



State of Maryland Executive Summary Report
for
HealthChoice Managed Care Organizations
Adult and Child Populations
2023 CAHPS® 5.1H Member Experience Survey

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Table of Contents

Background and Purpose	3
Survey Methodology	3
Member Dispositions and Response Rates	5
Profile of Survey Respondents	8
Adult Medicaid Members	8
Child Medicaid Members – General Population	10
Child Medicaid Members – CCC Population	12
CAHPS Survey Measures	14
Ratings.....	14
Composites	14
HealthChoice MCO Performance on CAHPS Survey Measures	16
Adult Medicaid Survey Results	17
Child Medicaid Survey Results	21
Key Driver Analysis	27
Key Drivers of Member Experience – Adult Medicaid	27
Key Drivers of Member Experience – Child Medicaid	28
Glossary of Terms	29

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 the 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 and Child Medicaid with CCC versions of the CAHPS Health Plan Survey for the Maryland Department of Health on behalf of the HealthChoice Managed Care Organizations (MCOs) between February 10 and May 10, 2023. The following health plans were surveyed and are included in the results presented in this report:

- Aetna Better Health of Maryland (ABH)
- CareFirst Community Health Plan (CFCHP)
- Jai Medical Systems (JMS)
- Kaiser Permanente (KPMAS)
- Maryland Physicians Care (MPC)
- MedStar Family Choice (MSFC)
- Priority Partners (PPMCO)
- UnitedHealthcare (UHC)
- Wellpoint Maryland, Inc. (WPM)

SURVEY METHODOLOGY

CSS administered the 2023 Health Plan CAHPS Survey in accordance with the NCQA methodology detailed in *HEDIS 2023, Volume 3: Specifications for Survey Measures and Quality Assurance Plan for HEDIS 2023 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, 2022; 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 who were likely to have a chronic condition based on claim and encounter records. Using this code, a second supplemental 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 supplemental 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 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 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 10.
- An initial reminder/thank-you postcard was mailed on February 16.
- A replacement survey package was mailed on March 17.
- A second reminder/thank-you postcard was mailed on March 23.
- 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 March 31.
- Data collection closed on May 10.

Survey results for participating plans were submitted to NCQA on May 24, 2023.

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)		
	2023 HealthChoice		2023 CSS Adult Medicaid Average	2023 HealthChoice		2023 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	100.00%	100.00%	14,850	100.0%	100.0%
Complete and Eligible - Mail	926	7.62%	8.55%	1,011	6.8%	7.9%
Complete and Eligible - Phone*	801	6.59%	5.41%	1,746	11.8%	8.6%
Complete and Eligible - Internet**	55	0.45%	0.16%	106	0.7%	0.2%
Complete and Eligible - Total	1,782	14.67%	14.11%	2,863	19.3%	16.8%
Eligible Population criteria not met	220	1.81%	1.28%	161	1.1%	0.7%
Incomplete (but Eligible)	533	4.39%	3.26%	790	5.3%	3.6%
Language barrier	16	0.13%	0.25%	133	0.9%	0.9%
Mentally or physically incapacitated	36	0.30%	0.33%	0	0.0%	0.0%
Deceased	14	0.12%	0.14%	2	0.0%	0.0%
Refusal	629	5.18%	4.16%	1,050	7.1%	5.5%
Nonresponse after maximum attempts	8,823	72.62%	75.03%	9,748	65.6%	70.6%
Added to Do Not Call (DNC) list	97	0.80%	1.43%	103	0.7%	1.8%
NCQA Response Rate***		15.02%	14.40%		19.67%	17.05%

* Applies to plans following mixed methodology.

** Any sample members who called and requested another survey were given the option to complete the survey online. Members could also access the online survey by scanning a QR code provided in their mailing materials.

*** 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	1,782	15.02%	14,850	15,681	30,531	2,863	1,824	19.67%
Aetna Better Health of Maryland	1,350	184	14.12%	1,650	1,840	3,490	294	174	18.33%
CareFirst Community Health Plan	1,350	208	15.91%	1,650	1,840	3,490	323	186	20.01%
Jai Medical Systems	1,350	197	14.81%	1,650	961	2,611	219	113	13.53%
Kaiser Permanente	1,350	217	16.53%	1,650	1,840	3,490	361	170	22.51%
Maryland Physicians Care	1,350	190	14.40%	1,650	1,840	3,490	319	256	19.56%
MedStar Family Choice	1,350	196	14.77%	1,650	1,840	3,490	296	198	18.27%
Priority Partners	1,350	209	15.77%	1,650	1,840	3,490	375	271	23.02%
UnitedHealthcare	1,350	193	14.54%	1,650	1,840	3,490	325	236	20.00%
Wellpoint	1,350	188	14.32%	1,650	1,840	3,490	351	220	21.83%

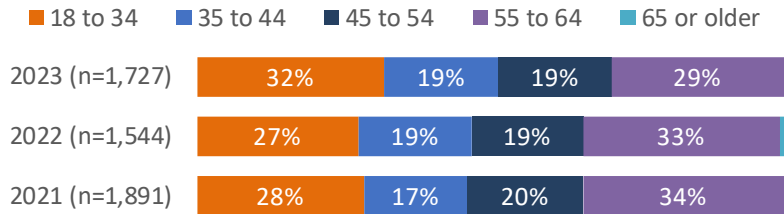
* The response rate is calculated using the NCQA formula as follows: Response Rate = Complete and Eligible Surveys/[Complete and Eligible + Incomplete (but Eligible) + Refusal + Nonresponse after maximum attempts + Added to Do Not Call (DNC) List]

PROFILE OF SURVEY RESPONDENTS

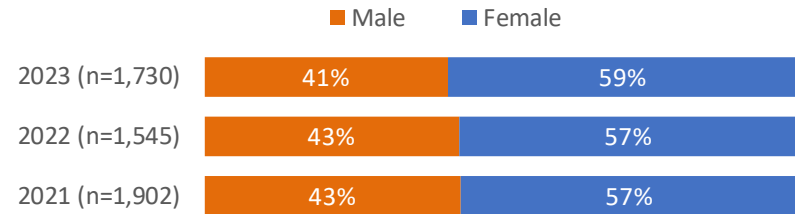
The charts in this section provide a demographic profile of members surveyed across the participating HealthChoice MCOs during the past three years. Member demographics, including age, gender, health status, race, ethnicity, and education level, are based on responses to survey questions. Numbers in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

