

# STATE OF MARYLAND HEALTHCHOICE ADULT AND CHILD POPULATIONS

## **CAHPS® 2017** ***5.0H Adult and Child Medicaid Satisfaction Surveys*** ***Executive Summary***

Date: October 2017

Job Number: 17-202



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Beginning in 2008, the State of Maryland Department of Health and Mental Hygiene (DHMH) selected WBA Research (WBA), a National Committee for Quality Assurance (NCQA) certified survey vendor, to conduct its Consumer Assessment of Healthcare Providers and Systems (CAHPS®)<sup>1</sup> 4.0H Adult Medicaid Satisfaction Survey and 4.0H Child Medicaid Satisfaction Survey (with Children with Chronic Conditions (CCC) Measurement Set)<sup>2</sup>. In 2013, NCQA released the 5.0H version of the CAHPS® Adult Medicaid Satisfaction Survey and the 5.0H version of the CAHPS® Child Medicaid Satisfaction Survey (with CCC measurement set), which were adopted by DHMH. The purpose of the survey is to assess member experience with their health plan and health care.

- Members from each of the eight HealthChoice managed care organizations (MCOs) that provide Medicaid services participated in this research:
  - AMERIGROUP Community Care,
  - Jai Medical Systems,
  - Kaiser Permanente,
  - Maryland Physicians Care,
  - MedStar Family Choice,
  - Priority Partners,
  - University of Maryland Health Partners, and
  - UnitedHealthcare.

The CAHPS® 5.0H Adult and Child Medicaid Satisfaction Surveys measure those aspects of health care for which members are the best and/or the only source of information. From these surveys, members' ratings of and experiences with the health care they received can be determined. Based on members' health care experiences, potential opportunities for improvement can be identified.

- Specifically, the results obtained from these consumer surveys will allow DHMH to determine how well participating HealthChoice MCOs are meeting their members' expectations, provide feedback to the HealthChoice MCOs to improve quality of care, encourage HealthChoice MCO accountability and develop HealthChoice MCO action to improve members' quality of health care.
- Results from the CAHPS® 5.0H Adult and Child Medicaid Satisfaction Surveys summarize member satisfaction through ratings, composite measures and question Summary Rates. In general, Summary Rates represent the percentage of respondents who chose the most positive response categories as specified by NCQA.

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<sup>1</sup>CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

<sup>2</sup>The CAHPS® methodology defines children with chronic conditions based on consequences rather than specific conditions or diseases: "Children with special health care needs are those who have a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that generally required by children." Additionally, the duration of the condition is expected to be at least 12 months.

### Survey, Reporting and Methodology Changes in 2017

- In 2017, the National Committee for Quality Assurance (NCQA) made several revisions to the Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®1</sup>) Adult Medicaid Satisfaction Survey protocol, as outlined below:
  - Added a new deduplication method to be used before selecting the systematic sample and clarified that survey vendors use the subscriber ID and mailing address to identify household members.
  - NCQA will not calculate results for the Rating of Overall Health and Rating of Overall Mental/Emotional Health questions in HEDIS 2017.
  - Disposition codes were changed from the alphanumeric system signifying survey administration method and status of the member record (e.g., M21=Mail, Ineligible; T10=Phone, Complete) to a more simplified numeric system focusing on the status of the member record (0=Complete, 1=Does Not Meet Eligible Population Criteria, 2=Incomplete (but Eligible), 3=Language Barrier, 4=Physically or Mentally Incapacitated, 5=Deceased, 6=Refusal, 7=Non-Response After Maximum Attempts, 8=Added to Do Not Call List).
- DHMH made no revisions to the CAHPS<sup>®</sup> 5.0H Adult and Child Medicaid Survey tool in 2017.
  - However, Riverside Health changed its name to University of Maryland Health Partners which was reflected in all survey materials used for this MCO.

WBA administered a mixed-methodology that involved a mail survey with telephone follow-up per NCQA protocol.

- Specifically, two survey questionnaire packages and follow-up reminder postcards were sent to random samples of eligible adult and child members from each of the eight HealthChoice MCOs with “Return Service Requested” and WBA’s toll-free telephone number included. The mail materials also included a toll-free telephone number for Spanish-speaking members to complete the survey over the telephone. Those who did not respond by mail were contacted by telephone to complete the survey. During the telephone follow-up, members had the option to complete the survey in either English or Spanish.
  - The child surveys were conducted by proxy, that is, with the parent/guardian who knows the most about the sampled child’s health care.
- The NCQA required sample size is 1,350 for adult Medicaid plans and 1,650 for child Medicaid plans (General Population). DHMH elected to over-sample at a rate of 30%.
- To qualify, adult Medicaid members had to be 18 years of age or older, while child Medicaid members had to be 17 years of age or younger. Furthermore, members of both populations had to be continuously enrolled in the HealthChoice MCO for five of the last six months as of the last day of the measurement year (December 31, 2016).
- Among the child population, an additional over-sample of up to 1,840 child members with diagnoses indicative of a probable chronic condition was also pulled (Children with Chronic Conditions (CCC) Over-sample). This is standard procedure when the CAHPS® 5.0H Child Medicaid Satisfaction Survey (with CCC Measurement Set) is administered, to ensure the validity of the information collected.
  - The CCC population is identified based on child members’ responses to the CCC survey-based screening tool (questions 60 to 73), which contains five questions representing five different health consequences; four are three-part questions and one is a two-part question. A child member is identified as having a chronic condition if all parts of the question for at least one of the specific health consequences are answered “Yes”.
  - It is important to note that the General Population data set (Sample A) and CCC Over-sample data set (Sample B) are not mutually exclusive groups. For example, if a child member is randomly selected for the CAHPS® Child Survey sample (General Population/Sample A) and is identified as having a chronic condition based on responses to the CCC survey-based screening tool, the member is included in both General and CCC Population results.

Between February and May 2017, WBA collected 4,337 valid surveys from the eligible Medicaid adult population (59 of which were conducted in Spanish) and 5,079 valid surveys from the eligible Medicaid child population (542 of which were completed in Spanish). 2,903 of the child members across all HealthChoice MCOs qualified as being children with chronic conditions based on the parent's/guardian's responses to the CCC survey-based screening tool.

Ineligible adult and child members included those who are deceased, did not meet eligible population criteria (indicated non-membership in the specified health plan) or had a language barrier (non-English or Spanish). Non-respondents included those who had refused to participate, could not be reached due to a bad address or telephone number, did not complete the survey, were added to the Do Not Call list or were unable to be contacted during the survey time period.

- Ineligible surveys were subtracted from the sample size when computing the response rate.

Table 1 below shows the total number of adult and child members in the sample that fell into each disposition code:

**Table 1: Sample Dispositions**

Disposition Group	Disposition Code <sup>1</sup>	Adult	Child (General Population/ Sample A)
Ineligible	Deceased (5)	18	2
	Does not meet eligibility criteria (1)	225	217
	Language barrier (3)	68	127
	Mentally/Physically incapacitated (4)	38	N/A
	<b>Total Ineligible</b>	<b>349</b>	<b>346</b>
Non-Response	Incomplete but eligible (2)	296	421
	Refusal (6)	1,156	1,395
	Maximum attempts made (7)*	7,901	9,914
	Added to Do Not Call (DNC) List (8)	1	5
	<b>Total Non-Response</b>	<b>9,354</b>	<b>11,735</b>

\*Maximum attempts made include two survey mailings and a maximum of six call attempts.

