2020 CAHPS® 5.0H Member Survey

Medicaid Child with CCC

Prepared for:
12470 - UnitedHealthcare Community Plan (LA)
July 2020

Prepared by:
SPH Analytics

UnitedHealthcare®

12470 - UnitedHealthcare Community Plan (LA)

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Overview

SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) certified HEDIS® Survey Vendor, was selected by 12470 - UnitedHealthcare Community Plan (LA) to conduct its 2020 CAHPS® 5.0H Medicaid Child with CCC Survey (with CCC Measurement set). NCQA requires health plans to submit CAHPS survey results in compliance with HEDIS® accreditation requirements.

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

NCQA made the following changes to the survey for 2020:

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

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

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CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Methodology

- The CAHPS 5.0H Medicaid Child – Children with Chronic Conditions Survey assesses the experience of care for the general population of children and the population of children with chronic conditions (CCC). These conditions include relatively common conditions like asthma, as well as rare conditions, such as juvenile diabetes and Muscular Dystrophy.

- Children with chronic conditions represent a relatively small proportion of the overall child population. To achieve a sufficient number of complete surveys for CCC results to be calculated, a supplemental sample of children who are more likely to have a chronic condition, based on claims experience, is selected and added to the standard CAHPS® 5.0H Child Survey sample (General Population). After the General Population sample is pulled, the supplemental sample is pulled based on a prescreen sample code. The NCQA required total sample size is 3,490 (1,650 General Population + 1,840 supplemental sample), although plans may choose to oversample their population if necessary.

- NCQA defines the member as having a chronic condition through a survey-based screening tool. The CCC screening tool contains five sections representing five different health conditions. A child member is identified as having a chronic condition if all questions for at least one specific health consequence are answered "Yes".

- It cannot be determined which respondents out of the total sample qualify as having a chronic condition. Given that a denominator for this equation cannot be determined, there is no response rate provided for the CCC Population. You will see the Response Rate for the Total Population and General Population on the following page, along with additional details for the General Population sample.

- For 2020, NCQA no longer produces general population results for the CCC population and no longer produces CCC results for the general population. Therefore, results shown throughout this report are for the General Population unless specifically labeled as CCC Population.

CAHPS 2020: COVID-19 Pandemic

On March 11, 2020 the World Health Organization officially declared COVID-19 a global pandemic. All of us at SPH Analytics hope this report finds you, your colleagues, and family safe and healthy.
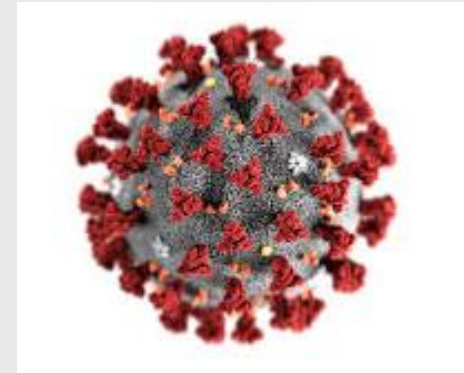
NCQA PROTOCOL MODIFICATIONS AND HEALTH PLAN RATING CHANGES FOR 2020

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

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

- The September 2020 Health Plan Report Card update will list all plans with Interim, Accredited or Provisional status, as applicable, based on existing status or standards performance for surveys on the HPA 2020 Standards.

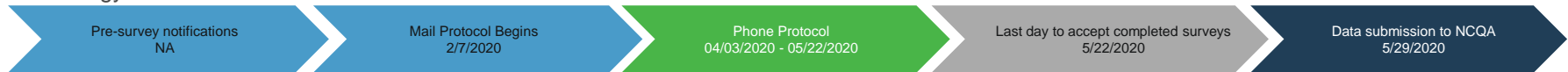- There will be no Health Plan Ratings in 2020.

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

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Methodology

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

Pre-survey notifications NA	Mail Protocol Begins 2/7/2020	Phone Protocol 04/03/2020 - 05/22/2020	Last day to accept completed surveys 5/22/2020	Data submission to NCQA 5/29/2020

VALID SURVEYS

✉ Total Number of Mail Completes =   180 (0 in Spanish)
☎ Total Number of Phone Completes =   95 (7 in Spanish)
💻 Total Number of Internet Completes = NA

2020 RESPONSE RATE

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

$$\frac{180 \text{ (Mail)} + 95 \text{ (Phone)} = 275}{2310 \text{ (Sample)} - 4 \text{ (Ineligible)} = 2306} = \mathbf{11.9\%}$$

Your plan's Total response rate is **11.9%**.

RESPONSE RATE COMPARISON

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

		2018	2019	2020
Ineligible	Does not Meet Eligibility Criteria (01)	16	5	3
	Language Barrier (03)	3	8	1
	Mentally/Physically Incapacitated (04)	0	0	0
	Deceased (05)	1	0	0
	SUBTOTAL	**20**	**13**	**4**
Non-Response	Break-off/Incomplete (02)	67	57	31
	Refusal (06)	237	65	16
	Maximum Attempts Made (07)	1477	1754	1983
	Added to DNC List (08)	0	0	1
	SUBTOTAL	**1781**	**1876**	**2031**
TOTAL		**1801**	**1889**	**2035**

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

	2018	2019	2020
Total Sample Size	**4886**	**4886**	**4886**
Total Completes	**1124**	**954**	**638**
Total Response Rate	**23.2%**	**19.6%**	**15.1%**
General Population Sample Size	**2310**	**2310**	**2310**
General Population Response Rate	**22.2%**	**18.3%**	**11.9%**
Supplemental Sample Size	**2576**	**2576**	**2576**
CCC Completes	**518**	**405**	**311**

Executive Summary

- 12470 - UnitedHealthcare Community Plan (LA)

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Overview of Terms

Please see Technical Notes for more information.

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

No	Yes

Never	Sometimes	Usually	Always

Rating questions are typically displayed with two Summary Rates:

0	1	2	3	4	5	6	7	8	9	10

0	1	2	3	4	5	6	7	8	9	10

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

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

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

NCQA BENCHMARK INFORMATION

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

LEGACY DSS / MORPACE / SPH

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

Dashboard – 2020 Key Findings

275 / 11.9%
Completed surveys / Response Rate

TRENDING UP
Key measures that had significant improvements from last year

No key measures improved significantly.

TRENDING DOWN
Key measures that had significantly lower scores than last year

No key measures declined significantly.

MEASURE NAME	SUMMARY RATE	ESTIMATED NCQA RATING
Rating of Health Plan *(% 9 or 10)*	76.3%	★★★★
Rating of Health Care *(% 9 or 10)*	75.5%	★★★★
Rating of Personal Doctor *(% 9 or 10)*	84.7%	★★★★★
Rating of Specialist *(% 9 or 10)*	NA^	NA^
Getting Needed Care *(% Always or Usually)*	86.6%	★★★
Getting Care Quickly *(% Always or Usually)*	95.0%	★★★★★
Coordination of Care *(% Always or Usually)*	NA^	NA^

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

POWER
Promote and leverage strengths

Q36	Personal doctor overall
Q9	Health care overall
Q45	CS provided info./help

OPPORTUNITIES
Focus resources on improving processes that underlie these items

Q29	Dr. showed respect
Q28	Dr. listened carefully
Q46	CS courtesy/respect
Q27	Dr. explained things
Q32	Dr. spent enough time
Q31	Dr. explained things for child

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

Please refer to slide 18 for details.

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

Measure Summary

Health Plan Domain Performance

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

MEASURE	SUMMARY RATE		CHANGE	2020 UHC BENCHMARK	2020 SPH BENCHMARK	2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan *(% 9 or 10)*	79.5%	76.3%	-3.2%	73.8%	74th	70.0% ▲	77th
Rating of Health Plan *(% 8, 9 or 10)*	90.8%	87.6%	-3.2%	87.6%	43rd	85.3%	56th
Getting Needed Care *(% Always or Usually)*	92.3%	86.6% ↓	-5.7%	86.0%	55th	85.9%	65th
Customer Service *(% Always or Usually)*	89.2%	89.1%	-0.1%	88.1%	46th	89.0%	57th
Ease of Filling Out Forms *(% Always or Usually)*	97.0%	97.7%	0.7%	95.7% ▲	85th	94.7% ▲	94th

KEY TAKEAWAYS

Your overall Rating of Health Plan (8-10) Summary Rate score is 87.6% and represents a change of -3.2 from 2019.

Note: Please refer to benchmark descriptions on slide 45.

Significance Testing
Green – Current year score is significantly higher than the 2019 score (↑) or benchmark (▲) score.
Red – Current year score is significantly lower than the 2019 score (↓) or benchmark (▼) score.

Measure Summary

Please see Technical Notes for more information.

Health Care Domain Performance

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

MEASURE	SUMMARY RATE		CHANGE	2020 UHC BENCHMARK	2020 SPH BENCHMARK	2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care (% 9 or 10)	77.1%	75.5%	-1.6%	73.4%	65th	69.5% ▲	86th
Rating of Health Care (% 8, 9 or 10)	90.5%	93.1%	2.6%	89.3% ▲	94th	87.2% ▲	97th
Getting Care Quickly (% Always or Usually)	90.8%	95.0%	4.2%	90.6% ▲	93rd	91.1% ▲	94th
How Well Doctors Communicate (% Always or Usually)	95.8%	94.9%	-0.9%	95.2%	46th	94.1%	62nd
Coordination of Care (% Always or Usually)	82.8%	85.3%	2.5%	84.0%	49th	83.8%	62nd
Rating of Personal Doctor (% 9 or 10)	84.0%	84.7%	0.7%	80.2%	96th	77.2% ▲	97th
Rating of Personal Doctor (% 8, 9 or 10)	93.3%	93.4%	0.1%	91.7%	85th	89.7% ▲	91st
Rating of Specialist (% 9 or 10)	85.4%	83.0%	-2.4%	76.4%	87th	74.0%	97th
Rating of Specialist (% 8, 9 or 10)	96.3%	90.6%	-5.7%	89.0%	68th	87.7%	87th

Note: Please refer to benchmark descriptions on slide 45.

KEY TAKEAWAYS

Your overall Rating of Health Care (8-10) Summary Rate score is 93.1% and represents a change of 2.6 from 2019.

Significance Testing
Green – Current year score is significantly higher than the 2019 score (↑) or benchmark (▲) score.
Red – Current year score is significantly lower than the 2019 score (↓) or benchmark (▼) score.

Measure Summary – CCC Population

Please see Technical Notes for more information.

CCC Measures Performance

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

MEASURE	SUMMARY RATE		CHANGE	2020 UHC BENCHMARK	2020 SPH BENCHMARK	2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Access to Prescription Medicines *(% Always or Usually)*	93.4%	91.9%	-1.5%	92.4%	59th	91.6%	59th
Access to Specialized Services *(% Always or Usually)*	77.1%	81.4%	4.3%	75.2% ▲	84th	77.2%	82nd
Family-Centered Care: Personal Doctor Who Knows Child *(% Yes)*	93.3%	93.8%	0.5%	92.2%	82nd	91.0%	97th
Family-Centered Care: Getting Needed Information *(% Always or Usually)*	93.3%	95.9%	2.6%	93.9%	93rd	91.4% ▲	97th
Coordination of Care for CCC *(% Yes)*	79.2%	77.4%	-1.8%	77.6%	50th	76.9%	47th

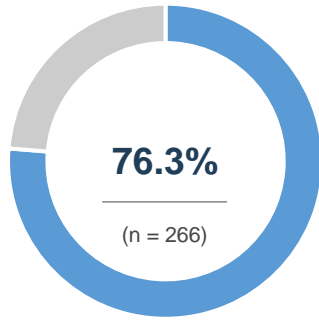*Note: Please refer to benchmark descriptions on slide 45.*

Significance Testing
Green – Current year score is significantly higher than the 2019 score (↑) or benchmark (▲) score.
Red – Current year score is significantly lower than the 2019 score (↓) or benchmark (▼) score.
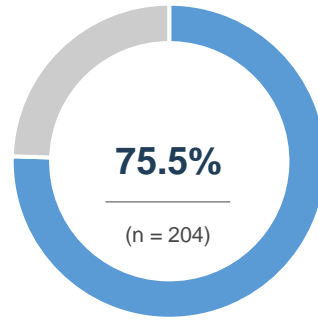
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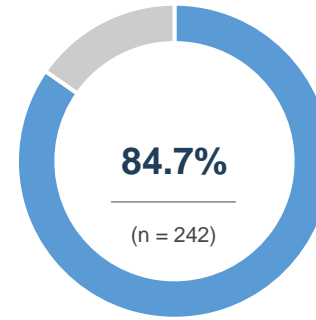# Global Rating Summary Rate Scores (% 9 or 10)

Please see Technical Notes for more information.

76.3%
(n = 266)

75.5%
(n = 204)

84.7%
(n = 242)

83.0%
(n = 53)^

Rating of Health Plan		Rating of Health Care		Rating of Personal Doctor		Rating of Specialist	
2020	76.3%	2020	75.5%	2020	84.7%	2020	83.0%
2019	79.5%	2019	77.1%	2019	84.0%	2019	85.4%
2018	75.1%	2018	74.1%	2018	81.6%	2018	78.7%
UHC	73.8%	UHC	73.4%	UHC	80.2%	UHC	76.4%
QC	70.0% ▲	QC	69.5% ▲	QC	77.2% ▲	QC	74.0%

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

UHC refers to the 2020 UHC Average.
QC refers to the 2019 Quality Compass® All Plans benchmark.
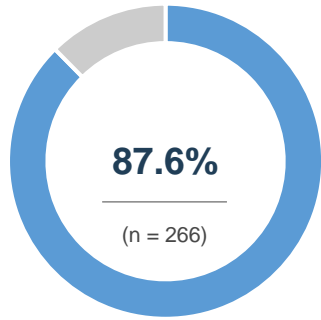
Significance Testing
Green – Current year score is significantly higher than the 2019 score (↑),
the 2018 score (↕) or benchmark (▲) score.
Red – Current year score is significantly lower than the 2019 score (↓), the
2018 score (↕) or benchmark (▼) score.

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

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

Please see Technical Notes for more information.

87.6%
(n = 266)

93.1%
(n = 204)

93.4%
(n = 242)

90.6%
(n = 53)^

Rating of Health Plan

2020	**87.6%**
2019	**90.8%**
2018	**88.7%**
UHC	**87.6%**
QC	**85.3%**
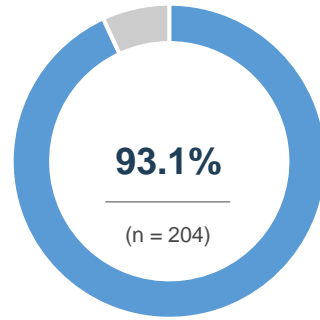
Rating of Health Care

2020	**93.1%**	
2019	**90.5%**	
2018	**89.5%**	
UHC	**89.3%**	▲
QC	**87.2%**	▲
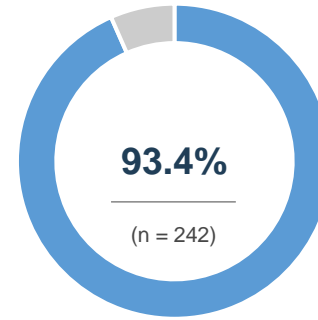
Rating of Personal Doctor

2020	**93.4%**	
2019	**93.3%**	
2018	**89.3%**	
UHC	**91.7%**	
QC	**89.7%**	▲
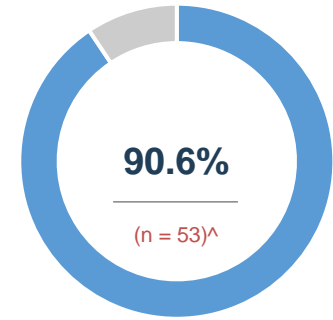
Rating of Specialist

2020	**90.6%**
2019	**96.3%**
2018	**87.0%**
UHC	**89.0%**
QC	**87.7%**

Summary Rate Scores

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

UHC refers to the 2020 UHC Average.
QC refers to the 2019 Quality Compass® All Plans benchmark.

Significance Testing

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

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

Composite Summary Rate Scores (% Always or Usually)

Please see Technical Notes for more information.

86.6%
(n = 133)

95.0%
(n = 143)

89.1%
(n = 64)^

94.9%
(n = 191)

Getting Needed Care

2020	86.6%	↓
2019	92.3%	
2018	86.4%	
UHC	86.0%	
QC	85.9%	
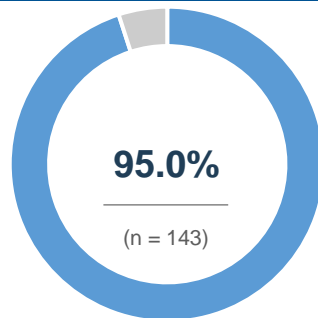
Getting Care Quickly

2020	95.0%	
2019	90.8%	
2018	94.5%	
UHC	90.6%	▲
QC	91.1%	▲
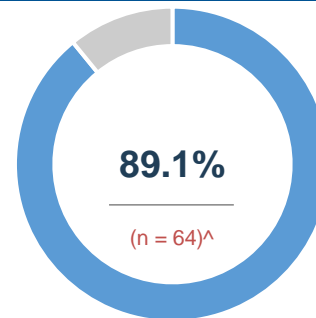
Customer Service

2020	89.1%
2019	89.2%
2018	89.4%
UHC	88.1%
QC	89.0%
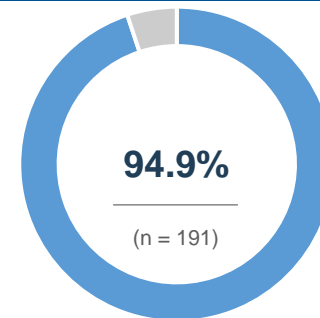
How Well Doctors Communicate

2020	94.9%
2019	95.8%
2018	93.2%
UHC	95.2%
QC	94.1%

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

UHC refers to the 2020 UHC Average.
QC refers to the 2019 Quality Compass® All Plans benchmark.
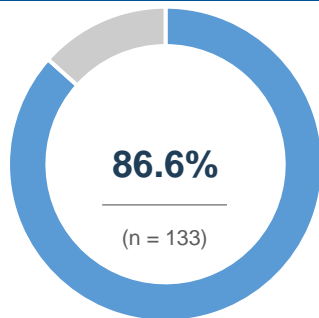
Significance Testing
Green – Current year score is significantly higher than the 2019 score (↑),
the 2018 score (‡) or benchmark (▲) score.
Red – Current year score is significantly lower than the 2019 score (↓), the
2018 score (‡) or benchmark (▼) score.

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

CCC Summary Rate Scores – CCC Population

91.9% (n = 270)

81.4% (n = 177)

93.8% (n = 271)

95.9% (n = 267)

77.4% (n = 130)
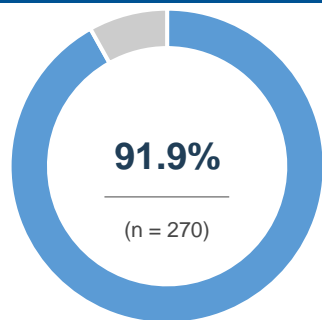
Access to Prescription Medicines

2020	91.9%
2019	93.4%
2018	93.7%
UHC	92.4%
QC	91.6%
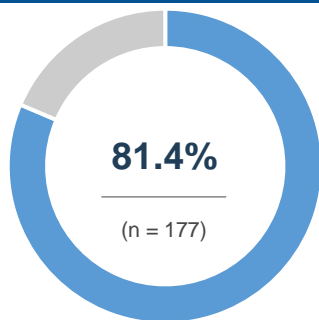
Access to Specialized Services

2020	81.4%	
2019	77.1%	
2018	79.7%	
UHC	75.2%	▲
QC	77.2%	
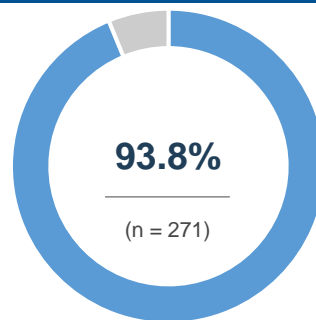
FCC: Personal Doctor Who Knows Child

2020	93.8%
2019	93.3%
2018	92.0%
UHC	92.2%
QC	91.0%
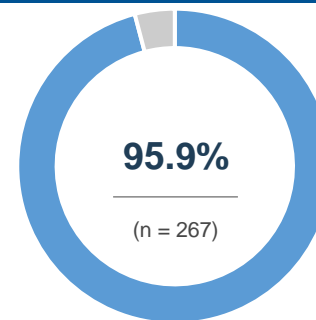
FCC: Getting Needed Information

2020	95.9%	‡
2019	93.3%	
2018	88.7%	
UHC	93.9%	
QC	91.4%	▲
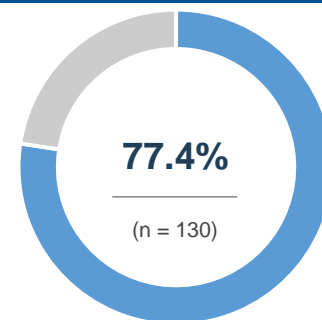
Coordination of Care for CCC

2020	77.4%
2019	79.2%
2018	79.9%
UHC	77.6%
QC	76.9%

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

UHC refers to the 2020 UHC Average.
QC refers to the 2019 Quality Compass ® All Plans benchmark.

Significance Testing
Green – Current year score is significantly higher than the 2019 score (⬆), the 2018 score (‡) or benchmark (▲) score.
Red – Current year score is significantly lower than the 2019 score (⬇), the 2018 score (‡) or benchmark (▼) score.

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

Gap Analysis – Comparisons to Last Year

Please see Technical Notes for more information.

## GAP ANALYSIS

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

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

- Getting Care Quickly
- Coordination of Care
- Rating of Personal Doctor

However, the percentile gap increased on these measures:

- Getting Needed Care
- How Well Doctors Communicate
- Customer Service
- Rating of Health Plan
- Rating of Health Care
- Rating of Specialist

Legend:
- 2020 Gap is **smaller** than 2019 Gap
- 2020 Gap is **larger** than 2019 Gap

Radar chart values:
- Rating of Health Plan: 77th, -17
- Rating of Health Care: 86th, -7
- Rating of Personal Doctor: 97th, +1
- Rating of Specialist: 97th, -3
- Customer Service: 57th, -4
- Getting Needed Care: 65th, -33
- Getting Care Quickly: 94th, +36
- How Well Doctors Communicate: 62nd, -19
- Coordination of Care: 62nd, +25

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POWeR Chart: Explanation

POWeR™ CHART CLASSIFICATION MATRIX

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

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

The model provides the following:

- Identification of the elements that are important in driving 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.

Higher

Your plan performance relative to the SPH Book of Business

Lower

RETAIN

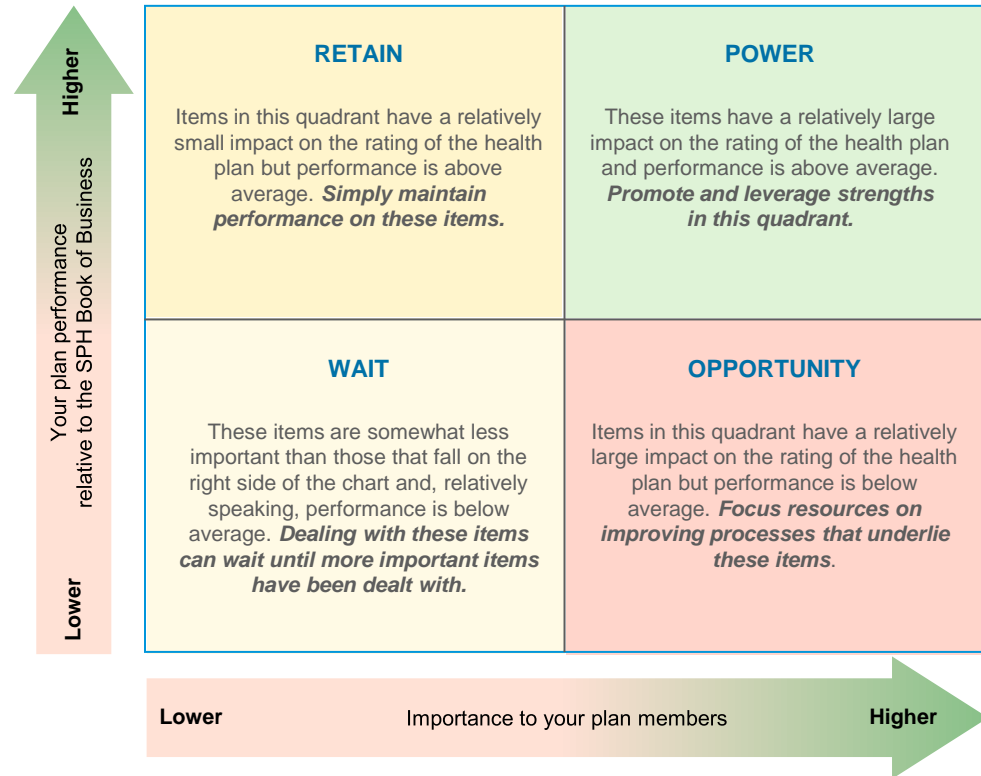Items in this quadrant have a relatively small impact on the rating of the health plan but performance is above average. *Simply maintain performance on these items.*

POWER

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

WAIT

These items are somewhat less important than those that fall on the right side of the chart and, relatively speaking, performance is below average. *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.*

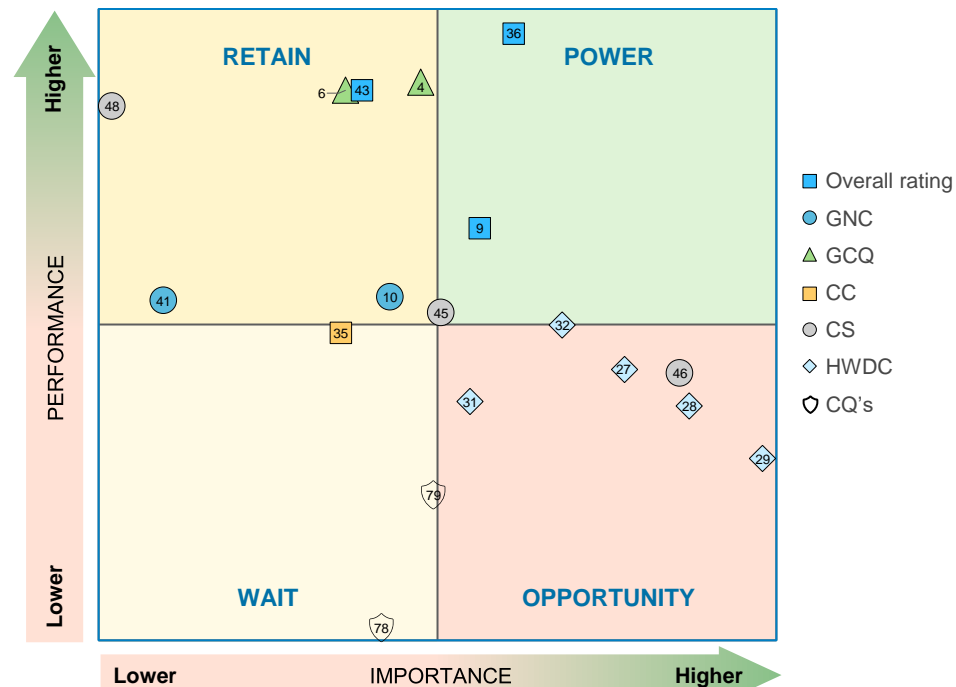**Lower**   Importance to your plan members   **Higher**

POWeR Chart: Your Results

Please see Technical Notes for more information.

SURVEY MEASURE		SUMMARY RATE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
POWER				
Q36	Personal doctor overall	84.7%	96th	5
Q9	Health care overall	75.5%	65th	3
Q45	CS provided info./help	84.4%	52nd	3
OPPORTUNITY				
Q29	Dr. showed respect	96.3%	29th	2
Q28	Dr. listened carefully	95.8%	37th	3
Q46	CS courtesy/respect	93.8%	42nd	3
Q27	Dr. explained things	95.3%	43rd	3
Q32	Dr. spent enough time	92.1%	50th	3
Q31	Dr. explained things for child	94.4%	38th	3
WAIT				
Q79	Language barrier with Dr.	83.4%	---	---
Q78	Got help when calling after hours care	67.7%	---	---
Q35	Dr. informed about care	85.3%	49th	3
RETAIN				
Q4	Got urgent care	96.1%	88th	4
Q10	Got care/tests/treatment	91.8%	54th	3
Q43	Specialist overall	83.0%	87th	4
Q6	Got routine care	94.0%	87th	4
Q41	Got specialist appt.	81.4%	54th	3
Q48	Easy to fill out forms	97.7%	85th	4

Summary rates are top-two box scores.

