



MY 2020 CAHPS[®] Medicaid Adult 5.1H Final Report

Western Sky Community Care (Centene NM)



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SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) certified HEDIS® Survey Vendor, was selected by Western Sky Community Care (Centene NM) to conduct its MY 2020 CAHPS® 5.1H Medicaid Adult Survey. NCQA requires health plans to submit CAHPS survey results in compliance with HEDIS® accreditation requirements.

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

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

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

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

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

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

SPH administered the MY 2020 Medicaid Adult 5.1H CAHPS survey using an NCQA approved methodology. Surveys were collected via a mail and phone methodology. Members eligible for the survey were those **18 years and older (as of December 31 of the measurement year) who were continuously enrolled in the plan for at least five of the last six months of the measurement year**. A synopsis of the data collection methodology is outlined below:



VALID SURVEYS

- ✉ Total Number of Mail Completes = 89 (0 in Spanish)
- ☎ Total Number of Phone Completes = 45 (3 in Spanish)

Number of undeliverables: 312

2021 RESPONSE RATE

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

$$\frac{89 \text{ (Mail)} + 45 \text{ (Phone)} = 134}{1350 \text{ (Sample)} - 16 \text{ (Ineligible)} = 1334} = 10.0\%$$

RESPONSE RATE COMPARISON

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

		2019	2020	2021
Complete	Completed Survey	NA	47	134
	SUBTOTAL	NA	47	134
Ineligible	Does not Meet Eligibility Criteria (01)	NA	0	11
	Language Barrier (03)	NA	0	3
	Mentally/Physically Incapacitated (04)	NA	0	1
	Deceased (05)	NA	0	1
	SUBTOTAL	NA	0	16
Non-Response	Break-off/Incomplete (02)	NA	0	8
	Refusal (06)	NA	0	30
	Maximum Attempts Made (07)	NA	1303	1162
	Added to DNC List (08)	NA	0	0
	SUBTOTAL	NA	1303	1200
TOTAL		NA	1350	1350
OVERSAMPLING %		NA	0.0%	0.0%
RESPONSE RATE		NA	3.5%	10.0%

Note: Respondents were given the option of completing the survey in Spanish. A telephone number was provided on the survey cover letter for members to call if they would like to complete the survey in Spanish.



Executive Summary

- Western Sky Community Care (Centene NM)

Overview of Terms

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

	No	Yes
Never	Sometimes	Usually
		Always

Rating questions are typically displayed with two Summary Rates:

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

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

Significance Testing All significance testing is performed at the 95% confidence level using a t-test.

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

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

NCQA BENCHMARK INFORMATION

The source for data contained in this publication is Quality Compass® All Plans 2020. It is used with the permission of NCQA. Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of NCQA.

COVID-19 IMPACT

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

LEGACY DSS / MORPACE / SPH

For the 2020 reporting, the Analytics team reviewed all calculations and statistics to determine the best go forward strategy for SPH Analytics. Some historical calculations were updated to align with those decisions. As such, there are instances where a trend score from 2019 might be slightly different from historical reports.



Dashboard - 2021 Key Findings

TRENDING

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

MEASURE NAME

Trending

No key measures changed significantly.



134 / 10.0%

Completed surveys / Response Rate

MEASURE NAME	2021 SCORE	ESTIMATED NCQA RATING
Rating of Health Plan (% 9 or 10)	63.6%	★ ★ ★
Rating of Health Care (% 9 or 10)	52.4%	NA^
Rating of Personal Doctor (% 9 or 10)	65.3%	★ ★
Rating of Specialist (% 9 or 10)	61.2%	NA^
Getting Needed Care (% Always or Usually)	80.5%	NA^
Getting Care Quickly (% Always or Usually)	77.4%	NA^
Coordination of Care (% Always or Usually)	81.0%	NA^
Flu Vaccinations Adults 18-64 (% Yes)	46.3%	★ ★ ★ ★
Smoking Advice: Rolling average (% Always, Usually or Sometimes)	71.1%	NA^

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

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

POWER

Promote and Leverage Strengths

- Q13 Dr. listened carefully
- Q12 Dr. explained things
- Q14 Dr. showed respect

OPPORTUNITIES

Focus Resources on Improving Processes That Underlie These Items

- Q43 Satisfied with help to coordinate care
- Q17 Dr. informed about care
- Q15 Dr. spent enough time
- Q18 Personal doctor overall
- Q6 Got routine care

Please refer to slide 13 for details.

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

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

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

Health Plan Domain Performance

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

MEASURE	SUMMARY RATE		CHANGE	2021 SPH BENCHMARK		2020 QC BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan (% 9 or 10)	60.5%	63.6%	3.1%	64.5%	49 th	62.2%	54 th
Rating of Health Plan (% 8, 9 or 10)	72.1%	76.7%	4.6%	79.8%	27 th	78.5%	33 rd
Getting Needed Care (% Always or Usually)	86.3%	80.5%	-5.8%	84.1%	20 th	83.0%	22 nd
Customer Service (% Always or Usually)	85.7%	89.1%	3.4%	89.7%	41 st	89.3%	40 th
Ease of Filling Out Forms (% Always or Usually)	97.8%	95.4%	-2.4%	95.8%	40 th	95.8%	39 th

KEY TAKEAWAYS

Your overall Rating of Health Plan (9-10) Summary Rate score is 63.6% and represents a change of 3.1% from 2020.

Note: Please refer to benchmark descriptions on slide 40.

Significance Testing

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

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

Health Care Domain Performance

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

MEASURE	SUMMARY RATE		CHANGE	2021 SPH BENCHMARK		2020 QC BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care (% 9 or 10)	53.6%	52.4%	-1.2%	59.4%	9 th	57.7%	15 th
Rating of Health Care (% 8, 9 or 10)	64.3%	73.2%	8.9%	77.5%	18 th	76.4%	22 nd
Getting Care Quickly (% Always or Usually)	80.0%	77.4%	-2.6%	82.6%	12 th	82.3%	15 th
How Well Doctors Communicate (% Always or Usually)	95.6%	93.2%	-2.4%	92.6%	60 th	93.2%	43 rd
Coordination of Care (% Always or Usually)	93.3%	81.0%	-12.3%	84.8%	27 th	85.1%	14 th
Rating of Personal Doctor (% 9 or 10)	67.6%	65.3%	-2.3%	70.4%	18 th	69.2%	21 st
Rating of Personal Doctor (% 8, 9 or 10)	85.3%	83.2%	-2.1%	83.8%	44 th	83.5%	43 rd
Rating of Specialist (% 9 or 10)	71.4%	61.2%	-10.2%	69.7%	6 th	69.5%	6 th
Rating of Specialist (% 8, 9 or 10)	100%	69.4%	-30.6%	83.9% ▼	<5 th	83.9% ▼	<5 th

KEY TAKEAWAYS

Your overall Rating of Health Care (9-10) Summary Rate score is 52.4% and represents a change of -1.2% from 2020.

Note: Please refer to benchmark descriptions on slide 40.

Significance Testing

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

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

Effectiveness of Care Performance

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

MEASURE	SUMMARY RATE		CHANGE	2021 SPH BENCHMARK		2020 QC BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Flu Vaccinations (Adults 18-64) <i>(% Yes)</i>	44.4%	46.3%	1.9%	40.6%	81 st	43.8%	67 th
Advising Smokers and Tobacco Users to Quit: <i>Rolling average (% Always, Usually or Sometimes)</i>	88.9%	71.1%	-17.8%	74.0%	38 th	77.2%	13 th
Discussing Cessation Medications: <i>Rolling average (% Always, Usually or Sometimes)</i>	88.9%	57.8%	-31.1%	52.3%	78 th	54.5%	67 th
Discussing Cessation Strategies: <i>Rolling average (% Always, Usually or Sometimes)</i>	88.9%	48.9%	-40.0%	46.2%	70 th	48.7%	53 rd

Note: Please refer to benchmark descriptions on slide 40.

Significance Testing

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

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

Gap Analysis - 2020 Quality Compass

GAP ANALYSIS

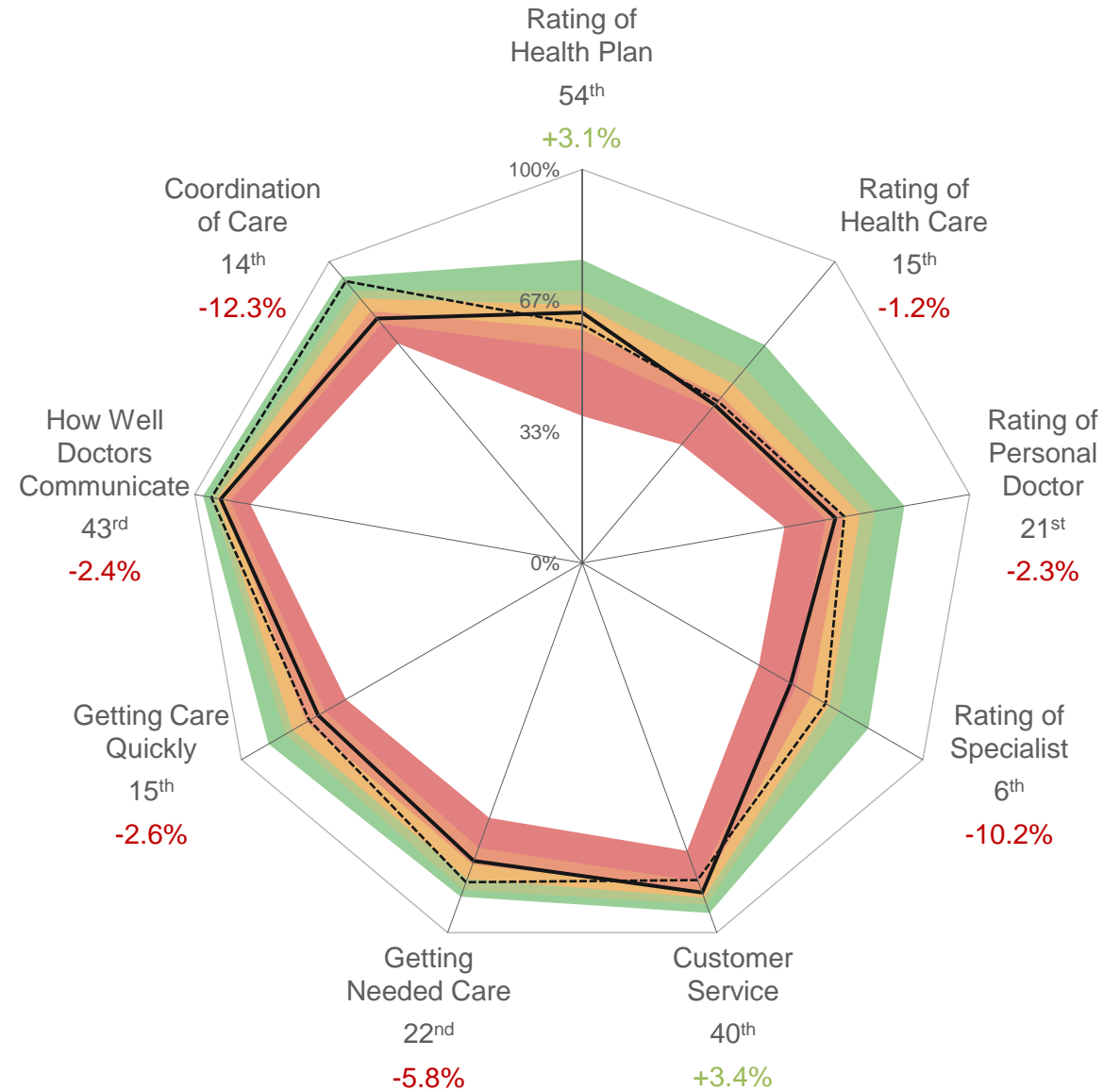
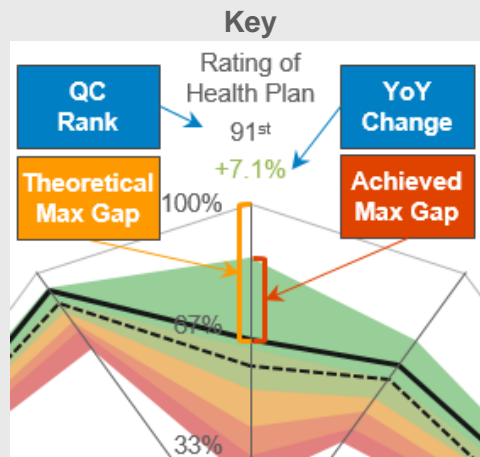
Two scores can be used to evaluate a plan's performance gap – Achieved Max Score or Theoretical Max Score.

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

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

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

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



2020 Quality Compass Thresholds					— 2021 Score
<10 th	10-32 nd	33-66 th	67-89 th	≥90 th	--- 2020 Score

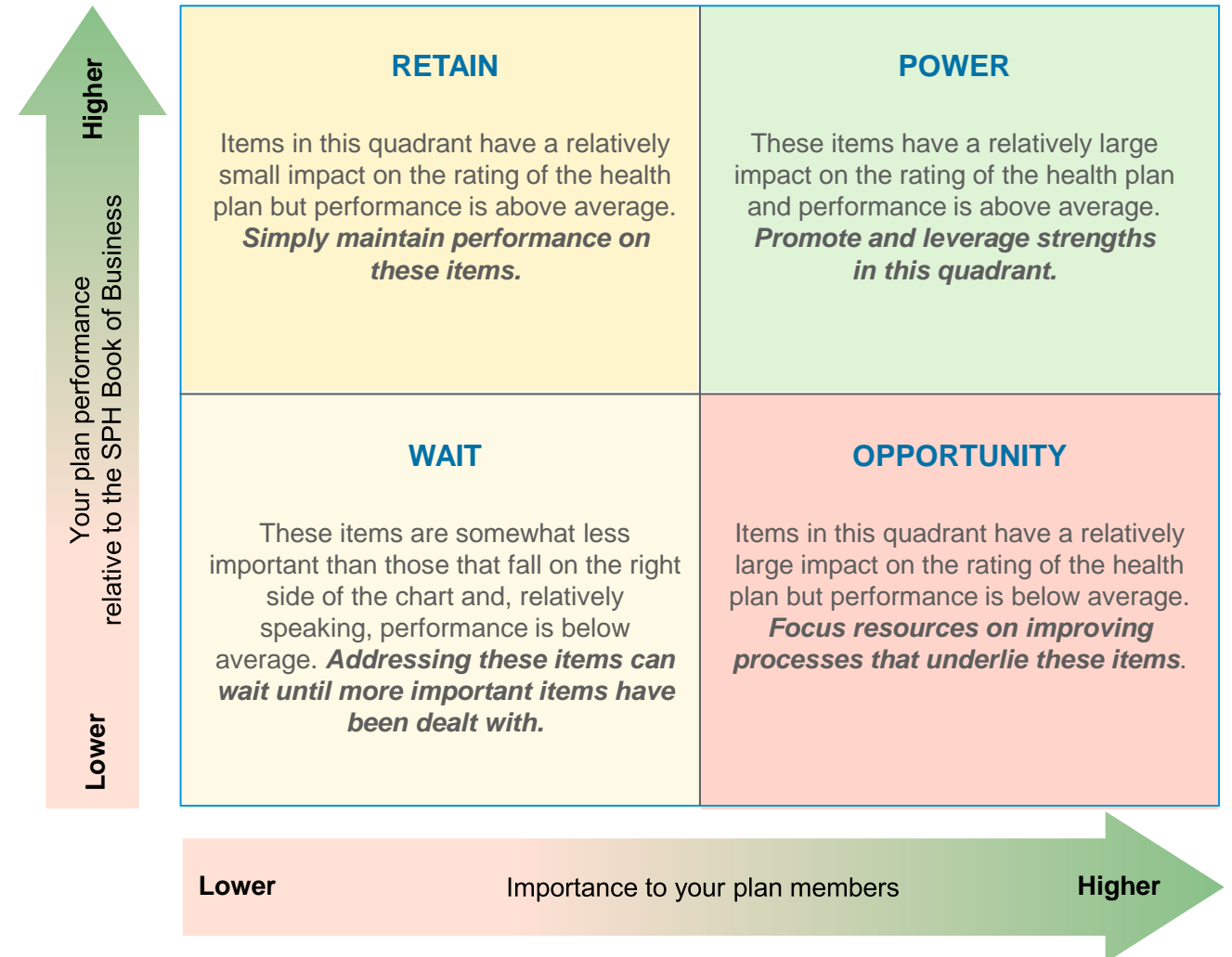
POWeR™ CHART CLASSIFICATION MATRIX

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.

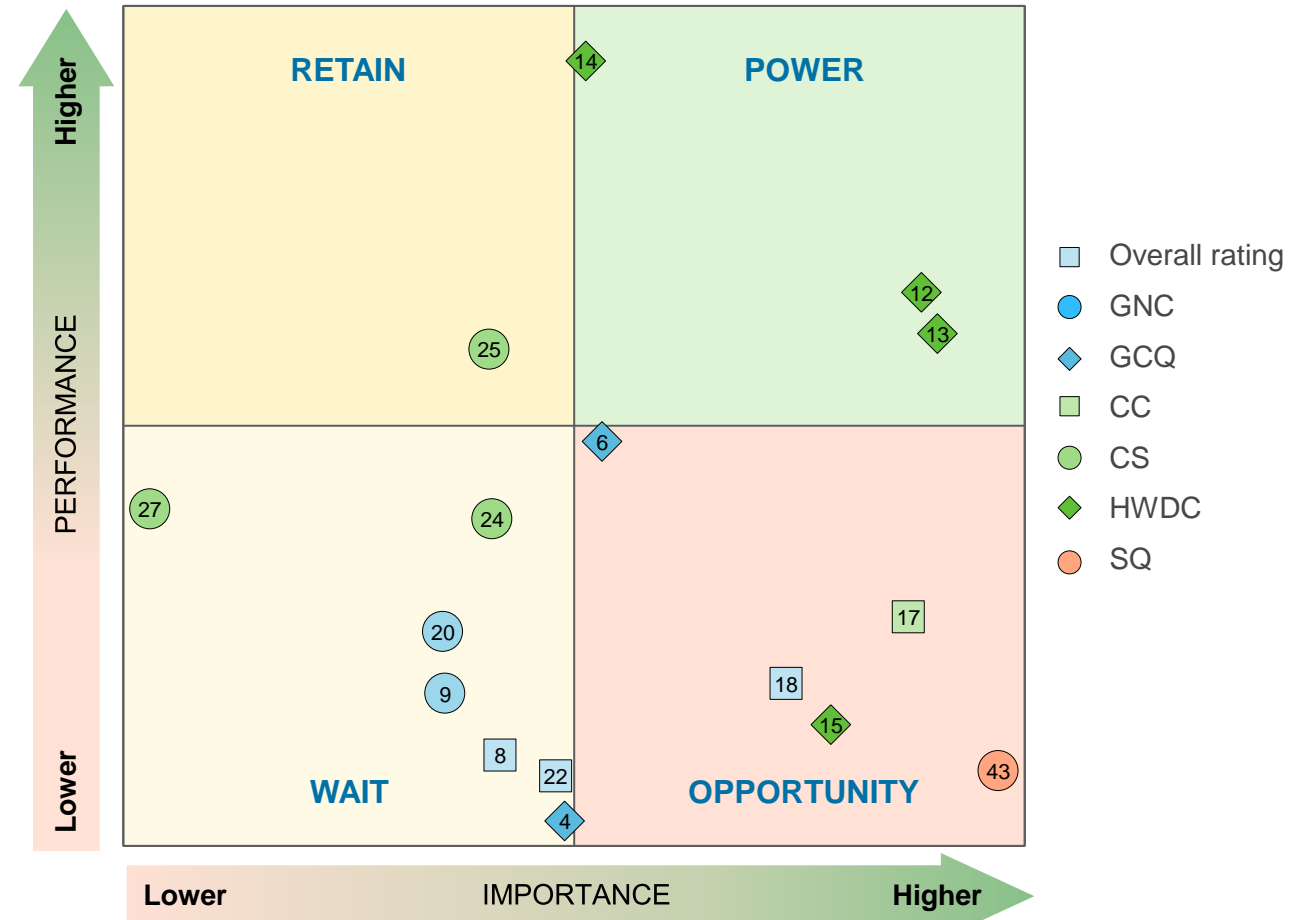


POWeR Chart: Your Results

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.

