Maryland
DEPARTMENT OF HEALTH

State of Maryland Executive Summary Report

for

HealthChoice Managed Care Organizations

Adult and Child Populations

2020 CAHPS® 5.0H Member Experience Survey

Prepared for:

The Maryland Department of Health

Prepared by:

Center for the Study of Services
1625 K Street NW, Suite 800
Washington, DC 20006

11/24/2020

CSS
Center for the
Study of Services

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 provider communication skills.

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. The Health Plan CAHPS survey represents the patient (member) experience component of the HEDIS measurement set. The survey measures patient 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 Medicaid version of the CAHPS Health Plan Survey for the Maryland Department of Health on behalf of the HealthChoice Managed Care Organizations (MCOs) between February 15 and May 18, 2020. The survey fielding period coincided with the rise of the COVID-19 pandemic. The following health plans were surveyed and are included in the results presented in this report:

- Aetna Better Health of Maryland,

- AMERIGROUP Community Care,

- Jai Medical Systems,

- Kaiser Permanente,

- Maryland Physicians Care,

- MedStar Family Choice,

- Priority Partners,

- UnitedHealthcare, and

- University of Maryland Health Partners.

SURVEY METHODOLOGY

CSS administered the 2020 Health Plan CAHPS Survey in accordance with the NCQA methodology detailed in *HEDIS 2020, 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, 2019; 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. Due to COVID-19, NCQA permitted health plans and vendors to depart from the original fielding protocol. The Maryland Department of Health opted to send a third survey mailing in lieu of the originally planned telephone outreach.

The key milestones of the CAHPS data collection protocol are provided below:

- An initial survey package was mailed on February 15.

- An initial reminder/thank-you postcard was mailed on February 25.

- A replacement survey package was mailed on March 27.

- An additional reminder/thank-you postcard was mailed on April 3.

- A third and final survey package was mailed on April 23.

- Data collection closed on May 18.

Survey results for participating HealthChoice MCOs were submitted to NCQA on May 29, 2020.

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)		
	2020 HealthChoice		2020 CSS Adult Medicaid Average	2020 HealthChoice		2020 CSS Child Medicaid Average
	Number	Percent of Initial Sample	Percent of Total Initial Sample	Number	Percent of Initial Sample	Percent of Total Initial Sample
Initial Sample	12,150	100.0%	100.0%	14,850	100.0%	100.0%
Complete and Eligible - Mail	2,213	18.2%	15.9%	2,239	15.1%	12.9%
Complete and Eligible - Phone*	0	0.0%	0.0%	0	0.0%	0.0%
Complete and Eligible - Internet**	3	0.0%	0.0%	3	0.0%	0.1%
Complete and Eligible - Total	2,216	18.2%	15.9%	2,242	15.1%	13.0%
Does not meet Eligible Population criteria	64	0.5%	0.4%	51	0.3%	0.2%
Incomplete (but Eligible)	20	0.2%	0.4%	16	0.1%	0.1%
Language barrier	7	0.1%	0.0%	29	0.2%	0.1%
Mentally or physically incapacitated	1	0.0%	0.0%	0	0.0%	0.0%
Deceased	2	0.0%	0.0%	0	0.0%	0.0%
Refusal	9	0.1%	0.0%	2	0.0%	0.0%
Nonresponse after maximum attempts	9,828	80.9%	82.8%	12,502	84.2%	86.3%
Added to Do Not Call (DNC) list	3	0.0%	0.4%	8	0.1%	0.3%
NCQA Response Rate*		**18.35%**	**15.99%**		**15.18%**	**13.05%**

* Applies to plans following mixed methodology. Due to COVID-19, no telephone outreach was conducted in 2020.

** 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

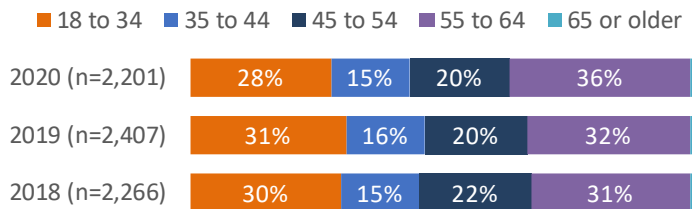| Health Plan	Adult Survey			Child with CCC Measure Survey					
	Sample Size	Completes	Response Rate*	Sample Size (General Population)	Sample Size (CCC Population)	Sample Size (Total)	Completes (General Population)	Completes (CCC Population)	Response Rate (General Population)*
HealthChoice MCOs	**12,150**	**2,216**	**18.35%**	**14,850**	**14,391**	**29,241**	**2,242**	**1,774**	**15.18%**
Aetna Better Health of Maryland	1,350	180	13.48%	1,650	592	2,242	214	86	13.04%
AMERIGROUP Community Care	1,350	217	16.15%	1,650	1,840	3,490	249	206	15.13%
Jai Medical Systems	1,350	264	19.66%	1,650	919	2,569	183	81	11.11%
Kaiser Permanente	1,350	210	15.60%	1,650	1,840	3,490	258	142	15.67%
Maryland Physicians Care	1,350	263	19.64%	1,650	1,840	3,490	287	301	17.47%
MedStar Family Choice	1,350	264	19.66%	1,650	1,840	3,490	242	226	14.70%
Priority Partners	1,350	274	20.43%	1,650	1,840	3,490	307	289	18.77%
UnitedHealthcare	1,350	306	22.78%	1,650	1,840	3,490	283	260	17.21%
University of Maryland Health Partners	1,350	238	17.73%	1,650	1,840	3,490	219	183	13.51%

* 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]
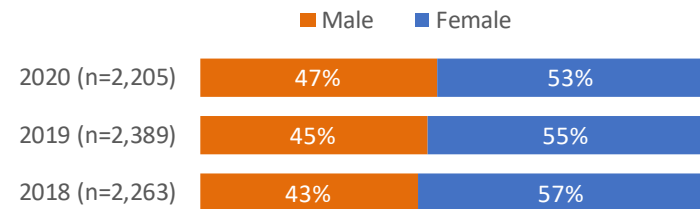
PROFILE OF SURVEY RESPONDENTS

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

Q36. AGE
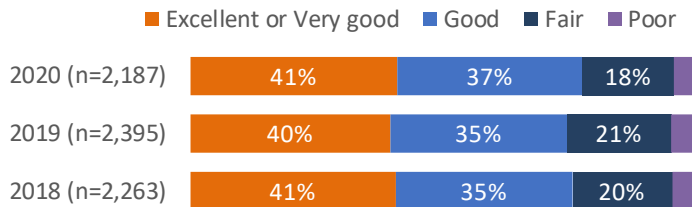
Legend: 18 to 34 | 35 to 44 | 45 to 54 | 55 to 64 | 65 or older

