⇊	**77.5%** ⇊	**85.0%** ⇈	**79.3%** ⇊	**90.2%**	**86.5%**	**75.1%**
	2017	83.0%	78.8%	80.7%	78.7%	82.5%	80.1%	91.6%	94.3% ▼	79.1%
	2016	82.2%	83.9%	80.8%	78.9%	82.0%	80.3%	90.8%	87.3%	75.6%
Maryland Physicians Care	**2018**	**77.0%**	**82.0%** ⇈	**76.3%**	**76.0%**	**83.8%**	**84.9%** ⇈	**91.7%** ⇈	**84.6%**	**78.2%** ⇊
	2017	79.5%	81.5%	75.7%	76.8%	84.7%	84.3%	91.2%	87.8%	80.8%
	2016	74.9%	76.7%	76.3%	75.2%	79.8%	81.8%	89.2%	87.2%	82.3%
MedStar Family Choice	**2018**	**77.5%** ⇊	**80.6%**	**71.2%** ⇊	**76.7%**	**79.5%**	**77.5%** ⇊	**90.0%** ⇊	**88.4%**	**80.3%**
	2017	81.3%	82.0%	75.2%	76.0%	78.9%	80.3%	90.1%	87.7%	81.3%
	2016	83.8% ▼	81.5%	79.8% ▼	79.8%	82.2%	81.0%	92.5%	90.4%	79.9%
Priority Partners	**2018**	**82.0%** ⇈	**83.3%** ⇈	**79.5%** ⇈	**79.9%**	**83.4%**	**83.6%**	**93.9%** ⇈	**96.2%**★ ⇈	**80.2%**
	2017	80.9%	82.0%	76.6%	75.5%	84.4%	83.8%	93.6%	92.6%	80.4%
	2016	80.3%	81.7%	73.2%	77.7%	81.1%	82.8%	90.6%	83.0% ▲	79.0%
UnitedHealthcare	**2018**	**75.7%**	**76.1%**	**71.1%**	**72.0%** ⇈	**86.2%**	**81.7%**	**89.9%** ⇊	**89.2%** ⇈	**80.4%**
	2017	75.4%	81.8%	69.1%	68.7%	81.9%	83.7%	91.6%	87.5%	81.9%
	2016	78.8%	79.9%	73.4%	66.5%	82.1%	82.0%	92.7%	87.2%	78.4%
University of Maryland Health Partners	**2018**	**82.5%** ⇈	**84.1%**	**73.3%** ⇈	**75.6%** ⇈	**80.5%**	**82.6%** ⇈	**92.5%**	**85.7%**	**79.6%**
	2017	80.2%	84.5%	73.3%	73.3%	82.7%	78.8%	93.7%	87.0%	81.5%
	2016	75.3%	74.7%	73.0%	73.2%	79.4%	75.9%	90.8%	86.5%	80.7%

★ next to the 2018 plan rate indicates a statistically significant difference from the HealthChoice MCO Aggregate rate at the 95% confidence level.

50030

⬭ ⬭ indicate the highest and lowest plan scores on the measure.

⇈⇊ next to the 2018 plan rate indicates a positive/negative trend in results from 2016 to 2017 and from 2017 to 2018. Trends may not be statistically significant.

▲▼ next to a prior-year rate indicates that the 2018 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

- The **HealthChoice MCO Aggregate** did not experience any statistically significant shifts in survey scores during the three-year measurement period. Although not statistically significant, a slight upward trend was observed on *Getting Needed Care* and *Getting Care Quickly* composites. None of the measure scores exhibited a downward trend.

- No clear dynamic pattern (i.e., majority of plans showing either performance improvements or declines) emerged for any of the measures.

- Most plans did not deviate significantly from the HealthChoice MCO Aggregate score on any measure. The only exception was **Priority Partners**, which outperformed the HealthChoice MCO Aggregate by nearly 6 percentage points on *Customer Service*.