<sup>1</sup>Disposition code is the final status given to each member record within the sample surveyed.

Table 2 below illustrates the number of adult surveys mailed, the number of completed surveys (mail and phone) and the response rate for each HealthChoice MCO.

**Table 2: Adult Survey**

HealthChoice MCO	Surveys Mailed	Mail and Phone Completes*	Response Rate
AMERIGROUP Community Care	1,755	542	32%
Jai Medical Systems	1,755	584	34%
Kaiser Permanente	1,755	472	28%
Maryland Physicians Care	1,755	577	34%
MedStar Family Choice	1,755	520	31%
Priority Partners	1,755	585	34%
University of MD Health Partners	1,755	480	28%
UnitedHealthcare	1,755	577	34%
<b>Total HealthChoice MCOs</b>	<b>14,040</b>	<b>4,337</b>	<b>32%</b>

\*During the telephone follow-up, members had the option to complete the survey in either English or Spanish.

Table 3 below illustrates the number of child surveys mailed, the number of completed surveys (mail and phone) and the response rate for each HealthChoice MCO.

**Table 3: Child Survey**

HealthChoice MCO	General Population Mailed (Sample A)	CCC Oversample Mailed (Sample B) <sup>1</sup>	Total Surveys Mailed	General Population Mail and Phone Completes*	CCC Respondents <sup>2</sup>	General Population Response Rate
AMERIGROUP Community Care	2,145	1,840	3,985	758	390	36%
Jai Medical Systems	2,145	266	2,411	459	154	22%
Kaiser Permanente	2,145	927	3,072	603	191	29%
Maryland Physicians Care	2,145	1,840	3,985	667	542	32%
MedStar Family Choice	2,145	1,840	3,985	642	465	31%
Priority Partners	2,145	1,840	3,985	742	542	35%
University of MD Health Partners	2,145	979	3,124	527	195	25%
UnitedHealthcare	2,145	1,840	3,985	681	424	32%
<b>Total HealthChoice MCOs</b>	<b>17,160</b>	<b>11,372</b>	<b>28,532</b>	<b>5,079</b>	<b>2,903</b>	<b>30%</b>

<sup>1</sup>Note: In HealthChoice MCOs with fewer members than the required CCC sample size (1,840), the sample includes all members with a diagnosis indicative of a probable chronic condition who were not already selected for the general population sample.

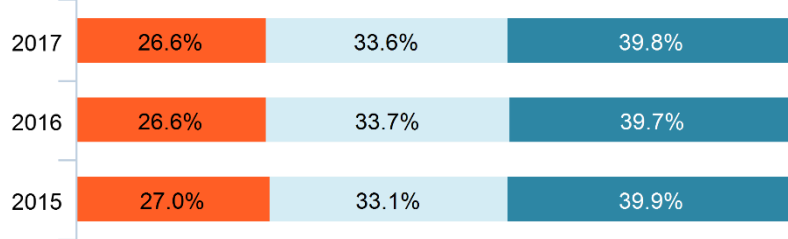
<sup>2</sup>As explained on page 4, it is important to note that the General Population data set (Sample A) and CCC Over-sample (Sample B) data set are not mutually exclusive groups.

\*During the telephone follow-up, members had the option to complete the survey in either English or Spanish.

# Profile of Adult Members Surveyed

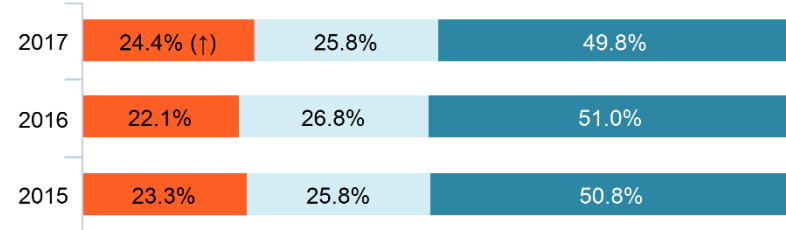
↑ significant increase from previous year  
↓ significant decrease from previous year

## Overall Health Status (Q36)



■ Fair/Poor ■ Good ■ Excellent/Very good

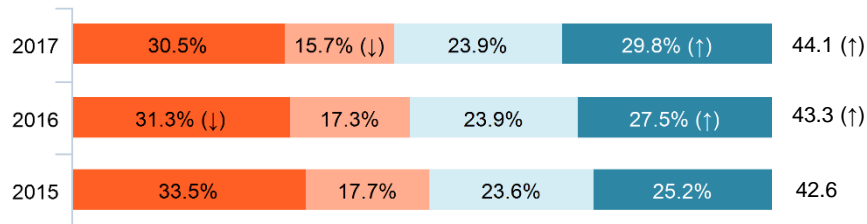
## Mental/Emotional Health Status (Q37)



■ Fair/Poor ■ Good ■ Excellent/Very good

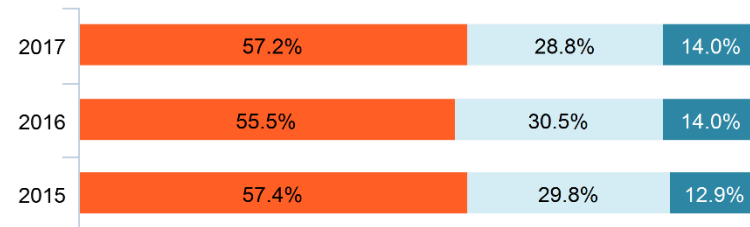
## Age (Q52)

Average Age



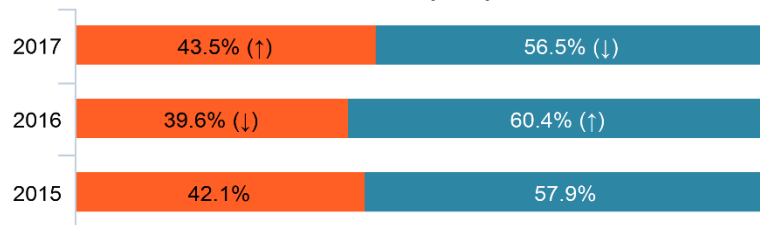
■ 18-34 ■ 35-44 ■ 45-54 ■ 55+

## Level of Education (Q54)



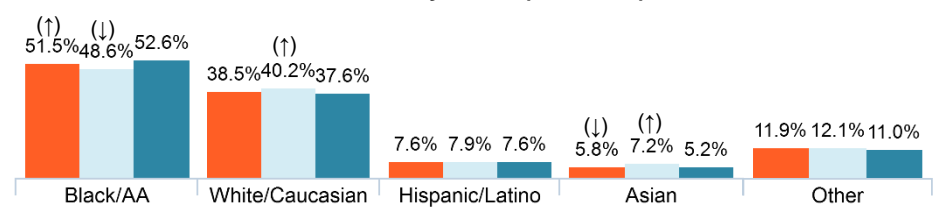
■ High school or less ■ Some college ■ College graduate or more

