Maryland
DEPARTMENT OF HEALTH

State of Maryland Executive Summary Report

for

HealthChoice Managed Care Organizations

Adult and Child Populations

2025 CAHPS® 5.1H 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 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 member experience component of the HEDIS measurement set. The survey measures member 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 Surveys. The purpose of the survey is to assess members' experience with their health plan and health care. The overall goal of the survey is to provide actionable performance feedback to help the plan improve the 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 6 and May 12, 2025. 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 2025 Health Plan CAHPS Survey in accordance with the NCQA methodology detailed in HEDIS 2025, *Volume 3: Specifications for Survey Measures* and *Quality Assurance Plan for HEDIS 2025 Survey Measures*.

MDH oversampled the Adult Medicaid survey sample by 30 percent and the Child Medicaid with CCC survey general sample by 30 percent, resulting in a sample of 1,755 members for each MCO on the Adult Medicaid survey and a sample of 3,985 members for each MCO on the Child Medicaid with CCC survey. 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 version) as of December 31, 2024; 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 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 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 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 file(s) and noted any errors or irregularities found (such as incomplete contact information 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 systematic sampling 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 the member's progress (survey disposition) throughout the data collection process.

CSS designed all member-facing materials in accordance with the NCQA guidelines detailed in HEDIS 2025, Volume 3: Specifications for Survey Measures and Quality Assurance Plan for HEDIS 2025 Survey Measures. The NCQA-approved text was used for all materials. Prior to being customized with the health plan name, logo, and other branding elements, all CSS-designed survey materials templates were approved by NCQA. 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 or by scanning a personalized QR code provided on the mailing materials to complete the survey online.

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. Members could complete the survey online by scanning a personalized QR code provided on the mailing materials.

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

- An initial survey package was mailed on February 6.
- An initial reminder/thank-you postcard was mailed on February 13.
- A replacement survey package was mailed on March 14.
- A second reminder/thank-you postcard was mailed on March 20.
- A telephone follow-up phase targeting non-respondents, with up to six telephone follow-up attempts at different times of the day and on different days of the week, started on March 28.
- Data collection closed on May 12.

Survey results for participating plans were submitted to NCQA on May 23, 2025.

SURVEY DISPOSITIONS AND RESPONSE RATES

A detailed breakdown of sample member dispositions is provided in EXHIBIT 1 and Exhibit 2 below. Exhibits 3 and 4 provide response rate information on each surveyed MCO by population type.

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

Sample Member Disposition	2025 HealthChoice		2025 CSS Adult Medicaid Average
	Number and Percent of Initial Sample		Percent of Total Initial Sample
Initial Sample	15,795	100.00%	100.00%
Complete and Eligible – Mail	1,121	7.10%	6.94%
Complete and Eligible – Phone*	1,030	6.52%	6.83%
Complete and Eligible – Internet**	461	2.92%	2.47%
Complete and Eligible – Total	2,612	16.54%	16.24%
Eligible Population criteria not met	276	1.75%	1.48%
Incomplete (but Eligible)	640	4.05%	3.83%
Language barrier	39	0.25%	0.47%
Mentally or physically incapacitated	55	0.35%	0.57%
Deceased	7	0.04%	0.10%
Refusal	669	4.24%	3.74%
Nonresponse after maximum attempts	11,366	71.96%	72.29%
Added to Do Not Call (DNC) list	131	0.83%	1.29%
NCQA Response Rate* **		**16.94%**	**16.68%**

5003900

* Applies to plans following mixed methodology.

** Any sample members who called and requested another survey were provided a unique login ID 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. CHILD SURVEY HEALTHCHOICE SAMPLE MEMBER DISPOSITIONS AND FINAL SURVEY RESPONSE RATES

Sample Member Disposition	2025 HealthChoice		2025 CSS Child Medicaid Average
	Number and Percent of Initial Sample		Percent of Total Initial Sample
Initial Sample	19,305	100.00%	100.00%
Complete and Eligible – Mail	1,069	5.54%	5.17%
Complete and Eligible – Phone*	2,836	14.69%	10.30%
Complete and Eligible – Internet**	1,060	5.49%	3.87%
Complete and Eligible – Total	4,965	25.72%	19.34%
Eligible Population criteria not met	263	1.36%	1.00%
Incomplete (but Eligible)	1,276	6.61%	4.36%
Language barrier	45	0.23%	0.39%
Deceased	4	0.02%	0.02%
Refusal	490	2.54%	3.65%
Nonresponse after maximum attempts	12,110	62.73%	69.79%
Added to Do Not Call (DNC) list	152	0.79%	1.46%
NCQA Response Rate* **		**26.14%**	**19.62%**

5007900

* Applies to plans following mixed methodology.

** Any sample members who called and requested another survey were provided a unique login ID 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 3. ADULT SURVEY INDIVIDUAL HEALTHCHOICE MCO SAMPLE SIZES AND RESPONSE RATES

Health Plan	Sample Size	Completes	Response Rate*
HealthChoice MCOs	**15,795**	**2,612**	**16.94%**
Aetna Better Health of Maryland	1,755	235	13.83%
CareFirst Community Health Plan	1,755	345	20.32%
Jai Medical Systems	1,755	250	14.48%
Kaiser Permanente	1,755	316	18.46%
Maryland Physicians Care	1,755	280	16.24%
MedStar Family Choice	1,755	263	15.30%
Priority Partners	1,755	305	17.68%
UnitedHealthcare	1,755	322	18.83%
Wellpoint	1,755	296	17.36%

* 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]

EXHIBIT 4. CHILD SURVEY INDIVIDUAL HEALTHCHOICE MCO SAMPLE SIZES AND RESPONSE RATES

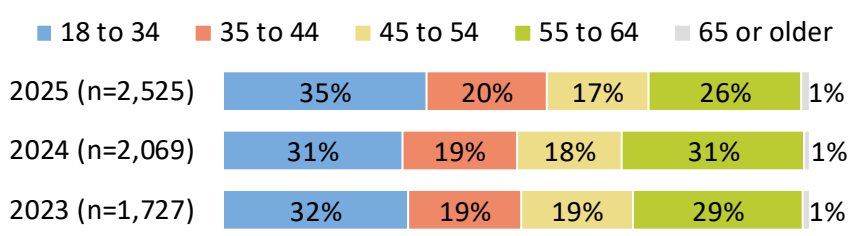
Health Plan	General Population Sample Size	Chronic Supplemental Sample Size	Total Sample Size	General Population Completes	CCC Population Completes	General Population Response Rate*
HealthChoice MCOs	**19,305**	**15,610**	**34,915**	**4,965**	**2,700**	**26.14%**
Aetna Better Health of Maryland	2,145	1,840	3,985	539	281	25.62%
CareFirst Community Health Plan	2,145	1,840	3,985	602	315	28.61%
Jai Medical Systems	2,145	890	3,035	402	171	19.11%
Kaiser Permanente	2,145	1,840	3,985	578	257	27.43%
Maryland Physicians Care	2,145	1,840	3,985	495	352	23.34%
MedStar Family Choice	2,145	1,840	3,985	548	307	25.98%
Priority Partners	2,145	1,840	3,985	603	403	28.52%
UnitedHealthcare	2,145	1,840	3,985	547	310	25.84%
Wellpoint	2,145	1,840	3,985	651	304	30.81%

