State of Maryland Executive Summary Report

for

HealthChoice Managed Care Organizations

Adult and Child Populations

2022 CAHPS® 5.1H Member Experience Survey

Prepared for:

The Maryland Department of Health

Prepared by:

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

11/29/2022

Table of Contents

BACKGROUND AND PURPOSE

Introduced by the Agency for Healthcare Research and Quality (AHRQ) in the mid-1990s, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program encompasses the full range of standardized surveys that ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers, such as accessibility of services and provider communication skills.

The National Committee for Quality Assurance (NCQA) uses the Health Plan CAHPS survey in its Health Plan Accreditation Program as part of the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS measures health plan performance on important dimensions of care and service and is designed to provide purchasers and consumers with the information they need to reliably compare the performance of health care plans. The Health Plan CAHPS survey represents the patient (member) experience component of the HEDIS measurement set. The survey measures 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 11 and May 11, 2022. The following health plans were surveyed and are included in the results presented in this report:

- Aetna Better Health of Maryland (ABH)
- AMERIGROUP Community Care (ACC)
- 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)

SURVEY METHODOLOGY

CSS administered the 2022 Health Plan CAHPS Survey in accordance with the NCQA methodology detailed in *HEDIS 2022, Volume 3: Specifications for Survey Measures* and *Quality Assurance Plan for HEDIS 2022 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, 2021; were currently enrolled; had been continuously enrolled for six months (with no more than one enrollment break of 45 days or less); and whose primary coverage was through Medicaid. The sample frame(s) for the Child with CCC Measure survey included a pre-screen status code to identify children that were likely to have a chronic condition based on claim and encounter records. Using this code, a second sample was drawn from the child Medicaid CCC population, in addition to those members from the general child Medicaid population included in the initial sample. While the CCC sample was drawn based on member pre-screen status, the results for the CCC population presented in this report are based on all responses to the survey. Children were included in the CCC results if their parent or caretaker responded "Yes" to all 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 11.

- An initial reminder/thank-you postcard was mailed on February 17.
- A replacement survey package was mailed on March 18.
- A second reminder/thank-you postcard was mailed on March 24.
- A telephone follow-up phase targeting non-respondents, with up to six telephone follow-up attempts spaced at different times of the day and on different days of the week, started on April 1.
- Data collection closed on May 11.

Survey results for participating plans were submitted to NCQA on May 25, 2022.

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)		
	2022 HealthChoice		2022 CSS Adult Medicaid Average	2022 HealthChoice		2022 CSS Child Medicaid Average
	Number	Percent of Initial Sample	Percent of Total Initial Sample	Number	Percent of Initial Sample	Percent of Total Initial Sample
Initial Sample	12,150	100.0%	100.0%	14,850	100.0%	100.0%
Complete and Eligible - Mail	1,152	9.5%	9.6%	1,171	7.9%	8.5%
Complete and Eligible - Phone*	417	3.4%	3.2%	1,138	7.7%	7.4%
Complete and Eligible - Internet**	2	0.0%	0.1%	3	0.0%	0.1%
Complete and Eligible - Total	1,571	12.9%	12.8%	2,312	15.6%	15.9%
Does not meet Eligible Population criteria	90	0.7%	0.7%	95	0.6%	0.6%
Incomplete (but Eligible)	268	2.2%	1.8%	376	2.5%	2.6%
Language barrier	26	0.2%	0.8%	33	0.2%	1.5%
Mentally or physically incapacitated	17	0.1%	0.3%	0	0.0%	0.0%
Deceased	14	0.1%	0.1%	2	0.0%	0.0%
Refusal	557	4.6%	4.0%	674	4.5%	3.9%
Nonresponse after maximum attempts	9,500	78.2%	78.4%	11,270	75.9%	74.7%
Added to Do Not Call (DNC) list	107	0.9%	1.0%	88	0.6%	0.8%
NCQA Response Rate* **		**13.09%**	**13.08%**		**15.71%**	**16.29%**

* Applies to plans following mixed methodology.

** Any sample members who called and requested another survey were given the option to complete the survey online.

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

EXHIBIT 2. INDIVIDUAL HEALTHCHOICE MCO SAMPLE SIZES AND RESPONSE RATES

Health Plan	Adult Survey			Child withCCC 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**	**1,571**	**13.1%**	**14,850**	**15,640**	**30,490**	**2,312**	**1,511**	**15.71%**
ABH	1,350	142	10.7%	1,650	1,840	3,490	235	132	14.39%
ACC	1,350	191	14.3%	1,650	1,840	3,490	297	161	18.14%
CFCHP	1,350	167	12.6%	1,650	1,840	3,490	280	145	17.21%
JMS	1,350	174	13.0%	1,650	920	2,570	189	90	11.55%
KPMAS	1,350	198	14.8%	1,650	1,840	3,490	290	129	17.76%
MPC	1,350	175	13.1%	1,650	1,840	3,490	244	236	14.87%
MSFC	1,350	175	13.2%	1,650	1,840	3,490	224	179	13.67%
PPMCO	1,350	166	12.4%	1,650	1,840	3,490	301	252	18.39%
UHC	1,350	183	13.7%	1,650	1,840	3,490	252	187	15.40%

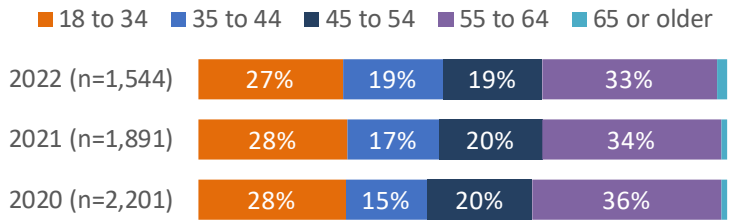
* The response rate is calculated using the NCQA formula as follows: Response Rate = Complete and Eligible Surveys/[Complete and Eligible + Incomplete (but Eligible) + Refusal + Nonresponse after maximum attempts + Added to Do Not Call (DNC) List]

PROFILE OF SURVEY RESPONDENTS

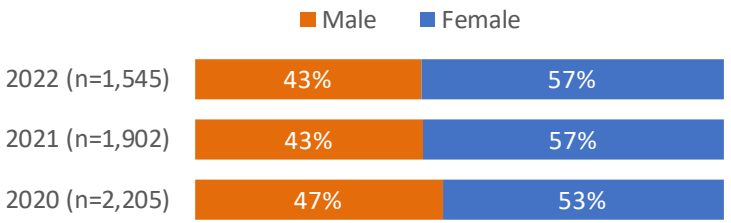
The charts in this section provide a demographic profile of members surveyed across the participating HealthChoice MCOs during the past three years. Member demographics, including age, gender, health status, race, ethnicity, and education level, are based on responses to survey questions. Numbers in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