## Gender (Q53)



■ Male ■ Female

## Ethnicity/Race (Q55/Q56)\*



■ 2017 ■ 2016 ■ 2015

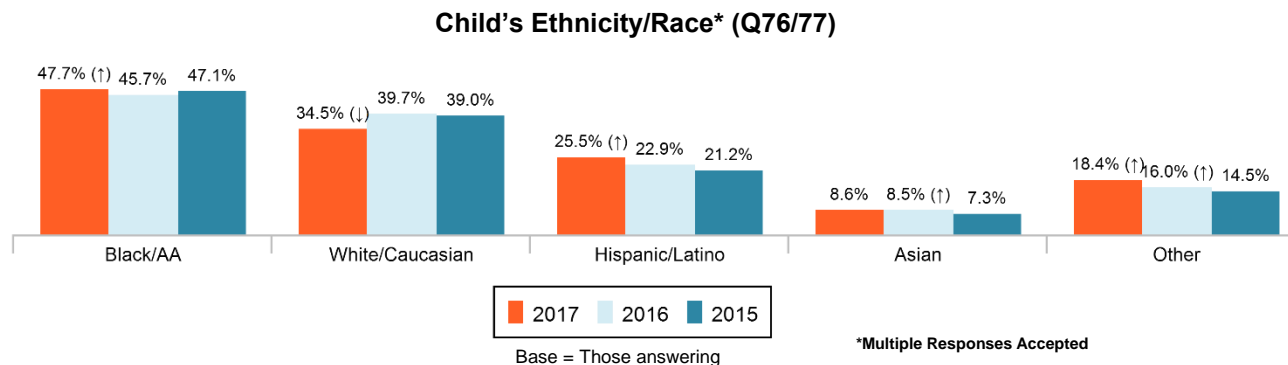
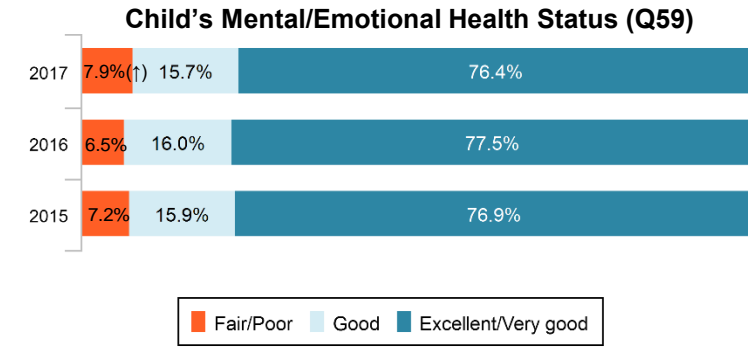
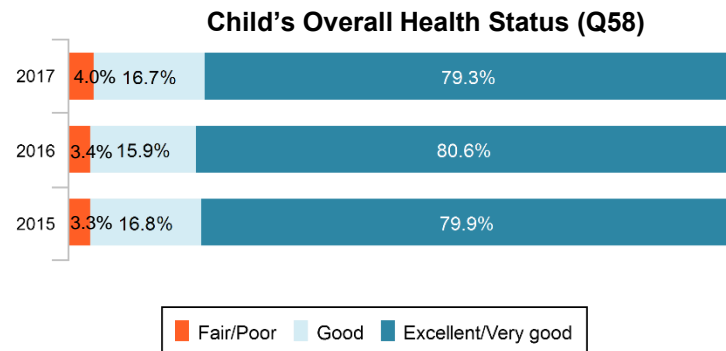
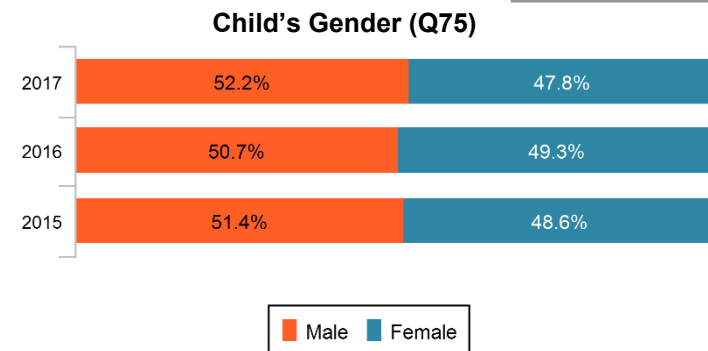
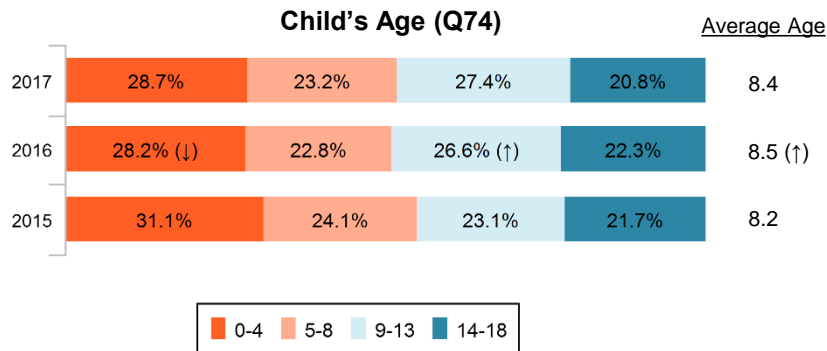
\*Multiple Responses Accepted

Base = Those answering



# Profile of Child Members Surveyed – General Population

↑ significant increase from previous year  
↓ significant decrease from previous year



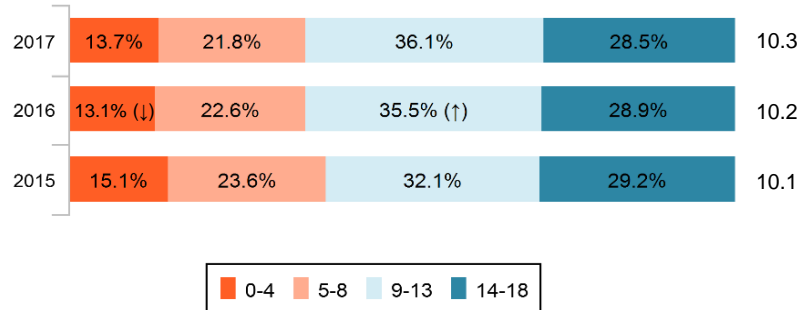
\*Multiple Responses Accepted

# Profile of Child Members Surveyed – CCC Population

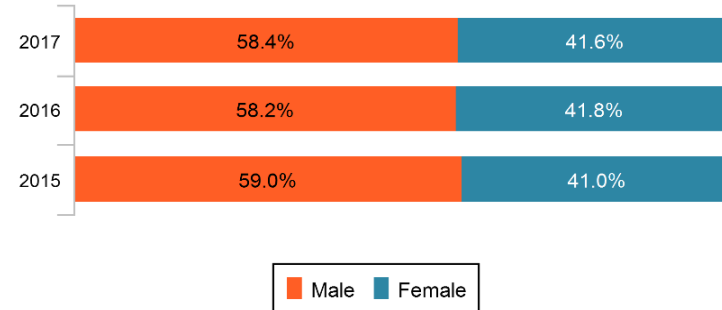
↑ significant increase from previous year  
↓ significant decrease from previous year