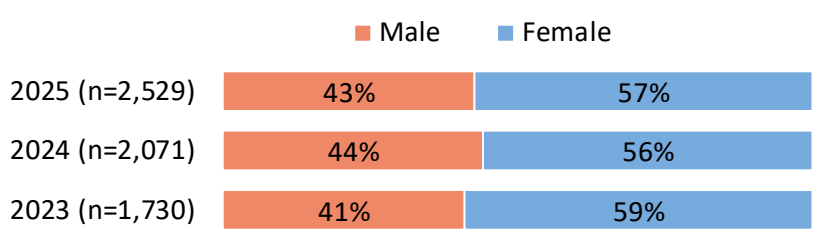
* The response rate is calculated using the NCQA formula as follows: Response Rate = Complete and Eligible Surveys/[Complete and Eligible + Incomplete (but Eligible) + Refusal + Nonresponse after maximum attempts + Added to Do Not Call (DNC) List]

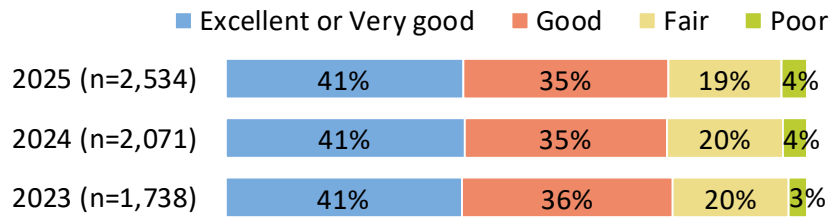
PROFILE OF SURVEY RESPONDENTS

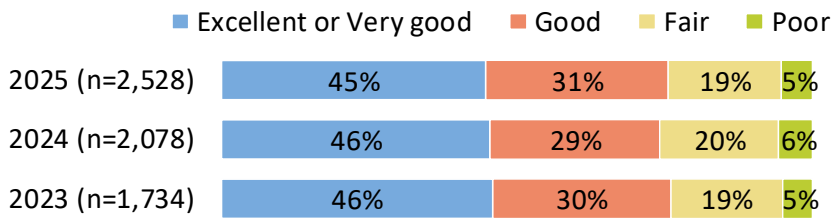
The charts in this section provide a demographic profile of members surveyed across the participating HealthChoice MCOs during the past three years. Member demographics, including age, gender, health status, race, ethnicity, and education level, are based on responses to survey questions. Numbers in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

ADULT MEDICAID MEMBERS









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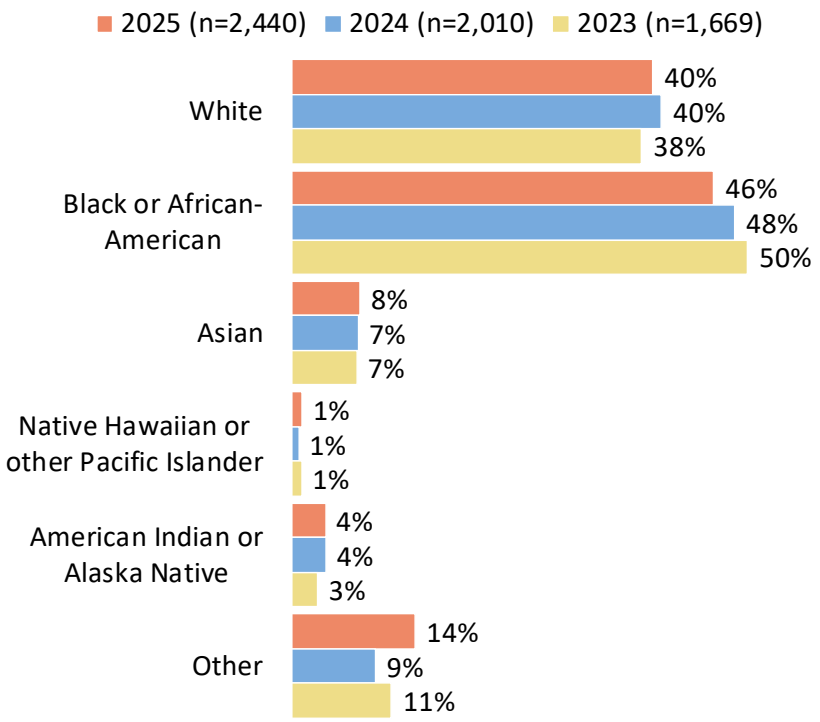
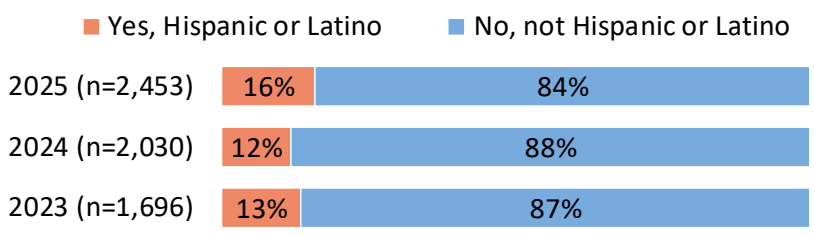


Note: percentages may not always add to 100% due to rounding. Percentages in the Race category may exceed 100% as respondents may select multiple options.

Q38. ETHNICITY



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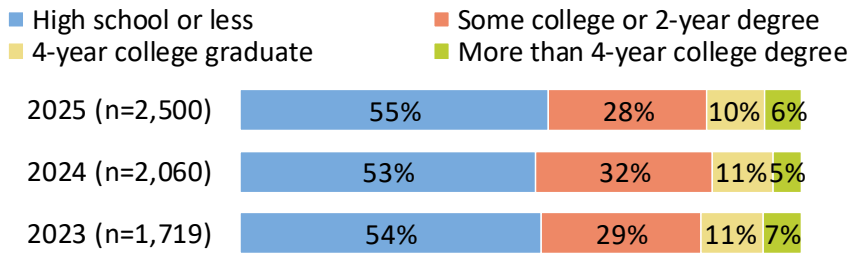
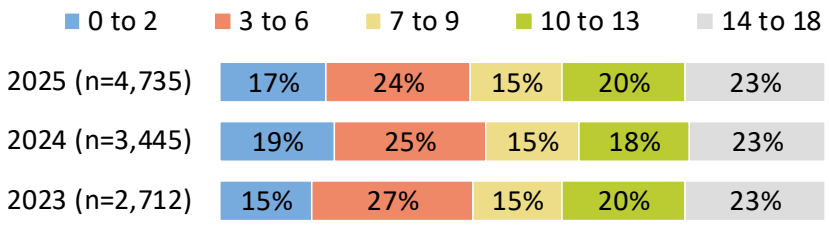
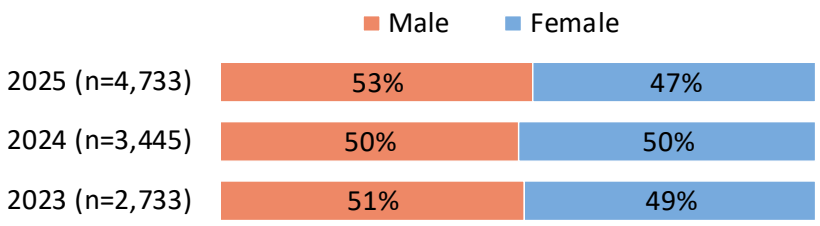