- **Priority Partners** was the top performer on four of the nine survey measures (*Rating of Health Care*, *Rating of Health Plan*, *How Well Doctors Communicate*, and *Customer Service*). The plan experienced no declines and showed a consistent upward trend in scores over the measurement period on five measures, including *Rating of Doctor*, *Rating of Specialist*, *Rating of Health Care*, *How Well Doctors Communicate*, and *Customer Service*. The plan gained 13 percentage points on the *Customer Service* measure between 2016 and 2018, which was statistically significant.

- **University of Maryland Health Partners** experienced no declines in its overall ratings or composite scores. Four of the measures (*Rating of Doctor*, *Rating of Health Care*, *Rating of Health Plan*, and *Getting Care Quickly*) trended upward for two consecutive years. *Rating of Specialist* was the highest score among the HealthChoice MCOs.

- **Jai Medical Systems** earned the highest *Rating of Doctor* score among the HealthChoice MCOs in 2018 and was the only plan to experience a statistically significant improvement (7.4 percentage points from 2016) in its *Rating of Health Plan* score compared to both 2016 and 2017. *Rating of Doctor* and *Getting Care Quickly* also trended upward, while *Customer Service* trended slightly downward.

- **UnitedHealthcare** and **Maryland Physicians Care** showed some upward and some downward trends in scores, but no clear directional pattern in their survey results over time.

- **AMERIGROUP Community Care** was the lowest-performing plan among the HealthChoice MCOs on *Rating of Doctor*, *Rating of Specialist*, *Rating of Health Plan*, and *Getting Needed Care*, with the latter being the result of a steady downward trend over two consecutive years. Although not statistically significant, the plan's *Customer Service* rate trended upward, and its *Share Decision Making score* was the highest of the group.

- **Kaiser Permanente** experienced a statistically significant drop in its *Customer Service* score compared to 2017 as well as a downward trend in *Rating of Health Care*, *Rating of Health Plan*, and *Getting Care Quickly* rates. It was also the lowest-scoring plan on the *Shared Decision Making* composite. A slight positive trend was observed for this plan on the *Getting Needed Care* composite.

- **MedStar Family Choice** earned the lowest *Getting Care Quickly* score and exhibited the most pronounced pattern of score declines compared to the other HealthChoice MCOs. *Rating of Doctor*, *Rating of Health Care*, *Getting Care Quickly*, and *How Well Doctors Communicate* shifted downward over time, with scores on the first two measures declining significantly since 2016 (by 6.3 and 8.6 percentage points, respectively).