ADULT MEDICAID MEMBERS

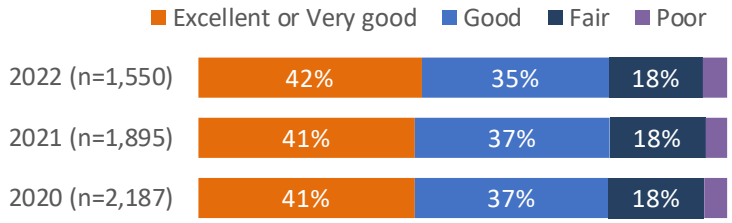
Q36. AGE



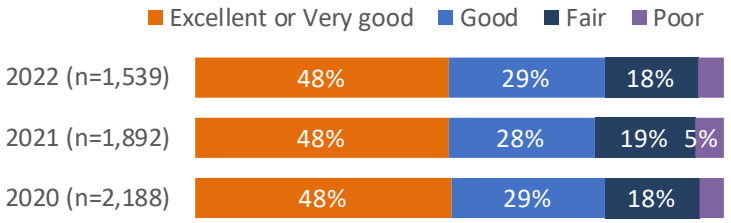
Q37. GENDER



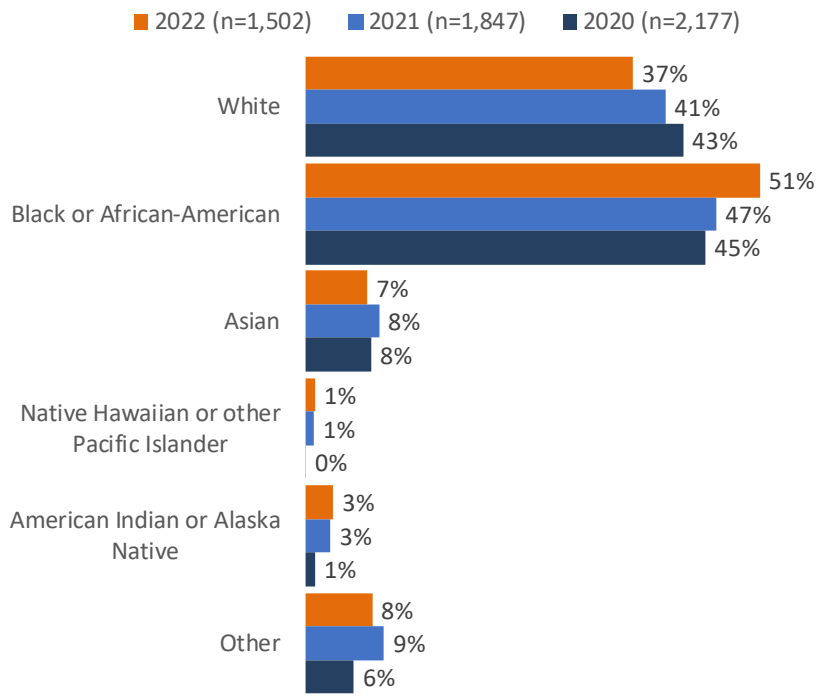
Q29. RATING OF OVERALL HEALTH



Q30. RATING OF OVERALL MENTAL/EMOTIONAL HEALTH



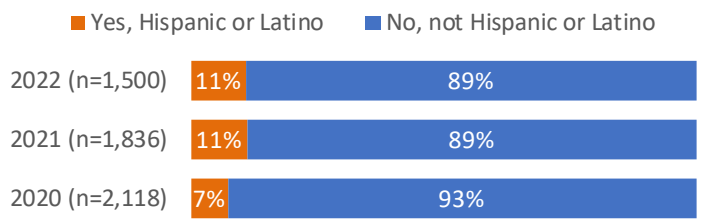
Q40. RACE



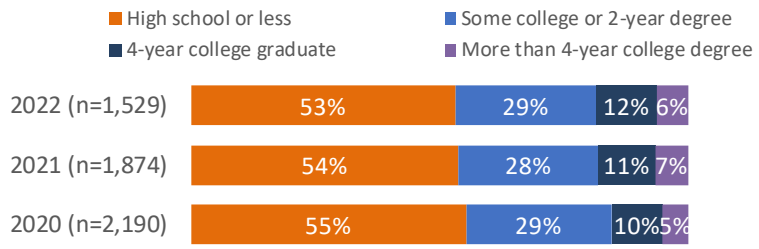
Note: since a respondent could mark more than once race in response to this question, the sum of the percentages may exceed 100%.

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

Q39. ETHNICITY

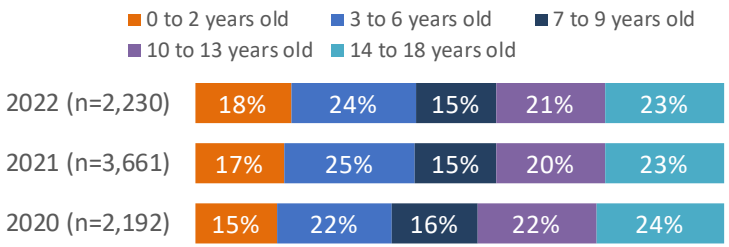


Q38. EDUCATION

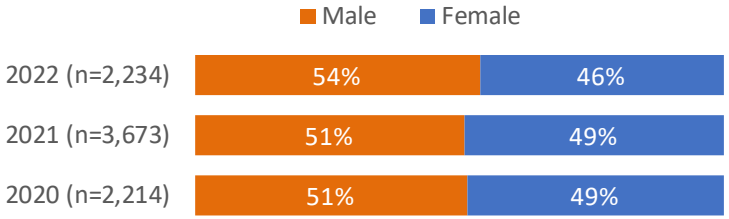


CHILD MEDICAID MEMBERS – GENERAL POPULATION

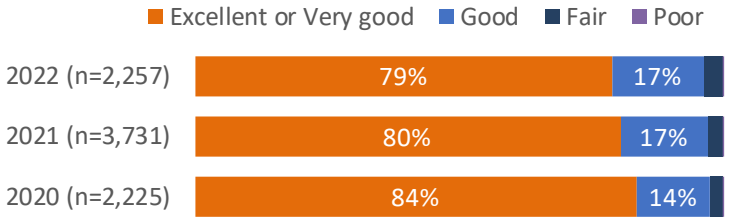
Q69. AGE



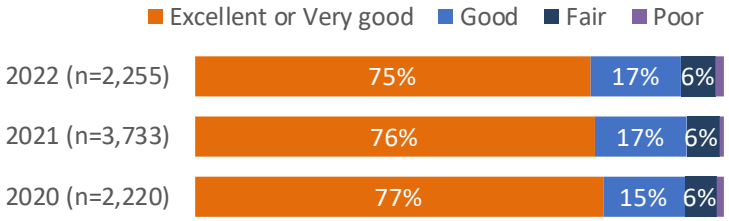
Q70. GENDER



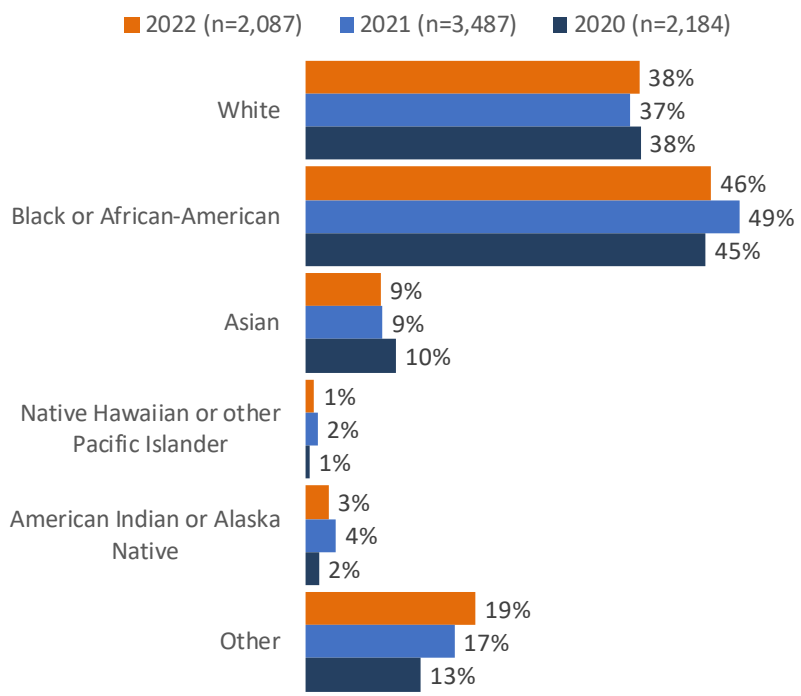
Q53. RATING OF OVERALL HEALTH



54. RATING OF OVERALL MENTAL/EMOTIONAL HEALTH



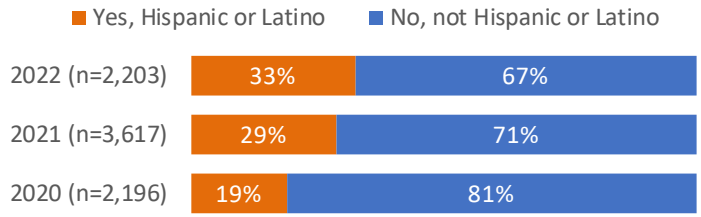
Q72. RACE



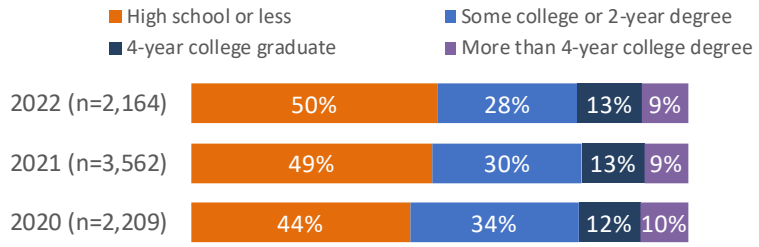
Note: since a respondent could mark more than once race in response to this question, the sum of the percentages may exceed 100%.

