



# 2020 CAHPS Medicaid Child with CCC 5.0H Final Report

Western Sky Community Care (Centene NM)

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SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) certified HEDIS® Survey Vendor, was selected by Western Sky Community Care (Centene NM) to conduct its 2020 CAHPS® 5.0H Medicaid Child with CCC Survey (with CCC Measurement set). NCQA requires health plans to submit CAHPS survey results in compliance with HEDIS® accreditation requirements.

**SURVEY OBJECTIVE** The overall objective of the CAHPS® study is to capture accurate and complete information about consumer-reported experiences with health care. Specifically, the survey aims to measure how well plans are meeting their members' expectations and goals; to determine which areas of service have the greatest effect on members' overall satisfaction; and to identify areas of opportunity for improvement, which could aid plans in increasing the quality of provided care.

## **NCQA** made the following changes to the survey for 2020:

NCQA shortened the HEDIS CAHPS surveys to reduce response burden for members and sponsors to coincide with the Health Plan accreditation refresh. These measures were removed from the survey:

- Shared Decision Making
- Proxy Questions
- Health Promotion and Education

Your Sales Director for this project is Alisa Simpson (678-689-0303), and your Project Manager is Julia Schneider (248-539-8757). Should you have any questions or comments regarding any aspect of the survey or reporting process, please feel free to call either your Sales Director or your Project Manager.

- The CAHPS 5.0H Medicaid Child – Children with Chronic Conditions Survey assesses the experience of care for the general population of children and the population of children with chronic conditions (CCC). These conditions include relatively common conditions like asthma, as well as rare conditions, such as juvenile diabetes and Muscular Dystrophy.
- Children with chronic conditions represent a relatively small proportion of the overall child population. To achieve a sufficient number of complete surveys for CCC results to be calculated, a supplemental sample of children who are more likely to have a chronic condition, based on claims experience, is selected and added to the standard CAHPS® 5.0H Child Survey sample (General Population). After the General Population sample is pulled, the supplemental sample is pulled based on a prescreen sample code. The NCQA required total sample size is 3,490 (1,650 General Population + 1,840 supplemental sample), although plans may choose to oversample their population if necessary.
- NCQA defines the member as having a chronic condition through a survey-based screening tool. The CCC screening tool contains five sections representing five different health conditions. A child member is identified as having a chronic condition if all questions for at least one specific health consequence are answered “Yes”.
- It cannot be determined which respondents out of the total sample qualify as having a chronic condition. Given that a denominator for this equation cannot be determined, there is no response rate provided for the CCC Population. You will see the Response Rate for the Total Population and General Population on the following page, along with additional details for the General Population sample.
- For 2020, NCQA no longer produces general population results for the CCC population and no longer produces CCC results for the general population. Therefore, results shown throughout this report are for the General Population unless specifically labeled as CCC Population.

On March 11, 2020 the World Health Organization officially declared COVID-19 a global pandemic. All of us at SPH Analytics hope this report finds you, your colleagues, and family safe and healthy.

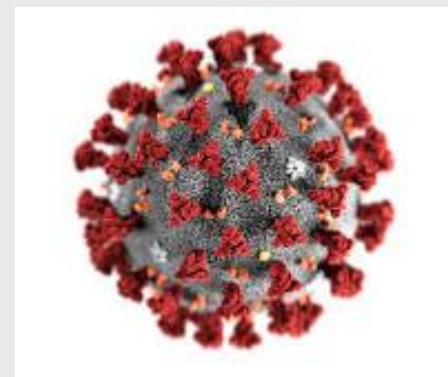
## NCQA PROTOCOL MODIFICATIONS AND HEALTH PLAN RATING CHANGES FOR 2020

In response to the pandemic, NCQA released [guidance](#) about the HEDIS CAHPS program on March 27. While NCQA did not extend the data submission deadline of May 29, 2020, they did allow for modifications to the protocol.

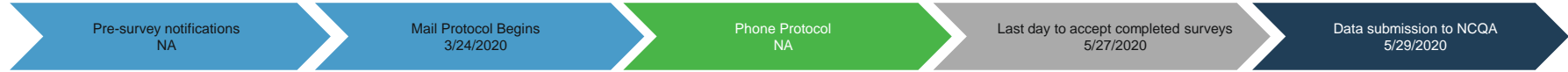
On Thursday, April 2 NCQA released additional [guidance](#) regarding scoring for Health Plan Ratings, with clarification released on April 3. While NCQA required submission of HEDIS and CAHPS data for Commercial and Medicaid plans, they are not scoring plans using Health Plan Ratings in 2020.

- The September 2020 Health Plan Report Card update will list all plans with Interim, Accredited or Provisional status, as applicable, based on existing status or standards performance for surveys on the HPA 2020 Standards.
- There will be no Health Plan Ratings in 2020.




*SPH has included notes throughout this report where there are changes to the regulatory guidance due to the pandemic. Because survey administration has taken place during extraordinary circumstances, please use caution when comparing and interpreting trend results from prior years.*



SPH administered the 2020 Medicaid Child with CCC 5.0H CAHPS survey using an NCQA approved methodology. Surveys were collected via a mail methodology. Members eligible for the survey were **parents of those 17 years and younger (as of December 31 of the measurement year) who had been continuously enrolled in the plan for at least five of the last six months of the measurement year.** A synopsis of the data collection methodology is outlined below:



### VALID SURVEYS

-  Total Number of Mail Completes = 14 (4 in Spanish)
-  Total Number of Phone Completes = NA
-  Total Number of Internet Completes = NA

### 2020 RESPONSE RATE

$$\text{Response Rate} = \frac{\text{Completed}}{\text{Sample size} - \text{Ineligible members}}$$

$$\frac{14 \text{ (Mail)} = 14}{1650 \text{ (Sample)} - 0 \text{ (Ineligible)} = 1650} = \mathbf{0.8\%}$$

Your plan's Total response rate is **0.8%**.

### RESPONSE RATE COMPARISON

The 2020 SPH Analytics Book of Business average response rate is **12.6%**.

		2018	2019	2020
<b>Ineligible</b>	Does not Meet Eligibility Criteria (01)	NA	NA	0
	Language Barrier (03)	NA	NA	0
	Mentally/Physically Incapacitated (04)	NA	NA	0
	Deceased (05)	NA	NA	0
	<b>SUBTOTAL</b>	<b>NA</b>	<b>NA</b>	<b>0</b>
<b>Non-Response</b>	Break-off/Incomplete (02)	NA	NA	0
	Refusal (06)	NA	NA	0
	Maximum Attempts Made (07)	NA	NA	1635
	Added to DNC List (08)	NA	NA	1
	<b>SUBTOTAL</b>	<b>NA</b>	<b>NA</b>	<b>1636</b>
<b>TOTAL</b>	<b>NA</b>	<b>NA</b>	<b>1636</b>	

The charts above and to the left display values for the **General Population** only.

Total Sample Size	NA	NA	<b>3024</b>
Total Completes	NA	NA	<b>26</b>
Total Response Rate	NA	NA	<b>0.9%</b>
General Population Sample Size	NA	NA	<b>1650</b>
General Population Response Rate	NA	NA	<b>0.8%</b>
Supplemental Sample Size	NA	NA	<b>1374</b>
CCC Completes	NA	NA	<b>7</b>



# Executive Summary

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- Western Sky Community Care (Centene NM)

**Summary Rates** are defined by NCQA in its HEDIS 2020 CAHPS® 5.0H guidelines and generally represent the most favorable response percentages.

	No	Yes	
Never	Sometimes	Usually	Always

Rating questions are typically displayed with two Summary Rates:

0	1	2	3	4	5	6	7	8	9	10
0	1	2	3	4	5	6	7	8	9	10

**Percentile Rankings** Your plan's approximate percentile rankings in relation to the Quality Compass® All Plans benchmark were calculated by SPH Analytics using information derived from the NCQA 1-100 Benchmark.

**Significance Testing** All significance testing is performed at the 95% confidence level.

**Small Denominator Threshold** NCQA will assign a measure result of NA to overall ratings or composites with a denominator (i.e., the average number of responses across all questions used to calculate the composite) less than 100.

## NCQA BENCHMARK INFORMATION

The source for data contained in this publication is Quality Compass® All Plans 2019. It is used with the permission of NCQA. Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of NCQA.

## LEGACY DSS / MORPACE / SPH

In preparation for 2020 reporting, our new combined Analytics team reviewed all calculations and statistics to determine the best go forward strategy for SPH Analytics. Some historical calculations were updated to align with those decisions. As such, there are instances where a trend score might be slightly different from the value in your reports from last year. SPH also made decisions to align on go forward approaches for significance testing and other analyses.





# Dashboard – 2020 Key Findings

Please see Technical Notes for more information.



## TRENDING UP

Key measures that had significant improvements from last year

No key measures improved significantly.



## TRENDING DOWN

Key measures that had significantly lower scores than last year

No key measures declined significantly.



# 14 / 0.8%

Completed surveys / Response Rate

MEASURE NAME	SUMMARY RATE	ESTIMATED NCQA RATING
<b>Rating of Health Plan</b> (% 9 or 10)	NA ^	NA ^
<b>Rating of Health Care</b> (% 9 or 10)	NA ^	NA ^
<b>Rating of Personal Doctor</b> (% 9 or 10)	NA ^	NA ^
<b>Rating of Specialist</b> (% 9 or 10)	NA ^	NA ^
<b>Getting Needed Care</b> (% Always or Usually)	NA ^	NA ^
<b>Getting Care Quickly</b> (% Always or Usually)	NA ^	NA ^
<b>Coordination of Care</b> (% Always or Usually)	NA ^	NA ^

### SatisAction™ KEY DRIVER STATISTICAL MODEL Key Drivers Of The Rating Of The Health Plan

Due to the low response rate, the key driver analysis could not be performed for this plan.

^Denominator less than 100. NCQA will assign an NA to this measure.

In response to the **COVID-19** pandemic, NCQA is not publishing Health Plan Ratings in 2020. These estimates are for informational purposes only.

## Health Plan Domain Performance

Your plan's performance on measures that are typically considered to be in the domain of the health plan.

MEASURE	SUMMARY RATE		CHANGE	2020 SPH BENCHMARK		2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan (% 9 or 10)	NA	50.0%	NA	73.0%	<5 <sup>th</sup>	71.7%	<5 <sup>th</sup>
Rating of Health Plan (% 8, 9 or 10)	NA	92.9%	NA	87.5%	95 <sup>th</sup>	86.5%	97 <sup>th</sup>
Getting Needed Care (% Always or Usually)	NA	68.3%	NA	85.6%	<5 <sup>th</sup>	84.5%	<5 <sup>th</sup>
Customer Service (% Always or Usually)	NA	100%	NA	88.9%	100 <sup>th</sup>	88.4%	100 <sup>th</sup>
Ease of Filling Out Forms (% Always or Usually)	NA	92.9%	NA	96.0%	<5 <sup>th</sup>	95.0%	11 <sup>th</sup>

### KEY TAKEAWAYS

Your overall Rating of Health Plan (8-10) Summary Rate score is 92.9%.

Note: Please refer to benchmark descriptions on slide 42.

#### Significance Testing

**Green** – Current year score is significantly higher than the 2019 score (↑) or benchmark (▲) score.

**Red** – Current year score is significantly lower than the 2019 score (↓) or benchmark (▼) score.

## Health Care Domain Performance

Your plan's performance on measures that are typically considered to be in the provider health care domain.

MEASURE	SUMMARY RATE		CHANGE	2020 SPH BENCHMARK		2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care (% 9 or 10)	NA	55.6%	NA	73.0%	<5 <sup>th</sup>	70.4%	<5 <sup>th</sup>
Rating of Health Care (% 8, 9 or 10)	NA	88.9%	NA	88.7%	50 <sup>th</sup>	87.5%	59 <sup>th</sup>
Getting Care Quickly (% Always or Usually)	NA	88.9%	NA	90.5%	27 <sup>th</sup>	89.4%	38 <sup>th</sup>
How Well Doctors Communicate (% Always or Usually)	NA	93.8%	NA	95.1%	23 <sup>rd</sup>	94.0%	42 <sup>nd</sup>
Coordination of Care (% Always or Usually)	NA	75.0%	NA	85.0%	<5 <sup>th</sup>	83.8%	<5 <sup>th</sup>
Rating of Personal Doctor (% 9 or 10)	NA	60.0%	NA	79.1%	<5 <sup>th</sup>	77.3%	<5 <sup>th</sup>
Rating of Personal Doctor (% 8, 9 or 10)	NA	80.0%	NA	91.2%	<5 <sup>th</sup>	90.0%	<5 <sup>th</sup>
Rating of Specialist (% 9 or 10)	NA	66.7%	NA	75.0%	10 <sup>th</sup>	74.1%	<5 <sup>th</sup>
Rating of Specialist (% 8, 9 or 10)	NA	83.3%	NA	88.2%	13 <sup>th</sup>	87.5%	<5 <sup>th</sup>

### KEY TAKEAWAYS

Your overall Rating of Health Care (8-10) Summary Rate score is 88.9%.

Note: Please refer to benchmark descriptions on slide 42.

#### Significance Testing

**Green** – Current year score is significantly higher than the 2019 score (↑) or benchmark (▲) score.

**Red** – Current year score is significantly lower than the 2019 score (↓) or benchmark (▼) score.

## CCC Measures Performance

Your plan's performance on measures that have emphasis on the CCC population.

MEASURE	SUMMARY RATE		CHANGE	2020 SPH BENCHMARK		2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Access to Prescription Medicines (% Always or Usually)	NA	80.0%	NA	91.7%	<5 <sup>th</sup>	91.6%	<5 <sup>th</sup>
Access to Specialized Services (% Always or Usually)	NA	NA	NA	75.4%	NA	77.2%	NA
Family-Centered Care: Personal Doctor Who Knows Child (% Yes)	NA	93.3%	NA	91.8%	72 <sup>nd</sup>	91.0%	90 <sup>th</sup>
Family-Centered Care: Getting Needed Information (% Always or Usually)	NA	100%	NA	93.4%	100 <sup>th</sup>	91.4%	100 <sup>th</sup>
Coordination of Care for CCC (% Yes)	NA	75.0%	NA	77.2%	21 <sup>st</sup>	76.9%	30 <sup>th</sup>

Note: Please refer to benchmark descriptions on slide 42.

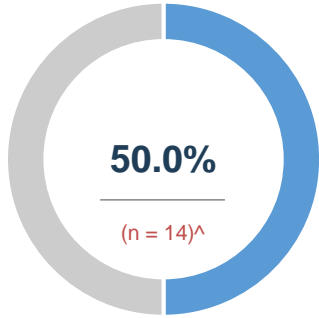
### Significance Testing

**Green** – Current year score is significantly higher than the 2019 score (↑) or benchmark (▲) score.

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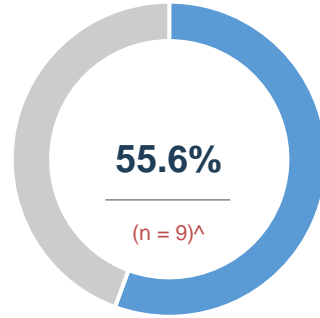
# Global Rating Summary Rate Scores (% 9 or 10)

Please see Technical Notes for more information.



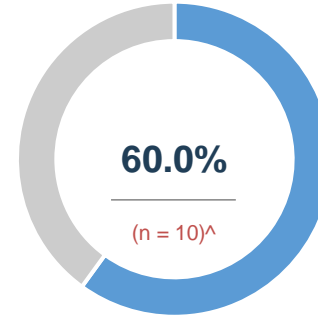
Rating of Health Plan

2020	50.0%
2019	NA
2018	NA
SPH	73.0%
QC	71.7%



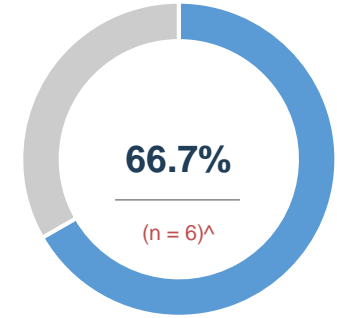
Rating of Health Care

2020	55.6%
2019	NA
2018	NA
SPH	73.0%
QC	70.4%



Rating of Personal Doctor

2020	60.0%
2019	NA
2018	NA
SPH	79.1%
QC	77.3%



Rating of Specialist

2020	66.7%
2019	NA
2018	NA
SPH	75.0%
QC	74.1%

## Summary Rate Scores

Summary Rates are defined by **NCQA** in its HEDIS 2020 CAHPS® 5.0H guidelines and generally represent the most favorable response percentages.

**SPH** refers to the 2020 SPH Analytics Book of Business benchmark.  
**QC** refers to the 2019 Quality Compass® All Plans benchmark.

## Significance Testing

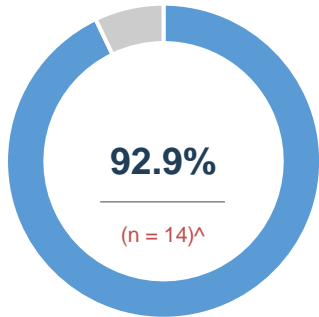
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^Denominator less than 100. NCQA will assign an NA to this measure.

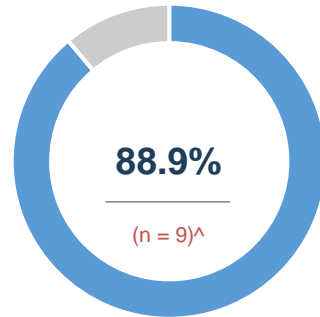
# Global Rating Summary Rate Scores (% 8, 9 or 10)

Please see Technical Notes for more information.



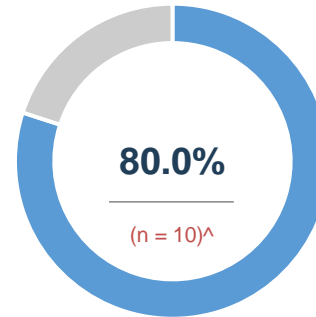
Rating of Health Plan

2020	92.9%
2019	NA
2018	NA
SPH	87.5%
QC	86.5%



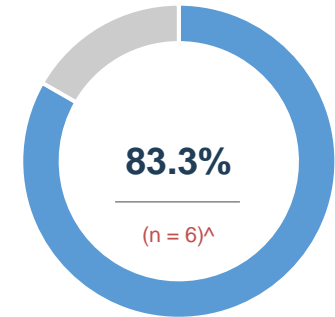
Rating of Health Care

2020	88.9%
2019	NA
2018	NA
SPH	88.7%
QC	87.5%



Rating of Personal Doctor

2020	80.0%
2019	NA
2018	NA
SPH	91.2%
QC	90.0%



Rating of Specialist

2020	83.3%
2019	NA
2018	NA
SPH	88.2%
QC	87.5%

## Summary Rate Scores

Summary Rates are defined by **NCQA** in its HEDIS 2020 CAHPS<sup>®</sup> 5.0H guidelines and generally represent the most favorable response percentages.

**SPH** refers to the 2020 SPH Analytics Book of Business benchmark.  
**QC** refers to the 2019 Quality Compass<sup>®</sup> All Plans benchmark.

## Significance Testing

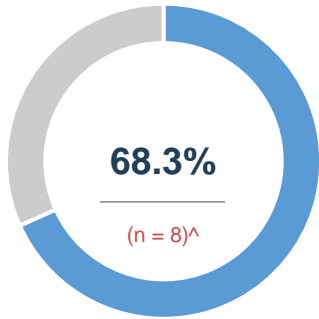
**Green** – Current year score is significantly higher than the 2019 score (↑), the 2018 score (⌘) or benchmark (▲) score.

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^Denominator less than 100. NCQA will assign an NA to this measure.

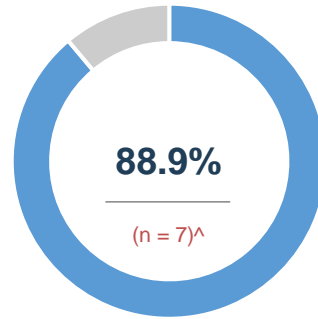
# Composite Summary Rate Scores (% Always or Usually)

Please see Technical Notes for more information.



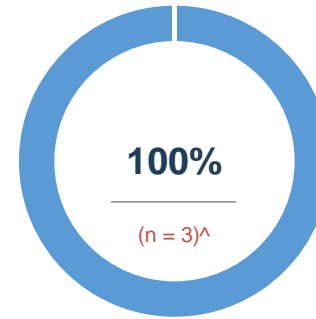
## Getting Needed Care

2020	68.3%
2019	NA
2018	NA
SPH	85.6%
QC	84.5%



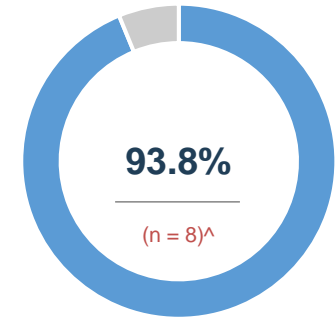
## Getting Care Quickly

2020	88.9%
2019	NA
2018	NA
SPH	90.5%
QC	89.4%



## Customer Service

2020	100%
2019	NA
2018	NA
SPH	88.9%
QC	88.4%



## How Well Doctors Communicate

2020	93.8%
2019	NA
2018	NA
SPH	95.1%
QC	94.0%

### Summary Rate Scores

Summary Rates are defined by **NCQA** in its HEDIS 2020 CAHPS® 5.0H guidelines and generally represent the most favorable response percentages.

**SPH** refers to the 2020 SPH Analytics Book of Business benchmark.  
**QC** refers to the 2019 Quality Compass® All Plans benchmark.

### Significance Testing

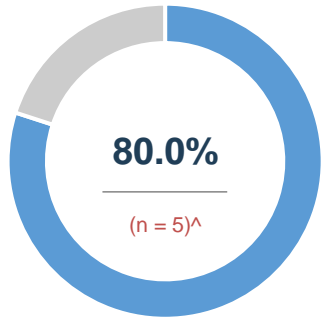
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**Red** – Current year score is significantly lower than the 2019 score (↓), the 2018 score (⌘) or benchmark (▼) score.

^Denominator less than 100. NCQA will assign an NA to this measure.

# CCC Summary Rate Scores – CCC Population

Please see Technical Notes for more information.



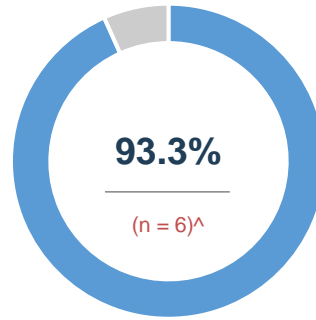
Access to Prescription Medicines

2020	80.0%
2019	NA
2018	NA
SPH	91.7%
QC	91.6%



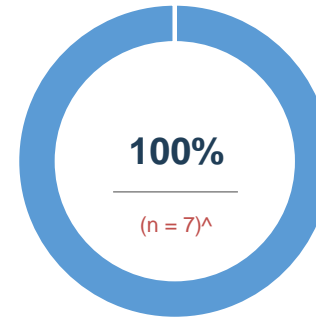
Access to Specialized Services

2020	NA
2019	NA
2018	NA
SPH	75.4%
QC	77.2%



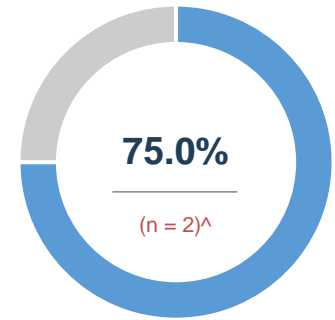
FCC: Personal Doctor Who Knows Child

2020	93.3%
2019	NA
2018	NA
SPH	91.8%
QC	91.0%



FCC: Getting Needed Information

2020	100%
2019	NA
2018	NA
SPH	93.4%
QC	91.4%



Coordination of Care for CCC

2020	75.0%
2019	NA
2018	NA
SPH	77.2%
QC	76.9%

## Summary Rate Scores

Summary Rates are defined by **NCQA** in its HEDIS 2020 CAHPS® 5.0H guidelines and generally represent the most favorable response percentages.

**SPH** refers to the 2020 SPH Analytics Book of Business benchmark.  
**QC** refers to the 2019 Quality Compass® All Plans benchmark.

## Significance Testing

**Green** – Current year score is significantly higher than the 2019 score (↑), the 2018 score (⌘) or benchmark (▲) score.

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^Denominator less than 100. NCQA will assign an NA to this measure.