### Child's Age (Q74)

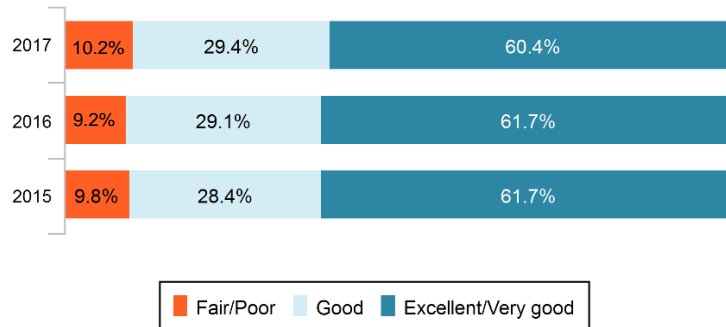
Average Age



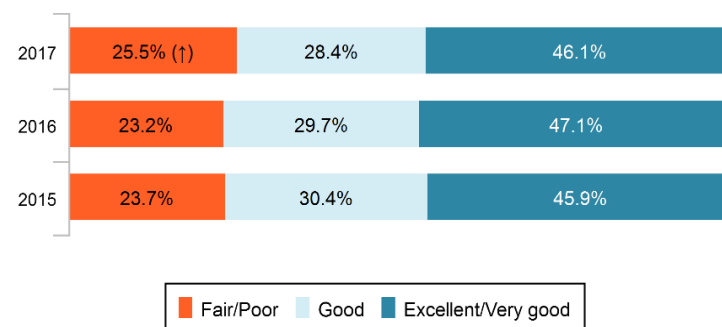
### Child's Gender (Q75)



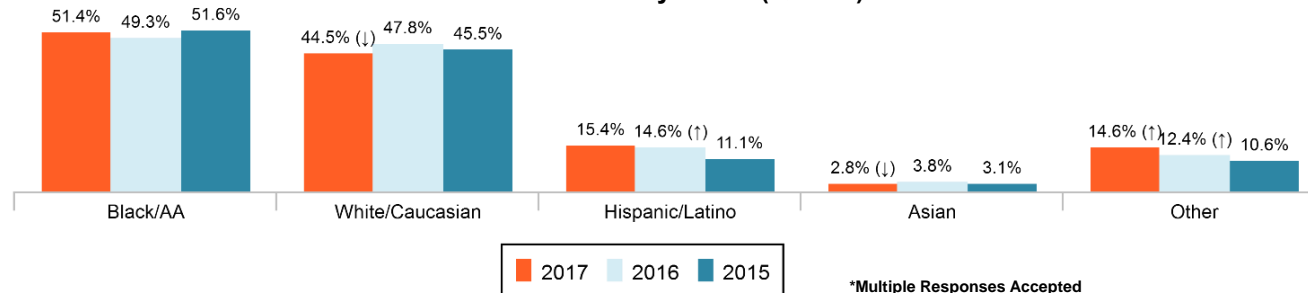
### Child's Overall Health Status (Q58)



### Child's Mental/Emotional Health Status (Q59)



### Child's Ethnicity/Race\* (Q76/77)



\*Multiple Responses Accepted

Base = Those answering

There were four Overall Ratings questions asked in the adult and child surveys that used a scale of “0 to 10”, where a “0” represented the worst possible rating and a “10” represented the best possible rating. These measures included “Health Care”, “Personal Doctor”, “Specialist Seen Most Often” and “Health Plan”. The Summary Rate for these questions represents the percentage of members who rated the question an 8, 9 or 10.

- In order to assess how the HealthChoice MCOs’ overall ratings compared with other Medicaid adult and child plans nationwide, national benchmarks are provided. Specifically, the adult and child data are compared to the Quality Compass® benchmarks. Quality Compass® is a national database created by NCQA to provide health plans with comparative information on the quality of the nation’s managed care plans.

**Table 4: Adult Members**

Overall Ratings (Summary Rate – 8,9,10)												
	Specialist Seen Most Often			Personal Doctor			Health Plan			Health Care		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
<b>Quality Compass®<sup>1</sup></b>	<b>81.8%</b>	<b>80.4%</b>	<b>80.5%</b>	<b>81.2%</b>	<b>80.2%</b>	<b>79.8%</b>	<b>75.9%</b>	<b>75.0%</b>	<b>75.1%</b>	<b>74.4%</b>	<b>73.5%</b>	<b>72.5%</b>
<b>HealthChoice Aggregate</b>	<b>81.3%</b>	<b>79.2%</b>	<b>79.3%</b>	<b>79.8%</b>	<b>79.2%</b>	<b>75.7%</b>	<b>74.0%</b>	<b>74.1%</b>	<b>69.0%</b>	<b>73.6%</b>	<b>74.8%</b>	<b>68.9%</b>
AMERIGROUP Community Care	77.0%	76.1%	75.9%	78.8%	78.7%	77.5%	73.6%	72.6%	68.4%	70.1%	72.7%	70.6%
Jai Medical Systems	82.0%	78.5%	73.9%	80.1%	79.0%	72.9%	70.1%	69.8%	63.7%	69.1%	69.9%	58.5%
Kaiser Permanente	78.8%	83.9%	N/A	83.0%	82.2%	N/A	78.7%	78.9%	N/A	80.7%	80.8%	N/A
Maryland Physicians Care	81.5%	76.7%	84.0%	79.5%	74.9%	73.1%	76.8%	75.2%	71.5%	75.7%	76.3%	69.2%
MedStar Family Choice	82.0%	81.5%	81.2%	81.3%	83.8%	80.0%	76.0%	79.8%	74.0%	75.2%	79.8%	73.1%
Priority Partners	82.0%	81.7%	79.5%	80.9%	80.3%	75.3%	75.5%	77.7%	73.3%	76.6%	73.2%	71.2%
University of MD Health Partners	84.5%	74.7%	81.0%	80.2%	75.3%	76.7%	73.3%	73.2%	65.0%	73.3%	73.0%	70.6%
UnitedHealthcare	81.8%	79.9%	80.3%	75.4%	78.8%	75.1%	68.7%	66.5%	67.2%	69.1%	73.4%	70.1%

○ HealthChoice MCO with the highest Summary Rate in 2017.

<sup>1</sup>Quality Compass® is a registered trademark of NCQA.

