MY 2020 CAHPS ®
Medicaid Adult
5.1H Final Report

Presbyterian Centennial Care

Presbyterian Centennial Care

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Overview

SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) certified HEDIS® Survey Vendor, was selected by Presbyterian Centennial Care to conduct its MY 2020 CAHPS® 5.1H Medicaid Adult Survey. 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 can aid plans in increasing the quality of provided care.

2021 NCQA CHANGES NCQA is using AHRQ's new 5.1 version of the CAHPS survey for 2021. These modified HEDIS CAHPS surveys include minor changes to some of the instructions and survey items to indicate the different ways in which patients may be receiving care: in person or via **telehealth**.

There are no new questions on the 5.1 version, but existing questions have been modified so that respondents know they should include telehealth visits as an appointment type as they respond to the survey. For instance, the introductory language to a section now reads:

➢ *"These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits."*

This new wording about care "in person, by phone or by video" has been added to appropriate questions and introductions throughout the survey.

Your Strategic Account Executive for this project is Roseann Carothers (817-665-7031) and your Project Manager is Jennifer Brown (248-737-3246). Should you have any questions or comments regarding any aspect of the survey or reporting process, please feel free to call either your Strategic Account Executive or your Project Manager.

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Methodology

SPH administered the MY 2020 Medicaid Adult 5.1H CAHPS survey using an NCQA approved methodology. Surveys were collected via a mail, phone, and internet methodology. Members eligible for the survey were those **18 years and older (as of December 31 of the measurement year) who were 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:

Mail Protocol Begins 3/5/2021	Phone Protocol 04/30/2021 - 05/14/2021	Last day to accept completed surveys 05/19/2021	Data submission to NCQA 5/26/2021

VALID SURVEYS

✉ Total Number of Mail Completes = 176 (20 in Spanish)

☎ Total Number of Phone Completes = 55 (0 in Spanish)

💻 Total Number of Internet Completes = 17 (0 in Spanish)

Number of undeliverables: 171

2021 RESPONSE RATE

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

$$\frac{176 \text{ (Mail)} + 55 \text{ (Phone)} + 17 \text{ (Internet)} = 248}{2025 \text{ (Sample)} - 16 \text{ (Ineligible)} = 2009} = \text{12.3\%}$$

RESPONSE RATE COMPARISON

The 2021 SPH Analytics Book of Business average response rate is **14.8%**.

		2019	**2020**	**2021**
Complete	Completed Survey	333	287	248
	SUBTOTAL	**333**	**287**	**248**
Ineligible	Does not Meet Eligibility Criteria (01)	28	9	10
	Language Barrier (03)	15	5	2
	Mentally/Physically Incapacitated (04)	3	1	0
	Deceased (05)	2	3	4
	SUBTOTAL	**48**	**18**	**16**
Non-Response	Break-off/Incomplete (02)	28	6	17
	Refusal (06)	14	51	57
	Maximum Attempts Made (07)	1598	1660	1687
	Added to DNC List (08)	4	3	0
	SUBTOTAL	**1644**	**1720**	**1761**
TOTAL		**2025**	**2025**	**2025**
OVERSAMPLING %		**50.0%**	**50.0%**	**50.0%**
RESPONSE RATE		**16.8%**	**14.3%**	**12.3%**

Note: Respondents were given the option of completing the survey in Spanish. In place of the English survey, a Spanish survey was mailed to members who were identified by the plan as Spanish-speaking. A telephone number was also provided on the survey cover letter for all members to call if they would like to complete the survey in Spanish.

Executive Summary

- Presbyterian Centennial Care

Overview of Terms

Summary Rates are defined by NCQA in its HEDIS MY 2020 CAHPS® 5.1H guidelines and generally represent the most favorable response percentages. The Summary Rates for Effectiveness of Care Measures, with the exception of the *Flu Vaccinations (Adults 18-64)* measure, are calculated on a two-year rolling average due to anticipated small denominators.

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 using a t-test.

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.

Technical Notes Please refer to the Technical Notes for more information.

NCQA BENCHMARK INFORMATION

The source for data contained in this publication is Quality Compass® All Plans 2020. 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.

COVID-19 IMPACT

Because the 2020 survey administration took place during extraordinary circumstances, please use caution when comparing and interpreting trend results.

LEGACY DSS / MORPACE / SPH

For the 2020 reporting, the 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 from 2019 might be slightly different from historical reports.

Dashboard - 2021 Key Findings

TRENDING

Key measures that had significantly higher or lower scores compared to last year

MEASURE NAME	Trending
Rating of Specialist *(% 9 or 10)*	↓

248 / 12.3%
Completed surveys / Response Rate

MEASURE NAME	2021 SCORE	ESTIMATED NCQA RATING
Rating of Health Plan *(% 9 or 10)*	**59.7%**	★★★
Rating of Health Care *(% 9 or 10)*	**61.7%**	★★★★
Rating of Personal Doctor *(% 9 or 10)*	**67.2%**	★★
Rating of Specialist *(% 9 or 10)*	**59.5%**	*NA^*
Getting Needed Care *(% Always or Usually)*	**81.4%**	★★
Getting Care Quickly *(% Always or Usually)*	**81.4%**	★★★
Coordination of Care *(% Always or Usually)*	**80.7%**	*NA^*
Flu Vaccinations Adults 18-64 *(% Yes)*	**43.5%**	★★★
Smoking Advice: Rolling average *(% Always, Usually or Sometimes)*	**62.9%**	★

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

POWER
Promote and Leverage Strengths

Q8	Health care overall

OPPORTUNITIES
Focus Resources on Improving Processes That Underlie These Items

Q13	Dr. listened carefully
Q15	Dr. spent enough time
Q12	Dr. explained things
Q14	Dr. showed respect
Q17	Dr. informed about care
Q24	CS provided info./help
Q22	Specialist overall
Q9	Got care/tests/treatment

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

Please refer to slide 13 for details.

SPH Book of Business Trends

COVID-19 Impact The pandemic caused significant disruption throughout most of 2020 and continuing into 2021. Therefore, it is best to interpret trend results with a degree of caution. Survey results from 2020 may have been impacted for some health plans because of the pandemic. SPH Analytics monitors industry trends in measure scores. On the right, we have provided a side-by-side comparison of aggregate SPH Book of Business scores to help you understand broader trends in measure scoring over the past three years. We chose to display the SPH Book of Business since we have 2021 results at the time this report was published.

Trend Highlights An increase in Rating scores from 2019 to 2020 can be seen while the same scores show little or no change moving into 2021. Getting Needed Care and Getting Care Quickly measures have remained relatively stable over the last two years. Flu, on the other hand, has declined since 2019.

	SPH Book of Business Trends (Medicaid Adult)		
	2019	2020	2021
Rating Questions (% 9 or 10)			
Q28. Rating of Health Plan	62.0%	64.6%	64.5%
Q8. Rating of Health Care	56.2%	58.8%	59.4%
Q18. Rating of Personal Doctor	68.8%	70.7%	70.4%
Q22. Rating of Specialist	66.8%	70.9%	69.7%
Rating Questions (% 8, 9 or 10)			
Q28. Rating of Health Plan	78.4%	80.3%	79.8%
Q8. Rating of Health Care	75.7%	76.9%	77.5%
Q18. Rating of Personal Doctor	82.7%	84.2%	83.8%
Q22. Rating of Specialist	82.9%	84.7%	83.9%
Getting Needed Care (% Always or Usually)	**83.2%**	**83.5%**	**84.1%**
Q9. Getting care, tests, or treatment	85.5%	86.3%	85.8%
Q20. Getting specialist appointment	80.9%	80.7%	82.4%
Getting Care Quickly (% Always or Usually)	**82.7%**	**82.7%**	**82.6%**
Q4. Getting urgent care	84.9%	85.0%	84.3%
Q6. Getting routine care	80.4%	80.4%	80.9%
Coordination of Care (Q17) (% Always or Usually)	**83.8%**	**85.9%**	**84.8%**
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	**45.4%**	**44.1%**	**40.6%**

Measure Summary

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	2021 SPH BENCHMARK		2020 QC BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan *(% 9 or 10)*	65.4%	59.7%	-5.7%	64.5%	19th	62.2%	34th
Rating of Health Plan *(% 8, 9 or 10)*	78.7%	73.2%	-5.5%	79.8% ▼	10th	78.5%	11th
Getting Needed Care *(% Always or Usually)*	81.6%	81.4%	-0.2%	84.1%	26th	83.0%	30th
Customer Service *(% Always or Usually)*	92.6%	88.5%	-4.1%	89.7%	34th	89.3%	32nd
Ease of Filling Out Forms *(% Always or Usually)*	97.4%	94.0%	-3.4%	95.8%	12th	95.8%	15th

KEY TAKEAWAYS

Your overall Rating of Health Plan (9-10) Summary Rate score is 59.7% and represents a change of -5.7% from 2020.

Note: Please refer to benchmark descriptions on slide 40.

Significance Testing
Current year score is significantly higher than the 2020 score (↑) or benchmark score (▲).
Current year score is significantly lower than the 2020 score (↓) or benchmark score (▼).

Measure Summary

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	2021 SPH BENCHMARK		2020 QC BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care *(% 9 or 10)*	64.5%	61.7%	-2.8%	59.4%	68th	57.7%	75th
Rating of Health Care *(% 8, 9 or 10)*	78.7%	76.5%	-2.2%	77.5%	34th	76.4%	45th
Getting Care Quickly *(% Always or Usually)*	80.8%	81.4%	0.6%	82.6%	36th	82.3%	35th
How Well Doctors Communicate *(% Always or Usually)*	93.2%	88.7%	-4.5%	92.6%	<5th	93.2%	<5th
Coordination of Care *(% Always or Usually)*	87.4%	80.7%	-6.7%	84.8%	24th	85.1%	14th
Rating of Personal Doctor *(% 9 or 10)*	71.5%	67.2%	-4.3%	70.4%	29th	69.2%	31st
Rating of Personal Doctor *(% 8, 9 or 10)*	82.1%	81.4%	-0.7%	83.8%	23rd	83.5%	23rd
Rating of Specialist *(% 9 or 10)*	78.8%	59.5% ↓	-19.3%	69.7%	<5th	69.5%	<5th
Rating of Specialist *(% 8, 9 or 10)*	89.4%	72.2% ↓	-17.2%	83.9% ▼	<5th	83.9% ▼	<5th

Note: Please refer to benchmark descriptions on slide 40.

KEY TAKEAWAYS

Your overall Rating of Health Care (9-10) Summary Rate score is 61.7% and represents a change of -2.8% from 2020.

Significance Testing
Current year score is significantly higher than the 2020 score (↑) or benchmark score (▲).
Current year score is significantly lower than the 2020 score (↓) or benchmark score (▼).

Measure Summary

Effectiveness of Care Performance

Your plan's performance on HEDIS measures collected through the CAHPS 5.1H survey.

MEASURE	SUMMARY RATE		CHANGE	2021 SPH BENCHMARK		2020 QC BENCHMARK	
	2020	**2021**		**SUMMARY RATE**	**PERCENTILE RANK**	**SUMMARY RATE**	**PERCENTILE RANK**
Flu Vaccinations (Adults 18-64) *(% Yes)*	46.6%	43.5%	-3.1%	40.6%	74th	43.8%	50th
Advising Smokers and Tobacco Users to Quit: *Rolling average (% Always, Usually or Sometimes)*	63.2%	62.9%	-0.3%	74.0% ▼	13th	77.2% ▼	<5th
Discussing Cessation Medications: *Rolling average (% Always, Usually or Sometimes)*	39.7%	38.8%	-0.9%	52.3% ▼	12th	54.5% ▼	<5th
Discussing Cessation Strategies: *Rolling average (% Always, Usually or Sometimes)*	41.9%	39.3%	-2.6%	46.2%	25th	48.7% ▼	7th

Note: Please refer to benchmark descriptions on slide 40.

Significance Testing
Current year score is significantly higher than the 2020 score (↑) or benchmark score (▲).
Current year score is significantly lower than the 2020 score (↓) or benchmark score (▼).

Gap Analysis - 2020 Quality Compass

GAP ANALYSIS

Two scores can be used to evaluate a plan's performance gap – Achieved Max Score or Theoretical Max Score.

Achieved Max Score Gap – The spread between your plan's score and the highest score achieved by a plan within the 2020 Quality Compass (100th Percentile).
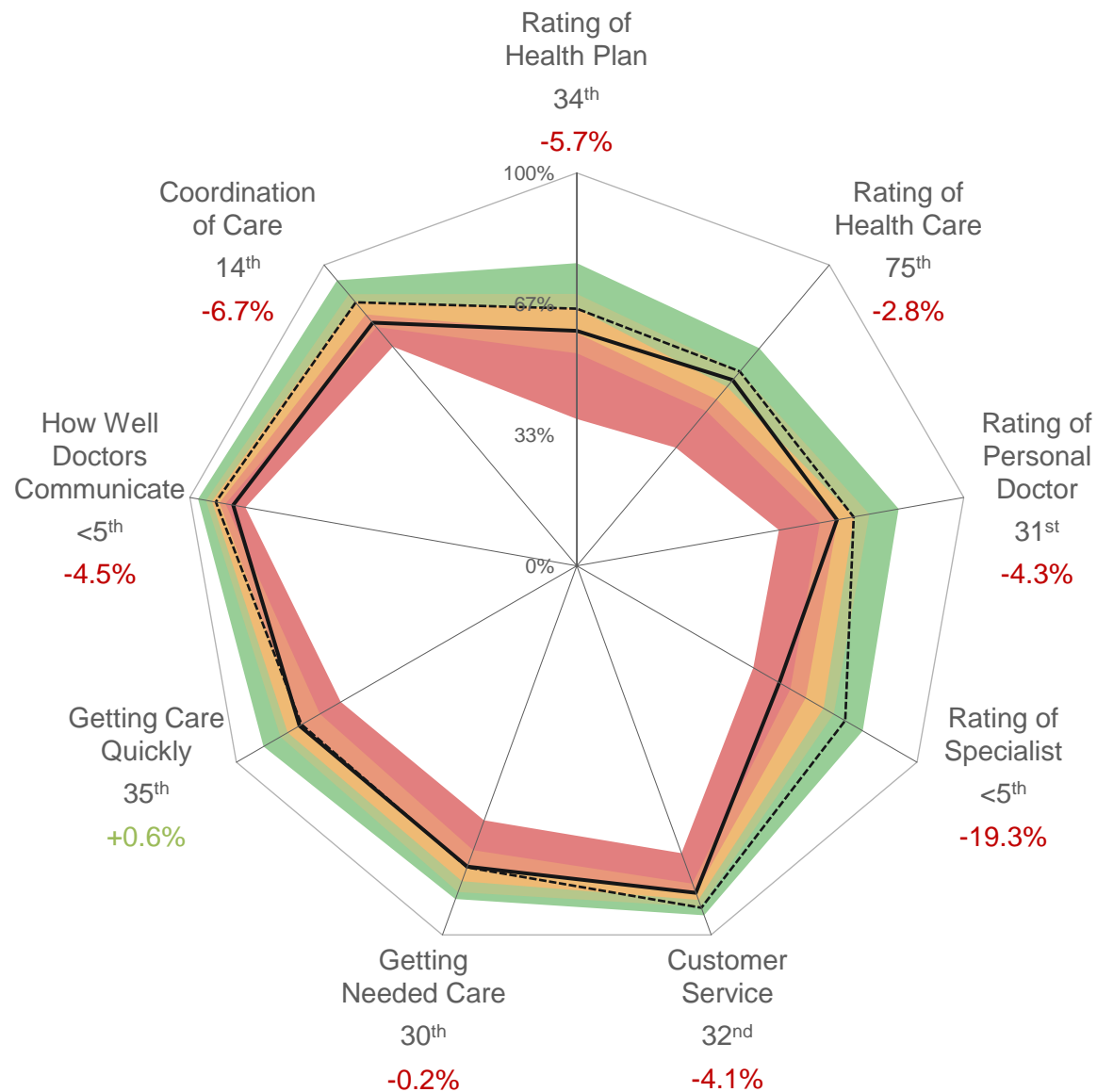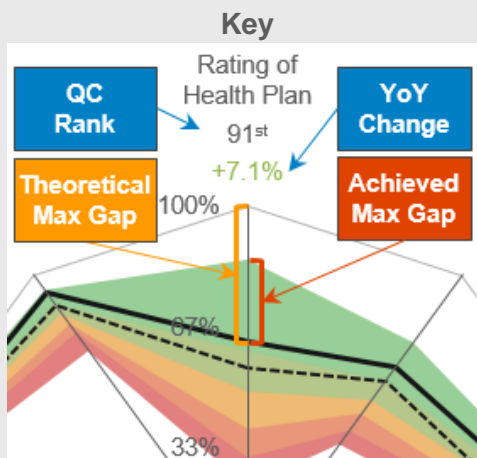*Displayed by the outer bound of the dark green section of the graph.*

Theoretical Max Score Gap – The spread between your plan's score and the highest possible score a plan could achieve (100%).
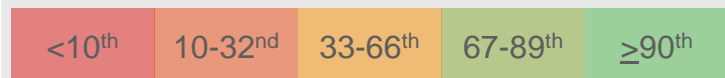*Displayed by the outer bound of the graph.*

For each measure, your plan's 2021 and 2020 scores are plotted against the 2020 Quality Compass distribution.

Your plan's 2021 percentile ranking based on the 2020 Quality Compass along with the change in score from 2020 is reported on the outer edge of the graph.

Key

2020 Quality Compass Thresholds

<10th	10-32nd	33-66th	67-89th	≥90th

— 2021 Score
--- 2020 Score

Rating of Health Plan
34th
-5.7%

Coordination of Care
14th
-6.7%

Rating of Health Care
75th
-2.8%

How Well Doctors Communicate
<5th
-4.5%

Rating of Personal Doctor
31st
-4.3%

Rating of Specialist
<5th
-19.3%

Getting Care Quickly
35th
+0.6%

Customer Service
32nd
-4.1%

Getting Needed Care
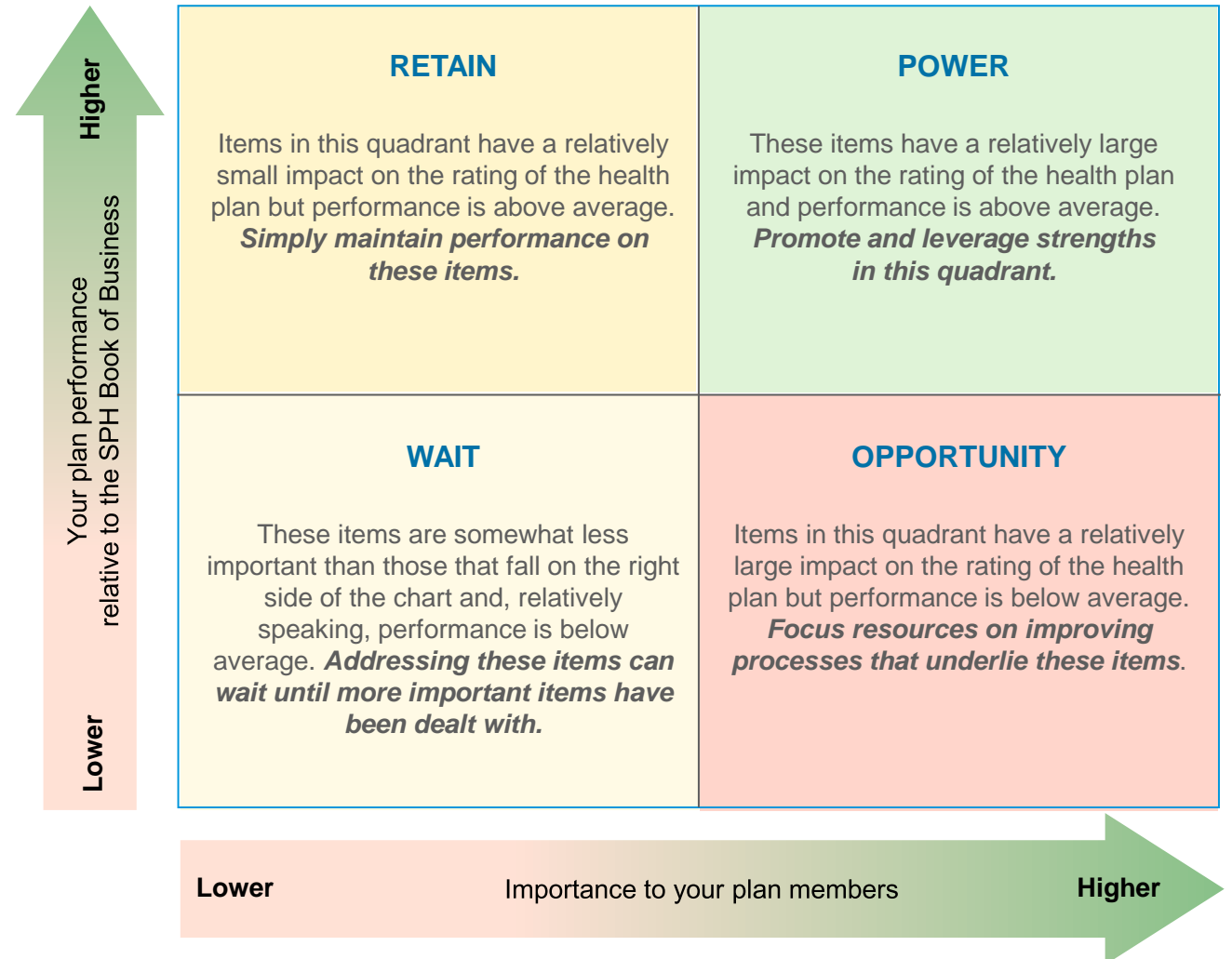30th
-0.2%

POWeR Chart: Explanation

POWeR™ CHART CLASSIFICATION MATRIX

The SatisAction™ key driver statistical model was used to identify the key drivers of the rating of the health plan and the results are presented in the POWeR™ Chart classification matrix on the following page.

Overview The SatisAction™ key driver statistical model is a powerful, proprietary statistical methodology used to identify the key drivers of the rating of the health plan and provide actionable direction for satisfaction improvement programs. This methodology is the result of a number of years of development and testing using health care satisfaction data. We have been successfully using this approach since 1997.

The model provides the following:

- Identification of the elements that are important in driving of the rating of the health plan.

- Measurement of the relative importance of each of these elements.

- Measurement of how well members think the plan performed on those important elements.

