

2020 CAHPS Medicaid Child with CCC 5.0H Final Report

Presbyterian Centennial Care



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

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

NCQA made the following changes to the survey for 2020:

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

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

Your Sales Director for this project is 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 Sales Director or your Project Manager.

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

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

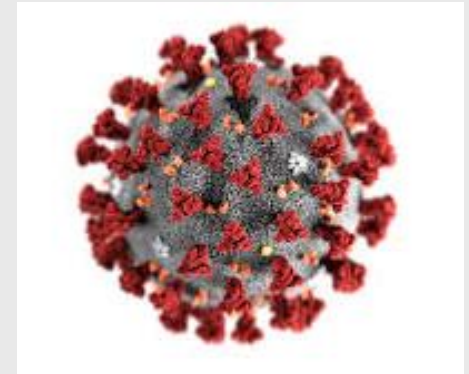
NCQA PROTOCOL MODIFICATIONS AND HEALTH PLAN RATING CHANGES FOR 2020

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

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

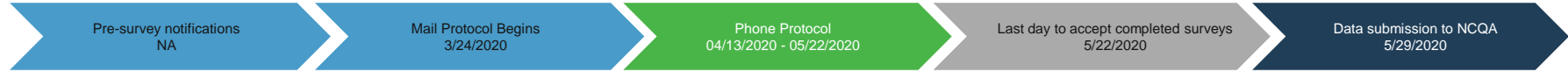
- The September 2020 Health Plan Report Card update will list all plans with Interim, Accredited or Provisional status, as applicable, based on existing status or standards performance for surveys on the HPA 2020 Standards.
- There will be no Health Plan Ratings in 2020.

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






Please see Technical Notes for more information.

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



VALID SURVEYS

-  Total Number of Mail Completes = 120 (1 in Spanish)
-  Total Number of Phone Completes = 172 (18 in Spanish)
-  Total Number of Internet Completes = 21 (0 in Spanish)

2020 RESPONSE RATE

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

$$\frac{120 \text{ (Mail)} + 172 \text{ (Phone)} + 21 \text{ (Internet)} = 313}{2310 \text{ (Sample)} - 15 \text{ (Ineligible)} = 2295} = \mathbf{13.6\%}$$

Your plan's Total response rate is **13.6%**.

RESPONSE RATE COMPARISON

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

		2018	2019	2020
Ineligible	Does not Meet Eligibility Criteria (01)	7	7	9
	Language Barrier (03)	24	46	6
	Mentally/Physically Incapacitated (04)	0	0	0
	Deceased (05)	0	0	0
	SUBTOTAL	31	53	15
Non-Response	Break-off/Incomplete (02)	51	40	32
	Refusal (06)	8	9	112
	Maximum Attempts Made (07)	1841	1815	1836
	Added to DNC List (08)	2	3	2
	SUBTOTAL	1902	1867	1982
TOTAL	1933	1920	1997	

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

Total Sample Size	4150	4150	4150
Total Completes	734	691	566
Total Response Rate	17.9%	17.0%	15.9%
General Population Sample Size	2310	2310	2310
General Population Response Rate	16.5%	17.3%	13.6%
Supplemental Sample Size	1840	1840	1840
CCC Completes	235	233	189



Executive Summary

- Presbyterian Centennial Care

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

	No	Yes	
Never	Sometimes	Usually	Always

Rating questions are typically displayed with two Summary Rates:

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

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

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

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

NCQA BENCHMARK INFORMATION

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

LEGACY DSS / MORPACE / SPH

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

Dashboard – 2020 Key Findings

Please see Technical Notes for more information.



TRENDING UP

Key measures that had significant improvements from last year

- Q6** Getting routine care
- Q36** Personal doctor overall



TRENDING DOWN

Key measures that had significantly lower scores than last year

No key measures declined significantly.



313 / 13.6%

Completed surveys / Response Rate

MEASURE NAME	SUMMARY RATE	ESTIMATED NCQA RATING
Rating of Health Plan <i>(% 9 or 10)</i>	70.4%	★★★
Rating of Health Care <i>(% 9 or 10)</i>	71.3%	★★★
Rating of Personal Doctor <i>(% 9 or 10)</i>	83.4%	★★★★★
Rating of Specialist <i>(% 9 or 10)</i>	NA [^]	NA [^]
Getting Needed Care <i>(% Always or Usually)</i>	85.2%	★★★
Getting Care Quickly <i>(% Always or Usually)</i>	87.9%	★★
Coordination of Care <i>(% Always or Usually)</i>	NA [^]	NA [^]

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

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

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

POWER

Promote and leverage strengths

- Q36** Personal doctor overall
- Q6** Got routine care
- Q28** Dr. listened carefully
- Q43** Specialist overall
- Q29** Dr. showed respect

OPPORTUNITIES

Focus resources on improving processes that underlie these items

- Q9** Health care overall
- Q79** Satisfaction with coordination of care
- Q10** Got care/tests/treatment
- Q27** Dr. explained things

Please refer to slide 18 for details.

Health Plan Domain Performance

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

MEASURE	SUMMARY RATE		CHANGE	2020 SPH BENCHMARK		2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan (% 9 or 10)	72.7%	70.4%	-2.3%	73.0%	24 th	71.7%	38 th
Rating of Health Plan (% 8, 9 or 10)	86.9%	87.3%	0.4%	87.5%	38 th	86.5%	52 nd
Getting Needed Care (% Always or Usually)	85.3%	85.2%	-0.1%	85.6%	45 th	84.5%	51 st
Customer Service (% Always or Usually)	94.5%	92.0%	-2.5%	88.9%	83 rd	88.4%	90 th
Ease of Filling Out Forms (% Always or Usually)	97.4%	96.7%	-0.7%	96.0%	62 nd	95.0%	80 th

KEY TAKEAWAYS

Your overall Rating of Health Plan (8-10) Summary Rate score is 87.3% and represents a change of 0.4 from 2019.

Note: Please refer to benchmark descriptions on slide 45.

Significance Testing

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

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

Health Care Domain Performance

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

MEASURE	SUMMARY RATE		CHANGE	2020 SPH BENCHMARK		2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care (% 9 or 10)	64.7%	71.3%	6.6%	73.0%	32 nd	70.4%	53 rd
Rating of Health Care (% 8, 9 or 10)	83.5%	87.8%	4.3%	88.7%	37 th	87.5%	45 th
Getting Care Quickly (% Always or Usually)	84.8%	87.9%	3.1%	90.5%	21 st	89.4%	32 nd
How Well Doctors Communicate (% Always or Usually)	92.9%	95.5%	2.6%	95.1%	53 rd	94.0%	72 nd
Coordination of Care (% Always or Usually)	82.6%	81.7%	-0.9%	85.0%	22 nd	83.8%	30 th
Rating of Personal Doctor (% 9 or 10)	73.1%	83.4% ↑	10.3%	79.1%	88 th	77.3% ▲	93 rd
Rating of Personal Doctor (% 8, 9 or 10)	87.7%	91.1%	3.4%	91.2%	42 nd	90.0%	63 rd
Rating of Specialist (% 9 or 10)	76.8%	78.7%	1.9%	75.0%	69 th	74.1%	89 th
Rating of Specialist (% 8, 9 or 10)	91.5%	87.2%	-4.3%	88.2%	40 th	87.5%	46 th

Note: Please refer to benchmark descriptions on slide 45.

Significance Testing

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

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

KEY TAKEAWAYS

Your overall Rating of Health Care (8-10) Summary Rate score is 87.8% and represents a change of 4.3 from 2019.



Measure Summary – CCC Population

Please see Technical Notes for more information.

CCC Measures Performance

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

MEASURE	SUMMARY RATE		CHANGE	2020 SPH BENCHMARK		2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Access to Prescription Medicines (% Always or Usually)	93.7%	91.2%	-2.5%	91.7%	38 th	91.6%	42 nd
Access to Specialized Services (% Always or Usually)	77.8%	77.2%	-0.6%	75.4%	52 nd	77.2%	41 st
Family-Centered Care: Personal Doctor Who Knows Child (% Yes)	90.3%	94.0%	3.7%	91.8%	84 th	91.0%	97 th
Family-Centered Care: Getting Needed Information (% Always or Usually)	90.9%	92.6%	1.7%	93.4%	34 th	91.4%	50 th
Coordination of Care for CCC (% Yes)	77.2%	74.1%	-3.1%	77.2%	18 th	76.9%	17 th

Note: Please refer to benchmark descriptions on slide 45.

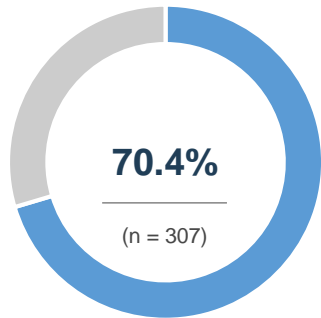
Significance Testing

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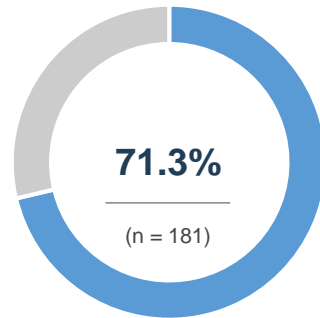
Global Rating Summary Rate Scores (% 9 or 10)

Please see Technical Notes for more information.



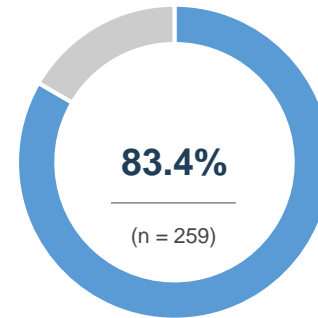
Rating of Health Plan

2020	70.4%
2019	72.7%
2018	74.1%
SPH	73.0%
QC	71.7%



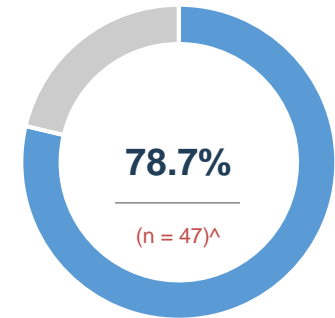
Rating of Health Care

2020	71.3%	‡
2019	64.7%	
2018	59.0%	
SPH	73.0%	
QC	70.4%	



Rating of Personal Doctor

2020	83.4%	↑‡
2019	73.1%	
2018	75.3%	
SPH	79.1%	
QC	77.3%	▲



Rating of Specialist

2020	78.7%
2019	76.8%
2018	69.2%
SPH	75.0%
QC	74.1%

Summary Rate Scores

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

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

Significance Testing

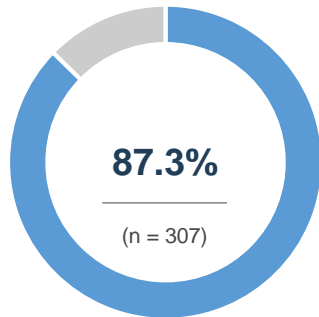
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^Denominator less than 100. NCQA will assign an NA to this measure.

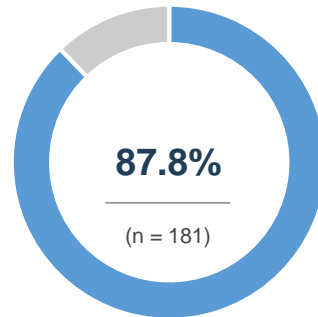
Global Rating Summary Rate Scores (% 8, 9 or 10)

Please see Technical Notes for more information.



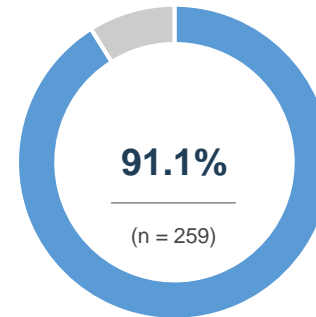
Rating of Health Plan

2020	87.3%
2019	86.9%
2018	86.5%
SPH	87.5%
QC	86.5%



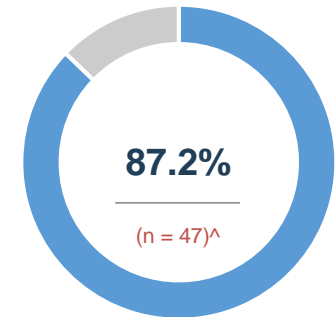
Rating of Health Care

2020	87.8%
2019	83.5%
2018	82.0%
SPH	88.7%
QC	87.5%



Rating of Personal Doctor

2020	91.1%
2019	87.7%
2018	89.1%
SPH	91.2%
QC	90.0%



Rating of Specialist

2020	87.2%
2019	91.5%
2018	84.6%
SPH	88.2%
QC	87.5%

Summary Rate Scores

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

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

Significance Testing

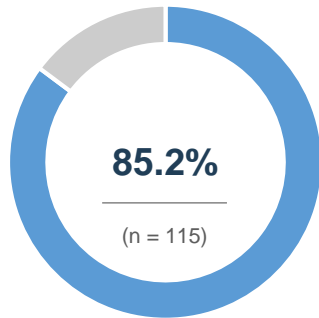
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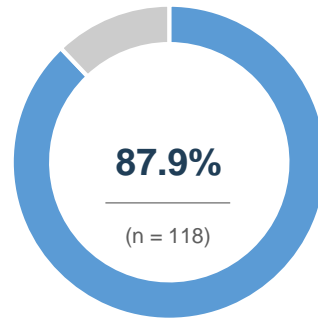
Composite Summary Rate Scores (% Always or Usually)

Please see Technical Notes for more information.



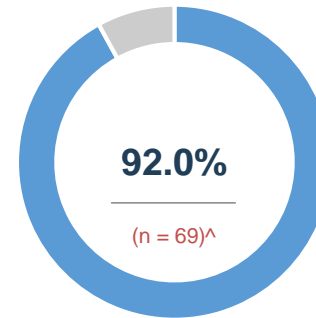
Getting Needed Care

2020	85.2%
2019	85.3%
2018	80.1%
SPH	85.6%
QC	84.5%



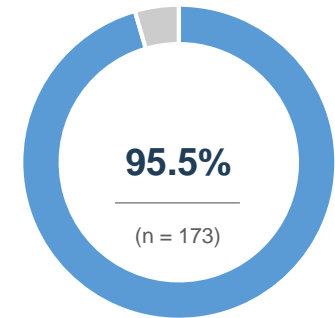
Getting Care Quickly

2020	87.9%
2019	84.8%
2018	88.7%
SPH	90.5%
QC	89.4%



Customer Service

2020	92.0%
2019	94.5%
2018	89.6%
SPH	88.9%
QC	88.4%



How Well Doctors Communicate

2020	95.5%
2019	92.9%
2018	93.8%
SPH	95.1%
QC	94.0%

Summary Rate Scores

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

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

Significance Testing

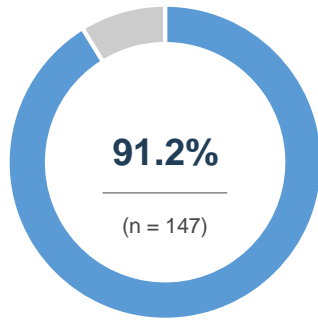
Green – Current year score is significantly higher than the 2019 score (↑), the 2018 score (⌘) or benchmark (▲) score.

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

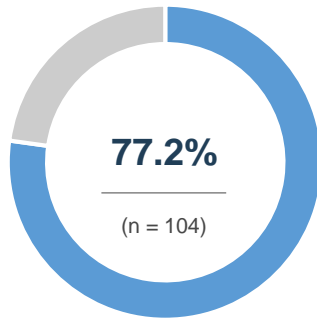
CCC Summary Rate Scores – CCC Population

Please see Technical Notes for more information.



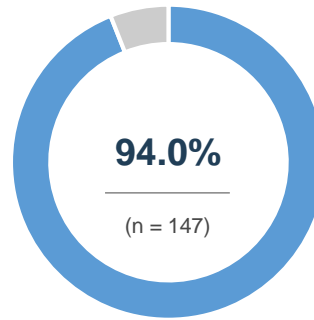
Access to Prescription Medicines

2020	91.2%
2019	93.7%
2018	89.7%
SPH	91.7%
QC	91.6%



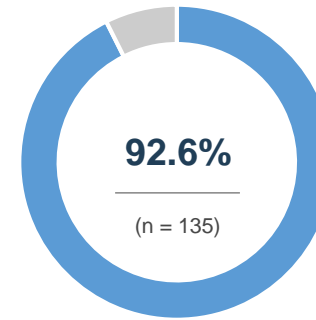
Access to Specialized Services

2020	77.2%
2019	77.8%
2018	76.5%
SPH	75.4%
QC	77.2%



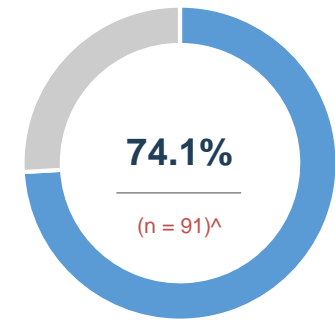
FCC: Personal Doctor Who Knows Child

2020	94.0%
2019	90.3%
2018	88.1%
SPH	91.8%
QC	91.0%



FCC: Getting Needed Information

2020	92.6%
2019	90.9%
2018	91.8%
SPH	93.4%
QC	91.4%



Coordination of Care for CCC

2020	74.1%
2019	77.2%
2018	75.7%
SPH	77.2%
QC	76.9%

Summary Rate Scores

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

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Significance Testing

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

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

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

Gap Analysis – Comparisons to Last Year

Please see Technical Notes for more information.

GAP ANALYSIS

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

The percentile gap was closed compared to last year on the following measures:

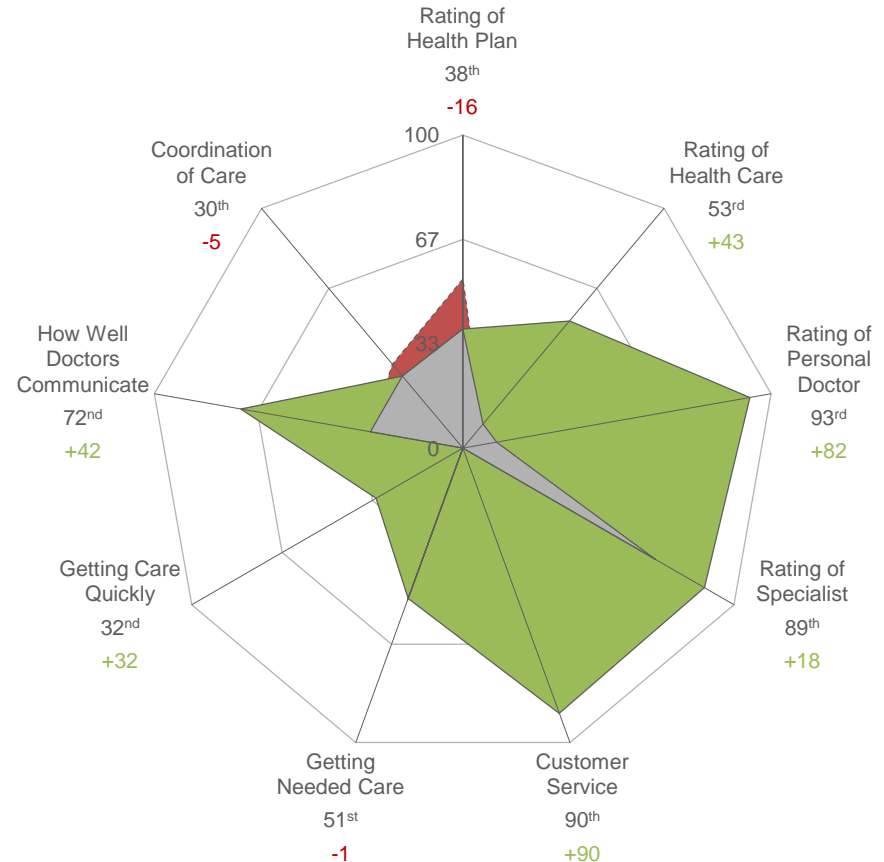
- Getting Care Quickly
- How Well Doctors Communicate
- Customer Service
- Rating of Health Care
- Rating of Personal Doctor
- Rating of Specialist

However, the percentile gap increased on these measures:

- Getting Needed Care
- Coordination of Care
- Rating of Health Plan

■ 2020 Gap is **smaller** than 2019 Gap

■ 2020 Gap is **larger** than 2019 Gap





POWeR Chart: Explanation

Please see Technical Notes for more information.