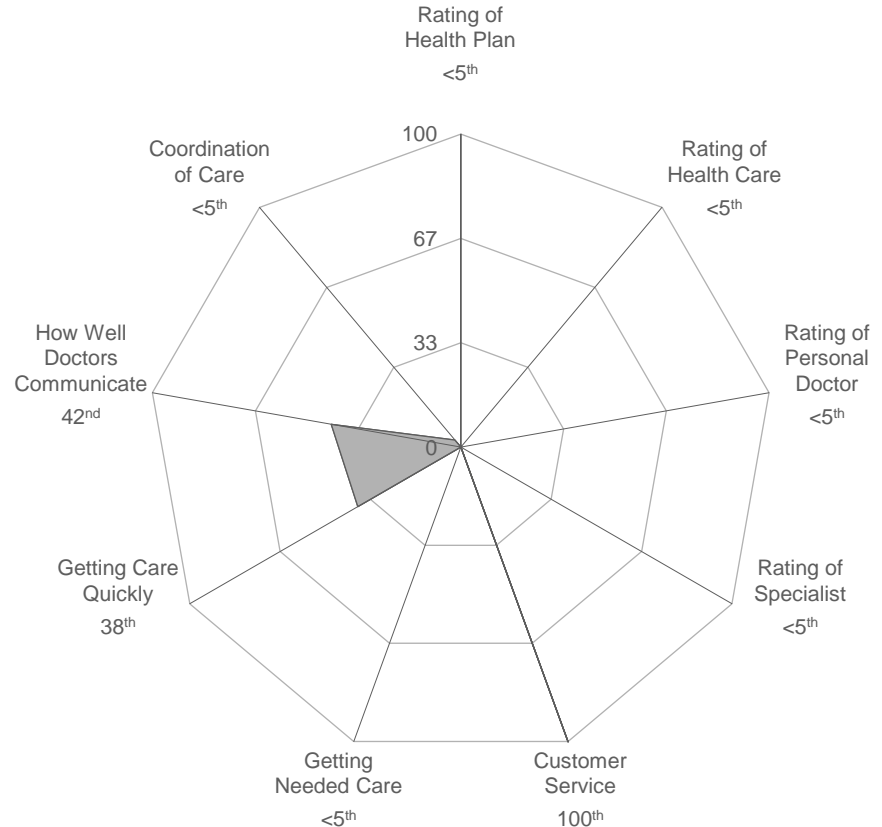


## GAP ANALYSIS

The percentile gap is the difference between the maximum possible percentile (100) and the estimated percentile achieved using the 2019 Quality Compass All Plan

The following measures are listed from smallest to largest gap:

- Customer Service
- How Well Doctors Communicate
- Getting Care Quickly
- Coordination of Care
- Access to Prescription Medicine
- Rating of Specialist
- Rating of Personal Doctor
- Rating of Health Plan
- Getting Needed Care









# Overall Rating of Health Plan

Please see Technical Notes for more information.

## Demographic Comparisons

Different demographic subgroups can have dissimilar experiences with your health plan.

	<p><b>MALE</b> (n=1)<sup>^</sup></p> <p><b>FEMALE</b> (n=13)<sup>^</sup></p>	<table border="1"> <thead> <tr> <th>8 - 10</th> <th>9 - 10</th> </tr> </thead> <tbody> <tr> <td>100%</td> <td>100%</td> </tr> <tr> <td>92.3%</td> <td>46.2%</td> </tr> </tbody> </table>	8 - 10	9 - 10	100%	100%	92.3%	46.2%		<p><b>&lt;25</b> (n=1)<sup>^</sup></p> <p><b>25 - 34</b> (n=6)<sup>^</sup></p> <p><b>35 - 44</b> (n=3)<sup>^</sup></p> <p><b>45 or older</b> (n=3)<sup>^</sup></p>	<table border="1"> <thead> <tr> <th>8 - 10</th> <th>9 - 10</th> </tr> </thead> <tbody> <tr> <td>100%</td> <td>0.0%</td> </tr> <tr> <td>83.3%</td> <td>16.7%</td> </tr> <tr> <td>100%</td> <td>66.7%</td> </tr> <tr> <td>100%</td> <td>100%</td> </tr> </tbody> </table>	8 - 10	9 - 10	100%	0.0%	83.3%	16.7%	100%	66.7%	100%	100%		<p><b>HS GRAD OR LESS</b> (n=9)<sup>^</sup></p> <p><b>SOME COLLEGE OR MORE</b> (n=5)<sup>^</sup></p>	<table border="1"> <thead> <tr> <th>8 - 10</th> <th>9 - 10</th> </tr> </thead> <tbody> <tr> <td>100%</td> <td>55.6%</td> </tr> <tr> <td>80.0%</td> <td>40.0%</td> </tr> </tbody> </table>	8 - 10	9 - 10	100%	55.6%	80.0%	40.0%
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100%	55.6%																													
80.0%	40.0%																													
	<p><b>EXCELLENT/VERY GOOD</b> (n=12)<sup>^</sup></p> <p><b>GOOD</b> (n=0)<sup>^</sup></p> <p><b>FAIR/POOR</b> (n=2)<sup>^</sup></p>	<table border="1"> <thead> <tr> <th>8 - 10</th> <th>9 - 10</th> </tr> </thead> <tbody> <tr> <td>91.7%</td> <td>58.3%</td> </tr> <tr> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>100%</td> <td>0.0%</td> </tr> </tbody> </table>	8 - 10	9 - 10	91.7%	58.3%	0.0%	0.0%	100%	0.0%		<p><b>EXCELLENT/VERY GOOD</b> (n=11)<sup>^</sup></p> <p><b>GOOD</b> (n=2)<sup>^</sup></p> <p><b>FAIR/POOR</b> (n=1)<sup>^</sup></p>	<table border="1"> <thead> <tr> <th>8 - 10</th> <th>9 - 10</th> </tr> </thead> <tbody> <tr> <td>90.9%</td> <td>45.5%</td> </tr> <tr> <td>100%</td> <td>50.0%</td> </tr> <tr> <td>100%</td> <td>100%</td> </tr> </tbody> </table>	8 - 10	9 - 10	90.9%	45.5%	100%	50.0%	100%	100%		<p><b>MAIL</b> (n=14)<sup>^</sup></p> <p><b>PHONE</b> (n=0)<sup>^</sup></p>	<table border="1"> <thead> <tr> <th>8 - 10</th> <th>9 - 10</th> </tr> </thead> <tbody> <tr> <td>92.9%</td> <td>50.0%</td> </tr> <tr> <td>0.0%</td> <td>0.0%</td> </tr> </tbody> </table>	8 - 10	9 - 10	92.9%	50.0%	0.0%	0.0%
8 - 10	9 - 10																													
91.7%	58.3%																													
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100%	0.0%																													
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100%	100%																													
8 - 10	9 - 10																													
92.9%	50.0%																													
0.0%	0.0%																													



**HISPANIC/LATINO**  
(n=8)<sup>^</sup>

**NOT HISPANIC/LATINO**  
(n=6)<sup>^</sup>

8 - 10	9 - 10
87.5%	50.0%
100%	50.0%

**WHITE**  
(n=10)<sup>^</sup>

**BLACK/AFRICAN AMERICAN**  
(n=0)<sup>^</sup>

**OTHER\***  
(n=4)<sup>^</sup>

8 - 10	9 - 10
100%	50.0%
0.0%	0.0%
75.0%	50.0%

<sup>^</sup> Indicates a base size smaller than 20. Interpret results with caution.

\*Other includes all respondents who selected any race other than White or Black/African-American and did not select White or Black/African-American.



# Estimated NCQA Health Insurance Plan Ratings

Please see Technical Notes for more information.

	2020 SUMMARY RATE	SUMMARY RATE DEFINITION	PERCENTILE RANK	ESTIMATED RATING
<b>CONSUMER SATISFACTION</b>				<b>NA</b>
<b>GETTING CARE</b>				<b>NA</b>
Getting Needed Care	68.3%	Usually + Always	<5 <sup>th</sup>	NA
Getting Care Quickly	88.9%	Usually + Always	38 <sup>th</sup>	NA
<b>SATISFACTION WITH PLAN PHYSICIANS</b>				<b>NA</b>
Rating of Personal Doctor	60.0%	9 + 10	<5 <sup>th</sup>	NA
Rating of Specialist	66.7%	9 + 10	<5 <sup>th</sup>	NA
Rating of Health Care	55.6%	9 + 10	<5 <sup>th</sup>	NA
Coordination of Care	75.0%	Usually + Always	<5 <sup>th</sup>	NA
<b>SATISFACTION WITH PLAN SERVICES</b>				<b>NA</b>
Rating of Health Plan	50.0%	9 + 10	<5 <sup>th</sup>	NA

## EXPLANATION

NCQA calculates health plan ratings (HPR) by evaluating plans in three categories: consumer satisfaction, clinical quality (includes prevention and treatment) and NCQA Accreditation Standards score.

The overall NCQA star rating is the weighted average of an organization's HEDIS and CAHPS measure ratings, plus Accreditation bonus points (if the organization has NCQA Accreditation), rounded to the nearest half point.

The CAHPS measures are classified based on their national percentile (10<sup>th</sup>, 33.33<sup>rd</sup>, 66.67<sup>th</sup> and 90<sup>th</sup>) into scores ranging from 1 to 5 (in increments of 0.5), where 5 is the highest score and 1 is the lowest.

Results are summarized in the table to the left. **Percentiles and ratings are estimated by SPH** based on the 2019 NCQA data and benchmarks.

Rating = 1	Rating = 2	Rating = 3	Rating = 4	Rating = 5
Bottom 10 percent	Bottom 3 <sup>rd</sup> of plans but not bottom 10 <sup>th</sup>	Middle 3 <sup>rd</sup> of plans	Top 3 <sup>rd</sup> of plans, but not in the top 10 <sup>th</sup>	Top decile of plans

### Notes:

- NCQA will assign a measure result of NA to overall ratings or composites with a denominator (i.e., the average number of responses across all questions used to calculate the composite) less than 100.
- Medicaid plans have the option to be scored on either Adult CAHPS or Child CAHPS data.

*In response to the COVID-19 pandemic, NCQA is not publishing Health Plan Ratings in 2020. These estimates are for informational purposes only.*

## OVERSAMPLING SCENARIO EXPLANATION

Scenarios were tested to determine what oversampling rate could potentially impact the ratings assigned to this plan. **This plan does not currently oversample. SPH does not recommend oversampling.**

Based on the scenarios tested, holding everything else constant, an oversampling rate of 2400% and above yields all reportable measures and no change on measure scores. **This is an estimate only and cannot be used to predict NCQA star ratings.**

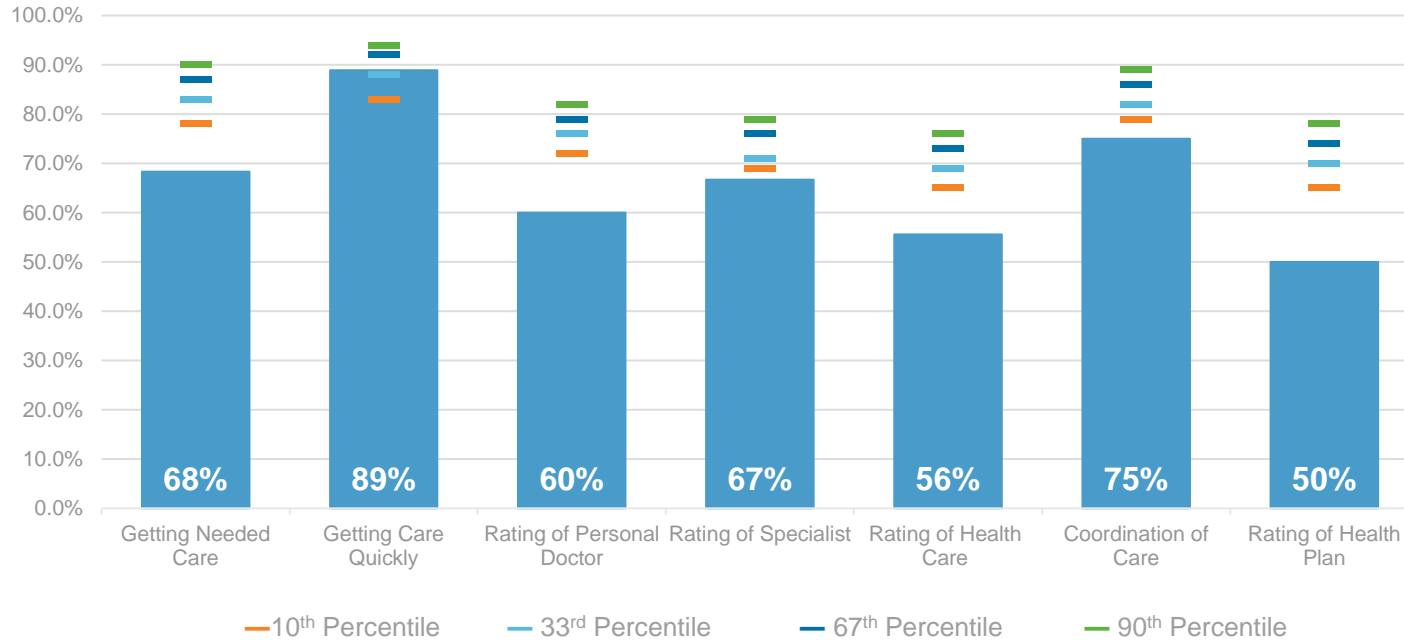
MEASURE NAME	ESTIMATED RATING	0% (Current)	
		0% (Current)	≥ 2400%
<b>CONSUMER SATISFACTION</b>	<b>NA</b>	<b>NA</b>	<b>1.5</b>
<b>GETTING CARE</b>	<b>NA</b>	<b>NA</b>	<b>2.0</b>
Getting Needed Care	NA	NA	1.0
Getting Care Quickly	NA	NA	3.0
<b>SATISFACTION WITH PLAN PHYSICIANS</b>	<b>NA</b>	<b>NA</b>	<b>1.0</b>
Rating of Personal Doctor	NA	NA	1.0
Rating of Specialist	NA	NA	1.0
Rating of Health Care	NA	NA	1.0
Coordination of Care	NA	NA	1.0
<b>SATISFACTION WITH PLAN SERVICES</b>	<b>NA</b>	<b>NA</b>	<b>1.0</b>
Rating of Health Plan	NA	NA	1.0

*In response to the COVID-19 pandemic, NCQA is not publishing Health Plan Ratings in 2020. These estimates are for informational purposes only.*

■ Higher Rating  
■ Lower Rating  
■ Reportable

## COMPARISON TO QUALITY COMPASS PERCENTILE THRESHOLDS

The graph shows how your plan's **summary rates** compare to the most recent Quality Compass thresholds published by NCQA (Fall 2019).



**Dark Blue** bar = Performing at or above 67<sup>th</sup> percentile  
**Light Blue** bar = Performance below 67<sup>th</sup> percentile

\* Summary rates are % 9 or 10, or % Always or Usually.

## Top Three Measures

Your plan had the highest NCQA Quality Compass® All Plans percentile rankings for these three measures.

MEASURE	2020 VALID N	SUMMARY RATE		CHANGE	2019 QC BENCHMARK		GAP
		2019	2020		SUMMARY RATE	PERCENTILE RANK	
Customer Service (% Always or Usually)	3	NA	100%	NA	88.4%	100 <sup>th</sup>	11.6%
How Well Doctors Communicate (% Always or Usually)	8	NA	93.8%	NA	94.0%	42 <sup>nd</sup>	-0.2%
Getting Care Quickly (% Always or Usually)	7	NA	88.9%	NA	89.4%	38 <sup>th</sup>	-0.5%

## Bottom Three Measures

Your plan had the lowest NCQA Quality Compass® All Plans percentile rankings for these three measures.

MEASURE	2020 VALID N	SUMMARY RATE		CHANGE	2019 QC BENCHMARK		GAP
		2019	2020		SUMMARY RATE	PERCENTILE RANK	
Rating of Health Plan (% 9 or 10)	14	NA	50.0%	NA	71.7%	<5 <sup>th</sup>	-21.7%
Getting Needed Care (% Always or Usually)	8	NA	68.3%	NA	84.5%	<5 <sup>th</sup>	-16.2%
Rating of Health Care (% 9 or 10)	9	NA	55.6%	NA	70.4%	<5 <sup>th</sup>	-14.8%

### Significance Testing

**Green** – Current year score is significantly higher than the 2019 score (↑) or benchmark (▲) score.

**Red** – Current year score is significantly lower than the 2019 score (↓) or benchmark (▼) score.

## Improving Performance

*These measures had the lowest NCQA Quality Compass® All Plans percentile rankings for your plan. While plans should also review which measures have lower scores than last year and which measures perform lower than benchmark, SPH offers these opportunities for improvement based on national percentile rankings.*

### Improvement Strategies – Rating of Health Plan

- Analyze, investigate, probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with Rating of the Plan (i.e., CS, GNC, GCQ, HWDC). Review QI recommendations/actions of these CAHPS composite measures.
- Carefully review, simplify and clarify all family/child member communications, processes and forms. Ensure that all materials and messages are accurate, up-to-date, complete and consistent, using concise and unambiguous language.
- Identify key parent needs and expectations and critically assess operations and processes.
- Ensure that the member website is easily navigable and highly user friendly.
- Simplify completion of commonly used forms via "pre-loaded" applications or on-line.
- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.
- Analyze satisfaction levels and loyalty ratings based on member profile/segmentation data (health system, age, length of membership, have PCP, etc.).
- Set S.M.A.R.T. goals. Specific, Measurable, Attainable, Realistic, and Timely for all identified activities. Assess all relevant internal data. Conduct additional surveys, data analyses as needed.
- Consider opportunities for positive and strategic messaging about the plan or health care reminders to members. Use technology to provide more effective and efficient care.
- Consider the value of a SPH CAHPS Drill-Down, Simulation Survey or CG-CAHPS to probe key CAHPS measures and/or target segments of the population.

### Improvement Strategies – Getting Needed Care

- Assess CAHPS data by health system, PO, and/or network. Communicate results and identify outliers. Evaluate with HEDIS data, complaints, appeals and/or quality of care concerns, and communicate. Identify issues, prioritize and implement improvement activities.
- Work with providers to support patients in navigating health care and remove obstacles. Support and encourage providers to take innovative action to improve access. Examples include: Serve patients quickly, treat urgent issues promptly, minimize wait times, follow-up about appointment times and test results. Another is to develop an in-depth referral/decision-making guide for PCP's to prepare for/with patients explaining need, urgency, patient expectations and responsibilities, and preparations for seeing a specialist.
- Encourage and guide parents/families when and how to use/access alternative care settings, e.g., web-based, tele-health, urgent care, and emergency care.
- Support members and collaborate with providers to enhance access to care through innovative, proactive approaches within Care Management, Chronic Care, and Quality Management. Work with providers to identify and resolve opportunities.
- Continually assess, revisit and simplify plan requirements/processes (i.e., UM) impacting access to care, tests, or treatment. Seek opportunities to improve processes and procedures.
- Review and simplify precertification/auth/referral policies/procedures for both member and provider, including messages and communications. Cross-reference with complaints, concerns, and quality of care issues. Improve and clarify processes and communications.
- Evaluate and simplify member communications, assuring that members are clearly told why something is not approved. When appropriate, offer suggestions for next steps or alternatives.
- Ensure Customer Service representatives are able to accurately advise members of available alternatives for care, such as walk-in clinics, urgent care, specialists, labs, etc.

### Improvement Strategies – Rating of Health Care

- Analyze, assess, probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with Rating of Health Care (e.g., GNC, GCQ, HWDC, CoC). Review QI recommendations/actions for related CAHPS composite measures.
- Seek to simplify Plan requirements, processes, and/or procedures (e.g., UM, CM, Pharma, Use of IVR) impacting the member experience of care and access to care, tests or treatment. Examples include: Provide care quickly. Provide quick access to effective treatments. Minimize patient costs for care.
- Assess internal data. Track, audit, review and assess call center calls and/or complaints regarding quality of care, choice of providers, access to care, UM, CM, health system, etc.
- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.
- Confirm adequacy of contracted providers and walk-in centers with extended hours.
- Ensure CSR have easy access to current, updated resources to provide accurate guidance about plan/drug coverage, out of pocket cost, availability of providers, requirements, processes, etc.
- Foster strong relationships with contracted providers via regular communications and collaboration. Data driven comparisons of PEC metrics can support/guide mutual improvement.
- Explore potential of aligning information flow/ EHRs to better integrate, support, or facilitate patient care, coordination of care and vital information among contracted providers.
- Consider the need to conduct additional measurement, probing of composite measures with targeted populations or health systems (e.g., CG-CAHPS or CAHPS Drill Down Survey).

See full list of strategies in the [Appendix: Improvement Strategies](#)

**Need Additional Assistance?** For health plans that need additional assistance interpreting survey results and leveraging data to identify appropriate next steps for improvement, SPH offers Performance Improvement Consulting. Contact your Strategic Account Executive to learn more or visit our website at <http://www.sphanalytics.com/consulting>.



# Measure Analyses

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## Measure Details and Scoring

- Western Sky Community Care (Centene NM)



# Measure Analyses: Section Information

Please see Technical Notes for more information.

**Drilling Down Into Ratings and Composites** This section is designed to give plans a detailed report on the performance of each global rating and composite measure.

The Composite Analysis typically consists of two pages. The first page displays composite level details and the second displays results for the attributes contained within the composite. It is critical to look at these attribute questions to determine if there is a particular aspect of care that is driving your composite score.



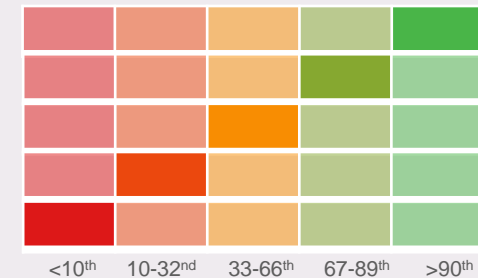
Analyses presented in this section include:

- Plan Summary Rate Scores with comparisons to trending (if available)
- Comparisons to benchmarks
- Percentile rankings
- Proportions of respondents on gate questions
- Comparisons to the SPH Book of Business on each measure plotted with Rating of Health Plan

## Measures Included in Analyses

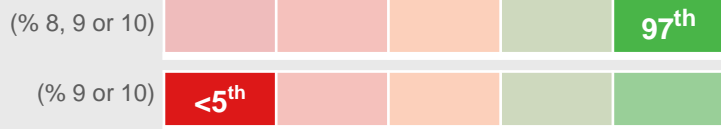
- Rating of Health Plan
- Rating of Health Care
- Rating of Personal Doctor
- Rating of Specialist
- Getting Needed Care
- Getting Care Quickly
- Coordination of Care
- Customer Service\*
- How Well Doctors Communicate\*

## Percentile Rankings



\* The Customer Service and How Well Doctors Communicate measures are not used for NCQA ratings.

## PERCENTILE RANKING 2019 QC ALL PLANS

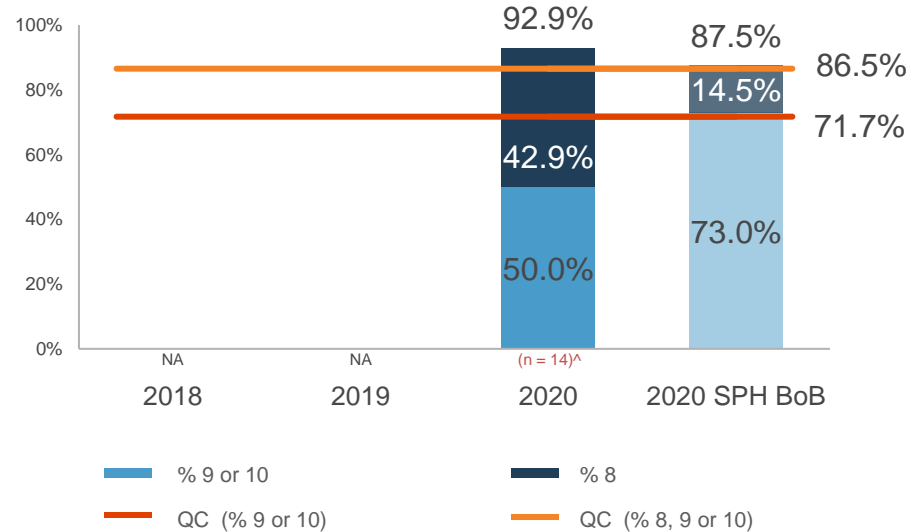


## SatisAction™ KEY DRIVER STATISTICAL MODEL Key Drivers Of The Rating Of The Health Plan

Due to the low response rate, the key driver analysis could not be performed for this plan.