EXHIBIT 4. HEALTHCHOICE CHILD MEDICAID WITH CCC MEASURE PLANS – TRENDS IN PERFORMANCE ON KEY SURVEY MEASURES

Plan Name	Measure	Ratings				Composites				
		Rating of Doctor	Rating of Specialist	Rating of Health Care	Rating of Health Plan	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
	Year	Percent *8, 9, or 10*				Percent *Always or Usually*				Percent *Yes*
Quality Compass	**2018**	**89.5%**	**87.0%**	**87.0%**	**86.3%**	**84.7%**	**89.5%**	**93.7%**	**88.7%**	**78.3%**
HealthChoice MCOs (Aggregate)	**2018**	**91.1%** ↑↑	**85.3%**	**89.0%** ↑↑	**86.8%** ↑↑	**83.5%**	**88.7%**	**94.0%**	**88.5%** ↑↑	**80.3%**
	2017	90.3%	85.4%	88.0%	86.7%	83.0%	88.1%	94.0%	88.4%	77.0%
	2016	90.1%	82.2%	87.6%	85.3%	83.1%	88.9%	94.2%	86.6%	79.0%
AMERIGROUP Community Care	**2018**	**92.2%**	**81.9%**	**86.5%**	**86.3%** ↓↓	**80.3%**	**84.4%** ★ ↓↓	**93.1%**	**84.0%**	**79.5%**
	2017	89.2%	89.3%	88.7%	86.9%	79.1%	85.7%	92.5%	86.0%	76.1%
	2016	91.3%	84.3%	88.4%	88.1%	79.9%	86.4%	92.7%	85.3%	76.3%
Jai Medical Systems	**2018**	**95.0%** ★	**84.0%**	**91.3%** ↓↓	**85.9%**	**87.2%**	**94.1%** ★	**97.4%** ★	**95.2%** ★ ↑↑	**82.8%**
	2017	93.9%	85.7%	91.3%	88.1%	90.3%	96.6%	96.7%	91.0%	84.3%
	2016	94.8%	85.2%	93.2%	84.6%	86.9%	95.5%	97.5%	89.4%	83.5%
Kaiser Permanente	**2018**	**92.0%** ↑↑	**81.8%**	**91.6%** ↑↑	**87.3%** ↑↑	**80.8%**	**87.9%**	**94.0%** ↑↑	**88.9%**	**77.1%**
	2017	91.1%	92.1%	88.4%	86.7%	85.7%	88.1%	93.5%	91.2%	74.4%
	2016	86.4% ▲	84.8%	82.5% ▲	81.3% ▲	81.3%	86.1%	92.1%	88.4%	75.0%
Maryland Physicians Care	**2018**	**89.4%**	**85.9%** ↑↑	**84.7%** ★ ↓↓	**83.8%** ↓↓	**81.4%** ↓↓	**86.9%**	**92.6%** ↓↓	**86.0%** ↓↓	**80.9%** ↑↑
	2017	90.5%	83.3%	85.4%	84.9%	83.9%	90.4%	94.3%	87.5%	77.8%
	2016	89.1%	79.6%	85.7%	86.6%	84.9%	90.4%	94.4%	89.5%	75.9%
MedStar Family Choice	**2018**	**87.2%** ★	**88.9%** ↑↑	**87.6%** ↑↑	**86.8%**	**87.1%**	**89.1%** ↓↓	**95.1%** ↑↑	**87.8%** ↓↓	**82.8%** ↑↑
	2017	89.6%	85.4%	87.4%	88.7%	84.0%	89.7%	95.0%	88.4%	78.3%
	2016	89.1%	83.3%	85.7%	87.2%	85.2%	90.4%	94.9%	88.5%	77.8%
Priority Partners	**2018**	**92.3%** ↑↑	**86.1%** ↑↑	**91.5%**	**90.2%** ★ ↑↑	**87.5%** ↑↑	**91.6%**	**94.2%**	**89.0%** ↑↑	**81.3%**
	2017	92.3%	81.6%	89.7%	89.6%	85.2%	86.8% ▲	94.4%	88.6%	77.2%
	2016	92.2%	80.8%	90.6%	89.2%	82.7%	89.8%	94.1%	86.7%	82.5%
UnitedHealthcare	**2018**	**92.7%** ↑↑	**88.7%** ↑↑	**92.4%**	**88.2%** ↑↑	**82.0%**	**90.3%**	**95.2%**	**90.9%** ↑↑	**77.1%**
	2017	90.3%	87.7%	88.5%	85.0%	80.0%	85.9%	94.0%	87.1%	74.2%
	2016	89.6%	84.5%	88.7%	84.3%	82.1%	87.6%	94.7%	83.0%	80.6%
University of Maryland Health Partners	**2018**	**88.0%**	**82.7%** ↑↑	**86.4%**	**84.6%** ↑↑	**79.7%**	**86.0%**	**91.1%** ★ ↓↓	**86.6%**	**80.7%**
	2017	85.7%	78.7%	85.1%	83.3%	78.4%	83.5%	91.8%	88.1%	74.3%
	2016	88.5%	75.0%	85.6%	77.6% ▲	82.2%	85.9%	93.4%	81.7%	79.9%

★ next to the 2018 plan rate indicates a statistically significant difference from the HealthChoice MCO Aggregate rate at the 95% confidence level.

50070

◯ ◯ indicate the highest and lowest plan scores on the measure.

↑↑ ↓↓ next to the 2018 plan rate indicates a positive/negative trend in results from 2016 to 2017 and from 2017 to 2018. Trends may not be statistically significant.