- Presentation of the importance/performance results in a matrix that provides clear direction for member satisfaction improvement efforts by the plan.
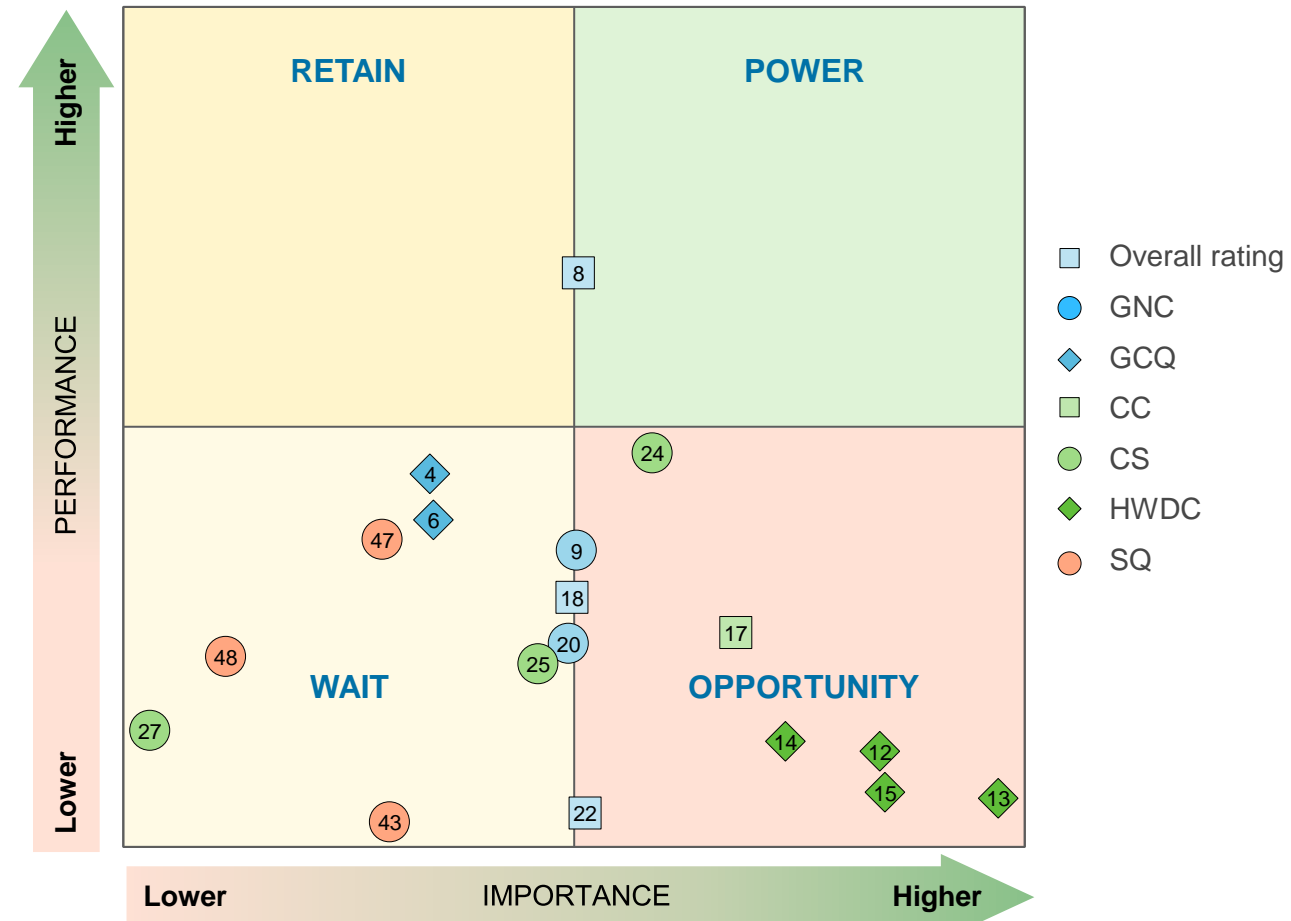
Your plan performance relative to the SPH Book of Business — Higher ↑ Lower

RETAIN

Items in this quadrant have a relatively small impact on the rating of the health plan but performance is above average. *Simply maintain performance on these items.*

POWER

These items have a relatively large impact on the rating of the health plan and performance is above average. *Promote and leverage strengths in this quadrant.*

WAIT

These items are somewhat less important than those that fall on the right side of the chart and, relatively speaking, performance is below average. *Addressing these items can wait until more important items have been dealt with.*

OPPORTUNITY

Items in this quadrant have a relatively large impact on the rating of the health plan but performance is below average. *Focus resources on improving processes that underlie these items.*

Lower — Importance to your plan members — Higher →

POWeR Chart: Your Results

SURVEY MEASURE		SUMMARY RATE SCORE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
POWER				
Q8	Health care overall	61.7%	68th	4
OPPORTUNITY				
Q13	Dr. listened carefully	87.9%	5th	1
Q15	Dr. spent enough time	85.4%	5th	1
Q12	Dr. explained things	89.2%	10th	1
Q14	Dr. showed respect	92.4%	11th	2
Q17	Dr. informed about care	80.7%	24th	2
Q24	CS provided info./help	83.9%	46th	3
Q22	Specialist overall	59.5%	<5th	1
Q9	Got care/tests/treatment	84.0%	35th	3
WAIT				
Q18	Personal doctor overall	67.2%	29th	2
Q20	Got specialist appt.	78.8%	23rd	2
Q25	CS courtesy/respect	93.1%	21st	2
Q6	Got routine care	79.2%	38th	3
Q4	Got urgent care	83.5%	43rd	3
Q43	Satisfied with help to coordinate care	70.7%	---	---
Q47	Care plan talks need to stay healthy/remain in home	79.4%	---	---
Q48	Problem understanding verbal/written communication	77.1%	---	---
Q27	Easy to fill out forms	94.0%	12th	2
RETAIN				
	None			

* Summary rates are top-two box scores.

KEY DRIVERS, SUMMARY RATES AND PERCENTILES

The key drivers of the rating of the health plan are presented in the POWeR™ Chart classification matrix. The table assesses the key drivers and each measure is ranked by importance within each quadrant. Focus resources on improving processes that underlie the most important items and look for a significant improvement in the rating of the health plan.

Overall Rating of Health Plan – Plan and Industry Key Drivers

YOUR PLAN TOP 10 KEY DRIVERS These items have a relatively large impact on the Rating of Health Plan. **Leverage** these questions since they are important to your members and the Rating of Health Plan score for this plan. They are listed in descending order of importance for your plan.

INDUSTRY KEY DRIVERS SPH Book of Business regression analysis has identified **Key Drivers** of Rating of Health Plan. The numbers represent the ranked importance across the entire Book of Business.

RATING OF HEALTH PLAN

59.7%

Your plan scored in the **19th percentile** when compared to the SPH Book of Business benchmark

🎯 Aligns with top 10 industry drivers

🎯 Differs from top 10 industry drivers

ALIGNMENT *Are your key drivers typical of the industry?*		ATTRIBUTE	YOUR PLAN SUMMARY RATE SCORE	INDUSTRY KEY DRIVER RANK	SPH BoB SUMMARY RATE SCORE	SPH BoB PERCENTILE	CLASSIFICATION
🎯	Q13	Dr. listened carefully	87.9%	9	92.9%	5th	OPPORTUNITY
🎯	Q15	Dr. spent enough time	85.4%	12	90.7%	5th	OPPORTUNITY
🎯	Q12	Dr. explained things	89.2%	13	92.5%	10th	OPPORTUNITY
🎯	Q14	Dr. showed respect	92.4%	11	94.6%	11th	OPPORTUNITY
🎯	Q17	Dr. informed about care	80.7%	14	84.8%	24th	OPPORTUNITY
🎯	Q24	CS provided info./help	83.9%	7	84.5%	46th	OPPORTUNITY
🎯	Q22	Specialist overall	59.5%	3	69.7%	<5th	OPPORTUNITY
🎯	Q8	Health care overall	61.7%	1	59.4%	68th	POWER
🎯	Q9	Got care/tests/treatment	84.0%	6	85.8%	35th	OPPORTUNITY
🎯	Q18	Personal doctor overall	67.2%	2	70.4%	29th	WAIT
	Q20	Got specialist appt.	78.8%	10	82.4%	23rd	WAIT
	Q25	CS courtesy/respect	93.1%	4	95.0%	21st	WAIT
	Q6	Got routine care	79.2%	8	80.9%	38th	WAIT
	Q4	Got urgent care	83.5%	5	84.3%	43rd	WAIT

(Left margin labels: TOP 10 PLAN KEY DRIVERS; ADD'L TOP 10 INDUSTRY DRIVERS)

Note: All SPH BoB scores & rankings are calculated based on the 2021 SPH Book of Business. Any items below the dotted line are industry key drivers that are not identified as key drivers for your plan.

Overall Rating of Health Plan

Demographic Comparisons

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

Gender

	8 - 10	9 - 10
MALE *(n=100)*	70.0%	56.0%
FEMALE *(n=128)*	75.8%	62.5%

Age

	8 - 10	9 - 10
18 - 34 *(n=54)*	74.1%	57.4%
35 - 44 *(n=30)*	63.3%	56.7%
45 - 54 *(n=34)*	70.6%	52.9%
55 or older *(n=112)*	75.9%	63.4%

Ethnicity & Race

	8 - 10	9 - 10
WHITE *(n=126)*	76.2%	60.3%
BLACK/AFRICAN AMERICAN *(n=8)*^	62.5%	62.5%
ASIAN *(n=3)*^	100%	33.3%
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER *(n=3)*^	33.3%	0.0%
AMERICAN INDIAN OR ALASKA NATIVE *(n=38)*	57.9%	50.0%
OTHER *(n=65)*	70.8%	61.5%
HISPANIC/LATINO *(n=128)*	77.3%	64.1%
NOT HISPANIC/ LATINO *(n=100)*	69.0%	56.0%

Health Status

	8 - 10	9 - 10
EXC./VERY GOOD *(n=59)*	81.4%	74.6%
GOOD *(n=77)*	71.4%	53.2%
FAIR/POOR *(n=93)*	68.8%	54.8%

Mental/Emotional Health Status

	8 - 10	9 - 10
EXC./VERY GOOD *(n=73)*	84.9%	79.5%
GOOD *(n=87)*	69.0%	52.9%
FAIR/POOR *(n=70)*	67.1%	48.6%

Education

	8 - 10	9 - 10
HS GRAD OR LESS *(n=135)*	76.3%	63.0%
SOME COLLEGE OR MORE *(n=92)*	69.6%	55.4%

Data Collection

	8 – 10	9 - 10
MAIL *(n=162)*	74.7%	62.3%
PHONE *(n=54)*	72.2%	53.7%
INTERNET *(n=15)*^	60.0%	53.3%

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

Estimated NCQA Health Insurance Plan Ratings

	2021 SCORE	SCORE DEFINITION	QC PERCENTILE RANK	SPH ESTIMATED RATING
CONSUMER SATISFACTION				**3.0**
GETTING CARE				**2.5**
Getting Needed Care	81.4%	Usually or Always	30th	2.0
Getting Care Quickly	81.4%	Usually or Always	35th	3.0
SATISFACTION WITH PLAN PHYSICIANS				**3.0**
Rating of Personal Doctor	67.2%	9 or 10	31st	2.0
Rating of Specialist	59.5%	9 or 10	<5th	NA
Rating of Health Care	61.7%	9 or 10	75th	4.0
Coordination of Care	80.7%	Usually or Always	14th	NA
SATISFACTION WITH PLAN SERVICES				**3.0**
Rating of Health Plan	59.7%	9 or 10	34th	3.0
PREVENTION				
Flu Vaccinations *Adults Ages 18-64*	43.5%	Yes	50th	3.0
TREATMENT				
Smoking Advice: *Rolling Average*	62.9%	Sometimes, Usually or Always	<5th	1.0

*In response to the **COVID-19** pandemic, NCQA did not publish Health Plan Ratings in 2020.*

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 (10th, 33rd, 66th 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.

Results are summarized in the table to the left. **Percentiles and ratings are estimated by SPH** based on the 2020 NCQA data and benchmarks.

Rating = 1	Rating = 2	Rating = 3	Rating = 4	Rating = 5
<10th Percentile	10th – 32rd Percentile	33rd – 66th Percentile	67th – 90th Percentile	>90th Percentile

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.*

Oversampling Scenarios

OVERSAMPLING SCENARIO EXPLANATION

SPH displays projected results with current oversampling, no oversampling, and the scenario that achieves all reportable measures. The scenarios take into account changes in denominators and reportable measures that might impact ratings.

This plan currently oversamples at the rate of 50%. **SPH does not recommend additional oversampling.**

Based on the scenarios tested, holding everything else constant, an oversampling rate of 163% and above yields all reportable measures and a decrease on 2 measures. **This is an estimate only and cannot be used to predict NCQA star ratings.**

MEASURE NAME	ESTIMATED RATING (Current: 50%)	OVERSAMPLING SCENARIOS	
		0%	≥ 163%
CONSUMER SATISFACTION	**3.0**	**2.5**	**2.5**
GETTING CARE	**2.5**	**NA**	**2.5**
Getting Needed Care	2.0	NA	2.0
Getting Care Quickly	3.0	NA	3.0
SATISFACTION WITH PLAN PHYSICIANS	**3.0**	**2.0**	**2.5**
Rating of Personal Doctor	2.0	2.0	2.0
Rating of Specialist	NA	NA	1.0
Rating of Health Care	4.0	NA	4.0
Coordination of Care	NA	NA	2.0
SATISFACTION WITH PLAN SERVICES	**3.0**	**3.0**	**3.0**
Rating of Health Plan	3.0	3.0	3.0
PREVENTION			
Flu Vaccinations *Adults Ages 18-64*	3.0	3.0	3.0
TREATMENT			
Smoking Advice: Rolling Average	1.0	1.0	1.0

Higher Rating
Lower Rating
Reportable

Performance to Percentile Thresholds

COMPARISON TO QUALITY COMPASS PERCENTILE THRESHOLDS

The graph shows how your plan's **scores** used for accreditation ratings compare to the most recent Quality Compass thresholds published by NCQA (Fall 2020).
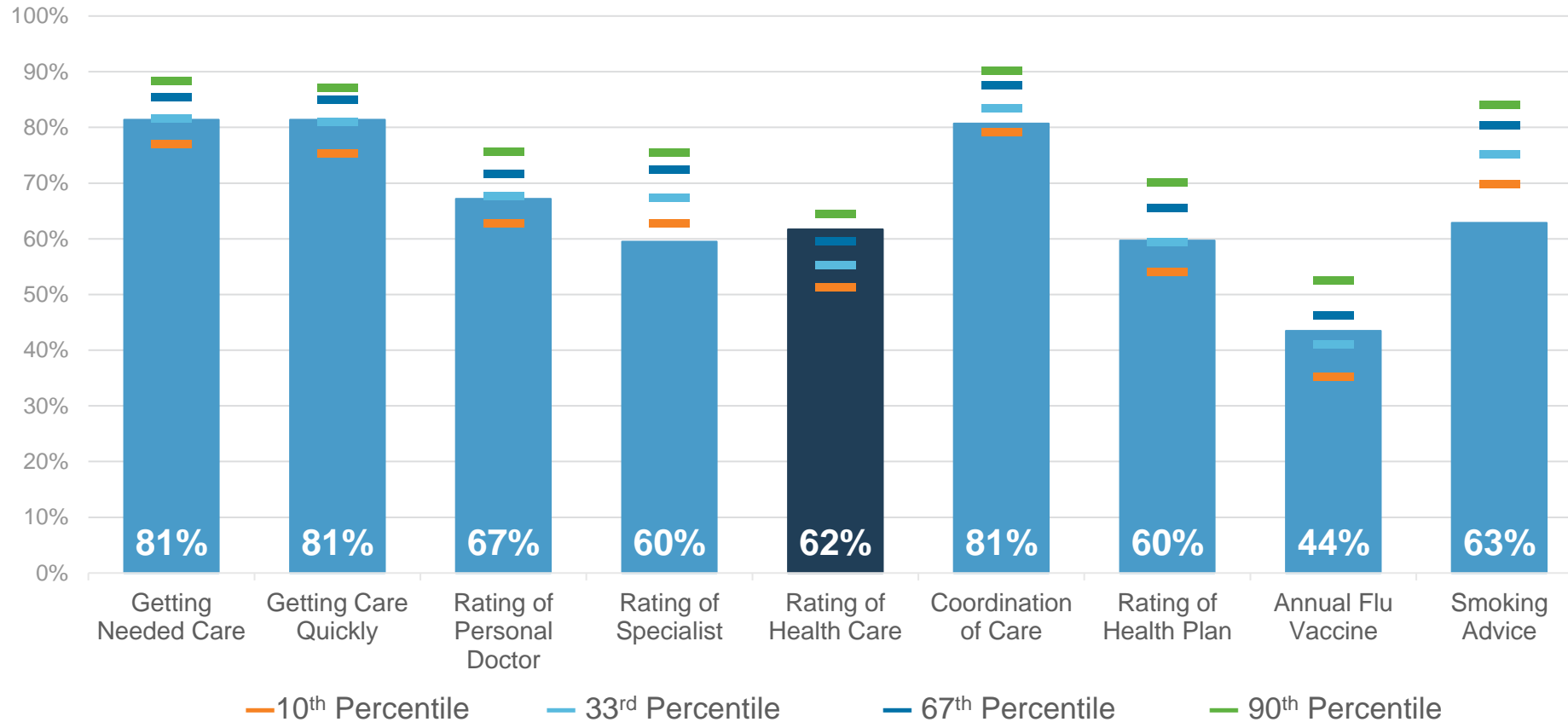
Dark Blue bar = Your plan's performance is at or above the 67th percentile

Light Blue bar = Your plan's performance is below the 67th percentile

Chart values:
- Getting Needed Care: 81%
- Getting Care Quickly: 81%
- Rating of Personal Doctor: 67%
- Rating of Specialist: 60%
- Rating of Health Care: 62%
- Coordination of Care: 81%
- Rating of Health Plan: 60%
- Annual Flu Vaccine: 44%
- Smoking Advice: 63%

Legend: —10th Percentile —33rd Percentile —67th Percentile —90th Percentile

Scores are % 9 or 10, % Always or Usually, % Yes (Flu) and % Always, Usually or Sometimes (Smoking Advice: Rolling Average).

Measure Summary

Top Three Measures

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

MEASURE	2021 VALID N	YOUR PLAN SCORE		CHANGE	2020 QC BENCHMARK		GAP
		2020	2021		SUMMARY RATE	PERCENTILE RANK	
Rating of Health Care (% 9 or 10)	149	64.5%	61.7%	-2.8%	57.7%	75th	4.0%
Getting Care Quickly (% Always or Usually)	105	80.8%	81.4%	0.6%	82.3%	35th	-0.9%
Rating of Health Plan (% 9 or 10)	231	65.4%	59.7%	-5.7%	62.2%	34th	-2.5%

Bottom Three Measures

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

MEASURE	2021 VALID N	YOUR PLAN SCORE		CHANGE	2020 QC BENCHMARK		GAP
		2020	2021		SUMMARY RATE	PERCENTILE RANK	
Coordination of Care (% Always or Usually)	57^	87.4%	80.7%	-6.7%	85.1%	14th	-4.4%
How Well Doctors Communicate (% Always or Usually)	131	93.2%	88.7%	-4.5%	93.2%	<5th	-4.5%
Rating of Specialist (% 9 or 10)	79^	78.8%	59.5% ↓	-19.3%	69.5%	<5th	-10.0%

Significance Testing
Current year score is significantly higher than the 2020 score (↑) or benchmark score (▲).
Current year score is significantly lower than the 2020 score (↓) or benchmark score (▼).

Improvement Strategies

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 – 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.

- 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?

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).

- 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).

- Develop tools and guidance for patients to optimize appointment time and specific topic-based conversation guides or question checklists with providers (e.g., Doc Talk).

- Support patients with chronic illnesses/conditions and their providers with up-to-date tools, resources and conversation guides that address common clinical needs, continual review, modification and update of progress, next steps and self-management topics.

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.

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

Measure Details and Scoring

- Presbyterian Centennial Care

Measure Analyses: Section 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.

Composite Score
— Attribute Question
— Attribute Question
— Attribute Question

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
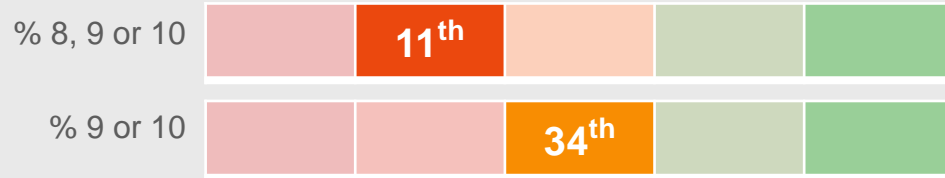- Customer Service*
- How Well Doctors Communicate*

Percentile Rankings

| <10th | 10-32nd | 33-66th | 67-89th | ≥90th |
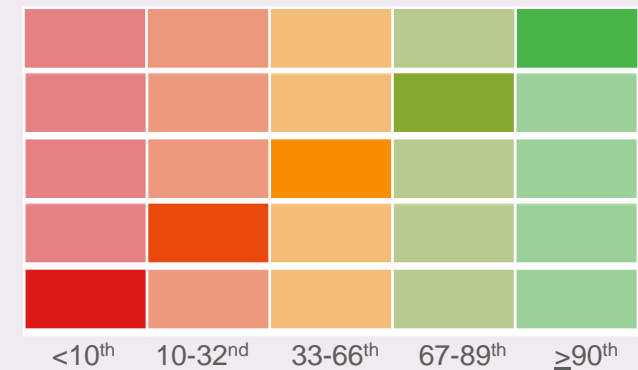
The Customer Service and How Well Doctors Communicate measures are not used for NCQA ratings.

Rating of Health Plan
Measure

PERCENTILE RANKING 2020 QC ALL PLANS

% 8, 9 or 10	**11th**

% 9 or 10	**34th**

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

POWER
Promote and Leverage Strengths

Q8	Health care overall

OPPORTUNITIES
Focus Resources on Improving Processes That Underlie These Items

Q13	Dr. listened carefully
Q15	Dr. spent enough time
Q12	Dr. explained things
Q14	Dr. showed respect
Q17	Dr. informed about care
Q24	CS provided info./help
Q22	Specialist overall
Q9	Got care/tests/treatment

RATING OF HEALTH PLAN
% 8, 9 or 10
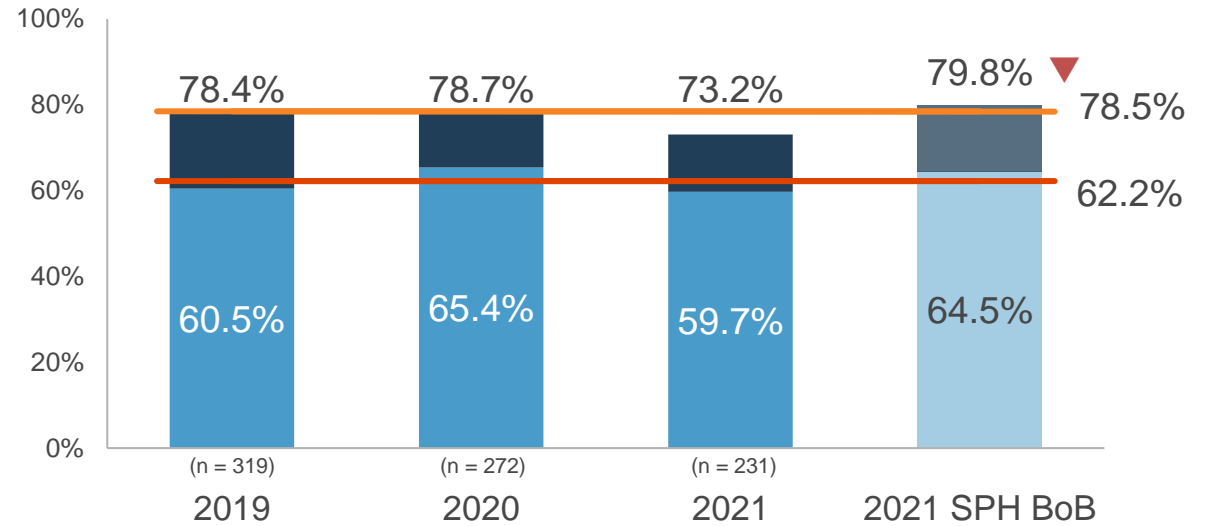
- % 9 or 10
- % 8
- QC (% 9 or 10)
- QC (% 8, 9 or 10)

Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (‡) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (‡) or benchmark score (▼).