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

Q71. ETHNICITY

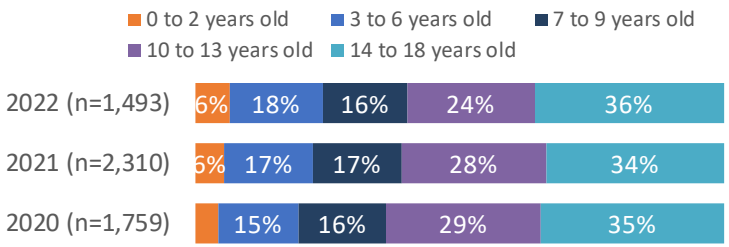


Q75. PARENT/GUARDIAN EDUCATION

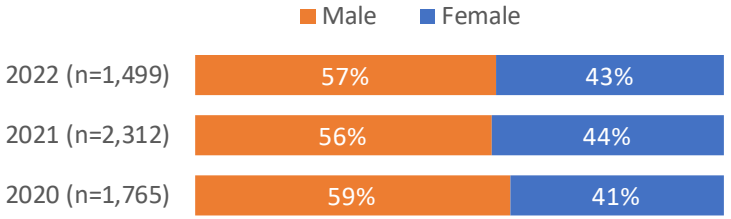


CHILD MEDICAID MEMBERS – CCC POPULATION

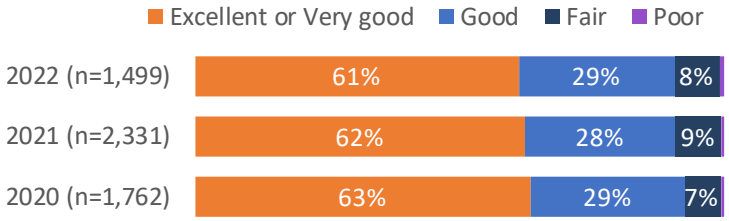
Q69. AGE



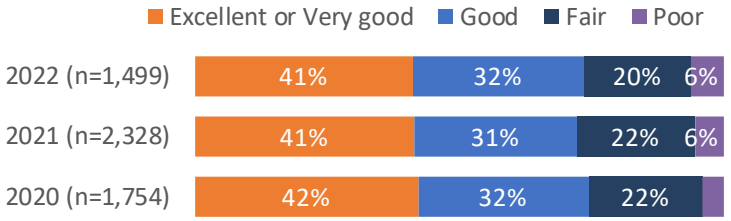
Q70. GENDER



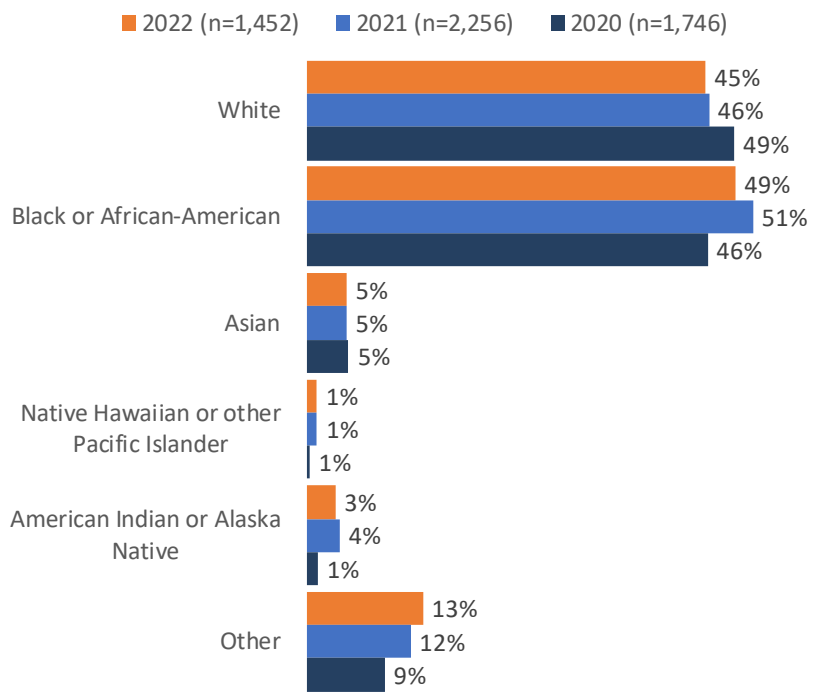
Q53. RATING OF OVERALL HEALTH



54. RATING OF OVERALL MENTAL/EMOTIONAL HEALTH



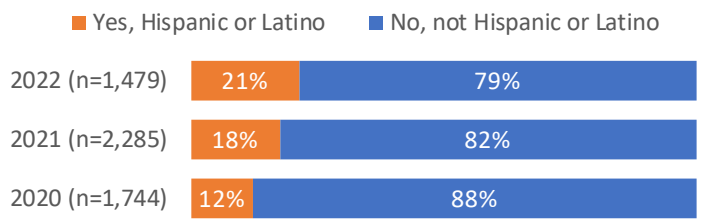
Q72. RACE



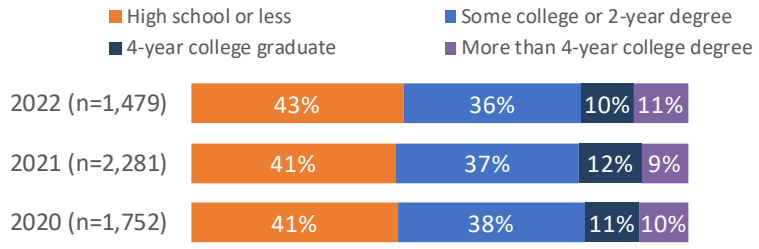
Note: since a respondent could mark more than once race in response to this question, the sum of the percentages may exceed 100%.