▲ ▼ next to a prior-year rate indicates that the 2018 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

EXHIBIT 5. HEALTHCHOICE CHILD MEDICAID WITH CCC MEASURE PLANS – TRENDS IN PERFORMANCE ON CCC MEASURES

Plan Name	Measure	Children with Chronic Conditions (CCC) Measures				
		Access to Prescription Medicines	Access to Specialized Services	Getting Needed Information	Personal Doctor Who Knows Child	Coordination of Care for Children with Chronic Conditions
	Year	Percent *Always* or *Usually*			Percent *Yes*	
Quality Compass	**2018**	**91.5%**	**78.0%**	**92.0%**	**91.0%**	**77.1%**
HealthChoice MCOs (Aggregate)	**2018**	**91.0%** ⇈	**78.7%** ⇈	**92.7%** ⇈	**92.1%**	**73.1%** ⇊
	2017	90.8%	77.0%	91.4%	90.1% ▲	73.6%
	2016	89.4%	75.3%	90.9% ▲	91.2%	76.1%
AMERIGROUP Community Care	**2018**	**83.6%** ★	**75.4%**	**89.9%** ⇊	**89.9%** ⇊	**77.0%** ⇈
	2017	86.6%	72.3%	91.2%	90.7%	76.0%
	2016	85.3%	79.8%	91.7%	91.7%	74.2%
Jai Medical Systems	**2018**	**93.3%** ⇊	**73.4%**	**95.6%**	**94.6%**	**69.7%** ⇊
	2017	94.2%	90.4%	95.9%	91.2%	75.2%
	2016	95.8%	73.1%	94.3%	92.2%	79.2%
Kaiser Permanente	**2018**	**91.4%**	**74.1%** ⇈	**91.6%** ⇈	**88.5%** ⇈	**78.6%**
	2017	91.0%	72.6%	89.7%	84.4%	72.1%
	2016	94.3%	63.7%	87.6%	82.6%	81.4%
Maryland Physicians Care	**2018**	**90.0%**	**78.0%**	**93.3%** ⇈	**92.6%**	**69.6%**
	2017	92.1%	73.6%	91.8%	90.6%	69.4%
	2016	89.2%	78.9%	91.0%	90.7%	74.9%
MedStar Family Choice	**2018**	**93.0%**	**79.9%**	**93.1%** ⇈	**93.3%**	**76.2%**
	2017	92.6%	82.5%	92.9%	89.8%	75.0%
	2016	94.7%	79.4%	90.2%	91.3%	77.9%
Priority Partners	**2018**	**94.9%** ★ ⇈	**82.1%** ⇈	**91.3%**	**92.2%**	**77.3%**
	2017	92.9%	78.8%	92.1%	90.9%	74.4%
	2016	90.8% ▲	71.5%	91.4%	91.9%	75.7%
UnitedHealthcare	**2018**	**92.8%** ⇈	**82.3%** ⇈	**94.0%**	**93.3%** ⇈	**68.8%** ⇊
	2017	87.1% ▲	76.5%	88.1% ▲	91.7%	73.8%
	2016	82.0% ▲	72.8%	89.9% ▲	91.6%	76.5%
University of Maryland Health Partners	**2018**	**89.2%**	**76.1%** ⇈	**94.1%** ⇈	**90.7%**	**65.8%**
	2017	91.1%	74.8%	91.1%	86.5%	77.2%
	2016	90.4%	71.9%	90.5%	91.4%	73.6%

★ next to the 2018 plan rate indicates a statistically significant difference from the HealthChoice MCO Aggregate rate at the 95% confidence level.

50070

⬭ ⬭ indicate the highest and lowest plan scores on the measure.

⇈ ⇊ next to the 2018 plan rate indicates a positive/negative trend in results from 2016 to 2017 and from 2017 to 2018. Trends may not be statistically significant.

▲ ▼ next to a prior-year rate indicates that the 2018 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

- The **HealthChoice Aggregate** experienced an upward, although not statistically significant, trend between 2016 and 2018 on *Rating of Doctor*, *Rating of Health Care*, *Rating of Health Plan*, *Customer Service*, *Access to Prescription Medicines (CCC)*, *Access to Specialized Services (CCC)*, and *Getting Needed Information (CCC)*.

- Although only a handful of performance gains reached statistical significance, there were no statistically significant declines in performance across the entire spectrum of plans and measures.