ADULT MEDICAID MEMBERS

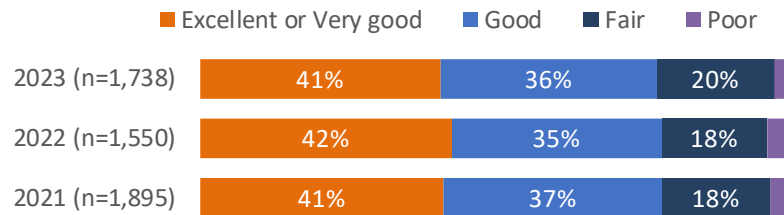
Q36. AGE



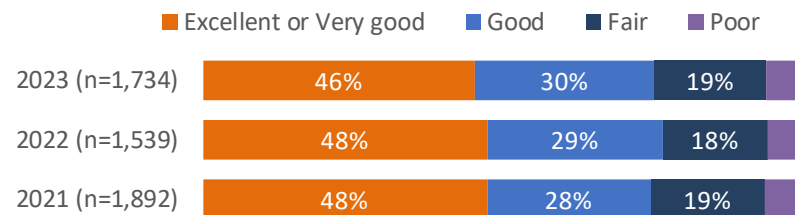
Q37. GENDER



Q29. RATING OF OVERALL HEALTH

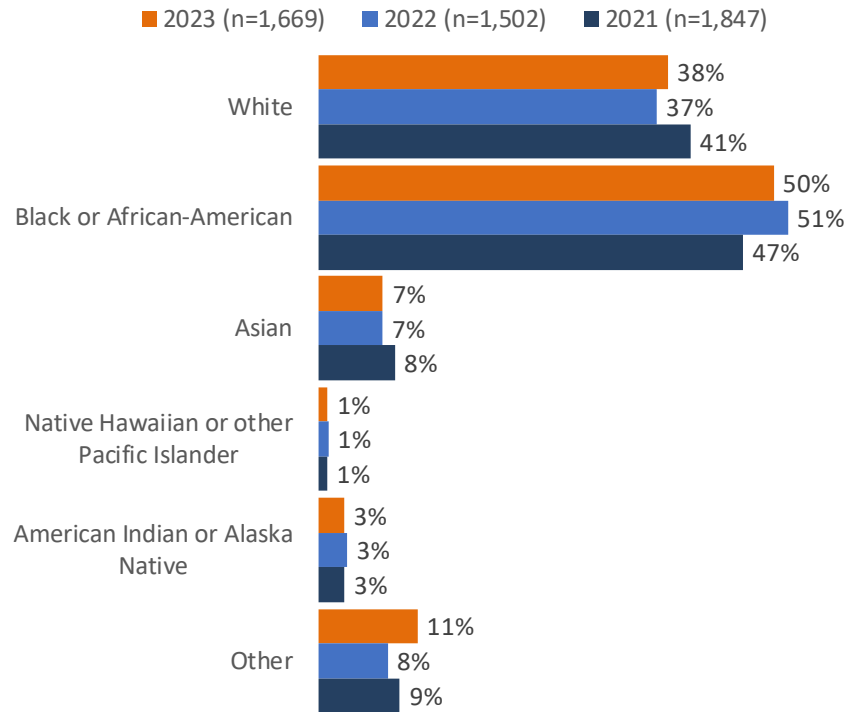


Q30. RATING OF OVERALL MENTAL/EMOTIONAL HEALTH



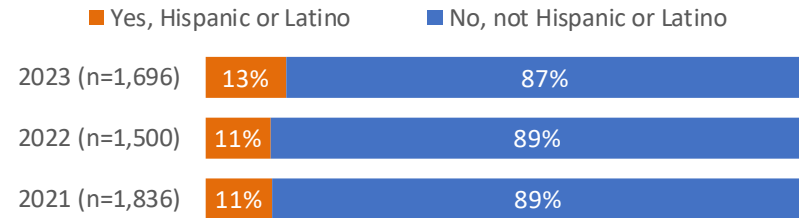
ADULT MEDICAID MEMBERS (CONTINUED)

Q40. RACE

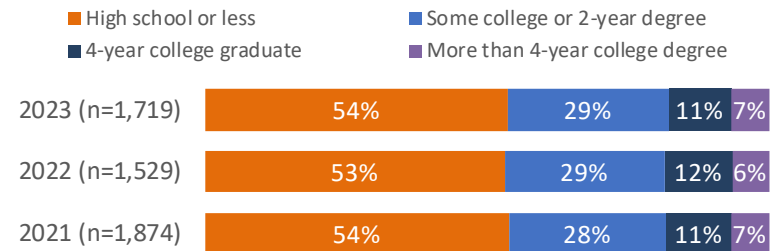


Note: since a respondent could mark more than once race in response to this question, the sum of the percentages may exceed 100%.
 Note: percentages may not always add to 100% due to rounding. Labels for small categories (5% or less) are not displayed in the charts.