Year	18 to 34	35 to 44	45 to 54	55 to 64
2020 (n=2,201)	28%	15%	20%	36%
2019 (n=2,407)	31%	16%	20%	32%
2018 (n=2,266)	30%	15%	22%	31%

Q37. GENDER

Legend: Male | Female

Year	Male	Female
2020 (n=2,205)	47%	53%
2019 (n=2,389)	45%	55%
2018 (n=2,263)	43%	57%

Q29. RATING OF OVERALL HEALTH

Legend: Excellent or Very good | Good | Fair | Poor

Year	Excellent or Very good	Good	Fair
2020 (n=2,187)	41%	37%	18%
2019 (n=2,395)	40%	35%	21%
2018 (n=2,263)	41%	35%	20%

Q30. RATING OF OVERALL MENTAL/EMOTIONAL HEALTH

Legend: Excellent or Very good | Good | Fair | Poor

Year	Excellent or Very good	Good	Fair	Poor
2020 (n=2,188)	48%	29%	18%	
2019 (n=2,401)	48%	28%	19%	5%
2018 (n=2,269)	50%	27%	18%	

Q40. RACE

■ 2020 (n=2,177)   ■ 2019 (n=2,352)   ■ 2018 (n=2,226)

Race	2020	2019	2018
White	43%	42%	41%
Black or African-American	45%	48%	47%
Asian	8%	6%	6%
Native Hawaiian or other Pacific Islander	0%	1%	1%
American Indian or Alaska Native	1%	3%	3%
Other	6%	9%	9%
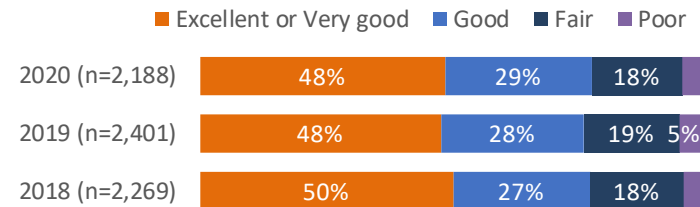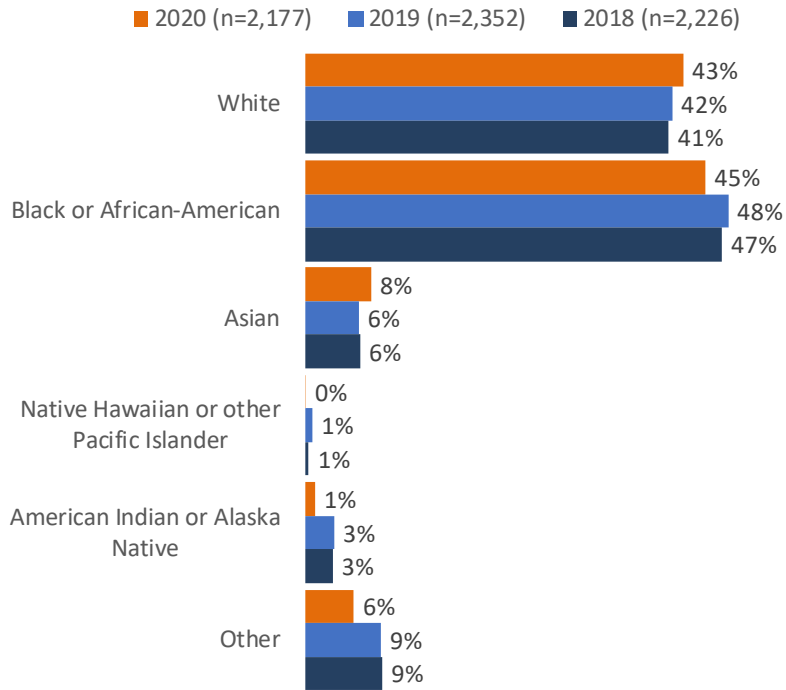
Note: since a respondent could mark more than once race in response to this question, the sum of the percentages may exceed 100%.

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

Q39. ETHNICITY

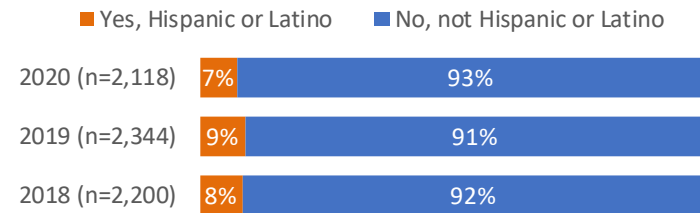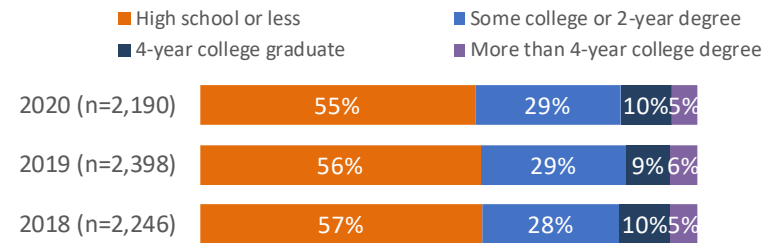■ Yes, Hispanic or Latino   ■ No, not Hispanic or Latino

	Yes, Hispanic or Latino	No, not Hispanic or Latino
2020 (n=2,118)	7%	93%
2019 (n=2,344)	9%	91%
2018 (n=2,200)	8%	92%

Q38. EDUCATION

■ High school or less   ■ Some college or 2-year degree
■ 4-year college graduate   ■ More than 4-year college degree

	High school or less	Some college or 2-year degree	4-year college graduate	More than 4-year college degree
2020 (n=2,190)	55%	29%	10%	5%
2019 (n=2,398)	56%	29%	9%	6%
2018 (n=2,246)	57%	28%	10%	5%

Q69. AGE

- 0 to 2 years old
- 3 to 6 years old
- 7 to 9 years old
- 10 to 13 years old
- 14 to 18 years old

	0 to 2	3 to 6	7 to 9	10 to 13	14 to 18
2020 (n=2,192)	15%	22%	16%	22%	24%
2019 (n=3,534)	21%	22%	14%	21%	21%
2018 (n=3,361)	19%	23%	17%	20%	22%

Q70. GENDER

- Male
- Female

	Male	Female
2020 (n=2,214)	51%	49%
2019 (n=3,549)	51%	49%
2018 (n=3,380)	53%	47%

Q53. RATING OF OVERALL HEALTH

- Excellent or Very Good
- Good
- Fair
- Poor

	Excellent or Very Good	Good
2020 (n=2,225)	84%	14%
2019 (n=3,565)	80%	16%
2018 (n=3,414)	81%	16%

