

State of Maryland Executive Summary Report
for
HealthChoice Managed Care Organizations
Adult and Child Populations
2019 CAHPS® 5.0H Member Experience Survey

Prepared for:

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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, Maryland Department of Health (MDH) contracted with the Center for the Study of Services (CSS), an NCQA-certified survey vendor, to administer and report the results of the CAHPS® 5.0H Member Experience Survey. The overall goal of the survey is to provide performance feedback that is actionable and that will aid health plans in improving overall member experience.

CSS administered the Adult and Child with Children with Chronic Conditions (CCC) Measure Medicaid versions of the 2019 CAHPS Health Plan Survey for the Maryland Department of Health on behalf of the HealthChoice MCOs between February 16 and May 15, 2019. The following health plans participated in the survey:

- Aetna Better Health;
- AMERIGROUP Community Care;
- Jai Medical Systems;
- Kaiser Permanente;
- MedStar Family Choice;
- Maryland Physicians Care;
- Priority Partners;
- UnitedHealthcare; and
- University of Maryland Health Partners.

SURVEY METHODOLOGY

CSS administered the 2019 Health Plan CAHPS Survey in accordance with the NCQA methodology detailed in *HEDIS 2019, Volume 3: Specifications for Survey Measures and Quality Assurance Plan for HEDIS 2019 Survey Measures*.

MDH 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, 2018; 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 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 files and informed MDH 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.

MDH 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 was mailed on February 15.
- An initial reminder/thank-you postcard was mailed on February 21.

- A replacement questionnaire with cover letter was mailed on March 22.
- An additional reminder/thank-you postcard was mailed on March 28.
- 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, started on April 1.
- Data collection closed on May 14, 2019.

Survey results for participating HealthChoice MCOs were submitted to NCQA on May 30, 2019.

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	12,150	100.0%	14,850	100.0%
Completed Surveys				
Complete and Eligible - Mail	1,678	13.8%	1,727	11.6%
Complete and Eligible - Phone	761	6.3%	1,889	12.7%
Complete and Eligible - Internet*	4	0.0%	2	0.0%
Complete and Eligible - Total	2,443	20.1%	3,618	24.4%
Ineligible Sample Members				
Does not meet Eligible Population criteria	181	1.5%	146	1.0%
Language barrier	64	0.5%	154	1.0%
Mentally or physically incapacitated	20	0.2%	0	0.0%
Deceased	4	0.0%	3	0.0%
Ineligible - Total	269	2.2%	303	2.0%
Non-Response				
Incomplete (but Eligible)	174	1.4%	255	1.7%
Refusal	374	3.1%	724	4.9%
Non-response after maximum attempts	8,820	72.6%	9,866	66.4%
Added to Do Not Call (DNC) list	70	0.6%	84	0.6%
Non-Response - Total	9,438	77.7%	10,929	73.6%
NCQA Response Rate**		20.6%		24.9%

* 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 SAMPLE 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)	12,150	2,443	20.6%	14,850	13,782	28,632	3,618	2,402	24.9%
Aetna Better Health	1,350	215	16.4%	1,650	53	1,703	346	51	21.8%
Amerigroup Community Care	1,350	258	19.6%	1,650	1,840	3,490	453	290	27.9%
Jai Medical Systems	1,350	287	21.6%	1,650	849	2,499	286	136	17.5%
Kaiser Permanente	1,350	274	20.9%	1,650	1,840	3,490	458	240	28.4%
Maryland Physicians Care	1,350	297	22.2%	1,650	1,840	3,490	417	369	25.7%
MedStar Family Choice	1,350	275	20.6%	1,650	1,840	3,490	377	311	23.1%
Priority Partners	1,350	293	22.1%	1,650	1,840	3,490	444	394	27.6%
UnitedHealthcare	1,350	282	21.6%	1,650	1,840	3,490	437	371	27.0%
University of Maryland Health Partners	1,350	262	20.0%	1,650	1,840	3,490	400	240	24.9%

* The response rate is calculated using the NCQA formula as follows:

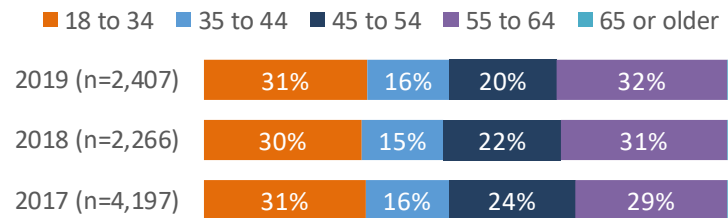
Response Rate = Complete and Eligible Surveys/[Complete and Eligible + Incomplete (but Eligible) + Refusal + Nonresponse after maximum attempts + Added to Do Not Call (DNC) List]

PROFILE OF SURVEY RESPONDENTS

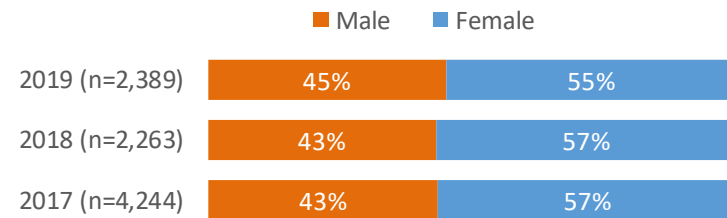
The charts in this section provide a demographic profile of members surveyed across the participating HealthChoice MCOs during the past three years. Member demographics, including age, gender, health status, race, ethnicity, and education level, are based on responses to survey questions. Numbers in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