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

Rating of Health Care
Measure

PERCENTILE RANKING 2020 QC ALL PLANS

% 8, 9 or 10 — **45th**

% 9 or 10 — **75th**

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Rating of Health Plan
% 9 or 10

Rating of Health Care
% 9 or 10

— SPH 90th Percentile   ● Your Plan

RATING OF HEALTH CARE
% 8, 9 or 10

Year	2019	2020	2021	2021 SPH BoB
% 8, 9 or 10	69.4%	78.7%	76.5%	77.5%
% 9 or 10	50.0%	64.5%	61.7%	59.4%
n	(n = 216)	(n = 183)	(n = 149)	

QC (% 8, 9 or 10) = 76.4%
QC (% 9 or 10) = 57.7%

■ % 9 or 10   ■ % 8
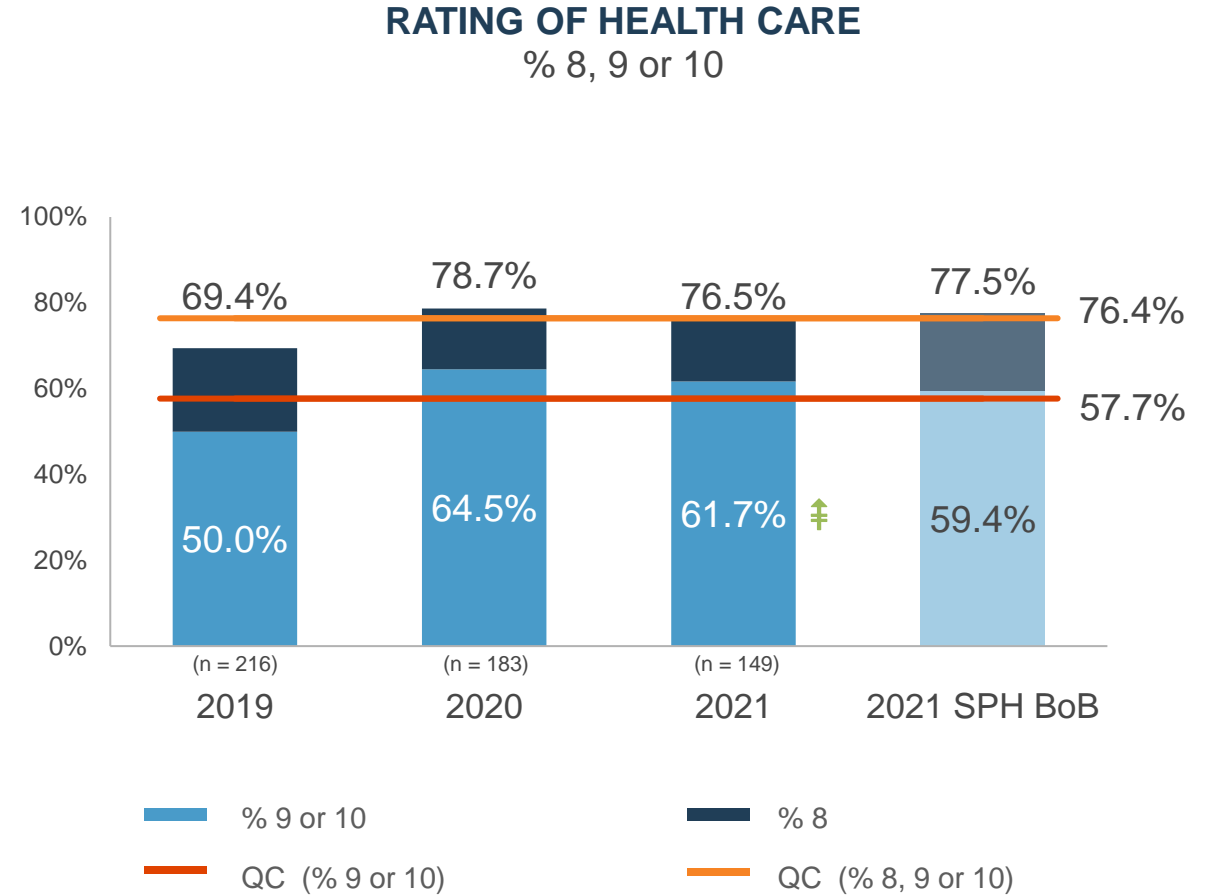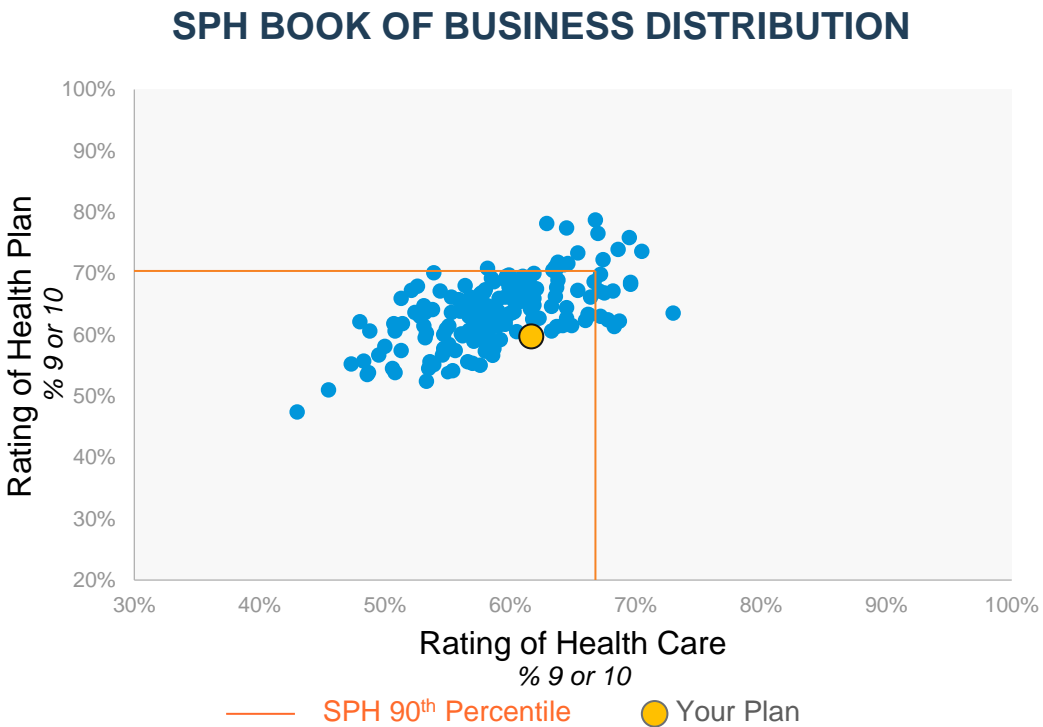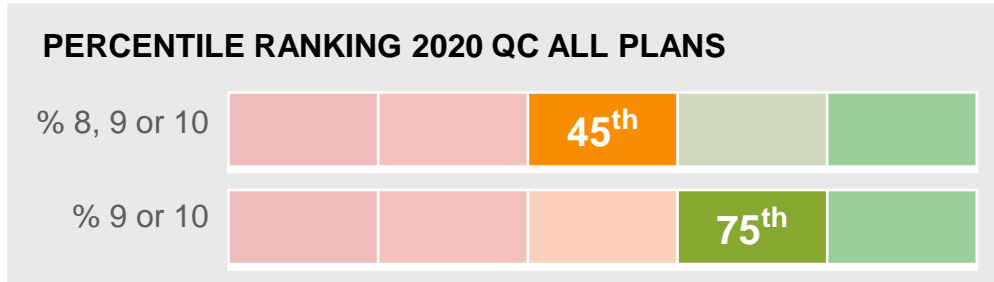— QC (% 9 or 10)   — QC (% 8, 9 or 10)

Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⇑) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⇓) or benchmark score (▼).

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

Rating of Personal Doctor
Measure

PERCENTILE RANKING 2020 QC ALL PLANS

| % 8, 9 or 10 | 23rd |
| % 9 or 10 | 31st |

SPH BOOK OF BUSINESS DISTRIBUTION

Rating of Health Plan
% 9 or 10

Rating of Personal Doctor
% 9 or 10

— SPH 90th Percentile   ● Your Plan

RATING OF PERSONAL DOCTOR
% 8, 9 or 10

	2019	2020	2021	2021 SPH BoB
% 8, 9 or 10	79.3%	82.1%	81.4%	83.8%
% 9 or 10	67.2%	71.5%	67.2%	70.4%
	(n = 241)	(n = 207)	(n = 177)	

83.5%
69.2%

■ % 9 or 10   ■ % 8
— QC (% 9 or 10)   — QC (% 8, 9 or 10)
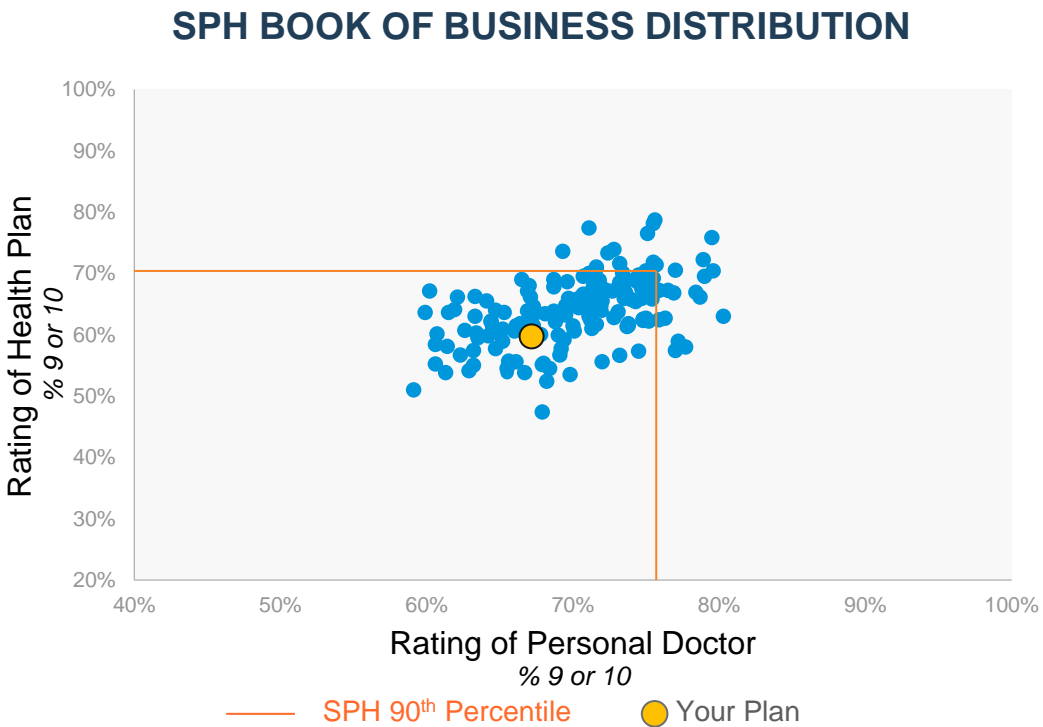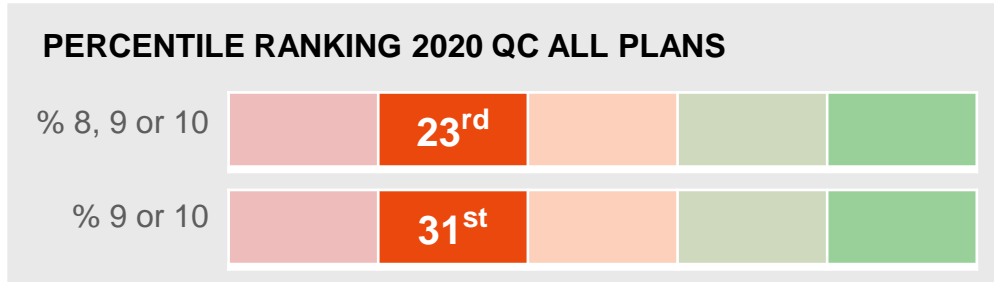
Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⇳) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⇳) or benchmark score (▼).

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

Rating of Specialist
Measure

PERCENTILE RANKING 2020 QC ALL PLANS

% 8, 9 or 10	**<5th**
% 9 or 10	**<5th**

SPH BOOK OF BUSINESS DISTRIBUTION

Rating of Health Plan
% 9 or 10

Rating of Specialist
% 9 or 10

—— SPH 90th Percentile   🟡 Your Plan

RATING OF SPECIALIST
% 8, 9 or 10

- 2019: 74.8% (59.5% % 9 or 10) (n = 111)
- 2020: 89.4% (78.8% % 9 or 10) (n = 104)
- 2021: 72.2% ↓ (59.5% ↓ % 9 or 10) (n = 79)^
- 2021 SPH BoB: 83.9% ▼ / 83.9% ▼ (69.7% % 9 or 10), 69.5%

🟦 % 9 or 10   ◼ % 8
—— QC (% 9 or 10)   —— QC (% 8, 9 or 10)

Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⇕) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⇕) or benchmark score (▼).

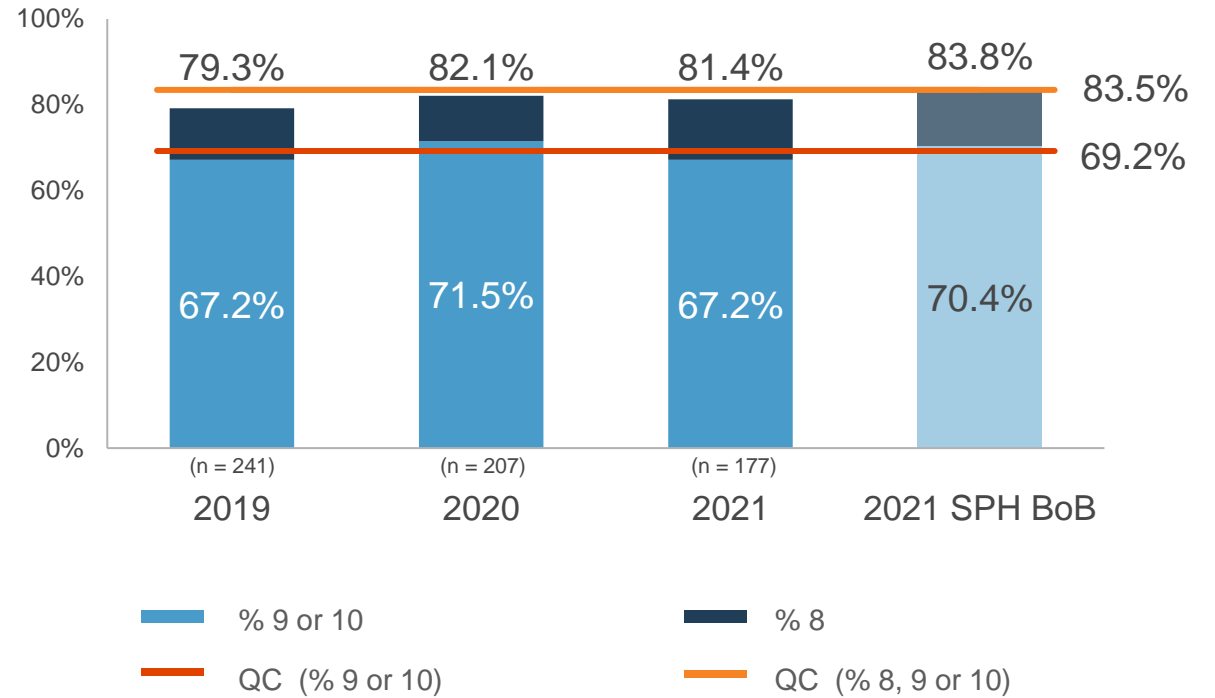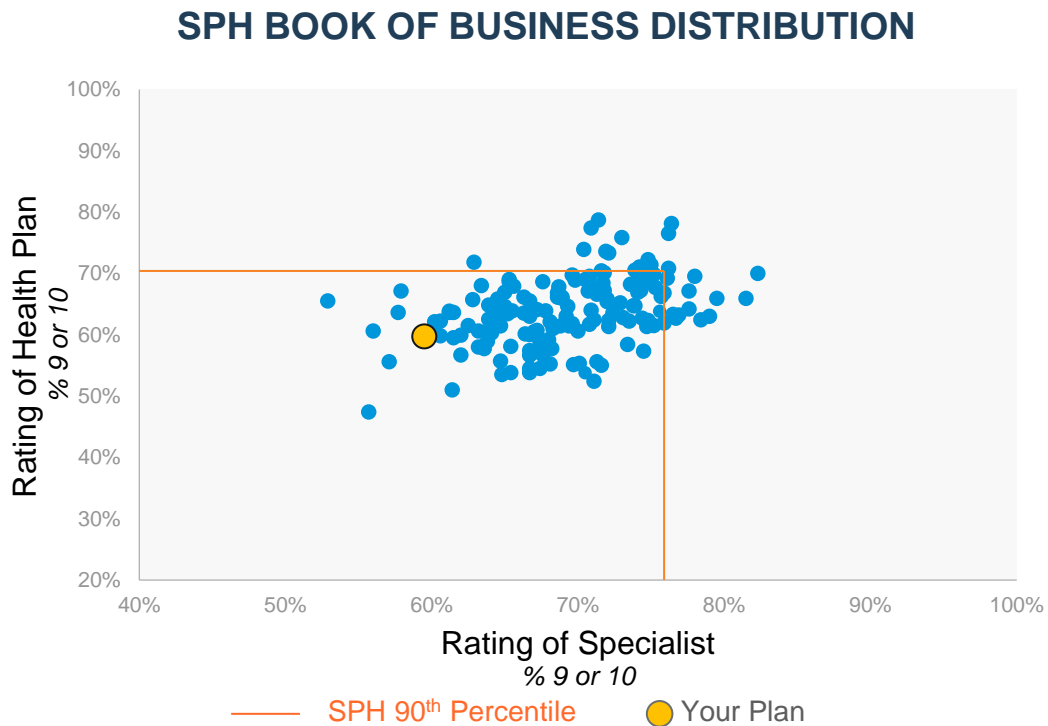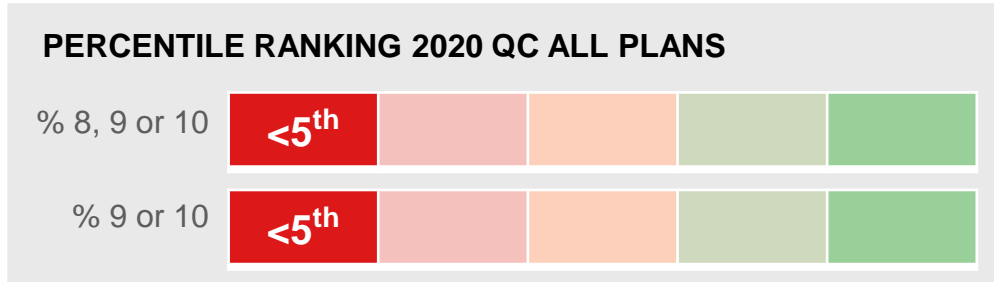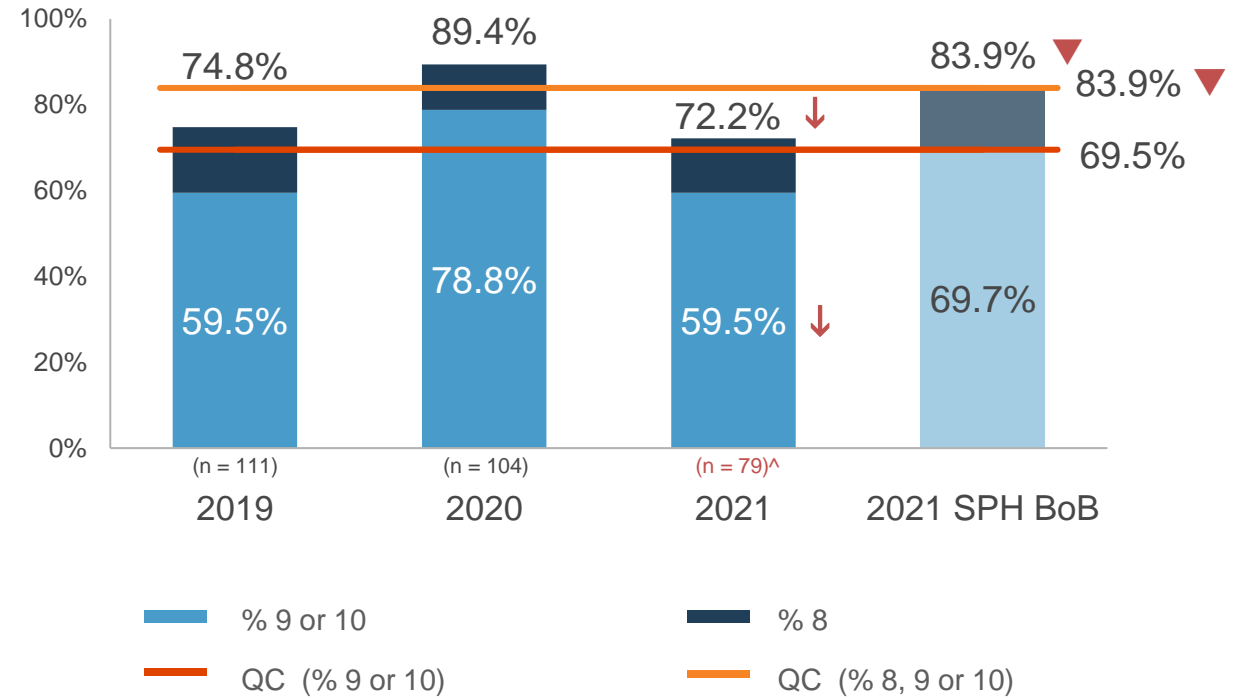*^Denominator less than 100. NCQA will assign an NA to this measure.*

Getting Needed Care
Composite

PERCENTILE RANKING 2020 QC ALL PLANS

% A or U | **30th**

SPH BOOK OF BUSINESS DISTRIBUTION
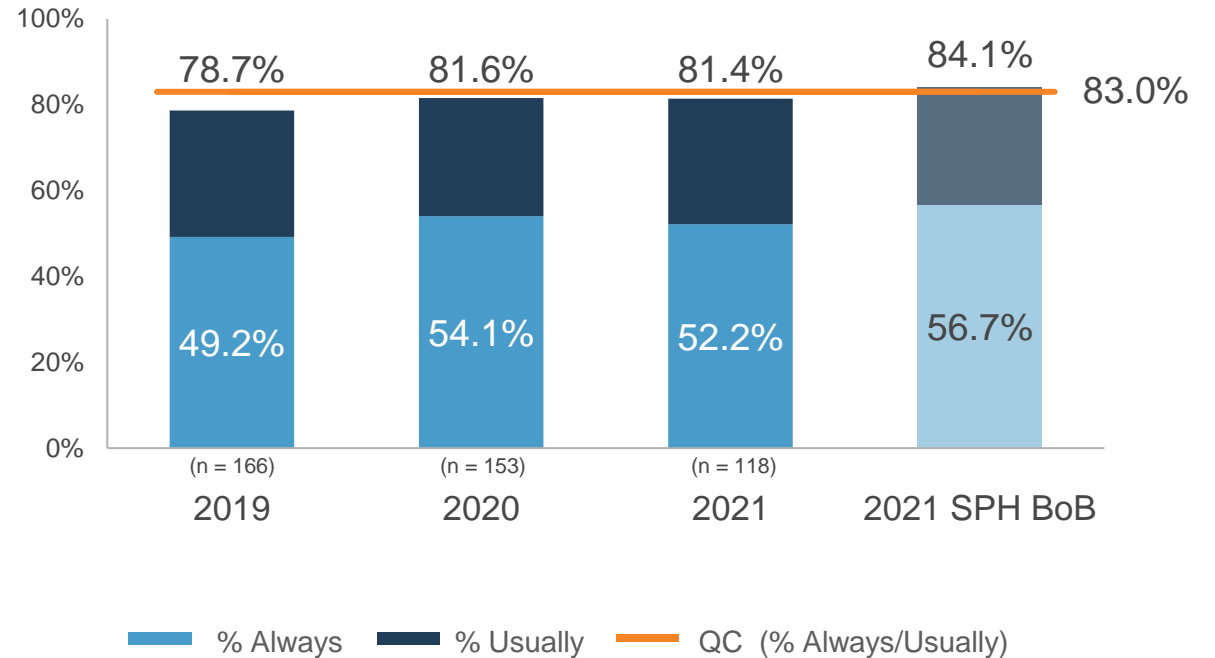
Rating of Health Plan *% 9 or 10*

Getting Needed Care
% A or U

— SPH 90th Percentile ⬤ Your Plan

GETTING NEEDED CARE
% Always or Usually

	2019	2020	2021	2021 SPH BoB
% Always	49.2%	54.1%	52.2%	56.7%
Total (Always or Usually)	78.7%	81.6%	81.4%	84.1%
n	(n = 166)	(n = 153)	(n = 118)	

QC line: 83.0%

■ % Always   ■ % Usually   — QC (% Always/Usually)

Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⤒) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⤓) or benchmark score (▼).

