State of Maryland Executive Summary Report

for

HealthChoice Managed Care Organizations

Adult and Child Populations

2021 CAHPS® 5.0H Member Experience Survey

Prepared for:

The Maryland Department of Health

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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 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.

The 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® 5.1H 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 17 and May 13, 2021. 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[1].

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[1] University of Maryland Health Partners was rebranded as CareFirst Community Health Plan Maryland on 2/1/2021.

SURVEY METHODOLOGY

CSS administered the 2021 Health Plan CAHPS Survey in accordance with the NCQA methodology detailed in *HEDIS 2021, Volume 3: Specifications for Survey Measures* and *Quality Assurance Plan for HEDIS 2021 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, 2020; 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 all 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, each followed up by a reminder postcard with telephone follow-up.

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

- An initial survey package was mailed on February 17.

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

- A replacement survey package was mailed on March 31.

- A second reminder/thank-you postcard was mailed on April 5.

- 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 7.

- Data collection closed on May 13.

Survey results for participating HealthChoice MCOs were submitted to NCQA on May 26, 2021.

SURVEY 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)		
	2021 HealthChoice		2021 CSS Adult Medicaid Average	2021 HealthChoice		2021 CSS Child Medicaid Average
	Number	Percent of Initial Sample	Percent of Total Initial Sample	Number	Percent of Initial Sample	
Initial Sample	12,150	100.0%	100.0%	14,850	100.0%	100.0%
Complete and Eligible - Mail	1,424	11.7%	11.7%	1,460	9.8%	10.3%
Complete and Eligible - Phone*	503	4.1%	4.0%	2,354	15.9%	13.2%
Complete and Eligible - Internet**	1	0.0%	0.1%	8	0.1%	0.2%
Complete and Eligible - Total	1,928	15.9%	15.8%	3,822	25.7%	23.7%
Does not meet Eligible Population criteria	92	0.8%	0.6%	201	1.4%	1.0%
Incomplete (but Eligible)	286	2.4%	2.1%	885	6.0%	4.7%
Language barrier	27	0.2%	1.4%	40	0.3%	0.9%
Mentally or physically incapacitated	5	0.0%	0.2%	0	0.0%	0.0%
Deceased	11	0.1%	0.1%	4	0.0%	0.0%
Refusal	368	3.0%	3.3%	1,180	7.9%	6.5%
Nonresponse after maximum attempts	9,363	77.1%	75.8%	8,655	58.3%	62.8%
Added to Do Not Call (DNC) list	70	0.6%	0.7%	63	0.4%	0.4%
NCQA Response Rate***		16.05%	16.21%		26.17%	24.18%

* Applies to plans following mixed methodology.

** The Internet response option was not offered for this plan.

*** 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

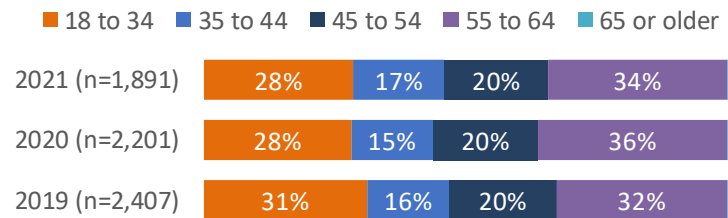| Health Plan	Adult Survey			Child with CCC Measure Survey					
	Sample Size	Completes	Response Rate*	Sample Size (General Population)	Sample Size (CCC Population)	Sample Size (Total)	Completes (General Population)	Completes (CCC Population)	Response Rate (General Population)*
HealthChoice MCOs	**12,150**	**1,928**	**16.05%**	**14,850**	**15,502**	**30,352**	**3,822**	**2,345**	**26.17%**
Aetna Better Health of Maryland	1,350	192	14.48%	1,650	1,517	3,167	376	198	23.51%
AMERIGROUP Community Care	1,350	210	15.74%	1,650	1,840	3,490	476	280	29.08%
Jai Medical Systems	1,350	196	14.71%	1,650	1,105	2,755	329	152	20.17%
Kaiser Permanente	1,350	220	16.44%	1,650	1,840	3,490	468	231	28.94%
Maryland Physicians Care	1,350	209	15.64%	1,650	1,840	3,490	435	351	26.61%
MedStar Family Choice	1,350	222	16.53%	1,650	1,840	3,490	441	287	27.12%
Priority Partners	1,350	236	17.63%	1,650	1,840	3,490	467	341	28.48%
UnitedHealthcare	1,350	246	18.41%	1,650	1,840	3,490	440	298	26.94%
University of Maryland Health Partners	1,350	197	14.80%	1,650	1,840	3,490	390	207	24.57%

*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]
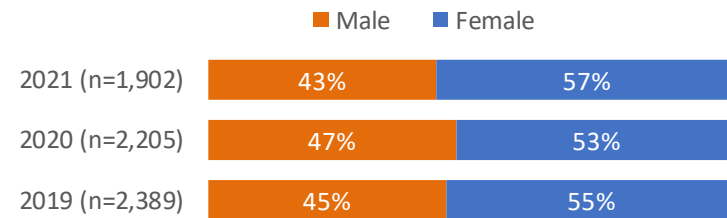
PROFILE OF SURVEY RESPONDENTS

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
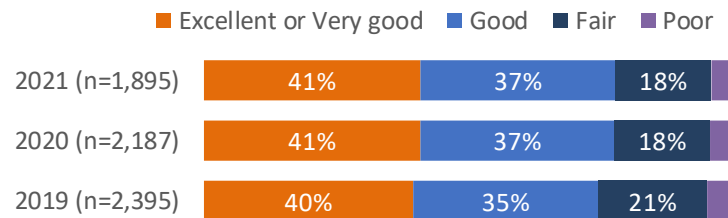
Legend: ■ 18 to 34 ■ 35 to 44 ■ 45 to 54 ■ 55 to 64 ■ 65 or older

Year	18 to 34	35 to 44	45 to 54	55 to 64
2021 (n=1,891)	28%	17%	20%	34%
2020 (n=2,201)	28%	15%	20%	36%
2019 (n=2,407)	31%	16%	20%	32%

Q37. GENDER

Legend: ■ Male ■ Female

Year	Male	Female
2021 (n=1,902)	43%	57%
2020 (n=2,205)	47%	53%
2019 (n=2,389)	45%	55%

Q29. RATING OF OVERALL HEALTH

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

Year	Excellent or Very good	Good	Fair
2021 (n=1,895)	41%	37%	18%
2020 (n=2,187)	41%	37%	18%
2019 (n=2,395)	40%	35%	21%