SURVEY MEASURE		SUMMARY RATE SCORE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
POWER				
Q13	Dr. listened carefully	93.8%	60 th	3
Q12	Dr. explained things	93.8%	65 th	3
Q14	Dr. showed respect	97.5%	94 th	5
OPPORTUNITY				
Q43	Satisfied with help to coordinate care	75.0%	---	---
Q17	Dr. informed about care	81.0%	27 th	2
Q15	Dr. spent enough time	87.5%	13 th	2
Q18	Personal doctor overall	65.3%	18 th	2
Q6	Got routine care	80.5%	48 th	3
WAIT				
Q4	Got urgent care	74.4%	<5 th	1
Q22	Specialist overall	61.2%	6 th	1
Q8	Health care overall	52.4%	9 th	1
Q24	CS provided info./help	82.6%	38 th	3
Q9	Got care/tests/treatment	81.9%	16 th	2
Q20	Got specialist appt.	79.2%	25 th	2
Q27	Easy to fill out forms	95.4%	40 th	3
RETAIN				
Q25	CS courtesy/respect	95.7%	60 th	3



* Summary rates are top-two box scores.

Overall Rating of Health Plan – Plan and Industry Key Drivers

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

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

RATING OF HEALTH PLAN

63.6%

Your plan scored in the **49th percentile** when compared to the SPH Book of Business benchmark

TOP 10 PLAN KEY DRIVERS

ALIGNMENT <i>Are your key drivers typical of the industry?</i>	ATTRIBUTE	YOUR PLAN SUMMARY RATE SCORE	INDUSTRY KEY DRIVER RANK	SPH BoB SUMMARY RATE SCORE	SPH BoB PERCENTILE	CLASSIFICATION
	Q43 Satisfied with help to coordinate care	75.0%	---	---	---	OPPORTUNITY
	Q13 Dr. listened carefully	93.8%	9	92.9%	60 th	POWER
	Q12 Dr. explained things	93.8%	13	92.5%	65 th	POWER
	Q17 Dr. informed about care	81.0%	14	84.8%	27 th	OPPORTUNITY
	Q15 Dr. spent enough time	87.5%	12	90.7%	13 th	OPPORTUNITY
	Q18 Personal doctor overall	65.3%	2	70.4%	18 th	OPPORTUNITY
	Q6 Got routine care	80.5%	8	80.9%	48 th	OPPORTUNITY
	Q14 Dr. showed respect	97.5%	11	94.6%	94 th	POWER
	Q4 Got urgent care	74.4%	5	84.3%	<5 th	WAIT
	Q22 Specialist overall	61.2%	3	69.7%	6 th	WAIT
<hr/>						
ADD'L TOP 10 INDUSTRY DRIVERS						
	Q8 Health care overall	52.4%	1	59.4%	9 th	WAIT
	Q24 CS provided info./help	82.6%	7	84.5%	38 th	WAIT
	Q25 CS courtesy/respect	95.7%	4	95.0%	60 th	RETAIN
	Q9 Got care/tests/treatment	81.9%	6	85.8%	16 th	WAIT
	Q20 Got specialist appt.	79.2%	10	82.4%	25 th	WAIT








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

- Aligns with top 10 industry drivers
- Differs from top 10 industry drivers

Overall Rating of Health Plan

Demographic Comparisons

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

		8 - 10	9 - 10			8 - 10	9 - 10	Ethnicity & Race			
 Gender	MALE (n=58)	67.2%	55.2%	 Age	18 - 34 (n=29)	72.4%	62.1%				
	FEMALE (n=70)	84.3%	70.0%		35 - 44 (n=13) [^]	61.5%	61.5%		WHITE (n=87)	8 - 10	9 - 10
			45 - 54 (n=22)		86.4%	54.5%	BLACK/AFRICAN AMERICAN (n=6) [^]		83.3%	66.7%	
			55 or older (n=64)		78.1%	67.2%	ASIAN (n=1) [^]		100%	0.0%	
 Health Status	EXC./VERY GOOD (n=37)	83.8%	67.6%	 Mental/Emotional Health Status	EXC./VERY GOOD (n=45)	80.0%	68.9%		NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (n=2) [^]	100%	100%
	GOOD (n=44)	75.0%	61.4%		GOOD (n=49)	77.6%	67.3%		AMERICAN INDIAN OR ALASKA NATIVE (n=12) [^]	66.7%	66.7%
	FAIR/POOR (n=48)	72.9%	62.5%		FAIR/POOR (n=34)	70.6%	50.0%		OTHER (n=26)	76.9%	53.8%
 Education	HS GRAD OR LESS (n=79)	78.5%	68.4%	 Data Collection	MAIL (n=87)	78.2%	69.0%		HISPANIC/LATINO (n=62)	72.6%	59.7%
	SOME COLLEGE OR MORE (n=48)	72.9%	54.2%		PHONE (n=42)	73.8%	52.4%	NOT HISPANIC/ LATINO (n=62)	79.0%	66.1%	

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



Estimated NCQA Health Insurance Plan Ratings

	2021 SCORE	SCORE DEFINITION	QC PERCENTILE RANK	SPH ESTIMATED RATING
CONSUMER SATISFACTION				2.5
GETTING CARE				NA
Getting Needed Care	80.5%	Usually or Always	22 nd	NA
Getting Care Quickly	77.4%	Usually or Always	15 th	NA
SATISFACTION WITH PLAN PHYSICIANS				2.0
Rating of Personal Doctor	65.3%	9 or 10	21 st	2.0
Rating of Specialist	61.2%	9 or 10	6 th	NA
Rating of Health Care	52.4%	9 or 10	15 th	NA
Coordination of Care	81.0%	Usually or Always	14 th	NA
SATISFACTION WITH PLAN SERVICES				3.0
Rating of Health Plan	63.6%	9 or 10	54 th	3.0
PREVENTION				
Flu Vaccinations Adults Ages 18-64	46.3%	Yes	67 th	4.0
TREATMENT				
Smoking Advice: Rolling Average	71.1%	Sometimes, Usually or Always	13 th	NA

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

EXPLANATION

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

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

The CAHPS measures are classified based on their national percentile (10th, 33rd, 66th and 90th) into scores ranging from 1 to 5 (in increments of 0.5), where 5 is the highest score and 1 is the lowest.

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

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

Notes:

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

OVERSAMPLING SCENARIO EXPLANATION

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

This plan does not currently oversample. SPH does not recommend oversampling.

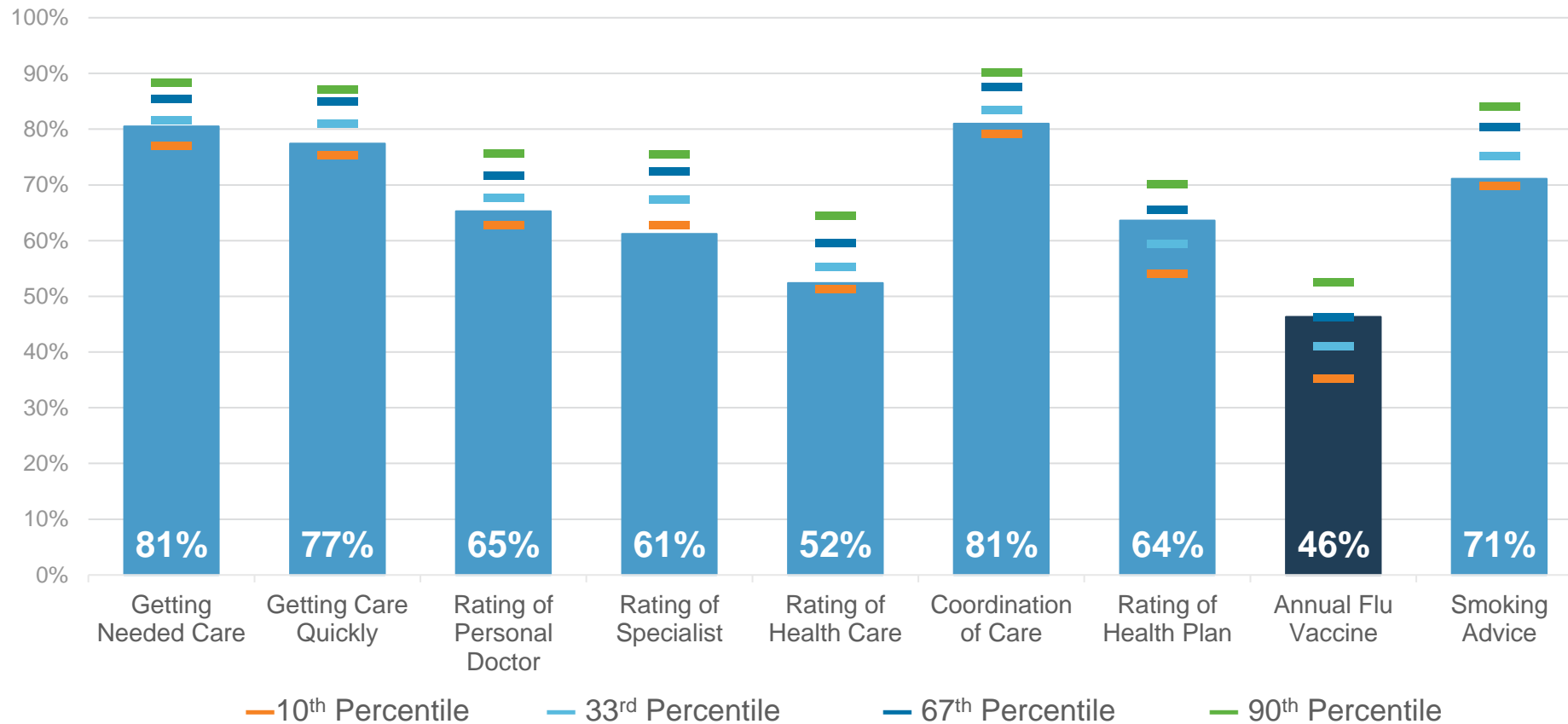
Based on the scenarios tested, holding everything else constant, an oversampling rate of 138% and above yields all reportable measures and a decrease on 1 measure. **This is an estimate only and cannot be used to predict NCQA star ratings.**

MEASURE NAME	ESTIMATED RATING (Current: 0%)	OVERSAMPLING SCENARIOS	
		0%	≥ 138%
CONSUMER SATISFACTION	2.5	2.5	2.0
GETTING CARE	NA	NA	2.0
Getting Needed Care	NA	NA	2.0
Getting Care Quickly	NA	NA	2.0
SATISFACTION WITH PLAN PHYSICIANS	2.0	2.0	2.0
Rating of Personal Doctor	2.0	2.0	2.0
Rating of Specialist	NA	NA	1.0
Rating of Health Care	NA	NA	2.0
Coordination of Care	NA	NA	2.0
SATISFACTION WITH PLAN SERVICES	3.0	3.0	3.0
Rating of Health Plan	3.0	3.0	3.0
PREVENTION			
Flu Vaccinations <i>Adults Ages 18-64</i>	4.0	4.0	4.0
TREATMENT			
Smoking Advice: Rolling Average	NA	NA	2.0

■ Higher Rating
■ Lower Rating
■ Reportable

COMPARISON TO QUALITY COMPASS PERCENTILE THRESHOLDS

The graph shows how your plan's **scores** used for accreditation ratings compare to the most recent Quality Compass thresholds published by NCQA (Fall 2020).



Dark Blue bar = Your plan's performance is at or above the 67th percentile

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

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

Top Three Measures

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

MEASURE	2021 VALID N	YOUR PLAN SCORE		CHANGE	2020 QC BENCHMARK		GAP
		2020	2021		SUMMARY RATE	PERCENTILE RANK	
Rating of Health Plan (% 9 or 10)	129	60.5%	63.6%	3.1%	62.2%	54 th	1.4%
How Well Doctors Communicate (% Always or Usually)	81 [^]	95.6%	93.2%	-2.4%	93.2%	43 rd	0.0%
Customer Service (% Always or Usually)	46 [^]	85.7%	89.1%	3.4%	89.3%	40 th	-0.2%

Bottom Three Measures

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

MEASURE	2021 VALID N	YOUR PLAN SCORE		CHANGE	2020 QC BENCHMARK		GAP
		2020	2021		SUMMARY RATE	PERCENTILE RANK	
Getting Care Quickly (% Always or Usually)	58 [^]	80.0%	77.4%	-2.6%	82.3%	15 th	-4.9%
Coordination of Care (% Always or Usually)	42 [^]	93.3%	81.0%	-12.3%	85.1%	14 th	-4.1%
Rating of Specialist (% 9 or 10)	49 [^]	71.4%	61.2%	-10.2%	69.5%	6 th	-8.3%

Significance Testing

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

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

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 – 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.
- Develop on-going and timely reminders/messaging to promote and improve communication and reporting between all provider types, ideally based directly on available data/information.
- Assess the status and consistency of coordination of patient care, communication, and information shared within and across provider networks. Assure prompt feedback, standards.
- Support and facilitate a patient-centered care management approach within and across provider networks. Facilitate a complementary plan-based patient centered care management approach.
- Explore potential of aligning information flow/EHRs to better integrate, support or facilitate patient care, care coordination and vital medical and personal information among providers.
- Encourage providers to prompt patients AND patients to prompt providers, i.e., mutual interactions that review and discuss care, tests and/or treatments involving other providers.
- Encourage patients to bring a list of all medications, including dosage and frequency to all appointments. Encourage providers to prompt patients to do the same for their appointments.
- How do PCP's, providers, facilities and/or the plan assure common patient "touch points" to facilitate/support scheduling of appointments, tests and/or procedures? Where is the over-arching guidance and support for the patient/member?

Improvement Strategies – Rating of Specialist

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

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

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



Measure Analyses

Measure Details and Scoring

- Western Sky Community Care (Centene NM)

Measure Analyses: Section Information

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

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



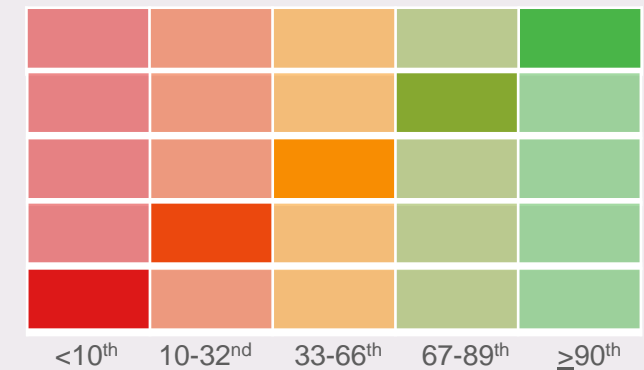
Analyses presented in this section include:

- 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



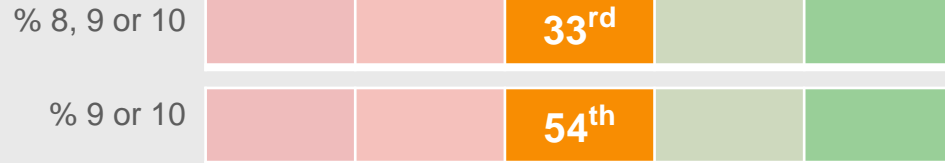
* The Customer Service and How Well Doctors Communicate measures are not used for NCQA ratings.



Rating of Health Plan

Measure

PERCENTILE RANKING 2020 QC ALL PLANS



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

POWER

Promote and Leverage Strengths

- Q13 Dr. listened carefully
- Q12 Dr. explained things
- Q14 Dr. showed respect

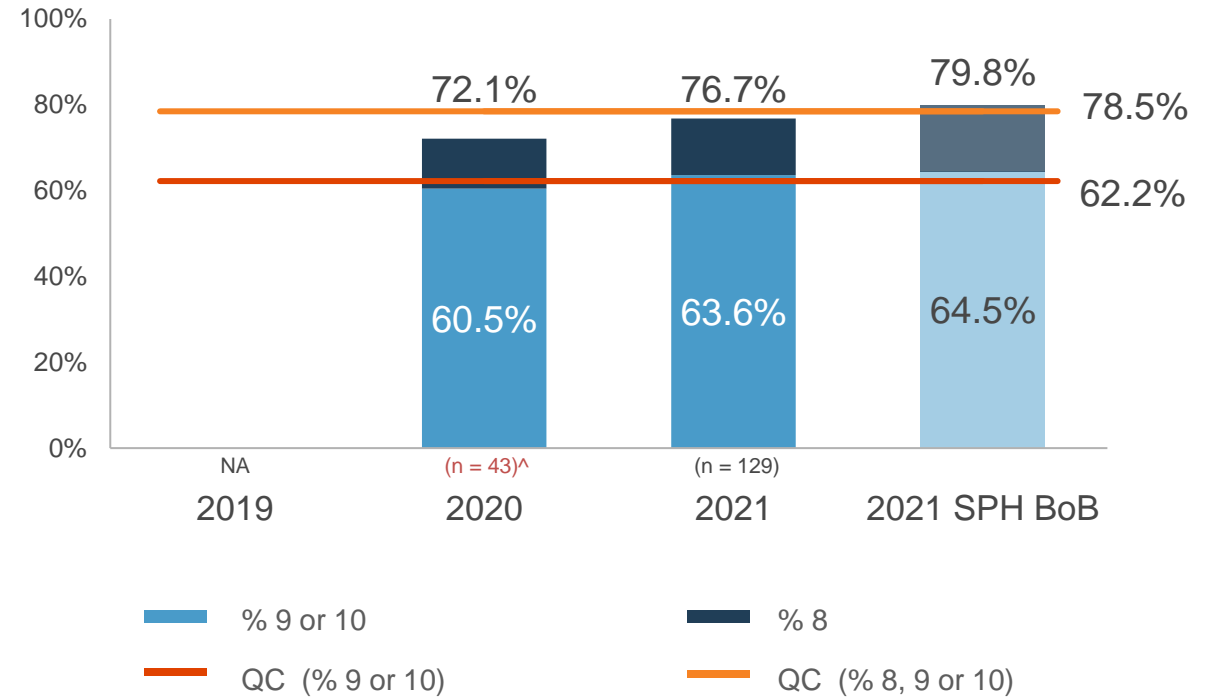
OPPORTUNITIES

Focus Resources on Improving Processes That Underlie These Items

- Q43 Satisfied with help to coordinate care
- Q17 Dr. informed about care
- Q15 Dr. spent enough time
- Q18 Personal doctor overall
- Q6 Got routine care

RATING OF HEALTH PLAN

% 8, 9 or 10



Significance Testing

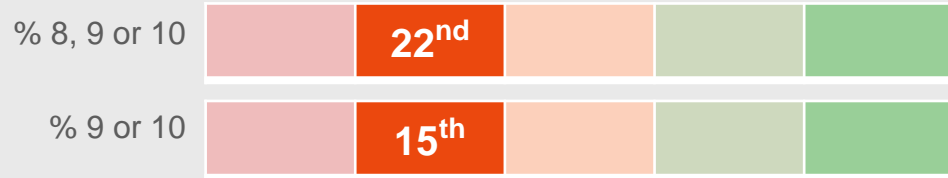
Current year score is significantly higher than the 2020 score (↑), the 2019 score (⌆) or benchmark score (▲).

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

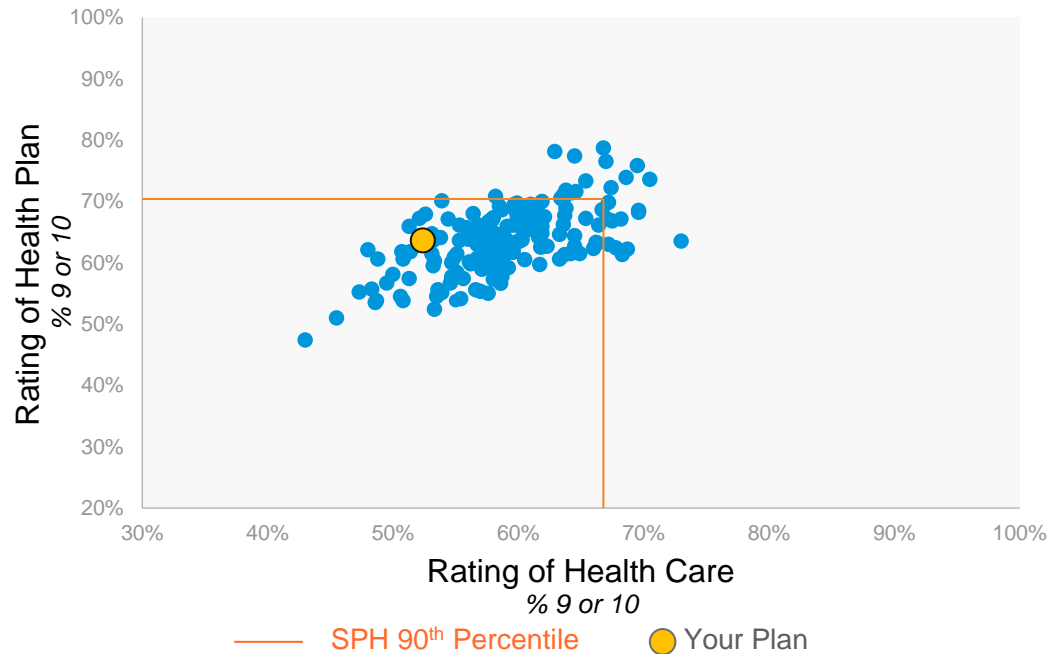
^Denominator less than 100. NCQA will assign an NA to this measure.