Q39. ETHNICITY

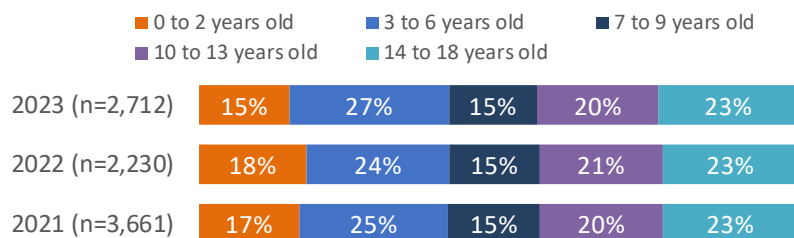


Q38. EDUCATION

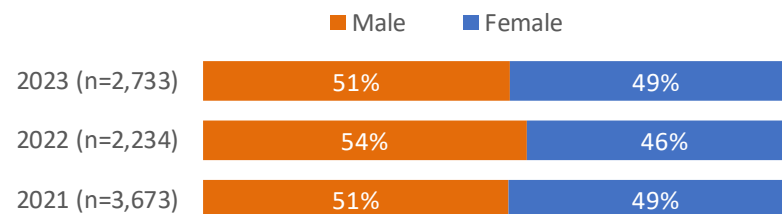


CHILD MEDICAID MEMBERS – GENERAL POPULATION

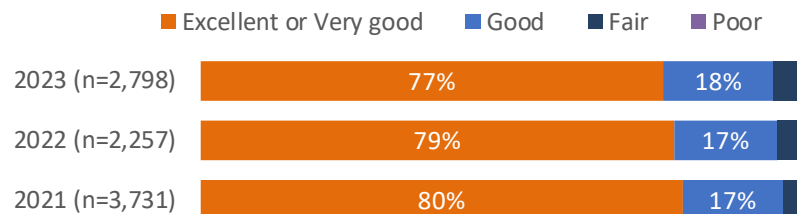
Q69. AGE



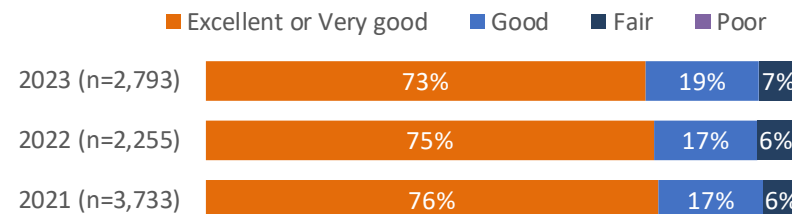
Q70. GENDER



Q53. RATING OF OVERALL HEALTH

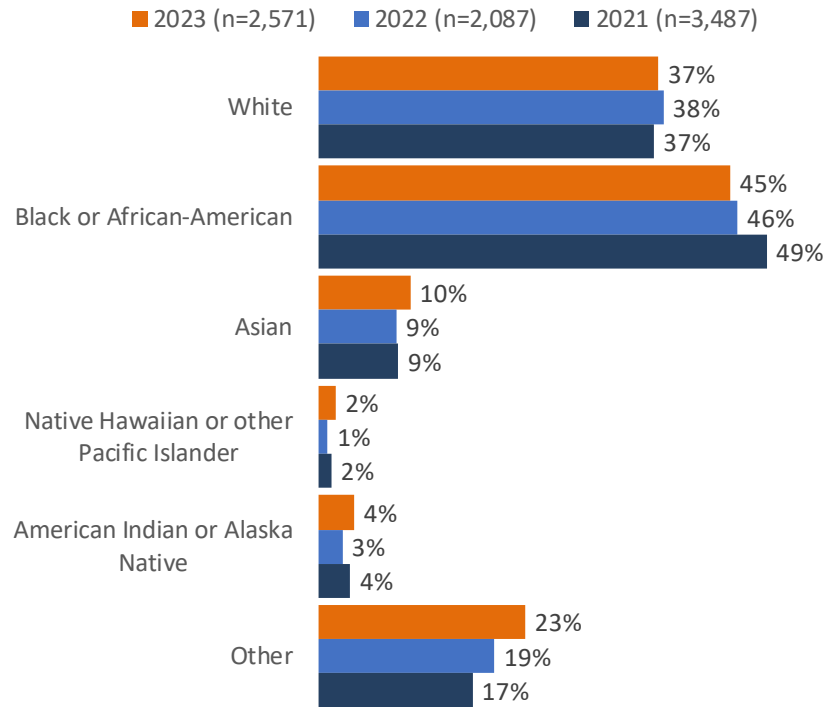


54. RATING OF OVERALL MENTAL/EMOTIONAL HEALTH



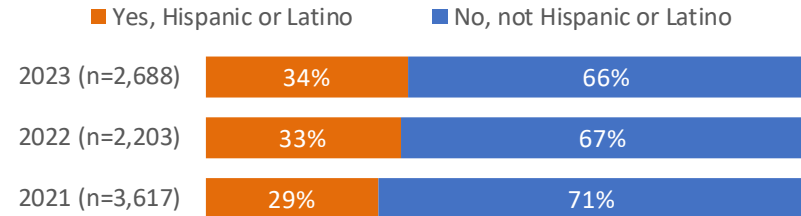
CHILD MEDICAID MEMBERS – GENERAL POPULATION (CONTINUED)

Q72. RACE

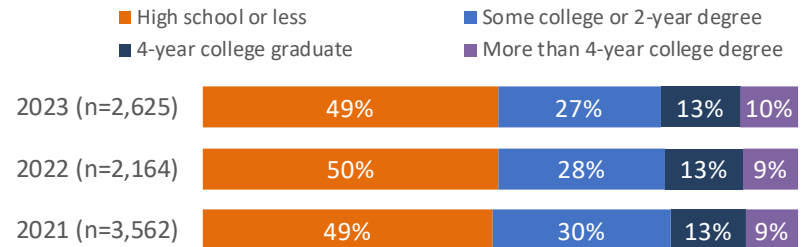


Note: since a respondent could mark more than once race in response to this question, the sum of the percentages may exceed 100%.
 Note: percentages may not always add to 100% due to rounding. Labels for small categories (5% or less) are not displayed in the charts.

Q71. ETHNICITY

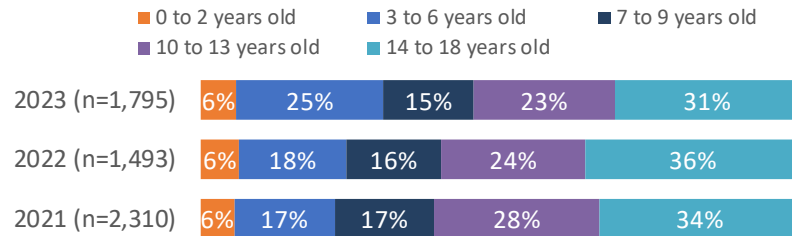


Q75. PARENT/GUARDIAN EDUCATION

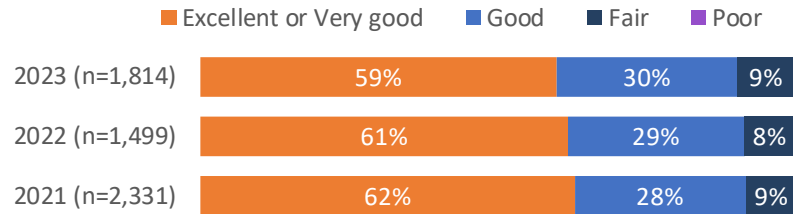


CHILD MEDICAID MEMBERS – CCC POPULATION

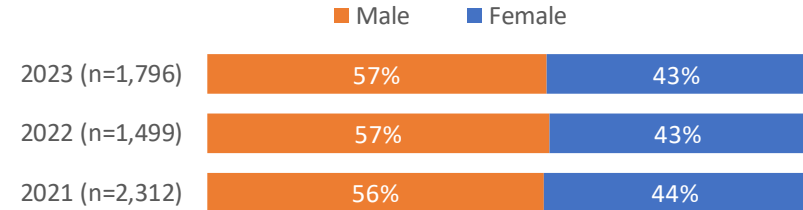
Q69. AGE



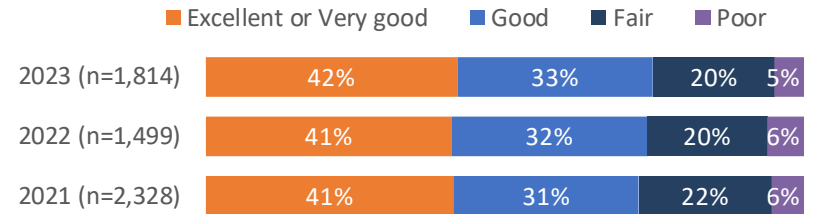
Q53. RATING OF OVERALL HEALTH



Q70. GENDER

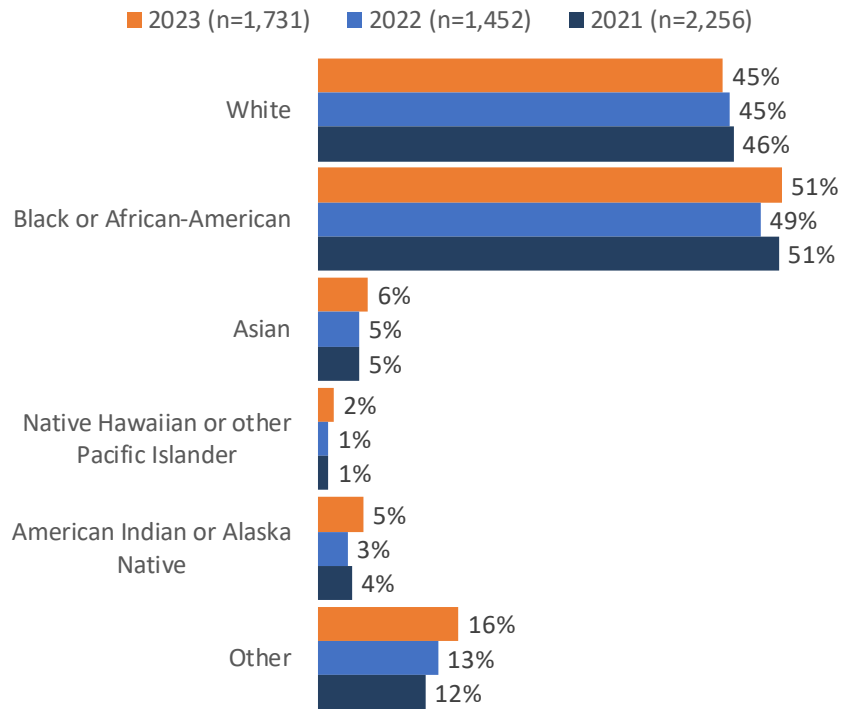


54. RATING OF OVERALL MENTAL/EMOTIONAL HEALTH



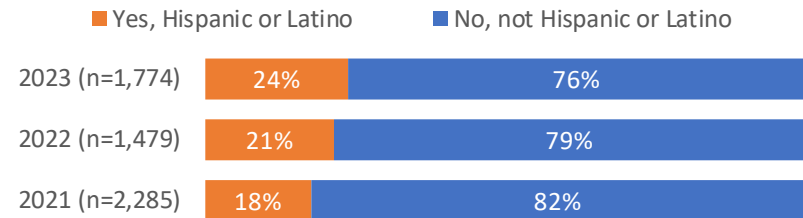
CHILD MEDICAID MEMBERS – CCC POPULATION (CONTINUED)