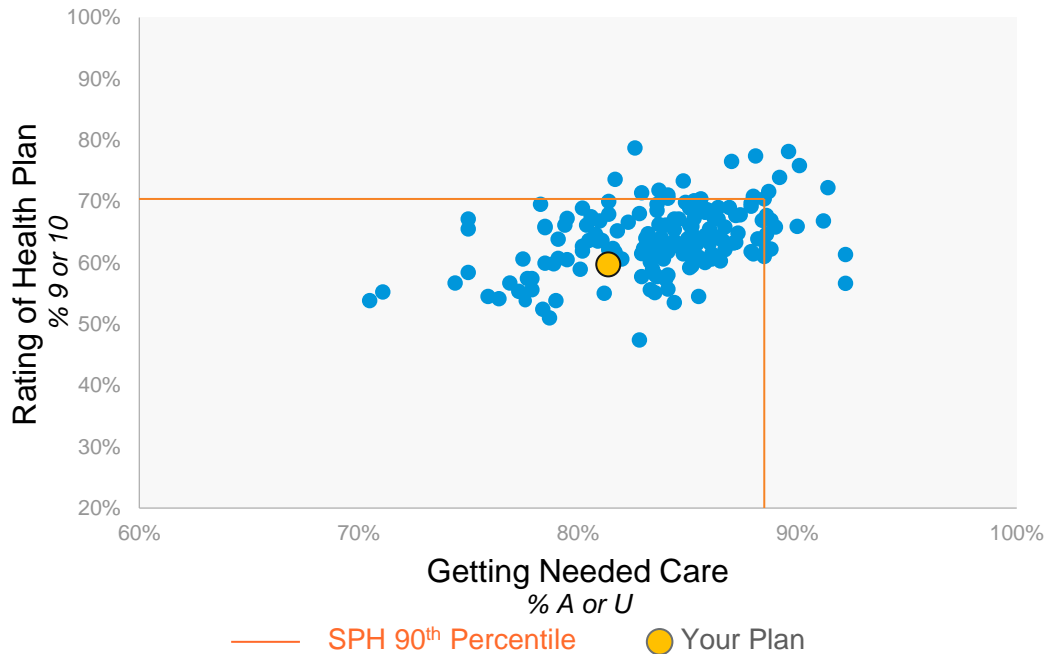*^Denominator less than 100. NCQA will assign an NA to this measure.*

Getting Needed Care
Attribute Questions

GETTING NEEDED CARE QUESTIONS

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

- Q9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- Q20. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

2021 GETTING NEEDED CARE COMPOSITE SUMMARY RATE SCORE   **81.4%**

Gate Question	Valid n	Yes
Q19. Made appointments to see a specialist in the last 6 months	246	35.4%

Significance Testing
Current year score is significantly higher than the 2020 score (↑), the 2019 score (↕) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (↕) or benchmark score (▼).

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

Q9. GETTING CARE, TESTS, OR TREATMENT
% Always or Usually

84.0% (n = 150)

2021	84.0%
2020	83.3%
2019	83.3%
SPH	85.8%
QC	85.9%

Percentile Ranking 2020 QC All Plans: **30th**

Q20. GETTING SPECIALIST APPOINTMENT
% Always or Usually

78.8% (n = 85)^
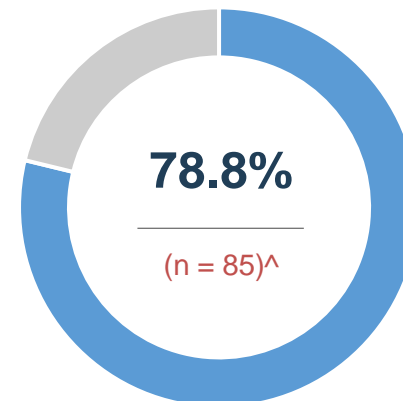
2021	78.8%
2020	79.8%
2019	74.1%
SPH	82.4%
QC	80.1%

Percentile Ranking 2020 QC All Plans: **39th**

Getting Care Quickly
Composite

PERCENTILE RANKING 2020 QC ALL PLANS

% A or U | | | **35th** | | |

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Rating of Health Plan *% 9 or 10*

Getting Care Quickly
% A or U

— SPH 90th Percentile   🟡 Your Plan

GETTING CARE QUICKLY
% Always or Usually

	2019	2020	2021	2021 SPH BoB
QC (% Always/Usually)	81.4%	80.8%	81.4%	82.6% (82.3%)
% Always	56.3%	55.7%	58.5%	59.8%
n	(n = 156)	(n = 129)	(n = 105)	

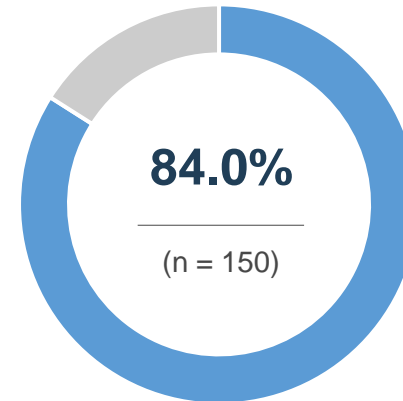■ % Always   ■ % Usually   — QC (% Always/Usually)
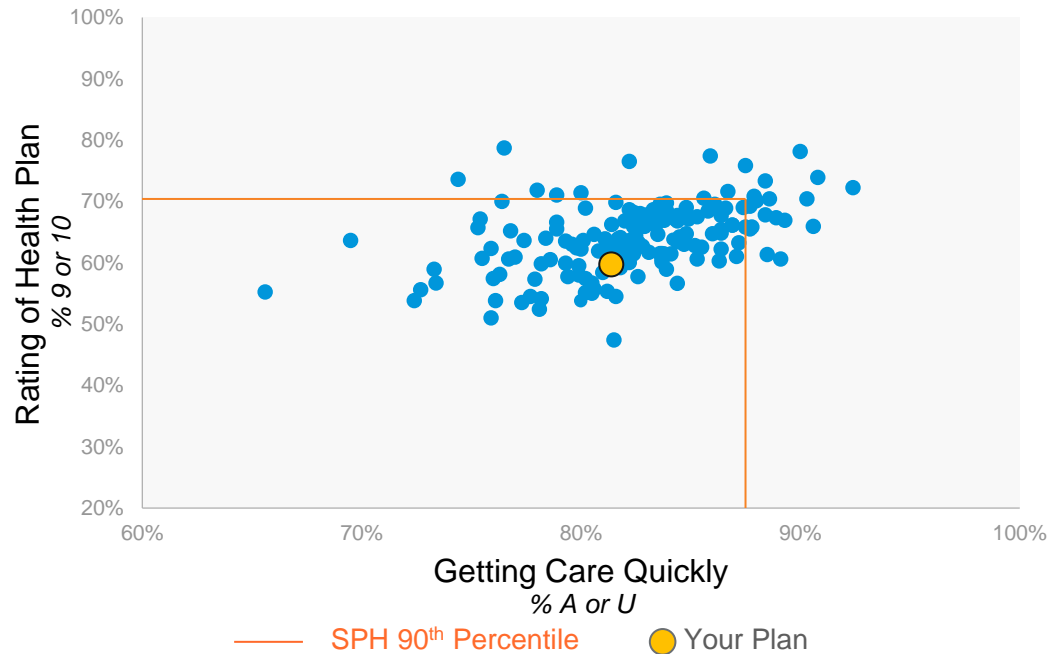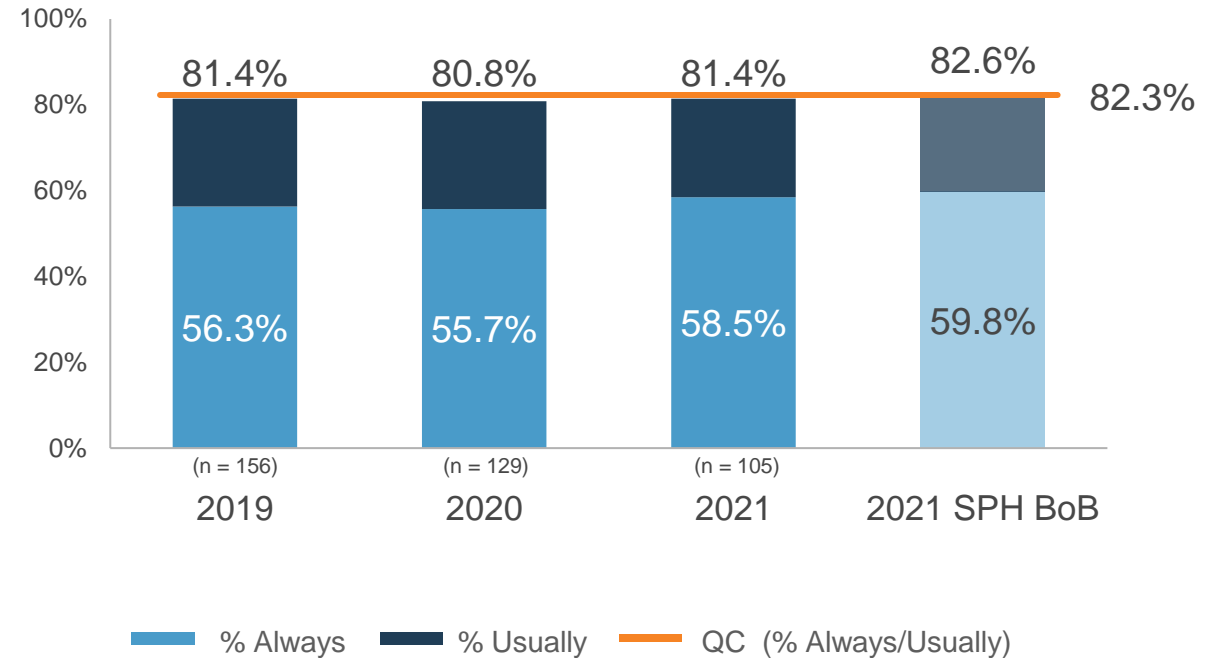
Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⇡) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⇣) or benchmark score (▼).

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

Getting Care Quickly
Attribute Questions

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 as soon as you needed?

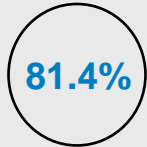**2021 GETTING CARE QUICKLY COMPOSITE SUMMARY RATE SCORE**

81.4%

Gate Questions	Valid n	Yes
Q3. Had illness, injury or condition that needed care right away	240	34.2%
Q5. Made appts for health care in person, on the phone, or on video	245	55.9%

Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⬍) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⬍) or benchmark score (▼).

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

Q4. GETTING URGENT CARE
% Always or Usually

83.5%

(n = 79)^

2021	83.5%
2020	81.4%
2019	82.2%
SPH	84.3%
QC	85.0%

Percentile Ranking 2020 QC All Plans

36th

Q6. GETTING ROUTINE CARE
% Always or Usually

79.2%

(n = 130)
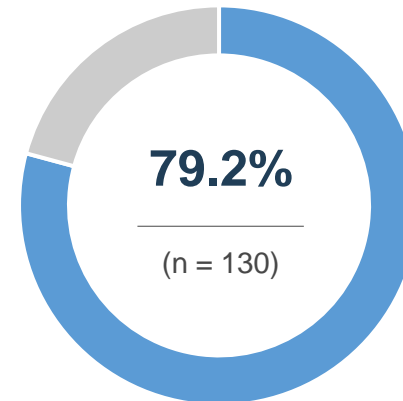
2021	79.2%
2020	80.1%
2019	80.5%
SPH	80.9%
QC	79.8%

Percentile Ranking 2020 QC All Plans

37th

Coordination of Care
Measure

PERCENTILE RANKING 2020 QC ALL PLANS

% A or U | **14th** |

COORDINATION OF CARE
% Always or Usually

SPH BOOK OF BUSINESS DISTRIBUTION

Rating of Health Plan
% 9 or 10

Coordination of Care
% A or U

—— SPH 90th Percentile   ⬤ Your Plan

Coordination of Care chart values:
- 2019 (n = 109): 52.3% Always, 77.1% total
- 2020 (n = 95)^: 58.9% Always, 87.4% total
- 2021 (n = 57)^: 43.9% Always, 80.7% total
- 2021 SPH BoB: 60.2% Always ▼, 84.8% total
- QC line: 85.1%

Legend: ▬ % Always   ▬ % Usually   ▬ QC (% Always/Usually)
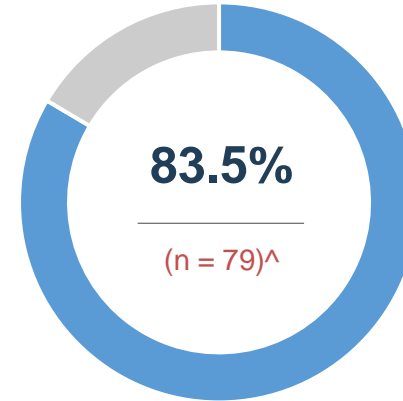
Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⬍) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⬍) or benchmark score (▼).

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

Customer Service*
Composite
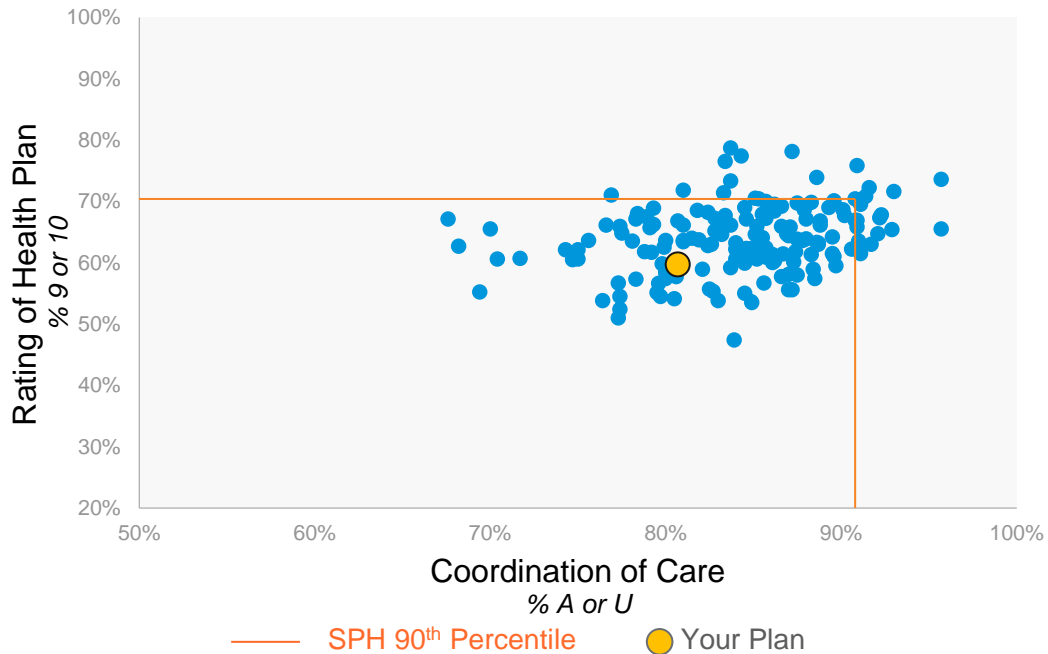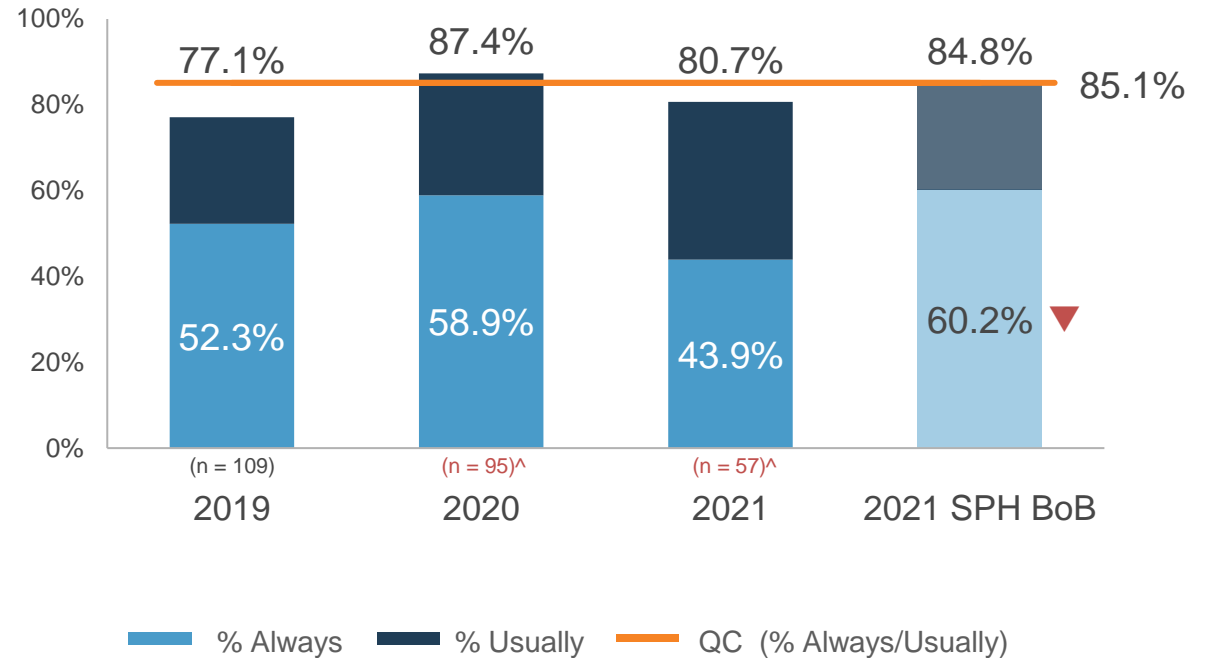
PERCENTILE RANKING 2020 QC ALL PLANS

% A or U | **32nd**

SPH BOOK OF BUSINESS DISTRIBUTION

Rating of Health Plan
% 9 or 10

Customer Service
% A or U

—— SPH 90th Percentile 🟠 Your Plan

CUSTOMER SERVICE
% Always or Usually

	2019	2020	2021	2021 SPH BoB
Total	92.8%	92.6%	88.5%	89.7%
% Always	74.5%	73.2%	74.7%	71.2%
n	(n = 112)	(n = 109)	(n = 87)^	

QC = 89.3%

■ % Always   ■ % Usually   —— QC (% Always/Usually)

Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⬍) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⬍) or benchmark score (▼).

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

The Customer Service measure is not used for NCQA ratings.

Customer Service
Attribute Questions

CUSTOMER SERVICE QUESTIONS

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

- Q24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
- Q25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

2021 CUSTOMER SERVICE COMPOSITE SUMMARY RATE SCORE

88.5%

Gate Question	Valid n	Yes
Q23. Tried to get information or help from health plan's customer service	243	36.6%

Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⬍) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⬍) or benchmark score (▼).

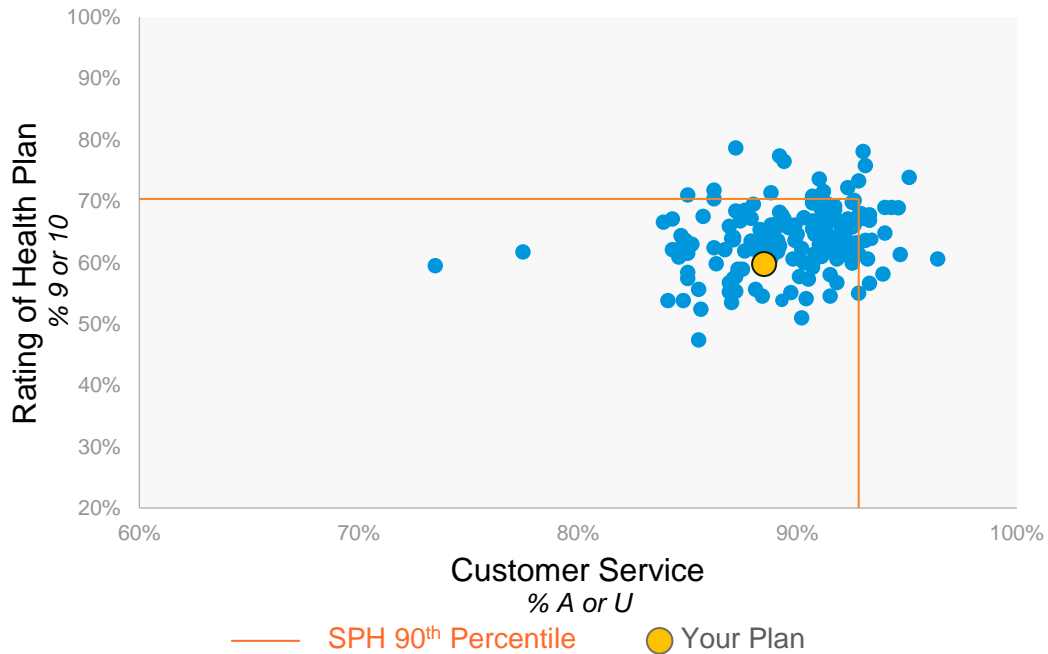*^Denominator less than 100. NCQA will assign an NA to this measure.*

Q24. PROVIDED INFORMATION OR HELP
% Always or Usually

83.9%

(n = 87)^
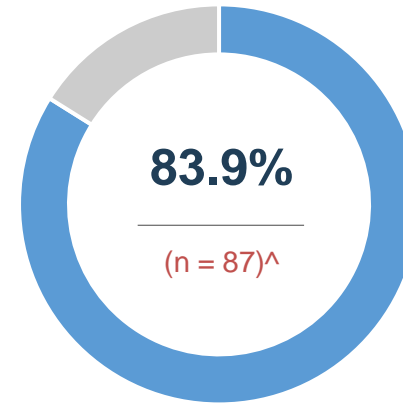
2021	83.9%
2020	88.9%
2019	90.2%
SPH	84.5%
QC	84.2%

Percentile Ranking 2020 QC All Plans

41st

Q25. TREATED WITH COURTESY AND RESPECT
% Always or Usually

93.1%

(n = 87)^
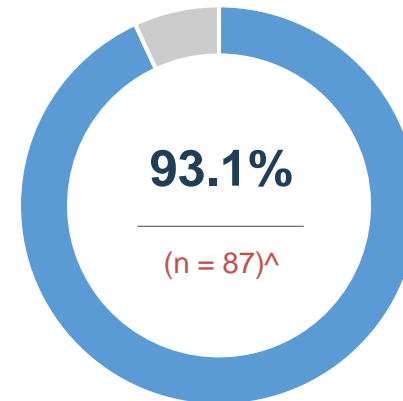
2021	93.1%
2020	96.3%
2019	95.5%
SPH	95.0%
QC	94.4%

Percentile Ranking 2020 QC All Plans

30th

How Well Doctors Communicate*
Composite

PERCENTILE RANKING 2020 QC ALL PLANS

% A or U | **<5th** | | | |

HOW WELL DOCTORS COMMUNICATE
% Always or Usually

SPH BOOK OF BUSINESS DISTRIBUTION

Rating of Health Plan
% 9 or 10

How Well Doctors Communicate
% A or U

— SPH 90th Percentile   🟡 Your Plan

89.5%   93.2%   88.7%   92.6%   93.2%

71.2%   79.2%   67.7% ↓   77.0% ▼

(n = 196)   (n = 163)   (n = 131)

2019   2020   2021   2021 SPH BoB

■ % Always   ■ % Usually   — QC (% Always/Usually)

Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⇕) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⇕) or benchmark score (▼).