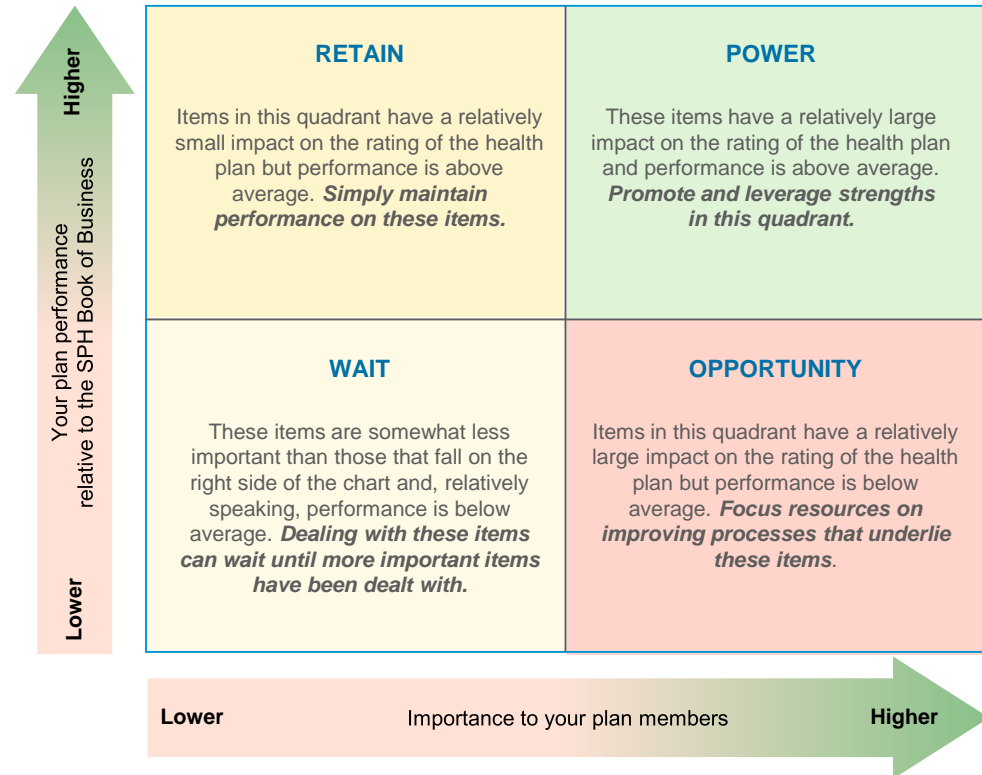
POWeR™ CHART CLASSIFICATION MATRIX

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.



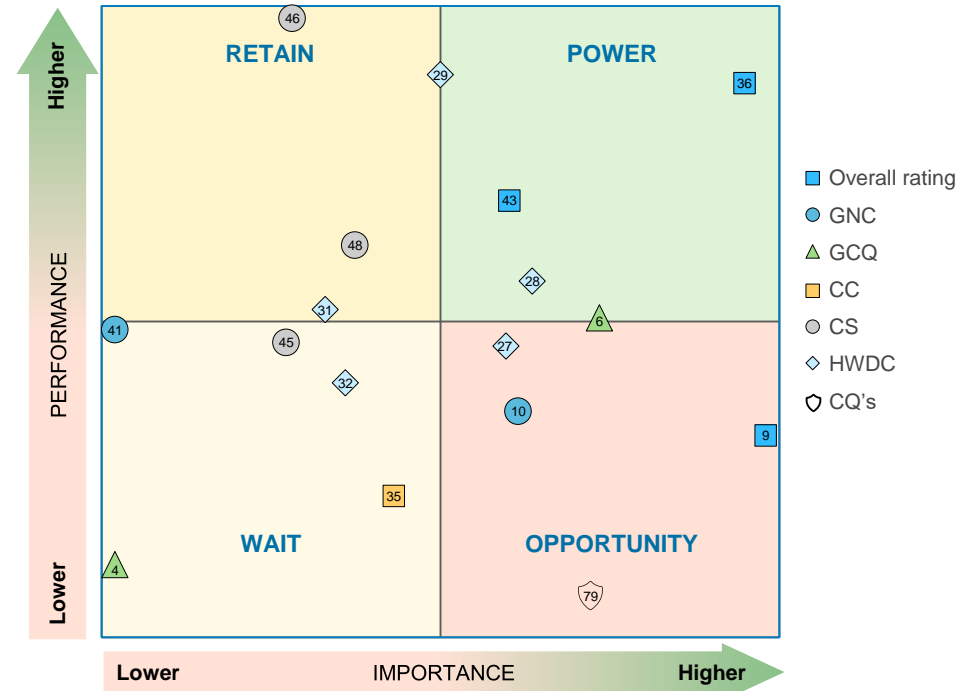
POWeR Chart: Your Results

Please see Technical Notes for more information.

SURVEY MEASURE		SUMMARY RATE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
POWER				
Q36	Personal doctor overall	83.4%	88 th	4
Q6	Got routine care	90.8%	51 st	3
Q28	Dr. listened carefully	96.6%	56 th	3
Q43	Specialist overall	78.7%	69 th	4
Q29	Dr. showed respect	98.8%	89 th	4
OPPORTUNITY				
Q9	Health care overall	71.3%	32 nd	2
Q79	Satisfaction with coordination of care	86.7%	---	---
Q10	Got care/tests/treatment	89.6%	36 th	3
Q27	Dr. explained things	95.4%	46 th	3
WAIT				
Q35	Dr. informed about care	81.7%	22 nd	2
Q32	Dr. spent enough time	91.2%	40 th	3
Q45	CS provided info./help	84.1%	47 th	3
Q4	Got urgent care	84.9%	12 th	2
Q41	Got specialist appt.	80.9%	49 th	3
RETAIN				
Q48	Easy to fill out forms	96.7%	62 nd	3
Q31	Dr. explained things for child	95.0%	52 nd	3
Q46	CS courtesies/respect	100%	97 th	5

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.



* Summary rates are top-two box scores.

Overall Rating of Health Plan

Please see Technical Notes for more information.

Your plan scored in the **24th percentile** when compared to the SPH Book of Business benchmark

70.4%

Compared to last year, your Summary Rate Score (% 9 and 10) **decreased by -2.3%**. This result is not statistically significant.

 Typical of industry drivers  Different from industry drivers

SPH Book of Business regression analysis has identified the following **Key Drivers** of Rating of Health Plan. Performance on these measures may be driving member's overall experience rating.

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.

INDUSTRY KEY DRIVERS

High impact on Rating of Health Plan

ALIGNMENT

Are your key drivers typical of the industry?

YOUR KEY DRIVERS

High impact on Rating of Health Plan

KEY DRIVER	2020 SPH BoB
Q9 Health care overall	73.0%
Q36 Personal doctor overall	79.1%
Q43 Specialist overall	75.0%
Q46 CS courtesy/respect	94.2%
Q41 Got specialist appt.	80.4%
Q45 CS provided info./help	83.7%
Q10 Got care/tests/treatment	90.8%
Q6 Got routine care	89.3%
Q4 Got urgent care	91.7%



KEY DRIVER	SUMMARY RATE*	SPH BoB PERCENTILE	CLASSIFICATION
Q9 Health care overall	71.3%	32 nd	OPPORT
Q36 Personal doctor overall	83.4%	88 th	POWER
Q6 Got routine care	90.8%	51 st	POWER
Q79 Satisfaction with coordination of care	86.7%	---	OPPORT
Q28 Dr. listened carefully	96.6%	56 th	POWER
Q10 Got care/tests/treatment	89.6%	36 th	OPPORT
Q43 Specialist overall	78.7%	69 th	POWER
Q27 Dr. explained things	95.4%	46 th	OPPORT
Q29 Dr. showed respect	98.8%	89 th	POWER







* Summary rates are top-two box scores.

Overall Rating of Health Plan

Please see Technical Notes for more information.

Demographic Comparisons

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

	8 - 10	9 - 10		8 - 10	9 - 10		8 - 10	9 - 10
 <p>MALE (n=32)</p> <p>FEMALE (n=267)</p> <p>Respondent's Gender</p>	90.6%	75.0%	 <p><25 (n=27)</p> <p>25 - 34 (n=89)</p> <p>35 - 44 (n=101)</p> <p>45 or older (n=80)</p> <p>Respondent's Age</p>	88.9%	70.4%	 <p>HS GRAD OR LESS (n=143)</p> <p>SOME COLLEGE OR MORE (n=153)</p> <p>Respondent's Education</p>	86.7%	74.8%
	86.9%	69.7%		91.0%	74.2%		88.2%	66.7%
 <p>EXCELLENT/VERY GOOD (n=247)</p> <p>GOOD (n=45)</p> <p>FAIR/POOR (n=15)[▲]</p> <p>Child's Health Status</p>	89.5%	74.9%	 <p>EXCELLENT/VERY GOOD (n=215)</p> <p>GOOD (n=69)</p> <p>FAIR/POOR (n=20)</p> <p>Child's Mental/Emotional Health Status</p>	91.2%	74.9%	 <p>MAIL (n=118)</p> <p>PHONE (n=168)</p> <p>INTERNET (n=21)</p> <p>Data Collection</p>	85.6%	72.9%
	80.0%	53.3%		82.6%	62.3%		87.5%	66.7%
	73.3%	46.7%		60.0%	50.0%		95.2%	85.7%



	8 - 10	9 - 10
HISPANIC/LATINO (n=225)	88.4%	72.9%
NOT HISPANIC/LATINO (n=74)	86.5%	64.9%

	8 - 10	9 - 10
WHITE (n=187)	87.2%	65.2%
BLACK/AFRICAN AMERICAN (n=16) [▲]	81.3%	68.8%
OTHER* (n=75)	89.3%	80.0%

[▲] Indicates a base size smaller than 20. Interpret results with caution.

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



Estimated NCQA Health Insurance Plan Ratings

Please see Technical Notes for more information.

	2020 SUMMARY RATE	SUMMARY RATE DEFINITION	PERCENTILE RANK	ESTIMATED RATING
CONSUMER SATISFACTION				3.0
GETTING CARE				2.5
Getting Needed Care	85.2%	Usually + Always	51 st	3.0
Getting Care Quickly	87.9%	Usually + Always	32 nd	2.0
SATISFACTION WITH PLAN PHYSICIANS				4.0
Rating of Personal Doctor	83.4%	9 + 10	93 rd	5.0
Rating of Specialist	78.7%	9 + 10	89 th	NA
Rating of Health Care	71.3%	9 + 10	53 rd	3.0
Coordination of Care	81.7%	Usually + Always	30 th	NA
SATISFACTION WITH PLAN SERVICES				3.0
Rating of Health Plan	70.4%	9 + 10	38 th	3.0

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, 33.33rd, 66.67th and 90th) into scores ranging from 1 to 5 (in increments of 0.5), where 5 is the highest score and 1 is the lowest.

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

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

Notes:

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

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



Oversampling Scenarios

Please see Technical Notes for more information.

OVERSAMPLING SCENARIO EXPLANATION

Scenarios were tested to determine what oversampling rate could potentially impact the ratings assigned to this plan. **This plan currently oversamples at the rate of 40%. SPH does not recommend additional oversampling.**

Based on the scenarios tested, holding everything else constant, an oversampling rate of 198% and above yields all reportable measures and a decrease on 1 measure. **This is an estimate only and cannot be used to predict NCQA star ratings.**

MEASURE NAME	ESTIMATED RATING	OVERSAMPLING SCENARIOS		
		0%	40% (Current)	≥ 198%
CONSUMER SATISFACTION	3.0	3.5	3.0	3.0
GETTING CARE	2.5	NA	2.5	2.5
Getting Needed Care	3.0	NA	3.0	3.0
Getting Care Quickly	2.0	NA	2.0	2.0
SATISFACTION WITH PLAN PHYSICIANS	4.0	4.0	4.0	3.5
Rating of Personal Doctor	5.0	5.0	5.0	5.0
Rating of Specialist	NA	NA	NA	4.0
Rating of Health Care	3.0	3.0	3.0	3.0
Coordination of Care	NA	NA	NA	2.0
SATISFACTION WITH PLAN SERVICES	3.0	3.0	3.0	3.0
Rating of Health Plan	3.0	3.0	3.0	3.0

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

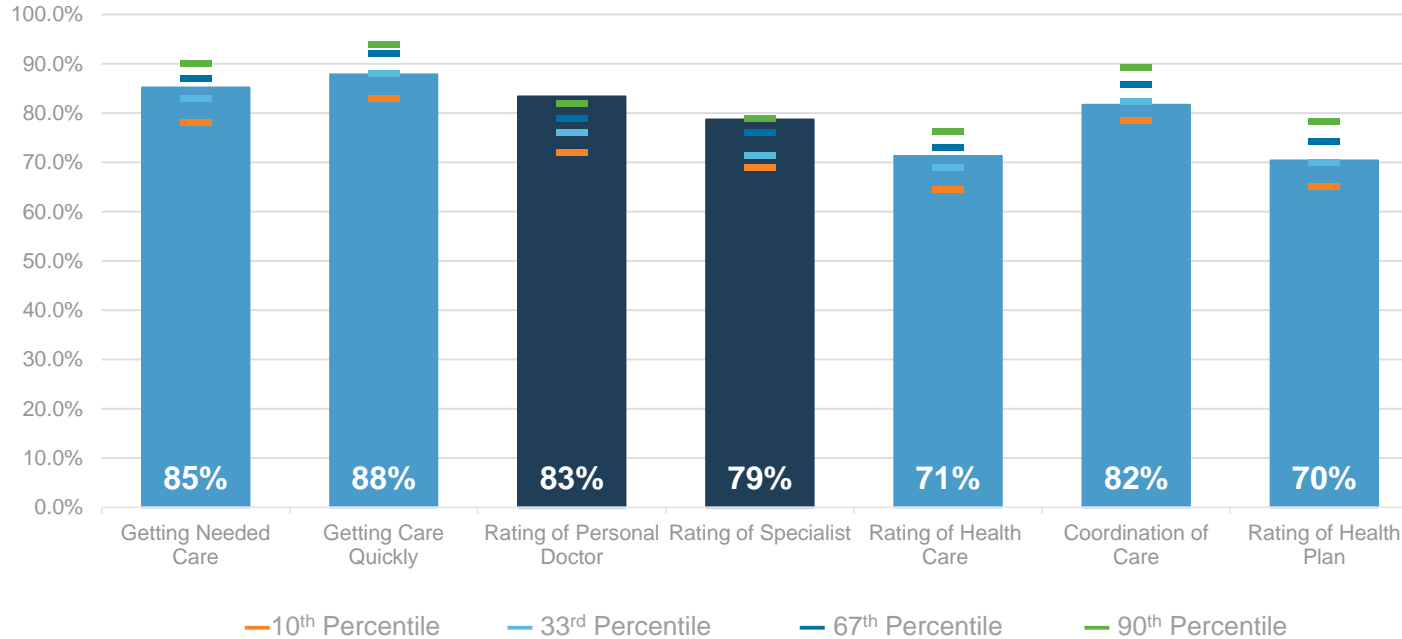
■ Higher Rating
■ Lower Rating
■ Reportable

Performance to Percentile Thresholds

Please see Technical Notes for more information.

COMPARISON TO QUALITY COMPASS PERCENTILE THRESHOLDS

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



Dark Blue bar = Performing at or above 67th percentile

Light Blue bar = Performance below 67th percentile

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

Top Three Measures

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

MEASURE	2020 VALID N	SUMMARY RATE		CHANGE	2019 QC BENCHMARK		GAP
		2019	2020		SUMMARY RATE	PERCENTILE RANK	
Rating of Personal Doctor (% 9 or 10)	259	73.1%	83.4% ↑	10.3%	77.3% ▲	93 rd	6.1%
Customer Service (% Always or Usually)	69	94.5%	92.0%	-2.5%	88.4%	90 th	3.6%
Rating of Specialist (% 9 or 10)	47	76.8%	78.7%	1.9%	74.1%	89 th	4.6%

Bottom Three Measures

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

MEASURE	2020 VALID N	SUMMARY RATE		CHANGE	2019 QC BENCHMARK		GAP
		2019	2020		SUMMARY RATE	PERCENTILE RANK	
Rating of Health Plan (% 9 or 10)	307	72.7%	70.4%	-2.3%	71.7%	38 th	-1.3%
Getting Care Quickly (% Always or Usually)	118	84.8%	87.9%	3.1%	89.4%	32 nd	-1.5%
Coordination of Care (% Always or Usually)	71	82.6%	81.7%	-0.9%	83.8%	30 th	-2.1%

Significance Testing

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

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

Improving Performance

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

Improvement Strategies – Rating of Health Plan

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

Improvement Strategies – Getting Care Quickly

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

Improvement Strategies – Coordination of Care

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

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

Please see Technical Notes for more information.

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

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



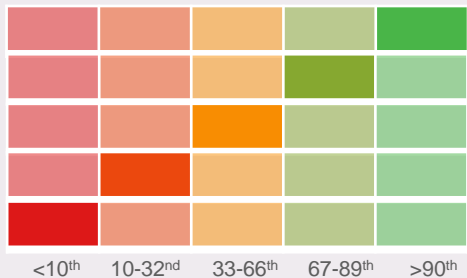
Analyses presented in this section include:

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

Measures Included in Analyses

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

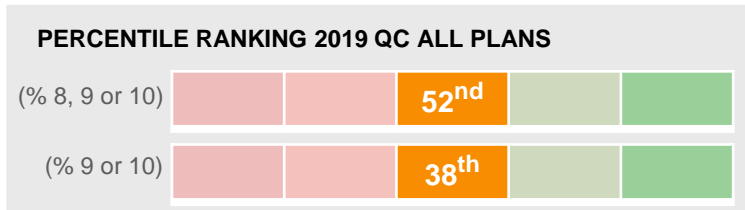
Percentile Rankings



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

Rating of Health Plan: Measure

Please see Technical Notes for more information.