ADULT MEDICAID MEMBERS

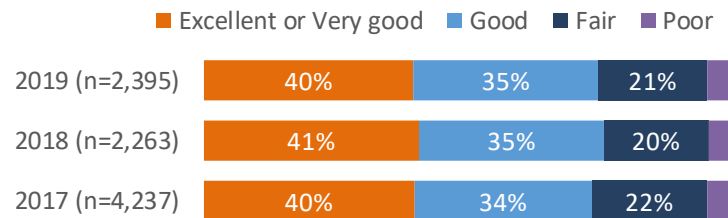
Q47. AGE



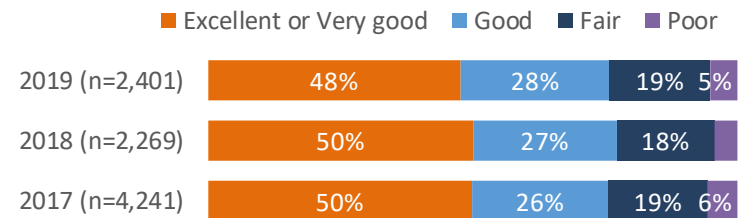
Q48. GENDER



Q36. RATING OF OVERALL HEALTH

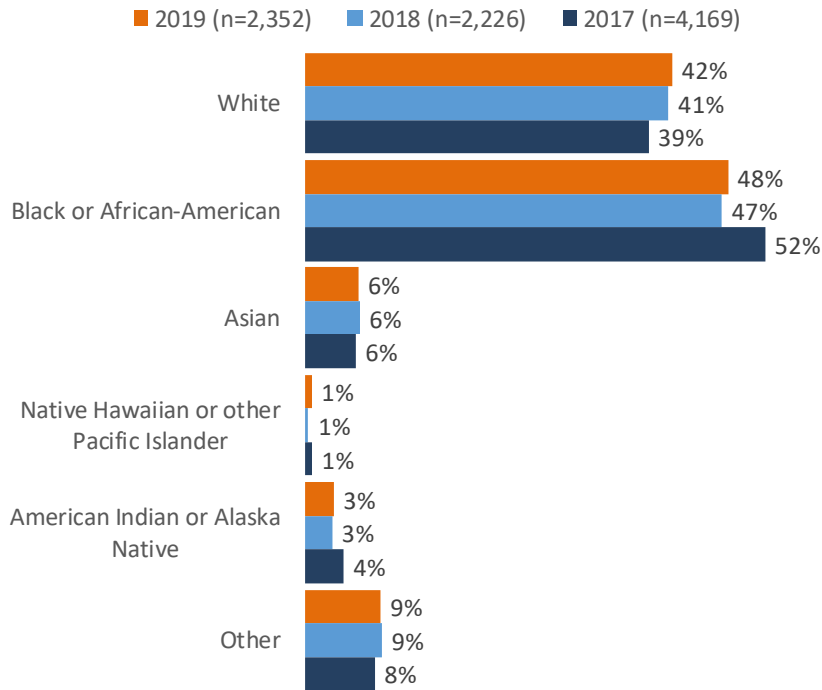


Q37. RATING OF OVERALL MENTAL/EMOTIONAL HEALTH



ADULT MEDICAID MEMBERS (CONTINUED)

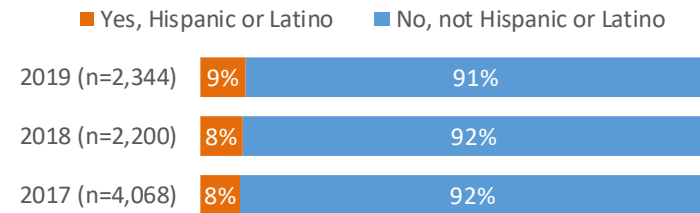
Q51. RACE



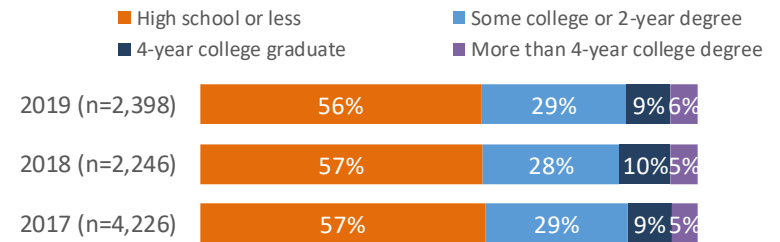
Note: since a respondent could mark more than once race in response to this question, the sum of the percentages may exceed 100%.