54. RATING OF OVERALL MENTAL/EMOTIONAL HEALTH

- Excellent or Very Good
- Good
- Fair
- Poor

	Excellent or Very Good	Good	Fair
2020 (n=2,220)	77%	15%	6%
2019 (n=3,549)	76%	16%	6%
2018 (n=3,405)	78%	16%	5%

Q72. RACE

■ 2020 (n=2,184) ■ 2019 (n=3,385) ■ 2018 (n=3,184)

White
- 2020: 38%
- 2019: 37%
- 2018: 40%

Black or African-American
- 2020: 45%
- 2019: 51%
- 2018: 49%

Asian
- 2020: 10%
- 2019: 9%
- 2018: 9%

Native Hawaiian or other Pacific Islander
- 2020: 1%
- 2019: 1%
- 2018: 1%

American Indian or Alaska Native
- 2020: 2%
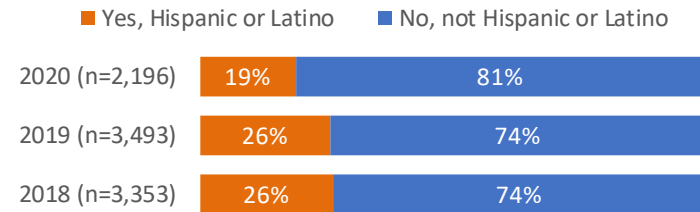- 2019: 4%
- 2018: 3%

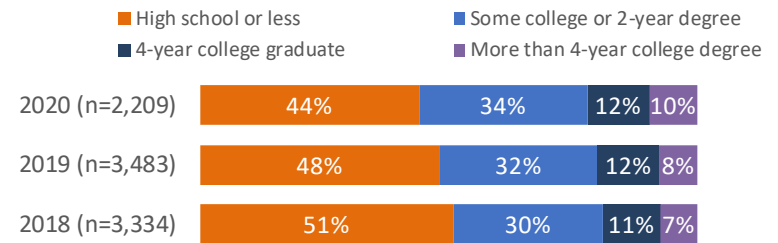**Other**
- 2020: 13%
- 2019: 15%
- 2018: 13%

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.
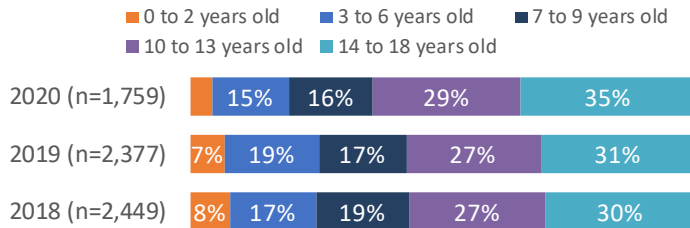
Q71. ETHNICITY

■ Yes, Hispanic or Latino ■ No, not Hispanic or Latino

Year	Yes, Hispanic or Latino	No, not Hispanic or Latino
2020 (n=2,196)	19%	81%
2019 (n=3,493)	26%	74%
2018 (n=3,353)	26%	74%

Q75. PARENT/GUARDIAN EDUCATION

■ High school or less ■ Some college or 2-year degree
■ 4-year college graduate ■ More than 4-year college degree

Year	High school or less	Some college or 2-year degree	4-year college graduate	More than 4-year college degree
2020 (n=2,209)	44%	34%	12%	10%
2019 (n=3,483)	48%	32%	12%	8%
2018 (n=3,334)	51%	30%	11%	7%

Q69. AGE

- 0 to 2 years old
- 3 to 6 years old
- 7 to 9 years old
- 10 to 13 years old
- 14 to 18 years old

	0 to 2	3 to 6	7 to 9	10 to 13	14 to 18
2020 (n=1,759)		15%	16%	29%	35%
2019 (n=2,377)	7%	19%	17%	27%	31%
2018 (n=2,449)	8%	17%	19%	27%	30%

Q70. GENDER

- Male
- Female

	Male	Female
2020 (n=1,765)	59%	41%
2019 (n=2,392)	59%	41%
2018 (n=2,456)	59%	41%

Q53. RATING OF OVERALL HEALTH

- Excellent or Very Good
- Good
- Fair
- Poor

	Excellent or Very Good	Good	Fair	Poor
2020 (n=1,762)	63%	29%	7%	
2019 (n=2,389)	60%	30%	9%	
2018 (n=2,468)	62%	29%	9%	

54. RATING OF OVERALL MENTAL/EMOTIONAL HEALTH

- Excellent or Very Good
- Good
- Fair
- Poor

	Excellent or Very Good	Good	Fair	Poor
2020 (n=1,754)	42%	32%	22%	
2019 (n=2,386)	44%	30%	21%	5%
2018 (n=2,460)	45%	31%	20%	

Q72. RACE

Legend: 2020 (n=1,746) 2019 (n=2,323) 2018 (n=2,391)

White
- 2020: 49%
- 2019: 46%
- 2018: 46%

Black or African-American
- 2020: 46%
- 2019: 52%
- 2018: 51%

Asian
- 2020: 5%
- 2019: 4%
- 2018: 4%

Native Hawaiian or other Pacific Islander
- 2020: 1%
- 2019: 2%
- 2018: 1%

American Indian or Alaska Native
- 2020: 1%
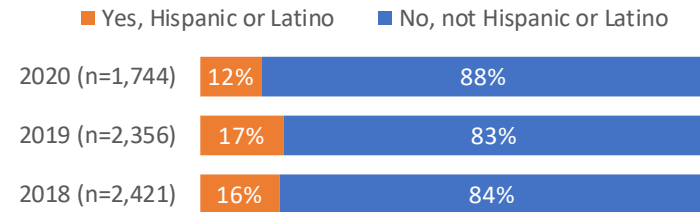- 2019: 5%
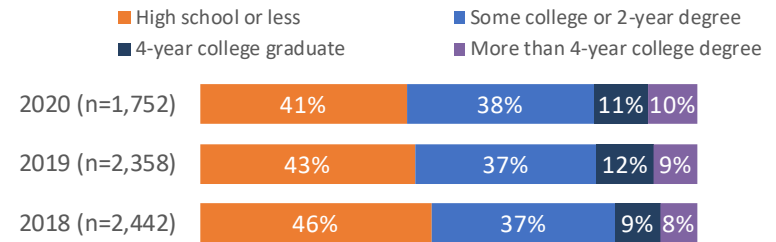- 2018: 4%

Other
- 2020: 9%
- 2019: 11%
- 2018: 11%

Note: since a respondent could mark more 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.

Q71. ETHNICITY

Legend: Yes, Hispanic or Latino No, not Hispanic or Latino

- 2020 (n=1,744): 12% | 88%
- 2019 (n=2,356): 17% | 83%
- 2018 (n=2,421): 16% | 84%

Q75. PARENT/GUARDIAN EDUCATION

Legend: High school or less Some college or 2-year degree 4-year college graduate More than 4-year college degree

- 2020 (n=1,752): 41% | 38% | 11% | 10%
- 2019 (n=2,358): 43% | 37% | 12% | 9%
- 2018 (n=2,442): 46% | 37% | 9% | 8%

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*. (Note: NCQA retired this composite measure in 2020. The Maryland Department of Health received permission from NCQA to continue using the three *Shared Decision Making* questions for tracking purposes.)