KEY DRIVERS, SUMMARY RATES AND PERCENTILES

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

Overall Rating of Health Plan

Please see Technical Notes for more information.

Your plan scored in the **74th percentile** when compared to the SPH Book of Business benchmark	**76.3%**	Compared to last year, your Summary Rate Score (% 9 and 10) **decreased by -3.2%**. This result is not statistically significant.

🎯 Typical of industry drivers   ◎ Different from industry drivers

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

These items have a relatively large impact on the Rating of Health Plan. **Leverage** these questions since they are important to your members and the Rating of Health Plan score for this plan.

INDUSTRY KEY DRIVERS
High impact on Rating of Health Plan

ALIGNMENT
Are your key drivers typical of the industry?

YOUR KEY DRIVERS
High impact on Rating of Health Plan

KEY DRIVER		2020 SPH BoB			KEY DRIVER		SUMMARY RATE*	SPH BoB PERCENTILE	CLASSIFICATION
Q9	Health care overall	73.0%		◎	Q29	Dr. showed respect	96.3%	29th	**OPPORT**
Q36	Personal doctor overall	79.1%		◎	Q28	Dr. listened carefully	95.8%	37th	**OPPORT**
Q43	Specialist overall	75.0%		🎯	Q46	CS courtesy/respect	93.8%	42nd	**OPPORT**
Q46	CS courtesy/respect	94.2%		◎	Q27	Dr. explained things	95.3%	43rd	**OPPORT**
Q41	Got specialist appt.	80.4%		◎	Q32	Dr. spent enough time	92.1%	50th	**OPPORT**
Q45	CS provided info./help	83.7%		🎯	Q36	Personal doctor overall	84.7%	96th	**POWER**
Q10	Got care/tests/treatment	90.8%		🎯	Q9	Health care overall	75.5%	65th	**POWER**
Q6	Got routine care	89.3%		◎	Q31	Dr. explained things for child	94.4%	38th	**OPPORT**
Q4	Got urgent care	91.7%		🎯	Q45	CS provided info./help	84.4%	52nd	**POWER**

Summary rates are top-two box scores.

Overall Rating of Health Plan

Please see Technical Notes for more information.

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

Respondent's Gender

	8 - 10	9 - 10
MALE (n=21)	95.2%	90.5%
FEMALE (n=238)	87.0%	74.8%

Respondent's Age

	8 - 10	9 - 10
<25 (n=38)	89.5%	78.9%
25 – 34 (n=64)	96.9%	84.4%
35 – 44 (n=75)	80.0%	69.3%
45 or older (n=79)	86.1%	73.4%

Respondent's Education

	8 - 10	9 - 10
HS GRAD OR LESS (n=130)	83.8%	76.9%
SOME COLLEGE OR MORE (n=125)	91.2%	75.2%

Child's Health Status

	8 - 10	9 - 10
EXCELLENT/ VERY GOOD (n=190)	90.0%	78.9%
GOOD (n=59)	84.7%	69.5%
FAIR/POOR (n=13)^	61.5%	61.5%

Child's Mental/Emotional Health Status

	8 - 10	9 - 10
EXCELLENT/ VERY GOOD (n=179)	89.4%	78.2%
GOOD (n=47)	89.4%	78.7%
FAIR/POOR (n=36)	75.0%	61.1%

Data Collection

	8 - 10	9 - 10
MAIL (n=175)	89.1%	77.7%
PHONE (n=91)	84.6%	73.6%

Child's Ethnicity & Race

	8 - 10	9 - 10
HISPANIC/ LATINO (n=28)	89.3%	75.0%
NOT HISPANIC/ LATINO (n=226)	87.2%	76.1%

	8 - 10	9 - 10
WHITE (n=138)	87.7%	74.6%
BLACK/AFRICAN AMERICAN (n=101)	88.1%	79.2%
OTHER* (n=29)	89.7%	75.9%

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

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

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Estimated NCQA Health Insurance Plan Ratings

Please see Technical Notes for more information.

	2020 SUMMARY RATE	SUMMARY RATE DEFINTION	PERCENTILE RANK	ESTIMATED RATING
CONSUMER SATISFACTION				**4.0**
GETTING CARE				**4.0**
Getting Needed Care	86.6%	Usually + Always	65th	3.0
Getting Care Quickly	95.0%	Usually + Always	94th	5.0
SATISFACTION WITH PLAN PHYSICIANS				**4.5**
Rating of Personal Doctor	84.7%	9 + 10	97th	5.0
Rating of Specialist	83.0%	9 + 10	97th	NA
Rating of Health Care	75.5%	9 + 10	86th	4.0
Coordination of Care	85.3%	Usually + Always	62nd	NA
SATISFACTION WITH PLAN SERVICES				**4.0**
Rating of Health Plan	76.3%	9 + 10	77th	4.0

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

EXPLANATION

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

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

The CAHPS measures are classified based on their national percentile (10th, 33.33rd, 66.67th and 90th) into scores ranging from 1 to 5 (in increments of 0.5), where 5 is the highest score and 1 is the lowest.

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

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

Notes:

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

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Oversampling Scenarios

Please see Technical Notes for more information.

OVERSAMPLING SCENARIO EXPLANATION

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

Based on the scenarios tested, holding everything else constant, an oversampling rate of 164% and above yields all reportable measures and no changes on measure scores. **This is an estimate only and cannot be used to predict NCQA star ratings.**

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

MEASURE NAME	ESTIMATED RATING	OVERSAMPLING SCENARIOS		
		0%	40% (Current)	≥ 164%
CONSUMER SATISFACTION	**4.0**	**4.5**	**4.0**	**4.0**
GETTING CARE	**4.0**	**5.0**	**4.0**	**4.0**
Getting Needed Care	3.0	NA	3.0	3.0
Getting Care Quickly	5.0	5.0	5.0	5.0
SATISFACTION WITH PLAN PHYSICIANS	**4.5**	**4.5**	**4.5**	**4.5**
Rating of Personal Doctor	5.0	5.0	5.0	5.0
Rating of Specialist	NA	NA	NA	5.0
Rating of Health Care	4.0	4.0	4.0	4.0
Coordination of Care	NA	NA	NA	3.0
SATISFACTION WITH PLAN SERVICES	**4.0**	**4.0**	**4.0**	**4.0**
Rating of Health Plan	4.0	4.0	4.0	4.0

- Higher Rating
- Lower Rating
- Reportable

Performance to Percentile Thresholds

Please see Technical Notes for more information.

COMPARISON TO QUALITY COMPASS PERCENTILE THRESHOLDS

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

Dark Blue bar = Performing at or above 67th percentile

Light Blue bar = Performance below 67th percentile

Chart data — Summary rates by measure:
- Getting Needed Care: 87%
- Getting Care Quickly: 95%
- Rating of Personal Doctor: 85%
- Rating of Specialist: 83%
- Rating of Health Care: 76%
- Coordination of Care: 85%
- Rating of Health Plan: 76%

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

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

Measure Summary

Top Three Measures

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

MEASURE	2020 VALID N	SUMMARY RATE		CHANGE	2019 QC BENCHMARK		GAP
		2019	2020		SUMMARY RATE	PERCENTILE RANK	
Rating of Personal Doctor (% 9 or 10)	242	84.0%	84.7%	0.7%	77.2% ▲	97th	7.5%
Rating of Specialist (% 9 or 10)	53	85.4%	83.0%	-2.4%	74.0%	97th	9.0%
Getting Care Quickly (% Always or Usually)	143	90.8%	95.0%	4.2%	91.1% ▲	94th	3.9%

Bottom Three Measures

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

MEASURE	2020 VALID N	SUMMARY RATE		CHANGE	2019 QC BENCHMARK		GAP
		2019	2020		SUMMARY RATE	PERCENTILE RANK	
How Well Doctors Communicate (% Always or Usually)	191	95.8%	94.9%	-0.9%	94.1%	62nd	0.8%
Access to Prescription Medicine (% Always or Usually)	270	93.4%	91.9%	-1.5%	91.6%	59th	0.3%
Customer Service (% Always or Usually)	64	89.2%	89.1%	-0.1%	89.0%	57th	0.1%

Significance Testing
Green – Current year score is significantly higher than the 2019 score (↑) or benchmark (▲) score.
Red – Current year score is significantly lower than the 2019 score (↓) or benchmark (▼) score.

Improvement Strategies

Improving Performance

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

Improvement Strategies – How Well Doctors Communicate

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

Improvement Strategies – Access to Prescription Medicine

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

Improvement Strategies – Customer Service

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

Measure Analyses

Measure Details and Scoring

- 12470 - UnitedHealthcare Community Plan (LA)

Measure Analyses: Section Information

Please see Technical Notes for more information.

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

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

Composite Score → Attribute Question / Attribute Question / Attribute Question

Analyses presented in this section include:

• Plan Summary Rate Scores with comparisons to trending (if available)

• Comparisons to benchmarks

• Percentile rankings

• Proportions of respondents on gate questions

• Comparisons to the SPH Book of Business on each measure plotted with Rating of Health Plan

Measures Included in Analyses

• Rating of Health Plan

• Rating of Health Care

• Rating of Personal Doctor

• Rating of Specialist

• Getting Needed Care

• Getting Care Quickly

• Coordination of Care

• Customer Service*

• How Well Doctors Communicate*

Percentile Rankings

| <10th | 10-32nd | 33-66th | 67-89th | >90th |

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

Rating of Health Plan: Measure

Please see Technical Notes for more information.

PERCENTILE RANKING 2019 QC ALL PLANS

(% 8, 9 or 10) — **56th**

(% 9 or 10) — **77th**

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

POWER
Promote and Leverage Strengths

Q36	Personal doctor overall
Q9	Health care overall
Q45	CS provided info./help

OPPORTUNITIES
Focus Resources on Improving Processes That Underlie These Items

Q29	Dr. showed respect
Q28	Dr. listened carefully
Q46	CS courtesy/respect
Q27	Dr. explained things
Q32	Dr. spent enough time
Q31	Dr. explained things for child

RATING OF HEALTH PLAN
% 8, 9 or 10

	2018	2019	2020	2020 UHC BoB
% 8	13.6%	11.4%	11.3%	13.8%
% 9 or 10	75.1%	79.5%	76.3%	73.8%
Total	88.7%	90.8%	87.6%	87.6%
(n)	(n = 494)	(n = 404)	(n = 266)	

QC (% 8, 9 or 10): 85.3%
QC (% 9 or 10): 70.0% ▲

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

Significance Testing

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

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

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

Rating of Health Care: Measure

PERCENTILE RANKING 2019 QC ALL PLANS

(% 8, 9 or 10)	97th
(% 9 or 10)	86th

SPH BOOK OF BUSINESS DISTRIBUTION

Your Plan

Rating of Health Plan (y-axis, 30 to 100)
Rating of Health Care (x-axis, 30 to 100)

— 90th Percentile

RATING OF HEALTH CARE
% 8, 9 or 10

	2018	2019	2020	2020 UHC BoB
Total	89.5%	90.5%	93.1%	89.3% ▲
% 8	15.5%	13.3%	17.6%	15.9%
% 9 or 10	74.1%	77.1%	75.5%	73.4%
	(n = 401)	(n = 315)	(n = 204)	

87.2% ▲
69.5% ▲

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

Significance Testing

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

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

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

Rating of Personal Doctor: Measure

PERCENTILE RANKING 2019 QC ALL PLANS

(% 8, 9 or 10) — 91st

(% 9 or 10) — 97th

RATING OF PERSONAL DOCTOR
% 8, 9 or 10

SPH BOOK OF BUSINESS DISTRIBUTION

Your Plan

Rating of Health Plan

Rating of Personal Doctor

— 90th Percentile

89.3% 93.3% 93.4% 91.7%
7.7% 9.3% 8.7% 11.5%
81.6% 84.0% 84.7% 80.2%
89.7% ▲
77.2% ▲
(n = 440) (n = 356) (n = 242)
2018 2019 2020 2020 UHC BoB

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

Significance Testing

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

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

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

Rating of Specialist: Measure

Please see Technical Notes for more information.

PERCENTILE RANKING 2019 QC ALL PLANS

(% 8, 9 or 10)	**87**th
(% 9 or 10)	**97**th

SPH BOOK OF BUSINESS DISTRIBUTION

Your Plan

Rating of Health Plan

Rating of Specialist

—— 90th Percentile

RATING OF SPECIALIST
% 8, 9 or 10

2018	2019	2020	2020 UHC BoB
87.0%	96.3%	90.6%	89.0%
8.3%	11.0%	7.5%	12.6%
78.7%	85.4%	83.0%	76.4%
(n = 108)	(n = 82)^	(n = 53)^	

87.7%
74.0%

■ % 9 or 10   ■ % 8

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

Significance Testing

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

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

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

Getting Needed Care: Composite

Please see Technical Notes for more information.

PERCENTILE RANKING 2019 QC ALL PLANS

65th

SPH BOOK OF BUSINESS DISTRIBUTION

Your Plan

Rating of Health Plan

Getting Needed Care

—— 90th Percentile

GETTING NEEDED CARE
% Always or Usually

	2018	2019	2020	2020 UHC BoB
Total	86.4%	92.3%	86.6% ↓	86.0%
% Usually	16.1%	16.7%	15.8%	22.4%
% Always	70.3%	75.6%	70.7%	63.6% ▲
n	(n = 262)	(n = 203)	(n = 133)	

85.9%

62.0% ▲

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

Significance Testing

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

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

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

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Getting Needed Care: Attribute Questions

Please see Technical Notes for more information.

GETTING NEEDED CARE QUESTIONS

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

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

2020 GETTING NEEDED CARE COMPOSITE SUMMARY RATE SCORE

86.6%

Gate Questions

	Valid n	Yes
Q40. Made appointments to see a specialist in the last 6 months	274	21.5%

Significance Testing

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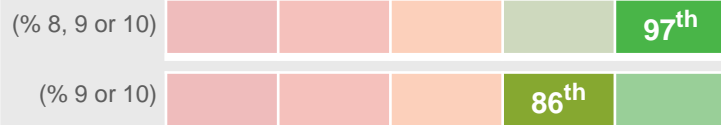
Current year score is significantly lower than the 2019 score (↓), the 2018 score (⬍) or benchmark (▼) score.

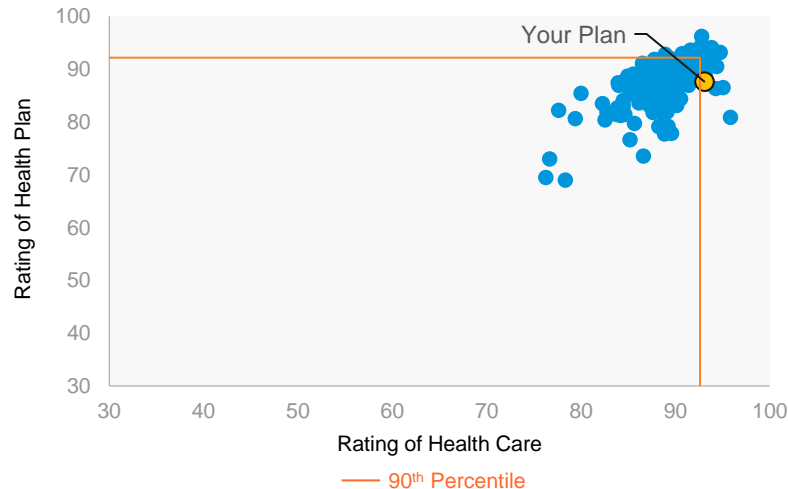*^Denominator less than 100. NCQA will assign an NA to this measure.*

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

91.8%
(n = 207)
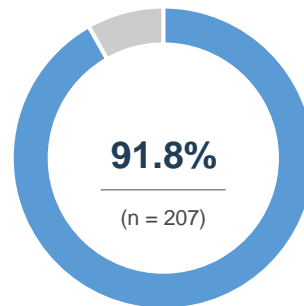
2020	**91.8%**
2019	**92.4%**
2018	**92.1%**
UHC	**91.2%**
QC	**90.3%**

Percentile Ranking 2019 QC All Plans

66th

Q41. GETTING SPECIALIST APPOINTMENT
% Always or Usually

81.4%
(n = 59)^
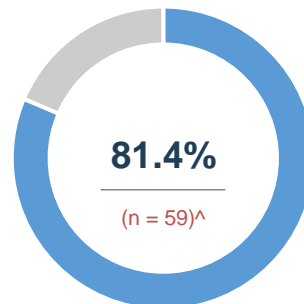
2020	**81.4%**
2019	**92.2%**
2018	**80.7%**
UHC	**80.7%**
QC	**81.9%**

Percentile Ranking 2019 QC All Plans

57th

Getting Care Quickly: Composite

Please see Technical Notes for more information.

PERCENTILE RANKING 2019 QC ALL PLANS

94th

SPH BOOK OF BUSINESS DISTRIBUTION

Your Plan

Rating of Health Plan

Getting Care Quickly

—— 90th Percentile

GETTING CARE QUICKLY
% Always or Usually

	2018	2019	2020	2020 UHC BoB
Total	94.5%	90.8%	95.0%	90.6% ▲
% Usually	12.2%	11.3%	14.1%	15.0%
% Always	82.3%	79.5%	80.9%	75.7%
n	(n = 279)	(n = 219)	(n = 143)	

91.1% ▲

75.1% ▲

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

Significance Testing

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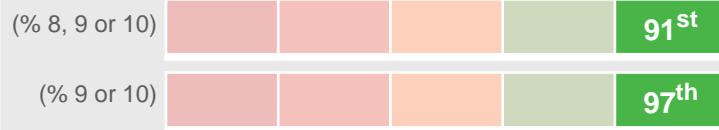
Current year score is significantly lower than the 2019 score (↓), the 2018 score (⬍) or benchmark (▼) score.

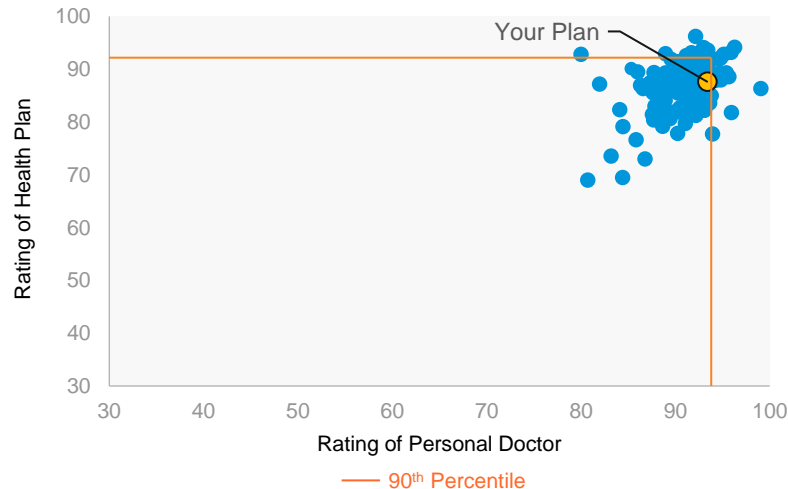^Denominator less than 100. NCQA will assign an NA to this measure.

Getting Care Quickly: Attribute Questions

Please see Technical Notes for more information.

GETTING CARE QUICKLY QUESTIONS

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

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

2020 GETTING CARE QUICKLY COMPOSITE SUMMARY RATE SCORE

95.0%

Q4. GETTING URGENT CARE
% Always or Usually

96.1%

(n = 102)

2020	96.1%
2019	90.1%
2018	94.2%
UHC	91.3% ▲
QC	92.8%

Percentile Ranking 2019 QC All Plans

90th

Q6. GETTING ROUTINE CARE
% Always or Usually

94.0%

(n = 183)
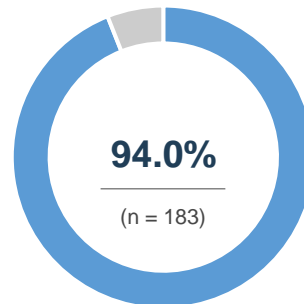
2020	94.0%
2019	91.6%
2018	94.8%
UHC	89.9% ▲
QC	89.1% ▲

Percentile Ranking 2019 QC All Plans

92nd

Gate Questions	Valid n	Yes
Q3. Had illness, injury or condition that needed care right away	268	39.9%
Q5. Made appts for health care at doctor's office or clinic	269	70.3%

Significance Testing

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

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

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

Coordination of Care: Measure

Please see Technical Notes for more information.
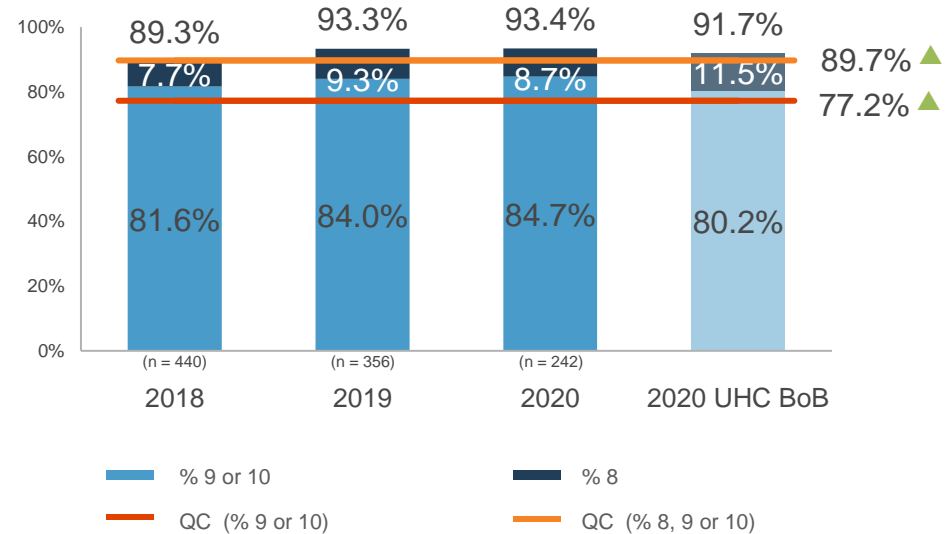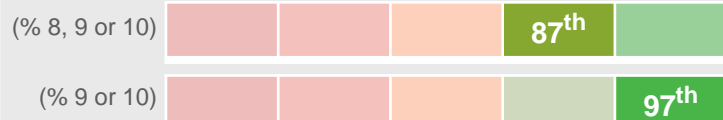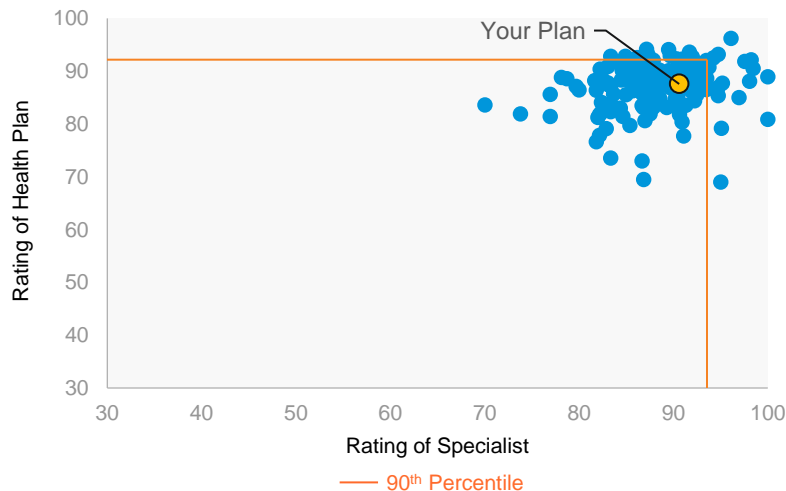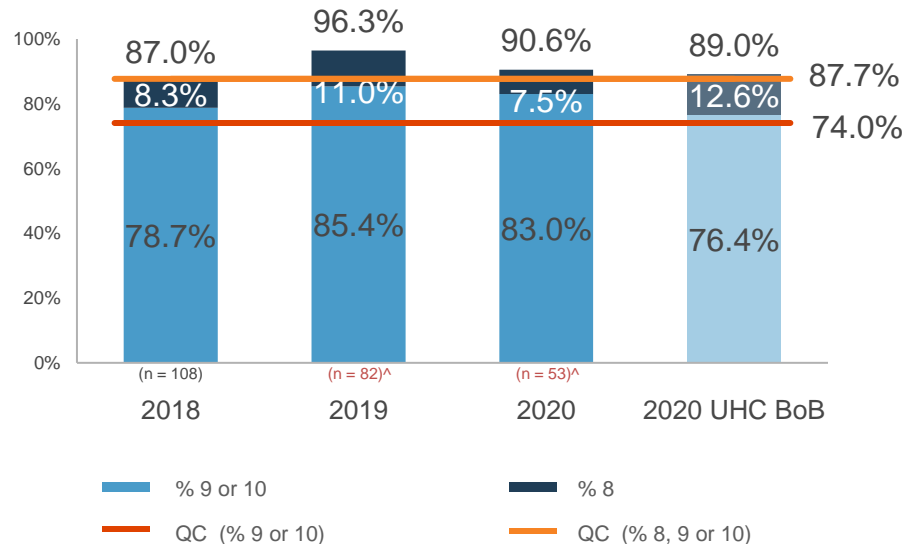
PERCENTILE RANKING 2019 QC ALL PLANS

62nd

SPH BOOK OF BUSINESS DISTRIBUTION

COORDINATION OF CARE
% Always or Usually

| | % Always | | % Usually |
| % Always | | QC (% Always/Usually) |

Significance Testing

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

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

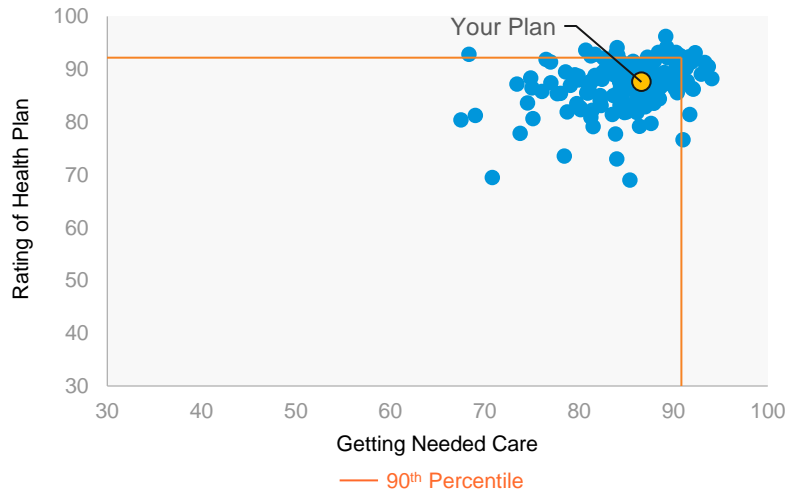^Denominator less than 100. NCQA will assign an NA to this measure.

UnitedHealthcare 37

Customer Service: Composite*

Please see Technical Notes for more information.

PERCENTILE RANKING 2019 QC ALL PLANS

57th

SPH BOOK OF BUSINESS DISTRIBUTION

Your Plan

Rating of Health Plan

Customer Service

— 90th Percentile

CUSTOMER SERVICE
% Always or Usually

89.4% 89.2% 89.1% 88.1%

12.3% 12.3% 12.5% 19.3%

89.0%

69.5%

77.0% 76.9% 76.6% 68.7%

(n = 118) (n = 106) (n = 64)^

2018 2019 2020 2020 UHC BoB

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

Significance Testing

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

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

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

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

Customer Service: Attribute Questions

Please see Technical Notes for more information.