**Table 5: Child Members - General Population**

Overall Ratings (Summary Rate – 8,9,10)												
	Personal Doctor			Health Care			Health Plan			Specialist Seen Most Often		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Quality Compass <sup>®1</sup>	89.3%	88.4%	88.2%	86.7%	85.8%	85.1%	85.8%	84.7%	84.4%	87.3%	85.5%	85.0%
HealthChoice Aggregate	90.3%	90.1%	89.1%	88.0%	87.6%	86.4%	86.7%	85.3%	84.5%	85.4%	82.2%	83.1%
AMERIGROUP Community Care	89.2%	91.3%	90.1%	88.7%	88.4%	86.4%	86.9%	88.1%	88.0%	89.3%	84.3%	85.8%
Jai Medical Systems	93.9%	94.8%	92.4%	91.3%	93.2%	87.0%	88.1%	84.6%	79.1%	85.7%	85.2%	78.6%
Kaiser Permanente	91.1%	86.4%	N/A	88.4%	82.5%	N/A	86.7%	81.2%	N/A	92.1%	84.8%	N/A
Maryland Physicians Care	90.5%	89.1%	86.3%	85.4%	85.7%	88.4%	84.9%	86.6%	86.1%	83.3%	79.6%	82.1%
MedStar Family Choice	89.6%	89.1%	89.5%	87.4%	85.7%	85.2%	88.7%	87.2%	84.2%	85.4%	83.3%	83.2%
Priority Partners	92.3%	92.2%	90.2%	89.7%	90.6%	85.9%	89.6%	89.2%	87.5%	81.6%	80.8%	84.8%
University of MD Health Partners	85.7%	88.5%	85.6%	85.1%	85.6%	83.4%	83.3%	77.6%	76.4%	78.7%	75.0%	76.3%
UnitedHealthcare	90.3%	89.6%	89.3%	88.5%	88.7%	87.2%	85.0%	84.3%	84.8%	87.7%	84.5%	84.8%

○ HealthChoice MCO with the highest Summary Rate in 2017.

<sup>1</sup>Quality Compass<sup>®</sup> is a registered trademark of NCQA.

**Table 6: Child Members - CCC Population**

Overall Ratings (Summary Rate – 8,9,10)												
	Personal Doctor			Health Care			Health Plan			Specialist Seen Most Often		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
<b>Quality Compass<sup>®1</sup></b>	<b>88.7%</b>	<b>88.0%</b>	<b>86.9%</b>	<b>85.4%</b>	<b>84.2%</b>	<b>82.7%</b>	<b>83.5%</b>	<b>82.2%</b>	<b>81.0%</b>	<b>86.0%</b>	<b>85.5%</b>	<b>84.9%</b>
<b>HealthChoice Aggregate</b>	<b>88.9%</b>	<b>88.2%</b>	<b>88.2%</b>	<b>85.9%</b>	<b>85.7%</b>	<b>84.2%</b>	<b>83.1%</b>	<b>82.2%</b>	<b>82.0%</b>	<b>82.6%</b>	<b>84.1%</b>	<b>82.9%</b>
AMERIGROUP Community Care	86.5%	88.4%	88.1%	88.1%	84.7%	84.7%	81.6%	84.5%	81.7%	86.3%	80.4%	87.4%
Jai Medical Systems	97.1%	93.7%	90.1%	93.5%	91.8%	85.4%	89.5%	89.6%	78.6%	81.3%	78.9%	81.0%
Kaiser Permanente	87.9%	83.6%	N/A	86.0%	79.8%	N/A	83.2%	79.5%	N/A	88.9%	83.7%	N/A
Maryland Physicians Care	87.8%	87.4%	86.4%	84.4%	85.3%	82.2%	83.0%	82.2%	83.6%	83.2%	85.2%	80.8%
MedStar Family Choice	87.7%	87.2%	86.1%	85.3%	84.8%	83.5%	84.7%	84.6%	83.9%	82.6%	85.3%	83.3%
Priority Partners	91.0%	90.6%	91.2%	87.6%	89.3%	86.0%	87.4%	85.0%	86.0%	80.8%	84.2%	82.0%
University of MD Health Partners	86.9%	87.0%	87.9%	82.3%	83.2%	80.0%	72.6%	78.9%	64.8%	81.6%	77.6%	80.5%
UnitedHealthcare	89.4%	87.1%	88.4%	83.4%	84.0%	85.2%	79.6%	74.1%	79.6%	78.8%	88.0%	83.1%

○ HealthChoice MCO with the highest Summary Rate in 2017.

<sup>1</sup>Quality Compass<sup>®</sup> is a registered trademark of NCQA.

Composite measures assess results for main issues/areas of concern. These composite measures were derived by combining survey results of similar questions (*note: two of the composite measures are comprised of only one question*). Specifically, it's the average of each response category of the attributes that comprise a particular service area or composite.

- The CAHPS® 5.0H Adult Medicaid Satisfaction Survey includes seven composite measures, defined below.

**Table 7: Adult Composite Measure Definitions**

Composite Measure/Rating Item	Survey Question Number	What is Measured	Summary Rate <sup>1</sup>
Getting Needed Care	14 and 25	Measures members' experiences in the last 6 months when trying to get care from specialists and through their health plan	% of members who responded "Usually" or "Always"
Getting Care Quickly	4 and 6	Measures members' experiences with receiving care and getting appointments as soon as they needed	% of members who responded "Usually" or "Always"
How Well Doctors Communicate	17, 18, 19 and 20	Measures how well personal doctor explains things, listens to them, shows respect for what they have to say and spends enough time with them	% of members who responded "Usually" or "Always"
Customer Service	31 and 32	Measures members' experiences with getting the information needed and treatment by Customer Service staff	% of members who responded "Usually" or "Always"
Shared Decision-Making	10, 11 and 12	Measures members' experiences with doctors discussing the pros and cons of starting or stopping a medicine and asking the member what they thought was best for them	% of members who responded "Yes"
Health Promotion and Education	8	Measures members' experience with their doctor discussing specific things to do to prevent illness	% of members who responded "Yes"
Coordination of Care	22	Measures members' perception of whether their doctor is up-to-date about the care he/she received from other doctors or health providers	% of members who responded "Usually" or "Always"

<sup>1</sup>Summary Rates most often represent the most favorable responses for that question.

The CAHPS® 5.0H Child Medicaid Satisfaction Survey includes seven standard composite measures, defined below (*note: two of the composite measures are comprised of only one question*).

**Table 8: Child General Population Composite Measure Definitions**

Composite Measure/Rating Item	Survey Question Number	What is Measured	Summary Rate <sup>1</sup>
Getting Needed Care	15 and 46	Measures members' experiences in the last 6 months when trying to get care from specialists and through their health plan	% of members who responded "Usually" or "Always"
Getting Care Quickly	4 and 6	Measures members' experiences with receiving care and getting appointments as soon as they needed	% of members who responded "Usually" or "Always"
How Well Doctors Communicate	32, 33, 34 and 37	Measures how well personal doctor explains things, listens to them, shows respect for what they have to say and spends enough time with them	% of members who responded "Usually" or "Always"
Customer Service	50 and 51	Measures members' experiences with getting the information needed and treatment by Customer Service staff	% of members who responded "Usually" or "Always"
Shared Decision-Making	11, 12 and 13	Measures members' experiences with doctors discussing the pros and cons of starting or stopping a medicine and asking the member what they thought was best for them	% of members who responded "Yes"
Health Promotion and Education	8	Measures members' experience with their doctor discussing specific things to do to prevent illness	% of members who responded "Yes"
Coordination of Care	40	Measures members' perception of whether their doctor is up-to-date about the care he/she received from other doctors or health providers	% of members who responded "Usually" or "Always"

<sup>1</sup>Summary Rates most often represent the most favorable responses for that question.

CCC measurement composite scores are derived by combining survey results of similar questions related to basic components for successful treatment, management and support of children with chronic conditions (*note: two of the composite measures are comprised of only one question*). The table below shows how each CCC measurement set composite score is defined.