Q72. RACE

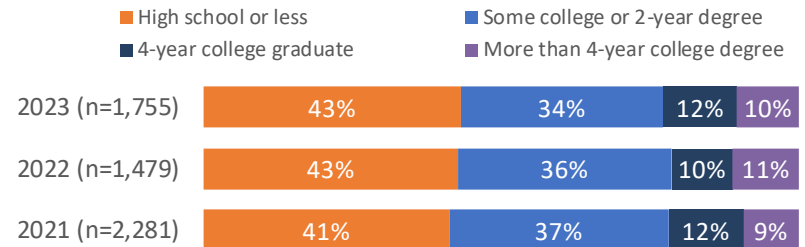


Note: since a respondent could mark more than once race in response to this question, the sum of the percentages may exceed 100%.
 Note: percentages may not always add to 100% due to rounding. Labels for small categories (5% or less) are not displayed in the charts.

Q71. ETHNICITY



Q75. PARENT/GUARDIAN EDUCATION



CAHPS SURVEY MEASURES

RATINGS

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

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

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

COMPOSITES

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

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

- **Getting Needed Care** combines responses to two survey questions that address member access to care. Results are reported as the proportion of members responding *Always* or *Usually*.
- **Getting Care Quickly** combines responses to two survey questions that address the 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 2022 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 2021-2022 and 2022-2023 measurement periods) are noted even if they do not reach statistical significance. For each measure, the 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	Survey 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 Drs. Communicate (% Usually or Always)	Shared Decision Making (% Yes)	Customer Service (% Usually or Always)
2022 NCQA Adult Medicaid National Average for All LOBs	2022	81.86%	80.22%	68.30%	68.34%	56.46%	83.96%	61.99%	92.51%	Discontinued by NCQA in 2020	88.91%
Highest-Scoring Plan	2023	JMS (83.64%)	JMS (85.27%)	CFCHP (73.25%)	KPMAS (67.50%)	WPM (65.05%)	CFCHP (95.65%)	MSFC (65.59%)	CFCHP (96.58%)	MPC (82.59%)	JMS (92.98%)
Lowest-Scoring Plan	2023	ABH (73.14%)	KPMAS (68.61%)	UHC (60.81%)	ABH (52.54%)	JMS (43.81%)	KPMAS (75.71%)	JMS (47.64%)	UHC (86.41%)	ABH (70.39%)	ABH (81.95%)
HealthChoice	2023	78.19% ↓↓ 10th	78.34% ↓↓ 33rd	64.89% ↓↓ 10th	61.79% <10th	55.19% 33rd	82.55% 33rd	55.93% 10th	91.78% 10th	78.16%	88.60% 33rd
	2022	82.87% ↓	80.83%	65.25%	61.60%	55.45%	84.85%	56.53%	93.11%	80.17%	89.99%
	2021	84.61% ↓	81.94%	66.26%	66.02%	55.04%	83.15%	55.01%	92.07%	79.13%	88.09%
ABH	2023	73.14% ↓↓ <10th	73.94% ↓↓ 10th	63.41% ↑↑ 10th	52.54% <10th	50.49% ↑↑ 10th	81.82% 33rd	48.00% ✓ <10th	91.21% 10th	70.39% ↓↓	81.95% <10th
	2022	77.38%	76.50%	61.32%	47.27%	45.24%	81.82%	51.80%	90.64%	81.16%	87.27%
	2021	82.54%	77.87%	57.94%	58.11%	44.14%	88.14%	39.89%	93.39%	82.09%	87.12%
CFCHP	2023	81.70% 33rd	77.07% ↓↓ 10th	73.25% ✓ 67th	66.25% 10th	58.27% ↑↑ 33rd	95.65% ✓ ↑↑ 90th	56.28% 10th	96.58% 90th	79.50%	90.89% ↑↑ 67th
	2022	79.30%	78.58%	64.41%	60.00%	56.25%	77.78% ↑	52.87%	88.99% ↑	83.95%	90.83%
	2021	85.85%	80.73%	65.07%	65.79%	54.63%	68.33% ↑	54.79%	89.92% ↑	80.09%	82.35%
JMS	2023	83.64% ↓↓ 33rd	85.27% 67th	70.27% ↓↓ 33rd	60.87% <10th	43.81% ✓ <10th	90.38% 90th	47.64% ✓ <10th	91.42% ↓↓ 10th	80.26%	92.98% 90th
	2022	84.93%	82.76%	72.54%	65.57%	58.59% ↓	90.00%	56.80%	93.90%	86.12%	93.15%
	2021	86.35%	86.68%	73.10%	64.18%	54.31%	91.23%	55.61%	95.29%	76.24%	88.36%
KPMAS	2023	73.49% <10th	68.61% ✓ <10th	61.93% ↓↓ 10th	67.50% ↑↑ 33rd	52.48% ↓↓ 10th	75.71% <10th	52.86% <10th	87.14% <10th	78.47%	90.70% 33rd
	2022	86.26% ↓	82.07% ↓	62.75%	66.67%	59.84%	84.38%	64.89% ↓	92.32%	71.08%	88.36%
	2021	80.02%	75.98%	69.14%	63.38%	61.19%	80.00%	57.97%	87.06%	77.39%	90.85%

Color shading (red/yellow/green) indicates how the 2023 plan performance compares to the 2022 NCQA Adult Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All LOBs.

Legend:

- ✓ next to the 2023 plan rate indicates a statistically significant difference from the HealthChoice rate at the 95% confidence level.
- ↑↑ ↓↓ next to the 2023 plan rate indicates a directionally consistent, but not necessarily statistically significant, positive or negative two-year trend (2021-2022 and 2022-2023).
- ↑ ↓ next to a prior-year rate indicates that the 2023 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

(Continued from previous page, part 2)