## RATING OF HEALTH PLAN

% 8, 9 or 10



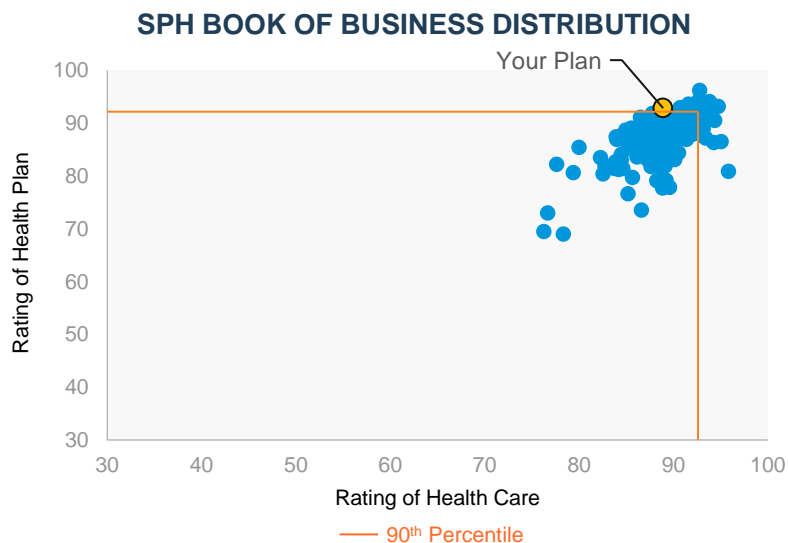
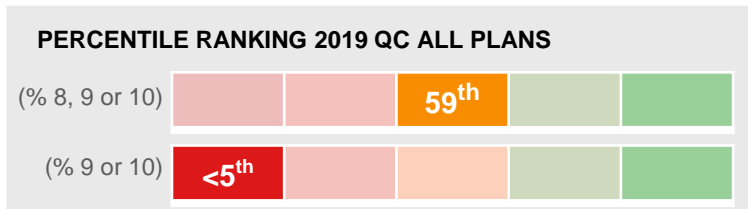
### Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (‡) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (‡) or benchmark (▼) score.

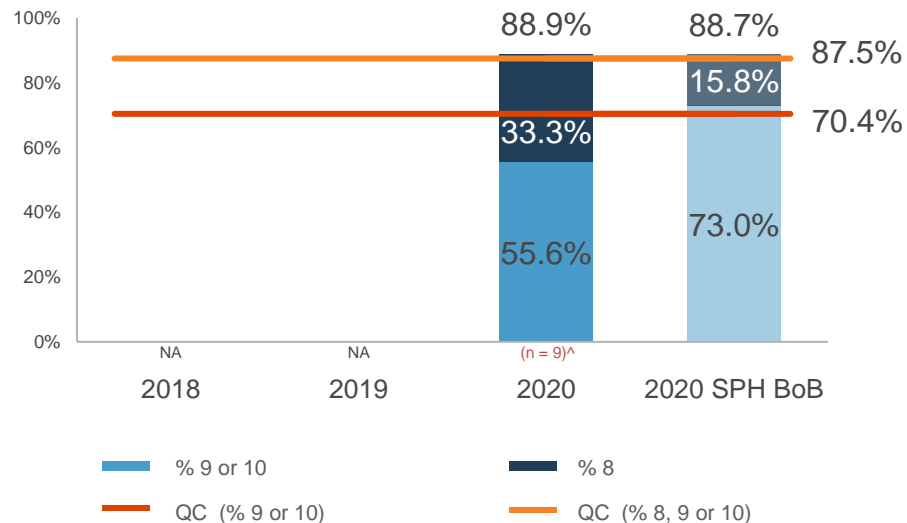
<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

Please see Technical Notes for more information.



## RATING OF HEALTH CARE

% 8, 9 or 10

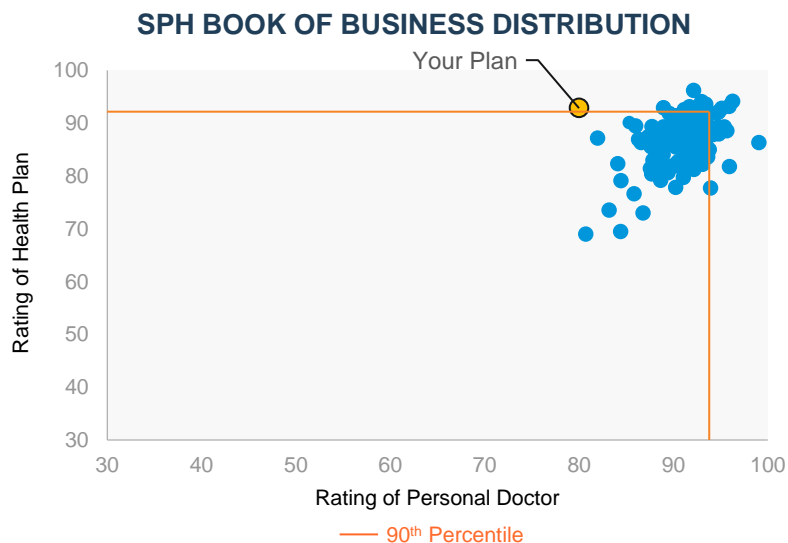
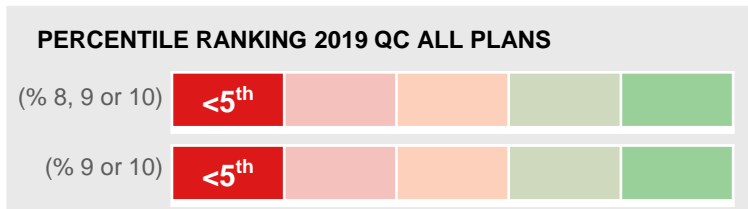


### Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (‡) or benchmark (▲) score.

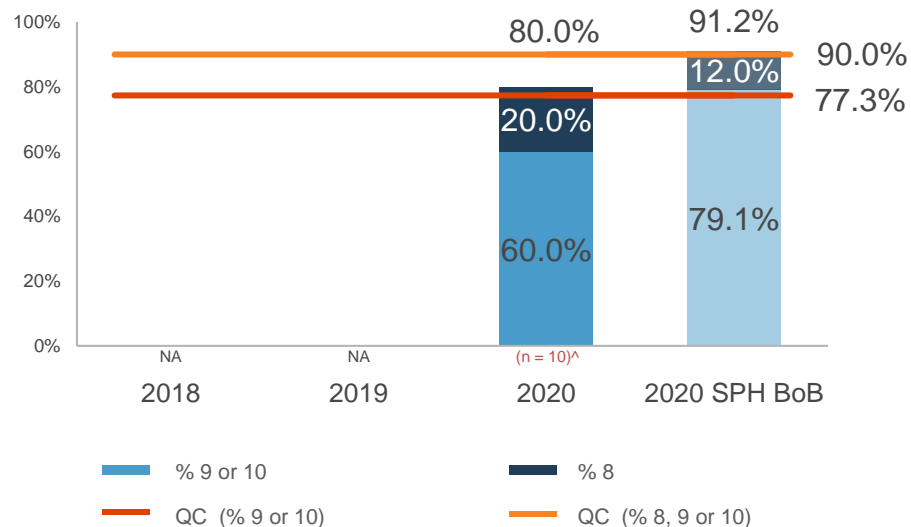
Current year score is significantly lower than the 2019 score (↓), the 2018 score (‡) or benchmark (▼) score.

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.



## RATING OF PERSONAL DOCTOR

% 8, 9 or 10

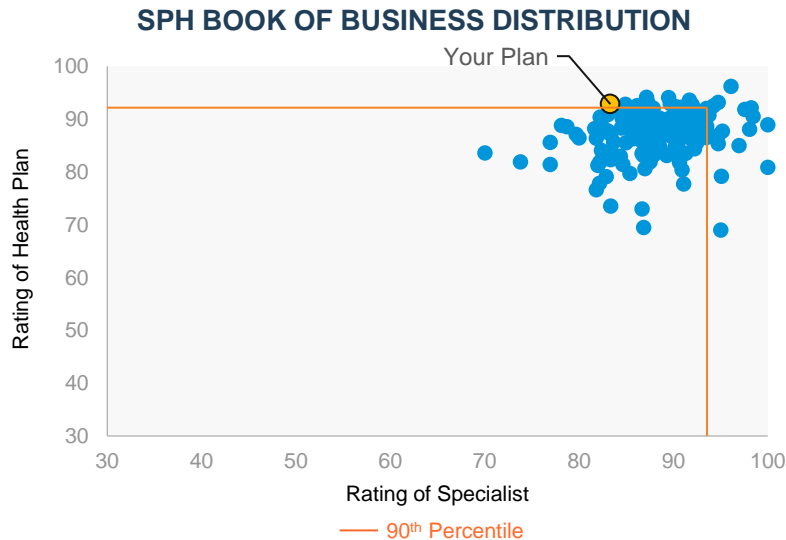
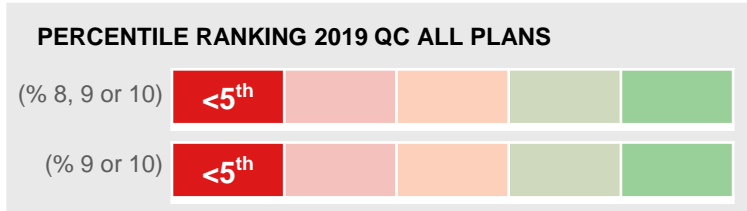


### Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (‡) or benchmark (▲) score.

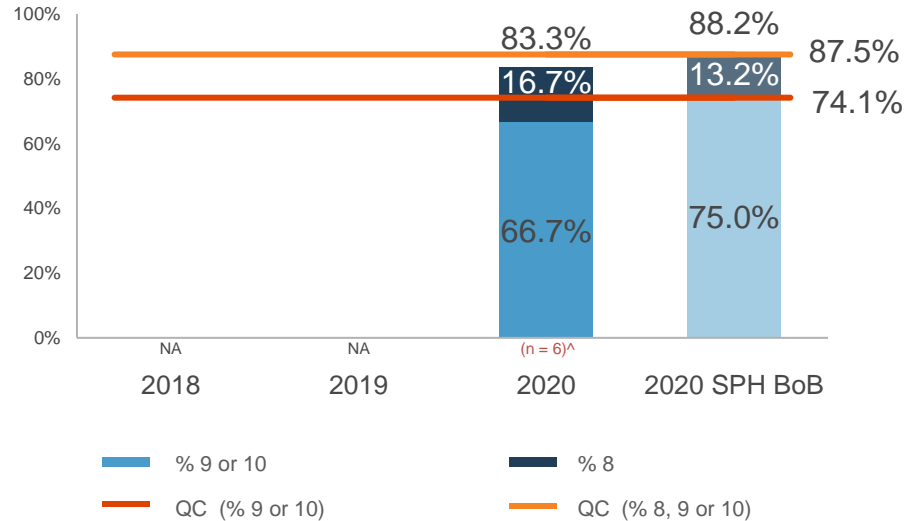
Current year score is significantly lower than the 2019 score (↓), the 2018 score (‡) or benchmark (▼) score.

^Denominator less than 100. NCQA will assign an NA to this measure.



## RATING OF SPECIALIST

% 8, 9 or 10



### Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (‡) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (‡) or benchmark (▼) score.

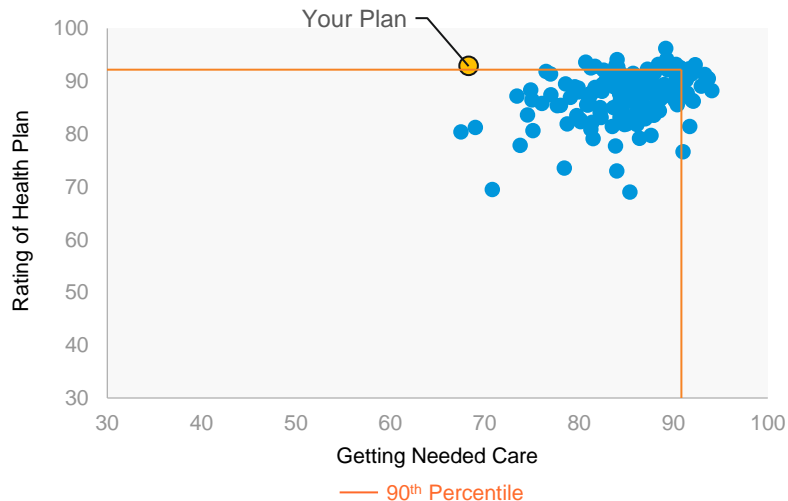
<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

Please see Technical Notes for more information.

## PERCENTILE RANKING 2019 QC ALL PLANS

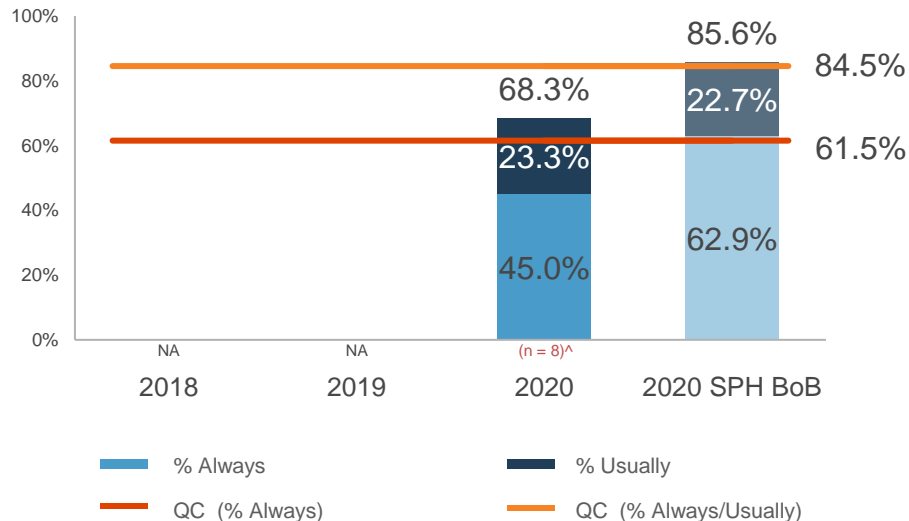


## SPH BOOK OF BUSINESS DISTRIBUTION



## GETTING NEEDED CARE

% Always or Usually



### Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (‡) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (‡) or benchmark (▼) score.

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

## GETTING NEEDED CARE QUESTIONS

The Getting Needed Care composite score is calculated by taking the average of two questions:

- Q10. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- Q41. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

### 2020 GETTING NEEDED CARE COMPOSITE SUMMARY RATE SCORE

68.3%

### Gate Questions

Q40. Made appointments to see a specialist in the last 6 months

Valid n	Yes
14	42.9%

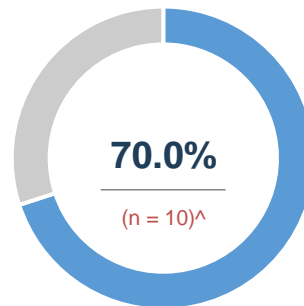
### Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (⚡) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (⚡) or benchmark (▼) score.

^Denominator less than 100. NCQA will assign an NA to this measure.

### Q10. GETTING CARE, TESTS, OR TREATMENT % Always or Usually

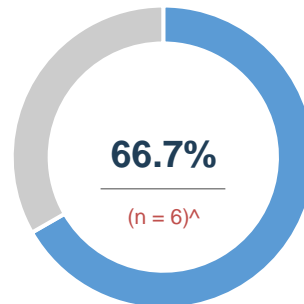


2020	70.0%
2019	NA
2018	NA
SPH	90.8%
QC	89.6%

Percentile Ranking 2019 QC All Plans



### Q41. GETTING SPECIALIST APPOINTMENT % Always or Usually



2020	66.7%
2019	NA
2018	NA
SPH	80.4%
QC	79.7%

Percentile Ranking 2019 QC All Plans

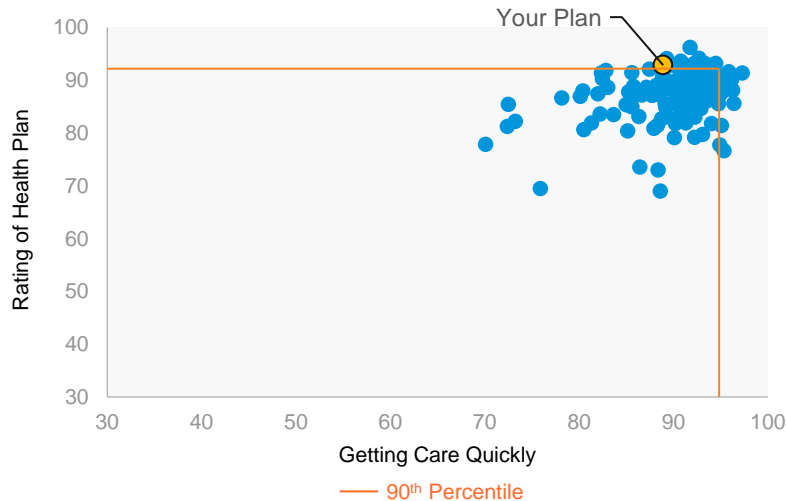


Please see Technical Notes for more information.

## PERCENTILE RANKING 2019 QC ALL PLANS

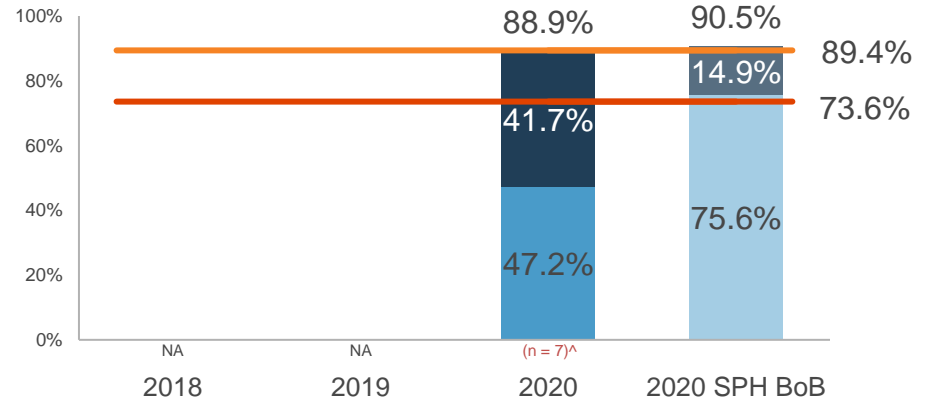


## SPH BOOK OF BUSINESS DISTRIBUTION



## GETTING CARE QUICKLY

% Always or Usually



- % Always
- % Usually
- QC (% Always)
- QC (% Always/Usually)

### Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (‡) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (‡) or benchmark (▼) score.

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.



## GETTING CARE QUICKLY QUESTIONS

The Getting Care Quickly composite score is calculated by taking the average of two questions:

- Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

**2020 GETTING CARE QUICKLY COMPOSITE SUMMARY RATE SCORE**

**88.9%**

### Gate Questions

Q3. Had illness, injury or condition that needed care right away

Valid n	Yes
14	28.6%

Q5. Made appts for health care at doctor's office or clinic

Valid n	Yes
14	71.4%

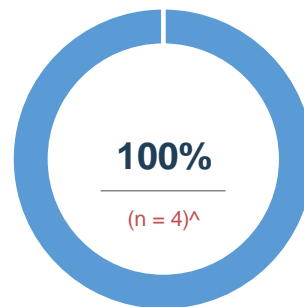
### Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (⚡) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (⚡) or benchmark (▼) score.

^Denominator less than 100. NCQA will assign an NA to this measure.

## Q4. GETTING URGENT CARE % Always or Usually

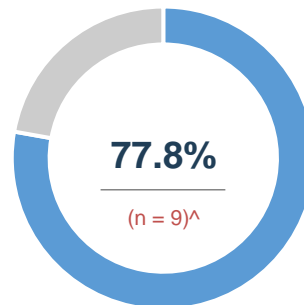


<b>2020</b>	<b>100%</b>
<b>2019</b>	<b>NA</b>
<b>2018</b>	<b>NA</b>
<b>SPH</b>	<b>91.7%</b>
<b>QC</b>	<b>91.2%</b>

Percentile Ranking 2019 QC All Plans



## Q6. GETTING ROUTINE CARE % Always or Usually



<b>2020</b>	<b>77.8%</b>
<b>2019</b>	<b>NA</b>
<b>2018</b>	<b>NA</b>
<b>SPH</b>	<b>89.3%</b>
<b>QC</b>	<b>87.7%</b>

Percentile Ranking 2019 QC All Plans

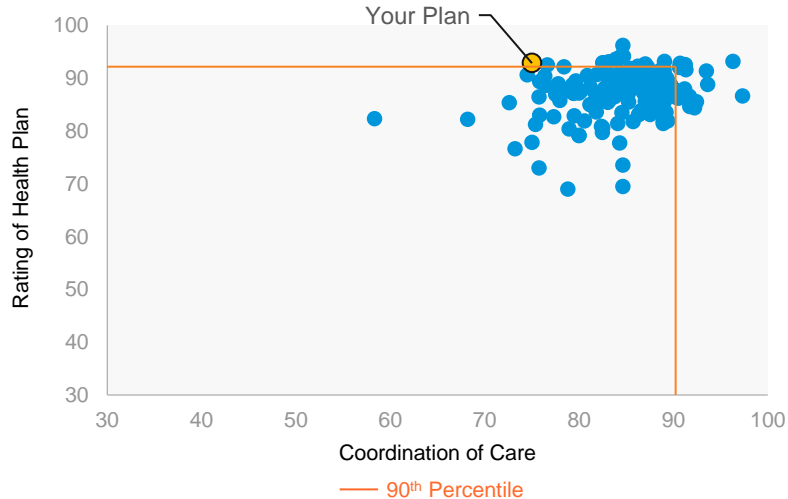


Please see Technical Notes for more information.

## PERCENTILE RANKING 2019 QC ALL PLANS

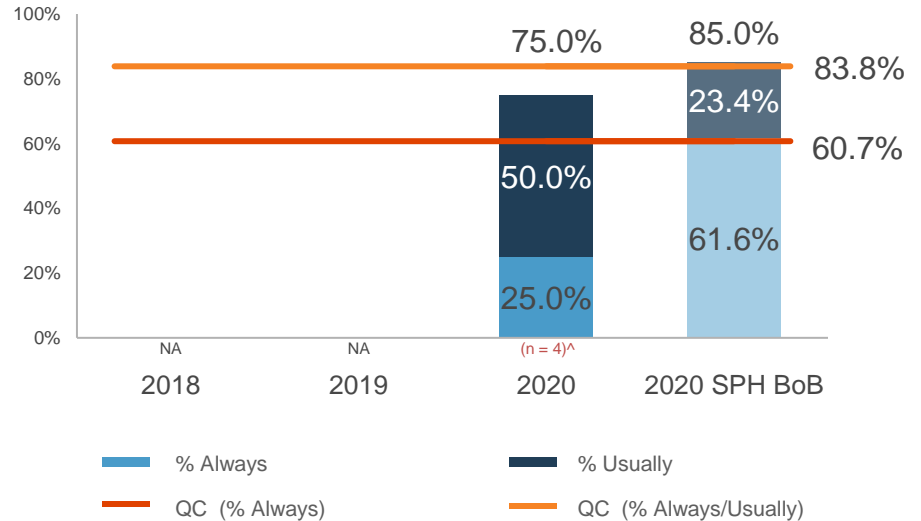


## SPH BOOK OF BUSINESS DISTRIBUTION



## COORDINATION OF CARE

% Always or Usually



### Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (‡) or benchmark (▲) score.

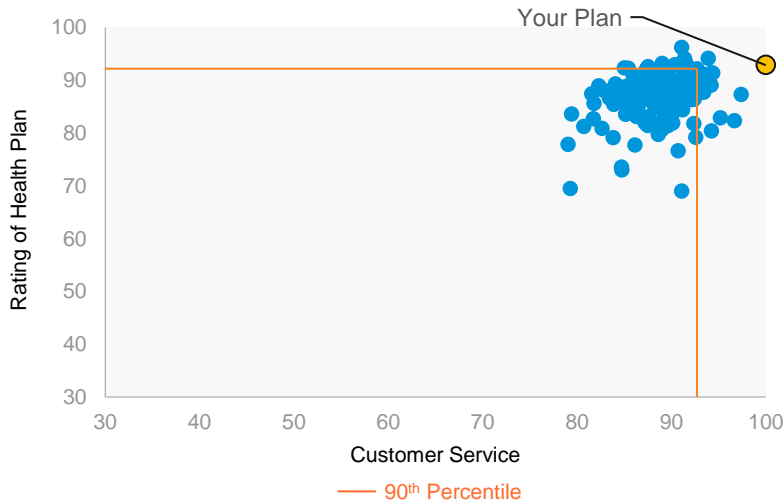
Current year score is significantly lower than the 2019 score (↓), the 2018 score (‡) or benchmark (▼) score.