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

* The How Well Doctors Communicate measure is not used for NCQA ratings.

How Well Doctors Communicate
Attribute Questions

HOW WELL DOCTORS COMMUNICATE QUESTIONS

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

- Q12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- Q13. In the last 6 months, how often did your personal doctor listen carefully to you?
- Q14. In the last 6 months, how often did your personal doctor show respect for what you had to say?
- Q15. In the last 6 months, how often did your personal doctor spend enough time with you?

2021 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE

88.7%

Gate Question	Valid n	Yes
Q10. Have a personal doctor	243	75.7%

Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⬍) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⬍) or benchmark score (▼).

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

Q12. PERSONAL DOCTOR EXPLAINED THINGS
% Always or Usually

89.2%
(n = 130)
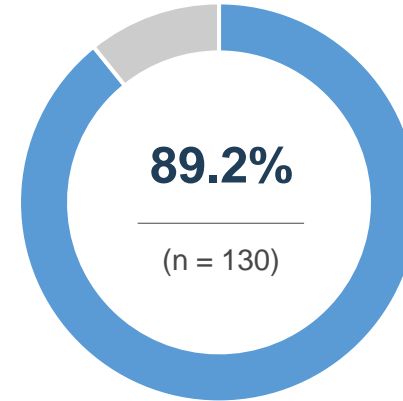
2021	**89.2%**
2020	**92.0%**
2019	**89.2%**
SPH	**92.5%**
QC	**93.3%**

Percentile Ranking 2020 QC All Plans

5th

Q13. PERSONAL DOCTOR LISTENED CAREFULLY
% Always or Usually

87.9%
(n = 132)
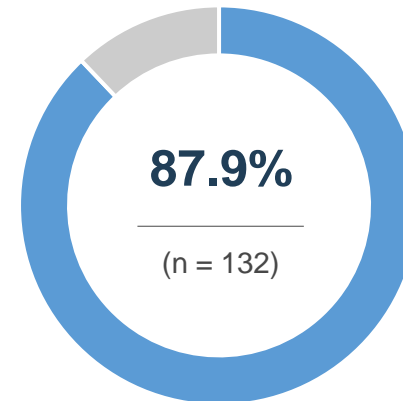
2021	**87.9%**
2020	**94.5%**
2019	**88.8%**
SPH	**92.9%**
QC	**93.4%**

Percentile Ranking 2020 QC All Plans

<5th

How Well Doctors Communicate

Attribute Questions, Continued

HOW WELL DOCTORS COMMUNICATE QUESTIONS

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

- Q12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- Q13. In the last 6 months, how often did your personal doctor listen carefully to you?
- Q14. In the last 6 months, how often did your personal doctor show respect for what you had to say?
- Q15. In the last 6 months, how often did your personal doctor spend enough time with you?

2021 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE

88.7%

Significance Testing

Current year score is significantly higher than the 2020 score (↑), the 2019 score (⇕) or benchmark score (▲).

Current year score is significantly lower than the 2020 score (↓), the 2019 score (⇕) or benchmark score (▼).

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

Q14. PERSONAL DOCTOR SHOWED RESPECT
% Always or Usually

92.4%

(n = 132)
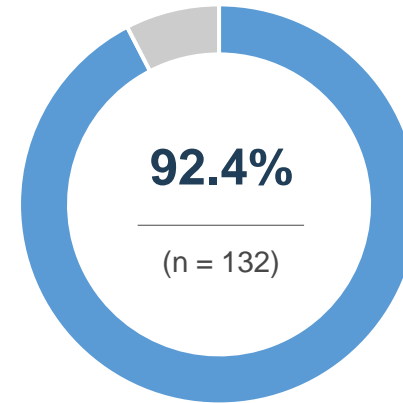
2021	**92.4%**
2020	**95.1%**
2019	**89.8%**
SPH	**94.6%**
QC	**94.7%**

Percentile Ranking 2020 QC All Plans

13th

Q15. PERSONAL DOCTOR SPENT ENOUGH TIME
% Always or Usually

85.4%

(n = 130)
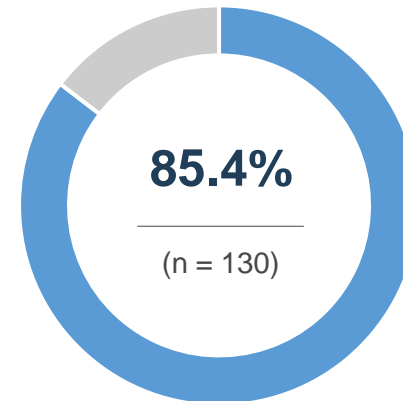
2021	**85.4%**
2020	**91.3%**
2019	**90.3%**
SPH	**90.7%**
QC	**91.3%**

Percentile Ranking 2020 QC All Plans

<5th

Summary of Trend and Benchmarks

Summary Rate Scores and Percentile Rankings

- Presbyterian Centennial Care

Summary of Trend and Benchmarks: Section Information

Trend and Benchmark Comparisons The CAHPS® 5.1H 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 2021 SPH Analytics Medicaid Adult Book of Business and the 2020 Medicaid Adult 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 2020 score (↑), the 2019 score (↕) or benchmark score (▲).

Red – Current year score is significantly lower than the 2020 score (↓), the 2019 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.

Benchmark Information

Available Benchmarks
The following benchmarks are used throughout the report.

	2020 Quality Compass® All Plans	**2020 NCQA 1-100 Benchmark**	**2021 SPH Analytics Book of Business**
	Includes all Medicaid Adult samples that submitted data to NCQA in 2020.	A percentile benchmark (with values ranging from the first through the one hundredth percentile) calculated by NCQA and derived from Medicaid Adult data submitted to NCQA in 2020.	Includes all Medicaid samples that contracted with SPH Analytics to administer the MY 2020 CAHPS 5.1H survey and submitted data to NCQA.
PROS	• Contains more plans than Public Report • Is presented in NCQA's The State of Health Care Quality	• Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass® All Plans benchmark	• Provides a benchmark for each question from the survey • Permits precise percentile ranking of plan compared to benchmark • Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark
CONS	• Only contains benchmarks for certain key questions, composites, and rating questions	• Only contains benchmarks for certain key questions, composites, and rating questions	• Contains fewer plans than the Public Report and the Quality Compass® All Plans Benchmarks
SIZE	164 Plans	164 Plans	163 Plans / 44,346 Respondents

Summary Rate Scores

STAR RATING MEASURES	2021 VALID N	2019	2020	2021	2021 SPH BENCHMARK	2020 QC BENCHMARK
Rating Questions (% 9 or 10)						
★ Q28. Rating of Health Plan	231	60.5%	65.4%	59.7%	64.5%	62.2%
★ Q8. Rating of Health Care	149	50.0%	64.5%	61.7% ⬆	59.4%	57.7%
★ Q18. Rating of Personal Doctor	177	67.2%	71.5%	67.2%	70.4%	69.2%
★ Q22. Rating of Specialist	79^	59.5%	78.8%	59.5% ↓	69.7%	69.5%
Rating Questions (% 8, 9 or 10)						
Q28. Rating of Health Plan	231	78.4%	78.7%	73.2%	79.8% ▼	78.5%
Q8. Rating of Health Care	149	69.4%	78.7%	76.5%	77.5%	76.4%
Q18. Rating of Personal Doctor	177	79.3%	82.1%	81.4%	83.8%	83.5%
Q22. Rating of Specialist	79^	74.8%	89.4%	72.2% ↓	83.9% ▼	83.9% ▼
★ Getting Needed Care (% Always or Usually)	**118**	**78.7%**	**81.6%**	**81.4%**	**84.1%**	**83.0%**
Q9. Getting care, tests, or treatment	150	83.3%	83.3%	84.0%	85.8%	85.9%
Q20. Getting specialist appointment	85^	74.1%	79.8%	78.8%	82.4%	80.1%
★ Getting Care Quickly (% Always or Usually)	**105**	**81.4%**	**80.8%**	**81.4%**	**82.6%**	**82.3%**
Q4. Getting urgent care	79^	82.2%	81.4%	83.5%	84.3%	85.0%
Q6. Getting routine care	130	80.5%	80.1%	79.2%	80.9%	79.8%
Other Measure (% Always or Usually)						
★ Q17. Coordination of Care	57^	77.1%	87.4%	80.7%	84.8%	85.1%
Effectiveness of Care Measures						
★ Q31. Flu Vaccinations (Adults 18-64) (% Yes)	200	45.5%	46.6%	43.5%	40.6%	43.8%
★ Q33. Advising Smokers and Tobacco Users to Quit: Rolling Avg.	151	60.8%	63.2%	62.9%	74.0% ▼	77.2% ▼
Q34. Discussing Cessation Medications: Rolling Avg.	152	38.1%	39.7%	38.8%	52.3% ▼	54.5% ▼
Q35. Discussing Cessation Strategies: Rolling Avg.	150	36.6%	41.9%	39.3%	46.2%	48.7% ▼

9

Total Star Rating

★

Measures

1

Above QC Benchmark*

8

At or Below QC Benchmark*

Note: Please refer to benchmark descriptions on slide 40.

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

Summary Rate Scores

OTHER MEASURES *(Not used for accreditation/ratings)*	2021 VALID N	2019	2020	2021	2021 SPH BENCHMARK	2020 QC BENCHMARK
Customer Service (% Always or Usually)	**87^**	**92.8%**	**92.6%**	**88.5%**	**89.7%**	**89.3%**
Q24. Provided information or help	87^	90.2%	88.9%	83.9%	84.5%	84.2%
Q25. Treated with courtesy and respect	87^	95.5%	96.3%	93.1%	95.0%	94.4%
How Well Doctors Communicate (% Always or Usually)	**131**	**89.5%**	**93.2%**	**88.7%**	**92.6%**	**93.2%**
Q12. Personal doctor explained things	130	89.2%	92.0%	89.2%	92.5%	93.3%
Q13. Personal doctor listened carefully	132	88.8%	94.5%	87.9%	92.9%	93.4%
Q14. Personal doctor showed respect	132	89.8%	95.1%	92.4%	94.6%	94.7%
Q15. Personal doctor spent enough time	130	90.3%	91.3%	85.4%	90.7%	91.3%
Other Measure (% Always or Usually)						
Q27. Ease of filling out forms	235	94.7%	97.4%	94.0%	95.8%	95.8%

Note: Please refer to benchmark descriptions on slide 40.

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

Regional Performance

	SUMMARY RATE	2021 SPH BoB REGION
Rating Questions (% 9 or 10)		
Q28. Rating of Health Plan	59.7%	65.0%
Q8. Rating of Health Care	61.7%	61.3%
Q18. Rating of Personal Doctor	67.2%	71.8%
Q22. Rating of Specialist	59.5%	68.9%
Rating Questions (% 8, 9 or 10)		
Q28. Rating of Health Plan	73.2% ❖	79.4%
Q8. Rating of Health Care	76.5%	78.2%
Q18. Rating of Personal Doctor	81.4%	84.0%
Q22. Rating of Specialist	72.2%	82.0%
Getting Needed Care (% Always or Usually)	81.4%	83.3%
Q9. Getting care, tests, or treatment	84.0%	84.2%
Q20. Getting specialist appointment	78.8%	82.3%
Getting Care Quickly (% Always or Usually)	81.4%	81.1%
Q4. Getting urgent care	83.5%	82.2%
Q6. Getting routine care	79.2%	80.0%
Coordination of Care (Q17) (% Always or Usually)	80.7%	82.2%
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	43.5%	40.6%
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) *(Rolling average)*		
Q33. Advising Smokers and Tobacco Users to Quit	62.9% ❖	73.2%
Q34. Discussing Cessation Medications	38.8% ❖	49.9%
Q35. Discussing Cessation Strategies	39.3%	41.2%

HHS Regions: The regions used align with the U.S. Department of Health and Human Services regions.
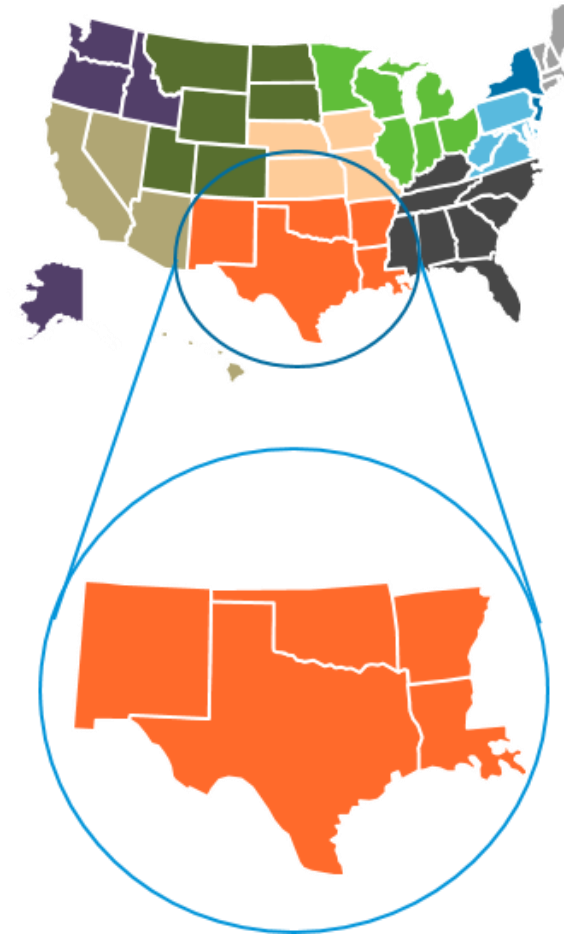
Region 6: Dallas
- Arkansas
- New Mexico
- Texas
- Louisiana
- Oklahoma

Significance Testing
Current year score is significantly higher (❖) or lower (❖) than the 2021 SPH BoB Region score.

Note: Please refer to benchmark descriptions on slide 40.

Percentile Rankings

	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass									SPH %tile	National Percentiles from 2021 SPH Book of Business								
			5th	10th	25th	33rd	50th	67th	75th	90th	95th		5th	10th	25th	33rd	50th	67th	75th	90th	95th
Rating Questions (% 9 or 10)																					
Q28. Rating of Health Plan	59.7%	34th	51.6	54.0	58.0	59.4	62.8	65.6	66.5	70.2	71.8	19th	54.5	55.7	60.6	61.8	63.6	66.1	67.2	70.4	72.2
Q8. Rating of Health Care	61.7%	75th	48.2	51.3	54.3	55.3	57.6	59.6	61.4	64.5	67.5	68th	50.6	52.4	55.4	56.8	58.6	61.6	63.3	66.8	68.2
Q18. Rating of Personal Doctor	67.2%	31st	58.2	62.8	66.2	67.7	69.7	71.7	72.4	75.7	77.4	29th	61.9	63.3	66.9	67.9	70.3	72.0	73.7	75.7	77.2
Q22. Rating of Specialist	59.5%	<5th	60.2	62.8	65.4	67.4	70.4	72.5	73.7	75.6	78.5	<5th	60.2	62.0	65.2	66.7	69.4	71.8	73.6	75.9	76.9
Rating Questions (% 8, 9 or 10)																					
Q28. Rating of Health Plan	73.2%	11th	68.8	72.1	75.6	76.6	79.5	81.3	82.5	84.5	85.8	10th	72.1	73.2	76.0	77.7	79.8	81.5	82.4	84.8	86.6
Q8. Rating of Health Care	76.5%	45th	67.9	70.3	73.4	74.9	76.8	78.2	79.4	82.4	84.2	34th	69.3	70.7	74.8	76.2	77.9	79.5	80.5	82.7	84.0
Q18. Rating of Personal Doctor	81.4%	23rd	75.2	78.2	81.7	82.4	83.7	85.3	86.5	88.2	89.5	23rd	78.0	79.7	81.5	82.4	83.9	85.2	85.7	87.9	88.9
Q22. Rating of Specialist	72.2%	<5th	76.0	77.8	81.6	82.8	84.2	85.7	86.8	88.5	91.7	<5th	76.9	78.9	81.0	81.9	83.6	85.2	86.0	88.1	89.1
Getting Needed Care (% A or U)	**81.4%**	**30th**	**72.9**	**77.0**	**81.0**	**81.6**	**83.4**	**85.5**	**86.2**	**88.4**	**89.3**	**26th**	**76.9**	**78.4**	**81.4**	**82.9**	**84.1**	**85.5**	**86.2**	**88.5**	**89.0**
Q9. Getting care, tests, or treatment	84.0%	30th	78.6	79.9	83.3	84.6	86.5	88.0	88.7	91.0	91.4	35th	76.9	80.6	83.0	83.8	85.8	87.6	88.7	90.6	91.1
Q20. Getting specialist appointment	78.8%	39th	69.6	73.5	77.0	77.8	80.5	82.9	84.3	87.7	88.6	23rd	72.4	75.4	79.2	80.0	82.4	84.4	85.2	88.0	89.3
Getting Care Quickly (% A or U)	**81.4%**	**35th**	**72.7**	**75.4**	**79.9**	**81.0**	**83.5**	**84.9**	**86.1**	**87.1**	**88.1**	**36th**	**75.4**	**76.7**	**80.0**	**81.0**	**82.4**	**83.9**	**84.8**	**87.5**	**88.5**
Q4. Getting urgent care	83.5%	36th	75.6	77.6	82.5	83.2	85.5	87.5	88.3	90.4	92.6	43rd	76.8	78.6	81.3	82.6	84.3	86.0	87.3	90.1	91.8
Q6. Getting routine care	79.2%	37th	69.9	72.3	76.1	78.5	80.8	82.7	83.8	85.7	86.8	38th	70.5	72.4	76.7	78.4	80.8	83.2	84.0	86.9	89.3
Q17. Coordination of Care (% A or U)	**80.7%**	**14th**	**77.6**	**79.2**	**82.5**	**83.5**	**85.6**	**87.6**	**88.3**	**90.2**	**92.1**	**24th**	**75.0**	**77.4**	**80.7**	**82.7**	**84.9**	**86.6**	**87.8**	**90.8**	**91.6**
Q31. Flu Vaccinations, 18-64 (% Yes)	**43.5%**	**50th**	**31.5**	**35.2**	**39.7**	**41.1**	**43.4**	**46.3**	**48.1**	**52.6**	**56.8**	**74th**	**27.5**	**30.2**	**34.5**	**36.4**	**39.7**	**42.1**	**43.8**	**52.6**	**56.8**
Medical Assistance with Smoking and Tobacco Use Cessation (% A, U, or S) *(Rolling average)*																					
Q33. Advising Smokers and Tobacco Users to Quit	62.9%	<5th	65.3	69.8	74.3	75.2	77.7	80.4	80.9	84.2	85.0	13th	56.1	60.7	68.1	70.0	73.2	76.5	77.8	81.7	85.1
Q34. Discussing Cessation Medications	38.8%	<5th	43.0	45.0	49.3	51.2	54.2	57.6	59.4	64.3	67.0	12th	35.5	37.5	44.2	46.6	50.0	54.7	56.8	63.5	69.0
Q35. Discussing Cessation Strategies	39.3%	7th	37.7	40.9	43.8	45.9	47.9	50.8	53.9	56.7	60.6	25th	28.1	33.3	39.2	40.9	45.8	48.5	50.0	56.3	59.3

% A = % Always, % U = % Usually, % S = % Sometimes. Shading indicates that the plan has achieved the percentile level in the column header.

Percentile Rankings

	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass									SPH %tile	National Percentiles from 2021 SPH Book of Business								
			5th	10th	25th	33rd	50th	67th	75th	90th	95th		5th	10th	25th	33rd	50th	67th	75th	90th	95th
Customer Service (% A or U)	**88.5%**	**32nd**	**84.8**	**86.1**	**87.5**	**88.6**	**89.6**	**90.7**	**91.2**	**92.4**	**93.2**	**34th**	**84.8**	**85.2**	**87.4**	**88.3**	**89.9**	**91.2**	**91.7**	**92.8**	**93.3**
Q24. Provided information or help	83.9%	41st	78.0	80.0	82.1	82.7	84.5	86.3	86.8	88.5	90.0	46th	75.5	77.9	81.4	82.1	84.6	86.4	88.2	89.4	90.4
Q25. Treated with courtesy and respect	93.1%	30th	90.5	91.5	92.7	93.9	95.0	95.8	96.3	97.1	97.4	21st	90.6	91.8	93.3	94.2	95.0	96.1	96.7	97.6	98.3
How Well Doctors Communicate (% A or U)	**88.7%**	**<5th**	**89.2**	**90.7**	**92.0**	**92.4**	**93.4**	**94.2**	**94.5**	**95.7**	**96.5**	**<5th**	**88.7**	**89.9**	**91.3**	**91.9**	**92.7**	**93.6**	**94.1**	**95.2**	**95.6**
Q12. Personal doctor explained things	89.2%	5th	88.8	89.8	91.9	92.6	93.5	94.7	95.1	96.2	96.6	10th	88.1	89.2	90.8	91.2	92.9	93.9	94.4	95.4	96.1
Q13. Personal doctor listened carefully	87.9%	<5th	89.1	90.0	92.2	92.6	93.4	94.4	95.0	96.4	97.1	5th	87.9	89.4	91.4	91.8	93.1	94.0	94.4	95.6	95.7
Q14. Personal doctor showed respect	92.4%	13th	91.1	92.2	93.4	93.9	94.8	95.5	96.0	97.4	98.1	11th	91.2	91.9	93.5	93.7	94.5	95.4	95.9	96.9	97.5
Q15. Personal doctor spent enough time	85.4%	<5th	85.8	87.7	89.5	90.5	91.7	92.9	93.3	94.4	95.4	5th	85.3	86.5	88.9	89.7	90.8	92.0	92.2	93.7	95.0
Ease of Filling Out Forms (Q27) (% A or U)	**94.0%**	**15th**	**92.5**	**93.5**	**94.6**	**95.0**	**95.9**	**96.7**	**97.2**	**98.0**	**98.6**	**12th**	**92.9**	**93.7**	**94.5**	**95.1**	**95.8**	**96.7**	**96.9**	**98.1**	**98.5**

% A = % Always, % U = % Usually, % S = % Sometimes. Shading indicates that the plan has achieved the percentile level in the column header.

Profile of Survey Respondents

Demographic Composition

- Presbyterian Centennial Care

Profile of Survey Respondents: Section 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 (Age, Gender, Health Status, Mental/Emotional Health Status, Education, Ethnicity, and Race) from your current survey, compared to trend data (if applicable) and the 2021 SPH Analytics Medicaid Adult Book of Business and the 2020 Medicaid Adult Quality Compass® All Plans benchmarks. NCQA did not provide Quality Compass demographic benchmarks in 2020.

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 noted. Refer to the Technical Notes for more information on this topic.

Significance Testing
Current year score is significantly higher than the 2020 score (↑), the 2019 score (⬍) or benchmark score (▲).
Current year score is significantly lower than the 2020 score (↓), the 2019 score (⬍) or benchmark score (▼).