Note: percentages may not always add to 100% due to rounding. Labels for small categories (less than 5%) 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 2021 NCQA Quality Compass® Medicaid HMO National Average rate is provided for reference. Statistically significant improvements and declines in reported rates are indicated at the 95% confidence level. Consistent directional trends (i.e., improvements or declines over the 2020-2021 and 2021-2022 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	Measure / Year	Getting Needed Care (% Usually or Always)	Getting Care Quickly (% Usually or Always)	Rating of Personal Doctor (% 9 or 10)	Rating of Specialist Seen Most Often (% 9 or 10)	Rating of All Health Care (% 9 or 10)	Coordination of Care (% Usually or Always)	Rating of Health Plan (% 9 or 10)	How Well Doctors Communicate (% Usually or Always)	Shared Decision Making (% Yes)	Customer Service (% Usually or Always)
2021 NCQA Quality Compass Adult Medicaid National Average for All Lines of Business	**2021**	**83.6%**	**81.8%**	**69.2%**	**69.0%**	**58.7%**	**85.4%**	**62.3%**	**92.2%**	**Measure discontinued by NCQA in 2020**	**88.9%**
Highest-Scoring Plan	**2022**	PPMCO (86.67%)	JMS (82.76%)	JMS (72.54%)	PPMCO (70.69%)	ACC (60.66%)	JMS (90.00%)	KPMAS (64.89%)	PPMCO (96.06%)	JMS (86.12%)	MSFS (95.86%)
Lowest-Scoring Plan	**2022**	ABH (77.38%)	ABH (76.50%)	ABH (61.32%)	ABH (47.27%)	ABH (45.24%)	CFCHP (77.78%)	UHC (50.28%)	CFCHP (88.99%)	ACC (69.54%)	UHC (86.22%)
HealthChoice	**2022**	**82.87%** 33rd	**80.83%** ⇊ 33rd	**65.25%** 10th	**61.60%** ⇊ <10th	**55.45%** ⇈ 10th	**84.85%** 33rd	**56.53%** 10th	**93.11%** 33rd	**80.17%**	**89.99%** 33rd
	2021	84.61%	81.94%	66.26%	66.02%	55.04%	83.15%	55.01%	92.07%	79.13%	88.09%
	2020	83.52%	83.80%	65.93%	66.35%	54.29%	83.76%	56.84%	93.26%	79.33%	89.71%
ABH	**2022**	**77.38%** <10th	**76.50%** ⇊ <10th	**61.32%** ⇈ <10th	**47.27%** ✓ <10th	**45.24%** ⇈ <10th	**81.82%** 10th	**51.80%** <10th	**90.64%** 10th	**81.16%**	**87.27%** ⇈ 10th
	2021	82.54%	77.87%	57.94%	58.11%	44.14%	88.14%	39.89% ↑	93.39%	82.09%	87.12%
	2020	75.03%	79.22%	54.92%	51.92%	39.22%	83.02%	48.02%	88.55%	78.42%	80.51%
ACC	**2022**	**80.84%** 10th	**82.17%** 33rd	**66.20%** ⇈ 10th	**63.16%** 10th	**60.66%** ⇈ 33rd	**80.70%** ⇈ 10th	**57.46%** 10th	**92.90%** ⇈ 33rd	**69.54%**	**89.86%** 33rd
	2021	80.75%	82.88%	64.78%	70.67%	52.89%	78.69%	56.31%	90.55%	79.17%	86.18%
	2020	81.66%	80.92%	60.47%	59.46%	51.63%	77.14%	56.60%	90.27%	76.57%	90.68%
CFCHP	**2022**	**79.30%** ⇊ 10th	**78.58%** ⇊ 10th	**64.41%** 10th	**60.00%** ⇊ <10th	**56.25%** ⇈ 10th	**77.78%** <10th	**52.87%** <10th	**88.99%** ⇊ 10th	**83.95%**	**90.83%** 67th
	2021	85.85%	80.73%	65.07%	65.79%	54.63%	68.33%	54.79%	89.92%	80.09%	82.35%
	2020	86.44%	86.57%	64.25%	65.93%	49.15%	88.46%	53.28%	92.94%	86.32%	92.31%
JMS	**2022**	**84.93%** 33rd	**82.76%** 33rd	**72.54%** 67th	**65.57%** 10th	**58.59%** ⇈ 33rd	**90.00%** 67th	**56.80%** ⇈ 10th	**93.90%** 67th	**86.12%** ⇈	**93.15%** 90th
	2021	86.35%	86.68%	73.10%	64.18%	54.31%	91.23%	55.61%	95.29%	76.24%	88.36%
	2020	85.39%	85.56%	72.25%	69.70%	51.52%	88.76%	55.56%	94.41%	75.56%	92.00%

5003900

Color shading (red/yellow/green) indicates how the 2022 plan performance compares to the 2021 NCQA Quality Compass Adult Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All Lines of Business.

Symbols used in the report: ✓ next to the 2022 plan rate indicates a statistically significant difference from the HealthChoice rate at the 95% confidence level.

⇈⇊ next to the 2022 plan rate indicates a directionally consistent, but not necessarily statistically significant, positive or negative two-year trend (2020-2021 and 2021-2022).

↑↓ next to a prior-year rate indicates that the 2022 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	Measure / Year	Getting Needed Care (% Usually or Always)	Getting Care Quickly (% Usually or Always)	Rating of Personal Doctor (% 9 or 10)	Rating of Specialist Seen Most Often (% 9 or 10)	Rating of All Health Care (% 9 or 10)	Coordination of Care (% Usually or Always)	Rating of Health Plan (% 9 or 10)	How Well Doctors Communicate (% Usually or	Shared Decision Making (% Yes)	Customer Service (% Usually or Always)
2021 NCQA Quality Compass Adult Medicaid National Average for All Lines of Business	**2021**	**83.6%**	**81.8%**	**69.2%**	**69.0%**	**58.7%**	**85.4%**	**62.3%**	**92.2%**	**Measure discontinued by NCQA in 2020**	**88.9%**
Highest-Scoring Plan	**2022**	PPMCO (86.67%)	JMS (82.76%)	JMS (72.54%)	PPMCO (70.69%)	ACC (60.66%)	JMS (90.00%)	KPMAS (64.89%)	PPMCO (96.06%)	JMS (86.12%)	MSFS (95.86%)
Lowest-Scoring Plan	**2022**	ABH (77.38%)	ABH (76.50%)	ABH (61.32%)	ABH (47.27%)	ABH (45.24%)	CFCHP (77.78%)	UHC (50.28%)	CFCHP (88.99%)	ACC (69.54%)	UHC (86.22%)
HealthChoice	**2022**	**82.87%** 33rd	**80.83%** ⇊ 33rd	**65.25%** 10th	**61.60%** ⇊ <10th	**55.45%** ⇈ 10th	**84.85%** 33rd	**56.53%** 10th	**93.11%** 33rd	**80.17%**	**89.99%** 33rd
	2021	84.61%	81.94%	66.26%	66.02%	55.04%	83.15%	55.01%	92.07%	79.13%	88.09%
	2020	83.52%	83.80%	65.93%	66.35%	54.29%	83.76%	56.84%	93.26%	79.33%	89.71%
KPMAS	**2022**	**86.26%** 67th	**82.07%** 33rd	**62.75%** ⇊ <10th	**66.67%** 10th	**59.84%** ⇊ 33rd	**84.38%** 33rd	**64.89%** ✓ 67th	**92.32%** 33rd	**71.08%** ⇊	**88.36%** ⇊ 33rd
	2021	80.02%	75.98%	69.14%	63.38%	61.19%	80.00%	57.97%	87.06%	77.39%	90.85%
	2020	82.37%	85.05%	72.09%	77.14%	68.55%	93.44%	62.44%	96.74%	80.33%	92.94%
MPC	**2022**	**86.30%** 67th	**78.00%** ⇊ 10th	**63.16%** <10th	**62.12%** ⇊ <10th	**58.41%** ⇈ 33rd	**87.93%** 67th	**53.85%** <10th	**93.90%** 67th	**82.56%**	**87.07%** 10th
	2021	87.23%	83.01%	69.82%	63.10%	54.81%	81.16%	57.43%	91.87%	81.68%	83.90%
	2020	85.75%	86.90%	67.44%	65.35%	54.36%	84.91%	57.25%	95.95%	83.15%	89.03%
MSFC	**2022**	**83.04%** 33rd	**81.97%** 33rd	**68.53%** ⇈ 33rd	**58.44%** ⇊ <10th	**57.52%** 33rd	**85.71%** ⇈ 33rd	**58.58%** 10th	**95.28%** 90th	**79.12%**	**95.86%** 90th
	2021	83.04%	84.39%	66.27%	69.05%	55.48%	84.21%	62.33%	91.40%	79.77%	88.46%
	2020	83.46%	84.30%	66.02%	72.48% ↓	59.38%	82.69%	58.66%	91.81%	75.21%	91.57%
PPMCO	**2022**	**86.67%** 67th	**80.93%** 33rd	**63.93%** 10th	**70.69%** 33rd	**48.08%** ⇊ <10th	**88.24%** 67th	**60.63%** 33rd	**96.06%** 90th	**83.12%**	**91.25%** 67th
	2021	88.46%	82.95%	63.02%	70.97%	54.78%	88.51%	56.00%	94.90%	79.24%	93.36%
	2020	83.61%	80.93%	64.81%	62.50%	57.14%	77.57%	62.64%	96.36%	80.09%	88.24%
UHC	**2022**	**80.68%** 10th	**82.26%** 33rd	**63.04%** ⇊ <10th	**59.38%** ⇊ <10th	**50.91%** <10th	**86.15%** ⇈ 33rd	**50.28%** ⇊ <10th	**92.93%** 33rd	**84.71%**	**86.22%** 10th
	2021	85.81%	81.97%	66.17%	67.02%	60.13%	85.39%	52.99%	93.82%	76.46%	91.57%
	2020	83.45%	84.02%	66.81%	67.24%	54.55%	81.48%	55.18%	90.80%	77.78%	87.39%