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

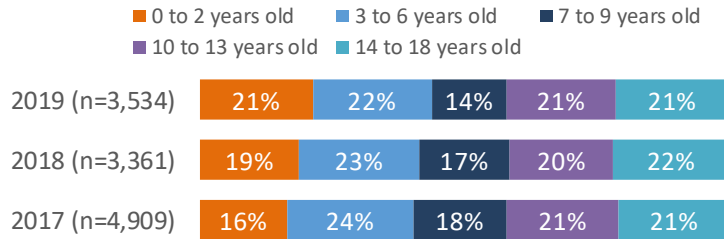


Q49. EDUCATION

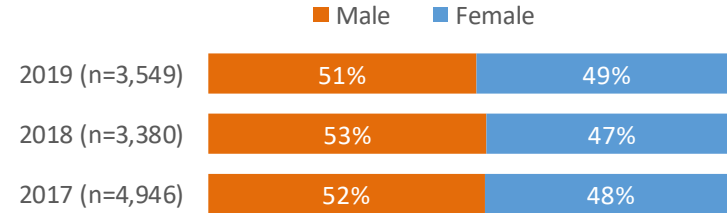


CHILD MEDICAID MEMBERS – GENERAL POPULATION

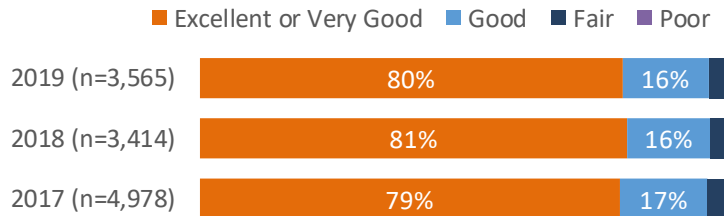
Q74. AGE



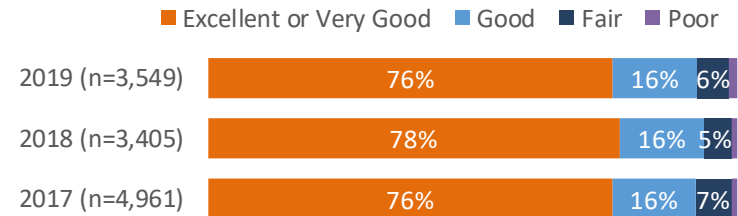
Q75. GENDER



Q58. RATING OF OVERALL HEALTH

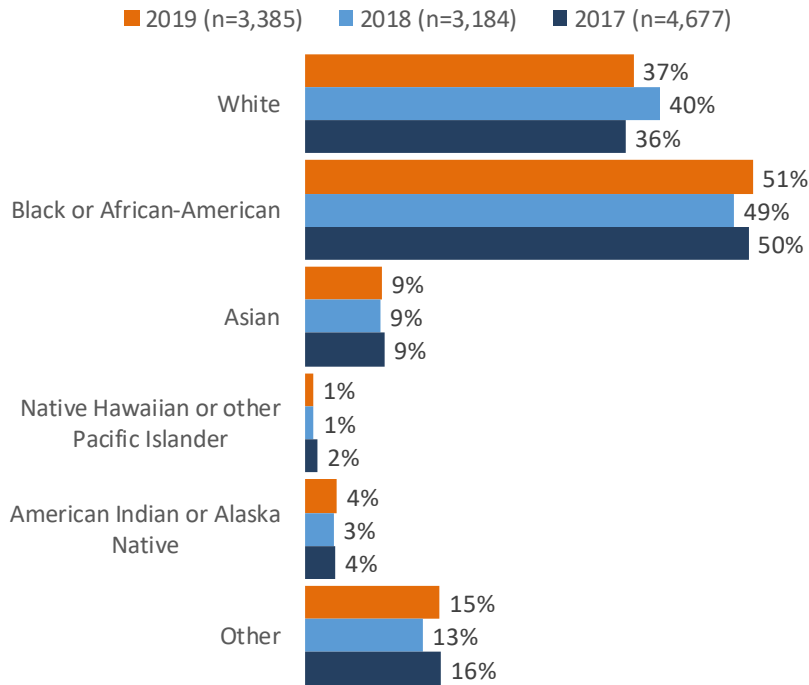


59. RATING OF OVERALL MENTAL/EMOTIONAL HEALTH



CHILD MEDICAID MEMBERS – GENERAL POPULATION (CONTINUED)

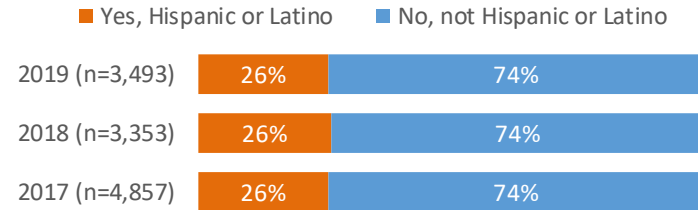
Q77. RACE



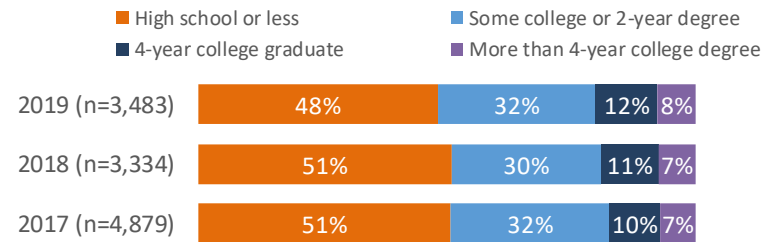
Note: since a respondent could mark more than once race in response to this question, the sum of the percentages may exceed 100%.