**Table 9: Additional CCC Composite Measure Definitions**

Composite Measure/Rating Item	Survey Question Number	What is Measured	Summary Rate <sup>1</sup>
Access to Prescription Medicine	56	Measures members' experiences in the last 6 months when trying to get prescription medicine	% of members who responded "Usually" or "Always"
Access to Specialized Services	20, 23 and 26	Measures members' experiences with getting special medical equipment, therapy, treatment, or counseling for their child	% of members who responded "Usually" or "Always"
Family Centered Care: Personal Doctor Who Knows Child	38, 43 and 44	Measures whether or not the provider discussed how the child is feeling, growing and behaving; as well as understands how the child's condition affects the child's and family's day-to-day life	% of members who responded "Yes"
Family Centered Care: Getting Needed Information	9	Measures how often providers answered members' questions.	% of members who responded "Usually" or "Always"
Coordination of Care for Children with Chronic Conditions	18 and 29	Measures whether or not members received the help needed from the provider in contacting the child's school/daycare, and whether anyone from DHMH or the provider's office coordinated care among the different providers/services	% of members who responded "Yes"

<sup>1</sup>Summary Rates most often represent the most favorable responses for that question.



The following tables show composite measure comparisons of the eight HealthChoice MCOs.

- In order to assess how the HealthChoice MCOs' overall composite ratings compared with other Medicaid adult and child plans nationwide, national benchmarks are provided. Specifically, the adult and child data are compared to the Quality Compass<sup>®</sup> benchmarks. Quality Compass<sup>®</sup> is a national database created by NCQA to provide health plans with comparative information on the quality of the nation's managed care plans.

**Table 10: Adult Composite Measures**

Composite Measures																					
	How Well Doctors Communicate			Customer Service			Getting Needed Care			Getting Care Quickly			Coordination of Care			Shared Decision-Making			Health Promotion and Education		
	Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Yes			Summary Rate: Yes		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
<b>Quality Compass<sup>®1</sup></b>	91.4%	90.7%	90.7%	88.2%	87.5%	87.1%	82.0%	80.4%	80.8%	81.8%	80.1%	80.7%	83.2%	81.8%	81.6%	79.8%	79.2%	78.7%	73.8%	72.1%	71.4%
<b>HealthChoice Aggregate</b>	91.7%	90.8%	89.6%	89.1%	87.1%	84.8%	82.2%	81.3%	79.6%	81.4%	80.5%	77.9%	83.6%	79.9%	78.5%	81.0%	79.3%	77.6%	76.9%	76.7%	74.5%
AMERIGROUP Community Care	92.3%	89.7%	89.2%	88.4%	82.1%	84.5%	80.7%	82.9%	74.7%	77.7%	79.4%	74.7%	82.6%	73.5%	73.4%	82.4%	77.9%	74.7%	77.4%	73.0%	75.2%
Jai Medical Systems	90.0%	90.2%	86.0%	88.4%	90.8%	83.1%	81.0%	80.6%	75.4%	80.7%	78.9%	76.1%	88.3%	82.2%	78.4%	80.1%	79.2%	77.8%	79.1%	82.6%	76.3%
Kaiser Permanente	91.6%	90.8%	N/A	94.3%	87.3%	N/A	82.5%	82.0%	N/A	80.1%	80.3%	N/A	80.9%	83.6%	N/A	79.1%	75.6%	N/A	72.2%	75.5%	N/A
Maryland Physicians Care	91.2%	89.2%	90.5%	87.8%	87.2%	86.6%	84.7%	79.8%	82.3%	84.3%	81.8%	81.8%	84.1%	81.7%	76.2%	80.8%	82.3%	77.5%	76.2%	79.0%	75.7%
MedStar Family Choice	90.1%	92.5%	91.1%	87.7%	90.4%	85.5%	78.9%	82.2%	80.0%	80.3%	81.0%	75.7%	84.8%	77.1%	78.7%	81.3%	79.9%	78.2%	79.3%	80.4%	75.4%
Priority Partners	93.6%	90.6%	89.6%	92.6%	83.0%	87.2%	84.4%	81.1%	82.0%	83.8%	82.8%	81.3%	82.4%	79.6%	76.5%	80.4%	79.0%	78.2%	78.6%	75.2%	74.6%
University of MD Health Partners	93.7%	90.8%	90.8%	87.0%	86.5%	85.4%	82.7%	79.4%	79.5%	78.8%	75.9%	73.9%	79.7%	75.4%	80.0%	81.5%	80.7%	79.0%	72.9%	72.5%	71.2%
UnitedHealthcare	91.6%	92.7%	91.1%	87.5%	87.2%	82.8%	81.9%	82.1%	83.2%	83.7%	82.0%	80.8%	84.1%	84.6%	85.6%	81.9%	78.4%	77.8%	78.0%	74.0%	72.6%

○ HealthChoice MCO with the highest Summary Rate in 2017.

<sup>1</sup>Quality Compass<sup>®</sup> is a registered trademark of NCQA.

**Table 11: Child Composite Measures - General Population**

Composite Measures																					
	How Well Doctors Communicate			Customer Service			Getting Care Quickly			Getting Needed Care			Coordination of Care			Shared Decision-Making			Health Promotion and Education		
	Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Yes			Summary Rate: Yes		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
<b>Quality Compass<sup>®1</sup></b>	93.5%	93.2%	93.1%	88.1%	88.0%	87.5%	88.8%	88.5%	88.6%	84.5%	83.7%	84.4%	82.9%	82.6%	81.8%	78.7%	78.4%	78.0%	71.7%	70.9%	71.2%
<b>HealthChoice Aggregate</b>	94.0%	94.2%	93.9%	88.4%	86.6%	86.3%	88.1%	88.9%	88.4%	83.0%	83.1%	83.4%	79.9%	81.3%	81.1%	77.0%	79.0%	78.6%	73.6%	73.8%	74.5%
AMERIGROUP Community Care	92.5%	92.7%	92.3%	86.0%	85.3%	85.0%	85.7%	86.4%	85.7%	79.1%	79.9%	79.8%	76.5%	79.4%	79.5%	76.1%	76.3%	78.4%	68.9%	71.5%	72.0%
Jai Medical Systems	96.7%	97.5%	96.0%	91.0%	89.4%	88.8%	96.6%	95.5%	91.3%	90.3%	86.9%	89.7%	88.2%	88.8%	83.8%	84.3%	83.5%	79.0%	81.9%	83.7%	85.6%
Kaiser Permanente	93.5%	92.1%	N/A	91.2%	88.4%	N/A	88.1%	86.1%	N/A	85.7%	81.3%	N/A	79.3%	77.9%	N/A	74.4%	75.0%	N/A	75.6%	75.6%	N/A
Maryland Physicians Care	94.3%	94.4%	94.3%	87.5%	89.5%	87.1%	90.4%	90.4%	91.3%	83.9%	84.9%	82.6%	80.2%	81.2%	80.6%	77.8%	75.9%	79.2%	74.7%	73.3%	75.8%
MedStar Family Choice	95.0%	94.9%	93.9%	88.4%	88.5%	88.9%	89.7%	90.4%	85.2%	84.0%	85.2%	81.0%	81.8%	83.2%	84.4%	78.3%	77.8%	83.7%	75.3%	76.5%	72.8%
Priority Partners	94.4%	94.1%	94.6%	88.6%	86.7%	86.5%	86.8%	89.8%	88.4%	85.2%	82.7%	87.1%	80.2%	82.3%	79.4%	77.2%	82.5%	80.2%	73.7%	71.3%	74.3%
University of MD Health Partners	91.8%	93.4%	92.4%	88.1%	81.7%	79.8%	83.5%	85.9%	86.5%	78.4%	82.2%	77.8%	74.0%	82.3%	79.2%	74.3%	79.9%	73.0%	70.9%	68.1%	70.8%
UnitedHealthcare	94.0%	94.7%	93.8%	87.1%	83.0%	86.9%	85.9%	87.6%	89.5%	80.0%	82.1%	85.6%	81.4%	78.4%	81.7%	74.2%	80.6%	75.8%	71.1%	72.3%	71.6%

○ HealthChoice MCO with the highest Summary Rate in 2017.