SPH refers to the 2021 SPH Analytics Book of Business benchmark.
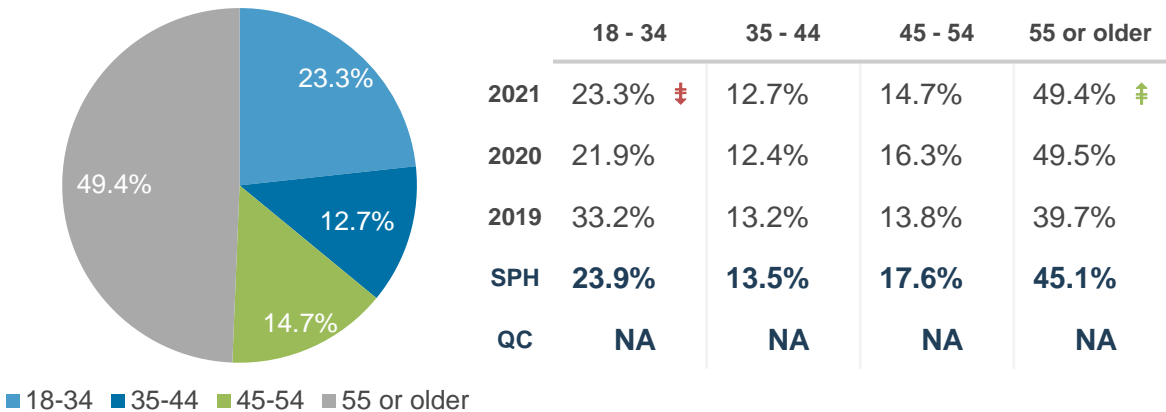**QC** refers to the 2020 Quality Compass ® All Plans benchmark.

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.

Profile of Survey Respondents

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.

Age

	18 - 34	35 - 44	45 - 54	55 or older
2021	23.3% ⬍	12.7%	14.7%	49.4% ⬍
2020	21.9%	12.4%	16.3%	49.5%
2019	33.2%	13.2%	13.8%	39.7%
SPH	23.9%	13.5%	17.6%	45.1%
QC	NA	NA	NA	NA

Pie: 23.3% (18-34), 12.7% (35-44), 14.7% (45-54), 49.4% (55 or older)

Health Status

	Excellent/Very Good	Good	Fair/Poor
2021	26.2%	33.2%	40.6%
2020	30.9%	33.7%	35.5%
2019	32.8%	34.0%	33.1%
SPH	30.8%	34.0%	35.2%
QC	NA	NA	NA

Pie: 26.2% Excellent/Very Good, 33.2% Good, 40.6% Fair/Poor

Gender

	Male	Female
2021	42.4%	57.6%
2020	43.0%	57.0%
2019	44.5%	55.5%
SPH	39.0%	61.0%
QC	NA	NA

Pie: 42.4% Male, 57.6% Female

Mental/Emotional Health Status

	Excellent/Very Good	Good	Fair/Poor
2021	32.8%	36.9% ↑	30.3%
2020	36.4%	27.6%	36.0%
2019	39.8%	30.7%	29.5%
SPH	37.3%	31.1%	31.6%
QC	NA	NA	NA

Pie: 32.8% Excellent/Very Good, 36.9% Good, 30.3% Fair/Poor

Note: NCQA did not provide Quality Compass demographic benchmarks in 2020.

Note: Due to space constraints, scores <5% will not be labeled on the graph.
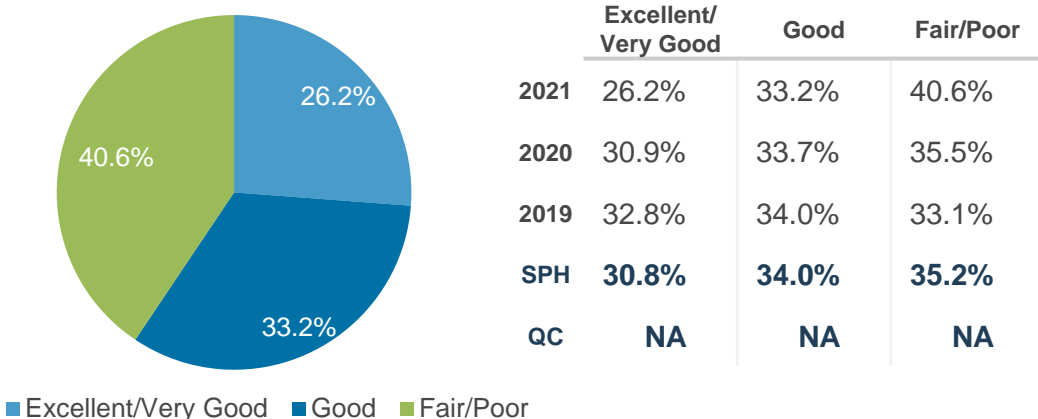
Profile of Survey Respondents

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.
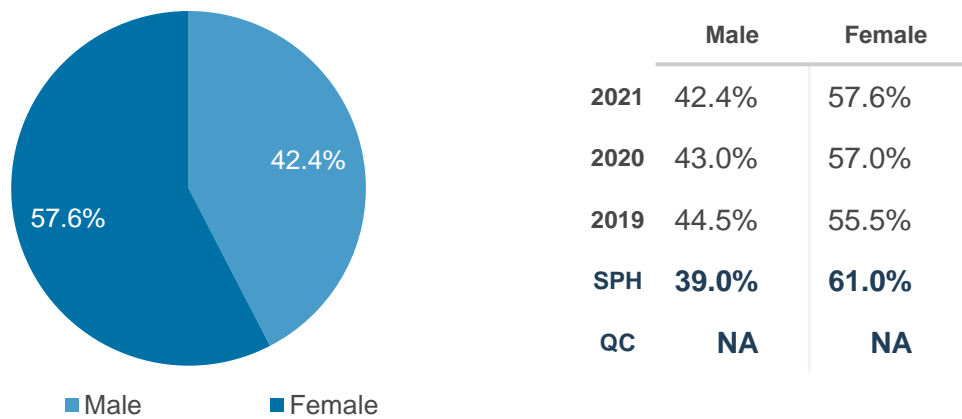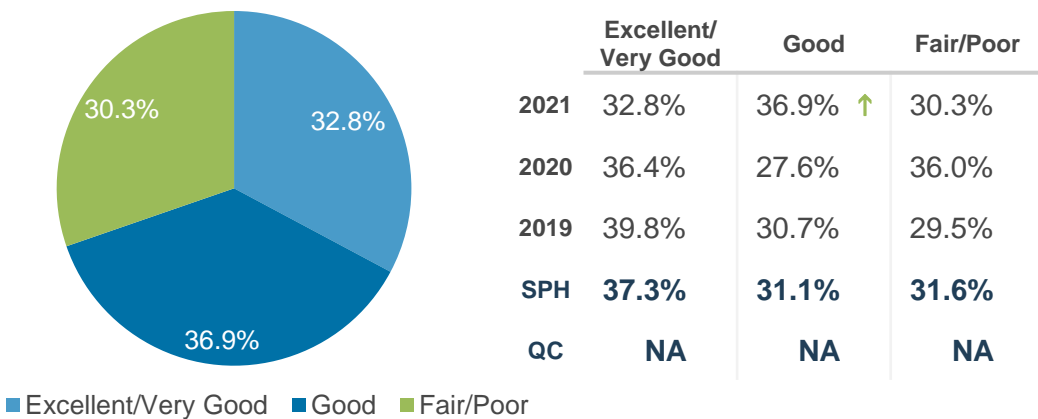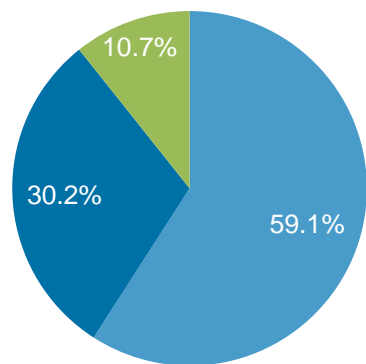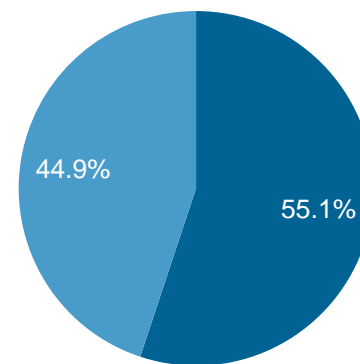
Education

	HS Graduate or Less	Some College	College Graduate or More
2021	59.1%	30.2%	10.7%
2020	59.3%	29.5%	11.3%
2019	61.1%	29.3%	9.7%
SPH	**62.1%**	**26.5%**	**11.4%**
QC	**NA**	**NA**	**NA**

Ethnicity

	Hispanic/Latino	Not Hispanic/Latino
2021	55.1%	44.9%
2020	62.5%	37.5%
2019	57.0%	43.0%
SPH	**17.7%** ▲	**82.3%** ▼
QC	**NA**	**NA**

Race
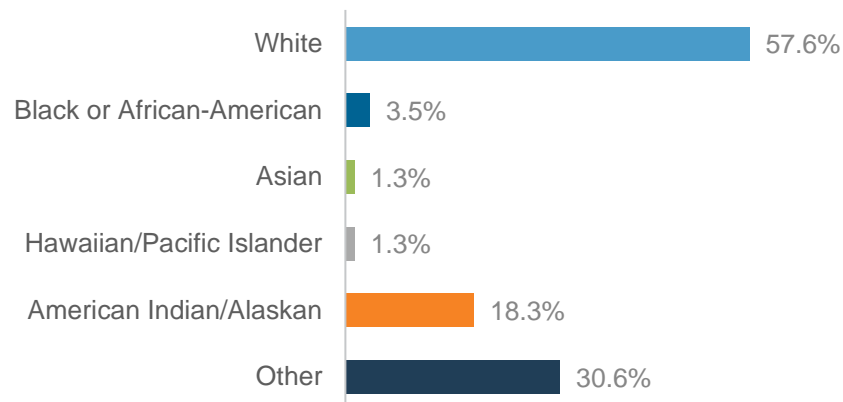
	White	Black or African-American	Asian	Hawaiian/Pacific Islander	American Indian/Alaskan	Other
2021	57.6%	3.5%	1.3%	1.3%	18.3%	30.6%
2020	63.8%	3.5%	1.2%	0.8%	15.2%	26.8%
2019	63.4%	2.3%	1.0%	1.0%	13.5%	28.4%
SPH	**63.0%**	**23.7%** ▼	**6.3%** ▼	**1.3%**	**3.9%** ▲	**10.7%** ▲
QC	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**

Note: NCQA did not provide Quality Compass demographic benchmarks in 2020.

Note: Due to space constraints, scores <5% will not be labeled on the graph.

Demographic Segment Analyses

Subgroup Analysis

- Presbyterian Centennial Care

Demographic Analyses: Section Information

Segmenting Responses The CAHPS® 5.1H survey asks demographic questions about the respondent. This section allows you to evaluate the differences across segments of your plan'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."

Segment Groups

- Rating of Health Plan (Q28)
- Rating of Health Care (Q8)
- Respondent's Health Status (Q29)
- Respondent's Mental/Emotional Health Status (Q30)
- Survey Type
- Respondent's Age (Q36)
- Respondent's Gender (Q37)
- Respondent's Education (Q38)
- Respondent's Ethnicity (Q39)
- Respondent's Race (Q40)

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

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

Demographic Segments

	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type			Age			
	8-10	0-7	8-10	0-7	Excellent/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	18-34	35-44	45-54	55+
	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)
Total respondents	169	62	114	35	64	81	99	80	90	74	176	55	17^	57	31	36	121
Rating Questions (% 9 or 10)																	
Q28. Rating of Health Plan	81.7% H	0.0%	73.1% J	36.4%	74.6% LM	53.2%	54.8%	79.5% OP	52.9%	48.6%	62.3%	53.7%	53.3%	57.4%	56.7%	52.9%	63.4%
Q8. Rating of Health Care	72.3%	24.1%	80.7% J	0.0%	78.8% LM	54.3%	58.2%	76.2% P	59.3%	52.0%	62.7%	63.3%	44.4%	53.8%	75.0%	63.6%	60.0%
Q18. Rating of Personal Doctor	79.8% H	33.3%	83.7%	32.1%	82.9% LM	56.9%	65.3%	84.6% OP	60.3%	57.4%	69.8%	58.3%	66.7%	59.5%	73.7%	64.3%	69.2%
Q22. Rating of Specialist	70.9%	26.3%	81.4%	20.0%	69.2%	43.8%	60.4%	75.0%	51.7%	57.1%	63.8%	53.3%	33.3%	50.0%	63.6%	77.8%	56.5%
Rating Questions (% 8, 9 or 10)																	
Q28. Rating of Health Plan	100% H	0.0%	88.0% J	51.5%	81.4%	71.4%	68.8%	84.9% OP	69.0%	67.1%	74.7%	72.2%	60.0%	74.1%	63.3%	70.6%	75.9%
Q8. Rating of Health Care	84.8%	44.8%	100% J	0.0%	87.9% M	76.1%	71.6%	81.0%	77.8%	70.0%	75.5%	83.3%	66.7%	73.1%	85.0%	68.2%	77.5%
Q18. Rating of Personal Doctor	91.9% H	53.3%	96.9%	57.1%	90.2%	77.6%	78.7%	94.2% OP	77.9%	72.2%	80.6%	83.3%	83.3%	83.8%	84.2%	75.0%	81.3%
Q22. Rating of Specialist	81.8%	47.4%	86.0%	45.0%	76.9%	56.3%	75.0%	80.0%	72.4%	67.9%	74.1%	73.3%	50.0%	75.0%	63.6%	88.9%	69.6%
Getting Needed Care (% A or U)	**86.7% H**	**69.5%**	**89.3% J**	**60.1%**	**91.6% M**	**82.4%**	**77.7%**	**93.8% OP**	**76.3%**	**78.3%**	**83.3%**	**75.0%**	**77.8%**	**75.6%**	**78.9%**	**88.2%**	**81.4%**
Q9. Getting care, tests, or treatment	89.3%	72.4%	89.5% J	65.7%	90.9%	87.0%	79.4%	97.6% OP	75.9%	82.4%	83.8%	83.3%	88.9%	84.6%	85.0%	86.4%	82.7%
Q20. Getting specialist appointment	84.2%	66.7%	89.1%	54.5%	92.3%	77.8%	76.0%	90.0%	76.7%	74.2%	82.8%	66.7%	66.7%	66.7%	72.7%	90.0%	80.0%
Getting Care Quickly (% A or U)	**89.5% H**	**61.5%**	**92.8% J**	**58.2%**	**83.6%**	**76.7%**	**81.7%**	**82.7%**	**84.2%**	**78.9%**	**79.2%**	**84.8%**	**90.0%**	**76.9%**	**81.6%**	**81.6%**	**82.4%**
Q4. Getting urgent care	94.3%	55.0%	95.5%	68.4%	89.5%	81.0%	80.0%	87.0%	88.5%	77.8%	79.6%	88.9%	100%	85.7%	100%	76.9%	80.0%
Q6. Getting routine care	84.7%	68.0%	90.1%	48.0%	77.8%	72.5%	83.3%	78.4%	80.0%	80.0%	78.7%	80.8%	80.0%	68.2%	63.2%	86.4%	84.8%
Coordination of Care (Q17) (% A or U)	**90.5%**	**53.8%**	**94.3%**	**57.1%**	**85.7%**	**72.7%**	**84.6%**	**80.0%**	**86.4%**	**75.0%**	**81.3%**	**85.7%**	**50.0%**	**100%**	**100%**	**88.9%**	**73.0%**
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	47.5%	37.5%	53.8%	28.6%	36.1%	44.4%	48.0%	37.0%	48.5%	43.9%	41.5%	47.1%	50.0%	32.1%	50.0%	32.4%	53.8% TV
Medical Assistance with Smoking and Tobacco Use Cessation (% A, U or S) *(Rolling average)*																	
Q33. Advising Smokers and Tobacco Users to Quit	65.6%	59.5%	69.7%	90.9%	61.1%	51.1%	70.6% L	55.1%	64.6%	69.8%	64.3%	56.5%	85.7%	54.3%	65.4%	65.2%	66.7%
Q34. Discussing Cessation Medications	45.4%	31.0%	45.5%	56.5%	36.1%	23.9%	48.5% L	32.7%	40.8%	43.4%	42.4%	30.4%	42.9%	25.7%	19.2%	34.8%	55.2% T
Q35. Discussing Cessation Strategies	42.3%	41.5%	44.6%	54.5%	41.7%	26.1%	45.5% L	34.7%	43.8%	40.4%	39.8%	37.0%	50.0%	31.4%	34.6%	34.8%	47.7%

% A = % Always, % U = % Usually, % S = % Sometimes.   ^Indicates a base size smaller than 20. Interpret results with caution.

Demographic Segments

	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type			Age			
	8-10	0-7	8-10	0-7	Excellent/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	18-34	35-44	45-54	55+
	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)
Total respondents	169	62	114	35	64	81	99	80	90	74	176	55	17^	57	31	36	121
Customer Service (% A or U)	**94.7%**	**63.9%**	**94.5%**	**86.4%**	**89.5%**	**84.0%**	**90.0%**	**88.9%**	**82.8%**	**93.1%**	**89.8%**	**81.8%**	**100%**	**88.2%**	**80.0%**	**100%**	**88.2%**
Q24. Provided information or help	90.9%	55.6%	94.5%	72.7%	84.2%	80.0%	85.0%	81.5%	79.3%	89.7%	88.1%	68.2%	100%	82.4%	70.0%	100%	84.3%
Q25. Treated with courtesy and respect	98.5%	72.2%	94.5%	100%	94.7%	88.0%	95.0%	96.3%	86.2%	96.6%	91.5%	95.5%	100%	94.1%	90.0%	100%	92.2%
How Well Doctors Communicate (% A or U)	**94.2%**	**70.1%**	**96.5%**	**71.4%**	**97.0%**	**84.5%**	**88.0%**	**92.3%**	**86.0%**	**88.3%**	**87.8%**	**88.5%**	**100%**	**91.5%**	**87.5%**	**92.0%**	**86.8%**
Q12. Personal doctor explained things	94.9%	69.2%	97.7%	77.3%	96.0%	84.8%	89.3%	91.7%	84.9%	92.1%	87.6%	91.7%	100%	95.2%	87.5%	100%	84.1%
Q13. Personal doctor listened carefully	94.0%	66.7%	97.7%	62.5%	96.0%	83.0%	87.7%	88.9%	85.2%	89.7%	86.9%	87.5%	100%	90.5%	87.5%	90.9%	85.9%
Q14. Personal doctor showed respect	96.0%	81.5%	97.7%	79.2%	100%	89.4%	91.2%	94.4%	92.6%	89.7%	91.9%	91.7%	100%	90.5%	93.8%	95.5%	91.5%
Q15. Personal doctor spent enough time	91.8%	63.0%	92.9%	66.7%	95.8%	80.9%	83.9%	94.3%	81.5%	81.6%	84.7%	83.3%	100%	90.0%	81.3%	81.8%	85.7%
Other Measures																	
Q27. Ease of filling out forms (% A or U)	96.3% H	85.7%	92.7%	97.0%	91.7%	94.8%	94.8%	96.1%	93.0%	92.9%	91.8%	100% Q	100%	94.3%	96.6%	88.2%	94.9%
Q7. Average number of visits to doctor's office or clinic	2.7 H	1.3	3.6	3.4	1.7	1.6	3.0 KL	1.7	1.9	3.2 NO	2.5	1.8	1.5	1.8	1.9	2.3	2.5
Q11. Average number of visits to personal doctor	2.4	1.7	2.6	2.6	1.9	1.8	2.6	2.0	1.7	3.1 O	2.5	1.6	1.3	1.8	2.2	2.2	2.3
Q21. Average number of specialists seen	1.9	1.5	1.7	1.9	1.6	1.8	1.7	1.8	1.8	1.8	1.8	1.9	1.3	1.8	1.7	2.3	1.7

% A = % Always, % U = % Usually, % S = % Sometimes.   ^Indicates a base size smaller than 20. Interpret results with caution.

Demographic Segments

	Gender		Education		Race						Ethnicity	
	Male	Female	High school or less	Some college or more	White	Black or African-American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic
	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Total respondents	103	140	143	99	132	8^	3^	3^	42	70	134	109
Rating Questions (% 9 or 10)												
Q28. Rating of Health Plan	56.0%	62.5%	63.0%	55.4%	60.3%	62.5%	33.3%	0.0%	50.0%	61.5%	64.1%	56.0%
Q8. Rating of Health Care	57.9%	64.0%	65.1%	55.7%	63.3%	75.0%	0.0%	0.0%	61.1%	50.0%	63.1%	60.3%
Q18. Rating of Personal Doctor	67.2%	66.1%	73.0% a	56.9%	68.0%	66.7%	100%	0.0%	55.6%	69.4%	72.7%	60.0%
Q22. Rating of Specialist	50.0%	64.6%	68.4%	50.0%	65.3%	66.7%	NA	NA	45.5%	52.2%	60.0%	59.5%
Rating Questions (% 8, 9 or 10)												
Q28. Rating of Health Plan	70.0%	75.8%	76.3%	69.6%	76.2% f	62.5%	100%	33.3%	57.9%	70.8%	77.3%	69.0%
Q8. Rating of Health Care	73.7%	78.7%	79.5%	72.1%	75.6%	75.0%	100%	0.0%	77.8%	66.7%	79.8%	71.4%
Q18. Rating of Personal Doctor	84.4%	78.9%	83.0%	77.8%	81.0%	66.7%	100%	50.0%	77.8%	87.8%	86.9% i	74.7%
Q22. Rating of Specialist	71.4%	72.9%	81.6%	63.2%	73.5%	66.7%	NA	NA	72.7%	73.9%	75.0%	70.3%
Getting Needed Care (% A or U)	84.3%	80.0%	84.2%	78.6%	86.3%	70.8%	NA	NA	75.4%	72.9%	84.7%	77.8%
Q9. Getting care, tests, or treatment	84.2%	84.4%	83.1%	85.5%	89.0% g	75.0%	100%	100%	72.2%	73.8%	85.7%	81.3%
Q20. Getting specialist appointment	84.4%	75.5%	85.4%	71.8%	83.7%	66.7%	NA	NA	78.6%	72.0%	83.7%	74.4%
Getting Care Quickly (% A or U)	77.4%	83.2%	81.8%	81.2%	87.7% g	87.5%	NA	NA	82.1%	70.5%	81.1%	81.4%
Q4. Getting urgent care	81.3%	84.4%	86.5%	81.6%	90.9%	100%	NA	NA	78.6%	66.7%	81.6%	84.2%
Q6. Getting routine care	73.5%	82.1%	77.0%	80.8%	84.4%	75.0%	50.0%	100%	85.7%	74.4%	80.6%	78.6%
Coordination of Care (Q17) (% A or U)	76.2%	82.9%	82.8%	77.8%	80.0%	100%	0.0%	NA	81.8%	92.9%	89.3%	72.4%
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	38.2%	46.8%	42.7%	43.2%	45.1%	28.6%	33.3%	0.0%	43.3%	40.7%	45.2%	42.7%
Medical Assistance with Smoking and Tobacco Use Cessation (% A, U or S) *(Rolling average)*												
Q33. Advising Smokers and Tobacco Users to Quit	53.8%	73.2% X	60.4%	69.6%	71.4%	33.3%	100%	0.0%	47.6%	59.6%	63.5%	62.3%
Q34. Discussing Cessation Medications	28.4%	50.7% X	39.6%	38.6%	46.4%	50.0%	100%	0.0%	23.8%	31.9%	40.0%	39.3%
Q35. Discussing Cessation Strategies	28.8%	51.4% X	38.2%	42.1%	45.2%	50.0%	100%	0.0%	23.8%	32.6%	42.2%	37.7%

% A = % Always, % U = % Usually, % S = % Sometimes. ^Indicates a base size smaller than 20. Interpret results with caution.