^Denominator less than 100. NCQA will assign an NA to this measure.

## PERCENTILE RANKING 2019 QC ALL PLANS

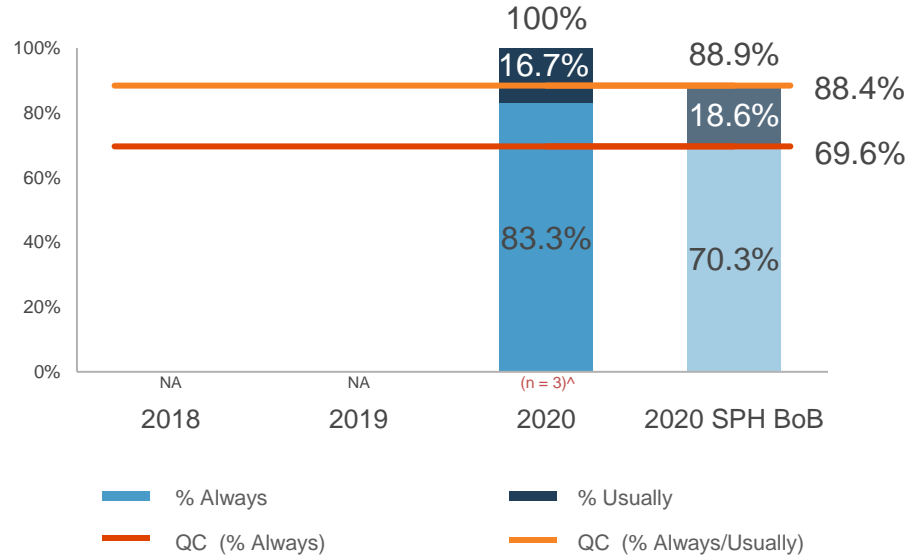


## SPH BOOK OF BUSINESS DISTRIBUTION



## CUSTOMER SERVICE

% Always or Usually



### Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (‡) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (‡) or benchmark (▼) score.

^Denominator less than 100. NCQA will assign an NA to this measure.

## CUSTOMER SERVICE QUESTIONS

The Customer Service composite score is calculated by taking the average of two questions:

- Q45. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
- Q46. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

**2020 CUSTOMER SERVICE  
COMPOSITE SUMMARY RATE SCORE**



### Gate Questions

Q44. Tried to get information or help from health plan's customer service

Valid n	Yes
14	21.4%

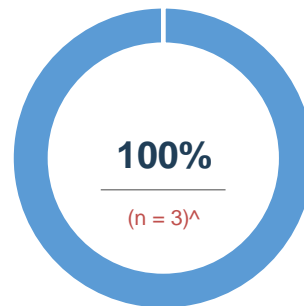
### Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (⚡) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (⚡) or benchmark (▼) score.

^Denominator less than 100. NCQA will assign an NA to this measure.

### Q45. PROVIDED INFORMATION OR HELP % Always or Usually

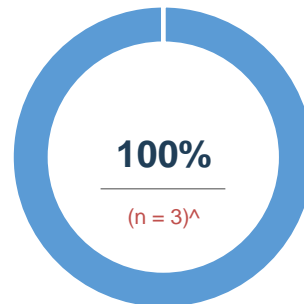


<b>2020</b>	<b>100%</b>
<b>2019</b>	<b>NA</b>
<b>2018</b>	<b>NA</b>
<b>SPH</b>	<b>83.7%</b>
<b>QC</b>	<b>83.2%</b>

Percentile Ranking 2019 QC All Plans



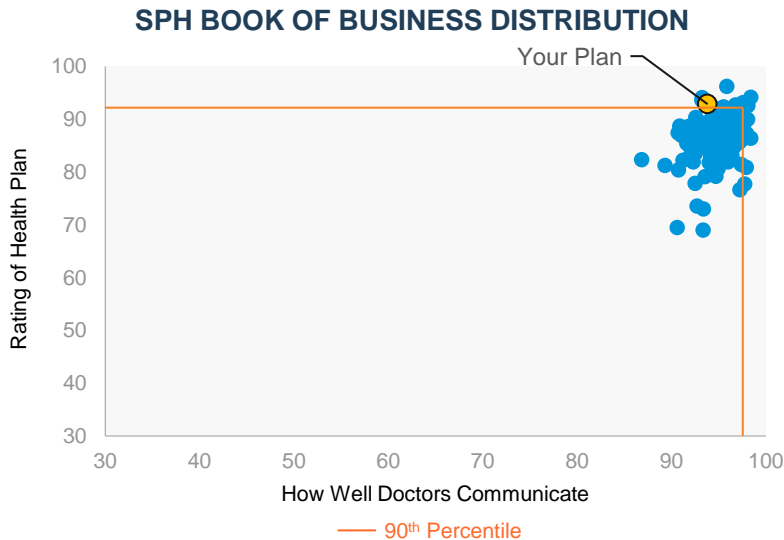
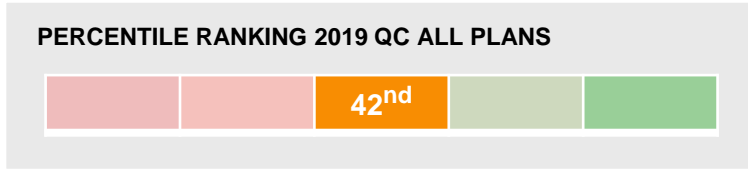
### Q46. TREATED WITH COURTESY AND RESPECT % Always or Usually



<b>2020</b>	<b>100%</b>
<b>2019</b>	<b>NA</b>
<b>2018</b>	<b>NA</b>
<b>SPH</b>	<b>94.2%</b>
<b>QC</b>	<b>93.6%</b>

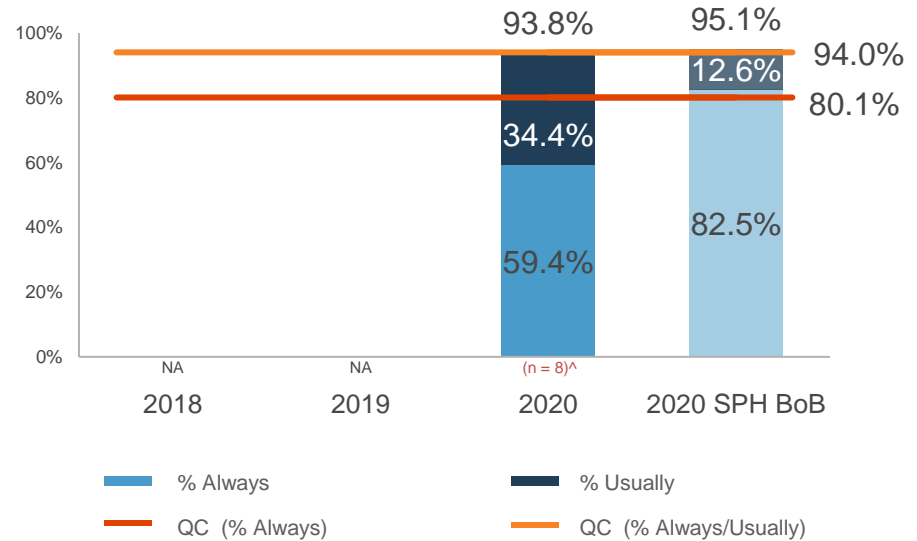
Percentile Ranking 2019 QC All Plans





## HOW WELL DOCTORS COMMUNICATE

% Always or Usually



### Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (‡) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (‡) or benchmark (▼) score.

^Denominator less than 100. NCQA will assign an NA to this measure.

# How Well Doctors Communicate: Attribute Questions

Please see Technical Notes for more information.

## HOW WELL DOCTORS COMMUNICATE QUESTIONS

The How Well Doctors Communicate composite score is calculated by taking the average of four questions:

- Q27. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- Q28. In the last 6 months, how often did your personal doctor listen carefully to you?
- Q29. In the last 6 months, how often did your personal doctor show respect for what you had to say?
- Q32. In the last 6 months, how often did your personal doctor spend enough time with you?

### 2020 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE



93.8%

#### Gate Questions

	Valid n	Yes
Q25. Have a personal doctor	13	84.6%

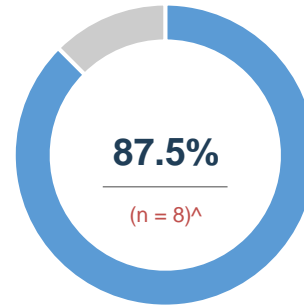
#### Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (⬆) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (⬆) or benchmark (▼) score.

^Denominator less than 100. NCQA will assign an NA to this measure.

### Q27. PERSONAL DOCTOR EXPLAINED THINGS % Always or Usually

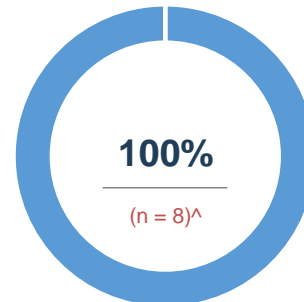


2020	87.5%
2019	NA
2018	NA
SPH	95.4%
QC	94.5%

Percentile Ranking 2019 QC All Plans



### Q28. PERSONAL DOCTOR LISTENED CAREFULLY % Always or Usually



2020	100%
2019	NA
2018	NA
SPH	96.2%
QC	95.3%

Percentile Ranking 2019 QC All Plans



# How Well Doctors Communicate: Attribute Questions (Continued)

Please see Technical Notes for more information.

## HOW WELL DOCTORS COMMUNICATE QUESTIONS

The How Well Doctors Communicate composite score is calculated by taking the average of four questions:

- Q27. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- Q28. In the last 6 months, how often did your personal doctor listen carefully to you?
- Q29. In the last 6 months, how often did your personal doctor show respect for what you had to say?
- Q32. In the last 6 months, how often did your personal doctor spend enough time with you?

### 2020 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE



93.8%

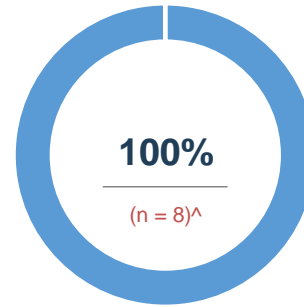
#### Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (⚡) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (⚡) or benchmark (▼) score.

^Denominator less than 100. NCQA will assign an NA to this measure.

### Q29. PERSONAL DOCTOR SHOWED RESPECT % Always or Usually

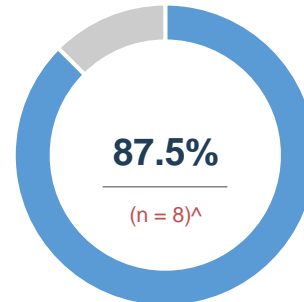


2020	100%
2019	NA
2018	NA
SPH	97.1%
QC	96.3%

Percentile Ranking 2019 QC All Plans



### Q32. PERSONAL DOCTOR SPENT ENOUGH TIME % Always or Usually



2020	87.5%
2019	NA
2018	NA
SPH	91.7%
QC	89.7%

Percentile Ranking 2019 QC All Plans





# Summary of Trend and Benchmarks

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Summary Rate Scores and Percentile Rankings

- Western Sky Community Care (Centene NM)





# Summary of Trend and Benchmarks: Section Information

Please see Technical Notes for more information.

**Trend and Benchmark Comparisons** The CAHPS® 5.0H survey is designed to use composite scores to facilitate the aggregation of information and the communication of results. Questions are combined into composite categories comprising a particular service area managed by your plan. These composites, the questions that make up composites (attributes), additional measures, and rating questions are shown on the following pages.

**Summary Rate Scores:** Shows how your plan's composite and key question Summary Rates compare to trend data (if applicable) and scores from the 2020 SPH Analytics Medicaid Child with CCC Book of Business and the 2019 Medicaid Child with CCC Quality Compass® All Plans benchmarks. To help you identify how your plan's population compares to other plans and to previous data, statistically significant differences are highlighted.

**Plan Percentile Rankings:** Shows your plan's Summary Rates and percentile rankings in relation to the benchmarks.

## Significance Testing

**Green** – Current year score is significantly higher than the 2019 score (↑), the 2018 score (‡) or benchmark (▲) score.

**Red** – Current year score is significantly lower than the 2019 score (↓), the 2018 score (‡) or benchmark (▼) score.

No color denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% confidence level.

## Available Benchmarks

The following benchmarks are used throughout the report.

	<b>2019 Quality Compass® All Plans (General Population)</b>	<b>2019 Quality Compass® All Plans (CCC Population)</b>	<b>2019 NCQA 1-100 Benchmark (General Population)</b>	<b>2019 NCQA 1-100 Benchmark (CCC Population)</b>	<b>2020 SPH Analytics Book of Business (General Population)</b>	<b>2020 SPH Analytics Book of Business (CCC Population)</b>
	Includes all Medicaid child samples (Non-CCC and CCC) that submitted data to NCQA in 2018.	Includes all Medicaid child samples (CCC) that submitted data to NCQA in 2018.	A percentile benchmark (with values ranging from the first through the one hundredth percentile) calculated by NCQA and derived from Medicaid child data (Non-CCC and CCC) collected by NCQA in 2018.	A percentile benchmark (with values ranging from the first through the one hundredth percentile) calculated by NCQA and derived from Medicaid child data (CCC) collected by NCQA in 2018.	Includes all the Medicaid child samples (Non-CCC and CCC) that contracted with SPH Analytics to administer the 2019 CAHPS 5.0H survey and submitted data to NCQA.	Includes all the Medicaid child samples (CCC) that contracted with SPH Analytics to administer the 2019 CAHPS 5.0H survey and submitted data to NCQA.
<b>PROS</b>	<ul style="list-style-type: none"> <li>Contains more plans than the SPH Book of Business</li> <li>Is presented in NCQA's The State of Health Care Quality</li> </ul>	<ul style="list-style-type: none"> <li>Contains more plans than the SPH Book of Business</li> <li>Is presented in NCQA's The State of Health Care Quality</li> <li>Provides a CCC benchmark</li> </ul>	<ul style="list-style-type: none"> <li>Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass® All Plans benchmark</li> </ul>	<ul style="list-style-type: none"> <li>Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass® All Plans benchmark</li> <li>Provides a CCC benchmark</li> </ul>	<ul style="list-style-type: none"> <li>Provides a benchmark for each question from the survey</li> <li>Permits precise percentile ranking of plan compared to benchmark</li> <li>Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark.</li> </ul>	<ul style="list-style-type: none"> <li>Provides a benchmark for each question from the survey</li> <li>Permits precise percentile ranking of plan compared to benchmark</li> <li>Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark</li> <li>Provides a CCC benchmark</li> </ul>
<b>CONS</b>	<ul style="list-style-type: none"> <li>Only contains benchmarks for certain key questions, composites, and rating questions</li> </ul>	<ul style="list-style-type: none"> <li>Only contains benchmarks for certain key questions, composites, and rating questions</li> </ul>	<ul style="list-style-type: none"> <li>Only contains benchmarks for certain key questions, composites, and rating questions</li> </ul>	<ul style="list-style-type: none"> <li>Only contains benchmarks for certain key questions, composites, and rating questions</li> </ul>	<ul style="list-style-type: none"> <li>Contains fewer plans than the Public Report and the Quality Compass® All Plans Benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>Contains fewer plans than the Public Report and the Quality Compass® All Plans Benchmarks</li> </ul>
<b># OF PLANS</b>	112	54	112	54	162	53

Please see Technical Notes for more information.

## RATING ITEMS

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK	2019 QC ALL LOB BENCHMARK
<b>Rating Questions (% 9 or 10)</b>							
★ Q49. Rating of Health Plan	14 <sup>^</sup>	NA	NA	50.0%	73.0%	71.7%	40.4%
★ Q9. Rating of Health Care	9 <sup>^</sup>	NA	NA	55.6%	73.0%	70.4%	51.9%
★ Q36. Rating of Personal Doctor	10 <sup>^</sup>	NA	NA	60.0%	79.1%	77.3%	67.8%
★ Q43. Rating of Specialist	6 <sup>^</sup>	NA	NA	66.7%	75.0%	74.1%	66.6%
<b>Rating Questions (% 8, 9 or 10)</b>							
Q49. Rating of Health Plan	14 <sup>^</sup>	NA	NA	92.9%	87.5%	86.5%	63.8% ▲
Q9. Rating of Health Care	9 <sup>^</sup>	NA	NA	88.9%	88.7%	87.5%	78.0%
Q36. Rating of Personal Doctor	10 <sup>^</sup>	NA	NA	80.0%	91.2%	90.0%	85.3%
Q43. Rating of Specialist	6 <sup>^</sup>	NA	NA	83.3%	88.2%	87.5%	84.4%

7

Total Star  
Rating  
★  
Measures

0

Above QC  
Benchmark

0

At or Below  
QC  
Benchmark

Please see Technical Notes for more information.

## COMPOSITES, ATTRIBUTES, AND KEY QUESTIONS

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK	2019 QC ALL LOB BENCHMARK
<b>★ Getting Needed Care (% Always or Usually)</b>	<b>8<sup>^</sup></b>	NA	NA	68.3%	85.6%	84.5%	86.5%
Q10. Getting care, tests, or treatment	10 <sup>^</sup>	NA	NA	70.0%	90.8%	89.6%	89.3% ▼
Q41. Getting specialist appointment	6 <sup>^</sup>	NA	NA	66.7%	80.4%	79.7%	83.8%
<b>★ Getting Care Quickly (% Always or Usually)</b>	<b>7<sup>^</sup></b>	NA	NA	88.9%	90.5%	89.4%	85.2%
Q4. Getting urgent care	4 <sup>^</sup>	NA	NA	100%	91.7%	91.2%	88.6%
Q6. Getting routine care	9 <sup>^</sup>	NA	NA	77.8%	89.3%	87.7%	82.6%
<b>Other Measure (% Always or Usually)</b>							
★ Q35. Coordination of Care	4 <sup>^</sup>	NA	NA	75.0%	85.0%	83.8%	83.1%

7

Total Star Rating

★

Measures

---

0

Above QC Benchmark

---

0

At or Below QC Benchmark

Please see Technical Notes for more information.

## OTHER MEASURES

(Not used for accreditation/ratings)

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK	2019 QC ALL LOB BENCHMARK
<b>Other Measure (% Always or Usually)</b>							
Q48. Ease of filling out forms	14 <sup>^</sup>	NA	NA	92.9%	96.0%	95.0%	96.1%
<b>Health Plan Customer Service (% Always or Usually)</b>							
Q45. Provided information or help	3 <sup>^</sup>	NA	NA	100%	88.9%	88.4%	89.3%
Q46. Treated with courtesy and respect	3 <sup>^</sup>	NA	NA	100%	94.2%	93.6%	95.4%
<b>How Well Doctors Communicate (% Always or Usually)</b>							
Q27. Personal doctors explained things	8 <sup>^</sup>	NA	NA	87.5%	95.4%	94.5%	96.4%
Q28. Personal doctors listened carefully	8 <sup>^</sup>	NA	NA	100%	96.2%	95.3%	95.1%
Q29. Personal doctors showed respect	8 <sup>^</sup>	NA	NA	100%	97.1%	96.3%	96.4%
Q32. Personal doctors spent enough time	8 <sup>^</sup>	NA	NA	87.5%	91.7%	89.7%	93.6%



# Summary Rate Scores – CCC Population

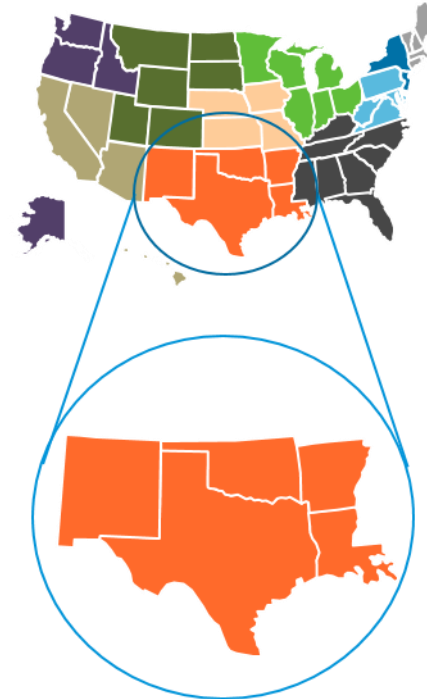
Please see Technical Notes for more information.

## CCC MEASURES

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK
<b>Q51. Access to Prescription Medicines (% Always or Usually)</b>	5 <sup>^</sup>	NA	NA	80.0%	91.7%	91.6%
<b>Access to Specialized Services (% Always or Usually)</b>	NA	NA	NA	NA	75.4%	77.2%
Q15. Ease of getting special medical equipment or devices	3 <sup>^</sup>	NA	NA	66.7%	74.3%	77.1%
Q18. Ease of getting therapy	1 <sup>^</sup>	NA	NA	100%	76.2%	77.5%
Q21. Ease of getting treatment or counseling	NA	NA	NA	NA	75.9%	76.8%
<b>FCC: Personal Doctor Who Knows Child (% Yes)</b>	4 <sup>^</sup>	NA	NA	93.3%	91.8%	91.0%
Q33. Doctor talked about how child is feeling, growing, and behaving	5 <sup>^</sup>	NA	NA	80.0%	90.2%	89.8%
Q38. Doctor understands how these conditions affect child's day-to-day life	4 <sup>^</sup>	NA	NA	100%	94.1%	93.2%
Q39. Doctor understands how these conditions affect family's day-to-day life	4 <sup>^</sup>	NA	NA	100%	91.2%	89.6%
<b>Q8. FCC: Getting Needed Information (% Always or Usually)</b>	7 <sup>^</sup>	NA	NA	100%	93.4%	91.4%
<b>Coordination of Care for CCC (% Yes)</b>	2 <sup>^</sup>	NA	NA	75.0%	77.2%	76.9%
Q13. Obtained help from doctors or health providers in contacting child's school or daycare	1 <sup>^</sup>	NA	NA	100%	94.0%	93.9%
Q24. Obtained help coordinating child's care among different providers or services	2 <sup>^</sup>	NA	NA	50.0%	60.3%	60.3%

	SUMMARY RATE	2020 SPH BoB REGION
<b>Rating Questions (% 9 or 10)</b>		
Q49. Rating of Health Plan	50.0%	76.8%
Q9. Rating of Health Care	55.6%	75.8%
Q36. Rating of Personal Doctor	60.0%	80.1%
Q43. Rating of Specialist	66.7%	77.6%
<b>Rating Questions (% 8, 9 or 10)</b>		
Q49. Rating of Health Plan	92.9%	90.0%
Q9. Rating of Health Care	88.9%	90.6%
Q36. Rating of Personal Doctor	80.0%	91.4%
Q43. Rating of Specialist	83.3%	89.6%
<b>Getting Needed Care (% Always or Usually)</b>	<b>68.3%</b>	<b>85.6%</b>
Q10. Getting care, tests, or treatment	70.0%	90.9%
Q41. Getting specialist appointment	66.7%	80.2%
<b>Getting Care Quickly (% Always or Usually)</b>	<b>88.9%</b>	<b>91.1%</b>
Q4. Getting urgent care	100%	92.8%
Q6. Getting routine care	77.8%	89.4%
<b>Coordination of Care (Q35) (% Always or Usually)</b>	<b>75.0%</b>	<b>85.1%</b>

**HHS Regions:** The regions used align with the U.S. Department of Health and Human Services regions.



**Region 6: Dallas**

- Arkansas
- New Mexico
- Texas
- Louisiana
- Oklahoma

**Significance Testing**  
 Current year score is significantly higher (⬆️) or lower (⬆️) than the 2020 SPH BoB Region score.



# Percentile Rankings – Quality Compass (Child)

Please see Technical Notes for more information.