Health Plan	Survey 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 Drs. Communicate (% Usually or Always)	Shared Decision Making (% Yes)	Customer Service (% Usually or Always)
2022 NCQA Adult Medicaid National Average for All LOBs	2022	81.86%	80.22%	68.30%	68.34%	56.46%	83.96%	61.99%	92.51%	Discontinued by NCQA in 2020	88.91%
Highest-Scoring Plan	2023	JMS (83.64%)	JMS (85.27%)	CFCHP (73.25%)	KPMAS (67.50%)	WPM (65.05%)	CFCHP (95.65%)	MSFC (65.59%)	CFCHP (96.58%)	MPC (82.59%)	JMS (92.98%)
Lowest-Scoring Plan	2023	ABH (73.14%)	KPMAS (68.61%)	UHC (60.81%)	ABH (52.54%)	JMS (43.81%)	KPMAS (75.71%)	JMS (47.64%)	UHC (86.41%)	ABH (70.39%)	ABH (81.95%)
HealthChoice	2023	78.19% ↓↓ 10th	78.34% ↓↓ 33rd	64.89% ↓↓ 10th	61.79% ↓↓ <10th	55.19% ↓↓ 33rd	82.55% ↓↓ 33rd	55.93% ↓↓ 10th	91.78% ↓↓ 10th	78.16% ↓↓ 10th	88.60% ↓↓ 33rd
	2022	82.87%	80.83%	65.25%	61.60%	55.45%	84.85%	56.53%	93.11%	80.17%	89.99%
	2021	84.61% ↓	81.94%	66.26%	66.02%	55.04%	83.15%	55.01%	92.07%	79.13%	88.09%
MPC	2023	79.85% ↓↓ 10th	81.41% ↓↓ 33rd	62.50% ↓↓ 10th	56.63% ↓↓ <10th	52.34% ↓↓ 10th	79.73% ↓↓ 10th	53.01% ↓↓ <10th	93.99% ↑↑ 67th	82.59% ↑↑ 10th	90.46% ↑↑ 33rd
	2022	86.30%	78.00%	63.16%	62.12%	58.41%	87.93%	53.85%	93.90%	82.56%	87.07%
	2021	87.23%	83.01%	69.82%	63.10%	54.81%	81.16%	57.43%	91.87%	81.68%	83.90%
MSFC	2023	77.12% ↓↓ 10th	79.00% ↓↓ 33rd	62.25% ↓↓ 10th	62.22% ↓↓ 10th	58.97% ↑↑ 67th	78.33% ↓↓ <10th	65.59% ✓ 67th	93.25% ↓↓ 33rd	76.86% ↓↓ 10th	86.61% ↓↓ 10th
	2022	83.04%	81.97%	68.53%	58.44%	57.52%	85.71%	58.58%	95.28%	79.12%	95.86%
	2021	83.04%	84.39%	66.27%	69.05%	55.48%	84.21%	62.33%	91.40%	79.77%	88.46%
PPMCO	2023	78.53% ↓↓ 10th	79.32% ↓↓ 33rd	67.10% ↑↑ 33rd	64.29% ↓↓ 10th	54.55% ↓↓ 33rd	78.26% ↓↓ <10th	61.81% ↑↑ 33rd	93.56% ↓↓ 33rd	77.83% ↓↓ 10th	86.96% ↓↓ 10th
	2022	86.67%	80.93%	63.93%	70.69%	48.08%	88.24%	60.63%	96.06%	83.12%	91.25%
	2021	88.46% ↓	82.95%	63.02%	70.97%	54.78%	88.51%	56.00%	94.90%	79.24%	93.36%
UHC	2023	76.86% ↓↓ 10th	77.98% ↓↓ 33rd	60.81% ↓↓ <10th	59.72% ↓↓ <10th	61.06% ↓↓ 67th	79.69% ↓↓ 10th	59.22% ↓↓ 10th	86.41% ↓↓ <10th	75.54% ↓↓ 10th	87.21% ↓↓ 10th
	2022	80.68%	82.26%	63.04%	59.38%	50.91%	86.15%	50.28%	92.93%	84.71%	86.22%
	2021	85.81%	81.97%	66.17%	67.02%	60.13%	85.39%	52.99%	93.82% ↓	76.46%	91.57%
WPM	2023	79.33% ↓↓ 10th	83.28% ↓↓ 33rd	62.14% ↓↓ 10th	63.01% ↓↓ 10th	65.05% ↑↑ 90th	85.19% ↑↑ 33rd	58.96% ↑↑ 10th	92.31% ↓↓ 33rd	78.95% ↓↓ 10th	88.73% ↓↓ 33rd
	2022	80.84%	82.17%	66.20%	63.16%	60.66%	80.70%	57.46%	92.90%	69.54%	89.86%
	2021	80.75%	82.88%	64.78%	70.67%	52.89%	78.69%	56.31%	90.55%	79.17%	86.18%

Color shading (red/yellow/green) indicates how the 2023 plan performance compares to the 2022 NCQA Adult Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All LOBs.

Legend: ✓ next to the 2023 plan rate indicates a statistically significant difference from the HealthChoice rate at the 95% confidence level.
 ↑↑ ↓↓ next to the 2023 plan rate indicates a directionally consistent, but not necessarily statistically significant, positive or negative two-year trend (2021-2022 and 2022-2023).
 ↑ ↓ next to a prior-year rate indicates that the 2023 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

- For most measures, the HealthChoice Aggregate performed on par with the 2022 levels across the measure spectrum. The single exception was the *Getting Needed Care* measure, where there was a statistically significant decrease from both the 2022 and 2021 levels.
- HealthChoice exhibited a consistent negative directional trend on the *Getting Needed Care*, *Getting Care Quickly*, and *Rating of Personal Doctor* measures. Only the first was statistically significant.
- For the measures *Getting Care Quickly*, *Rating of all Health Care*, *Coordination of Care*, and *Customer Service*, HealthChoice scored in the middle third of the 2022 NCQA Quality Compass Adult Medicaid percentile distribution. HealthChoice scored in the bottom third on *Getting Needed Care*, *Rating of Personal Doctor*, *Rating of Health Plan*, and *How Well Doctors Communicate* and scored in the bottom decile for *Rating of Specialist Seen Most Often*.
- Statistically significant performance gains were seen only in *Coordination of Care* and *How Well Doctors Communicate* for **CFCHP** among the participating plans compared to the prior year across the measure spectrum.
- Statistically significant declines were seen in *Rating of All Health Care* for **JMS**, and in *Getting Needed Care*, *Getting Care Quickly*, and *Rating of Health Plan* for **KPMAS**.
- The overall best performing plan this year was **CFCHP** with top scores in three of the ten measures, two measures with scores in the top decile (*Coordination of Care* and *How Well Doctors Communicate*), two measures with scores in the top third, two measures with scores in the middle third, three measures with scores in the bottom third, and no measures with scores in the bottom decile.
- **JMS** also scored the highest in three of the ten measures with two measures scoring in the top decile (*Coordination of Care* and *Customer Service*) and one measure with a score in the top third. However, **JMS** also had three measures score in the bottom decile (*Rating of Specialist Seen Most Often*, *Rating of All Health Care*, and *Rating of Health Plan*) with the latter two measures being the lowest scoring among all plans.
- The only other plan to have a measure score in the top decile was **WPM** with *Rating of all Health Care*. This was also the highest score for this measure among all plans. **WPM** had three measures with a consistent positive trend and one measure with a consistent negative trend.
- **MSFC** was the only plan other than **CFCHP** and **JMS** to have multiple measures score in the top third or higher (*Rating of All Health Care* and *Rating of Health Plan*). **MSFC** had one measure with a consistent positive trend and two measures with a consistent negative trend.

- **MPC** had one measure in the top third (*How Well Doctors Communicate*) and had two measures in the bottom decile (*Rating of Specialist Seen Most Often*, and *Rating of Health Plan*). **MPC** had three measures with a consistent positive trend and four measures with a consistent negative trend.
- The worst performing plan was **ABH** with four of the measures scoring the lowest among all plans. Four measures scored in the bottom decile, four measures scored in the bottom third, and only one measure scoring in the middle third. **ABH** has seen a consistent negative trend on two measures and a consistent positive trend on two measures, though none are statistically significant.
- **KPMAS** and **UHC** stood out as poorly performing plans. Each had two measures with the worst score among all plans, and **KPMAS** had five measures scored in the bottom decile. **UHC** had three measures scored in the bottom decile and two measures scored in the bottom third. **UHC** had one measure in the top third (*Rating of All Health Care*).