Q30. RATING OF OVERALL MENTAL/EMOTIONAL HEALTH

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

Year	Excellent or Very good	Good	Fair	Poor
2021 (n=1,892)	48%	28%	19%	5%
2020 (n=2,188)	48%	29%	18%	
2019 (n=2,401)	48%	28%	19%	5%

Q40. RACE

- 2021 (n=1,847)
- 2020 (n=2,177)
- 2019 (n=2,352)

White
- 41%
- 43%
- 42%

Black or African-American
- 47%
- 45%
- 48%

Asian
- 8%
- 8%
- 6%

Native Hawaiian or other Pacific Islander
- 1%
- 0%
- 1%

American Indian or Alaska Native
- 3%
- 1%
- 3%

Other
- 9%
- 6%
- 9%
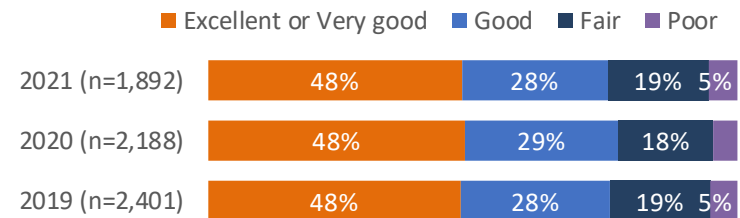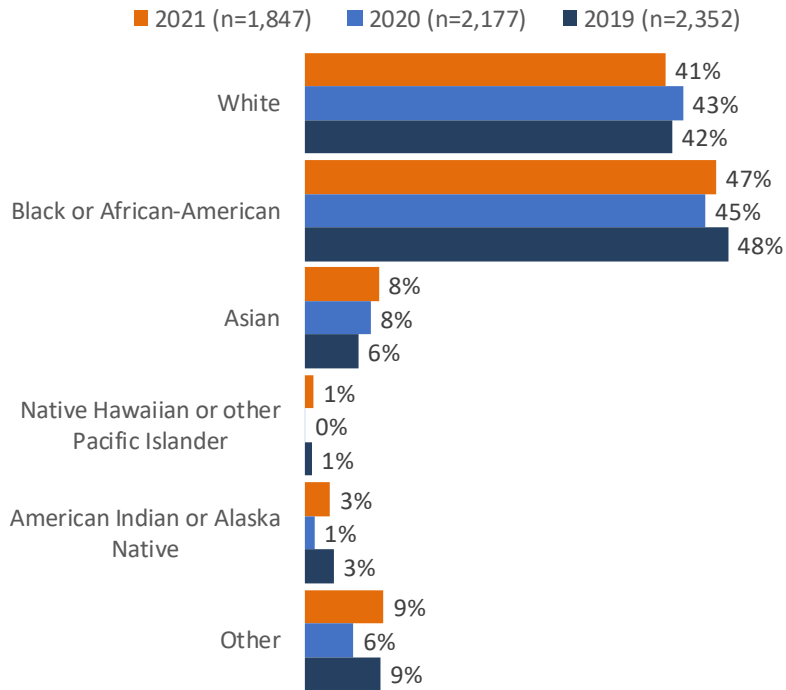
Note: since a respondent could mark more than once race in response to this question, the sum of the percentages may exceed 100%.

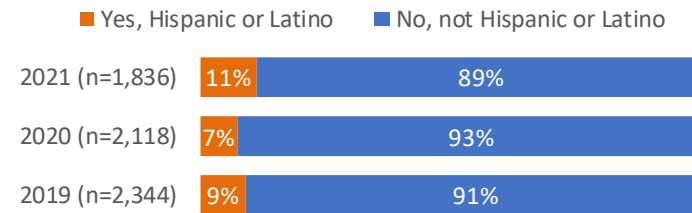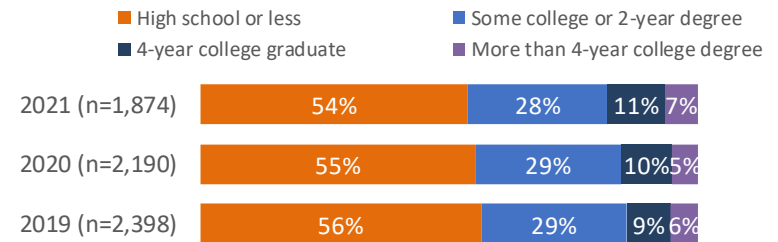Note: percentages may not always add to 100% due to rounding. Labels for small categories (less than 5%) are not displayed in the charts.

Q39. ETHNICITY

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

Year	Yes, Hispanic or Latino	No, not Hispanic or Latino
2021 (n=1,836)	11%	89%
2020 (n=2,118)	7%	93%
2019 (n=2,344)	9%	91%

Q38. EDUCATION

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

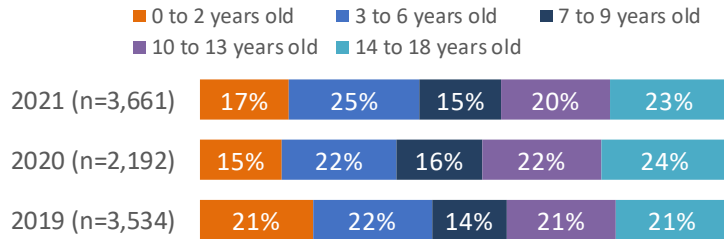| Year	High school or less	Some college or 2-year degree	4-year college graduate	More than 4-year college degree
2021 (n=1,874)	54%	28%	11%	7%
2020 (n=2,190)	55%	29%	10%	5%
2019 (n=2,398)	56%	29%	9%	6%

CHILD MEDICAID MEMBERS – GENERAL POPULATION

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

Year	0 to 2	3 to 6	7 to 9	10 to 13	14 to 18
2021 (n=3,661)	17%	25%	15%	20%	23%
2020 (n=2,192)	15%	22%	16%	22%	24%
2019 (n=3,534)	21%	22%	14%	21%	21%

Q70. GENDER

- ■ Male
- ■ Female

Year	Male	Female
2021 (n=3,673)	51%	49%
2020 (n=2,214)	51%	49%
2019 (n=3,549)	51%	49%

