2019 CAHPS® 5.0H Member Survey

Adult Medicaid

Prepared for:

12430 - UnitedHealthcare Community Plan (LA) June 2019

Prepared by:

DSS Research



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Background and objectives

Background. DSS has conducted the CAHPS® member survey since 1995. For participating plans (those who submit their data to NCQA) this information can be disclosed to the public and provides a direct comparison to other participating plans. The 2019 CAHPS 5.0H survey accurately captures customer feedback and expands the scope of information gathered relative to quality of care issues.

Objectives. Specific objectives of the 2019 CAHPS 5.0H member satisfaction survey include:

Determination of member ratings of:

- Health Plan Overall
- Health Care Overall
- Personal Doctor Overall
- Specialist Overall

Assessment of member perceptions related to:

- Customer Service (CS)
- Getting Needed Care (GNC)
- Getting Care Quickly (GCQ)
- How Well Doctors Communicate (HWDC)
- Shared Decision Making (SDM)
- Health Promotion and Education (HPE)
- Coordination of Care (CoC)

Measurement of the percent of members who receive flu shots or sprays.

Evaluation of assistance with smoking and tobacco use cessation measures.

Standard measurement of all areas mentioned to facilitate meaningful comparisons among participating health plans.



2019 Dashboard

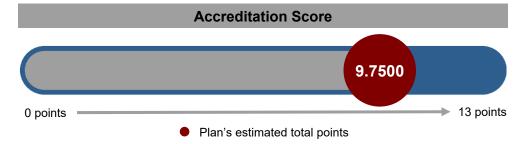
Overall ratings











NCQA Health Insurance Plan Ratings

	Rating
Consumer Satisfaction	3.0
Getting Care	3.0
Satisfaction with Plan Physicians	3.0
Satisfaction with Plan Services	4.0
Flu shots for adults (ages 18-64)	3.0

SatisAction™ key driver statistical model Key drivers of the rating of the health plan





Q20

Pow	ver - Promote and leverage strengths
Q60	Mental health services overall
Q59	CS helpful with mental health services
Q14	Got care/tests/treatment
	Opportunities for improvement -
Focus	resources on improving processes that
	underlie these items
Q6	Got routine care
Q27	Specialist overall
Q4	Got urgent care
Q4 Q19	Got urgent care Dr. showed respect
	S

Dr. spent enough time

Resource for improvement: AHRQ best practices

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

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

^{*} Overall ratings are top 3 scores (% 8, 9 and 10).

12430 - UnitedHealthcare Community Plan (LA) performed similar to last year and performed similar to two years ago on the rating of the health plan.

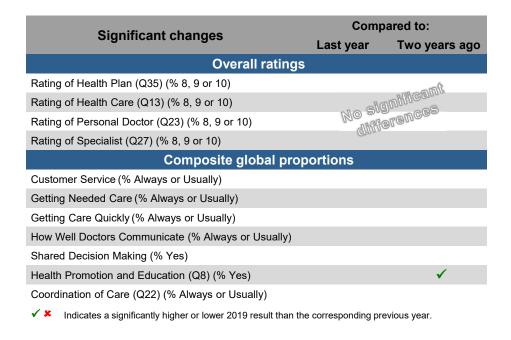
- About eight in 10 (80.92%) gave their health plan a rating of 8, 9 or 10 on a 0 to 10 scale, which is not significantly different from last year and not significantly different from two years ago.
- About two-thirds (66.43%) gave a rating of 9 or 10, which is not significantly different from last year and not significantly different from two years ago.

Rating of Health Plan 100% 80.70% 80.92% 78.82% 66.43% 65.16% 64.92% 0% 2017 2018 2019 ↑↓ Indicates a significantly higher or lower score than 2018. 1 Indicates a significantly higher or lower score than 2017. 2017 2018 2019 **Net Promoter Score (NPS)*** 54.14 63.30 1

*NPS = Promoters (% 9 or 10) minus Detractors (% 0-6) rating on likelihood to recommend plan (Q63) where 0 is not at all likely and 10 is extremely likely.

No significant improvements were seen compared to the 2018 plan result, but there was a significant improvement compared to two years ago on the following key measure:

Health Promotion and Education





Key drivers of the rating of the health plan

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.

POWeR™ Chart classification matrix

Higher

Your plan performance relative to the UHC Average

Lower

Retain

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

Simply maintain performance on these items.

Power

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

Key for Composite Names in POWeR™ Chart (on page 7)

CS Customer Service
GNC Getting Needed Care
GCQ Getting Care Quickly
HWDC How Well Doctors Communicate
CoC Coordination of Care

Wait

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

Opportunity

Items in this quadrant have a relatively large impact on the rating of the health plan but performance is below average.

Focus resources on improving processes that underlie these items.

Items throughout the report are marked with the following symbol for a key driver...



in the "Power" quadrant,



or

in the "Opportunity" quadrant.

Lower

Importance to your plan members

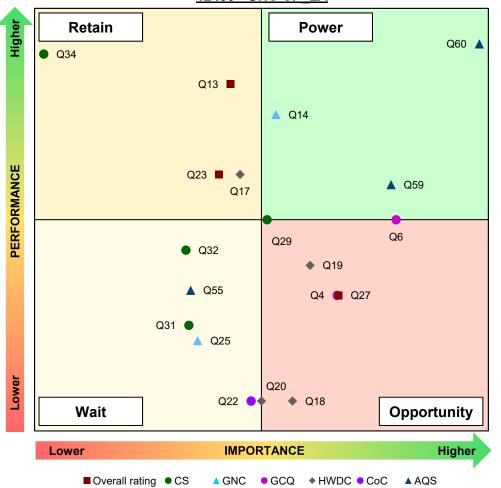
Higher

Key drivers, estimated percentiles and estimated ratings

The key drivers of the rating of the health plan are presented in the POWeR™ Chart classification matrix below. 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. See Appendix C for more details.

POWeR™ Chart classification matrix





	Survey Measure	Score	Estimated Percentile	Estimated Rating
	Pow	er		
Q60	Mental health services overall*	71.84%		
Q59	CS helpful with mental health services	55.24%		
Q14	Got care/tests/treatment	88.14%	75th	4
	Opport	unity		
Q6	Got routine care	80.65%	50th	3
Q27	Specialist overall*	81.31%	33rd	3
Q4	Got urgent care	83.58%	33rd	3
Q19	Dr. showed respect	93.00%	33rd	3
Q18	Dr. listened carefully	88.61%	5th	1
Q29	Info. provided in materials	68.25%	33rd	3
Q20	Dr. spent enough time	86.63%	10th	2
	Wai	it		
Q22	Dr. informed about care	75.44%	<5th	1
Q25	Got specialist appt.	77.97%	25th	2
Q55	Got after-hours care	66.22%		
Q31	CS provided info./help	80.49%	25th	2
Q32	CS courtesy/respect	95.12%	50th	3
	Reta	in		
Q17	Dr. explained things	93.10%	50th	3
Q13	Health care overall*	81.43%	90th	5
Q23	Personal doctor overall*	83.40%	67th	4
Q34	Easy to fill out forms	97.11%	95th	5
Q34	•		95th	-

^{*} Overall ratings are top 3 scores (% 8, 9 and 10).



Estimated accreditation score

The CAHPS 5.0H portion of the HEDIS® accreditation score is determined by comparing plan results to the *NCQA Benchmarks* and *Thresholds*. Points are assigned to the overall ratings and composite scores according to accreditation year and percentile range in which the score falls. This plan currently oversamples at a rate of 20%.

				Points ³		
Survey Measure	Mean Score ¹	Estimated Percentile ²	Percentile Threshold ²	2019 Standards	IF no NAs	
Overall mean ratings						
Rating of Health Plan ⁴	2.5406	81.18%	75th	2.8600	2.5422	
Rating of Health Care	2.5021	90.24%	90th	1.6250	1.4444	
Rating of Personal Doctor	2.6000	90.70%	90th	1.6250	1.4444	
Rating of Specialist	2.5514	70.70%	50th	1.1050	0.9822	
Composite mean scores						
Customer Service	2.6037	86.85%	75th	NA	1.2711	
Getting Needed Care	2.4068	61.17%	50th	1.1050	0.9822	
Getting Care Quickly	2.4677	65.71%	50th	1.1050	0.9822	
Coordination of Care	2.2368	21.42%	<25th	0.3250	0.2889	
Total points				9.7500	9.9376	

estimated total
oversample needed
to achieve maximum
measure of points in 2020,
based on 2019 performance:

46%

Additional oversampling IS recommended

Points are assigned by percentile threshold as follows (if all measures are valid – denominator of at least 100)3:

Percentile Threshold	Percentile	Points ³
90 th	Greater than or equal to 90 th percentile	1.4444
75 th	Greater than or equal to 75th percentile but less than 90th percentile	1.2711
50 th	Greater than or equal to 50 th percentile but less than 75 th percentile	0.9822
25 th	Greater than or equal to 25th percentile but less than 50th percentile	0.5778
<25 th	Less than 25 th percentile	0.2889
	Maximum number of points	13.0000

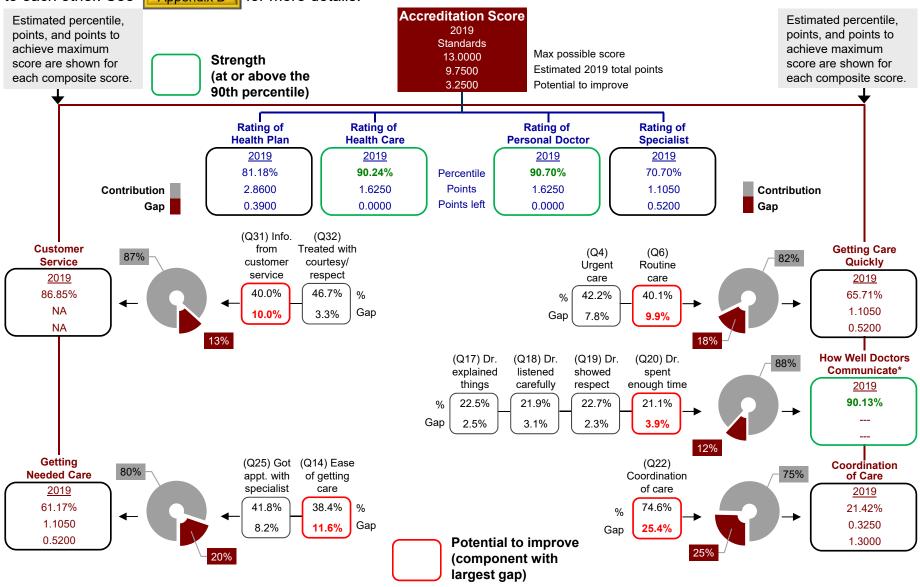
Notes

- 1 Overall ratings and composite measures are converted to a mean score using a 1 to 3 scale in the accreditation score calculation according to NCQA-defined guidelines.
- ² The percentiles and percentile thresholds shown here are estimates and may change when the mid-year update is released, usually in September.
- ³ NCQA will assign a measure result of NA and not assign accreditation points 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. The measure is removed for scoring purposes and the points are redistributed among the remaining measures.



⁴ Rating of Health Plan is worth twice the points in each percentile band, i.e., 2.6000, 2.2880, 1.7680, 1.0400 and 0.5200, respectively.

The flowchart below shows how the items used in the calculation of the plan's 2019 estimated accreditation score perform relative to each other. See Appendix D for more details.



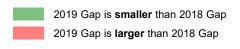
Please refer to page 14 for statistical references and footnotes.

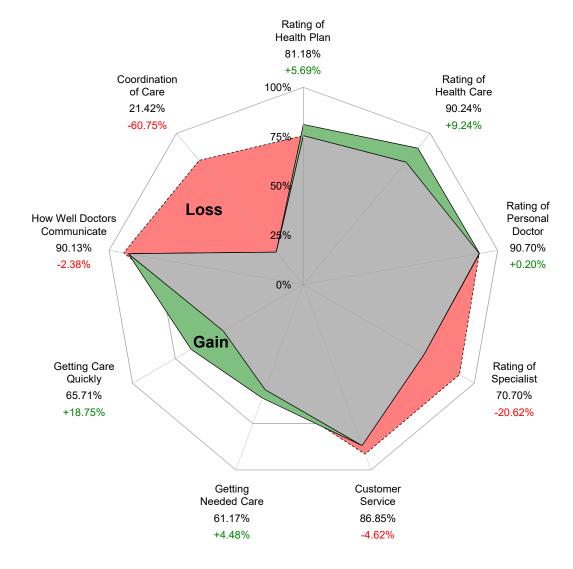
* The How Well Doctors Communicate composite was removed from accreditation scoring in 2015.

UnitedHealthcare*

Percentile gap analysis. The percentile gap is the difference between the maximum possible percentile (100) and the estimated percentile achieved.

- The percentile gap was closed compared to last year on the following measures:
 - Getting Care Quickly
 - Rating of Health Care
 - Rating of Health Plan
 - Getting Needed Care
 - Rating of Personal Doctor
- However, the percentile gap increased on these measures:
 - Coordination of Care
 - Rating of Specialist
 - Customer Service
 - How Well Doctors Communicate







NCQA Health Insurance Plan Ratings

- Beginning in 2015, NCQA replaced its ranking methodology with a rating methodology.
- Health plans are now rated in three categories: clinical quality (includes prevention and treatment), consumer satisfaction and NCQA's review of health quality processes.
- Plans are classified based on their national percentile (10th, 33.33rd, 66.67th and 90th) into scores ranging from 1 to 5 (in increments of 0.5), where 5 is the highest score and 1 is the lowest.
- The consumer satisfaction category of the rating comes from the CAHPS survey and is summarized in the table below. The
 flu shot measure from the CAHPS survey is also one item in the clinical quality prevention category of the rating.
 Percentiles and ratings are estimated based on the 2018 Quality Compass® National All Lines of Business (LOB) data
 since the 2019 data were not available at the time of this report.

	Score*	Percentile	Rating
Consumer Satisfaction			3.0
Getting Care			3.0
Getting care easily	83.05%	33rd	3.0
Getting care quickly	82.11%	33rd	3.0
Satisfaction with Plan Physicians			3.0
Rating of primary-care doctor	67.66%	33rd	3.0
Rating of specialists	68.22%	33rd	3.0
Rating of care	60.34%	67th	4.0
Coordination of care	75.44%	<10th	1.0
Health promotion and education	77.35%	67th	4.0
Satisfaction with Plan Services**			4.0
Rating of health plan	66.43%	67th	4.0
Customer service	87.80%	33rd	NA
Prevention			
Flu shots for adults (ages 18-64)	39.41%	33rd	3.0

Percentile	F	Rating
<10th	=	1
10th	=	2
33rd	=	3
67th	=	4
90th	=	5

Lower Performance							Higher forma	
≤1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0

- * Scores are top-two-box ratings (% Always or Usually or % 9 or 10) for the consumer satisfaction category, % Yes for the health promotion and education measure and % Yes for the flu shot measure
- ** NCQA removed the customer service measure from the commercial product line due to insufficient data in 2017.
- 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.



Methodology



Questionnaire. The CAHPS 5.0H survey was used. DSS designed the survey instrument using health plan colors. An attractively formatted booklet with a cover letter explaining the importance of completing the survey was mailed to the sampled members using first class postage. A return business reply envelope addressed to DSS was included with each booklet. See for more details. Appendix F

Data collection. The methodology detailed in HEDIS® 2019 Volume 3: Specifications for Survey Measures was used. A synopsis of the survey protocol, timeframe and fulfillment dates are outlined below.





Staffing of the toll-free help line. DSS staffed a toll-free phone line for members to call if they had any questions.



Data processing and analysis. DSS processed all completed surveys and analyzed the results.

Comparison averages. Most measures are compared to the 2018 Quality Compass (2018 QC Avg.), which is displayed as a light blue line throughout the report, and the 2019 UHC Adult Medicaid Average (2019 UHC Avg.), which is displayed as a blue bar throughout the report.

Methodology



Qualified respondents. Members eligible for the survey were those 18 years and older (as of December 31 of the measurement year) who had been continuously enrolled in the plan, allowing for one gap of up to 45 days during the measurement year, between January 1 and December 31, 2018.



Sample type. A simple random sample of the required sample size for the population was drawn. To reduce possible confusion and respondent burden, the sample was processed to remove duplicates so that only one adult per household was included in the sample.

Half Sample size/sampling error.

Item	2017	2018	2019
Total mailed	1,890	1,620	1,620
Required sample	1,350	1,350	1,350
Oversample	540	270	270
Undeliverable	266	194	159
Total ineligible	29	17	37
Total completed surveys	452	414	295
Mail completes	259	231	170
Wave 1	164	130	113
Wave 2	95	101	57
Phone completes	193	183	125
Adjusted response rate*	24.29%	25.83%	18.64%
Overall sampling error**	+/- 4.6%	+/- 4.8%	+/- 5.7%

^{*} Adjusted response rate is calculated using the following formula:

Total completed surveys

Total mailed - Total ineligible x 100



Spanish surveys. 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. There were no surveys completed in Spanish.

^{** 95%} confidence level, using the most pessimistic assumption regarding variance (p=0.5).

Research findings

Statistical references and footnotes

All statistical testing is performed at the 95% confidence level.

- Indicates a significant difference between the 2019 plan result and the 2018 plan result. (For two-year average 2018/2019 vs 2017/2018)
- Indicates a significant difference between the 2019 plan result and the 2018 QC Average. (For two-year average 2018/2019 vs 2018 QC Average)
- Indicates a significant difference between the 2019 plan result and the 2019 UHC Average. (For two-year average 2018/2019 vs 2019 UHC Average)

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

- NA Indicates base less than 100, NCQA will assign an NA.
- ^ Indicates a base size smaller than 20. Interpret results with caution.
- NR Not reportable. Base size < 11.
- NQ New question. (If applicable)

Percentages lower than five percent are not labeled in charts or graphs where space does not permit.



Compared to the 2018 plan result:

· None of the differences are significant.

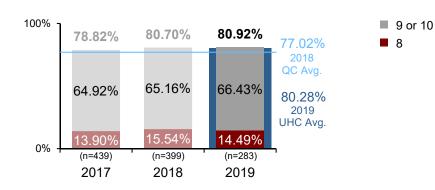
Compared to the 2018 QC Average:

· Health care is significantly higher.

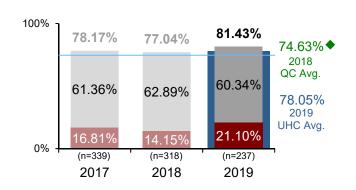
Compared to the 2019 UHC Average:

· None of the differences are significant.

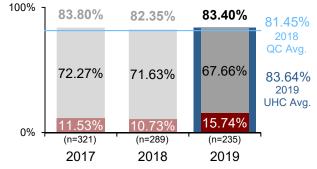
Q35. Rating of Health Plan



Q13. Rating of Health Care



Q23. Rating of Personal Doctor

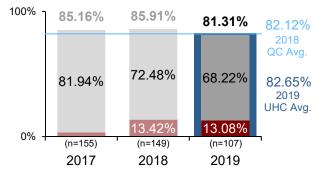


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Please refer to page 14 for statistical references and footnotes.

Q27. Rating of Specialist





Voice of the Member (DSS National Sample)

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

Q35. Rating of Health Plan

Improvement action

Provide helpful customer service.

Be proactive to ensure patients get quality care.

Promote healthy behavior using goal setting and incentives.

Ensure there are enough specialists in the network.

Maintain up-to-date network information.

Provide detailed cost summaries after visits.

"The current websites 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."

"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 have gotten so many inconsistent responses"

"I have gotten so many inconsistent customer get different customer get different customer get different custom, so they have coverage from different and I never about coverage from get many frustration, so hear about coverage my insurance. I never and I never never get many frustration, so hear representatives my frustration, so hear and I never never answers. Then I express my frustration is some one answers. Then I express my frustration is some one of the properties of the prop



Selected comments

"I can't see the specialists I need to. Either they won't cover them or I have to go through this approval process." "Because they are proactive. They tend making my from time to time they improve my health exercise."

"They provide an annual
"They provide an annual
"They provide an accountable
goal sheet for me accountable
goal sheet for me accountable
goal shelps me actions,
which health. It helps actions,
which helps me meet
regulate my helps me meet
which helps me goals."



Voice of the Member (DSS National Sample)

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

Q13. Rating of Health Care

Improvement action

Ensure that patients can get needed care quickly.

Promote continuity of care by minimizing staff turnover and coordinating any necessary handoffs.

"The only thing I haven't "The only the long wait liked is the long hy liked is to be seen by times to be seent."

"While treating multiple medical issues, all treatment and scheduling has been tweaked care a solid 10."



to ing to the alth is lighted to figure out the will the practice who the out to be and the practice of who the of the and the of what the out to a doctor who the now to a ware of whether with half to and how to a who help the and help the

"I had a much better doctor "I had a much the last prior to the last but they prior to the last prior to the last in and medical files in two, who are deck in two, "t read medical files in don"t read stepping back in time."

Voice of the Member (DSS National Sample)

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

Q23. Rating of Personal Doctor

Improvement action

PRIMARY CARE DOCTOR VISIT

Demonstrate interest, caring and empathy.

Collaborate with patients' other providers.

"My primary care doctor, thankfully, has Socratic wisdom and admits when he doesn't know something. This has specialist to ensure I'm never prescribed anything that much he could do to improve. There honestly isn't prescription filled at the pharmacy, the usual primary shouldn't be taken together."

"Overall, the doctors knew what
"Overall, the doctors knew who would however, I would however, I would how were doing. However, I would have given them a higher rating was have given them a higher for this was have given truly cared about my doctor truly cared about she my doctor truly cared about she my doctor truly cared about she was her questions, what I a person. My example for this was he when I asked her questions, what I when I asked her I didn't know when I asked it out like I didn't know was talking about."

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



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

Selected comments

"I don't care for the new doctor. They don't look at my doctor. They don't look at my doctor. They do give me what I old records to give understand old records to doesn't understand want. She doesn't understand want. She doesn't understand want of the concentrate and I can't concentrate."

"My doctor actually steps up to
tell me about my weight and
to how I should watch it. Even
how I should watch it. Even
though I am pretty much
though I am pretty much
and work on a plan to
healthy, I like that she talks to
healthy and healthy a

Voice of the Member (DSS National Sample)

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

Q27. Rating of Specialist

Improvement action

SPECIALIST VISIT

Allow adequate time to listen to the patient's concerns.

Inform patients about what to expect with invasive or uncomfortable procedures.

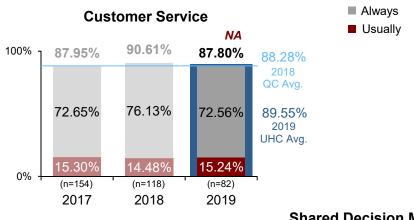
"Some are good, some
"Some are good. My
are not so good. also
are not specialists and
cancer specialists and
takes the time attisfied."
listens, so I'm satisfied."

"My endocrinologist is foo fast about to listen to one when to est to foo fast as not related to my symptoms of the listen to my condition they are;"

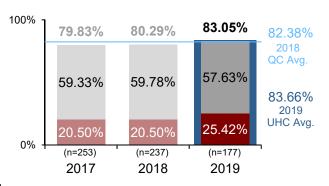
"I recently saw an OB/GYN that did a biopsy of my cervix. It was a difficult to determine if the tissue is cancerous or the professional demeanor that he held. He explaining the procedure itself, which helped put me at ease."



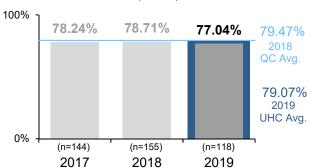
Composite global proportions



Getting Needed Care



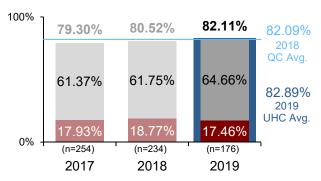
Shared Decision Making

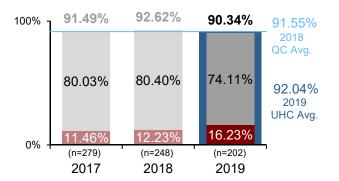


(% Yes)

Getting Care Quickly

How Well Doctors Communicate

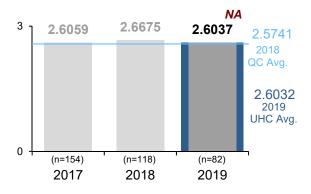




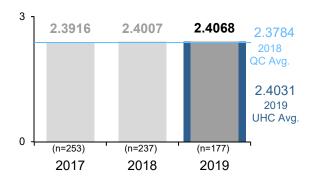
Please refer to page 14 for statistical references and footnotes.

Composite mean scores

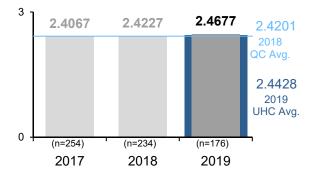
Customer Service



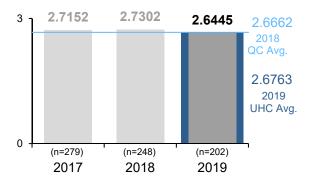
Getting Needed Care



Getting Care Quickly

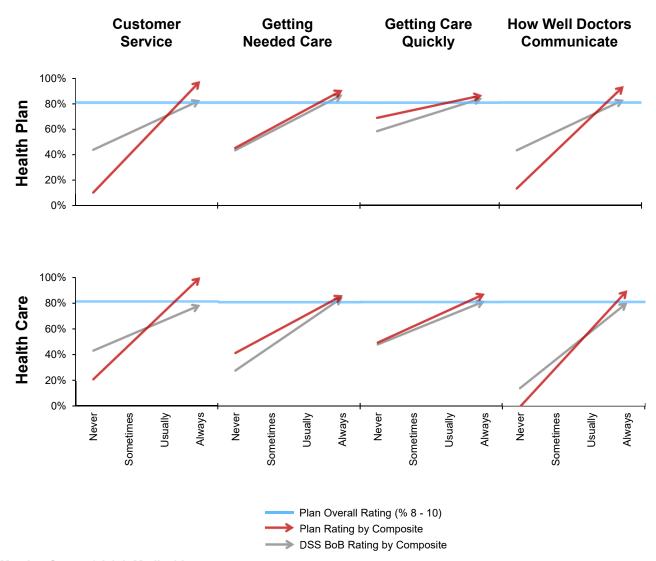


How Well Doctors Communicate



Overall ratings by composites (plan vs. BoB)

The charts below show the relationships between the two overall ratings and the four composite measures. The steeper the line, the stronger the relationship.



Compared to the 2018 plan result:

· None of the differences are significant.

Compared to the 2018 QC Average:

· None of the differences are significant.

Compared to the 2019 UHC Average:

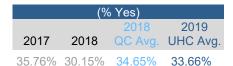
· None of the differences are significant.

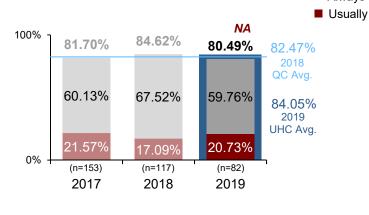
Q30. Tried to get information or help from health plan's customer service

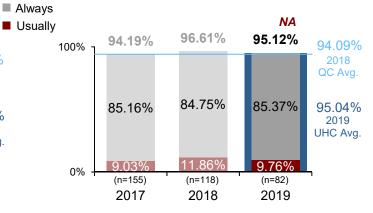
Q31. Customer service provided needed information or help

Q32. Customer service treated member with courtesy and respect









Customer Service Composite							
2018 2019							
	2017	2018	2019	QC Avg.	UHC Avg.		
Global proportion	87.95%	90.61%	87.80% NA 2.6037	88.28%	89.55%		
Mean score	2.6059	2.6675	2.6037	2.5741	2.6032		

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Voice of the Member (DSS National Sample)

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

Q31. Customer service provided needed information or help

Improvement action

Ensure that representatives exhibit a helpful and caring attitude.

Ensure that representatives have access to the most current information available.

Minimize call transfers and hold time.

Follow up in a timely manner.

"I was pretty much not taken are of. Also, it was with the care of not caring and not tone not doing anything to fix it."



"I have had, many times, the customer service give names and none are still out of the network."

Selected comments

"I felt frustrated because during the able to get in touch able to get in touch able to get in touch all frustrated because during that was over that was able to get in that was able to get in touch able to get in the was able to get in touch able to get in

"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 was transferred four times. I was getting frustrated."

Voice of the Member (DSS National Sample)

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

Q32. Customer service treated member with courtesy and respect

Improvement action

Ensure that representatives listen to all concerns and show a willingness to find a solution.

Resolve issues with a polite and friendly attitude.

Be willing to work with members to find a satisfactory way to resolve an issue.

"I contacted them because when I the because when I the was are card in the "I contacted them because card in the was are provider who I was are provider who I was are provider who I wanted my primary care provider who I care provider who I care wrong primary told them wanted them and they were very my mail, the called them and they work updated my information and sent out a new card."

wanted instead and quickly updated and efficient and sent out a new card."

information and sent out a new card."



Selected comments

"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 Medical in order to make the changes permanent in both systems."

"When I got my coverage through the state, the from the bus stop. I have arthritis in both knees in my home state. I felt very well taken care of by concern I had."

"My last interaction with them was when they called me to make sure my they called me to date. Because I they called they are they politely stated that they they politely stated that they the phone, they politely stated their 800 the phone, they politely and information with understood and told me to call their with understood and told me to Again, they understood and leave my information they which I did. Again, which them that way, which I did. Again, which them that way, and professional, which were very polite and professional."

Compared to the 2018 plan result:

· None of the differences are significant.

Compared to the 2018 QC Average:

• Ease of filling out forms is significantly higher.

Compared to the 2019 UHC Average:

• Ease of filling out forms is significantly higher.

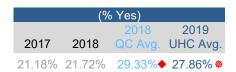
Q28. Looked for information in written materials/on the Internet



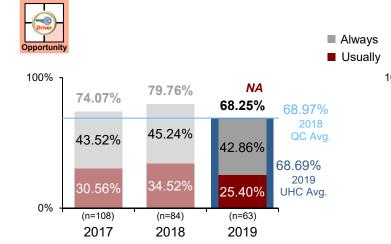
(% Yes)							
		2018	2019				
2017	2018	QC Avg.	UHC Avg.				
24.66%	21.66%	21.29%	20.81%				

Q33. Health plan gave forms to fill out



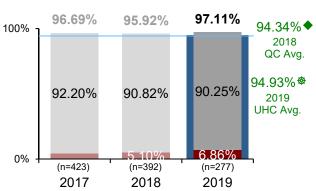


Q29. Written materials or Internet provided needed information



Q34. Health plan forms were easy to fill out

Note: The rate for this question is calculated using the responses to this question and "No" responses to Q33.



Please refer to page 14 for statistical references and footnotes.



Voice of the Member (DSS National Sample)

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

Q29. Written materials or Internet provided needed information

Improvement action

Ensure that formulary information is complete and up-to-date.

Provide information about additional services covered by the plan.

Make it easy for members to learn about the providers available to them.

Ensure that all written communication is clear and easy to understand.

Add links on the website to additional information and navigation tools.

Reduce calls to customer service by ensuring that the information in printed materials and online is worded clearly and updated regularly.

Provide clear information about referrals and authorizations.