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

Q76. ETHNICITY

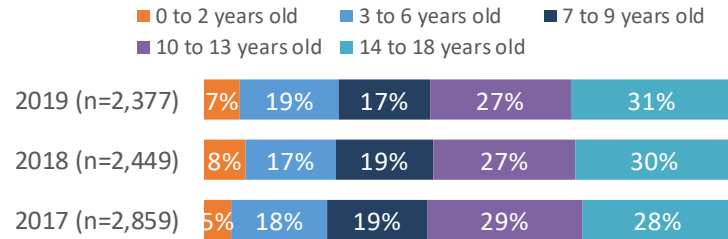


Q80. PARENT/GUARDIAN EDUCATION

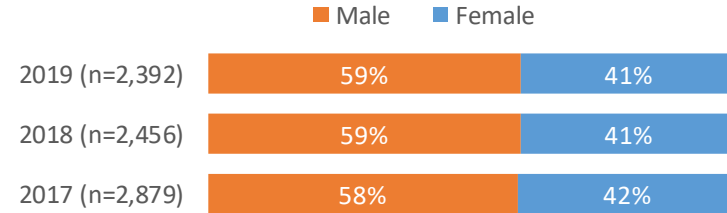


CHILD MEDICAID MEMBERS – CCC POPULATION

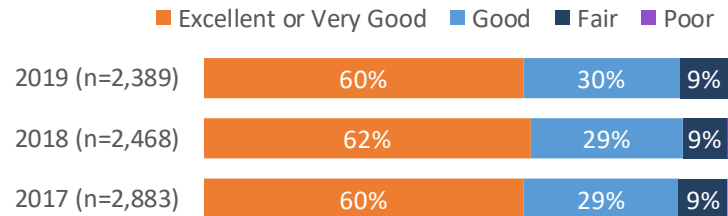
Q74. AGE



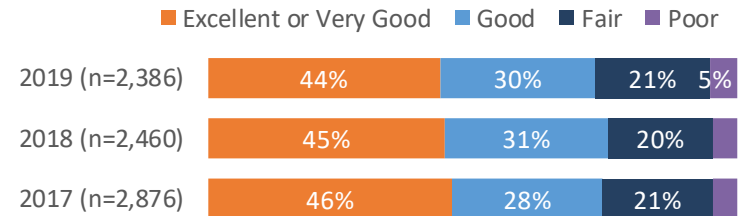
Q75. GENDER



Q58. RATING OF OVERALL HEALTH

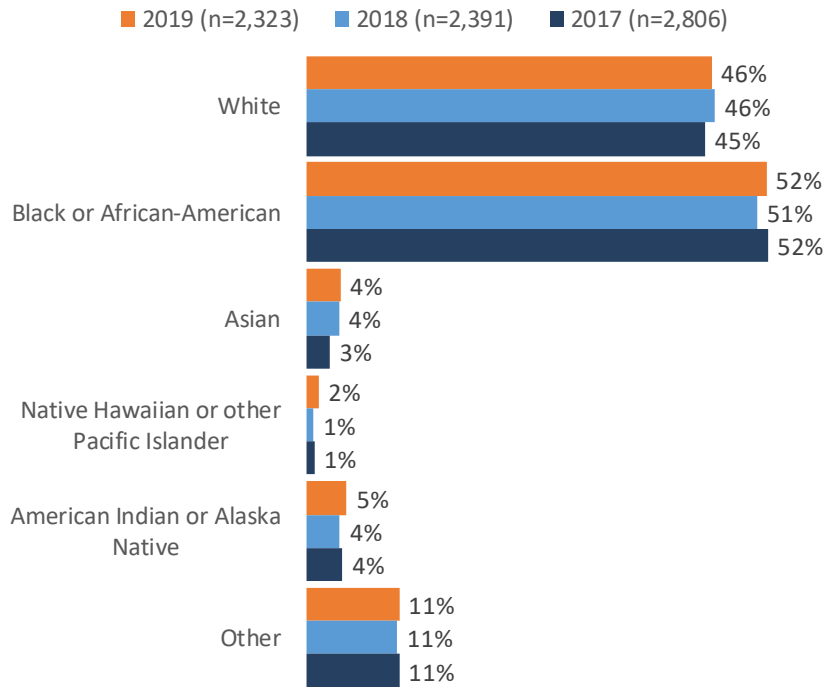


59. RATING OF OVERALL MENTAL/EMOTIONAL HEALTH



CHILD MEDICAID MEMBERS – CCC POPULATION (CONTINUED)

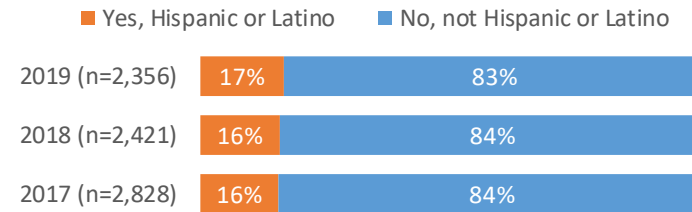
Q77. RACE



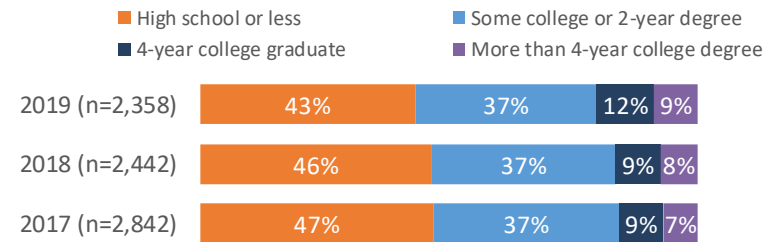
Note: since a respondent could mark more than once race in response to this question, the sum of the percentages may exceed 100%.