CHILD MEDICAID MEMBERS – GENERAL POPULATION

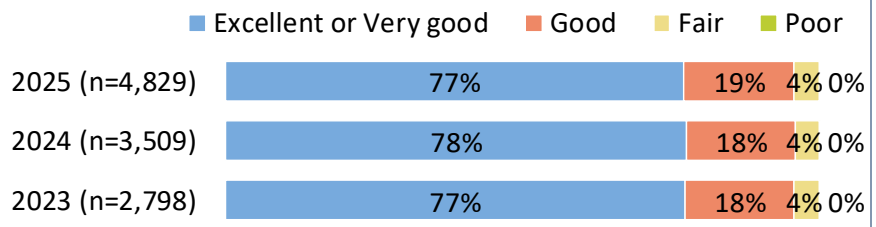
Q69. AGE



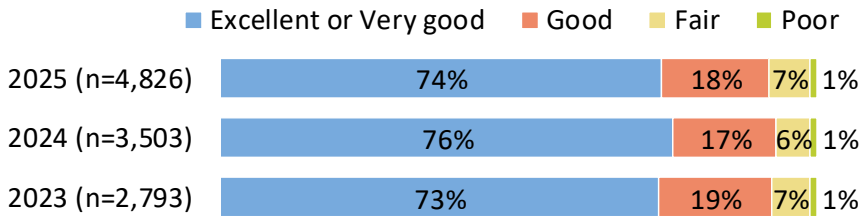
Q70. GENDER



Q53. RATING OF OVERALL HEALTH



54. RATING OF OVERALL MENTAL/EMOTIONAL HEALTH



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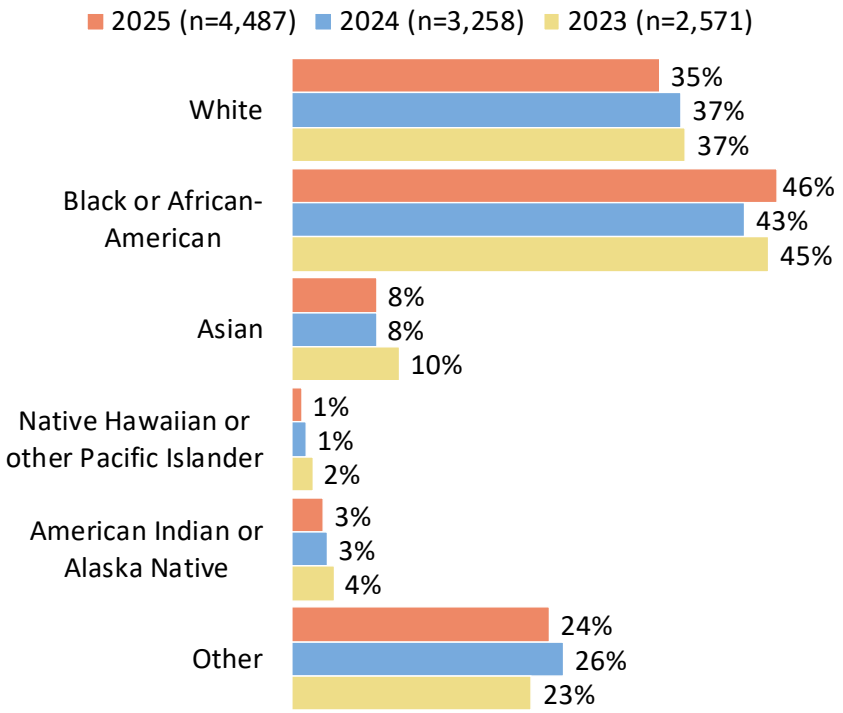
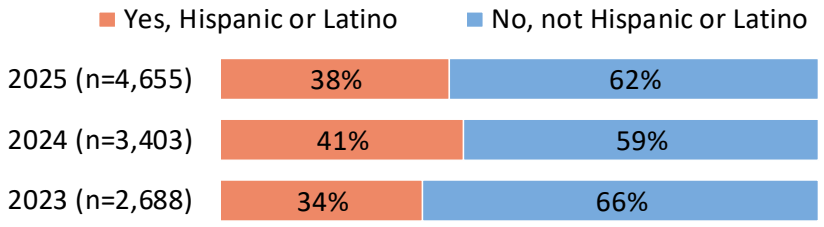
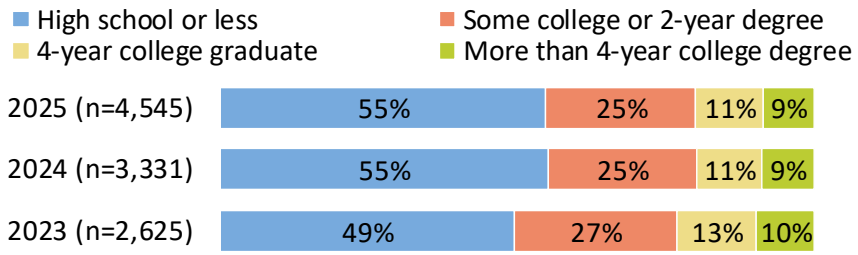


Note: percentages may not always add to 100% due to rounding. Percentages in the Race category may exceed 100% as respondents may select multiple options.

Q71. ETHNICITY

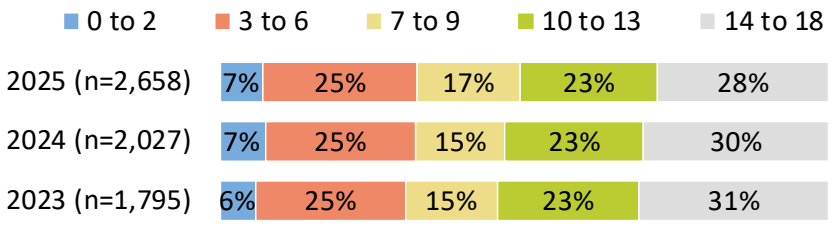


Q75. PARENT/GUARDIAN EDUCATION



CHILD MEDICAID MEMBERS – CCC POPULATION

Q69. AGE



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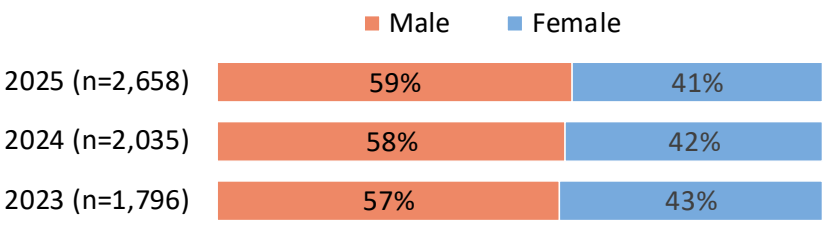