Provide detailed cost information.

"It is important that

"It is important that

protocols for special

protocols and services
cases and service
cases of the service
outside of the detailed."

area are detailed."

"I would like to know if my health plan covers free health clubs."



Selected comments

"It is nice to know what you instead of getting sticker 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 expect to be able to find more of the information that I'm looking for online without having to call the office for everything, but nine times out of 10 I can't ever find what I'm looking for. I have looked up information regarding whether or not I qualified for Medicaid and couldn't find the information out on the website, or it was worded in a way that didn't make sense."

Voice of the Member (DSS National Sample)

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

Q34. Health plan forms were easy to fill out

Improvement action

Ensure that the language used in the forms is clear and straightforward.

Give members the option to complete forms online or by phone.

Provide resources and representatives to assist members when filling out forms.

Develop resources to help members reference their medical history.

"The part that was difficult
"The part that was difficult
"The part that was difficult
was the medical history
was the medical haves to your
part, as you don't always
part, as you don't always
have access to your
have access to your
current information at the
current information at fingertips all
current of your fingertips."

"I would make the question more straightforward for any improvements." "I didn't have any difficulties filling out forms. My local family services office handled most of the paperwork. I just provided basic information."



"None of the questions were hard but it would be much easier if they just had everyone fill out paperwork on the internet, as it saves them money and paper since they don't have to mail everyone everything."

Getting Needed Care

Compared to the 2018 plan result:

· None of the differences are significant.

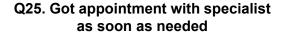
Compared to the 2018 QC Average:

· None of the differences are significant.

Compared to the 2019 UHC Average:

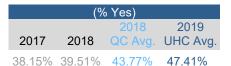
· None of the differences are significant.

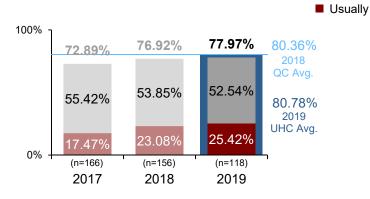
Q24. Made appointment to see a specialist

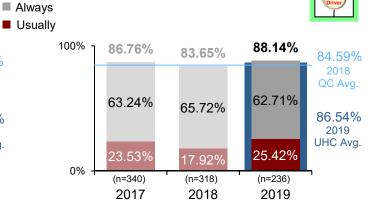


Q14. Ease of getting care, tests or treatment









Getting Needed Care Composite					
				2018	2019
	2017	2018	2019	QC Avg.	UHC Avg.
Global proportion	79.83%	80.29%	83.05%	82.38%	83.66%
Mean score	2.3916	2.4007	2.4068	2.3784	2.4031

Getting Needed Care

Voice of the Member (DSS National Sample)

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

Q25. Got appointment with specialist as soon as needed (Got urgent care as soon as needed - Specialist)

Member poll

SPECIALIST VISIT

How long do members expect to wait for an URGENT CARE appointment to see a specialist?

Most expect to see a specialist within one to two days for an urgent care issue, but would wait up to three weeks for an appointment.

Q25. Got appointment with specialist as soon as needed (Got check-up or routine care as soon as needed - Specialist)

Member poll

SPECIALIST VISIT

How long do members expect to wait for a ROUTINE CARE appointment to see a specialist?

Most expect to see a specialist within four weeks for a routine care appointment, but would wait up to three months for an appointment.

Getting Needed Care

Voice of the Member (DSS National Sample)

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

Q14. Ease of getting care, tests or treatment

Improvement action

Listen to patients' concerns.

Provide care and services quickly.

Communicate with patients courteously when overbooking or scheduling conflicts will delay their care.

Identify obstacles to timely care and help patients overcome them.

"She spends time with me, listens to what I say or how I feel, and does all the things I didn't know I needed. She ran a ton of tests on me when I first started seeing her and found out things that were making me feel like death warmed over."

"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."



"I went in to have my birth control put back in, but do it all in one day. For just having the birth couldn't taken out and put back in, it ended up taking four where I don't have to make four trips for one thing."

"I had an appointment, and not only were

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

Getting Care Quickly

Compared to the 2018 plan result:

· None of the differences are significant.

Compared to the 2018 QC Average:

· None of the differences are significant.

Compared to the 2019 UHC Average:

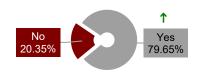
· None of the differences are significant.

Q3. Had illness/injury/condition that needed care right away



(% Yes)				
		2018	2019	
2017	2018	QC Avg.	UHC Avg.	
44.70%	50.50%	41.37%◆	41.65%	

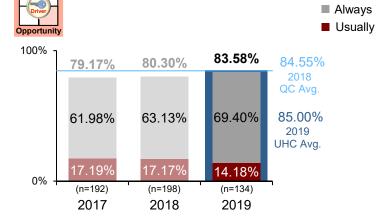
Q5. Made appointments for health care at doctor's office or clinic



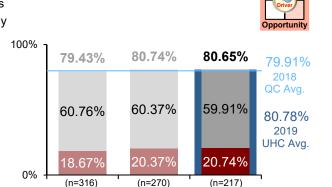
(% Yes)				
		2018	2019	
2017	2018	QC Avg.	UHC Avg.	

72.81% 69.38% **72.94% 75.21%**

Q4. Got urgent care as soon as needed



Q6. Got check-up or routine appointment as soon as needed



2018

2019

2017

Getting Care Quickly Composite					
				2018	2019
	2017	2018	2019	QC Avg.	UHC Avg.
Global proportion	79.30%	80.52%	82.11%	82.09%	82.89%
Mean score	2.4067	2.4227	2.4677	2.4201	2.4428

Please refer to page 14 for statistical references and footnotes.

2019 CAHPS® 5.0H Member Survey | Adult Medicaid 12430 - UnitedHealthcare Community Plan (LA)



Getting Care Quickly

Voice of the Member (DSS National Sample)

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

Q4. Got urgent care as soon as needed

(Got urgent care as soon as needed - PCP)

Member poll

PRIMARY CARE DOCTOR VISIT

How long do members expect to wait for an URGENT CARE appointment to see a primary care doctor?

Most expect to see a primary care doctor within two days for an urgent care issue.

Q6. Got check-up or routine appointment as soon as needed (Got check-up or routine care as soon as needed - PCP)

Member poll

PRIMARY CARE DOCTOR VISIT

How long do members expect to wait for a ROUTINE CARE appointment to see a primary care doctor?

Most expect to wait one to two weeks for a routine care appointment with a primary care doctor, but would wait up to three months for an appointment.

Doctor or specialist visits

Compared to the 2018 plan result:

• None of the differences are significant.

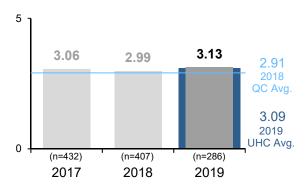
Compared to the 2018 QC Average:

· None of the differences are significant.

Compared to the 2019 UHC Average:

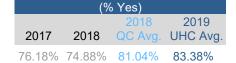
· None of the differences are significant.

Q7. Average number of visits to doctor's office or clinic

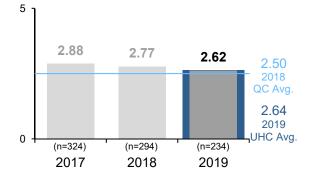


Q15. Have a personal doctor

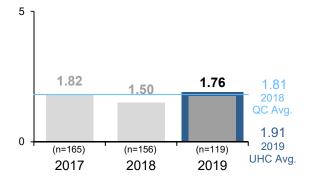




Q16. Average number of visits to personal doctor



Q26. Average number of specialists seen



How Well Doctors Communicate

Compared to the 2018 plan result:

None of the differences are significant.

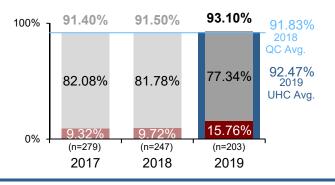
Compared to the 2018 QC Average:

· None of the differences are significant.

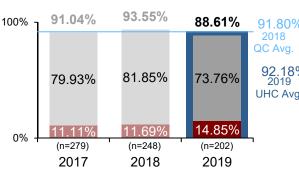
Compared to the 2019 UHC Average:

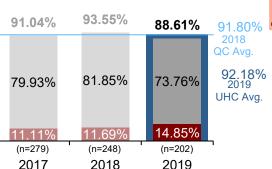
· None of the differences are significant.

Q17. Personal doctor explained things

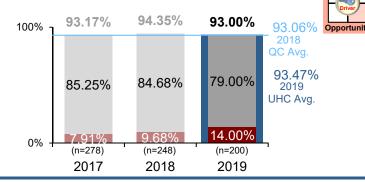


Q18. Personal doctor listened carefully

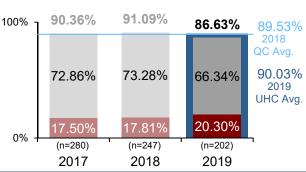




Q19. Personal doctor showed respect



Q20. Personal doctor spent enough time



2.6763

0% -	17.50%	17.81%	20.30			
U70 T	(n=280)	(n=247)	(n=202			
	2017	2018	201			
icate Composite						
	2018	20	19			
2019	QC Avg	J. UHC	Avg.			
90.34%	91.55%	6 92.0	92.04%			

2.6662

Please refer to page 14 for statistical references and footnotes.

Global proportion

Mean score



2017

91.49%

2.7152

How Well Doctors Commun

2018

92.62%

2.7302

35

2.6445

Always

Usually

How Well Doctors Communicate

Voice of the Member (DSS National Sample)

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

Q17. Personal doctor explained things

Improvement action

Provide clear explanation of treatments and procedures.

Use simple terms to ensure patients have a firm understanding of concepts.

Avoid actions or language that can be interpreted as condescending.

Collaborate with patients to find the best solution.

Listen to all of the patient's concerns.

Thoroughly answer all of the patient's questions related to their health care.

Make accommodations to overcome language barriers.

"My primary care physician was also acting as my OB/GYN. He explained that the abnormal results of a PAP required a visual inspection. That inspection warranted a biopsy of tissue. He was to the point and realistically described what it would feel like while he performed the procedures. He also further explained what the treatment would entail."

"My psychiatrist is an amazing doctor. Every time I see him, he talks in layman's terms so I can understand. But he never treats you or talks to you as if you're inferior."



"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."

"We need to ask questions or we don't get a response. I usually go in with a little notebook that I have made notes in so I don't forget about something that is bothering me. That way I feel like I have more control over my

"I was having a difficult time

understanding what the doctor was

actually saying because of the

language barriers and inability to

actually hear what he was saying.

After having him repeat several

times, I still could not understand."

How Well Doctors Communicate

Voice of the Member (DSS National Sample)

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

Q18. Personal doctor listened carefully

Improvement action

Maintain eye contact.

Demonstrate active listening by asking questions and making confirmatory statements.

Ensure that patients do not feel rushed when discussing their health.

Don't allow note taking or typing to become a distraction.

"Always look at me when I'm talking and not be looking at their computer. I want a conversation with my doctors, where they engage and ask questions about what I'm telling them to be sure they get all the facts."

"A doctor should not rush their explanations or rush the if I have questions." "Probably should wait to have a conversation with the patient until after the furious note taking has occurred."



Selected comments

"They shouldn't be messing with computers and tablets while we're talking. Taking notes on those devices is okay, but don't stare at the screen too much."

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



How Well Doctors Communicate

Voice of the Member (DSS National Sample)

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

Q19. Personal doctor showed respect

Improvement action

Show empathy for the patient's concerns.

Spend enough time with patients.

Encourage a dialog with the patient.

Greet patients courteously.

Demonstrate familiarity with the patient's history.

"Any mention of something that I have said previously makes me feel like they are listening, and I feel like a valued and respected patient."

"It would be nice if they said hello, looked at me and there that day."

"I would like a doctor to pencil in a little more time for the is when a One thing I don't like is when a doctor is juggling two or three patients at the same time."

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



"My last doctor didn't respect me. I had a from with my wrist hurting from problem with my wrist hurting sprobably this problem with my well, it's probably and arthritis. I was like, "Well, it's probably and arthritis," and just moved on and it, and she was like, and just moved on and it, and of arthritis, and just moved she was with kind of arthritis, anything else about it, with kind of arthritis, anything else was 't having a didn't speak of anything else that I wasn't having a just told me how concerned with."



How Well Doctors Communicate

Voice of the Member (DSS National Sample)

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

Q20. Personal doctor spent enough time

Improvement action

Be thorough to avoid the appearance of rushing the visit.

Ensure that all of the patients' concerns are addressed before concluding the visit.

"At the very least, I don't think a doctor should leave the exam room until he asks the patient if he or she has any other concerns or if they are satisfied with the appointment. That should be required!!"



"He never asked how I was feeling and was never there long enough. He could have listened, asked how I was feeling and when I asked him about my shoulder, he could have at least looked matter of fact, he opened the door, stood there meds, and left."

"My gastroenterologist tends to cut me off rush my questions and answers, and is every three months. There is no way gets discussed in 15 minutes."

"I have felt many times that I have been rushed out by a doctor. Basically, have the doctor there and take care of me, and after that, ask me if I have any concerns or questions about the issue, in a positive, overall caring attitude to help me out."

Shared Decision Making

Compared to the 2018 plan result:

· None of the differences are significant.

Compared to the 2018 QC Average:

· None of the differences are significant.

Compared to the 2019 UHC Average:

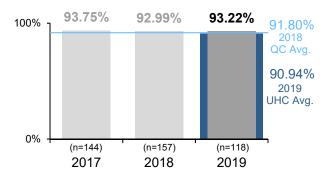
· None of the differences are significant.

Q9. Doctor discussed starting or stopping a prescription medicine

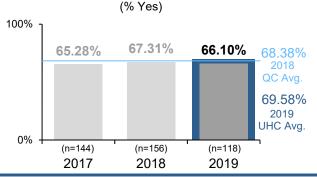


(% Yes)											
		2018	2019								
2017	2018	QC Avg.	UHC Avg.								
44.01%	50.48%	47.46%	49.06%								

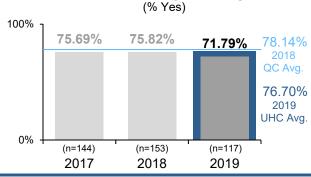
Q10. Doctor discussed reasons to take a medicine (% Yes)



Q11. Doctor discussed reasons <u>not</u> to take a medicine



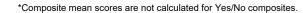
Q12. Doctor asked what you thought was best



Shared Decision Making Composite*										
				2018	2019					
	2017	2018	2019	QC Avg.	UHC Avg.					
Global proportion	78.24%	78.71%	77.04%	79.47%	79.07%					

Please refer to page 14 for statistical references and footnotes.

2019 CAHPS® 5.0H Member Survey | Adult Medicaid 12430 - UnitedHealthcare Community Plan (LA)



UnitedHealthcare*

Shared Decision Making

Voice of the Member (DSS National Sample)

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

Q10. Doctor discussed reasons to take a medicine Q11. Doctor discussed reasons not to take a medicine

Improvement action

Discuss potential side effects and involve the patient in the decision.

Build trust between the patient and doctor by involving the patient in the treatment plan.

Discuss various options with patients, including generic, over-thecounter and natural alternatives.



"She usually leads with a prescription, but because she knows I'm not interested in taking medication, she often follows up with a list of natural remedies or vitamins that will also provide the desired result."

"I believe it's very important that your physician is a partner with you in helping to improve your health."

"I feel that this is very important. You
"I feel that this is very important in needed
"I feel that this able to speak of things and
should be able to skinds of the or her on doctor about those kinds on him or her on doctor about my doctor told trust him or her or doctor about the neard. If my doctor is neard. If would trust inon."

The heard. If my doctor told the near or her or her

Shared Decision Making

Voice of the Member (DSS National Sample)

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

Q12. Doctor asked what you thought was best

Improvement action

Build trust by promoting collaboration between doctors and patients.

Discuss lifestyle changes and natural alternatives.

Engage in a dialog about the patient's experience with their medications.

"Whether they ask me or not, I always

"Whether they ask me or not, I always

tell them what I think about the

tell them what I think about the

medications they want to give me. I

medications they want to give me. I

medications without

refuse to take any medications without

refuse to take any medications with diet,

refuse to take any medications."

trying to naturally help myself with diet,

exercise or specific supplements."

"My OB/GYN always took cues from me. While trying to treat my bipolar safely in pregnancy, if I wanted to up my dose, he did within safe parameters. It helps that I when I had gestational diabetes I tracked say if my sugars had been high."

"I think most doctors don't listen. They often think they understand the medication better than we do, but they don't always understand the effects of taking meds over a and it is no longer as effective."



"I am usually the one who initiates the medication talk initiates the medication working about what I feel isn't working or is working. It is rare that any doctor has asked me my any doctor has asked opinion of my medication. I opinion of the would."

Health Promotion and Education

Compared to the 2018 plan result:

• The difference is not significant.

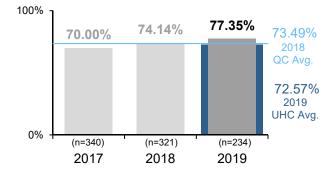
Compared to the 2018 QC Average:

• The difference is not significant.

Compared to the 2019 UHC Average:

• The difference is not significant.

Q8. Doctor discussed ways to prevent illness (% Yes)



Coordination of Care

Compared to the 2018 plan result:

• The difference is not significant.

Compared to the 2018 QC Average:

· The difference is not significant.

Compared to the 2019 UHC Average:

• Doctor seemed informed about care from other providers is significantly lower.

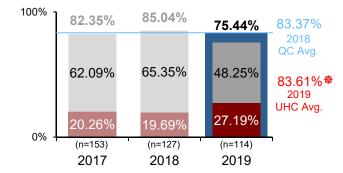
Q21. Received care from doctor or health provider besides personal doctor



(% Yes)											
		2018	2019								
2017	2018	QC Avg.	UHC Avg.								
55.91%	53.09%	60.32%	63.00%								

Q22. Personal doctor seemed informed about care from other providers

Always Usually



Coordination of Care

Voice of the Member (DSS National Sample)

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

Q22. Personal doctor seemed informed about care from other providers

Improvement action

Review records to avoid misstatements.

Ensure that medical records are up to date.

"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 provider that the patient already knows well."

Flu Vaccinations for Adults Ages 18-64

Compared to the 2018 plan result:

• Flu shot is significantly higher.

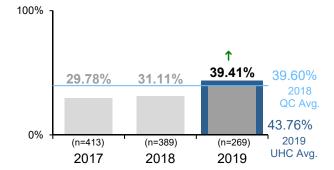
Compared to the 2018 QC Average:

• The difference is not significant.

Compared to the 2019 UHC Average:

• The difference is not significant.

Q38. Received a flu shot or spray since July 1 (of previous year) (% Yes)



Medical Assistance with Smoking and Tobacco Use Cessation

2018/2019 compared to the 2017/2018 plan result:

None of the differences are significant.

2018/2019 compared to the 2018 QC Average:

· Advising smokers and tobacco users to guit and discussing cessation medications are significantly lower.

2018/2019 compared to the 2019 UHC Average:

· Advising smokers and tobacco users to quit and discussing cessation medications are significantly lower.

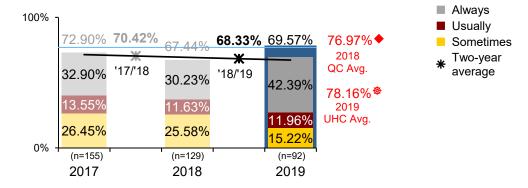
Q39. Currently smoke cigarettes/use tobacco



(% Every day or Some days)											
		2018	2019								
2017	2018	QC Avg.	UHC Avg.								
25.000/	22 470/	20.060/	20 520/								

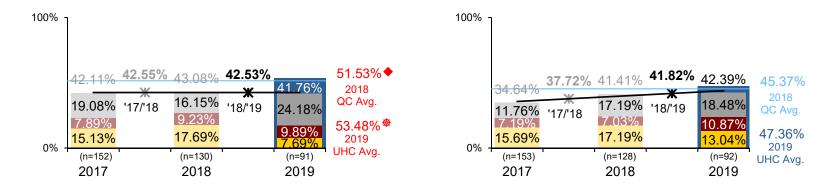
35.99% 33.17% 30.86% 30.52%

Q40. Advising Smokers and **Tobacco Users to Quit***



Q41. Discussing Cessation Medications*

Q42. Discussing Cessation Strategies*

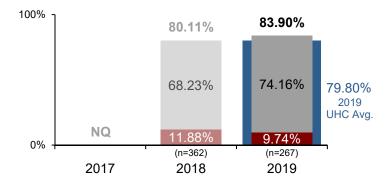


Please refer to page 14 for statistical references and footnotes.

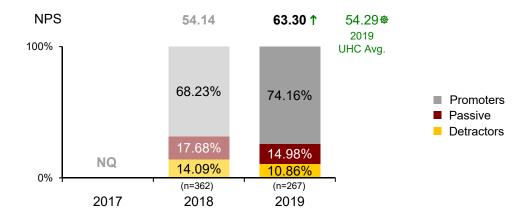
Health plan loyalty

Q63. Likelihood to recommend to family or friends

■ 9 or 10 ■ 8

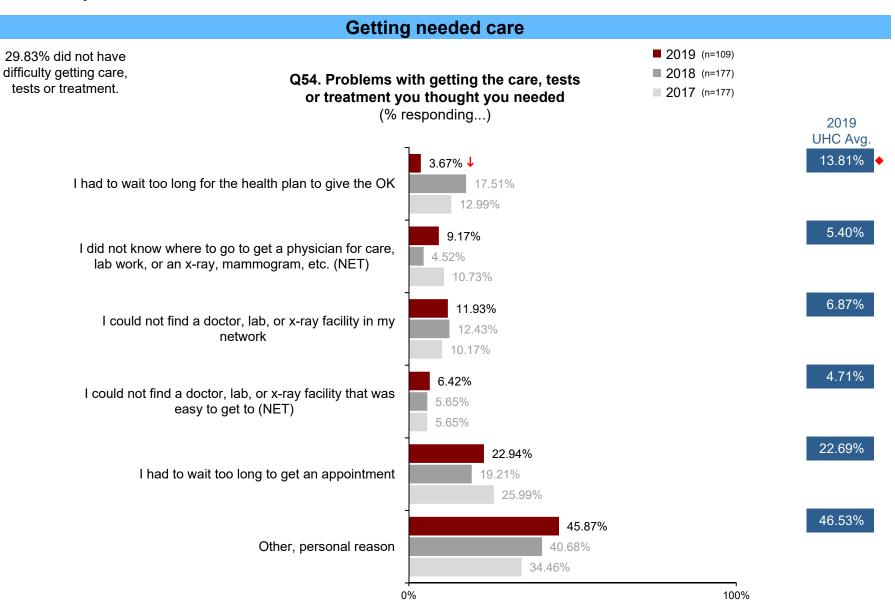


Net Promoter Score (NPS)*





^{*} NPS = Promoters (% 9 or 10) minus Detractors (% 0-6) rating on likelihood to recommend plan (Q63) where 0 is not at all likely and 10 is extremely likely. Please refer to page 14 for statistical references and footnotes.



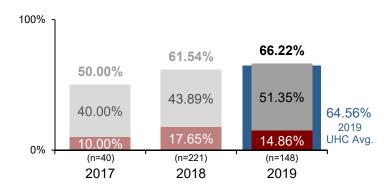


After-hours care

44.75% did not call after hours.

Q55. Got the help you wanted

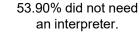


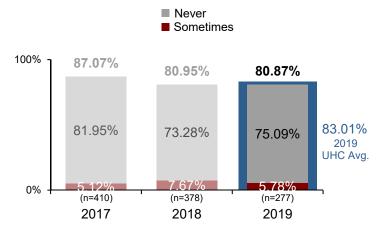


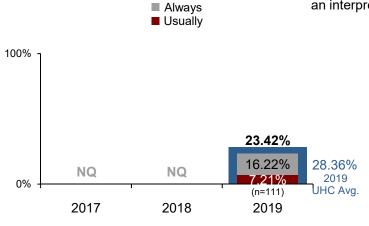
Language or cultural barriers

Q56. Hard to find a doctor who speaks your preferred language

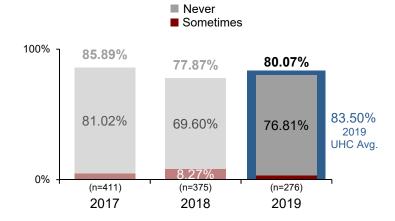
Q57. Got an interpreter when needed





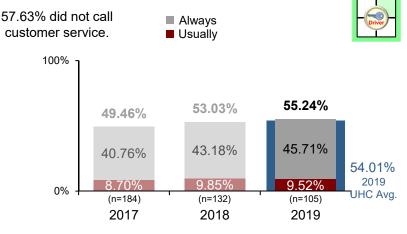


Q58. Hard to find a doctor who understands your culture

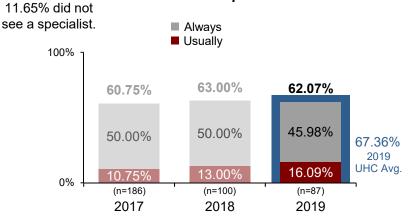


Mental health or substance abuse services

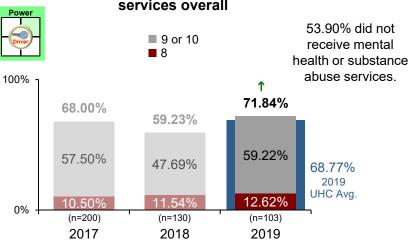
Q59. Customer service staff was helpful and provided help needed



Q61. Easy to get appointment with mental health specialist

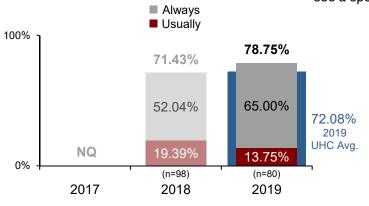


Q60. Mental health or substance abuse services overall



Q62. Providers were helpful

15.53% did not see a specialist.



Appendix A Member profile



Member profile

	2017	2018	2019	2018 QC Avg.	2019 UHC Avg.				
Member health									
Overall health (Q36)									
Excellent/Very good	33.48%	35.50%	32.98%	32.88%	29.75%				
Good	31.67%	29.25%	28.42%	33.07%	33.36%				
Fair/Poor	34.84%	35.25%	38.60%	34.05%	36.89%				
Overall mental/emotional health (Q37)									
Excellent/Very good	48.30%	47.00%	37.15%↓	42.71%	38.35%				
Good	22.22%	25.25%	31.60%	29.07%	30.38%				
Fair/Poor	29.48%	27.75%	31.25%	28.22%	31.27%				
Got health care three or more times for the same condition or problem in the last six months (Q43)	34.03%	37.34%	41.26%	36.76%	39.07%				
Condition or problem has lasted for at least three months (not including pregnancy or menopause) (Q44)	82.27%	80.56%	82.30%	83.18%	83.33%				
Now need or take medicine prescribed by a doctor (not including birth control) (Q45)	65.81%	65.05%	75.97%↑	66.47%◆	70.77% �				
Medicine is to treat a condition that has lasted for at least three months (not including pregnancy or menopause) (Q46)	91.82%	91.02%	89.95%	91.97%	91.61%				

Member profile

	2017	2018	2019	2018 QC Avg.	2019 UHC Avg.
	Member demographics				
Age (Q47)					
18-34	34.86%	30.23%	27.84%	27.89%	23.31%
35-44	18.12%	18.64%	14.78%	14.50%	12.93%
45-54	20.18%	21.41%	16.15%	19.71%	17.36%
55 or older	26.83%	29.72%	41.24%↑	37.90%	46.40%
Gender (Q48)					
Male	32.86%	33.25%	31.14%	38.29% ◆	36.69% 🏶
Female	67.14%	66.75%	68.86%	61.71% ◆	63.31% *
Education (Q49)					
High school or less	65.89%	68.35%	66.90%	61.48%	61.84%
Some college	27.80%	25.82%	25.17%	27.50%	28.06%
College graduate or more	6.31%	5.82%	7.93%	11.02%	10.10%
Race/ethnicity (Q50/Q51)					
White	46.19%	48.20%	50.18%	55.26%	65.76% 🏶
Hispanic or Latino	5.49%	5.13%	3.72%	18.27% ◆	13.99% 🌼
Black or African-American	51.96%	48.20%	48.76%	24.16% ◆	20.97% 🏶
Asian	1.85%	1.55%	1.06%	4.87% •	7.17% 🌞
Native Hawaiian or other Pacific Islander	1.15%	0.00%	0.35%	1.33% •	2.21% 🏺
American Indian or Alaska Native	3.93%	2.58%	4.59%	3.89%	4.32%
Other	5.77%	4.64%	5.30%	10.48% •	10.75% 🏶

Appendix B
Overall ratings and composite score summary tables

Overall ratings and composites – global proportions and summary rates

	2017	2018	2019	2018 QC Avg.	2019 UHC Avg.						
	Overall ratir			3,4							
Rating of Health Plan (Q35) (% 8, 9 or 10)	78.82%	80.70%	80.92%	77.02%	80.28%						
Rating of Health Care (Q13) (% 8, 9 or 10)	78.17%	77.04%	81.43%	74.63% ◆	78.05%						
Rating of Personal Doctor (Q23) (% 8, 9 or 10)	83.80%	82.35%	83.40%	81.45%	83.64%						
Rating of Specialist (Q27) (% 8, 9 or 10)	85.16%	85.91%	81.31%	82.12%	82.65%						
Overall ratings and composite scores											
Rating of Health Plan (Q35) (% 9 or 10)	64.92%	65.16%	66.43%	60.11% ◆	64.54%						
Rating of Health Care (Q13) (% 9 or 10)	61.36%	62.89%	60.34%	55.18%	57.98%						
Rating of Personal Doctor (Q23) (% 9 or 10)	72.27%	71.63%	67.66%	67.14%	70.36%						
Rating of Specialist (Q27) (% 9 or 10)	81.94%	72.48%	68.22%	67.06%	67.51%						
Customer Service (% Always or Usually)	87.95%	90.61%	87.80%	88.28%	89.55%						
Getting Needed Care (% Always or Usually)	79.83%	80.29%	83.05%	82.38%	83.66%						
Getting Care Quickly (% Always or Usually)	79.30%	80.52%	82.11%	82.09%	82.89%						
How Well Doctors Communicate (% Always or Usually)	91.49%	92.62%	90.34%	91.55%	92.04%						
Shared Decision Making (% Yes)	78.24%	78.71%	77.04%	79.47%	79.07%						
Health Promotion and Education (Q8) (% Yes)	70.00%	74.14%	77.35%	73.49%	72.57%						
Coordination of Care (Q22) (% Always or Usually)	82.35%	85.04%	75.44%	83.37%	83.61% 🏶						