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

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 2019 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 2017-2018 and 2018-2019 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.

ADULT MEDICAID SURVEY RESULTS

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
		Percent 8, 9, or 10				Percent Always or Usually				
Quality Compass	2019	82.1%	82.3%	75.4%	77.6%	82.5%	82.0%	92.0%	88.8%	79.9%
HealthChoice MCOs (Aggregate)	2019	82.2%	80.9%	74.1%	74.9%	83.1% ↑↑	83.6% ↑↑	92.2%	88.0% ↓↓	78.3% ↓↓
	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%
Aetna Better Health of Maryland	2019	77.3%	76.9%	70.8%	62.8% *	71.5% *	76.2% *	87.1% *	79.2% *	74.2%
	2018	---	---	---	---	---	---	---	---	---
	2017	---	---	---	---	---	---	---	---	---
AMERIGROUP Community Care	2019	82.9%	84.4%	78.3% ↑↑	76.4%	83.3%	85.3% ↑↑	89.7% ↓↓	90.0% ↑↑	75.2% ↓↓
	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%
Jai Medical Systems	2019	84.7% ↑↑	79.3%	70.1%	69.6%	80.1% ↓↓	78.7%	95.0% ↑↑	91.0%	77.3% ↓↓
	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%
Kaiser Permanente	2019	79.3% ↓↓	84.4% ↑↑	77.8%	80.5% *	86.2% ↑↑	83.3%	89.2% ↓↓	88.2%	74.8% ↓↓
	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%
Maryland Physicians Care	2019	83.8%	80.3%	75.0%	81.1% *	82.8% ↓↓	86.3% ↑↑	94.0% ↑↑	85.1%	79.7%
	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%
MedStar Family Choice	2019	87.3%	85.1%	77.2%	83.0% *	87.0% ↑↑	85.1%	95.9%	94.0% ↑↑	81.7%
	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%
Priority Partners	2019	80.6%	77.2%	73.1%	76.0%	80.9% ↓↓	84.6%	91.3%	90.3%	80.4%
	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%
UnitedHealthcare	2019	83.6% ↑↑	81.0%	71.4% ↑↑	69.2% *	86.1%	83.8%	92.2%	85.1%	78.8% ↓↓
	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%
University of Maryland Health Partners	2019	78.8%	79.1% ↓↓	72.8%	72.5%	86.6%	85.8% ↑↑	93.1%	89.0%	79.3% ↓↓
	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%

★ next to the 2019 plan rate indicates a statistically significant difference from the HealthChoice MCO Aggregate rate at the 95% confidence level.

51130

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

↑↑ ↓↓ next to the 2019 plan rate indicates a positive/negative trend in results from 2017 to 2018 and from 2018 to 2019. Trends may not be statistically significant.

▲ ▼ next to a prior-year rate indicates that the 2019 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

- The **HealthChoice Aggregate** showed a statistically significant improvement on the *Rating of Doctor* measure compared to both 2017 and 2018. *Getting Needed Care* and *Getting Care Quickly* trended slightly upward during the 2017-2019 measurement period, while *Customer Service* and *Shared Decision Making* trended slightly downward.
- **Aetna Better Health** was surveyed for its baseline reporting year and first full year of operation in the HealthChoice program. It earned the lowest score among the HealthChoice MCOs on all but one measure, performing significantly below the HealthChoice MCO Aggregate level on most of them. Survey results for this plan should be interpreted with caution.
- **MedStar Family Choice** emerged as a clear leader, posting top scores on seven out of nine measures. In most cases, its high scores were the result of statistically significant gains or steady directional (if not always statistically significant) improvements over the 2017-2019 period. The plan's *Rating of Health Plan* score placed it significantly above the HealthChoice Aggregate score.
- Three plans (AMERIGROUP Community Care, MedStar Family Choice, and UnitedHealthcare) registered statistically significant gains on the *Rating of Doctor* measure compared to the prior year. Jai Medical Systems displayed a positive, although not statistically significant, directional trend on this measure. With a possible exception of *Shared Decision Making*, on which five of the nine plans surveyed displayed a slight negative trend, no clear pattern of gains or losses across plans emerged for any measure.
- Overall, performance gains outnumbered losses across the entire array of plans and measures. There were no statistically significant declines in performance compared to 2018, except for Jai Medical Systems on *Rating of Health Plan*.
- **AMERIGROUP Community Care** showed a statistically significant improvement on *Rating of Doctor* compared to 2018 and on *Rating of Health Care* compared to 2017. Positive, although not statistically significant, gains for this plan were also observed on *Getting Care Quickly* and *Customer Service*. *How Well Doctors Communicate* and *Shared Decision Making* trended slightly downward.
- **Maryland Physicians Care** scored significantly above the HealthChoice Aggregate on *Rating of Health Plan* and emerged as the top performer on *Getting Care Quickly*. *How Well Doctors Communicate* exhibited a slight upward trend over the 2017-2019 period, while the plan's scores on *Getting Needed Care* trended slightly downward.
- **UnitedHealthcare** showed a statistically significant improvement on *Rating of Doctor* compared to both 2017 and 2018 and a positive directional trend on *Rating of Health Care*. However, it was the only other plan besides Aetna Better Health scoring significantly below the HealthChoice Aggregate on the *Rating of Health Plan* measure.