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

POWER

Promote and Leverage Strengths

- Q36** Personal doctor overall
- Q6** Got routine care
- Q28** Dr. listened carefully
- Q43** Specialist overall
- Q29** Dr. showed respect

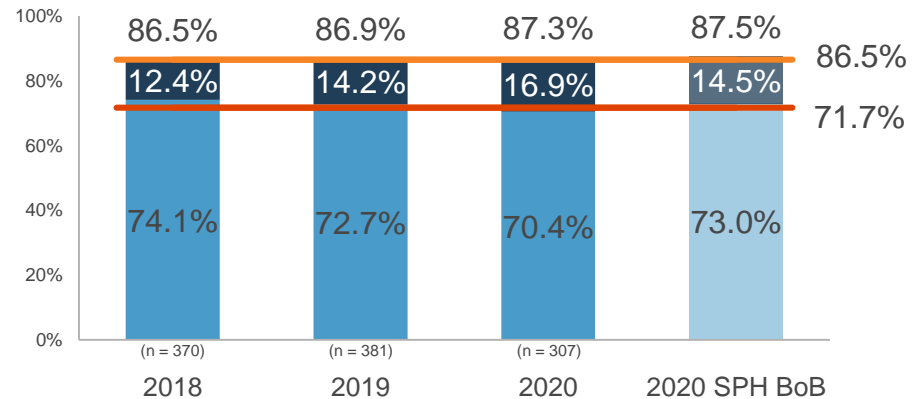
OPPORTUNITIES

Focus Resources on Improving Processes That Underlie These Items

- Q9** Health care overall
- Q79** Satisfaction with coordination of care
- Q10** Got care/tests/treatment
- Q27** Dr. explained things

RATING OF HEALTH PLAN

% 8, 9 or 10



- % 9 or 10
- % 8
- QC (% 9 or 10)
- QC (% 8, 9 or 10)

Significance Testing

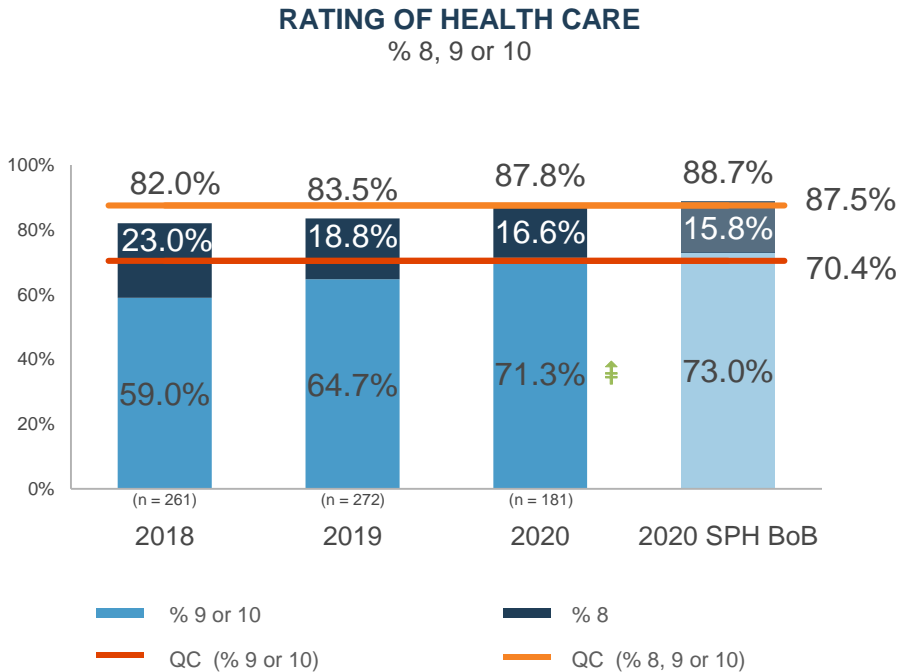
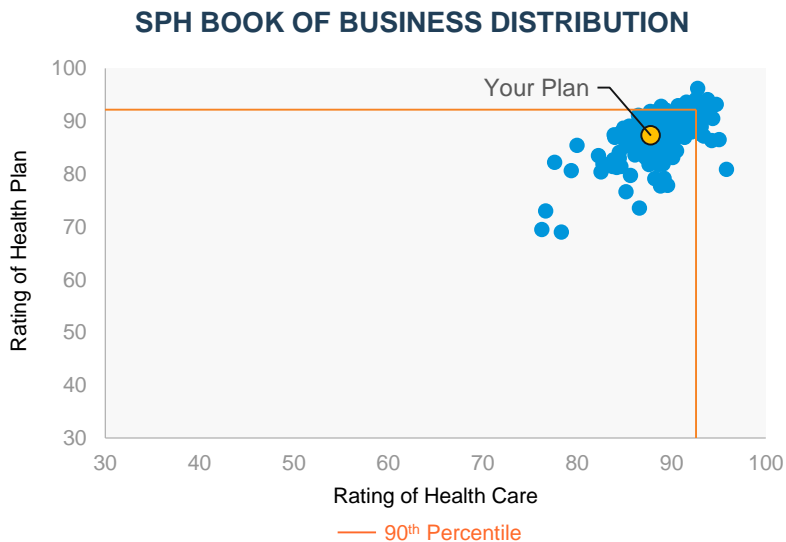
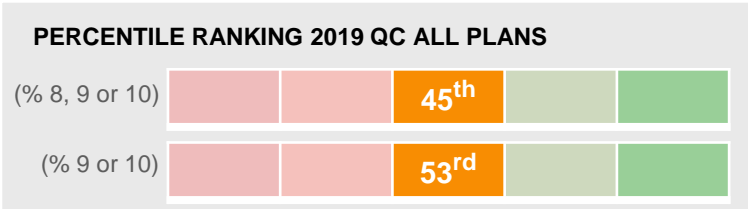
Current year score is significantly higher than the 2019 score (↑), the 2018 score (‡) or benchmark (▲) score.

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

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

Rating of Health Care: Measure

Please see Technical Notes for more information.



Significance Testing

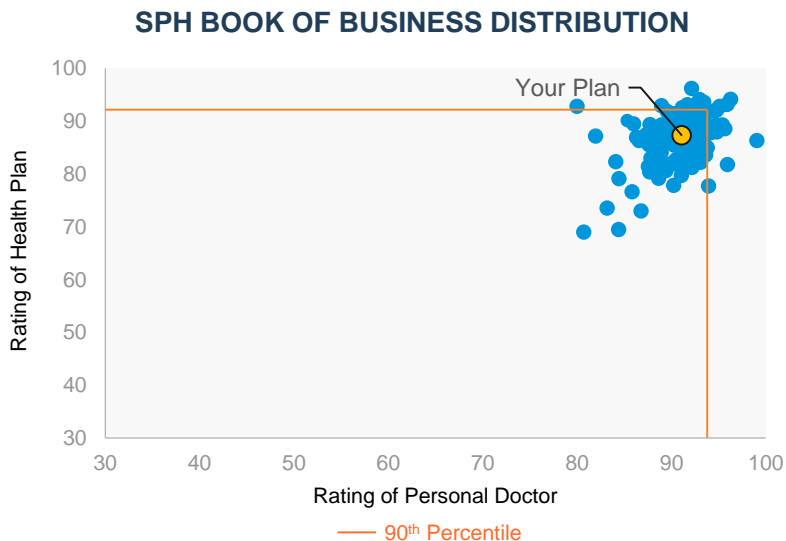
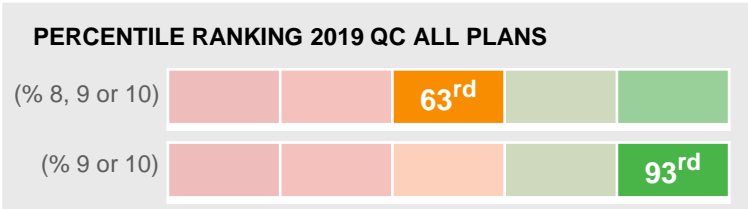
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^Denominator less than 100. NCQA will assign an NA to this measure.

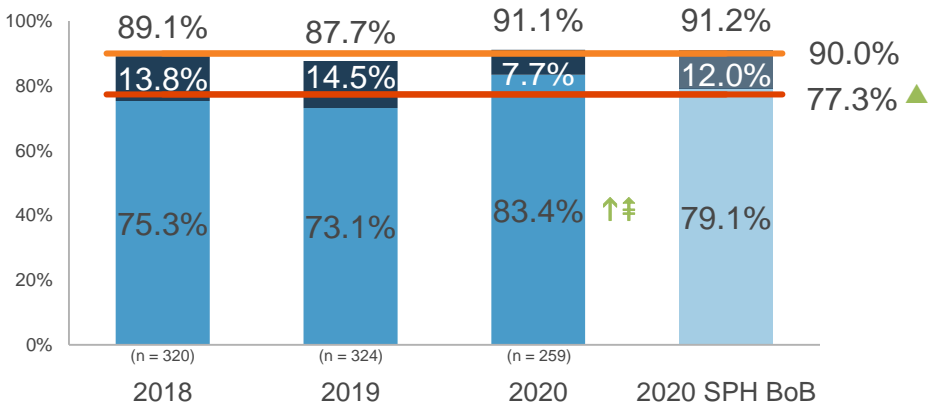
Rating of Personal Doctor: Measure

Please see Technical Notes for more information.



RATING OF PERSONAL DOCTOR

% 8, 9 or 10



- % 9 or 10
- % 8
- QC (% 9 or 10)
- QC (% 8, 9 or 10)

Significance Testing

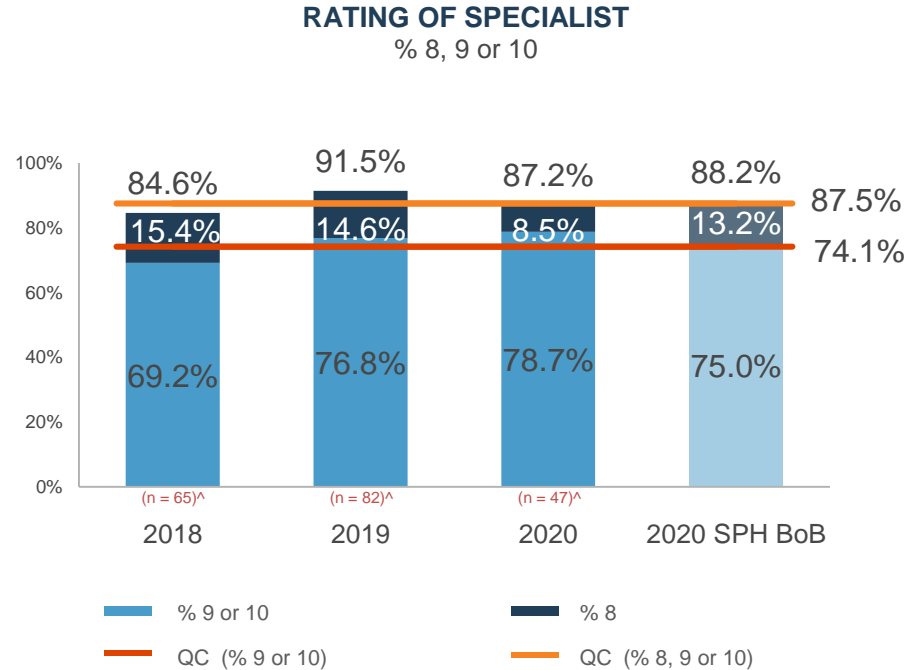
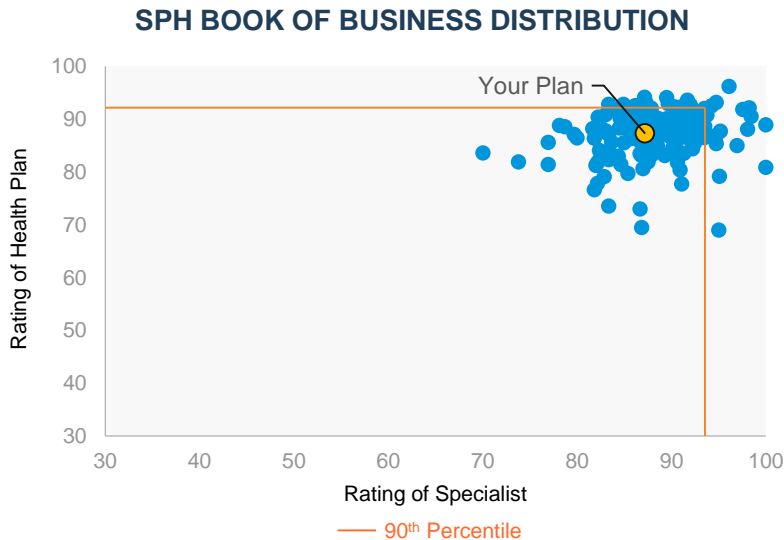
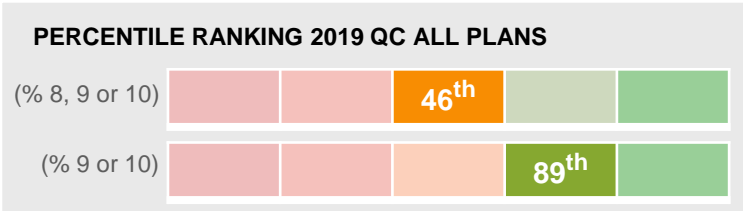
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Current year score is significantly lower than the 2019 score (↓), the 2018 score (⚡) or benchmark (▼) score.

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

Rating of Specialist: Measure

Please see Technical Notes for more information.



Significance Testing

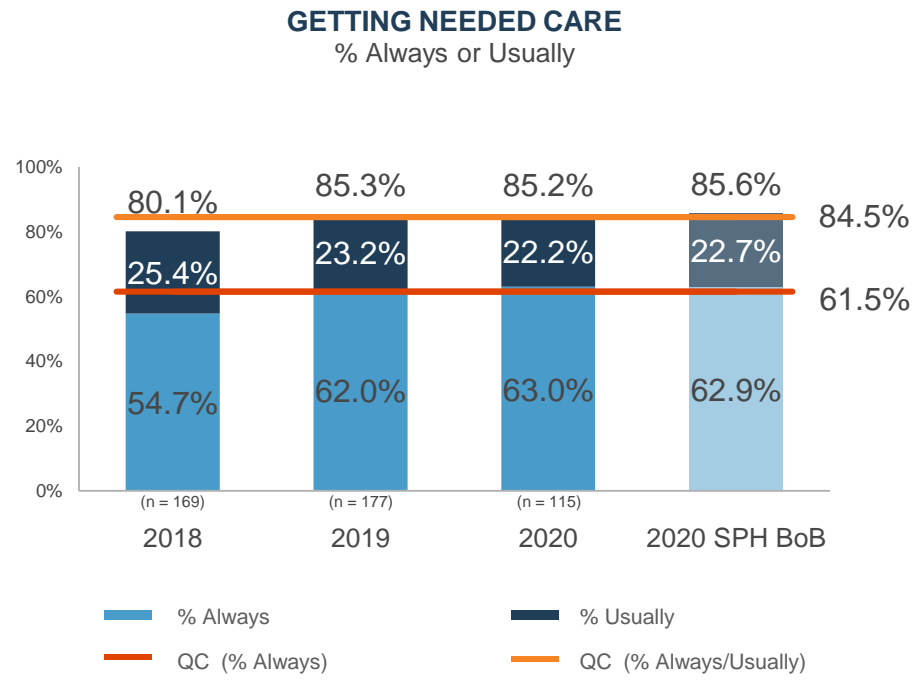
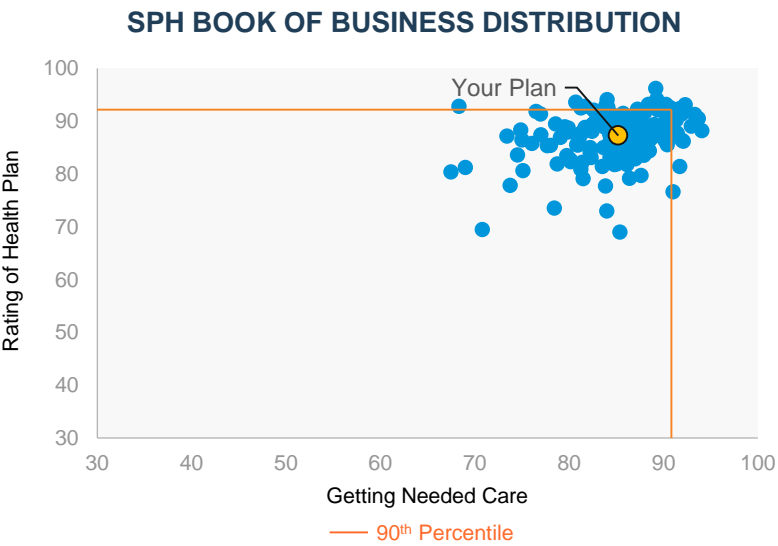
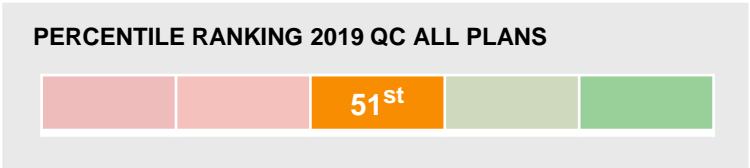
Current year score is significantly higher than the 2019 score (↑), the 2018 score (‡) or benchmark (▲) score.

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

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

Getting Needed Care: Composite

Please see Technical Notes for more information.



Significance Testing
 Current year score is significantly higher than the 2019 score (↑), the 2018 score (‡) or benchmark (▲) score.
 Current year score is significantly lower than the 2019 score (↓), the 2018 score (‡) or benchmark (▼) score.
 ^Denominator less than 100. NCQA will assign an NA to this measure.

Getting Needed Care: Attribute Questions

Please see Technical Notes for more information.

GETTING NEEDED CARE QUESTIONS

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

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

2020 GETTING NEEDED CARE COMPOSITE SUMMARY RATE SCORE

85.2%

Gate Questions

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

Valid n	Yes
310	15.2%

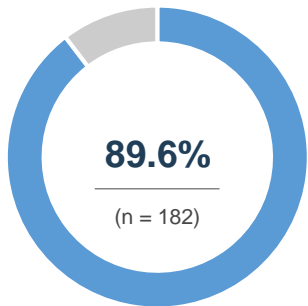
Significance Testing

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

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

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

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

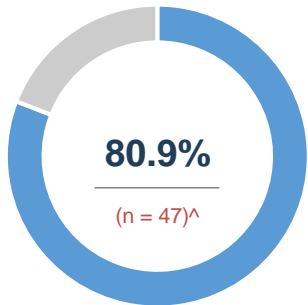


2020	89.6%
2019	90.1%
2018	86.2%
SPH	90.8%
QC	89.6%

Percentile Ranking 2019 QC All Plans



Q41. GETTING SPECIALIST APPOINTMENT % Always or Usually



2020	80.9%
2019	80.5%
2018	74.0%
SPH	80.4%
QC	79.7%

Percentile Ranking 2019 QC All Plans



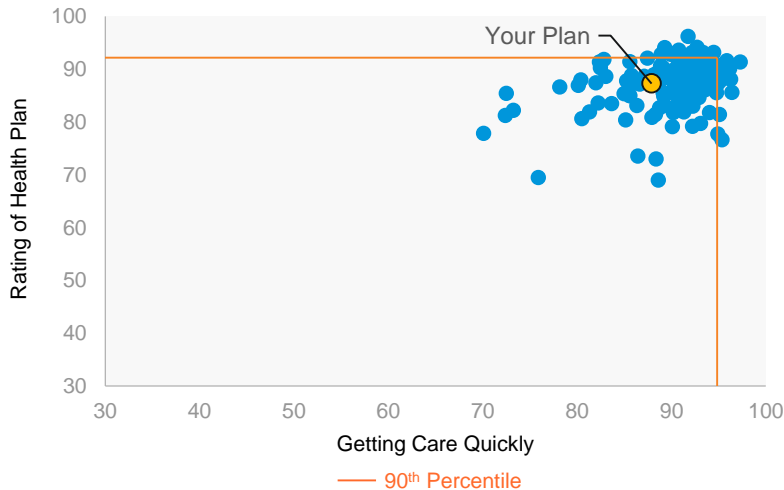
Getting Care Quickly: Composite

Please see Technical Notes for more information.

PERCENTILE RANKING 2019 QC ALL PLANS

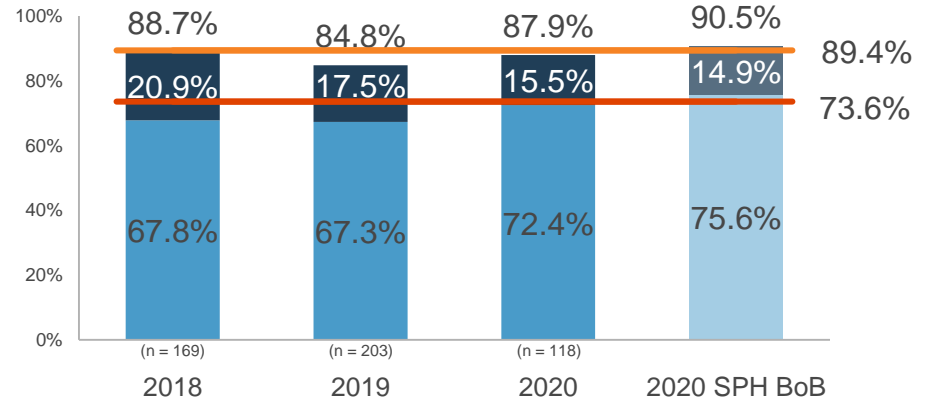


SPH BOOK OF BUSINESS DISTRIBUTION



GETTING CARE QUICKLY

% Always or Usually



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

Significance Testing

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

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

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

Getting Care Quickly: Attribute Questions

Please see Technical Notes for more information.