	2020 Plan		National Percentiles from 2019 Quality Compass (Child)								
	Score	Percentile	5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
<b>Rating Questions (% 9 or 10)</b>											
Q49. Rating of Health Plan	50.0%	<5 <sup>th</sup>	61.33	65.04	68.82	69.89	72.03	74.24	75.64	78.26	79.46
Q9. Rating of Health Care	55.6%	<5 <sup>th</sup>	61.58	64.53	67.44	69.07	71.06	72.93	74.03	76.26	77.25
Q36. Rating of Personal Doctor	60.0%	<5 <sup>th</sup>	70.27	72.38	75.00	76.30	77.80	79.31	79.82	82.07	83.45
Q43. Rating of Specialist	66.7%	<5 <sup>th</sup>	68.33	68.93	70.63	71.43	74.17	76.11	77.70	78.85	81.37
<b>Rating Questions (% 8, 9 or 10)</b>											
Q49. Rating of Health Plan	92.9%	97 <sup>th</sup>	79.03	81.40	84.48	85.29	87.15	88.29	89.38	90.95	92.22
Q9. Rating of Health Care	88.9%	59 <sup>th</sup>	80.17	82.97	85.76	86.86	88.24	89.47	90.12	91.29	92.46
Q36. Rating of Personal Doctor	80.0%	<5 <sup>th</sup>	84.65	86.55	88.69	89.47	90.49	91.40	92.02	93.16	93.63
Q43. Rating of Specialist	83.3%	<5 <sup>th</sup>	83.92	84.25	85.83	86.61	87.29	88.65	89.00	91.18	91.78
<b>Getting Needed Care (% Always or Usually)</b>	<b>68.3%</b>	<b>&lt;5<sup>th</sup></b>	<b>77.08</b>	<b>78.40</b>	<b>81.49</b>	<b>83.03</b>	<b>84.85</b>	<b>86.85</b>	<b>88.01</b>	<b>89.98</b>	<b>91.04</b>
Q10. Getting care, tests, or treatment	70.0%	<5 <sup>th</sup>	82.57	83.94	87.46	88.07	90.11	91.80	92.43	94.20	94.96
Q41. Getting specialist appointment	66.7%	<5 <sup>th</sup>	70.34	73.00	76.00	77.05	80.00	83.00	84.16	86.27	87.38
<b>Getting Care Quickly (% Always or Usually)</b>	<b>88.9%</b>	<b>38<sup>th</sup></b>	<b>80.94</b>	<b>82.95</b>	<b>87.01</b>	<b>88.06</b>	<b>89.98</b>	<b>91.69</b>	<b>92.43</b>	<b>94.17</b>	<b>95.30</b>
Q4. Getting urgent care	100%	100 <sup>th</sup>	83.06	85.00	89.43	90.32	92.00	93.33	93.84	95.74	97.01
Q6. Getting routine care	77.8%	<5 <sup>th</sup>	78.95	80.82	84.54	86.53	88.16	90.21	91.06	93.44	94.24
<b>Coordination of Care (Q35) (% Always or Usually)</b>	<b>75.0%</b>	<b>&lt;5<sup>th</sup></b>	<b>75.63</b>	<b>78.57</b>	<b>81.11</b>	<b>82.26</b>	<b>84.06</b>	<b>85.71</b>	<b>87.18</b>	<b>89.33</b>	<b>89.83</b>

Shading indicates that the plan has achieved the percentile level in the column header.





# Percentile Rankings – SPH Book of Business (Child)

Please see Technical Notes for more information.

	2020 Plan		National Percentiles from 2020 SPH Book of Business (Child)								
	Score	Percentile	5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
<b>Rating Questions (% 9 or 10)</b>											
Q49. Rating of Health Plan	50.0%	<5 <sup>th</sup>	60.95	65.09	70.51	71.43	73.87	75.53	76.89	80.05	81.93
Q9. Rating of Health Care	55.6%	<5 <sup>th</sup>	64.03	66.76	70.22	71.45	73.14	75.62	76.55	79.35	80.27
Q36. Rating of Personal Doctor	60.0%	<5 <sup>th</sup>	72.21	74.13	76.76	77.80	79.22	81.09	81.75	83.61	84.55
Q43. Rating of Specialist	66.7%	10 <sup>th</sup>	62.46	66.67	71.11	72.56	74.36	77.95	80.00	83.89	85.88
<b>Rating Questions (% 8, 9 or 10)</b>											
Q49. Rating of Health Plan	92.9%	95 <sup>th</sup>	79.21	81.89	85.61	86.60	88.15	89.37	90.14	92.12	92.88
Q9. Rating of Health Care	88.9%	50 <sup>th</sup>	83.54	84.66	86.83	87.62	88.89	90.28	90.75	92.58	93.32
Q36. Rating of Personal Doctor	80.0%	<5 <sup>th</sup>	86.23	87.79	90.12	90.43	91.36	92.12	92.63	93.76	94.79
Q43. Rating of Specialist	83.3%	13 <sup>th</sup>	81.78	82.41	85.71	86.67	88.14	90.51	91.58	93.52	95.10
<b>Getting Needed Care (% Always or Usually)</b>											
<b>Q10. Getting care, tests, or treatment</b>	<b>68.3%</b>	<b>&lt;5<sup>th</sup></b>	<b>76.40</b>	<b>78.95</b>	<b>82.44</b>	<b>84.01</b>	<b>85.99</b>	<b>87.65</b>	<b>88.62</b>	<b>91.06</b>	<b>91.92</b>
Q10. Getting care, tests, or treatment	70.0%	<5 <sup>th</sup>	82.24	85.42	88.60	89.29	91.02	93.13	93.49	95.16	96.09
Q41. Getting specialist appointment	66.7%	6 <sup>th</sup>	66.04	71.46	76.27	77.98	80.95	83.73	84.71	88.05	90.25
<b>Getting Care Quickly (% Always or Usually)</b>											
<b>Q4. Getting urgent care</b>	<b>88.9%</b>	<b>27<sup>th</sup></b>	<b>80.48</b>	<b>84.44</b>	<b>88.51</b>	<b>89.92</b>	<b>91.55</b>	<b>92.89</b>	<b>93.43</b>	<b>94.73</b>	<b>95.35</b>
Q4. Getting urgent care	100%	100 <sup>th</sup>	81.35	84.27	89.36	90.70	92.86	94.15	94.64	96.25	97.15
Q6. Getting routine care	77.8%	<5 <sup>th</sup>	79.35	81.90	86.69	88.52	90.78	91.99	92.65	94.29	95.18
<b>Coordination of Care (Q35) (% Always or Usually)</b>											
<b>Q35. Getting care from all providers</b>	<b>75.0%</b>	<b>&lt;5<sup>th</sup></b>	<b>75.76</b>	<b>77.78</b>	<b>82.50</b>	<b>83.83</b>	<b>85.42</b>	<b>87.22</b>	<b>88.31</b>	<b>89.96</b>	<b>91.38</b>

Shading indicates that the plan has achieved the percentile level in the column header.

# Percentile Rankings – Quality Compass

Please see Technical Notes for more information.

CCC Population	2020 Plan		National Percentiles from 2019 Quality Compass (CCC Population)								
	Score	Percentile	5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
<b>Q51. Access to Prescription Medicines (% Always or Usually)</b>	<b>80.0%</b>	<b>&lt;5<sup>th</sup></b>	87.17	87.61	90.03	90.82	91.59	92.17	93.35	94.85	96.71
<b>Access to Specialized Services (% Always or Usually)</b>	<b>NA</b>	<b>NA</b>	69.60	70.64	74.69	74.86	77.5	78.68	80.20	82.79	85.74
Q15. Ease of getting special medical equipment or devices	66.7%	NA	---	---	---	---	---	---	---	---	---
Q18. Ease of getting therapy	100%	100 <sup>th</sup>	69.01	69.80	76.11	76.98	77.56	78.00	78.7	85.18	88.18
Q21. Ease of getting treatment or counseling	NA	NA	63.48	66.09	73.04	73.96	77.68	80.99	82.05	85.59	86.89
<b>FCC: Personal Doctor Who Knows Child (% Yes)</b>	<b>93.3%</b>	<b>90<sup>th</sup></b>	87.89	88.26	90.01	90.42	91.29	91.89	92.23	93.32	93.66
Q33. Doctor talked about how child is feeling, growing, and behaving	80.0%	<5 <sup>th</sup>	84.11	87.22	88.55	89.15	89.74	91.06	91.71	93.05	93.69
Q38. Doctor understands how these conditions affect child's day-to-day life	100%	100 <sup>th</sup>	90.09	90.48	91.96	92.55	93.53	94.69	94.77	95.74	95.96
Q39. Doctor understands how these conditions affect family's day-to-day life	100%	100 <sup>th</sup>	84.92	86.17	87.90	88.60	90.07	90.94	91.63	92.31	92.80
<b>Q8. FCC: Getting Needed Information (% Always or Usually)</b>	<b>100%</b>	<b>100<sup>th</sup></b>	83.59	86.48	90.38	90.91	92.29	93.15	93.4	94.49	95.10
<b>Coordination of Care for CCC (% Yes)</b>	<b>75.0%</b>	<b>30<sup>th</sup></b>	71.92	73.33	74.82	75.68	77.40	78.45	79.15	79.62	79.87
Q13. Obtained help from doctors or health providers in contacting child's school or daycare	100%	NA	---	---	---	---	---	---	---	---	---
Q24. Obtained help coordinating child's care among different providers or services	50.0%	<5 <sup>th</sup>	50.91	52.46	55.88	56.67	59.92	64.72	64.86	66.91	70.63

Shading indicates that the plan has achieved the percentile level in the column header.



# Percentile Rankings – SPH Book of Business

Please see Technical Notes for more information.

CCC Population	2020 Plan		National Percentiles from 2020 SPH Book of Business (CCC Population)								
	Score	Percentile	5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
<b>Q51. Access to Prescription Medicines (% Always or Usually)</b>	<b>80.0%</b>	<b>&lt;5<sup>th</sup></b>	87.43	88.39	89.66	90.18	91.48	92.82	94.01	95.62	96.38
<b>Access to Specialized Services (% Always or Usually)</b>	<b>NA</b>	<b>NA</b>	67.50	69.41	71.67	74.28	76.83	79.85	80.94	83.03	85.95
Q15. Ease of getting special medical equipment or devices	66.7%	15 <sup>th</sup>	60.73	64.52	71.43	72.79	75.00	79.86	82.14	89.40	93.63
Q18. Ease of getting therapy	100%	100 <sup>th</sup>	64.75	66.76	72.09	74.07	76.95	80.49	82.05	83.64	87.53
Q21. Ease of getting treatment or counseling	NA	NA	65.65	67.39	71.61	72.59	76.73	80.68	82.02	85.37	86.24
<b>FCC: Personal Doctor Who Knows Child (% Yes)</b>	<b>93.3%</b>	<b>72<sup>nd</sup></b>	88.31	89.01	90.43	91.33	91.97	93.06	93.55	94.27	94.65
Q33. Doctor talked about how child is feeling, growing, and behaving	80.0%	<5 <sup>th</sup>	86.38	87.3	88.96	89.29	90.32	91.66	92.11	92.61	93.65
Q38. Doctor understands how these conditions affect child's day-to-day life	100%	100 <sup>th</sup>	89.79	90.62	92.91	93.51	94.51	95.43	96.09	96.88	97.42
Q39. Doctor understands how these conditions affect family's day-to-day life	100%	100 <sup>th</sup>	85.66	88.18	89.77	90.46	91.43	92.92	92.96	94.07	95.16
<b>Q8. FCC: Getting Needed Information (% Always or Usually)</b>	<b>100%</b>	<b>100<sup>th</sup></b>	90.49	91.34	92.05	92.56	93.35	94.15	94.74	95.36	96.16
<b>Coordination of Care for CCC (% Yes)</b>	<b>75.0%</b>	<b>21<sup>st</sup></b>	72.98	73.21	75.57	76.08	77.37	78.6	79.53	81.49	82.85
Q13. Obtained help from doctors or health providers in contacting child's school or daycare	100%	86 <sup>th</sup>	88.05	88.39	91.43	92.46	94.74	96.46	96.97	100	100
Q24. Obtained help coordinating child's care among different providers or services	50.0%	<5 <sup>th</sup>	52.13	52.74	55.81	57.94	60.4	62.9	64.64	70.54	71.84

Shading indicates that the plan has achieved the percentile level in the column header.



# Profile of Survey Respondents

## Demographic Composition

- Western Sky Community Care (Centene NM)



# Profile of Survey Respondents: Section Information

Please see Technical Notes for more information.

**Demographic Profile** The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan's member population.

The percentages of respondents are displayed by demographic category (Child's Age, Gender, Health Status, Mental/Emotional Health Status, Ethnicity, and Race, as well as Respondent's Age, Gender, Education and Relation to Child) from your current survey, compared to trend data (if applicable) and the 2020 SPH Analytics Medicaid Child with CCC Book of Business and the 2019 Medicaid Child with CCC Quality Compass® All Plans benchmarks.

The demographic makeup of your plan's member base may not mirror the "average" plan; therefore, caution is recommended when making comparisons to benchmark data. To help you identify how your plan's population compares to other plans and to previous data, statistically significant differences are highlighted with green or red text. Refer to the Technical Notes for more information on this topic.

## Significance Testing

**Green** – Current year score is significantly higher than the 2019 score (↑), the 2018 score (‡) or benchmark (▲) score.

**Red** – Current year score is significantly lower than the 2019 score (↓), the 2018 score (§) or benchmark (▼) score.

**SPH** refers to the 2020 SPH Analytics Book of Business benchmark.

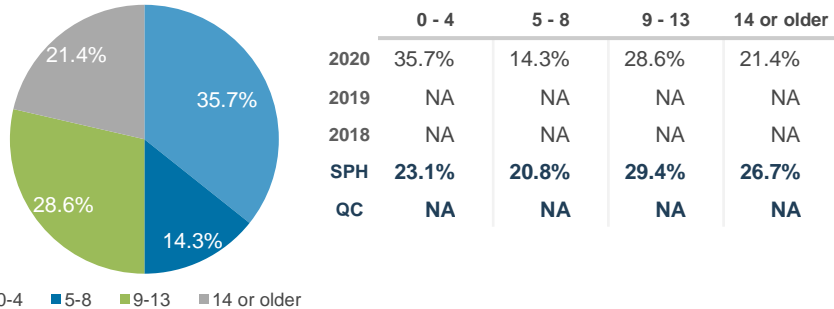
**QC** refers to the 2019 Quality Compass® All Plans benchmark.

No color denotes that there was no significant difference between the percentages or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% confidence level.

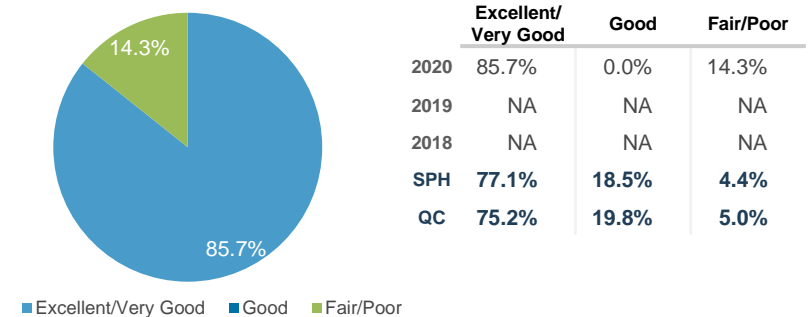
## Survey Demographics

The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan's member population.

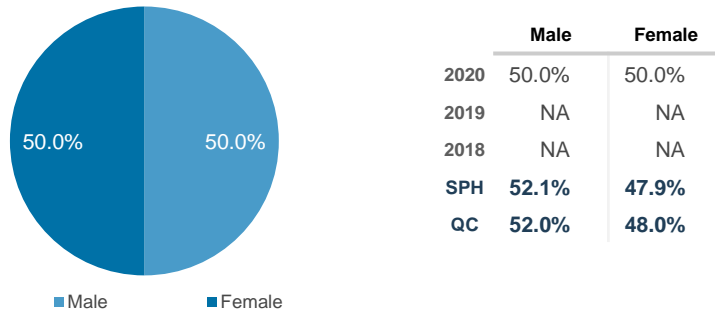
### Child's Age



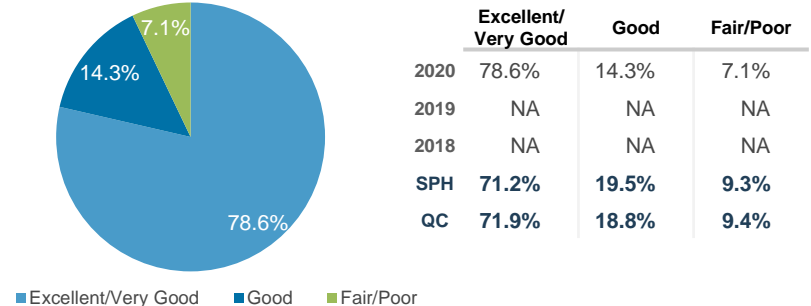
### Child's Health Status



### Child's Gender



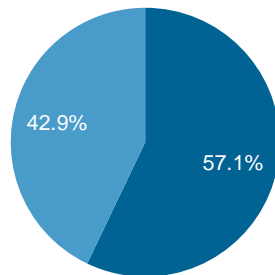
### Child's Mental/Emotional Health Status



## Survey Demographics

The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan's member population.

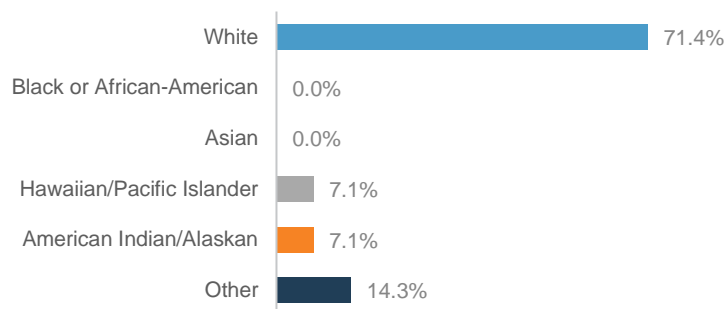
Child's Ethnicity



■ Hispanic/Latino ■ Not Hispanic/Latino

	Hispanic/Latino	Not Hispanic/Latino
2020	57.1%	42.9%
2019	NA	NA
2018	NA	NA
SPH	31.3%	68.7%
QC	34.8%	65.2%

Child's Race

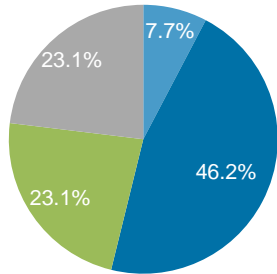


	White	Black or African-American	Asian	Hawaiian/Pacific Islander	American Indian/Alaskan	Other
2020	71.4%	0.0%	0.0%	7.1%	7.1%	14.3%
2019	NA	NA	NA	NA	NA	NA
2018	NA	NA	NA	NA	NA	NA
SPH	65.3%	22.9%	6.9%	1.7%	3.2%	14.8%
QC	51.4%	21.6%	6.3%	1.8%	3.2%	15.7%

## Survey Demographics

The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan's member population.

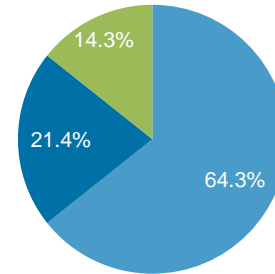
### Respondent's Age



	24 or younger	25 - 34	35 - 44	45 or older
2020	7.7%	46.2%	23.1%	23.1%
2019	NA	NA	NA	NA
2018	NA	NA	NA	NA
<b>SPH</b>	<b>12.2%</b>	<b>26.5%</b>	<b>32.8%</b>	<b>28.5%</b>
<b>QC</b>	<b>11.7%</b>	<b>28.7%</b>	<b>32.4%</b>	<b>27.1%</b>

■ 24 or younger ■ 25-34 ■ 35-44 ■ 45 or older

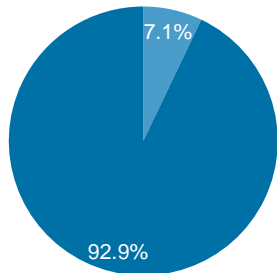
### Respondent's Education



	HS Graduate or Less	Some College	College Graduate or More
2020	64.3%	21.4%	14.3%
2019	NA	NA	NA
2018	NA	NA	NA
<b>SPH</b>	<b>49.9%</b>	<b>33.2%</b>	<b>17.0%</b>
<b>QC</b>	<b>53.8%</b>	<b>30.8%</b>	<b>15.5%</b>

■ HS Graduate or Less ■ Some College ■ College Graduate or More

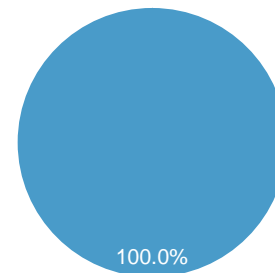
### Respondent's Gender



	Male	Female
2020	7.1%	92.9%
2019	NA	NA
2018	NA	NA
<b>SPH</b>	<b>12.9%</b>	<b>87.1%</b>
<b>QC</b>	<b>12.8%</b>	<b>87.3%</b>

■ Male ■ Female

### Respondent's Relation to Child



	Parent	Grandparent	Other
2020	100%	0.0%	0.0%
2019	NA	NA	NA
2018	NA	NA	NA
<b>SPH</b>	<b>90.0%</b>	<b>6.7%</b>	<b>3.3%</b>
<b>QC</b>	<b>89.8%</b>	<b>6.9%</b>	<b>3.3%</b>

■ Parent ■ Grandparent ■ Other





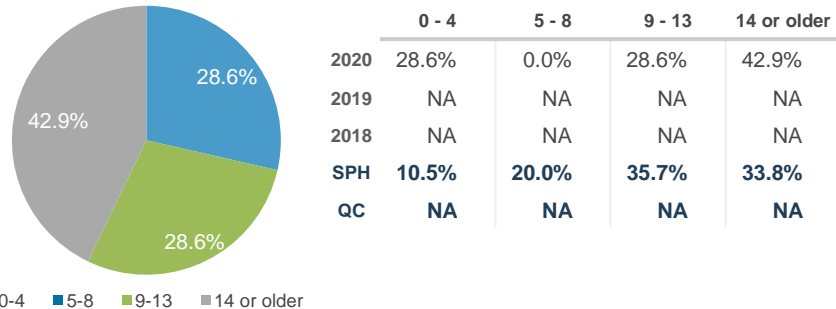
# Profile of Survey Respondents – CCC Population

Please see Technical Notes for more information.

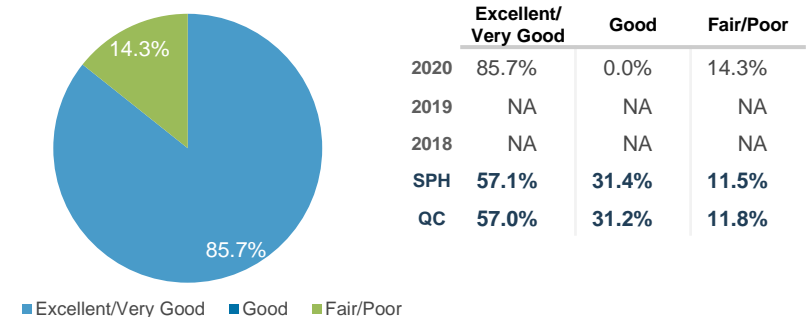
## Survey Demographics

The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan's member population.

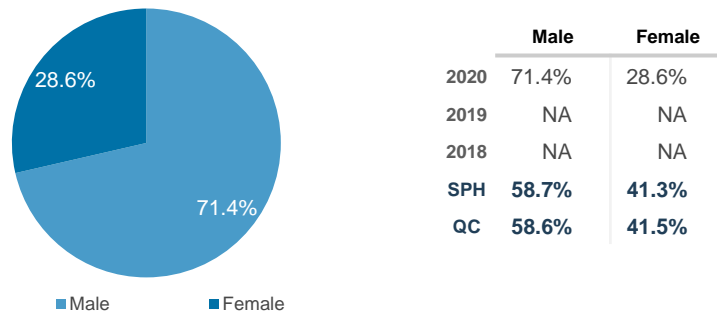
### Child's Age



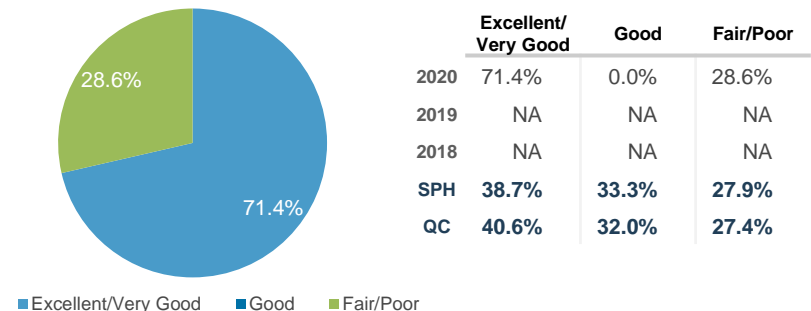
### Child's Health Status



### Child's Gender



### Child's Mental/Emotional Health Status





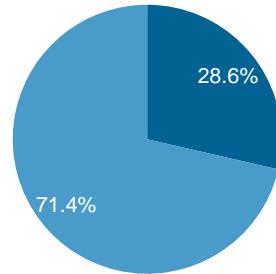
# Profile of Survey Respondents – CCC Population

Please see Technical Notes for more information.