- Positive directional trends outnumbered the negative trends by more than 2 to 1. Of the eight plans surveyed, five experienced steady gains between 2016 and 2018 on *Rating of Specialist*. Four plans displayed similar gains on *Rating of Health Plan*, *Access to Specialized Services (CCC)*, and *Getting Needed Information (CCC)*.

- **Jai Medical Systems** emerged as the highest-performing plan on seven of the fourteen measures, including *Rating of Doctor*, *Getting Care Quickly*, *How Well Doctors Communicate*, *Customer Service*, *Shared Decision Making*, *Getting Needed Information (CCC)*, and *Personal Doctor Who Knows Child (CCC)*. The plan's scores on four of these measures were statistically significantly above the HealthChoice Aggregate score. Most of these high scores appeared to reflect the plan's ability to maintain its position rather than recent gains in performance. It is worth noting that the plan's *Rating of Health Care* and *Access to Prescription Medicines (CCC)* results trended slightly downward, while the corresponding HealthChoice Aggregate scores trended upward during the same period. Despite being the top performer on half of the measures, the plan earned the lowest score on *Access to Specialized Services (CCC)*.

- **UnitedHealthcare** led the group on *Rating of Health Care* and *Access to Specialized Services (CCC)*. Two of the CCC measures, *Access to Prescription Medicines* and *Getting Needed Information*, showed statistically significant improvements compared to both 2016 and 2017, and a total of seven measures exhibited an upward, although not necessarily statistically significant, trend in scores over the 2016-2018 measurement period. These measures included *Rating of Doctor*, *Rating of Specialist*, *Rating of Health Plan*, *Customer Service*, *Access to Prescription Medicines (CCC)*, *Access to Specialized Services (CCC)*, and *Personal Doctor Who Knows Child (CCC)*.

- **Priority Partners** was the top performer on *Rating of Health Plan*, *Getting Needed Care*, and *Access to Prescription Medicines (CCC)*. The plan's results on *Rating of Health Plan* and *Access to Prescription Medicines (CCC)* were statistically significantly above the HealthChoice Aggregate rate. In addition, the plan showed directional gains on seven measures, including *Rating of Doctor*, *Rating of Specialist*, *Rating of Health Plan*, *Getting Needed Care*, *Customer Service*, *Access to Prescription Medicines (CCC)*, and *Access to Specialized Services (CCC)*. The observed improvements in *Getting Care Quickly* and *Access to Prescription Medicines (CCC)* reached statistical significance compared to the plan's 2017 and 2016 performance levels, respectively.

- Compared to 2016, **Kaiser Permanente** exhibited statistically significant improvements in performance on more measures than any other plan, including *Rating of Doctor*, *Rating of Health Care*, and *Rating of Health Plan*. An upward, although not statistically significant, trend in scores was observed on four additional measures: *How Well Doctors Communicate*, *Access to Specialized Services (CCC)*, *Getting Needed Information (CCC)*, and *Personal Doctor Who Knows Child (CCC)*.

- **MedStar Family Choice** earned the highest *Rating of Specialist* score and the lowest *Rating of Doctor* score among all the plans surveyed. Although none of the changes from its prior-year scores were statistically significant, upward trends in scored outnumbered the downward trends 5 to 2.

- **University of Maryland Health Partners** was the only other plan besides Kaiser Permanente to achieve a statistically significant improvement (both compared to 2016) on the *Rating of Health Plan* measure. The plan's scores trended upward on three additional measures, including *Rating of Specialist*, *Access to Specialized Services (CCC)*, and *Getting Needed Information (CCC)*. However, the plan scored lower than the rest on three measures: *Getting Needed Care*, *How Well Doctors Communicate*, and *Coordination of Care for Children with Chronic Conditions (CCC)*.

- **AMERIGROUP Community Care** had the lowest scores on *Getting Care Quickly*, *Customer Service*, *Access to Prescription Medicines (CCC)*, and *Getting Needed Information (CCC)* among the surveyed plans. The plan's performance on two of these measure, *Getting Care Quickly* and *Access to Prescription Medicines (CCC)*, was significantly below the HealthChoice Aggregate rate. The plan exhibited a steady downward trend on four measures during the three-year survey period, including *Rating of Health Plan*, *Getting Care Quickly*, *Getting Needed Information (CCC)*, and *Personal Doctor Who Knows Child (CCC)*.