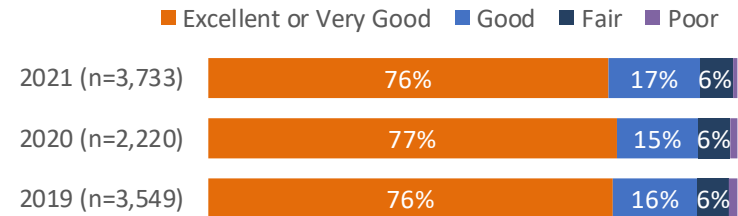### Q53. RATING OF OVERALL HEALTH

- ■ Excellent or Very Good
- ■ Good
- ■ Fair
- ■ Poor

Year	Excellent or Very Good	Good
2021 (n=3,731)	80%	17%
2020 (n=2,225)	84%	14%
2019 (n=3,565)	80%	16%

54. RATING OF OVERALL MENTAL/EMOTIONAL HEALTH

- ■ Excellent or Very Good
- ■ Good
- ■ Fair
- ■ Poor

Year	Excellent or Very Good	Good	Fair
2021 (n=3,733)	76%	17%	6%
2020 (n=2,220)	77%	15%	6%
2019 (n=3,549)	76%	16%	6%

Q72. RACE

■ 2021 (n=3,487)   ■ 2020 (n=2,184)   ■ 2019 (n=3,385)

White
- 37%
- 38%
- 37%

Black or African-American
- 49%
- 45%
- 51%

Asian
- 9%
- 10%
- 9%

Native Hawaiian or other Pacific Islander
- 2%
- 1%
- 1%

American Indian or Alaska Native
- 4%
- 2%
- 4%

Other
- 17%
- 13%
- 15%
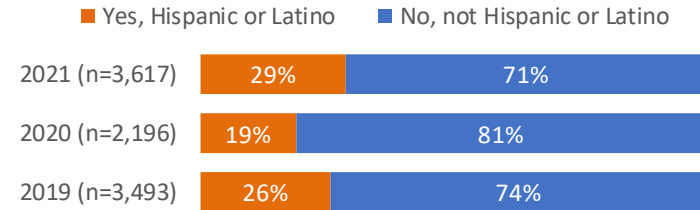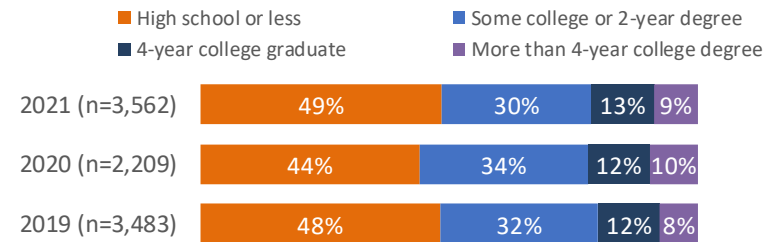
Note: since a respondent could mark more than once race in response to this question, the sum of the percentages may exceed 100%.

Note: percentages may not always add to 100% due to rounding. Labels for small categories (less than 5%) are not displayed in the charts.
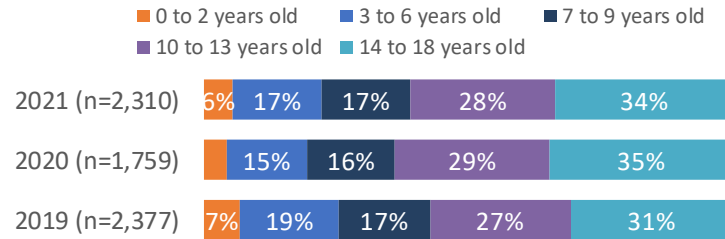
Q71. ETHNICITY

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

Year	Yes, Hispanic or Latino	No, not Hispanic or Latino
2021 (n=3,617)	29%	71%
2020 (n=2,196)	19%	81%
2019 (n=3,493)	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
2021 (n=3,562)	49%	30%	13%	9%
2020 (n=2,209)	44%	34%	12%	10%
2019 (n=3,483)	48%	32%	12%	8%

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

Year	0 to 2	3 to 6	7 to 9	10 to 13	14 to 18
2021 (n=2,310)	6%	17%	17%	28%	34%
2020 (n=1,759)		15%	16%	29%	35%
2019 (n=2,377)	7%	19%	17%	27%	31%

Q70. GENDER

- Male
- Female

Year	Male	Female
2021 (n=2,312)	56%	44%
2020 (n=1,765)	59%	41%
2019 (n=2,392)	59%	41%

Q53. RATING OF OVERALL HEALTH

- Excellent or Very Good
- Good
- Fair
- Poor

Year	Excellent or Very Good	Good	Fair
2021 (n=2,331)	62%	28%	9%
2020 (n=1,762)	63%	29%	7%
2019 (n=2,389)	60%	30%	9%

54. RATING OF OVERALL MENTAL/EMOTIONAL HEALTH

- Excellent or Very Good
- Good
- Fair
- Poor

Year	Excellent or Very Good	Good	Fair	Poor
2021 (n=2,328)	41%	31%	22%	6%
2020 (n=1,754)	42%	32%	22%	
2019 (n=2,386)	44%	30%	21%	5%

Q72. RACE

■ 2021 (n=2,256) ■ 2020 (n=1,746) ■ 2019 (n=2,323)

White
- 46%
- 49%
- 46%

Black or African-American
- 51%
- 46%
- 52%

Asian
- 5%
- 5%
- 4%

Native Hawaiian or other Pacific Islander
- 1%
- 1%
- 2%

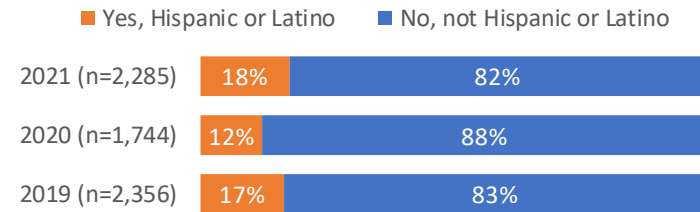**American Indian or Alaska Native**
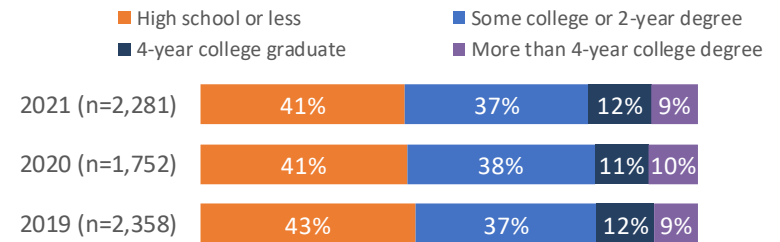- 4%
- 1%
- 5%

Other
- 12%
- 9%
- 11%

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
2021 (n=2,285)	18%	82%
2020 (n=1,744)	12%	88%
2019 (n=2,356)	17%	83%

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
2021 (n=2,281)	41%	37%	12%	9%
2020 (n=1,752)	41%	38%	11%	10%
2019 (n=2,358)	43%	37%	12%	9%

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 2021 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 2019-2020 and 2020-2021 measurement periods) are noted even if they do not reach statistical significance. For each measure, best and worst performing plans, as well as the plans performing significantly above or below the HealthChoice MCO Aggregate rate, are flagged.