PERCENTILE RANKING 2020 QC ALL PLANS

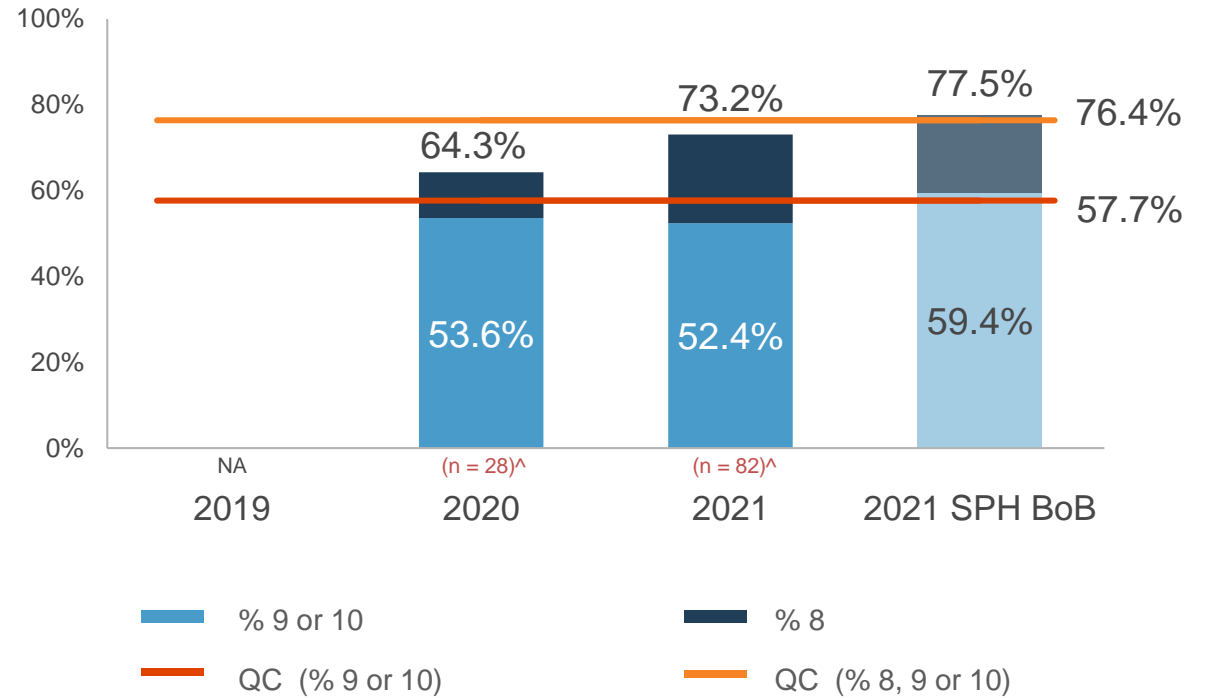


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RATING OF HEALTH CARE

% 8, 9 or 10



Significance Testing

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

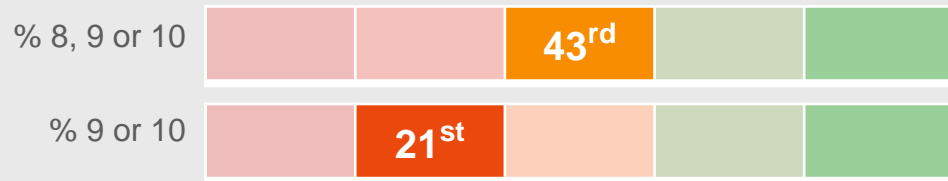
Current year score is significantly lower than the 2020 score (↓), the 2019 score (‡) or benchmark score (▼).

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

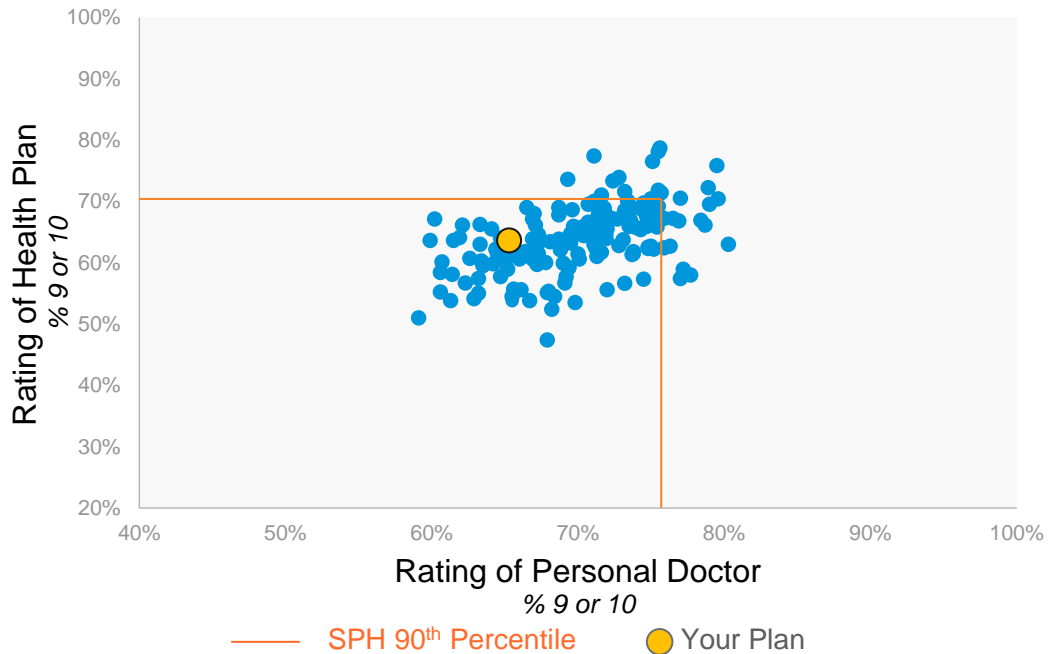


Rating of Personal Doctor Measure

PERCENTILE RANKING 2020 QC ALL PLANS

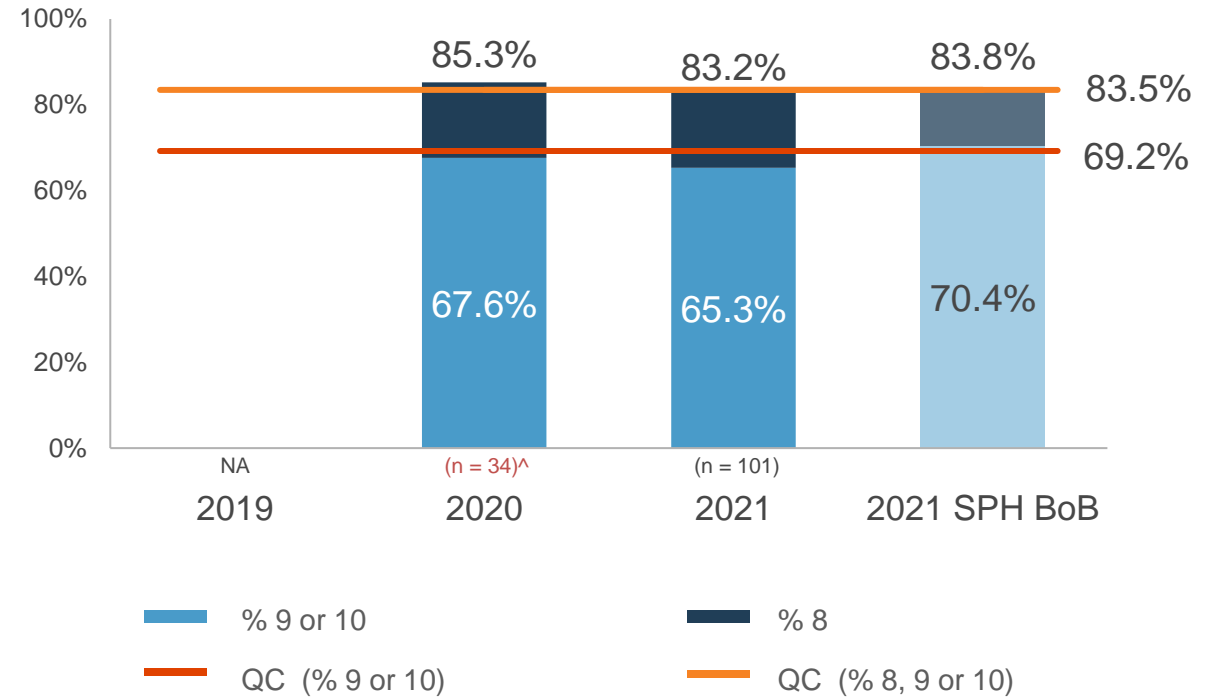


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RATING OF PERSONAL DOCTOR

% 8, 9 or 10



Significance Testing

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

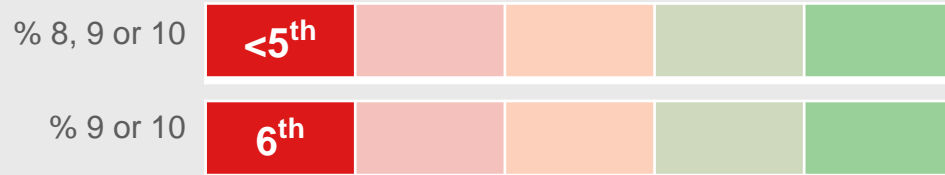
Current year score is significantly lower than the 2020 score (↓), the 2019 score (‡) or benchmark score (▼).

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

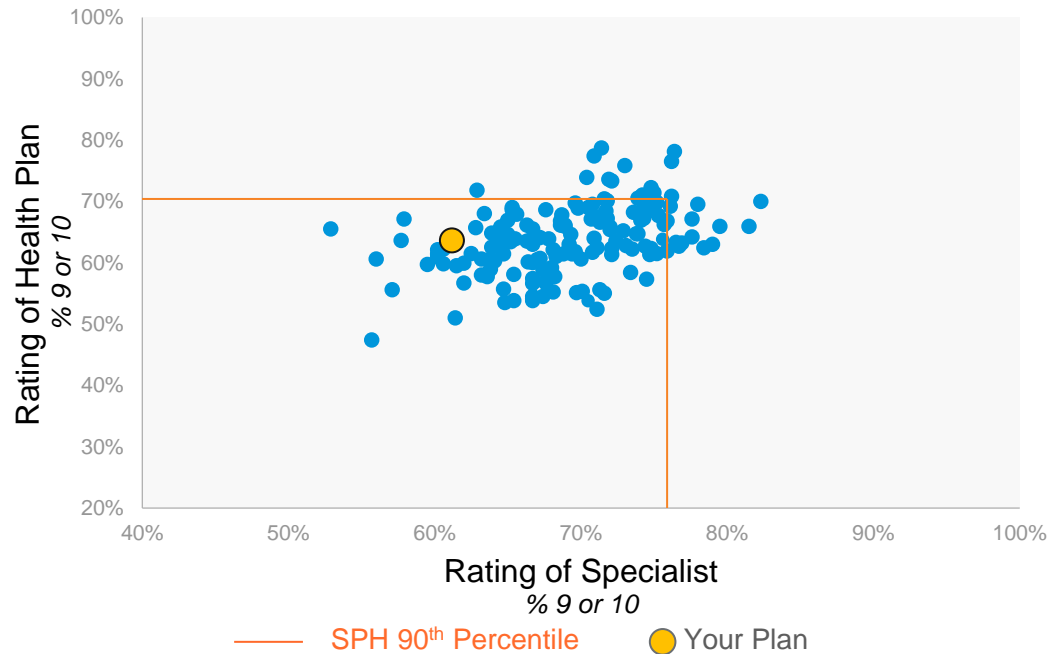


Rating of Specialist Measure

PERCENTILE RANKING 2020 QC ALL PLANS

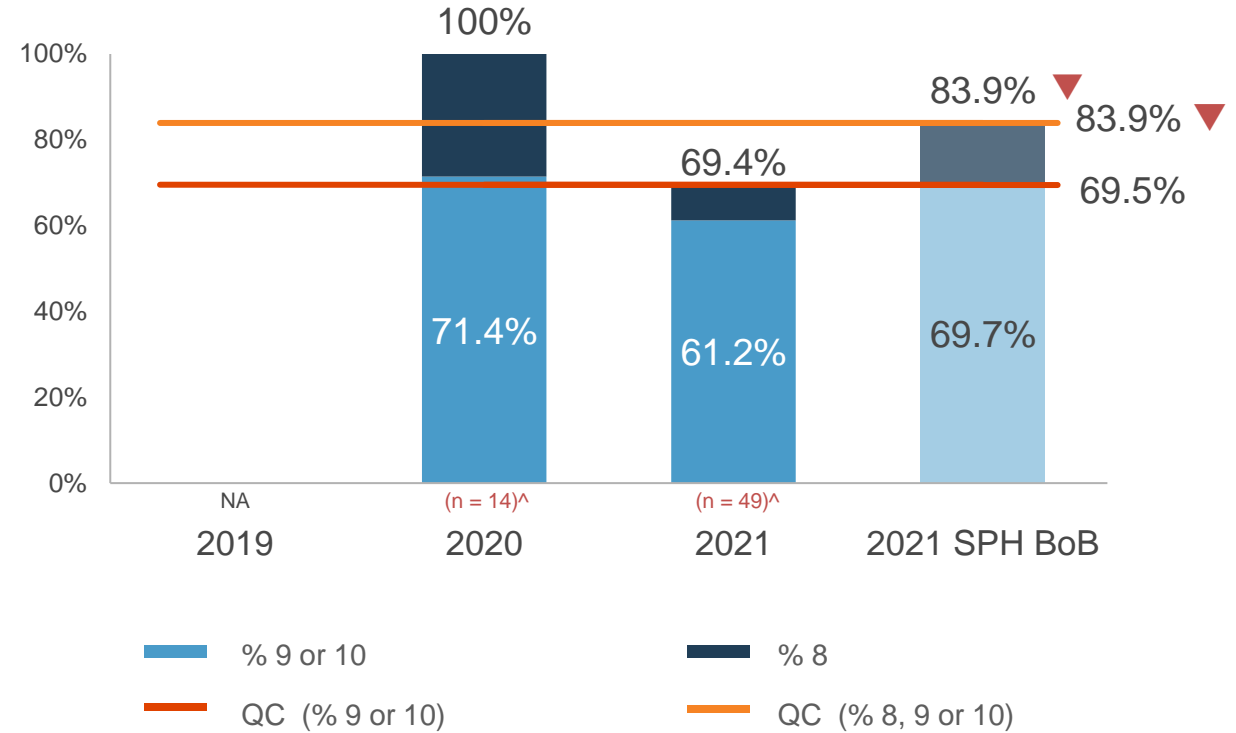


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RATING OF SPECIALIST

% 8, 9 or 10



Significance Testing

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

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

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

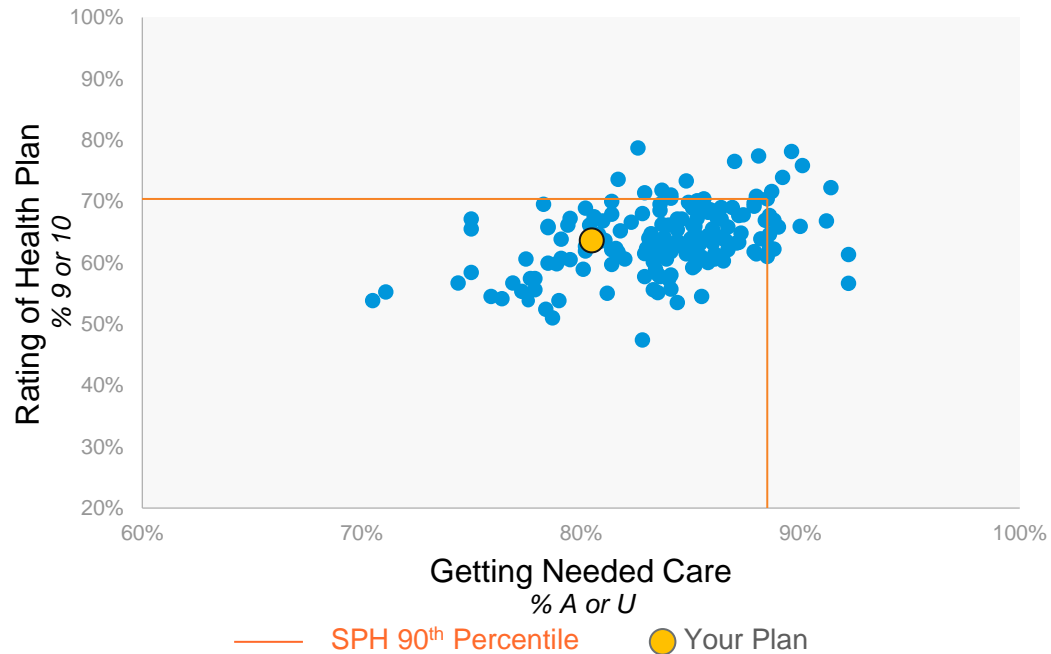


PERCENTILE RANKING 2020 QC ALL PLANS

% A or U

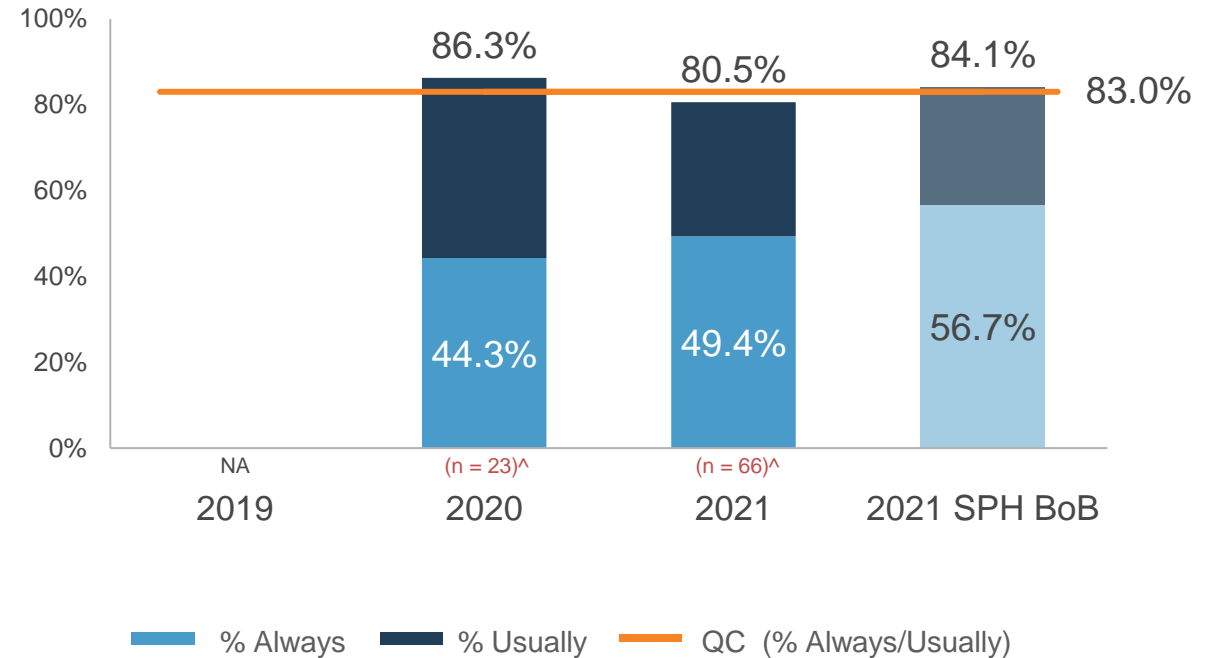
22nd

SPH BOOK OF BUSINESS DISTRIBUTION



GETTING NEEDED CARE

% Always or Usually



Significance Testing

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

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

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

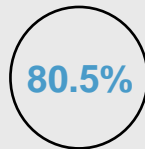


GETTING NEEDED CARE QUESTIONS

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

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

2021 GETTING NEEDED CARE COMPOSITE SUMMARY RATE SCORE



Gate Question

Q19. Made appointments to see a specialist in the last 6 months

Valid n	Yes
130	38.5%

Significance Testing

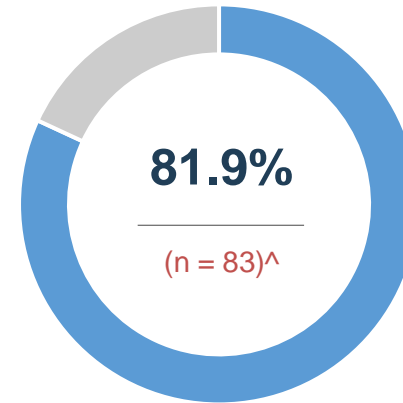
Current year score is significantly higher than the 2020 score (↑), the 2019 score (⚡) or benchmark score (▲).