- **Jai Medical Systems** earned the lowest score among all HealthChoice MCOs on *Rating of Health Care* and was the only plan to experience a statistically significant decline in its *Rating of Health Plan* score. The plan's *Getting Needed Care* and *Shared Decision Making* scores have also exhibited a downward (although not statistically significant) trend over the past two years. At the same time, the plan has made some directional gains on *Rating on Doctor* and *How Well Doctors Communicate*.
- **Kaiser Permanente's** *Rating of Health Plan* score placed it statistically significantly above the HealthChoice Aggregate level of performance. The plan did not experience any statistically significant changes in its results over time. A slightly positive directional trend was observed for *Rating of Specialist* and *Getting Needed Care*, while the plan's scores on *Rating of Doctor*, *How Well Doctors Communicate*, and *Shared Decision Making* trended slightly downward.
- **University of Maryland Health Partners** did not show any statistically significant improvements or declines in scores over time, generally performing at the HealthChoice Aggregate level. The plan exhibited a positive directional trend on *Getting Care Quickly*, while its results on *Rating of Specialist* and *Shared Decision Making* trended downward between 2017 and 2019.
- **Priority Partners** largely maintained its level of performance, which was on par with the HealthChoice Aggregate. The only notable exception was a downward trend in the plan's *Getting Needed Care* rate during the 2017-2019 measurement period.

CHILD MEDICAID SURVEY RESULTS

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
		Percent 8, 9, or 10				Percent Always or Usually				
Quality Compass	2019	90.1%	87.5%	87.5%	86.5%	84.5%	89.4%	94.0%	88.4%	79.4%
HealthChoice MCOs (Aggregate)	2019	90.3%	84.8% ↓↓	88.4%	85.2%	82.1%	87.4%	93.5%	85.5%	78.4%
	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%
Aetna Better Health of Maryland	2019	83.9%*	83.8%	78.4%*	74.8%*	71.5%*	83.0%	91.2%	80.0%	75.0%
	2018	---	---	---	---	---	---	---	---	---
	2017	---	---	---	---	---	---	---	---	---
AMERIGROUP Community Care	2019	92.0%	83.1%	91.8%	88.9%*	82.4% ↑↑	85.4%	90.9%	85.6%	77.8%
	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%
Jai Medical Systems	2019	95.3%* ↑↑	82.9% ↓↓	93.1%*	84.5% ↓↓	87.8%	92.1% ↓↓	95.8%	89.9%	81.4% ↓↓
	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%
Kaiser Permanente	2019	92.7% ↑↑	84.8%	87.9%	87.5% ↑↑	83.1%	85.4% ↓↓	95.3% ↑↑	88.3% ↓↓	78.8% ↑↑
	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%
Maryland Physicians Care	2019	88.9% ↓↓	89.2% ↑↑	89.0%	86.1%	85.5%	89.6%	94.1%	86.0% ↓↓	79.6%
	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%
MedStar Family Choice	2019	89.0%	85.2%	88.3% ↑↑	85.2% ↓↓	83.0%	87.6% ↓↓	95.4% ↑↑	88.2%	81.6%
	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%
Priority Partners	2019	90.4%	82.0%	90.3%	88.6%	79.2%	89.1%	95.3%	86.1%	79.5%
	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%
UnitedHealthcare	2019	89.9%	86.0%	86.9%	83.6%	85.0% ↑↑	90.7% ↑↑	92.0%	82.3%	77.3% ↑↑
	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%
University of Maryland Health Partners	2019	90.4% ↑↑	84.9% ↑↑	88.6% ↑↑	85.2% ↑↑	80.8% ↑↑	83.3%	92.1%	84.3% ↓↓	74.6%
	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%

* next to the 2019 plan rate indicates a statistically significant difference from the HealthChoice MCO Aggregate rate at the 95% confidence level.

51170

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

↑↑ ↓↓ next to the 2019 plan rate indicates a positive/negative trend in results from 2017 to 2018 and from 2018 to 2019. Trends may not be statistically significant.