Overall ratings and composites – mean scores

	2017	2018	2019	2018 QC Avg.	2019 UHC Avg.							
Ove	erall mean ratings:	0 - 10 scale										
Rating of Health Plan (Q35)	8.5353	8.6491	8.7527	8.4605◆	8.6444							
Rating of Health Care (Q13)	8.5988	8.4245	8.6709	8.3278◆	8.4680							
Rating of Personal Doctor (Q23)	8.8692	8.7716	8.8213	8.6666	8.7982							
Rating of Specialist (Q27)	9.0774	8.9463	8.4299	8.6928	8.6979							
Overall ratings and composite scores: Three-point mean scores												
Rating of Health Plan (Q35)	2.5034	2.5113	2.5406	2.4600	2.5291							
Rating of Health Care (Q13)	2.4956	2.4560	2.5021	2.4000 ◆	2.4523							
Rating of Personal Doctor (Q23)	2.6106	2.5917	2.6000	2.5500	2.6017							
Rating of Specialist (Q27)	2.7226	2.6443	2.5514	2.5599	2.5662							
Customer Service	2.6059	2.6675	2.6037	2.5741	2.6032							
Getting Needed Care	2.3916	2.4007	2.4068	2.3784	2.4031							
Getting Care Quickly	2.4067	2.4227	2.4677	2.4201	2.4428							
How Well Doctors Communicate	2.7152	2.7302	2.6445	2.6662	2.6763							
Health Promotion and Education (Q8)	2.4000	2.4829	2.5470	2.4698	2.4514							
Coordination of Care (Q22)	2.4444	2.5039	2.2368↓	2.4201 ◆	2.4287 🌞							



Key measures – global proportions and summary rates

	0047	2040	2010	2019	2019	2018	2019
	2017	2018	2019	Num.	Den.	QC Avg.	UHC Avg
Rating of Health Plan (Q35) (% 8, 9 or 10)	78.82%	80.70%	80.92%	229	283	77.02%	80.28%
Rating of Health Care (Q13) (% 8, 9 or 10)	78.17%	77.04%	81.43%	193	237	74.63% ◆	78.05%
Rating of Personal Doctor (Q23) (% 8, 9 or 10)	83.80%	82.35%	83.40%	196	235	81.45%	83.64%
Rating of Specialist (Q27) (% 8, 9 or 10)	85.16%	85.91%	81.31%	87	107	82.12%	82.65%
Net Promoter Score (NPS)*		54.14	63.30 ↑		267		54.29
Customer Service (% Always or Usually)	87.95%	90.61%	87.80%		82	88.28%	89.55%
Q31. CS provided needed information or help	81.70%	84.62%	80.49%	66	82	82.47%	84.05%
Q32. CS treated member with courtesy and respect	94.19%	96.61%	95.12%	78	82	94.09%	95.04%
Getting Needed Care (% Always or Usually)	79.83%	80.29%	83.05%		177	82.38%	83.66%
Q25. Got appointment with specialist as soon as needed	72.89%	76.92%	77.97%	92	118	80.36%	80.78%
Q14. Ease of getting care, tests or treatment	86.76%	83.65%	88.14%	208	236	84.59%	86.54%
Getting Care Quickly (% Always or Usually)	79.30%	80.52%	82.11%		176	82.09%	82.89%
Q4. Got urgent care as soon as needed	79.17%	80.30%	83.58%	112	134	84.55%	85.00%
Q6. Got check-up or routine appointment as soon as needed	79.43%	80.74%	80.65%	175	217	79.91%	80.78%
How Well Doctors Communicate (% Always or Usually)	91.49%	92.62%	90.34%		202	91.55%	92.04%
Q17. Personal doctor explained things	91.40%	91.50%	93.10%	189	203	91.83%	92.47%
Q18. Personal doctor listened carefully	91.04%	93.55%	88.61%	179	202	91.80%	92.18%
Q19. Personal doctor showed respect	93.17%	94.35%	93.00%	186	200	93.06%	93.47%
Q20. Personal doctor spent enough time	90.36%	91.09%	86.63%	175	202	89.53%	90.03%
Shared Decision Making (% Yes)	78.24%	78.71%	77.04%		118	79.47%	79.07%
Q10. Doctor discussed reasons to take a medicine	93.75%	92.99%	93.22%	110	118	91.80%	90.94%
Q11. Doctor discussed reasons not to take a medicine	65.28%	67.31%	66.10%	78	118	68.38%	69.58%
Q12. Doctor asked what you thought was best	75.69%	75.82%	71.79%	84	117	78.14%	76.70%
Health Promotion and Education (Q8) (% Yes)	70.00%	74.14%	77.35%	181	234	73.49%	72.57%
Coordination of Care (Q22) (% Always or Usually)	82.35%	85.04%	75.44%	86	114	83.37%	83.61%
Flu Vaccinations for Adults Ages 18-64 (Q38) (% Yes)	29.78%	31.11%	39.41%↑	106	269	39.60%	43.76%
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Two-year average)		2017/2018	2018/2019				
Q40. Advising Smokers and Tobacco Users to Quit		70.42%	68.33%	151	221	76.97% 🔷	78.16%
Q41. Discussing Cessation Medications		42.55%	42.53%	94	221	51.53% 🔷	53.48%
Q42. Discussing Cessation Strategies		37.72%	41.82%	92	220	45.37%	47.36%

Please refer to page 14 for statistical references and footnotes.

UnitedHealthcare*

recommend plan (Q63) where 0 is not at all likely and 10 is extremely likely.

Overall ratings and composites – percentiles

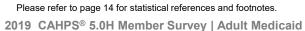
	National Percentiles from										
	<u>2019</u>	<u>Plan</u>			2018 Q	uality Co	ompass ((Adult M	edicaid)		
	Score	Percentile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Rating of Health Plan (Q35) (% 8, 9 or 10)	80.92%	75th	68.69	71.51	74.13	74.64	77.47	79.30	80.19	82.41	84.73
Rating of Health Care (Q13) (% 8, 9 or 10)	81.43%	90th	67.43	69.36	71.72	72.87	74.80	76.47	77.37	80.00	81.65
Rating of Personal Doctor (Q23) (% 8, 9 or 10)	83.40%	67th	75.22	75.84	78.94	80.37	81.76	83.33	83.80	85.71	87.37
Rating of Specialist (Q27) (% 8, 9 or 10)	81.31%	33rd	76.28	77.60	79.63	80.59	82.39	83.66	84.16	86.55	87.80
Customer Service (% Always or Usually)	87.80%	33rd	84.45	85.02	86.34	87.40	88.52	89.58	90.03	90.69	91.73
Q31. CS provided needed information or help	80.49%	25th	76.47	77.68	80.13	80.67	82.93	84.03	84.96	87.07	87.67
Q32. CS treated member with courtesy and respect	95.12%	50th	90.73	91.35	92.40	93.20	94.50	95.39	95.80	96.84	97.04
Getting Needed Care (% Always or Usually)	83.05%	33rd	74.38	76.87	79.87	81.11	83.12	84.71	85.19	86.89	88.48
Q25. Got appointment with specialist as soon as needed	77.97%	25th	71.19	74.23	77.30	78.28	80.53	82.61	83.93	85.84	86.92
Q14. Ease of getting care, tests or treatment	88.14%	75th	76.65	78.07	81.86	83.49	85.23	87.33	87.80	89.81	90.67
Getting Care Quickly (% Always or Usually)	82.11%	33rd	74.41	75.73	79.51	81.25	82.48	84.38	84.76	86.96	88.35
Q4. Got urgent care as soon as needed	83.58%	33rd	76.74	78.10	81.76	82.83	84.78	86.86	87.36	90.37	92.12
Q6. Got check-up or routine appointment as soon as needed	80.65%	50th	71.72	73.08	76.71	78.41	80.26	82.41	83.33	85.55	86.70
How Well Doctors Communicate (% Always or Usually)	90.34%	25th	87.55	88.61	90.17	90.69	91.62	92.64	93.11	94.08	94.93
Q17. Personal doctor explained things	93.10%	50th	87.86	88.50	90.24	90.80	92.00	93.24	93.82	94.85	95.31
Q18. Personal doctor listened carefully	88.61%	5th	87.82	88.63	90.00	90.79	92.04	93.07	93.53	94.79	95.63
Q19. Personal doctor showed respect	93.00%	33rd	89.20	90.58	91.77	92.20	93.13	93.99	94.43	95.56	96.21
Q20. Personal doctor spent enough time	86.63%	10th	84.21	85.55	87.80	88.48	89.80	90.99	91.40	92.69	93.80
Shared Decision Making (% Yes)	77.04%	10th	73.51	75.23	77.89	78.71	79.84	80.74	81.91	83.05	84.17
Q10. Doctor discussed reasons to take a medicine	93.22%	50th	85.91	88.32	89.93	90.58	92.24	93.55	93.91	95.02	96.12
Q11. Doctor discussed reasons not to take a medicine	66.10%	25th	59.30	61.12	65.89	66.88	69.60	71.05	71.94	73.57	75.23
Q12. Doctor asked what you thought was best	71.79%	5th	70.53	73.68	75.55	76.40	78.14	80.13	80.76	83.49	84.18
Health Promotion and Education (Q8) (% Yes)	77.35%	75th	66.67	68.54	71.03	72.07	73.57	75.14	76.10	78.43	79.87
Coordination of Care (Q22) (% Always or Usually)	75.44%	<5th	77.27	78.41	80.75	82.35	83.33	85.04	86.10	87.68	88.68
Flu Vaccinations for Adults Ages 18-64 (Q38) (% Yes)	39.41%	50th	27.84	31.37	34.66	35.98	38.95	42.57	44.30	48.66	50.82
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Two-year average)											
Q40. Advising Smokers and Tobacco Users to Quit	68.33%	5th	65.31	70.42	73.84	75.50	77.50	79.37	80.87	83.47	85.10
Q41. Discussing Cessation Medications	42.53%	10th	35.94	40.94	46.71	48.98	51.07	54.55	57.63	62.57	65.79
Q42. Discussing Cessation Strategies	41.82%	25th	33.33	36.36	40.52	42.40	44.76	47.69	49.68	57.26	58.15
Other reported measures (% Always or Usually)											
Q29. Written materials or Internet provided needed information	68.25%	33rd	60.78	61.07	66.94	67.35	68.55	70.75	71.90	75.19	75.63
Q34. Health plan forms were easy to fill out	97.11%	95th	91.32	91.89	93.17	93.58	94.53	95.29	95.68	96.34	96.88

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



Overall ratings and composites – demographic analysis

		n <u>g of</u> n Plan	<u>Ratir</u> <u>Health</u>		<u>Health</u> <u>Status</u>		<u>Mental</u> <u>Health Status</u>		<u>Sur</u> <u>T</u> y	<u>vey</u> pe
	8-10	0-7	8-10	0-7	Excellent or Very good	Good, Fair or Poor	Excellent or Very good	Good, Fair or Poor	Mail	Phone
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
Total respondents	229	54	193	44	94	191	107	181	170	125
Rating of Health Plan (Q35) (% 8, 9 or 10)	100% B	0.00%	91.85%D	51.16%	84.78%	78.69%	83.96%	78.61%	81.25%	80.49%
Rating of Health Care (Q13) (% 8, 9 or 10)	88.48%B	41.67%	100% D	0.00%	92.54%F	77.30%	91.14%H	75.82%	79.86%	83.67%
Rating of Personal Doctor (Q23) (% 8, 9 or 10)	88. 59 %B	60.47%	91.46%D	54.05%	87.84%	80.65%	87.65%	80.79%	84.89%	81.25%
Rating of Specialist (Q27) (% 8, 9 or 10)	88.10%	50.00%	87.34%	66.67%	82.61%	79.75%	84.62%	78.46%	85.07%	75.00%
Customer Service (% Always or Usually)	90.28%	73.90%	89.66%	85.45%	81.58%	89.34%	85.04%	88.92%	90.20%	85.92%
Q31. CS provided needed information or help	82.09%	69.23%	82.76%	NR	68.42%	83.61%	77.78%	81.48%	86.11%	76.09%
Q32. CS treated member with courtesy and respect	98.46%	78.57%	96.55%	90.91%	94.74%	95.08%	92.31%	96.36%	94.29%	95.74%
Getting Needed Care (% Always or Usually)	86.43%B	65.28%	87.51%D	69.81%	82.39%	83.10%	84.60%	82.43%	86.86 % J	76.87%
Q25. Got appointment with specialist as soon as needed	80.22%	66.67%	81.82%	71.43%	70.83%	79.78%	75.61%	78.67%	83.78%	68.18%
Q14. Ease of getting care, tests or treatment	92.63%B	63.89%	93.19% □	68.18%	93.94%	86.42%	93.59%	86.18%	89.93%	85.57%
Getting Care Quickly (% Always or Usually)	85.07 %B	64.58%	89.40%D	66.90%	81.32%	81.91%	82.89%	81.57%	86.43%	76.36%
Q4. Got urgent care as soon as needed	87.85%	62.50%	93.62%	65.38%	83.33%	83.02%	86.84%	81.52%	88.31%	77.19%
Q6. Got check-up or routine appointment as soon as needed	82.29%	66.67%	85.19%D	68.42%	79.31%	80.79%	78.95%	81.62%	84.55%	75.53%
How Well Doctors Communicate (% Always or Usually)	92.15%	81.43%	94.62%D	71.97%	97.70%F	87.62%	96.43 % H	87.50%	92.06%	87.84%
Q17. Personal doctor explained things	95.00%	82.86%	96.08%D	81.58%	98.18%F	91.55%	96.88%	91.91%	95.83%	89.16%
Q18. Personal doctor listened carefully	89.38%	82.86%	92.90% □	69.44%	98.18%F	85.11%	95.31%н	85.19%	90.83%	85.37%
Q19. Personal doctor showed respect	94.94%	85.71%	96.69%D	76.32%	98.15%F	90.71%	98.36% н	90.44%	93.22%	92.68%
Q20. Personal doctor spent enough time	89.31%	74.29%	92.81%□	60.53%	96.30%F	83.10%	95.16% н	82.48%	88.33%	84.15%
Shared Decision Making (% Yes)	76.37%	79.87%	79.65%	69.22%	82.33%	75.98%	77.79%	76.47%	80.76%	70.67%
Q10. Doctor discussed reasons to take a medicine	92.47%	100%	93.55%	91.67%	93.10%	93.10%	96.88%	91.76%	98.65%J	84.09%
Q11. Doctor discussed reasons not to take a medicine	64.89%	71.43%	69.57%	56.00%	72.41%	65.52%	68.75%	64.71%	70.67%	58.14%
Q12. Doctor asked what you thought was best	71.74%	68.18%	75.82%	60.00%	81.48%	69.32%	67.74%	72.94%	72.97%	69.77%
Health Promotion and Education (Q8) (% Yes)	77.78%	72.22%	79.37%	67.44%	84.85%F	73.75%	79.49%	75.33%	81.62%	71.43%
Coordination of Care (Q22) (% Always or Usually)	74.12%	76.00%	79.76%	62.96%	82.61%	73.56%	75.86%	75.90%	75.00%	76.09%
Flu Vaccinations for Adults Ages 18-64 (Q38) (% Yes)	37.26%	46.00%	42.13%	43.59%	34.44%	42.77%	35.92%	41.10%	42.86%	34.78%
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Two-year average)										
Q40. Advising Smokers and Tobacco Users to Quit	69.59%	68.18%	77.52%	69.57%	58.33%	71.97%	63.16%	71.03%	70.45%	65.17%
Q41. Discussing Cessation Medications	46.15%	33.33%	53.54%□	36.96%	41.67%	43.31%	42.31%	42.66%	44.03%	40.23%
Q42. Discussing Cessation Strategies	45.56%	31.82%	54.76%D	32.61%	36.67%	44.52%	40.51%	42.55%	42.11%	41.38%



12430 - UnitedHealthcare Community Plan (LA)

Overall ratings and composites – demographic analysis

	<u>Age</u>			<u>Ge</u>	<u>nder</u>	Educ	cation		Race		Ethnicity	
	18-34	35-44	45-54	55+	Male	Female	High school or less	Some college or more	White	Black or African- American	Other	Hispanic
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Total respondents	81	43	47	120	90	199	194	96	142	138	6^	10^
Rating of Health Plan (Q35) (% 8, 9 or 10)	78.75%	76.19%	82.98%	83.04%	79.55%	81.15%	83.07%	76.09%	81.43%	81.68%	NR	NR
Rating of Health Care (Q13) (% 8, 9 or 10)	87.72%	82.35%	73.17%	80.58%	86.57%	79.39%	79.35%	84.81%	85.47%	77.19%	NR	NR
Rating of Personal Doctor (Q23) (% 8, 9 or 10)	83.61%	84.62%	83.78%	83.16%	81.16%	84.47%	84.62%	81.58%	83.19%	85.71%	NR	NR
Rating of Specialist (Q27) (% 8, 9 or 10)	77.27%	68.75%	83.33%	87.27%	85.19%	80.26%	85.29%	75.00%	80.00%	86.96%	NR	NR
Customer Service (% Always or Usually)	84.21%	72.76%	100%	90.79%	84.96%	88.57%	89.47%	84.00%	84.80%	90.70%	NR	NR
Q31. CS provided needed information or help	78.95%	53.85%	100%	84.21%	78.26%	80.70%	82.46%	76.00%	75.00%	86.05%	NR	NR
Q32. CS treated member with courtesy and respect	89.47%	91.67%	100%	97.37%	91.67%	96.43%	96.49%	92.00%	94.59%	95.35%	NR	NR
Getting Needed Care (% Always or Usually)	89.55%B	64.39%	75.29%	88.04%B	80.64%	84.11%	84.13%	81.39%	80.51%	86.89%	NR	NR
Q25. Got appointment with specialist as soon as needed	82.61%	50.00%	70.59%	86.67%	83.33%	76.19%	81.08%	73.17%	72.13%	86.27%	NR	NR
Q14. Ease of getting care, tests or treatment	96.49% ^B C	78.79%	80.00%	89.42%	77.94%	92.02%E	87.18%	89.61%	88.89%	87.50%	NR	NR
Getting Care Quickly (% Always or Usually)	76.34%	85.94%	76.75%	87.05%	84.64%	81.15%	82.93%	80.89%	83.97%	81.95%	NR	NR
Q4. Got urgent care as soon as needed	75.76%	93.75%	76.00%	89.66%	88.57%	82.29%	83.33%	85.71%	83.82%	86.44%	NR	NR
Q6. Got check-up or routine appointment as soon as needed	76.92%	78.13%	77.50%	84.44%	80.70%	80.00%	82.52%	76.06%	84.11%	77.45%	NR	NR
How Well Doctors Communicate (% Always or Usually)	93.89%	85.53%	85.71%	91.75%	85.86%	91.83%	88.54%	93.56%	91.56%	89.47%	NR	NR
Q17. Personal doctor explained things	100% C	83.87%	85.71%	95.51%	89.47%	94.33%	91.79%	95.45%	95.00%	91.49%	NR	NR
Q18. Personal doctor listened carefully	91.11%	84.38%	88.57%	88.64%	87.72%	88.73%	86.57%	92.42%	91.18%	86.96%	NR	NR
Q19. Personal doctor showed respect	97.78%	90.00%	88.57%	93.10%	91.23%	93.48%	91.60%	95.45%	93.94%	91.40%	NR	NR
Q20. Personal doctor spent enough time	86.67%	83.87%	80.00%	89.77%	75.00%	90.78% €	84.21%	90.91%	86.14%	88.04%	NR	NR
Shared Decision Making (% Yes)	80.00%	69.49%	79.17%	78.21%	78.06%	76.64%	74.89%	81.68%	77.60%	79.09%	NR	NR
Q10. Doctor discussed reasons to take a medicine	96.67%	78.95%	93.75%	96.15%	96.67%	91.76%	94.52%	90.91%	93.44%	94.34%	NR	NR
Q11. Doctor discussed reasons not to take a medicine	60.00%	68.42%	81.25%	65.38%	63.33%	67.06%	63.01%	72.73%	67.21%	67.92%	NR	NR
Q12. Doctor asked what you thought was best	83.33%	61.11%	62.50%	73.08%	74.19%	71.08%	67.12%	81.40%	72.13%	75.00%	NR	NR
Health Promotion and Education (Q8) (% Yes)	75.44%	70.59%	80.00%	79.00%	79.10%	75.78%	76.47%	77.92%	74.56%	80.53%	NR	NR
Coordination of Care (Q22) (% Always or Usually)	76.92%	81.25%	69.57%	75.00%	58.06%	81.25%E	73.97%	77.50%	77.78%	74.47%	NR	NR
Flu Vaccinations for Adults Ages 18-64 (Q38) (% Yes)	29.87%	34.88%	44.44%	45.63%A	43.53%	37.02%	39.43%	38.71%	41.79%	39.34%	NR	NR
Medical Assistance with Smoking and Tobacco Use Cessa (% Always, Usually or Sometimes) (Two-year average)	tion											
Q40. Advising Smokers and Tobacco Users to Quit	41.67%	67.57% A	75.93%A	78.95% A	68.89%	67.46%	69.01%	62.22%	62.30%	75.00%।	NR	NR
Q41. Discussing Cessation Medications	19.15%	38.46% A	51.85%A	52.63% A	40.00%	44.53%	43.86%	36.96%	36.89%	52.22%।	NR	NR
Q42. Discussing Cessation Strategies	21.74%	43.59% A	52.73%A	46.05% A	40.66%	42.19%	41.86%	42.22%	37.19%	51.11%।	NR	NR

Please refer to page 14 for statistical references and footnotes.



Appendix C SatisAction™ key driver statistical model

POWeR™ Chart shown in the executive summary on Page 7.1.

Instructions to access trAction™ Decision (Impact Analysis) Tool:

- 1. Log on to https://client.dssresearch.com using your current User Name and Password.
- 2. Contact DSS Research at 1-800-989-5150 if you do not have a User Name and Password.
- 3. Once on the portal, select Reporting and then Tools.
- 4. Select the trAction™ Decision Tool for access to the Impact Analysis Tool and to run "what if" scenarios.



Background

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. DSS Research has been successfully using this approach since 1997.

The model provides the following:

- Identification of the elements that are important in driving 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.

Methodology

Importance analysis. The importance analysis involves a multi-step process:

- Factor analysis is used to summarize the predictor set into a more manageable number of composite variables.
- Regression Model I is used to make preliminary estimates and identify leverage points and outliers.
- Leverage points and outliers are eliminated.
- Regression Model II is run on the remaining data to derive final estimates of the importance of the various satisfaction elements.

Factor Analysis. Factor analysis is used to reduce the number of items in the predictor set to a smaller set of underlying constructs or factors. It is necessary to go through this process because of the high degree of collinearity in the original data. This is a problem for the regression analysis to follow because regression assumes non-collinearity between predictor variables.

Regression Analysis. Regression analysis is then used to predict the rating of the health plan on the factors created in the previous step. As noted above, regression analysis is run in two steps. The first step is used to derive preliminary estimates of the importance of the various satisfaction elements and to identify outliers and leverage points. Those outliers and leverage points are eliminated before running the second regression model which produces final estimates of the importance of each satisfaction element.

Derived Importance. The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor are squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum is then rescaled so that the largest value (most important item) is 100 points, the smallest value is 0 points and the median value is 50 points.

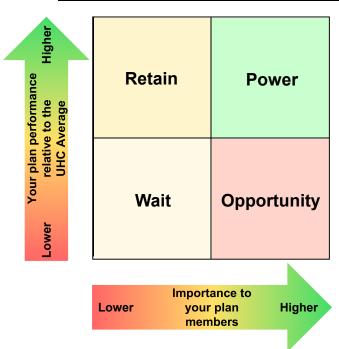
Performance analysis. To develop the performance scores, raw performance ratings for the plan are compared to the UHC Average and a relative percentile for each item in the model is computed for the plan.

Methodology

Classification matrix. Results of the modeling are presented in a classification matrix. The importance and performance results for each item in the model are plotted in a matrix like the one shown below. This matrix provides a quick summary of what is most important to your members and how your plan is doing on those items. The matrix is divided into four quadrants. The quadrants are defined by the point where the medians of the importance and performance scales intersect. The four quadrants can be interpreted as follows:

- Power. These items have a relatively large impact on the rating of the health plan and your performance levels on these items are high. Promote and leverage strengths in this quadrant.
- Opportunity. Items in this quadrant also have a relatively large impact on the rating of the health plan but your performance is below average. Focus resources on improving processes that underlie these items and look for a significant improvement in the rating of the health plan.
- Wait. Though these items still impact the rating of the health plan, they are somewhat less important than those that fall on the right hand side of the chart. Relatively speaking, your performance is low on these items. Dealing with these items can wait until more important items have been dealt with.
- Retain. Items in this quadrant also have a relatively small impact on the rating of the health plan but your performance is above average. Simply maintain performance on these items.

POWeR™ Chart classification matrix





Variables in the model

Variables from the CAHPS 5.0H survey that are important in determining member satisfaction are summarized below. This table also identifies the dependent variable (Q35 – Rating of health plan) and the independent or predictor variables. Finally, it shows how the variables are coded for the importance and the performance analyses.

Variables Used in the Model		Coding for Regression (Importance)					
Dependent Variable							
Q35	Rating of heath plan	0 through 10, All other = missing					
Independent Variables							
Q4	Got urgent care	Always = 4, Usually = 3, Sometimes = 2, Never = 1,					
Q6	Got routine care	All other = missing					
Q13	Health care overall	0 through 10, All other = missing					
Q14	Got care/tests/treatment						
Q17	Dr. explained things						
Q18	Dr. listened carefully	Always = 4, Usually = 3, Sometimes = 2, Never = 1,					
Q19	Dr. showed respect	All other = missing					
Q20	Dr. spent enough time						
Q22	Dr. informed about care						
Q23	Personal doctor overall	0 through 10, All other = missing					
Q25	Got specialist appt.	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing					
Q27	Specialist overall	0 through 10, All other = missing					
Q29	Info. provided in materials						
Q31	CS provided info./help						
Q32	CS courtesy/respect	Always = 4, Usually = 3, Sometimes = 2, Never = 1,					
Q34	Easy to fill out forms	All other = missing					
Q55	Got after-hours care						
Q59	CS helpful with mental health services						
Q60	Mental health services overall	0 through 10, All other = missing					

Results

Factor analysis. Factor analysis reduced the 19 highly-correlated model variables to 6 orthogonal (uncorrelated) factors that explain 66.4% of the variation in the original variables. This is necessary due to the strong relationships or correlation between certain variables. The table below shows the factor correlations or loadings. For readability, only those variables with correlations greater than 0.250 are displayed.

Factor Correlations with Survey Variables

			Factors				
Question	Survey Items	1	2	3	4	5	6
Q19	Dr. showed respect	0.864					
Q18	Dr. listened carefully	0.829					
Q20	Dr. spent enough time	0.748					
Q22	Dr. informed about care	0.743					
Q23	Personal doctor overall	0.708					
Q17	Dr. explained things	0.603	0.369				
Q6	Got routine care		0.801				
Q4	Got urgent care		0.720	0.290			
Q14	Got care/tests/treatment	0.360	0.619		0.254		
Q13	Health care overall	0.374	0.431			0.358	
Q27	Specialist overall			0.893			
Q29	Info. provided in materials		0.306	0.721			
Q25	Got specialist appt.	0.266	0.276	0.539			
Q31	CS provided info./help				0.855		
Q32	CS courtesy/respect			0.401	0.717		
Q55	Got after-hours care		0.263		0.564	0.331	
Q60	Mental health services overall					0.821	
Q59	CS helpful with mental health services					0.753	
Q34	Easy to fill out forms						0.948

Results

Regression analysis. The 6 factors identified in the previous step were used as predictors in a regression model with Q35, rating of the health plan, as the dependent variable. Regression was first run to test the model and identify any observations that have a high degree of leverage on the regression coefficients (disproportionately high degree of influence relative to others) as well as observations that can be considered outliers because of inconsistent responses.

The high leverage cases and outliers were removed and the regression model was rerun. The regression coefficients for each factor provide the second set of inputs necessary to determine the key drivers of the rating of the health plan. These coefficients provide estimates of the relative importance of each factor in determining the rating of the health plan. The table below shows the raw regression coefficients, beta coefficients (standardized regression coefficients) and the statistical significance of those coefficients. This model explains 37.5% of the variation in the dependent variable (R² = 0.375).

Regression Coefficients

Variable	Unstandardized Coefficients	Standardized (Beta) Coefficients	Significance Level
Constant	8.9364	0.0000	0.0000
Factor 1 Q19, Q18, Q20, Q22, Q23, Q17	0.3664	0.2456	0.0000
Factor 2 Q6, Q4, Q14, Q13	0.4511	0.3186	0.0000
Factor 3 Q27, Q29, Q25	0.3766	0.2434	0.0000
Factor 4 Q31, Q32, Q55	0.1977	0.1419	0.0041
Factor 5 Q60, Q59	0.5397	0.3696	0.0000
Factor 6 Q34	-0.0165	-0.0118	0.8106

Results

Derived importance. The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor were squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum was then rescaled so that the largest value (most important item) is 100 points, the smallest value is 0 points and the median value is 50 points.

Plan performance. To develop the performance scores, raw performance ratings for the plan are compared to the UHC Average and a relative percentile for each item in the model is computed for the plan.

Question	Survey Items	Importance	Performance
Q60	Mental health services overall	100	92
Q6	Got routine care	80	50
Q59	CS helpful with mental health services	79	58
Q27	Specialist overall	67	32
Q4	Got urgent care	67	32
Q19	Dr. showed respect	61	39
Q18	Dr. listened carefully	57	7
Q14	Got care/tests/treatment	53	75
Q29	Info. provided in materials	51	50
Q20	Dr. spent enough time	50	7
Q22	Dr. informed about care	48	7
Q17	Dr. explained things	45	61
Q13	Health care overall	43	82
Q23	Personal doctor overall	41	61
Q25	Got specialist appt.	36	21
Q55	Got after-hours care	34	33
Q31	CS provided info./help	34	25
Q32	CS courtesy/respect	33	43
Q34	Easy to fill out forms	0	89

Appendix D Gap analysis

Gap analysis

The flowchart on Page 91 shows how the items used in the calculation of the plan's 2019 estimated accreditation score perform relative to each other. When considering the flowchart, the following points should be noted:

- Overall ratings are shown in blue text.
- Composite scores are shown in red text.
- · Estimated percentiles are shown first.
- Estimated accreditation points are shown in the middle.
- Potential points remaining to receive the maximum accreditation points for each measure are shown third.
- A **green box** around an overall rating or composite indicates performance at or above the 90th percentile, receiving all accreditation points.
- Composite score components are shown in the black and red flowchart boxes.
- For each flowchart box:
 - The actual percent contributing is shown first. This is the percentage that a given question is actually contributing to the composite mean score. Each question in composite scores with two component questions can contribute a maximum of 50.0% to the composite mean score. Similarly, each question in composite scores with four component questions can contribute a maximum of 25.0% to the composite mean score.
 - The gap between the percent actually contributing and the maximum possible contribution percentage is shown second.
- A **red box** is around the component with the largest gap indicating the most potential to improve that composite. This displays what to focus on to increase a given composite mean score and, in turn, increase the plan's accreditation score.

Appendix E DSS Health Care Engagement Index™



DSS Health Care Engagement Index™

The **DSS Health Care Engagement Index™** is a semi-annual survey designed to track consumers' involvement in their personal care and the health care system overall. In building this index, DSS Research is capitalizing on its many years of experience understanding the health care consumer and the factors that contribute to their active engagement in health care decisions. No other firm has the depth of research and insight in



Engaged (22%)

These fully engaged consumers are living the healthiest lives possible and maximizing their health care dollars.

Involved (41%)

Although more involved in their health than most consumers, there is still room for improvement.