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

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

Q9. GETTING CARE, TESTS, OR TREATMENT

% Always or Usually



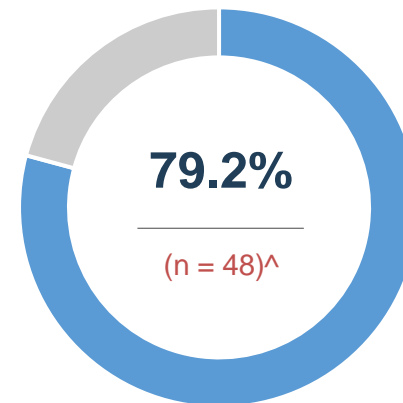
2021	81.9%
2020	78.6%
2019	NA
SPH	85.8%
QC	85.9%

Percentile Ranking 2020 QC All Plans



Q20. GETTING SPECIALIST APPOINTMENT

% Always or Usually



2021	79.2%
2020	94.1%
2019	NA
SPH	82.4%
QC	80.1%

Percentile Ranking 2020 QC All Plans





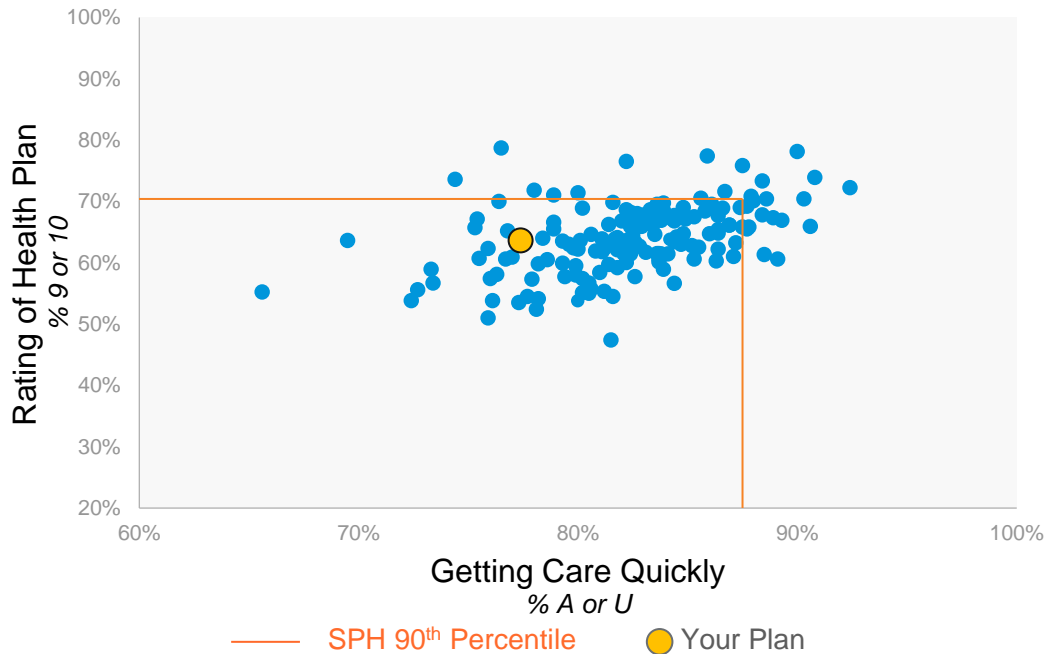
PERCENTILE RANKING 2020 QC ALL PLANS

% A or U

15th

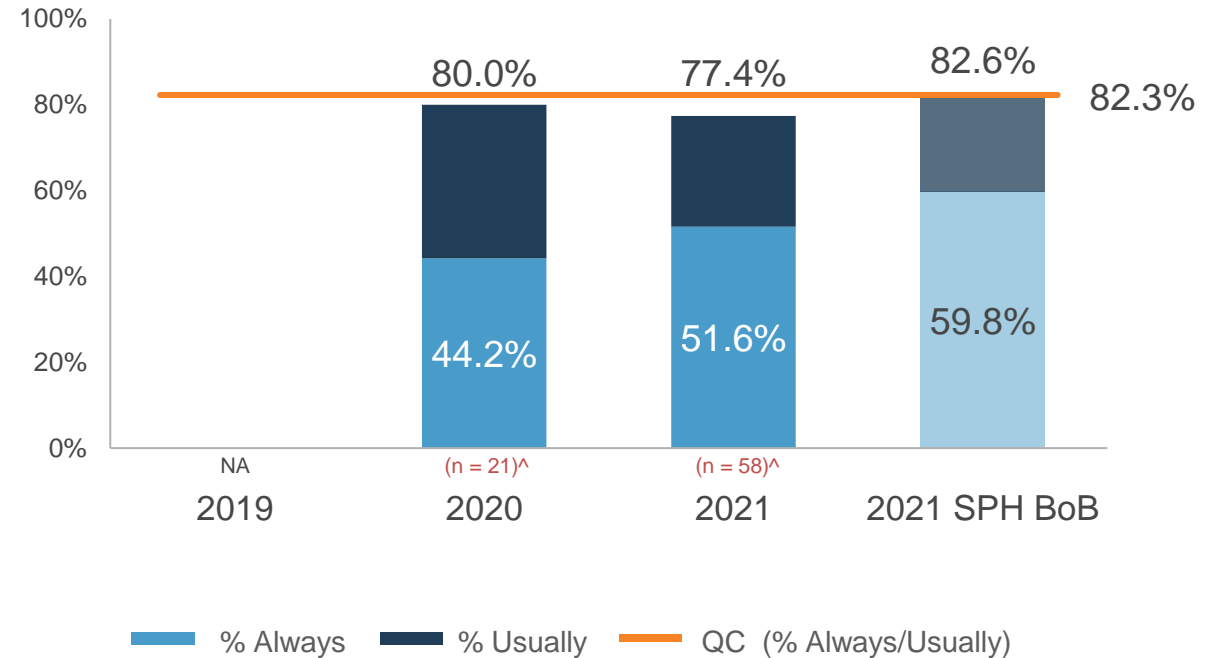


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GETTING CARE QUICKLY

% Always or Usually



Significance Testing

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

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

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



Getting Care Quickly

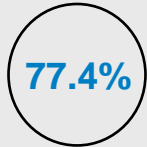
Attribute Questions

GETTING CARE QUICKLY QUESTIONS

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

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

2021 GETTING CARE QUICKLY COMPOSITE SUMMARY RATE SCORE



Gate Questions

Gate Questions	Valid n	Yes
Q3. Had illness, injury or condition that needed care right away	129	31.8%
Q5. Made appts for health care in person, on the phone, or on video	131	62.6%

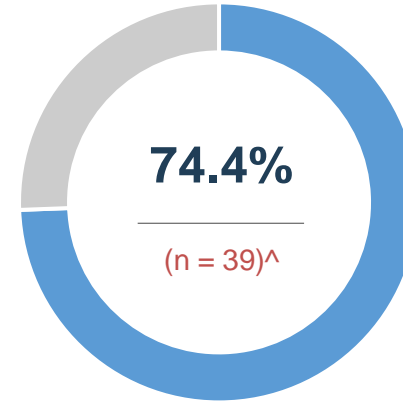
Significance Testing

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

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

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

Q4. GETTING URGENT CARE % Always or Usually

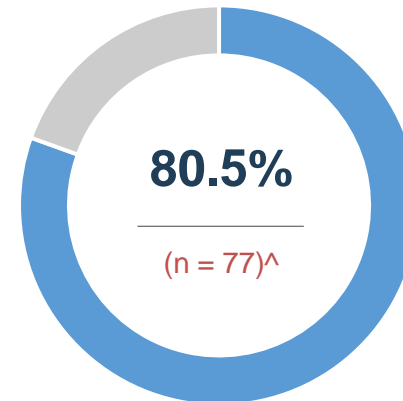


2021	74.4%
2020	83.3%
2019	NA
SPH	84.3%
QC	85.0%

Percentile Ranking 2020 QC All Plans



Q6. GETTING ROUTINE CARE % Always or Usually



2021	80.5%
2020	76.7%
2019	NA
SPH	80.9%
QC	79.8%

Percentile Ranking 2020 QC All Plans



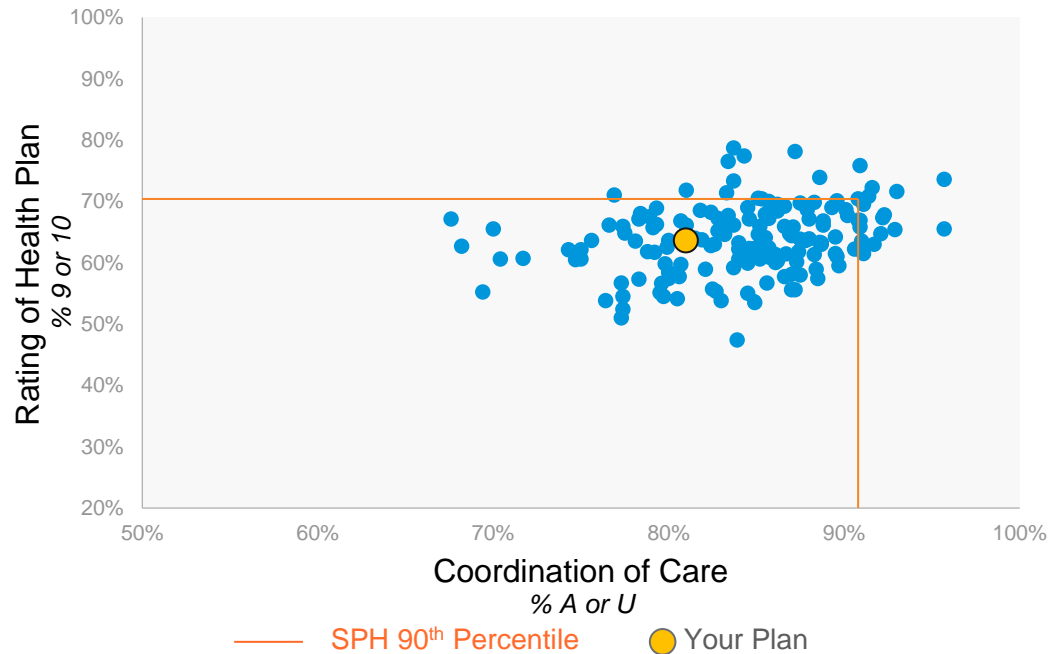


PERCENTILE RANKING 2020 QC ALL PLANS

% A or U

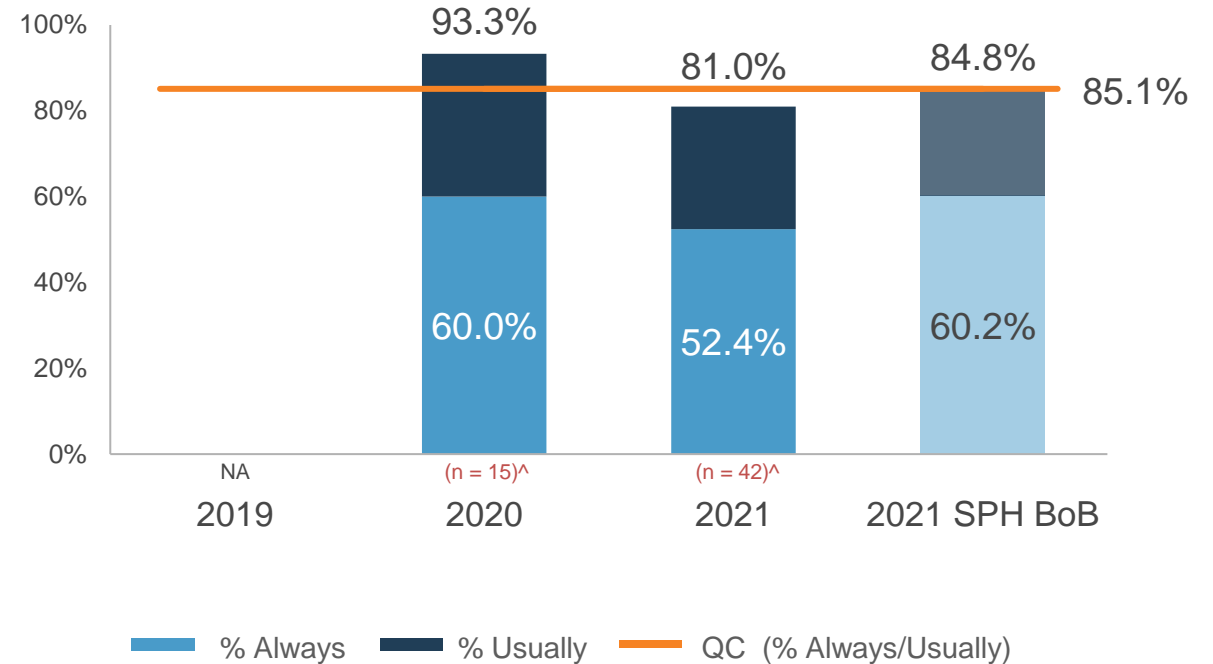
14th

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COORDINATION OF CARE

% Always or Usually



Significance Testing

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

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

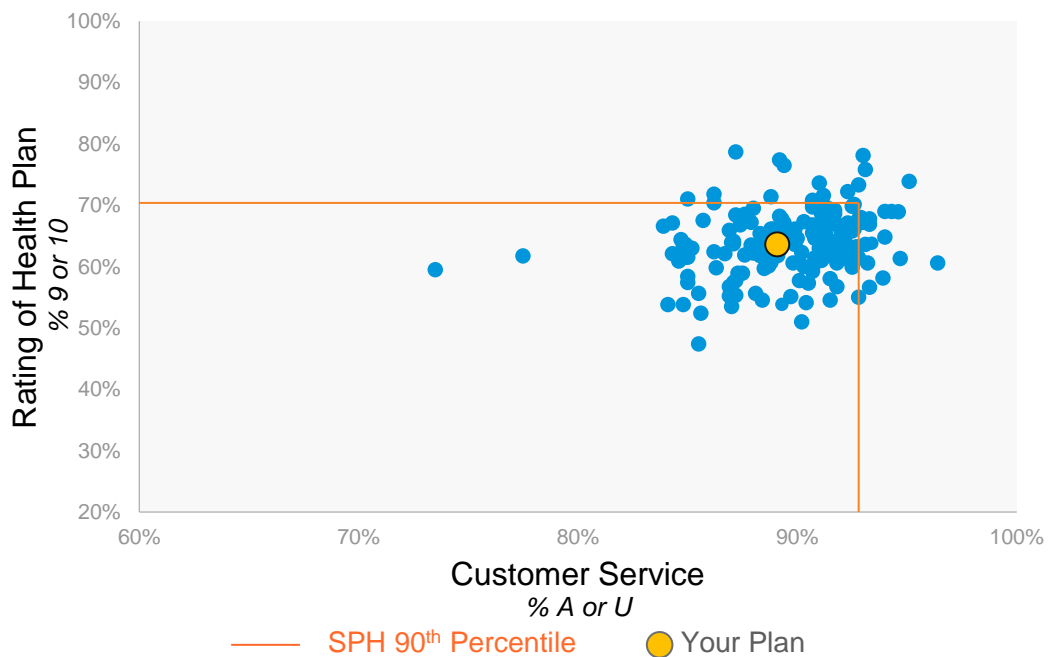
[^]Denominator less than 100. NCQA will assign an NA to this measure.