Color shading (red/yellow/green) indicates how the 2022 plan performance compares to the 2021 NCQA Quality Compass Adult Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All Lines of Business.

5003900

Symbols used in the report:
- ✓ next to the 2022 plan rate indicates a statistically significant difference from the HealthChoice rate at the 95% confidence level.
- ⇈⇊ next to the 2022 plan rate indicates a directionally consistent, but not necessarily statistically significant, positive or negative two-year trend (2020-2021 and 2021-2022).
- ↑↓ next to a prior-year rate indicates that the 2022 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

- Overall, the HealthChoice Aggregate performed on par with the 2021 levels across the measure spectrum, with no statistically significant improvements or declines in scores.

- *Rating of Health Plan* for **ABH** was the only measure that saw statistically significant performance gain among the participating plans compared to the prior year across the measure spectrum. None of the observed declines in performance reached statistical significance.

- HealthChoice exhibited a consistent positive directional trend on *Rating of All Health Care*, and a consistent negative directional trend on *Getting Care Quickly* and *Rating of Specialist Seen Most Often*. Neither was statistically significant.

- For a majority of the measures, HealthChoice scored in the middle third of the 2021 NCQA Quality Compass Adult Medicaid percentile distribution. HealthChoice only scored in the bottom third on *Rating of Personal Doctor*, *Rating of All Health Care,* and *Rating of Health Plan* and scored in the bottom decile for *Rating of Specialist Seen Most Often*.

- **JMS** emerged as a leader among the participating plans, earning top scores on four of the ten measures: *Getting Care Quickly*, *Rating of Personal Doctor*, *Coordination of Care*, and *Shared Decision Making.* In addition, JMS scored in the top third on *Rating of Personal Doctor*, *Coordination of Care*, and *How Well Doctors Communicate* and scored in the top decile of the 2021 NCQA Quality Compass Adult Medicaid National distribution on *Customer Service*. However, JMS still scored in the bottom third on *Rating of Specialist Seen Most Often*, and *Rating of Health Plan*.

- **PPMCO** and **MSFC** were the only other plans with measures that scored in the top decile of the Quality Compass Distribution. For MSFC these were *How Well Doctors Communicate* and *Customer Service*. PPMCO scored in the top decile for *How Well Doctors Communicate*. In addition, PPMCO earned top scores for *How Well Doctors Communicate*, *Rating of Specialist Seen Most Often,* and *Getting Needed Care*. MSFC earned the top score for *Customer Service*.

- **MPC** and **KPMAS** are the only other plans with multiple measures in the top third of the Quality Compass distribution (*Getting Needed Care*, *Coordination of Care*, and *How Well Doctors Communicate* for MPC and *Getting Needed Care* and *Rating of Health Plan* for KPMAS). However, MPC also scored in the bottom decile for *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, and *Rating of Health Plan*.

- **CFCHP** only scored in the top third of the Quality Compass distribution for *Customer Service* and scored in the bottom decile for *Rating of Specialist Seen Most Often, Coordination of Care,* and *Rating of Health Plan*. CFCHP had a consistent negative directional trend on four measures and a consistent positive directional trend on one measure.

- **ACC** scored in the middle third to bottom third of the Quality Compass distribution in all measures. ACC was the lowest-scoring plan amongst the MCOs for *Shared Decision Making*. ACC did see a consistent positive directional trend on four measures.

- **UHC** scored in the middle third to bottom decile of the Quality Compass distribution in all measures. UHC had the lowest scores in *Rating of Health Plan* and *Customer Service* and had a consistent negative directional trend on three measures.

- **ABH** stands out as the poorest performing plan among the HealthChoice MCOs, having scored in the bottom third to bottom decile of the Quality Compass distribution in all measures. In addition, ABH scored the lowest in five of the ten measures. ABH did see a consistent positive directional trend on three measures.

CHILD MEDICAID SURVEY RESULTS

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

Health Plan	Measure / Year	Getting Needed Care (% Usually or Always)	Getting Care Quickly (% Usually or Always)	Rating of Personal Doctor (% 9 or 10)	Rating of Specialist Seen Most Often (% 9 or 10)	Rating of All Health Care (% 9 or 10)	Coordination of Care (% Usually or Always)	Rating of Health Plan (% 9 or 10)	How Well Doctors Communicate (% Usually or Always)	Shared Decision Making (% Yes)	Customer Service (% Usually or Always)
2021 NCQA Quality Compass Child Medicaid National Average for All Lines of Business	**2021**	**85.7%**	**86.9%**	**78.0%**	**73.8%**	**74.3%**	**86.6%**	**72.2%**	**94.4%**	**Measure discontinued by NCQA in 2020**	**88.3%**
Highest-Scoring Plan	**2022**	MPS (86.66%)	ABH (86.49%)	JMS (82.48%)	ABH (78.13%)	ACC (76.97%)	JMS (92.00%)	ACC (77.46%)	JMS (96.83%)	JMS (84.49%)	CFCHP (93.86%)
Lowest-Scoring Plan	**2022**	CFCHP (74.71%)	KPMAS (72.15%)	ABH (67.39%)	JMS (60.87%)	CFCHP (62.25%)	ACC (76.79%)	ABH (60.96%)	CFCHP (91.06%)	KPMAS (70.85%)	UHC (79.84%)
HealthChoice	**2022**	**80.24%** ⇊ 10th	**82.08%** ⇊ 10th	**74.83%** ⇊ 10th	**68.09%** ⇊ <10th	**70.83%** 10th	**81.34%** ⇊ 10th	**68.42%** 10th	**92.79%** 10th	**78.62%**	**89.01%** 33rd
	2021	81.75%	82.95%	76.86%	69.68%	73.94% ↓	81.46%	68.35%	92.11%	77.61%	86.88%
	2020	85.46% ↓	88.71% ↓	77.66% ↓	72.84%	71.33%	85.25%	69.55%	96.25% ↓	81.34%	89.28%
ABH	**2022**	**81.87%** 10th	**86.49%** 33rd	**67.39%** ✓ ⇊ <10th	**78.13%** 90th	**68.70%** <10th	**77.78%** <10th	**60.96%** ✓ <10th	**94.12%** 33rd	**81.52%** ⇊	**90.45%** 67th
	2021	83.26%	79.68%	68.11%	66.67%	63.40%	74.51%	59.61%	89.22%	82.05%	85.56%
	2020	80.65%	84.36%	71.95%	73.53%	70.27%	83.33%	60.48%	95.51%	84.44%	85.94%
ACC	**2022**	**79.67%** 10th	**85.81%** 33rd	**81.38%** ✓ ⇈ 67th	**67.35%** <10th	**76.97%** ⇈ 67th	**76.79%** <10th	**77.46%** ✓ ⇈ 67th	**93.29%** 10th	**74.51%** ⇊	**88.56%** 33rd
	2021	78.02%	81.95%	77.54%	70.97%	75.64%	84.51%	70.35% ↑	91.70%	79.28%	87.26%
	2020	80.35%	88.49%	74.52%	65.12%	71.51%	81.03%	70.33%	94.10%	81.66%	88.18%
CFCHP	**2022**	**74.71%** ⇊ <10th	**79.58%** ⇊ <10th	**71.82%** <10th	**67.44%** <10th	**62.25%** ✓ <10th	**90.91%** ⇈ 90th	**67.28%** 10th	**91.06%** <10th	**76.19%**	**93.86%** 90th
	2021	79.44%	84.84%	74.05%	76.19%	73.40% ↓	81.03%	65.42%	89.34%	72.97%	86.49%
	2020	84.47%	85.82%	71.10%	57.14%	72.00%	74.00% ↑	66.36%	91.96%	77.08%	87.16%
JMS	**2022**	**82.61%** ⇊ 10th	**83.77%** 10th	**82.48%** ✓ ⇊ 67th	**60.87%** <10th	**68.18%** ⇊ <10th	**92.00%** 90th	**71.20%** 33rd	**96.83%** 67th	**84.49%** ⇈	**92.20%** 67th
	2021	82.68%	79.35%	85.60%	59.26%	74.23%	80.85%	69.18%	93.99%	78.54%	89.70%
	2020	85.05%	92.21%	88.59%	72.73%	81.82% ↓	97.30%	74.18%	97.99%	75.00%	90.32%