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 2018-2019 and 2019-2020 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

Health Plan	Measure Year	Getting Needed Care (% Usually or Always)	Getting Care Quickly (% Usually or Always)	Rating of Personal Doctor (% 9 or 10)	Rating of Specialist Seen Most Often (% 9 or 10)	Rating of All Health Care (% 9 or 10)	Coordination of Care (% Usually or Always)	Rating of Health Plan (% 9 or 10)	How Well Doctors Communicate (% Usually or Always)	Shared Decision Making (% Yes)	Customer Service (% Usually or Always)
2019 NCQA Quality Compass Adult Medicaid National Average for All Lines of Business	2019	82.5%	82.0%	67.5%	66.9%	54.9%	83.6%	60.3%	92.0%	79.9%	88.8%
Highest-Scoring Plan	2020	University of Maryland Health Partners (86.4%)	Maryland Physicians Care (86.9%)	Jai Medical Systems (72.3%)	Kaiser Permanente (77.1%)	Kaiser Permanente (68.5%)	Kaiser Permanente (93.4%)	Priority Partners (62.6%)	Kaiser Permanente (96.7%)	University of Maryland Health Partners (86.3%)	Kaiser Permanente (92.9%)
Lowest-Scoring Plan	2020	Aetna Better Health of Maryland (75.0%)	Aetna Better Health of Maryland (79.2%)	Aetna Better Health of Maryland (54.9%)	Aetna Better Health of Maryland (51.9%)	Aetna Better Health of Maryland (39.2%)	AMERIGROUP Community Care (77.1%)	Aetna Better Health of Maryland (48.0%)	Aetna Better Health of Maryland (88.6%)	MedStar Family Choice (75.2%)	Aetna Better Health of Maryland (80.5%)
HealthChoice MCOs	**2020**	**83.5%** ⇈ 33rd	**83.8%** ⇈ 33rd	**65.9%** ⇈ 10th	**66.3%** ⇈ 33rd	**54.3%** 33rd	**83.8%** 33rd	**56.8%** 10th	**93.3%** ⇈ 67th	**79.3%** 33rd	**89.7%** 33rd
	2019	83.1%	83.6%	65.4%	65.7%	52.0%	83.8%	54.5%	92.2%	78.3%	88.0%
	2018	82.2%	81.6%	64.0%	62.8%	52.3%	82.5%	57.0%	91.7%	79.3%	88.4%
Aetna Better Health of Maryland	**2020**	**75.0%** <10th	**79.2%** 10th	**54.9%** ✓ <10th	**51.9%** ✓ <10th	**39.2%** ✓ <10th	**83.0%** 33rd	**48.0%** ✓ <10th	**88.6%** <10th	**78.4%** 10th	**80.5%** ✓ <10th
	2019	71.5%	76.2%	53.9%	66.2%	42.4%	73.8%	40.6%	87.1%	74.2%	79.2%
	2018	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data
AMERIGROUP Community Care	**2020**	**81.7%** 33rd	**80.9%** 10th	**60.5%** <10th	**59.5%** <10th	**51.6%** 10th	**77.1%** <10th	**56.6%** 10th	**90.3%** 10th	**76.6%** 10th	**90.7%** ⇈ 67th
	2019	83.3%	85.3%	66.4%	70.0%	55.6%	84.0%	61.6%	89.7%	75.2%	90.0%
	2018	77.9%	81.2%	57.8%	56.6%	47.4%	80.2%	51.3%	90.8%	82.2%	89.7%
Jai Medical Systems	**2020**	**85.4%** 67th	**85.6%** 67th	**72.3%** 67th	**69.7%** ⇈ 67th	**51.5%** 10th	**88.8%** 67th	**55.6%** 10th	**94.4%** 67th	**75.6%** ⇊ <10th	**92.0%** ⇈ 67th
	2019	80.1%	78.7%	68.9%	65.2%	49.2%	90.6%	50.4%	95.0%	77.3%	91.0%
	2018	80.6%	82.0%	69.7%	60.4%	52.5%	87.3%	60.6%	93.8%	77.9%	87.2%
Kaiser Permanente	**2020**	**82.4%** 33rd	**85.1%** ⇈ 67th	**72.1%** 67th	**77.1%** 90th	**68.5%** ✓ ⇈ 90th	**93.4%** ✓ ⇈ 90th	**62.4%** 33rd	**96.7%** 90th	**80.3%** 33rd	**92.9%** ⇈ 90th
	2019	86.2%	83.3%	64.9%	63.3%	58.9%	82.6%	56.9%	89.2% ↑	74.8%	88.2%
	2018	85.0%	79.3%	65.4%	69.8%	58.9%	77.2% ↑	62.5%	90.2% ↑	75.1%	86.5%

Color shading (green/yellow/red) indicates how the 2020 plan performance compares to the 2019 NCQA Quality Compass Adult Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All Lines of Business.

Symbols used in the report:

✓ next to the 2020 plan rate indicates a statistically significant difference from the HealthChoice MCOs rate at the 95% confidence level.

⇈ ⇊ next to the 2020 plan rate indicates a directionally consistent, but not necessarily statistically significant, positive or negative two-year trend (2018-2019 and 2019-2020).

↑↓ next to a prior-year rate indicates that the 2020 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

50030

(Continued from previous page, part 2)