- **Maryland Physicians Care** was the lowest-performing plan both on *Rating of Health Care* and *Rating of Health Plan*, scoring significantly below the HealthChoice Aggregate on the former. Scores on these two measures, as well as on *Getting Needed Care*, *How Well Doctors Communicate*, and *Customer Service* trended downward. The plan showed an upward trend in results on *Rating of Specialist*, *Shared Decision Making*, and *Getting Needed Information*.

KEY DRIVER ANALYSIS

Key Driver Analysis identifies those areas of health plan performance and aspects of member experience that shape members' overall assessment of their health plan. To the extent that these areas or experiences can be improved, the overall rating of the plan will reflect these gains. For each member population type, five priorities for quality improvement with the greatest potential to affect the overall *Rating of Health Plan* score are identified below.

KEY DRIVERS OF MEMBER EXPERIENCE – ADULT MEDICAID

Ratings of the plan are strongly related to members' ability to get the care they need when they need it (Q14). Making appointments for routine care at a doctor's office or clinic (Q5) may also be viewed as an indirect measure of access and availability of care. *Rating of Personal Doctor* may reflect the quality of the health plan's network and its ability to contract with better providers.

Priority	Key Driver	Interpretation	Recommended Action
1	Q14. Ease of getting needed care, tests, or treatment (percent *Always* or *Usually*)	The higher the proportion of plan members reporting that the necessary care, tests, or treatment were easy to get, the higher the overall plan score	Improve member access to care (ease of getting needed care, tests, or treatment)
5	Q29. Written materials or the Internet provided needed information (percent *Always* or *Usually*)	The higher the proportion of members reporting that they found the information they needed in the plan's written materials or the Internet, the higher the overall plan score	Improve saliency, availability, and clarity of information about how the health plan works in written materials or on the Internet
2	Q5. Made appointments for routine care at a doctor's office or clinic (percent *Yes*)	The higher the proportion of members who made appointments for check-up or routine care at a doctor's office or clinic during the past 6 months, the higher the overall plan score	Improve member access to care (scheduling appointments for routine care)
3	Q31. Health plan customer service provided needed information or help (percent *Always* or *Usually*)	The higher the proportion of members who were able to get the information or help they needed from customer service, the higher the overall plan score	Improve the ability of the health plan customer service to provide members with necessary information or help
4	Q23. Rating of Personal Doctor (percent *8*, *9*, or *10*)	The higher the proportion of members rating their personal doctor as *8*, 9, or *10*, the higher the overall plan score	Improve the quality of physicians in health plan network (personal doctors)

KEY DRIVERS OF MEMBER EXPERIENCE – CHILD MEDICAID

Ratings of the plan are strongly related to members' ability to get the care they need as soon as they need it (Q15, Q46, and Q6). *Rating of Personal Doctor* (Q41) may reflect the quality of the health plan's network and its ability to contract with better providers.

Priority	Key Driver	Interpretation	Recommended Action
1	Q15. Ease of getting needed care, tests, or treatment (percent *Always* or *Usually*)	The higher the proportion of respondents reporting that the necessary care, tests, or treatment were easy to get, the higher the overall plan score	Improve member access to care (ease of getting needed care, tests, or treatment)
2	Q41. Rating of Personal Doctor (percent *8*, *9*, or *10*)	The higher the proportion of members rating their child's personal doctor as *8*, *9*, or *10*, the higher the overall plan score	Improve the quality of physicians in the plan's network (personal doctors)
3	Q46. Got specialist appointment as soon as needed (percent *Always* or *Usually*)	The higher the proportion of respondents who were able to get a specialist appointment when they needed it, the higher the overall plan score	Improve member access to care (getting an appointment to see a specialist)
4	Q50. Customer service provided needed information or help (percent *Always* or *Usually*)	The higher the proportion of respondents who got the information or help they needed when they called customer service, the higher the overall plan score	Improve the ability of the health plan customer service to provide members with necessary information or help
5	Q6. Got an appointment for a check-up or routine care as soon as needed (percent *Always* or *Usually*)	The higher the proportion of respondents who made checkup/routine care appointments for their child at a doctor's office or clinic during the past 6 months, the higher the overall plan score	Improving member access to care (getting a checkup or routine care as soon as needed