5007900

Color shading (red/yellow/green) indicates how the 2022 plan performance compares to the 2021 NCQA Quality Compass Child Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All Lines of Business.

Symbols used in the report: ✓ next to the 2022 plan rate indicates a statistically significant difference from the HealthChoice rate at the 95% confidence level.

⇈⇊ next to the 2022 plan rate indicates a directionally consistent, but not necessarily statistically significant, positive or negative two-year trend (2020-2021 and 2021-2022).

↑↓ next to a prior-year rate indicates that the 2022 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	Measure / Year	Getting Needed Care (% Usually or Always)	Getting Care Quickly (% Usually or Always)	Rating of Personal Doctor (% 9 or 10)	Rating of Specialist Seen Most Often (% 9 or 10)	Rating of All Health Care (% 9 or 10)	Coordination of Care (% Usually or Always)	Rating of Health Plan (% 9 or 10)	How Well Doctors Communicate (% Usually or Always)	Shared Decision Making (% Yes)	Customer Service (% Usually or Always)
2021 NCQA Quality Compass Child Medicaid National Average for All Lines of Business	**2021**	**85.7%**	**86.9%**	**78.0%**	**73.8%**	**74.3%**	**86.6%**	**72.2%**	**94.4%**	**Measure discontinued by NCQA in 2020**	**88.3%**
Highest-Scoring Plan	**2022**	MPS (86.66%)	ABH (86.49%)	JMS (82.48%)	ABH (78.13%)	ACC (76.97%)	JMS (92.00%)	ACC (77.46%)	JMS (96.83%)	JMS (84.49%)	CFCHP (93.86%)
Lowest-Scoring Plan	**2022**	CFCHP (74.71%)	KPMAS (72.15%)	ABH (67.39%)	JMS (60.87%)	CFCHP (62.25%)	ACC (76.79%)	ABH (60.96%)	CFCHP (91.06%)	KPMAS (70.85%)	UHC (79.84%)
HealthChoice	**2022**	**80.24%** ⇊ 10th	**82.08%** ⇊ 10th	**74.83%** ⇊ 10th	**68.09%** ⇊ <10th	**70.83%** 10th	**81.34%** ⇊ 10th	**68.42%** 10th	**92.79%** 10th	**78.62%**	**89.01%** 33rd
	2021	81.75%	82.95%	76.86%	69.68%	73.94% ↓	81.46%	68.35%	92.11%	77.61%	86.88%
	2020	85.46% ↓	88.71% ↓	77.66% ↓	72.84%	71.33%	85.25%	69.55%	96.25% ↓	81.34%	89.28%
KPMAS	**2022**	**74.94%** <10th	**72.15%** ✓ ⇊ <10th	**76.32%** 10th	**77.50%** 67th	**73.37%** 33rd	**83.05%** 10th	**63.96%** 10th	**92.47%** 10th	**70.85%** ⇊	**88.75%** 33rd
	2021	74.60%	78.08%	78.51%	67.35%	77.51%	72.15%	72.32% ↓	90.05%	76.71%	87.01%
	2020	85.02%	81.59%	77.45%	78.57%	70.70%	82.35%	69.69%	97.01%	81.16%	88.19%
MPC	**2022**	**86.66%** 33rd	**84.97%** 10th	**68.14%** ✓ ⇊ <10th	**63.46%** ⇊ <10th	**70.07%** 10th	**79.37%** ⇊ <10th	**66.80%** ⇊ 10th	**92.77%** ⇊ 10th	**81.04%**	**80.48%** ⇊ <10th
	2021	84.84%	84.46%	74.44%	66.67%	73.19%	89.02%	68.30%	95.18%	78.44%	87.50%
	2020	91.07%	95.33% ↓	77.97% ↓	76.19%	66.98%	89.16%	71.02%	97.61% ↓	81.21%	90.82%
MSFC	**2022**	**79.44%** ⇊ <10th	**76.37%** ⇊ <10th	**74.86%** 10th	**66.67%** ⇊ <10th	**65.79%** <10th	**80.43%** <10th	**65.14%** ⇊ 10th	**93.06%** 10th	**78.41%**	**90.76%** 67th
	2021	84.41%	84.88%	76.45%	70.77%	72.73%	79.10%	66.90%	92.38%	76.81%	87.98%
	2020	85.03%	86.09%	75.13%	78.26%	66.07%	84.62%	68.51%	96.11%	83.33%	93.40%
PPMCO	**2022**	**85.22%** 33rd	**85.70%** 33rd	**70.99%** ⇊ <10th	**62.50%** ⇊ <10th	**72.19%** 10th	**78.87%** <10th	**69.86%** 10th	**91.15%** ⇊ <10th	**78.79%**	**93.55%** 90th
	2021	87.93%	83.21%	78.07% ↓	73.33%	76.08%	86.90%	71.83%	94.97%	79.33%	85.54%
	2020	86.30%	89.85%	81.78% ↓	74.03%	71.30%	83.70%	70.03%	97.67% ↓	78.97%	88.33%
UHC	**2022**	**76.86%** ⇊ <10th	**84.08%** ⇊ 10th	**81.55%** ✓ 67th	**70.97%** 10th	**76.00%** 33rd	**78.95%** ⇊ <10th	**71.95%** 33rd	**92.08%** 10th	**82.03%**	**79.84%** ✓ ⇊ <10th
	2021	78.45%	87.50%	79.55%	70.15%	77.23%	81.54%	69.09%	91.73%	73.89%	83.75%
	2020	87.30% ↓	91.63%	79.83%	74.42%	74.32%	91.03% ↓	73.84%	97.18% ↓	87.25%	92.39%

Color shading (red/yellow/green) indicates how the 2022 plan performance compares to the 2021 NCQA Quality Compass Child Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All Lines of Business.

5007900

Symbols used in the report: ✓ next to the 2022 plan rate indicates a statistically significant difference from the HealthChoice rate at the 95% confidence level.

⇈⇊ next to the 2022 plan rate indicates a directionally consistent, but not necessarily statistically significant, positive or negative two-year trend (2020-2021 and 2021-2022).