Health Plan	Measure / Year	Getting Needed Care (% Usually or Always)	Getting Care Quickly (% Usually or Always)	Rating of Personal Doctor (% 9 or 10)	Rating of Specialist Seen Most Often (% 9 or 10)	Rating of All Health Care (% 9 or 10)	Coordination of Care (% Usually or Always)	Rating of Health Plan (% 9 or 10)	How Well Doctors Communicate (% Usually or Always)	Shared Decision Making (% Yes)	Customer Service (% Usually or Always)
Maryland Physicians Care	**2020**	**85.7%** 67th	**86.9%** ⇈ 90th	**67.4%** 33rd	**65.3%** 33rd	**54.4%** ⇈ 33rd	**84.9%** 33rd	**57.3%** 10th	**96.0%** ⇈ 90th	**83.1%** ⇈ 67th	**89.0%** ⇈ 33rd
	2019	82.8%	86.3%	68.5%	66.9%	52.2%	89.1%	59.8%	94.0%	79.7%	85.1%
	2018	83.8%	84.9%	57.5% ↑	59.4%	47.4%	82.4%	52.1%	91.7%	78.2%	84.6%
MedStar Family Choice	**2020**	**83.5%** 33rd	**84.3%** 67th	**66.0%** 33rd	**72.5%** ⇈ 90th	**59.4%** ⇈ 67th	**82.7%** 33rd	**58.7%** 33rd	**91.8%** 33rd	**75.2%** <10th	**91.6%** 67th
	2019	87.0%	85.1%	70.0%	71.1%	57.4%	86.6%	64.4%	95.9%	81.7%	94.0%
	2018	79.5%	77.5%	61.2%	65.3%	53.1%	81.8%	60.1%	90.0%	80.3%	88.4%
Priority Partners	**2020**	**83.6%** 33rd	**80.9%** 10th	**64.8%** ⇊ 10th	**62.5%** 10th	**57.1%** 67th	**77.6%** ⇊ <10th	**62.6%** 33rd	**96.4%** 90th	**80.1%** 33rd	**88.2%** ⇊ 33rd
	2019	80.9%	84.6%	65.4%	60.2%	50.2%	82.1%	51.6% ↑	91.3% ↑	80.4%	90.3%
	2018	83.4%	83.6%	69.0%	67.5%	59.0%	84.6%	59.6%	93.9%	80.2%	96.2%
UnitedHealthcare	**2020**	**83.5%** ⇊ 33rd	**84.0%** ⇈ 33rd	**66.8%** 33rd	**67.2%** ⇈ 33rd	**54.5%** ⇈ 33rd	**81.5%** 10th	**55.2%** 10th	**90.8%** 10th	**77.8%** ⇊ 10th	**87.4%** 10th
	2019	86.1%	83.8%	67.7%	66.9%	51.6%	87.5%	51.3%	92.2%	78.8%	85.1%
	2018	86.2%	81.7%	61.6%	52.1% ↑	48.8%	79.2%	53.3%	89.9%	80.4%	89.2%
University of Maryland Health Partners	**2020**	**86.4%** 67th	**86.6%** ⇈ 67th	**64.2%** 10th	**65.9%** 33rd	**49.2%** 10th	**88.5%** 67th	**53.3%** 10th	**92.9%** 33rd	**86.3%** 90th	**92.3%** ⇈ 67th
	2019	86.6%	85.8%	59.1%	61.8%	48.2%	72.2% ↑	51.0%	93.1%	79.3%	89.0%
	2018	80.8%	82.6%	70.8%	73.9%	50.3%	73.9%	56.0%	92.5%	79.6%	85.7%

Color shading (green/yellow/red) indicates how the 2020 plan performance compares to the 2019 NCQA Quality Compass Adult Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All Lines of Business.

Symbols used in the report:

✓ next to the 2020 plan rate indicates a statistically significant difference from the HealthChoice MCOs rate at the 95% confidence level.

⇈ ⇊ next to the 2020 plan rate indicates a directionally consistent, but not necessarily statistically significant, positive or negative two-year trend (2018-2019 and 2019-2020).

↑ ↓ next to a prior-year rate indicates that the 2020 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

- Overall, the HealthChoice Aggregate performed on par with the 2019 levels across the measure spectrum, with no statistically significant improvements or declines in scores.

- Performance gains largely outnumbered losses across the entire array of plans and measures. None of the plans experienced statistically significant declines in performance compared to 2019. A few of the gains reached statistical significance, and a larger number of them have held steady over the past two years.

- HealthChoice exhibited a consistent, although not statistically significant, positive directional trend on Getting Needed Care, Getting Care Quickly, Rating of Doctor, Rating of Specialist Seen Most Often, and How Well Doctors Communicate.

- On most measures, HealthChoice scored in the middle third of the 2019 NCQA Quality Compass Adult Medicaid percentile distribution. HealthChoice scored in the top third on *How Well Doctors Communicate* but in the bottom third on *Rating of Doctor* and *Rating of Health Plan*.

- **Kaiser Permanente** emerged as a clear leader among the participating plans, earning top scores on five of the ten measures: *Rating of Specialist Seen Most Often*, *Rating of All Health Care*, *Coordination of Care*, *How Well Doctors Communicate*, and *Customer Service*. Kaiser Permanente's scores on all five measures placed it in the top decile of the 2019 NCQA Quality Compass Adult Medicaid National distribution. In addition, Kaiser Permanente scored in the top third on *Getting Care Quickly* and *Rating of Doctor* and in the middle third on the remaining measures. Kaiser Permanente's results on *Getting Care Quickly*, *Rating of All Health Care*, *Coordination of Care*, and *Customer Service* were the result of steady improvements over the 2018-2020 period.

- **Maryland Physicians Care** performed in the top Quality Compass decile on *Getting Care Quickly* and *How Well Doctors Communicate*, reflecting a steady two-year improvement trend. The plan performed in the top third of the Quality Compass distribution on *Getting Needed Care* and *Shared Decision Making* and in the middle third on all other measures except *Rating of Health Plan*, which placed it in the bottom third.

- **MedStar Family Choice** was the only other plan that performed in the middle-to-top third of the Quality Compass distribution on all measures except *Shared Decision Making*, on which it scored below all other HealthChoice MCOs.

- **University of Maryland Health Partners**, **Priority Partners**, and **Jai Medical Systems** showed mixed results, with high performance generally confined to a single area and with several areas in need of improvement. While Jai Medical Systems earned the highest *Rating of Doctor* score among the participating MCOs, it wasn't high enough for it to cross the top decile Quality Compass threshold on this measure.

- **UnitedHealthcare** scored in the bottom-to-middle third of the Quality Compass distribution on all measures, with a steady two-year decline on *Getting Needed Care*. On the flip side, the plan's scores on *Getting Care Quickly*, *Rating of Specialist Seen Most Often*, and *Rating of All Health Care* have trended slightly upward over the two-year measurement period.

- **Aetna Better Health of Maryland** earned the lowest scores among the participating HealthChoice MCOs on seven of the ten measures, placing in the bottom decile of the Quality Compass distribution in all seven.

- **Amerigroup Community Care** also performed poorly across the board with the exception of *Customer Service*, where it continued to make modest gains and scored in the top third of the Quality Compass distribution.