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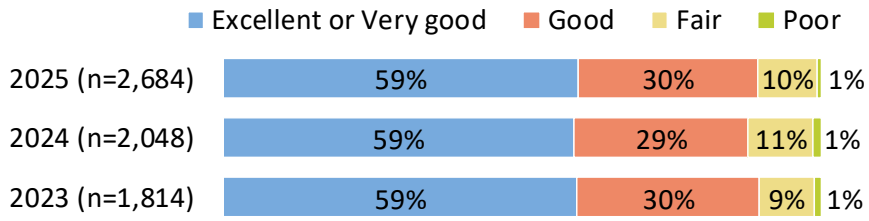
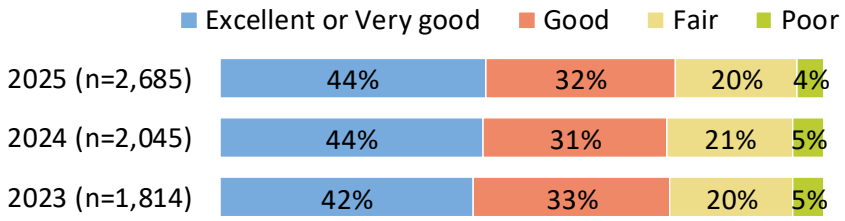


54. RATING OF OVERALL MENTAL/EMOTIONAL HEALTH



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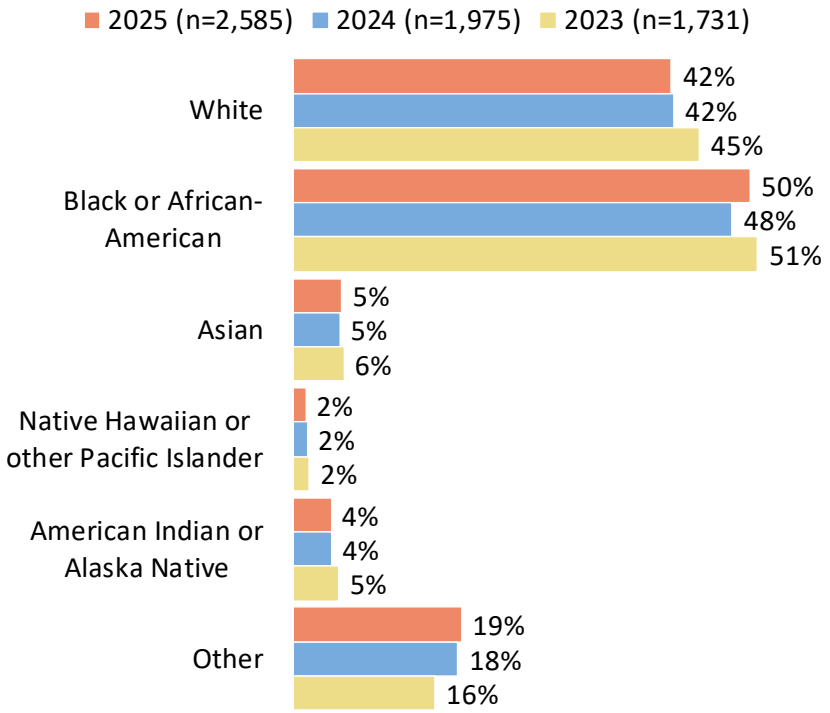

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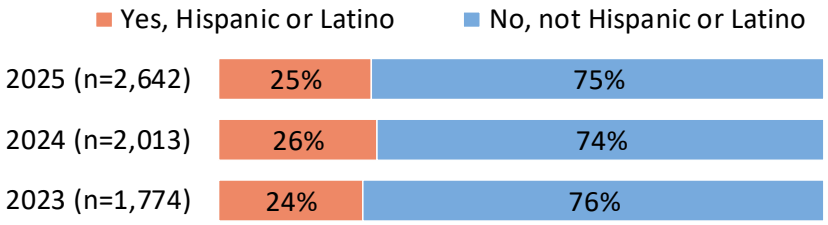
Q71. ETHNICITY



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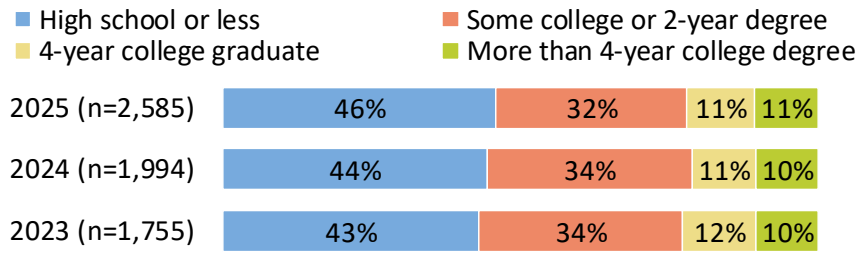

CAHPS SURVEY MEASURES

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 2025 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 2023-2024 and 2024-2025 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 5. HEALTHCHOICE ADULT MEDICAID SURVEY – TRENDS IN PERFORMANCE ON KEY SURVEY MEASURES

Health Plan	Survey Year	2025 (MY 2024) NCQA Quality Compass National Average (All LOBs)	Health Choice Aggregate	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Getting Needed Care (% Usually or Always)	**2025**	**82.05%**	**79.10%**	**81.38%**	**79.57% ⇊**	**82.41%**	**73.00%**	**77.07% ⇊**	**82.18%**	**80.65% ⇈**	**81.13%**	**73.70%**
			10th	33rd	10th	33rd H	<10th L	10th	33rd	10th	33rd	<10th
	2024		79.70%	71.68%	80.41%	84.56%	75.09%	79.03%	85.82%	80.16%	76.56%	81.04%
	2023		78.19%	73.14%	81.70%	83.64%	73.49%	79.85%	77.12%	78.53%	76.86%	79.33%
Getting Care Quickly (% Usually or Always)	**2025**	**81.57%**	**76.83%**	**76.80%**	**75.86%**	**83.08%**	**72.02%**	**76.94% ⇊**	**73.88%**	**82.24% ⇈**	**80.25% ⇈**	**69.92% ⇊**
			10th	10th	10th	33rd H	<10th	10th	<10th	33rd	33rd	<10th L
	2024		78.82%	72.28%	81.44%	82.15%	73.26%	79.99%	83.09%	79.83%	79.90%	76.88%
	2023		78.34%	73.94%	77.07%	85.27%	68.61%	81.41%	79.00%	79.32%	77.98%	83.28% ✓
Rating of Personal Doctor (% 9 or 10)	**2025**	**70.70%**	**64.68%**	**54.49% ⇊**	**65.64% ⇊**	**70.59%**	**64.53%**	**64.57%**	**64.04%**	**62.39% ⇊**	**64.84%**	**68.92% ⇈**
			10th	<10th ● L	10th	33rd H	<10th	<10th	<10th	<10th	10th	33rd
	2024		66.20%	60.43%	67.76%	70.00%	64.71%	65.56%	69.89%	65.12%	67.14%	63.84%
	2023		64.89%	63.41%	73.25%	70.27%	61.93%	62.50%	62.25%	67.10%	60.81%	62.14%
Rating of Specialist Seen Most Often (% 9 or 10)	**2025**	**68.19%**	**64.57%**	**54.84%**	**65.33%**	**65.88%**	**65.74%**	**58.12%**	**62.18%**	**71.13% ⇈**	**69.06% ⇈**	**64.86%**
			10th	<10th L	10th	10th	10th	<10th	<10th	67th H	33rd	10th
	2024		65.34%	52.24%	63.01%	70.65%	69.86%	73.63% ✓	67.59%	65.04%	62.14%	60.00%
	2023		61.79%	52.54%	66.25%	60.87%	67.50%	56.63%	62.22%	64.29%	59.72%	63.01%
Rating of All Health Care (% 9 or 10)	**2025**	**57.72%**	**54.08% ⇊**	**48.92%**	**52.68% ⇊**	**54.30%**	**60.51% ⇈**	**48.30% ⇊**	**53.45% ⇊**	**58.26%**	**50.93%**	**57.71%**
			10th	<10th	10th	10th	67th H	<10th L	10th	33rd	<10th	33rd
	2024		54.46%	45.24%	55.91%	56.38%	58.57%	48.97%	55.84%	50.83%	63.25% ✓	53.79%
	2023		55.19%	50.49%	58.27%	43.81%	52.48%	52.34%	58.97%	54.55%	61.06%	65.05%