CUSTOMER SERVICE QUESTIONS

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

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

2020 CUSTOMER SERVICE COMPOSITE SUMMARY RATE SCORE   **89.1%**

Q45. PROVIDED INFORMATION OR HELP
% Always or Usually

84.4%
(n = 64)^

2020	**84.4%**
2019	**82.1%**
2018	**85.6%**
UHC	**82.9%**
QC	**83.9%**

Percentile Ranking 2019 QC All Plans

63rd

Q46. TREATED WITH COURTESY AND RESPECT
% Always or Usually

93.8%
(n = 64)^
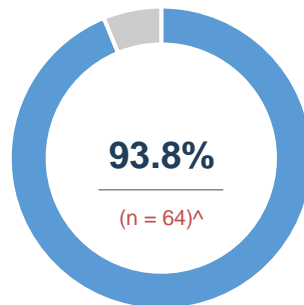
2020	**93.8%**
2019	**96.2%**
2018	**93.2%**
UHC	**93.2%**
QC	**94.1%**

Percentile Ranking 2019 QC All Plans

52nd

| Gate Questions	Valid n	Yes
Q44. Tried to get information or help from health plan's customer service	272	23.5%

Significance Testing

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

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

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

How Well Doctors Communicate: Composite*

PERCENTILE RANKING 2019 QC ALL PLANS

62nd

SPH BOOK OF BUSINESS DISTRIBUTION

Your Plan

Rating of Health Plan

How Well Doctors Communicate

— 90th Percentile

HOW WELL DOCTORS COMMUNICATE
% Always or Usually

	2018	2019	2020	2020 UHC BoB
Total	93.2%	95.8%	94.9%	95.2%
% Usually	10.5%	8.2%	8.1%	13.2%
% Always	82.7%	87.7%	86.8%	81.9%
n	(n = 366)	(n = 289)	(n = 191)	

94.1%
80.3% ▲

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

Significance Testing

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

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

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

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

How Well Doctors Communicate: Attribute Questions

HOW WELL DOCTORS COMMUNICATE QUESTIONS

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

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

2020 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE   **94.9%**

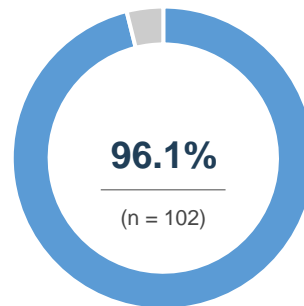| Gate Questions	Valid n	Yes
Q25. Have a personal doctor	272	91.5%

Significance Testing

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

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

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

Q27. PERSONAL DOCTOR EXPLAINED THINGS
% Always or Usually

95.3%
(n = 190)
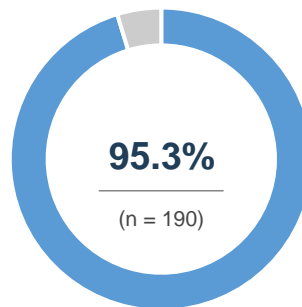
2020	**95.3%**
2019	**96.2%**
2018	**93.5%**
UHC	**95.6%**
QC	**94.7%**

Percentile Ranking 2019 QC All Plans

56th

Q28. PERSONAL DOCTOR LISTENED CAREFULLY
% Always or Usually

95.8%
(n = 192)
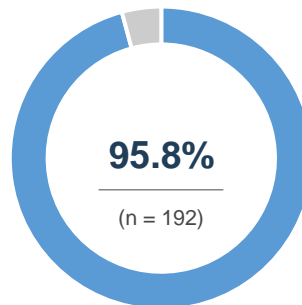
2020	**95.8%**
2019	**96.9%**
2018	**95.6%**
UHC	**96.4%**
QC	**95.1%**

Percentile Ranking 2019 QC All Plans

57th

How Well Doctors Communicate: Attribute Questions (Continued)

Please see Technical Notes for more information.

HOW WELL DOCTORS COMMUNICATE QUESTIONS

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

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

2020 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE   **94.9%**

Significance Testing

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

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

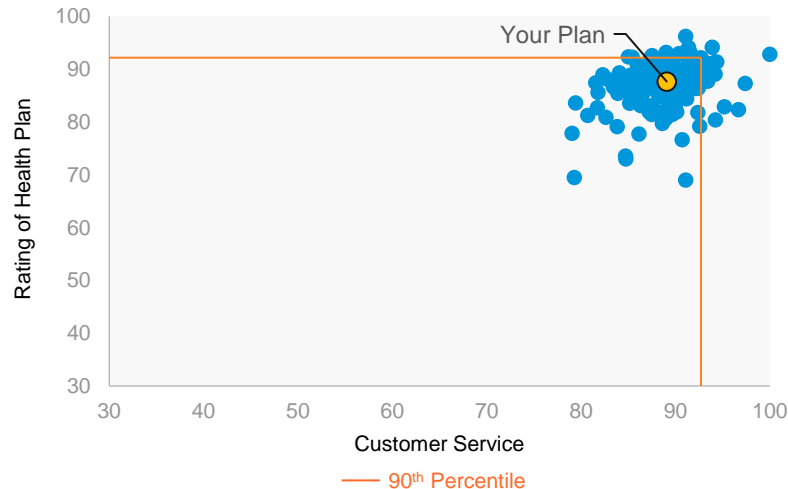*^Denominator less than 100. NCQA will assign an NA to this measure.*

Q29. PERSONAL DOCTOR SHOWED RESPECT
% Always or Usually

96.3%
(n = 191)
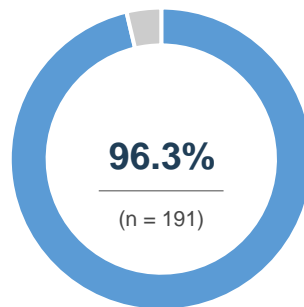
2020	**96.3%**
2019	**96.6%**
2018	**95.4%**
UHC	**96.8%**
QC	**96.1%**

Percentile Ranking 2019 QC All Plans

44th

Q32. PERSONAL DOCTOR SPENT ENOUGH TIME
% Always or Usually

92.1%
(n = 191)
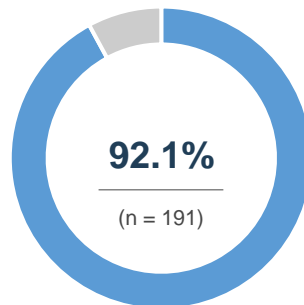
2020	**92.1%**
2019	**93.8%**
2018	**88.2%**
UHC	**91.8%**
QC	**90.5%**

Percentile Ranking 2019 QC All Plans

68th

Summary of Trend and Benchmarks

Summary Rate Scores and Percentile Rankings

- 12470 - UnitedHealthcare Community Plan (LA)

UnitedHealthcare®

Summary of Trend and Benchmarks: Section Information

Please see Technical Notes for more information.

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

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

Plan Percentile Rankings: Shows your plan's Summary Rates and percentile rankings in relation to the benchmarks.
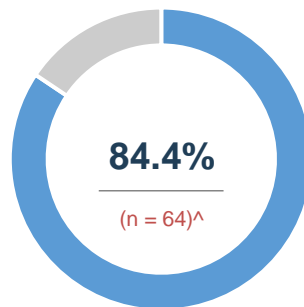
Significance Testing
Green – Current year score is significantly higher than the 2019 score (↑), the 2018 score (⬍) or benchmark (▲) score.
Red – Current year score is significantly lower than the 2019 score (↓), the 2018 score (⬍) or benchmark (▼) score.

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

Benchmark Information

Available Benchmarks

The following benchmarks are used throughout the report.

	2019 Quality Compass® All Plans (General Population)	2019 Quality Compass® All Plans (CCC Population)	2019 NCQA 1-100 Benchmark (General Population)	2019 NCQA 1-100 Benchmark (CCC Population)	2020 SPH Analytics Book of Business (General Population)	2020 SPH Analytics Book of Business (CCC Population)
	Includes all Medicaid child samples (Non-CCC and CCC) that submitted data to NCQA in 2018.	Includes all Medicaid child samples (CCC) that submitted data to NCQA in 2018.	A percentile benchmark (with values ranging from the first through the one hundredth percentile) calculated by NCQA and derived from Medicaid child data (Non-CCC and CCC) collected by NCQA in 2018.	A percentile benchmark (with values ranging from the first through the one hundredth percentile) calculated by NCQA and derived from Medicaid child data (CCC) collected by NCQA in 2018.	Includes all the Medicaid child samples (Non-CCC and CCC) that contracted with SPH Analytics to administer the 2019 CAHPS 5.0H survey and submitted data to NCQA.	Includes all the Medicaid child samples (CCC) that contracted with SPH Analytics to administer the 2019 CAHPS 5.0H survey and submitted data to NCQA.
PROS	• Contains more plans than the SPH Book of Business • Is presented in NCQA's The State of Health Care Quality	• Contains more plans than the SPH Book of Business • Is presented in NCQA's The State of Health Care Quality • Provides a CCC benchmark	• Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass® All Plans benchmark	• Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass® All Plans benchmark • Provides a CCC benchmark	• Provides a benchmark for each question from the survey • Permits precise percentile ranking of plan compared to benchmark • Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark.	• Provides a benchmark for each question from the survey • Permits precise percentile ranking of plan compared to benchmark • Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark • Provides a CCC benchmark
CONS	• Only contains benchmarks for certain key questions, composites, and rating questions	• Only contains benchmarks for certain key questions, composites, and rating questions	• Only contains benchmarks for certain key questions, composites, and rating questions	• Only contains benchmarks for certain key questions, composites, and rating questions	• Contains fewer plans than the Public Report and the Quality Compass® All Plans Benchmarks	• Contains fewer plans than the Public Report and the Quality Compass® All Plans Benchmarks
# OF PLANS	112	54	112	54	162	53

Summary Rate Scores

Please see Technical Notes for more information.

RATING ITEMS

	2020 Valid n	2018	2019	2020	2020 UHC BENCHMARK	2019 QC BENCHMARK	2019 QC ALL LOB BENCHMARK
Rating Questions (% 9 or 10)							
★ Q49. Rating of Health Plan	266	75.1%	79.5%	76.3%	73.8%	70.0% ▲	40.4% ▲
★ Q9. Rating of Health Care	204	74.1%	77.1%	75.5%	73.4%	69.5% ▲	51.9% ▲
★ Q36. Rating of Personal Doctor	242	81.6%	84.0%	84.7%	80.2%	77.2% ▲	67.8% ▲
★ Q43. Rating of Specialist	53^	78.7%	85.4%	83.0%	76.4%	74.0%	66.6% ▲
Rating Questions (% 8, 9 or 10)							
Q49. Rating of Health Plan	266	88.7%	90.8%	87.6%	87.6%	85.3%	63.8% ▲
Q9. Rating of Health Care	204	89.5%	90.5%	93.1%	89.3% ▲	87.2% ▲	78.0% ▲
Q36. Rating of Personal Doctor	242	89.3%	93.3%	93.4%	91.7%	89.7% ▲	85.3% ▲
Q43. Rating of Specialist	53^	87.0%	96.3%	90.6%	89.0%	87.7%	84.4%

7
Total Star Rating
★
Measures

7
Above QC Benchmark

7
At or Below QC Benchmark

Note: Please refer to benchmark descriptions on slide 45.   ^Denominator less than 100. NCQA will assign an NA to this measure.

Summary Rate Scores

Please see Technical Notes for more information.

COMPOSITES, ATTRIBUTES, AND KEY QUESTIONS

	2020 Valid n	2018	2019	2020	2020 UHC BENCHMARK	2019 QC BENCHMARK	2019 QC ALL LOB BENCHMARK
★ Getting Needed Care (% Always or Usually)	133	86.4%	92.3%	86.6% ↓	86.0%	85.9%	86.5%
Q10. Getting care, tests, or treatment	207	92.1%	92.4%	91.8%	91.2%	90.3%	89.3%
Q41. Getting specialist appointment	59^	80.7%	92.2%	81.4%	80.7%	81.9%	83.8%
★ Getting Care Quickly (% Always or Usually)	143	94.5%	90.8%	95.0%	90.6% ▲	91.1% ▲	85.2% ▲
Q4. Getting urgent care	102	94.2%	90.1%	96.1%	91.3% ▲	92.8%	88.6% ▲
Q6. Getting routine care	183	94.8%	91.6%	94.0%	89.9% ▲	89.1% ▲	82.6% ▲
Other Measure (% Always or Usually)							
★ Q35. Coordination of Care	68^	88.5%	82.8%	85.3%	84.0%	83.8%	83.1%

7

Total Star Rating

★

Measures

7

Above QC Benchmark

7

At or Below QC Benchmark

Note: Please refer to benchmark descriptions on slide 45.   ^Denominator less than 100. NCQA will assign an NA to this measure.

Summary Rate Scores

Please see Technical Notes for more information.

OTHER MEASURES
(Not used for accreditation/ratings)

	2020 Valid n	2018	2019	2020	2020 UHC BENCHMARK	2019 QC BENCHMARK	2019 QC ALL LOB BENCHMARK
Other Measure (% Always or Usually)							
Q48. Ease of filling out forms	266	97.3%	97.0%	97.7%	95.7% ▲	94.7% ▲	96.1%
Health Plan Customer Service (% Always or Usually)	**64^**	**89.4%**	**89.2%**	**89.1%**	**88.1%**	**89.0%**	**89.3%**
Q45. Provided information or help	64^	85.6%	82.1%	84.4%	82.9%	83.9%	83.1%
Q46. Treated with courtesy and respect	64^	93.2%	96.2%	93.8%	93.2%	94.1%	95.4%
How Well Doctors Communicate (% Always or Usually)	**191**	**93.2%**	**95.8%**	**94.9%**	**95.2%**	**94.1%**	**95.4%**
Q27. Personal doctors explained things	190	93.5%	96.2%	95.3%	95.6%	94.7%	96.4%
Q28. Personal doctors listened carefully	192	95.6%	96.9%	95.8%	96.4%	95.1%	95.1%
Q29. Personal doctors showed respect	191	95.4%	96.6%	96.3%	96.8%	96.1%	96.4%
Q32. Personal doctors spent enough time	191	88.2%	93.8%	92.1%	91.8%	90.5%	93.6%

Note: Please refer to benchmark descriptions on slide 45.   ^Denominator less than 100. NCQA will assign an NA to this measure.

Summary Rate Scores – CCC Population

Please see Technical Notes for more information.

CCC MEASURES

	2020 Valid n	2018	2019	2020	2020 UHC BENCHMARK	2019 QC BENCHMARK
Q51. Access to Prescription Medicines (% Always or Usually)	**270**	**93.7%**	**93.4%**	**91.9%**	**92.4%**	**91.6%**
Access to Specialized Services (% Always or Usually)	**80^**	**79.7%**	**77.1%**	**81.4%**	**75.2% ▲**	**77.2%**
Q15. Ease of getting special medical equipment or devices	28^	79.7%	73.5%	85.7%	73.2%	77.1%
Q18. Ease of getting therapy	73^	79.6%	81.1%	78.1%	75.7%	77.5%
Q21. Ease of getting treatment or counseling	138	79.9%	76.5%	80.4%	76.6%	76.8%
FCC: Personal Doctor Who Knows Child (% Yes)	**216**	**92.0%**	**93.3%**	**93.8%**	**92.2%**	**91.0%**
Q33. Doctor talked about how child is feeling, growing, and behaving	250	90.3%	91.4%	91.6%	90.4%	89.8%
Q38. Doctor understands how these conditions affect child's day-to-day life	200	94.5%	96.3%	97.0%	94.8%	93.2% ▲
Q39. Doctor understands how these conditions affect family's day-to-day life	198	91.1%	92.3%	92.9%	91.4%	89.6%
Q8. FCC: Getting Needed Information (% Always or Usually)	**267**	**88.7%**	**93.3%**	**95.9% ‡**	**93.9%**	**91.4% ▲**
Coordination of Care for CCC (% Yes)	**74 ^**	**79.9%**	**79.2%**	**77.4%**	**77.6%**	**76.9%**
Q13. Obtained help from doctors or health providers in contacting child's school or daycare	38^	96.8%	93.0%	94.7%	94.9%	93.9%
Q24. Obtained help coordinating child's care among different providers or services	110	63.0%	65.3%	60.0%	60.2%	60.3%

Note: Please refer to benchmark descriptions on slide 45.   ^Denominator less than 100. NCQA will assign an NA to this measure.

Regional Performance

Please see Technical Notes for more information.

	SUMMARY RATE	2020 UHC REGION
Rating Questions (% 9 or 10)		
Q49. Rating of Health Plan	76.3%	77.8%
Q9. Rating of Health Care	75.5%	76.8%
Q36. Rating of Personal Doctor	84.7%	83.2%
Q43. Rating of Specialist	83.0%	77.5%
Rating Questions (% 8, 9 or 10)		
Q49. Rating of Health Plan	87.6%	89.5%
Q9. Rating of Health Care	93.1%	91.2%
Q36. Rating of Personal Doctor	93.4%	93.4%
Q43. Rating of Specialist	90.6%	88.0%
Getting Needed Care (% Always or Usually)	**86.6%**	**87.4%**
Q10. Getting care, tests, or treatment	91.8%	92.7%
Q41. Getting specialist appointment	81.4%	82.1%
Getting Care Quickly (% Always or Usually)	**95.0%**	**92.9%**
Q4. Getting urgent care	96.1%	93.7%
Q6. Getting routine care	94.0%	92.1%
Coordination of Care (Q35) (% Always or Usually)	**85.3%**	**86.2%**

Significance Testing
Current year score is significantly higher (✤) or lower (✤) than the 2020 UHC Region score.

Note: Please refer to benchmark descriptions on slide 45.

Percentile Rankings – Quality Compass (Child)

Please see Technical Notes for more information.

	2020 Plan		National Percentiles from 2019 Quality Compass (Child)								
	Score	Percentile	5th	10th	25th	33rd	50th	67th	75th	90th	95th
Rating Questions (% 9 or 10)											
Q49. Rating of Health Plan	76.3%	77th	61.33	65.04	68.82	69.89	72.03	74.24	75.64	78.26	79.46
Q9. Rating of Health Care	75.5%	86th	61.58	64.53	67.44	69.07	71.06	72.93	74.03	76.26	77.25
Q36. Rating of Personal Doctor	84.7%	97th	70.27	72.38	75.00	76.30	77.80	79.31	79.82	82.07	83.45
Q43. Rating of Specialist	83.0%	97th	68.33	68.93	70.63	71.43	74.17	76.11	77.70	78.85	81.37
Rating Questions (% 8, 9 or 10)											
Q49. Rating of Health Plan	87.6%	56th	79.03	81.40	84.48	85.29	87.15	88.29	89.38	90.95	92.22
Q9. Rating of Health Care	93.1%	97th	80.17	82.97	85.76	86.86	88.24	89.47	90.12	91.29	92.46
Q36. Rating of Personal Doctor	93.4%	91st	84.65	86.55	88.69	89.47	90.49	91.40	92.02	93.16	93.63
Q43. Rating of Specialist	90.6%	87th	83.92	84.25	85.83	86.61	87.29	88.65	89.00	91.18	91.78
Getting Needed Care (% Always or Usually)	**86.6%**	**65th**	**77.08**	**78.40**	**81.49**	**83.03**	**84.85**	**86.85**	**88.01**	**89.98**	**91.04**
Q10. Getting care, tests, or treatment	91.8%	66th	82.57	83.94	87.46	88.07	90.11	91.80	92.43	94.20	94.96
Q41. Getting specialist appointment	81.4%	57th	70.34	73.00	76.00	77.05	80.00	83.00	84.16	86.27	87.38
Getting Care Quickly (% Always or Usually)	**95.0%**	**94th**	**80.94**	**82.95**	**87.01**	**88.06**	**89.98**	**91.69**	**92.43**	**94.17**	**95.30**
Q4. Getting urgent care	96.1%	90th	83.06	85.00	89.43	90.32	92.00	93.33	93.84	95.74	97.01
Q6. Getting routine care	94.0%	92nd	78.95	80.82	84.54	86.53	88.16	90.21	91.06	93.44	94.24
Coordination of Care (Q35) (% Always or Usually)	**85.3%**	**62nd**	**75.63**	**78.57**	**81.11**	**82.26**	**84.06**	**85.71**	**87.18**	**89.33**	**89.83**

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

Percentile Rankings – SPH Book of Business (Child)

Please see Technical Notes for more information.

	2020 Plan		National Percentiles from 2020 SPH Book of Business (Child)								
	Score	Percentile	5th	10th	25th	33rd	50th	67th	75th	90th	95th
Rating Questions (% 9 or 10)											
Q49. Rating of Health Plan	76.3%	74th	60.95	65.09	70.51	71.43	73.87	75.53	76.89	80.05	81.93
Q9. Rating of Health Care	75.5%	65th	64.03	66.76	70.22	71.45	73.14	75.62	76.55	79.35	80.27
Q36. Rating of Personal Doctor	84.7%	96th	72.21	74.13	76.76	77.80	79.22	81.09	81.75	83.61	84.55
Q43. Rating of Specialist	83.0%	87th	62.46	66.67	71.11	72.56	74.36	77.95	80.00	83.89	85.88
Rating Questions (% 8, 9 or 10)											
Q49. Rating of Health Plan	87.6%	43rd	79.21	81.89	85.61	86.60	88.15	89.37	90.14	92.12	92.88
Q9. Rating of Health Care	93.1%	94th	83.54	84.66	86.83	87.62	88.89	90.28	90.75	92.58	93.32
Q36. Rating of Personal Doctor	93.4%	85th	86.23	87.79	90.12	90.43	91.36	92.12	92.63	93.76	94.79
Q43. Rating of Specialist	90.6%	68th	81.78	82.41	85.71	86.67	88.14	90.51	91.58	93.52	95.10
Getting Needed Care (% Always or Usually)	**86.6%**	**55th**	**76.40**	**78.95**	**82.44**	**84.01**	**85.99**	**87.65**	**88.62**	**91.06**	**91.92**
Q10. Getting care, tests, or treatment	91.8%	54th	82.24	85.42	88.60	89.29	91.02	93.13	93.49	95.16	96.09
Q41. Getting specialist appointment	81.4%	54th	66.04	71.46	76.27	77.98	80.95	83.73	84.71	88.05	90.25
Getting Care Quickly (% Always or Usually)	**95.0%**	**93rd**	**80.48**	**84.44**	**88.51**	**89.92**	**91.55**	**92.89**	**93.43**	**94.73**	**95.35**
Q4. Getting urgent care	96.1%	88th	81.35	84.27	89.36	90.70	92.86	94.15	94.64	96.25	97.15
Q6. Getting routine care	94.0%	87th	79.35	81.90	86.69	88.52	90.78	91.99	92.65	94.29	95.18
Coordination of Care (Q35) (% Always or Usually)	**85.3%**	**49th**	**75.76**	**77.78**	**82.50**	**83.83**	**85.42**	**87.22**	**88.31**	**89.96**	**91.38**

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

Percentile Rankings – Quality Compass

Please see Technical Notes for more information.

CCC Population	2020 Plan		National Percentiles from 2019 Quality Compass (CCC Population)								
	Score	Percentile	5th	10th	25th	33rd	50th	67th	75th	90th	95th
Q51. Access to Prescription Medicines (% Always or Usually)	**91.9%**	**59th**	**87.17**	**87.61**	**90.03**	**90.82**	**91.59**	**92.17**	**93.35**	**94.85**	**96.71**
Access to Specialized Services (% Always or Usually)	**81.4%**	**82nd**	**69.60**	**70.64**	**74.69**	**74.86**	**77.5**	**78.68**	**80.20**	**82.79**	**85.74**
Q15. Ease of getting special medical equipment or devices	85.7%	NA	---	---	---	---	---	---	---	---	---
Q18. Ease of getting therapy	78.1%	69th	69.01	69.80	76.11	76.98	77.56	78.00	78.7	85.18	88.18
Q21. Ease of getting treatment or counseling	80.4%	63rd	63.48	66.09	73.04	73.96	77.68	80.99	82.05	85.59	86.89
FCC: Personal Doctor Who Knows Child (% Yes)	**93.8%**	**97th**	**87.89**	**88.26**	**90.01**	**90.42**	**91.29**	**91.89**	**92.23**	**93.32**	**93.66**
Q33. Doctor talked about how child is feeling, growing, and behaving	91.6%	72nd	84.11	87.22	88.55	89.15	89.74	91.06	91.71	93.05	93.69
Q38. Doctor understands how these conditions affect child's day-to-day life	97.0%	100th	90.09	90.48	91.96	92.55	93.53	94.69	94.77	95.74	95.96
Q39. Doctor understands how these conditions affect family's day-to-day life	92.9%	95th	84.92	86.17	87.90	88.60	90.07	90.94	91.63	92.31	92.80
Q8. FCC: Getting Needed Information (% Always or Usually)	**95.9%**	**97th**	**83.59**	**86.48**	**90.38**	**90.91**	**92.29**	**93.15**	**93.4**	**94.49**	**95.10**
Coordination of Care for CCC (% Yes)	**77.4%**	**47th**	**71.92**	**73.33**	**74.82**	**75.68**	**77.40**	**78.45**	**79.15**	**79.62**	**79.87**
Q13. Obtained help from doctors or health providers in contacting child's school or daycare	94.7%	NA	---	---	---	---	---	---	---	---	---
Q24. Obtained help coordinating child's care among different providers or services	60.0%	54th	50.91	52.46	55.88	56.67	59.92	64.72	64.86	66.91	70.63

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

Percentile Rankings – SPH Book of Business

Please see Technical Notes for more information.

CCC Population	2020 Plan		National Percentiles from 2020 SPH Book of Business (CCC Population)								
	Score	Percentile	5th	10th	25th	33rd	50th	67th	75th	90th	95th
Q51. Access to Prescription Medicines (% Always or Usually)	**91.9%**	**59th**	**87.43**	**88.39**	**89.66**	**90.18**	**91.48**	**92.82**	**94.01**	**95.62**	**96.38**
Access to Specialized Services (% Always or Usually)	**81.4%**	**84th**	**67.50**	**69.41**	**71.67**	**74.28**	**76.83**	**79.85**	**80.94**	**83.03**	**85.95**
Q15. Ease of getting special medical equipment or devices	85.7%	84th	60.73	64.52	71.43	72.79	75.00	79.86	82.14	89.40	93.63
Q18. Ease of getting therapy	78.1%	57th	64.75	66.76	72.09	74.07	76.95	80.49	82.05	83.64	87.53
Q21. Ease of getting treatment or counseling	80.4%	66th	65.65	67.39	71.61	72.59	76.73	80.68	82.02	85.37	86.24
FCC: Personal Doctor Who Knows Child (% Yes)	**93.8%**	**82nd**	**88.31**	**89.01**	**90.43**	**91.33**	**91.97**	**93.06**	**93.55**	**94.27**	**94.65**
Q33. Doctor talked about how child is feeling, growing, and behaving	91.6%	64th	86.38	87.3	88.96	89.29	90.32	91.66	92.11	92.61	93.65
Q38. Doctor understands how these conditions affect child's day-to-day life	97.0%	93rd	89.79	90.62	92.91	93.51	94.51	95.43	96.09	96.88	97.42
Q39. Doctor understands how these conditions affect family's day-to-day life	92.9%	68th	85.66	88.18	89.77	90.46	91.43	92.92	92.96	94.07	95.16
Q8. FCC: Getting Needed Information (% Always or Usually)	**95.9%**	**93rd**	**90.49**	**91.34**	**92.05**	**92.56**	**93.35**	**94.15**	**94.74**	**95.36**	**96.16**
Coordination of Care for CCC (% Yes)	**77.4%**	**50th**	**72.98**	**73.21**	**75.57**	**76.08**	**77.37**	**78.6**	**79.53**	**81.49**	**82.85**
Q13. Obtained help from doctors or health providers in contacting child's school or daycare	94.7%	50th	88.05	88.39	91.43	92.46	94.74	96.46	96.97	100	100
Q24. Obtained help coordinating child's care among different providers or services	60.0%	43rd	52.13	52.74	55.81	57.94	60.4	62.9	64.64	70.54	71.84

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

Profile of Survey Respondents

Demographic Composition

- 12470 - UnitedHealthcare Community Plan (LA)

UnitedHealthcare®

Profile of Survey Respondents: Section Information

Please see Technical Notes for more information.

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

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

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

Significance Testing
Green – Current year score is significantly higher than the 2019 score (↑), the 2018 score (⇡) or benchmark (▲) score.
Red – Current year score is significantly lower than the 2019 score (↓), the 2018 score (⇣) or benchmark (▼) score.

UHC refers to the 2020 UHC Average.
QC refers to the 2019 Quality Compass ® All Plans benchmark.

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

Profile of Survey Respondents

Please see Technical Notes for more information.

Survey Demographics

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

Child's Age

	0 - 4	5 - 8	9 - 13	14 or older
2020	17.0% ↓	17.0%	37.4%	28.5% ↑
2019	26.2%	20.9%	32.2%	20.7%
2018	22.4%	20.1%	32.4%	25.1%
UHC	**21.5%**	**20.8%**	**30.8%** ▲	**26.9%**
QC	**NA**	**NA**	**NA**	**NA**

Legend: ■0-4 ■5-8 ■9-13 ■14 or older

Child's Health Status
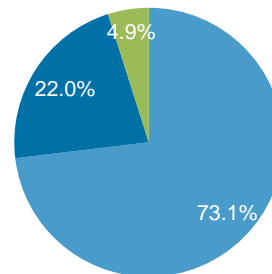
	Excellent/ Very Good	Good	Fair/Poor
2020	73.1%	22.0%	4.9%
2019	74.9%	20.7%	4.4%
2018	71.9%	23.2%	4.8%
UHC	**78.2%**	**17.8%**	**4.0%**
QC	**66.4%** ▲	**25.3%**	**8.3%** ▼

Legend: ■Excellent/Very Good ■Good ■Fair/Poor

Child's Gender
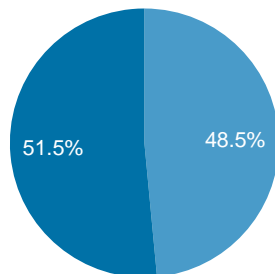
	Male	Female
2020	48.5%	51.5%
2019	50.6%	49.4%
2018	52.1%	47.9%
UHC	**52.5%**	**47.5%**
QC	**55.2%** ▼	**44.8%** ▲

Legend: ■Male ■Female

Child's Mental/Emotional Health Status
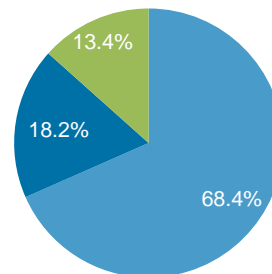
	Excellent/ Very Good	Good	Fair/Poor
2020	68.4%	18.2%	13.4% ↑
2019	74.4%	18.4%	7.1%
2018	65.7%	23.9%	10.4%
UHC	**73.2%**	**18.1%**	**8.7%** ▲
QC	**56.8%** ▲	**25.2%** ▼	**18.1%** ▼

Legend: ■Excellent/Very Good ■Good ■Fair/Poor

Profile of Survey Respondents

Please see Technical Notes for more information.