Reactive (30%)

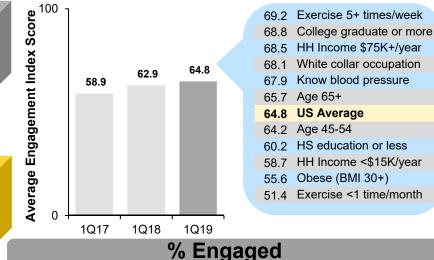
Some good habits are in place, but most consumers in this group react to problems as they arise rather than prevent their occurrence.

Disengaged (8%)

They are doing very little to manage their health. They lack knowledge regarding health care issues and aren't motivated to become more involved.

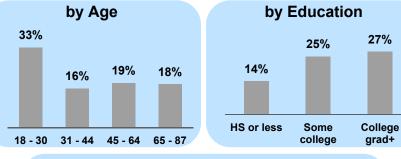
Score comparison	2019 Plan	~ ~	Disengaged Consumers
Rating of Health Plan (Q35) (% 8, 9 or 10)	81%	85%	22%
Rating of Personal Doctor (Q23) (% 8, 9 or 10)	83%	92%	53%
Overall health (Q36) (% Excellent or Very good)	33%	95%	19%
Overall mental/emotional health (Q37) (% Excellent or Very good)	37%	98%	38%
Currently smoke cigarettes/use tobacco (Q39) (% Every day or Some days)	33%	11%	32%

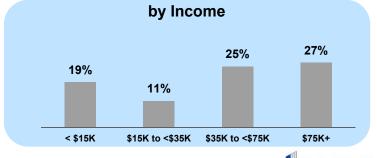
Focusing improvement efforts on engaging members in their personal care and the health care system overall will contribute to higher ratings.



(Average Engagement Index score of 80-100)

"Engaged" consumers are more likely to be age 18-30. college graduates or hold post-graduate degrees or have incomes of \$75K or more per year.





Appendix F Questionnaire

2019 CAHPS® 5.0H Member Survey

Child Medicaid – Children with Chronic Conditions

Prepared for:

12470 - UnitedHealthcare Community Plan (LA) July 2019

Prepared by:

DSS Research



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Background and objectives

Background. DSS has conducted the CAHPS® member survey since 1995. For participating plans (those who submit their data to NCQA) this information can be disclosed to the public and provides a direct comparison to other participating plans. The 2019 CAHPS 5.0H survey accurately captures customer feedback and expands the scope of information gathered relative to quality of care issues.

Objectives. Specific objectives of the 2019 CAHPS 5.0H member satisfaction survey include:

Determination of member ratings of:

- Health Plan Overall
- Health Care Overall
- Personal Doctor Overall
- Specialist Overall

Assessment of member perceptions related to:

- Customer Service (CS)
- Getting Needed Care (GNC)
- Getting Care Quickly (GCQ)
- How Well Doctors Communicate (HWDC)
- Shared Decision Making (SDM)
- Health Promotion and Education (HPE)
- Coordination of Care (CoC)

Standard measurement of all areas mentioned to facilitate meaningful comparisons among participating health plans.

2019 Dashboard

Overall ratings



Personal Doctor (Q41)

CCC 91.06%

GP 93.26%

Rating of

8, 9 or 10 - Best personal doctor possible

90.76%

2019

UHC Avg.



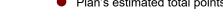


Rating of

8, 9 or 10 - Best specialist possible

Accreditation Score





2019

NCQA Health Insurance Plan Ratings

	Rating
Consumer Satisfaction	4.0
Getting Care	4.0
Satisfaction with Plan Physicians	4.5
Satisfaction with Plan Services	4.0

SatisAction™ key driver statistical model Key drivers of the rating of the health plan



	r romoto ana iororago on ongino
Q14	Health care overall
Q41	Personal doctor overall
Q48	Specialist overall
Q90	Mental health services overall
Q46	Got specialist appt.
Q56	Got prescriptions
Q40	Dr. informed about care
Q50	CS provided info./help
Q51	CS courtesy/respect
Q15	Got care/tests/treatment
Ор	portunities for improvement -
Focus res	ources on improving processes that
	underlie these items
	None
* 0	verall ratings are ton 3 scores (% 8, 9 and 10)

Power - Promote and leverage strengths

Resource for improvement: AHRQ best practices

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

13 points

12.8050

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



Overall ratings are top 3 scores (% 8, 9 and 10).

On the health plan rating, 12470 - UnitedHealthcare Community Plan (LA) performed similar to the 2018 plan result among the General Population and performed similarly among the 2019 CCC Population.

- About nine in 10 (90.84%) of the General population gave their health plan a rating of 8, 9 or 10 on a 0 to 10 scale, which is similar to last year and significantly higher than the 2019 Gen. Pop. UHC Average.
- Almost nine in 10 (87.31%) of the CCC population gave a rating of 8, 9 or 10, which is similar to last year and similar to the 2019 CCC Pop. UHC Average.
- The overall ratings and composite scores are summarized in the table below:

	Gen. Pop.			CCC Pop.				
	2018	2019	2019 UHC Avg.		2018	2019	2019 UHC Avg.	
Rating of Health Plan (Q54) (% 8, 9 or 10)	88.66%	90.84%	87.40%	•	84.51%	87.31%	86.46%	
Rating of Health Care (Q14) (% 8, 9 or 10)	89.53%	90.48%	89.47%		87.36%	86.97%	87.92%	
Rating of Personal Doctor (Q41) (% 8, 9 or 10)	89.32%	93.26%	90.76%	↑	89.01%	91.06%	91.06%	
Rating of Specialist (Q48) (% 8, 9 or 10)	87.04%	96.34%	88.61%	↑	84.11%	93.83%	89.25%	↑ •
Net Promoter Score (NPS)*	70.65	78.19	68.25	↑ ▲ ◆	67.16	68.55	66.89	
Customer Service (% Always or Usually)	89.38%	89.15%	88.94%		90.91%	88.44%	89.87%	
Getting Needed Care (% Always or Usually)	86.38%	92.31%	86.32%	↑ •	88.44%	90.62%	89.73%	
Getting Care Quickly (% Always or Usually)	94.52%	90.84%	90.39%		92.65%	93.82%	93.75%	
How Well Doctors Communicate (% Always or Usually)	93.16%	95.84%	94.18%		95.41%	95.20%	94.88%	
Shared Decision Making (% Yes)	76.03%	78.62%	79.28%		82.86%	83.95%	86.16%	
Health Promotion and Education (Q8) (% Yes)	72.32%	74.37%	71.36%		77.01%	79.70%	77.64%	
Coordination of Care (Q40) (% Always or Usually)	88.51%	82.76%	83.04%		82.85%	88.32%	83.65%	
Access to Prescription Medicine (% Always or Usually)	94.81%	92.25%	92.28%		93.74%	93.35%	92.51%	
Access to Specialized Services (% Always or Usually)	81.38%	80.01%	76.42%		79.74%	77.06%	77.12%	
FCC: Personal Doctor who Knows Child (% Yes)	90.89%	93.40%	91.43%		91.97%	93.32%	91.17%	
FCC: Getting Needed Information (% Always or Usually)	86.10%	92.63%	89.17%	↑	88.74%	93.31%	92.19%	↑
FCC: Coordination of Care (% Yes)	79.64%	71.61%	76.25%		79.90%	79.15%	77.78%	

*NPS = Promoters (% 9 or 10) minus Detractors (% 0-6) rating on likelihood to recommend plan (Q93) where 0 is not at all likely and 10 is extremely likely.



Key drivers of the rating of the health plan

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.

POWeR™ Chart classification matrix

Higher

Your plan performance relative to the UHC Average

Lower

Retain

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

Simply maintain performance on these items.

Power

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

Key for Composite Names in POWeR™ Chart (on page 7)

CS	Customer Service
GNC	Getting Needed Care
GCQ	Getting Care Quickly
HWDC	How Well Doctors Communicate
CoC	Coordination of Care
GNI	Getting Needed Information
APM	Access to Prescription Medicine

Wait

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

Opportunity

Items in this quadrant have a relatively large impact on the rating of the health plan but performance is below average.

Focus resources on improving processes that underlie these items.

Items throughout the report are marked with the following symbol for a key driver...



in the "Power" quadrant,



or

in the "Opportunity" quadrant.

Lower

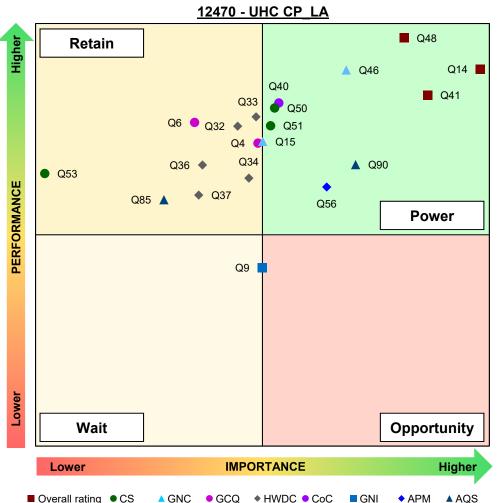
Importance to your plan members

Higher

Key drivers, estimated percentiles and estimated ratings

The key drivers of the rating of the health plan are presented in the POWeR™ Chart classification matrix below. 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. See Appendix C for more details.

POWeR™ Chart classification matrix



	Survey Measure	Score	Estimated Percentile	Estimated Rating
	Pow	er		
Q14	Health care overall*	90.98%	90th	5
Q41	Personal doctor overall*	92.88%	90th	5
Q48	Specialist overall*	93.39%	95th	5
Q90	Mental health services overall*	79.33%		
Q46	Got specialist appt.	87.59%	90th	5
Q56	Got prescriptions	93.04%	95th	5
Q40	Dr. informed about care	85.63%	67th	4
Q50	CS provided info./help	86.23%	67th	4
Q51	CS courtesy/respect	95.95%	75th	4
Q15	Got care/tests/treatment	93.99%	90th	5
	Opport	unity		
	None			
	Wa	it		
Q9	Dr. answered questions	92.15%	50th	3
	Reta	iin		
Q4	Got urgent care	93.72%	67th	4
Q33	Dr. listened carefully	96.74%	75th	4
Q34	Dr. showed respect	97.32%	75th	4
Q32	Dr. explained things	96.45%	75th	4
Q36	Dr. explained things for child	94.65%		
Q37	Dr. spent enough time	91.67%	67th	4
Q6	Got routine care	92.11%	75th	4
Q85	Got after-hours care	77.39%		
Q53	Easy to fill out forms	95.92%	75th	4

^{*} Overall ratings are top 3 scores (% 8, 9 and 10).





Estimated accreditation score

The CAHPS 5.0H portion of the HEDIS® accreditation score is determined by comparing plan results to the *NCQA Benchmarks* and *Thresholds*. Points are assigned to the overall ratings and composite scores according to accreditation year and percentile range in which the score falls. This plan currently oversamples at a rate of 40%.

				Points ³		
Survey Measure	Mean Score ¹	Estimated Percentile ²	Percentile Threshold ²	2019 Standards	IF no NAs	
Overall mean ratings						
Rating of Health Plan ⁴	2.7376	92.05%	90th	3.2500	2.8889	
Rating of Health Care	2.6921	92.49%	90th	1.6250	1.4444	
Rating of Personal Doctor	2.7921	93.29%	90th	1.6250	1.4444	
Rating of Specialist	2.8171	94.62%	90th	NA	1.4444	
Composite mean scores						
Customer Service	2.6604	90.82%	90th	1.6250	1.4444	
Getting Needed Care	2.6790	91.98%	90th	1.6250	1.4444	
Getting Care Quickly	2.7034	90.43%	90th	1.6250	1.4444	
Coordination of Care	2.5259	83.98%	75th	1.4300	1.2711	
Total points				12.8050	12.8264	

estimated total
oversample needed
to achieve maximum
measure of points in 2020,
based on 2019 performance:

71%

Additional oversampling IS recommended

Points are assigned by percentile threshold as follows (if all measures are valid – denominator of at least 100)3:

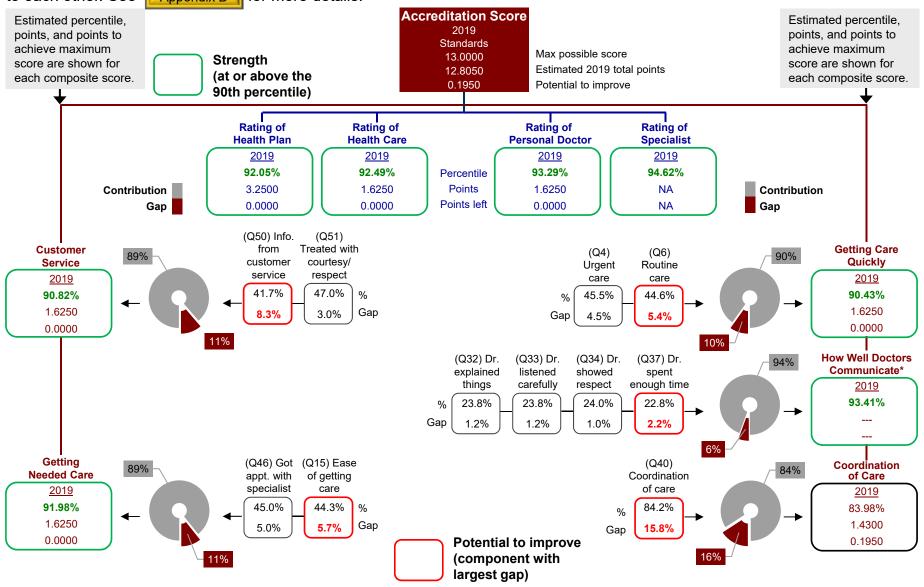
Percentile Threshold	Percentile	Points ³
90 th	Greater than or equal to 90 th percentile	1.4444
75 th	Greater than or equal to 75th percentile but less than 90th percentile	1.2711
50 th	Greater than or equal to 50 th percentile but less than 75 th percentile	0.9822
25 th	Greater than or equal to 25th percentile but less than 50th percentile	0.5778
<25 th	Less than 25 th percentile	0.2889
	Maximum number of points	13.0000

Notes

- 1 Overall ratings and composite measures are converted to a mean score using a 1 to 3 scale in the accreditation score calculation according to NCQA-defined guidelines.
- ² The percentiles and percentile thresholds shown here are estimates and may change when the mid-year update is released, usually in September.
- ³ NCQA will assign a measure result of NA and not assign accreditation points 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. The measure is removed for scoring purposes and the points are redistributed among the remaining measures.
- ⁴ Rating of Health Plan is worth twice the points in each percentile band, i.e., 2.6000, 2.2880, 1.7680, 1.0400 and 0.5200, respectively.



The flowchart below shows how the items used in the calculation of the plan's 2019 estimated accreditation score perform relative to each other. See Appendix D for more details.

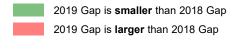


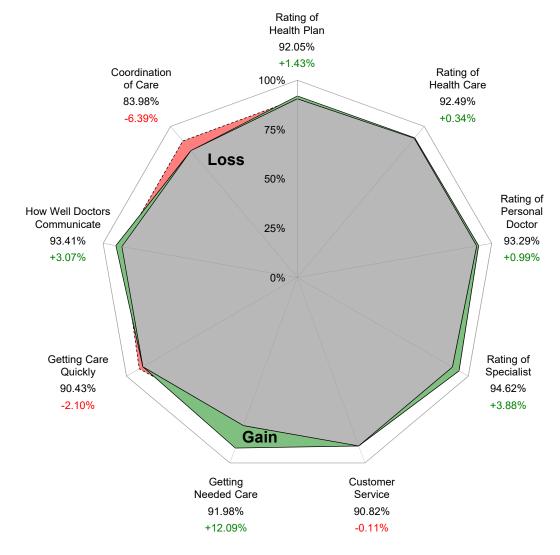
Please refer to page 15 for statistical references and footnotes.

* The How Well Doctors Communicate composite was removed from accreditation scoring in 2015.

Percentile gap analysis. The percentile gap is the difference between the maximum possible percentile (100) and the estimated percentile achieved.

- The percentile gap was closed compared to last year on the following measures:
 - Getting Needed Care
 - Rating of Specialist
 - How Well Doctors Communicate
 - Rating of Health Plan
 - Rating of Personal Doctor
 - Rating of Health Care
- However, the percentile gap increased on these measures:
 - Coordination of Care
 - Getting Care Quickly
 - Customer Service







NCQA Health Insurance Plan Ratings

- Beginning in 2015, NCQA replaced its ranking methodology with a rating methodology.
- Health plans are now rated in three categories: clinical quality (includes prevention and treatment), consumer satisfaction and NCQA's review of health quality processes.
- Plans are classified based on their national percentile (10th, 33.33rd, 66.67th and 90th) into scores ranging from 1 to 5 (in increments of 0.5), where 5 is the highest score and 1 is the lowest.
- The consumer satisfaction category of the rating comes from the CAHPS survey and is summarized in the table below. The
 flu shot measure from the CAHPS survey is also one item in the clinical quality prevention category of the rating.
 Percentiles and ratings are estimated based on the 2018 Quality Compass® National All Lines of Business (LOB) data
 since the 2019 data were not available at the time of this report.

		<u> </u>	
	Score*	Percentile	Rating
Consumer Satisfaction			4.0
Getting Care			4.0
Getting care easily	92.31%	90th	5.0
Getting care quickly	90.84%	33rd	3.0
Satisfaction with Plan Physicians			4.5
Rating of primary-care doctor	83.99%	90th	5.0
Rating of specialists	85.37%	90th	NA
Rating of care	77.14%	90th	5.0
Coordination of care	82.76%	33rd	3.0
Health promotion and education	74.37%	67th	4.0
Satisfaction with Plan Services			4.0
Rating of health plan	79.46%	90th	5.0
Customer service	89.15%	33rd	3.0

Percentile	F	Rating
<10th	=	1
10th	=	2
33rd	=	3
67th	=	4
90th	=	5

Lower Performance							Higher forma	
≤1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0

- * Scores are top-two-box ratings (% Always or Usually or % 9 or 10) for the consumer satisfaction category and % Yes for the health promotion and education measure.
- 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.



Methodology



Questionnaire. The CAHPS 5.0H survey was used. DSS designed the survey instrument using health plan colors. An attractively formatted booklet with a cover letter explaining the importance of completing the survey was mailed to the sampled members using first class postage. A return business reply envelope addressed to DSS was included with each booklet. See for more details. Appendix E

Data collection. The methodology detailed in HEDIS® 2019 Volume 3: Specifications for Survey Measures was used. A synopsis of the survey protocol, timeframe and fulfillment dates are outlined below.





Staffing of the toll-free help line. DSS staffed a toll-free phone line for members to call if they had any questions.



Data processing and analysis. DSS processed all completed surveys and analyzed the results.



Comparison averages. Most measures are compared to the 2019 UHC Child Medicaid without CCC Average (2019 UHC Avg.), which is displayed as a light blue line on the left side of the chart set throughout the report, and the 2019 UHC Child Medicaid with CCC Average (2019 UHC Avg.), which is displayed as a dark blue line on the right side of the chart set throughout the report.



Methodology



Qualified respondents. Members eligible for the survey were parents of those 17 years and younger (as of December 31 of the measurement year) who had been continuously enrolled in the plan for at least five of the last six months of the measurement year.



Sample type. A simple random sample of the required sample size for the population was drawn. To reduce possible confusion and respondent burden, the sample was processed to remove duplicates so that only one child per household was included in the sample.

H■H Sample size/sampling error.

						_	
	Item	G	eneral populatio	<u>Total</u>			
		2017	2018	2019	2019		
	Total mailed	2,310	2,310	2,310	4,886	qua	
	Undeliverable	197	256	221	467		
	Total ineligible	11	20	13	29		
	Total completed surveys	582	509	421	954	<u> </u>	
	Mail completes	289	229	161	388		
	Wave 1	160	119	93	227	* Adjusted re	
	Wave 2	129	110	68	161	using th	
	Phone completes	293	280	260	566	Total mailed	
	Adjusted response rate*	25.32%	22.23%	18.33%	19.64%	** 95% confid	
	Overall sampling error**	+/- 4.1%	+/- 4.3%	+/- 4.8%	+/- 3.2%	most pess regarding	

Number of CCC qualified respondents:

Total: 405

Mail: 175

Phone: 230



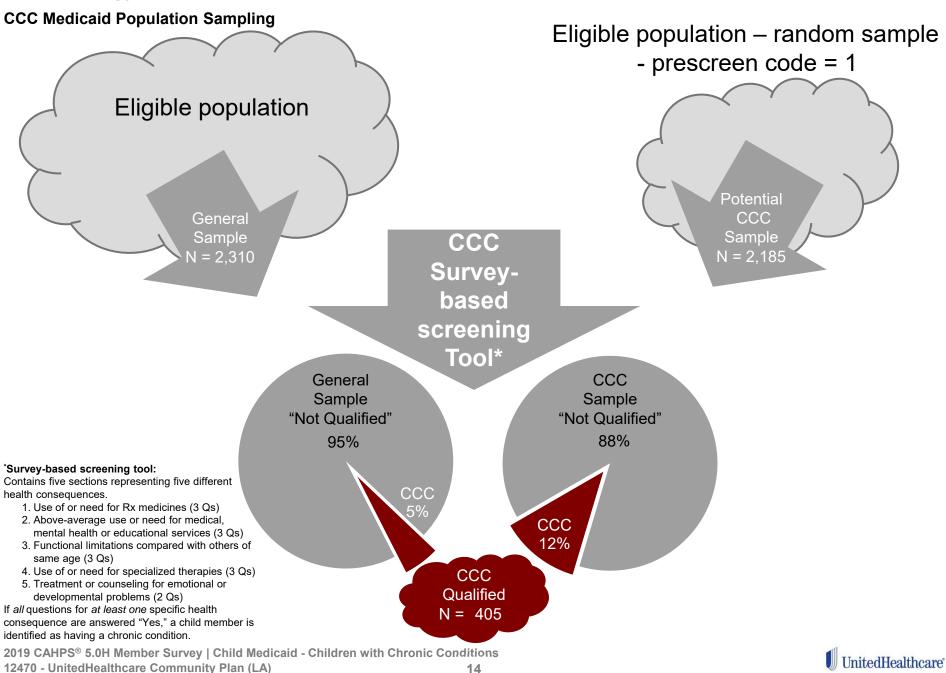
Spanish surveys. Respondents were given the option of completing the survey in Spanish. A telephone number was provided on the survey cover letter for members to call if they would like to complete the survey in Spanish. There were 95 surveys completed in Spanish, 49 by general population respondents.

^{*} Adjusted response rate is calculated using the following formula:

Total completed surveys
Total mailed - Total ineligible x 100

^{** 95%} confidence level, using the most pessimistic assumption regarding variance (p=0.5).

Methodology



Research findings

Statistical references and footnotes

All statistical testing is performed at the 95% confidence level.

- ↑ Indicates a significant difference between the 2019 plan result and the 2018 plan result.
- ▲ Indicates a significant difference between the 2019 Gen. Pop. result and the 2019 CCC Pop. result.
- ◆◆ Indicates a significant difference between the 2019 plan result and the corresponding average.

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

- NA Indicates base less than 100, NCQA will assign an NA.
- ^ Indicates a base size smaller than 20. Interpret results with caution.
- NR Not reportable. Base size < 11.
- NQ New question. (If applicable)

Percentages lower than five percent are not labeled in charts or graphs where space does not permit.



Compared to the 2018 plan result:

- Personal doctor and specialist are significantly higher for the general population.
- Specialist is significantly higher for the CCC population.

2019 Gen. Pop. compared to the 2019 CCC Pop.:

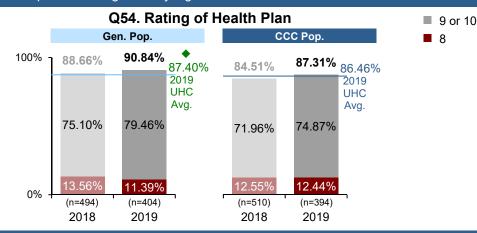
· None of the differences are significant.

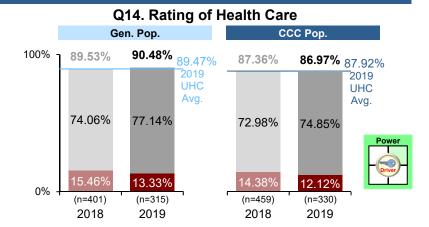
2019 Gen. Pop. compared to the 2019 Gen. Pop. UHC Average:

· Health plan and specialist are significantly higher.

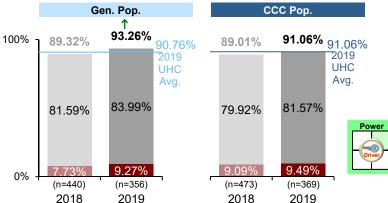
2019 CCC Pop. compared to the 2019 CCC Pop. UHC Average:

· Specialist is significantly higher.





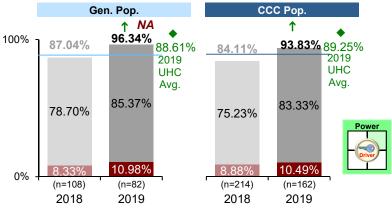
Q41. Rating of Personal Doctor



Please refer to page 15 for statistical references and footnotes.

2019 CAHPS® 5.0H Member Survey | Child Medicaid - Children with Chronic Conditions 12470 - UnitedHealthcare Community Plan (LA)

Q48. Rating of Specialist





Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q54. Rating of Health Plan

Improvement action

Simplify forms.

Improve member communications.

Make the website user friendly.

Allow members to recertify using an app.

Improve mental health coverage.

Reduce wait times.

Expand the formulary and coverage of alternative therapies.

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

"More available and detailed information
"More available and detailed information
"More available and daughter could benefit
about counseling. My daughter with living and sale with living some counseling to deal with living living some counseling to deal with living ways and I am living and problems at school some living and problems at school some living living ways and I am living livin

anything except think of times. Sometimes I don't understand what everything between the plans."



Selected comments

"Make forms easier and to "Make forms easier need to "Make forms to fill out. No need to shorter to fill out the same times."

fill out the same times."

"An app would be a good idea, because sometimes getting online to recertify can be difficult."

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

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q14. Rating of Health Care

Improvement action

Provide care in a timely manner.

Meet or exceed the parent's expectations.

"We were in and out in
"We were in and out in
"We were in and out in
"I should be inversely and the lab results within had the lab resulty my kid a few days saying my kid a few was healthy."

"The care was quick and friendly, and I got her into both appointments easily."



"His therapist is great. She involves us in his treatment."

"We have finally found doctors
"We have finally found children
that make sure my children
that make sure my children
that make sure possible.
that make sore coordinate
have the best care possible.
All of the doctors coordinate
have doctors and always
with each other and always
with each other and always
update one another on his
update one another on
update one side effects!"
unwanted side effects!"

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q41. Rating of Personal Doctor

Improvement action

PRIMARY CARE DOCTOR VISIT

Thoroughly answer questions.

Be accessible to patients.

Spend enough time to provide thorough care.

Help patients navigate the system and overcome obstacles.

Maintain a professional and friendly demeaner.

"He answers our questions as "He answers our questions as he can and has always helped us any way he can."

"Takes his time and has those one-on-one sessions with the child."

Selected comments

Our doctor's bedside manner makes him stand out! You can tell how much he truly cares!" "They have worked hard to get they have worked hard to get the medication we needed and the medication we fitheir way have gone out of their way have have been issues when there have been issues at the pharmacy."

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q48. Rating of Specialist

Improvement action

SPECIALIST VISIT

Listen and answer questions thoroughly.

Be professional during interactions with patients.

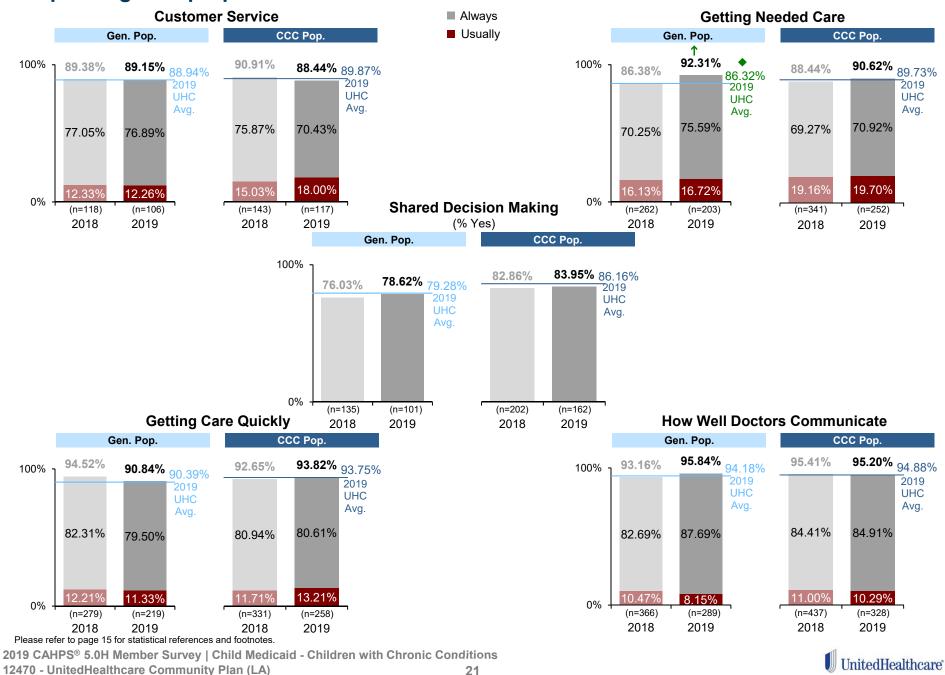
"They're great with my children and answer children and timely everything in timely manner."

"It's hard for someone that sees a patient for 45 minutes a month to necessarily decide what is best, or at least they should let the parents have some input."

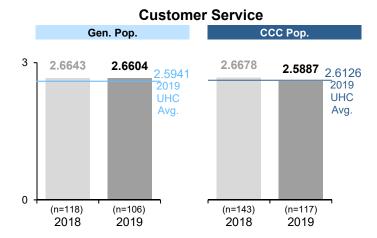
"The doctor who performed my son's follow-up circumcision was very down to earth and did an excellent job."