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

Health Plan	Measure Year	Getting Needed Care (% Usually or Always)	Getting Care Quickly (% Usually or Always)	Rating of Doctor (% 9 or 10)	Rating of Specialist Seen Most Often (% 9 or 10)	Rating of All Health Care (% 9 or 10)	Coordination of Care (% Usually or Always)	Rating of Health Plan (% 9 or 10)	How Well Doctors Communicate (% Usually or Always)	Shared Decision Making (% Yes)	Customer Service (% Usually or Always)
2019 NCQA Quality Compass Child Medicaid National Average for All Lines of Business	**2019**	**84.5%**	**89.4%**	**77.3%**	**74.1%**	**70.4%**	**83.8%**	**71.7%**	**94.0%**	**79.4%**	**88.4%**
Highest-Scoring Plan	2020	Maryland Physicians Care (91.1%)	Maryland Physicians Care (95.3%)	Jai Medical Systems (88.6%)	Kaiser Permanente (78.6%)	Jai Medical Systems (81.8%)	Jai Medical Systems (97.3%)	Jai Medical Systems (74.2%)	Jai Medical Systems (98.0%)	UnitedHealthcare (87.3%)	MedStar Family Choice (93.4%)
Lowest-Scoring Plan	2020	AMERIGROUP Community Care (80.3%)	Kaiser Permanente (81.6%)	University of Maryland Health Partners (71.1%)	University of Maryland Health Partners (57.1%)	MedStar Family Choice (66.1%)	University of Maryland Health Partners (74.0%)	Aetna Better Health of Maryland (60.5%)	University of Maryland Health Partners (92.0%)	Jai Medical Systems (75.0%)	Aetna Better Health of Maryland (85.9%)
HealthChoice MCOs	**2020**	**85.5%** 33rd	**88.7%** 33rd	**77.7%** 33rd	**72.8%** 33rd	**71.3%** 33rd	**85.2%** 33rd	**69.5%** ⇊ 10th	**96.2%** 67th	**81.3%** 67th	**89.3%** 33rd
	2019	82.1% ↑	87.4%	76.4%	70.0%	70.5%	80.2% ↑	70.2%	93.5% ↑	78.4%	85.5% ↑
	2018	83.5%	88.7%	78.9%	70.4%	72.6%	80.8% ↑	70.4%	94.0% ↑	80.3%	88.5%
Aetna Better Health of Maryland	**2020**	**80.6%** 10th	**84.4%** 10th	**72.0%** <10th	**73.5%** 33rd	**70.3%** 33rd	**83.3%** 33rd	**60.5%** ✓ <10th	**95.5%** 67th	**84.4%** 90th	**85.9%** 10th
	2019	71.5%	83.0%	70.5%	64.9%	58.6% ↑	73.8%	55.0%	91.2%	75.0%	80.0%
	2018	no data	no data	no data	no data	no data	no data	no data	no data	no data	no data
AMERIGROUP Community Care	**2020**	**80.3%** 10th	**88.5%** ⇈ 33rd	**74.5%** 10th	**65.1%** ⇊ <10th	**71.5%** 33rd	**81.0%** 10th	**70.3%** 33rd	**94.1%** 33rd	**81.7%** 67th	**88.2%** ⇈ 33rd
	2019	82.4%	85.4%	74.0%	70.8%	70.6%	78.3%	72.9%	90.9%	77.8%	85.6%
	2018	80.3%	84.4%	80.1%	71.1%	70.9%	82.0%	70.6%	93.1%	79.5%	84.0%
Jai Medical Systems	**2020**	**85.1%** 33rd	**92.2%** 67th	**88.6%** ✓ 90th	**72.7%** ⇊ 33rd	**81.8%** ✓ 90th	**97.3%** ✓ 90th	**74.2%** 33rd	**98.0%** 90th	**75.0%** ⇊ 10th	**90.3%** 67th
	2019	87.8%	92.1%	87.1%	74.3%	78.4%	76.2% ↑	75.5%	95.8%	81.4%	89.9%
	2018	87.2%	94.1%	88.8%	76.0%	80.1%	86.8%	69.4%	97.4%	82.8%	95.2%
Kaiser Permanente	**2020**	**85.0%** ⇈ 33rd	**81.6%** ✓ ⇊ <10th	**77.5%** 33rd	**78.6%** 67th	**70.7%** ⇊ 33rd	**82.4%** ⇊ 33rd	**69.7%** 10th	**97.0%** ⇈ 90th	**81.2%** ⇈ 33rd	**88.2%** ⇊ 33rd
	2019	83.1%	85.4%	79.9%	65.2%	72.2%	82.6%	71.8%	95.3%	78.8%	88.3%
	2018	80.8%	87.9%	79.5%	67.3%	75.1%	83.1%	70.6%	94.0%	77.1%	88.9%

Color shading (green/yellow/red) indicates how the 2020 plan performance compares to the 2019 NCQA Quality Compass Child Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All Lines of Business.

Symbols used in the report:　　✓　next to the 2020 plan rate indicates a statistically significant difference from the HealthChoice MCOs rate at the 95% confidence level.

⇈⇊　next to the 2020 plan rate indicates a directionally consistent, but not necessarily statistically significant, positive or negative two-year trend (2018-2019 and 2019-2020).

↑↓　next to a prior-year rate indicates that the 2020 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

Health Plan	Measure / Year	Getting Needed Care (% Usually or Always)	Getting Care Quickly (% Usually or Always)	Rating of Doctor (% 9 or 10)	Rating of Specialist Seen Most Often (% 9 or 10)	Rating of All Health Care (% 9 or 10)	Coordination of Care (% Usually or Always)	Rating of Health Plan (% 9 or 10)	How Well Doctors Communicate (% Usually or Always)	Shared Decision Making (% Yes)	Customer Service (% Usually or Always)
Maryland Physicians Care	**2020**	**91.1%** ⇈ 90th	**95.3%** ✓ ⇈ 90th	**78.0%** ⇈ 33rd	**76.2%** ⇈ 67th	**67.0%** 10th	**89.2%** ⇈ 67th	**71.0%** ⇈ 33rd	**97.6%** ⇈ 90th	**81.2%** 67th	**90.8%** 67th
	2019	85.5%	89.6% ↑	76.5%	68.9%	72.6%	80.5%	69.1%	94.1%	79.6%	86.0%
	2018	81.4% ↑	86.9% ↑	73.2%	57.6% ↑	64.4%	75.6% ↑	66.7%	92.6% ↑	80.9%	86.0%
MedStar Family Choice	**2020**	**85.0%** 33rd	**86.1%** ⇊ 10th	**75.1%** 10th	**78.3%** ⇈ 67th	**66.1%** 10th	**84.6%** 33rd	**68.5%** ⇊ 10th	**96.1%** ⇈ 67th	**83.3%** 90th	**93.4%** ⇈ 90th
	2019	83.0%	87.6%	76.6%	75.4%	72.9%	88.9%	69.7%	95.4%	81.6%	88.2%
	2018	87.1%	89.1%	75.8%	74.1%	69.4%	76.9%	71.9%	95.1%	82.8%	87.8%
Priority Partners	**2020**	**86.3%** 33rd	**89.8%** 33rd	**81.8%** 67th	**74.0%** 33rd	**71.3%** 33rd	**83.7%** 33rd	**70.0%** ⇊ 33rd	**97.7%** ⇈ 90th	**79.0%** ⇊ 33rd	**88.3%** 33rd
	2019	79.2%	89.1%	76.2%	67.4%	69.1%	84.1%	73.4%	95.3%	79.5%	86.1%
	2018	87.5%	91.6%	80.4%	75.7%	74.1%	81.3%	74.4%	94.2%	81.3%	89.0%
UnitedHealthcare	**2020**	**87.3%** ⇈ 67th	**91.6%** ⇈ 33rd	**79.8%** 67th	**74.4%** ⇈ 33rd	**74.3%** 67th	**91.0%** 90th	**73.8%** 33rd	**97.2%** 90th	**87.3%** ⇈ 90th	**92.4%** 90th
	2019	85.0%	90.7%	73.9%	72.1%	69.6%	80.6% ↑	71.2%	92.0% ↑	77.3%	82.3%
	2018	82.0%	90.3%	82.1%	71.0%	77.8%	87.2%	72.5%	95.2%	77.1%	90.9%
University of Maryland Health Partners	**2020**	**84.5%** ⇈ 33rd	**85.8%** 10th	**71.1%** ✓ <10th	**57.1%** ✓ ⇊ <10th	**72.0%** ⇈ 33rd	**74.0%** ✓ <10th	**66.4%** 10th	**92.0%** ✓ 10th	**77.1%** 10th	**87.2%** 10th
	2019	80.8%	83.3%	74.8%	71.7%	71.0%	75.0%	71.7%	92.1%	74.6%	84.3%
	2018	79.7%	86.0%	72.9%	75.0%	70.5%	74.7%	65.3%	91.1%	80.7%	86.6%