<10th 10th 33rd 67th 90th Color shading represents 2025 plan performance compared to the 2025 (MY 2024) NCQA National Percentiles for All LOBs.

H/L indicates the highest/lowest-performing plan on the measure.

● below the 2025 plan rate indicates a statistically significant difference from the Aggregate rate at the 95% confidence level.

⇈⇊ next to the 2025 plan rate indicates a directionally consistent (positive or negative), but not necessarily statistically significant, trend over two consecutive years.

✓ next to a prior-year rate indicates that the 2025 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

EXHIBIT 5. HEALTHCHOICE ADULT MEDICAID SURVEY – TRENDS IN PERFORMANCE ON KEY SURVEY MEASURES (CONTINUED)

Health Plan	Survey Year	2025 (MY 2024) NCQA Quality Compass National Average (All LOBs)	Health Choice Aggregate	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Rating of Health Plan (% 9 or 10)	**2025**	**61.66%**	**56.89%**	**49.32%**	**55.36%**	**58.33% ↑↑**	**60.00% ↑↑**	**52.79%**	**62.35%**	**55.52%**	**56.17%**	**61.13%**
			10th	<10th ● L	10th	10th	33rd	<10th	33rd H	10th	10th	33rd
	2024		55.42%	49.47%	58.62%	57.08%	59.91%	47.93%	59.44%	48.44%	60.56%	56.44%
	2023		55.93%	48.00%	56.28%	47.64% ✓	52.86%	53.01%	65.59%	61.81%	59.22%	58.96%
Coordination of Care (% Usually or Always)	**2025**	**85.94%**	**81.52%**	**77.14% ↓↓**	**82.84% ↓↓**	**90.54%**	**75.49%**	**82.47%**	**86.46%**	**80.87%**	**82.20% ↑↑**	**75.86% ↓↓**
			10th	<10th	10th	90th H	<10th L	10th	33rd	<10th	10th	<10th
	2024		84.57%	77.78%	90.28%	80.00%	91.07% ✓	88.89%	86.49%	84.21%	80.65%	82.89%
	2023		82.55%	81.82%	95.65% ✓	90.38%	75.71%	79.73%	78.33%	78.26%	79.69%	85.19%
Customer Service (% Usually or Always)	**2025**	**89.27%**	**87.04%**	**85.69% ↑↑**	**85.68% ↓↓**	**94.01%**	**86.15% ↓↓**	**86.83% ↓↓**	**93.20% ↑↑**	**84.43%**	**86.59%**	**81.20% ↓↓**
			10th	<10th	<10th	90th ● H	10th	10th	90th	<10th	10th	<10th L
	2024		88.65%	82.83%	89.57%	91.10%	88.55%	90.16%	91.76%	87.13%	89.10%	86.39%
	2023		88.60%	81.95%	90.89%	92.98%	90.70%	90.46%	86.61%	86.96%	87.21%	88.73%
How Well Doctors Communicate (% Usually or Always)	**2025**	**93.37%**	**92.25%**	**92.98% ↑↑**	**90.48% ↓↓**	**96.47% ↑↑**	**90.73%**	**90.25%**	**93.48%**	**93.33%**	**90.61% ↑↑**	**93.02% ↑↑**
			10th	33rd	<10th	90th H	10th	<10th L	33rd	33rd	<10th	33rd
	2024		92.56%	91.42%	96.00%	92.19%	90.87%	94.33%	94.82%	92.47%	88.65%	92.69%
	2023		91.78%	91.21%	96.58% ✓	91.42%	87.14%	93.99%	93.25%	93.56%	86.41%	92.31%
Shared Decision Making (% Yes)	**2025**	**Measure not supported by NCQA**	**80.71% ↑↑**	**79.77% ↑↑**	**78.13%**	**83.79% ↑↑**	**75.95% ↓↓**	**80.16% ↓↓**	**90.10%**	**83.08% ↑↑**	**78.22% ↑↑**	**77.24%**
			—	—	—	—	— L	—	— ● H	—	—	—
	2024		79.86%	79.17%	83.23%	81.49%	78.44%	80.95%	76.56% ✓	79.23%	76.91%	84.04%
	2023		78.16%	70.39%	79.50%	80.26%	78.47%	82.59%	76.86% ✓	77.83%	75.54%	78.95%

<10th 10th 33rd 67th 90th Color shading represents 2025 plan performance compared to the 2025 (MY 2024) NCQA National Percentiles for All LOBs.
H/L indicates the highest/lowest-performing plan on the measure.
● below the 2025 plan rate indicates a statistically significant difference from the Aggregate rate at the 95% confidence level.
↑↑↓↓ next to the 2025 plan rate indicates a directionally consistent (positive or negative), but not necessarily statistically significant, trend over two consecutive years.
✓ next to a prior-year rate indicates that the 2025 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

- For all measures, the HealthChoice Aggregate performed on par with the 2024 levels across the measure spectrum. No measures saw a statistically significant change from the 2024 or 2023 levels.
- HealthChoice exhibited a consistent negative directional trend on the *Rating of All Health Care* measure, but it wasn't statistically significant.
- For all measures, HealthChoice scored in the bottom third of the 2025 (MY 2024) NCQA Quality Compass Adult Medicaid percentile distribution.
- There were no statistically significant MCO performance gains from 2024 across the measure spectrum.