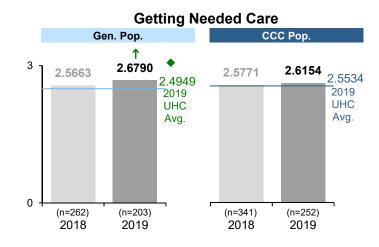


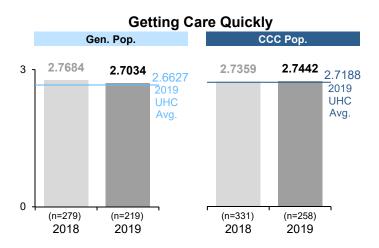
Composite global proportions

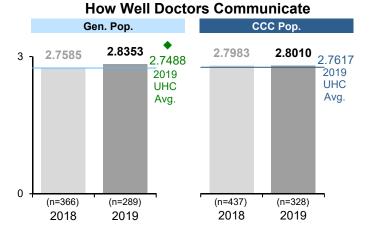


Composite mean scores





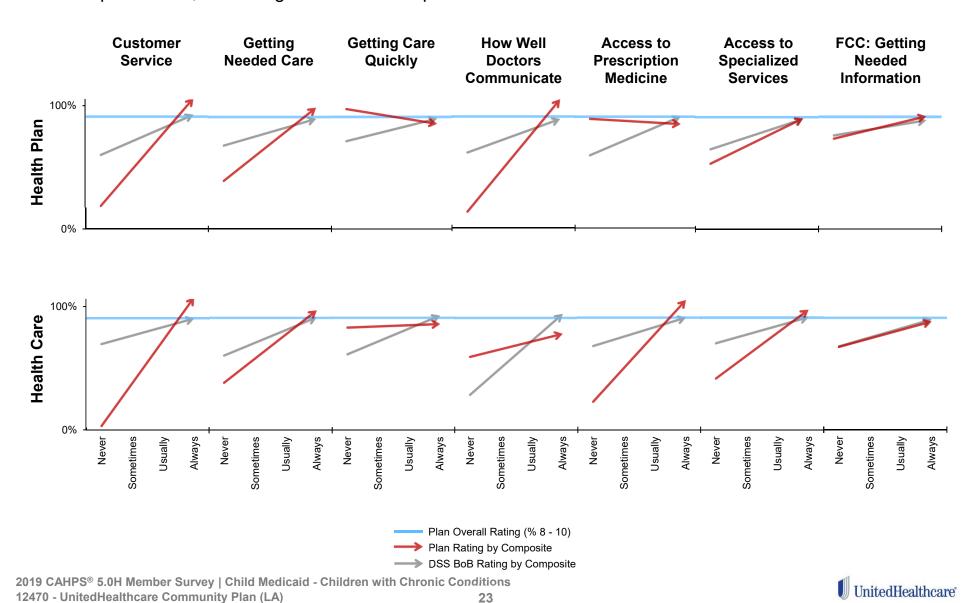






Overall ratings by composites (General Population – plan vs. BoB)

The charts below show the relationships between the two overall ratings and the seven composite measures. The steeper the line, the stronger the relationship.



(% Yes)

2018

28.18%

Compared to the 2018 plan result:

· None of the differences are significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:

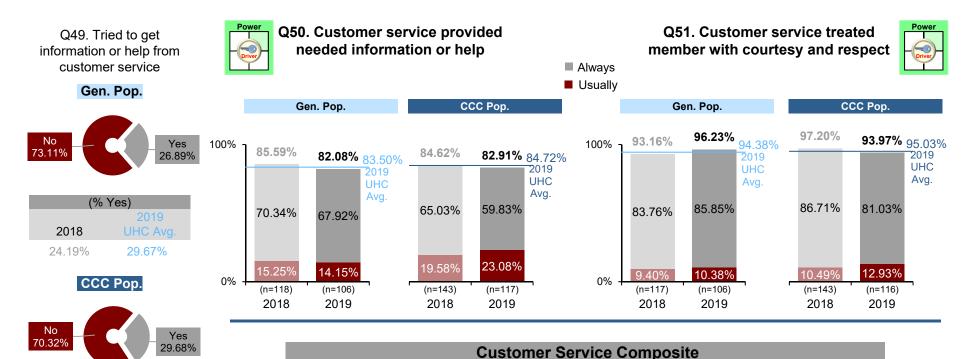
· None of the differences are significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. UHC Average:

· None of the differences are significant.

2019 CCC Pop. compared to the 2019 CCC Pop. UHC Average:

· None of the differences are significant.



		Gen. Pop.				CCC Pop.			
_				2019			2019		
		2018	2019	UHC Avg.	2018	2019	UHC Avg.		
Globa	l proportion	89.38%	89.15%	88.94%	90.91%	88.44%	89.87%		
Mean	score	2.6643	2.6604	2.5941	2.6678	2.5887	2.6126		

Please refer to page 15 for statistical references and footnotes.

2019 CAHPS® 5.0H Member Survey | Child Medicaid - Children with Chronic Conditions

12470 - UnitedHealthcare Community Plan (LA)



Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q50. Customer service provided needed information or help

Improvement action

Ensure that representatives treat callers with respect.

Avoid actions or language that may seem condescending.

Reduce hold times.

Ensure that representatives have access to information that is upto-date and accurate.

Simplify the application and enrollment processes.

"Every time I did indeed call, the staff was very respectful and that made me feel heard and valuable. Even though, essentially, I was, and still am, getting almost free healthcare, I felt like I was indeed paying a premium by how well I was treated."



"The only real issue is when I do call in to renew, I'm often I as minutes before I talk to

"I have found that in the majority of interactions, with any customer service representative that is associated with There have been numerous occasions doctors, and we were treated like dirt. It's parents don't work or whatever."

"I was told that the flu shot was covered shot my insurance, under my insurance, but I received a bill but I received a months later for the months later shots." "I had to call in to recertifying because to the paper to the should have paper to the fact that proceeding to complete the one and complete the processily one paper to the paper to the fact that proceding the processily call the process of



Compared to the 2018 plan result:

• The difference is not significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:

• The difference is not significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. UHC Average:

• The difference is not significant.

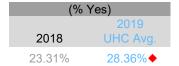
2019 CCC Pop. compared to the 2019 CCC Pop. UHC Average:

• The difference is not significant.

Q52. Health plan gave member forms to fill out

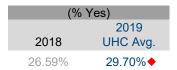
Gen. Pop.





CCC Pop.

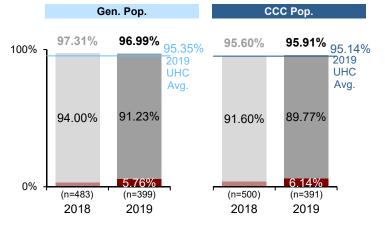




Q53. Health plan forms were easy to fill out

Note: The rate for this question is calculated using the responses to this question and "No" responses to Q52.

AlwaysUsually



Please refer to page 15 for statistical references and footnotes.

2019 CAHPS® 5.0H Member Survey | Child Medicaid - Children with Chronic Conditions 12470 - UnitedHealthcare Community Plan (LA) 26



Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q53. Health plan forms were easy to fill out

Improvement action

Use concise and unambiguous language.

Encourage the Medicaid office to train representatives to be polite and respectful to members.

Provide an option to complete forms online.

Make sure forms are tracked and filed properly.

Reduce redundancy in forms.

Simplify sections related to medical and patient history.

Address website login issues.

"When it talks about the when it talks about the when it talks about the work in the household, some say it means everyone in the household and others say household and only my household and only my dependents."

"The paperwork isn't hard, but I find it impossible to log on to the website where I could just do it electronically." "I would say the hardest part was the initial application because it was a very long application, a lot to fill out and also having to deal with being at the Medicaid office. The employees are rude and some of them treat you like you are less than."



Selected comments

"The forms can be ridiculous. I just don't see should be four, why there should be four, pages of five or six pages of information for me to fill out. And oftentimes, I am out. And oftentimes, I am repeating information on the forms over and over again."

"Maybe have an app for all

"Maybe have an app for all

medical insurance and
medical insurance and needs
documentation that needs
to be filed and to add on
other children as well."

Getting Needed Care

Compared to the 2018 plan result:

· Got appointment with specialist is significantly higher for the general population.

2019 Gen. Pop. compared to the 2019 CCC Pop.:

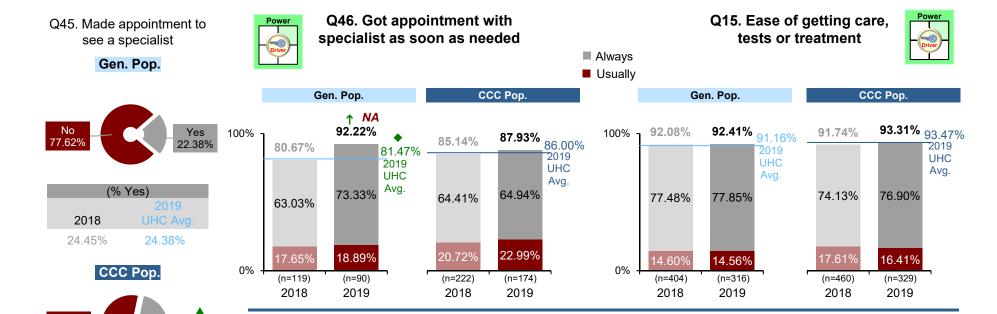
· None of the differences are significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. UHC Average:

• Got appointment with specialist is significantly higher.

2019 CCC Pop. compared to the 2019 CCC Pop. UHC Average:

· None of the differences are significant.



			Getting Needed Care Composite							
			Gen. Pop.				CCC Pop.			
(% Yes)			0040 0040		2019	0040	0040	2019		
,	2019		2018	2019	UHC Avg.	2018	2019	UHC Avg.		
2018	UHC Avg.	Global proportion	86.38%	92.31%	86.32% ↑	♦ 88.44%	90.62%	89.73%		
43.77%	46.17%	Mean score	2.5663	2.6790	2.4949 ↑	◆ 2.5771	2.6154	2.5534		

28

Gotting Nooded Care Composite

Please refer to page 15 for statistical references and footnotes.

2019 CAHPS® 5.0H Member Survey | Child Medicaid - Children with Chronic Conditions

12470 - UnitedHealthcare Community Plan (LA)



Getting Needed Care

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q46. Got appointment with specialist as soon as needed (Got urgent care as soon as needed - Specialist)

Member poll

SPECIALIST VISIT

How long do members expect to wait for an URGENT CARE appointment to see a specialist?

Most expect to see a specialist within one to two days for an urgent care issue, but would wait up to two weeks.

Q46. Got appointment with specialist as soon as needed (Got check-up or routine care as soon as needed - Specialist)

Member poll

SPECIALIST VISIT

How long do members expect to wait for a ROUTINE CARE appointment to see a specialist?

Most expect to see a specialist within two to three months for a routine care appointment, but would wait up to three months.

Getting Needed Care

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q15. Ease of getting care, tests or treatment

Improvement action

Listen to the patient's concerns.

Provide timely care.

Ensure that patients can get appointments quickly.

Encourage patients to use urgent care and other resources, when necessary.

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



Selected comments

"When I first switched to this doctor, I was able to get an appointment as soon as possible."

"Getting tests and services done has been a big issue. They were supposed to observe her for two Within a day, she exhibited respiratory issues and them to do a blood gas test. It was brushed off, and suspected, she was retaining CO2."

"I used to go to a standalone

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

Getting Care Quickly

Compared to the 2018 plan result:

None of the differences are significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:

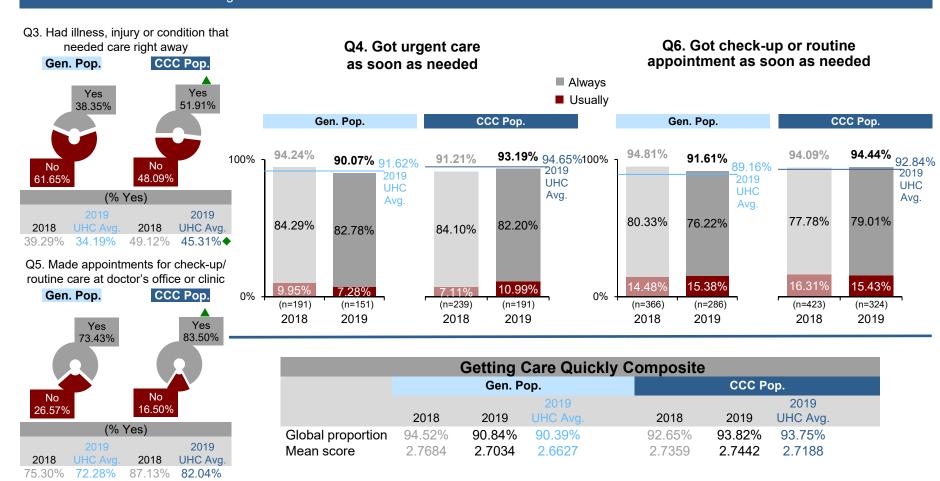
· None of the differences are significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. UHC Average:

· None of the differences are significant.

2019 CCC Pop. compared to the 2019 CCC Pop. UHC Average:

· None of the differences are significant.



Please refer to page 15 for statistical references and footnotes.

UnitedHealthcare*

Getting Care Quickly

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q4. Got urgent care as soon as needed

(Got urgent care as soon as needed - PCP)

Member poll

PRIMARY CARE DOCTOR VISIT

How long do members expect to wait for an URGENT CARE appointment to see a primary care doctor?

Most expect to see a primary care doctor on the same day or within two days for an urgent care issue, but would wait up to a week.

Q6. Got check-up or routine appointment as soon as needed (Got check-up or routine care as soon as needed - PCP)

Member poll

PRIMARY CARE DOCTOR VISIT

How long do members expect to wait for a ROUTINE CARE appointment to see a primary care doctor?

Most expect to wait one to two weeks for a routine care appointment with a primary care doctor, but would wait up to a month for an appointment.

Doctor or specialist visits

Compared to the 2018 plan result:

· None of the differences are significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:

• Average number of office visits, average number of personal doctor visits and average number of specialists seen are significantly lower.

CCC Pop.

1.72

(n=173)

2019

UnitedHealthcare*

1.66

(n=224)

2018

1.51

2019

UHC

Avg.

1.84

2019

UHC

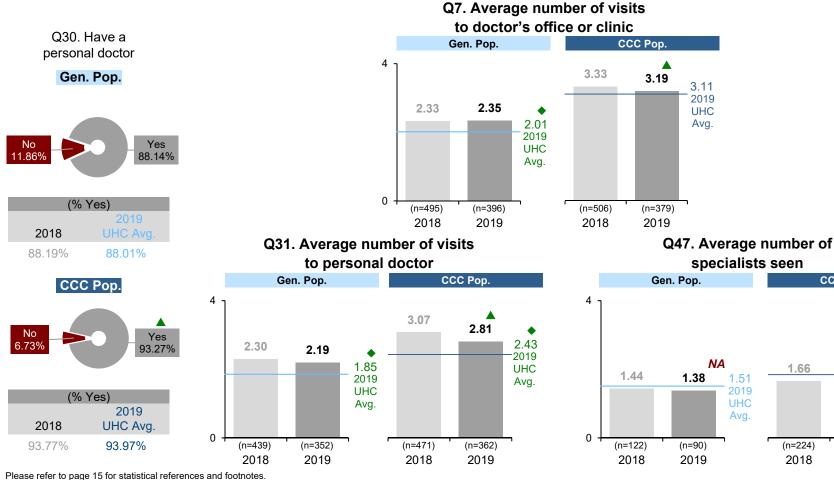
Avg.

2019 Gen. Pop. compared to the 2019 Gen. Pop. UHC Average:

· Average number of office visits and average number of personal doctor visits are significantly higher.

2019 CCC Pop. compared to the 2019 CCC Pop. UHC Average:

• Average number of personal doctor visits is significantly higher.



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Compared to the 2018 plan result:

• Doctor spent enough time is significantly higher for the general population.

2019 Gen. Pop. compared to the 2019 CCC Pop.:

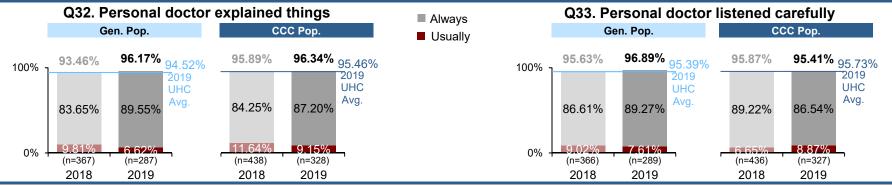
· None of the differences are significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. UHC Average:

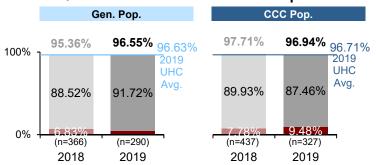
• Doctor spent enough time is significantly higher.

2019 CCC Pop. compared to the 2019 CCC Pop. UHC Average:

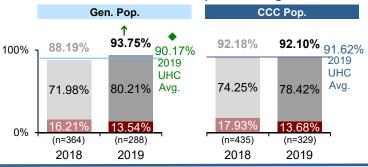
· None of the differences are significant.



Q34. Personal doctor showed respect



Q37. Personal doctor spent enough time



How Well Doctors Communicate Composite										
	Gen. Pop. CCC Pop.									
			2019				2019			
	2018	2019	UHC Avg.		2018	2019	UHC Avg.			
Global proportion	93.16%	95.84%	94.18%		95.41%	95.20%	94.88%			
Mean score	2.7585	2.8353	2.7488	•	2.7983	2.8010	2.7617			

Please refer to page 15 for statistical references and footnotes.



Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q32. Personal doctor explained things

Improvement action

Ensure that all questions and concerns are addressed.

Explain concepts clearly and thoroughly.

Make accommodations to overcome language barriers.

"They are thorough every time I take them to the doctor's. They explained everything as to what was or wasn't wrong with my children, how to resolve it and proper education about the

reasons."

"We typically go to nurse practitioners, which I prefer. They seem more willing to listen and take their time."



"I have never had a situation where her doctor didn't thoroughly explain everything to us in a simple clear way."

"The only time I can remember encountering any difficulty was when one of my son's doctors had a heavy accent that sometimes made it difficult for me to understand what he said. At those times, understand to take the initiative to ask I simply had to take the had said."

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q33. Personal doctor listened carefully

Improvement action

Be engaged in the conversation and ask follow-up questions.

Maintain eye contact and use body language to show engagement.

Avoid interrupting the patient during the conversation.

Avoid interruptions during the visit.

Stay engaged with the patient while taking notes or reading the chart.

Spend enough time with the patient to address all of their concerns.

"There have been times when I am in the middle of talking to them, a nurse comes and knocks on the door and they have to leave the room and come back. I think they should be focused on the patient they are with and have no distractions."

"Direct eye contact and what I "Direct eye contact what I what I the doctor restating who that the doctor said goes a long that had just said goes had way to reassuring me that way to reassuring to."

"I'm being listened to many being attention to."

"They should avoid interrupting you while you're stating your concerns and hear you out till the end."



Selected comments

"Not to text or look on their phones or fidget with something or tap the pen/pencils."

"They should take their
time. When a doctor seems
time. When a doctor seems
rushed, it feels like you are
rushed, and a bother.
unimportant and a bother it feels
unimportant time, then it feels
they take their time, and that
like you are important and
your issues matter."



Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q34. Personal doctor showed respect

Improvement action

Greet patients courteously.

Maintain eye contact when talking with the patient or parent.

Involve the parent/child in the treatment selection process.

Avoid language or behavior that can be interpreted as condescending.

Be thorough to avoid the appearance of rushing the visit.

Stay engaged in the conversation while completing computer tasks.

"Don't act like things that you say are stupid. When they act like what you say is important and valid, it makes you feel respected."

"Shaking my hand, addressing my child by name, me and my child by name, taking their time and making us feel like we're a priority."

"Look at you when you're talking to them. He is always good about facing us when we are talking to him."



Selected comments

"I have had doctors

"I have had doctors

"I have had doctors
spend the entire time
spend the entire tool."
spend notes, not cool."

"To me, the main thing is taking their time. When they act rushed, it feels like you are unimportant and a bother."

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q37. Personal doctor spent enough time

Member poll

PRIMARY CARE DOCTOR VISIT

How long do members expect a ROUTINE CARE visit to last?

Members expect routine visits to typically last 15 to 25 minutes.

How long do members expect an URGENT CARE visit to last?

Members expect urgent visits to typically last longer than routine visits, approximately 30 to 45 minutes.

Q37. Personal doctor spent enough time

Improvement action

Address all questions and concerns before concluding the appointment.

Do a thorough examination and order appropriate tests.

"She looked at my child's ears and throat and asked me a couple of questions. Then she left and sent the nurse in for vaccines. She could have just told me that instead of rushing us out of the door."

"One of my children fell off the monkey bars at school. The ER doctor spent literally one minute with them and never once touched him to really probably nothing broken because they didn't out he had broken both his tibia and fibula."



Compared to the 2018 plan result:

• The difference is not significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:

• The difference is not significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. UHC Average:

· The difference is not significant.

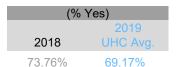
2019 CCC Pop. compared to the 2019 CCC Pop. UHC Average:

• The difference is not significant.

Q35. Child is able to talk with doctors about health care

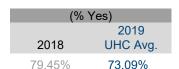
Gen. Pop.





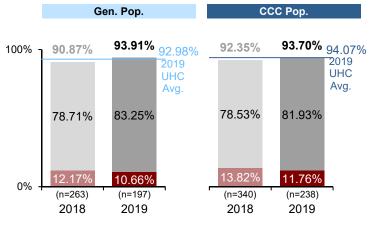
CCC Pop.

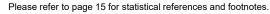




Q36. Doctors explained things in a way child could understand







Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q36. Doctors explained things in a way child could understand

Improvement action

When explaining concepts to children, use simple terms that are easy to understand.

Talk slowly and repeat statements if necessary.

Speak directly to older children when discussing matters related to their health.

"My child's doctor always communicates in a way that is easy to understand. One time in particular, when my daughter was diagnosed with asthma, she had to explain the medication she would be taking and how to take it. She also explained it to my daughter so she would understand."

"My daughter always understands her doctor, because he talks to her like a teenager."



"My son's current doctors all understand the need to not only communicate with us, but also with our son. He always makes sure to explain why certain medications are important! To us, that is very important, because as any parent knows, children tend to want to disagree with us on everything. But they tend to listen to a doctor more."

"If my daughter had heard, she might have understood exactly what the doctor was saying, but the doctor might have had to repeat it a few times."

Shared Decision Making

Compared to the 2018 plan result:

None of the differences are significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:

· None of the differences are significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. UHC Average:

· None of the differences are significant.

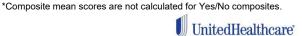
2019 CCC Pop. compared to the 2019 CCC Pop. UHC Average:

· None of the differences are significant.

Q11. Doctor discussed reasons to take a medicine (% Yes) CCC Pop. Gen. Pop. Q10. Doctor discussed starting or stopping a **93.79%** 95.41% 90.10% 91.73% 94.12% 88.97% 100% prescription medicine 2019 2019 UHC UHC Gen. Pop. Avg. Avg. Yes 0% 67.51% 32.49% (n=136)(n=101)(n=204)(n=161)2018 2019 2018 2019 Q12. Doctor discussed reasons Q13. Doctor asked not to take a medicine what you thought was best (% Yes) (% Yes) (% Yes) CCC Pop. CCC Pop. 2018 Gen. Pop. Gen. Pop. 34.08% 31.49% 100% 100% 86.00% 82.61% 87.09% **77.45%** 80.32% **75.46%** 75.98% 79.10% 68.47% 68.32% 2019 60.00% 65.79% CCC Pop. 2019 UHC **UHC** 2019 **UHC** Avg. UHC Avg. Avg. Avg. Yes 0% 0% 50.15% 49.85% (n=135)(n=101)(n=203)(n=163) (n=134) (n=102)(n=200)(n=161) 2018 2019 2018 2019 2018 2019 2018 2019 **Shared Decision Making Composite*** (% Yes) CCC Pop. Gen. Pop. 2019 UHC Avg. 2019 2018 2018 2019 2018 2019 **UHC** Avg. 44.66% 50.31% 76.03% 78.62% 79.28% 82.86% 83.95% Global proportion 86.16%

Please refer to page 15 for statistical references and footnotes.

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Shared Decision Making

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q11. Doctor discussed reasons to take a medicine Q12. Doctor discussed reasons not to take a medicine

Improvement action

Discuss possible side effects of all medications.

Partner with the parent and encourage their involvement when selecting medications.

Listen when parents voice their concerns and take them seriously.

Provide multiple treatment options.

"Doctors that listen and understand are amazing! Some doctors have a 'God complex' and tend to think they know exactly what is best for your child. And yes, most doctors know a lot about medications.

However, it is the parents that are with the children every day. We are able to tell what works and what doesn't."

"This should not be a blind, one-sided decision. If any medication was added or the doctor felt one was needed, I'd want to know why, as well as what the side effects may be."



"The one thing she can do better is to offer options for us to look at, so we can find the right medicines."

"I wouldn't want the doctor to just tell me 'Here, this is what me a choice in the matter."

Shared Decision Making

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q13. Doctor asked what you thought was best

Improvement action

Discuss options and encourage input from parents.

Listen to and address any concerns regarding the patient's care.

"I was not asked what was best for my child. I directions on the bottle."

"We took my son to another doctor that

"We took my son to another doctor that
listened to everything that happened with
listened to everything that happened what
the previous doctor and asked us what
the previous doctor and been on.
We told
the previous my son had been on.
medications my son had been on.
medications my son had been on.
him and he immediately put him back on
them and life went back to normal!"

Selected comments

"I trust our doctor's decisions but love the fact that he will take the time to have conversations with us on the care of our kids." "They usually tell
me what my
options are and tell
options me the differences.
Then we make a
decision together."

Health Promotion and Education

Compared to the 2018 plan result:

• The difference is not significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:

• The difference is not significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. UHC Average:

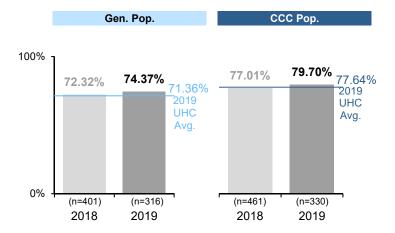
• The difference is not significant.

2019 CCC Pop. compared to the 2019 CCC Pop. UHC Average:

• The difference is not significant.

Q8. You and doctor discussed ways to prevent illness

(% Yes)



Coordination of Care

Compared to the 2018 plan result:

• The difference is not significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:

• The difference is not significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. UHC Average:

• The difference is not significant.

2019 CCC Pop. compared to the 2019 CCC Pop. UHC Average:

• The difference is not significant.

Q39. Received care from doctor or health provider besides personal doctor

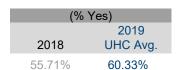
Gen. Pop.



(% Yes)					
	2019				
2018	UHC Avg.				
40 71%	44 08%				

CCC Pop.



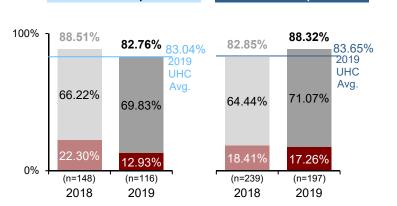


Q40. Personal doctor seemed informed about care from other providers



Gen. Pop.

CCC Pop.



Coordination of Care

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q40. Personal doctor seemed informed about care from other providers

Improvement action

Spend enough time reviewing medical records of new patients to fully understand their needs.

Thoroughly listen to the parent's/patient's concerns.

Demonstrate familiarity by commenting on interests and concerns mentioned during prior visits.

Obtain and review records from hospitals and other providers.

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

"When we switched her

Selected comments

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

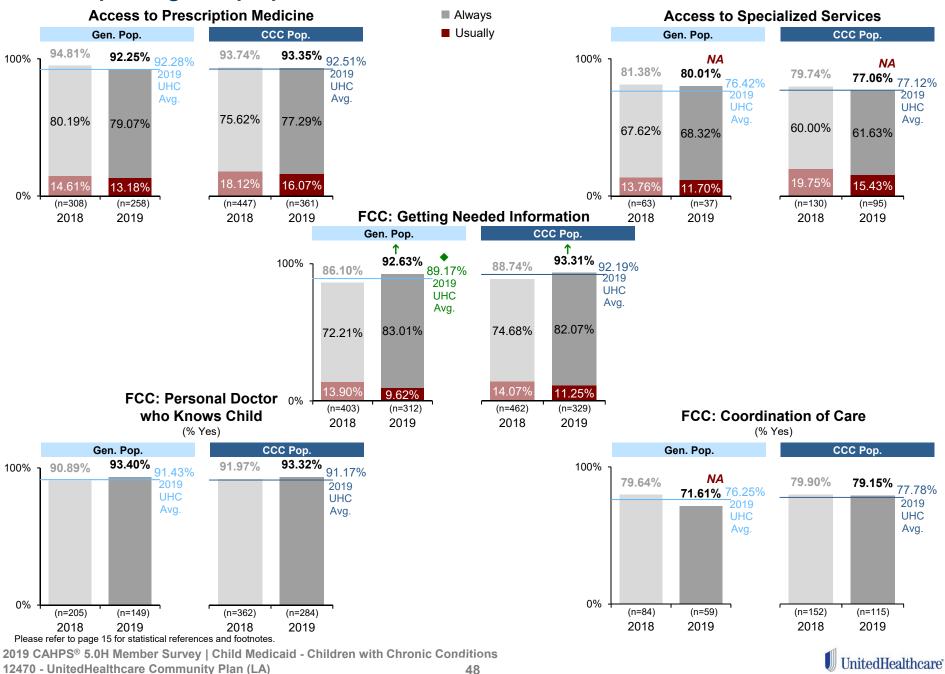
"The doctor knew our son's medical
history, asked him about how school
was going at every visit, and
him about his interests
engaged with him about his interest
and hobbies. It almost felt like he
and hobbies apart of the family."

"The only time I felt he was out of the loop was back before my son was diagnosed with autism. I asked him about it and he said no, he couldn't be autistic because he some research on autism and we'd talk him my son was autistic before he even sent him to the specialist."

Children with Chronic Conditions

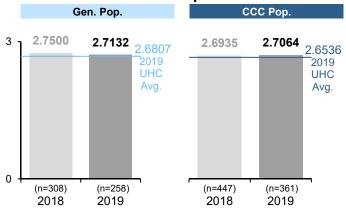


CCC composite global proportions

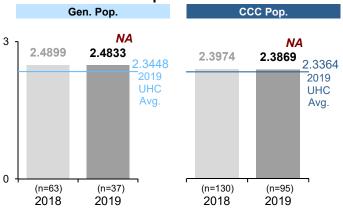


CCC composite mean scores

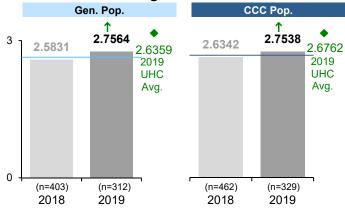
Access to Prescription Medicine



Access to Specialized Services

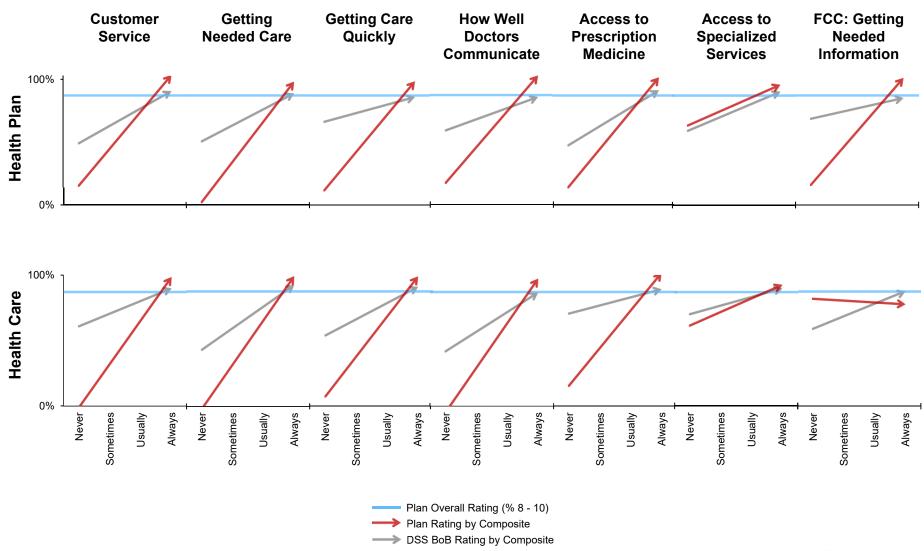


FCC: Getting Needed Information



Overall ratings by composites (CCC Population – plan vs. BoB)

The charts below show the relationships between the two overall ratings and the seven composite measures. The steeper the line, the stronger the relationship.