↑↓ next to a prior-year rate indicates that the 2022 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

EXHIBIT 5. HEALTHCHOICE CHILD MEDICAID WITH CCC MEASURE PLANS – TRENDS IN PERFORMANCE ON CCC MEASURES

Health Plan	Measure / Year	Access to Prescription Medicines (% Usually or Always)	Access to Specialized Services (% Usually or Always)	Getting Needed Information (% Usually or Always)	Personal Doctor Who Knows Child (% Yes)	Coordination of Care for Children with Chronic Conditions (% Yes)
2021 NCQA Quality Compass Child Medicaid National Average for All Lines of Business	**2021**	**91.4%**	**74.0%**	**90.8%**	**90.8%**	**77.1%**
Highest-Scoring Plan	**2022**	MSFS (91.73%)	JMS (78.70%)	JMS (94.37%)	MPS (93.21%)	JMS (81.67%)
Lowest-Scoring Plan	**2022**	UHC (82.44%)	ABH (53.83%)	MSFS (84.38%)	KPMAS (81.33%)	KPMAS (66.18%)
HealthChoice	**2022**	**88.11%** ⇊ 10th	**69.18%** ⇊ 10th	**88.69%** 10th	**89.91%** 10th	**73.54%** 10th
	2021	91.16% ↓	71.58%	87.70%	88.82%	70.95%
	2020	91.29% ↓	78.44% ↓	90.88%	90.41%	71.67%
ABH	**2022**	**88.76%** ⇈ 10th	**53.83%** ⇊ <10th	**93.81%** 90th	**90.15%** ⇊ 10th	**77.79%** 33rd
	2021	88.71%	66.93%	88.55%	90.34%	57.44%
	2020	84.29%	82.67% ↓	95.59%	92.58%	74.20%
ACC	**2022**	**83.33%** <10th	**68.10%** ⇊ 10th	**85.59%** ⇊ <10th	**89.69%** 10th	**76.91%** ⇈ 33rd
	2021	90.66%	71.21%	86.02%	90.78%	76.08%
	2020	89.29%	78.74%	87.65%	87.17%	74.13%
CFCHP	**2022**	**87.27%** <10th	**64.52%** ⇊ <10th	**85.22%** <10th	**88.06%** 10th	**71.43%** <10th
	2021	86.89%	68.39%	83.22%	86.44%	68.41%
	2020	91.03%	77.86%	90.28%	86.52%	75.80%
JMS	**2022**	**90.48%** 33rd	**78.70%** 67th	**94.37%** 90th	**91.16%** 33rd	**81.67%** ⇈ 90th
	2021	95.92%	75.88%	90.22%	87.89%	73.72%
	2020	95.08%	83.95%	92.19%	95.61%	63.89%

5007900

Color shading (green/yellow/red) indicates how the 2022 plan performance compares to the 2021 NCQA Quality Compass Child Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All Lines of Business.

Symbols used in the report:
- ✓ next to the 2022 plan rate indicates a statistically significant difference from the HealthChoice rate at the 95% confidence level.
- ⇈⇊ next to the 2022 plan rate indicates a directionally consistent, but not necessarily statistically significant, positive or negative two-year trend (2020-2021 and 2021-2022).
- ↑↓ next to a prior-year rate indicates that the 2022 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	Measure / Year	Access to Prescription Medicines (% Usually or Always)	Access to Specialized Services (% Usually or Always)	Getting Needed Information (% Usually or Always)	Personal Doctor Who Knows Child (% Yes)	Coordination of Care for Children with Chronic Conditions (% Yes)
2021 NCQA Quality Compass Child Medicaid National Average for All Lines of Business	**2021**	**91.4%**	**74.0%**	**90.8%**	**90.8%**	**77.1%**
Highest-Scoring Plan	**2022**	MSFS (91.73%)	JMS (78.70%)	JMS (94.37%)	MPS (93.21%)	JMS (81.67%)
Lowest-Scoring Plan	**2022**	UHC (82.44%)	ABH (53.83%)	MSFS (84.38%)	KPMAS (81.33%)	KPMAS (66.18%)
HealthChoice	**2022**	**88.11%** ⇊ 10th	**69.18%** ⇊ 10th	**88.69%** 10th	**89.91%** 10th	**73.54%** 10th
	2021	91.16% ↓	71.58%	87.70%	88.82%	70.95%
	2020	91.29% ↓	78.44% ↓	90.88%	90.41%	71.67%
KPMAS	**2022**	**86.25%** <10th	**64.90%** ⇊ <10th	**84.95%** <10th	**81.33%** ✓ ⇊ <10th	**66.18%** <10th
	2021	89.76%	65.30%	84.14%	85.63%	73.61%
	2020	89.36%	71.46%	91.89%	90.79%	68.21%
MPC	**2022**	**89.39%** ⇊ 10th	**75.60%** ⇊ 67th	**93.19%** 67th	**93.21%** ⇈ 67th	**72.70%** 10th
	2021	91.43%	77.77%	91.20%	91.48%	77.12%
	2020	93.63%	80.76%	93.39%	90.10%	69.44%
MSFC	**2022**	**91.73%** 33rd	**68.16%** ⇊ 10th	**84.38%** <10th	**91.77%** 67th	**71.99%** <10th
	2021	91.90%	72.38%	91.04%	85.31%	71.77%
	2020	89.39%	77.34%	87.28%	88.68%	72.78%
PPMCO	**2022**	**91.00%** ⇊ 33rd	**75.57%** 67th	**86.80%** ⇊ <10th	**90.81%** ⇊ 33rd	**72.66%** ⇈ 10th
	2021	94.86%	75.27%	87.60%	91.31%	69.12%
	2020	95.38%	80.38%	91.18%	92.04%	66.41%
UHC	**2022**	**82.44%** ⇊ <10th	**70.77%** 10th	**90.58%** 33rd	**88.76%** 10th	**74.29%** 10th
	2021	88.63%	64.57%	85.78%	87.57%	67.40%
	2020	89.40%	73.80%	90.87%	93.07%	76.99%

Color shading (green/yellow/red) indicates how the 2022 plan performance compares to the 2021 NCQA Quality Compass Child Medicaid National 10th, 33rd, 67th, and 90th Percentiles for All Lines of Business.

5007900

Symbols used in the report: ✓ next to the 2022 plan rate indicates a statistically significant difference from the HealthChoice rate at the 95% confidence level.

⇈⇊ next to the 2022 plan rate indicates a directionally consistent, but not necessarily statistically significant, positive or negative two-year trend (2020-2021 and 2021-2022).

↑↓ next to a prior-year rate indicates that the 2022 result represents a statistically significant improvement/decline from the prior-year rate at the 95% confidence level.

- While some plans performed better than others, the HealthChoice Aggregate performed poorly overall, scoring in the bottom third of the 2021 NCQA Quality Compass Child Medicaid National distribution on most survey measures. The only exception in the non-CCC measures was *Customer Service*, which still scored in the middle third of the Quality Compass distribution. The HealthChoice Aggregate scored particularly poorly on *Rating of Specialist Seen Most Often*, scoring in the bottom decile of the Quality Compass distribution and showing a three-year decline. *Rating of All Health Care* experienced a statistically significant decline from the prior year.

- *Rating of Health Plan* for **ACC** was the only measure that saw statistically significant performance gains among the participating plans compared to the prior year across the measure spectrum. There were three observed declines in performance that reached statistical significance compared to the prior year's score – *Coordination of Care* for **CFCHP**, *Rating of Health Plan* for **KPMAS**, and *Rating of Personal Doctor* for **PPMCO**.

- For the CCC measures set, HealthChoice scored in the bottom third of the NCQA Quality Compass Child Medicaid National Distribution on all measures. In addition, the score for *Access to Prescription Medicines* and *Access to Specialized Services* showed a three-year decline, with the former being a statistically significant decrease from the previous years.

- Among the participating plans**, JMS** emerged as the leader in non-CCC measures, scoring in the top decile of the NCQA Quality Compass Child Medicaid National distribution for *Coordination of Care* where the plan was the highest-scoring plan in the aggregate in addition to three other measures. JMS scored in the bottom decile for *Rating of Specialist Seen Most Often* and *Rating of All Health Care*, with the latter representing a three-year decline in scores.