▲ ▼ next to a prior-year rate indicates that the 2019 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 Year	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
		Percent Always or Usually			Percent Yes	
Quality Compass	2019	91.6%	77.2%	91.4%	91.0%	76.9%
HealthChoice MCOs (Aggregate)	2019	90.0%	75.8%	90.4%	90.4%	72.8% ↓↓
	2018	91.0%	78.7%	92.7% ▼	92.1%	73.1%
	2017	90.8%	77.0%	91.4%	90.1%	73.6%
Aetna Better Health of Maryland	2019	78.1% *	55.1%	73.8% *	77.6% *	65.0%
	2018	---	---	---	---	---
	2017	---	---	---	---	---
AMERIGROUP Community Care	2019	87.6%	73.7%	90.8%	91.3%	74.7%
	2018	83.6%	75.4%	89.9%	89.9%	77.0%
	2017	86.6%	72.3%	91.2%	90.7%	76.0%
Jai Medical Systems	2019	93.3%	80.2%	92.7% ↓↓	94.3%	66.7% ↓↓
	2018	93.3%	73.4%	95.6%	94.6%	69.7%
	2017	94.2%	90.4%	95.9%	91.2%	75.2%
Kaiser Permanente	2019	90.2%	74.2% ††	93.6% ††	85.6%	72.9%
	2018	91.4%	74.1%	91.6%	88.5%	78.6%
	2017	91.0%	72.6%	89.7%	84.4%	72.1%
Maryland Physicians Care	2019	92.0%	78.7% ††	93.4% ††	88.9%	75.7% ††
	2018	90.0%	78.0%	93.3%	92.6%	69.6%
	2017	92.1%	73.6%	91.8%	90.6%	69.4%
MedStar Family Choice	2019	93.9% * ††	76.3% ↓↓	87.7%	93.6% ††	70.8%
	2018	93.0%	79.9%	93.1% ▼	93.3%	76.2%
	2017	92.6%	82.5%	92.9% ▼	89.8%	75.0%
Priority Partners	2019	91.8%	78.3%	90.1% ↓↓	91.9%	71.6%
	2018	94.9%	82.1%	91.3%	92.2%	77.3%
	2017	92.9%	78.8%	92.1%	90.9%	74.4%
UnitedHealthcare	2019	86.1% *	78.7%	91.2%	89.7%	74.8%
	2018	92.8% ▼	82.3%	94.0%	93.3%	68.8%
	2017	87.1%	76.5%	88.1%	91.7%	73.8%
University of Maryland Health Partners	2019	87.2% ↓↓	68.8%	87.5%	90.4%	72.3%
	2018	89.2%	76.1%	94.1% ▼	90.7%	65.8%
	2017	91.1%	74.8%	91.1%	86.5%	77.2%

* next to the 2019 plan rate indicates a statistically significant difference from the HealthChoice MCO Aggregate rate at the 95% confidence level.

51170

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

†† †† next to the 2019 plan rate indicates a positive/negative trend in results from 2017 to 2018 and from 2018 to 2019. Trends may not be statistically significant.

▲ ▼ next to a prior-year rate indicates that the 2019 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

- The **HealthChoice Aggregate** experienced a statistically significant decline on the *Customer Service* measure compared to both 2017 and 2018. A slight downward, although not statistically significant, trend during the same period was observed on the *Rating of Specialist* measures. The HealthChoice Aggregate score on *Getting Needed Information (CCC)* declined significantly between 2018 and 2019.
- **Aetna Better Health** was surveyed for its baseline reporting year and first full year of operation in the HealthChoice program. It earned the lowest score among the HealthChoice MCOs on eleven of the fourteen measures, performing significantly below the HealthChoice MCO Aggregate level on seven of them. Survey results for this plan should be interpreted with caution.
- Except for AMERIGROUP Community Care, whose *Rating of Health Care* score showed a statistically significant improvement from last year, there were no statistically significant gains in performance across the entire array of plans and measures.
- Most plans did not register statistically significant declines in performance compared to 2018, except for UnitedHealthcare (on *Rating of Health Care* and *Rating of Health Plan*) and Priority Partners (on *Getting Needed Care*). On the CCC measure set, UnitedHealthcare exhibited a significant decline on *Access to Prescription Medicines* compared to 2018, while University of Maryland Health Partners and MedStar Family Choice had similar declines on the *Getting Needed Information* measure.
- As in 2018, positive directional trends outnumbered the negative trends by about 2 to 1. However, there was no clear pattern favoring any specific measure(s).
- **Jai Medical Systems** emerged as the highest-performing plan on eight of the fourteen measures, including *Rating of Doctor*, *Rating of Health Plan*, *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, *Customer Service*, *Access to Specialized Services (CCC)*, and *Personal Doctor Who Knows Child (CCC)*. The plan's scores on two of these measures were statistically significantly above the HealthChoice Aggregate score. The top score on *Access to Specialized Services (CCC)* is particularly noteworthy because last year Jai Medical Systems scored below the other HealthChoice MCOs on this measure. Just like last year, the pattern of high scores observed for this plan seems to reflect its ability to maintain its position rather than recent performance gains. It is worth noting that the plan's results on six measures have trended slightly downward over the 2017-2019 period.
- **Kaiser Permanente** exhibited an upward, although not statistically significant, trend in scores over two years on more measures than any other plan. These included: *Rating of Doctor*, *Rating of Health Plan*, *How Well Doctors Communicate*, *Shared Decision Making*, *Access to Specialized Services (CCC)*, and *Getting Needed Information (CCC)*.
- **University of Maryland Health Partners** saw a slightly positive trend in scores over the 2017-2019 measurement period on five measures: *Getting Needed Care* and all four ratings. However, the plan scored lower than the rest on *Shared Decision Making* and exhibited a downward trend on *Customer Service* and *Access to Prescription Medicines (CCC)*.