- There were three statistically significant declines in MCO performance compared to 2024. These were seen in *Rating of Specialist Seen Most Often* for **MPC**, *Rating of All Health Care* for **UHC**, and *Coordination of Care* for **KPMAS.**
- The overall best performing plan this year was **JMS** with top scores on six of the ten measures (*Getting Needed Care, Getting Care Quickly, Rating of Personal Doctor, Coordination of Care, Customer Service,* and *How Well Doctors Communicate*). This plan had three scores in the top decile, three in the middle third, and three in the bottom third.
- **MSFC** was the second-best performing plan overall, having two measures as the highest scoring among all plans (*Rating of Health Plan* and *Shared Decision Making*), and being the only other plan to have a measure score in the top decile (*Customer Service*), with four in the middle third.
- **MPC** did not have any measures with scores higher than the bottom third. Two scores were the lowest among all plans (*Rating of All Health Care and How Well Doctors Communicate*), though none scored statistically significantly below the HealthChoice Aggregate.
- The worst performing plan was **ABH**, with three of the measures scoring the lowest among all plans. Six measures scored in the bottom decile, one in the bottom third, and two in the middle third. **ABH** had two measures (*Rating of Personal Doctor* and *Rating of Health Plan*) performing statistically significantly worse than the HealthChoice Aggregate.
- **UHC** had five measures show a positive directional trend over the previous two years, though none were statistically significant. **UHC** had three scores in the middle third and four in the bottom third.
- **WPM** had the worst scores in two measures (*Getting Care Quickly* and *Customer Service*). **WPM** had four measures in the middle third, one measure in the bottom third, and four measures in the bottom decile, though none were statistically significantly different from the HealthChoice Aggregate.
- **PPMCO** had one measure in the top third, which was the highest scoring among all plans (*Rating of Specialist Seen Most Often*). Otherwise, **PPMCO** had three measures in the middle third, two in the bottom third, and three in the bottom decile.
- **KPMAS** was the only plan to have a measure score the highest (*Rating of All Health Care*) and measures score the lowest (*Getting Needed Care, Coordination of Care,* and *Shared Decision Making*) among all plans. **KPMAS** also had one measure score in the top third, one measure score in the middle third, three in the bottom third, and four in the bottom decile.
- **CFCHP** had six measures show a negative directional trend over the previous two years, though none were statistically significant compared to the 2024 scores. CFCHP had seven measures score in the bottom third and two in the bottom decile.

CHILD MEDICAID SURVEY RESULTS

EXHIBIT 6. HEALTHCHOICE CHILD MEDICAID WITH CCC SURVEY – TRENDS IN PERFORMANCE ON KEY SURVEY MEASURES

Health Plan	Survey Year	2025 (MY 2024) NCQA Quality Compass National Average (All LOBs)	Health Choice Aggregate	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Getting Needed Care (% Usually or Always)	**2025**	**83.95%**	**79.77%**	**78.37%**	**79.86%**	**83.59%**	**76.56% ↑↑**	**84.52%**	**79.31%**	**82.70%**	**77.90%**	**75.81%**
			10th	10th	10th	33rd	<10th	33rd H	10th	33rd	10th	<10th L
	2024		79.92%	78.44%	80.56%	86.49%	74.92%	79.84%	76.77%	80.77%	82.19%	81.84%
	2023		77.99%	70.45%	75.38%	85.91%	74.81%	81.26%	78.78%	83.19%	76.50%	78.01%
Getting Care Quickly (% Usually or Always)	**2025**	**86.20%**	**82.07%**	**83.93% ↑↑**	**83.65%**	**82.68%**	**75.13%**	**88.01%**	**78.59%**	**83.27%**	**85.23% ↑↑**	**79.19%**
			10th	10th	10th	10th	<10th ● L	33rd ● H	<10th	10th	33rd	10th
	2024		82.51%	81.83%	85.10%	89.88%	67.57%	84.52%	83.52%	83.13%	84.12%	83.74%
	2023		81.67%	80.49%	78.93%	86.10%	72.90%	84.86%	82.53%	85.83%	82.49%	81.85%
Rating of Personal Doctor (% 9 or 10)	**2025**	**77.83%**	**75.90% ↑↑**	**77.38% ↑↑**	**72.69%**	**80.88%**	**75.17%**	**77.13%**	**72.89%**	**77.02%**	**76.27% ↑↑**	**75.42%**
			10th	33rd	<10th L	67th ● H	10th	33rd	10th	33rd	10th	10th
	2024		75.42%	74.16%	74.22%	77.46%	77.37%	68.05% ✓	75.33%	76.99%	75.39%	78.64%
	2023		73.65% ✓	72.53%	69.11%	78.66%	75.18%	75.09%	69.17%	78.22%	71.92%	73.42%
Rating of Specialist Seen Most Often (% 9 or 10)	**2025**	**73.21%**	**67.84%**	**66.67%**	**69.30%**	**69.35%**	**58.33%**	**71.11%**	**70.00% ↑↑**	**70.31% ↑↑**	**71.43% ↑↑**	**63.30%**
			<10th	<10th	10th	10th	<10th L	33rd	10th	10th	33rd H	<10th
	2024		70.78%	74.67%	71.43%	71.43%	69.49%	67.12%	67.27%	69.74%	67.14%	77.22% ✓
	2023		67.36%	65.96%	71.43%	70.00%	68.89%	75.44%	56.41%	63.79%	65.52%	67.27%
Rating of All Health Care (% 9 or 10)	**2025**	**70.90%**	**70.84% ↑↑**	**72.33%**	**67.74%**	**75.71% ↑↑**	**65.66%**	**71.34%**	**72.17% ↑↑**	**72.45%**	**69.25%**	**72.22%**
			33rd	33rd	10th	67th H	10th L	33rd	33rd	33rd	33rd	33rd
	2024		70.58%	66.41%	68.44%	70.21%	71.32%	65.95%	69.43%	72.96%	73.58%	75.86%
	2023		67.84% ✓	66.88%	62.30%	70.00%	64.39%	70.00%	63.64%	71.16%	71.07%	70.72%

<10th 10th 33rd 67th 90th Color shading represents 2025 plan performance compared to the 2025 (MY 2024) NCQA National Percentiles for All LOBs.

H/L indicates the highest/lowest-performing plan on the measure.

● below the 2025 plan rate indicates a statistically significant difference from the Aggregate rate at the 95% confidence level.

↑↑↓↓ next to the 2025 plan rate indicates a directionally consistent (positive or negative), but not necessarily statistically significant, trend over two consecutive years.

✓ next to a prior-year rate indicates that the 2025 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

EXHIBIT 6. HEALTHCHOICE CHILD MEDICAID WITH CCC SURVEY – TRENDS IN PERFORMANCE ON KEY SURVEY MEASURES (CONTINUED)