PERCENTILE RANKING 2020 QC ALL PLANS

% A or U

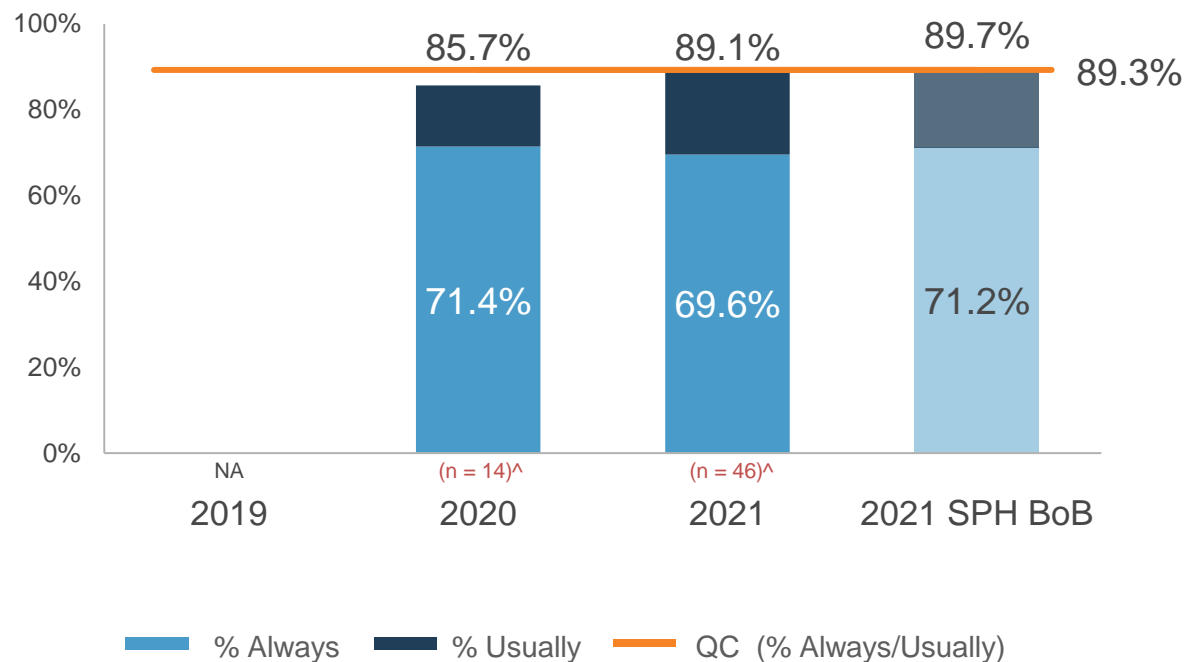


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CUSTOMER SERVICE

% Always or Usually



Significance Testing

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

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

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

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

CUSTOMER SERVICE QUESTIONS

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

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

2021 CUSTOMER SERVICE COMPOSITE SUMMARY RATE SCORE

89.1%

Gate Question

Q23. Tried to get information or help from health plan's customer service

Valid n	Yes
129	36.4%

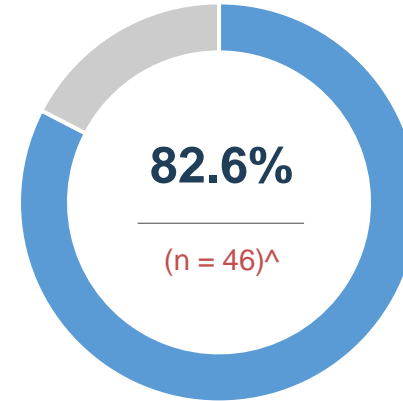
Significance Testing

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

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

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

Q24. PROVIDED INFORMATION OR HELP % Always or Usually

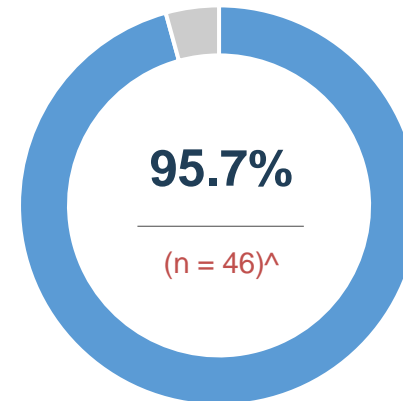


2021	82.6%
2020	85.7%
2019	NA
SPH	84.5%
QC	84.2%

Percentile Ranking 2020 QC All Plans



Q25. TREATED WITH COURTESY AND RESPECT % Always or Usually



2021	95.7%
2020	85.7%
2019	NA
SPH	95.0%
QC	94.4%

Percentile Ranking 2020 QC All Plans

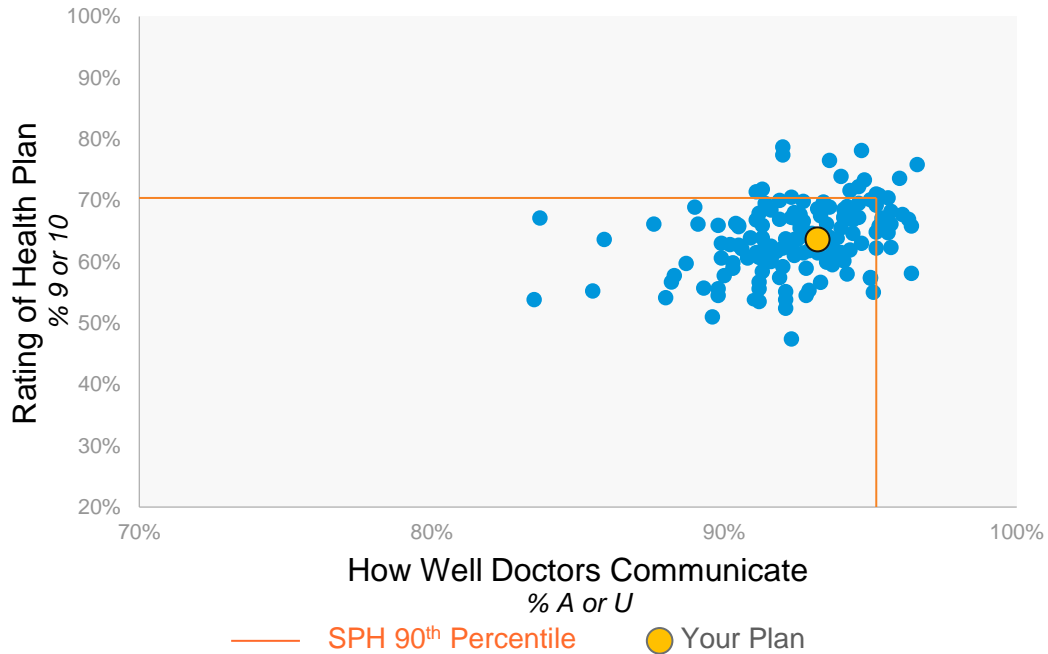


PERCENTILE RANKING 2020 QC ALL PLANS

% A or U

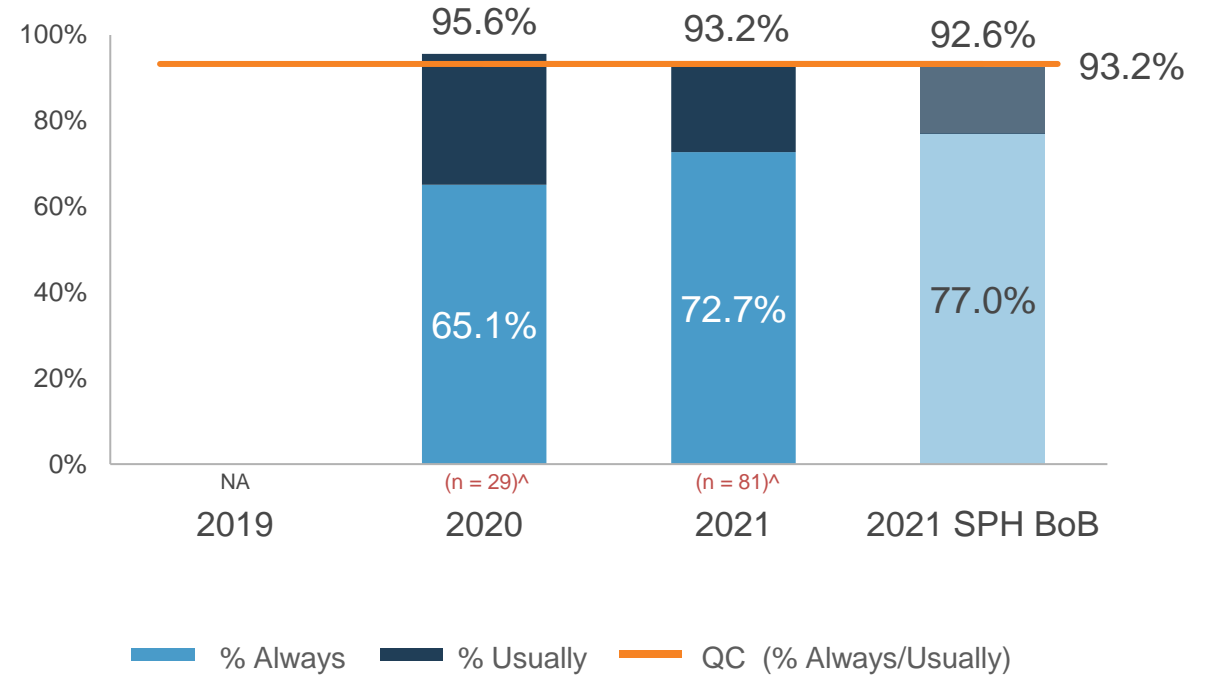
43rd

SPH BOOK OF BUSINESS DISTRIBUTION



HOW WELL DOCTORS COMMUNICATE

% Always or Usually



Significance Testing

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

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

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

HOW WELL DOCTORS COMMUNICATE QUESTIONS

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

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

2021 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE

93.2%

Gate Question

	Valid n	Yes
Q10. Have a personal doctor	132	78.0%

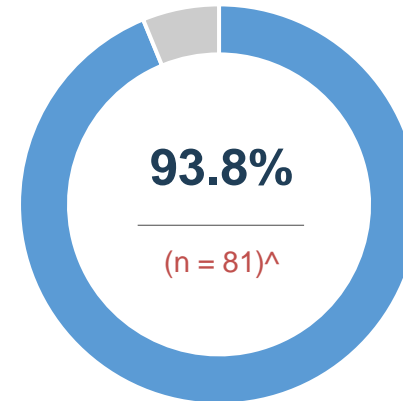
Significance Testing

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

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

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

Q12. PERSONAL DOCTOR EXPLAINED THINGS % Always or Usually

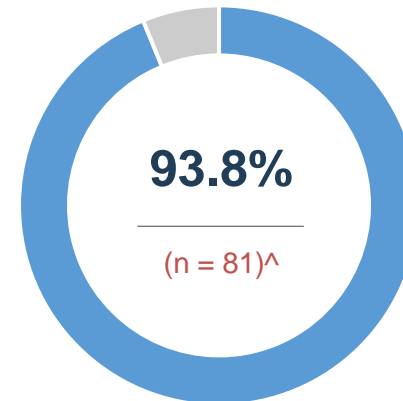


2021	93.8%
2020	96.6%
2019	NA
SPH	92.5%
QC	93.3%

Percentile Ranking 2020 QC All Plans



Q13. PERSONAL DOCTOR LISTENED CAREFULLY % Always or Usually



2021	93.8%
2020	96.6%
2019	NA
SPH	92.9%
QC	93.4%

Percentile Ranking 2020 QC All Plans



HOW WELL DOCTORS COMMUNICATE QUESTIONS

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

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

2021 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE

93.2%

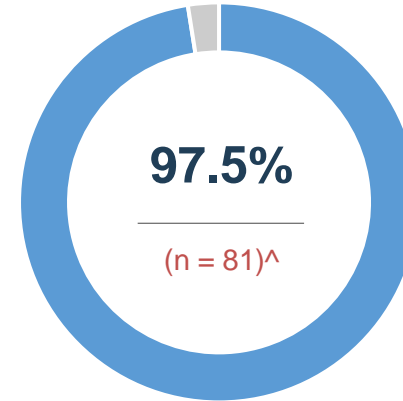
Significance Testing

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

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

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

Q14. PERSONAL DOCTOR SHOWED RESPECT % Always or Usually

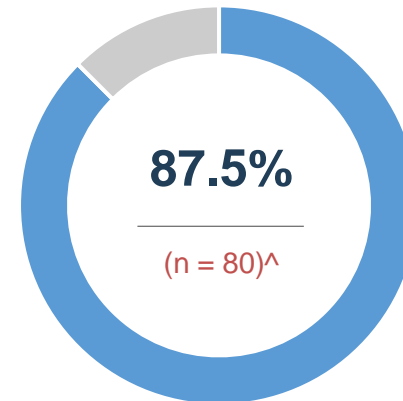


2021	97.5%
2020	96.6%
2019	NA
SPH	94.6%
QC	94.7%

Percentile Ranking 2020 QC All Plans



Q15. PERSONAL DOCTOR SPENT ENOUGH TIME % Always or Usually



2021	87.5%
2020	92.9%
2019	NA
SPH	90.7%
QC	91.3%

Percentile Ranking 2020 QC All Plans





Summary of Trend and Benchmarks

Summary Rate Scores and Percentile Rankings

- Western Sky Community Care (Centene NM)



Summary of Trend and Benchmarks: Section Information

Trend and Benchmark Comparisons The CAHPS® 5.1H survey is designed to use composite scores to facilitate the aggregation of information and the communication of results. Questions are combined into composite categories comprising a particular service area managed by your plan. These composites, the questions that make up composites (attributes), additional measures, and rating questions are shown on the following pages.

Summary Rate Scores: Shows how your plan's composite and key question Summary Rates compare to trend data (if applicable) and scores from the 2021 SPH Analytics Medicaid Adult Book of Business and the 2020 Medicaid Adult Quality Compass® All Plans benchmarks. To help you identify how your plan's population compares to other plans and to previous data, statistically significant differences are highlighted.

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

Significance Testing

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

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

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

Available Benchmarks

The following benchmarks are used throughout the report.

	2020 Quality Compass® All Plans	2020 NCQA 1-100 Benchmark	2021 SPH Analytics Book of Business
	Includes all Medicaid Adult samples that submitted data to NCQA in 2020.	A percentile benchmark (with values ranging from the first through the one hundredth percentile) calculated by NCQA and derived from Medicaid Adult data submitted to NCQA in 2020.	Includes all Medicaid samples that contracted with SPH Analytics to administer the MY 2020 CAHPS 5.1H survey and submitted data to NCQA.
PROS	<ul style="list-style-type: none"> Contains more plans than Public Report Is presented in NCQA's The State of Health Care Quality 	<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"> Provides a benchmark for each question from the survey Permits precise percentile ranking of plan compared to benchmark Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark
CONS	<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
SIZE	164 Plans	164 Plans	163 Plans / 44,346 Respondents



Summary Rate Scores

STAR RATING MEASURES		2021 VALID N	2019	2020	2021	2021 SPH BENCHMARK	2020 QC BENCHMARK
9 Total Star Rating ★ Measures	Rating Questions (% 9 or 10)						
	★ Q28. Rating of Health Plan	129	NA	60.5%	63.6%	64.5%	62.2%
	★ Q8. Rating of Health Care	82 [^]	NA	53.6%	52.4%	59.4%	57.7%
	★ Q18. Rating of Personal Doctor	101	NA	67.6%	65.3%	70.4%	69.2%
	★ Q22. Rating of Specialist	49 [^]	NA	71.4%	61.2%	69.7%	69.5%
	Rating Questions (% 8, 9 or 10)						
	Q28. Rating of Health Plan	129	NA	72.1%	76.7%	79.8%	78.5%
	Q8. Rating of Health Care	82 [^]	NA	64.3%	73.2%	77.5%	76.4%
	Q18. Rating of Personal Doctor	101	NA	85.3%	83.2%	83.8%	83.5%
	Q22. Rating of Specialist	49 [^]	NA	100%	69.4%	83.9% ▼	83.9% ▼
2 Above QC Benchmark*	★ Getting Needed Care (% Always or Usually)	66[^]	NA	86.3%	80.5%	84.1%	83.0%
	Q9. Getting care, tests, or treatment	83 [^]	NA	78.6%	81.9%	85.8%	85.9%
	Q20. Getting specialist appointment	48 [^]	NA	94.1%	79.2%	82.4%	80.1%
	★ Getting Care Quickly (% Always or Usually)	58[^]	NA	80.0%	77.4%	82.6%	82.3%
	Q4. Getting urgent care	39 [^]	NA	83.3%	74.4%	84.3%	85.0%
	Q6. Getting routine care	77 [^]	NA	76.7%	80.5%	80.9%	79.8%
7 At or Below QC Benchmark*	Other Measure (% Always or Usually)						
	★ Q17. Coordination of Care	42 [^]	NA	93.3%	81.0%	84.8%	85.1%
	Effectiveness of Care Measures						
	★ Q31. Flu Vaccinations (Adults 18-64) (% Yes)	121	NA	44.4%	46.3%	40.6%	43.8%
	★ Q33. Advising Smokers and Tobacco Users to Quit: Rolling Avg.	45 [^]	NA	88.9%	71.1%	74.0%	77.2%
	Q34. Discussing Cessation Medications: Rolling Avg.	45 [^]	NA	88.9%	57.8%	52.3%	54.5%
Q35. Discussing Cessation Strategies: Rolling Avg.	45 [^]	NA	88.9%	48.9%	46.2%	48.7%	

Note: Please refer to benchmark descriptions on slide 40.

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

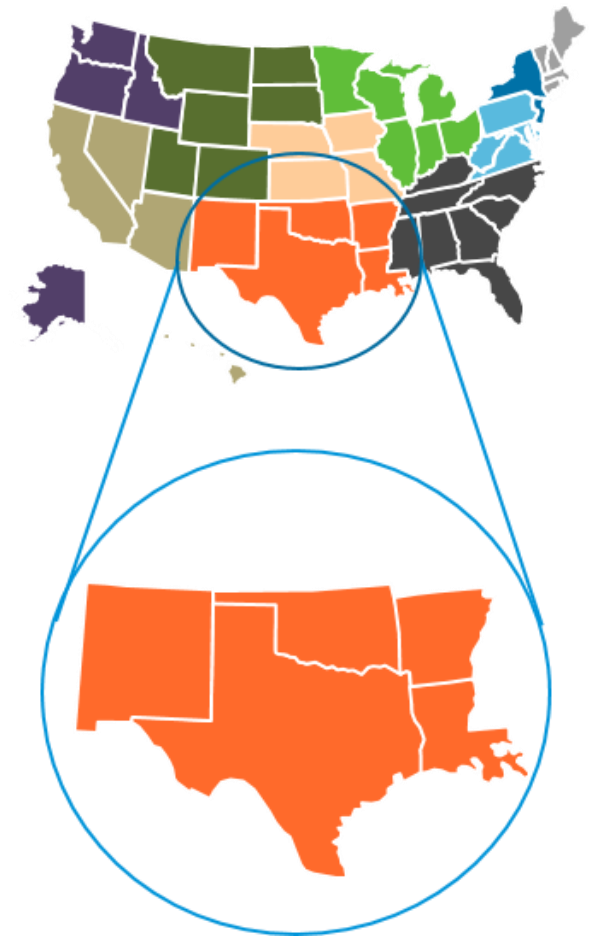


Summary Rate Scores

OTHER MEASURES <i>(Not used for accreditation/ratings)</i>	2021 VALID N	2019	2020	2021	2021 SPH BENCHMARK	2020 QC BENCHMARK
Customer Service (% Always or Usually)	46[^]	NA	85.7%	89.1%	89.7%	89.3%
Q24. Provided information or help	46 [^]	NA	85.7%	82.6%	84.5%	84.2%
Q25. Treated with courtesy and respect	46 [^]	NA	85.7%	95.7%	95.0%	94.4%
How Well Doctors Communicate (% Always or Usually)	81[^]	NA	95.6%	93.2%	92.6%	93.2%
Q12. Personal doctor explained things	81 [^]	NA	96.6%	93.8%	92.5%	93.3%
Q13. Personal doctor listened carefully	81 [^]	NA	96.6%	93.8%	92.9%	93.4%
Q14. Personal doctor showed respect	81 [^]	NA	96.6%	97.5%	94.6%	94.7%
Q15. Personal doctor spent enough time	80 [^]	NA	92.9%	87.5%	90.7%	91.3%
Other Measure (% Always or Usually)						
Q27. Ease of filling out forms	130	NA	97.8%	95.4%	95.8%	95.8%

	SUMMARY RATE	2021 SPH BoB REGION
Rating Questions (% 9 or 10)		
Q28. Rating of Health Plan	63.6%	65.0%
Q8. Rating of Health Care	52.4%	61.3%
Q18. Rating of Personal Doctor	65.3%	71.8%
Q22. Rating of Specialist	61.2%	68.9%
Rating Questions (% 8, 9 or 10)		
Q28. Rating of Health Plan	76.7%	79.4%
Q8. Rating of Health Care	73.2%	78.2%
Q18. Rating of Personal Doctor	83.2%	84.0%
Q22. Rating of Specialist	69.4%	82.0%
Getting Needed Care (% Always or Usually)		
Q9. Getting care, tests, or treatment	81.9%	84.2%
Q20. Getting specialist appointment	79.2%	82.3%
Getting Care Quickly (% Always or Usually)		
Q4. Getting urgent care	74.4%	82.2%
Q6. Getting routine care	80.5%	80.0%
Coordination of Care (Q17) (% Always or Usually)		
Q17. Coordination of care	81.0%	82.2%
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)		
Q31. Flu vaccination	46.3%	40.6%
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)		
Q33. Advising Smokers and Tobacco Users to Quit	71.1%	73.2%
Q34. Discussing Cessation Medications	57.8%	49.9%
Q35. Discussing Cessation Strategies	48.9%	41.2%

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



- Region 6: Dallas**
- Arkansas
 - New Mexico
 - Texas
 - Louisiana
 - Oklahoma

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

Note: Please refer to benchmark descriptions on slide 40.

Percentile Rankings

	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass									SPH %tile	National Percentiles from 2021 SPH Book of Business								
			5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th		5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Rating Questions (% 9 or 10)																					
Q28. Rating of Health Plan	63.6%	54 th	51.6	54.0	58.0	59.4	62.8	65.6	66.5	70.2	71.8	49 th	54.5	55.7	60.6	61.8	63.6	66.1	67.2	70.4	72.2
Q8. Rating of Health Care	52.4%	15 th	48.2	51.3	54.3	55.3	57.6	59.6	61.4	64.5	67.5	9 th	50.6	52.4	55.4	56.8	58.6	61.6	63.3	66.8	68.2
Q18. Rating of Personal Doctor	65.3%	21 st	58.2	62.8	66.2	67.7	69.7	71.7	72.4	75.7	77.4	18 th	61.9	63.3	66.9	67.9	70.3	72.0	73.7	75.7	77.2
Q22. Rating of Specialist	61.2%	6 th	60.2	62.8	65.4	67.4	70.4	72.5	73.7	75.6	78.5	6 th	60.2	62.0	65.2	66.7	69.4	71.8	73.6	75.9	76.9
Rating Questions (% 8, 9 or 10)																					
Q28. Rating of Health Plan	76.7%	33 rd	68.8	72.1	75.6	76.6	79.5	81.3	82.5	84.5	85.8	27 th	72.1	73.2	76.0	77.7	79.8	81.5	82.4	84.8	86.6
Q8. Rating of Health Care	73.2%	22 nd	67.9	70.3	73.4	74.9	76.8	78.2	79.4	82.4	84.2	18 th	69.3	70.7	74.8	76.2	77.9	79.5	80.5	82.7	84.0
Q18. Rating of Personal Doctor	83.2%	43 rd	75.2	78.2	81.7	82.4	83.7	85.3	86.5	88.2	89.5	44 th	78.0	79.7	81.5	82.4	83.9	85.2	85.7	87.9	88.9
Q22. Rating of Specialist	69.4%	<5 th	76.0	77.8	81.6	82.8	84.2	85.7	86.8	88.5	91.7	<5 th	76.9	78.9	81.0	81.9	83.6	85.2	86.0	88.1	89.1
Getting Needed Care (% A or U)	80.5%	22nd	72.9	77.0	81.0	81.6	83.4	85.5	86.2	88.4	89.3	20th	76.9	78.4	81.4	82.9	84.1	85.5	86.2	88.5	89.0
Q9. Getting care, tests, or treatment	81.9%	15 th	78.6	79.9	83.3	84.6	86.5	88.0	88.7	91.0	91.4	16 th	76.9	80.6	83.0	83.8	85.8	87.6	88.7	90.6	91.1
Q20. Getting specialist appointment	79.2%	40 th	69.6	73.5	77.0	77.8	80.5	82.9	84.3	87.7	88.6	25 th	72.4	75.4	79.2	80.0	82.4	84.4	85.2	88.0	89.3
Getting Care Quickly (% A or U)	77.4%	15th	72.7	75.4	79.9	81.0	83.5	84.9	86.1	87.1	88.1	12th	75.4	76.7	80.0	81.0	82.4	83.9	84.8	87.5	88.5
Q4. Getting urgent care	74.4%	<5 th	75.6	77.6	82.5	83.2	85.5	87.5	88.3	90.4	92.6	<5 th	76.8	78.6	81.3	82.6	84.3	86.0	87.3	90.1	91.8
Q6. Getting routine care	80.5%	47 th	69.9	72.3	76.1	78.5	80.8	82.7	83.8	85.7	86.8	48 th	70.5	72.4	76.7	78.4	80.8	83.2	84.0	86.9	89.3
Q17. Coordination of Care (% A or U)	81.0%	14th	77.6	79.2	82.5	83.5	85.6	87.6	88.3	90.2	92.1	27th	75.0	77.4	80.7	82.7	84.9	86.6	87.8	90.8	91.6
Q31. Flu Vaccinations, 18-64 (% Yes)	46.3%	67th	31.5	35.2	39.7	41.1	43.4	46.3	48.1	52.6	56.8	81st	27.5	30.2	34.5	36.4	39.7	42.1	43.8	52.6	56.8
Medical Assistance with Smoking and Tobacco Use Cessation (% A, U, or S) (Rolling average)																					
Q33. Advising Smokers and Tobacco Users to Quit	71.1%	13 th	65.3	69.8	74.3	75.2	77.7	80.4	80.9	84.2	85.0	38 th	56.1	60.7	68.1	70.0	73.2	76.5	77.8	81.7	85.1
Q34. Discussing Cessation Medications	57.8%	67 th	43.0	45.0	49.3	51.2	54.2	57.6	59.4	64.3	67.0	78 th	35.5	37.5	44.2	46.6	50.0	54.7	56.8	63.5	69.0
Q35. Discussing Cessation Strategies	48.9%	53 rd	37.7	40.9	43.8	45.9	47.9	50.8	53.9	56.7	60.6	70 th	28.1	33.3	39.2	40.9	45.8	48.5	50.0	56.3	59.3