CHILD MEDICAID SURVEY RESULTS

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

Health Plan	Survey 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 Drs. Communicate (% Usually or Always)	Shared Decision Making (% Yes)	Customer Service (% Usually or Always)
2022 NCQA Child Medicaid National Average for All LOBs	2022	84.19%	86.74%	77.15%	73.04%	70.77%	84.71%	71.99%	94.18%	Discontinued by NCQA in 2020	88.06%
Highest-Scoring Plan	2023	JMS (85.91%)	JMS (86.10%)	JMS (78.66%)	MPC (75.44%)	PPMCO (71.16%)	WPM (82.72%)	PPMCO (74.80%)	JMS (93.22%)	CFCHP (81.82%)	JMS (91.69%)
Lowest-Scoring Plan	2023	ABH (70.45%)	KPMAS (72.90%)	CFCHP (69.11%)	MSFC (56.41%)	CFCHP (62.30%)	UHC (74.39%)	JMS (59.43%)	CFCHP (88.93%)	WPM (67.71%)	CFCHP (72.97%)
HealthChoice	2023	77.99% ↓↓ 10th	81.67% ↓↓ 10th	73.65% ↓↓ 10th	67.36% ↓↓ <10th	67.84% ↓↓ 10th	77.94% ↓↓ <10th	66.83% 10th	90.77% <10th	75.87%	82.70% <10th
	2022	80.24%	82.08%	74.83%	68.09%	70.83%	81.34%	68.42%	92.79%	78.62%	89.01%
	2021	81.75%	82.95%	76.86%	69.68%	73.94%	81.46%	68.35%	92.11%	77.61%	86.88%
ABH	2023	70.45% ↓↓ <10th	80.49% 10th	72.53% 10th	65.96% <10th	66.88% 10th	79.37% ↑↑ 10th	65.14% ↑↑ <10th	89.59% <10th	76.86% ↓↓	76.79% <10th
	2022	81.87%	86.49%	67.39%	78.13%	68.70%	77.78%	60.96%	94.12%	81.52%	90.45%
	2021	83.26%	79.68%	68.11%	66.67%	63.40%	74.51%	59.61%	89.22%	82.05%	85.56%
CFCHP	2023	75.38% <10th	78.93% ↓↓ <10th	69.11% ↓↓ <10th	71.43% 33rd	62.30% <10th	75.32% <10th	63.02% <10th	88.93% <10th	81.82% ↑↑	72.97% ✓ <10th
	2022	74.71%	79.58%	71.82%	67.44%	62.25%	90.91%	67.28%	91.06%	76.19%	93.86%
	2021	79.44%	84.84%	74.05%	76.19%	73.40%	81.03%	65.42%	89.34%	72.97%	86.49%
JMS	2023	85.91% 33rd	86.10% ↑↑ 33rd	78.66% ↓↓ 33rd	70.00% ↑↑ 10th	70.00% 33rd	80.00% 10th	59.43% ✓ <10th	93.22% 33rd	70.18%	91.69% 90th
	2022	82.61%	83.77%	82.48%	60.87%	68.18%	92.00%	71.20%	96.83%	84.49%	92.20%
	2021	82.68%	79.35%	85.60%	59.26%	74.23%	80.85%	69.18%	93.99%	78.54%	89.70%
KPMAS	2023	74.81% <10th	72.90% ✓ <10th	75.18% ↓↓ 10th	68.89% 10th	64.39% ↓↓ <10th	78.21% <10th	65.82% 10th	89.12% <10th	76.68%	82.69% <10th
	2022	74.94%	72.15%	76.32%	77.50%	73.37%	83.05%	63.96%	92.47%	70.85%	88.75%
	2021	74.60%	78.08%	78.51%	67.35%	77.51%	72.15%	72.32%	90.05%	76.71%	87.01%

Color shading (red/yellow/green) indicates how the 2023 plan performance compares to the 2022 NCQA Child Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All LOBs.

Legend: ✓ next to the 2023 plan rate indicates a statistically significant difference from the HealthChoice rate at the 95% confidence level.

↑↑ ↓↓ next to the 2023 plan rate indicates a directionally consistent, but not necessarily statistically significant, positive or negative two-year trend (2021-2022 and 2022-2023).

↑ ↓ next to a prior-year rate indicates that the 2023 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

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Health Plan	Survey 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 Drs. Communicate (% Usually or Always)	Shared Decision Making (% Yes)	Customer Service (% Usually or Always)
2022 NCQA Child Medicaid National Average for All LOBs	2022	84.19%	86.74%	77.15%	73.04%	70.77%	84.71%	71.99%	94.18%	Discontinued by NCQA in 2020	88.06%
Highest-Scoring Plan	2023	JMS (85.91%)	JMS (86.10%)	JMS (78.66%)	MPC (75.44%)	PPMCO (71.16%)	WPM (82.72%)	PPMCO (74.80%)	JMS (93.22%)	CFCHP (81.82%)	JMS (91.69%)
Lowest-Scoring Plan	2023	ABH (70.45%)	KPMAS (72.90%)	CFCHP (69.11%)	MSFC (56.41%)	CFCHP (62.30%)	UHC (74.39%)	JMS (59.43%)	CFCHP (88.93%)	WPM (67.71%)	CFCHP (72.97%)
HealthChoice	2023	77.99% ↓↓ 10th	81.67% ↓↓ 10th	73.65% ↓↓ 10th	67.36% ↓↓ <10th	67.84% ↓↓ 10th	77.94% ↓↓ <10th	66.83% 10th	90.77% <10th	75.87%	82.70% <10th
	2022	80.24%	82.08%	74.83%	68.09%	70.83%	81.34%	68.42%	92.79%	78.62%	89.01%
	2021	81.75% ↓	82.95%	76.86% ↓	69.68%	73.94% ↓	81.46%	68.35%	92.11%	77.61%	86.88% ↓
MPC	2023	81.26% ↓↓ 10th	84.86% ↓↓ 10th	75.09% ↓↓ 10th	75.44% ↓↓ 67th	70.00% ↓↓ 33rd	75.00% ↓↓ <10th	67.85% 10th	92.91% 10th	80.18%	80.71% <10th
	2022	86.66%	84.97%	68.14%	63.46%	70.07%	79.37%	66.80%	92.77%	81.04%	80.48%
	2021	84.84%	84.46%	74.44%	66.67%	73.19%	89.02% ↓	68.30%	95.18%	78.44%	87.50%
MSFC	2023	78.78% ↓↓ 10th	82.53% ↓↓ 10th	69.17% ↓↓ <10th	56.41% ↓↓ <10th	63.64% ↓↓ <10th	75.34% ↓↓ <10th	62.50% ↓↓ <10th	91.25% 10th	68.62%	85.38% 10th
	2022	79.44%	76.37%	74.86%	66.67%	65.79%	80.43%	65.14%	93.06%	78.41%	90.76%
	2021	84.41%	84.88%	76.45% ↓	70.77%	72.73%	79.10%	66.90%	92.38%	76.81%	87.98%
PPMCO	2023	83.19% ↓↓ 33rd	85.83% ↑↑ 33rd	78.22% ↓↓ 33rd	63.79% ↓↓ <10th	71.16% ↓↓ 33rd	81.91% 10th	74.80% ✓ 67th	92.84% 10th	78.84%	86.21% 10th
	2022	85.22%	85.70%	70.99% ↑	62.50%	72.19%	78.87%	69.86%	91.15%	78.79%	93.55%
	2021	87.93%	83.21%	78.07%	73.33%	76.08%	86.90%	71.83%	94.97%	79.33%	85.54%
UHC	2023	76.50% ↓↓ 10th	82.49% ↓↓ 10th	71.92% ↓↓ 10th	65.52% ↓↓ <10th	71.07% ↓↓ 33rd	74.39% ↓↓ <10th	67.09% 10th	89.81% <10th	74.29%	84.44% <10th
	2022	76.86%	84.08%	81.55% ↓	70.97%	76.00%	78.95%	71.95%	92.08%	82.03%	79.84%
	2021	78.45%	87.50%	79.55% ↓	70.15%	77.23%	81.54%	69.09%	91.73%	73.89%	83.75%
WPM	2023	78.01% ↓↓ 10th	81.85% ↓↓ 10th	73.42% ↓↓ 10th	67.27% ↓↓ <10th	70.72% ↓↓ 33rd	82.72% 10th	71.26% ↓↓ 33rd	89.84% <10th	67.71% ↓↓	85.09% 10th
	2022	79.67%	85.81%	81.38% ↓	67.35%	76.97%	76.79%	77.46%	93.29%	74.51%	88.56%
	2021	78.02%	81.95%	77.54%	70.97%	75.64%	84.51%	70.35%	91.70%	79.28%	87.26%

Color shading (red/yellow/green) indicates how the 2023 plan performance compares to the 2022 NCQA Child Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All LOBs.