<sup>1</sup>Quality Compass<sup>®</sup> is a registered trademark of NCQA.

**Table 12: Child Composite Measures - CCC Population**

Composite Measures																					
	How Well Doctors Communicate			Getting Care Quickly			Customer Service			Getting Needed Care			Shared Decision-Making			Health Promotion and Education			Coordination of Care		
	Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Yes			Summary Rate: Yes			Summary Rate: Always/Usually		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
Quality Compass <sup>®1</sup>	94.2%	93.9%	93.7%	91.8%	91.8%	91.3%	89.8%	89.4%	88.5%	86.0%	86.1%	85.9%	84.7%	85.0%	84.3%	78.5%	77.0%	76.9%	82.9%	82.0%	82.2%
HealthChoice Aggregate	94.4%	94.5%	94.8%	91.6%	91.7%	92.4%	89.3%	88.4%	87.4%	84.7%	85.4%	85.6%	82.6%	83.1%	83.6%	80.4%	79.3%	79.8%	80.2%	83.9%	82.5%
AMERIGROUP Community Care	92.2%	93.8%	94.0%	88.7%	88.6%	89.4%	91.6%	88.7%	88.7%	82.2%	83.4%	85.1%	84.8%	83.8%	83.1%	78.4%	82.5%	81.0%	82.9%	84.3%	80.9%
Jai Medical Systems	96.3%	97.3%	96.0%	97.2%	96.6%	92.1%	88.5%	91.0%	88.2%	95.7%	88.6%	88.4%	83.6%	88.5%	81.9%	93.5%	86.7%	86.9%	93.6%	92.5%	78.2%
Kaiser Permanente	94.9%	90.3%	N/A	91.9%	89.3%	N/A	91.0%	83.3%	N/A	88.1%	80.6%	N/A	72.4%	75.1%	N/A	80.0%	84.8%	N/A	65.6%	77.8%	N/A
Maryland Physicians Care	95.6%	94.6%	94.9%	93.5%	92.3%	93.6%	91.5%	91.0%	87.6%	85.8%	87.6%	84.3%	82.9%	82.4%	82.4%	82.3%	78.8%	77.7%	81.0%	85.8%	82.1%
MedStar Family Choice	94.7%	95.5%	93.8%	90.9%	91.1%	90.3%	90.9%	89.1%	89.8%	83.0%	88.2%	85.4%	82.9%	82.8%	86.0%	80.1%	80.1%	79.6%	77.9%	85.1%	82.3%
Priority Partners	94.1%	93.8%	95.1%	91.1%	93.0%	93.0%	90.8%	89.9%	85.3%	85.2%	85.3%	87.2%	84.1%	83.8%	84.9%	78.6%	75.1%	81.4%	83.2%	82.1%	80.9%
University of MD Health Partners	94.1%	93.0%	94.5%	90.0%	91.5%	94.0%	80.3%	81.1%	75.6%	82.9%	88.8%	78.6%	79.4%	85.6%	80.8%	81.6%	77.9%	76.0%	78.3%	80.0%	79.5%
UnitedHealthcare	94.0%	94.9%	95.9%	91.7%	91.9%	94.7%	85.4%	87.3%	88.8%	83.6%	81.8%	86.9%	82.1%	81.7%	83.0%	77.6%	77.3%	77.8%	77.8%	83.0%	88.2%

○ HealthChoice MCO with the highest Summary Rate in 2017.

<sup>1</sup>Quality Compass<sup>®</sup> is a registered trademark of NCQA.

**Table 13: Child Composite Measures - CCC Population**

	Additional CCC Composite Measures														
	FCC: Getting Needed Information			Access to Prescription Medicine			FCC: Personal Doctor Who Knows Child			Access to Specialized Services			Coordination of Care for Children with Chronic Conditions		
	Summary Rate: <i>Always/Usually</i>			Summary Rate: <i>Always/Usually</i>			Summary Rate: <i>Yes</i>			Summary Rate: <i>Always/Usually</i>			Summary Rate: <i>Yes</i>		
	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015	2017	2016	2015
<b>Quality Compass<sup>®1</sup></b>	91.3%	90.9%	91.2%	90.7%	90.7%	90.0%	90.0%	90.6%	89.7%	76.3%	77.1%	77.6%	77.9%	77.1%	77.6%
<b>HealthChoice Aggregate</b>	91.4%	90.9%	92.5%	90.8%	89.4%	90.6%	90.1%	91.2%	91.3%	77.0%	75.3%	77.5%	73.6%	76.1%	73.0%
AMERIGROUP Community Care	91.2%	91.7%	91.4%	86.6%	85.3%	86.9%	90.7%	91.7%	89.1%	72.3%	79.8%	70.2%	76.0%	74.2%	71.3%
Jai Medical Systems	95.9%	94.3%	93.1%	94.2%	95.8%	92.4%	91.2%	92.2%	96.6%	90.4%	73.1%	81.1%	75.2%	79.2%	71.4%
Kaiser Permanente	89.7%	87.6%	N/A	91.0%	94.3%	N/A	84.4%	82.6%	N/A	72.6%	63.7%	N/A	72.1%	81.4%	N/A
Maryland Physicians Care	91.8%	91.0%	91.5%	92.1%	89.2%	91.8%	90.6%	90.7%	90.4%	73.6%	78.9%	76.9%	69.4%	74.9%	71.5%
MedStar Family Choice	92.9%	90.2%	93.2%	92.6%	94.7%	91.0%	89.8%	91.3%	90.9%	82.5%	79.4%	75.8%	75.0%	77.9%	77.6%
Priority Partners	92.1%	91.4%	93.7%	92.9%	90.8%	93.5%	90.9%	91.9%	90.7%	78.8%	71.5%	81.8%	74.4%	75.7%	71.8%
University of MD Health Partners	91.1%	90.5%	93.7%	91.1%	90.4%	87.6%	86.5%	91.4%	91.8%	74.8%	71.9%	69.5%	77.2%	73.6%	77.7%
UnitedHealthcare	88.1%	89.9%	92.1%	87.1%	82.0%	89.0%	91.7%	91.6%	93.4%	76.5%	72.8%	83.2%	73.8%	76.5%	72.0%

○ HealthChoice MCO with the highest Summary Rate in 2017.

<sup>1</sup>Quality Compass<sup>®</sup> is a registered trademark of NCQA.