- **CFCHP**, **ABH**, and **PPMCO** were the only other plans to score in the top decile for any non-CCC measures. ABH and PPMCO scored in the top decile for one measure each, CFCHP was in the top decile for both *Coordination of Care* and *Customer Service* and was the highest-scoring plan for the latter. However, CFCHP also scored in the bottom decile for six measures, in addition to being the lowest-scoring plan for three measures. ABH and PPMCO each scored in the bottom decile for four measures.

- **ACC** scored in the top third of the NCQA Quality Compass distribution for three non-CCC measures, *Rating of Personal Doctor*, *Rating of All Health Care*, and *Rating of Health Plan*. All three measures represent a three-year upward trend, and of the three measures, *Rating of Personal Doctor* and *Rating of Health Plan* rate significantly higher than the NCQA average.

- **KPMAS** had one non-CCC measure (*Rating of Specialist Seen Most Often*) that scored in the top third of the NCQA Quality Compass Distribution. Kaiser scored in the bottom decile for two (*Getting Needed Care* and *Getting Care Quickly*).

- **MSFC** and **UHC** each have one non-CCC measure that scored in the top third of the NCQA Quality Compass Distribution. MSFC scored in the bottom decile for five measures, and UnitedHealthcare scored in the bottom decile for three measures. MSFC and UHC both saw a three-year downward trend on four measures.

- **MPC** stands out as the poorest performing plan among the HealthChoice MCOs for non-CCC measures, with only *Getting Needed Care* scoring higher than the bottom third of the NCQA Quality Compass Distribution and four measures in the bottom decile. Despite the low scores, MPC is not the lowest-scoring plan for any measure. MPC saw a three-year downward trend on six measures.

- Among CCC measures, **JMS** stands out as the performance leader, scoring in the top third of the NCQA Quality Compass Distribution for three measures, including two measures that were in the top decile. **JMS** also had the highest score in three of five CCC measures. In contrast, **KPMAS** scored in the bottom decile for all five measures, with *Access to Specialized Services* and *Personal Doctor Who Knows Child* representing three-year declines. **ABH** scored in the top decile for one measure and **MPC** scored in the top third for three measures.

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 get the care they need when they need it (Q9 and Q4). Being able to obtain needed information from customer service (Q24) and access to highly rated providers (Q18 and Q22) are all significant drivers of member experience.

Key Driver	Interpretation
Q18. Rating of Personal Doctor (percent *9* or *10*)	The higher the proportion of members rating their personal doctor as *9* or *10*, the higher the overall plan score
Q9. Ease of getting needed care, tests, or treatment (percent *Usually or Always*)	The higher the proportion of plan members reporting that the necessary care, tests, or treatment were easy to get, the higher the overall plan score
Q4. Got an appointment for urgent care as soon as needed (percent *Usually or Always*)	The higher the proportion of plan members reporting that 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 *Usually or Always*)	The higher the proportion of members who were able to get the information or help they needed from customer service, the higher the overall plan score

KEY DRIVERS OF MEMBER EXPERIENCE – CHILD MEDICAID

Child Medicaid member ratings of the plan are strongly related to members' ability to get the care they need when they need it (Q10 and Q4). Being able to obtain needed information from customer service (Q45) and access to highly rated providers (Q36 and Q43) are all significant drivers of member experience.

Key Driver	Interpretation
Q36. Rating of Personal Doctor (percent *9* or *10*)	The higher the proportion of members rating their personal doctor as *9* or *10*, the higher the overall plan score
Q10. Ease of getting needed care, tests, or treatment (percent *Usually or Always*)	The higher the proportion of plan members reporting that the necessary care, tests, or treatment were easy to get, the higher the overall plan score
Q4. Got an appointment for urgent care as soon as needed (percent *Usually or Always*)	The higher the proportion of plan members reporting that they 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 members rating their specialist as *9* or *10*, the higher the overall plan score
Q45. Health plan customer service provided needed information or help (percent *Usually or Always*)	The higher the proportion of members who were able to get the information or help they needed from customer service, the higher the overall plan score

GLOSSARY OF TERMS

Attributes	Areas of health plan performance and member experience assessed with the CAHPS survey.
Benchmark	A reference score (e.g., the NCQA National Average rate, the CSS Book-of-Business average, or the plan's own prior-year rate) against which performance on the measure is assessed.
Best Practice	The result of the top-performing plan on a given measure among all plans included in a reference distribution (e.g., the CSS Book-of-Business.)
CAHPS Surveys	Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a series of surveys designed to collect consumer feedback on their 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 *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)	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	Members who are eligible to participate in the survey based on the following NCQA criteria: - Current enrollment (as of the date the sample frame is generated). Some members may no longer be enrolled by the time they complete the survey. They become ineligible and will be excluded from survey results based on their responses to the first two questions on the survey, which confirm membership. - Continuous enrollment (twelve months for Commercial and six months for Medicaid, with no more than one enrollment break of 45 days or less); - Member age (18 years old or older for the Adult survey and 17 years old or younger for the Child survey as of December 31 of the measurement year); - Primary coverage (through Medicaid or a commercial product line for Medicaid and Commercial surveys, respectively).
Global proportions	Applies to composite measures. The proportion of respondents selecting the favorable response(s) (e.g., *Usually or Always*) averaged across the questions that make up the composite.
Health Plan Ratings	NCQA rates health plans in three categories: private/commercial plans in which people enroll through work or on their own; plans that serve Medicare beneficiaries in the Medicare Advantage program (not supplemental plans); and plans that serve Medicaid beneficiaries. NCQA ratings are based on three types of quality measures: measures of clinical quality from NCQA's Healthcare Effectiveness Data and Information Set (HEDIS); measures of patient experience using the Consumer Assessment of Healthcare Providers and Systems (CAHPS); and results from NCQA's review of a health plan's health quality processes (NCQA Accreditation). NCQA rates health plans that choose to report measures publicly. The overall rating is the weighted average of a plan's HEDIS and CAHPS measure ratings, plus Accreditation bonus points (if the plan is Accredited by NCQA), rounded to the nearest half point displayed as stars. The overall rating is based on performance on dozens of measures of care and is calculated on a 0–5 (5 is the 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, 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 *Never*, *Sometimes*, *Usually*, or *Always* response scale, with *Always* being the most favorable outcome. Results are typically reported as the proportion of members selecting *Usually* or *Always*.
Regression Analysis	Regression analysis is a statistical technique of identifying which variables (e.g., member experience touch points) have 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: $\text{Response Rate} = \frac{\text{Complete and Eligible Surveys}}{\text{[Complete and Eligible + Incomplete (but Eligible) + Refusal + Nonresponse after maximum attempts +Added to Do Not Call (DNC) List]}}$
Rolling Average Rate Calculation Method	The rolling averages method was introduced by NCQA to accommodate measures with small denominators. To report the results of these measures, there must be at least 100 responses collected over two years of survey administration. The numerators and the denominators of these measures are combined over a two-year period to calculate the final reported rate.
Sample size	The NCQA-required sample size is 1,100 for Adult Commercial plans, 1,350 for Adult Medicaid plans, and 1,650 for Child Medicaid plans.
Statistically Significant Difference	When survey results are calculated based on sample data and compared to a benchmark score (e.g., the NCQA National Average rate, the CSS Book-of-Business average, or the plan's own prior-year rate), the question is whether the observed difference is real or due to chance. A difference is said to be statistically significant at a given confidence level (e.g., 95%) if it has a 95% chance of being true.
Trending	Comparison of survey results over time.
Usable Responses (*n*)	See *Denominator*
Valid Response	Any acceptable response to a survey question (i.e., falling within a predefined set) that follows the NCQA skip pattern rules and data cleaning guidelines.