Health Plan	Survey Year	2025 (MY 2024) NCQA Quality Compass National Average (All LOBs)	Health Choice Aggregate	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Rating of Health Plan (% 9 or 10)	**2025**	**71.80%**	**68.88%**	**71.12% ↑↑**	**69.49%**	**66.67% ↑↑**	**66.79% ↑↑**	**65.15%**	**68.72% ↑↑**	**71.76%**	**65.22%**	**73.02%**
			10th	33rd	10th	10th	10th	10th L	10th	33rd	10th	33rd ● H
	2024		69.65%	67.10%	73.09%	65.40%	66.14%	68.07%	66.67%	71.72%	67.23%	77.92%
	2023		66.83%	65.14%	63.02% ✓	59.43%	65.82%	67.85%	62.50%	74.80%	67.09%	71.26%
Coordination of Care (% Usually or Always)	**2025**	**84.90%**	**80.44% ↑↑**	**83.46%**	**79.01%**	**80.52%**	**79.29%**	**82.48% ↑↑**	**81.62%**	**77.05% ↓↓**	**84.25% ↑↑**	**77.85% ↓↓**
			10th	33rd	<10th	10th	10th	10th	10th	<10th L	33rd H	<10th
	2024		80.39%	77.14%	79.38%	87.88%	80.41%	80.56%	75.24%	80.99%	82.42%	81.95%
	2023		77.94%	79.37%	75.32%	80.00%	78.21%	75.00%	75.34%	81.91%	74.39%	82.72%
Customer Service (% Usually or Always)	**2025**	**88.21%**	**85.68%**	**84.60% ↑↑**	**84.49%**	**89.08%**	**88.61% ↑↑**	**86.40% ↑↑**	**82.06%**	**84.66%**	**87.36% ↑↑**	**84.67%**
			10th	<10th	<10th	33rd H	33rd	10th	<10th L	10th	33rd	10th
	2024		86.88%	81.03%	90.82%	93.02%	87.69%	81.17%	85.71%	84.58%	86.27%	89.61%
	2023		82.70%	76.79%	72.97% ✓	91.69%	82.69%	80.71%	85.38%	86.21%	84.44%	85.09%
How Well Doctors Communicate (% Usually or Always)	**2025**	**93.95%**	**91.72% ↑↑**	**92.37% ↑↑**	**91.54% ↑↑**	**93.66%**	**91.03% ↑↑**	**92.26%**	**90.63%**	**92.02%**	**91.81% ↑↑**	**90.68%**
			10th	10th	10th	33rd H	<10th	10th	<10th L	10th	10th	<10th
	2024		91.46%	90.01%	89.18%	94.02%	90.93%	91.83%	92.16%	93.72%	90.30%	91.22%
	2023		90.77%	89.59%	88.93%	93.22%	89.12%	92.91%	91.25%	92.84%	89.81%	89.84%
Shared Decision Making (% Yes)	**2025**	**Measure not supported by NCQA**	**74.49% ↓↓**	**73.23% ↓↓**	**73.51%**	**75.00%**	**76.33%**	**84.97%**	**75.11%**	**67.94% ↓↓**	**77.36%**	**70.45%**
			—	—	—	—	—	— H	—	— L	—	—
	2024		75.50%	74.74%	71.94%	87.62%	67.87%	68.47% ✓	79.75%	76.16%	84.57%	72.64%
	2023		75.87%	76.86%	81.82%	70.18%	76.68%	80.18%	68.62%	78.84%	74.29%	67.71%

<10th 10th 33rd 67th 90th Color shading represents 2025 plan performance compared to the 2025 (MY 2024) NCQA National Percentiles for All LOBs.

H/L indicates the highest/lowest-performing plan on the measure.

● below the 2025 plan rate indicates a statistically significant difference from the Aggregate rate at the 95% confidence level.

↑↑↓↓ next to the 2025 plan rate indicates a directionally consistent (positive or negative), but not necessarily statistically significant, trend over two consecutive years.

✓ next to a prior-year rate indicates that the 2025 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

EXHIBIT 7. HEALTHCHOICE CHILD MEDICAID WITH CCC SURVEY – TRENDS IN PERFORMANCE ON CCC MEASURES

Health Plan	Survey Year	2025 (MY 2024) NCQA Quality Compass National Average (All LOBs)	Health Choice Aggregate	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM
Access to Prescription Medicines (% Usually or Always)	**2025**	**90.51%**	**89.25%** ↑↑	**80.32%**	**89.36%**	**91.35%** ↑↑	**89.19%**	**88.77%**	**89.33%**	**95.25%**	**86.09%**	**91.18%**
			10th	<10th ● L	33rd	33rd	10th	10th	33rd	90th ● H	<10th	33rd
	2024		88.51%	85.84%	88.40%	90.91%	91.30%	87.67%	89.74%	89.13% ✓	85.20%	90.06%
	2023		88.35%	80.99%	89.06%	90.54%	84.21%	89.74%	87.86%	91.59%	86.59%	91.16%
Access to Specialized Services (% Usually or Always)	**2025**	**74.52%**	**69.00%** ↑↑	**54.98%** ↓↓	**71.11%** ↑↑	**70.06%**	**59.27%**	**72.07%**	**76.22%** ↑↑	**69.45%** ↓↓	**66.60%**	**76.53%** ↑↑
			<10th	<10th ● L	33rd	10th	<10th	33rd	33rd	<10th	<10th	33rd H
	2024		68.82%	64.88%	65.84%	72.45%	56.55%	70.13%	71.74%	70.18%	73.81%	69.55%
	2023		66.27%	65.26%	57.62%	60.97%	57.62%	71.11%	67.14%	74.13%	66.31%	65.74%
Getting Needed Information (% Usually or Always)	**2025**	**91.02%**	**89.59%**	**88.57%** ↑↑	**88.89%**	**91.34%**	**85.71%** ↑↑	**90.67%** ↓↓	**86.28%**	**93.61%** ↑↑	**88.26%**	**91.47%**
			10th	10th	10th	33rd	<10th L	33rd	<10th	67th ● H	10th	33rd
	2024		87.82%	87.22%	83.25%	93.75%	83.57%	91.00%	85.57%	90.48%	88.71%	87.85%
	2023		88.02%	84.80%	88.81%	92.00%	79.51%	91.46%	89.58%	88.24% ✓	87.03%	89.74%
Personal Doctor Who Knows Child (% Yes)	**2025**	**91.44%**	**90.40%**	**90.87%**	**91.40%** ↑↑	**93.79%**	**87.55%**	**91.22%**	**90.14%**	**91.34%** ↑↑	**90.14%** ↑↑	**87.98%** ↓↓
			10th	10th	33rd	67th H	<10th L	33rd	10th	33rd	10th	10th
	2024		89.07%	88.84%	89.05%	88.36%	82.02%	90.99%	89.74%	90.71%	89.63%	89.03%
	2023		90.18%	90.08%	86.52%	94.72%	88.67%	91.56%	91.54%	90.06%	89.31%	90.88%
Coordination of Care for Children with Chronic Conditions (% Yes)	**2025**	**74.91%**	**72.77%**	**68.52%**	**74.45%** ↑↑	**79.40%**	**73.24%** ↑↑	**71.08%** ↑↑	**77.41%** ↑↑	**74.05%**	**68.53%**	**72.16%**
			10th	<10th L	33rd	90th H	10th	10th	67th	10th	<10th	10th
	2024		73.63%	76.12%	71.55%	70.31%	68.97%	70.53%	74.32%	80.27%	69.94%	77.61%
	2023		70.15%	67.07%	68.78%	77.27%	64.29%	69.07%	71.72%	74.12%	68.06%	72.59%

<10th 10th 33rd 67th 90th Color shading represents 2025 plan performance compared to the 2025 (MY 2024) NCQA National Percentiles for All LOBs.
H/L indicates the highest/lowest-performing plan on the measure.
● below the 2025 plan rate indicates a statistically significant difference from the Aggregate rate at the 95% confidence level.
↑↑↓↓ next to the 2025 plan rate indicates a directionally consistent (positive or negative), but not necessarily statistically significant, trend over two consecutive years.
✓ next to a prior-year rate indicates that the 2025 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

- The HealthChoice Aggregate performed on par with the 2024 levels across the measure spectrum. However, most of the measures scored in the bottom third of the 2025 (MY 2024) NCQA Quality Compass Child Medicaid National distribution. Seven of the nine non-CCC measures and four of the five CCC measures were in the bottom third, and one (*Rating of All Health* Care) scored in the middle third. HealthChoice Aggregate scored in the bottom decile for one non-CCC measure and one CCC measure. No measures saw statistically significant improvements from 2024, but four non-CCC measures and two CCC measures saw a three-year positive trend.