Demographic Segments

	Gender		Education		Race						Ethnicity	
	Male	Female	High school or less	Some college or more	White	Black or African-American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic
	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Total respondents	*103*	*140*	*143*	*99*	*132*	*8^*	*3^*	*3^*	*42*	*70*	*134*	*109*
Customer Service (% A or U)	**89.1%**	**87.7%**	**91.7%**	**83.8%**	**89.4%**	**66.7%**	**100%**	**NA**	**81.3%**	**86.0%**	**91.0%**	**84.7%**
Q24. Provided information or help	81.3%	84.9%	89.6%	75.7%	82.7%	66.7%	100%	NA	87.5%	80.0%	86.0%	80.6%
Q25. Treated with courtesy and respect	96.9%	90.6%	93.8%	91.9%	96.2%	66.7%	100%	NA	75.0%	92.0%	96.0%	88.9%
How Well Doctors Communicate (% A or U)	**88.5%**	**88.3%**	**88.1%**	**88.6%**	**88.6%**	**100%**	**100%**	**100%**	**85.5%**	**90.8%**	**90.5%**	**86.2%**
Q12. Personal doctor explained things	87.0%	90.0%	88.2%	89.8%	88.7%	100%	100%	100%	84.2%	90.2%	92.2%	84.3%
Q13. Personal doctor listened carefully	87.0%	87.8%	88.2%	86.3%	86.3%	100%	100%	100%	89.5%	90.2%	88.3%	86.8%
Q14. Personal doctor showed respect	95.7%	90.2%	92.1%	92.2%	90.4%	100%	100%	100%	89.5%	95.1%	96.1%	86.8%
Q15. Personal doctor spent enough time	84.4%	85.2%	83.8%	86.3%	88.9%	100%	100%	100%	78.9%	87.5%	85.3%	86.8%
Other Measures												
Q27. Ease of filling out forms (% A or U)	94.9%	93.3%	92.1%	96.7%	93.6%	87.5%	100%	100%	90.2%	95.5%	96.1%	91.4%
Q7. Average number of visits to doctor's office or clinic	1.8	2.6 X	2.2	2.3	2.8 fg	0.9	2.3	0.3	1.5	1.8	2.1	2.5
Q11. Average number of visits to personal doctor	2.1	2.2	2.2	2.3	2.1	1.0	1.0	0.5	2.2	2.5	2.4	2.0
Q21. Average number of specialists seen	1.7	1.8	1.8	1.6	1.9	3.7	NA	NA	1.3	1.7	1.7	1.8

% A = % Always, % U = % Usually, % S = % Sometimes.   ^Indicates a base size smaller than 20. Interpret results with caution.

Supplemental Questions

Results for Supplemental Questions

- Presbyterian Centennial Care

Supplemental Questions

Survey Item	Opt-out Responses *Out of 248 Total Respondents*	Category Responses *Based on Valid Responses Per Question*					Plan Summary Rate Score			2021 SPH BoB Summary Rate Score
							2019	2020	2021	
Q41. In the last 6 months, did anyone from your health plan, doctor's office, or clinic help coordinate your care among these doctors or other health providers?		Yes	No				(n = 310)	(n = 276)	(n = 238)	---
		33.6%	66.4%				**34.8%**	**37.0%**	**33.6%**	**---**
Q43. How satisfied are you with the help you received to coordinate your care in the last 6 months?		Very satisfied	Satisfied	Neither dissatisfied nor satisfied	Dissatisfied	Very dissatisfied	(n = 301)	(n = 267)	(n = 232)	---
		33.2%	37.5%	18.5%	4.3%	6.5%	**72.8%**	**74.9%**	**70.7%**	**---**
Q44. In the last 6 months, have you received any material from your health plan about good health and how to stay healthy?		Yes	No				(n = 305)	(n = 272)	(n = 239)	---
		57.3%	42.7%				**55.7%**	**60.7%**	**57.3%**	**---**
Q45. In the last 6 months, have you received any material from your health plan about care coordination and how to contact the care coordination unit?		Yes	No				(n = 307)	(n = 267)	(n = 233)	---
		43.3%	56.7%				**52.1%**	**54.3%**	**43.3% ⇕↓**	**---**
Q46. Did your Care Coordinator sit down with you and create a Plan of Care?		Yes	No				(n = 300)	(n = 267)	(n = 95)	---
		48.4%	51.6%				**33.0%**	**31.8%**	**48.4% ⇕↑**	**---**
Q47. Are you satisfied that your care plan talks about the help you need to stay healthy and remain in your home?		Very satisfied	Satisfied	Neither dissatisfied nor satisfied	Dissatisfied	Very dissatisfied	(n = 302)	(n = 259)	(n = 97)	---
		39.2%	40.2%	18.6%	0.0%	2.1%	**71.2%**	**72.6%**	**79.4%**	**---**

Summary Rate Indicator
Grey shading indicates that the response is included in the summary rate score.

Significance Testing
Current year score is significantly higher than 2020 score (↑), the 2019 score (⇕) or benchmark score (▲).
Current year score is significantly lower than 2020 score (↓), the 2019 score (⇕) or benchmark score (▼).

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

Supplemental Questions

Survey Item	Opt-out Responses *Out of 248 Total Respondents*	Category Responses *Based on Valid Responses Per Question*				Plan Summary Rate Score			2021 SPH BoB Summary Rate Score
						2019	2020	2021	
Q48. Thinking about both verbal and written communication with your health plan, how often was it a problem for you to understand given your cultural and/or language needs?	I do not have any special cultural and/or language needs	Always	Usually	Sometimes	Never	---	---	(n = 175)	---
	61	14.9%	8.0%	16.6%	60.6%	---	---	**77.1%**	**---**

Summary Rate Indicator
Grey shading indicates that the response is included in the summary rate score.

Significance Testing
Current year score is significantly higher than 2020 score (↑), the 2019 score (⬍) or benchmark score (▲).
Current year score is significantly lower than 2020 score (↓), the 2019 score (⬍) or benchmark score (▼).

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

Supplemental Questions

Survey Item				Plan Summary Rate Score			2021 SPH BoB Summary Rate Score
				2019	2020	2021	
Q42. In the last 6 months, who helped to coordinate your care?							
Valid Responses		Base		(n=283)	(n=247)	(n=217)	---
Someone from your health plan				12.0%	13.4%	10.1%	---
Someone from your doctor's office or clinic				27.2%	25.9%	24.9%	---
Someone from another organization				2.1%	4.5%	0.9% ↓	---
A friend or family member				17.0%	14.6%	21.2%	---
You				41.7%	41.7%	42.9%	---

Significance Testing
Current year score is significantly higher than 2020 score (↑), the 2019 score (⬍) or benchmark score (▲).
Current year score is significantly lower than 2020 score (↓), the 2019 score (⬍) or benchmark score (▼).

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

Demographic Segments

Summary Rate Score	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type			Age			
	8-10	0-7	8-10	0-7	Excellent/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	18-34	35-44	45-54	55+
	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)
Total respondents	*169*	*62*	*114*	*35*	*64*	*81*	*99*	*80*	*90*	*74*	*176*	*55*	*17^*	*57*	*31*	*36*	*121*
Q41. In the last 6 months, did anyone from your health plan, doctor's office, or clinic help coordinate your care among these doctors or other health providers? (% Yes)	39.4% H	23.7%	47.3%	34.4%	28.6%	25.9%	43.5% L	32.1%	30.0%	39.1%	34.9%	30.2%	31.3%	30.4%	30.0%	29.4%	37.6%
Q43. How satisfied are you with the help you received to coordinate your care in the last 6 months? (% Very Satisfied or %Satisfied)	76.5% H	58.6%	81.8% J	62.5%	73.3%	67.9%	70.7%	74.0%	68.2%	69.4%	67.1%	77.4%	86.7%	61.1%	71.0%	77.1%	73.0%
Q44. In the last 6 months, have you received any material from your health plan about good health and how to stay healthy? (% Yes)	65.2% H	43.3%	71.4% J	45.7%	53.3%	61.3%	55.7%	57.1%	57.0%	58.1%	57.8%	52.9%	66.7%	56.4%	53.3%	61.1%	57.3%
Q45. In the last 6 months, have you received any material from your health plan about care coordination and how to contact the care coordination unit? (% Yes)	48.4% H	31.7%	51.9%	41.2%	40.7%	44.3%	44.1%	34.7%	50.6% N	43.7%	41.3%	45.1%	60.0%	39.3%	46.7%	52.9%	41.1%
Q46. Did your Care Coordinator sit down with you and create a Plan of Care? (% Yes)	50.7%	44.4%	53.7%	46.2%	40.9%	36.4%	61.5% L	41.7%	48.7%	54.8%	54.7%	30.4%	50.0%	20.0%	35.7%	52.9%	62.8%
Q47. Are you satisfied that your care plan talks about the help you need to stay healthy and remain in your home? (% Very satisfied + %Satisfied)	85.5%	61.1%	81.8%	69.2%	77.3%	73.5%	85.0%	88.0%	78.0%	73.3%	77.6%	81.8%	87.5%	70.0%	78.6%	70.6%	86.7%
Q48. Thinking about both verbal and written communication with your health plan, how often was it a problem for you to understand given your cultural and/or language needs? (% Never or Sometimes)	80.0%	68.8%	70.7%	84.6%	78.7%	77.4%	75.4%	82.0%	76.7%	75.0%	74.1%	84.8%	76.9%	85.4%	80.8%	76.0%	73.2%

A letter and green font indicates that result is significantly higher than the corresponding column. ^Indicates a base size smaller than 20. Interpret results with caution.

Demographic Segments

Summary Rate Score	Gender		Education		Race						Ethnicity	
	Male	Female	High school or less	Some college or more	White	Black or African-American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic
	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Total respondents	*103*	*140*	*143*	*99*	*132*	*8^*	*3^*	*3^*	*42*	*70*	*134*	*109*
Q41. In the last 6 months, did anyone from your health plan, doctor's office, or clinic help coordinate your care among these doctors or other health providers? *(% Yes)*	38.5%	30.9%	32.6%	35.4%	36.4%	12.5%	0.0%	0.0%	26.8%	30.3%	39.4%	27.8%
Q43. How satisfied are you with the help you received to coordinate your care in the last 6 months? *(% Very Satisfied or %Satisfied)*	72.0%	69.8%	71.1%	69.9%	68.3%	100%	100%	33.3%	64.1%	67.2%	69.5%	72.5%
Q44. In the last 6 months, have you received any material from your health plan about good health and how to stay healthy? *(% Yes)*	60.2%	55.1%	53.2%	63.5%	61.4%	28.6%	33.3%	33.3%	52.4%	53.6%	60.5%	53.7%
Q45. In the last 6 months, have you received any material from your health plan about care coordination and how to contact the care coordination unit? *(% Yes)*	41.2%	44.8%	42.0%	45.1%	45.1%	50.0%	33.3%	33.3%	37.5%	39.4%	44.8%	41.0%
Q46. Did your Care Coordinator sit down with you and create a Plan of Care? *(% Yes)*	41.0%	52.7%	53.7%	41.0%	44.2%	33.3%	0.0%	100%	64.3%	46.2%	43.6%	53.8%
Q47. Are you satisfied that your care plan talks about the help you need to stay healthy and remain in your home? *(% Very satisfied + %Satisfied)*	82.1%	77.2%	82.8%	73.0%	79.2%	66.7%	100%	100%	85.7%	69.2%	78.2%	80.5%
Q48. Thinking about both verbal and written communication with your health plan, how often was it a problem for you to understand given your cultural and/or language needs? *(% Never or Sometimes)*	81.9%	73.6%	71.0%	87.5% z	80.7%	87.5%	100%	66.7%	66.7%	77.4%	76.8%	78.4%

A letter and green font indicates that result is significantly higher than the corresponding column. ^Indicates a base size smaller than 20. Interpret results with caution.

Appendix: Correlation Analyses

Plan Specific Correlations

- Presbyterian Centennial Care

Correlation Analyses

Highest Correlations
Below are the 10 key measures with the highest correlations to the Rating measures.

With Health Care Rating		
Q22	Specialist overall	0.7005
Q18	Personal doctor overall	0.6242
Q9	Got care/tests/treatment	0.5862
Q12	Dr. explained things	0.5123
Q13	Dr. listened carefully	0.5110
Q20	Got specialist appt.	0.5077
Q17	Dr. informed about care	0.5027
Q4	Got urgent care	0.4707
Q15	Dr. spent enough time	0.4627
Q28	Health plan overall	0.4472

With Personal Doctor Rating		
Q13	Dr. listened carefully	0.7665
Q24	CS provided info./help	0.7590
Q12	Dr. explained things	0.7210
Q15	Dr. spent enough time	0.7106
Q14	Dr. showed respect	0.7060
Q8	Health care overall	0.6242
Q17	Dr. informed about care	0.6238
Q25	CS courtesy/respect	0.5095
Q28	Health plan overall	0.4728
Q22	Specialist overall	0.4210

With Specialist Rating		
Q8	Health care overall	0.7005
Q9	Got care/tests/treatment	0.6595
Q6	Got routine care	0.5734
Q20	Got specialist appt.	0.5685
Q18	Personal doctor overall	0.4210
Q28	Health plan overall	0.3619
Q14	Dr. showed respect	0.3067
Q24	CS provided info./help	0.2890
Q13	Dr. listened carefully	0.2582
Q25	CS courtesy/respect	0.2347

Appendix: Flowchart

Understanding Relative Performance of Composite Measures

- Presbyterian Centennial Care

Flowchart – Understanding Relative Performance

How composite questions perform relative to each other

1 Composite summary rate scores are displayed in the orange box.

2 Next to the composite score are the questions included in the composite.

3 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.

Plan Score
------------- X Maximum   Actual   Maximum   __ Actual   = Gap
Max Score   Contribution = Contribution   Contribution   Contribution

Q6 Example:

94.6%						
100%	X	50.0%	=	47.3%		

50.0%	-	47.3%	=	2.7%

4 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.

Contribution

Gap

92%

8%

Getting Care Quickly

1 92.4%

(Q4) Urgent care
45.1%
4.9%

(Q6) Routine care
47.3%
2.7%

% Gap

2

3

4

Strength
(component with smallest gap)

Potential to improve
(component with largest gap)
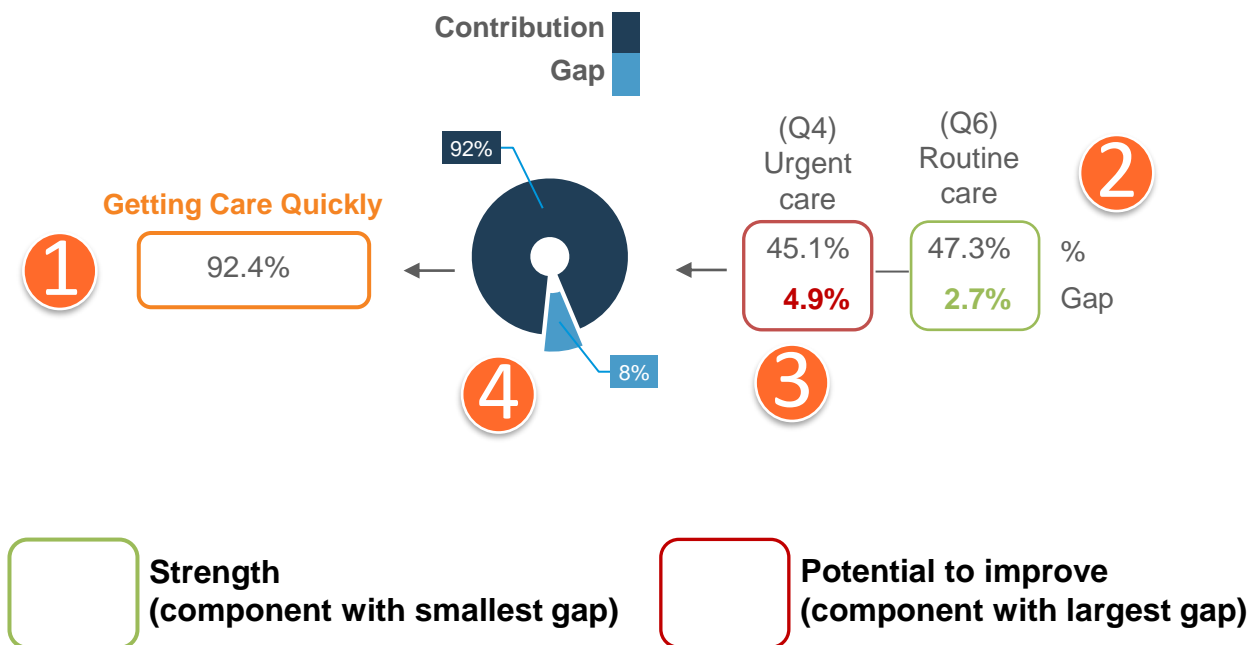
Flowchart – Understanding Relative Performance

Strength
(component with smallest gap)

Potential to improve
(component with largest gap)

Contribution
Gap

Getting Needed Care

81.4%

81.4%

18.6%

(Q9)
Getting care, tests, or treatment
42.0%
8.0%

(Q20)
Getting specialist appointment
39.4%
10.6%

% Gap

Contribution
Gap

(Q24)
Provided information or help
42.0%
8.0%

(Q25)
Treated with courtesy/ respect
46.6%
3.4%

% Gap

88.5%

11.5%

Customer Service*

88.5%

Getting Care Quickly

81.4%

81.4%

18.6%

(Q4)
Getting urgent care
41.8%
8.2%

(Q6)
Getting routine care
39.6%
10.4%

% Gap

(Q12)
Doctor explained things
22.3%
2.7%

(Q13)
Doctor listened carefully
22.0%
3.0%

(Q14)
Doctor showed respect
23.1%
1.9%

(Q15)
Doctor spent enough time
21.4%
3.6%

% Gap

88.7%

11.3%

How Well Doctors Communicate*

88.7%

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

Appendix: Accreditation

Estimated NCQA Plan Ratings and Frequency Distributions

- Presbyterian Centennial Care

Estimated NCQA Health Insurance Plan Ratings

EXPLANATION Beginning in 2020, NCQA made significant changes to Health Plan Accreditation. CAHPS® is no longer scored using 3-point scores for purposes of health plan accreditation. Instead, health plans are 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.

The information contained in this report uses the methodology described by NCQA, but **only the NCQA results are official**. Results in this report should be used for quality improvement purposes only. The image to the right lists the measures from CAHPS required for Health Plan Accreditation as published by NCQA. Additional pages of required measures are available via the link provided.

> ➤ 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, 33rd, 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 2020 NCQA Quality Compass data and benchmarks.

Rating = 1	Rating = 2	Rating = 3	Rating = 4	Rating = 5
<10th Percentile	10th – 32rd Percentile	33rd – 66th Percentile	67th – 90th Percentile	>90th Percentile

9 *Required HEDIS and CAHPS Measures for HEDIS Reporting Year 2021*

HEDIS/CAHPS Measures Required for HP Accreditation—Medicaid

Measure Name	Web Display Name	Weight*
PATIENT EXPERIENCE		
Getting Care		
Getting Needed Care (Usually + Always)	Getting care easily	1.5
Getting Care Quickly (Usually + Always)	Getting care quickly	1.5
Satisfaction With Plan Physicians		
Rating of Personal Doctor (9 + 10)	Rating of primary care doctor	1.5
Rating of Specialist Seen Most Often (9 + 10)	Rating of specialists	1.5
Rating of All Health Care (9 + 10)	Rating of care	1.5
Coordination of Care (Usually + Always)	Coordination of care	1.5
Satisfaction With Plan Services		
Rating of Health Plan (9 + 10)	Rating of health plan	1.5
PREVENTION		
Children and Adolescent Well-Care		
ADV Annual Dental Visits—Total	Dental visits	1
CIS Childhood Immunization Status—Combination 10	Childhood immunizations	3
IMA Immunizations for Adolescents—Combination 2	Adolescent immunizations	3
WCC Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total	BMI percentile assessment	1
Women's Reproductive Health		
PPC Prenatal and Postpartum Care—Timeliness of Prenatal Care	Prenatal checkups	1
Prenatal and Postpartum Care—Postpartum Care	Postpartum care	1
Cancer Screening		
BCS Breast Cancer Screening	Breast cancer screening	1
CCS Cervical Cancer Screening	Cervical cancer screening	1
Other Preventive Services		
CHL Chlamydia Screening in Women—Total	Chlamydia screening	1
FVA Flu Vaccinations for Adults Ages 18-64	Flu shots	1

*The **weight** column indicates the weight of the item (maximum value = 3) in the overall score calculation.

https://www.ncqa.org/wp-content/uploads/2020/12/20201218_2021_List_of_Required_Performance_Measures.pdf

NCQA 2020

Note: 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.
Note: Because 3-point scores are no longer used by NCQA, SPH does not calculate 3-point scores and accreditation thresholds within this report.

Estimated NCQA Plan Ratings

	2021 VALID N	2021 SCORE	SCORE DEFINITION	QC PERCENTILE RANK	SPH ESTIMATED RATING	WEIGHT
CONSUMER SATISFACTION					**3.0**	
GETTING CARE					**2.5**	
Getting Needed Care	118	81.4%	Usually or Always	30th	2.0	1.5
Getting Care Quickly	105	81.4%	Usually or Always	35th	3.0	1.5
SATISFACTION WITH PLAN PHYSICIANS					**3.0**	
Rating of Personal Doctor	177	67.2%	9 or 10	31st	2.0	1.5
Rating of Specialist	79^	59.5%	9 or 10	<5th	NA	1.5
Rating of Health Care	149	61.7%	9 or 10	75th	4.0	1.5
Coordination of Care	57^	80.7%	Usually or Always	14th	NA	1.5
SATISFACTION WITH PLAN SERVICES					**3.0**	
Rating of Health Plan	231	59.7%	9 or 10	34th	3.0	1.5
PREVENTION						
Flu Vaccinations: *Adults Ages 18-64*	200	43.5%	Yes	50th	3.0	1.0
TREATMENT						
Smoking Advice: *Rolling Average*	151	62.9%	Sometimes, Usually or Always	<5th	1.0	1.0

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.

Global Proportions

GLOBAL PROPORTIONS SCORING AND ACCREDITATION

The graphical presentation of frequency distributions, including scores for composites and rating questions are shown on these pages. In addition, the measure's percentile threshold when compared to the 2020 NCQA 90th percentile benchmark is shown. The 90th percentile is the standard for achieving the maximum rating possible for a particular CAHPS accreditation measure.

	VALID N	2021 SCORE*	QC PERCENTILE THRESHOLD	QC 90th PERCENTILE	Never/Sometimes	Usually	Always
Getting Needed Care	**118**	**81.4%**	**30th**	**88.4%**	19%	29%	52%
Q9. Getting care, tests or treatment	150	84.0%	30th	91.0%	16%	27%	57%
Q20. Getting specialist appointment	85^	78.8%	39th	87.7%	21%	32%	47%
Getting Care Quickly	**105**	**81.4%**	**35th**	**87.1%**	19%	23%	59%
Q4. Getting urgent care	79^	83.5%	36th	90.4%	17%	23%	61%
Q6. Getting routine care	130	79.2%	37th	85.7%	21%	23%	56%
Other Measures							
Coordination of Care	57^	80.7%	14th	90.2%	19%	37%	44%
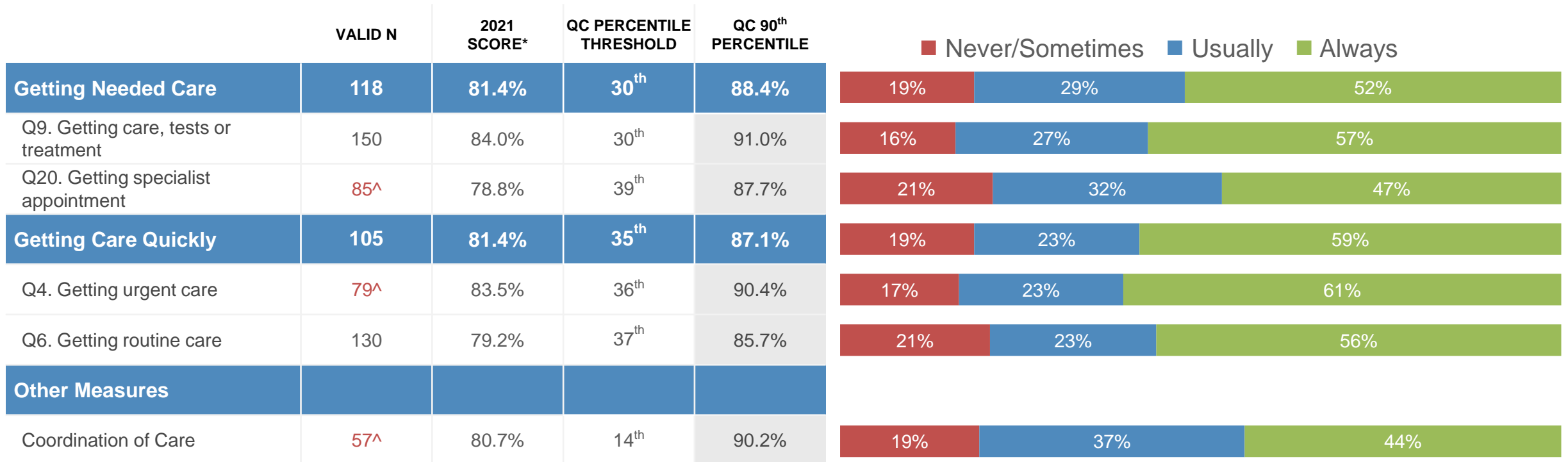
*Scores are % Always or Usually. **Note:** Due to space constraints, scores <5% will not be labeled on the graph.