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

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)
2021 NCQA Quality Compass Adult Medicaid National Average for All Lines of Business	2021	83.6%	81.8%	69.2%	69.0%	58.7%	85.4%	62.3%	92.2%	Measure Discontinued by NCQA	88.9%
Highest-Scoring Plan	2021	Priority Partners (88.5%)	Jai Medical Systems (86.7%)	Jai Medical Systems (73.1%)	Priority Partners (71.0%)	Kaiser Permanente (61.2%)	Jai Medical Systems (91.2%)	MedStar Family Choice (62.3%)	Jai Medical Systems (95.3%)	Aetna Better Health of Maryland (82.1%)	Priority Partners (93.4%)
Lowest-Scoring Plan	2021	Kaiser Permanente (80.0%)	Kaiser Permanente (76.0%)	Aetna Better Health of Maryland (57.9%)	Aetna Better Health of Maryland (58.1%)	Aetna Better Health of Maryland (44.1%)	University of Maryland Health Partners (68.3%)	Aetna Better Health of Maryland (39.9%)	Kaiser Permanente (87.1%)	Jai Medical Systems (76.2%)	University of Maryland Health Partners (82.4%)
HealthChoice MCOs	2021	84.6% ⇈ / 33rd	81.9% / 33rd	66.3% ⇈ / 10th	66.0% / 10th	55.0% ⇈ / 10th	83.1% ⇊ / 10th	55.0% / 10th	92.1% / 33rd	79.1%	88.1% / 33rd
	2020	83.5%	83.8%	65.9%	66.3%	54.3%	83.8%	56.8%	93.3%	79.3%	89.7%
	2019	83.1%	83.6%	65.4%	65.7%	52.0%	83.8%	54.5%	92.2%	78.3%	88.0%
Aetna Better Health of Maryland	2021	82.5% ⇈ / 10th	77.9% / 10th	57.9% ⇈ / <10th	58.1% / <10th	44.1% ✓ / <10th	88.1% ⇈ / 67th	39.9% ✓ / <10th	93.4% ⇈ / 67th	82.1% ⇈	87.1% ⇈ / 10th
	2020	75.0%	79.2%	54.9%	51.9%	39.2%	83.0%	48.0%	88.6%	78.4%	80.5%
	2019	71.5%	76.2%	53.9%	66.2%	42.4%	73.8% ↑	40.6%	87.1%	74.2%	79.2%
AMERIGROUP Community Care	2021	80.7% ⇊ / 10th	82.9% / 33rd	64.8% / 10th	70.7% / 33rd	52.9% / 10th	78.7% / <10th	56.3% ⇊ / 10th	90.5% ⇈ / 10th	79.2% ⇈	86.2% / 10th
	2020	81.7%	80.9%	60.5%	59.5%	51.6%	77.1%	56.6%	90.3%	76.6%	90.7%
	2019	83.3%	85.3%	66.4%	70.0%	55.6%	84.0%	61.6%	89.7%	75.2%	90.0%
Jai Medical Systems	2021	86.4% ⇈ / 67th	86.7% ⇈ / 67th	73.1% ⇈ / 67th	64.2% / 10th	54.3% ⇈ / 10th	91.2% / 67th	55.6% ⇈ / 10th	95.3% / 90th	76.2%	88.4% / 33rd
	2020	85.4%	85.6%	72.3%	69.7%	51.5%	88.8%	55.6%	94.4%	75.6%	92.0%
	2019	80.1%	78.7%	68.9%	65.2%	49.2%	90.6%	50.4%	95.0%	77.3%	91.0%
Kaiser Permanente	2021	80.0% ⇊ / 10th	76.0% / <10th	69.1% / 33rd	63.4% / 10th	61.2% / 67th	80.0% / 10th	58.0% / 10th	87.1% / <10th	77.4%	90.9% / 67th
	2020	82.4%	85.1%	72.1%	77.1%	68.5%	93.4% ↓	62.4%	96.7% ↓	80.3%	92.9%
	2019	86.2%	83.3%	64.9%	63.3%	58.9%	82.6%	56.9%	89.2%	74.8%	88.2%

Color shading (green/yellow/red) indicates how the 2021 plan performance compares to the 2021 NCQA Quality Compass Adult Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All Lines of Business.

Symbols used in the report:

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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)
2021 NCQA Quality Compass Adult Medicaid National Average for All Lines of Business	2021	83.6%	81.8%	69.2%	69.0%	58.7%	85.4%	62.3%	92.2%	Measure Discontinued by NCQA	88.9%
Highest-Scoring Plan	2021	Priority Partners (88.5%)	Jai Medical Systems (86.7%)	Jai Medical Systems (73.1%)	Priority Partners (71.0%)	Kaiser Permanente (61.2%)	Jai Medical Systems (91.2%)	MedStar Family Choice (62.3%)	Jai Medical Systems (95.3%)	Aetna Better Health of Maryland (82.1%)	Priority Partners (93.4%)
Lowest-Scoring Plan	2021	Kaiser Permanente (80.0%)	Kaiser Permanente (76.0%)	Aetna Better Health of Maryland (57.9%)	Aetna Better Health of Maryland (58.1%)	Aetna Better Health of Maryland (44.1%)	University of Maryland Health Partners (68.3%)	Aetna Better Health of Maryland (39.9%)	Kaiser Permanente (87.1%)	Jai Medical Systems (76.2%)	University of Maryland Health Partners (82.4%)
HealthChoice MCOs	2021	84.6% ⇈ 33rd	81.9% 33rd	66.3% ⇈ 10th	66.0% 10th	55.0% ⇈ 10th	83.1% ⇊ 10th	55.0% 10th	92.1% 33rd	79.1%	88.1% 33rd
	2020	83.5%	83.8%	65.9%	66.3%	54.3%	83.8%	56.8%	93.3%	79.3%	89.7%
	2019	83.1%	83.6%	65.4%	65.7%	52.0%	83.8%	54.5%	92.2%	78.3%	88.0%
Maryland Physicians Care	2021	87.2% ⇈ 67th	83.0% 33rd	69.8% 33rd	63.1% ⇊ 10th	54.8% ⇈ 10th	81.2% ⇊ 10th	57.4% 10th	91.9% 33rd	81.7%	83.9% <10th
	2020	85.7%	86.9%	67.4%	65.3%	54.4%	84.9%	57.3%	96.0%	83.1%	89.0%
	2019	82.8%	86.3%	68.5%	66.9%	52.2%	89.1%	59.8%	94.0%	79.7%	85.1%
MedStar Family Choice	2021	83.0% ⇊ 33rd	84.4% 67th	66.3% 10th	69.0% 33rd	55.5% 10th	84.2% 33rd	62.3% ✓ 33rd	91.4% ⇊ 33rd	79.8%	88.5% ⇊ 33rd
	2020	83.5%	84.3%	66.0%	72.5%	59.4%	82.7%	58.7%	91.8%	75.2%	91.6%
	2019	87.0%	85.1%	70.0%	71.1%	57.4%	86.6%	64.4%	95.9%	81.7%	94.0%
Priority Partners	2021	88.5% ⇈ 67th	82.9% 33rd	63.0% ⇊ <10th	71.0% ⇈ 33rd	54.8% 10th	88.5% 67th	56.0% 10th	94.9% 67th	79.2% ⇊	93.4% 90th
	2020	83.6%	80.9%	64.8%	62.5%	57.1%	77.6% ↑	62.6%	96.4%	80.1%	88.2%
	2019	80.9%	84.6%	65.4%	60.2%	50.2%	82.1%	51.6%	91.3%	80.4%	90.3%
UnitedHealthcare	2021	85.8% 67th	82.0% 33rd	66.2% ⇊ 10th	67.0% 33rd	60.1% ⇈ 33rd	85.4% 33rd	53.0% <10th	93.8% 67th	76.5% ⇊	91.6% ⇈ 67th
	2020	83.5%	84.0%	66.8%	67.2%	54.5%	81.5%	55.2%	90.8%	77.8%	87.4%
	2019	86.1%	83.8%	67.7%	66.9%	51.6%	87.5%	51.3%	92.2%	78.8%	85.1%
University of Maryland Health Partners	2021	85.9% ⇊ 67th	80.7% 33rd	65.1% ⇈ 10th	65.8% 10th	54.6% ⇈ 10th	68.3% ✓ <10th	54.8% ⇈ 10th	89.9% ⇊ 10th	80.1%	82.4% <10th
	2020	86.4%	86.6%	64.2%	65.9%	49.2%	88.5% ↓	53.3%	92.9%	86.3%	92.3%
	2019	86.6%	85.8%	59.1%	61.8%	48.2%	72.2%	51.0%	93.1%	79.3%	89.0%

Color shading (green/yellow/red) indicates how the 2021 plan performance compares to the 2021 NCQA Quality Compass Adult Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All Lines of Business.

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- Overall, the HealthChoice Aggregate performed on par with the 2020 levels across the measure spectrum, with no statistically significant improvements or declines in scores.

- There were relatively few statistically significant performance gains among the participating plans compared to the prior year across the measure spectrum. Similarly, almost none of the observed declines in performance reached statistical significance.

- HealthChoice exhibited a consistent positive directional trend on *Getting Needed Care*, *Rating of Doctor*, and *Rating of All Health Care*, and a consistent negative directional trend on *Coordination of Care*. Neither was statistically significant.

- On five measures, HealthChoice scored in the bottom third of the 2021 NCQA Quality Compass Adult Medicaid percentile distribution. HealthChoice scored in the middle third on *Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate* and *Customer Service*.

- **Jai Medical Systems** emerged as a leader among the participating plans, earning top scores on four of the ten measures: *Getting Care Quickly, Rating of Personal Doctor*, *Coordination of Care*, and *How Well Doctors Communicate,* including scoring in the top decile of the 2021 NCQA Quality Compass Adult Medicaid National distribution on *How Well Doctors Communicate*. In addition, Jai Medical Systems scored in the top third on *Getting Needed Care, Getting Care Quickly, Rating of Personal Doctor,* and *Coordination of Care*. However, Jai Medical Systems still scored in the bottom third on *Rating of Specialist Seen Most Often, Rating of All Health Care,* and *Rating of Health Plan*. Jai Medical Systems' uneven performance is illustrative of HealthChoice plans across the board.

- **Priority Partners** performed in the top decile of the Quality Compass distribution on *Customer Service,* representing one of their three top scores amongst the other plans, the other being *Getting Needed Care* and *Rating of Specialist Seen Most Often*. The plan performed in the top third of the Quality Compass distribution on *Getting Needed Care, Coordination of Care* and *How Well Doctors Communicate* and in the middle third on *Getting Care Quickly* and *Rating of Specialist Seen Most Often*. The plan scored in the bottom third on *Rating of All Health Care,* and *Rating of Health Plan.*

- **Aetna Better Health of Maryland** had two measures in the top third of the Quality Compass distribution, *Coordination of Care and How Well Doctors Communicate*. However, it performed poorly in the other measures where it had the most bottom-decile scores amongst the plans, including all four overall rating measures

- **Kaiser Permanente** and **UnitedHealthcare** also had multiple measures in the top third of the Quality Compass distribution. For Kaiser Permanente, these were *Rating of All Health Care* and *Customer Service*. UnitedHealthcare placed in the top third on *Getting Needed Care, How Well Doctors Communicate,* and *Customer Service*.

- **University of Maryland Health Partners**, **Maryland Physicians Care**, each scored in the top third of the Quality Compass distribution in one category, but poorly in most of the other categories.

- **MedStar Family Choice** scored in scored in the top third of the Quality Compass distribution in one category and in the middle third for most of the other categories.

- **AMERIGROUP Community Care** scored in the middle third to bottom decile of the Quality Compass distribution on every measure. However, the plan did not get the lowest rating amongst the MCOs in any one category.