Survey Demographics

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

Child's Ethnicity
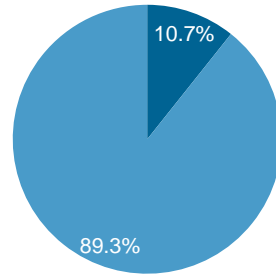
	Hispanic/Latino	Not Hispanic/Latino
2020	10.7% ↓	89.3% ↑
2019	21.5%	78.5%
2018	12.6%	87.4%
UHC	29.6% ▼	70.4% ▲
QC	29.3% ▼	70.7% ▲

■Hispanic/Latino ■Not Hispanic/Latino

Child's Race

White — 54.6%
Black or African-American — 39.3%
Asian — 4.2%
Hawaiian/Pacific Islander — 0.8%
American Indian/Alaskan — 3.1%
Other — 10.7%

	White	Black or African-American	Asian	Hawaiian/Pacific Islander	American Indian/Alaskan	Other
2020	54.6% ‡	39.3% ‡	4.2%	0.8%	3.1%	10.7%
2019	51.6%	38.9%	3.7%	1.1%	3.9%	14.2%
2018	42.7%	52.6%	3.6%	0.6%	4.3%	7.3%
UHC	66.3% ▼	20.9% ▲	7.8% ▼	1.8%	3.1%	14.2%
QC	52.9%	23.7% ▲	4.6%	1.5%	3.5%	13.8%

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Profile of Survey Respondents

Survey Demographics

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

Respondent's Age

	24 or younger	25 - 34	35 - 44	45 or older
2020	14.8%	25.1% ↓	30.0%	30.0%
2019	12.3%	32.5%	32.0%	23.3%
2018	15.9%	31.3%	29.0%	23.9%
UHC	**11.4%**	**24.7%**	**34.4%**	**29.5%**
QC	**10.9%**	**25.3%**	**32.1%**	**31.7%**

- 14.8% 24 or younger
- 25.1% 25-34
- 30.0% 35-44
- 30.0% 45 or older

Respondent's Education

	HS Graduate or Less	Some College	College Graduate or More
2020	51.0%	37.5%	11.5%
2019	50.0%	34.6%	15.4%
2018	54.8%	32.8%	12.5%
UHC	**47.8%**	**33.5%**	**18.7%▼**
QC	**50.2%**	**33.5%**	**16.3%▼**

- 51.0% HS Graduate or Less
- 37.5% Some College
- 11.5% College Graduate or More

Respondent's Gender
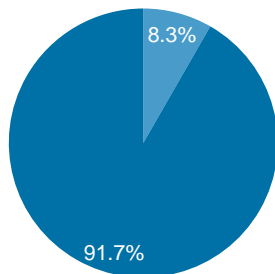
	Male	Female
2020	8.3%	91.7%
2019	9.5%	90.5%
2018	9.0%	91.0%
UHC	**13.5%** ▼	**86.5%** ▲
QC	**12.0%** ▼	**88.0%** ▲

- 8.3% Male
- 91.7% Female

Respondent's Relation to Child
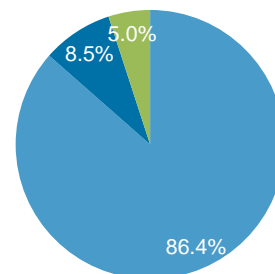
	Parent	Grandparent	Other
2020	86.4%	8.5%	5.0%
2019	88.0%	9.7%	2.3%
2018	89.6%	6.8%	3.6%
UHC	**91.0%▼**	**6.2%**	**2.8%**
QC	**86.5%**	**8.9%**	**4.6%**

- 86.4% Parent
- 8.5% Grandparent
- 5.0% Other

UnitedHealthcare

Profile of Survey Respondents – CCC Population

Survey Demographics

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

Child's Age

	0 - 4	5 - 8	9 - 13	14 or older
2020	10.9%	18.8%	36.3%	34.0%
2019	15.4%	17.1%	37.5%	30.0%
2018	10.9%	20.9%	36.2%	32.0%
UHC	**9.7%**	**19.6%**	**37.4%**	**33.3%**
QC	**NA**	**NA**	**NA**	**NA**

Pie: 0-4 10.9%, 5-8 18.8%, 9-13 36.3%, 14 or older 34.0%

■0-4 ■5-8 ■9-13 ■14 or older

Child's Health Status

	Excellent/Very Good	Good	Fair/Poor
2020	58.8%	30.7%	10.5%
2019	55.7%	33.1%	11.2%
2018	55.5%	32.6%	11.8%
UHC	**58.8%**	**30.9%**	**10.2%**
QC	**57.0%**	**31.2%**	**11.8%**

Pie: Excellent/Very Good 58.8%, Good 30.7%, Fair/Poor 10.5%

■Excellent/Very Good ■Good ■Fair/Poor

Child's Gender

	Male	Female
2020	51.5% ‡↓	48.5% ‡↑
2019	60.5%	39.5%
2018	60.7%	39.3%
UHC	**56.9%**	**43.1%**
QC	**58.6%** ▼	**41.5%** ▲

Pie: Female 51.5%, Male 48.5%

■Male ■Female

Child's Mental/Emotional Health Status

	Excellent/Very Good	Good	Fair/Poor
2020	43.8%	29.9%	26.3%
2019	45.3%	31.5%	23.3%
2018	40.9%	30.5%	28.6%
UHC	**41.7%**	**31.6%**	**26.7%**
QC	**40.6%**	**32.0%**	**27.4%**

Pie: Excellent/Very Good 43.8%, Good 29.9%, Fair/Poor 26.3%

■Excellent/Very Good ■Good ■Fair/Poor

Profile of Survey Respondents – CCC Population
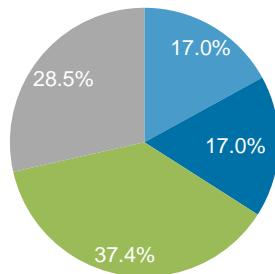
Please see Technical Notes for more information.

Survey Demographics

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

Child's Ethnicity

7.2%

92.8%

■ Hispanic/Latino ■ Not Hispanic/Latino

	Hispanic/ Latino	Not Hispanic/ Latino
2020	7.2%	92.8%
2019	9.0%	91.0%
2018	4.8%	95.2%
UHC	**19.9%** ▼	**80.1%** ▲
QC	**23.5%** ▼	**76.5%** ▲

Child's Race
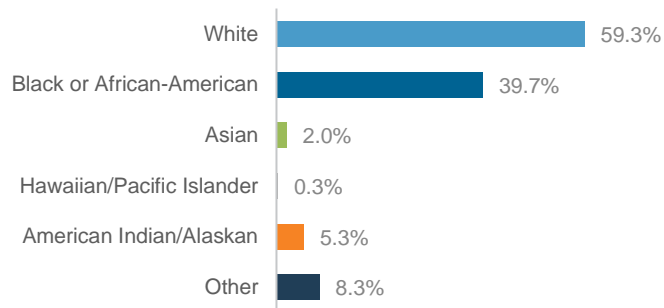
White	59.3%
Black or African-American	39.7%
Asian	2.0%
Hawaiian/Pacific Islander	0.3%
American Indian/Alaskan	5.3%
Other	8.3%

	White	Black or African-American	Asian	Hawaiian/ Pacific Islander	American Indian/ Alaskan	Other
2020	59.3% ‡	39.7% ‡	2.0%	0.3%	5.3%	8.3%
2019	56.3%	42.1%	2.4%	0.3%	3.4%	7.6%
2018	47.5%	51.9%	1.6%	0.8%	6.1%	5.9%
UHC	**72.8%** ▼	**24.6%** ▲	**2.4%**	**0.9%**	**3.5%**	**9.0%**
QC	**54.4%**	**26.0%** ▲	**2.9%**	**1.2%** ▼	**3.7%**	**11.8%** ▼

Profile of Survey Respondents – CCC Population

Please see Technical Notes for more information.

Survey Demographics

The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan's member population.
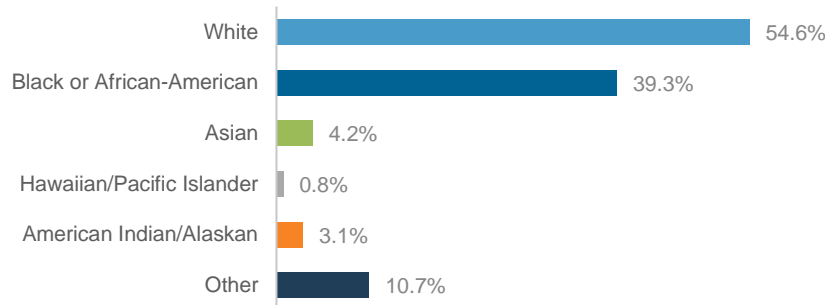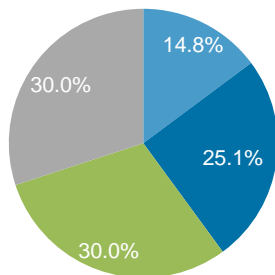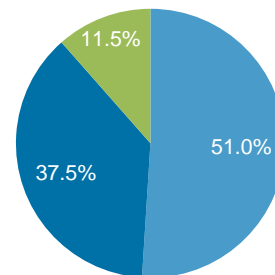
Respondent's Age
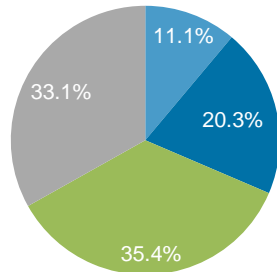
	24 or younger	25 - 34	35 - 44	45 or older
2020	11.1%	20.3% ‡	35.4%	33.1%
2019	10.2%	23.7%	31.6%	34.4%
2018	12.4%	27.9%	32.3%	27.3%
UHC	9.5%	19.8%	31.7%	39.0% ▼
QC	10.0%	21.6%	31.8%	36.5%
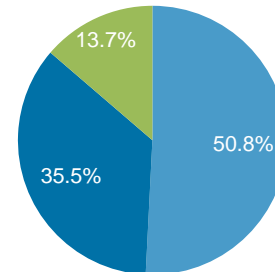
Pie: 11.1%, 20.3%, 35.4%, 33.1%

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

Respondent's Education

	HS Graduate or Less	Some College	College Graduate or More
2020	50.8%	35.5%	13.7%
2019	46.2%	35.2%	18.6%
2018	44.3%	42.1%	13.6%
UHC	43.1% ▲	39.0%	17.9% ▼
QC	46.3%	36.5%	17.2%

Pie: 13.7%, 50.8%, 35.5%

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

Respondent's Gender
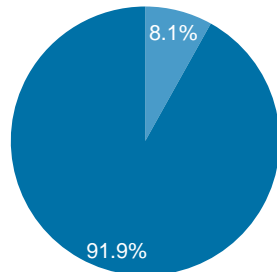
	Male	Female
2020	8.1%	91.9%
2019	9.1%	90.9%
2018	7.3%	92.7%
UHC	10.0%	90.0%
QC	11.1%	88.9%

Pie: 8.1%, 91.9%

Legend: ■ Male ■ Female

Respondent's Relation to Child
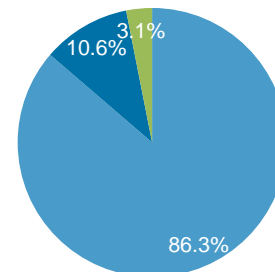
	Parent	Grandparent	Other
2020	86.3%	10.6%	3.1%
2019	82.2%	12.3%	5.5%
2018	86.5%	7.8%	5.7%
UHC	83.7%	11.5%	4.8%
QC	83.0%	11.1%	5.9% ▼

Pie: 3.1%, 10.6%, 86.3%

Legend: ■ Parent ■ Grandparent ■ Other

Demographic Segment Analyses

Subgroup Analysis

- 12470 - UnitedHealthcare Community Plan (LA)

UnitedHealthcare®

Demographic Analyses: Section Information

Please see Technical Notes for more information.

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

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

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

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

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

Demographic Segments

Please see Technical Notes for more information.

	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type			Child's Age			
	8-10	0-7	8-10	0-7	Excellent or Very good	Good	Fair or Poor	Excellent or Very good	Good	Fair or Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
Total respondents	233	33	190	14^	196	59	13^	184	49	36	180	95	0^	46	46	101	77
Rating Questions (% 9 or 10)																	
Q49. Rating of Health Plan	87.1% B	0.0%	79.2%	35.7%	78.9%	69.5%	61.5%	78.2%	78.7%	61.1%	77.7%	73.6%	---	76.7%	84.1%	72.7%	76.6%
Q9. Rating of Health Care	81.2%	37.0%	81.1%	0.0%	76.1%	76.1%	54.5%	77.0%	80.5%	59.4%	75.4%	75.7%	---	74.2%	69.4%	77.3%	77.6%
Q36. Rating of Personal Doctor	89.4%	50.0%	88.9%	33.3%	84.8%	88.5%	66.7%	85.4%	92.9% J	70.0%	85.4%	83.3%	---	78.0%	74.4%	87.6%	91.2% O
Q43. Rating of Specialist	82.2%	83.3%	85.4%	66.7%	75.8%	100%	85.7%	86.2%	84.6%	72.7%	78.9%	93.3%	---	77.8%	90.0%	83.3%	81.3%
Rating Questions (% 8, 9 or 10)																	
Q49. Rating of Health Plan	100% B	0.0%	90.2%	35.7%	90.0%	84.7%	61.5%	89.4%	89.4%	75.0%	89.1%	84.6%	---	88.4%	90.9%	86.9%	87.0%
Q9. Rating of Health Care	97.1%	66.7%	100%	0.0%	93.7%	95.7%	72.7%	93.7%	95.1%	87.5%	93.3%	92.9%	---	90.3%	91.7%	90.7%	98.3% P
Q36. Rating of Personal Doctor	96.1%	71.4%	97.2%	41.7%	93.0%	98.1%	75.0%	94.5%	100% H J	80.0%	93.7%	92.9%	---	90.2%	87.2%	94.4%	98.5% O
Q43. Rating of Specialist	91.1%	83.3%	92.7%	66.7%	87.9%	100%	85.7%	89.7%	92.3%	90.9%	86.8%	100%	---	88.9%	90.0%	94.4%	87.5%
Getting Needed Care (% Always or Usually)	90.6%	63.0%	92.4%	57.1%	85.4%	95.7% E	67.5%	90.1%	80.7%	84.7%	87.4%	84.9%	---	78.5%	91.3%	85.4%	89.9%
Q10. Getting care, tests, or treatment	93.6%	81.5%	93.7%	71.4%	94.4%	91.5%	63.6%	95.3%	88.1%	87.5%	93.4%	88.6%	---	90.3%	91.7%	93.5%	91.5%
Q41. Getting specialist appointment	87.5%	44.4%	91.1%	42.9%	76.3%	100%	71.4%	84.8%	73.3%	81.8%	81.4%	81.3%	---	66.7%	90.9%	77.3%	88.2%
Getting Care Quickly (% Always or Usually)	96.2%	88.9%	95.5%	91.7%	96.9%	96.6%	75.6%	97.0%	97.2%	88.4%	96.4%	91.2%	---	93.7%	93.5%	97.8%	94.3%
Q4. Getting urgent care	97.6%	92.9%	96.5%	100%	98.5%	95.7%	87.5%	96.7%	100%	95.2%	98.7%	88.9%	---	93.3%	94.7%	100%	96.3%
Q6. Getting routine care	94.8%	85.0%	94.5%	83.3%	95.2%	97.6%	63.6%	97.4%	94.4%	81.5%	94.2%	93.5%	---	94.1%	92.3%	95.5%	92.3%
Coordination of Care (Q35) (% Always or Usually)	85.2%	75.0%	91.5%	40.0%	83.3%	89.5%	80.0%	82.1%	94.4%	81.8%	87.2%	81.0%	---	75.0%	72.7%	92.0%	90.0%

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

Demographic Segments

Please see Technical Notes for more information.

	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type			Child's Age			
	8-10	0-7	8-10	0-7	Excellent or Very good	Good	Fair or Poor	Excellent or Very good	Good	Fair or Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
Total respondents	233	33	190	14^	196	59	13^	184	49	36	180	95	0^	46	46	101	77
Health Plan Customer Service (% Always or Usually)	**89.7%**	**80.0%**	**91.7%**	**50.0%**	**85.7%**	**96.9%**	**87.5%**	**90.5%**	**79.2%**	**93.8%**	**95.5%**	**82.3%**	**---**	**95.5%**	**83.3%**	**92.6%**	**80.0%**
Q45. Provided information or help	84.5%	80.0%	87.5%	50.0%	78.6%	93.8%	100%	83.3%	75.0%	100%	93.9% L	74.2%	---	90.9%	77.8%	88.9%	73.3%
Q46. Treated with courtesy and respect	94.8%	80.0%	95.8%	50.0%	92.9%	100%	75.0%	97.6%	83.3%	87.5%	97.0%	90.3%	---	100%	88.9%	96.3%	86.7%
How Well Doctors Communicate (% Always or Usually)	**96.5%**	**81.0%**	**96.4%**	**68.2%**	**95.4%**	**96.1%**	**77.8%**	**95.5%**	**96.0%**	**89.8%**	**96.8%**	**91.5%**	**---**	**91.1%**	**95.8%**	**97.2%**	**94.9%**
Q27. Personal doctors explained things	96.9%	81.0%	96.2%	81.8%	96.2%	95.5%	77.8%	95.9%	97.4%	88.9%	97.5%	91.2%	---	93.5%	96.7%	98.6%	92.6%
Q28. Personal doctors listened carefully	97.6%	81.0%	97.5%	63.6%	96.2%	97.8%	77.8%	96.7%	97.4%	88.9%	96.0%	95.6%	---	90.3%	96.7%	97.2%	98.1%
Q29. Personal doctors showed respect	98.2%	81.0%	98.1%	72.7%	96.2%	97.8%	88.9%	96.7%	97.4%	92.6%	96.7%	95.6%	---	93.5%	96.7%	98.6%	96.3%
Q32. Personal doctors spent enough time	93.3%	81.0%	93.7%	54.5%	93.1%	93.3%	66.7%	92.6%	91.9%	88.9%	96.7% L	83.8%	---	87.1%	93.3%	94.4%	92.6%
Other Measures																	
Q48. Ease of filling out forms (% Always or Usually)	97.8%	96.9%	99.5%	92.3%	97.9%	96.6%	100%	98.9%	91.7%	100% I	98.3%	96.7%	---	100% P	97.8%	96.0%	98.7%
Q7. Average number of visits to doctor's office or clinic	1.97	2.00	2.47	3.50	1.67	2.61 E	3.85	1.65	2.46 H	3.00 H	1.81	2.32	---	2.20	1.98	1.77	2.12
Q26. Average number of visits to personal doctor	1.89	1.91	2.07	3.38	1.73	2.16	2.83	1.66	2.40 H	2.45	1.74	2.20	---	2.51	1.73	1.73	1.83
Q42. Average number of specialists seen	1.56	0.89	1.42	1.57	1.16	2.00	2.00	1.33	1.47	1.73	1.37	1.63	---	1.67	1.45	1.45	1.29

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

Demographic Segments

Please see Technical Notes for more information.

	Child's Gender		Child's Race			Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	Other*	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)
Total respondents	130	138	143	103	29	28	233	39	66	79	79	22	244	133	128
Rating Questions (% 9 or 10)															
Q49. Rating of Health Plan	75.8%	76.7%	74.6%	79.2%	75.9%	75.0%	76.1%	78.9%	84.4% J	69.3%	73.4%	90.5%	74.8%	76.9%	75.2%
Q9. Rating of Health Care	73.7%	77.0%	77.1%	75.0%	68.8%	72.2%	75.0%	83.9%	79.6%	71.7%	71.4%	76.9%	75.7%	76.3%	76.5%
Q36. Rating of Personal Doctor	84.9%	84.5%	82.8%	87.4%	87.5%	81.8%	84.5%	74.3%	93.1% H	82.1%	84.3%	90.5%	84.0%	84.7%	84.9%
Q43. Rating of Specialist	83.9%	81.8%	87.9%	75.0%	80.0%	100%	81.3%	100%	75.0%	78.6%	85.0%	60.0%	85.4%	80.8%	84.6%
Rating Questions (% 8, 9 or 10)															
Q49. Rating of Health Plan	89.1%	86.5%	87.7%	88.1%	89.7%	89.3%	87.2%	89.5%	96.9% JK	80.0%	86.1%	95.2%	87.0%	83.8%	91.2%
Q9. Rating of Health Care	91.9%	94.0%	92.7%	93.8%	93.8%	88.9%	93.2%	93.5%	93.9%	90.0%	94.6%	100%	92.4%	90.7%	96.9%
Q36. Rating of Personal Doctor	91.6%	95.7%	92.6%	94.7%	95.8%	90.9%	93.7%	88.6%	100% HJ	88.1%	95.7%	95.2%	93.4%	93.7%	93.3%
Q43. Rating of Specialist	96.8%	81.8%	93.9%	87.5%	80.0%	100%	89.6%	100%	91.7%	92.9%	85.0%	60.0%	93.8%	84.6%	96.2%
Getting Needed Care (% Always or Usually)	**84.8%**	**89.0%**	**84.0%**	**90.4%**	**90.0%**	**87.2%**	**86.8%**	**96.8% JK**	**92.3%**	**82.3%**	**83.8%**	**100%**	**85.6%**	**89.6%**	**86.1%**
Q10. Getting care, tests, or treatment	90.2%	94.0%	91.1%	92.6%	100%	94.4%	92.2%	93.5%	100% JK	86.9%	91.4%	100%	91.5%	92.9%	92.9%
Q41. Getting specialist appointment	79.4%	84.0%	76.9%	88.2%	80.0%	80.0%	81.5%	100%	84.6%	77.8%	76.2%	100%	79.6%	86.2%	79.3%
Getting Care Quickly (% Always or Usually)	**94.2%**	**96.5%**	**96.7%**	**93.2%**	**97.4%**	**89.5%**	**96.3%**	**98.1%**	**95.1%**	**91.9%**	**98.0%**	**100%**	**95.1%**	**93.9%**	**96.9%**
Q4. Getting urgent care	95.7%	98.0%	98.4%	93.5%	100%	100%	96.5%	100%	92.3%	96.8%	100%	100%	96.7%	97.8%	96.1%
Q6. Getting routine care	92.6%	94.9%	95.0%	92.8%	94.7%	78.9%	96.2%	96.3%	97.9% J	87.0%	95.9%	100%	93.5%	89.9%	97.7% N
Coordination of Care (Q17) (% Always or Usually)	**82.9%**	**87.5%**	**90.5%**	**78.3%**	**80.0%**	**66.7%**	**88.1%**	**87.5%**	**81.0%**	**66.7%**	**100%**	**75.0%**	**85.7%**	**84.4%**	**88.2%**

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

Demographic Segments

Please see Technical Notes for more information.

	Child's Gender		Child's Race			Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	Other*	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)
Total respondents	130	138	143	103	29	28	233	39	66	79	79	22	244	133	128
Health Plan Customer Service (% Always or Usually)	**87.5%**	**90.0%**	**86.5%**	**91.7%**	83.3%	**72.2%**	**91.0%**	**85.7%**	**97.2%**	**84.1%**	**85.7%**	**90.0%**	**88.6%**	**91.2%**	**97.9%**
Q45. Provided information or help	84.4%	83.3%	80.8%	86.7%	77.8%	66.7%	86.0%	71.4%	94.4%	81.8%	78.6%	80.0%	84.2%	85.3%	95.8%
Q46. Treated with courtesy and respect	90.6%	96.7%	92.3%	96.7%	88.9%	77.8%	96.0%	100%	100%	86.4%	92.9%	100%	93.0%	97.1%	100%
How Well Doctors Communicate (% Always or Usually)	**94.8%**	**95.6%**	**96.7%**	93.9%	95.0%	**96.1%**	**95.6%**	**96.2%**	**96.0%**	89.8%	**99.1%** J	**92.1%**	**95.4%**	**95.0%**	**96.8%**
Q27. Personal doctors explained things	96.7%	94.5%	96.9%	93.2%	100%	100%	95.5%	100%	96.0%	90.2%	98.1%	91.7%	95.9%	94.7%	97.7%
Q28. Personal doctors listened carefully	95.7%	96.7%	95.9%	97.3%	95.0%	100%	96.2%	96.2%	98.0%	90.4%	100% J	92.3%	96.5%	96.8%	96.6%
Q29. Personal doctors showed respect	96.7%	96.7%	96.9%	97.3%	95.0%	100%	96.2%	96.2%	98.0%	92.2%	100% J	92.3%	97.1%	97.9%	96.6%
Q32. Personal doctors spent enough time	90.2%	94.6%	96.9% D	87.8%	90.0%	84.2%	94.3%	92.3%	91.8%	86.5%	98.1% J	92.3%	92.4%	90.5%	96.5%
Other Measures															
Q48. Ease of filling out forms (% Always or Usually)	97.7%	97.7%	97.9%	98.0%	96.3%	92.6%	98.2%	100%	98.5%	98.7%	96.1%	100%	97.5%	96.2%	99.2%
Q7. Average number of visits to doctor's office or clinic	1.89	2.07	2.30 D	1.73	1.46	1.62	2.02	1.89	2.15	1.97	1.93	1.30	2.05	2.06	1.91
Q26. Average number of visits to personal doctor	1.65	2.12	2.04	1.75	1.83	1.86	1.89	1.94	2.39 K	1.86	1.47	1.10	1.97	2.32 O	1.52
Q42. Average number of specialists seen	1.59	1.24	1.36	1.29	2.20	2.60	1.33	1.29	1.23	1.56	1.52	1.00	1.48	1.52	1.31

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

Demographic Segments – CCC Population

Please see Technical Notes for more information.

	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type			Child's Age			
	8-10	0-7	8-10	0-7	Excellent or Very good	Good	Fair or Poor	Excellent or Very good	Good	Fair or Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
Total respondents	270	35	242	26	180	94	32	135	92	81	228	83	0^	33	57	110	103
Q51. Access to Prescription Medicines (% Always or Usually)	94.1%	75.0%	93.9%	78.3%	91.5%	94.0%	86.7%	94.1%	89.3%	92.4%	91.4%	93.1%	---	84.6%	90.0%	91.5%	94.6%
Access to Specialized Services (% Always or Usually)	85.5%	51.1%	84.8%	85.4%	79.9%	79.5%	89.3%	84.1%	77.5%	81.7%	79.6%	85.3%	---	83.0%	77.3%	76.4%	86.4%
Q15. Ease of getting special medical equipment or devices	92.0%	33.3%	88.0%	100%	85.7%	83.3%	87.5%	83.3%	85.7%	85.7%	80.0%	100%	---	85.7%	85.7%	75.0%	100%
Q18. Ease of getting therapy	80.3%	70.0%	83.3%	75.0%	74.2%	77.8%	92.3%	84.6%	66.7%	81.8%	76.6%	80.8%	---	88.2%	70.0%	76.2%	75.0%
Q21. Ease of getting treatment or counseling	84.3%	50.0%	83.2%	81.3%	79.7%	77.3%	88.2%	84.4%	80.0%	77.6%	82.4%	75.0%	---	75.0%	76.2%	78.0%	84.3%
FCC: Personal Doctor Who Knows Child (% Yes)	94.4%	88.5%	95.5%	86.1%	95.5%	93.5%	89.6%	95.8%	93.3%	91.6%	93.0%	96.2%	---	91.4%	91.2%	93.7%	95.9%
Q33. Doctor talked about how child is feeling, growing, and behaving	92.8%	79.2%	93.9%	81.8%	95.2%	87.3%	87.0%	93.7%	88.2%	91.9%	91.4%	92.2%	---	89.3%	88.6%	94.2%	91.9%
Q38. Doctor understands how these conditions affect child's day-to-day life	97.2%	95.5%	97.6%	94.1%	97.4%	98.3%	95.5%	98.7%	98.4%	93.1%	96.6%	98.1%	---	95.0%	97.0%	95.7%	98.6%
Q39. Doctor understands how these conditions affect family's day-to-day life	93.1%	90.9%	95.1%	82.4%	94.0%	94.8%	86.4%	94.9%	93.33%	89.7%	91.0%	98.1% K	---	90.0%	87.9%	91.3%	97.2%
Q8. FCC: Getting Needed Information (% Always or Usually)	96.2%	95.7%	97.1%	84.0%	95.5%	97.5%	92.9%	98.3%	92.7%	95.6%	96.0%	95.5%	---	93.3%	91.8%	96.8%	97.7%
Coordination of Care for CCC (% Yes)	79.2%	59.7%	79.3%	65.0%	76.8%	81.1%	66.8%	72.6%	85.5%	70.0%	76.2%	81.6%	---	88.2%	86.4%	80.0%	66.2%
Q13. Obtaining help from doctors or health providers in contacting child's school or daycare	97.1%	75.0%	94.1%	100%	93.3%	100%	87.5%	81.8%	100%	100%	95.8%	92.9%	---	100%	100%	100%	86.7%
Q24. Obtaining help coordinating child's care among different providers or services	61.4%	44.4%	64.4%	30.0%	60.3%	62.2%	46.2%	63.4% J	71.1% J	40.0%	56.6%	70.4%	---	76.5%	72.7%	60.0%	45.7%

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

Demographic Segments – CCC Population

Please see Technical Notes for more information.