- Among the participating plans, statistically significant performance gains compared to the prior year were seen for *Rating of Personal Doctor* and *Shared Decision Making* for **MPC**, and *Access to Prescription Medicines* for **PPMCO.** *Rating of Specialist Seen Most Often* for **WPM** was the only measure to see a statistically significant decline from the previous year for any plans on any measures.

- Among CCC measures, the best performing plan was **JMS**, as it had two of the highest scoring measures among all plans, *Personal Doctor Who Knows Child* in the top decile and *Coordination of Care for Children With Chronic Conditions*, while having no measures in the bottom decile. **ABH** was the worst performing plan among CCC measures, with three measures scoring in the bottom decile, all having the lowest score of participating plans, and two measures (*Access to Prescription Medicines* and *Access to Specialized Services*) significantly below the HealthChoice average.

- **JMS** was also the best performing plan overall this year with four of the highest scoring non-CCC measures (*Rating of Personal Doctor* being statistically significantly higher than the Health Choice Aggregate) and two of the highest scoring CCC measures.

- **WPM** was an average performing plan with one of the highest scoring non-CCC measures (*Rating of Health Plan*, which was also statistically significantly higher than the HealthChoice Aggregate), but also one of the lowest (*Getting Needed Care*). **WPM** had four measures score in the bottom decile, three in the bottom third, and two in the middle third.

- **MPC** had three of the highest scoring measures (*Getting Needed Care, Getting Care Quickly,* and *Shared Decision Making*) but also had one lowest scoring measure (*Rating of Health Plan*). All measures for **MPC** scored in either the bottom or middle third, with one measure that was statistically significantly higher than the HealthChoice Aggregate (*Getting Care Quickly*).

- The worst performing plan among non-CCC measures was **KPMAS**, which had three of the lowest scoring measures across all plans, with two of them scoring in the bottom decile and one of them (*Getting Care Quickly*) being statistically significantly worse than the HealthChoice Aggregate. **KPMAS** also performed poorly on the CCC measures, with two being the lowest scoring among all plans (*Getting Needed Information* and *Personal Doctor Who Knows Child*). Those two and an additional one (*Access to Specialized Services*) scored in the bottom decile. However, KPMAS did have three non-CCC measures and two CCC measures show a positive directional trend over the previous two years.

- **ABH** was an average scoring plan on the non-CCC measures, with two in the bottom decile, three in the bottom third, and four in the middle third. Five showed positive three-year trends, but none were statistically significant.

- **UHC** saw two non-CCC measures score the highest among all plans (*Rating of Specialist Seen Most Often* and *Coordination of Care*). With five non-CCC measures scoring in the middle third and four in the bottom third, **UHC** was an average scoring plan otherwise. Among CCC measures, **UHC** saw three score in the bottom decile, and two in the bottom third. None was the highest or lowest, nor were they statistically significant. **UHC** had six non-CCC measures and one CCC measure show positive directional trend over the previous two years.

- **PPMCO** saw two non-CCC measures score the lowest among all plans (*Coordination of Care* and *Shared Decision Making*). Among non-CCC measures, there was one in the bottom decile, four in the bottom third, and four in the middle third. **PPMCO** was one of the best performing plans on CCC measures, with two of the highest scores among all plans (*Access to Prescription Medicines* and *Getting Needed Information*) and only one scoring in the bottom decile.
- **CFCHP** had one non-CCC measure score the lowest among all plans (*Rating of Personal Doctor*), and otherwise saw six measures score in the bottom third and three in the bottom decile. **CFCHP** had one non-CCC measure, and three CCC measures show a positive directional trend over the previous two years.
- **MSFC** saw two non-CCC measures score the lowest among all plans (*Customer Service* and *How Well Doctors Communicate*). Three non-CCC measures scored in the bottom decile, five in the bottom third, and one in the middle third. **MSFC** also had one CCC measure score in the bottom decile, one in the bottom third, two in the middle third, and one in the top third.

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 having access to highly rated providers (Q18 and Q22). More generally, access to needed care, tests, and treatment (Q9), including primary (Q10) and specialty (Q19) care, are all significant drivers of member experience.

Key Driver	Interpretation
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.
Q19. Made specialist appointments (percent *Yes*)	The higher the proportion of plan members who made specialist appointments, the higher the overall plan score.
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. Has a personal doctor (percent *Yes*)	The higher the proportion of plan members reporting that they have a personal doctor, 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.

KEY DRIVERS OF MEMBER EXPERIENCE – CHILD MEDICAID

Child Medicaid member ratings of the plan are strongly related to having access to highly rated providers (Q36 and Q43). More generally, access to needed care, tests, and treatment (Q10), including primary (Q25) and specialty (Q40) care, are all significant drivers of member experience.

Key Driver	Interpretation
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 for their child were easy to get, the higher the overall plan score.
Q40. Made specialist appointments (percent *Yes*)	The higher the proportion of plan members who made specialist appointments for their child, the higher the overall plan score.
Q36. Rating of Personal Doctor (percent *9* or *10*)	The higher the proportion of members rating their child's personal doctor as *9* or *10*, the higher the overall plan score.
Q25. Has a personal doctor (percent *Yes*)	The higher the proportion of plan members reporting that their child has a personal doctor, 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 child's specialist as *9* or *10*, 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 multi-plan 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 plans included in the calculation of the CSS multi-plan average).
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 Interval	A confidence interval (CI) is a range of values that is likely to contain the value of an unknown population parameter (e.g., mean or proportion). Since it is usually impossible to measure entire populations, these parameters are estimated using samples. Parameter estimates are subject to random sampling error. A confidence interval places a margin of error around the sample estimate to help us understand how wrong the estimate might be. A narrower CI indicates a more precise estimate, while a wider CI indicates a less precise estimate. For example, suppose the proportion of sample members rating their plan as *9* or *10* is 52%. A 95% confidence interval for the proportion was computed to be [49%, 55%], or 52 (±3%). This means that we are 95% confident that the proportion of the plan population that would rate it as *9* or *10* is between 49% and 55%.

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 (HPR)	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 and 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 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 when viewed from the industry perspective, helps to distinguish highly 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, medical groups, and health plans. 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 enough 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 representing the percent of the base sample to be oversampled (e.g., 7).
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 used to identify 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	Survey response rate is calculated by NCQA using the following formula: **Response Rate = [Complete and Eligible Surveys]/[Complete and Eligible + Incomplete (but Eligible) + Refusal + Nonresponse after maximum attempts]**
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 multi-plan 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.