Access to Prescription Medicine

Compared to the 2018 plan result:

- Got help getting prescription medicines is significantly lower for the general population.
- Got help getting prescription medicines is significantly lower for the CCC population.

2019 Gen. Pop. compared to the 2019 CCC Pop.:

· None of the differences are significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. UHC Average:

• Got help getting prescription medicines is significantly lower.

2019 CCC Pop. compared to the 2019 CCC Pop. UHC Average:

· Got help getting prescription medicines is significantly lower.

Q55. Got/refilled prescription

Gen. Pop.



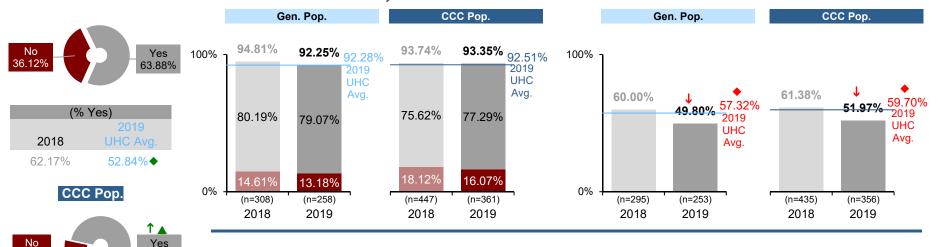
Q56. Easy to get prescription medicine

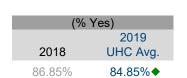
Always

Usually

Q57. Got help getting prescription medicines

(% Yes)





8.46%

Access to Prescription Medicine Composite										
		Gen. P	ор.			ор.				
			2019				2019			
	2018	2019	UHC Avg.		2018	2019	UHC Avg.			
Global proportion	94.81%	92.25%	92.28%		93.74%	93.35%	92.51%			
Mean score	2.7500	2.7132	2.6807		2.6935	2.7064	2.6536			

Please refer to page 15 for statistical references and footnotes.

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91.54%





Access to Prescription Medicine

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q56. Easy to get prescription medicine

Improvement action

Send prescriptions directly to pharmacies immediately after the appointment.

Improve coverage for allergy medications.

Encourage pharmacy and doctor collaboration to resolve issues.

Provide text alerts and reminders.

Advise doctors and other prescribers about alternative medications that are covered by the plan.

Address member concerns about the timeliness of delivery for prescriptions by mail.

Address member concerns about other potential problems with receiving prescriptions by mail.

Simplify the authorization/pre-authorization process.

"If it requires a doctor's approval to refill a prescription, then it'd take a couple days." "The doctor sends
them to the
pharmacy and
they are always
filled quick and
easy, with no
hassles."

"It's easy to get them filled and fast, but they stopped paying for my daughter's allergy medicine."

> "I would expect the doctor to call the pharmacy and iron out any issues that may come up."

Selected comments

"Normally what happens is the doctor finds an alternative that the insurance will cover."

"I never have had mail-in
prescriptions. I
don't think I'll have
it either, just in
case it got lost in
transit, stolen or
something."

"I will not use a mail order service for a prescription, just in case it does not come on time."



Access to Prescription Medicine

	Gen. Pop.		CCC Pop.				
	2018	2019	2019 UHC Ava.	2018	2019	2019 UHC Avg.	
Q60. Child currently needs or uses prescription medication (% Yes)		37.59%		86.60%		J	A *
Q61. Needs medication because of a medical, behavioral or other condition (% Yes)	78.22%	73.47%	79.55%	96.18%	95.70%	96.78%	A
Q62. Condition has lasted or is expected to last at least 12 months (% Yes)	87.66%	91.51%	91.22%	98.11%	98.78%	98.60%	A

Access to Specialized Services

Compared to the 2018 plan result:

None of the differences are significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:

· None of the differences are significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. UHC Average:

· None of the differences are significant.

2019 CCC Pop. compared to the 2019 CCC Pop. UHC Average:

· None of the differences are significant.

(% Yes)

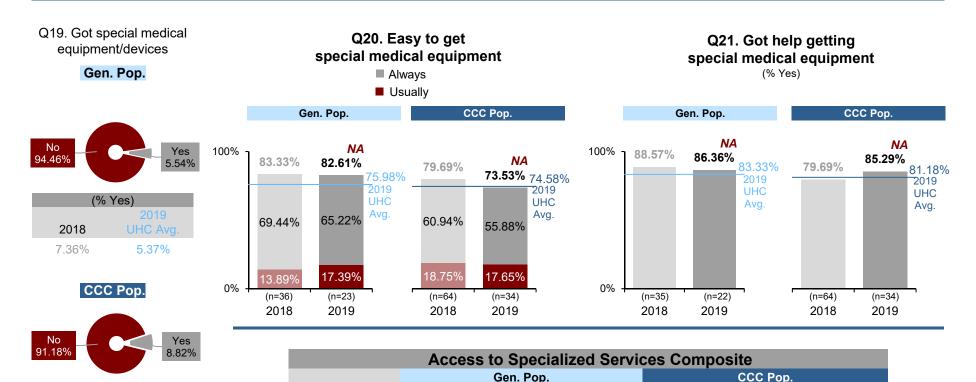
2018

12.75%

2019

UHC Avg.

11.60%



2019

2.4833

80.01%_{NA} 76.42%

2018

81.38%

2.4899

Global proportion

Mean score

Please refer to page 15 for statistical references and footnotes.

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2019

2.3364

UHC Avg.

77.06% _{NA} 77.12%

2019

2.3869

2018

79.74%

2.3974

Access to Specialized Services

Compared to the 2018 plan result:

· None of the differences are significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:

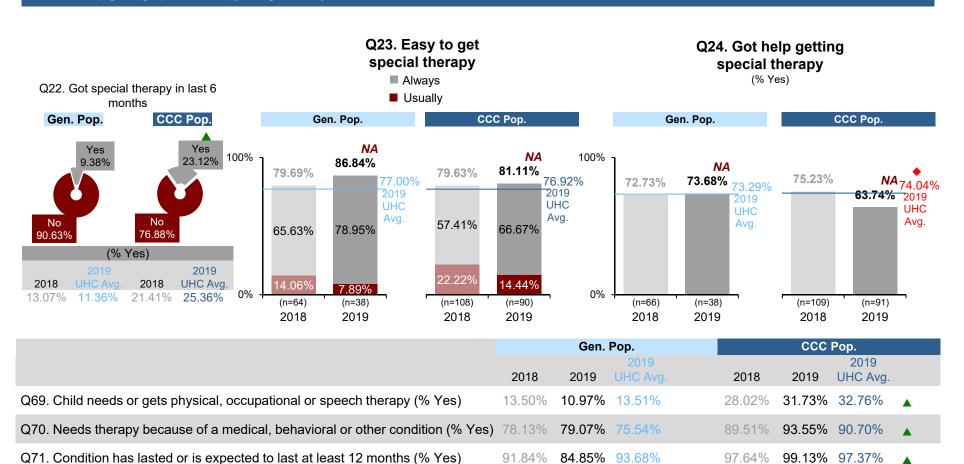
· None of the differences are significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. UHC Average:

· None of the differences are significant.

2019 CCC Pop. compared to the 2019 CCC Pop. UHC Average:

• Got help getting special therapy is significantly lower.



Please refer to page 15 for statistical references and footnotes.

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Access to Specialized Services

Compared to the 2018 plan result:

· None of the differences are significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:

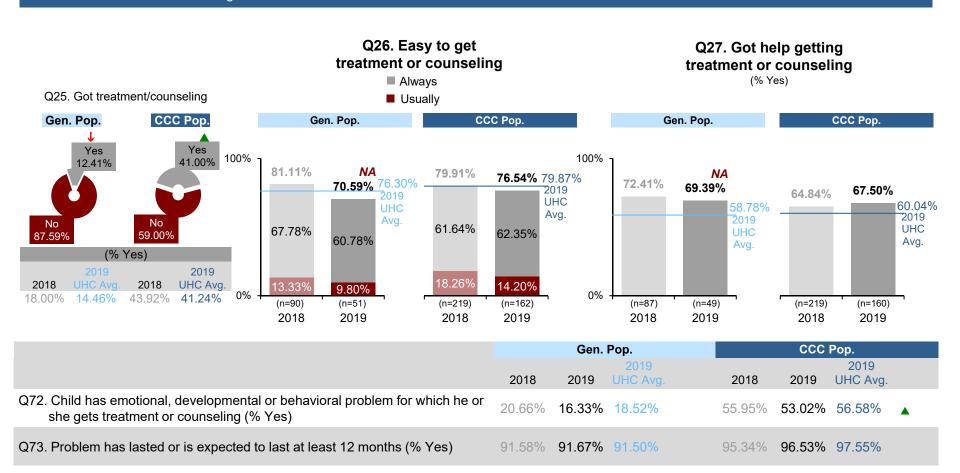
· None of the differences are significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. UHC Average:

· None of the differences are significant.

2019 CCC Pop. compared to the 2019 CCC Pop. UHC Average:

· None of the differences are significant.



56

Please refer to page 15 for statistical references and footnotes.

2019 CAHPS® 5.0H Member Survey | Child Medicaid - Children with Chronic Conditions 12470 - UnitedHealthcare Community Plan (LA)



FCC: Personal Doctor/Nurse who Knows Child

Compared to the 2018 plan result:

· None of the differences are significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:

· None of the differences are significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. UHC Average:

· None of the differences are significant.

2019 CCC Pop. compared to the 2019 CCC Pop. UHC Average:

· Doctor understands the effect of a chronic condition on the child is significantly higher.

Q38. Doctor spoke with you about how child is feeling/growing/behaving (% Yes) Q42. Child has a chronic Gen. Pop. CCC Pop. condition **91.41%** 89.35% 87.89% _{88.84%} 90.26% 87.95% 100% Gen. Pop. 2019 2019 UHC UHC Avg. Avg. 0% 76.97% (n=365)(n=289)(n=431)(n=326)23.03% 2018 2019 2018 2019 Q43. Doctor understands effect of Q44. Doctor understands effect of chronic condition on child chronic condition on family (% Yes) (% Yes) (% Yes) 2018 Gen. Pop. CCC Pop. Gen. Pop. CCC Pop. NA **96.25%** 93.73% 100% **92.31%** _{90.42%} 28.93% 28.74% 94.51% 97.50% 94.37% 92.80% 91.94% 91.13% 94.81% 91.09% 100% 2019 2019 2019 2019 CCC Pop. UHC **UHC** UHC UHC Avg. Avg. Avg. Avg. Yes 0% 26.379 73.63% 0% (n=125) (n=80)(n=328)(n=267)(n=124) (n=77)(n=327)(n=260)2018 2019 2018 2019 2018 2019 2018 2019 FCC: Personal Doctor/Nurse who Knows Child Composite* (% Yes) 2019 CCC Pop. Gen. Pop. UHC Avg. 2018 2019 70.97% 74.20% 2018 2019 2018 2019 **UHC** Avg. Global proportion 90.89% 93.40% 91 43% 91 97% 93.32% 91.17% Please refer to page 15 for statistical references and footnotes. *Composite mean scores are not calculated for Yes/No composites.

Please refer to page 15 for statistical references and footnotes.

2019 CAHPS® 5.0H Member Survey | Child Medicaid - Children with Chronic Conditions 12470 - UnitedHealthcare Community Plan (LA) 57 UnitedHealthcare*

FCC: Getting Needed Information

Compared to the 2018 plan result:

- Had questions answered by doctor is significantly higher for the general population.
- Had questions answered by doctor is significantly higher for the CCC population.

2019 Gen. Pop. compared to the 2019 CCC Pop.:

· The difference is not significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. UHC Average:

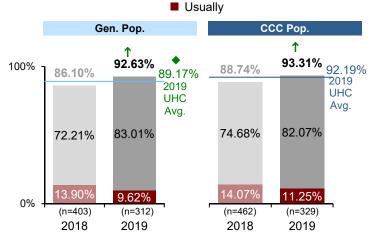
• Had questions answered by doctor is significantly higher.

2019 CCC Pop. compared to the 2019 CCC Pop. UHC Average:

• The difference is not significant.

Q9. Had questions answered by doctor in last 6 months

Always



FCC: Getting Needed Information Composite											
		Gen. P	ор.	CCC Pop.							
			2019				2019				
	2018	2019	UHC Avg.		2018	2019	UHC Avg.				
Global proportion	86.10%	92.63%	89.17% ↑	•	88.74%	93.31%	92.19% ↑				
Mean score	2.5831	2.7564	2.6359 ↑	•	2.6342	2.7538	2.6762 ↑	•			



FCC: Getting Needed Information

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q9. Had questions answered by doctor in last 6 months

Improvement action

Explain concepts clearly and thoroughly.

Provide additional sources of information.

Use language that is easy to understand.

Avoid language or behavior that may be interpreted as condescending or rude.

"There have been several times that I have asked a doctor questions where they would give vague answers and I would have to have them elaborate on it."

"If I had a question other than 'What's wrong?" my doctor else and admit she didn't have an answer."



Selected comments

"I'll ask if something is normal or not and have them kind of shrug me off or make me feel stupid for asking or not doing certain things. They won't let me finish what I'm trying to say. It is frustrating."

"I always ask for clarification on anything I don't understand. He is anything I don't understand explaining pretty good about explaining things in terms I understand."

FCC: Coordination of Care

Compared to the 2018 plan result:

• The difference is not significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:

• The difference is not significant.

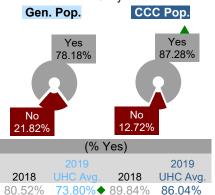
2019 Gen. Pop. compared to the 2019 Gen. Pop. UHC Average:

· The difference is not significant.

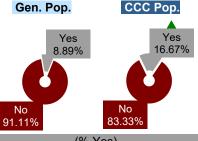
2019 CCC Pop. compared to the 2019 CCC Pop. UHC Average:

• The difference is not significant.

Q16. Child currently enrolled in school/daycare



Q17. Needed doctor to contact school/daycare

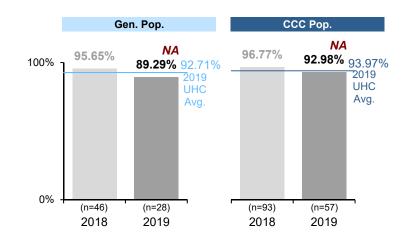


(% Yes)

2019 2019
2018 UHC Avg. 2018 UHC Avg.
11.65% 10.75% 21.49% 18.79%

Q18. Got help from doctor in contacting school/daycare

(% Yes)



FCC: Coordination of Care Composite*										
		Gen. P	ор.			op.				
			2019				2019			
	2018	2019	UHC Avg.		2018	2019	UHC Avg.			
Global proportion	79.64%	71.61%	76.25%	NA	79.90%	79.15%	77.78%			

Please refer to page 15 for statistical references and footnotes.

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*Composite mean scores are not calculated for Yes/No composites.



FCC: Coordination of Care

Compared to the 2018 plan result:

• The difference is not significant.

2019 Gen. Pop. compared to the 2019 CCC Pop.:

• The difference is not significant.

2019 Gen. Pop. compared to the 2019 Gen. Pop. UHC Average:

• The difference is not significant.

2019 CCC Pop. compared to the 2019 CCC Pop. UHC Average:

• The difference is not significant.

Q28. Child received care from multiple providers or services

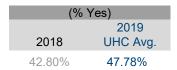
Gen. Pop.



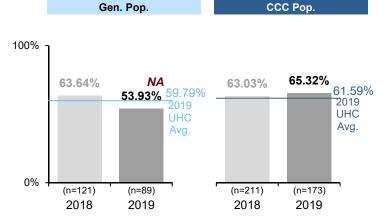
(%	Yes)
	2019
2018	UHC Avg.
24 90%	24 28%

CCC Pop.





Q29. Received help coordinating child's care from multiple providers or services (% Yes)



Please refer to page 15 for statistical references and footnotes.

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Special health care needs

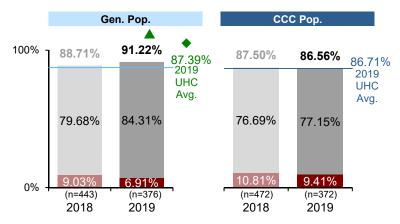
	Gen. Pop.			CCC Pop.		
	0040	0040	2019 UHC	0040	0040	2019 UHC
	2018	2019	Avg.	2018	2019	Avg.
Q63. Child uses more services than usual (% Yes)	21.95%	17.57%	19.83%	57.23%	54.80%	58.52% 🛕
Q64. Uses more because of medical, behavioral or other conditions (% Yes)	79.81%	79.71%	87.80%	93.03%	95.28%	94.86% 🛕
Q65. Condition has lasted/is expected to last at least 12 months (% Yes)	98.75%	98.15%	96.48%	98.85%	97.99%	98.78%
Q66. Child limited in ability (% Yes)	18.40%	14.18%	15.78%	35.95%	37.40%	38.50% 🛕
Q67. Limited because of medical, behavioral or other condition (% Yes)	73.26%	62.96%	77.27% ◆	91.16%	92.86%	94.64% 🔺
Q68. Condition has lasted or is expected to last at least 12 months (% Yes)	93.55%	90.91%	95.66%	96.93%	100%	99.18%↑ ◆



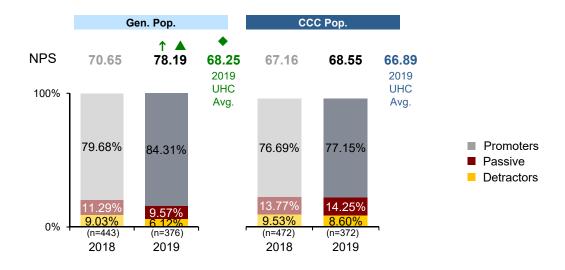
Health plan loyalty

Q93. Likelihood to recommend to family or friends



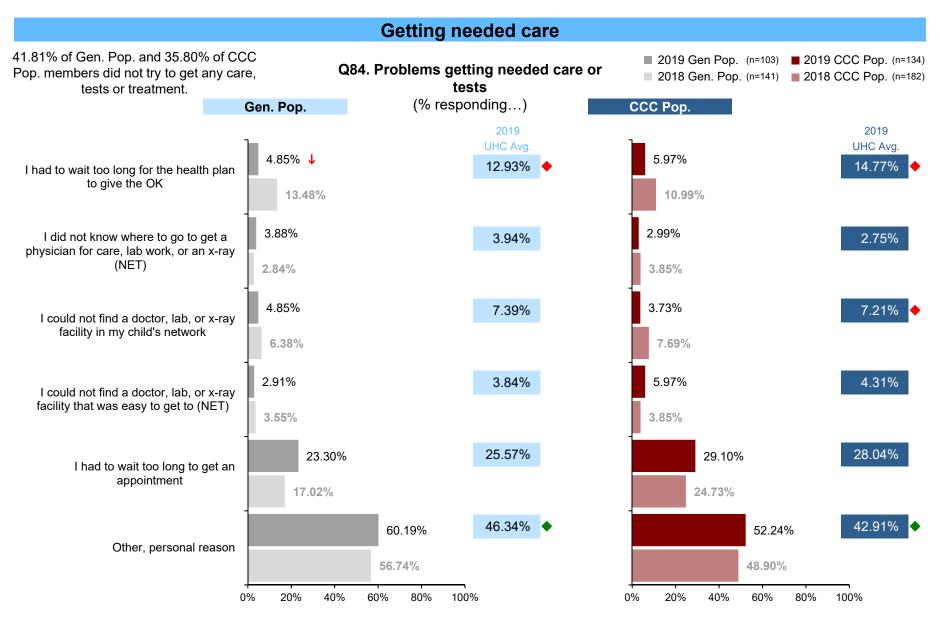


Net Promoter Score (NPS)*





^{*} NPS = Promoters (% 9 or 10) minus Detractors (% 0-6) rating on likelihood to recommend plan (Q93) where 0 is not at all likely and 10 is extremely likely. Please refer to page 15 for statistical references and footnotes.



Please refer to page 15 for statistical references and footnotes.

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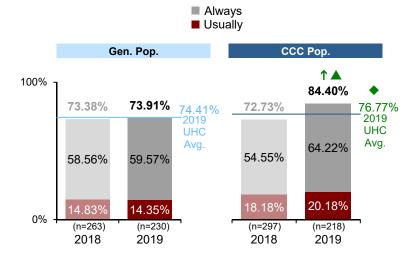
66



After-hours care

36.58% of Gen. Pop. and 39.75% of CCC Pop. members did not call after hours.

Q85. Got the help you wanted



Additional questions

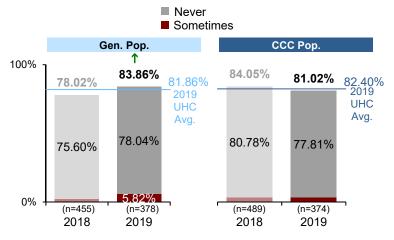
Language and cultural needs

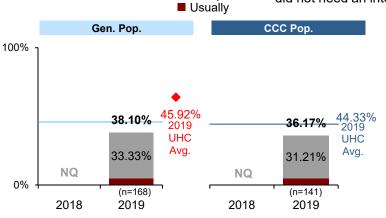
Q86. Difficulty finding a doctor who speaks your language

Q87. Got an interpreter when needed

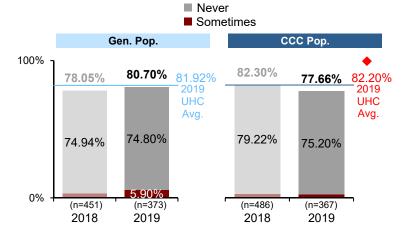
Always

49.88% of Gen. pop. and 56.05% CCC Pop. members did not need an interpreter.





Q88. Difficulty finding a doctor who understands your culture





Additional questions

Mental health services

0%

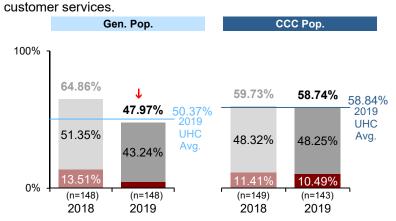
(n=155)

2018

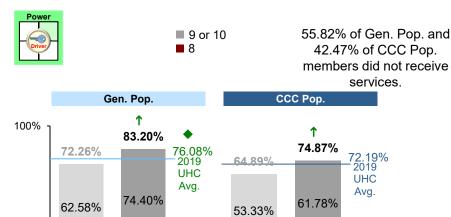
Q89. Customer service staff was helpful in providing mental health services

53.21% of Gen. Pop. and
57.04% of CCC Pop.
members did not call

■ Always
■ Usually



Q90. Mental health services overall



11.56%

(n=225)

2018

8.80%

2019

(n=125)

13.09%

(n=191)

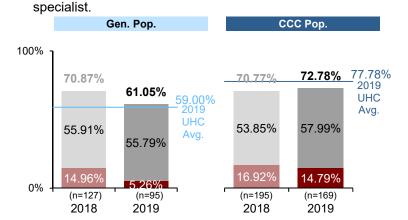
2019

Additional questions

Mental health services

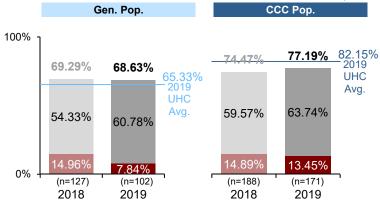
Q91. Easy to get appointment with mental health specialist

20.80% of Gen. Pop. and 9.95% of CCC Pop. ■ Usually members did not see a



Q92. Mental health providers were helpful to your child

■ Always
■ Usually
16.00% of Gen. Pop. and
7.33% of CCC Pop.
members did not see a
specialist.

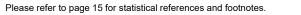


Appendix A Member profile



Member profile

		Gen. P	op.		CCC P	ор.	
			2019			2019	
	2018	2019	UHC Avg.	2018	2019	UHC Avg.	
	Child's p	rofile					
Overall health (Q58)							
Excellent/Very good	71.92%	74.88%	74.39% ▲	55.53%	55.72%	54.33%	
Good	23.23%	20.73%	20.43%	32.62%	33.08%	33.06%	
Fair/Poor	4.85%	4.39%	5.18%	11.84%	11.19%	12.61%	
Overall mental health (Q59)							
Excellent/Very good	65.71%	74.45%	71.03% ↑ ▲	40.90%	45.25%	40.25%	
Good	23.88%	18.43%	19.50% ↓	30.53%	31.50%	32.52%	
Fair/Poor	10.41%	7.13%	9.47%	28.57%	23.25%	27.23%	
Age (Q74)							
Less than 1	3.11%	2.77%	2.10%	1.39%	0.50%	0.41%	
1-5	25.10%	28.21%	25.24%	15.31%	18.39%	15.23%	
6-10	24.90%	26.95%	28.26%	26.64%	26.95%	29.80%	
11-15	32.16%	32.75%	31.49%	42.35%	37.78%	37.28%	
16 or older	14.73%	9.32%	12.91% ↓ ◆	14.31%	16.37%	17.28%	
Gender (Q75)							
Male	52.07%	50.63%	52.47%	60.75%	60.45%	58.83%	
Female	47.93%	49.37%	47.53% ▲	39.25%	39.55%	41.17%	
Race/ethnicity (Q76/Q77)							
White	42.74%	51.58%	64.31% ↑ ◆	47.52%	56.32%	69.88% 1	
Black or African-American	52.56%	38.95%	21.88% ↓ ◆	51.88%	42.11%	26.33%	•
Hispanic or Latino	12.55%	21.48%	33.28% ↑ ▲◆	4.83%	8.97%	22.04% 1	^
Asian	3.63%	3.68%	7.49%	1.58%	2.37%	2.63%	
Native Hawaiian or other Pacific Islander	0.64%	1.05%	1.81%	0.79%	0.26%	1.01%	•
American Indian or Alaska Native	4.27%	3.95%	3.23%	6.14%	3.42%	3.29%	
	Parent's/Adult response	ondent's p	rofile				
Average age (Q78)	36.64	37.37	38.75 ♦	38.25	40.85	41.18 1	^
Gender (Q79)							
Male	8.96%	9.55%	13.65%	7.33%	9.14%	9.97%	
Female	91.04%	90.45%	86.35%	92.67%	90.86%	90.03%	
Education (Q80)							
High school or less	54.76%	50.00%	50.57%	44.31%	46.19%	45.39%	
Some college or more	45.24%	50.00%	49.43%	55.69%	53.81%	54.61%	
Relationship to child (Q81)							
Mother or Father	89.55%	88.01%	91.31% 🔺	86.48%	82.15%	84.80%	
Grandparent	6.82%	9.69%	5.94%	7.79%	12.34%	10.12% 1	1
Other	3.62%	2.30%	2.75%	5.74%	5.51%	5.08%	_





Appendix B
Overall ratings and composite score summary tables



Overall ratings and composites – global proportions and summary rates

		Gen. P	op.	CCC Pop.				
	2018	2019	2019 UHC Avg.	2018	2019	2019 UHC Avg.		
	Overall ra	tings						
Rating of Health Plan (Q54) (% 8, 9 or 10)	88.66%	90.84%	87.40% ◆	84.51%	87.31%	86.46%		
Rating of Health Care (Q14) (% 8, 9 or 10)	89.53%	90.48%	89.47%	87.36%	86.97%	87.92%		
Rating of Personal Doctor (Q41) (% 8, 9 or 10)	89.32%	93.26%	90.76% ↑	89.01%	91.06%	91.06%		
Rating of Specialist (Q48) (% 8, 9 or 10)	87.04%	96.34%	88.61% ↑ ◆	84.11%	93.83%	89.25% ↑ ◆		
Overall rat	ings and c	omposite	scores					
Rating of Health Plan (Q54) (% 9 or 10)	75.10%	79.46%	73.35 % ◆	71.96%	74.87%	72.12%		
Rating of Health Care (Q14) (% 9 or 10)	74.06%	77.14%	72.07% ◆	72.98%	74.85%	70.96%		
Rating of Personal Doctor (Q41) (% 9 or 10)	81.59%	83.99%	77.89% ◆	79.92%	81.57%	79.48%		
Rating of Specialist (Q48) (% 9 or 10)	78.70%	85.37%	73.87% ◆	75.23%	83.33%	75.39% ◆		
Customer Service (% Always or Usually)	89.38%	89.15%	88.94%	90.91%	88.44%	89.87%		
Getting Needed Care (% Always or Usually)	86.38%	92.31%	86.32% ↑ ◆	88.44%	90.62%	89.73%		
Getting Care Quickly (% Always or Usually)	94.52%	90.84%	90.39%	92.65%	93.82%	93.75%		
How Well Doctors Communicate (% Always or Usually)	93.16%	95.84%	94.18%	95.41%	95.20%	94.88%		
Shared Decision Making (% Yes)	76.03%	78.62%	79.28%	82.86%	83.95%	86.16%		
Health Promotion and Education (Q8) (% Yes)	72.32%	74.37%	71.36%	77.01%	79.70%	77.64%		
Coordination of Care (Q40) (% Always or Usually)	88.51%	82.76%	83.04%	82.85%	88.32%	83.65%		
Access to Prescription Medicine (% Always or Usually)	94.81%	92.25%	92.28%	93.74%	93.35%	92.51%		
Access to Specialized Services (% Always or Usually)	81.38%	80.01%	76.42%	79.74%	77.06%	77.12%		
FCC: Personal Doctor who Knows Child (% Yes)	90.89%	93.40%	91.43%	91.97%	93.32%	91.17%		
FCC: Getting Needed Information (% Always or Usually)	86.10%	92.63%	89.17% ↑ ◆	88.74%	93.31%	92.19% ↑		
FCC: Coordination of Care (% Yes)	79.64%	71.61%	76.25%	79.90%	79.15%	77.78%		