GLOSSARY OF TERMS

Accreditation Measures	Survey measures included in the calculation of the CAHPS component of the plan's NCQA Accreditation score: - Global ratings: *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, *Rating of All Health Care*, and *Rating of Health Plan*; - Composites: *Getting Needed Care*, *Getting Care Quickly*, *Customer Service*, *Claims Processing* (Commercial line only); and - Single-item measure *Coordination of* Care.
Attributes	Areas of health plan performance and member experience assessed with the CAHPS survey
Benchmark	A reference score (e.g., the NCQA National Average rate, the CSS Book-of-Business average, or the plan's own prior-year rate) against which performance on the measure is assessed.
CAHPS 5.0H Surveys	Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a series of surveys designed to collect consumer feedback on their health care experiences. The CAHPS 5.0H Health Plan Survey asks members to report on their experiences with access to appointments and care through their health plan, communication with doctors available through the plan, and customer service. The Commercial plan version asks about member experiences in the previous 12 months, whereas the Medicaid version refers to the previous six months. The Medicaid version is available for adults and children; the Commercial version is for adults only. The Adult survey is intended for respondents who are 18 and older; the Child survey asks parents or guardians about the experiences of children 17 and younger. Health plans report survey results as part of HEDIS data collection. NCQA uses survey results in health plan performance reports, to inform accreditation decisions, and to create national benchmarks for care. Health plans might also collect CAHPS survey data for internal quality improvement purposes.
Composite Measures	Composite measures combine results from related survey questions into a single score to summarize health plan performance in a specific area of care or service. The set of applicable composites varies slightly by survey version.
Confidence Level	A confidence level is associated with tests of statistical significance of observed differences in survey scores. It is expressed as a percentage and represents how often the observed difference (e.g., between the plan's current-year rate and the relevant benchmark rate) is real and not simply due to chance. A 95% confidence level associated with a statistical test means that if repeated samples were surveyed, in 95 out of 100 samples the observed measure score would be truly different from the comparison score.
Correlation	A degree of association between two variables, or attributes, typically measured by the *Pearson correlation coefficient*. The coefficient value of 1 indicates a strong positive relationship; -1 indicates a strong negative relationship; zero indicates no relationship at all.
Denominator (*n*, or Usable Responses)	Number of valid (appropriately answered) responses available to calculate a measure result. Examples of inappropriately answered questions include ambiguously marked answers, multiple marks when a single answer choice is expected, and responses that violate survey skip patterns. The denominator for an individual question is the total number of valid responses to that question. The

	denominator for a composite is the average number of responses across all questions in the composite. If the denominator is less than the NCQA-required minimum of 100 responses, NCQA assigns a measure result of "NA".
Disposition	The final status given to a member record in the survey sample at the end of the study (e.g., completed survey, refusal, non-response, etc.) See *Member Dispositions and Response Rate*.
Effectiveness of Care	Effectiveness of Care measures are relevant to Adult surveys only and include *Flu Vaccinations for Adults Ages 18–64 (FVA)* and *Medical Assistance with Smoking and Tobacco Use Cessation (MSC)*.
Eligible Population	Members who are eligible to participate in the survey based on the following NCQA criteria: - Current enrollment (as of the date the sample frame is generated). Some members may no longer be enrolled by the time they complete the survey. They become ineligible and will be excluded from survey results based on their responses to the first two questions on the survey, which confirm membership. - Continuous enrollment (12 month for Commercial and six months for Medicaid, with no more than one enrollment break of 45 days or less); - Member age (18 years old or older for the Adult survey and 17 years old or younger for the Child survey as of December 31 of the measurement year); - Primary coverage (through Medicaid or a commercial product line for Medicaid and Commercial surveys, respectively).
Global proportions	Applies to composite measures. The proportion of respondents selecting the favorable response(s) (e.g., *Always* or *Usually*) averaged across the questions that make up the composite.
HEDIS	The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of performance measures in the managed care industry, developed and maintained by NCQA. HEDIS was designed to allow consumers to compare health plan performance to other plans and to national or regional benchmarks as well as to track year-to-year performance. HEDIS is one component of NCQA's accreditation process, although some plans submit HEDIS data without seeking accreditation. CAHPS measures are a subset of HEDIS.
Key Drivers and Priorities for Improvement	Key Drivers are plan attributes that have been shown to be closely related to members' overall assessment of the plan. Performance on these attributes predicts how the plan is rated overall and, viewed from the industry perspective, helps to distinguish high-rated plans from poorly rated plans. Specific priorities for improvement for *your organization* are identified based on how it is currently performing on the key driver attributes compared to industry best practices.
NCQA	The National Committee for Quality Assurance (NCQA) is an independent non-profit organization that works to improve health care quality through the administration of evidence-based standards, measures, programs, and accreditation. NCQA manages voluntary accreditation programs for individual physicians, health plans, and medical groups. Health plans seek accreditation and measure performance through the administration and submission of the Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