GETTING CARE QUICKLY QUESTIONS

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

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

2020 GETTING CARE QUICKLY COMPOSITE SUMMARY RATE SCORE

87.9%

Gate Questions

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

Valid n	Yes
312	23.7%

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

311	53.7%
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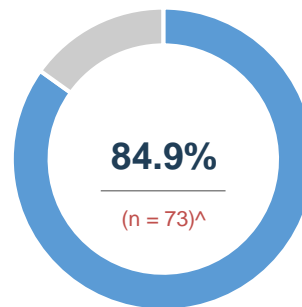
Significance Testing

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

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

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

Q4. GETTING URGENT CARE % Always or Usually

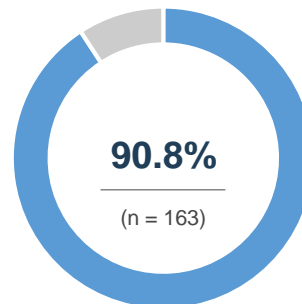


2020	84.9%
2019	87.0%
2018	91.3%
SPH	91.7%
QC	91.2%

Percentile Ranking 2019 QC All Plans



Q6. GETTING ROUTINE CARE % Always or Usually



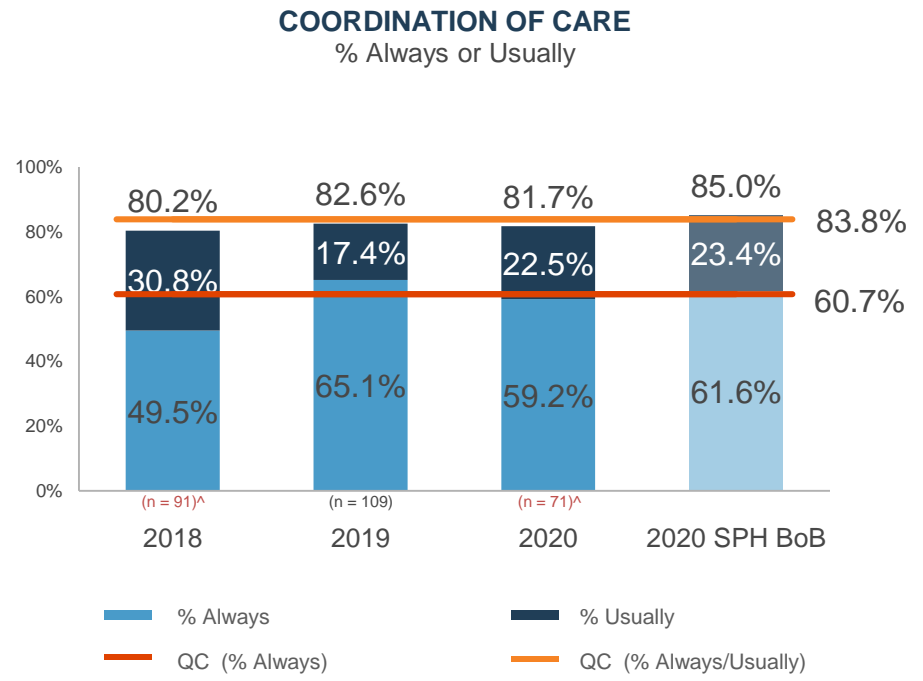
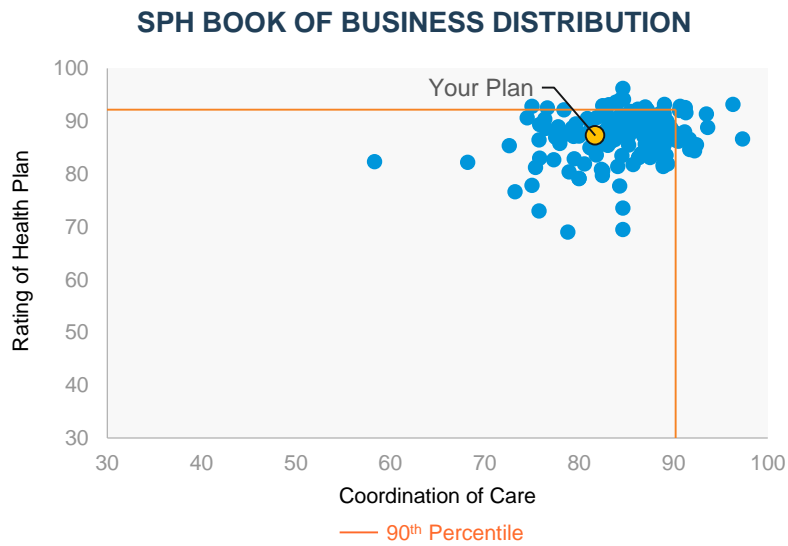
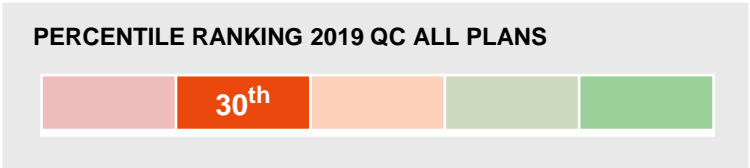
2020	90.8%	↑
2019	82.7%	
2018	86.0%	
SPH	89.3%	
QC	87.7%	

Percentile Ranking 2019 QC All Plans



Coordination of Care: Measure

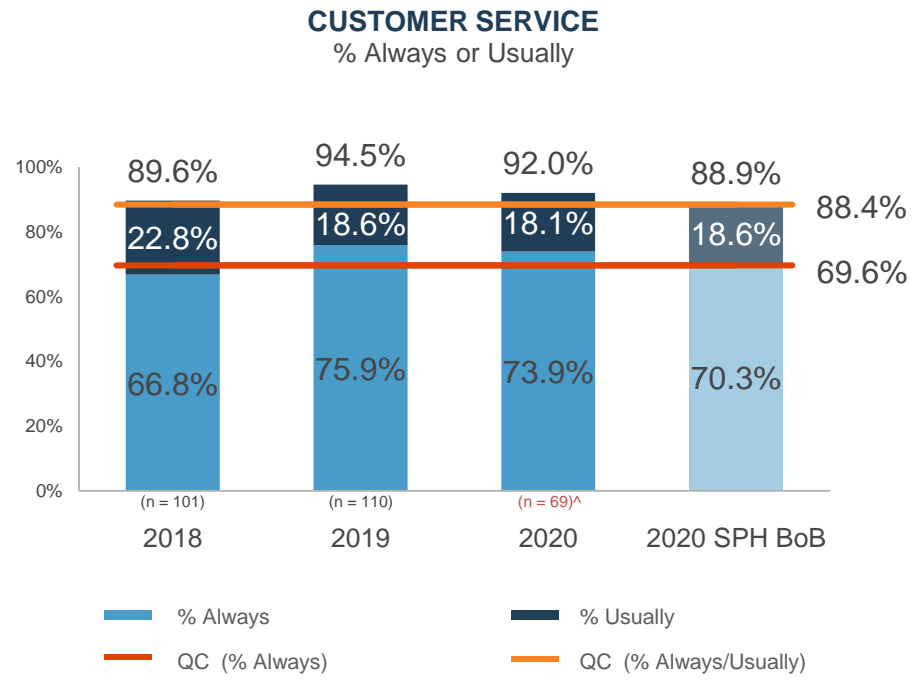
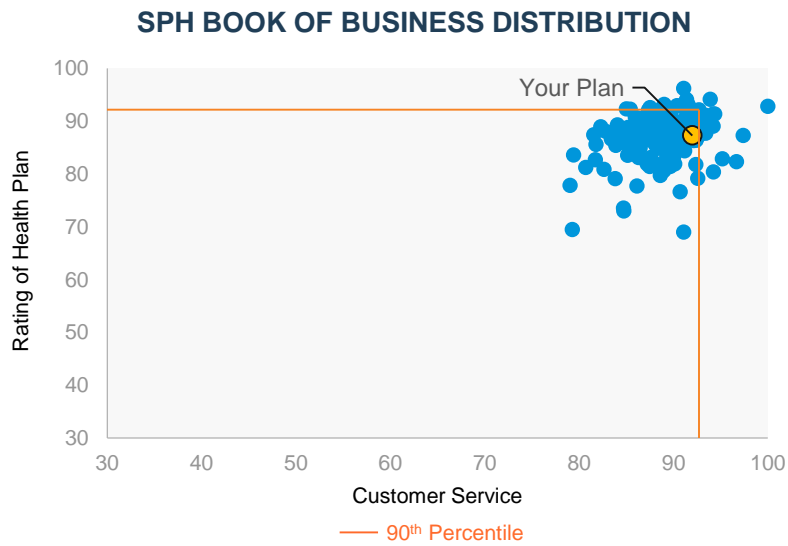
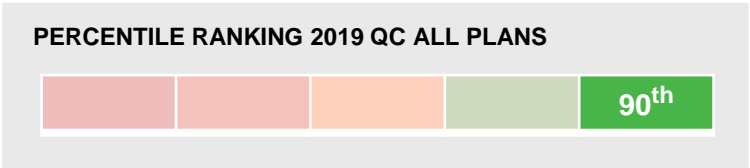
Please see Technical Notes for more information.



Significance Testing
 Current year score is significantly higher than the 2019 score (↑), the 2018 score (‡) or benchmark (▲) score.
 Current year score is significantly lower than the 2019 score (↓), the 2018 score (‡) or benchmark (▼) score.
[^]Denominator less than 100. NCQA will assign an NA to this measure.

Customer Service: Composite*

Please see Technical Notes for more information.



Significance Testing
 Current year score is significantly higher than the 2019 score (↑), the 2018 score (‡) or benchmark (▲) score.
 Current year score is significantly lower than the 2019 score (↓), the 2018 score (‡) or benchmark (▼) score.
[^]Denominator less than 100. NCQA will assign an NA to this measure.

* The Customer Service measure is not used for NCQA ratings.

Customer Service: Attribute Questions

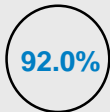
Please see Technical Notes for more information.

CUSTOMER SERVICE QUESTIONS

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

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

**2020 CUSTOMER SERVICE
COMPOSITE SUMMARY RATE SCORE**



Gate Questions

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

Valid n	Yes
306	22.9%

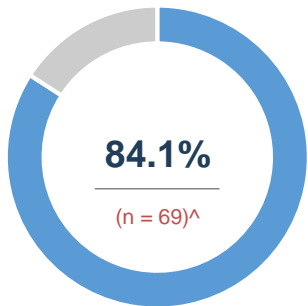
Significance Testing

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

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

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

Q45. PROVIDED INFORMATION OR HELP % Always or Usually



2020	84.1%
2019	90.0%
2018	82.2%
SPH	83.7%
QC	83.2%

Percentile Ranking 2019 QC All Plans



Q46. TREATED WITH COURTESY AND RESPECT % Always or Usually



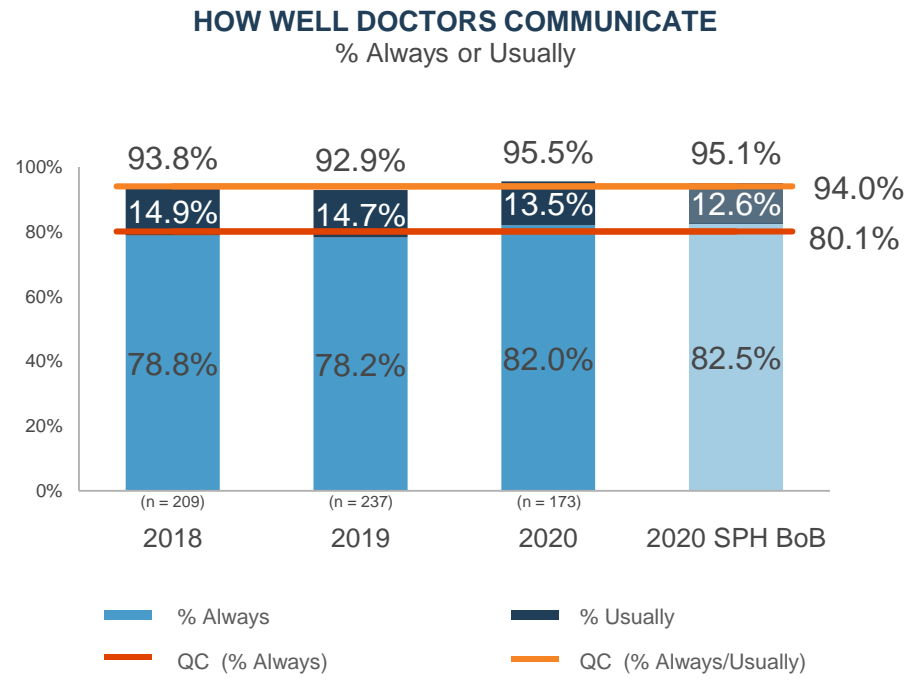
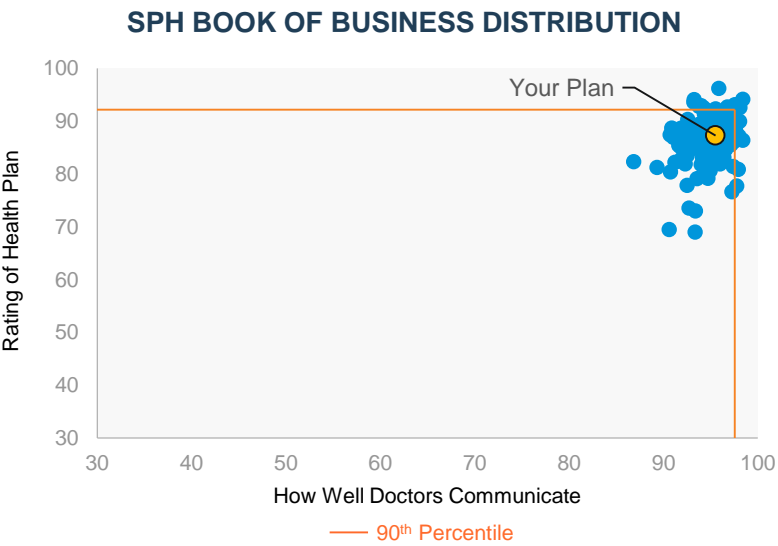
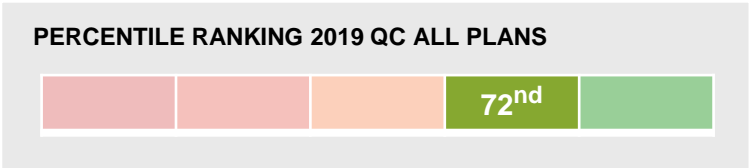
2020	100%
2019	99.1%
2018	97.0%
SPH	94.2% ▲
QC	93.6% ▲

Percentile Ranking 2019 QC All Plans



How Well Doctors Communicate: Composite*

Please see Technical Notes for more information.



Significance Testing

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

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

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

How Well Doctors Communicate: Attribute Questions

Please see Technical Notes for more information.

HOW WELL DOCTORS COMMUNICATE QUESTIONS

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

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

2020 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE

95.5%

Gate Questions

	Valid n	Yes
Q25. Have a personal doctor	310	85.2%

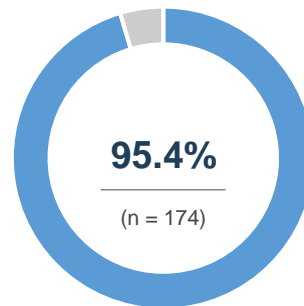
Significance Testing

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

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

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

Q27. PERSONAL DOCTOR EXPLAINED THINGS % Always or Usually

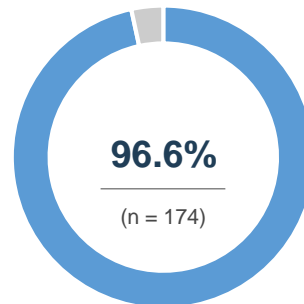


2020	95.4%
2019	94.9%
2018	94.8%
SPH	95.4%
QC	94.5%

Percentile Ranking 2019 QC All Plans



Q28. PERSONAL DOCTOR LISTENED CAREFULLY % Always or Usually



2020	96.6%
2019	93.6%
2018	94.7%
SPH	96.2%
QC	95.3%

Percentile Ranking 2019 QC All Plans



How Well Doctors Communicate: Attribute Questions (Continued)

Please see Technical Notes for more information.

HOW WELL DOCTORS COMMUNICATE QUESTIONS

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

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

2020 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE



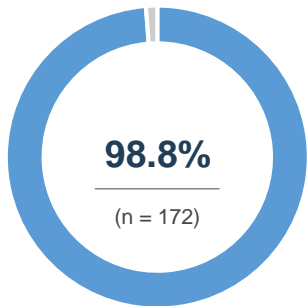
Significance Testing

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

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

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

Q29. PERSONAL DOCTOR SHOWED RESPECT % Always or Usually

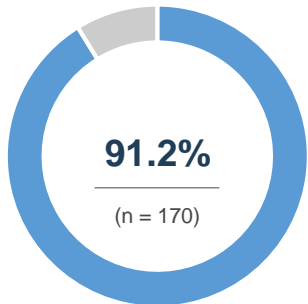


2020	98.8%
2019	97.0%
2018	97.6%
SPH	97.1% ▲
QC	96.3% ▲

Percentile Ranking 2019 QC All Plans



Q32. PERSONAL DOCTOR SPENT ENOUGH TIME % Always or Usually



2020	91.2%
2019	86.0%
2018	88.0%
SPH	91.7%
QC	89.7%

Percentile Ranking 2019 QC All Plans





Summary of Trend and Benchmarks

Summary Rate Scores and Percentile Rankings

- Presbyterian Centennial Care



Summary of Trend and Benchmarks: Section Information

Please see Technical Notes for more information.

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

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

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

Significance Testing

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

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

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

Available Benchmarks

The following benchmarks are used throughout the report.

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



Summary Rate Scores

Please see Technical Notes for more information.

RATING ITEMS

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK	2019 QC ALL LOB BENCHMARK
Rating Questions (% 9 or 10)							
★ Q49. Rating of Health Plan	307	74.1%	72.7%	70.4%	73.0%	71.7%	40.4% ▲
★ Q9. Rating of Health Care	181	59.0%	64.7%	71.3% ‡	73.0%	70.4%	51.9% ▲
★ Q36. Rating of Personal Doctor	259	75.3%	73.1%	83.4% †‡	79.1%	77.3% ▲	67.8% ▲
★ Q43. Rating of Specialist	47^	69.2%	76.8%	78.7%	75.0%	74.1%	66.6%
Rating Questions (% 8, 9 or 10)							
Q49. Rating of Health Plan	307	86.5%	86.9%	87.3%	87.5%	86.5%	63.8% ▲
Q9. Rating of Health Care	181	82.0%	83.5%	87.8%	88.7%	87.5%	78.0% ▲
Q36. Rating of Personal Doctor	259	89.1%	87.7%	91.1%	91.2%	90.0%	85.3% ▲
Q43. Rating of Specialist	47^	84.6%	91.5%	87.2%	88.2%	87.5%	84.4%

7Total Star
Rating

Measures

4Above QC
Benchmark4At or Below
QC
Benchmark



Summary Rate Scores

Please see Technical Notes for more information.