Color shading (green/yellow/red) indicates how the 2020 plan performance compares to the 2019 NCQA Quality Compass Child Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All Lines of Business.

Symbols used in the report:

✓ next to the 2020 plan rate indicates a statistically significant difference from the HealthChoice MCOs rate at the 95% confidence level.

⇈⇊ next to the 2020 plan rate indicates a directionally consistent, but not necessarily statistically significant, positive or negative two-year trend (2018-2019 and 2019-2020).

↑↓ next to a prior-year rate indicates that the 2020 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

Health Plan	Measure / Year	Access to Prescription Medicines (% Usually or Always)	Access to Specialized Services (% Usually or Always)	Getting Needed Information (% Usually or Always)	Personal Doctor Who Knows Child (% Yes)	Coordination of Care for Children with Chronic Conditions (% Yes)
2019 NCQA Quality Compass Child Medicaid National Average for All Lines of Business	2019	91.6%	77.2%	91.4%	91.0%	76.9%
Highest-Scoring Plan	2020	Priority Partners (95.4%)	Jai Medical Systems (83.9%)	Aetna Better Health of Maryland (95.6%)	Jai Medical Systems (95.6%)	UnitedHealthcare (77.0%)
Lowest-Scoring Plan	2020	Aetna Better Health of Maryland (84.3%)	Kaiser Permanente (71.5%)	MedStar Family Choice (87.3%)	University of Maryland Health Partners (86.5%)	Jai Medical Systems (63.9%)
HealthChoice MCOs	2020	91.3% — 33rd	78.4% — 33rd	90.9% — 10th	90.4% — 10th	71.7% ⇊ — <10th
	2019	90.0%	75.8%	90.4%	90.4%	72.8%
	2018	91.0%	78.7%	92.7%	92.1%	73.1%
Aetna Better Health of Maryland	2020	84.3% ✓ — <10th	82.7% — 67th	95.6% — 90th	92.6% — 67th	74.2% — 10th
	2019	78.1%	55.1%	73.8% ↑	77.6%	65.0%
	2018	no data	no data	no data	no data	no data
AMERIGROUP Community Care	2020	89.3% ⇈ — 10th	78.7% — 67th	87.7% — 10th	87.2% — <10th	74.1% ⇊ — 10th
	2019	87.6%	73.7%	90.8%	91.3%	74.7%
	2018	83.6%	75.4%	89.9%	89.9%	77.0%
Jai Medical Systems	2020	95.1% — 90th	83.9% ⇈ — 90th	92.2% ⇊ — 33rd	95.6% — 90th	63.9% ⇊ — <10th
	2019	93.3%	80.2%	92.7%	94.3%	66.7%
	2018	93.3%	73.4%	95.6%	94.6%	69.7%
Kaiser Permanente	2020	89.4% ⇊ — 10th	71.5% — 10th	91.9% — 33rd	90.8% — 33rd	68.2% ⇊ — <10th
	2019	90.2%	74.2%	93.6%	85.6%	72.9%
	2018	91.4%	74.1%	91.6%	88.5%	78.6%

Color shading (green/yellow/red) indicates how the 2020 plan performance compares to the 2019 NCQA Quality Compass Child Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All Lines of Business.

Symbols used in the report:

✓ next to the 2020 plan rate indicates a statistically significant difference from the HealthChoice MCOs rate at the 95% confidence level.

⇈ ⇊ next to the 2020 plan rate indicates a directionally consistent, but not necessarily statistically significant, positive or negative two-year trend (2018-2019 and 2019-2020).

↑ ↓ next to a prior-year rate indicates that the 2020 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

Health Plan	Measure / Year	Access to Presciption Medicines (% Usually or Always)	Access to Specialized Services (% Usually or Always)	Getting Needed Information (% Usually or Always)	Personal Doctor Who Knows Child (% Yes)	Coordination of Care for Children with Chronic Conditions (% Yes)
Maryland Physicians Care	2020	93.6% ⇈ / 67th	80.8% ⇈ / 67th	93.4% ⇈ / 67th	90.1% / 10th	69.4% / <10th
	2019	92.0%	78.7%	93.4%	88.9%	75.7%
	2018	90.0%	78.0%	93.3%	92.6%	69.6%
MedStar Family Choice	2020	89.4% / 10th	77.3% / 33rd	87.3% ⇊ / 10th	88.7% / 10th	72.8% / <10th
	2019	93.9%	76.3%	87.7%	93.6%	70.8%
	2018	93.0%	79.9%	93.1% ↓	93.3%	76.2%
Priority Partners	2020	95.4% ✓ / 90th	80.4% / 67th	91.2% / 33rd	92.0% / 67th	66.4% ⇊ / <10th
	2019	91.8%	78.3%	90.1%	91.9%	71.6%
	2018	94.9%	82.1%	91.3%	92.2%	77.3%
UnitedHealthcare	2020	89.4% / 10th	73.8% ⇊ / 10th	90.9% ⇊ / 10th	93.1% / 67th	77.0% ⇈ / 33rd
	2019	86.1%	78.7%	91.2%	89.7%	74.8%
	2018	92.8%	82.3%	94.0%	93.3%	68.8%
University of Maryland Health Partners	2020	91.0% / 33rd	77.9% / 33rd	90.3% / 10th	86.5% ⇊ / <10th	75.8% ⇈ / 33rd
	2019	87.2%	68.8%	87.5%	90.4%	72.3%
	2018	89.2%	76.1%	94.1%	90.7%	65.8%

Color shading (green/yellow/red) indicates how the 2020 plan performance compares to the 2019 NCQA Quality Compass Child Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All Lines of Business.