Oversampling	Sampling more than the minimum NCQA-specified sample size for a given survey type. A health plan must oversample if it cannot eliminate disenrolled members from membership files; correct addresses and, when appropriate, telephone numbers; provide updated, accurate sample frames to the survey vendor by the required date; or if it anticipates a high rate of disenrollment after providing the sample frame to the survey vendor. In such cases, oversampling will help ensure that a sufficient number of survey-eligible members remain in the sample. Another reason to oversample is to obtain a greater number of completed surveys. For example, the health plan may oversample if it has a prior history of low survey response rates or if it anticipates that a considerable number of the telephone numbers in the membership files are inaccurate. Collecting more completed surveys will help the plan to achieve reportable results and/or detect statistically significant differences or changes in scores. The oversampling rate must be a whole number (e.g., 7 percent).
Quality Compass®	Quality Compass® is a health plan performance data set released by NCQA annually. It includes national performance benchmarks (averages and percentiles) on HEDIS/CAHPS measures, which are calculated for all products and lines of business based on all health plan data submissions to NCQA. CSS's agreement with NCQA authorizes CSS to provide this information to clients for internal use only. Under the terms of this agreement, CSS's clients may not publicly report these results.
Question Summary Rate	Question Summary Rates (QSRs) express the proportion of respondents selecting the response option(s) of interest (typically representing the most favorable outcome(s) from a given question on the survey). Many survey items use a *Never*, *Sometimes*, *Usually*, or *Always* response scale, with *Always* being the most favorable outcome. Results are typically reported as the proportion of members selecting *Usually* or *Always*.
Response Rate	Survey response rate is calculated by NCQA using the following formula: $\text{Response Rate} = \frac{\text{Complete and Eligible Surveys}}{\text{[Complete and Eligible + Incomplete (but Eligible) + Refusal + Nonresponse after maximum attempts +Added to Do Not Call (DNC) List]}}$
Rolling Average Rate Calculation Method	The rolling averages method was introduced by NCQA to accommodate measures with small denominators. To report the results of these measures, there must be at least 100 responses collected over two years of survey administration. The numerators and the denominators of these measures are combined over a two-year period to calculate the final reported rate.
Sample size	The NCQA-required sample size is 1,100 for Adult Commercial plans, 1,350 for Adult Medicaid plans, and 1,650 for Child Medicaid plans.
Statistically Significant Difference	When survey results are calculated based on sample data and compared to a benchmark score (e.g., the NCQA National Average rate, the CSS Book-of-Business average, or the plan's own prior-year rate), the question is whether the observed difference is real or due to chance. A difference is said to be statistically significant at a given confidence level (e.g., 95%) if it has a 95% chance of being true.

Trending	Comparison of survey results over time
Usable Responses (*n*)	See *Denominator*
Valid Response	Any acceptable (falling within a pre-defined set) response to a survey question that follows the NCQA skip pattern rules and data cleaning guidelines.