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



Percentile Rankings

	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass									SPH %tile	National Percentiles from 2021 SPH Book of Business								
			5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th		5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Customer Service (% A or U)	89.1%	40th	84.8	86.1	87.5	88.6	89.6	90.7	91.2	92.4	93.2	41st	84.8	85.2	87.4	88.3	89.9	91.2	91.7	92.8	93.3
Q24. Provided information or help	82.6%	30 th	78.0	80.0	82.1	82.7	84.5	86.3	86.8	88.5	90.0	38 th	75.5	77.9	81.4	82.1	84.6	86.4	88.2	89.4	90.4
Q25. Treated with courtesy and respect	95.7%	65 th	90.5	91.5	92.7	93.9	95.0	95.8	96.3	97.1	97.4	60 th	90.6	91.8	93.3	94.2	95.0	96.1	96.7	97.6	98.3
How Well Doctors Communicate (% A or U)	93.2%	43rd	89.2	90.7	92.0	92.4	93.4	94.2	94.5	95.7	96.5	60th	88.7	89.9	91.3	91.9	92.7	93.6	94.1	95.2	95.6
Q12. Personal doctor explained things	93.8%	54 th	88.8	89.8	91.9	92.6	93.5	94.7	95.1	96.2	96.6	65 th	88.1	89.2	90.8	91.2	92.9	93.9	94.4	95.4	96.1
Q13. Personal doctor listened carefully	93.8%	54 th	89.1	90.0	92.2	92.6	93.4	94.4	95.0	96.4	97.1	60 th	87.9	89.4	91.4	91.8	93.1	94.0	94.4	95.6	95.7
Q14. Personal doctor showed respect	97.5%	90 th	91.1	92.2	93.4	93.9	94.8	95.5	96.0	97.4	98.1	94 th	91.2	91.9	93.5	93.7	94.5	95.4	95.9	96.9	97.5
Q15. Personal doctor spent enough time	87.5%	9 th	85.8	87.7	89.5	90.5	91.7	92.9	93.3	94.4	95.4	13 th	85.3	86.5	88.9	89.7	90.8	92.0	92.2	93.7	95.0
Ease of Filling Out Forms (Q27) (% A or U)	95.4%	39th	92.5	93.5	94.6	95.0	95.9	96.7	97.2	98.0	98.6	40th	92.9	93.7	94.5	95.1	95.8	96.7	96.9	98.1	98.5

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



Profile of Survey Respondents

Demographic Composition

- Western Sky Community Care (Centene NM)



Profile of Survey Respondents: Section Information

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

The percentages of respondents are displayed by demographic category (Age, Gender, Health Status, Mental/Emotional Health Status, Education, Ethnicity, and Race) from your current survey, compared to trend data (if applicable) and the 2021 SPH Analytics Medicaid Adult Book of Business and the 2020 Medicaid Adult Quality Compass[®] All Plans benchmarks. NCQA did not provide Quality Compass demographic benchmarks in 2020.

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

Significance Testing

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

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

SPH refers to the 2021 SPH Analytics Book of Business benchmark.

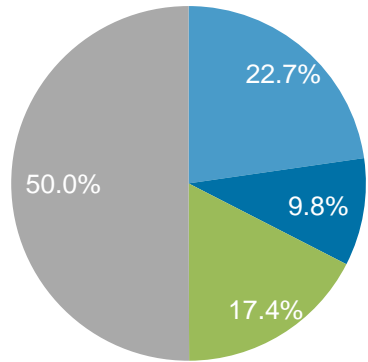
QC refers to the 2020 Quality Compass[®] All Plans benchmark.

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

Survey Demographics

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

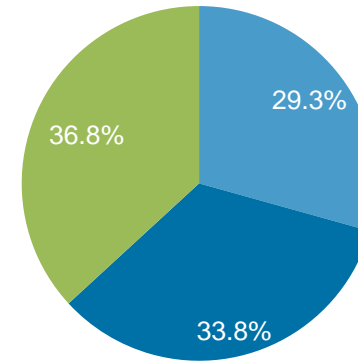
Age



	18 - 34	35 - 44	45 - 54	55 or older
2021	22.7%	9.8%	17.4%	50.0%
2020	15.9%	11.4%	13.6%	59.1%
2019	NA	NA	NA	NA
SPH	23.9%	13.5%	17.6%	45.1%
QC	NA	NA	NA	NA

■ 18-34 ■ 35-44 ■ 45-54 ■ 55 or older

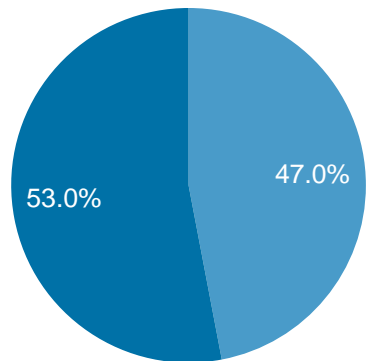
Health Status



	Excellent/ Very Good	Good	Fair/Poor
2021	29.3%	33.8%	36.8%
2020	17.0%	40.4%	42.6%
2019	NA	NA	NA
SPH	30.8%	34.0%	35.2%
QC	NA	NA	NA

■ Excellent/Very Good ■ Good ■ Fair/Poor

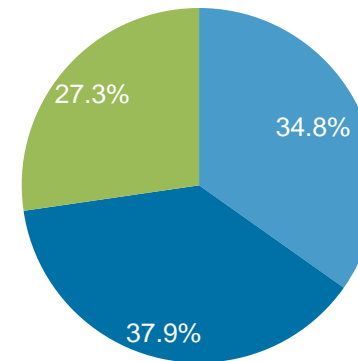
Gender



	Male	Female
2021	47.0%	53.0%
2020	43.5%	56.5%
2019	NA	NA
SPH	39.0%	61.0%
QC	NA	NA

■ Male ■ Female

Mental/Emotional Health Status



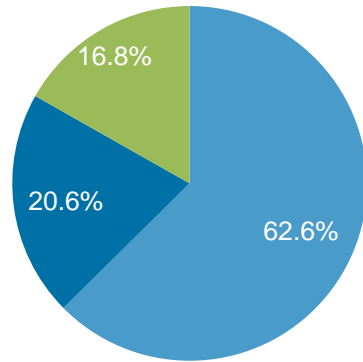
	Excellent/ Very Good	Good	Fair/Poor
2021	34.8%	37.9%	27.3%
2020	34.0%	29.8%	36.2%
2019	NA	NA	NA
SPH	37.3%	31.1%	31.6%
QC	NA	NA	NA

■ Excellent/Very Good ■ Good ■ Fair/Poor

Survey Demographics

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

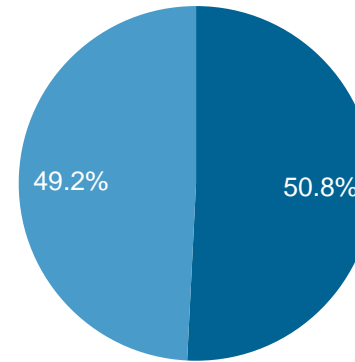
Education



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

	HS Graduate or Less	Some College	College Graduate or More
2021	62.6%	20.6%	16.8%
2020	64.3%	14.3%	21.4%
2019	NA	NA	NA
SPH	62.1%	26.5%	11.4%
QC	NA	NA	NA

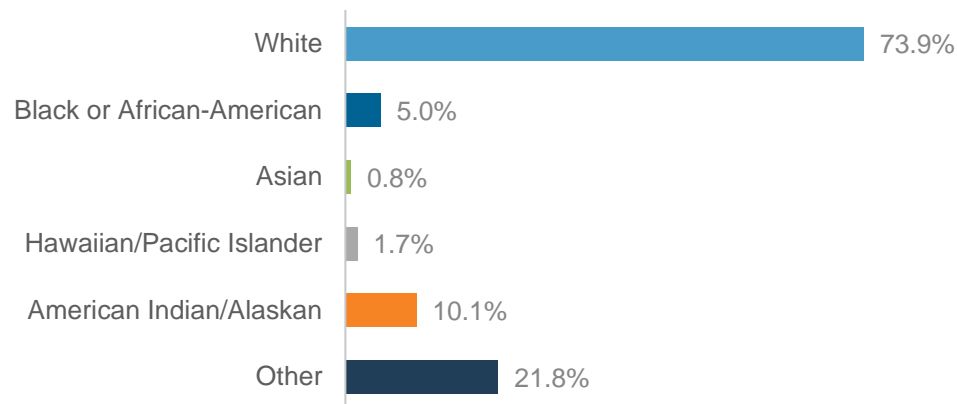
Ethnicity



■ Hispanic/Latino ■ Not Hispanic/Latino

	Hispanic/Latino	Not Hispanic/Latino
2021	50.8%	49.2%
2020	47.7%	52.3%
2019	NA	NA
SPH	17.7% ▲	82.3% ▼
QC	NA	NA

Race



	White	Black or African-American	Asian	Hawaiian/Pacific Islander	American Indian/Alaskan	Other
2021	73.9%	5.0%	0.8%	1.7%	10.1%	21.8%
2020	64.3%	2.4%	2.4%	0.0%	16.7%	16.7%
2019	NA	NA	NA	NA	NA	NA
SPH	63.0% ▲	23.7% ▼	6.3% ▼	1.3%	3.9% ▲	10.7% ▲
QC	NA	NA	NA	NA	NA	NA



Demographic Segment Analyses

Subgroup Analysis

- Western Sky Community Care (Centene NM)



Demographic Analyses: Section Information

Segmenting Responses The CAHPS® 5.1H survey asks demographic questions about the respondent. This section allows you to evaluate the differences across segments of your plan's members. Reviewing measures across different survey response categories may indicate a health plan's overall ability to meet the needs of a varied population.

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

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

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

Segment Groups

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



Demographic Segments

	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type			Age			
	8-10	0-7	8-10	0-7	Excellent/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	18-34	35-44	45-54	55+
	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)
<i>Total respondents</i>	99	30	60	22	39	45	49	46	50	36	89	45	0^	30	13^	23	66
Rating Questions (% 9 or 10)																	
Q28. Rating of Health Plan	82.8% H	0.0%	75.0%	42.9%	67.6%	61.4%	62.5%	68.9%	67.3%	50.0%	69.0%	52.4%	---	62.1%	61.5%	54.5%	67.2%
Q8. Rating of Health Care	63.1%	12.5%	71.7%	0.0%	62.5%	47.6%	50.0%	76.9%	43.3%	41.7%	50.0%	57.7%	---	44.4%	40.0%	57.1%	58.1%
Q18. Rating of Personal Doctor	78.5%	14.3%	80.0%	41.2%	76.9%	59.4%	61.9%	74.3%	61.5%	57.7%	72.1% R	51.5%	---	47.4%	63.6%	81.3%	66.7%
Q22. Rating of Specialist	76.3%	9.1%	71.9%	30.0%	55.6%	60.0%	63.3%	80.0%	68.2%	43.8%	62.5%	58.8%	---	75.0%	50.0%	45.5%	66.7%
Rating Questions (% 8, 9 or 10)																	
Q28. Rating of Health Plan	100% H	0.0%	90.0%	52.4%	83.8%	75.0%	72.9%	80.0%	77.6%	70.6%	78.2%	73.8%	---	72.4%	61.5%	86.4%	78.1%
Q8. Rating of Health Care	83.1%	37.5%	100%	0.0%	75.0%	81.0%	69.4%	96.2%	70.0%	58.3%	71.4%	76.9%	---	77.8%	40.0%	92.9%	72.1%
Q18. Rating of Personal Doctor	94.9%	38.1%	94.5%	64.7%	92.3%	81.3%	78.6%	91.4%	79.5%	76.9%	88.2%	72.7%	---	78.9%	81.8%	87.5%	83.3%
Q22. Rating of Specialist	84.2%	18.2%	78.1%	40.0%	66.7%	60.0%	73.3%	80.0%	77.3%	56.3%	71.9%	64.7%	---	75.0%	50.0%	54.5%	77.8%
Getting Needed Care (% A or U)	87.2%	55.4%	92.0%	50.0%	78.5%	85.2%	78.8%	94.4%	85.9%	66.7%	83.6%	74.0%	---	81.9%	50.0%	86.4%	83.3%
Q9. Getting care, tests, or treatment	87.9%	56.3%	93.3%	50.0%	79.2%	90.5%	78.4%	88.9%	90.0%	66.7%	86.0%	73.1%	---	88.9%	50.0%	92.9%	81.4%
Q20. Getting specialist appointment	86.5%	54.5%	90.6%	50.0%	77.8%	80.0%	79.3%	100%	81.8%	66.7%	81.3%	75.0%	---	75.0%	50.0%	80.0%	85.2%
Getting Care Quickly (% A or U)	84.5%	56.1%	92.4%	73.1%	88.5%	72.0%	76.1%	70.4%	85.2%	74.6%	77.7%	77.9%	---	96.7%	41.7%	91.2%	70.3%
Q4. Getting urgent care	84.6%	53.8%	95.0%	69.2%	83.3%	70.0%	73.9%	70.0%	84.6%	66.7%	71.4%	81.8%	---	100%	33.3%	100%	63.6%
Q6. Getting routine care	84.4%	58.3%	89.8%	76.9%	93.8%	73.9%	78.4%	70.8%	85.7%	82.6%	84.0%	74.1%	---	93.3%	50.0%	82.4%	76.9%
Coordination of Care (Q17) (% A or U)	93.5%	40.0%	87.1%	50.0%	88.9%	80.0%	77.3%	90.9%	76.5%	76.9%	82.1%	78.6%	---	66.7%	100%	87.5%	79.2%
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	53.8%	26.9%	60.7%	52.9%	43.2%	40.9%	55.0%	42.2%	52.3%	43.8%	52.5%	34.1%	---	43.3%	41.7%	27.3%	56.1%
Medical Assistance with Smoking and Tobacco Use Cessation (% A, U or S) (Rolling average)																	
Q33. Advising Smokers and Tobacco Users to Quit	86.2%	46.2%	82.6%	83.3%	85.7%	71.4%	66.7%	53.3%	90.9%	73.7%	68.8%	76.9%	---	85.7%	50.0%	72.7%	69.6%
Q34. Discussing Cessation Medications	69.0%	38.5%	60.9%	83.3%	71.4%	57.1%	54.2%	46.7%	72.7%	57.9%	53.1%	69.2%	---	57.1%	50.0%	72.7%	52.2%
Q35. Discussing Cessation Strategies	58.6%	30.8%	47.8%	100%	42.9%	42.9%	54.2%	26.7%	54.5%	63.2%	46.9%	53.8%	---	28.6%	50.0%	54.5%	52.2%

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



Demographic Segments

	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type			Age			
	8-10	0-7	8-10	0-7	Excellent/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	18-34	35-44	45-54	55+
	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)
<i>Total respondents</i>	99	30	60	22	39	45	49	46	50	36	89	45	0 [^]	30	13 [^]	23	66
Customer Service (% A or U)	91.3%	75.0%	96.3%	85.7%	100%	79.4%	92.1%	100%	82.5%	87.5%	98.1%	76.3%	---	87.5%	100%	95.0%	86.4%
Q24. Provided information or help	85.0%	66.7%	92.6%	85.7%	100%	64.7%	89.5%	100%	70.0%	83.3%	96.3%	63.2%	---	75.0%	100%	90.0%	81.8%
Q25. Treated with courtesy and respect	97.5%	83.3%	100%	85.7%	100%	94.1%	94.7%	100%	95.0%	91.7%	100%	89.5%	---	100%	100%	100%	90.9%
How Well Doctors Communicate (% A or U)	98.4%	70.0%	97.0%	85.0%	97.2%	95.8%	89.5%	96.9%	92.1%	90.6%	96.2%	85.2%	---	90.4%	90.6%	100%	92.3%
Q12. Personal doctor explained things	100%	66.7%	98.0%	86.7%	94.4%	95.8%	92.1%	95.8%	90.6%	95.8%	96.6%	86.4%	---	92.3%	87.5%	100%	93.5%
Q13. Personal doctor listened carefully	98.5%	73.3%	96.0%	93.3%	100%	91.7%	92.1%	95.8%	90.6%	95.8%	96.6%	86.4%	---	92.3%	100%	100%	91.3%
Q14. Personal doctor showed respect	98.5%	93.3%	100%	93.3%	100%	100%	94.7%	100%	96.9%	95.8%	98.3%	95.5%	---	92.3%	100%	100%	97.8%
Q15. Personal doctor spent enough time	96.9%	46.7%	93.9%	66.7%	94.4%	95.7%	78.9%	95.8%	90.3%	75.0%	93.1%	72.7%	---	84.6%	75.0%	100%	86.7%
Other Measures																	
Q27. Ease of filling out forms (% A or U)	94.8%	96.6%	94.7%	95.2%	97.3%	95.6%	93.8%	97.7%	94.0%	94.4%	95.4%	95.3%	---	100% ^w	100%	95.7%	92.1%
Q7. Average number of visits to doctor's office or clinic	3.5	3.1	5.0	5.1	2.0	2.2	5.5 ^{KL}	1.9	3.3	5.2 ^N	3.2	3.7	---	2.3	3.3	3.8	3.6
Q11. Average number of visits to personal doctor	2.6	2.9	3.3	3.0	1.4	1.8	4.1 ^L	1.6	2.2	4.6	2.6	2.8	---	2.8	1.8	3.1	2.6
Q21. Average number of specialists seen	1.8	1.5	1.9	1.6	1.6	1.7	1.8	1.9	1.8	1.7	1.8	1.7	---	1.4	2.0	1.4	2.0



Demographic Segments

	Gender		Education		Race						Ethnicity	
	Male	Female	High school or less	Some college or more	White	Black or African-American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic
	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
<i>Total respondents</i>	62	70	82	49	88	6 [^]	1 [^]	2 [^]	12 [^]	26	65	63
Rating Questions (% 9 or 10)												
Q28. Rating of Health Plan	55.2%	70.0%	68.4%	54.2%	64.4%	66.7%	0.0%	100%	66.7%	53.8%	59.7%	66.1%
Q8. Rating of Health Care	45.7%	60.0%	53.7%	52.6%	55.4%	50.0%	0.0%	100%	33.3%	60.0%	57.1%	51.2%
Q18. Rating of Personal Doctor	60.5%	67.7%	65.0%	64.1%	63.9%	66.7%	100%	100%	55.6%	44.4%	64.4%	66.7%
Q22. Rating of Specialist	61.1%	63.3%	60.9%	62.5%	59.5%	33.3%	NA	0.0%	33.3%	83.3%	72.2%	55.2%
Rating Questions (% 8, 9 or 10)												
Q28. Rating of Health Plan	67.2%	84.3% x	78.5%	72.9%	78.2%	83.3%	100%	100%	66.7%	76.9%	72.6%	79.0%
Q8. Rating of Health Care	68.6%	80.0%	78.0%	71.1%	78.6%	50.0%	100%	100%	66.7%	73.3%	77.1%	72.1%
Q18. Rating of Personal Doctor	76.3%	87.1%	80.0%	87.2%	81.9%	66.7%	100%	100%	77.8%	66.7%	82.2%	84.3%
Q22. Rating of Specialist	66.7%	73.3%	69.6%	70.8%	67.6%	66.7%	NA	0.0%	33.3%	83.3%	77.8%	65.5%
Getting Needed Care (% A or U)	77.1%	85.0%	81.5%	82.5%	84.1%	75.0%	NA	75.0%	61.1%	85.0%	81.9%	81.2%
Q9. Getting care, tests, or treatment	77.8%	86.7%	85.7%	81.6%	87.7%	50.0%	100%	50.0%	55.6%	86.7%	91.7%	76.7%
Q20. Getting specialist appointment	76.5%	83.3%	77.3%	83.3%	80.6%	100%	NA	100%	66.7%	83.3%	72.2%	85.7%
Getting Care Quickly (% A or U)	70.6%	82.3%	71.8%	82.6%	76.9%	NA	NA	75.0%	93.8%	76.9%	69.3%	82.7%
Q4. Getting urgent care	68.4%	78.9%	65.0%	83.3%	74.1%	NA	NA	100%	100%	71.4%	66.7%	80.0%
Q6. Getting routine care	72.7%	85.7%	78.6%	81.8%	79.6%	100%	100%	50.0%	87.5%	82.4%	71.9%	85.4%
Coordination of Care (Q17) (% A or U)	75.0%	84.0%	82.4%	78.3%	80.0%	100%	100%	100%	71.4%	85.7%	85.7%	76.9%
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	36.8%	54.7% x	43.1%	50.0%	45.8%	50.0%	0.0%	50.0%	80.0%	39.1%	39.3%	52.5%
Medical Assistance with Smoking and Tobacco Use Cessation (% A, U or S) (Rolling average)												
Q33. Advising Smokers and Tobacco Users to Quit	63.6%	78.3%	60.7%	88.2%	75.0%	50.0%	100%	100%	100%	72.7%	64.7%	74.1%
Q34. Discussing Cessation Medications	54.5%	60.9%	53.6%	64.7%	62.5%	50.0%	0.0%	100%	100%	63.6%	52.9%	59.3%
Q35. Discussing Cessation Strategies	40.9%	56.5%	46.4%	52.9%	46.9%	50.0%	0.0%	100%	100%	54.5%	47.1%	48.1%