Symbols used in the report:

✓ next to the 2020 plan rate indicates a statistically significant difference from the HealthChoice MCOs rate at the 95% confidence level.

⇈ ⇊ next to the 2020 plan rate indicates a directionally consistent, but not necessarily statistically significant, positive or negative two-year trend (2018-2019 and 2019-2020).

↑ ↓ next to a prior-year rate indicates that the 2020 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

- Overall, the HealthChoice Aggregate performed in the middle-to-top third of the 2019 NCQA Quality Compass Child Medicaid National distribution on most survey measures. A notable exception was *Rating of Health Plan*, which has declined slightly over the past two years, placing the HealthChoice Aggregate in the bottom third of the distribution. Among the surveyed plans, none placed in the top third of the Quality Compass distribution on *Rating of Health Plan*, and none improved significantly compared the prior years.

- Among the CCC measures set, HealthChoice performed especially poorly on *Coordination of Care for Children with Chronic Conditions*, with most plans scoring in the bottom decile of the Quality Compass distribution and several plans exhibiting negative directional trends in scores. While HealthChoice earned relatively low overall scores on *Getting Needed Information* and *Personal Doctor Who Knows Child*, performance on these measures varied from plan to plan.

- On the flip side, HealthChoice scored in the top third on *How Well Doctors Communicate* and registered statistically significant gains on *Getting Needed Care*, *Coordination of Care*, *How Well Doctors Communicate*, and *Customer Service*. *How Well Doctors Communicate* was the only measure on which most of the surveyed plans scored in the top third of the Quality Compass distribution (with five of the nine plans scoring in the top decile) or showed steady improvement.

- Aside from *Coordination of Care for Children with Chronic Conditions* and *How Well Doctors Communicate*, wide variation in scores on any given measure was observed among the participating plans.

- **Jai Medical Systems** emerged as either the highest or second highest-scoring plan on more than half of the measures, including *Rating of Doctor*, *Rating of All Health Care*, *Coordination of Care*, *Rating of Health Plan*, *How Well Doctors Communicate*, *Access to Prescription Medicines (CCC)*, *Access to Specialized Services (CCC)*, and *Personal Doctor Who Knows Child (CCC)*. With the exception of *Rating of Health Plan*, Jai Medical Systems performed at or above the 90th Quality Compass percentile on all of these measures.

- **Maryland Physicians Care** was the top performer on measures of access (*Getting Needed Care* and *Getting Care Quickly*) and *How Well Doctors Communicate*, placing it in the top decile. The plan also performed strongly (at or above the 67th percentile) on *Rating of Specialist Seen Most Often*, *Coordination of Care*, *Shared Decision Making*, and *Customer Service*, as well as the CCC measures *Access to Prescription Medicines*, *Access to Specialized Services*, and *Getting Needed Information*. This plan also exhibited a consistent positive trend in scores on most measures over the two-year measurement period, with five of the observed gains reaching statistical significance.

- **UnitedHealthcare** and **Priority Partners** were both solid performers with most scores falling in the middle-to-top third range of the Quality Compass distribution. UnitedHealthcare's survey results placed it in the top third on over half of the measures.

- **MedStar Family Choice** and **Kaiser Permanente** showed mixed results, with high performance limited to one or two measures and with several areas in need of improvement. Of particular concern were Kaiser Permanente's performance on *Getting Care Quickly* (which placed it below the 10th percentile mark) and MedStar's *Rating of All Health Care* score, which was the lowest among the participating plans. Both plans also scored below the 33rd percentile threshold on *Rating of Health Plan*.

- **Aetna Better Health of Maryland**, **Amerigroup Community Care**, and **University of Maryland Health Partners** performed poorly across the board, with few areas of relative strength and limited evidence of performance improvement over time.

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

Access to highly rated providers (Q22 and Q18), access to physician care (Q5 and Q7), and ability to obtain needed information from customer service (Q24) are all significant drivers of member experience.

Priority	Key Driver	Interpretation	Recommended Action
1	Q22. Rating of Specialist Seen Most Often (percent *9* or *10*)	The higher the proportion of members rating their specialist as *9* or *10*, the higher the overall plan score	Improving the quality of physicians in health plan network (specialists)
2	Q24. Customer service provided needed information or help (percent *Usually* or *Always*)	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	Improving the ability of the health plan customer service to provide necessary information or help
3	Q7. Visits to doctor's office or clinic (percent *5* or *more*)	The higher the proportion of members who visited a provider 5 or more times, the higher the overall plan score	Improving member access to care (visits to doctor's office or clinic)
4	Q18. Rating of Personal Doctor (percent *9* or *10*)	The higher the proportion of members rating their personal doctor as *9* or *10*, the higher the overall plan score	Improving the quality of physicians in health plan network (personal doctors)
5	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	Improving member access to care (scheduling appointments for routine care)

Access to urgent and routine physician care (Q4, Q10, and Q25) and ratings of providers (Q36 and Q43) are significant drivers of the Child Medicaid member experience.

Priority	Key Driver	Interpretation	Recommended Action
1	Q36. Rating of Personal Doctor (percent *9* or *10*)	The higher the proportion of members rating their child's personal doctor as *9* or *10*, the higher the overall plan score	Improving the quality of physicians in health plan network (personal doctors)
2	Q25. 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	Improving member access to care (having a personal doctor)
3	Q43. Rating of Specialist Seen Most Often (percent *9* or *10*)	The higher the proportion of members rating their specialist as *9* or *10*, the higher the overall plan score	Improving the quality of physicians in health plan network (specialists)
4	Q4. Got urgent care as soon as needed (percent *Usually* or *Always*)	The higher the proportion of members reporting favorably on their experience getting urgent care, the higher the overall plan score	Improving member access to care (getting an appointment for urgent care as soon as needed)
5	Q10. Ease of getting needed care, tests, or treatment (percent *Usually* or *Always*)	The higher the proportion of respondents reporting that the necessary care, tests, or treatment were easy to get, the higher the overall plan score	Improving member access to care (ease of getting needed care, tests, or treatment)

GLOSSARY OF TERMS

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 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. 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.)

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 (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., *Usually or Always*) 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).

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:

$$\text{Response Rate} = \frac{\text{Complete and Eligible Surveys}}{\left[\begin{array}{c}\text{Complete and Eligible + Incomplete (but Eligible) + Refusal + Nonresponse after maximum attempts} \\ \text{+Added to Do Not Call (DNC) List}\end{array}\right]}$$

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