Overall ratings and composites – mean scores

		Gen. Po	op.		CCC Pop.			
	2018	2019	2019 UHC Avg.	2018	2019	2019 UHC Avg.		
Overall n	nean rating	js: 0 - 10	scale					
Rating of Health Plan (Q54) (% 8, 9 or 10)	9.0870	9.2153	9.0164	♦ 8.9000	9.0076	8.9545		
Rating of Health Care (Q14) (% 8, 9 or 10)	9.0948	9.1492	9.0244	9.0087	9.0667	8.9771		
Rating of Personal Doctor (Q41) (% 8, 9 or 10)	9.2545	9.3708	9.1830	♦ 9.1882	9.2981	9.2140		
Rating of Specialist (Q48) (% 8, 9 or 10)	9.0648	9.3780	9.0511	8.8879	9.3395	9.0785 ↑ ◆		
Overall ratings and com	posite sco	res: Thre	e-point mea	n scores				
Rating of Health Plan (Q54) (% 9 or 10)	2.6903	2.7376	2.6676	♦ 2.6294	2.6574	2.6451		
Rating of Health Care (Q14) (% 9 or 10)	2.6783	2.6921	2.6668	2.6492	2.6697	2.6474		
Rating of Personal Doctor (Q41) (% 9 or 10)	2.7614	2.7921	2.7308	♦ 2.7315	2.7534	2.7441		
Rating of Specialist (Q48) (% 9 or 10)	2.6852	2.8171	2.6823	♦ 2.6495	2.8025	2.6970 ↑ ◆		
Customer Service (% Always or Usually)	2.6643	2.6604	2.5941	2.6678	2.5887	2.6126		
Getting Needed Care (% Always or Usually)	2.5663	2.6790	2.4949 🕇	2.5771	2.6154	2.5534		
Getting Care Quickly (% Always or Usually)	2.7684	2.7034	2.6627	2.7359	2.7442	2.7188		
How Well Doctors Communicate (% Always or Usually)	2.7585	2.8353	2.7488	2.7983	2.8010	2.7617		
Coordination of Care (Q40) (% Always or Usually)	2.5473	2.5259	2.4260	2.4728	2.5939	2.4359 ◆		
Access to Prescription Medicine (% Always or Usually)	2.7500	2.7132	2.6807	2.6935	2.7064	2.6536		
Access to Specialized Services (% Always or Usually)	2.4899	2.4833	2.3448	2.3974	2.3869	2.3364		
FCC: Getting Needed Information (% Always or Usually)	2.5831	2.7564	2.6359 ↑	♦ 2.6342	2.7538	2.6762 ↑ ◆		



Key measures – global proportions and summary rates

		Gen.	Pop.			CCC	Pop.	
	0040	0040	2019		0040	0040	2019	
Dating of Hoolth Dion (OSA) (0/ 9, 0 or 40)	2018 88.66%	2019	UHC Avg. 87.40%		2018 84.51%	2019 87.31%	UHC Avg. 86.46%	
Rating of Health Plan (Q54) (% 8, 9 or 10)		90.84%		•				
Rating of Health Care (Q14) (% 8, 9 or 10)	89.53%	90.48%	89.47%		87.36%	86.97%	87.92%	
Rating of Personal Doctor (Q41) (% 8, 9 or 10)	89.32%	93.26%	90.76%	•	89.01%	91.06%	91.06%	A A
Rating of Specialist (Q48) (% 8, 9 or 10)	87.04%	96.34%	88.61%	•	84.11%	93.83%	89.25%	↑ •
Net Promoter Score (NPS)*	70.65	78.19	68.25	A •	67.16	68.55	66.89	
Customer Service (% Always or Usually)	89.38%	89.15%	88.94%		90.91%	88.44%	89.87%	
Q50. Got needed info. from customer service	85.59%	82.08%	83.50%		84.62%	82.91%	84.72%	
Q51. Staff treated you with courtesy/respect	93.16%	96.23%	94.38%		97.20%	93.97%	95.03%	
Getting Needed Care (% Always or Usually)	86.38%	92.31%	86.32%	•	88.44%	90.62%	89.73%	
Q46. Got appointment with specialist as soon as needed	80.67%	92.22%	81.47%	•	85.14%	87.93%	86.00%	
Q15. Ease of getting care, tests or treatment	92.08%	92.41%	91.16%		91.74%	93.31%	93.47%	
Getting Care Quickly (% Always or Usually)	94.52%	90.84%	90.39%		92.65%	93.82%	93.75%	
Q4. Got urgent care as soon as needed	94.24%	90.07%	91.62%		91.21%	93.19%	94.65%	
Q6. Got routine care as soon as needed	94.81%	91.61%	89.16%		94.09%	94.44%	92.84%	
How Well Doctors Communicate (% Always or Usually)	93.16%	95.84%	94.18%		95.41%	95.20%	94.88%	
Q32. Doctor explained things	93.46%	96.17%	94.52%		95.89%	96.34%	95.46%	
Q33. Doctor listened carefully	95.63%	96.89%	95.39%		95.87%	95.41%	95.73%	
Q34. Doctor showed respect	95.36%	96.55%	96.63%		97.71%	96.94%	96.71%	
Q37. Doctor spent enough time	88.19%	93.75%	90.17%	•	92.18%	92.10%	91.62%	
Shared Decision Making (% Yes)	76.03%	78.62%	79.28%		82.86%	83.95%	86.16%	
Q11. Doctor discussed reasons to take medicine	88.97%	90.10%	91.73%		94.12%	93.79%	95.41%	
Q12. Doctor discussed reasons not to take medicine	60.00%	68.32%	65.79%		68.47%	75.46%	75.98%	
Q13. Doctor asked what you thought was best	79.10%	77.45%	80.32%		86.00%	82.61%	87.09%	
Health Promotion and Education (Q8) (% Yes)	72.32%	74.37%	71.36%		77.01%	79.70%	77.64%	
Coordination of Care (Q40) (% Always or Usually)	88.51%	82.76%	83.04%		82.85%	88.32%	83.65%	
Access to Prescription Medicine (% Always or Usually)	94.81%	92.25%	92.28%		93.74%	93.35%	92.51%	
Access to Specialized Services (% Always or Usually)	81.38%	80.01%	76.42%		79.74%	77.06%	77.12%	
FCC: Personal Doctor who Knows Child (% Yes)	90.89%	93.40%	91.43%		91.97%	93.32%	91.17%	
FCC: Getting Needed Information (% Always or Usually)	86.10%	92.63%	89.17%	•	88.74%	93.31%	92.19%	↑
FCC: Coordination of Care (% Yes)	79.64%	71.61%	76.25%		79.90%	79.15%	77.78%	
					****	D		. (0/ 0 0)

*NPS = Promoters (% 9 or 10) minus Detractors (% 0-6) rating on likelihood to recommend plan (Q93) where 0 is not at all likely and 10 is extremely likely.



Overall ratings and composites – percentiles

	National Percentiles from 2018 Quality Compass (Child Medicaid – General Population)										
General Population	2019	<u>) Plan</u>	20)18 Qual	lity Com	oass (Ch	nild Med	icaid – G	Seneral F	Population	on)
	Score	Percentile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Rating of Health Plan (Q54) (% 8, 9 or 10)	90.84%	90th	80.58	82.08	84.10	85.15	86.63	88.08	89.06	90.77	91.49
Rating of Health Care (Q14) (% 8, 9 or 10)	90.48%	75th	82.31	83.20	85.23	85.78	87.27	88.52	89.25	90.64	91.54
Rating of Personal Doctor (Q41) (% 8, 9 or 10)	93.26%	95th	84.52	86.14	88.01	88.52	89.64	90.72	91.28	92.59	93.26
Rating of Specialist (Q48) (% 8, 9 or 10)	96.34%	95th	81.46	82.26	84.75	85.81	86.94	88.41	89.30	91.87	92.25
Customer Service (% Always or Usually)	89.15%	50th	84.60	85.48	87.22	87.56	88.50	89.95	90.58	92.01	93.07
Q50. CS provided needed information or help	82.08%	25th	78.18	79.13	80.91	82.09	83.64	85.22	86.25	87.92	89.68
Q51. CS treated member with courtesy and respect	96.23%	75th	90.37	91.35	92.66	93.05	93.94	94.85	95.22	96.39	97.18
Getting Needed Care (% Always or Usually)	92.31%	95th	78.11	79.28	81.67	82.79	84.41	87.20	87.94	90.26	91.35
Q46. Got appointment with specialist as soon as needed	92.22%	95th	69.72	72.82	77.10	78.57	80.90	84.21	85.26	86.89	88.49
Q15. Ease of getting care, tests or treatment	92.41%	75th	82.70	83.98	87.01	88.09	89.85	91.59	92.31	93.91	94.44
Getting Care Quickly (% Always or Usually)	90.84%	50th	82.18	83.90	86.81	87.96	89.96	91.68	92.56	94.52	95.06
Q4. Got urgent care as soon as needed	90.07%	33rd	83.18	85.45	87.79	89.22	91.33	92.89	93.88	95.79	96.76
Q6. Got check-up or routine appointment as soon as needed	91.61%	67th	79.82	81.21	85.59	86.67	89.01	90.48	91.68	93.60	94.82
How Well Doctors Communicate (% Always or Usually)	95.84%	75th	89.39	91.10	92.46	92.89	94.05	94.86	95.40	96.36	96.81
Q32. Personal doctor explained things	96.17%	67th	88.98	91.03	93.03	93.47	94.49	95.74	96.28	97.00	97.66
Q33. Personal doctor listened carefully	96.89%	75th	91.72	92.67	94.32	94.78	95.61	96.15	96.47	97.32	97.94
Q34. Personal doctor showed respect	96.55%	50th	93.20	93.89	95.50	95.93	96.50	97.03	97.26	98.03	98.75
Q37. Personal doctor spent enough time	93.75%	90th	82.11	83.30	86.92	88.03	89.73	91.40	91.91	93.70	94.25
Shared Decision Making (% Yes)	78.62%	33rd	69.87	72.18	75.81	76.79	79.31	80.26	80.95	83.06	83.56
Q11. Doctor discussed reasons to take a medicine	90.10%	25th	81.82	84.83	88.97	91.00	92.24	93.33	94.08	95.56	95.93
Q12. Doctor discussed reasons not to take a medicine	68.32%	67th	54.13	56.46	60.61	62.80	65.84	67.29	68.66	72.65	74.04
Q13. Doctor asked what you thought was best	77.45%	33rd	71.43	74.07	76.27	77.05	79.01	80.89	81.75	83.94	84.68
Health Promotion and Education (Q8) (% Yes)	74.37%	67th	65.97	67.35	70.44	71.43	72.79	74.32	75.00	77.35	79.67
Coordination of Care (Q40) (% Always or Usually)	82.76%	33rd	75.00	76.85	80.21	81.40	82.94	85.31	86.54	88.24	89.29
Other reported measures (% Always or Usually)											
Q53. Health plan forms were easy to fill out	96.99%	75th	91.54	92.11	93.48	94.12	94.94	95.55	95.90	97.19	97.38

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



Overall ratings and composites – percentiles

CCC Demulation	National Percentiles from 2019 Plan 2018 Quality Compass (Child Medicaid – CCC Population)								\		
CCC Population		Percentile	5 th								•
	Score		•	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Rating of Health Plan (Q54) (% 8, 9 or 10)	87.31%	75th	76.00	79.05	82.64	83.28	84.74	85.96	87.07	89.14	89.74
Rating of Health Care (Q14) (% 8, 9 or 10)	86.97%	50th	80.12	81.70	84.78	85.81	86.57	87.36	87.59	89.39	89.90
Rating of Personal Doctor (Q41) (% 8, 9 or 10)	91.06%	75th	85.63	86.49	88.26	89.01	89.49	90.49	91.00	91.45	92.84
Rating of Specialist (Q48) (% 8, 9 or 10)	93.83%	95th	81.50	82.53	85.16	85.48	87.05	88.26	88.68	90.57	91.83
Customer Service (% Always or Usually)	88.44%	33rd	85.10	86.08	87.06	87.37	89.26	90.44	90.76	91.99	94.36
Q50. CS provided needed information or help	82.91%	33rd	76.41	78.03	81.12	81.97	83.65	85.29	85.80	87.08	91.39
Q51. CS treated member with courtesy and respect	93.97%	33rd	92.31	92.52	93.22	93.78	94.78	95.54	95.81	97.27	97.48
Getting Needed Care (% Always or Usually)	90.62%	75th	79.48	82.05	84.89	86.55	88.17	89.59	90.35	91.61	92.63
Q46. Got appointment with specialist as soon as needed	87.93%	75th	73.19	75.71	81.48	83.13	84.64	86.67	87.56	89.10	90.71
Q15. Ease of getting care, tests or treatment	93.31%	50th	84.11	87.40	90.43	90.88	92.01	93.38	94.09	94.61	94.95
Getting Care Quickly (% Always or Usually)	93.82%	50th	87.15	88.76	90.50	91.24	93.69	94.24	94.63	95.65	96.07
Q4. Got urgent care as soon as needed	93.19%	25th	88.17	89.53	91.26	93.57	94.59	95.32	95.74	96.90	97.31
Q6. Got check-up or routine appointment as soon as needed	94.44%	75th	84.77	87.06	89.88	91.47	92.44	93.62	94.30	95.07	95.53
How Well Doctors Communicate (% Always or Usually)	95.20%	50th	91.73	92.72	93.38	93.95	95.20	95.68	95.94	96.88	96.92
Q32. Personal doctor explained things	96.34%	50th	92.11	93.52	94.44	94.88	96.02	96.45	96.73	97.75	98.03
Q33. Personal doctor listened carefully	95.41%	33rd	92.98	93.63	94.39	94.69	95.66	96.39	96.55	96.98	97.25
Q34. Personal doctor showed respect	96.94%	50th	94.22	94.69	95.72	95.84	96.42	97.14	97.49	98.36	98.82
Q37. Personal doctor spent enough time	92.10%	33rd	83.70	87.24	90.13	90.69	92.28	93.23	94.12	94.97	95.35
Shared Decision Making (% Yes)	83.95%	25th	80.31	81.30	83.91	84.26	85.44	86.05	86.30	87.45	87.65
Q11. Doctor discussed reasons to take a medicine	93.79%	5th	92.96	94.12	95.28	95.93	96.35	96.85	97.37	98.11	98.57
Q12. Doctor discussed reasons not to take a medicine	75.46%	50th	67.54	68.07	71.92	73.08	74.07	75.68	76.35	77.37	79.00
Q13. Doctor asked what you thought was best	82.61%	10th	76.47	78.15	83.04	83.33	85.23	86.61	87.25	89.86	90.48
Health Promotion and Education (Q8) (% Yes)	79.70%	50th	72.58	74.03	77.27	78.53	79.34	80.41	81.00	83.54	85.14
Coordination of Care (Q40) (% Always or Usually)	88.32%	90th	78.10	79.13	81.01	82.14	83.51	85.13	86.72	88.13	89.03
Access to Prescription Medicine (% Always or Usually)	93.35%	67th	86.19	87.55	89.71	90.06	91.98	93.06	93.72	94.62	95.37
Q57. Got help with getting prescription medicines (% Yes)	51.97%	<5th	53.22	53.99	56.70	57.80	61.45	63.24	63.98	66.30	71.43
Access to Specialized Services (% Always or Usually)	77.06%	33rd	68.90	69.12	76.51	76.68	79.27	80.72	81.93	84.27	85.58
Q23. Easy to get special therapy	81.11%	50th	65.78	70.71	73.72	77.39	79.31	81.98	82.41	86.14	90.97
Q26. Easy to get treatment or counseling	76.54%	25th	66.95	72.52	76.06	77.78	80.57	83.43	84.21	85.34	86.96
Q24. Got help with getting special therapy (% Yes)	63.74%	10th	41.30	62.61	66.39	67.24	69.02	69.81	70.83	75.23	75.62
Q27. Got help getting treatment/counseling (% Yes)	67.50%	90th	50.20	50.80	53.85	56.06	59.01	62.14	64.66	66.67	68.67
FCC: Personal Doctor who Knows Child (% Yes)	93.32%	90th	87.20	88.47	89.92	90.66	91.23	92.25	92.53	93.18	93.35
Q38. Doctor talks about how child is feeling, growing or behaving	91.41%	67th	84.36	85.52	87.64	88.08	89.18	90.87	91.67	92.42	93.31
Q43. Doctor understands how conditions affect child's life	96.25%	95th	89.73	90.96	92.52	92.81	94.07	94.51	94.97	95.82	96.23
Q44. Doctor understands how conditions affect family's life	92.31%	75th	85.96	87.03	89.69	89.94	90.39	91.40	91.74	93.07	93.61
FCC: Getting Needed Information (% Always or Usually)	93.31%	75th	88.74	89.73	90.94	91.34	92.04	92.69	93.29	94.06	95.56
FCC: Coordination of Care (% Yes)	79.15%	67th	69.55	71.90	75.35	76.16	77.19	78.39	79.40	80.86	83.54
Q29. Got help coordinating care among providers or services	65.32%	67th	53.94	54.90	57.25	58.91	61.16	63.72	66.05	69.11	69.93
Other reported measures (% Always or Usually)											
Q53. Health plan forms were easy to fill out	95.91%	75th	90.24	91.48	92.44	93.38	94.22	95.18	95.63	96.76	96.92

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



			ng of h Plan		ng of n Care	Hea Sta	tus		Status		rvey (pe
General Population <u>Child</u>		8-10	0-7	8-10	0-7	Excellent or Very good	Good, Fair or Poor	or Very good	Good, Fair or Poor	Mail	Phone
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)
	Total respondents	367	37	285	30	307	103	303	104	161	260
Rating of Health Plan (Q54) (% 8, 9 or 10)		100% B	0.00%	96.00%	48.28%	93.27% F	83.17%	93.52%н	82.35%	88.24%	92.43%
Rating of Health Care (Q14) (% 8, 9 or 10)		94.96%	42.31%	100% D	0.00%	93.27% F	82.93%	92.92%н	83.33%	85.84%	93.07%
Rating of Personal Doctor (Q41) (% 8, 9 or 10)		95.30%	74.07%	97.23%	62.50%	93.44%	93.10%	94.88%	88.89%	90.98%	94.44%
Rating of Specialist (Q48) (% 8, 9 or 10)		97.26%	NR	98.33%	NR	97.96%	96.88%	96.00%	96.88%	96.55%	96.23%
Customer Service (% Always or Usually)		91.22%	NR	93.83%	NR	89.32%	91.44%	91.33%	82.76%	94.00%	87.62%
Q50. CS provided needed information or help		85.57%	NR	88.89%	NR	81.33%	86.21%	85.33%	72.41%	88.00%	80.25%
Q51. CS treated member with courtesy and respect		96.88%	NR	98.77%	NR	97.30%	96.67%	97.33%	93.10%	100%	95.00%
Getting Needed Care (% Always or Usually)		93.30%	82.00%	94.83 %D	76.67%	91.18%	93.29%	94.78%	87.41%	93.95%	91.36%
Q46. Got appointment with specialist as soon as needed		91.25%	NR	93.94%	NR	87.27%	100% E	94.44%	88.57%	93.94%	91.23%
Q15. Ease of getting care, tests or treatment		95.36%	64.00%	95.73%D	63.33%	95.09% F	86.59%	95.11%H	86.25%	93.97%	91.50%
Getting Care Quickly (% Always or Usually)		91.99%	83.21%	94.08%	68.89%	92.56%	88.75%	90.32%	92.60%	93.21%	89.38%
Q4. Got urgent care as soon as needed		92.25%	70.59%	93.97%	64.71%	91.49%	88.46%	90.00%	89.36%	93.22%	88.04%
Q6. Got check-up or routine appointment as soon as needed		91.73%	95.83%	94.20%	73.08%	93.63%	89.04%	90.64%	95.83%	93.20%	90.71%
How Well Doctors Communicate (% Always or Usually)		96.82%	82.95%	97.92%	76.19%	96.83%	92.74%	97.18%	91.85%	95.70%	95.91%
Q32. Personal doctor explained things		97.29%	81.82%	98.68%	76.19%	97.07%	93.33%	98.03%н	90.79%	94.85%	96.84%
Q33. Personal doctor listened carefully		98.08%	81.82%	98.70%	76.19%	97.56%	94.74%	98.52%н	92.21%	97.00%	96.83%
Q34. Personal doctor showed respect		97.32%	86.36%	97.83%	80.95%	97.57%	93.42%	97.55%	93.51%	96.00%	96.84%
Q37. Personal doctor spent enough time		94.59%	81.82%	96.49%	71.43%	95.10%	89.47%	94.61%	90.91%	94.95%	93.12%
Shared Decision Making (% Yes)		79.43%	NR	77.49%	81.82%	79.80%	79.17%	81.71%	75.54%	78.02%	78.86%
Q11. Doctor discussed reasons to take a medicine		90.91%	NR	89.66%	90.91%	90.63%	90.63%	95.24%	81.82%	97.06%J	86.57%
Q12. Doctor discussed reasons not to take a medicine		68.97%	NR	67.82%	63.64%	70.31%	68.75%	71.43%	66.67%	57.58%	73.53%
Q13. Doctor asked what you thought was best		78.41%	NR	75.00%	90.91%	78.46%	78.13%	78.46%	78.13%	79.41%	76.47%
Health Promotion and Education (Q8) (% Yes)		76.34%	56.00%	76.51%	60.00%	74.44%	72.29%	74.67%	71.25%	76.52%	73.13%
Coordination of Care (Q40) (% Always or Usually)		86.14%	50.00%	91.49%	NR	86.11%	76.19%	81.82%	83.78%	86.11%	81.25%
Access to Prescription Medicine (% Always or Usually)		93.53%	80.95%	94.33%	82.61%	94.44%	88.00%	94.83%	87.34%	94.90%	90.63%
Access to Specialized Services (% Always or Usually)		86.42%	54.44%	86.39%	44.44%	86.79%	77.07%	89.97%	76.72%	74.60%	81.87%
FCC: Personal Doctor who Knows Child (% Yes)		94.37%	89.10%	94.49%	81.55%	94.09%	93.84%	93.02%	95.15%	88.27%	95.61%।
FCC: Getting Needed Information (% Always or Usually)		93.45%	80.77%	94.95%D	76.67%	95.02% F	86.42%	95.95%н	83.75%	92.04%	92.96%
FCC: Coordination of Care (% Yes)		74.01%	59.23%	72.61%	NR	71.88%	70.83%	70.22%	73.58%	75.00%	70.38%

Please refer to page 15 for statistical references and footnotes.



			<u>Age</u>		<u>Ge</u>	<u>nder</u>		Race		Ethnicity
General Population <u>Child</u>		Less than 6	6 – 10	11+	Male	Female	White	Black or African- American	Other	Hispanic
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
	Total respondents	123	107	167	202	197	196	148	48	84
Rating of Health Plan (Q54) (% 8, 9 or 10)		93.33%	91.26%	89.51%	89.85%	92.11%	89.89%	90.48%	91.49%	93.75%
Rating of Health Care (Q14) (% 8, 9 or 10)		91.43%	93.33%	86.96%	89.10%	91.55%	93.51%	87.85%	83.33%	88.33%
Rating of Personal Doctor (Q41) (% 8, 9 or 10)		97.30% C	95.56%	89.05%	94.83%	92.68%	94.77%	93.65%	94.44%	95.65%
Rating of Specialist (Q48) (% 8, 9 or 10)		89.47%	94.44%	100%	96.00%	96.77%	95.35%	96.30%	NR	100%
Customer Service (% Always or Usually)		88.89%	93.04%	86.49%	89.39%	88.46%	92.69%	89.02%	80.00%	86.54%
Q50. CS provided needed information or help		80.56%	89.66%	78.38%	82.69%	80.77%	87.50%	80.49%	73.33%	76.92%
Q51. CS treated member with courtesy and respect		97.22%	96.43%	94.59%	96.08%	96.15%	97.87%	97.56%	86.67%	96.15%
Getting Needed Care (% Always or Usually)		94.04%	93.45%	90.62%	91.27%	93.56%	95.44% н	91.63%	80.78%	86.97%
Q46. Got appointment with specialist as soon as needed		90.00%	95.00%	91.49%	92.86%	90.63%	93.48%	93.55%	NR	87.50%
Q15. Ease of getting care, tests or treatment		98.08% C	91.89%	89.74%	89.68%	96.50% D	97.40% ^G	89.72%	83.78%	86.44%
Getting Care Quickly (% Always or Usually)		89.01%	89.54%	92.40%	90.19%	91.11%	92.86% н	93.13% н	71.49%	81.25%
Q4. Got urgent care as soon as needed		88.89%	87.18%	90.74%	88.89%	89.86%	92.54%	90.00%	66.67%	79.17%
Q6. Got check-up or routine appointment as soon as needed		89.13%	91.89%	94.06%	91.49%	92.37%	93.18% н	96.26% н	76.32%	83.33%
How Well Doctors Communicate (% Always or Usually)		97.89%	95.41%	93.88%	96.00%	95.42%	98.77%	95.04%	87.80%	91.29%
Q32. Personal doctor explained things		98.96% C	95.77%	93.33%	96.35%	95.59%	99.30% н	95.05%	86.67%	92.31%
Q33. Personal doctor listened carefully		98.96%	94.29%	96.26%	96.38%	97.06%	100% ^G	96.04%	87.10%	92.31%
Q34. Personal doctor showed respect		98.96% C	97.22%	93.40%	96.38%	96.35%	99.30%	96.08%	90.32%	92.31%
Q37. Personal doctor spent enough time		94.68%	94.37%	92.52%	94.89%	92.70%	96.48%	93.00%	87.10%	88.24%
Shared Decision Making (% Yes)		76.19%	84.70%	79.54%	82.01%	77.30%	85.53%	73.33%	72.73%	77.78%
Q11. Doctor discussed reasons to take a medicine		89.29%	92.00%	92.11%	89.13%	91.49%	97.92%	86.67%	81.82%	86.67%
Q12. Doctor discussed reasons not to take a medicine		67.86%	76.92%	67.57%	73.91%	65.96%	75.00%	60.00%	63.64%	73.33%
Q13. Doctor asked what you thought was best		71.43%	85.19%	78.95%	82.98%	74.47%	83.67%	73.33%	72.73%	73.33%
Health Promotion and Education (Q8) (% Yes)		75.24%	77.03%	70.69%	74.19%	73.43%	74.84% H	81.90% н	56.76%	65.00%
Coordination of Care (Q40) (% Always or Usually)		84.38%	86.67%	78.72%	82.46%	83.02%	88.33%	87.50%	45.45%	60.00%
Access to Prescription Medicine (% Always or Usually)		90.41%	92.65%	93.40%	94.53%	90.08%	96 .88% G	87.78%	85.19%	95.35%
Access to Specialized Services (% Always or Usually)		73.33%	82.32%	84.92%	83.23%	84.90%	85.29%	73.53%	NR	NR
FCC: Personal Doctor who Knows Child (% Yes)		93.40%	96.76%	91.41%	95.83%	90.90%	94.46%	94.19%	83.06%	85.00%
FCC: Getting Needed Information (% Always or Usually)		98.06% B	90.41%	91.30%	92.72%	93.75%	95.51%	92.45%	87.88%	89.47%
FCC: Coordination of Care (% Yes)		75.00%	61.93%	79.12%	72.47%	77.94%	67.83%	77.08%	NR	73.33%
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Please refer to page 15 for statistical references and footnotes.



		<u> </u>	<u>ige</u>		<u>Ge</u>	<u>nder</u>	<u>Edu</u>	cation
General Population <u>Parent/Adult respondent</u>	18-34	35-44	45-54	55+	Male	Female	High school or less	Some college or more
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total responde	nts 144	125	51	40	38	360	195	195
Rating of Health Plan (Q54) (% 8, 9 or 10)	91.49%	94.31%	85.71%	87.18%	75.00%	92.59% E	91.10%	91.49%
Rating of Health Care (Q14) (% 8, 9 or 10)	93.91%	90.11%	90.00%	90.00%	74.07%	91.94%	90.85%	91.39%
Rating of Personal Doctor (Q41) (% 8, 9 or 10)	95.35%	94.50%	90.91%	96.67%	89.29%	93.57%	95.45%	93.22%
Rating of Specialist (Q48) (% 8, 9 or 10)	93.33%	96.15%	NR	NR	NR	96.00%	100%	95.24%
Customer Service (% Always or Usually)	83.73%	93.90%	76.92%	NR	NR	88.69%	93.40%	88.30%
Q50. CS provided needed information or help	73.53%	90.24%	61.54%	NR	NR	81.72%	86.79%	80.85%
Q51. CS treated member with courtesy and respect	93.94%	97.56%	92.31%	NR	NR	95.65%	100%	95.74%
Getting Needed Care (% Always or Usually)	91.21%	91.86%	96.15%	92.83%	82.01%	93.40%	92.53%	93.83%
Q46. Got appointment with specialist as soon as needed	90.32%	90.32%	NR	NR	NR	93.75%	92.11%	93.62%
Q15. Ease of getting care, tests or treatment	92.11%	93.41%	92.31%	96.77%	92.59%	93.04%	92.96%	94.04%
Getting Care Quickly (% Always or Usually)	89.18%	90.47%	94.44%	94.74%	78.46%	91.87%	89.62%	93.85%
Q4. Got urgent care as soon as needed	86.27%	93.02%	88.89%	93.33%	76.92%	90.63%	88.33%	93.59%
Q6. Got check-up or routine appointment as soon as needed	92.08%	87.91%	100% A	B 96.15%	80.00%	93.12%	90.91%	94.12%
How Well Doctors Communicate (% Always or Usually)	96.76%	96.47%	92.10%	99.07%	94.20%	95.75%	95.30%	97.37%
Q32. Personal doctor explained things	96.33%	97.65%	94.12%	100%	95.00%	96.05%	96.06%	97.89%
Q33. Personal doctor listened carefully	96.30%	98.81%	94.29%	100%	95.45%	96.84%	97.66%	97.20%
Q34. Personal doctor showed respect	99.08%	96.47%	88.57%	100%	95.45%	96.46%	96.12%	97.90%
Q37. Personal doctor spent enough time	95.33%	92.94%	91.43%	96.30%	90.91%	93.65%	91.34%	96.50%
Shared Decision Making (% Yes)	78.13%	85.27%	76.19%	83.33%	NR	79.20%	69.29%	85.29%
Q11. Doctor discussed reasons to take a medicine	87.50%	92.31%	92.86%	100%	NR	90.36%	81.82%	96.55% G
Q12. Doctor discussed reasons not to take a medicine	65.63%	77.78%	64.29%	85.71%	NR	68.67%	59.38%	74.58%
Q13. Doctor asked what you thought was best	81.25%	85.71%	71.43%	64.29%	NR	78.57%	66.67%	84.75%
Health Promotion and Education (Q8) (% Yes)	77.39%	75.28%	67.50%	70.97%	64.29%	75.00%	68.75%	79.19 % G
Coordination of Care (Q40) (% Always or Usually)	84.09%	86.84%	66.67%	NR	NR	84.26%	81.48%	88.46%
Access to Prescription Medicine (% Always or Usually)	91.46%	90.00%	100% A	B 90.63%	91.67%	92.41%	92.98%	93.02%
Access to Specialized Services (% Always or Usually)	84.75%	77.88%	90.00%	NR	NR	80.85%	85.12%	83.00%
FCC: Personal Doctor who Knows Child (% Yes)	94.63%	96.86%	91.43%	91.36%	96.97%	93.41%	95.57%	93.89%
FCC: Getting Needed Information (% Always or Usually)	91.07%	94.44%	97.44%	96.67%	88.46%	93.33%	89.51%	97.30 % G
FCC: Coordination of Care (% Yes)	71.15%	73.16%	77.27%	NR	NR	71.67%	72.78%	73.83%

Please refer to page 15 for statistical references and footnotes.