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



Demographic Segments

	Gender		Education		Race						Ethnicity	
	Male	Female	High school or less	Some college or more	White	Black or African-American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic
	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
<i>Total respondents</i>	62	70	82	49	88	6 [^]	1 [^]	2 [^]	12 [^]	26	65	63
Customer Service (% A or U)	88.2%	89.7%	81.3%	97.6%	92.9%	75.0%	100%	NA	75.0%	90.0%	88.0%	89.5%
Q24. Provided information or help	82.4%	82.8%	70.8%	95.2%	85.7%	50.0%	100%	NA	50.0%	90.0%	84.0%	78.9%
Q25. Treated with courtesy and respect	94.1%	96.6%	91.7%	100%	100%	100%	100%	NA	100%	90.0%	92.0%	100%
How Well Doctors Communicate (% A or U)	87.5%	95.8%	92.5%	93.6%	92.9%	83.3%	100%	100%	84.4%	84.6%	90.4%	94.8%
Q12. Personal doctor explained things	84.6%	98.1%	95.5%	91.4%	93.3%	66.7%	100%	100%	87.5%	84.6%	91.2%	95.5%
Q13. Personal doctor listened carefully	84.6%	98.1%	90.9%	97.1%	93.3%	66.7%	100%	100%	87.5%	92.3%	91.2%	95.5%
Q14. Personal doctor showed respect	96.2%	98.1%	97.7%	97.1%	96.7%	100%	100%	100%	87.5%	92.3%	97.1%	97.7%
Q15. Personal doctor spent enough time	84.6%	88.7%	86.0%	88.6%	88.1%	100%	100%	100%	75.0%	69.2%	82.4%	90.7%
Other Measures												
Q27. Ease of filling out forms (% A or U)	93.3%	97.1%	94.9%	95.9%	94.3%	100%	100%	100%	91.7%	91.7%	96.8%	95.2%
Q7. Average number of visits to doctor's office or clinic	3.2	3.4	3.1	3.6	3.5	1.0	7.0	7.3	4.4	4.3	2.8	3.7
Q11. Average number of visits to personal doctor	2.6	2.6	2.6	2.8	2.7	1.7	7.0	4.5	3.4	2.8	2.8	2.6
Q21. Average number of specialists seen	1.8	1.8	1.7	1.8	1.6	1.0	NA	1.0	1.8	2.2	1.7	1.7



Supplemental Questions

Results for Supplemental Questions

- Western Sky Community Care (Centene NM)

Survey Item	Opt-out Responses <i>Out of 134 Total Respondents</i>	Category Responses <i>Based on Valid Responses Per Question</i>					Plan Summary Rate Score			2021 SPH BoB Summary Rate Score		
		Yes	No	Very satisfied	Satisfied	Neither dissatisfied nor satisfied	Dissatisfied	Very dissatisfied	2019		2020	2021
Q41. In the last 6 months, did anyone from your health plan, doctor's office, or clinic help coordinate your care among these doctors or other health providers?		40.6%	59.4%						---	(n = 46) 32.6%	(n = 128) 40.6%	---
Q43. How satisfied are you with the help you received to coordinate your care in the last 6 months?		32.3%	42.7%	17.7%	3.2%	4.0%			---	(n = 42) 64.3%	(n = 124) 75.0%	---
Q44. In the last 6 months, have you received any material from your health plan about good health and how to stay healthy?		64.3%	35.7%						---	(n = 45) 53.3%	(n = 129) 64.3%	---
Q45. In the last 6 months, have you received any material from your health plan about care coordination and how to contact the care coordination unit?		40.9%	59.1%						---	(n = 46) 50.0%	(n = 127) 40.9%	---
Q46. Did your Care Coordinator sit down with you and create a Plan of Care?		42.0%	58.0%						---	(n = 46) 23.9%	(n = 50) 42.0%	---
Q47. Are you satisfied that your care plan talks about the help you need to stay healthy and remain in your home?		32.7%	57.7%	9.6%	0.0%	0.0%			---	(n = 43) 60.5%	(n = 52) 90.4% ↑	---

Summary Rate Indicator

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

Significance Testing

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

Low Base

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

Survey Item		Plan Summary Rate Score			2021 SPH BoB Summary Rate Score	
		2019	2020	2021		
Q42. In the last 6 months, who helped to coordinate your care?						
	Valid Responses	Base	---	(n=39)	(n=121)	---
	Someone from your health plan		---	10.3%	9.9%	---
	Someone from your doctor's office or clinic		---	15.4%	32.2% ↑	---
	Someone from another organization		---	2.6%	3.3%	---
	A friend or family member		---	25.6%	11.6%	---
	You		---	46.2%	43.0%	---

Significance Testing

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

Low Base

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



Demographic Segments

Summary Rate Score	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type			Age			
	8-10	0-7	8-10	0-7	Excellent/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	18-34	35-44	45-54	55+
	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)
<i>Total respondents</i>	99	30	60	22	39	45	49	46	50	36	89	45	0^	30	13^	23	66
Q41. In the last 6 months, did anyone from your health plan, doctor's office, or clinic help coordinate your care among these doctors or other health providers? (% Yes)	46.9%	20.7%	59.3%	45.0%	28.9%	30.2%	59.6% KL	26.7%	50.0% N	45.5%	42.5%	36.6%	---	25.0%	38.5%	31.8%	50.8%
Q43. How satisfied are you with the help you received to coordinate your care in the last 6 months? (% Very Satisfied or %Satisfied)	84.8%	44.8%	83.1%	68.4%	75.7%	80.5%	69.6%	72.7%	89.1% NP	58.8%	67.5%	90.2% Q	---	83.3%	70.0%	76.2%	71.4%
Q44. In the last 6 months, have you received any material from your health plan about good health and how to stay healthy? (% Yes)	66.7%	55.2%	76.3%	57.9%	73.7%	53.3%	67.4%	68.9%	62.0%	61.8%	66.7%	59.5%	---	70.0%	63.6%	60.9%	63.1%
Q45. In the last 6 months, have you received any material from your health plan about care coordination and how to contact the care coordination unit? (% Yes)	49.0%	13.8%	50.0%	36.8%	47.2%	34.1%	42.6%	46.7%	40.4%	34.3%	39.1%	45.0%	---	57.1%	33.3%	30.4%	39.1%
Q46. Did your Care Coordinator sit down with you and create a Plan of Care? (% Yes)	40.0%	50.0%	41.4%	28.6%	25.0%	28.6%	65.0%	40.0%	44.4%	41.7%	39.4%	47.1%	---	20.0%	75.0%	14.3%	58.3%
Q47. Are you satisfied that your care plan talks about the help you need to stay healthy and remain in your home? (% Very satisfied + %Satisfied)	89.4%	100%	90.0%	100%	82.4%	100%	90.0%	85.7%	100%	83.3%	88.2%	94.4%	---	87.5%	100%	85.7%	92.0%

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



Demographic Segments

Summary Rate Score	Gender		Education		Race						Ethnicity	
	Male	Female	High school or less	Some college or more	White	Black or African-American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic
	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
<i>Total respondents</i>	62	70	82	49	88	6 [^]	1 [^]	2 [^]	12 [^]	26	65	63
Q41. In the last 6 months, did anyone from your health plan, doctor's office, or clinic help coordinate your care among these doctors or other health providers? (% Yes)	39.3%	41.8%	36.7%	45.8%	44.2%	20.0%	0.0%	50.0%	45.5%	25.0%	34.9%	45.9%
Q43. How satisfied are you with the help you received to coordinate your care in the last 6 months? (% Very Satisfied or %Satisfied)	74.6%	75.4%	77.9%	69.6%	72.3%	100%	0.0%	100%	75.0%	91.7%	75.4%	73.3%
Q44. In the last 6 months, have you received any material from your health plan about good health and how to stay healthy? (% Yes)	62.3%	66.2%	61.3%	68.8%	65.5%	50.0%	100%	50.0%	50.0%	66.7%	60.3%	66.1%
Q45. In the last 6 months, have you received any material from your health plan about care coordination and how to contact the care coordination unit? (% Yes)	42.4%	39.7%	38.0%	44.7%	40.7%	33.3%	0.0%	0.0%	9.1%	56.0%	47.6%	33.3%
Q46. Did your Care Coordinator sit down with you and create a Plan of Care? (% Yes)	45.8%	38.5%	50.0%	28.6%	36.4%	100%	NA	NA	0.0%	46.2%	40.0%	38.9%
Q47. Are you satisfied that your care plan talks about the help you need to stay healthy and remain in your home? (% Very satisfied + %Satisfied)	96.0%	85.2%	96.7%	81.0%	91.4%	100%	NA	NA	100%	85.7%	93.3%	85.0%

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



Appendix: Correlation Analyses

Plan Specific Correlations

- Western Sky Community Care (Centene NM)

Highest Correlations

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

With Health Care Rating

Q20	Got specialist appt.	0.5547
Q22	Specialist overall	0.5463
Q28	Health plan overall	0.4807
Q9	Got care/tests/treatment	0.4444
Q4	Got urgent care	0.3975
Q15	Dr. spent enough time	0.3911
Q14	Dr. showed respect	0.3383
Q13	Dr. listened carefully	0.3357
Q6	Got routine care	0.3247
Q17	Dr. informed about care	0.2618

With Personal Doctor Rating

Q17	Dr. informed about care	0.6976
Q12	Dr. explained things	0.6419
Q13	Dr. listened carefully	0.6232
Q15	Dr. spent enough time	0.6144
Q28	Health plan overall	0.6047
Q14	Dr. showed respect	0.5248
Q22	Specialist overall	0.5186
Q4	Got urgent care	0.4514
Q25	CS courtesy/respect	0.3843
Q9	Got care/tests/treatment	0.3377

With Specialist Rating

Q14	Dr. showed respect	0.5801
Q15	Dr. spent enough time	0.5665
Q28	Health plan overall	0.5634
Q8	Health care overall	0.5463
Q18	Personal doctor overall	0.5186
Q17	Dr. informed about care	0.5159
Q20	Got specialist appt.	0.4780
Q9	Got care/tests/treatment	0.4734
Q4	Got urgent care	0.4294
Q43	Satisfied with help to coordinate care	0.3947



Appendix: Flowchart



Understanding Relative Performance of Composite Measures

- Western Sky Community Care (Centene NM)

Flowchart – Understanding Relative Performance

How composite questions perform relative to each other

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

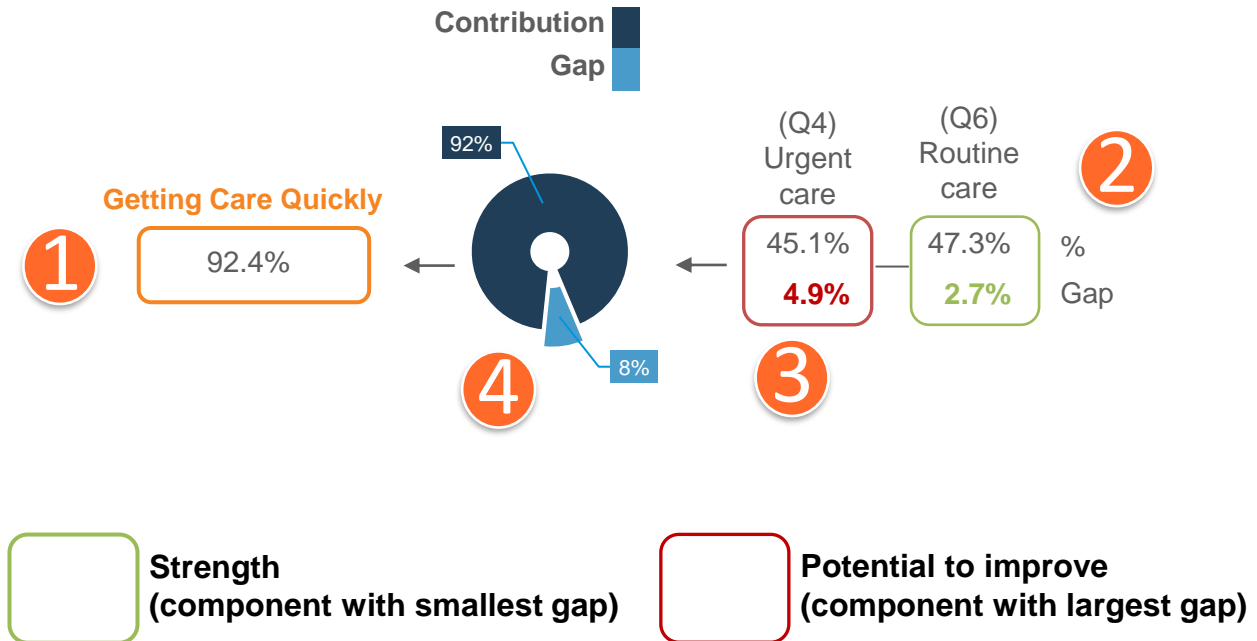
$$\frac{\text{Plan Score}}{\text{Max Score}} \times \frac{\text{Maximum Contribution}}{\text{Actual Contribution}} = \frac{\text{Maximum Contribution} - \text{Actual Contribution}}{\text{Actual Contribution}} = \text{Gap}$$

Q6 Example:

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

$$50.0\% - 47.3\% = 2.7\%$$

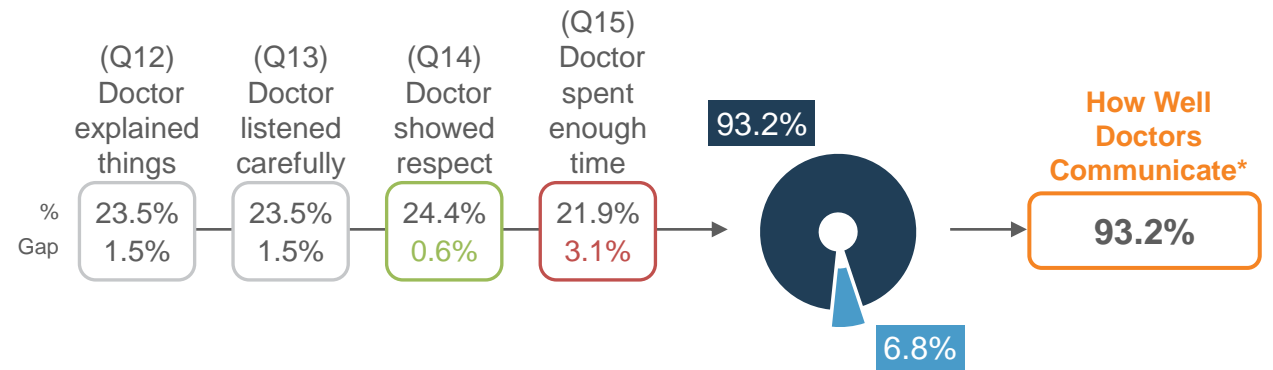
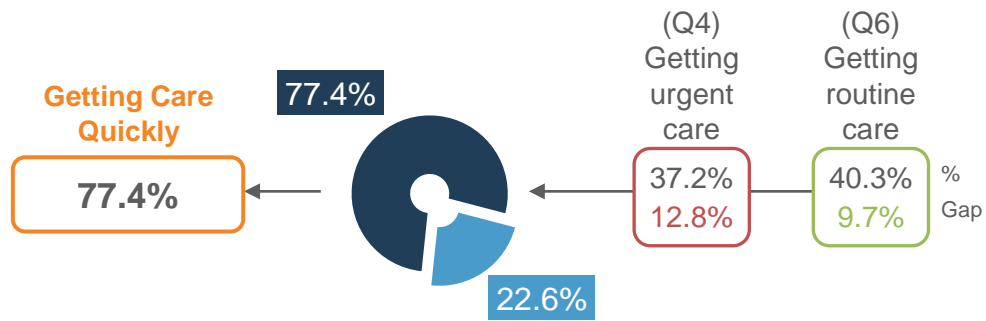
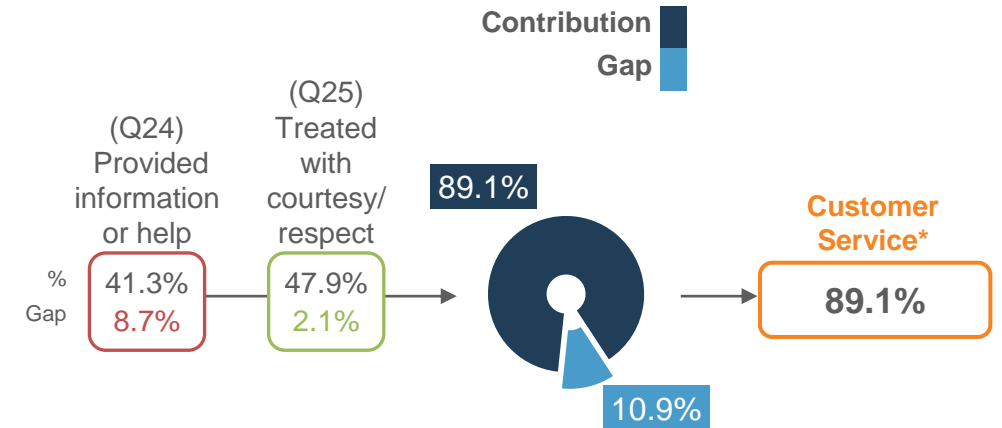
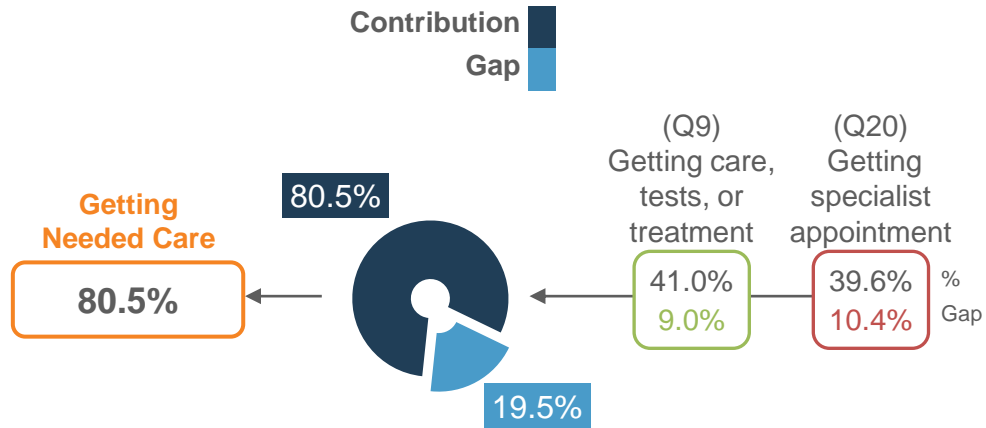
- 4 For the pie chart, the dark blue is the sum of the Actual Contributions and the light blue slice is the sum of the Gaps.



Flowchart – Understanding Relative Performance

 Strength
(component with smallest gap)

 Potential to improve
(component with largest gap)



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



Appendix: Accreditation

Estimated NCQA Plan Ratings and Frequency Distributions

- Western Sky Community Care (Centene NM)



Estimated NCQA Health Insurance Plan Ratings

EXPLANATION Beginning in 2020, NCQA made significant changes to Health Plan Accreditation. CAHPS® is no longer scored using 3-point scores for purposes of health plan accreditation. Instead, health plans are scored on a 1-5 star rating system based on HEDIS and CAHPS measures, with a bonus available for plans successfully completing the review of standards and guidelines.