## Survey Demographics

The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan's member population.

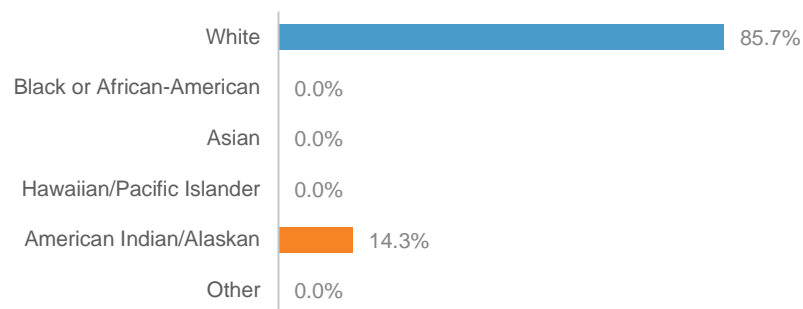
### Child's Ethnicity



■ Hispanic/Latino   ■ Not Hispanic/Latino

	Hispanic/ Latino	Not Hispanic/ Latino
2020	28.6%	71.4%
2019	NA	NA
2018	NA	NA
<b>SPH</b>	<b>20.5%</b>	<b>79.5%</b>
<b>QC</b>	<b>23.5%</b>	<b>76.5%</b>

### Child's Race



	White	Black or African- American	Asian	Hawaiian/ Pacific Islander	American Indian/ Alaskan	Other
2020	85.7%	0.0%	0.0%	0.0%	14.3%	0.0%
2019	NA	NA	NA	NA	NA	NA
2018	NA	NA	NA	NA	NA	NA
<b>SPH</b>	<b>72.2%</b>	<b>25.5%</b>	<b>2.4%</b>	<b>1.0%</b>	<b>3.6%</b>	<b>9.6%</b>
<b>QC</b>	<b>54.4%</b>	<b>26.0%</b>	<b>2.9%</b>	<b>1.2%</b>	<b>3.7%</b>	<b>11.8%</b>



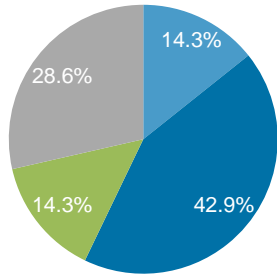
# Profile of Survey Respondents – CCC Population

Please see Technical Notes for more information.

## Survey Demographics

The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan's member population.

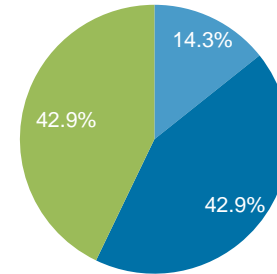
### Respondent's Age



	24 or younger	25 - 34	35 - 44	45 or older
2020	14.3%	42.9%	14.3%	28.6%
2019	NA	NA	NA	NA
2018	NA	NA	NA	NA
<b>SPH</b>	<b>11.7%</b>	<b>18.8%</b>	<b>31.2%</b>	<b>38.3%</b>
<b>QC</b>	<b>10.0%</b>	<b>21.6%</b>	<b>31.8%</b>	<b>36.5%</b>

■ 24 or younger ■ 25-34 ■ 35-44 ■ 45 or older

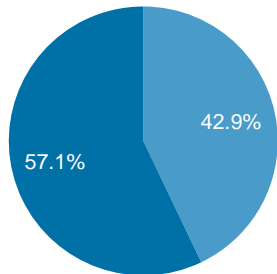
### Respondent's Education



	HS Graduate or Less	Some College	College Graduate or More
2020	14.3%	42.9%	42.9%
2019	NA	NA	NA
2018	NA	NA	NA
<b>SPH</b>	<b>43.4%</b>	<b>37.9%</b>	<b>18.7%</b>
<b>QC</b>	<b>46.3%</b>	<b>36.5%</b>	<b>17.2%</b>

■ HS Graduate or Less ■ Some College ■ College Graduate or More

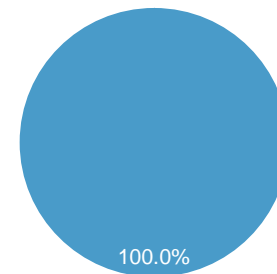
### Respondent's Gender



	Male	Female
2020	42.9%	57.1%
2019	NA	NA
2018	NA	NA
<b>SPH</b>	<b>10.1%</b>	<b>89.9%</b>
<b>QC</b>	<b>11.1%</b>	<b>88.9%</b>

■ Male ■ Female

### Respondent's Relation to Child



	Parent	Grandparent	Other
2020	100%	0.0%	0.0%
2019	NA	NA	NA
2018	NA	NA	NA
<b>SPH</b>	<b>83.0%</b>	<b>11.1%</b>	<b>5.9%</b>
<b>QC</b>	<b>83.0%</b>	<b>11.1%</b>	<b>5.9%</b>

■ Parent ■ Grandparent ■ Other



# Demographic Segment Analyses

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## Subgroup Analysis

- Western Sky Community Care (Centene NM)

**Segmenting Responses** The CAHPS® 5.0H survey asks demographic questions about the respondent. This section allows you to evaluate the differences across segments of your contract’s members. Reviewing measures across different survey response categories may indicate a health plan’s overall ability to meet the needs of a varied population.

The percentages represent the Summary Rate for each segment. For example, in the table below, the Summary Rate for the *Rating of Health Plan* is the percentage of respondents who rated their health plan an 8, 9 or 10. The interpretation of this example would be, “Of the respondents with a high school education or less, 85% gave their health plan a rating of 8, 9 or 10. And, of the respondents with some college education or more, 80% gave their health plan a rating of 8, 9 or 10.”

	High School or Less (A)	Some College or More (B)
Rating of Health Plan	85% <sup>B</sup>	80%

A capital letter and **green** font indicates that result is significantly higher than the corresponding column.

## Segment Groups

- Rating of Health Plan (Q49)
- Rating of Health Care (Q9)
- Child’s Health Status (Q53)
- Child’s Mental/Emotional Health Status (Q54)
- Survey Type
- Child’s Age (Q69)
- Child’s Gender (Q70)
- Child’s Race (Q71)
- Child’s Ethnicity (Q72)
- Respondent’s Age (Q73)
- Respondent’s Gender (Q74)
- Respondent’s Education (Q75)

Please see Technical Notes for more information.

	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type			Child's Age			
	8-10	0-7	8-10	0-7	Excellent or Very good	Good	Fair or Poor	Excellent or Very good	Good	Fair or Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
<i>Total respondents</i>	13 <sup>^</sup>	1 <sup>^</sup>	8 <sup>^</sup>	1 <sup>^</sup>	12 <sup>^</sup>	0 <sup>^</sup>	2 <sup>^</sup>	11 <sup>^</sup>	2 <sup>^</sup>	1 <sup>^</sup>	14 <sup>^</sup>	0 <sup>^</sup>	0 <sup>^</sup>	5 <sup>^</sup>	2 <sup>^</sup>	4 <sup>^</sup>	3 <sup>^</sup>
<b>Rating Questions (% 9 or 10)</b>																	
Q49. Rating of Health Plan	53.8%	0.0%	50.0%	0.0%	58.3%	---	0.0%	45.5%	50.0%	100%	50.0%	---	---	20.0%	0.0%	75.0%	100%
Q9. Rating of Health Care	62.5%	0.0%	62.5%	0.0%	57.1%	---	50.0%	33.3%	100%	100%	55.6%	---	---	80.0%	0.0%	0.0%	100%
Q36. Rating of Personal Doctor	66.7%	0.0%	57.1%	0.0%	60.0%	---	0.0%	50.0%	100%	100%	60.0%	---	---	50.0%	100%	50.0%	66.7%
Q43. Rating of Specialist	80.0%	0.0%	50.0%	100%	60.0%	---	100%	60.0%	100%	0.0%	66.7%	---	---	33.3%	100%	100%	100%
<b>Rating Questions (% 8, 9 or 10)</b>																	
Q49. Rating of Health Plan	100%	0.0%	87.5%	100%	91.7%	---	100%	90.9%	100%	100%	92.9%	---	---	80.0%	100%	100%	100%
Q9. Rating of Health Care	87.5%	100%	100%	0.0%	100%	---	50.0%	83.3%	100%	100%	88.9%	---	---	100%	0.0%	100%	100%
Q36. Rating of Personal Doctor	77.8%	100%	85.7%	0.0%	80.0%	---	0.0%	75.0%	100%	100%	80.0%	---	---	100%	100%	50.0%	66.7%
Q43. Rating of Specialist	100%	0.0%	75.0%	100%	80.0%	---	100%	80.0%	100%	0.0%	83.3%	---	---	66.7%	100%	100%	100%
<b>Getting Needed Care (% Always or Usually)</b>	78.9%	0.0%	81.3%	0.0%	77.5%	---	25.0%	58.6%	100%	0.0%	68.3%	---	---	73.3%	0.0%	83.3%	100%
Q10. Getting care, tests, or treatment	77.8%	0.0%	87.5%	0.0%	75.0%	---	50.0%	57.1%	100%	100%	70.0%	---	---	80.0%	0.0%	66.7%	100%
Q41. Getting specialist appointment	80.0%	0.0%	75.0%	0.0%	80.0%	---	0.0%	60.0%	100%	0.0%	66.7%	---	---	66.7%	0.0%	100%	100%
<b>Getting Care Quickly (% Always or Usually)</b>	88.9%	0.0%	100%	0.0%	87.5%	---	100%	87.5%	0.0%	0.0%	88.9%	---	---	100%	100%	0.0%	75.0%
Q4. Getting urgent care	100%	100%	100%	100%	100%	---	100%	100%	0.0%	100%	100%	---	---	100%	100%	0.0%	100%
Q6. Getting routine care	77.8%	0.0%	100%	0.0%	75.0%	---	100%	75.0%	100%	0.0%	77.8%	---	---	100%	100%	66.7%	50.0%
<b>Coordination of Care (Q35) (% Always or Usually)</b>	66.7%	100%	75.0%	0.0%	75.0%	---	0.0%	50.0%	100%	100%	75.0%	---	---	66.7%	0.0%	0.0%	100%

<sup>^</sup>Indicates a base size smaller than 20. Interpret results with caution.



# Demographic Segments

Please see Technical Notes for more information.

	<u>Rating of Health Plan</u>		<u>Rating of Health Care</u>		<u>Health Status</u>			<u>Mental Health Status</u>			<u>Survey Type</u>			<u>Child's Age</u>			
	8-10	0-7	8-10	0-7	Excellent or Very good	Good	Fair or Poor	Excellent or Very good	Good	Fair or Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
<i>Total respondents</i>	13 <sup>^</sup>	1 <sup>^</sup>	8 <sup>^</sup>	1 <sup>^</sup>	12 <sup>^</sup>	0 <sup>^</sup>	2 <sup>^</sup>	11 <sup>^</sup>	2 <sup>^</sup>	1 <sup>^</sup>	14 <sup>^</sup>	0 <sup>^</sup>	0 <sup>^</sup>	5 <sup>^</sup>	2 <sup>^</sup>	4 <sup>^</sup>	3 <sup>^</sup>
<b>Health Plan Customer Service (% Always or Usually)</b>	100%	100%	100%	0.0%	100%	---	0.0%	100%	0.0%	0.0%	100%	---	---	100%	0.0%	100%	0.0%
Q45. Provided information or help	100%	100%	100%	0.0%	100%	---	0.0%	100%	0.0%	0.0%	100%	---	---	100%	0.0%	100%	0.0%
Q46. Treated with courtesy and respect	100%	100%	100%	0.0%	100%	---	0.0%	100%	0.0%	0.0%	100%	---	---	100%	0.0%	100%	0.0%
<b>How Well Doctors Communicate (% Always or Usually)</b>	92.9%	100%	96.4%	0.0%	93.8%	---	0.0%	91.7%	100%	100%	93.8%	---	---	100%	0.0%	87.5%	87.5%
Q27. Personal doctors explained things	85.7%	100%	100%	0.0%	87.5%	---	0.0%	83.3%	100%	100%	87.5%	---	---	100%	0.0%	100%	50.0%
Q28. Personal doctors listened carefully	100%	100%	100%	0.0%	100%	---	0.0%	100%	100%	100%	100%	---	---	100%	0.0%	100%	100%
Q29. Personal doctors showed respect	100%	100%	100%	0.0%	100%	---	0.0%	100%	100%	100%	100%	---	---	100%	0.0%	100%	100%
Q32. Personal doctors spent enough time	85.7%	100%	85.7%	0.0%	87.5%	---	0.0%	83.3%	100%	100%	87.5%	---	---	100%	0.0%	50.0%	100%
<b>Other Measures</b>																	
Q48. Ease of filling out forms (% Always or Usually)	92.3%	100%	100%	100%	91.7%	---	100%	90.9%	100%	100%	92.9%	---	---	100%	50.0%	100%	100%
Q7. Average number of visits to doctor's office or clinic	1.46	3.00	2.38	1.00	1.50	---	2.00	1.45	2.00	2.00	1.57	---	---	3.00	0.50	1.00	0.67
Q26. Average number of visits to personal doctor	1.56	1.00	2.00	0	1.50	---	0	1.50	1.00	2.00	1.50	---	---	2.50	0	1.00	1.00
Q42. Average number of specialists seen	1.40	1.00	1.25	1.00	1.40	---	1.00	1.40	1.00	0	1.33	---	---	1.33	1.00	1.00	2.00

<sup>^</sup>Indicates a base size smaller than 20. Interpret results with caution.

Please see Technical Notes for more information.

	Child's Gender		Child's Race			Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	Other*	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)
<i>Total respondents</i>	7 <sup>^</sup>	7 <sup>^</sup>	10 <sup>^</sup>	0 <sup>^</sup>	4 <sup>^</sup>	8 <sup>^</sup>	6 <sup>^</sup>	1 <sup>^</sup>	6 <sup>^</sup>	3 <sup>^</sup>	3 <sup>^</sup>	1 <sup>^</sup>	13 <sup>^</sup>	9 <sup>^</sup>	5 <sup>^</sup>
<b>Rating Questions (% 9 or 10)</b>															
Q49. Rating of Health Plan	71.4%	28.6%	50.0%	---	50.0%	50.0%	50.0%	0.0%	16.7%	66.7%	100%	100%	46.2%	55.6%	40.0%
Q9. Rating of Health Care	50.0%	60.0%	57.1%	---	50.0%	66.7%	50.0%	100%	40.0%	50.0%	100%	100%	50.0%	50.0%	60.0%
Q36. Rating of Personal Doctor	80.0%	40.0%	75.0%	---	0.0%	50.0%	75.0%	0.0%	25.0%	100%	66.7%	100%	55.6%	60.0%	60.0%
Q43. Rating of Specialist	100%	60.0%	75.0%	---	50.0%	50.0%	100%	0.0%	50.0%	100%	100%	0.0%	66.7%	100%	0.0%
<b>Rating Questions (% 8, 9 or 10)</b>															
Q49. Rating of Health Plan	100%	85.7%	100%	---	75.0%	87.5%	100%	100%	83.3%	100%	100%	100%	92.3%	100%	80.0%
Q9. Rating of Health Care	100%	80.0%	85.7%	---	100%	100%	83.3%	100%	80.0%	100%	100%	100%	87.5%	75.0%	100%
Q36. Rating of Personal Doctor	80.0%	80.0%	87.5%	---	50.0%	83.3%	75.0%	0.0%	75.0%	100%	66.7%	100%	77.8%	60.0%	100%
Q43. Rating of Specialist	100%	80.0%	100%	---	50.0%	75.0%	100%	0.0%	75.0%	100%	100%	0.0%	83.3%	100%	50.0%
<b>Getting Needed Care (% Always or Usually)</b>	<b>90.0%</b>	<b>60.0%</b>	<b>80.4%</b>	---	<b>41.7%</b>	<b>62.5%</b>	<b>66.7%</b>	<b>0.0%</b>	<b>55.0%</b>	<b>100%</b>	<b>100%</b>	<b>0.0%</b>	<b>66.7%</b>	<b>67.5%</b>	<b>65.0%</b>
Q10. Getting care, tests, or treatment	80.0%	60.0%	85.7%	---	33.3%	50.0%	83.3%	100%	60.0%	100%	100%	100%	66.7%	60.0%	80.0%
Q41. Getting specialist appointment	100%	60.0%	75.0%	---	50.0%	75.0%	50.0%	0.0%	50.0%	100%	100%	0.0%	66.7%	75.0%	50.0%
<b>Getting Care Quickly (% Always or Usually)</b>	<b>90.0%</b>	<b>87.5%</b>	<b>100%</b>	---	<b>66.7%</b>	<b>80.0%</b>	<b>100%</b>	<b>0.0%</b>	<b>100%</b>	<b>0.0%</b>	<b>75.0%</b>	<b>0.0%</b>	<b>88.9%</b>	<b>83.3%</b>	<b>100%</b>
Q4. Getting urgent care	100%	100%	100%	---	100%	100%	100%	0.0%	100%	0.0%	100%	100%	100%	100%	100%
Q6. Getting routine care	80.0%	75.0%	100%	---	33.3%	60.0%	100%	100%	100%	100%	50.0%	0.0%	77.8%	66.7%	100%
<b>Coordination of Care (Q17) (% Always or Usually)</b>	<b>100%</b>	<b>66.7%</b>	<b>66.7%</b>	---	<b>100%</b>	<b>66.7%</b>	<b>100%</b>	<b>0.0%</b>	<b>50.0%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>66.7%</b>	<b>100%</b>	<b>66.7%</b>

<sup>^</sup>Indicates a base size smaller than 20. Interpret results with caution.

\*Other includes all respondents who selected any race other than White or Black/African-American and did not select White or Black/African-American.





# Demographic Segments

Please see Technical Notes for more information.

	Child's Gender		Child's Race			Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	Other*	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)
<i>Total respondents</i>	7 <sup>^</sup>	7 <sup>^</sup>	10 <sup>^</sup>	0 <sup>^</sup>	4 <sup>^</sup>	8 <sup>^</sup>	6 <sup>^</sup>	1 <sup>^</sup>	6 <sup>^</sup>	3 <sup>^</sup>	3 <sup>^</sup>	1 <sup>^</sup>	13 <sup>^</sup>	9 <sup>^</sup>	5 <sup>^</sup>
<b>Health Plan Customer Service (% Always or Usually)</b>	100%	100%	100%	---	100%	100%	100%	0.0%	100%	100%	0.0%	0.0%	100%	0.0%	100%
Q45. Provided information or help	100%	100%	100%	---	100%	100%	100%	0.0%	100%	100%	0.0%	0.0%	100%	0.0%	100%
Q46. Treated with courtesy and respect	100%	100%	100%	---	100%	100%	100%	0.0%	100%	100%	0.0%	0.0%	100%	0.0%	100%
<b>How Well Doctors Communicate (% Always or Usually)</b>	93.8%	93.8%	95.8%	---	87.5%	93.8%	93.8%	0.0%	100%	87.5%	87.5%	100%	92.9%	91.7%	95.0%
Q27. Personal doctors explained things	100%	75.0%	100%	---	50.0%	75.0%	100%	0.0%	100%	100%	50.0%	100%	85.7%	66.7%	100%
Q28. Personal doctors listened carefully	100%	100%	100%	---	100%	100%	100%	0.0%	100%	100%	100%	100%	100%	100%	100%
Q29. Personal doctors showed respect	100%	100%	100%	---	100%	100%	100%	0.0%	100%	100%	100%	100%	100%	100%	100%
Q32. Personal doctors spent enough time	75.0%	100%	83.3%	---	100%	100%	75.0%	0.0%	100%	50.0%	100%	100%	85.7%	100%	80.0%
<b>Other Measures</b>															
Q48. Ease of filling out forms (% Always or Usually)	100%	85.7%	90.0%	---	100%	87.5%	100%	100%	100%	66.7%	100%	100%	92.3%	88.9%	100%
Q7. Average number of visits to doctor's office or clinic	1.00	2.14	1.40	---	2.00	1.63	1.50	3.00	2.17	0.67	0.67	2.00	1.54	0.89	2.80
Q26. Average number of visits to personal doctor	1.00	2.00	1.63	---	1.00	1.67	1.25	0	2.50	0.67	1.00	2.00	1.44	0.60	2.40
Q42. Average number of specialists seen	1.00	1.40	1.25	---	1.50	1.50	1.00	0	1.25	1.00	2.00	0	1.33	1.25	1.50

<sup>^</sup>Indicates a base size smaller than 20. Interpret results with caution.

\*Other includes all respondents who selected any race other than White or Black/African-American and did not select White or Black/African-American.

# Demographic Segments – CCC Population

Please see Technical Notes for more information.

	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type			Child's Age			
	8-10	0-7	8-10	0-7	Excellent or Very good	Good	Fair or Poor	Excellent or Very good	Good	Fair or Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
<i>Total respondents</i>	6 <sup>^</sup>	1 <sup>^</sup>	6 <sup>^</sup>	1 <sup>^</sup>	6 <sup>^</sup>	0 <sup>^</sup>	1 <sup>^</sup>	5 <sup>^</sup>	0 <sup>^</sup>	2 <sup>^</sup>	7 <sup>^</sup>	0 <sup>^</sup>	0 <sup>^</sup>	2 <sup>^</sup>	0 <sup>^</sup>	2 <sup>^</sup>	3 <sup>^</sup>
<b>Q51. Access to Prescription Medicines (% Always or Usually)</b>	100%	0.0%	100%	0.0%	75.0%	---	100%	75.0%	---	100%	80.0%	---	---	100%	---	100%	50.0%
<b>Access to Specialized Services (% Always or Usually)</b>	NA	NA	NA	NA	NA	---	NA	NA	---	NA	NA	---	---	NA	---	NA	NA
Q15. Ease of getting special medical equipment or devices	100%	0.0%	100%	0.0%	50.0%	---	100%	50.0%	---	100%	66.7%	---	---	100%	---	100%	0.0%
Q18. Ease of getting therapy	100%	0.0%	100%	0.0%	100%	---	0.0%	100%	---	0.0%	100%	---	---	0.0%	---	0.0%	100%
Q21. Ease of getting treatment or counseling	NA	NA	NA	NA	NA	---	NA	NA	---	NA	NA	---	---	NA	---	NA	NA
<b>FCC: Personal Doctor Who Knows Child (% Yes)</b>	93.3%	0.0%	93.3%	0.0%	91.7%	---	100%	100%	---	83.3%	93.3%	---	---	100%	---	100%	66.7%
Q33. Doctor talked about how child is feeling, growing, and behaving	80.0%	0.0%	80.0%	0.0%	75.0%	---	100%	100%	---	50.0%	80.0%	---	---	100%	---	100%	0.0%
Q38. Doctor understands how these conditions affect child's day-to-day life	100%	100%	100%	100%	100%	---	100%	100%	---	100%	100%	---	---	100%	---	100%	100%
Q39. Doctor understands how these conditions affect family's day-to-day life	100%	100%	100%	100%	100%	---	100%	100%	---	100%	100%	---	---	100%	---	100%	100%
<b>Q8. FCC: Getting Needed Information (% Always or Usually)</b>	100%	100%	100%	100%	100%	---	100%	100%	---	100%	100%	---	---	100%	---	100%	100%
<b>Coordination of Care for CCC (% Yes)</b>	100%	0.0%	100%	0.0%	0.0%	---	100%	0.0%	---	100%	75.0%	---	---	0.0%	---	100%	0.0%
Q13. Obtaining help from doctors or health providers in contacting child's school or daycare	100%	0.0%	100%	0.0%	0.0%	---	100%	0.0%	---	100%	100%	---	---	0.0%	---	100%	0.0%
Q24. Obtaining help coordinating child's care among different providers or services	100%	0.0%	100%	0.0%	0.0%	---	100%	0.0%	---	100%	50.0%	---	---	0.0%	---	100%	0.0%

<sup>^</sup>Indicates a base size smaller than 20. Interpret results with caution.

# Demographic Segments – CCC Population

Please see Technical Notes for more information.