- **Maryland Physicians Care** was the highest-scoring plan on *Rating of Specialist* and *Coordination of Care for Children with Chronic Conditions (CCC)* after seeing these scores trend upward for the past two years. Two additional CCC measures, *Access to Specialized Services* and *Getting Needed Information*, showed a similar upward trend in results for this plan.
- **MedStar Family Choice** earned the highest scores among all surveyed plans on *Shared Decision Making* and *Access to Prescription Medicines (CCC)*. The latter was the result of a positive directional trend in the plan's scores from 2017 to 2019, placing it statistically significantly above the HealthChoice Aggregate score. A slight downward trend in the plan's results was observed on *Rating of Health Plan*, *Getting Care Quickly*, and *Access to Specialized Services (CCC)*.
- **UnitedHealthcare** experienced statistically significant score declines on *Rating of Health Care* and *Rating of Health Plan* compared to the prior year. The CCC measure *Access to Prescription Medicines* showed a similar decline, placing the plan statistically significantly below the HealthChoice Aggregate score. At the same time, the plan's results on *Getting Needed Care*, *Getting Care Quickly*, and *Shared Decision Making* showed a slight positive trend over the 2017-2019 measurement period.
- **AMERIGROUP Community Care** earned the highest *Rating of Health Plan* score and was the only plan to score significantly above the HealthChoice Aggregate on this measure. It also appears to be gaining ground on the *Getting Needed Care* measure. It received the lowest score among the HealthChoice MCOs on *How Well Doctors Communicate*.
- **Priority Partners** received the lowest *Rating of Specialist* score among the HealthChoice MCOs. It registered a statistically significant decline on the *Getting Needed Care* measure and a slight downward, but not statistically significant, trend on *Getting Needed Information (CCC)*.

KEY DRIVER ANALYSIS

The 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, top 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 <i>Always</i> or <i>Usually</i>)	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)
2	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)
3	Q29. Written materials or the Internet provided needed information (percent <i>Always</i> or <i>Usually</i>)	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
4	Q5. Made appointments for routine care at a doctor's office or clinic (percent <i>Yes</i>)	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)
5	Q31. Health plan customer service provided needed information or help (percent <i>Always</i> or <i>Usually</i>)	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

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 Q30). *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 <i>Always</i> or <i>Usually</i>)	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	Q51. Customer service treated member with courtesy and respect (percent <i>Always</i> or <i>Usually</i>)	The higher the proportion of respondents reporting that they were treated with courtesy and respect by customer service, the higher the overall plan score	Improve the ability of the health plan customer service to treat members with courtesy and respect
3	Q46. Got specialist appointment as soon as needed (percent <i>Always</i> or <i>Usually</i>)	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	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)
5	Q30. Child has personal doctor (percent Yes)	The higher the proportion of respondents who report that their child has a personal doctor, the higher the overall plan score	Improve member access to care (having a personal doctor)

GLOSSARY OF TERMS

Accreditation Measures	<p>Survey measures included in the calculation of the CAHPS component of the plan's NCOA Accreditation score:</p> <ul style="list-style-type: none">- Global ratings: <i>Rating of Personal Doctor, Rating of Specialist Seen Most Often, Rating of All Health Care, and Rating of Health Plan</i>;- Composites: <i>Getting Needed Care, Getting Care Quickly, Customer Service, Claims Processing</i> (Commercial line only); and- Single-item measure <i>Coordination of Care</i>.
Attributes	Areas of health plan performance and member experience assessed with the CAHPS survey
Benchmark	A reference score (e.g., the NCOA 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 twelve 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. NCOA 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 <i>Pearson correlation coefficient</i> . The coefficient value of 1 indicates a strong positive relationship; -1 indicates a strong negative relationship; zero indicates no relationship at all.
Denominator (<i>n</i> , 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.)
Effectiveness of Care	Effectiveness of Care measures are relevant to Adult surveys only and include <i>Flu Vaccinations for Adults Ages 18–64 (FVA)</i> and <i>Medical Assistance with Smoking and Tobacco Use Cessation (MSC)</i> .
Eligible Population	Members who are eligible to participate in the survey based on the following NCQA criteria: <ul style="list-style-type: none"> - 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 (twelve months 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., <i>Always</i> or <i>Usually</i>) 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 are identified based on how a plan 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).
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 <i>Never, Sometimes, Usually, or Always</i> response scale, with <i>Always</i> being the most favorable outcome. Results are typically reported as the proportion of members selecting <i>Usually</i> or <i>Always</i> .
Response Rate	Survey response rate is calculated by NCQA using the following formula:
	$\text{Response Rate} = \frac{\text{Complete and Eligible Surveys}}{[\text{Complete and Eligible} + \text{Incomplete (but Eligible)} + \text{Refusal} + \text{Nonresponse after maximum attempts} + \text{Added to Do Not Call (DNC) List}]}$
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 (<i>n</i>)	See <i>Denominator</i>

Valid Response

Any acceptable response to a survey question (i.e., falling within a pre-defined set) that follows the NCQA skip pattern rules and data cleaning guidelines.