Legend: ✓ next to the 2023 plan rate indicates a statistically significant difference from the HealthChoice rate at the 95% confidence level.
 ↑↑ ↓↓ next to the 2023 plan rate indicates a directionally consistent, but not necessarily statistically significant, positive or negative two-year trend (2021-2022 and 2022-2023).
 ↑ ↓ next to a prior-year rate indicates that the 2023 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	Survey 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)
2022 NCQA Child Medicaid National Average for All LOBs	2022	90.55%	70.60%	91.53%	91.55%	76.27%
Highest-Scoring Plan	2023	PPMCO (91.59%)	PPMCO (74.13%)	JMS (92.00%)	JMS (94.72%)	JMS (77.27%)
Lowest-Scoring Plan	2023	ABH (80.99%)	KPMAS (57.62%)	KPMAS (79.51%)	CFCHP (86.52%)	KPMAS (64.29%)
HealthChoice	2023	88.35% 10th	66.27% ↓↓ 10th	88.02% 10th	90.18% ↑↑ 10th	70.15% <10th
	2022 2021	88.11% 91.16% ↓	69.18% 71.58%	88.69% 87.70%	89.91% 88.82%	73.54% 70.95%
ABH	2023	80.99% ✓ <10th	65.26% 10th	84.80% <10th	90.08% ↓↓ 10th	67.07% <10th
	2022 2021	88.76% 88.71%	53.83% 66.93%	93.81% ↓ 88.55%	90.15% 90.34%	77.79% 57.44%
CFCHP	2023	89.06% ↑↑ 10th	57.62% ↓↓ <10th	88.81% ↑↑ 10th	86.52% <10th	68.78% <10th
	2022 2021	87.27% 86.89%	64.52% 68.39%	85.22% 83.22%	88.06% 86.44%	71.43% 68.41%
JMS	2023	90.54% 33rd	60.97% <10th	92.00% 33rd	94.72% ↑↑ 90th	77.27% 33rd
	2022 2021	90.48% 95.92%	78.70% 75.88%	94.37% 90.22%	91.16% 87.89%	81.67% 73.72%
KPMAS	2023	84.21% ↓↓ <10th	57.62% ↓↓ <10th	79.51% ✓ <10th	88.67% <10th	64.29% ↓↓ <10th
	2022 2021	86.25% 89.76%	64.90% 65.30%	84.95% 84.14%	81.33% 85.63%	66.18% 73.61%

Color shading (green/yellow/red) indicates how the 2023 plan performance compares to the 2022 NCQA Child Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All LOBs.

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Legend:

- ✓ next to the 2023 plan rate indicates a statistically significant difference from the HealthChoice rate at the 95% confidence level.
- ↑↑ ↓↓ next to the 2023 plan rate indicates a directionally consistent, but not necessarily statistically significant, positive or negative two-year trend (2021-2022 and 2022-2023).
- ↑ ↓ next to a prior-year rate indicates that the 2023 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

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Health Plan	Survey 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)
2022 NCQA Child Medicaid National Average for All LOBs	2022	90.55%	70.60%	91.53%	91.55%	76.27%
Highest-Scoring Plan	2023	PPMCO (91.59%)	PPMCO (74.13%)	JMS (92.00%)	JMS (94.72%)	JMS (77.27%)
Lowest-Scoring Plan	2023	ABH (80.99%)	KPMAS (57.62%)	KPMAS (79.51%)	CFCHP (86.52%)	KPMAS (64.29%)
HealthChoice	2023	88.35% 10th	66.27% ↓↓ 10th	88.02% 10th	90.18% †† 10th	70.15% <10th
	2022 2021	88.11% 91.16% ↓	69.18% 71.58%	88.69% 87.70%	89.91% 88.82%	73.54% 70.95%
MPC	2023	89.74% 33rd	71.11% ↓↓ 33rd	91.46% 33rd	91.56% 33rd	69.07% ↓↓ <10th
	2022 2021	89.39% 91.43%	75.60% 77.77%	93.19% 91.20%	93.21% 91.48%	72.70% 77.12%
MSFC	2023	87.86% ↓↓ 10th	67.14% ↓↓ 10th	89.58% 10th	91.54% 33rd	71.72% 10th
	2022 2021	91.73% 91.90%	68.16% 72.38%	84.38% 91.04%	91.77% 85.31%	71.99% 71.77%
PPMCO	2023	91.59% 33rd	74.13% 67th	88.24% 10th	90.06% ↓↓ 10th	74.12% †† 10th
	2022 2021	91.00% 94.86%	75.57% 75.27%	86.80% 87.60%	90.81% 91.31%	72.66% 69.12%
UHC	2023	86.59% <10th	66.31% 10th	87.03% 10th	89.31% †† 10th	68.06% <10th
	2022 2021	82.44% 88.63%	70.77% 64.57%	90.58% 85.78%	88.76% 87.57%	74.29% 67.40%
WPM	2023	91.16% 33rd	65.74% ↓↓ 10th	89.74% 10th	90.88% 10th	72.59% 10th
	2022 2021	83.33% 90.66%	68.10% 71.21%	85.59% 86.02%	89.69% 90.78%	76.91% 76.08%

Color shading (green/yellow/red) indicates how the 2023 plan performance compares to the 2022 NCQA Child Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All LOBs.

Legend:

- ✓ next to the 2023 plan rate indicates a statistically significant difference from the HealthChoice rate at the 95% confidence level.
- †† ↓↓ next to the 2023 plan rate indicates a directionally consistent, but not necessarily statistically significant, positive or negative two-year trend (2021-2022 and 2022-2023).
- ↑ ↓ next to a prior-year rate indicates that the 2023 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