	Child's Gender		Child's Race			Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	Other*	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)
<i>Total respondents</i>	5 <sup>^</sup>	2 <sup>^</sup>	6 <sup>^</sup>	0 <sup>^</sup>	1 <sup>^</sup>	2 <sup>^</sup>	5 <sup>^</sup>	1 <sup>^</sup>	3 <sup>^</sup>	1 <sup>^</sup>	2 <sup>^</sup>	3 <sup>^</sup>	4 <sup>^</sup>	1 <sup>^</sup>	6 <sup>^</sup>
<b>Q51. Access to Prescription Medicines (% Always or Usually)</b>	66.7%	100%	75.0%	---	100%	100%	66.7%	100%	100%	0.0%	100%	50.0%	100%	0.0%	80.0%
<b>Access to Specialized Services (% Always or Usually)</b>	NA	NA	NA	---	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Q15. Ease of getting special medical equipment or devices	50.0%	100%	66.7%	---	0.0%	100%	0.0%	0.0%	100%	0.0%	100%	50.0%	100%	0.0%	66.7%
Q18. Ease of getting therapy	0.0%	100%	0.0%	---	100%	0.0%	100%	100%	0.0%	0.0%	0.0%	0.0%	100%	0.0%	100%
Q21. Ease of getting treatment or counseling	NA	NA	NA	---	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
<b>FCC: Personal Doctor Who Knows Child (% Yes)</b>	91.7%	0.0%	93.3%	---	0.0%	100%	88.9%	0.0%	100%	0.0%	83.3%	83.3%	100%	100%	91.7%
Q33. Doctor talked about how child is feeling, growing, and behaving	75.0%	100%	80.0%	---	0.0%	100%	66.7%	0.0%	100%	0.0%	50.0%	50.0%	100%	100%	75.0%
Q38. Doctor understands how these conditions affect child's day-to-day life	100%	0.0%	100%	---	0.0%	100%	100%	0.0%	100%	100%	100%	100%	100%	100%	100%
Q39. Doctor understands how these conditions affect family's day-to-day life	100%	0.0%	100%	---	0.0%	100%	100%	0.0%	100%	100%	100%	100%	100%	100%	100%
<b>Q8. FCC: Getting Needed Information (% Always or Usually)</b>	100%	100%	100%	---	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Coordination of Care for CCC (% Yes)</b>	75.0%	0.0%	75.0%	---	0.0%	100%	0.0%	0.0%	0.0%	0.0%	100%	75.0%	0.0%	0.0%	75.0%
Q13. Obtaining help from doctors or health providers in contacting child's school or daycare	100%	0.0%	100%	---	0.0%	100%	0.0%	0.0%	0.0%	0.0%	100%	100%	0.0%	0.0%	100%
Q24. Obtaining help coordinating child's care among different providers or services	50.0%	0.0%	50.0%	---	0.0%	100%	0.0%	0.0%	0.0%	0.0%	100%	50.0%	0.0%	0.0%	50.0%

<sup>^</sup>Indicates a base size smaller than 20. Interpret results with caution.

\*Other includes all respondents who selected any race other than White or Black/African-American and did not select White or Black/African-American.



# Custom Questions

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Results for Supplemental Questions

- Western Sky Community Care (Centene NM)

## Custom Question Results

Your contract asked the following supplemental questions on the 2020 survey tool.

Survey Item	Category Responses (Summary Rate responses in grey)					Contract Summary Rate			2020 SPH Book of Business
						2020	2019	2018	Summary Rate
Q77. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these doctors or other health providers?	<u>Yes</u>	<u>No</u>				(n=13)^	---	---	---
	7.7%	92.3%				7.7%	NA	NA	---
Q79. How satisfied are you with the help you got to coordinate your child's care in the last 6 months?	<u>Very satisfied</u>	<u>Satisfied</u>	<u>Neither dissatisfied nor satisfied</u>	<u>Dissatisfied</u>	<u>Very dissatisfied</u>	(n=12)^	---	---	---
	25.0%	33.3%	33.3%	0.0%	8.3%	58.3%	NA	NA	---

### Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (⚡) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (⚡) or benchmark (▼) score.

^Indicates a base size smaller than 20. Interpret results with caution.

## Custom Question Results

Your contract asked the following supplemental questions on the 2020 survey tool.

Survey Item	Contract Summary Rate			2020 SPH Book of Business Summary Rate
	2020	2019	2018	Summary Rate
<b>Q78. In the last 6 months, who helped to coordinate your child's care?</b>	(n=12)^	---	---	---
Someone from your child's health plan	0.0%	NA	NA	---
Someone from your child's doctor's office or clinic	50.0%	NA	NA	---
Someone from another organization	0.0%	NA	NA	---
A friend or family member	8.3%	NA	NA	---
You	41.7%	NA	NA	---

### Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (⚡) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (⚡) or benchmark (▼) score.

^Indicates a base size smaller than 20. Interpret results with caution.



# Demographic Segments

Please see Technical Notes for more information.

	<u>Rating of Health Plan</u>		<u>Rating of Health Care</u>		<u>Child's Health Status</u>			<u>Child's Mental Health Status</u>			<u>Survey Type</u>			<u>Child's Age</u>			
	8-10	0-7	8-10	0-7	Excellent or Very good	Good	Fair or Poor	Excellent or Very good	Good	Fair or Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
<i>Total respondents</i>	13 <sup>A</sup>	1 <sup>A</sup>	8 <sup>A</sup>	1 <sup>A</sup>	12 <sup>A</sup>	0 <sup>A</sup>	2 <sup>A</sup>	11 <sup>A</sup>	2 <sup>A</sup>	1 <sup>A</sup>	14 <sup>A</sup>	0 <sup>A</sup>	0 <sup>A</sup>	5 <sup>A</sup>	2 <sup>A</sup>	4 <sup>A</sup>	3 <sup>A</sup>
<b>Q77. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these doctors or other health providers?</b> <i>(% Yes)</i>	8.3%	0.0%	12.5%	0.0%	9.1%	NA	0.0%	10.0%	0.0%	0.0%	7.7%	NA	NA	20.0%	0.0%	0.0%	0.0%
<b>Q79. How satisfied are you with the help you got to coordinate your child's care in the last 6 months?</b> <i>(%Very satisfied + %Satisfied)</i>	63.6%	0.0%	57.1%	0.0%	60.0%	NA	50.0%	55.6%	50.0%	100%	58.3%	NA	NA	40.0%	50.0%	100%	66.7%

A capital letter and green font indicates that result is significantly higher than the corresponding column.

<sup>A</sup>Indicates a base size smaller than 20. Interpret results with caution.



# Demographic Segments

Please see Technical Notes for more information.

	Child's Gender		Child's Race			Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	Other	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)
<i>Total respondents</i>	7 <sup>^</sup>	7 <sup>^</sup>	10 <sup>^</sup>	0 <sup>^</sup>	4 <sup>^</sup>	8 <sup>^</sup>	6 <sup>^</sup>	1 <sup>^</sup>	6 <sup>^</sup>	3 <sup>^</sup>	3 <sup>^</sup>	1 <sup>^</sup>	13 <sup>^</sup>	9 <sup>^</sup>	5 <sup>^</sup>
<b>Q77. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these doctors or other health providers?</b> (% Yes)	0.0%	14.3%	10.0%	NA	0.0%	14.3%	0.0%	0.0%	16.7%	0.0%	0.0%	0.0%	8.3%	0.0%	20.0%
<b>Q79. How satisfied are you with the help you got to coordinate your child's care in the last 6 months?</b> (%Very satisfied + %Satisfied)	60.0%	57.1%	50.0%	NA	75.0%	57.1%	60.0%	100%	25.0%	66.7%	66.7%	100%	54.5%	57.1%	60.0%

A capital letter and green font indicates that result is significantly higher than the corresponding column.

<sup>^</sup>Indicates a base size smaller than 20. Interpret results with caution.





# Appendix: Flowchart

Understanding Relative Performance of Composite Measures

- Western Sky Community Care (Centene NM)

# Flowchart – Understanding Relative Performance

Please see Technical Notes for more information.

## How composite questions perform relative to each other

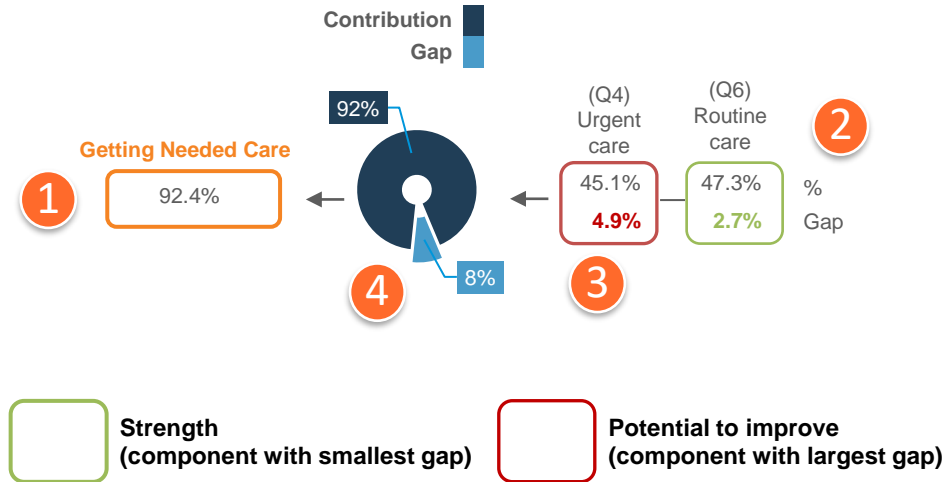
- Composite summary rate scores are displayed in the orange box.
- Next to the composite score are the questions included in the composite.
- There are two numbers in the boxes under the questions. The top number is how much that question contributes to the composite score (Actual Contribution). The bottom number is the gap between the Maximum and Actual Contribution.

$$\frac{\text{Plan Score}}{\text{Max Score}} \times \text{Maximum Contribution} = \text{Actual Contribution} \quad \text{Maximum Contribution} - \text{Actual Contribution} = \text{Gap}$$

### Q6 Example:

$$\frac{94.6\%}{100\%} \times 50.0\% = 47.3\% \quad 50.0\% - 47.3\% = 2.7\%$$

- For the pie chart, the dark blue is the sum of the Actual Contributions and the light blue slice is the sum of the Gaps.



# Flowchart – Understanding Relative Performance

Please see Technical Notes for more information.



\* The How Well Doctors Communicate and Customer Service composites are not used in NCQA ratings.



# Appendix: Accreditation

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Estimated NCQA Plan Ratings and Frequency Distributions

- Western Sky Community Care (Centene NM)

**EXPLANATION** Beginning in 2020, NCQA planned significant changes to Health Plan Accreditation. CAHPS would no longer be scored using three-point scores for purposes of health plan accreditation. Instead, health plans would be scored on a 1-5 star rating system based on HEDIS and CAHPS measures, with a bonus available for plans successfully completing the review of standards and guidelines. Because they are no longer used by NCQA, SPH no longer calculates and presents three-point scores and accreditation thresholds in this report.

The **COVID-19** pandemic and the associated strain on the health care system led NCQA to decide not to publish Health Plan Ratings in 2020. The information contained in this report uses the methodology described by NCQA but please be advised that **Health Plan Ratings will not be calculated and therefore, no measures (HEDIS/CAHPS) will be scored this year**. However, Accredited plans are still required to submit.

Please note the following:

- NCQA calculates health plan ratings (HPR) by evaluating plans in three categories: consumer satisfaction, clinical quality (includes prevention and treatment) and NCQA Accreditation Standards score. The overall NCQA star rating is the weighted average of an organization’s HEDIS and CAHPS measure ratings, plus Accreditation bonus points (if the organization has NCQA Accreditation), rounded to the nearest half point.
- The CAHPS measures are classified based on their national percentile (10th, 33.33rd, 66.67th and 90th) into scores ranging from 1 to 5 (in increments of 0.5), where 5 is the highest score and 1 is the lowest. Percentiles and ratings are estimated based on the 2019 NCQA data and benchmarks.

Rating = 1	Rating = 2	Rating = 3	Rating = 4	Rating = 5
Bottom 10 percent	Bottom 3 <sup>rd</sup> of plans but not bottom 10 <sup>th</sup>	Middle 3 <sup>rd</sup> of plans	Top 3 <sup>rd</sup> of plans, but not in the top 10 <sup>t</sup>	Top decile of plans



# Estimated NCQA Plan Ratings

Please see Technical Notes for more information.

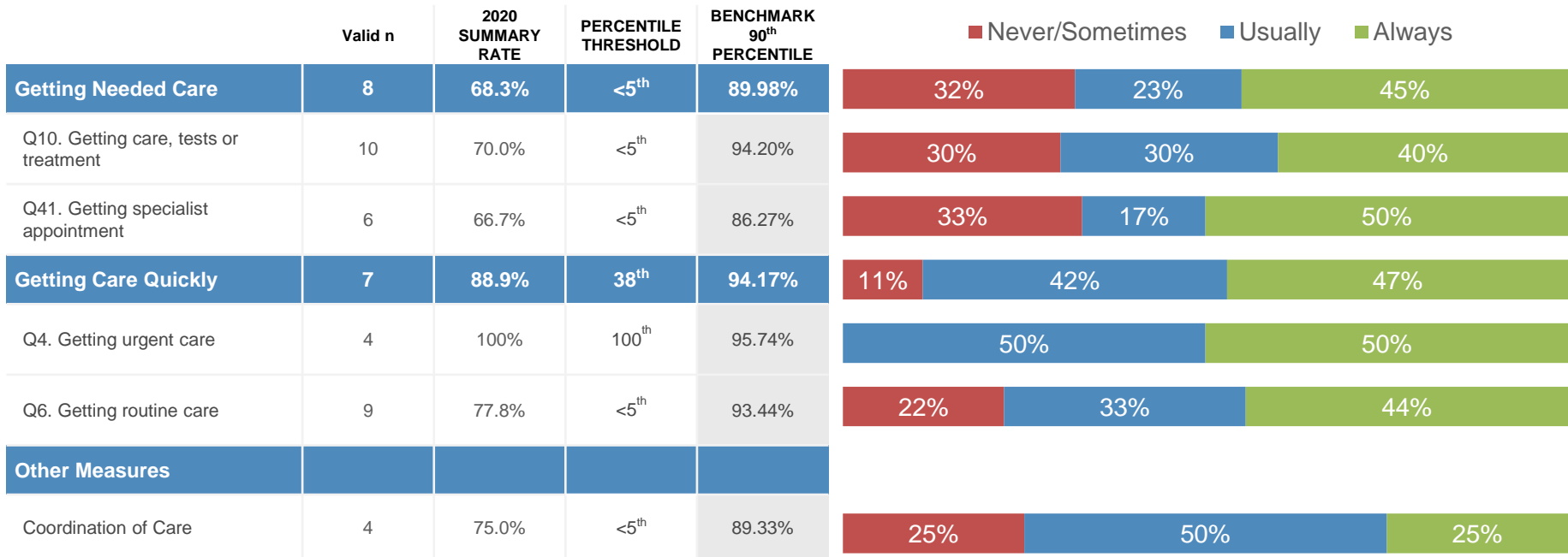
	2020 SUMMARY RATE	SUMMARY RATE DEFINITION	PERCENTILE RANK	SPH ESTIMATED RATING	WEIGHT
<b>CONSUMER SATISFACTION</b>				<b>NA</b>	
<b>GETTING CARE</b>				<b>NA</b>	
Getting Needed Care	68.3%	Usually + Always	<5 <sup>th</sup>	NA	1.5
Getting Care Quickly	88.9%	Usually + Always	38 <sup>th</sup>	NA	1.5
<b>SATISFACTION WITH PLAN PHYSICIANS</b>				<b>NA</b>	
Rating of Personal Doctor	60.0%	9 + 10	<5 <sup>th</sup>	NA	1.5
Rating of Specialist	66.7%	9 + 10	<5 <sup>th</sup>	NA	1.5
Rating of Health Care	55.6%	9 + 10	<5 <sup>th</sup>	NA	1.5
Coordination of Care	75.0%	Usually + Always	<5 <sup>th</sup>	NA	1.5
<b>SATISFACTION WITH PLAN SERVICES</b>				<b>NA</b>	
Rating of Health Plan	50.0%	9 + 10	<5 <sup>th</sup>	NA	1.5

**NOTE** NCQA will assign a measure result of NA to overall ratings or composites with a denominator (i.e., the average number of responses across all questions used to calculate the composite) less than 100.

*In response to the COVID-19 pandemic, NCQA is not publishing Health Plan Ratings in 2020. These estimates are for informational purposes only.*

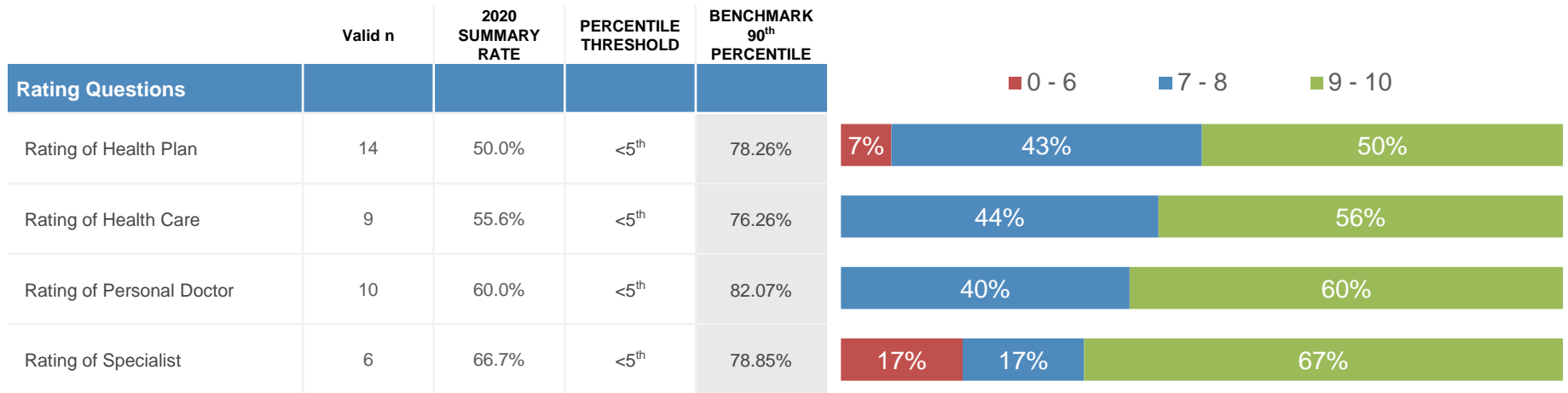
## GLOBAL PROPORTIONS SCORING AND ACCREDITATION

The graphical presentation of frequency distributions, including Summary Rates for composites and rating questions are shown on these pages. In addition, the measure's percentile threshold when compared to the 2019 NCQA 90th percentile benchmark is shown. The 90th percentile is the standard for achieving the maximum rating possible for a particular CAHPS accreditation measure.



## GLOBAL PROPORTIONS SCORING AND ACCREDITATION

The graphical presentation of frequency distributions, including Summary Rates for composites and rating questions are shown on these pages. In addition, the measure's percentile threshold when compared to the 2019 NCQA 90th percentile benchmark is shown. The 90th percentile is the standard for achieving the maximum rating possible for a particular CAHPS accreditation measure.







# Appendix: Improvement Strategies and Voice of the Member

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- Western Sky Community Care (Centene NM)

## Improvement Strategies – Rating of Health Care

- Analyze, assess, probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with Rating of Health Care (e.g., GNC, GCQ, HWDC, CoC). Review QI recommendations/actions for related CAHPS composite measures.
- Seek to simplify Plan requirements, processes, and/or procedures (e.g., UM, CM, Pharma, Use of IVR) impacting the member experience of care and access to care, tests or treatment. Examples include: Provide care quickly. Provide quick access to effective treatments. Minimize patient costs for care.
- Assess internal data. Track, audit, review and assess call center calls and/or complaints regarding quality of care, choice of providers, access to care, UM, CM, health system, etc.
- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.
- Confirm adequacy of contracted providers and walk-in centers with extended hours.
- Ensure CSR have easy access to current, updated resources to provide accurate guidance about plan/drug coverage, out of pocket cost, availability of providers, requirements, processes, etc.
- Foster strong relationships with contracted providers via regular communications and collaboration. Data driven comparisons of PEC metrics can support/guide mutual improvement.
- Explore potential of aligning information flow/ EHRs to better integrate, support, or facilitate patient care, coordination of care and vital information among contracted providers.
- Consider the need to conduct additional measurement, probing of composite measures with targeted populations or health systems (e.g., CG-CAHPS or CAHPS Drill Down Survey).

Additional resource for improvement: AHRQ best practices

At the time of this report, AHRQ provided several resources to support health plans in their improvement efforts at the following link:

<https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html>

**Need Additional Assistance?** For health plans that need additional assistance interpreting survey results and leveraging data to identify appropriate next steps for improvement, SPH offers Performance Improvement Consulting. Contact your Strategic Account Executive to learn more or visit our website at <http://www.sphanalytics.com/consulting>.

## Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



## Improvement Strategies – Rating of Specialist

- Analyze, investigate, and probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with rating of specialist or doctor. (e.g., HWDC, GCQ, GNC, Coordination of Care).
- Review QI recommendations/actions for related CAHPS composite measures: How Well Doctors Communicate, Getting Care Quickly, Getting Needed Care, Coordination of Care.
- Provide resources, articles, tools and training sessions via multiple channels to support and drive improvement in physician-patient communication and patient-centered interviewing. Examples include: Listen to patients' concerns, Follow-up with the patient. Provide thorough explanations. Ensure that all questions and concerns are answered. All staff focus on being helpful and courteous to patients.
- Share, report and discuss relative CAHPS health care performance and feedback at the health system and/or within network level.
- Promote use of a secure online patient portal which allows patients access to their medical record and health care information of relevant to patient needs.
- Gather and analyze patient feedback on their recent office visit (i.e., patient "comment cards," follow up call/text/email, CG CAHPS survey, etc.)
- Assess adequacy of contracted specialist by specialty. If necessary, review quality of care information among specific specialties and/or identify practices of excellence.
- Explore ability of providers to share with patient's a summary of their medical record or health assessments to facilitate conversation about relevant health and wellness issues.
- Assess systems (e.g., EHRs) processes and/or procedures used to gather or facilitate distribution of patient information among providers.
- Suggest providers/practices periodically analyze appointment scheduling timeframes versus types of office visits.

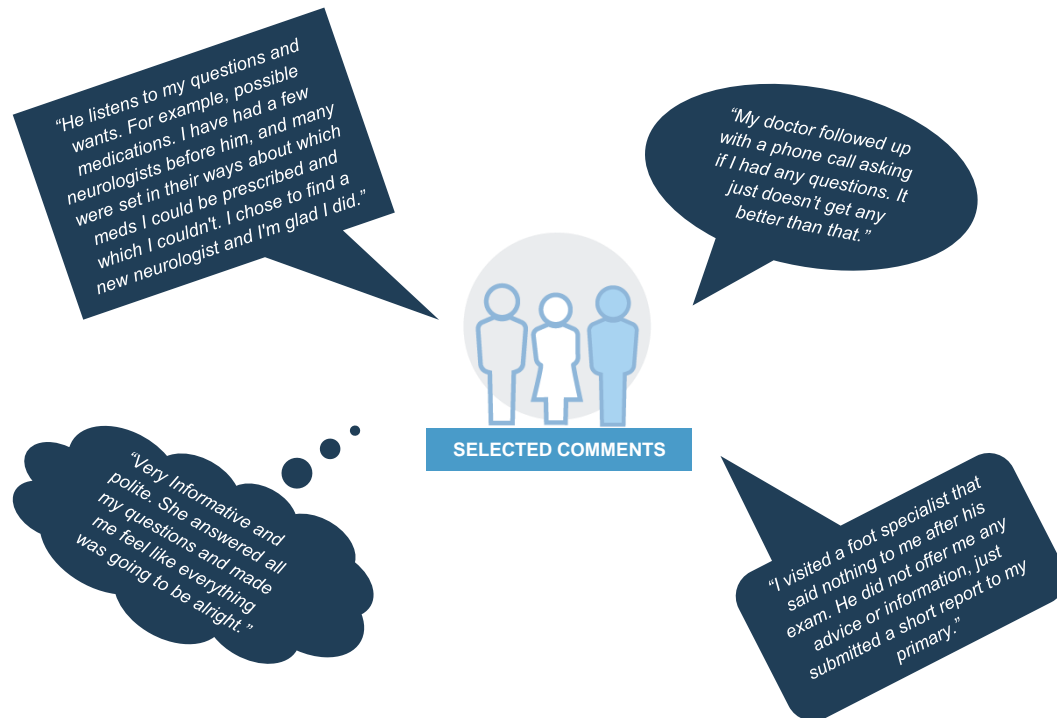
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## Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



## Improvement Strategies – Getting Care Quickly

- Assess CAHPS data by health system, PO, and/or network. Communicate results and identify outliers. Correlate with HEDIS data, complaints, appeals and/or quality of care concerns, and communicate. Support and encourage providers to take innovative action to improve access.
- Support members and collaborate with providers to enhance routine and urgent access to care through innovative, proactive approaches within Care Management, Chronic Care, and Quality Management. Work with providers to identify and resolve opportunities.
- Discuss and engage providers/staff on scheduling best practices, how to improve access to routine/urgent care. Consider scheduling routine appointments well in advance, e.g., 12 months. Provide tools, resources, support and assessment.
- Support, encourage and assist in approaches toward open access scheduling. Allow a portion of each day open for urgent care and/or follow-up care.
- Contract with additional providers for urgent and after-hour appointments/availability.
- Explore partnering with 24-hour urgent care or walk-in clinics.
- Educate providers and staff about Plan and regulatory appointment wait time requirements or standards (i.e., CAHPS, CMS, States, etc.). Identify opportunities for improvement.
- Provide members streamlined tools and resources (links, apps, etc.) about benefits, providers, referrals, scheduling appointments, etc. Identify options and hours available, and include alternatives, including practices with evening and weekend hours. Consider alternative sources of information, e.g., refrigerator magnets.
- Explore and support alternative telecommunication technologies to expand access to care: telephone, telehealth, telemedicine and patient portals.
- Encourage use of Nurse Hotline/Nurse on Call lines or live-chat via web for members to get health information and advice.