COMPOSITES, ATTRIBUTES, AND KEY QUESTIONS

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK	2019 QC ALL LOB BENCHMARK
★ Getting Needed Care (% Always or Usually)	115	80.1%	85.3%	85.2%	85.6%	84.5%	86.5%
Q10. Getting care, tests, or treatment	182	86.2%	90.1%	89.6%	90.8%	89.6%	89.3%
Q41. Getting specialist appointment	47 [^]	74.0%	80.5%	80.9%	80.4%	79.7%	83.8%
★ Getting Care Quickly (% Always or Usually)	118	88.7%	84.8%	87.9%	90.5%	89.4%	85.2%
Q4. Getting urgent care	73 [^]	91.3%	87.0%	84.9%	91.7%	91.2%	88.6%
Q6. Getting routine care	163	86.0%	82.7%	90.8% [↑]	89.3%	87.7%	82.6% [▲]
Other Measure (% Always or Usually)							
★ Q35. Coordination of Care	71 [^]	80.2%	82.6%	81.7%	85.0%	83.8%	83.1%

7Total Star
Rating

Measures

4Above QC
Benchmark4At or Below
QC
Benchmark



Summary Rate Scores

Please see Technical Notes for more information.

OTHER MEASURES*(Not used for accreditation/ratings)*

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK	2019 QC ALL LOB BENCHMARK
Other Measure (% Always or Usually)							
Q48. Ease of filling out forms	299	93.7%	97.4%	96.7%	96.0%	95.0%	96.1%
Health Plan Customer Service (% Always or Usually)	69[^]	89.6%	94.5%	92.0%	88.9%	88.4%	89.3%
Q45. Provided information or help	69 [^]	82.2%	90.0%	84.1%	83.7%	83.2%	83.1%
Q46. Treated with courtesy and respect	69 [^]	97.0%	99.1%	100%	94.2% ▲	93.6% ▲	95.4%
How Well Doctors Communicate (% Always or Usually)	173	93.8%	92.9%	95.5%	95.1%	94.0%	95.4%
Q27. Personal doctors explained things	174	94.8%	94.9%	95.4%	95.4%	94.5%	96.4%
Q28. Personal doctors listened carefully	174	94.7%	93.6%	96.6%	96.2%	95.3%	95.1%
Q29. Personal doctors showed respect	172	97.6%	97.0%	98.8%	97.1% ▲	96.3% ▲	96.4%
Q32. Personal doctors spent enough time	170	88.0%	86.0%	91.2%	91.7%	89.7%	93.6%



Summary Rate Scores – CCC Population

Please see Technical Notes for more information.

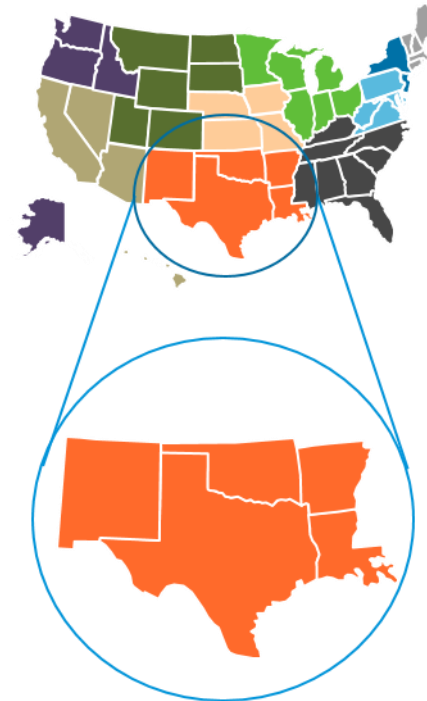
CCC MEASURES

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK
Q51. Access to Prescription Medicines (% Always or Usually)	147	89.7%	93.7%	91.2%	91.7%	91.6%
Access to Specialized Services (% Always or Usually)	46 [^]	76.5%	77.8%	77.2%	75.4%	77.2%
Q15. Ease of getting special medical equipment or devices	25 [^]	68.0%	73.3%	76.0%	74.3%	77.1%
Q18. Ease of getting therapy	43 [^]	86.0%	85.1%	76.7%	76.2%	77.5%
Q21. Ease of getting treatment or counseling	71 [^]	75.5%	75.0%	78.9%	75.9%	76.8%
FCC: Personal Doctor Who Knows Child (% Yes)	110	88.1%	90.3%	94.0%	91.8%	91.0%
Q33. Doctor talked about how child is feeling, growing, and behaving	122	88.6%	90.3%	92.6%	90.2%	89.8%
Q38. Doctor understands how these conditions affect child's day-to-day life	104	89.7%	92.5%	98.1% ↑‡	94.1% ▲	93.2% ▲
Q39. Doctor understands how these conditions affect family's day-to-day life	105	86.2%	88.2%	91.4%	91.2%	89.6%
Q8. FCC: Getting Needed Information (% Always or Usually)	135	91.8%	90.9%	92.6%	93.4%	91.4%
Coordination of Care for CCC (% Yes)	52 [^]	75.7%	77.2%	74.1%	77.2%	76.9%
Q13. Obtained help from doctors or health providers in contacting child's school or daycare	27 [^]	95.0%	88.9%	96.3%	94.0%	93.9%
Q24. Obtained help coordinating child's care among different providers or services	77 [^]	56.4%	65.6%	51.9%	60.3%	60.3%

Please see Technical Notes for more information.

	SUMMARY RATE	2020 SPH BoB REGION
Rating Questions (% 9 or 10)		
Q49. Rating of Health Plan	70.4% ❖	76.8%
Q9. Rating of Health Care	71.3%	75.8%
Q36. Rating of Personal Doctor	83.4%	80.1%
Q43. Rating of Specialist	78.7%	77.6%
Rating Questions (% 8, 9 or 10)		
Q49. Rating of Health Plan	87.3%	90.0%
Q9. Rating of Health Care	87.8%	90.6%
Q36. Rating of Personal Doctor	91.1%	91.4%
Q43. Rating of Specialist	87.2%	89.6%
Getting Needed Care (% Always or Usually)		
Q10. Getting care, tests, or treatment	89.6%	90.9%
Q41. Getting specialist appointment	80.9%	80.2%
Getting Care Quickly (% Always or Usually)		
Q4. Getting urgent care	84.9%	92.8%
Q6. Getting routine care	90.8%	89.4%
Coordination of Care (Q35) (% Always or Usually)		
	81.7%	85.1%

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



Region 6: Dallas

- Arkansas
- New Mexico
- Texas
- Louisiana
- Oklahoma

Significance Testing

Current year score is significantly higher (❖) or lower (❖) than the 2020 SPH BoB Region score.



Percentile Rankings – Quality Compass (Child)

Please see Technical Notes for more information.

	2020 Plan		National Percentiles from 2019 Quality Compass (Child)								
	Score	Percentile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Rating Questions (% 9 or 10)											
Q49. Rating of Health Plan	70.4%	38 th	61.33	65.04	68.82	69.89	72.03	74.24	75.64	78.26	79.46
Q9. Rating of Health Care	71.3%	53 rd	61.58	64.53	67.44	69.07	71.06	72.93	74.03	76.26	77.25
Q36. Rating of Personal Doctor	83.4%	93 rd	70.27	72.38	75.00	76.30	77.80	79.31	79.82	82.07	83.45
Q43. Rating of Specialist	78.7%	89 th	68.33	68.93	70.63	71.43	74.17	76.11	77.70	78.85	81.37
Rating Questions (% 8, 9 or 10)											
Q49. Rating of Health Plan	87.3%	52 nd	79.03	81.40	84.48	85.29	87.15	88.29	89.38	90.95	92.22
Q9. Rating of Health Care	87.8%	45 th	80.17	82.97	85.76	86.86	88.24	89.47	90.12	91.29	92.46
Q36. Rating of Personal Doctor	91.1%	63 rd	84.65	86.55	88.69	89.47	90.49	91.40	92.02	93.16	93.63
Q43. Rating of Specialist	87.2%	46 th	83.92	84.25	85.83	86.61	87.29	88.65	89.00	91.18	91.78
Getting Needed Care (% Always or Usually)	85.2%	51st	77.08	78.40	81.49	83.03	84.85	86.85	88.01	89.98	91.04
Q10. Getting care, tests, or treatment	89.6%	44 th	82.57	83.94	87.46	88.07	90.11	91.80	92.43	94.20	94.96
Q41. Getting specialist appointment	80.9%	53 rd	70.34	73.00	76.00	77.05	80.00	83.00	84.16	86.27	87.38
Getting Care Quickly (% Always or Usually)	87.9%	32nd	80.94	82.95	87.01	88.06	89.98	91.69	92.43	94.17	95.30
Q4. Getting urgent care	84.9%	7 th	83.06	85.00	89.43	90.32	92.00	93.33	93.84	95.74	97.01
Q6. Getting routine care	90.8%	70 th	78.95	80.82	84.54	86.53	88.16	90.21	91.06	93.44	94.24
Coordination of Care (Q35) (% Always or Usually)	81.7%	30th	75.63	78.57	81.11	82.26	84.06	85.71	87.18	89.33	89.83

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



Percentile Rankings – SPH Book of Business (Child)

Please see Technical Notes for more information.

	2020 Plan		National Percentiles from 2020 SPH Book of Business (Child)								
	Score	Percentile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Rating Questions (% 9 or 10)											
Q49. Rating of Health Plan	70.4%	24 th	60.95	65.09	70.51	71.43	73.87	75.53	76.89	80.05	81.93
Q9. Rating of Health Care	71.3%	32 nd	64.03	66.76	70.22	71.45	73.14	75.62	76.55	79.35	80.27
Q36. Rating of Personal Doctor	83.4%	88 th	72.21	74.13	76.76	77.80	79.22	81.09	81.75	83.61	84.55
Q43. Rating of Specialist	78.7%	69 th	62.46	66.67	71.11	72.56	74.36	77.95	80.00	83.89	85.88
Rating Questions (% 8, 9 or 10)											
Q49. Rating of Health Plan	87.3%	38 th	79.21	81.89	85.61	86.60	88.15	89.37	90.14	92.12	92.88
Q9. Rating of Health Care	87.8%	37 th	83.54	84.66	86.83	87.62	88.89	90.28	90.75	92.58	93.32
Q36. Rating of Personal Doctor	91.1%	42 nd	86.23	87.79	90.12	90.43	91.36	92.12	92.63	93.76	94.79
Q43. Rating of Specialist	87.2%	40 th	81.78	82.41	85.71	86.67	88.14	90.51	91.58	93.52	95.10
Getting Needed Care (% Always or Usually)	85.2%	45th	76.40	78.95	82.44	84.01	85.99	87.65	88.62	91.06	91.92
Q10. Getting care, tests, or treatment	89.6%	36 th	82.24	85.42	88.60	89.29	91.02	93.13	93.49	95.16	96.09
Q41. Getting specialist appointment	80.9%	49 th	66.04	71.46	76.27	77.98	80.95	83.73	84.71	88.05	90.25
Getting Care Quickly (% Always or Usually)	87.9%	21st	80.48	84.44	88.51	89.92	91.55	92.89	93.43	94.73	95.35
Q4. Getting urgent care	84.9%	12 th	81.35	84.27	89.36	90.70	92.86	94.15	94.64	96.25	97.15
Q6. Getting routine care	90.8%	51 st	79.35	81.90	86.69	88.52	90.78	91.99	92.65	94.29	95.18
Coordination of Care (Q35) (% Always or Usually)	81.7%	22nd	75.76	77.78	82.50	83.83	85.42	87.22	88.31	89.96	91.38

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



Percentile Rankings – Quality Compass

Please see Technical Notes for more information.

CCC Population	2020 Plan		National Percentiles from 2019 Quality Compass (CCC Population)								
	Score	Percentile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Q51. Access to Prescription Medicines (% Always or Usually)	91.2%	42nd	87.17	87.61	90.03	90.82	91.59	92.17	93.35	94.85	96.71
Access to Specialized Services (% Always or Usually)	77.2%	41st	69.60	70.64	74.69	74.86	77.5	78.68	80.20	82.79	85.74
Q15. Ease of getting special medical equipment or devices	76.0%	NA	---	---	---	---	---	---	---	---	---
Q18. Ease of getting therapy	76.7%	30 th	69.01	69.80	76.11	76.98	77.56	78.00	78.7	85.18	88.18
Q21. Ease of getting treatment or counseling	78.9%	61 st	63.48	66.09	73.04	73.96	77.68	80.99	82.05	85.59	86.89
FCC: Personal Doctor Who Knows Child (% Yes)	94.0%	97th	87.89	88.26	90.01	90.42	91.29	91.89	92.23	93.32	93.66
Q33. Doctor talked about how child is feeling, growing, and behaving	92.6%	87 th	84.11	87.22	88.55	89.15	89.74	91.06	91.71	93.05	93.69
Q38. Doctor understands how these conditions affect child's day-to-day life	98.1%	100 th	90.09	90.48	91.96	92.55	93.53	94.69	94.77	95.74	95.96
Q39. Doctor understands how these conditions affect family's day-to-day life	91.4%	72 nd	84.92	86.17	87.90	88.60	90.07	90.94	91.63	92.31	92.80
Q8. FCC: Getting Needed Information (% Always or Usually)	92.6%	50th	83.59	86.48	90.38	90.91	92.29	93.15	93.4	94.49	95.10
Coordination of Care for CCC (% Yes)	74.1%	17th	71.92	73.33	74.82	75.68	77.40	78.45	79.15	79.62	79.87
Q13. Obtained help from doctors or health providers in contacting child's school or daycare	96.3%	NA	---	---	---	---	---	---	---	---	---
Q24. Obtained help coordinating child's care among different providers or services	51.9%	5 th	50.91	52.46	55.88	56.67	59.92	64.72	64.86	66.91	70.63

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



Percentile Rankings – SPH Book of Business

Please see Technical Notes for more information.

CCC Population	2020 Plan		National Percentiles from 2020 SPH Book of Business (CCC Population)								
	Score	Percentile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Q51. Access to Prescription Medicines (% Always or Usually)	91.2%	38th	87.43	88.39	89.66	90.18	91.48	92.82	94.01	95.62	96.38
Access to Specialized Services (% Always or Usually)	77.2%	52nd	67.50	69.41	71.67	74.28	76.83	79.85	80.94	83.03	85.95
Q15. Ease of getting special medical equipment or devices	76.0%	59 th	60.73	64.52	71.43	72.79	75.00	79.86	82.14	89.40	93.63
Q18. Ease of getting therapy	76.7%	48 th	64.75	66.76	72.09	74.07	76.95	80.49	82.05	83.64	87.53
Q21. Ease of getting treatment or counseling	78.9%	61 st	65.65	67.39	71.61	72.59	76.73	80.68	82.02	85.37	86.24
FCC: Personal Doctor Who Knows Child (% Yes)	94.0%	84th	88.31	89.01	90.43	91.33	91.97	93.06	93.55	94.27	94.65
Q33. Doctor talked about how child is feeling, growing, and behaving	92.6%	91 st	86.38	87.3	88.96	89.29	90.32	91.66	92.11	92.61	93.65
Q38. Doctor understands how these conditions affect child's day-to-day life	98.1%	100 th	89.79	90.62	92.91	93.51	94.51	95.43	96.09	96.88	97.42
Q39. Doctor understands how these conditions affect family's day-to-day life	91.4%	50 th	85.66	88.18	89.77	90.46	91.43	92.92	92.96	94.07	95.16
Q8. FCC: Getting Needed Information (% Always or Usually)	92.6%	34th	90.49	91.34	92.05	92.56	93.35	94.15	94.74	95.36	96.16
Coordination of Care for CCC (% Yes)	74.1%	18th	72.98	73.21	75.57	76.08	77.37	78.6	79.53	81.49	82.85
Q13. Obtained help from doctors or health providers in contacting child's school or daycare	96.3%	64 th	88.05	88.39	91.43	92.46	94.74	96.46	96.97	100	100
Q24. Obtained help coordinating child's care among different providers or services	51.9%	<5 th	52.13	52.74	55.81	57.94	60.4	62.9	64.64	70.54	71.84

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



Profile of Survey Respondents

Demographic Composition

- Presbyterian Centennial Care

The main title of the document is "Profile of Survey Respondents: Section Information", displayed in a large blue font at the top left. To its left is a circular logo composed of three overlapping circles in shades of blue and green.

Please see Technical Notes for more information.

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

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

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

Significance Testing

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

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

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

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

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

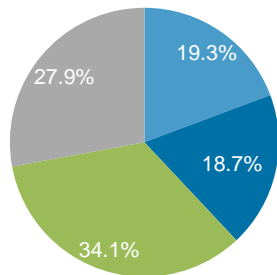
Profile of Survey Respondents

Please see Technical Notes for more information.

Survey Demographics

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

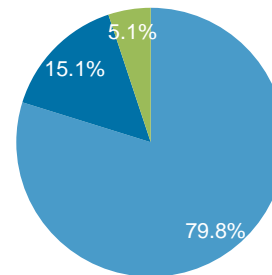
Child's Age



	0 - 4	5 - 8	9 - 13	14 or older
2020	19.3%	18.7% ↓	34.1%	27.9%
2019	19.3%	21.7%	31.5%	27.5%
2018	14.3%	25.1%	33.6%	27.0%
SPH	23.1%	20.8%	29.4%	26.7%
QC	NA	NA	NA	NA

■ 0-4 ■ 5-8 ■ 9-13 ■ 14 or older

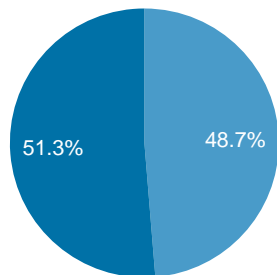
Child's Health Status



	Excellent/ Very Good	Good	Fair/Poor
2020	79.8% ↑‡	15.1% ↓	5.1%
2019	69.0%	23.1%	7.9%
2018	73.0%	20.0%	7.0%
SPH	77.1%	18.5%	4.4%
QC	75.2% ▲	19.8% ▼	5.0%

■ Excellent/Very Good ■ Good ■ Fair/Poor

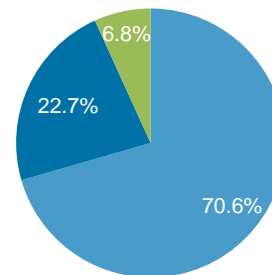
Child's Gender



	Male	Female
2020	48.7%	51.3%
2019	53.4%	46.6%
2018	49.5%	50.5%
SPH	52.1%	47.9%
QC	52.0%	48.0%

■ Male ■ Female

Child's Mental/Emotional Health Status



	Excellent/ Very Good	Good	Fair/Poor
2020	70.6%	22.7%	6.8%
2019	70.1%	20.5%	9.4%
2018	72.2%	18.1%	9.7%
SPH	71.2%	19.5%	9.3%
QC	71.9%	18.8%	9.4%

■ Excellent/Very Good ■ Good ■ Fair/Poor

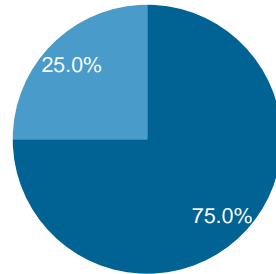
Profile of Survey Respondents

Please see Technical Notes for more information.