- The HealthChoice Aggregate performed poorly overall, scoring in the bottom decile of the 2022 NCQA Quality Compass Child Medicaid National distribution on four of the nine non-CCC measures (*Rating of Specialist Seen Most Often*, *Coordination of Care*, *How Well Doctors Communicate*, and *Customer Service*) and one CCC measure (*Coordination of Care for Children with Chronic Conditions*). On all other measures, the HealthChoice Aggregate scored in the bottom third. Six non-CCC measures and one CCC measure have seen consistent three-year declines and two measures (*How Well Doctors Communicate* and *Customer Service*) have seen statistically significant declines from 2022. One CCC measure (*Personal Doctor Who Knows Child*) has seen a consistent three-year gain.
- *Rating of Personal Doctor* for **PPMCO** was the only measure to see statistically significant performance gains among the participating plans compared to the prior year across the measure spectrum. *Customer Service* and *Getting Needed Information* for **ABH**, *Coordination of Care* and *Customer Service* for **CFCHP**, *Rating of Health Plan* for **JMS**, *Rating of Personal Doctor* for **UHC**, and *Rating of Personal Doctor* for **WPM** all saw statistically significant declines from the previous year.
- **JMS** was the best performing plan this year with five of the highest scoring non-CCC measures and three of the highest scoring CCC measures. One non-CCC measure (*Customer Service*) and one CCC measure (*Personal Doctor Who Knows Child*) both scored in the top decile, which no other plan achieved. **JMS** also only had one non-CCC measure (*Rating of Health Plan*) score in the bottom decile.
- The plan with the worst performing non-CCC measures was **CFCHP**, with four of the ten measures being the lowest scoring among all plans, and all but one measure scoring in the bottom decile. The one measure that did not score as poorly, the *Rating of Specialist Seen Most Often*, scored in the middle third. This plan has also seen a consistent negative trend over the last three years in *Getting Care Quickly* and *Rating of Personal Doctor*.
- **KPMAS** and **MSFC** both performed poorly. **KPMAS** scored in the bottom decile for six of the nine non-CCC measures and in the bottom third for the remaining three non-CCC measures. **MSFC** scored in the bottom decile on five non-CCC measures and in the bottom third on four measures. **KPMAS** has two measures with a consistent negative trend and **MSFC** has five measures with a consistent negative trend.
- **ABH** saw four non-CCC measures score in the bottom third and five in the bottom decile. There was a positive three-year trend seen in *Coordination of Care* and *Rating of Health Plan* and a negative three-year trend seen in *Getting Needed Care*.
- **UHC** saw one non-CCC measure (*Rating of All Health Care*) score in the middle third, though this measure has also seen a three-year negative trend. Four other measures scored in the bottom third and four scored in the bottom decile. *Getting Needed Care*, *Getting Care Quickly*, and *Coordination of Care* all saw three-year negative trends. *Coordination of Care* also scored the lowest among all plans.

- **MPC** was the top scoring plan in the *Rating of Specialist Seen Most Often*, scoring in the top third. *Rating of All Health Care* scored in the middle third with a three-year negative trend. Five other non-CCC measures scored in the bottom third and two scored in the bottom decile, with *Coordination of Care* seeing a three-year negative trend.
- **PPMCO** was the highest scoring plan in *Rating of All Health Care* and *Rating of Health Plan*, with the latter scoring in the top third and seeing a statistically significant difference from the HealthChoice Aggregate. Four non-CCC measures scored in the middle third, three in the bottom third, and the *Rating of Specialist Seen Most Often* scored in the bottom decile. *Rating of All Health Care* and *Getting Needed Care* saw three-year negative trends and *Getting Care Quickly* saw a three-year positive trend.
- **WPM** was the highest scoring plan in *Coordination of Care*, though the measure still scored in the bottom third. *Rating of All Health Care* and *Rating of Health Plan* scored in the middle third. *Rating of Specialist Seen Most Often* and *How Well Doctors Communicate* scored in the bottom decile with the former seeing a three-year decline. The other five non-CCC measures scored in the bottom third.
- Among CCC measures, **JMS** was best performing plan with three measures with the highest score and one measure in the top decile (*Personal Doctor Who Knows Child*). **PPMCO** also performed well with two measures with the highest score and one measure in the top third (*Access to Specialized Services*). **KPMAS** scored in the bottom decile for all five measures and was the lowest scoring plan on three measures. **ABH** and **CFCHP** each had one measure with the lowest score and three measures that scored in the lowest decile.

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, the 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 have a highly rated personal doctor (Q18 and Q10). Being able to obtain needed information from customer service (Q24), access to highly rated specialists (Q22), and getting timely appointments for urgent care (Q4) 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
Q10. Member has a personal doctor (percent Yes)	The higher the proportion of plan members reporting they have a personal doctor, the higher the overall plan score
Q4. Got an appointment for urgent care as soon as needed (percent <i>Usually or Always</i>)	The higher the proportion of plan members reporting they received urgently needed care as soon as needed, 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 <i>Usually or Always</i>)	The higher the proportion of members who were able to get the information or help they needed from customer service, the higher the overall plan score

KEY DRIVERS OF MEMBER EXPERIENCE – CHILD MEDICAID

Child Medicaid member ratings of the plan are strongly related to members’ ability to have a highly rated personal doctor (Q36 and Q25). Being able to obtain needed information from customer service (Q45), access to highly rated specialists (Q43), and getting timely appointments for urgent care (Q4) are all significant drivers of member experience.

Key Driver	Interpretation
Q36. Rating of Personal Doctor (percent 9 or 10)	The higher the proportion of respondents rating their child’s personal doctor as 9 or 10, the higher the overall plan score
Q25. Member has a personal doctor (percent Yes)	The higher the proportion of respondents reporting their child has a personal doctor, the higher the overall plan score
Q4. Got an appointment for urgent care as soon as needed (percent <i>Usually or Always</i>)	The higher the proportion of respondents reporting their child received urgently needed care as soon as needed, the higher the overall plan score
Q43. Rating of Specialist Seen Most Often (percent 9 or 10)	The higher the proportion of respondents rating their child’s specialist as 9 or 10, the higher the overall plan score
Q45. Health plan customer service provided needed information or help (percent <i>Usually or Always</i>)	The higher the proportion of respondents who were able to get the information or help they needed from the plan’s 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 healthcare 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 <i>Pearson correlation coefficient</i> . The coefficient value of 1 indicates a strong positive relationship; -1 indicates a strong negative relationship; zero indicates no relationship at all.

Denominator (<i>n</i> , or Usable Responses)	The 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	<p>Members who are eligible to participate in the survey based on the following NCQA criteria:</p> <ul style="list-style-type: none"> - Current enrollment (as of the date the sample frame is generated). Some members may no longer be enrolled by the time they complete the survey. They become ineligible and will be excluded from survey results based on their responses to the first two questions on the survey, which confirm membership. - Continuous enrollment (twelve months for Commercial and six months for Medicaid, with no more than one enrollment break of 45 days or less); - Member age (18 years old or older for the Adult survey and 17 years old or younger for the Child survey as of December 31 of the measurement year); - Primary coverage (through Medicaid or a commercial product line for Medicaid and Commercial surveys, respectively).
Global proportions	Applies to composite measures. The proportion of respondents selecting the favorable response(s) (e.g., <i>Usually or Always</i>) averaged across the questions that make up the composite.
Health Plan Ratings	<p>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.</p> <p>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 the highest) scale in half points. Performance includes three subcategories (also scored 0–5 in half points):</p>

- 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 being 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 being 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 healthcare 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 <i>Never, Sometimes, Usually, or Always</i> response scale, with <i>Always</i> being the most favorable outcome. Results are typically reported as the proportion of members selecting <i>Usually</i> or <i>Always</i> .
Regression Analysis	Regression analysis is a statistical technique of identifying which variables (e.g., member experience touch points) have a measurable impact on an outcome measure of interest (e.g., overall rating of the health plan).
Response Rate	<p>Survey response rate is calculated by NCQA using the following formula:</p> $\text{Response Rate} = \frac{\text{Complete and Eligible Surveys}}{[\text{Complete and Eligible} + \text{Incomplete (but Eligible)} + \text{Refusal} + \text{Nonresponse after maximum attempts} + \text{Added to Do Not Call (DNC) List}]}$
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 <i>Denominator</i> .

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.