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

- NCQA calculates health plan ratings (HPR) by evaluating plans in three categories: consumer satisfaction, clinical quality (includes prevention and treatment), and NCQA Accreditation Standards score.
- The overall NCQA star rating is the **weighted average** of an organization's HEDIS and CAHPS measure ratings, **plus Accreditation bonus points** (if the organization has NCQA Accreditation), rounded to the nearest half point.
- The CAHPS measures are classified based on their national percentile (10th, 33rd, 67th and 90th) into scores ranging from 1 to 5 (in increments of 0.5), where 5 is the highest score and 1 is the lowest. Percentiles and ratings are estimated based on the 2020 NCQA Quality Compass data and benchmarks.

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

Note: The **COVID-19** pandemic and the associated strain on the health care system led NCQA to decide not to publish Health Plan Ratings in 2020.

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

9 Required HEDIS and CAHPS Measures for HEDIS Reporting Year 2021

HEDIS/CAHPS Measures Required for HP Accreditation—Medicaid

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

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

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



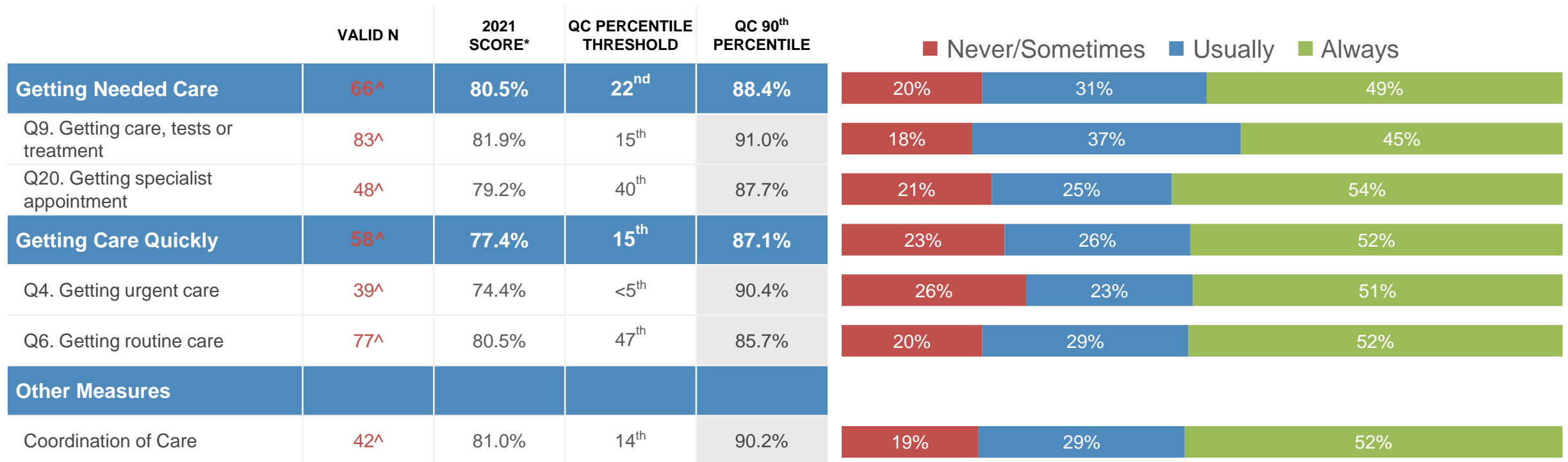
Estimated NCQA Plan Ratings

	2021 VALID N	2021 SCORE	SCORE DEFINITION	QC PERCENTILE RANK	SPH ESTIMATED RATING	WEIGHT
CONSUMER SATISFACTION					2.5	
GETTING CARE					NA	
Getting Needed Care	66 [^]	80.5%	Usually or Always	22 nd	NA	1.5
Getting Care Quickly	58 [^]	77.4%	Usually or Always	15 th	NA	1.5
SATISFACTION WITH PLAN PHYSICIANS					2.0	
Rating of Personal Doctor	101	65.3%	9 or 10	21 st	2.0	1.5
Rating of Specialist	49 [^]	61.2%	9 or 10	6 th	NA	1.5
Rating of Health Care	82 [^]	52.4%	9 or 10	15 th	NA	1.5
Coordination of Care	42 [^]	81.0%	Usually or Always	14 th	NA	1.5
SATISFACTION WITH PLAN SERVICES					3.0	
Rating of Health Plan	129	63.6%	9 or 10	54 th	3.0	1.5
PREVENTION						
Flu Vaccinations: <i>Adults Ages 18-64</i>	121	46.3%	Yes	67 th	4.0	1.0
TREATMENT						
Smoking Advice: <i>Rolling Average</i>	45 [^]	71.1%	Sometimes, Usually or Always	13 th	NA	1.0

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

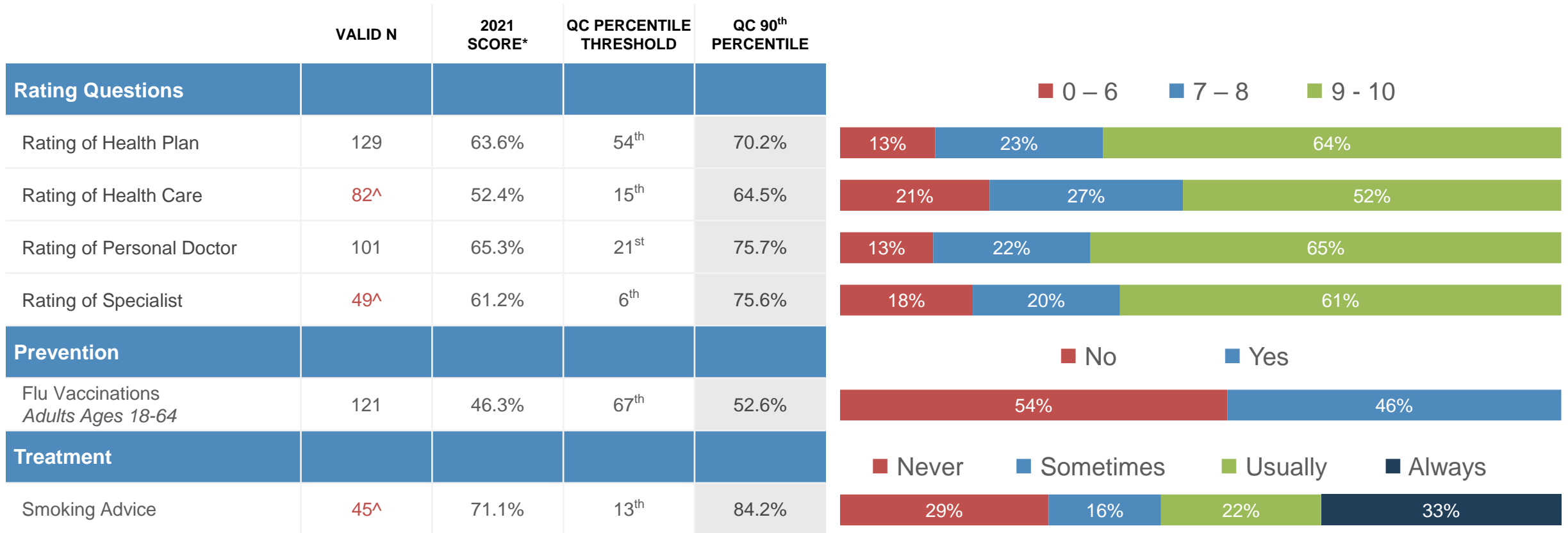
GLOBAL PROPORTIONS SCORING AND ACCREDITATION

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



GLOBAL PROPORTIONS SCORING AND ACCREDITATION

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



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



Appendix: Improvement Strategies and Voice of the Member

- Western Sky Community Care (Centene NM)



Improvement Strategies and VoM: Section Information

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

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

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

Rating of Health Plan Improvement Strategies

- Analyze, investigate, probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with Rating of the Plan (i.e., CS, Claims, GNC, GCQ, HWDC). Review QI recommendations/actions of these CAHPS composite measures.
- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.
- Analyze satisfaction levels and loyalty ratings based on member profile/segmentation data (health system, age, length of membership, have PCP, etc.).
- Set S.M.A.R.T. goals Specific, Measurable, Attainable, Realistic, and Timely for all identified activities. Assess all relevant internal data. Conduct additional surveys, data analyses as needed.
- Consider opportunities for positive and strategic messaging about the plan or health care reminders to adult members. Use technology to provide more effective and efficient care.
- Consider the value of a SPH CAHPS Drill-Down, Simulation Survey or CG-CAHPS to probe key CAHPS measures and/or target segments of the population.
- Explore opportunity to continually monitor rating of the plan using targeted follow-up surveys, e.g., call satisfaction, care management, etcetera.
- Develop online videos (vs. excessive reading) explaining key terms and activities members need to know, e.g., how much you have to pay, or Understanding Your Health Insurance Costs. Evaluate and implement complementing, consistent, simple and clear communications.
- Explore or enhance potential of a mobile app providing member immediate access to secure accurate, up-to-date information about their Plan, benefits, coverage, copays, cost, claims, etc.

Voice of the Member

“I like that I get a **summary in the mail** every few months on visits that I have had, and I like how I can **see how the cost was broken down**, as well.”

“**I can't see the specialists I need to**. Either they **won't cover them**, or I have to go through this **approval process**.”

“They provide an **annual goal sheet** for me to fill out, which **holds me accountable** for my health. It helps me **regulate my daily actions**, which helps me **meet my desired goals**.”

“Because **they are proactive**. They tend to **make sure that I am making my appointments**, and from time to time they will **send me information on how to improve my health with diet and exercise**.”

“The **current website format with physician search features** has been a **welcome replacement for the member's provider handbook**, which was frequently outdated. I have yet to see if the plan is keeping up with updating which practitioners are accepting new patients.”

Additional resource for improvement:

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

SPH Performance Improvement Consulting: <http://www.sphanalytics.com/consulting>

(SPH National Sample)

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



Rating of Health Care

Rating of Health Care Improvement Strategies

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

Voice of the Member

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

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

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

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

Additional resource for improvement:

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

SPH Performance Improvement Consulting: <http://www.sphanalytics.com/consulting>

(SPH National Sample)

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

Rating of Personal Doctor Improvement Strategies

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

Voice of the Member

“My doctor actually steps up to tell me about my weight and how I should watch it. Even though I am pretty much healthy, **I like that she talks to me as we can work on a plan** to lose it. But I have had doctors who just see me for who I am and don't really pay attention to me or my concerns.”

“My doctor **listens to me and it feels like we're a team** when it comes to my health.”

“He is **truly concerned with helping** each of his patients and **he listens** to what you have to say.”

“Overall, the **doctors knew what they were doing**. However, I would have given them a higher rating if my **doctor truly cared about me as a person**. My example for this was when I asked her questions, she made it out like I didn't know what I was talking about.”

“I don't care for the new doctor. **They don't look at my old records** to give me what I want. She **doesn't understand I have too much pain** to work, and I can't concentrate.”

(SPH National Sample)

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

Additional resource for improvement:

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

SPH Performance Improvement Consulting: <http://www.sphanalytics.com/consulting>



Rating of Specialist

Rating of Specialist Improvement Strategies

- 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.

Additional resource for improvement:

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

SPH Performance Improvement Consulting: <http://www.sphanalytics.com/consulting>

Voice of the Member

“**He listens, takes as much time as you need and makes sure he answers all your questions. I always have a say in my care.** If he doesn't know something, he tells you and **will find out for you.** He also **advocates on my behalf with other doctors.**”

“I recently saw an OB/GYN that did a biopsy of my cervix. It was a difficult procedure emotionally, as the findings are to determine if the tissue is cancerous or not. The doctor did the procedure and I like the **professional demeanor** that he held. **He reassured me** not with words to me, but by **explaining the procedure** itself, which helped **put me at ease.**”

“Some are good, some are not so good. My cancer specialists also **takes the time and listens**, so I'm satisfied.”

“My endocrinologist is **too fast talking and doesn't seem to want to listen** to me when I talk about possible hormone issues. He **brushes my symptoms off as not related** to my condition when I know they are!”

(SPH National Sample)

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

Getting Needed Care Improvement Strategies

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

Voice of the Member

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

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

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

(SPH National Sample)

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

Additional resource for improvement:

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

SPH Performance Improvement Consulting: <http://www.sphanalytics.com/consulting>

Getting Care Quickly Improvement Strategies

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

Additional resource for improvement:

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

SPH Performance Improvement Consulting: <http://www.sphanalytics.com/consulting>

Voice of the Member

“While treating multiple medical issues, all treatment and **appointments have been timely**, and **scheduling has been tweaked to meet my needs**. So, I'll give my care a solid 10.”

“It is pretty good when you can **get the medications in the same day**, as then you can try to fix the problems that you are in. This is great when doctors pay more attention to the person, as you got **to get in right away before anything else could go wrong**. As it is always **good to get there sooner rather than waiting until later** and having more issues go wrong.”

“The routine blood work at the lab **was easy to get because you don't need an appointment** - you just walk in and wait. This experience was **memorable because it was the fastest** I have ever gotten all of the care I needed.”

“The only thing **I haven't liked is the long wait times to be seen by appointment**.”

(SPH National Sample)

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



How Well Doctors Communicate

How Well Doctors Communicate Improvement Strategies

- Cultivate a patient-centered care philosophy and programs across the provider network.
- Support, communicate and educate providers about the vital medical importance of effective doctor-patient communication (i.e., reduced hospitalizations & ER visits , improved adherence).
- Provide readily available recommendations, tools and guidance to all providers to support and enhance communication skills and effective conversation skills with patients. Providers need to: Provide thorough explanations, provide written materials, illustrations and/or examples to help patient's understand, repeat the patient's concern and then address the topic, ask clarifying questions, make eye contact, avoid medical jargon and technical language, avoid multi-tasking, avoid rushing the patient, use constructive verbal responses and non-verbal cues, apply empathy and interest in response to concerns, by kind, avoid condescending language or actions, address questions and concerns-as much time as necessary, schedule adequate time for each visit, and follow-up after tests or procedures.
- Collaborate and share with providers tools, resources, and best practices to support, or reinforce, a complete and effective information exchange with all patients (e.g., a summary of medical record or health assessment to facilitate an effective health or wellness discussion, patient testimonials - perhaps from focus groups - of effective and ineffective communication techniques, provide tips and/or testimonials in provider newsletters).
- Develop tools and guidance for patients to optimize appointment time and specific topic-based conversation guides or question checklists with providers (e.g., Doc Talk).
- Support patients with chronic illnesses/conditions and their providers with up-to-date tools, resources and conversation guides that address common clinical needs, continual review, modification and update of progress, next steps and self-management topics.

Voice of the Member

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

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

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

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

(SPH National Sample)

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

Additional resource for improvement:

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

SPH Performance Improvement Consulting: <http://www.sphanalytics.com/consulting>

Customer Service Improvement Strategies

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

Voice of the Member

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

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

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

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

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

Additional resource for improvement:

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

SPH Performance Improvement Consulting: <http://www.sphanalytics.com/consulting>

(SPH National Sample)

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

Coordination of Care Improvement Strategies

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

Voice of the Member

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

Additional resource for improvement:

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

SPH Performance Improvement Consulting: <http://www.sphanalytics.com/consulting>

(SPH National Sample)

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



Appendix: Questionnaire

- Western Sky Community Care (Centene NM)



SURVEY INSTRUCTIONS

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

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

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

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

1. Our records show that you are now in Western Sky Community Care. Is that right?

- Yes → **If Yes, Go to Question 3**
- No

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

YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

- Yes
- No → **If No, Go to Question 5**

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **If No, Go to Question 7**

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

- Never
- Sometimes
- Usually
- Always

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

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



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

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

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

- Never
- Sometimes
- Usually
- Always

YOUR PERSONAL DOCTOR

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

- Yes
- No → *If No, Go to Question 19*

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *If No, Go to Question 18*

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

- Never
- Sometimes
- Usually
- Always

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

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

GETTING HEALTH CARE FROM SPECIALISTS

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

19. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments with a specialist?

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

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

- Never
- Sometimes
- Usually
- Always

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

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

22. We want to know your rating of the specialist you talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

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

YOUR HEALTH PLAN

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

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

- Yes
- No → *If No, Go to Question 26*

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *If No, Go to Question 28*

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

- Never
- Sometimes
- Usually
- Always

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

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

ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor

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

- Excellent
- Very Good
- Good
- Fair
- Poor

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

- Yes
- No
- Don't know

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

36. What is your age?

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

37. Are you male or female?

- Male
- Female

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

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

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

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

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

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

ADDITIONAL QUESTIONS

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

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

- Yes
- No

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

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

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

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

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

- Yes
- No

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

- Yes
- No

If Yes, please answer the following two questions.

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

- Yes
- No

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

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

Thank You

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

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









SPH Solution Portfolio Built on Innovative Platform



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



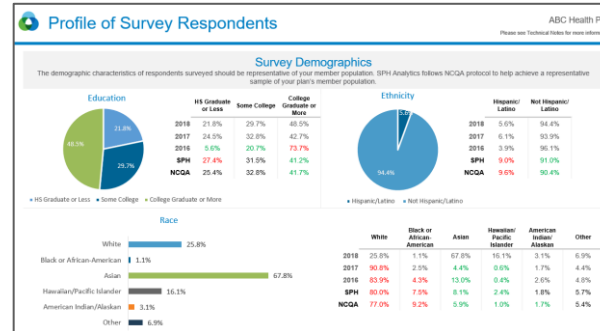
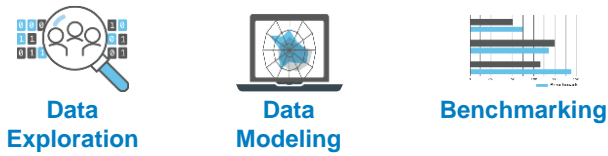
Survey Solutions Member Experience	Survey Solutions Patient Experience	Survey Solutions Medical Practice	Qualitative Solutions
HEDIS CAHPS	HCAHPS	CG CAHPS	Focus Groups
Medicare CAHPS	OAS CAHPS	Medical Practice Express	Online Communities
Medicare HOS	ACO CAHPS	PCMH	In-depth Interviews
QHP Enrollee	CAHPS for MIPS	PCMH Express	Strategy Research
Behavioral Health (ECHO)	Home Health CAHPS	Survey Solutions Provider Experience	Brand / Brand Positioning
Call Center Satisfaction	ED Express	Provider Satisfaction with Network	Market Share
Case Management	Surgical Express	Provider Satisfaction with Health Plan	Market Segmentation
Disease Management	Outpatient Express	Provider Access	Price Positioning
CAHPS Drill Down/Simulations	Inpatient Express	Provider Verification	Product Design
New Member	Diagnostic Imaging	Survey Solutions Other Stakeholders	Advertising / Communications
Dental CAHPS	Pain Management	Employee Satisfaction	Conjoint Analysis
HCBS CAHPS	Endoscopy	AHRQ Patient Safety Survey (SOPS)	Health Care Engagement Index™ (HCEI™)
Custom Member Satisfaction / Trackers	Therapy & Rehab	Broker / Employer Experience	
	Hospice CAHPS		
	ICH CAHPS		

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ANALYZE

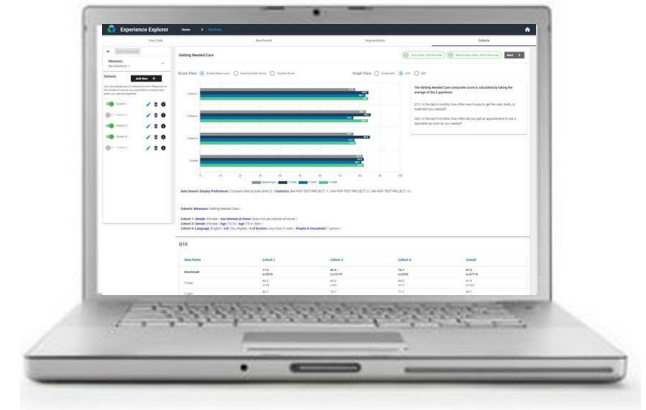
Our analytics offerings include 7 descriptive and predictive solutions built on our Nexus Platform



The clear industry leader in the insights provided by our analytics

MOTIVATE

We target action by creating cohorts for personalized engagement and can help with outreach execution



Data-driven blueprint to maximize results; plus the option to leverage SPH's help to execute a campaign



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ANALYZE healthcare consumer experience

MOTIVATE members to improve health

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

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ANALYZE

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