Survey Demographics

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

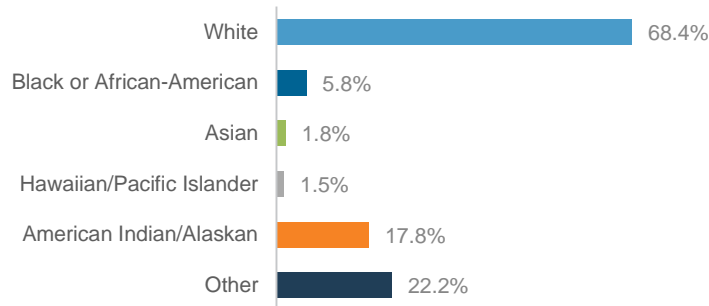
Child's Ethnicity



■ Hispanic/Latino ■ Not Hispanic/Latino

	Hispanic/Latino	Not Hispanic/Latino
2020	75.0%	25.0%
2019	77.7%	22.3%
2018	75.4%	24.6%
SPH	31.3% ▲	68.7% ▼
QC	34.8% ▲	65.2% ▼

Child's Race



	White	Black or African-American	Asian	Hawaiian/Pacific Islander	American Indian/Alaskan	Other
2020	68.4%	5.8%	1.8%	1.5%	17.8% ↑‡	22.2% ↓‡
2019	66.7%	5.0%	2.1%	0.3%	10.3%	29.8%
2018	65.6%	4.2%	0.3%	0.9%	10.4%	32.0%
SPH	65.3%	22.9% ▼	6.9% ▼	1.7%	3.2% ▲	14.8% ▲
QC	51.4% ▲	21.6% ▼	6.3% ▼	1.8%	3.2% ▲	15.7% ▲

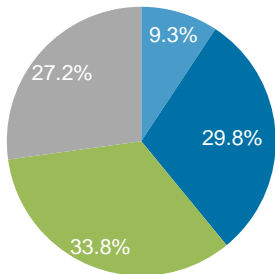
Profile of Survey Respondents

Please see Technical Notes for more information.

Survey Demographics

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

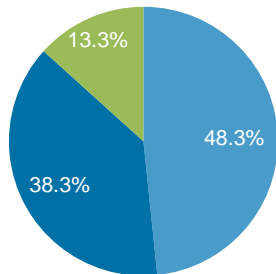
Respondent's Age



	24 or younger	25 - 34	35 - 44	45 or older
2020	9.3%	29.8%	33.8%	27.2%
2019	11.4%	31.6%	31.3%	25.6%
2018	10.2%	32.7%	33.0%	24.2%
SPH	12.2%	26.5%	32.8%	28.5%
QC	11.7%	28.7%	32.4%	27.1%

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

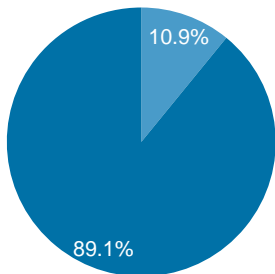
Respondent's Education



	HS Graduate or Less	Some College	College Graduate or More
2020	48.3% †	38.3% ‡	13.3%
2019	50.8%	32.5%	16.7%
2018	57.8%	31.0%	11.2%
SPH	49.9%	33.2%	17.0%
QC	53.8%	30.8% ▲	15.5%

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

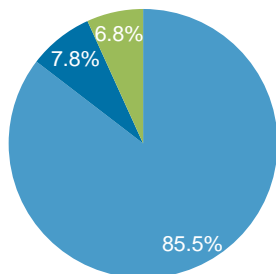
Respondent's Gender



	Male	Female
2020	10.9%	89.1%
2019	10.1%	89.9%
2018	11.2%	88.8%
SPH	12.9%	87.1%
QC	12.8%	87.3%

■ Male ■ Female

Respondent's Relation to Child



	Parent	Grandparent	Other
2020	85.5% †	7.8%	6.8% ‡
2019	89.8%	5.8%	4.4%
2018	92.2%	5.2%	2.6%
SPH	90.0% ▼	6.7%	3.3% ▲
QC	89.8% ▼	6.9%	3.3% ▲

■ Parent ■ Grandparent ■ Other

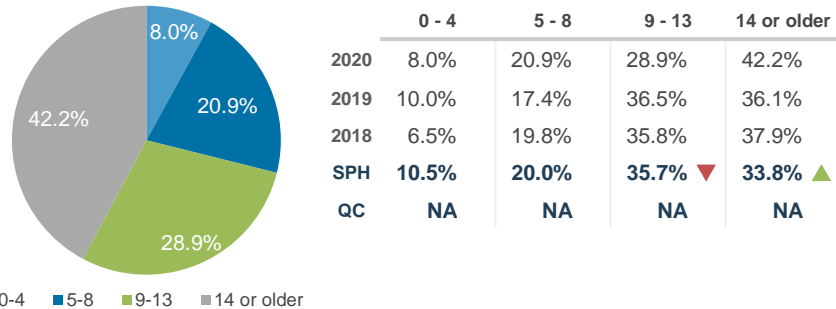
Profile of Survey Respondents – CCC Population

Please see Technical Notes for more information.

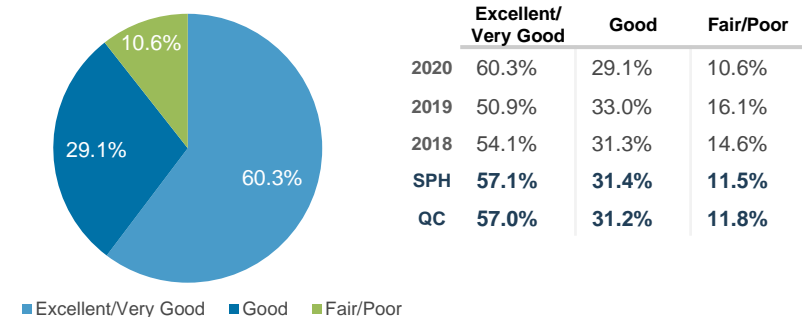
Survey Demographics

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

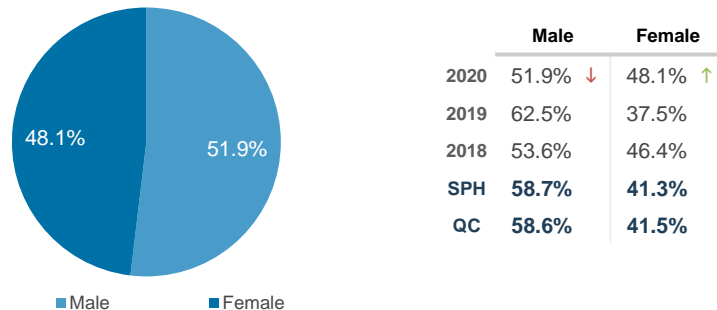
Child's Age



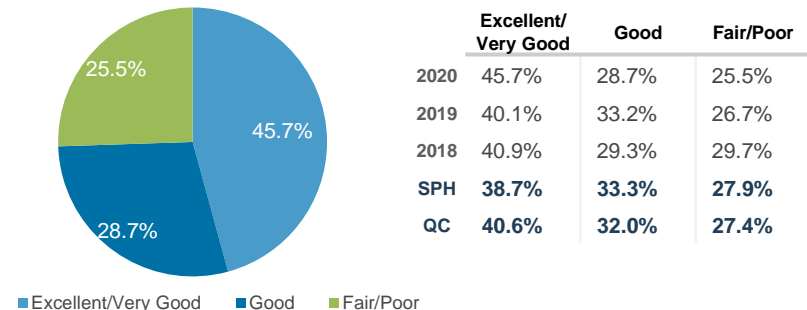
Child's Health Status



Child's Gender



Child's Mental/Emotional Health Status



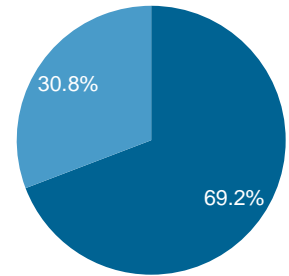
Profile of Survey Respondents – CCC Population

Please see Technical Notes for more information.

Survey Demographics

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

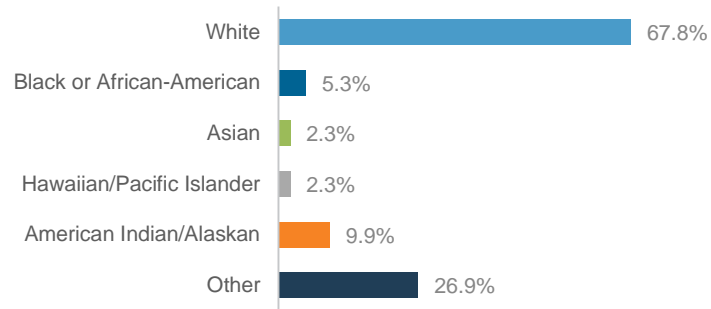
Child's Ethnicity



■ Hispanic/Latino ■ Not Hispanic/Latino

	Hispanic/Latino	Not Hispanic/Latino
2020	69.2%	30.8%
2019	71.7%	28.3%
2018	73.3%	26.7%
SPH	20.5% ▲	79.5% ▼
QC	23.5% ▲	76.5% ▼

Child's Race



	White	Black or African-American	Asian	Hawaiian/Pacific Islander	American Indian/Alaskan	Other
2020	67.8%	5.3%	2.3%	2.3%	9.9%	26.9%
2019	67.3%	6.8%	0.5%	0.9%	9.1%	30.0%
2018	71.3%	5.1%	0.5%	1.4%	6.9%	29.2%
SPH	72.2%	25.5% ▼	2.4%	1.0%	3.6% ▲	9.6% ▲
QC	54.4% ▲	26.0% ▼	2.9%	1.2%	3.7% ▲	11.8% ▲

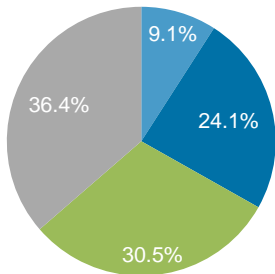
Profile of Survey Respondents – CCC Population

Please see Technical Notes for more information.

Survey Demographics

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

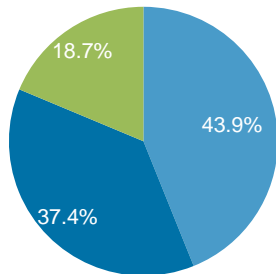
Respondent's Age



	24 or younger	25 - 34	35 - 44	45 or older
2020	9.1%	24.1%	30.5%	36.4%
2019	8.7%	21.4%	31.9%	38.0%
2018	7.4%	17.0%	38.3%	37.4%
SPH	11.7%	18.8%	31.2%	38.3%
QC	10.0%	21.6%	31.8%	36.5%

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

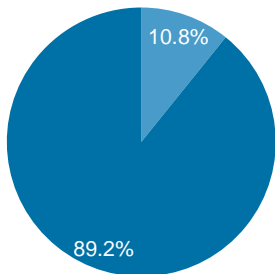
Respondent's Education



	HS Graduate or Less	Some College	College Graduate or More
2020	43.9%	37.4%	18.7%
2019	50.2%	34.4%	15.4%
2018	46.3%	37.1%	16.6%
SPH	43.4%	37.9%	18.7%
QC	46.3%	36.5%	17.2%

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

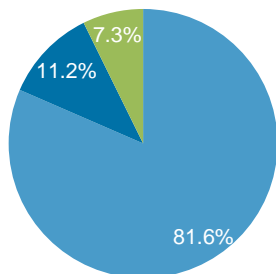
Respondent's Gender



	Male	Female
2020	10.8%	89.2%
2019	10.0%	90.0%
2018	10.4%	89.6%
SPH	10.1%	89.9%
QC	11.1%	88.9%

■ Male ■ Female

Respondent's Relation to Child



	Parent	Grandparent	Other
2020	81.6%‡	11.2%	7.3%‡
2019	84.3%	8.5%	7.2%
2018	89.9%	7.3%	2.8%
SPH	83.0%	11.1%	5.9%
QC	83.0%	11.1%	5.9%

■ Parent ■ Grandparent ■ Other



Demographic Segment Analyses

Subgroup Analysis

- Presbyterian Centennial Care



Demographic Analyses: Section Information

Please see Technical Notes for more information.

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

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

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

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

Segment Groups

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

Demographic Segments

Please see Technical Notes for more information.

	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type			Child's Age			
	8-10	0-7	8-10	0-7	Excellent or Very good	Good	Fair or Poor	Excellent or Very good	Good	Fair or Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
<i>Total respondents</i>	268	39	159	22	249	47	16 [^]	218	70	21	120	172	21	59	57	104	85
Rating Questions (% 9 or 10)																	
Q49. Rating of Health Plan	80.6% ^B	0.0%	76.3%	19.0%	74.9% ^F	53.3%	46.7%	74.9%	62.3%	50.0%	72.9%	66.7%	85.7%	81.4% ^P	74.5%	60.2%	73.5%
Q9. Rating of Health Care	80.8%	23.1%	81.1%	0.0%	78.4% ^F	50.0%	41.7%	78.2%	66.7%	33.3%	67.5%	70.9%	93.3%	73.0%	70.6%	69.1%	73.1%
Q36. Rating of Personal Doctor	85.2%	67.9%	92.2%	35.3%	87.5% ^F	67.6%	61.5%	87.7% ^I	73.3%	70.6%	83.3%	82.6%	90.0%	86.3%	86.0%	84.0%	76.8%
Q43. Rating of Specialist	79.5%	71.4%	85.3%	33.3%	82.8%	69.2%	80.0%	84.0%	77.8%	50.0%	84.2%	79.2%	50.0%	85.7%	81.8%	64.3%	86.7%
Rating Questions (% 8, 9 or 10)																	
Q49. Rating of Health Plan	100% ^B	0.0%	92.3%	33.3%	89.5%	80.0%	73.3%	91.2%	82.6%	60.0%	85.6%	87.5%	95.2%	91.5%	89.1%	83.5%	88.0%
Q9. Rating of Health Care	95.4%	46.2%	100%	0.0%	92.8%	80.0%	50.0%	93.3%	84.4%	53.3%	86.3%	87.2%	100%	89.2%	88.2%	85.5%	88.5%
Q36. Rating of Personal Doctor	93.9%	67.9%	96.5%	41.2%	93.8% ^F	78.4%	84.6%	93.9%	86.7%	76.5%	90.0%	91.3%	95.0%	92.2%	88.0%	92.6%	89.9%
Q43. Rating of Specialist	89.7%	71.4%	94.1%	50.0%	93.1%	76.9%	80.0%	92.0%	88.9%	50.0%	89.5%	91.7%	50.0%	100%	90.9%	78.6%	86.7%
Getting Needed Care (% Always or Usually)	87.4%	72.3%	90.4%	47.7%	88.5%	80.6%	63.3%	93.5% ^I	70.6%	86.7%	86.5%	82.3%	96.7%	97.4% ^O 97.4% ^Q	80.5%	82.1%	84.7%
Q10. Getting care, tests, or treatment	92.8%	73.1%	95.6%	45.5%	94.3% ^F	76.7%	66.7%	95.0% ^I	80.0%	73.3%	88.9%	89.5%	93.3%	94.7%	88.2%	92.7%	82.7%
Q41. Getting specialist appointment	82.1%	71.4%	85.3%	50.0%	82.8%	84.6%	60.0%	92.0%	61.1%	100%	84.2%	75.0%	100%	100%	72.7%	71.4%	86.7%
Getting Care Quickly (% Always or Usually)	90.5%	67.6%	95.4%	47.2%	91.4%	78.6%	80.7%	90.9%	86.6%	59.6%	87.3%	87.5%	91.7%	91.3%	92.0%	90.2%	81.3%
Q4. Getting urgent care	87.5%	62.5%	94.2%	44.4%	90.0%	75.0%	71.4%	87.2%	86.4%	50.0%	86.1%	83.9%	83.3%	91.7%	89.5%	90.0%	72.7%
Q6. Getting routine care	93.5%	72.7%	96.6%	50.0%	92.7%	82.1%	90.0%	94.5%	86.8%	69.2%	88.4%	91.1%	100%	90.9%	94.4%	90.5%	89.8%
Coordination of Care (Q35) (% Always or Usually)	86.7%	55.6%	86.5%	55.6%	84.4%	77.8%	71.4%	82.6%	83.3%	66.7%	77.4%	90.9%	57.1%	80.0%	75.0%	85.0%	82.6%

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



Demographic Segments

Please see Technical Notes for more information.

	<u>Rating of Health Plan</u>		<u>Rating of Health Care</u>		<u>Health Status</u>			<u>Mental Health Status</u>			<u>Survey Type</u>			<u>Child's Age</u>			
	8-10	0-7	8-10	0-7	Excellent or Very good	Good	Fair or Poor	Excellent or Very good	Good	Fair or Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
<i>Total respondents</i>	268	39	159	22	249	47	16 [^]	218	70	21	120	172	21	59	57	104	85
Health Plan Customer Service (% Always or Usually)	92.7%	85.7%	96.7%	66.7%	90.4%	95.8%	100%	89.3%	100%	90.0%	89.1%	93.4%	93.8%	83.3%	93.2%	96.9%	91.7%
Q45. Provided information or help	85.5%	71.4%	93.3%	33.3%	80.8%	91.7%	100%	78.6%	100%	80.0%	78.3%	86.8%	87.5%	66.7%	86.4%	93.8%	83.3%
Q46. Treated with courtesy and respect	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
How Well Doctors Communicate (% Always or Usually)	96.7%	87.2%	98.4%	70.3%	97.4%	90.2%	84.4%	97.4%	94.0%	80.7%	95.3%	95.4%	96.9%	95.7%	95.6%	94.6%	95.7%
Q27. Personal doctors explained things	97.4%	85.0%	100%	68.8%	98.5%	92.9%	60.0%	98.3%	92.9%	75.0%	97.2%	93.1%	100%	100% P	97.1%	92.5%	93.6%
Q28. Personal doctors listened carefully	98.0%	85.0%	100%	68.8%	97.8%	89.3%	100%	97.4%	97.6%	83.3%	94.4%	97.7%	100%	94.3%	94.1%	98.1%	97.9%
Q29. Personal doctors showed respect	99.3%	94.7%	100%	86.7%	100%	92.9%	100%	100%	97.6%	91.7%	98.6%	98.9%	100%	97.1%	97.1%	100%	100%
Q32. Personal doctors spent enough time	91.9%	84.2%	93.7%	57.1%	93.2%	85.7%	77.8%	93.9%	88.1%	72.7%	91.0%	92.0%	87.5%	91.4%	94.1%	88.0%	91.3%
Other Measures																	
Q48. Ease of filling out forms (% Always or Usually)	96.9%	94.6%	97.4%	84.2%	96.7%	97.8%	92.9%	97.2%	98.5%	84.2%	98.3%	95.7%	94.7%	96.5%	94.7%	98.0%	96.2%
Q7. Average number of visits to doctor's office or clinic	1.41	1.68	2.32	2.59	1.28	1.57	3.72	1.30	1.54	2.74	1.37	1.44	1.98	1.80	1.81	1.14	1.34
Q26. Average number of visits to personal doctor	1.27	1.57	1.76	2.00	1.25	1.36	2.00	1.30	1.28	1.44	1.24	1.28	1.83	1.92 Q	1.27	1.19	1.01
Q42. Average number of specialists seen	1.56	2.43	1.68	2.50	1.34	1.69	3.60	1.48	1.78	2.50	1.63	1.79	1.25	1.43	1.73	1.71	1.73

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

Demographic Segments

Please see Technical Notes for more information.