CHILD MEDICAID SURVEY RESULTS

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 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)
2021 NCQA Quality Compass Child Medicaid National Average for All Lines of Business	2021	85.7%	86.9%	78.0%	73.8%	74.3%	86.6%	72.2%	94.4%	Measure Discontinued by NCQA	88.3%
Highest-Scoring Plan	2021	Priority Partners (87.9%)	UnitedHealthcare (87.5%)	Jai Medical Systems (85.6%)	University of Maryland Health Partners (76.2%)	Kaiser Permanente (77.5%)	Maryland Physicians Care (89.0%)	Kaiser Permanente (72.3%)	Maryland Physicians Care (95.2%)	Aetna Better Health of Maryland (82.0%)	Jai Medical Systems (89.7%)
Lowest-Scoring Plan	2021	Kaiser Permanente (74.6%)	Kaiser Permanente (78.1%)	Aetna Better Health of Maryland (68.1%)	Jai Medical Systems (59.3%)	Aetna Better Health of Maryland (63.4%)	Kaiser Permanente (72.2%)	Aetna Better Health of Maryland (59.6%)	Aetna Better Health of Maryland (89.2%)	University of Maryland Health Partners (73.0%)	UnitedHealthcare (83.8%)
HealthChoice MCOs	2021	81.7% 10th	82.9% 10th	76.9% 33rd	69.7% 10th	73.9% ⇈ 33rd	81.5% 10th	68.3% ⇊ 10th	92.1% 10th	77.6%	86.9% 10th
	2020	85.5% ↓	88.7% ↓	77.7%	72.8%	71.3%	85.2%	69.5%	96.2% ↓	81.3%	89.3%
	2019	82.1%	87.4% ↓	76.4%	70.0%	70.5% ↑	80.2%	70.2%	93.5%	78.4%	85.5%
Aetna Better Health of Maryland	2021	83.3% ⇈ 10th	79.7% <10th	68.1% ✓ <10th	66.7% <10th	63.4% ✓ <10th	74.5% <10th	59.6% ✓ <10th	89.2% <10th	82.0%	85.6% 10th
	2020	80.6%	84.4%	72.0%	73.5%	70.3%	83.3%	60.5%	95.5% ↓	84.4%	85.9%
	2019	71.5% ↑	83.0%	70.5%	64.9%	58.6%	73.8%	55.0%	91.2%	75.0%	80.0%
AMERIGROUP Community Care	2021	78.0% ⇊ <10th	81.9% 10th	77.5% ⇈ 33rd	71.0% 10th	75.6% ⇈ 33rd	84.5% ⇈ 10th	70.3% 33rd	91.7% 10th	79.3%	87.3% 33rd
	2020	80.3%	88.5%	74.5%	65.1%	71.5%	81.0%	70.3%	94.1%	81.7%	88.2%
	2019	82.4%	85.4%	74.0%	70.8%	70.6%	78.3%	72.9%	90.9%	77.8%	85.6%
Jai Medical Systems	2021	82.7% ⇊ 10th	79.4% <10th	85.6% ✓ 90th	59.3% ⇊ <10th	74.2% 33rd	80.9% <10th	69.2% ⇊ 10th	94.0% 33rd	78.5%	89.7% 33rd
	2020	85.1%	92.2% ↓	88.6%	72.7%	81.8%	97.3%	74.2%	98.0%	75.0%	90.3%
	2019	87.8% ✓	92.1% ↓	87.1%	74.3%	78.4%	76.2%	75.5%	95.8%	81.4%	89.9%
Kaiser Permanente	2021	74.6% ✓ <10th	78.1% ⇊ <10th	78.5% 33rd	67.3% <10th	77.5% 67th	72.2% ⇊ <10th	72.3% 33rd	90.1% <10th	76.7%	87.0% ⇊ 33rd
	2020	85.0% ↓	81.6%	77.5%	78.6%	70.7%	82.4%	69.7%	97.0% ↓	81.2%	88.2%
	2019	83.1%	85.4%	79.9%	65.2%	72.2%	82.6%	71.8%	95.3% ↓	78.8%	88.3%

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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)
2021 NCQA Quality Compass Child Medicaid National Average for All Lines of Business	2021	85.7%	86.9%	78.0%	73.8%	74.3%	86.6%	72.2%	94.4%	Measure Discontinued by NCQA	88.3%
Highest-Scoring Plan	2021	Priority Partners (87.9%)	UnitedHealthcare (87.5%)	Jai Medical Systems (85.6%)	University of Maryland Health Partners (76.2%)	Kaiser Permanente (77.5%)	Maryland Physicians Care (89.0%)	Kaiser Permanente (72.3%)	Maryland Physicians Care (95.2%)	Aetna Better Health of Maryland (82.0%)	Jai Medical Systems (89.7%)
Lowest-Scoring Plan	2021	Kaiser Permanente (74.6%)	Kaiser Permanente (78.1%)	Aetna Better Health of Maryland (68.1%)	Jai Medical Systems (59.3%)	Aetna Better Health of Maryland (63.4%)	Kaiser Permanente (72.2%)	Aetna Better Health of Maryland (59.6%)	Aetna Better Health of Maryland (89.2%)	University of Maryland Health Partners (73.0%)	UnitedHealthcare (83.8%)
HealthChoice MCOs	2021	81.7% 10th	82.9% 10th	76.9% 33rd	69.7% 10th	73.9% ⇈ 33rd	81.5% 10th	68.3% ⇊ 10th	92.1% 10th	77.6%	86.9% 10th
	2020	85.5% ↓	88.7% ↓	77.7%	72.8%	71.3%	85.2%	69.5%	96.2% ↓	81.3%	89.3%
	2019	82.1%	87.4% ↓	76.4%	70.0%	70.5% ↑	80.2%	70.2%	93.5%	78.4%	85.5%
Maryland Physicians Care	2021	84.8% 33rd	84.5% 10th	74.4% 10th	66.7% <10th	73.2% 33rd	89.0% 67th	68.3% 10th	95.2% 33rd	78.4%	87.5% 33rd
	2020	91.1%	95.3% ↓	78.0%	76.2%	67.0%	89.2%	71.0%	97.6%	81.2%	90.8%
	2019	85.5%	89.6%	76.5%	68.9%	72.6%	80.5%	69.1%	94.1%	79.6%	86.0%
MedStar Family Choice	2021	84.4% 33rd	84.9% ⇊ 10th	76.5% 10th	70.8% 10th	72.7% 33rd	79.1% ⇊ <10th	66.9% ⇊ 10th	92.4% 10th	76.8%	88.0% 33rd
	2020	85.0%	86.1%	75.1%	78.3%	66.1%	84.6%	68.5%	96.1%	83.3%	93.4%
	2019	83.0%	87.6%	76.6%	75.4%	72.9%	88.9%	69.7%	95.4%	81.6%	88.2%
Priority Partners	2021	87.9% ✓ ⇈ 33rd	83.2% 10th	78.1% 33rd	73.3% 33rd	76.1% ⇈ 33rd	86.9% 33rd	71.8% 33rd	95.0% 33rd	79.3%	85.5% 10th
	2020	86.3%	89.8%	81.8%	74.0%	71.3%	83.7%	70.0%	97.7%	79.0%	88.3%
	2019	79.2% ↑	89.1%	76.2%	67.4%	69.1%	84.1%	73.4%	95.3%	79.5%	86.1%
UnitedHealthcare	2021	78.5% <10th	87.5% 33rd	79.5% 33rd	70.1% 10th	77.2% ⇈ 67th	81.5% 10th	69.1% 10th	91.7% 10th	73.9%	83.8% <10th
	2020	87.3%	91.6%	79.8%	74.4%	74.3%	91.0%	73.8%	97.2% ↓	87.3%	92.4%
	2019	85.0%	90.7%	73.9%	72.1%	69.6% ↑	80.6%	71.2%	92.0%	77.3%	82.3%
University of Maryland Health Partners	2021	79.4% <10th	84.8% 10th	74.1% 10th	76.2% 67th	73.4% ⇈ 33rd	81.0% <10th	65.4% ⇊ 10th	89.3% ⇊ <10th	73.0%	86.5% 10th
	2020	84.5%	85.8%	71.1%	57.1%	72.0%	74.0%	66.4%	92.0%	77.1%	87.2%
	2019	80.8%	83.3%	74.8%	71.7%	71.0%	75.0%	71.7%	92.1%	74.6%	84.3%