In an effort to identify the underlying components of adult and child members' ratings of their Health Plan and Health Care, advanced statistical techniques were employed.

- Regression analysis is a statistical technique used to determine which influences or “independent variables” (composite measures) have the greatest impact on an overall attribute or “dependent variable” (overall rating of Health Plan or Health Care).
- In addition, correlation analyses were conducted between each composite measure attribute and overall rating of Health Plan and Health Care in order to ascertain which attributes have the greatest impact.

### *Adult Medicaid Members – Key Drivers of Satisfaction with Health Plan*

Based on the 2017 findings, the “**Customer Service**” composite measure has the most significant impact on adult members' overall rating of their Health Plan.

- There were no attributes identified as **unmet needs**<sup>1</sup> that should be considered priority areas for improving adult members' overall rating of their Health Plan.
  - However, the attributes “**Got the care, tests or treatment you needed**” and “**Received information or help needed from health plan's Customer Service**” are identified as key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a moderate level. If performance on these attributes is improved, it could have a positive impact on adult members' overall rating of their Health Plan.
- The following attribute is identified as a **driving strength**<sup>2</sup> and performance in this area should be maintained. If performance on this attribute is decreased, it could have a negative impact on adult members' overall rating of their Health Plan.
  - **Treated with courtesy and respect by health plan's Customer Service**

### *Adult Medicaid Members – Key Drivers of Satisfaction with Health Care*

Based on the 2017 findings, the “**How Well Doctors Communicate**” composite measure has the most significant impact on adult members' overall rating of their Health Care.

- There were no attributes identified as **unmet needs**<sup>1</sup> that should be considered priority areas for improving adult members' overall rating of their Health Care.
  - However, the attributes “**Got the care, tests or treatment you needed**” and “**Received the care needed as soon as you needed**” are identified as key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a moderate level. If performance on these attributes is improved, it could have a positive impact on adult members' overall rating of their Health Care.

<sup>1</sup>**Unmet needs** are key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a lower level (Summary Rate is less than 80%).

<sup>2</sup>**Driving strengths** are key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a higher level (Summary Rate is 90% or more).

### *Adult Medicaid Members – Key Drivers of Satisfaction with Health Care (continued)*

- The following attributes are identified as **driving strengths**<sup>2</sup> and performance in these areas should be maintained. If performance on these attributes is decreased, it could have a negative impact on adult members' overall rating of their Health Care.
  - **Doctor explained things in a way that was easy to understand**
  - **Doctor spent enough time with you**
  - **Doctor listened carefully to you**
  - **Doctor showed respect for what you had to say**

### *Child Medicaid Members – Key Drivers of Satisfaction with Health Plan*

Based on the 2017 findings, the “**Customer Service**” composite measure has the most significant impact on child members' overall rating of their Health Plan.

- There were no attributes identified as **unmet needs**<sup>1</sup> that should be considered priority areas for improving child members' overall rating of their Health Plan.
  - However, the attribute “**Received information or help needed from child's health plan's Customer Service**” and “**Got the care, tests or treatment your child needed**” are areas that are of high importance to child members where HealthChoice MCOs perform at a moderate level. Improvement in these areas could have a positive impact on child members' overall rating of their Health Plan.
- The attribute “**Treated with courtesy and respect by child's health plan's Customer Service**” is identified as a **driving strength**<sup>2</sup> and performance in this area should be maintained. If performance on this attribute decreases, it could have a negative impact on child members' overall rating of their Health Plan.

### *Child Medicaid Members – Key Drivers of Satisfaction with Health Care*

Based on the 2017 findings, the “**Getting Needed Care**” and “**How Well Doctors Communicate**” composite measures are identified as having the most significant impact on child members' overall rating of their Health Care.

- There were no attributes identified as **unmet needs**<sup>1</sup> that should be considered priority areas for improving child members' overall rating of their Health Care.
  - However, the attributes “**Got the care, tests or treatment your child needed**” and “**Child's doctor spent enough time with your child**” are key drivers of satisfaction where child members perceive HealthChoice MCOs to be performing at a moderate level. Improvement in these areas could have a positive impact on child members' overall rating of their Health Care.

<sup>1</sup>**Unmet needs** are key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a lower level (Summary Rate is less than 80%).

<sup>2</sup>**Driving strengths** are key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a higher level (Summary Rate is 90% or more).

### *Child Medicaid Members – Key Drivers of Satisfaction with Health Care (continued)*

- The attributes listed below are identified as **driving strengths**<sup>2</sup> and performance in these areas should be maintained. If performance on these attributes is decreased, it could have a negative impact on child members' overall rating of their Health Care.
  - **Child's doctor listened carefully to you**
  - **Child's doctor explained things about your child's health in a way that was easy to understand**

<sup>1</sup>**Unmet needs** are key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a lower level (Summary Rate is less than 80%).

<sup>2</sup>**Driving strengths** are key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a higher level (Summary Rate is 90% or more).

- **Attributes** are the questions that relate to a specific service area or composite as specified by NCQA.
- **Complete and Valid Survey** is determined by 1) indication that the member meets the eligible population criteria and 2) answering three out of five specific survey questions.
- **Composite Measures** are derived by combining the survey results of similar questions that represent an overall aspect of health plan quality. Specifically, it's the average of each response category of the attributes that comprise a particular service area or composite.
- **Confidence Level** is the degree of confidence, expressed as a percentage, that a reported number's true value is between the lower and upper specified range.
- **Correlation Coefficient** is a statistical measure of how closely two variables or measures are related to each other.
- **Disposition Code** is the final status given to a member record within the sample surveyed. 0=Complete, 1=Does Not Meet Eligible Population Criteria, 2=Incomplete (but Eligible), 3=Language Barrier, 4=Physically or Mentally Incapacitated, 5=Deceased, 6=Refusal, 7=Non-Response After Maximum Attempts, 8=Added to Do Not Call List.
- **Driving Strengths** are key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a higher level (Summary Rate is 90% or more).
- **Key Drivers** are composite measures that have been found to impact ratings of overall Health Plan and Health Care among HealthChoice MCO members as determined by correlation analysis.
- **NCQA Accreditation** is a comprehensive evaluation of health plans in the nation based on results achieved on a set of clinical measures and consumer experience measures.
- **Over-Sampling** is sampling more than the minimum required sample size. The NCQA required sample size for adult Medicaid MCOs is 1,350 and the target number of completed surveys is 411. The NCQA required sample size for child Medicaid MCOs is 1,650 (General Population/Sample A) and the target number of completed surveys is 411.
- **Regression Analysis** is a statistical technique used to determine which influencers, or "independent variables" have the greatest impact on an overall attribute, or "dependent variable".
- **Significance Test** is a test used to determine the probability that a given result could not have occurred by chance.
- **Summary Rates** generally represent the most favorable responses for a particular question (i.e., *Always and Usually*; *Yes*; *8, 9 or 10*; etc.). Keep in mind that not every question is assigned a Summary Rate.
- **Systematic Sampling** is a method of sampling that ensures a reproducible and auditable sample that is representative of the eligible population.



- **Trending** is the practice of examining several years of data in a comparative way to identify common attributes.
- **Unmet Needs** are key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a lower level (Summary Rate is less than 80%).