	Child's Gender		Child's Race			Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	Other*	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)
<i>Total respondents</i>	148	156	188	16 ^A	77	228	76	28	90	102	82	33	271	145	155
Rating Questions (% 9 or 10)															
Q49. Rating of Health Plan	72.4%	68.2%	65.2%	68.8%	80.0% ^C	72.9%	64.9%	70.4%	74.2%	63.4%	75.0%	75.0%	69.7%	74.8%	66.7%
Q9. Rating of Health Care	69.1%	72.4%	70.3%	70.0%	75.0%	69.7%	78.4%	78.3%	68.8%	71.2%	69.6%	78.6%	70.7%	75.0%	69.7%
Q36. Rating of Personal Doctor	82.1%	83.6%	81.5%	86.7%	85.7%	82.6%	85.0%	90.9%	80.7%	79.3%	86.9%	74.1%	83.9%	83.8%	81.9%
Q43. Rating of Specialist	77.8%	80.0%	74.3%	100%	100%	75.0%	90.9%	75.0%	83.3%	64.7%	92.9%	80.0%	78.6%	78.9%	78.6%
Rating Questions (% 8, 9 or 10)															
Q49. Rating of Health Plan	90.3%	84.4%	87.2%	81.3%	89.3%	88.4%	86.5%	88.9%	91.0%	83.2%	88.8%	90.6%	86.9%	86.7%	88.2%
Q9. Rating of Health Care	88.9%	86.7%	87.3%	90.0%	86.1%	87.3%	89.2%	95.7%	81.3%	88.1%	89.1%	85.7%	87.8%	86.8%	87.9%
Q36. Rating of Personal Doctor	93.5%	88.3%	89.9%	86.7%	89.8%	90.5%	93.3%	95.5%	86.7%	90.2%	95.1%	88.9%	91.0%	89.2%	92.0%
Q43. Rating of Specialist	88.9%	85.0%	82.9%	100%	100%	86.1%	90.9%	100%	83.3%	76.5%	100%	80.0%	88.1%	84.2%	89.3%
Getting Needed Care (% Always or Usually)	84.0%	85.9%	86.0%	78.3%	75.0%	84.7%	86.9%	95.7%	74.1%	84.4%	92.1% ^I	66.4%	87.4%	75.0%	92.4% ^N
Q10. Getting care, tests, or treatment	86.4%	91.8%	89.1%	90.0%	83.3%	88.8%	91.9%	91.3%	89.8%	86.4%	91.3%	92.9%	89.1%	86.8%	91.9%
Q41. Getting specialist appointment	81.5%	80.0%	82.9%	66.7%	66.7%	80.6%	81.8%	100%	58.3%	82.4%	92.9%	40.0%	85.7%	63.2%	92.9%
Getting Care Quickly (% Always or Usually)	92.0%	83.5%	89.8%	100%	83.8%	86.5%	93.2%	96.9%	83.9%	88.4%	89.7%	79.2%	88.8%	82.6%	91.4%
Q4. Getting urgent care	92.3%	76.5%	85.4%	100%	85.7%	83.3%	89.5%	100%	84.2%	80.8%	87.0%	83.3%	85.1%	77.8%	88.6%
Q6. Getting routine care	91.8%	90.6%	94.1%	100%	81.8%	89.7%	96.9%	93.8%	83.7%	96.1% ^I	92.5%	75.0%	92.5%	87.5%	94.1%
Coordination of Care (Q17) (% Always or Usually)	84.2%	78.1%	82.0%	83.3%	70.0%	80.0%	86.7%	75.0%	73.7%	86.4%	90.0%	100%	80.3%	84.6%	81.4%

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

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



Demographic Segments

Please see Technical Notes for more information.

	Child's Gender		Child's Race			Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	Other*	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)
<i>Total respondents</i>	148	156	188	16 ^A	77	228	76	28	90	102	82	33	271	145	155
Health Plan Customer Service (% Always or Usually)	88.9%	96.7%	92.2%	90.0%	91.7%	91.0%	94.4%	87.5%	97.2%	90.5%	88.9%	83.3%	92.6%	92.6%	90.6%
Q45. Provided information or help	77.8%	93.3%	84.4%	80.0%	83.3%	82.0%	88.9%	75.0%	94.4%	81.0%	77.8%	66.7%	85.2%	85.3%	81.3%
Q46. Treated with courtesy and respect	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
How Well Doctors Communicate (% Always or Usually)	95.7%	95.1%	94.5%	100%	95.3%	94.4%	98.7%	97.4%	90.6%	97.5%	98.2%	100%	95.1%	94.7%	96.1%
Q27. Personal doctors explained things	96.1%	94.6%	94.9%	100%	92.9%	93.8%	100% ^F	95.0%	90.6%	98.1%	97.6%	100%	94.8%	93.1%	96.9%
Q28. Personal doctors listened carefully	97.4%	95.7%	95.8%	100%	96.4%	96.2%	97.5%	100%	90.6%	98.1%	100% ^I	100%	96.1%	97.2%	95.8%
Q29. Personal doctors showed respect	98.7%	98.9%	98.3%	100%	100%	98.4%	100%	100%	96.2%	100%	100%	100%	98.7%	98.6%	98.9%
Q32. Personal doctors spent enough time	90.7%	91.1%	88.9%	100%	92.0%	89.1%	97.4% ^F	94.7%	84.9%	94.0%	95.1%	100%	90.7%	90.0%	92.6%
Other Measures															
Q48. Ease of filling out forms (% Always or Usually)	95.8%	97.3%	97.2%	100%	95.9%	95.9%	98.6%	92.3%	94.3%	98.0%	98.7%	93.5%	96.9%	97.1%	96.6%
Q7. Average number of visits to doctor's office or clinic	1.51	1.43	1.54	1.90	1.10	1.47	1.45	2.34	1.35	1.22	1.59	0.87	1.55 ^L	1.35	1.58
Q26. Average number of visits to personal doctor	1.29	1.31	1.36 ^E	1.00	0.96	1.30	1.38	2.52	1.19	1.18	1.20	0.81	1.38	1.34	1.30
Q42. Average number of specialists seen	1.67	1.70	1.63	1.00	1.67	1.56	2.09	1.25	1.25	2.00	1.79	1.40	1.71	1.68	1.68

^AIndicates a base size smaller than 20. Interpret results with caution.^EOther includes all respondents who selected any race other than White or Black/African-American and did not select White or Black/African-American.



Demographic Segments – CCC Population

Please see Technical Notes for more information.

	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type			Child's Age			
	8-10	0-7	8-10	0-7	Excellent or Very good	Good	Fair or Poor	Excellent or Very good	Good	Fair or Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
<i>Total respondents</i>	159	28	113	21	114	55	20	86	54	48	83	88	18 [^]	15 [^]	39	54	79
Q51. Access to Prescription Medicines (% Always or Usually)	92.7%	81.8%	90.2%	84.2%	92.5%	89.6%	89.5%	93.8%	93.0%	84.2%	91.2%	92.5%	83.3%	91.7%	86.2%	83.8%	97.0% P
Access to Specialized Services (% Always or Usually)	84.8%	48.5%	82.1%	43.9%	80.8%	73.7%	73.0%	87.0% J	78.3%	67.8%	78.0%	78.9%	56.7%	85.2%	67.3%	73.5%	82.0%
Q15. Ease of getting special medical equipment or devices	80.0%	60.0%	75.0%	33.3%	80.0%	77.8%	66.7%	80.0%	60.0%	80.0%	87.5%	75.0%	0.0%	66.7%	87.5%	71.4%	71.4%
Q18. Ease of getting therapy	87.9%	40.0%	88.0%	42.9%	77.3%	71.4%	85.7%	85.7%	91.7%	58.8%	72.2%	80.0%	80.0%	88.9%	50.0%	70.0%	92.9%
Q21. Ease of getting treatment or counseling	86.4%	45.5%	83.3%	55.6%	85.0%	72.0%	66.7%	95.2%	83.3%	64.5%	74.4%	81.8%	90.0%	100%	64.3%	78.9%	81.8%
FCC: Personal Doctor Who Knows Child (% Yes)	94.9%	87.9%	94.9%	89.4%	95.2%	91.9%	94.8%	98.1%	95.4%	87.2%	93.0%	95.3%	92.8%	97.0%	88.9%	93.0%	97.3%
Q33. Doctor talked about how child is feeling, growing, and behaving	92.6%	92.3%	90.8%	93.8%	93.2%	91.9%	91.7%	94.4%	94.4%	87.5%	91.2%	94.4%	90.9%	90.9%	87.5%	97.3%	91.8%
Q38. Doctor understands how these conditions affect child's day-to-day life	98.9%	92.9%	100%	93.3%	100%	94.6%	100%	100%	100%	93.3%	95.9%	100%	100%	100%	95.8%	97.0%	100%
Q39. Doctor understands how these conditions affect family's day-to-day life	93.3%	78.6%	93.8%	81.3%	92.6%	89.2%	92.9%	100% J	91.9%	80.6%	92.0%	91.5%	87.5%	100%	83.3%	84.8%	100% P
Q8. FCC: Getting Needed Information (% Always or Usually)	94.7%	85.7%	95.6%	76.2%	96.3%	84.6%	92.9%	94.8%	97.4% J	84.2%	94.0%	92.5%	86.7%	90.9%	100%	91.9%	89.7%
Coordination of Care for CCC (% Yes)	77.9%	50.0%	77.4%	75.0%	68.2%	75.0%	95.0%	75.7%	75.0%	72.2%	73.6%	73.8%	81.3%	68.8%	62.1%	78.6%	81.7%
Q13. Obtaining help from doctors or health providers in contacting child's school or daycare	100%	75.0%	100%	100%	92.3%	100%	100%	100%	100%	88.9%	91.7%	100%	100%	100%	88.9%	100%	100%
Q24. Obtaining help coordinating child's care among different providers or services	55.9%	25.0%	54.7%	50.0%	44.2%	50.0%	90.0%	51.4%	50.0%	55.6%	55.6%	47.6%	62.5%	37.5%	35.3%	57.1%	63.3%

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

Demographic Segments – CCC Population

Please see Technical Notes for more information.

	Child's Gender		Child's Race			Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	Other*	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)
<i>Total respondents</i>	97	90	116	9 ^A	50	128	57	17 ^A	45	57	68	20	166	82	105
Q51. Access to Prescription Medicines (% Always or Usually)	91.8%	90.3%	93.3%	88.9%	86.5%	92.8%	87.2%	100%	81.8%	91.1%	94.6%	100%	90.8%	91.9%	90.4%
Access to Specialized Services (% Always or Usually)	76.2%	78.0%	84.4%	0.0%	65.8%	80.9% ^G	60.5%	74.6%	81.8%	68.3%	85.4%	100%	76.1%	65.7%	82.9%
Q15. Ease of getting special medical equipment or devices	84.6%	66.7%	83.3%	0.0%	60.0%	81.8%	33.3%	100%	85.7%	63.6%	80.0%	100%	75.0%	66.7%	78.9%
Q18. Ease of getting therapy	73.1%	82.4%	88.0%	0.0%	66.7%	80.0%	72.2%	66.7%	75.0%	70.6%	90.9%	100%	77.5%	60.0%	85.7%
Q21. Ease of getting treatment or counseling	71.0%	85.0%	82.0%	50.0%	70.6%	81.0%	75.9%	57.1%	84.6%	70.6%	85.3%	100%	75.8%	70.4%	84.1%
FCC: Personal Doctor Who Knows Child (% Yes)	91.3%	97.1%	94.5%	88.9%	97.4%	93.8%	94.3%	100%	90.0%	94.6%	95.1%	93.3%	94.4%	91.0%	96.0%
Q33. Doctor talked about how child is feeling, growing, and behaving	91.8%	93.3%	93.8%	66.7%	96.3%	93.9%	89.5%	100%	90.0%	94.4%	90.5%	90.9%	92.7%	92.3%	92.8%
Q38. Doctor understands how these conditions affect child's day-to-day life	96.4%	100%	98.6%	100%	100%	97.2%	100%	100%	100%	96.4%	97.4%	100%	97.8%	95.1%	100%
Q39. Doctor understands how these conditions affect family's day-to-day life	85.7%	97.9% ^A	91.3%	100%	95.8%	90.3%	93.5%	100%	80.0%	92.9%	97.4% ^I	88.9%	92.6%	85.7%	95.2%
Q8. FCC: Getting Needed Information (% Always or Usually)	95.6%	89.4%	96.5% ^E	87.5%	82.9%	91.4%	94.9%	85.7%	94.4%	91.7%	93.8%	75.0%	94.2%	89.7%	94.7%
Coordination of Care for CCC (% Yes)	74.4%	74.2%	75.0%	75.0%	66.4%	77.2%	69.6%	45.0%	73.8%	81.8%	75.0%	75.0%	74.3%	75.8%	74.0%
Q13. Obtaining help from doctors or health providers in contacting child's school or daycare	100%	91.7%	100%	100%	75.0%	100%	87.5%	50.0%	100%	100%	100%	100%	95.7%	90.9%	100%
Q24. Obtaining help coordinating child's care among different providers or services	48.7%	56.8%	50.0%	50.0%	57.9%	54.3%	51.7%	40.0%	47.6%	63.6%	50.0%	50.0%	53.0%	60.7%	47.9%

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

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




Custom Questions

Results for Supplemental Questions




- Presbyterian Centennial Care



Custom Question Results

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

Survey Item	Category Responses (Summary Rate responses in grey)					Contract Summary Rate			2020 SPH Book of Business
						2020	2019	2018	Summary Rate
Q77. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these doctors or other health providers?	<u>Yes</u>	<u>No</u>				(n=294)	(n=345)	(n=345)	---
	22.1%	77.9%				22.1%	24.6%	23.5%	---
Q79. How satisfied are you with the help you got to coordinate your child's care in the last 6 months?	<u>Very satisfied</u>	<u>Satisfied</u>	<u>Neither dissatisfied nor satisfied</u>	<u>Dissatisfied</u>	<u>Very dissatisfied</u>	(n=285)	(n=327)	(n=77)	---
	42.8%	43.9%	11.2%	0.7%	1.4%	86.7% 	86.2%	93.5%	---
Q80. Do you feel that your child's cultural and/or language needs are recognized and addressed, as needed, by Presbyterian Centennial Care?	<u>Yes</u>	<u>No</u>				(n=296)	(n=344)	(n=347)	---
	82.8%	17.2%				82.8%	84.0%	84.4%	---

Significance Testing

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

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

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

Custom Question Results

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

Survey Item	Contract Summary Rate			2020 SPH Book of Business Summary Rate
	2020	2019	2018	Summary Rate
Q78. In the last 6 months, who helped to coordinate your child's care?	(n=266)	(n=321)	(n=66)	---
Someone from your child's health plan	5.6% ↓	3.4%	21.2%	---
Someone from your child's doctor's office or clinic	23.7% ↓	21.5%	51.5%	---
Someone from another organization	2.3%	2.8%	4.5%	---
A friend or family member	4.9% ‡	5.0%	0.0%	---
You	63.5% ‡	67.3%	22.7%	---

Significance Testing

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

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

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



Demographic Segments

Please see Technical Notes for more information.

	<u>Rating of Health Plan</u>		<u>Rating of Health Care</u>		<u>Child's Health Status</u>			<u>Child's Mental Health Status</u>			<u>Survey Type</u>			<u>Child's Age</u>			
	8-10	0-7	8-10	0-7	Excellent or Very good	Good	Fair or Poor	Excellent or Very good	Good	Fair or Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
<i>Total respondents</i>	268	39	159	22	249	47	16 ^A	218	70	21	120	172	21	59	57	104	85
Q77. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these doctors or other health providers? (% Yes)	22.7%	17.6%	28.8%	18.2%	19.0%	23.9%	62.5%	20.3%	25.0%	35.0%	25.0%	19.7%	23.8%	22.8%	28.6%	19.8%	18.1%
Q79. How satisfied are you with the help you got to coordinate your child's care in the last 6 months? (%Very satisfied + %Satisfied)	89.8% ^B	63.9%	89.9%	63.6%	87.1%	80.0%	100%	88.8%	84.6%	75.0%	79.5%	91.4% ^K	90.5%	93.0% ^P	87.0%	81.3%	87.7%
Q80. Do you feel that your child's cultural and/or language needs are recognized and addressed, as needed, by Presbyterian Centennial Care? (% Yes)	82.7%	86.5%	87.0%	76.2%	81.5%	89.4%	81.3%	81.9%	85.3%	85.7%	80.3%	84.3%	85.0%	77.2%	77.2%	84.8%	87.7%

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

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

Demographic Segments

Please see Technical Notes for more information.

	Child's Gender		Child's Race			Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	Other	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)
<i>Total respondents</i>	148	156	188	16 ^A	77	228	76	28	90	102	82	33	271	145	155
Q77. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these doctors or other health providers? (% Yes)	21.8%	22.0%	21.0%	14.3%	27.0%	22.5%	21.9%	39.3%	24.4%	16.2%	20.3%	20.0%	22.3%	20.0%	24.5%
Q79. How satisfied are you with the help you got to coordinate your child's care in the last 6 months? (%Very satisfied + %Satisfied)	86.1%	86.9%	82.6%	80.0%	94.3% ^C	87.8%	82.6%	88.5%	87.2%	82.4%	89.9%	90.0%	86.2%	92.6% ^O	80.7%
Q80. Do you feel that your child's cultural and/or language needs are recognized and addressed, as needed, by Presbyterian Centennial Care? (% Yes)	83.3%	81.9%	86.3% ^E	73.3%	75.0%	85.0%	76.7%	80.8%	78.7%	88.7%	81.5%	81.3%	83.3%	82.9%	82.8%

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

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



Appendix: Correlation Analyses

Plan Specific Correlations

- Presbyterian Centennial Care

Highest Correlations

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

		With Health Care Rating			With Personal Doctor Rating			With Specialist Rating
Q36	Personal doctor overall	0.7047	Q9	Health care overall	0.7047	Q36	Personal doctor overall	0.5268
Q27	Dr. explained things	0.6646	Q28	Dr. listened carefully	0.6091	Q45	CS provided info./help	0.5092
Q10	Got care/tests/treatment	0.6184	Q6	Got routine care	0.6074	Q48	Easy to fill out forms	0.5020
Q28	Dr. listened carefully	0.5741	Q29	Dr. showed respect	0.5338	Q35	Dr. informed about care	0.4845
Q45	CS provided info./help	0.5485	Q43	Specialist overall	0.5268	Q9	Health care overall	0.4505
Q6	Got routine care	0.5191	Q27	Dr. explained things	0.5073	Q79	Satisfaction with coordination of care	0.4390
Q49	Health plan overall	0.5042	Q10	Got care/tests/treatment	0.5051	Q6	Got routine care	0.3665
Q46	CS courtesy/respect	0.4524	Q31	Dr. explained things for child	0.4889	Q10	Got care/tests/treatment	0.3587
Q43	Specialist overall	0.4505	Q32	Dr. spent enough time	0.4319	Q41	Got specialist appt.	0.2057
Q32	Dr. spent enough time	0.4305	Q4	Got urgent care	0.3697	Q27	Dr. explained things	0.1999



Appendix: Flowchart

Understanding Relative Performance of Composite Measures

- Presbyterian Centennial Care

Flowchart – Understanding Relative Performance

Please see Technical Notes for more information.