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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)
2021 NCQA Quality Compass Child Medicaid National Average for All Lines of Business	2020	91.4%	74.0%	90.8%	90.8%	77.1%
Highest-Scoring Plan	2021	Jai Medical Systems (95.9%)	Maryland Physicians Care (77.8%)	Maryland Physicians Care (91.2%)	Maryland Physicians Care (91.5%)	Maryland Physicians Care (77.1%)
Lowest-Scoring Plan	2021	University of Maryland Health Partners (86.9%)	UnitedHealthcare (64.6%)	University of Maryland Health Partners (83.2%)	MedStar Family Choice (85.3%)	Aetna Better Health of Maryland (57.4%)
HealthChoice MCOs	2021	91.2% 33rd	71.6% 10th	87.7% <10th	88.8% 10th	71.0% ⇊ <10th
	2020	91.3%	78.4% ↓	90.9% ↓	90.4%	71.7%
	2019	90.0%	75.8%	90.4% ↓	90.4%	72.8%
Aetna Better Health of Maryland	2021	88.7% ⇈ 10th	66.9% 10th	88.5% 10th	90.3% 10th	57.4% <10th
	2020	84.3%	82.7%	95.6%	92.6%	74.2%
	2019	78.1%	55.1%	73.8% ↑	77.6%	65.0%
AMERIGROUP Community Care	2021	90.7% ⇈ 33rd	71.2% 10th	86.0% ⇊ <10th	90.8% 33rd	76.1% 10th
	2020	89.3%	78.7%	87.7%	87.2%	74.1%
	2019	87.6%	73.7%	90.8%	91.3%	74.7%
Jai Medical Systems	2021	95.9% ⇈ 90th	75.9% 67th	90.2% ⇊ 33rd	87.9% 10th	73.7% 10th
	2020	95.1%	83.9%	92.2%	95.6%	63.9%
	2019	93.3%	80.2%	92.7%	94.3%	66.7%
Kaiser Permanente	2021	89.8% 10th	65.3% ⇊ <10th	84.1% ⇊ <10th	85.6% <10th	73.6% 10th
	2020	89.4%	71.5%	91.9%	90.8%	68.2%
	2019	90.2%	74.2%	93.6% ↓	85.6%	72.9%

Color shading (green/yellow/red) indicates how the 2021 plan performance compares to the 2021 NCQA Quality Compass Child Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All Lines of Business.

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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)
2021 NCQA Quality Compass Child Medicaid National Average for All Lines of Business	2020	91.4%	74.0%	90.8%	90.8%	77.1%
Highest-Scoring Plan	2021	Jai Medical Systems (95.9%)	Maryland Physicians Care (77.8%)	Maryland Physicians Care (91.2%)	Maryland Physicians Care (91.5%)	Maryland Physicians Care (77.1%)
Lowest-Scoring Plan	2021	University of Maryland Health Partners (86.9%)	UnitedHealthcare (64.6%)	University of Maryland Health Partners (83.2%)	MedStar Family Choice (85.3%)	Aetna Better Health of Maryland (57.4%)
HealthChoice MCOs	2021	91.2% 33rd	71.6% 10th	87.7% <10th	88.8% 10th	71.0% ⇊ <10th
	2020	91.3%	78.4% ↓	90.9% ↓	90.4%	71.7%
	2019	90.0%	75.8%	90.4% ↓	90.4%	72.8%
Maryland Physicians Care	2021	91.4% 33rd	77.8% 67th	91.2% 33rd	91.5% ⇈ 67th	77.1% 33rd
	2020	93.6%	80.8%	93.4%	90.1%	69.4%
	2019	92.0%	78.7%	93.4%	88.9%	75.7%
MedStar Family Choice	2021	91.9% 33rd	72.4% 33rd	91.0% 33rd	85.3% ⇊ <10th	71.8% <10th
	2020	89.4%	77.3%	87.3%	88.7%	72.8%
	2019	93.9%	76.3%	87.7%	93.6% ↓	70.8%
Priority Partners	2021	94.9% ✓ 90th	75.3% 67th	87.6% <10th	91.3% 33rd	69.1% <10th
	2020	95.4%	80.4%	91.2%	92.0%	66.4%
	2019	91.8%	78.3%	90.1%	91.9%	71.6%
UnitedHealthcare	2021	88.6% 10th	64.6% ⇊ <10th	85.8% ⇊ <10th	87.6% 10th	67.4% <10th
	2020	89.4%	73.8%	90.9%	93.1%	77.0%
	2019	86.1%	78.7% ↓	91.2%	89.7%	74.8%
University of Maryland Health Partners	2021	86.9% <10th	68.4% 10th	83.2% <10th	86.4% <10th	68.4% ⇊ <10th
	2020	91.0%	77.9%	90.3%	86.5%	75.8%
	2019	87.2%	68.8%	87.5%	90.4%	72.3%

Color shading (green/yellow/red) indicates how the 2021 plan performance compares to the 2021 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 2021 plan rate indicates a statistically significant difference from the HealthChoice MCOs rate at the 95% confidence level.