	Child's Gender		Child's Race			Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	Other*	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)
Total respondents	158	149	179	120	21	22	283	34	62	108	101	25	283	152	147
Q51. Access to Prescription Medicines (% Always or Usually)	**88.9%**	**94.7%**	**92.7%**	**89.7%**	**88.2%**	**84.2%**	**92.2%**	**92.3%**	**90.6%**	**88.4%**	**96.7% J**	**82.6%**	**92.7%**	**91.9%**	**91.9%**
Access to Specialized Services (% Always or Usually)	**80.7%**	**80.2%**	**80.1%**	**82.5%**	**77.1%**	**84.2%**	**81.7%**	**75.4%**	**90.8% J**	**76.4%**	**80.7%**	**93.9%**	**80.4%**	**84.5%**	**77.7%**
Q15. Ease of getting special medical equipment or devices	86.7%	83.3%	84.6%	83.3%	100%	100%	84.0%	66.7%	100%	87.5%	80.0%	100%	84.6%	92.3%	75.0%
Q18. Ease of getting therapy	82.5%	71.0%	76.3%	80.0%	60.0%	62.5%	81.0%	71.4%	90.5%	75.0%	68.8%	100%	76.5%	77.8%	81.3%
Q21. Ease of getting treatment or counseling	73.0%	86.3%	79.5%	84.3%	71.4%	90.0%	80.0%	88.2%	81.8%	66.7%	93.5% J	81.8%	80.2%	83.3%	76.9%
FCC: Personal Doctor Who Knows Child (% Yes)	**91.9%**	**96.0%**	**95.6%**	**93.1%**	**89.6%**	**95.8%**	**93.8%**	**96.8%**	**92.4%**	**94.4%**	**93.0%**	**96.4%**	**93.7%**	**95.0%**	**92.7%**
Q33. Doctor talked about how child is feeling, growing, and behaving	90.5%	93.4%	92.4%	91.7%	93.8%	87.5%	91.7%	96.3%	88.7%	91.6%	91.7%	100%	91.3%	93.5%	89.2%
Q38. Doctor understands how these conditions affect child's day-to-day life	96.1%	97.9%	98.4%	97.3%	91.7%	100%	96.8%	100%	97.1%	97.3%	95.8%	94.7%	97.2%	97.6%	96.3%
Q39. Doctor understands how these conditions affect family's day-to-day life	89.2%	96.8% A	95.9%	90.4%	83.3%	100%	93.0%	94.1%	91.4%	94.4%	91.5%	94.4%	92.7%	93.9%	92.6%
Q8. FCC: Getting Needed Information (% Always or Usually)	**92.5%**	**99.2% A**	**98.1%**	**95.0%**	**93.8%**	**90.0%**	**96.3%**	**93.8%**	**98.2%**	**94.3%**	**97.7%**	**90.0%**	**96.3%**	**96.0%**	**96.9%**
Coordination of Care for CCC (% Yes)	**77.5%**	**76.5%**	**77.1%**	**75.5%**	**83.3%**	**58.3%**	**78.7%**	**64.4%**	**91.7%**	**80.6%**	**71.4%**	**81.3%**	**76.8%**	**71.1%**	**80.0%**
Q13. Obtaining help from doctors or health providers in contacting child's school or daycare	95.0%	94.1%	95.5%	88.2%	100%	100%	94.1%	83.3%	100%	94.4%	100%	100%	94.1%	94.7%	93.8%
Q24. Obtaining help coordinating child's care among different providers or services	60.0%	58.8%	58.7%	62.9%	66.7%	16.7%	63.4%	45.5%	83.3%	66.7% K	42.9%	62.5%	59.4%	47.5%	66.2%

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

Custom Questions

Results for Supplemental Questions

• 12470 - UnitedHealthcare Community Plan (LA)

UnitedHealthcare®

Custom Questions

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

Survey Item	Category Responses (Summary Rate responses in grey)				Contract Summary Rate			2020 UHC Avg.
					2020	2019	2018	Summary Rate
Q78. In the last 6 months, when you called a doctor's office or clinic after hours, how often did you get the help you wanted for your child?	Never	Sometimes	Usually	Always	(n=127)	(n=230)	(n=263)	(n=3690)
	18.1%	14.2%	14.2%	53.5%	**67.7%**	**73.9%**	**73.4%**	**74.9%**
Q79. In the last 6 months, how often was it hard to find a personal doctor for your child who speaks your language?	Never	Sometimes	Usually	Always	(n=259)	(n=378)	(n=455)	(n=7574)
	81.1%	2.3%	2.7%	13.9%	**83.4%**	**83.9%**	**78.0%**	**86.2%**
Q80. In the last 6 months, when you needed an interpreter to help you speak with your child's doctors or other health providers, how often did you get one?	Never	Sometimes	Usually	Always	(n=104)	(n=168)	---	(n=2411)
	67.3%	8.7%	2.9%	21.2%	**24.0%↓**	**38.1%**	---	**42.1%▼**
Q81. In the last 6 months, how often was it hard to find a personal doctor for your child who understands your culture?	Never	Sometimes	Usually	Always	(n=251)	(n=373)	(n=451)	(n=7463)
	79.3%	4.4%	2.4%	13.9%	**83.7%**	**80.7%**	**78.0%**	**85.9%**

Significance Testing

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

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

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

Custom Questions

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

Survey Item	Category Responses (Summary Rate responses in grey)											Contract Summary Rate			2020 UHC Avg.
												2020	2019	2018	Summary Rate
Q82. In the last 6 months, if you called customer service regarding mental health or substance abuse services for your child, how often was the staff helpful and provided the help you needed?	Never	Sometimes	Usually	Always								(n=69)	(n=148)	(n=148)	(n=1546)
	42.0%	14.5%	4.3%	39.1%								**43.5%** ⬍	**48.0%**	**64.9%**	**50.5%**
Q83. Using any number from 0 to 10, where 0 is the worst mental health or substance abuse services possible and 10 is the best mental health or substance abuse services possible, what number would you use to rate all your child's mental health or substance abuse services in the last 6 months?	10 - Best mental health or substance abuse services possible	9 -	8 -	7 -	6 -	5 -	4 -	3 -	2 -	1 -	0 - Worst mental health or substance abuse services possible	(n=84)	(n=125)	(n=155)	(n=1445)
	53.6%	15.5%	3.6%	4.8%	1.2%	7.1%	1.2%	2.4%	2.4%	2.4%	6.0%	**69.0%**	**74.4%**	**62.6%**	**62.4%**
Q84. In the last 6 months, if your child needed to see a mental health or substance abuse specialist how often was it easy to get an appointment as soon as your child needed?	Never	Sometimes	Usually	Always								(n=72)	(n=95)	(n=127)	(n=1143)
	29.2%	13.9%	11.1%	45.8%								**56.9%**	**61.1%**	**70.9%**	**65.2%**
Q85. In the last 6 months, if your child needed to see a mental health or substance abuse specialist, how often were these providers helpful to your child?	Never	Sometimes	Usually	Always								(n=70)	(n=102)	(n=127)	(n=1105)
	28.6%	11.4%	10.0%	50.0%								**60.0%**	**68.6%**	**69.3%**	**69.0%**

Significance Testing

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

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

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

Custom Questions

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

Survey Item	Category Responses (Summary Rate responses in grey)											Contract Summary Rate			2020 UHC Avg. Summary Rate
												2020	2019	2018	
Q86. Using any number from 0 to 10, where 0 is not at all likely and 10 is extremely likely, based on your overall experience with your health plan, how likely are you to recommend this plan to your family or friends?	10 - Extremely likely	9 -	8 -	7 -	6 -	5 -	4 -	3 -	2 -	1 -	0 - Not at all likely	(n=259)	(n=376)	(n=443)	(n=6488)
	64.9%	11.6%	11.2%	4.2%	3.5%	1.2%	0.0%	0.0%	0.0%	0.0%	3.5%	76.4% ↓	84.3%	79.7%	76.1%
Q86. Using any number from 0 to 10, where 0 is not at all likely and 10 is extremely likely, based on your overall experience with your health plan, how likely are you to recommend this plan to your family or friends?	Promoters (9-10)	Passives (7-8)	Detractor (0-6)									(n=259)	(n=376)	(n=443)	(n=6488)
	76.4	15.4	8.1									68.3 ↓	78.2	70.7	68.4

Significance Testing

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

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

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Custom Questions

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

Survey Item	Contract Summary Rate			2020 UHC Avg. Summary Rate
	2020	**2019**	**2018**	
Q77. In the last 6 months, if it was not easy to get the care, tests, or treatment you thought your child needed, what was the main reason for the difficulty?	(n=76)	(n=103)	(n=141)	(n=1833)
I had to wait too long for the health plan to give the OK	**13.2%**	**4.9%**	**13.5%**	**15.4%**
I did not know where to go to get a physician for care, lab work, or an x-ray	**1.3%**	**3.9%**	**2.8%**	**3.7%**
I could not find a doctor, lab, or x-ray facility in my child's network	**10.5%**	**4.9%**	**6.4%**	**8.4%**
I could not find a doctor, lab, or x-ray facility that was easy to get to	**13.2%** ↑‡	**2.9%**	**3.5%**	**4.3%** ▲
I had to wait too long to get an appointment	**17.1%**	**23.3%**	**17.0%**	**27.1%** ▼
Other, personal reason	**44.7%** ↓	**60.2%**	**56.7%**	**41.1%**

Significance Testing

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

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

Custom Questions

Please see Technical Notes for more information.

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

Survey Item	Contract Summary Rate			2020 UHC Avg. Summary Rate
	2020	2019	2018	
Q87. How do you access the internet?	(n=251)	---	---	(n=6486)
Smartphone (e.g. Blackberry, Android, iPhone, etc.)	89.6%	---	---	88.9%
Desktop computer	30.7%	---	---	32.8%
Laptop	42.6%	---	---	46.1%
Tablet	27.1%	---	---	29.6%
Other	6.8%	---	---	5.6%

Significance Testing

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

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

Demographic Segments

Please see Technical Notes for more information.

	Rating of Health Plan		Rating of Health Care		Child's Health Status			Child's Mental Health Status			Survey Type			Child's Age			
	8-10	0-7	8-10	0-7	Excellent or Very good	Good	Fair or Poor	Excellent or Very good	Good	Fair or Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
Total respondents	233	33	190	14^	196	59	13^	184	49	36	180	95	0^	46	46	101	77
Q78. In the last 6 months, when you called a doctor's office or clinic after hours, how often did you get the help you wanted for your child? *(%Always + %Usually)*	74.3%	35.0%	78.3%	45.5%	70.9%	60.0%	55.6%	73.8%	54.2%	57.9%	63.1%	72.6%	NA	80.6% Q	77.3%	68.4%	50.0%
Q79. In the last 6 months, how often was it hard to find a personal doctor for your child who speaks your language? *(%Never + %Sometimes)*	84.2%	75.0%	84.4%	57.1%	87.1% F	71.9%	84.6%	85.2%	80.4%	80.0%	85.0%	80.2%	NA	76.7%	93.0% N Q	86.7%	77.3%
Q80. In the last 6 months, when you needed an interpreter to help you speak with your child's doctors or other health providers, how often did you get one? *(%Always + %Usually)*	24.4%	18.8%	23.8%	22.2%	21.6%	34.6%	0.0%	26.4%	29.4%	6.7%	9.1%	35.0% K	NA	40.0%	16.7%	24.4%	16.0%
Q81. In the last 6 months, how often was it hard to find a personal doctor for your child who understands your culture? *(%Never + %Sometimes)*	83.3%	83.9%	84.6%	61.5%	87.8% F	69.6%	83.3%	85.8%	78.3%	82.4%	86.3%	78.3%	NA	80.0%	90.9%	86.2%	78.1%
Q82. In the last 6 months, if you called customer service regarding mental health or substance abuse services for your child, how often was the staff helpful and provided the help you needed? *(%Always + %Usually)*	46.4%	25.0%	54.8%	33.3%	42.9%	47.6%	33.3%	46.7%	22.2%	46.7%	24.0%	54.5%	NA	46.2%	38.5%	40.9%	47.6%
Q83. Using any number from 0 to 10, where 0 is the worst mental health or substance abuse services possible and 10 is the best mental health or substance abuse services possible, what number would you use to rate all your child's mental health or substance abuse services in the last 6 months? *(%Best mental health or substance abuse services possible +%9)*	73.0%	33.3%	73.3%	20.0%	71.1%	60.6%	100%	80.0%	73.3%	45.8%	55.3%	80.4% K	NA	76.9%	73.3%	57.1%	75.0%
Q84. In the last 6 months, if your child needed to see a mental health or substance abuse specialist how often was it easy to get an appointment as soon as your child needed? *(%Always + %Usually)*	61.3%	22.2%	65.4%	40.0%	55.3%	58.6%	60.0%	56.8%	61.5%	54.5%	63.6%	51.3%	NA	54.5%	40.0%	65.2%	60.9%

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

Demographic Segments

Please see Technical Notes for more information.

	Rating of Health Plan		Rating of Health Care		Child's Health Status			Child's Mental Health Status			Survey Type			Child's Age			
	8-10	0-7	8-10	0-7	Excellent or Very good	Good	Fair or Poor	Excellent or Very good	Good	Fair or Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
Total respondents	233	33	190	14^	196	59	13^	184	49	36	180	95	0^	46	46	101	77
Q85. In the last 6 months, if your child needed to see a mental health or substance abuse specialist, how often were these providers helpful to your child? *(%Always + %Usually)*	62.3%	37.5%	70.6%	40.0%	57.9%	59.3%	80.0%	58.8%	50.0%	68.2%	64.7%	55.6%	NA	58.3%	45.5%	65.2%	62.5%
Q86. Using any number from 0 to 10, where 0 is not at all likely and 10 is extremely likely, based on your overall experience with your health plan, how likely are you to recommend this plan to your family or friends? *(%Extremely likely + %9)*	83.4% B	29.0%	80.9%	53.8%	78.1%	71.4%	69.2%	80.0%	68.1%	68.6%	75.6%	78.3%	NA	81.8%	79.1%	74.2%	74.7%
Q86. Using any number from 0 to 10, where 0 is not at all likely and 10 is extremely likely, based on your overall experience with your health plan, how likely are you to recommend this plan to your family or friends? *NPS (Promoters-Detractors)*	79.4 B	-9.7	76.4	15.4	70.6	62.5	53.8	73.7 I	55.3	57.1	67.6	69.9	NA	77.3	74.4	62.9	66.7

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

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Demographic Segments

Please see Technical Notes for more information.

	Child's Gender		Child's Race			Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	Other	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)
Total respondents	130	138	143	103	29	28	233	39	66	79	79	22	244	133	128
Q78. In the last 6 months, when you called a doctor's office or clinic after hours, how often did you get the help you wanted for your child? (%Always + %Usually)	63.3%	71.2%	70.3%	68.5%	54.5%	57.1%	69.4%	78.9%	84.6% JK	55.6%	50.0%	66.7%	67.2%	58.5%	80.4% N
Q79. In the last 6 months, how often was it hard to find a personal doctor for your child who speaks your language? (%Never + %Sometimes)	86.6%	80.9%	86.9%	79.8%	86.2%	78.6%	84.8%	82.1%	87.5%	80.0%	84.0%	90.5%	83.4%	78.9%	88.6% N
Q80. In the last 6 months, when you needed an interpreter to help you speak with your child's doctors or other health providers, how often did you get one? (%Always + %Usually)	19.6%	28.3%	21.2%	30.2%	23.1%	50.0%	20.2%	6.7%	36.0%	30.3%	14.3%	0.0%	25.5%	26.7%	20.0%
Q81. In the last 6 months, how often was it hard to find a personal doctor for your child who understands your culture? (%Never + %Sometimes)	84.8%	82.4%	88.1% D	76.8%	82.8%	73.1%	85.3%	78.9%	85.2%	82.7%	86.1%	90.5%	82.8%	81.1%	86.0%
Q82. In the last 6 months, if you called customer service regarding mental health or substance abuse services for your child, how often was the staff helpful and provided the help you needed? (%Always + %Usually)	46.7%	41.0%	37.5%	45.5%	50.0%	40.0%	42.9%	50.0%	61.1%	31.8%	35.3%	0.0%	45.5%	40.0%	52.0%
Q83. Using any number from 0 to 10, where 0 is the worst mental health or substance abuse services possible and 10 is the best mental health or substance abuse services possible, what number would you use to rate all your child's mental health or substance abuse services in the last 6 months? (%Best mental health or substance abuse services possible +%9)	67.4%	70.0%	65.1%	70.0%	83.3%	70.0%	70.0%	58.3%	76.0%	62.5%	80.0%	50.0%	69.1%	65.9%	74.3%
Q84. In the last 6 months, if your child needed to see a mental health or substance abuse specialist how often was it easy to get an appointment as soon as your child needed? (%Always + %Usually)	54.1%	60.0%	63.9%	50.0%	60.0%	33.3%	62.3%	50.0%	65.2%	45.0%	66.7%	100	55.7%	50.0%	71.0%

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

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

Demographic Segments

Please see Technical Notes for more information.

	Child's Gender		Child's Race			Child's Ethnicity		Respondent's Age				Respondent's Gender		Respondent's Education	
	Male	Female	White	Black or African-American	Other	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)
Total respondents	*130*	*138*	*143*	*103*	*29*	*28*	*233*	*39*	*66*	*79*	*79*	*22*	*244*	*133*	*128*
Q85. In the last 6 months, if your child needed to see a mental health or substance abuse specialist, how often were these providers helpful to your child? *(%Always + %Usually)*	61.5%	58.1%	68.6%	52.9%	50.0%	44.4%	64.4%	54.5%	70.0%	45.0%	72.2%	100%	58.8%	52.8%	76.7% N
Q86. Using any number from 0 to 10, where 0 is not at all likely and 10 is extremely likely, based on your overall experience with your health plan, how likely are you to recommend this plan to your family or friends? *(%Extremely likely + %9)*	79.1%	73.6%	76.1%	79.6%	69.0%	82.1%	75.8%	78.9%	85.2% J	71.4%	75.3%	75.0%	76.7%	79.5%	74.4%
Q86. Using any number from 0 to 10, where 0 is not at all likely and 10 is extremely likely, based on your overall experience with your health plan, how likely are you to recommend this plan to your family or friends? *NPS (Promoters-Detractors)*	72.1	64.3	67.4	73.5	58.6	75.0	67.3	65.8	82.0 JK	62.3	67.5	65.0	69.1	69.3	69.6

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

Appendix: Correlation Analyses

Plan Specific Correlations

- 12470 - UnitedHealthcare Community Plan (LA)

UnitedHealthcare®

Correlation Analyses

Please see Technical Notes for more information.

Highest Correlations

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

		With Health Care Rating			With Personal Doctor Rating			With Specialist Rating
Q36	Personal doctor overall	0.5402	Q28	Dr. listened carefully	0.5440	Q35	Dr. informed about care	0.8472
Q35	Dr. informed about care	0.4503	Q9	Health care overall	0.5402	Q78	Got help when calling after hours care	0.4653
Q45	CS provided info./help	0.4407	Q32	Dr. spent enough time	0.4874	Q41	Got specialist appt.	0.3367
Q41	Got specialist appt.	0.4385	Q29	Dr. showed respect	0.4869	Q4	Got urgent care	0.2636
Q49	Health plan overall	0.4227	Q46	CS courtesy/respect	0.4826	Q9	Health care overall	0.2206
Q32	Dr. spent enough time	0.3511	Q49	Health plan overall	0.4699	Q36	Personal doctor overall	0.1793
Q29	Dr. showed respect	0.2880	Q78	Got help when calling after hours care	0.3677	Q6	Got routine care	0.1736
Q27	Dr. explained things	0.2859	Q27	Dr. explained things	0.3616	Q32	Dr. spent enough time	0.0655
Q10	Got care/tests/treatment	0.2786	Q31	Dr. explained things for child	0.2905	Q28	Dr. listened carefully	0.0530
Q78	Got help when calling after hours care	0.2711	Q35	Dr. informed about care	0.2883	Q79	Language barrier with Dr.	0.0470

Appendix: Flowchart

Understanding Relative Performance of Composite Measures

- 12470 - UnitedHealthcare Community Plan (LA)

UnitedHealthcare®

Flowchart – Understanding Relative Performance

Please see Technical Notes for more information.

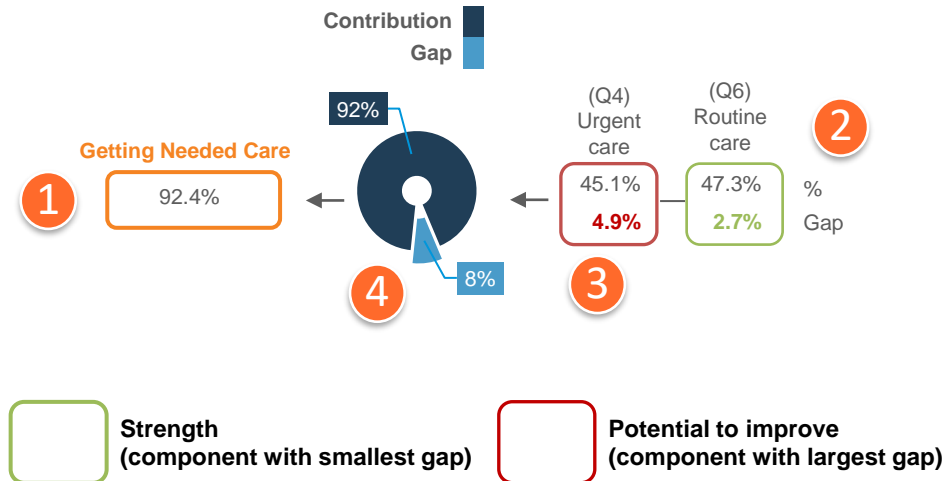## How composite questions perform relative to each other

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

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

3 There are two numbers in the boxes under the questions. The top number is how much that question contributes to the composite score (Actual Contribution). The bottom number is the gap between the Maximum and Actual Contribution.

Plan Score
-------------- X
Max Score

Maximum   Actual
Contribution = Contribution

Maximum   __   Actual   = Gap
Contribution   Contribution

Q6 Example:

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

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

Contribution
Gap

92%

Getting Needed Care

1 92.4%

8%

(Q4) Urgent care

(Q6) Routine care

45.1%
4.9%

47.3%
2.7%

% Gap

2

3

4

Strength
(component with smallest gap)

Potential to improve
(component with largest gap)

Flowchart – Understanding Relative Performance

Please see Technical Notes for more information.

Strength
(component with smallest gap)

Potential to improve
(component with largest gap)

Contribution
Gap

Contribution
Gap

(Q10) Getting care, tests, or treatment
45.9% 4.1%

(Q41) Getting specialist appointment
40.7% 9.3%
% Gap

Getting Needed Care
86.6%

87%
13%

(Q45) Provided information or help
42.2% 7.8%
% Gap

(Q46) Treated with courtesy/ respect
46.9% 3.1%

89%
11%

Customer Service*
89.1%

(Q4) Getting urgent care
48.1% 1.9%

(Q6) Getting routine care
47.0% 3.0%
% Gap

Getting Care Quickly
95.0%

95%
5%

(Q27) Doctor explained things
23.8% 1.2%
% Gap

(Q28) Doctor listened carefully
24.0% 1.0%

(Q29) Doctor showed respect
24.1% 0.9%

(Q32) Doctor spent enough time
23.0% 2.0%

95%
5%

How Well Doctors Communicate*
94.9%

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

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Appendix: Accreditation

Estimated NCQA Plan Ratings and Frequency Distributions

- 12470 - UnitedHealthcare Community Plan (LA)

Estimated NCQA Health Insurance Plan Ratings

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

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

Please note the following:

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

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

Estimated NCQA Plan Ratings

Please see Technical Notes for more information.

	2020 SUMMARY RATE	SUMMARY RATE DEFINTION	PERCENTILE RANK	SPH ESTIMATED RATING	WEIGHT
CONSUMER SATISFACTION				**4.0**	
GETTING CARE				**4.0**	
Getting Needed Care	86.6%	Usually + Always	65th	3.0	1.5
Getting Care Quickly	95.0%	Usually + Always	94th	5.0	1.5
SATISFACTION WITH PLAN PHYSICIANS				**4.5**	
Rating of Personal Doctor	84.7%	9 + 10	97th	5.0	1.5
Rating of Specialist	83.0%	9 + 10	97th	NA	1.5
Rating of Health Care	75.5%	9 + 10	86th	4.0	1.5
Coordination of Care	85.3%	Usually + Always	62nd	NA	1.5
SATISFACTION WITH PLAN SERVICES				**4.0**	
Rating of Health Plan	76.3%	9 + 10	77th	4.0	1.5

NOTE NCQA will assign a measure result of NA to overall ratings or composites with a denominator (i.e., the average number of responses across all questions used to calculate the composite) less than 100.
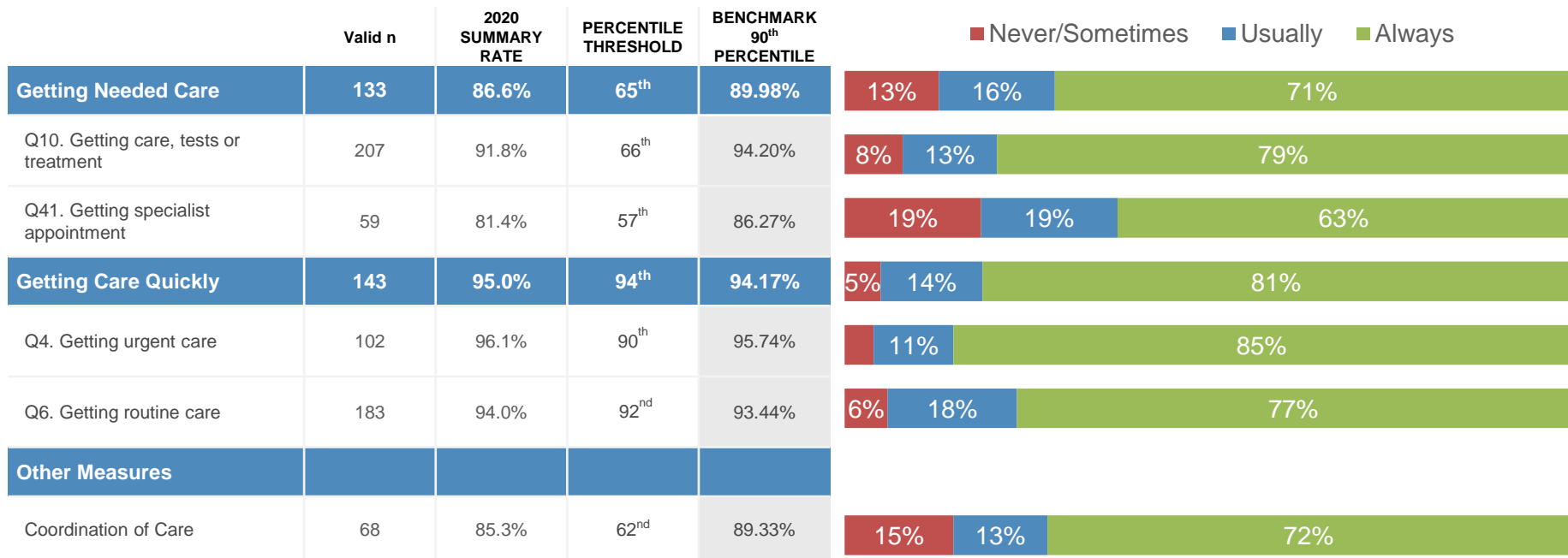
*In response to the **COVID-19** pandemic, NCQA is not publishing Health Plan Ratings in 2020. These estimates are for informational purposes only.*

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Global Proportions

Please see Technical Notes for more information.