Additional resource for improvement: AHRQ best practices

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## Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



## Voice of the Member (SPH National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage

### Improvement Strategies – Customer Service

- Emphasize comprehensive, collaborative, and high-quality customer/member services as a critical priority across all areas of the organization. Think and act together. Establish service recovery guidelines for resolving issues, including phrases that express apologies or atonement.
- Provide on-going/periodic CSR service training, open discussions and routine refresher programs. Include thorough annual updates, tools and resources and subsequent feedback. Training examples include: how to answer questions and resolve issues; consistency in being friendly, courteous and empathetic; quick issue resolution with follow-up; procedures to minimize transfers and wait/on-hold times.
- Involve the CS team in QI activities, seeking concrete customer-based input and improvements. Ensure they are fully informed of updates/changes to processes and procedures.
- Ensure CSRs have immediate access to knowledgeable staff within all key member and provider service areas (Claims, Enrollment, etc.).
- Support key subject matter experts to flexibly respond to urgent or complex types of calls, questions or issues - including prompt prioritization and resolution procedures and/or authority.
- Develop, implement and review protocols and scripts (“Talking Points”) to ensure up-to-date, accurate and consist information provided to your members and patients and providers.
- Establish, assess and adhere to measurable CSR performance/service standards (i.e., call satisfaction, call resolution, time on hold, etc.). Operationally define service behaviors.
- Seek QI opportunities with CS via observational walkthrough of calls and discussion/review of complaints, inquiries, and the member experience, especially any changes. Identify main issues and seek interventions that decrease volume and/or improve experience.
- Acknowledge and reward service performance/behaviors reflective of service excellence.



Additional resource for improvement: AHRQ best practices

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## Improvement Strategies – Rating of Health Plan

- Analyze, investigate, probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with Rating of the Plan (i.e., CS, GNC, GCQ, HWDC). Review QI recommendations/actions of these CAHPS composite measures.
- Carefully review, simplify and clarify all family/child member communications, processes and forms. Ensure that all materials and messages are accurate, up-to-date, complete and consistent, using concise and unambiguous language.
- Identify key parent needs and expectations and critically assess operations and processes.
- Ensure that the member website is easily navigable and highly user friendly.
- Simplify completion of commonly used forms via "pre-loaded" applications or on-line.
- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.
- Analyze satisfaction levels and loyalty ratings based on member profile/segmentation data (health system, age, length of membership, have PCP, etc.).
- Set S.M.A.R.T. goals. Specific, Measurable, Attainable, Realistic, and Timely for all identified activities. Assess all relevant internal data. Conduct additional surveys, data analyses as needed.
- Consider opportunities for positive and strategic messaging about the plan or health care reminders to members. Use technology to provide more effective and efficient care.
- Consider the value of a SPH CAHPS Drill-Down, Simulation Survey or CG-CAHPS to probe key CAHPS measures and/or target segments of the population.

Additional resource for improvement: AHRQ best practices

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## Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage

"I really would like to see health care use more technology. What I mean by this is more doctor-to-patient video sessions, online prescription ordering having more of a prevalence, things of this nature."

"It is the issues with name brand medications and not covering all areas of health, such as chiropractic care, that are very important to my family."



SELECTED COMMENTS

"More available and detailed information about counseling. My daughter could benefit from some counseling to deal with living with her daily ADHD struggles. She has meltdowns and problems at school socially. It affects her in a number of ways and I am sure she is not the only child that feels this way that has Medicaid."

"Make the website more user friendly. make it easier to find the information we need."

## Improvement Strategies – Rating of Personal Doctor

- Analyze, investigate, and probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with rating of personal doctor. (e.g., HWDC, GCQ, GNC, Coordination of Care).
- Review QI recommendations/actions for related CAHPS composite measures: How Well Doctors Communicate, Getting Care Quickly, Getting Needed Care, Coordination of Care.
- Work collaboratively with pediatric providers, encourage and support a family friendly approach that helps parents/families navigate the health care system and overcome obstacles.
- Provide resources, articles, tools and training sessions via multiple channels to support and drive improvement in physician-patient communication and patient-centered interviewing. Examples include: Foster relationships with patients. Partner with them. Listen to their concerns. Treat them with compassion. Spend adequate time with them and ensure questions and concerns are answered.
- Share, report and discuss relative CAHPS health care performance and feedback at the health system and/or within network level.
- Promote use of a secure online patient portal which allows patients access to their medical record and health care information of relevant to patient needs.
- Gather and analyze patient feedback on their recent office visit (i.e., patient "comment cards," follow up call/text/email, CG CAHPS survey, etc.).
- Explore ability of providers to share with patient's a summary of their medical record or health assessments to facilitate conversation about relevant health and wellness issues.
- Assess systems (e.g., EHRs) processes and/or procedures used to gather or facilitate distribution of patient information among providers.
- Suggest providers/practices periodically analyze appointment scheduling timeframes versus types of office visits. Minimize wait times.

Additional resource for improvement: AHRQ best practices

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## Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



## Improvement Strategies – Getting Needed Care

- Assess CAHPS data by health system, PO, and/or network. Communicate results and identify outliers. Evaluate with HEDIS data, complaints, appeals and/or quality of care concerns, and communicate. Identify issues, prioritize and implement improvement activities.
- Work with providers to support patients in navigating health care and remove obstacles. Support and encourage providers to take innovative action to improve access. Examples include: Serve patients quickly, treat urgent issues promptly, minimize wait times, follow-up about appointment times and test results. Another is to develop an in-depth referral/decision-making guide for PCP's to prepare for/with patients explaining need, urgency, patient expectations and responsibilities, and preparations for seeing a specialist.
- Encourage and guide parents/families when and how to use/access alternative care settings, e.g., web-based, tele-health, urgent care, and emergency care.
- Support members and collaborate with providers to enhance access to care through innovative, proactive approaches within Care Management, Chronic Care, and Quality Management. Work with providers to identify and resolve opportunities.
- Continually assess, revisit and simplify plan requirements/processes (i.e., UM) impacting access to care, tests, or treatment. Seek opportunities to improve processes and procedures.
- Review and simplify precertification/auth/referral policies/procedures for both member and provider, including messages and communications. Cross-reference with complaints, concerns, and quality of care issues. Improve and clarify processes and communications.
- Evaluate and simplify member communications, assuring that members are clearly told why something is not approved. When appropriate, offer suggestions for next steps or alternatives.
- Ensure Customer Service representatives are able to accurately advise members of available alternatives for care, such as walk-in clinics, urgent care, specialists, labs, etc.

Additional resource for improvement: AHRQ best practices

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## Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage

*"It may help that their doctor is the guy that runs the place, and he knows if I ask for something fast, it needs to be fast."*

*"I used to go to a standalone emergency clinic, and they were always able to treat my daughter for everything. I took her there once when she broke her arm and they treated her great, from x-rays to splinting her arm."*



### SELECTED COMMENTS

*"I took my daughter to after-hours. She got into the room within five minutes."*

*"I am still waiting on the doctor to schedule an appointment with a physical therapist for my one-year-old, who is a bit pigeon-toed. It has been over two weeks."*



## Improvement Strategies – How Well Doctors Communicate

- Cultivate a patient-centered care philosophy and programs across the provider network.
- Support, communicate and educate providers about the vital medical importance of effective doctor-patient communication (i.e., reduced hospitalizations & ER visits, improved adherence).
- Explain health care concepts clearly and simply to parents and children. Use simple terms for children. Be prepared to accommodate and overcome language /literacy limitations.
- Address all of the parents' and the child's concerns. When appropriate, involve the child. Maintain eye contact with both the parent and the child. Be kind, thoughtful and thorough.
- Speak directly to older children when discussing matters related to their health.
- Provide readily available recommendations, tools and guidance to all providers to support and enhance communication skills and effective conversation skills with patients. Providers need to: Provide thorough explanations, provide written materials, illustrations and/or examples to help patient's understand, repeat the patient's concern and then address the topic, ask clarifying questions, make eye contact, avoid medical jargon and technical language, avoid multi-tasking, avoid rushing the patient, use constructive verbal responses and non-verbal cues, apply empathy and interest in response to concerns, by kind, avoid condescending language or actions, address questions and concerns as much time as necessary, schedule adequate time for each visit, and follow-up after tests or procedures.
- Collaborate and share with providers tools, resources, and best practices to support, or reinforce, a complete and effective information exchange with all patients (e.g., a summary of medical record or health assessment to facilitate an effective health or wellness discussion, patient testimonials - perhaps from focus groups - of effective and ineffective communication techniques, provide tips and/or testimonials in provider newsletters).

Additional resource for improvement: AHRQ best practices

At the time of this report, AHRQ provided several resources to support health plans in their improvement efforts at the following link:

<https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html>

**Need Additional Assistance?** For health plans that need additional assistance interpreting survey results and leveraging data to identify appropriate next steps for improvement, SPH offers Performance Improvement Consulting. Contact your Strategic Account Executive to learn more or visit our website at <http://www.sphanalytics.com/consulting>.

## Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



## Improvement Strategies – Coordination of Care

- Inform, support, remind and facilitate providers about coordination of care expectations, timely notification requirements, and standards of care for post-visit follow up to all PCPs. Explore options to encourage and support communications between specialists and PCPs.
- Carefully assess any parent or patient concerns associated with any health care received out-of-office, addressing and clarifying as appropriate. Seek and obtain all associated records.
- Develop on-going and timely reminders/messaging to promote and improve communication and reporting between all provider types, ideally based directly on available data/information.
- Assess the status and consistency of coordination of patient care, communication, and information shared within and across provider networks. Assure prompt feedback, standards.
- Support and facilitate a patient-centered care management approach within and across provider networks. Facilitate a complementary plan-based patient centered care management approach.
- Explore potential of aligning information flow/EHRs to better integrate, support or facilitate patient care, care coordination and vital medical and personal information among providers.
- Encourage providers to prompt patients AND patients to prompt providers, i.e., mutual interactions that review and discuss care, tests and/or treatments involving other providers.
- Encourage patients to bring a list of all medications, including dosage and frequency to all appointments. Encourage providers to prompt patients to do the same for their appointments.
- How do PCP's, providers, facilities and/or the plan assure common patient "touch points" to facilitate/support scheduling of appointments, tests and/or procedures? Where is the over-arching guidance and support for the patient/member?

Additional resource for improvement: AHRQ best practices

At the time of this report, AHRQ provided several resources to support health plans in their improvement efforts at the following link:

<https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html>

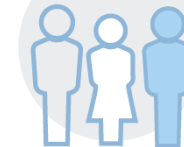
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## Voice of the Member (SPH National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage

*"When we switched her primary doctor, the new doctor knew my child's medical history. She was right on top of it. I was surprised and impressed."*

*"The doctor knew our son's medical history, asked him about how school was going at every visit, and engaged with him about his interests and hobbies. It almost felt like he was a part of the family."*



SELECTED COMMENTS

*"I've had to answer the same questions a lot! But our doctor has a plan in place to always know what the other doctors are doing."*

*"Our child's current PCP always stays informed, as far as our kid's health goes. He coordinates with my son's other doctors and makes sure he knows about any med changes. There are times he has told us things we didn't even know about other doctors! It makes it so nice, knowing that our doctor truly cares. Helps me sleep at night!"*

## Improvement Strategies – Access to Prescription Medicine

- Encourage streamlined, efficient service for families, such as sending prescriptions directly to pharmacies immediately after the appointment.
- Don't put the family in the middle, encourage and support prompt pharmacy/provider communication and collaboration to avoid or resolve issues for members.
- Assess opportunities to improve prescription coverage that may forego serious set-backs, e.g., coverage of some allergy medications.
- Provide alerts and reminders to busy parents to obtain currently prescribed medications in a timely manner.
- Advise and educate providers and pharmacies of preferred, covered alternative medications for common prescriptions. Make this information readily and easily available on-line.
- Assess and address member concerns and complaints about problems with mail prescription service and/or timeliness. Review and simplify or clarify associated communications/materials.
- Simplify pre-auth and authorization processes and clarify requirements with clear member and provider communications.

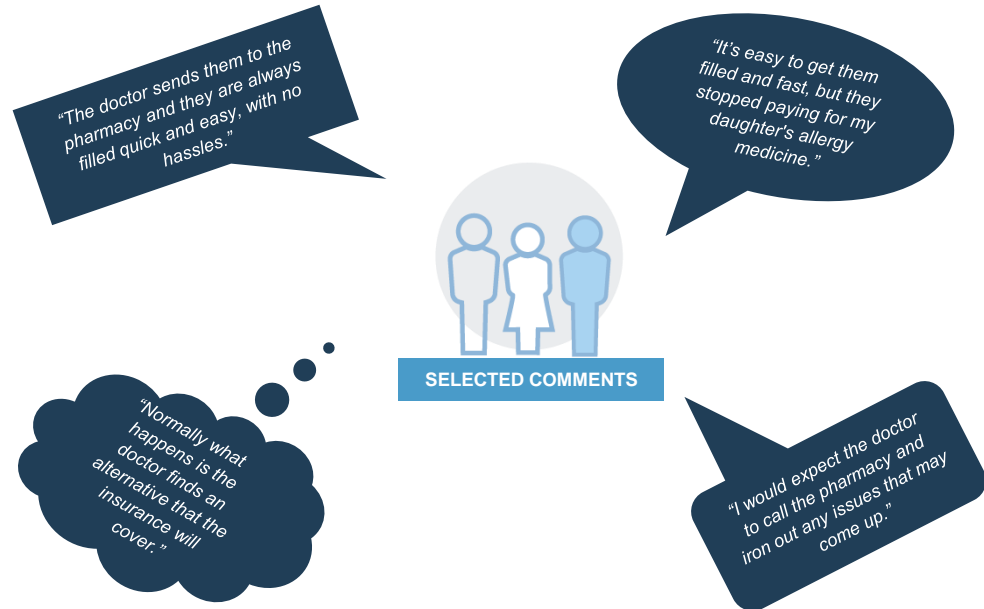
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## Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage





# Appendix: Questionnaire

- Western Sky Community Care (Centene NM)



### SURVEY INSTRUCTIONS

- ◆ Answer each question by marking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:
  - Yes → **If Yes, Go to Question 1**
  - No

**Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.**

**You may choose to answer this survey or not. If you choose not to, this will not affect the benefits your child receives. You may notice a number on the back of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.**

**If you want to know more about this study, please call 1-888-797-3605, ext. 4190.**

**Please answer the questions for the child listed on the letter. Please do not answer for any other children.**

1. Our records show that your child is now in Western Sky Community Care. Is that right?
  - Yes → **If Yes, Go to Question 3**
  - No
2. What is the name of your child's health plan? *(please print)*

\_\_\_\_\_

### YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

*These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.*

3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
  - Yes
  - No → **If No, Go to Question 5**
4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
  - Never
  - Sometimes
  - Usually
  - Always
5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?
  - Yes
  - No → **If No, Go to Question 7**
6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?
  - Never
  - Sometimes
  - Usually
  - Always



7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?

- None → *If None, Go to Question 11*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

8. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?

- Never
- Sometimes
- Usually
- Always

9. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

- 0 Worst health care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health care possible

10. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

- Never
- Sometimes
- Usually
- Always

11. Is your child now enrolled in any kind of school or daycare?

- Yes
- No → *If No, Go to Question 14*

12. In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?

- Yes
- No → *If No, Go to Question 14*

13. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?

- Yes
- No

## SPECIALIZED SERVICES

14. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?

- Yes
- No → *If No, Go to Question 17*

15. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?

- Never
- Sometimes
- Usually
- Always

16. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?

- Yes
- No

17. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?

- Yes
- No → *If No, Go to Question 20*

18. In the last 6 months, how often was it easy to get this therapy for your child?

- Never
- Sometimes
- Usually
- Always

19. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?

- Yes
- No

20. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?

- Yes
- No → *If No, Go to Question 23*

21. In the last 6 months, how often was it easy to get this treatment or counseling for your child?

- Never
- Sometimes
- Usually
- Always

22. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?

- Yes
- No

23. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

- Yes
- No → *If No, Go to Question 25*

24. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?

- Yes
- No

## YOUR CHILD'S PERSONAL DOCTOR

25. A personal doctor is the one your child would see if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- Yes
- No → *If No, Go to Question 40*

26. In the last 6 months, how many times did your child visit his or her personal doctor for care?

- None → *If None, Go to Question 36*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

27. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

28. In the last 6 months, how often did your child's personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always

29. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

30. Is your child able to talk with doctors about his or her health care?

- Yes
- No → *If No, Go to Question 32*

31. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?

- Never
- Sometimes
- Usually
- Always

32. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

- Never
- Sometimes
- Usually
- Always

33. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

- Yes
- No

34. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

- Yes
- No → *If No, Go to Question 36*

35. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

- Never
- Sometimes
- Usually
- Always

36. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

- 0 Worst personal doctor possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best personal doctor possible

37. Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?

- Yes
- No → *If No, Go to Question 40*

38. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?

- Yes
- No

39. Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life?

- Yes
- No



## GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care your child got when he or she stayed overnight in a hospital.

**40. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.**

**In the last 6 months, did you make any appointments for your child to see a specialist?**

- Yes  
 No → *If No, Go to Question 44*

**41. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?**

- Never  
 Sometimes  
 Usually  
 Always

**42. How many specialists has your child seen in the last 6 months?**

- None → *If None, Go to Question 44*  
 1 specialist  
 2  
 3  
 4  
 5 or more specialists

**43. We want to know your rating of the specialist your child saw most often in the last 6 months.**

**Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?**

- 0 Worst specialist possible  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10 Best specialist possible

## YOUR CHILD'S HEALTH PLAN

*The next questions ask about your experience with your child's health plan.*

**44. In the last 6 months, did you get information or help from customer service at your child's health plan?**

- Yes  
 No → *If No, Go to Question 47*

**45. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?**

- Never  
 Sometimes  
 Usually  
 Always

**46. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?**

- Never  
 Sometimes  
 Usually  
 Always

47. In the last 6 months, did your child's health plan give you any forms to fill out?

- Yes
- No → *If No, Go to Question 49*

48. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

49. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

- 0 Worst health plan possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health plan possible

## PRESCRIPTION MEDICINES

50. In the last 6 months, did you get or refill any prescription medicines for your child?

- Yes
- No → *If No, Go to Question 53*

51. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?

- Never
- Sometimes
- Usually
- Always

52. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

- Yes
- No

## ABOUT YOUR CHILD AND YOU

53. In general, how would you rate your child's overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

54. In general, how would you rate your child's overall mental or emotional health?

- Excellent
- Very Good
- Good
- Fair
- Poor

55. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

- Yes
- No → *If No, Go to Question 58*

56. Is this because of any medical, behavioral, or other health condition?

- Yes
- No → *If No, Go to Question 58*

57. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

58. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

- Yes
- No → *If No, Go to Question 61*

59. Is this because of any medical, behavioral, or other health condition?

- Yes
- No → *If No, Go to Question 61*

**60. Is this a condition that has lasted or is expected to last for at least 12 months?**

- Yes
- No

**61. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?**

- Yes
- No → *If No, Go to Question 64*

**62. Is this because of any medical, behavioral, or other health condition?**

- Yes
- No → *If No, Go to Question 64*

**63. Is this a condition that has lasted or is expected to last for at least 12 months?**

- Yes
- No

**64. Does your child need or get special therapy such as physical, occupational, or speech therapy?**

- Yes
- No → *If No, Go to Question 67*

**65. Is this because of any medical, behavioral, or other health condition?**

- Yes
- No → *If No, Go to Question 67*

**66. Is this a condition that has lasted or is expected to last for at least 12 months?**

- Yes
- No

**67. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?**

- Yes
- No → *If No, Go to Question 69*

**68. Has this problem lasted or is it expected to last for at least 12 months?**

- Yes
- No

**69. What is your child's age?**

- Less than 1 year old
- \_\_\_\_\_ YEARS OLD (*write in*)

**70. Is your child male or female?**

- Male
- Female

**71. Is your child of Hispanic or Latino origin or descent?**

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

**72. What is your child's race? *Mark one or more.***

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

**73. What is your age?**

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

**74. Are you male or female?**

- Male
- Female

**75. What is the highest grade or level of school that you have completed?**

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

**76. How are you related to the child?**

- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian
- Someone else

## ADDITIONAL QUESTIONS

*Now we would like to ask a few more questions about the services your child's health plan provides.*

**77. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these doctors or other health providers?**

- Yes
- No

**78. In the last 6 months, who helped to coordinate your child's care?**

- Someone from your child's health plan
- Someone from your child's doctor's office or clinic
- Someone from another organization
- A friend or family member
- You

**79. How satisfied are you with the help you got to coordinate your child's care in the last 6 months?**

- Very dissatisfied
- Dissatisfied
- Neither dissatisfied nor satisfied
- Satisfied
- Very satisfied

---

**Thank You**

**Please return the completed survey  
in the postage-paid envelope or send to:  
SPH Analytics • P.O. Box 985009  
Ft. Worth, TX 76185-5009**

**If you have any questions,  
please call 1-888-797-3605, ext. 4190.**

# We invite you to partner with us for ongoing quality improvement...

## Smart Member Engagement™ Platform

### WHY?

Address Health Plan Challenges

Smart Member Engagement provides a unique tool set to address the health challenges of your membership. Stratify cohorts by conditions, risk factors, engageability, and/or member experience to deliver a personalized and targeted outreach that drives desired member behavior and outcomes.

### WHO?

#### Stratify and Build Cohorts

- Level of engagement
- Disease conditions
- Risk factors
- Member experience



Each option can be implemented stand-alone

### WHAT?

#### Message Design

Variations on core message for each identified cohort group



### HOW?

#### Omnichannel Outreach

- Mail
- Email
- Text
- Phone – IVR
- Phone – Live Agent



### REFINE?

#### Measure & Analyze

Follow-up surveys to cohorts to test their recollection of messages and any actions taken to improve their health or close care gaps



Improve Member Health  
Improve Scores/Ratings  
Strengthen Patient Loyalty  
Increase Provider Satisfaction



**Targeted Outreach & Engagement =  
Healthier Members, Revenue, &  
Star Ratings**

## **A High-Touch, Personalized Approach for Closing Gaps in Care Impacting HEDIS Measures**



**Contact your Strategic Account Executive to develop a custom engagement program to drive care gap closure for your membership.**

### **Step 1: Identify the Care Gaps**

Identify, then target those members who are neither meeting the standards for specific condition treatment, nor receiving important preventive screenings.

### **Step 2: Focus on Measures Affecting Larger Member Numbers and High-Volume Provider Groups**

Sticking to members with the more prevalent care gaps like mammograms, colorectal screenings, diabetes care, heart disease, and flu shots, send co-branded appointment-scheduling messaging

### **Step 3: Multi-Modal Outreach to Activate and Motivate Patients**

Directly schedule appointments for members with providers via phone outreach or remind members to set up a much-needed appointment via multi-modal outreach (text, email, phone, IVR, or mail)

### **Step 4: Close the Loop**

Scheduling reminder calls about upcoming appointments, and follow-up confirmations for appointments already met.