How composite questions perform relative to each other

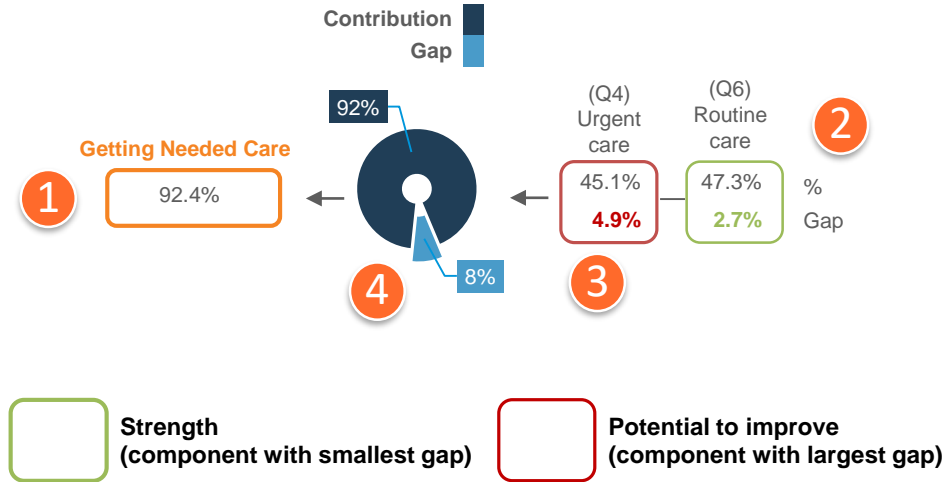
- 1 Composite summary rate scores are displayed in the orange box.
- 2 Next to the composite score are the questions included in the composite.
- 3 There are two numbers in the boxes under the questions. The top number is how much that question contributes to the composite score (Actual Contribution).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

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

Q6 Example:

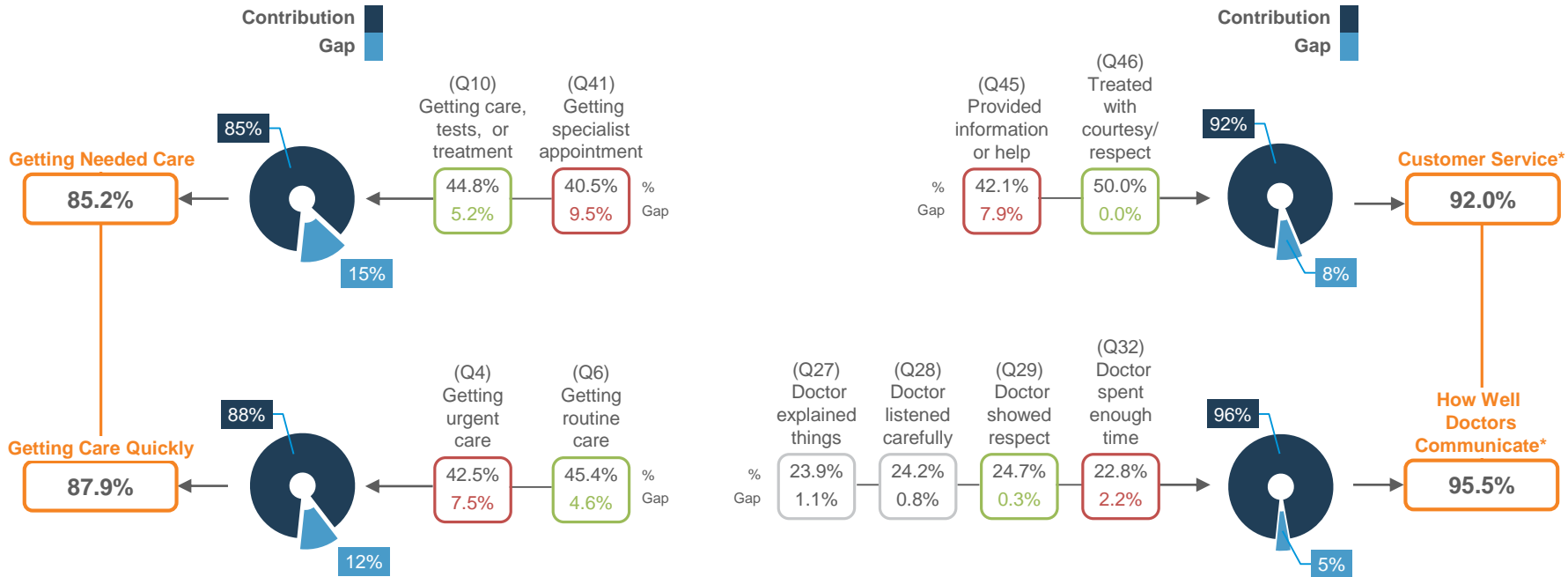
$$\frac{94.6\%}{100\%} \times 50.0\% = 47.3\% \quad 50.0\% - 47.3\% = 2.7\%$$

- 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.



Flowchart – Understanding Relative Performance

Please see Technical Notes for more information.



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



Appendix: Accreditation

Estimated NCQA Plan Ratings and Frequency Distributions

- Presbyterian Centennial Care



Estimated NCQA Health Insurance Plan Ratings

Please see Technical Notes for more information.

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

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

Please note the following:

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

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



Estimated NCQA Plan Ratings

Please see Technical Notes for more information.

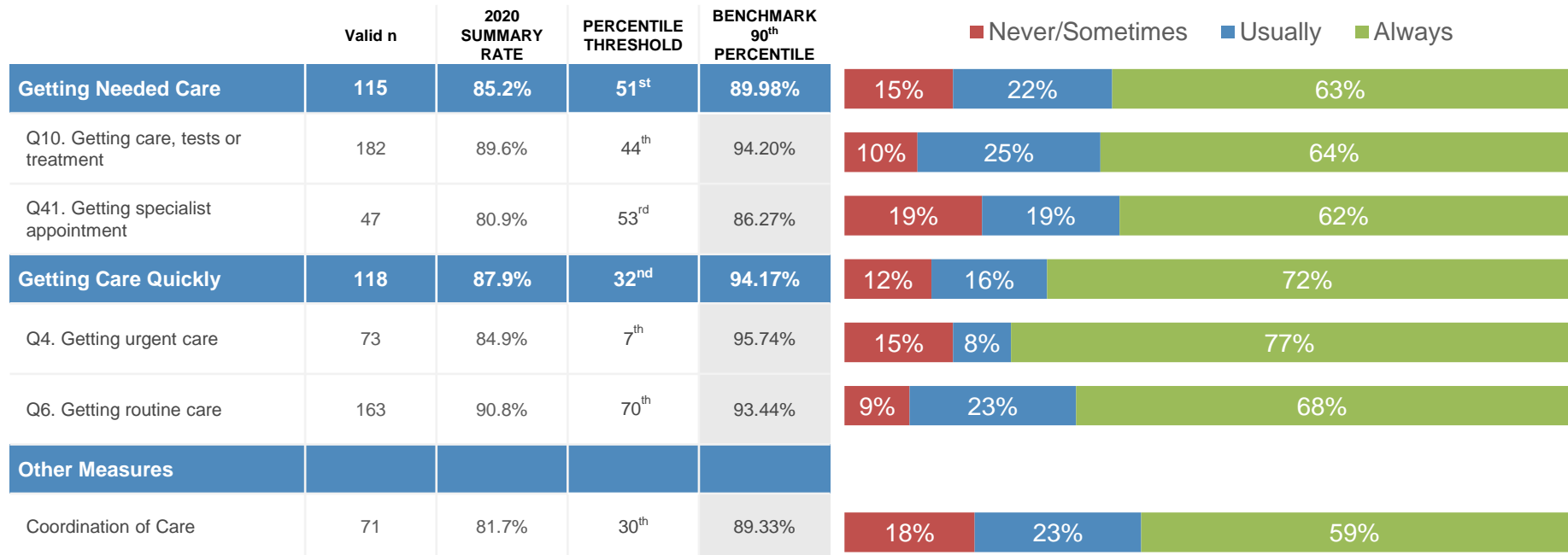
	2020 SUMMARY RATE	SUMMARY RATE DEFINITION	PERCENTILE RANK	SPH ESTIMATED RATING	WEIGHT
CONSUMER SATISFACTION				3.0	
GETTING CARE				2.5	
Getting Needed Care	85.2%	Usually + Always	51 st	3.0	1.5
Getting Care Quickly	87.9%	Usually + Always	32 nd	2.0	1.5
SATISFACTION WITH PLAN PHYSICIANS				4.0	
Rating of Personal Doctor	83.4%	9 + 10	93 rd	5.0	1.5
Rating of Specialist	78.7%	9 + 10	89 th	NA	1.5
Rating of Health Care	71.3%	9 + 10	53 rd	3.0	1.5
Coordination of Care	81.7%	Usually + Always	30 th	NA	1.5
SATISFACTION WITH PLAN SERVICES				3.0	
Rating of Health Plan	70.4%	9 + 10	38 th	3.0	1.5

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

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

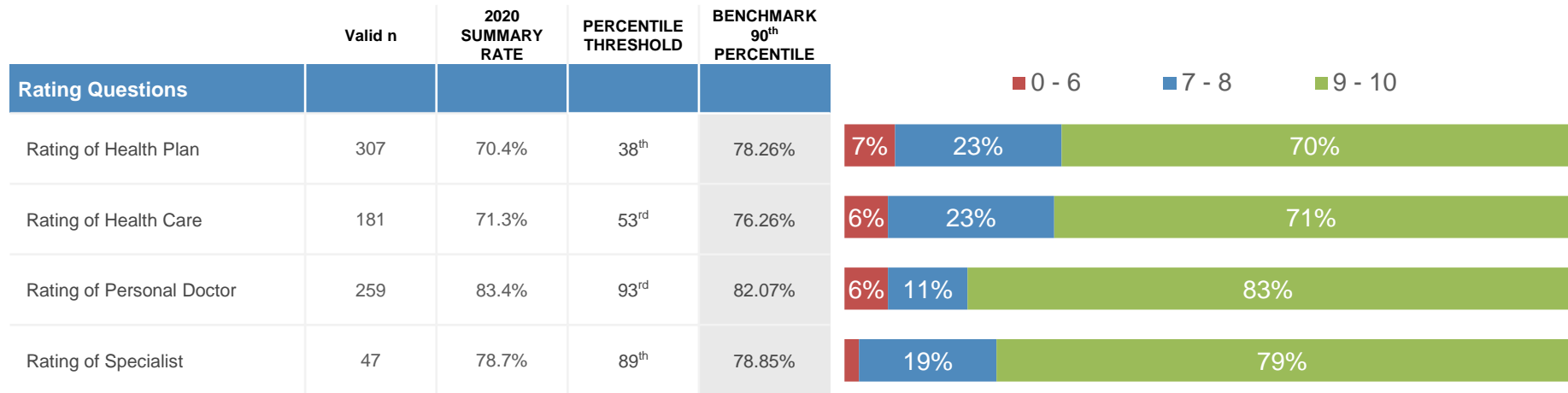
GLOBAL PROPORTIONS SCORING AND ACCREDITATION

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



GLOBAL PROPORTIONS SCORING AND ACCREDITATION

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





Appendix: Improvement Strategies and Voice of the Member

- Presbyterian Centennial Care

Improvement Strategies – Rating of Health Care

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

Additional resource for improvement: AHRQ best practices

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

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

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

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



Improvement Strategies – Rating of Specialist

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

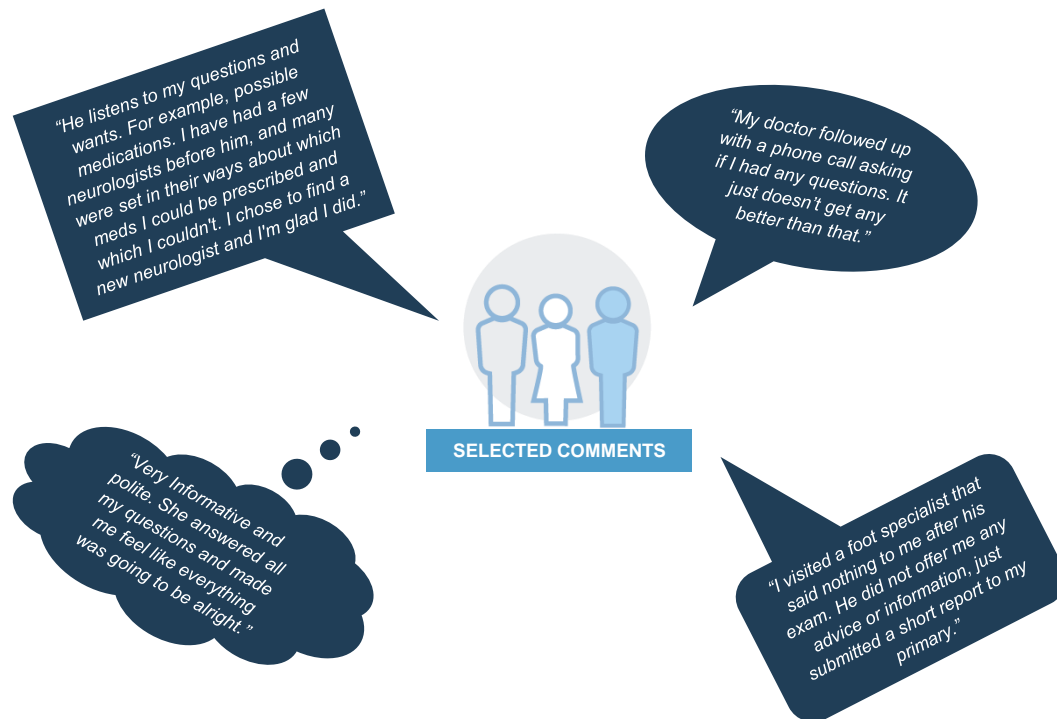
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Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



Improvement Strategies – Getting Care Quickly

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

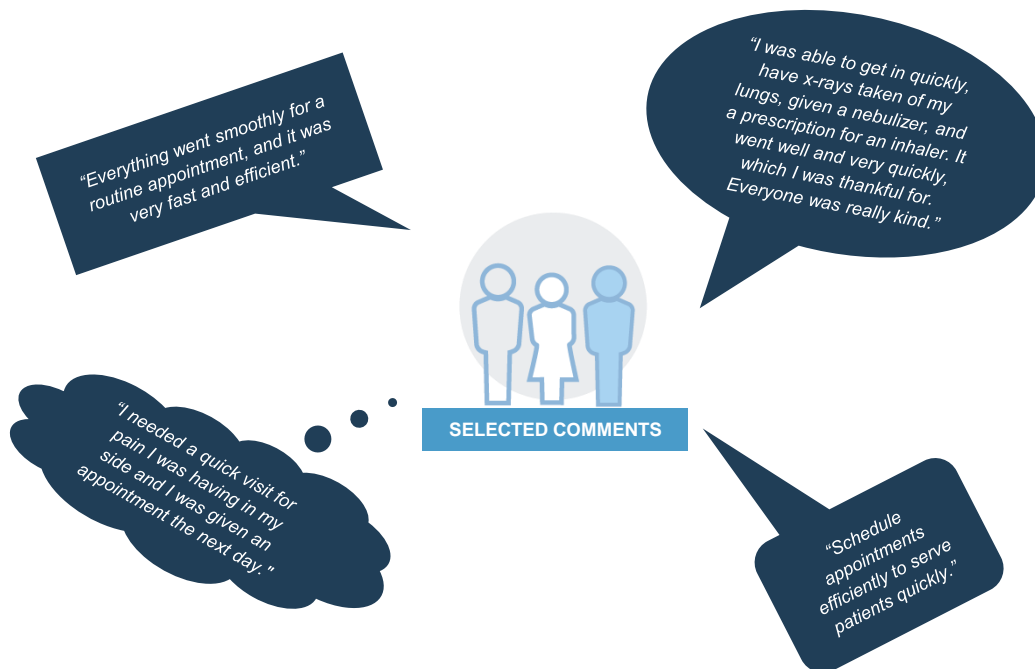
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Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



Voice of the Member (SPH National Sample)

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

Improvement Strategies – Customer Service

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



Additional resource for improvement: AHRQ best practices

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Improvement Strategies – Rating of Health Plan

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

Additional resource for improvement: AHRQ best practices

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

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

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



SELECTED COMMENTS

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

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

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

Improvement Strategies – Rating of Personal Doctor

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

Additional resource for improvement: AHRQ best practices

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

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Improvement Strategies – Getting Needed Care

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

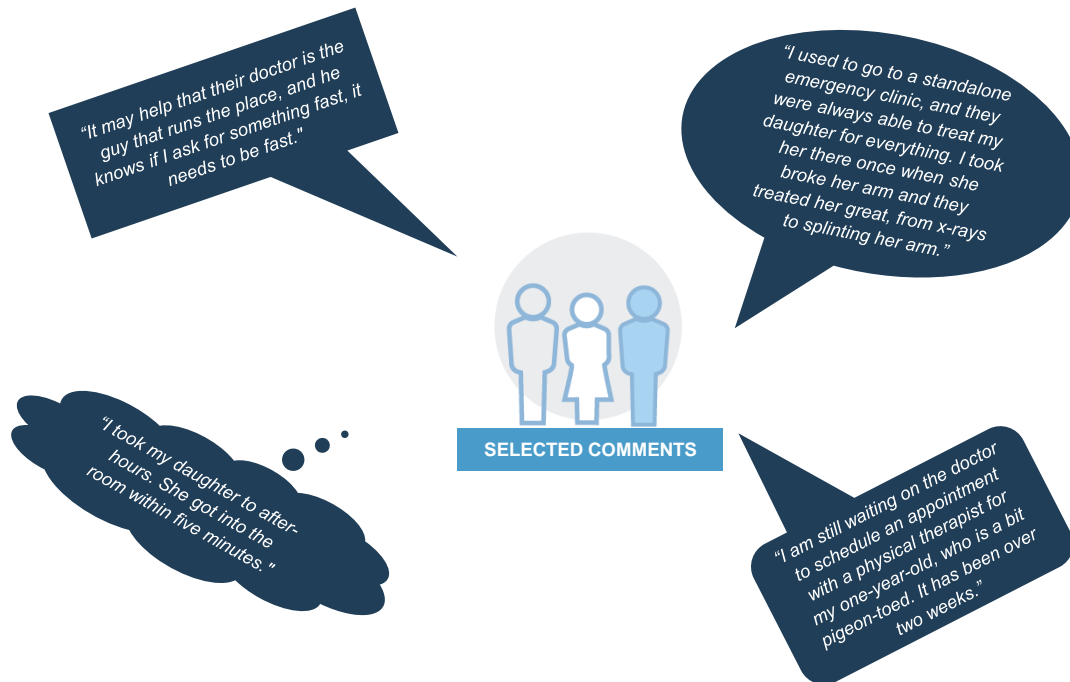
Additional resource for improvement: AHRQ best practices

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

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



Improvement Strategies – How Well Doctors Communicate

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

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Improvement Strategies – Coordination of Care

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

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Voice of the Member (SPH National Sample)

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

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

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



SELECTED COMMENTS

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

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

Improvement Strategies – Access to Prescription Medicine

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

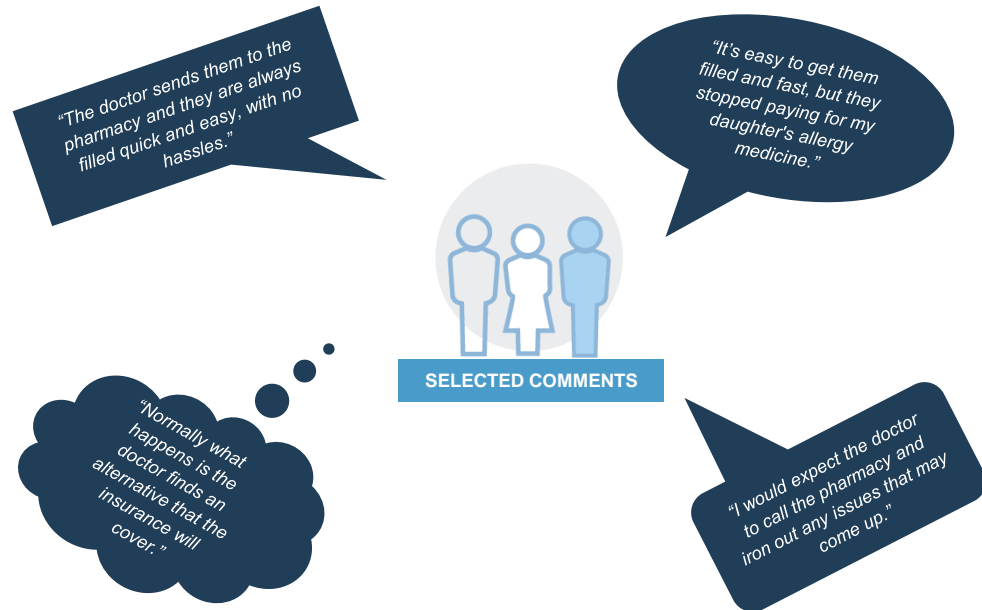
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Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage





Appendix: Questionnaire

- Presbyterian Centennial Care

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

Smart Member Engagement™ Platform

WHY?

Address Health Plan Challenges

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

WHO?

Stratify and Build Cohorts

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



Each option can be implemented stand-alone

WHAT?

Message Design

Variations on core message for each identified cohort group



HOW?

Omnichannel Outreach

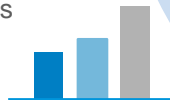
- Mail
- Email
- Text
- Phone – IVR
- Phone – Live Agent



REFINE?

Measure & Analyze

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



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



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

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



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

Step 1: Identify the Care Gaps

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

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

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

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

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

Step 4: Close the Loop

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