GLOBAL PROPORTIONS SCORING AND ACCREDITATION

The graphical presentation of frequency distributions, including Summary Rates for composites and rating questions are shown on these pages. In addition, the measure's percentile threshold when compared to the 2019 NCQA 90th percentile benchmark is shown. The 90th percentile is the standard for achieving the maximum rating possible for a particular CAHPS accreditation measure.
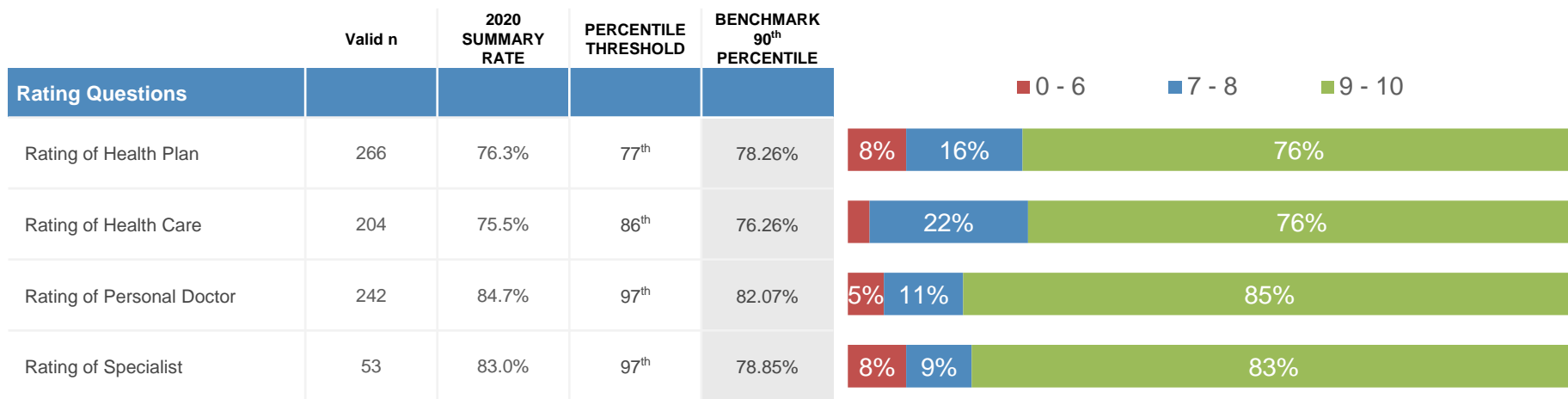
	Valid n	2020 SUMMARY RATE	PERCENTILE THRESHOLD	BENCHMARK 90th PERCENTILE		Never/Sometimes	Usually	Always
Getting Needed Care	**133**	**86.6%**	**65th**	**89.98%**		13%	16%	71%
Q10. Getting care, tests or treatment	207	91.8%	66th	94.20%		8%	13%	79%
Q41. Getting specialist appointment	59	81.4%	57th	86.27%		19%	19%	63%
Getting Care Quickly	**143**	**95.0%**	**94th**	**94.17%**		5%	14%	81%
Q4. Getting urgent care	102	96.1%	90th	95.74%			11%	85%
Q6. Getting routine care	183	94.0%	92nd	93.44%		6%	18%	77%
Other Measures								
Coordination of Care	68	85.3%	62nd	89.33%		15%	13%	72%

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Global Proportions

GLOBAL PROPORTIONS SCORING AND ACCREDITATION

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

Rating Questions	Valid n	2020 SUMMARY RATE	PERCENTILE THRESHOLD	BENCHMARK 90th PERCENTILE	0 - 6	7 - 8	9 - 10
Rating of Health Plan	266	76.3%	77th	78.26%	8%	16%	76%
Rating of Health Care	204	75.5%	86th	76.26%		22%	76%
Rating of Personal Doctor	242	84.7%	97th	82.07%	5%	11%	85%
Rating of Specialist	53	83.0%	97th	78.85%	8%	9%	83%

Appendix: Improvement Strategies and Voice of the Member

- 12470 - UnitedHealthcare Community Plan (LA)

UnitedHealthcare®

Rating of Health Care

Improvement Strategies – Rating of Health Care

- Analyze, assess, probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with Rating of Health Care (e.g., GNC, GCQ, HWDC, CoC). Review QI recommendations/actions for related CAHPS composite measures.

- Seek to simplify Plan requirements, processes, and/or procedures (e.g., UM, CM, Pharma, Use of IVR) impacting the member experience of care and access to care, tests or treatment. Examples include: Provide care quickly. Provide quick access to effective treatments. Minimize patient costs for care.

- Assess internal data. Track, audit, review and assess call center calls and/or complaints regarding quality of care, choice of providers, access to care, UM, CM, health system, etc.

- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.

- Confirm adequacy of contracted providers and walk-in centers with extended hours.

- Ensure CSR have easy access to current, updated resources to provide accurate guidance about plan/drug coverage, out of pocket cost, availability of providers, requirements, processes, etc.

- Foster strong relationships with contracted providers via regular communications and collaboration. Data driven comparisons of PEC metrics can support/guide mutual improvement.

- Explore potential of aligning information flow/ EHRs to better integrate, support, or facilitate patient care, coordination of care and vital information among contracted providers.

- Consider the need to conduct additional measurement, probing of composite measures with targeted populations or health systems (e.g., CG-CAHPS or CAHPS Drill Down Survey).

Additional resource for improvement: AHRQ best practices

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

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

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

SELECTED COMMENTS

"Everything went smoothly for a routine appointment, and it was very fast and efficient."

"I may have been interested in doing more physical therapy or some sort of fitness training but based on how much my last set of physical therapy appointments cost and how little benefit I got out of them, I am hesitant to set that up."

"My doctors really go out of their way for my health needs. I get follow-up calls and receive information about nutrition in the mail that I did not expect. This is the result of the conversation that I had with my doctor during my appointment. I thought that was very nice and showed that my doctor is attentive to what I say and cares about not only my health but me as a person."

"The doctor was helpful in explaining my situation and made the right medication choice to take care for my needs."

Rating of Specialist

Improvement Strategies – Rating of Specialist

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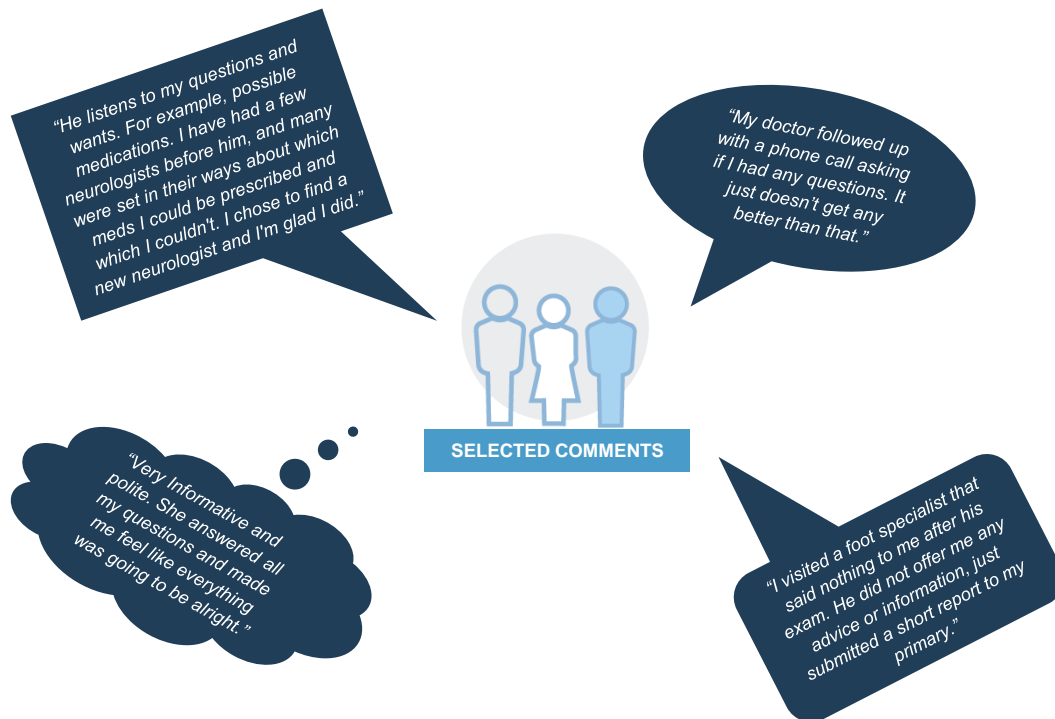
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https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html

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

SELECTED COMMENTS

"He listens to my questions and wants. For example, possible medications. I have had a few neurologists before him, and many were set in their ways about which meds I could be prescribed and which I couldn't. I chose to find a new neurologist and I'm glad I did."

"My doctor followed up with a phone call asking if I had any questions. It just doesn't get any better than that."

"Very Informative and polite. She answered all my questions and made me feel like everything was going to be alright."

"I visited a foot specialist that said nothing to me after his exam. He did not offer me any advice or information, just submitted a short report to my primary."

Getting Care Quickly

Please see Technical Notes for more information.

Improvement Strategies – Getting Care Quickly

- Assess CAHPS data by health system, PO, and/or network. Communicate results and identify outliers. Correlate with HEDIS data, complaints, appeals and/or quality of care concerns, and communicate. Support and encourage providers to take innovative action to improve access.

- Support members and collaborate with providers to enhance routine and urgent access to care through innovative, proactive approaches within Care Management, Chronic Care, and Quality Management. Work with providers to identify and resolve opportunities.

- Discuss and engage providers/staff on scheduling best practices, how to improve access to routine/urgent care. Consider scheduling routine appointments well in advance, e.g., 12 months. Provide tools, resources, support and assessment.

- Support, encourage and assist in approaches toward open access scheduling. Allow a portion of each day open for urgent care and/or follow-up care.

- Contract with additional providers for urgent and after-hour appointments/availability.

- Explore partnering with 24-hour urgent care or walk-in clinics.

- Educate providers and staff about Plan and regulatory appointment wait time requirements or standards (i.e., CAHPS, CMS, States, etc.) . Identify opportunities for improvement.

- Provide members streamlined tools and resources (links, apps, etc.) about benefits, providers, referrals, scheduling appointments, etc. Identify options and hours available, and include alternatives, including practices with evening and weekend hours. Consider alternative sources of information, e.g., refrigerator magnets.

- Explore and support alternative telecommunication technologies to expand access to care: telephone, telehealth, telemedicine and patient portals.

- Encourage use of Nurse Hotline/Nurse on Call lines or live-chat via web for members to get health information and advice.
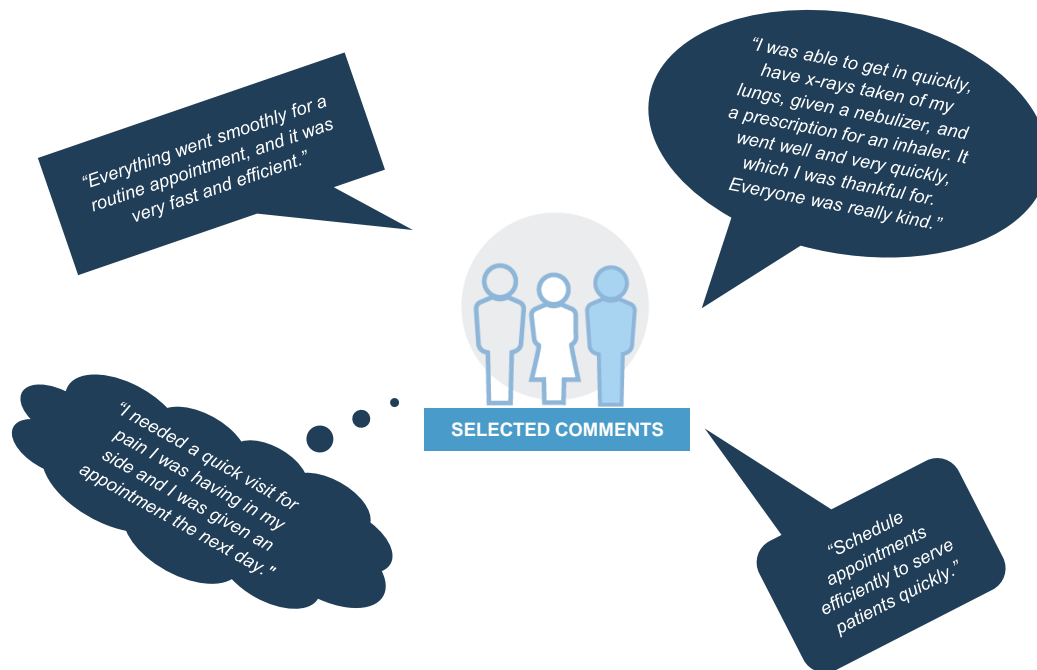
Additional resource for improvement: AHRQ best practices

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

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

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

"Everything went smoothly for a routine appointment, and it was very fast and efficient."

"I was able to get in quickly, have x-rays taken of my lungs, given a nebulizer, and a prescription for an inhaler. It went well and very quickly, which I was thankful for. Everyone was really kind."

"I needed a quick visit for pain I was having in my side and I was given an appointment the next day."

SELECTED COMMENTS

"Schedule appointments efficiently to serve patients quickly."

Customer Service

Improvement Strategies – Customer Service

- Emphasize comprehensive, collaborative, and high-quality customer/member services as a critical priority across all areas of the organization. Think and act together. Establish service recovery guidelines for resolving issues, including phrases that express apologies or atonement.

- Provide on-going/periodic CSR service training, open discussions and routine refresher programs. Include thorough annual updates, tools and resources and subsequent feedback. Training examples include: how to answer questions and resolve issues; consistency in being friendly, courteous and empathetic; quick issue resolution with follow-up; procedures to minimize transfers and wait/on-hold times.

- Involve the CS team in QI activities, seeking concrete customer-based input and improvements. Ensure they are fully informed of updates/changes to processes and procedures.

- Ensure CSRs have immediate access to knowledgeable staff within all key member and provider service areas (Claims, Enrollment, etc.).

- Support key subject matter experts to flexibly respond to urgent or complex types of calls, questions or issues - including prompt prioritization and resolution procedures and/or authority.

- Develop, implement and review protocols and scripts ("Talking Points") to ensure up-to-date, accurate and consist information provided to your members and patients and providers.

- Establish, assess and adhere to measurable CSR performance/service standards (i.e., call satisfaction, call resolution, time on hold, etc.). Operationally define service behaviors.

- Seek QI opportunities with CS via observational walkthrough of calls and discussion/review of complaints, inquiries, and the member experience, especially any changes. Identify main issues and seek interventions that decrease volume and/or improve experience.

- Acknowledge and reward service performance/behaviors reflective of service excellence.
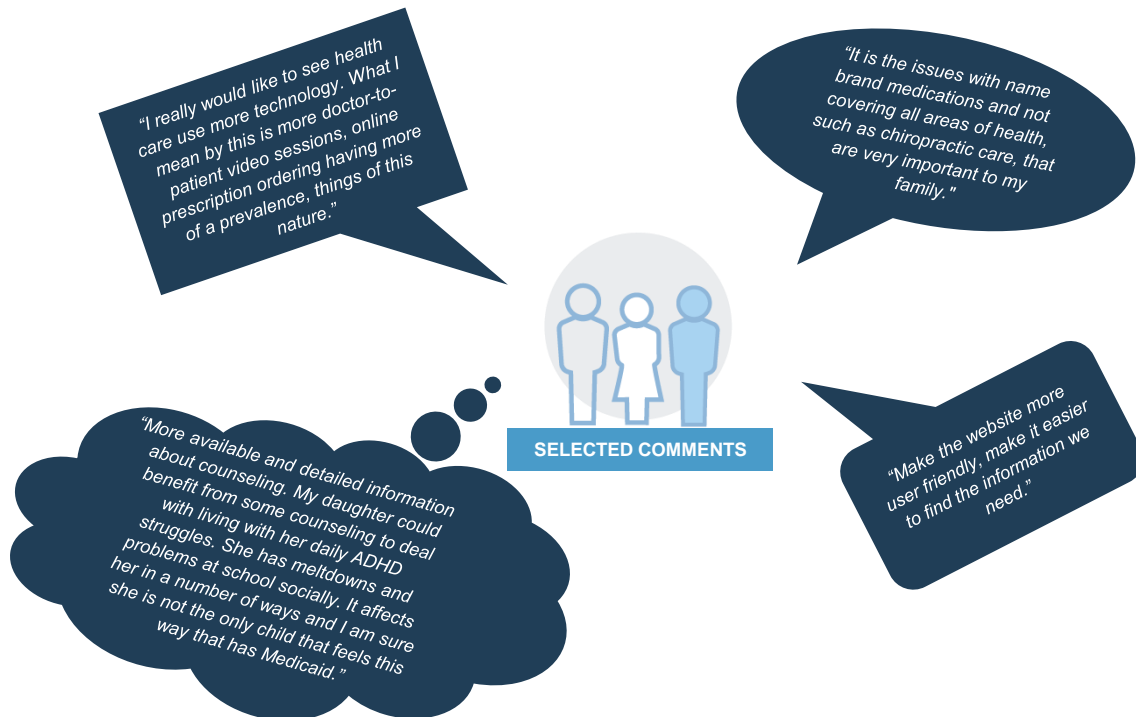
Additional resource for improvement: AHRQ best practices

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

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

"My questions about cost and coverage were addressed very quickly and efficiently. I felt that I was dealing with a professional organization."

"I immediately called customer service and was told they would look into it and get back to me, but I never heard back from them. As of today, I'm still trying to get the matter resolved."

"The materials should list what providers I can see in the network or out of the network, and how that will affect my coverage."

SELECTED COMMENTS

"I had a customer service representative that was very kind and patient with me. All of my questions I had related to my health plan were answered and explained in detail. I felt welcomed and appreciated."

"I didn't find any forms hard, but they were repetitive. They asked the same questions, birthday, age, etc., over and over again. I wish they would make forms that didn't require having to put in the same thing on every page."

Rating of Health Plan

Improvement Strategies – Rating of Health Plan

- Analyze, investigate, probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with Rating of the Plan (i.e., CS, GNC, GCQ, HWDC). Review QI recommendations/actions of these CAHPS composite measures.

- Carefully review, simplify and clarify all family/child member communications, processes and forms. Ensure that all materials and messages are accurate, up-to-date, complete and consistent, using concise and unambiguous language.

- Identify key parent needs and expectations and critically assess operations and processes.

- Ensure that the member website is easily navigable and highly user friendly.

- Simplify completion of commonly used forms via "pre-loaded" applications or on-line.

- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.

- Analyze satisfaction levels and loyalty ratings based on member profile/segmentation data (health system, age, length of membership, have PCP, etc.).

- Set S.M.A.R.T. goals. Specific, Measurable, Attainable, Realistic, and Timely for all identified activities. Assess all relevant internal data. Conduct additional surveys, data analyses as needed.

- Consider opportunities for positive and strategic messaging about the plan or health care reminders to members. Use technology to provide more effective and efficient care.

- Consider the value of a SPH CAHPS Drill-Down, Simulation Survey or CG-CAHPS to probe key CAHPS measures and/or target segments of the population.

Additional resource for improvement: AHRQ best practices

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

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

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

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

SELECTED COMMENTS

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

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

Rating of Personal Doctor

Please see Technical Notes for more information.

Improvement Strategies – Rating of Personal Doctor

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

Additional resource for improvement: AHRQ best practices

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

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

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

"Our doctor's bedside manner makes him stand out! You can tell how much he truly cares!"

"They have worked hard to get the medication we needed and have gone out of their way when there have been issues at the pharmacy."

"Our doctor stays on top of things and is easy to get a hold of."

SELECTED COMMENTS

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

Getting Needed Care

Improvement Strategies – Getting Needed Care

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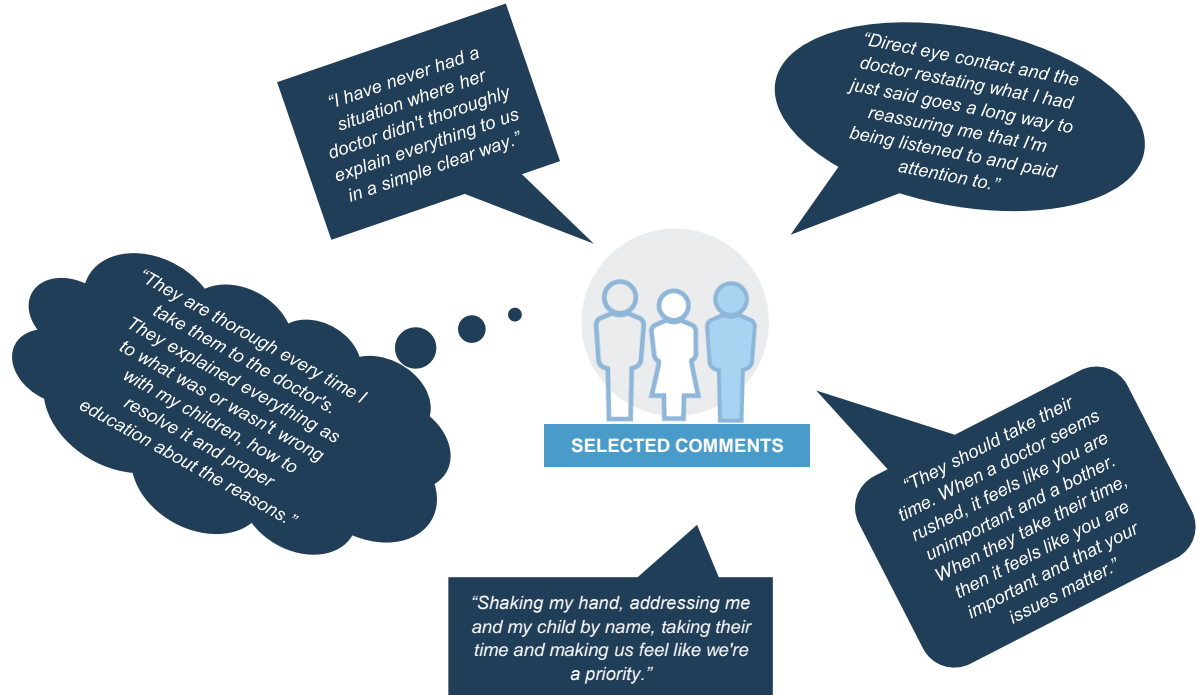
Additional resource for improvement: AHRQ best practices

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

"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."

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

"I took my daughter to after-hours. She got into the room within five minutes."

SELECTED COMMENTS

"I am still waiting on the doctor to schedule an appointment with a physical therapist for my one-year-old, who is a bit pigeon-toed. It has been over two weeks."

How Well Doctors Communicate

Please see Technical Notes for more information.

Improvement Strategies – How Well Doctors Communicate

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

Additional resource for improvement: AHRQ best practices

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

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

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

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

"Direct eye contact and the doctor restating what I had just said goes a long way to reassuring me that I'm being listened to and paid attention to."

"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."

SELECTED COMMENTS

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

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

Coordination of Care

Improvement Strategies – Coordination of Care

- Inform, support, remind and facilitate providers about coordination of care expectations, timely notification requirements, and standards of care for post-visit follow up to all PCPs. Explore options to encourage and support communications between specialists and PCPs.

- Carefully assess any parent or patient concerns associated with any health care received out-of-office, addressing and clarifying as appropriate. Seek and obtain all associated records.

- Develop on-going and timely reminders/messaging to promote and improve communication and reporting between all provider types, ideally based directly on available data/information.

- Assess the status and consistency of coordination of patient care, communication, and information shared within and across provider networks. Assure prompt feedback, standards.

- Support and facilitate a patient-centered care management approach within and across provider networks. Facilitate a complementary plan-based patient centered care management approach.

- Explore potential of aligning information flow/EHRs to better integrate, support or facilitate patient care, care coordination and vital medical and personal information among providers.

- Encourage providers to prompt patients AND patients to prompt providers, i.e., mutual interactions that review and discuss care, tests and/or treatments involving other providers.

- Encourage patients to bring a list of all medications, including dosage and frequency to all appointments. Encourage providers to prompt patients to do the same for their appointments.

- How do PCP's, providers, facilities and/or the plan assure common patient "touch points" to facilitate/support scheduling of appointments, tests and/or procedures? Where is the over-arching guidance and support for the patient/member?

Additional resource for improvement: AHRQ best practices

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

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

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

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

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

SELECTED COMMENTS

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

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

Access to Prescription Medicine

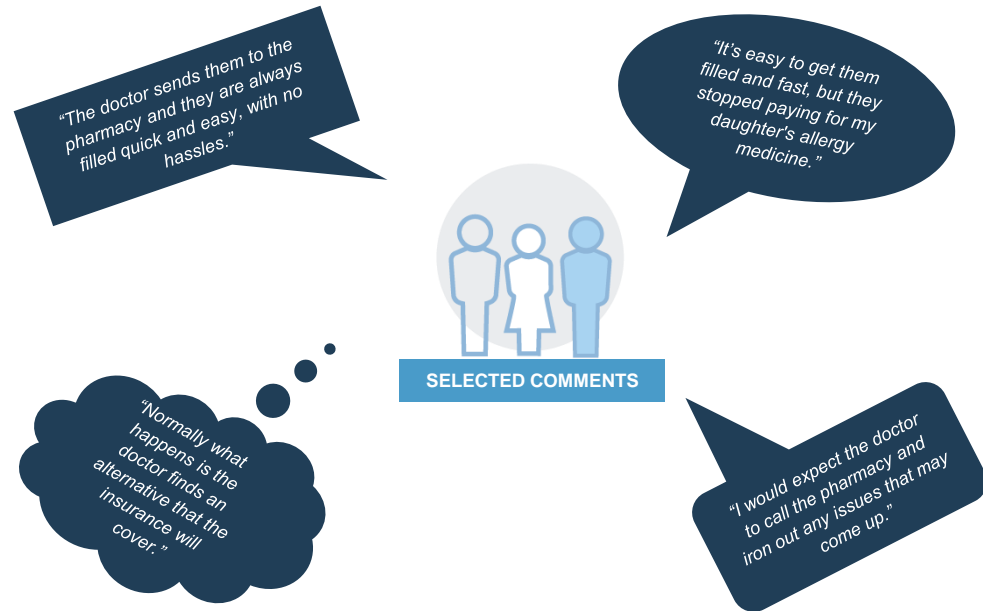## Improvement Strategies – Access to Prescription Medicine

- Encourage streamlined, efficient service for families, such as sending prescriptions directly to pharmacies immediately after the appointment.

- Don't put the family in the middle, encourage and support prompt pharmacy/provider communication and collaboration to avoid or resolve issues for members.

- Assess opportunities to improve prescription coverage that may forego serious set-backs, e.g., coverage of some allergy medications.

- Provide alerts and reminders to busy parents to obtain currently prescribed medications in a timely manner.

- Advise and educate providers and pharmacies of preferred, covered alternative medications for common prescriptions. Make this information readily and easily available on-line.

- Assess and address member concerns and complaints about problems with mail prescription service and/or timeliness. Review and simplify or clarify associated communications/materials.

- Simplify pre-auth and authorization processes and clarify requirements with clear member and provider communications.

Additional resource for improvement: AHRQ best practices

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

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

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

"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."

SELECTED COMMENTS

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

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

Appendix: Questionnaire

- 12470 - UnitedHealthcare Community Plan (LA)

UnitedHealthcare®

UnitedHealthcare®
Community Plan

Please answer the questions for the child listed on the letter. Please do not answer for any other children.

1. **Our records show that your child is now in UnitedHealthcare Community Plan.**
   Is that right?

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

2. **What is the name of your child's health plan?** *(please print)*

   _____

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your child's health care. Do <u>not</u> include care your child got when he or she stayed overnight in a hospital. Do <u>not</u> include the times your child went for dental care visits.

3. **In the last 6 months, did your child have an illness, injury, or condition that <u>needed</u> <u>care right away</u> in a clinic, emergency room, or doctor's office?**

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

4. **In the last 6 months, when your child <u>needed care right away</u>, how often did your child get care as soon as he or she needed?**

   ☐ Never
   ☐ Sometimes
   ☐ Usually
   ☐ Always

5. **In the last 6 months, did you make any appointments for a <u>check-up or routine</u> <u>care</u> for your child at a doctor's office or clinic?**

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

6. **In the last 6 months, when you made an appointment for a <u>check-up or</u> <u>routine care</u> for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?**

   ☐ Never
   ☐ Sometimes
   ☐ Usually
   ☐ Always

7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?