⇈ ⇊ next to the 2021 plan rate indicates a directionally consistent, but not necessarily statistically significant, positive or negative two-year trend (2019-2020 and 2020-2021).

↑↓ next to a prior-year rate indicates that the 2021 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

- Overall, the HealthChoice Aggregate performed poorly, scoring in the bottom third of the 2021 NCQA Quality Compass Child Medicaid National distribution on most survey measures. The only exception in the non-CCC measures was *Rating of Personal Doctor* and *Rating of All Healthcare*. *Rating of All Healthcare* has trended upward over the past two years. However, the HealthChoice Aggregate still only placed in the middle third of the distribution on *Rating of All Healthcare*. The HealthChoice Aggregate scored poorly on *Getting Needed Care*, *Getting Care Quickly* and *How Well Doctors Communicate,* with all three measures experiencing statistically significant declines from the prior year.

- Among the CCC measures set, HealthChoice performed especially poorly on *Getting Needed Information* and *Coordination of Care for Children with Chronic Conditions*, with the former experiencing a statistically significant decline compared to the prior two years, and the latter experiencing consistent negative two-year trend. While HealthChoice also earned relatively low overall scores on *Personal Doctor Who Knows Child, Access to Prescription Medicines* and *Access to Specialized Services* had variable performance from plan to plan.

- No plan emerged as a clear-cut performance leader in the HealthChoice Aggregate. **Jai Medical Systems, Kaiser Permanente,** and **Maryland Physicians Care** all earned top scores on two of the ten non-CCC measures, but Jai Medical Systems and Kaiser Permanente both earned bottom scores as well, with the latter earning three. Jai Medical Systems stands out as the only plan to score in the top decile for any measure, doing so with *Rating of Personal Doctor*. But the plan also scored in the bottom decile on *Getting Care Quickly, Rating of Specialist Seen Most Often* and *Coordination of Care.* Kaiser Permanente scored in the bottom decile on five measures, including *Getting Needed Care, Getting Care Quickly, Rating of Specialist Seen Most Often, Coordination of Care,* and *How Well Doctors Communicate.*

- Despite only earning one top score out of the ten measures, **Priority Partners** arguably scored the most consistently amongst the HealthChoice MCOs. The plan scored in the middle third on *Rating of All Health Care, Getting Needed Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Coordination of Care, Rating of Health Plan,* and *How Well Doctors Communicate.* The plan only scored in the bottom decile on two measures, *Getting Care Quickly* and *Customer Service,* the least amongst all plans.

- **UnitedHealthcare** and **Maryland Physicians Care** had similar performances, with both having one measure in the top third of the Quality Compass distribution.

- **MedStar Family Choice** did not have a measure in the top third of the Quality Compass distribution. However, Medstar had three measures, *Getting Care Quickly, Coordination of Care,* and *Rating of Health Plan*, that had a consistent negative two-year trend, the most declines for a plan tied with Kaiser Permanente.

- **Aetna Better Health of Maryland** stands out as the poorest performing plan amongst the HealthChoice MCOs, scoring the lowest in four of the ten non-CCC measures. Additionally, Aetna Better Health of Maryland scored in the bottom decile on seven of the ten measures, only avoiding the distinction on *Getting Needed Care,* and *Customer Service.*

Among the CCC Measures, **Maryland Physicians Care** stands out as a performance leader, earning the top scores amongst the participating plans on four of the five measures. On the opposite end of the spectrum, **UnitedHealthcare** and **University of Maryland Health Partners** both scored in the bottom decile on four of the five measures. Both **Jai Medical Systems** and **Priority Partners** scored in the top decile on the *Access of Prescription Medicine* measure.

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

Adult Medicaid member ratings of the plan are strongly related to members' ability to get the care they need when they need it (Q9). Being able to obtain needed information from customer service (Q24) and access to highly rated providers (Q18 and Q22) are all significant drivers of member experience.

Key Driver	Interpretation
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
Q9. Ease of getting needed care, tests, or treatment (percent *Usually or Always*)	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
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
Q24. Health plan 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

KEY DRIVERS OF MEMBER EXPERIENCE – CHILD MEDICAID

Child Medicaid member ratings of the plan are strongly related to members' ability to get the care they need when they need it (Q10). Being able to obtain needed information from customer service (Q45) and access to highly rated providers (Q36 and Q43) are all significant drivers of member experience.

Key Driver	Interpretation
Q36. 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
Q10. Ease of getting needed care, tests, or treatment (percent *Usually or Always*)	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
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
Q45. Health plan 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

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.
Best Practice	The result of the top-performing plan on a given measure among all plans included in a reference distribution (e.g., the CSS Book-of-Business.)
CAHPS 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 5.1H 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 to create national benchmarks for care and to report health plan performance to consumers. 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.)
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.
Health Plan Ratings	NCQA rates health plans in three categories: private/commercial plans in which people enroll through work or on their own; plans that serve Medicare beneficiaries in the Medicare Advantage program (not supplemental plans); and plans that serve Medicaid beneficiaries. NCQA ratings are based on three types of quality measures: measures of clinical quality from NCQA's Healthcare Effectiveness Data and Information Set (HEDIS); measures of patient experience using the Consumer Assessment of Healthcare Providers and Systems (CAHPS); and results from NCQA's review of a health plan's health quality processes (NCQA Accreditation). NCQA rates health plans that choose to report measures publicly. The overall rating is the weighted average of a plan's HEDIS and CAHPS measure ratings, plus Accreditation bonus points (if the plan is Accredited by NCQA), rounded to the nearest half point displayed as stars. The overall rating is based on performance on dozens of measures of care and is calculated on a 0–5 (5 is highest) scale in half points. Performance includes three subcategories (also scored 0–5 in half points): - Patient Experience: Patient-reported experience of care, including experience with doctors, services and customer service (measures in the Patient Experience category). - Rates for Clinical Measures: The proportion of eligible members who received preventive services (prevention measures) and the proportion of eligible members who received recommended care for certain conditions (treatment measures). - NCQA Health Plan Accreditation: For a plan with an Accredited or Provisional status, 0.5 bonus points are added to the overall rating before rounded to the nearest half point and displayed as stars. A plan with an Interim status receives 0.15 bonus points added to the overall rating before rounded to the nearest half point and displayed as stars.

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	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 performing plans.
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 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*.
Regression Analysis	Regression analysis is a statistical technique of identifying which variables (e.g., member experience touch points) have measurable impact on an outcome measure of interest (e.g., overall rating of the health plan.)

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 (*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.