Rating of Personal Doctor (Alf) (% 8, 9 or 10) 93.46% 71.79% 93.06%			ng of h Plan	Ratir Health	ng of n Care	Hea Sta	tus	Health	ntal Status		rvey (pe
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Q34. Personal doctor showed respect 97.56% 91.18% 99.22% 82.14% 99.46% F 93.57% 98.66% 95.45% 97.16% 96.77% Q37. Personal doctor spent enough time 93.43% B 79.41% 94.62% 75.00% 95.16% F 87.86% 94.70% 89.77% 95.10% 89.78% 84.21% 86.29% 83.13% 88.89% 81.36% 87.19% 81.07% 86.31% 88.31% 88.39% 81.36% 87.19% 81.07% 86.31% 82.04% 85.35% Q11. Doctor discussed reasons to take a medicine 94.16% 95.24% 92.70% 100% 90.00% 97.53% E 93.22% 94.00% 94.20% 93.48% Q12. Doctor discussed reasons not to take a medicine 73.91% 86.36% 74.82% 76.19% 74.07% 77.78% 71.67% 79.21% 69.57% 79.79% Q13. Doctor asked what you thought was best 84.56% 77.27% 81.88% 90.48% 80.00% 86.25% 78.33% 85.71% 82.35% 82.80% Health Promotion and Education (Q8) (% Yes) 81.91% B 65.79% 83.04% D 58.14% 81.11% 77.70% 81.21% 78.09% 81.25% 78.49% Coordination of Care (Q40) (% Always or Usually) 91.23% 63.64% 93.79% 50.00% 92.63% 84.00% 89.89% 86.79% 89.53% 87.39% Access to Prescription Medicine (% Always or Usually) 84.11% 41.20% 82.66% 47.09% 88.27% F 69.39% 85.19% H 72.37% 81.20% 74.51%	, ,	97.22%		99.23%	78.57%	97.85%	94.24%	97.35%	95.43%	95.77%	96.77%
Q37. Personal doctor spent enough time 93.43% B 79.41% 94.62% 75.00% 95.16% F 87.86% 94.70% 89.77% 95.10% 89.78% Shared Decision Making (% Yes) 84.21% 86.29% 83.13% 88.89% 81.36% 87.19% 81.07% 86.31% 82.04% 85.35% Q11. Doctor discussed reasons to take a medicine 94.16% 95.24% 92.70% 100% 90.00% 97.53% E 93.22% 94.00% 94.20% 93.48% Q12. Doctor discussed reasons not to take a medicine 73.91% 86.36% 74.82% 76.19% 74.07% 77.78% 71.67% 79.21% 69.57% 79.79% Q13. Doctor asked what you thought was best 84.56% 77.27% 81.88% 90.48% 80.00% 86.25% 78.33% 85.71% 82.35% 82.80% Health Promotion and Education (Q8) (% Yes) 81.91% B 65.79% 83.04% D 58.14% 81.11% 77.70% 81.21% 78.09% 81.25% 78.49% Coordination of Care (Q40) (% Always or Usually) 91.23% 63.64% 93.79% 50.00% 92.63% 84.00% 89.89% 86.79% 89.53% 87.39% Access to Prescription Medicine (% Always or Usually) 84.11% 41.20% 82.66% 47.09% 88.27% F 69.39% 85.19% P 72.37% 81.20% 74.51%	Q33. Personal doctor listened carefully		88.24%		82.14%	99.46% F	89.93%	98.68% H	92.53%	96.45%	94.62%
Shared Decision Making (% Yes) 84.21% 86.29% 83.13% 88.89% 81.36% 87.19% 81.07% 86.31% 82.04% 85.35% Q11. Doctor discussed reasons to take a medicine 94.16% 95.24% 92.70% 100% 90.00% 97.53% E 93.22% 94.00% 94.20% 93.48% Q12. Doctor discussed reasons not to take a medicine 73.91% 86.36% 74.82% 76.19% 74.07% 77.78% 71.67% 79.21% 69.57% 79.79% Q13. Doctor asked what you thought was best 84.56% 77.27% 81.88% 90.48% 80.00% 86.25% 78.33% 85.71% 82.35% 82.80% Health Promotion and Education (Q8) (% Yes) 81.91% B 65.79% 83.04% D 58.14% 81.11% 77.70% 81.21% 78.09% 81.25% 78.49% Coordination of Care (Q40) (% Always or Usually) 91.23% 63.64% 93.79% 50.00% 92.63% 84.00% 89.89% 86.79% 89.53% 87.39% Access to Prescription Medicine (% Always or Usually) 95.42% B 80.00% 95.37% D 82.50% 94.97% 91.30% 96.84% H <td>Q34. Personal doctor showed respect</td> <td>97.56%</td> <td>91.18%</td> <td></td> <td>82.14%</td> <td>99.46% F</td> <td>93.57%</td> <td>98.66%</td> <td>95.45%</td> <td>97.16%</td> <td>96.77%</td>	Q34. Personal doctor showed respect	97.56%	91.18%		82.14%	99.46% F	93.57%	98.66%	95.45%	97.16%	96.77%
Q11. Doctor discussed reasons to take a medicine 94.16% 95.24% 92.70% 100% 90.00% 97.53% 93.22% 94.00% 94.20% 93.48% Q12. Doctor discussed reasons not to take a medicine 73.91% 86.36% 74.82% 76.19% 74.07% 77.78% 71.67% 79.21% 69.57% 79.79% Q13. Doctor asked what you thought was best 84.56% 77.27% 81.88% 90.48% 80.00% 86.25% 78.33% 85.71% 82.35% 82.80% Health Promotion and Education (Q8) (% Yes) 81.91% 65.79% 83.04% 58.14% 81.11% 77.70% 81.21% 78.09% 81.25% 78.49% Coordination of Care (Q40) (% Always or Usually) 91.23% 63.64% 93.79% 50.00% 92.63% 84.00% 89.89% 86.79% 89.53% 87.39% Access to Prescription Medicine (% Always or Usually) 95.42% 80.00% 95.37% 50.00% 92.63% 84.00% 96.84% 91.00% 94.94% 92.12% Access to Specialized Services (% Always or Usually) 84.11% 41.20% 82.66% 47.09% 88.27% F 69.39% 85.19% H 72.37% 81.20% 74.51%	Q37. Personal doctor spent enough time	93.43%в	79.41%	94.62%	75.00%	95.16% F	87.86%	94.70%	89.77%	95.10%	89.78%
Q12. Doctor discussed reasons not to take a medicine 73.91% 86.36% 74.82% 76.19% 74.07% 77.78% 71.67% 79.21% 69.57% 79.79% Q13. Doctor asked what you thought was best 84.56% 77.27% 81.88% 90.48% 80.00% 86.25% 78.33% 85.71% 82.35% 82.80% Health Promotion and Education (Q8) (% Yes) 81.91% 65.79% 83.04% D 58.14% 81.11% 77.70% 81.21% 78.09% 81.25% 78.49% Coordination of Care (Q40) (% Always or Usually) 91.23% 63.64% 93.79% 50.00% 92.63% 84.00% 89.89% 86.79% 89.53% 87.39% Access to Prescription Medicine (% Always or Usually) 95.42% 80.00% 95.37% D 82.50% 94.97% 91.30% 96.84% 91.00% 94.94% 92.12% Access to Specialized Services (% Always or Usually) 84.11% 41.20% 82.66% 47.09% 88.27% F 69.39% 85.19% H 72.37% 81.20% 74.51%	Shared Decision Making (% Yes)	84.21%	86.29%	83.13%	88.89%	81.36%	87.19%	81.07%	86.31%	82.04%	85.35%
Q13. Doctor asked what you thought was best 84.56% 77.27% 81.88% 90.48% 80.00% 86.25% 78.33% 85.71% 82.35% 82.80% Health Promotion and Education (Q8) (% Yes) 81.91% 65.79% 83.04% 58.14% 81.11% 77.70% 81.21% 78.09% 81.25% 78.49% Coordination of Care (Q40) (% Always or Usually) 91.23% 63.64% 93.79% 50.00% 92.63% 84.00% 89.89% 86.79% 89.53% 87.39% Access to Prescription Medicine (% Always or Usually) 95.42% 80.00% 95.37% 82.50% 94.97% 91.30% 96.84% 91.00% 94.94% 92.12% Access to Specialized Services (% Always or Usually) 84.11% 41.20% 82.66% 47.09% 88.27% F 69.39% 85.19% H 72.37% 81.20% 74.51%	Q11. Doctor discussed reasons to take a medicine	94.16%	95.24%	92.70%	100%	90.00%	97.53% €	93.22%	94.00%	94.20%	93.48%
Health Promotion and Education (Q8) (% Yes) 81.91% B 65.79% 83.04% D 58.14% 81.11% 77.70% 81.21% 78.09% 81.25% 78.49% Coordination of Care (Q40) (% Always or Usually) 91.23% 63.64% 93.79% 50.00% 92.63% 84.00% 89.89% 86.79% 89.53% 87.39% Access to Prescription Medicine (% Always or Usually) 95.42% B 80.00% 95.37% D 82.50% 94.97% 91.30% 96.84% H 91.00% 94.94% 92.12% Access to Specialized Services (% Always or Usually) 84.11% 41.20% 82.66% 47.09% 88.27% F 69.39% 85.19% H 72.37% 81.20% 74.51%	Q12. Doctor discussed reasons not to take a medicine	73.91%	86.36%	74.82%	76.19%	74.07%	77.78%	71.67%	79.21%	69.57%	79.79%
Coordination of Care (Q40) (% Always or Usually) 91.23% 63.64% 93.79% 50.00% 92.63% 84.00% 89.89% 86.79% 89.53% 87.39% Access to Prescription Medicine (% Always or Usually) 95.42% 80.00% 95.37% D 82.50% 94.97% 91.30% 96.84% H 91.00% 94.94% 92.12% Access to Specialized Services (% Always or Usually) 84.11% 41.20% 82.66% 47.09% 88.27% F 69.39% 85.19% H 72.37% 81.20% 74.51%	Q13. Doctor asked what you thought was best	84.56%	77.27%	81.88%	90.48%	80.00%	86.25%	78.33%	85.71%	82.35%	82.80%
Access to Prescription Medicine (% Always or Usually) 95.42% B 80.00% 95.37% D 82.50% 94.97% 91.30% 96.84% H 91.00% 94.94% 92.12% 84.11% 41.20% 82.66% 47.09% 88.27% F 69.39% 85.19% H 72.37% 81.20% 74.51%	Health Promotion and Education (Q8) (% Yes)	81.91%B	65.79%	83.04%D	58.14%	81.11%	77.70%	81.21%	78.09%	81.25%	78.49%
Access to Specialized Services (% Always or Usually) 84.11% 41.20% 82.66% 47.09% 88.27% F 69.39% 85.19% H 72.37% 81.20% 74.51%	Coordination of Care (Q40) (% Always or Usually)	91.23%	63.64%	93.79%	50.00%	92.63%	84.00%	89.89%	86.79%	89.53%	87.39%
	Access to Prescription Medicine (% Always or Usually)	95.42%B	80.00%	95.37%D	82.50%	94.97%	91.30%	96.84%н	91.00%	94.94%	92.12%
FCC: Personal Doctor who Knows Child (% Yes) 93.78% 87.85% 95.60% 75.29% 95.81% F 90.32% 93.54% 93.15% 91.66% 94.63%	Access to Specialized Services (% Always or Usually)	84.11%	41.20%	82.66%	47.09%	88.27% F	69.39%	85.19%H	72.37%	81.20%	74.51%
	FCC: Personal Doctor who Knows Child (% Yes)	93.78%	87.85%	95.60%	75.29%	95.81% F	90.32%	93.54%	93.15%	91.66%	94.63%
FCC: Getting Needed Information (% Always or Usually) 95.02% P 79.49% 95.77% D 80.49% 97.22% F 88.44% 96.67% H 90.34% 95.04% 92.02%	FCC: Getting Needed Information (% Always or Usually)	95.02 %B	79.49%	95.77 % D	80.49%	97.22% F	88.44%	96.67 % H	90.34%	95.04%	92.02%
FCC: Coordination of Care (% Yes) 80.71% 74.36% 81.41% 69.41% 79.47% 79.28% 75.97% 81.57% 79.46% 79.07%	FCC: Coordination of Care (% Yes)	80.71%	74.36%	81.41%	69.41%	79.47%	79.28%	75.97%	81.57%	79.46%	79.07%

Please refer to page 15 for statistical references and footnotes.



		<u>Age</u>		Ger	<u>nder</u>		Race		Ethnicity
CCC Population <u>Child</u>	Less than 6	6 – 10	11+	Male	Female	White	Black or African- American	Other	Hispanic
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Total respondents		107	215	240	157	214	160	21	35
Rating of Health Plan (Q54) (% 8, 9 or 10)	91.78%	89.32%	85.71%	87.45%	88.39%	90.00%	83.97%	90.48%	88.24%
Rating of Health Care (Q14) (% 8, 9 or 10)	89.39%	87.36%	86.47%	86.87%	88.00%	90.22%	82.40%	93.33%	83.87%
Rating of Personal Doctor (Q41) (% 8, 9 or 10)	95.38% C	95.88% C	87.50%	92.49%	89.26%	92.61% G	85.71%	100%	96.77%
Rating of Specialist (Q48) (% 8, 9 or 10)	92.11%	88.89%	96.43%	95.83%	90.32%	95.70%	89.09%	NR	100%
Customer Service (% Always or Usually)	92.86%	89.30%	86.67%	87.88%	89.54%	90.46%	90.00%	NR	85.45%
Q50. CS provided needed information or help	90.48%	84.85%	80.00%	83.33%	83.33%	86.79%	85.45%	NR	NR
Q51. CS treated member with courtesy and respect	95.24%	93.75%	93.33%	92.42%	95.74%	94.12%	94.55%	NR	90.91%
Getting Needed Care (% Always or Usually)	90.11%	89.56%	91.15%	90.37%	90.86%	91.86%	88.42%	89.73%	80.42%
Q46. Got appointment with specialist as soon as needed	87.80%	85.00%	88.76%	88.35%	86.57%	88.66%	85.71%	NR	73.33%
Q15. Ease of getting care, tests or treatment	92.42%	94.12%	93.53%	92.39%	95.16%	95.05%	91.13%	93.75%	87.50%
Getting Care Quickly (% Always or Usually)	93.64%	93.24%	93.64%	92.17%	95.94%	95.44%	90.90%	89.20%	85.37%
Q4. Got urgent care as soon as needed	95.74%	92.16%	91.95%	90.91%	96.05%	94.39%	87.14%	90.91%	94.74%
Q6. Got check-up or routine appointment as soon as needed	91.53%	94.32%	95.32%	93.43%	95.83%	96.49%	94.66%	87.50%	76.00%
How Well Doctors Communicate (% Always or Usually)	97.08%	93.34%	95.39%	95.22%	95.11%	96.32%	93.35%	92.19%	92.52%
Q32. Personal doctor explained things	100% BC	95.12%	95.56%	97.35%	94.74%	97.83%	94.35%	93.75%	96.30%
Q33. Personal doctor listened carefully	98.31%	93.98%	94.94%	95.19%	95.49%	96.72%	92.74%	93.75%	92.31%
Q34. Personal doctor showed respect	100% BC	95.12%	96.65%	96.79%	96.99%	96.70%	96.77%	93.75%	92.59%
Q37. Personal doctor spent enough time	90.00%	89.16%	94.41%	91.53%	93.23%	94.02%	89.52%	87.50%	88.89%
Shared Decision Making (% Yes)	79.23%	91.96%	82.58%	84.65%	82.40%	84.23%	81.65%	90.91%	89.95%
Q11. Doctor discussed reasons to take a medicine	94.44%	97.30%	92.86%	91.58%	96.77%	94.90%	92.00%	100%	93.75%
Q12. Doctor discussed reasons not to take a medicine	72.97%	86.49%	71.76%	76.04%	73.02%	75.51%	72.55%	72.73%	82.35%
Q13. Doctor asked what you thought was best	70.27%	92.11% A	83.13%	86.32%	77.42%	82.29%	80.39%	100%	93.75%
Health Promotion and Education (Q8) (% Yes)	83.58%	76.47%	80.00%	82.41%	76.42%	80.87%	80.65%	81.25%	78.13%
Coordination of Care (Q40) (% Always or Usually)	86.84%	91.67%	86.92%	88.99%	87.06%	89.19%	88.06%	81.82%	70.59%
Access to Prescription Medicine (% Always or Usually)	91.94%	93.48%	93.53%	93.61%	92.65%	95.31%	91.03%	88.24%	90.00%
Access to Specialized Services (% Always or Usually)	75.81%	71.72%	80.86%	81.48%	74.81%	84.54% G	72.71%	NR	75.19%
FCC: Personal Doctor who Knows Child (% Yes)	91.24%	95.74%	92.64%	94.29%	91.54%	94.54%	91.56%	93.75%	96.15%
FCC: Getting Needed Information (% Always or Usually)	91.04%	92.94%	95.27%	94.39%	92.80%	96.17%	92.06%	86.67%	84.38%
FCC: Coordination of Care (% Yes)	85.53%	78.18%	77.82%	77.30%	83.59%	79.14%	79.44%	NR	87.50%

Please refer to page 15 for statistical references and footnotes.



		<u>A</u>	ge		<u>Ge</u>	<u>nder</u>	<u>Educ</u>	cation
CCC Population <u>Parent/Adult respondent</u>	18-34	35-44	45-54	55+	Male	Female	High school or less	Some college or more
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Total respondents	105	124	68	67	36	358	176	205
Rating of Health Plan (Q54) (% 8, 9 or 10)	92.31%	90.98%	87.88%	84.62%	85.71%	88.54%	89.60%	88.38%
Rating of Health Care (Q14) (% 8, 9 or 10)	88.64%	89.90%	90.91%	83.64%	88.46%	87.41%	87.77%	89.08%
Rating of Personal Doctor (Q41) (% 8, 9 or 10)	92.78%	90.99%	95.38%	88.14%	87.88%	91.41%	91.61%	91.71%
Rating of Specialist (Q48) (% 8, 9 or 10)	93.75%	92.31%	95.65%	95.45%	100%	93.66%	98.46%	92.05%
Customer Service (% Always or Usually)	83.93%	95.60%	76.90%	91.67%	NR	88.18%	91.31%	91.42%
Q50. CS provided needed information or help	78.57%	95.56%	62.50%	83.33%	NR	82.08%	84.62%	87.93%
Q51. CS treated member with courtesy and respect	89.29%	95.65%	91.30%	100%	NR	94.29%	98.00%	94.92%
Getting Needed Care (% Always or Usually)	88.30%	91.20%	94.19%	88.58%	89.25%	90.81%	92.68%	89.78%
Q46. Got appointment with specialist as soon as needed	82.35%	87.50%	95.65%	82.61%	82.35%	88.08%	89.71%	86.46%
Q15. Ease of getting care, tests or treatment	94.25%	94.90%	92.73%	94.55%	96.15%	93.54%	95.65%	93.10%
Getting Care Quickly (% Always or Usually)	91.56%	96.86%	95.67%	92.21%	100%	92.98%	93.30%	95.39%
Q4. Got urgent care as soon as needed	94.23%	96.72%	93.33%	88.00%	100%	92.17%	92.86%	95.15%
Q6. Got check-up or routine appointment as soon as needed	88.89%	97.00% A	98.00% A	96.43%	100%	93.79%	93.75%	95.63%
How Well Doctors Communicate (% Always or Usually)	92.79%	96.31%	98.13%	95.34%	91.27%	95.49%	93.98%	97.20%
Q32. Personal doctor explained things	95.40%	99.02%	98.15%	94.44%	95.83%	96.27%	95.71%	98.25%
Q33. Personal doctor listened carefully	94.19%	96.04%	98.15%	94.44%	92.31%	95.56%	94.33%	97.04%
Q34. Personal doctor showed respect	96.51%	98.04%	98.11%	94.34%	92.31%	97.26%	96.45%	98.22%
Q37. Personal doctor spent enough time	85.06%	92.16%	98.11% A	98.15% A	84.62%	92.86%	89.44%	95.29%
Shared Decision Making (% Yes)	85.64%	84.85%	78.89%	87.87%	83.46%	83.92%	81.28%	85.64%
Q11. Doctor discussed reasons to take a medicine	95.56%	100% C	86.67%	96.30%	94.12%	94.24%	93.65%	95.56%
Q12. Doctor discussed reasons not to take a medicine	75.00%	70.45%	73.33%	82.14%	87.50%	73.24%	69.23%	78.02%
Q13. Doctor asked what you thought was best	86.36%	84.09%	76.67%	85.19%	68.75%	84.29%	80.95%	83.33%
Health Promotion and Education (Q8) (% Yes)	83.91%	73.20%	85.45%	78.57%	82.14%	79.45%	81.43%	79.07%
Coordination of Care (Q40) (% Always or Usually)	86.21%	93.22%	90.91%	92.31%	78.57%	89.77%	87.65%	92.31%
Access to Prescription Medicine (% Always or Usually)	89.01%	93.81%	96.67%	98.39% A	96.97%	92.79%	94.77%	92.55%
Access to Specialized Services (% Always or Usually)	77.80%	73.13%	86.40%	90.20% в	56.41%	79.63%	82.84%	78.52%
FCC: Personal Doctor who Knows Child (% Yes)	92.12%	95.68%	97.06%	89.91%	92.50%	93.87%	93.08%	94.59%
FCC: Getting Needed Information (% Always or Usually)	93.18%	93.94%	96.30%	94.44%	96.43%	93.47%	90.71%	97.09 % G
FCC: Coordination of Care (% Yes)	75.37%	85.02%	76.01%	77.27%	73.08%	79.96%	80.72%	79.36%

Please refer to page 15 for statistical references and footnotes.



Appendix C SatisAction™ key driver statistical model

POWeR™ Chart shown in the executive summary on Page 7.1.

Instructions to access trAction™ Decision (Impact Analysis) Tool:

- 1. Log on to https://client.dssresearch.com using your current User Name and Password.
- 2. Contact DSS Research at 1-800-989-5150 if you do not have a User Name and Password.
- 3. Once on the portal, select Reporting and then Tools.
- 4. Select the trAction™ Decision Tool for access to the Impact Analysis Tool and to run "what if" scenarios.



Background

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. DSS Research has been successfully using this approach since 1997.

The model provides the following:

- Identification of the elements that are important in driving 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.

Methodology

Importance analysis. The importance analysis involves a multi-step process:

- Factor analysis is used to summarize the predictor set into a more manageable number of composite variables.
- Regression Model I is used to make preliminary estimates and identify leverage points and outliers.
- Leverage points and outliers are eliminated.
- Regression Model II is run on the remaining data to derive final estimates of the importance of the various satisfaction elements.

Factor Analysis. Factor analysis is used to reduce the number of items in the predictor set to a smaller set of underlying constructs or factors. It is necessary to go through this process because of the high degree of collinearity in the original data. This is a problem for the regression analysis to follow because regression assumes non-collinearity between predictor variables.

Regression Analysis. Regression analysis is then used to predict the rating of the health plan on the factors created in the previous step. As noted above, regression analysis is run in two steps. The first step is used to derive preliminary estimates of the importance of the various satisfaction elements and to identify outliers and leverage points. Those outliers and leverage points are eliminated before running the second regression model which produces final estimates of the importance of each satisfaction element.

Derived Importance. The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor are squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum is then rescaled so that the largest value (most important item) is 100 points, the smallest value is 0 points and the median value is 50 points.

Performance analysis. To develop the performance scores, raw performance ratings for the plan are compared to the UHC Average and a relative percentile for each item in the model is computed for the plan.

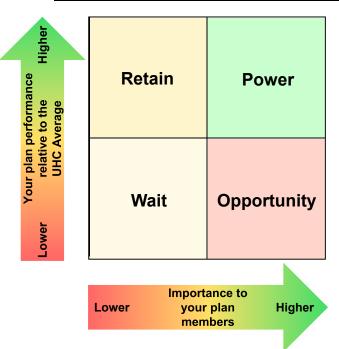


Methodology

Classification matrix. Results of the modeling are presented in a classification matrix. The importance and performance results for each item in the model are plotted in a matrix like the one shown below. This matrix provides a quick summary of what is most important to your members and how your plan is doing on those items. The matrix is divided into four quadrants. The quadrants are defined by the point where the medians of the importance and performance scales intersect. The four quadrants can be interpreted as follows:

- Power. These items have a relatively large impact on the rating of the health plan and your performance levels on these items are high. Promote and leverage strengths in this quadrant.
- Opportunity. Items in this quadrant also have a relatively large impact on the rating of the health plan but your performance is below average. Focus resources on improving processes that underlie these items and look for a significant improvement in the rating of the health plan.
- Wait. Though these items still impact the rating of the health plan, they are somewhat less important than those that fall on the right hand side of the chart. Relatively speaking, your performance is low on these items. Dealing with these items can wait until more important items have been dealt with.
- Retain. Items in this quadrant also have a relatively small impact on the rating of the health plan but your performance is above average. Simply maintain performance on these items.

POWeR™ Chart classification matrix





Variables in the model

Variables from the CAHPS 5.0H survey that are important in determining member satisfaction are summarized below. This table also identifies the dependent variable (Q54 – Rating of health plan) and the independent or predictor variables. Finally, it shows how the variables are coded for the importance and the performance analyses.

	Variables Used in the Model	Coding for Regression (Importance)					
Dependent Variable							
Q54	Rating of heath care	0 through 10, All other = missing					
Independent Variables							
Q4	Got urgent care						
Q6	Got routine care	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing					
Q9	Dr. answered questions	7 th Other Thioding					
Q14	Health care overall	0 through 10, All other = missing					
Q15	Got care/tests/treatment						
Q32	Dr. explained things						
Q33	Dr. listened carefully						
Q34	Dr. showed respect	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing					
Q36	Dr. explained things for child	All other – missing					
Q37	Dr. spent enough time						
Q40	Dr. informed about care						
Q41	Personal doctor overall	0 through 10, All other = missing					
Q46	Got specialist appt.	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing					
Q48	Specialist overall	0 through 10, All other = missing					
Q50	CS provided info./help						
Q51	CS courtesy/respect						
Q53	Easy to fill out forms	Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing					
Q56	Got prescriptions	741 Ottlot - 111331119					
Q85	Got after-hours care						
Q90	Mental health services overall	0 through 10, All other = missing					



Results

Factor analysis. Factor analysis reduced the 20 highly-correlated model variables to 9 orthogonal (uncorrelated) factors that explain 72.9% of the variation in the original variables. This is necessary due to the strong relationships or correlation between certain variables. The table below shows the factor correlations or loadings. For readability, only those variables with correlations greater than 0.250 are displayed.

Factor Correlations with Survey Variables

						Factors				
Question	Survey Items	1	2	3	4	5	6	7	8	9
Q33	Dr. listened carefully	0.824								
Q34	Dr. showed respect	0.803								
Q36	Dr. explained things for child	0.755								
Q37	Dr. spent enough time	0.718		0.258						
Q32	Dr. explained things	0.691								
Q40	Dr. informed about care	0.562	0.347						0.267	
Q14	Health care overall		0.801							
Q41	Personal doctor overall	0.426	0.703							
Q9	Dr. answered questions	0.261		0.763						
Q6	Got routine care			0.586		0.382				
Q15	Got care/tests/treatment	0.289		0.552				0.300		
Q50	CS provided info./help				0.865					
Q51	CS courtesy/respect				0.767					
Q85	Got after-hours care					0.834				
Q4	Got urgent care			0.262		0.558		0.465		
Q48	Specialist overall		0.358				0.758			
Q46	Got specialist appt.			0.280		0.334	0.665		0.338	
Q56	Got prescriptions							0.869		
Q90	Mental health services overall								0.860	
Q53	Easy to fill out forms									0.929



Results

Regression analysis. The 9 factors identified in the previous step were used as predictors in a regression model with Q54, rating of the health plan, as the dependent variable. Regression was first run to test the model and identify any observations that have a high degree of leverage on the regression coefficients (disproportionately high degree of influence relative to others) as well as observations that can be considered outliers because of inconsistent responses.

The high leverage cases and outliers were removed and the regression model was rerun. The regression coefficients for each factor provide the second set of inputs necessary to determine the key drivers of the rating of the health plan. These coefficients provide estimates of the relative importance of each factor in determining the rating of the health plan. The table below shows the raw regression coefficients, beta coefficients (standardized regression coefficients) and the statistical significance of those coefficients. This model explains 42.2% of the variation in the dependent variable (R² = 0.422).

Regression Coefficients

Variable	Unstandardized Coefficients	Standardized (Beta) Coefficients	Significance Level
Constant	9.3837	0.0000	0.0000
Factor 1 Q33, Q34, Q36, Q37, Q32, Q40	0.1514	0.1388	0.0000
Factor 2 Q14, Q41	0.5230	0.4423	0.0000
Factor 3 Q9, Q6, Q15	0.1542	0.1451	0.0000
Factor 4 Q50, Q51	0.1647	0.1526	0.0000
Factor 5 Q85, Q4	0.0768	0.0732	0.0049
Factor 6 Q48, Q46	0.2986	0.2879	0.0000
Factor 7 Q56	0.2129	0.1986	0.0000
Factor 8 Q90	0.2425	0.2222	0.0000
Factor 9 Q53	0.0150	0.0147	0.5718

Results

Derived importance. The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor were squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum was then rescaled so that the largest value (most important item) is 100 points, the smallest value is 0 points and the median value is 50 points.

Plan performance. To develop the performance scores, raw performance ratings for the plan are compared to the UHC Average and a relative percentile for each item in the model is computed for the plan.

Question	Survey Items	Importance	Performance
Q14	Health care overall	100	89
Q41	Personal doctor overall	86	83
Q48	Specialist overall	81	97
Q90	Mental health services overall	71	67
Q46	Got specialist appt.	68	89
Q56	Got prescriptions	64	61
Q40	Dr. informed about care	54	81
Q50	CS provided info./help	53	80
Q51	CS courtesy/respect	52	76
Q15	Got care/tests/treatment	50	72
Q9	Dr. answered questions	50	42
Q4	Got urgent care	49	72
Q33	Dr. listened carefully	49	78
Q34	Dr. showed respect	47	63
Q32	Dr. explained things	45	76
Q36	Dr. explained things for child	37	67
Q37	Dr. spent enough time	36	59
Q6	Got routine care	35	77
Q85	Got after-hours care	28	58
Q53	Easy to fill out forms	0	65

Appendix D Gap analysis



Gap analysis

The flowchart on Page 91 shows how the items used in the calculation of the plan's 2019 estimated accreditation score perform relative to each other. When considering the flowchart, the following points should be noted:

- Overall ratings are shown in blue text.
- Composite scores are shown in red text.
- · Estimated percentiles are shown first.
- Estimated accreditation points are shown in the middle.
- Potential points remaining to receive the maximum accreditation points for each measure are shown third.
- A **green box** around an overall rating or composite indicates performance at or above the 90th percentile, receiving all accreditation points.
- Composite score components are shown in the black and red flowchart boxes.
- For each flowchart box:
 - The actual percent contributing is shown first. This is the percentage that a given question is actually contributing to the composite mean score. Each question in composite scores with two component questions can contribute a maximum of 50.0% to the composite mean score. Similarly, each question in composite scores with four component questions can contribute a maximum of 25.0% to the composite mean score.
 - The gap between the percent actually contributing and the maximum possible contribution percentage is shown second.
- A **red box** is around the component with the largest gap indicating the most potential to improve that composite. This displays what to focus on to increase a given composite mean score and, in turn, increase the plan's accreditation score.

Appendix E Questionnaire