- [ ] None ➜ *If None, Go to Question 11*
- [ ] 1 time
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5 to 9
- [ ] 10 or more times

8. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?

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

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

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

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

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

11. Is your child now enrolled in any kind of school or daycare?

- [ ] Yes
- [ ] No ➜ *If No, Go to Question 14*

12. In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?

- [ ] Yes
- [ ] No ➜ *If No, Go to Question 14*

13. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?

- [ ] Yes
- [ ] No

SPECIALIZED SERVICES

14. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment.

In the last 6 months, did you get or try to get any special medical equipment or devices for your child?

- [ ] Yes
- [ ] No ➜ *If No, Go to Question 17*

15. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?

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

16. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?

- [ ] Yes
- [ ] No

17. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?

- [ ] Yes
- [ ] No ➜ *If No, Go to Question 20*

18. In the last 6 months, how often was it easy to get this therapy for your child?

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

19. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?

☐ Yes
☐ No

20. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?

☐ Yes
☐ No ➔ *If No, Go to Question 23*

21. In the last 6 months, how often was it easy to get this treatment or counseling for your child?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

22. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?

☐ Yes
☐ No

23. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

☐ Yes
☐ No ➔ *If No, Go to Question 25*

24. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?

☐ Yes
☐ No

YOUR CHILD'S PERSONAL DOCTOR

25. A personal doctor is the one your child would see if he or she needs a check-up, has a health problem or gets sick or hurt.

Does your child have a personal doctor?

☐ Yes
☐ No ➔ *If No, Go to Question 40*

26. In the last 6 months, how many times did your child visit his or her personal doctor for care?

☐ None ➔ *If None, Go to Question 36*
☐ 1 time
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more times

27. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

28. In the last 6 months, how often did your child's personal doctor listen carefully to you?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

30. Is your child able to talk with doctors about his or her health care?

☐ Yes
☐ No ➔ *If No, Go to Question 32*

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

32. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

33. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

☐ Yes
☐ No

34. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

☐ Yes
☐ No ➔ *If No, Go to Question 36*

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

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

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

37. Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?

☐ Yes
☐ No ➔ *If No, Go to Question 40*

38. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?

☐ Yes
☐ No

39. Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life?

☐ Yes
☐ No

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care your child got when he or she stayed overnight in a hospital.

40. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

In the last 6 months, did you make any appointments for your child to see a specialist?

☐ Yes
☐ No ➔ *If No, Go to Question 44*

41. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

42. How many specialists has your child seen in the last 6 months?

☐ None ➔ *If None, Go to Question 44*
☐ 1 specialist
☐ 2
☐ 3
☐ 4
☐ 5 or more specialists

43. **We want to know your rating of the specialist your child saw most often in the last 6 months.**

    Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

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

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

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

    ☐ Yes
    ☐ No ➜ *If No, Go to Question 47*

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

    ☐ Never
    ☐ Sometimes
    ☐ Usually
    ☐ Always

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

    ☐ Never
    ☐ Sometimes
    ☐ Usually
    ☐ Always

47. **In the last 6 months, did your child's health plan give you any forms to fill out?**

    ☐ Yes
    ☐ No ➜ *If No, Go to Question 49*

48. **In the last 6 months, how often were the forms from your child's health plan easy to fill out?**

    ☐ Never
    ☐ Sometimes
    ☐ Usually
    ☐ Always

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

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

PRESCRIPTION MEDICINES

50. **In the last 6 months, did you get or refill any prescription medicines for your child?**

    ☐ Yes
    ☐ No ➜ *If No, Go to Question 53*

51. **In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?**

    ☐ Never
    ☐ Sometimes
    ☐ Usually
    ☐ Always

52. **Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?**

    ☐ Yes
    ☐ No

ABOUT YOUR CHILD AND YOU

53. **In general, how would you rate your child's overall health?**

    ☐ Excellent
    ☐ Very Good
    ☐ Good
    ☐ Fair
    ☐ Poor

54. **In general, how would you rate your child's overall <u>mental or emotional</u> health?**

☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor

55. **Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?**

☐ Yes
☐ No ➔ *If No, Go to Question 58*

56. **Is this because of any medical, behavioral, or other health condition?**

☐ Yes
☐ No ➔ *If No, Go to Question 58*

57. **Is this a condition that has lasted or is expected to last for at least 12 months?**

☐ Yes
☐ No

58. **Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?**

☐ Yes
☐ No ➔ *If No, Go to Question 61*

59. **Is this because of any medical, behavioral, or other health condition?**

☐ Yes
☐ No ➔ *If No, Go to Question 61*

60. **Is this a condition that has lasted or is expected to last for at least 12 months?**

☐ Yes
☐ No

61. **Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?**

☐ Yes
☐ No ➔ *If No, Go to Question 64*

62. **Is this because of any medical, behavioral, or other health condition?**

☐ Yes
☐ No ➔ *If No, Go to Question 64*

63. **Is this a condition that has lasted or is expected to last for at least 12 months?**

☐ Yes
☐ No

64. **Does your child need or get special therapy such as physical, occupational, or speech therapy?**

☐ Yes
☐ No ➔ *If No, Go to Question 67*

65. **Is this because of any medical, behavioral, or other health condition?**

☐ Yes
☐ No ➔ *If No, Go to Question 67*

66. **Is this a condition that has lasted or is expected to last for at least 12 months?**

☐ Yes
☐ No

67. **Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?**

☐ Yes
☐ No ➔ *If No, Go to Question 69*

68. **Has this problem lasted or is it expected to last for at least 12 months?**

☐ Yes
☐ No

69. **What is <u>your child's</u> age?**

☐ Less than 1 year old
_____ YEARS OLD *(write in)*

70. **Is your child male or female?**

☐ Male
☐ Female

71. **Is your child of Hispanic or Latino origin or descent?**

☐ Yes, Hispanic or Latino
☐ No, not Hispanic or Latino

72. **What is your child's race? *Mark one or more.***

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

73. What is <u>your</u> age?

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

74. Are you male or female?

- ☐ Male
- ☐ Female

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

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

76. How are you related to the child?

- ☐ Mother or father
- ☐ Grandparent
- ☐ Aunt or uncle
- ☐ Older brother or sister
- ☐ Other relative
- ☐ Legal guardian
- ☐ Someone else

ADDITIONAL QUESTIONS

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

77. In the last 6 months, if it was not easy to get the care, tests, or treatment you thought your child needed, what was the <u>main</u> reason for the difficulty? *(Please mark ONLY one)*

- ☐ I had to wait too long for the health plan to give the OK
- ☐ I did not know where to go to get a physician for care, lab work, or an x-ray
- ☐ I could not find a doctor, lab, or x-ray facility in my child's network
- ☐ I could not find a doctor, lab, or x-ray facility that was easy to get to
- ☐ I had to wait too long to get an appointment
- ☐ Other, personal reason
- ☐ I did not try to get any care, tests, or treatment for my child in the last 6 months

78. In the last 6 months, when you called a doctor's office or clinic after hours, how often did you get the help you wanted for your child?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not call after hours in the last 6 months

79. In the last 6 months, how often was it hard to find a personal doctor for your child who speaks your language?

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

80. In the last 6 months, when you needed an interpreter to help you speak with your child's doctors or other health providers, how often did you get one?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not need an interpreter to speak with my child's doctors or other health providers

81. In the last 6 months, how often was it hard to find a personal doctor for your child who understands your culture?

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

82. In the last 6 months, if you called customer service regarding mental health or substance abuse services for your child, how often was the staff helpful and provided the help you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not call customer service for my child's mental health or substance abuse services in the last 6 months

83. Using any number from 0 to 10, where 0 is the worst mental health or substance abuse services possible and 10 is the best mental health or substance abuse services possible, what number would you use to rate all your child's mental health or substance abuse services in the last 6 months?

- ☐ 0   Worst mental health or substance abuse services possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10   Best mental health or substance abuse services possible
- ☐ My child did not receive mental health or substance abuse services in the last 6 months ➜ *Go to Question 86*

84. In the last 6 months, if your child needed to see a mental health or substance abuse specialist how often was it easy to get an appointment as soon as your child needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ My child did not see a mental health or substance abuse specialist in the last 6 months

85. In the last 6 months, if your child needed to see a mental health or substance abuse specialist, how often were these providers helpful to your child?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ My child did not see a mental health or substance abuse specialist in the last 6 months

86. Using any number from 0 to 10, where 0 is not at all likely and 10 is extremely likely, based on your overall experience with your health plan, how likely are you to recommend this plan to your family or friends?

- ☐ 0   Not at all likely
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10   Extremely likely

87. How do you access the internet? *(Mark all that apply)*

- ☐ Smartphone (e.g. Blackberry, Android, iPhone, etc.)
- ☐ Desktop computer
- ☐ Laptop
- ☐ Tablet
- ☐ Other
- ☐ I do not access the Internet

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

If you have any questions, please call 1-888-797-3605, ext. 4190.

2020 CAHPS ® 5.0H Member Survey

Medicaid Adult

Prepared for:

12430 - UnitedHealthcare Community Plan (LA)

July 2020

Prepared by:

SPH Analytics

UnitedHealthcare ®

12430 - UnitedHealthcare Community Plan (LA)

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UnitedHealthcare®

Overview

SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) certified HEDIS® Survey Vendor, was selected by 12430 - UnitedHealthcare Community Plan (LA) to conduct its 2020 CAHPS® 5.0H Medicaid Adult Survey. NCQA requires health plans to submit CAHPS survey results in compliance with HEDIS® accreditation requirements.

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

NCQA made the following changes to the survey for 2020:

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

- Shared Decision Making
- Health Promotion and Education
- Proxy Questions
- Health Plan Information
- Chronic Conditions

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CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

UnitedHealthcare® 3

CAHPS 2020: COVID-19 Pandemic

On March 11, 2020 the World Health Organization officially declared COVID-19 a global pandemic. All of us at SPH Analytics hope this report finds you, your colleagues, and family safe and healthy.
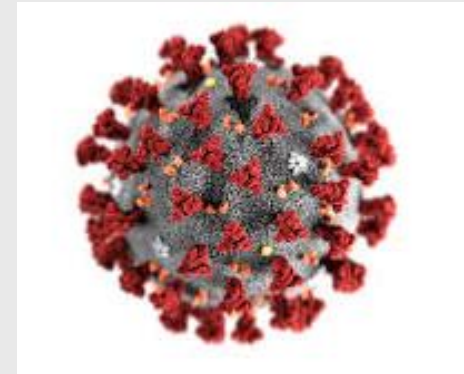
NCQA PROTOCOL MODIFICATIONS AND HEALTH PLAN RATING CHANGES FOR 2020

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

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

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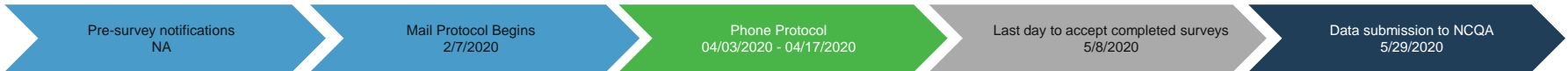
- There will be no Health Plan Ratings in 2020.

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

Methodology

SPH administered the 2020 Medicaid Adult 5.0H CAHPS survey using an NCQA approved methodology. Surveys were collected via a mail and phone methodology. Members eligible for the survey were those **18 years and older (as of December 31 of the measurement year) who had been continuously enrolled in the plan for at least five of the last six months of the measurement year.** A synopsis of the data collection methodology is outlined below:

| Pre-survey notifications NA | Mail Protocol Begins 2/7/2020 | Phone Protocol 04/03/2020 - 04/17/2020 | Last day to accept completed surveys 5/8/2020 | Data submission to NCQA 5/29/2020 |

VALID SURVEYS

✉ Total Number of Mail Completes = 192 (0 in Spanish)
☎ Total Number of Phone Completes = 52 (1 in Spanish)
💻 Total Number of Internet Completes = NA

2020 RESPONSE RATE

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

$$\frac{192 \text{ (Mail)} + 52 \text{ (Phone)} = 244}{1620 \text{ (Sample)} - 25 \text{ (Ineligible)} = 1595} = \mathbf{15.3\%}$$

RESPONSE RATE COMPARISON

The 2020 SPH Analytics Book of Business average response rate is **15.5%**.

		2018	2019	2020
Complete	Completed Survey	414	295	244
	SUBTOTAL	**414**	**295**	**244**
Ineligible	Does not Meet Eligibility Criteria (01)	9	18	16
	Language Barrier (03)	5	2	1
	Mentally/Physically Incapacitated (04)	0	15	6
	Deceased (05)	3	2	2
	SUBTOTAL	**17**	**37**	**25**
Non-Response	Break-off/Incomplete (02)	16	21	12
	Refusal (06)	202	60	14
	Maximum Attempts Made (07)	971	1207	1324
	Added to DNC List (08)	0	0	1
	SUBTOTAL	**1189**	**1288**	**1351**
TOTAL		**1620**	**1620**	**1620**
RESPONSE RATE		**25.8%**	**18.6%**	**15.3%**

Executive Summary

- 12430 - UnitedHealthcare Community Plan (LA)

Overview of Terms

Summary Rates are defined by NCQA in its HEDIS 2020 CAHPS® 5.0H guidelines and generally represent the most favorable response percentages. The Summary Rates for Effectiveness of Care Measures, with the exception of the *Flu Vaccinations (Adults 18-64)* measure, are calculated on a two-year rolling average due to anticipated small denominators.

No	Yes

Never	Sometimes	Usually	Always

Rating questions are typically displayed with two Summary Rates:

0	1	2	3	4	5	6	7	8	9	10

0	1	2	3	4	5	6	7	8	9	10

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

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

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

NCQA BENCHMARK INFORMATION

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

LEGACY DSS / MORPACE / SPH

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

Dashboard – 2020 Key Findings

TRENDING UP

Key measures that had significant improvements from last year

Q17 Doctor informed about care

Q28 Health plan overall

TRENDING DOWN

Key measures that had significantly lower scores than last year

No key measures declined significantly.

244 / 15.3%
Completed surveys / Response Rate

MEASURE NAME	SUMMARY RATE	ESTIMATED NCQA RATING
Rating of Health Plan *(% 9 or 10)*	**76.9%**	★★★★★
Rating of Health Care *(% 9 or 10)*	**67.0%**	★★★★★
Rating of Personal Doctor *(% 9 or 10)*	**75.4%**	★★★★★
Rating of Specialist *(% 9 or 10)*	**NA^**	**NA^**
Getting Needed Care *(% Always or Usually)*	**86.8%**	★★★★
Getting Care Quickly *(% Always or Usually)*	**83.9%**	★★★
Coordination of Care *(% Always or Usually)*	**NA^**	**NA^**
Flu Vaccinations Adults 18-64 *(%Yes)*	**41.1%**	★★★
Smoking Advice: Rolling average *(% Always, Usually or Sometimes)*	**72.0%**	★★

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

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

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

POWER
Promote and leverage strengths

Q8 Health care overall

Q22 Specialist overall

Q20 Got specialist appt.

Q6 Got routine care

Q18 Personal doctor overall

Q9 Got care/tests/treatment

OPPORTUNITIES
Focus resources on improving processes that underlie these items

Q4 Got urgent care

Q25 CS courtesy/respect

Q24 CS provided info./help

Please refer to slide 16 for details.

Measure Summary

Health Plan Domain Performance

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

MEASURE	SUMMARY RATE		CHANGE	2020 UHC BENCHMARK	2020 SPH BENCHMARK	2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan (% 9 or 10)	66.4%	76.9% ↑	10.5%	66.4% ▲	99th	60.3% ▲	100th
Rating of Health Plan (% 8, 9 or 10)	80.9%	85.9%	5.0%	81.4%	94th	77.6% ▲	98th
Getting Needed Care (% Always or Usually)	83.1%	86.8%	3.7%	84.6%	76th	82.5%	89th
Customer Service (% Always or Usually)	87.8%	89.2%	1.4%	89.6%	45th	88.8%	53rd
Ease of Filling Out Forms (% Always or Usually)	97.1%	97.7%	0.6%	95.6% ▲	91st	94.4% ▲	100th

KEY TAKEAWAYS

Your overall Rating of Health Plan (8-10) Summary Rate score is 85.9% and represents a change of 5.0 from 2019.

Note: Please refer to benchmark descriptions on slide 43.

Significance Testing
Green – Current year score is significantly higher than the 2019 score (↑) or benchmark (▲) score.
Red – Current year score is significantly lower than the 2019 score (↓) or benchmark (▼) score.

Measure Summary

Health Care Domain Performance

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

MEASURE	SUMMARY RATE		CHANGE	2020 UHC BENCHMARK	2020 SPH BENCHMARK	2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care *(% 9 or 10)*	60.3%	67.0%	6.7%	59.3% ▲	94th	54.9% ▲	97th
Rating of Health Care *(% 8, 9 or 10)*	81.4%	78.2%	-3.2%	77.4%	62nd	75.4%	76th
Getting Care Quickly *(% Always or Usually)*	82.1%	83.9%	1.8%	83.8%	63rd	82.0%	61st
How Well Doctors Communicate *(% Always or Usually)*	90.3%	92.6%	2.3%	93.3%	35th	92.0%	60th
Coordination of Care *(% Always or Usually)*	75.4%	87.5% ↑	12.1%	85.7%	64th	83.6%	83rd
Rating of Personal Doctor *(% 9 or 10)*	67.7%	75.4%	7.7%	71.0%	84th	67.5% ▲	93rd
Rating of Personal Doctor *(% 8, 9 or 10)*	83.4%	84.7%	1.3%	83.7%	60th	82.1%	76th
Rating of Specialist *(% 9 or 10)*	68.2%	74.7%	6.5%	70.7%	79th	66.9%	96th
Rating of Specialist *(% 8, 9 or 10)*	81.3%	85.9%	4.6%	85.0%	62nd	82.3%	80th

Note: Please refer to benchmark descriptions on slide 43.

KEY TAKEAWAYS

Your overall Rating of Health Care (8-10) Summary Rate score is 78.2% and represents a change of -3.2 from 2019.

Significance Testing

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

Measure Summary

Effectiveness of Care Performance

Your plan's performance on HEDIS measures collected through the CAHPS 5.0H survey.

MEASURE	SUMMARY RATE		CHANGE	2020 UHC BENCHMARK	2020 SPH BENCHMARK	2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Flu Vaccinations (Adults 18-64) *(% Yes)*	39.4%	41.1%	1.7%	45.9%	35th	41.8%	44th
Advising Smokers and Tobacco Users to Quit: *Rolling average (% Always, Usually or Sometimes)*	68.3%	72.0%	3.7%	78.5%	23rd	76.7%	15th
Discussing Cessation Medications: *Rolling average (% Always, Usually or Sometimes)*	42.5%	45.1%	2.6%	54.3% ▼	15th	52.9% ▼	16th
Discussing Cessation Strategies: *Rolling average (% Always, Usually or Sometimes)*	41.8%	45.4%	3.6%	49.7%	34th	46.4%	45th

*Note: Please refer to benchmark descriptions on slide 43.*

Significance Testing
Green – Current year score is significantly higher than the 2019 score (↑) or benchmark (▲) score.
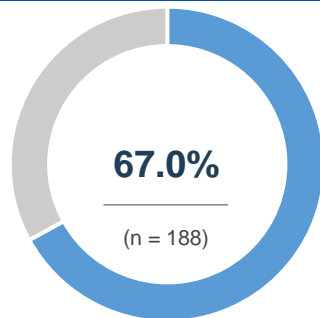**Red** – Current year score is significantly lower than the 2019 score (↓) or benchmark (▼) score.

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Global Rating Summary Rate Scores (% 9 or 10)

Please see Technical Notes for more information.

76.9%
(n = 234)

67.0%
(n = 188)

75.4%
(n = 203)

74.7%
(n = 99)^
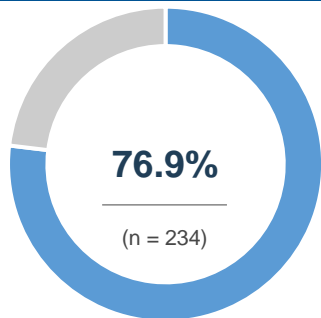
Rating of Health Plan

2020	76.9%	‡↑
2019	66.4%	
2018	65.2%	
UHC	66.4%	▲
QC	60.3%	▲

Rating of Health Care

2020	67.0%	
2019	60.3%	
2018	62.9%	
UHC	59.3%	▲
QC	54.9%	▲
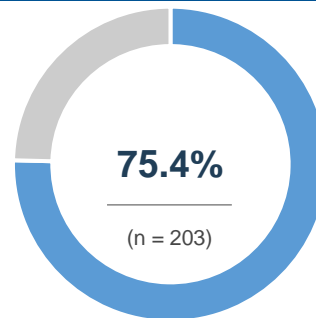
Rating of Personal Doctor

2020	75.4%	
2019	67.7%	
2018	71.6%	
UHC	71.0%	
QC	67.5%	▲
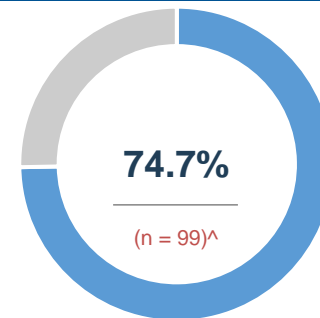
Rating of Specialist

2020	74.7%	
2019	68.2%	
2018	72.5%	
UHC	70.7%	
QC	66.9%	

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

UHC refers to the 2020 UHC Average.
QC refers to the 2019 Quality Compass® All Plans benchmark.

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

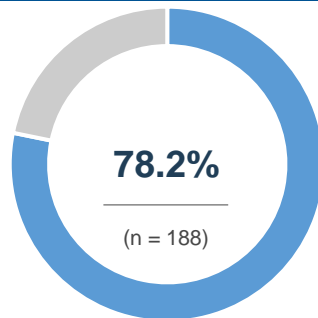*^Denominator less than 100. NCQA will assign an NA to this measure.*

Global Rating Summary Rate Scores (% 8, 9 or 10)
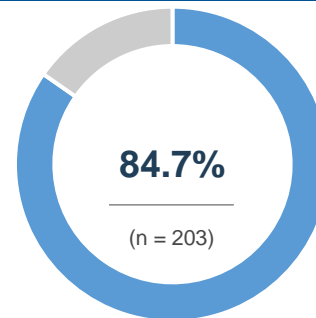
Please see Technical Notes for more information.

85.9%
(n = 234)

78.2%
(n = 188)

84.7%
(n = 203)

85.9%
(n = 99)^
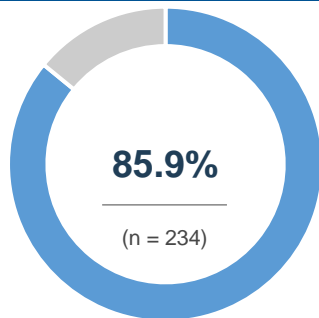
Rating of Health Plan		
2020	85.9%	
2019	80.9%	
2018	80.7%	
UHC	81.4%	
QC	77.6%	▲

Rating of Health Care	
2020	78.2%
2019	81.4%
2018	77.0%
UHC	77.4%
QC	75.4%

Rating of Personal Doctor	
2020	84.7%
2019	83.4%
2018	82.4%
UHC	83.7%
QC	82.1%
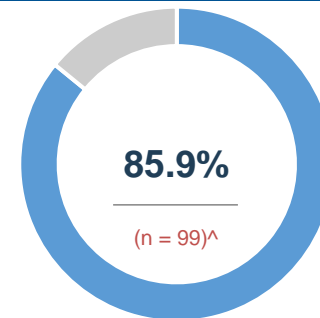
Rating of Specialist	
2020	85.9%
2019	81.3%
2018	85.9%
UHC	85.0%
QC	82.3%

Summary Rate Scores

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

UHC refers to the 2020 UHC Average.
QC refers to the 2019 Quality Compass ® All Plans benchmark.
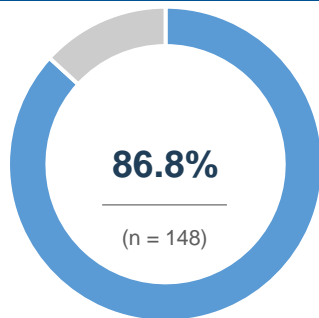
Significance Testing

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

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

Composite Summary Rate Scores (% Always or Usually)

Please see Technical Notes for more information.

86.8%
(n = 148)

83.9%
(n = 148)

89.2%
(n = 94)^

92.6%
(n = 167)

Getting Needed Care

2020	86.8%	‡
2019	83.1%	
2018	80.3%	
UHC	84.6%	
QC	82.5%	
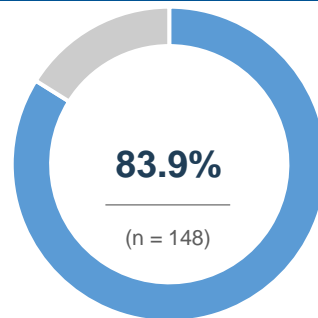
Getting Care Quickly

2020	83.9%
2019	82.1%
2018	80.5%
UHC	83.8%
QC	82.0%
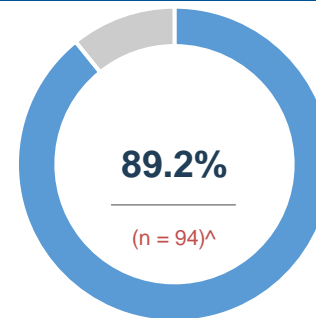
Customer Service

2020	89.2%
2019	87.8%
2018	90.6%
UHC	89.6%
QC	88.8%
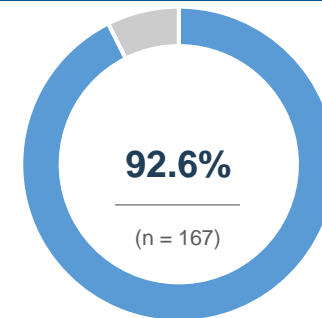
How Well Doctors Communicate

2020	92.6%
2019	90.3%
2018	92.6%
UHC	93.3%
QC	92.0%

Summary Rate Scores

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

UHC refers to the 2020 UHC Average.
QC refers to the 2019 Quality Compass ® All Plans benchmark.

Significance Testing

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

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

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

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Gap Analysis – Comparisons to Last Year

GAP ANALYSIS

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

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

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

2020 Gap is **smaller** than 2019 Gap

2020 Gap is **larger** than 2019 Gap

POWeR Chart: Explanation

POWeR™ CHART CLASSIFICATION MATRIX

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

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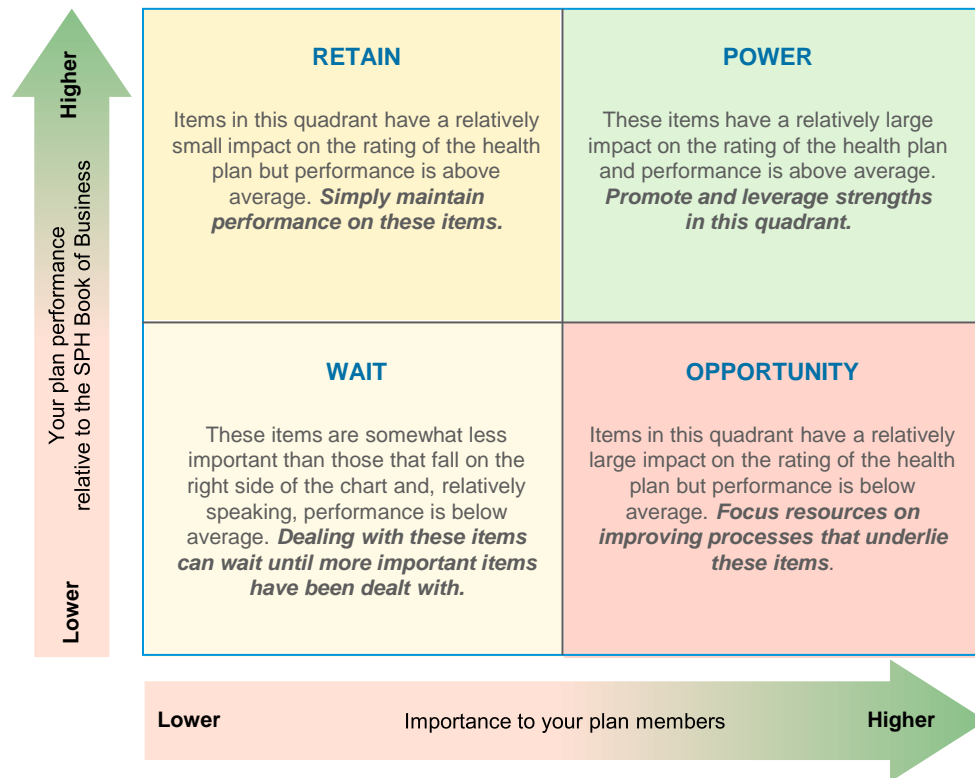tion for satisfaction improvement programs. This methodology is the result of a number of years of development and testing using health care satisfaction data. We have been successfully using this approach since 1997.