Global Proportions

GLOBAL PROPORTIONS SCORING AND ACCREDITATION

The graphical presentation of frequency distributions, including scores for composites and rating questions are shown on these pages. In addition, the measure's percentile threshold when compared to the 2020 NCQA 90th percentile benchmark is shown. The 90th percentile is the standard for achieving the maximum rating possible for a particular CAHPS accreditation measure.

	VALID N	2021 SCORE*	QC PERCENTILE THRESHOLD	QC 90th PERCENTILE
Rating Questions				
Rating of Health Plan	231	59.7%	34th	70.2%
Rating of Health Care	149	61.7%	75th	64.5%
Rating of Personal Doctor	177	67.2%	31st	75.7%
Rating of Specialist	79^	59.5%	<5th	75.6%
Prevention				
Flu Vaccinations Adults Ages 18-64	200	43.5%	50th	52.6%
Treatment				
Smoking Advice	151	62.9%	<5th	84.2%

Rating Questions — legend: ■ 0 – 6 ■ 7 – 8 ■ 9 - 10

- Rating of Health Plan: 17% | 24% | 60%
- Rating of Health Care: 15% | 23% | 62%
- Rating of Personal Doctor: 15% | 18% | 67%
- Rating of Specialist: 20% | 20% | 60%

Prevention — legend: ■ No ■ Yes

- Flu Vaccinations: 57% | 44%

Treatment — legend: ■ Never ■ Sometimes ■ Usually ■ Always

- Smoking Advice: 37% | 18% | 19% | 26%
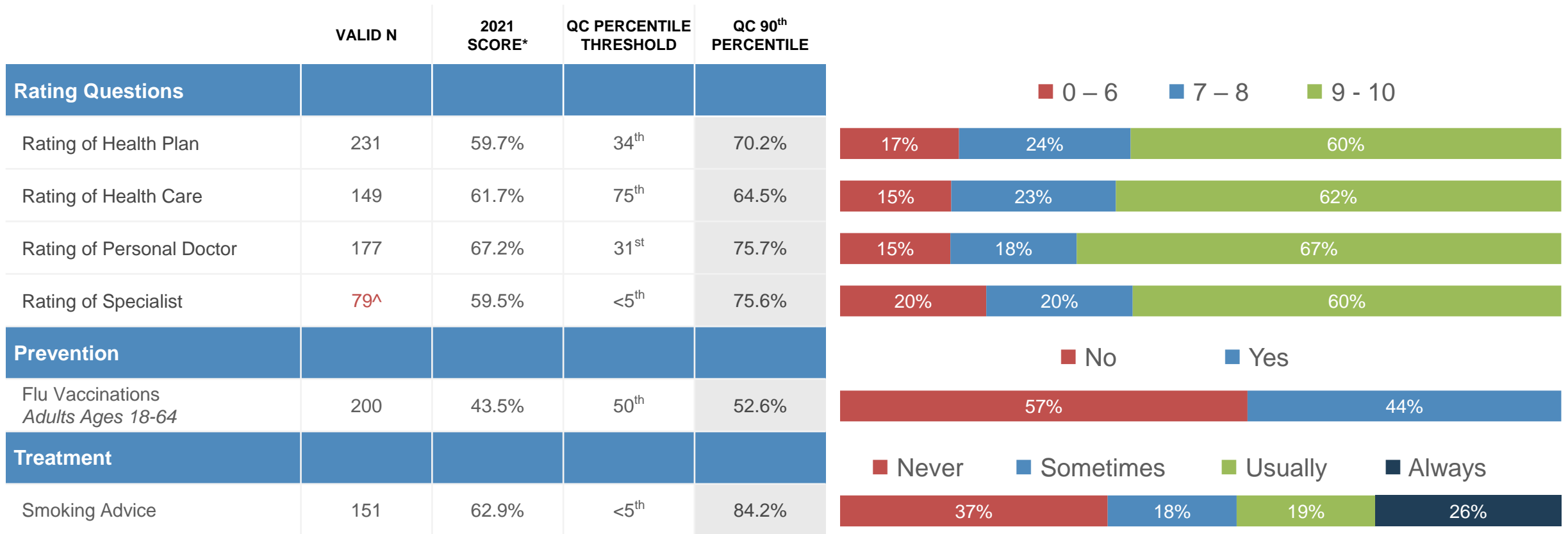
*Scores are % 9 or 10, %Yes (Flu) or % Always, Usually or Sometimes (Smoking Advice: Rolling Average). **Note:** Due to space constraints, scores <5% will not be labeled on the graph.

Appendix: Improvement Strategies and Voice of the Member

- Presbyterian Centennial Care

Improvement Strategies and VoM: Section Information

Improvement Strategies The left-side grey boxes contain improvement strategies compiled from SPH's years of experience working with hundreds of health plans to improve their scores. These are organized by key measures on the CAHPS survey. SPH encourages plans to review these strategies to help inform quality improvement plans.

Voice of the Member SPH periodically conducts qualitative research to help health plans better understand what members are thinking about when they answer questions on the CAHPS survey. We recruit members of different types of health plans and lead a moderated bulletin board discussion, probing for insights about their experience with aspects of care asked about on CAHPS. The quotes provided on the right-side of the following slides are pulled from conversations we have with members as part of this research.

SPH conducts this research to provide our clients additional insights into recommended improvements.

Rating of Health Plan

Rating of Health Plan Improvement Strategies	Voice of the Member
• 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, Claims, GNC, GCQ, HWDC). Review QI recommendations/actions of these CAHPS composite measures. • 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 adult 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. • Explore opportunity to continually monitor rating of the plan using targeted follow-up surveys, e.g., call satisfaction, care management, etcetera. • Develop online videos (vs. excessive reading) explaining key terms and activities members need to know, e.g., how much you have to pay, or Understanding Your Health Insurance Costs. Evaluate and implement complementing, consistent, simple and clear communications. • Explore or enhance potential of a mobile app providing member immediate access to secure accurate, up-to-date information about their Plan, benefits, coverage, copays, cost, claims, etc.	"I like that I get a **summary in the mail** every few months on visits that I have had, and I like how I can **see how the cost was broken down**, as well." "**I can't see the specialists I need to**. Either they **won't cover them**, or I have to go through this **approval process**." "They provide an **annual goal sheet** for me to fill out, which **holds me accountable** for my health. It helps me **regulate my daily actions**, which helps me **meet my desired goals**." "Because **they are proactive**. They tend to **make sure that I am making my appointments**, and from time to time they will **send me information** on **how to improve my health with diet and exercise**." "The **current website format with physician search features** has been a **welcome replacement for the member's provider handbook**, which was frequently outdated. I have yet to see if the plan is keeping up with updating which practitioners are accepting new patients."

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

Rating of Health Care

Rating of Health Care Improvement Strategies	Voice of the Member

Rating of Health Care Improvement Strategies

- 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).

Voice of the Member

" I am still trying to figure out how to help my health issues right now by **trying to find a doctor who will stick around the practice**, so I can trust they will be **concerned with how to take care of my health** and **help me be aware of what to expect**. "

" **I had a much better doctor prior to the last two**, who are okay, but **they don't read medical files** and it's like stepping back in time. "

" Other than my one specialist, who is amazing, I have had horrible care. Such **incontinuity of care** is neglectful, at best. I **never get to see the same doctor for follow-up**. I end up **seeing many different doctors for the same issue**. "

" The care that I have received in the last six months has been **the best that I have received in my life**. I have been **impressed with the professionalism and prompt handling of my health care** in the last six months. "

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

Rating of Personal Doctor

Rating of Personal Doctor Improvement Strategies	Voice of the Member
• 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. • 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.	"My doctor actually steps up to tell me about my weight and how I should watch it. Even though I am pretty much healthy, **I like that she talks to me as we can work on a plan** to lose it. But I have had doctors who just see me for who I am and don't really pay attention to me or my concerns." "My doctor **listens to me and it feels like we're a team** when it comes to my health." "He is **truly concerned with helping** each of his patients and **he listens** to what you have to say." "Overall, the **doctors knew what they were doing**. However, I would have given them a higher rating if my **doctor truly cared about me as a person**. My example for this was when I asked her questions, she made it out like I didn't know what I was talking about." "I don't care for the new doctor. **They don't look at my old records** to give me what I want. She **doesn't understand I have too much pain** to work, and I can't concentrate." (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage

Additional resource for improvement:
AHRQ best practices: https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html

Rating of Specialist

Rating of Specialist Improvement Strategies	Voice of the Member
• 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.	"**He listens, takes as much time as you need and makes sure he answers all your questions**. I always have **a say in my care**. If he doesn't know something, he tells you and **will find out for you**. He also **advocates on my behalf with other doctors**." "I recently saw an OB/GYN that did a biopsy of my cervix. It was a difficult procedure emotionally, as the findings are to determine if the tissue is cancerous or not. The doctor did the procedure and I like the **professional demeanor** that he held. **He reassured me** not with words to me, but by **explaining the procedure** itself, which helped **put me at ease.**" "Some are good, some are not so good. My cancer specialists also **takes the time and listens**, so I'm satisfied." "My endocrinologist is **too fast talking and doesn't seem to want to listen** to me when I talk about possible hormone issues. He **brushes my symptoms off as not related** to my condition when I know they are!"

(SPH National Sample)

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

Getting Needed Care

Getting Needed Care Improvement Strategies	Voice of the Member

Getting Needed Care Improvement Strategies

- 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.

- 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.

- Establish a specialist referral hotline for providers and members.

Voice of the Member

" I had an appointment, and **not only were they rude, I wasn't taken care of**. I had an appointment, and they **didn't seem to care**. Instead of trying to fit me in, they told me they would reschedule me to come back another time. Along with being very rude, no one there helped, not a doctor or office staff, they just sent me home. "

" After three years of struggling for a diagnosis for my back, **I was finally listened to and referred to a spinal institute.** That was like lightning fast. **X-ray and MRI in the same day**. Doctors barely gave me two weeks to have surgery. I do believe his words to me were, 'You are fortunate I am not taking you back this second.' It was pretty urgent. "

" My **provider network seems to be pretty timely in making progress**. My primary doctor discovered something with a blood test, and I was seeing the specialist within a couple of weeks. **Did a test procedure the next week and was referred to the cancer center within about another week**. All the appointments actually happened much faster than I imagined. "

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

Getting Care Quickly

Getting Care Quickly Improvement Strategies	Voice of the Member
• 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.	"While treating multiple medical issues, all treatment and **appointments have been timely**, and **scheduling has been tweaked to meet my needs**. So, I'll give my care a solid 10." "It is pretty good when you can **get the medications in the same day**, as then you can try to fix the problems that you are in. This is great when doctors pay more attention to the person, as you got **to get in right away before anything else could go wrong**. As it is always **good to get there sooner rather than waiting until later** and having more issues go wrong." "The routine blood work at the lab **was easy to get because you don't need an appointment** - you just walk in and wait. This experience was **memorable because it was the fastest** I have ever gotten all of the care I needed." "The only thing **I haven't liked is the long wait times to be seen by appointment**."

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

How Well Doctors Communicate

How Well Doctors Communicate Improvement Strategies

- 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).
- 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).
- Develop tools and guidance for patients to optimize appointment time and specific topic-based conversation guides or question checklists with providers (e.g., Doc Talk).
- Support patients with chronic illnesses/conditions and their providers with up-to-date tools, resources and conversation guides that address common clinical needs, continual review, modification and update of progress, next steps and self-management topics.

Voice of the Member

"No matter how trivial or how serious I thought something was, **he wanted to hear about anything I perceived to be a health issue or emerging problem**. It was a **very refreshing** approach."

"Last time I was there**, she told me I didn't need to use a certain brand** and in order to save me money, she told me to pick up the store brand and said it is just as good as the high dollar brand and will work just as well. I kind of always knew this and she was **really showing how much she cared for me** and **helped in saving me money**."

"If they **branch off from what you say**, it means that they are **actually listening to you**. This is good, as they **are trying to process what you are saying and build off of it**."

"For me, doctors **show respect when they acknowledge me by giving me eye contact** and **waiting for an answer** when they ask a question. They also show respect when they **engage me in a dialogue to help resolve an issue or concern**."

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

Customer Service

Customer Service Improvement Strategies

- 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.

Voice of the Member

"To contact ours is **not to have a pleasant experience, but hours and days of frustration**. You are put **on hold or routed to an answering service**, and **you hope for a return call but don't really expect one** or you simply get disconnected repeatedly if you chose to stay on hold."

"I have recently contacted my plan to change my contact information. **The exchange went very smoothl**y, and the **customer service representative went the extra mile** by connecting me with Medi-Cal in order to make the changes permanent in both systems."

"It is **nice to know what you are paying for up front** instead of getting sticker shocked with bill."

"**What is covered and what isn't**, with a **simple list and not overcrowded with a bunch of words** that I have no idea what they really mean towards my health."

"I didn't have any difficulties filling out forms. **My local family services office handled most of the paperwork**. I just provided basic information."

Coordination of Care

Coordination of Care Improvement Strategies	Voice of the Member
• 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. • 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?	"Last summer, I had allergies so bad I had to go into urgent care for a fix. I **went to my regular doctor and several follow ups** during the next few months, and **he had all the information he needed to help me** out." "I **saw an ENT who literally lied about speaking with my dentist**. Physicians need to understand that **they must build trust with a new patient**, and they won't do that if they're lying about another medical provider that the patient already knows well." "Recently, I felt that **my primary care acting nurse practitioner was well versed** in the particular thyroid condition that I have. I was glad that she was so **informed, listening to what I was saying and the findings that were in my chart previously**." "I believe **a lot of information is overlooked** these days with a general practitioner and several specialists involved in one patient's care. All of the information might be in the paperwork, **but most physicians don't read everything about each patient that is available** to them in print."

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

Appendix: Questionnaire

- Presbyterian Centennial Care

◬ PRESBYTERIAN

1. Our records show that you are now in Presbyterian Centennial Care. Is that right?

☐ Yes ➔ *If Yes, Go to Question 3*
☐ No

2. What is the name of your health plan? *(Please print)*

_____

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away?

☐ Yes
☐ No ➔ *If No, Go to Question 5*

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

5. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care?

☐ Yes
☐ No ➔ *If No, Go to Question 7*

6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video?

☐ None ➔ *If None, Go to Question 10*
☐ 1 time
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more times

8. **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 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

9. **In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?**

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

YOUR PERSONAL DOCTOR

10. **A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?**

- [ ] Yes
- [ ] No ➔ *If No, Go to Question 19*

11. **In the last 6 months, how many times did you have an in person, phone, or video visit with your personal doctor about your health?**

- [ ] None ➔ *If None, Go to Question 18*
- [ ] 1 time
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5 to 9
- [ ] 10 or more times

12. **In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?**

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

13. **In the last 6 months, how often did your personal doctor listen carefully to you?**

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

14. **In the last 6 months, how often did your personal doctor show respect for what you had to say?**

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

15. **In the last 6 months, how often did your personal doctor spend enough time with you?**

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

16. **In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?**

- [ ] Yes
- [ ] No ➔ *If No, Go to Question 18*

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

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

18. 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 personal doctor?

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

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care you got in person, by phone, or by video. Do not include dental visits or care you got when you stayed overnight in a hospital.

19. 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 with a specialist?

- [ ] Yes
- [ ] No ➜ *If No, Go to Question 23*

20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

21. How many specialists have you talked to in the last 6 months?

- [ ] None ➜ *If None, Go to Question 23*
- [ ] 1 specialist
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5 or more specialists

22. We want to know your rating of the specialist you talked to 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 HEALTH PLAN

The next questions ask about your experience with your health plan.

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

- [ ] Yes
- [ ] No ➜ *If No, Go to Question 26*

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

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

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

- [ ] Never
- [ ] Sometimes
- [ ] Usually
- [ ] Always

26. In the last 6 months, did your health plan give you any forms to fill out?

- [ ] Yes
- [ ] No ➜ *If No, Go to Question 28*

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

28. 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 health plan?

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

ABOUT YOU

29. In general, how would you rate your overall health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

30. In general, how would you rate your overall mental or emotional health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

31. Have you had either a flu shot or flu spray in the nose since July 1, 2020?

- ☐ Yes
- ☐ No
- ☐ Don't know

32. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- ☐ Every day
- ☐ Some days
- ☐ Not at all ➔ *If Not at all, Go to Question 36*
- ☐ Don't know ➔ *If Don't know, Go to Question 36*

33. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

34. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? *Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.*

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

35. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? *Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.*

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

36. What is your age?

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

37. Are you male or female?

- [ ] Male
- [ ] Female

38. 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

39. Are you of Hispanic or Latino origin or descent?

- [ ] Yes, Hispanic or Latino
- [ ] No, Not Hispanic or Latino

40. What is your race? *Mark one or more.*

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

ADDITIONAL QUESTIONS

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

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

- [ ] Yes
- [ ] No

42. In the last 6 months, who helped to coordinate your care?

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

43. How satisfied are you with the help you received to coordinate your care in the last 6 months?

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

44. In the last 6 months, have you received any material from your health plan about good health and how to stay healthy?

- [ ] Yes
- [ ] No

45. In the last 6 months, have you received any material from your health plan about care coordination and how to contact the care coordination unit?

- [ ] Yes
- [ ] No ➔ *If No, Go to Question 48*

46. Did your Care Coordinator sit down with you and create a Plan of Care?

- [ ] Yes
- [ ] No

47. Are you satisfied that your care plan talks about the help you need to stay healthy and remain in your home?

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

48. **Thinking about both verbal and written communication with your health plan, how often was it a problem for you to understand given your cultural and/or language needs?**

☐ Never
☐ Sometimes
☐ Usually
☐ Always
☐ I do not have any special cultural and/or language needs

Thank You
Please return the completed survey
in the postage-paid envelope or send to:
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LISTEN

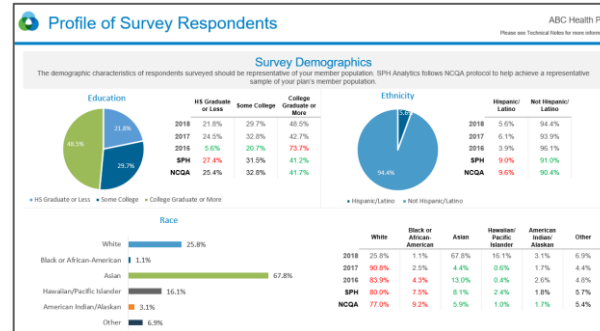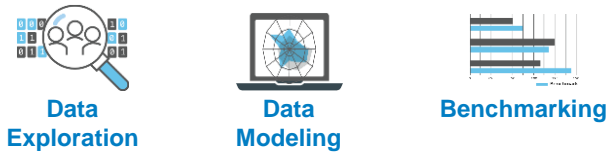We offer 51 surveys and market research offerings via full scale omni-channel outreach

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Medicare CAHPS	OAS CAHPS	Medical Practice Express	Online Communities
Medicare HOS	ACO CAHPS	PCMH	In-depth Interviews
QHP Enrollee	CAHPS for MIPS	PCMH Express	Strategy Research
Behavioral Health (ECHO)	Home Health CAHPS	Survey Solutions Provider Experience	Brand / Brand Positioning
Call Center Satisfaction	ED Express	Provider Satisfaction with Network	Market Share
Case Management	Surgical Express	Provider Satisfaction with Health Plan	Market Segmentation
Disease Management	Outpatient Express	Provider Access	Price Positioning
CAHPS Drill Down/Simulations	Inpatient Express	Provider Verification	Product Design
New Member	Diagnostic Imaging	Survey Solutions Other Stakeholders	Advertising / Communications
Dental CAHPS	Pain Management	Employee Satisfaction	Conjoint Analysis
HCBS CAHPS	Endoscopy	AHRQ Patient Safety Survey (SOPS)	Health Care Engagement Index™ (HCEI™)
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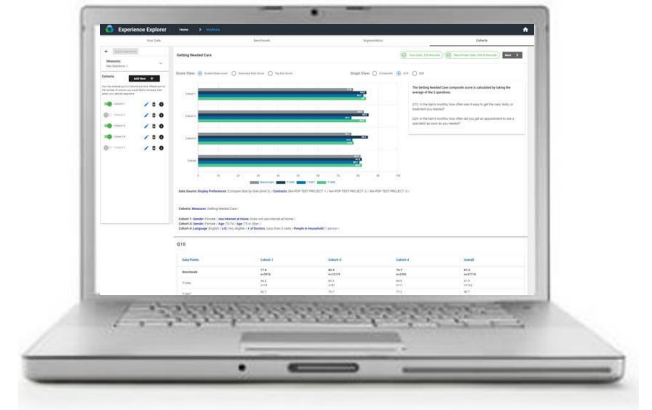
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QHP Enrollee	Ongoing Tracker Surveys	CAHPS for MIPS	Endoscopy	Price Positioning	Predictive Analytics with SPH Forensics™	Cancer Screening
Behavioral Health (ECHO)	CAHPS Drill Down/Simulations	ICH CAHPS	Diagnostic Imaging	Product Design	trACTION™ Impact Analysis & Modeler	Vaccinations
Call Center Satisfaction	New Member	Home Health CAHPS	Therapy & Rehab	Advertising / Communications	Dynamic Data Analysis (DDA)	**Omnichannel Outreach**
Case Management	Disenrolled Members	Hospice CAHPS	Surgical Express	**Qualitative Research**	Conjoint Analysis	SDoH Assessment
Disease Management	LTC/LTSS	PCMH	ED Express	Focus Groups	Voice of the Member / Patient Priority Modeler	Access to Care Audits
Dental CAHPS	HCBS CAHPS	Outpatient Express	Inpatient Express	Online Communities	Condition Intelligence Analytics	Health Risk Assessments (HRAs)
Custom Voice of Member/Patient Market Research		**Voice of Provider**	**Access to Care**	In-depth Interviews	Health Care Engagement Index™ (HCEI™)	Rx Adherence and MTM
		Provider Satisfaction with Network	Provider Access	**Voice of Other Stakeholders**	**Performance Improvement Solutions**	New Member Welcome
		Provider Satisfaction with Health Plan	Provider Verification	AHRQ Patient Safety Survey (SOPS)	Scores / Ratings Improvement Consulting	Retention and Renewal
				Employee Satisfaction		Discharge Phone Calls
				Broker / Employer Experience		
LISTEN					**ANALYZE**	**MOTIVATE**

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