The model provides the following:

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

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

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

- Presentation of the importance/performance results in a matrix that provides clear direction for member satisfaction improvement efforts by the plan.

Your plan performance relative to the SPH Book of Business (Higher / Lower)

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

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

WAIT
These items are somewhat less important than those that fall on the right side of the chart and, relatively speaking, performance is below average. *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.*

Lower — Importance to your plan members — Higher

POWeR Chart: Your Results

SURVEY MEASURE		SUMMARY RATE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
POWER				
Q8	Health care overall	67.0%	94th	5
Q22	Specialist overall	74.7%	79th	4
Q20	Got specialist appt.	86.9%	88th	4
Q6	Got routine care	83.2%	73rd	4
Q18	Personal doctor overall	75.4%	84th	4
Q9	Got care/tests/treatment	86.7%	52nd	3
OPPORTUNITY				
Q4	Got urgent care	84.7%	49th	3
Q25	CS courtesy/respect	94.7%	47th	3
Q24	CS provided info./help	83.7%	43rd	3
WAIT				
Q15	Dr. spent enough time	91.5%	47th	3
Q14	Dr. showed respect	92.2%	9th	1
Q13	Dr. listened carefully	92.8%	37th	3
RETAIN				
Q17	Dr. informed about care	87.5%	64th	3
Q47	MH/substance abuse services overall	58.7%	---	---
Q42	Got help when calling after hours care	68.0%	---	---
Q27	Easy to fill out forms	97.7%	91st	5
Q12	Dr. explained things	94.0%	56th	3

Summary rates are top-two box scores.

KEY DRIVERS, SUMMARY RATES AND PERCENTILES

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

Overall Rating of Health Plan

Please see Technical Notes for more information.

Your plan scored in the **99th percentile** when compared to the SPH Book of Business benchmark	**76.9%**	Compared to last year, your Summary Rate Score (% 9 and 10) **increased by 10.5%.** This result is statistically significant.

Typical of industry drivers   Different from industry drivers

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

These items have a relatively large impact on the Rating of Health Plan. **Leverage** these questions since they are important to your members and the Rating of Health Plan score for this plan.

INDUSTRY KEY DRIVERS
High impact on Rating of Health Plan

ALIGNMENT
Are your key drivers typical of the industry?

YOUR KEY DRIVERS
High impact on Rating of Health Plan

	KEY DRIVER	2020 SPH BoB			KEY DRIVER	SUMMARY RATE*	SPH BoB PERCENTILE	CLASSIFICATION
Q8	Health care overall	58.8%		Q8	Health care overall	67.0%	94th	POWER
Q18	Personal doctor overall	70.7%		Q22	Specialist overall	74.7%	79th	POWER
Q22	Specialist overall	70.9%		Q4	Got urgent care	84.7%	49th	OPPORT
Q25	CS courtesy/respect	94.6%		Q20	Got specialist appt.	86.9%	88th	POWER
Q13	Dr. listened carefully	93.5%		Q6	Got routine care	83.2%	73rd	POWER
Q14	Dr. showed respect	94.6%		Q18	Personal doctor overall	75.4%	84th	POWER
Q24	CS provided info./help	84.3%		Q25	CS courtesy/respect	94.7%	47th	OPPORT
Q9	Got care/tests/treatment	86.3%		Q24	CS provided info./help	83.7%	43rd	OPPORT
Q15	Dr. spent enough time	91.5%		Q9	Got care/tests/treatment	86.7%	52nd	POWER

Summary rates are top-two box scores.

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Overall Rating of Health Plan

Please see Technical Notes for more information.

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

Gender

	8 - 10	9 - 10
MALE (n=88)	85.2%	73.9%
FEMALE (n=145)	86.2%	78.6%

Age

	8 - 10	9 - 10
18 – 34 (n=56)	82.1%	71.4%
35 – 44 (n=30)	96.7%	83.3%
45 – 54 (n=49)	81.6%	73.5%
55 or older (n=97)	86.6%	79.4%

Education

	8 - 10	9 - 10
HS GRAD OR LESS (n=160)	87.5%	76.9%
SOME COLLEGE OR MORE (n=66)	81.8%	75.8%

Health Status

	8 - 10	9 - 10
EXCELLENT/ VERY GOOD (n=65)	90.8%	83.1%
GOOD (n=80)	85.0%	75.0%
FAIR/POOR (n=86)	84.9%	75.6%

Mental/Emotional Health Status

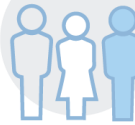|	8 - 10	9 - 10
EXCELLENT/ VERY GOOD (n=92)	87.0%	76.1%
GOOD (n=61)	83.6%	77.0%
FAIR/POOR (n=77)	85.7%	76.6%

Data Collection

	8 – 10	9 - 10
MAIL (n=183)	85.2%	76.0%
PHONE (n=51)	88.2%	80.4%

Ethnicity & Race

	8 - 10	9 - 10
HISPANIC/ LATINO (n=6)^	83.3%	83.3%
NOT HISPANIC/ LATINO (n=214)	85.0%	75.2%

	8 - 10	9 - 10
WHITE (n=111)	84.7%	72.1%
BLACK/AFRICAN AMERICAN (n=104)	87.5%	80.8%
OTHER* (n=11)^	81.8%	72.7%

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

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

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Estimated NCQA Health Insurance Plan Ratings

Please see Technical Notes for more information.

	2020 SUMMARY RATE	SUMMARY RATE DEFINTION	PERCENTILE RANK	ESTIMATED RATING
CONSUMER SATISFACTION				**4.5**
GETTING CARE				**3.5**
Getting Needed Care	86.8%	Usually + Always	89th	4.0
Getting Care Quickly	83.9%	Usually + Always	61st	3.0
SATISFACTION WITH PLAN PHYSICIANS				**5.0**
Rating of Personal Doctor	75.4%	9 + 10	93rd	5.0
Rating of Specialist	74.7%	9 + 10	96th	NA
Rating of Health Care	67.0%	9 + 10	97th	5.0
Coordination of Care	87.5%	Usually + Always	83rd	NA
SATISFACTION WITH PLAN SERVICES				**5.0**
Rating of Health Plan	76.9%	9 + 10	100th	5.0
PREVENTION				
Flu Vaccinations *Adults Ages 18-64*	41.1%	% Yes	44th	3.0
TREATMENT				
Smoking Advice: *Rolling Average*	72.0%	Usually + Always + Sometimes	15th	2.0

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

EXPLANATION

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

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

The CAHPS measures are classified based on their national percentile (10th, 33.33rd, 66.67th and 90th) into scores ranging from 1 to 5 (in increments of 0.5), where 5 is the highest score and 1 is the lowest.

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

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

Notes:

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

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Oversampling Scenarios

Please see Technical Notes for more information.

OVERSAMPLING SCENARIO EXPLANATION

Scenarios were tested to determine what oversampling rate could potentially impact the ratings assigned to this plan. **This plan currently oversamples at the rate of 20%.** SPH does not recommend additional oversampling.

Based on the scenarios tested, holding everything else constant, an oversampling rate of 25% and above yields all reportable measures and no change on measure scores. **This is an estimate only and cannot be used to predict NCQA star ratings.**

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

MEASURE NAME	ESTIMATED RATING	OVERSAMPLING SCENARIOS		
		0%	20% (Current)	> 25%
CONSUMER SATISFACTION	**4.5**	**4.5**	**4.5**	**4.5**
GETTING CARE	3.5	3.5	3.5	3.5
Getting Needed Care	4.0	4.0	4.0	4.0
Getting Care Quickly	3.0	3.0	3.0	3.0
SATISFACTION WITH PLAN PHYSICIANS	5.0	5.0	5.0	5.0
Rating of Personal Doctor	5.0	5.0	5.0	5.0
Rating of Specialist	NA	NA	NA	5.0
Rating of Health Care	5.0	5.0	5.0	5.0
Coordination of Care	NA	NA	NA	4.0
SATISFACTION WITH PLAN SERVICES	5.0	5.0	5.0	5.0
Rating of Health Plan	5.0	5.0	5.0	5.0
PREVENTION				
Flu Vaccinations *Adults Ages 18-64*	3.0	3.0	3.0	3.0
TREATMENT				
Smoking Advice: Rolling Average	2.0	2.0	2.0	2.0

- Higher Rating
- Lower Rating
- Reportable

Performance to Percentile Thresholds

Please see Technical Notes for more information.

COMPARISON TO QUALITY COMPASS PERCENTILE THRESHOLDS

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

Dark Blue bar = Performing at or above 67th percentile

Light Blue bar = Performance below 67th percentile

Chart values by category:
- Getting Needed Care: 87%
- Getting Care Quickly: 84%
- Rating of Personal Doctor: 75%
- Rating of Specialist: 75%
- Rating of Health Care: 67%
- Coordination of Care: 88%
- Rating of Health Plan: 77%
- Annual Flu Vaccine: 41%
- Smoking Advice: 72%

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

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

Measure Summary

Top Three Measures

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

MEASURE	2020 VALID N	SUMMARY RATE		CHANGE	2019 QC BENCHMARK		GAP
		2019	2020		SUMMARY RATE	PERCENTILE RANK	
Rating of Health Plan (% 9 or 10)	234	66.4%	76.9% ↑	10.5%	60.3% ▲	100th	16.6%
Rating of Health Care (% 9 or 10)	188	60.3%	67.0%	6.7%	54.9% ▲	97th	12.1%
Rating of Specialist (% 9 or 10)	99	68.2%	74.7%	6.5%	66.9%	96th	7.8%

Bottom Three Measures

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

MEASURE	2020 VALID N	SUMMARY RATE		CHANGE	2019 QC BENCHMARK		GAP
		2019	2020		SUMMARY RATE	PERCENTILE RANK	
Getting Care Quickly (% Always or Usually)	148	82.1%	83.9%	1.8%	82.0%	61st	1.9%
How Well Doctors Communicate (% Always or Usually)	167	90.3%	92.6%	2.3%	92.0%	60th	0.6%
Customer Service (% Always or Usually)	94	87.8%	89.2%	1.4%	88.8%	53rd	0.4%

Significance Testing

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

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Improvement Strategies

Improving Performance

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

Improvement Strategies – Getting Care Quickly

- Assess CAHPS data by health system, PO, and/or network. Communicate results and identify outliers. Correlate with HEDIS data, complaints, appeals and/or quality of care concerns, and communicate. Support and encourage providers to take innovative action to improve access.

- Support members and collaborate with providers to enhance routine and urgent access to care through innovative, proactive approaches within Care Management, Chronic Care, and Quality Management. Work with providers to identify and resolve opportunities.

- Discuss and engage providers/staff on scheduling best practices, how to improve access to routine/urgent care. Consider scheduling routine appointments well in advance, e.g., 12 months. Provide tools, resources, support and assessment.

- Support, encourage and assist in approaches toward open access scheduling. Allow a portion of each day open for urgent care and/or follow-up care.

- Contract with additional providers for urgent and after-hour appointments/availability.

- Explore partnering with 24-hour urgent care or walk-in clinics.

- Educate providers and staff about Plan and regulatory appointment wait time requirements or standards (i.e., CAHPS, CMS, States, etc.) . Identify opportunities for improvement.

- Provide members streamlined tools and resources (links, apps, etc.) about benefits, providers, referrals, scheduling appointments, etc. Identify options and hours available, and include alternatives, including practices with evening and weekend hours. Consider alternative sources of information, e.g., refrigerator magnets.

- Explore and support alternative telecommunication technologies to expand access to care: telephone, telehealth, telemedicine and patient portals.

- Encourage use of Nurse Hotline/Nurse on Call lines or live-chat via web for members to get health information and advice.

Improvement Strategies – How Well Doctors Communicate

- Cultivate a patient-centered care philosophy and programs across the provider network.

- Support, communicate and educate providers about the vital medical importance of effective doctor-patient communication (i.e., reduced hospitalizations & ER visits , improved adherence).

- Provide readily available recommendations, tools and guidance to all providers to support and enhance communication skills and effective conversation skills with patients. Providers need to: Provide thorough explanations, provide written materials, illustrations and/or examples to help patient's understand, repeat the patient's concern and then address the topic, ask clarifying questions, make eye contact, avoid medical jargon and technical language, avoid multi-tasking, avoid rushing the patient, use constructive verbal responses and non-verbal cues, apply empathy and interest in response to concerns, by kind, avoid condescending language or actions, address questions and concerns-as much time as necessary, schedule adequate time for each visit, and follow-up after tests or procedures.

- Collaborate and share with providers tools, resources, and best practices to support, or reinforce, a complete and effective information exchange with all patients (e.g., a summary of medical record or health assessment to facilitate an effective health or wellness discussion, patient testimonials - perhaps from focus groups - of effective and ineffective communication techniques, provide tips and/or testimonials in provider newsletters).

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

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

Improvement Strategies – Customer Service

- Emphasize comprehensive, collaborative, and high-quality customer/member services as a critical priority across all areas of the organization. Think and act together. Establish service recovery guidelines for resolving issues, including phrases that express apologies or atonement.

- Provide on-going/periodic CSR service training, open discussions and routine refresher programs. Include thorough annual updates, tools and resources and subsequent feedback. Training examples include: how to answer questions and resolve issues; consistency in being friendly, courteous and empathetic; quick issue resolution with follow-up; procedures to minimize transfers and wait/on-hold times.

- Involve the CS team in QI activities, seeking concrete customer-based input and improvements. Ensure they are fully informed of updates/changes to processes and procedures.

- Ensure CSRs have immediate access to knowledgeable staff within all key member and provider service areas (Claims, Enrollment, etc.).

- Support key subject matter experts to flexibly respond to urgent or complex types of calls, questions or issues - including prompt prioritization and resolution procedures and/or authority.

- Develop, implement and review protocols and scripts ("Talking Points") to ensure up-to-date, accurate and consist information provided to your members and patients and providers.

- Establish, assess and adhere to measurable CSR performance/service standards (i.e., call satisfaction, call resolution, time on hold, etc.). Operationally define service behaviors.

- Seek QI opportunities with CS via observational walkthrough of calls and discussion/review of complaints, inquiries, and the member experience, especially any changes. Identify main issues and seek interventions that decrease volume and/or improve experience.

- Acknowledge and reward service performance/behaviors reflective of service excellence.

See full list of strategies in the Appendix: Improvement Strategies

Measure Analyses

Measure Details and Scoring

- 12430 - UnitedHealthcare Community Plan (LA)

Measure Analyses: Section Information

Please see Technical Notes for more information.

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

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

Analyses presented in this section include:

- Plan Summary Rate Scores with comparisons to trending (if available)

- Comparisons to benchmarks

- Percentile rankings

- Proportions of respondents on gate questions

- Comparisons to the SPH Book of Business on each measure plotted with Rating of Health Plan

Measures Included in Analyses

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

Percentile Rankings

| <10th | 10-32nd | 33-66th | 67-89th | >90th |

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

Rating of Health Plan: Measure

PERCENTILE RANKING 2019 QC ALL PLANS

(% 8, 9 or 10)	**98th**
(% 9 or 10)	**100th**

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

POWER
Promote and Leverage Strengths

Q8	Health care overall
Q22	Specialist overall
Q20	Got specialist appt.
Q6	Got routine care
Q18	Personal doctor overall
Q9	Got care/tests/treatment

OPPORTUNITIES
Focus Resources on Improving Processes That Underlie These Items

Q4	Got urgent care
Q25	CS courtesy/respect
Q24	CS provided info./help

RATING OF HEALTH PLAN
% 8, 9 or 10
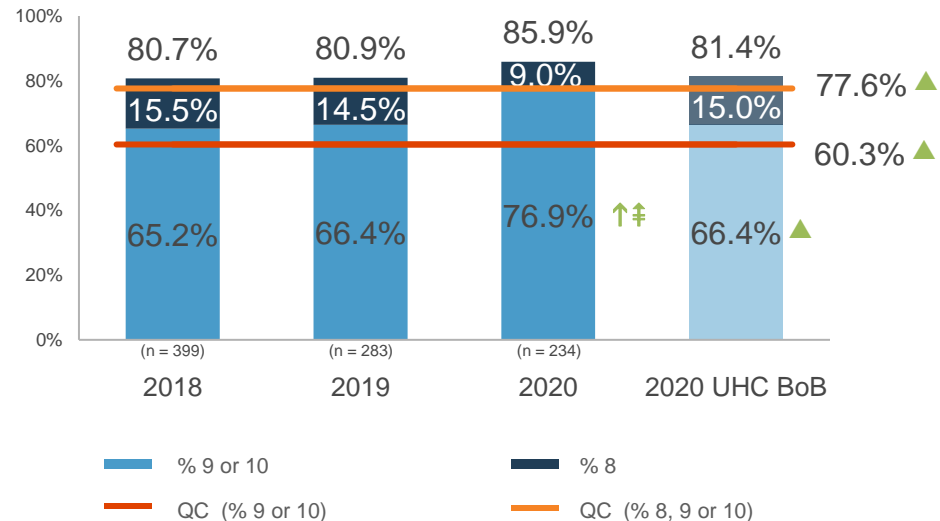
Chart data:

Year	% 9 or 10	% 8	Total (% 8, 9 or 10)
2018 (n = 399)	65.2%	15.5%	80.7%
2019 (n = 283)	66.4%	14.5%	80.9%
2020 (n = 234)	76.9% ↑‡	9.0%	85.9%
2020 UHC BoB	66.4% ▲	15.0%	81.4%

QC (% 9 or 10): 60.3% ▲
QC (% 8, 9 or 10): 77.6% ▲

Legend:
- ■ % 9 or 10
- ■ % 8
- ▬ QC (% 9 or 10)
- ▬ QC (% 8, 9 or 10)

Significance Testing

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

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

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

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Rating of Health Care: Measure

Please see Technical Notes for more information.

PERCENTILE RANKING 2019 QC ALL PLANS

| (% 8, 9 or 10) | | | | 76th | |
| (% 9 or 10) | | | | | 97th |

SPH BOOK OF BUSINESS DISTRIBUTION

Rating of Health Plan vs Rating of Health Care scatter plot
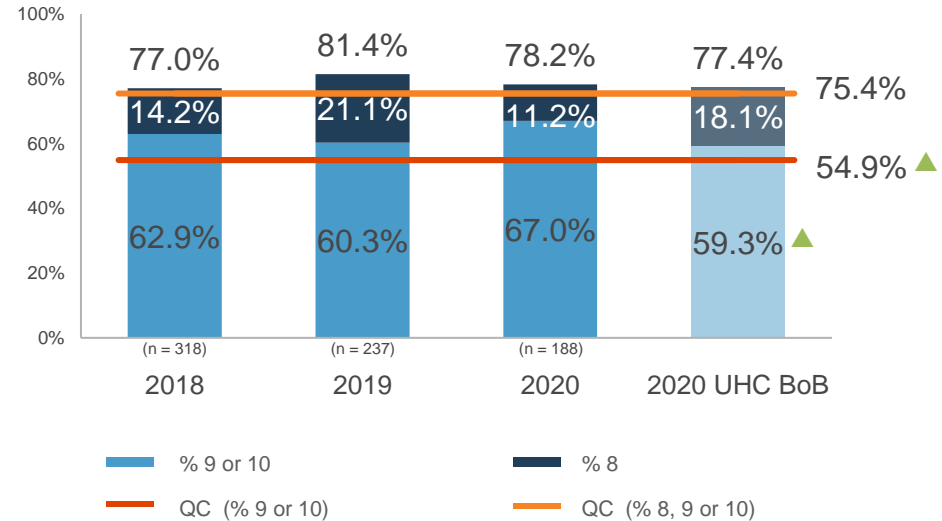
— 90th Percentile

RATING OF HEALTH CARE
% 8, 9 or 10

	2018	2019	2020	2020 UHC BoB
Total	77.0%	81.4%	78.2%	77.4%
% 8	14.2%	21.1%	11.2%	18.1%
% 9 or 10	62.9%	60.3%	67.0%	59.3%
n	(n = 318)	(n = 237)	(n = 188)	

75.4%
54.9% ▲

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

Significance Testing

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

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

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

Rating of Personal Doctor: Measure

Please see Technical Notes for more information.

PERCENTILE RANKING 2019 QC ALL PLANS

(% 8, 9 or 10)	**76th**
(% 9 or 10)	**93rd**

SPH BOOK OF BUSINESS DISTRIBUTION

Your Plan

Rating of Health Plan (y-axis, 30 to 100)
Rating of Personal Doctor (x-axis, 30 to 100)

— 90th Percentile

RATING OF PERSONAL DOCTOR
% 8, 9 or 10

	2018	2019	2020	2020 UHC BoB
% 8	10.7%	15.7%	9.4%	12.7%
% 9 or 10	71.6%	67.7%	75.4%	71.0%
Total	82.4%	83.4%	84.7%	83.7%
n	(n = 289)	(n = 235)	(n = 203)	

82.1%
67.5% ▲

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

Significance Testing

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

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

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

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Rating of Specialist: Measure

Please see Technical Notes for more information.

PERCENTILE RANKING 2019 QC ALL PLANS

(% 8, 9 or 10)	80th
(% 9 or 10)	96th

SPH BOOK OF BUSINESS DISTRIBUTION

Your Plan

Rating of Health Plan (y-axis)
Rating of Specialist (x-axis)

—— 90th Percentile

RATING OF SPECIALIST
% 8, 9 or 10

	2018	2019	2020	2020 UHC BoB
Total	85.9%	81.3%	85.9%	85.0%
% 8	13.4%	13.1%	11.1%	14.3%
% 9 or 10	72.5%	68.2%	74.7%	70.7%
n	(n = 149)	(n = 107)	(n = 99)^	

QC (% 8, 9 or 10) = 82.3%
QC (% 9 or 10) = 66.9%

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

Significance Testing

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

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

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

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Getting Needed Care: Composite

Please see Technical Notes for more information.

PERCENTILE RANKING 2019 QC ALL PLANS

89th

SPH BOOK OF BUSINESS DISTRIBUTION

Your Plan

Rating of Health Plan

Getting Needed Care

—— 90th Percentile

GETTING NEEDED CARE
% Always or Usually

	2018	2019	2020	2020 UHC BoB
Total	80.3%	83.1%	86.8%	84.6%
% Usually	20.5%	25.4%	27.8%	26.7%
% Always	59.8%	57.6%	59.0%	57.9%
n	(n = 237)	(n = 177)	(n = 148)	

QC (% Always/Usually): 82.5%
QC (% Always): 55.4%

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

Significance Testing

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

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

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

Getting Needed Care: Attribute Questions

Please see Technical Notes for more information.

GETTING NEEDED CARE QUESTIONS

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

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

2020 GETTING NEEDED CARE COMPOSITE SUMMARY RATE SCORE

86.8%

Gate Questions

	Valid n	Yes
Q19. Made appointments to see a specialist in the last 6 months	238	45.4%

Significance Testing

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

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

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

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

86.7%

(n = 188)
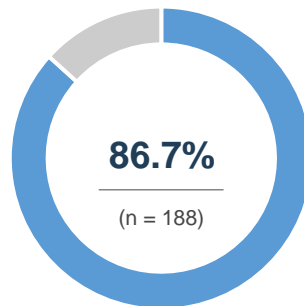
2020	**86.7%**
2019	**88.1%**
2018	**83.6%**
UHC	**87.4%**
QC	**84.8%**

Percentile Ranking 2019 QC All Plans

62ⁿᵈ

Q20. GETTING SPECIALIST APPOINTMENT
% Always or Usually

86.9%

(n = 107)
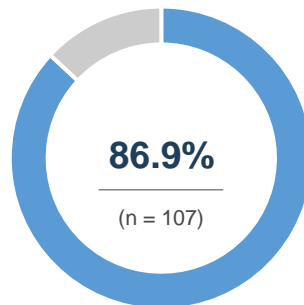
2020	**86.9%**	⇕
2019	**78.0%**	
2018	**76.9%**	
UHC	**81.8%**	
QC	**80.3%**	▲

Percentile Ranking 2019 QC All Plans

96ᵗʰ

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Getting Care Quickly: Composite

Please see Technical Notes for more information.

PERCENTILE RANKING 2019 QC ALL PLANS

61st

SPH BOOK OF BUSINESS DISTRIBUTION

Your Plan

Rating of Health Plan

Getting Care Quickly

—— 90th Percentile

GETTING CARE QUICKLY
% Always or Usually

	2018	2019	2020	2020 UHC BoB
Total	80.5%	82.1%	83.9%	83.8%
% Usually	18.8%	17.5%	21.1%	22.0%
% Always	61.8%	64.7%	62.9%	61.7%
n	(n = 234)	(n = 176)	(n = 148)	

QC (% Always/Usually) = 82.0%
QC (% Always) = 60.0%

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

Significance Testing

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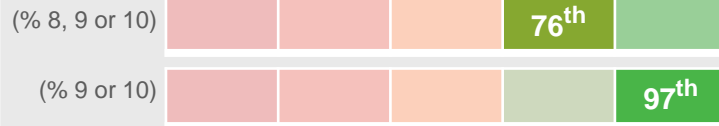
Current year score is significantly lower than the 2019 score (↓), the 2018 score (⇊) or benchmark (▼) score.

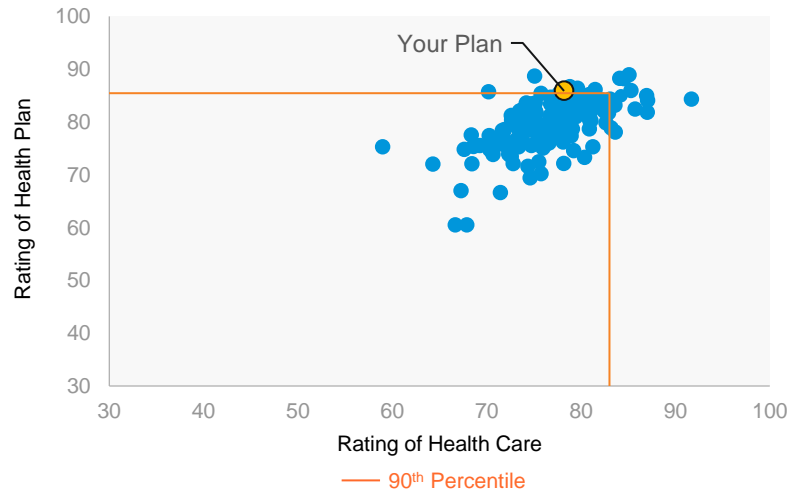^Denominator less than 100. NCQA will assign an NA to this measure.

Getting Care Quickly: Attribute Questions

Please see Technical Notes for more information.

GETTING CARE QUICKLY QUESTIONS

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

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

2020 GETTING CARE QUICKLY COMPOSITE SUMMARY RATE SCORE

83.9%

Gate Questions

Gate Questions	Valid n	Yes
Q3. Had illness, injury or condition that needed care right away	241	47.3%
Q5. Made appts for health care at doctor's office or clinic	239	82.4%

Significance Testing

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

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

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

Q4. GETTING URGENT CARE
% Always or Usually

84.7%
(n = 111)

2020	**84.7%**
2019	**83.6%**
2018	**80.3%**
UHC	**86.2%**
QC	**85.1%**

Percentile Ranking 2019 QC All Plans

40th

Q6. GETTING ROUTINE CARE
% Always or Usually

83.2%
(n = 184)
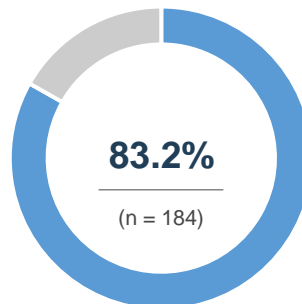
2020	**83.2%**
2019	**80.6%**
2018	**80.7%**
UHC	**81.4%**
QC	**79.3%**

Percentile Ranking 2019 QC All Plans

74th

Coordination of Care: Measure

Please see Technical Notes for more information.

PERCENTILE RANKING 2019 QC ALL PLANS

83rd

SPH BOOK OF BUSINESS DISTRIBUTION
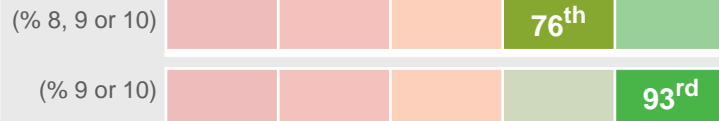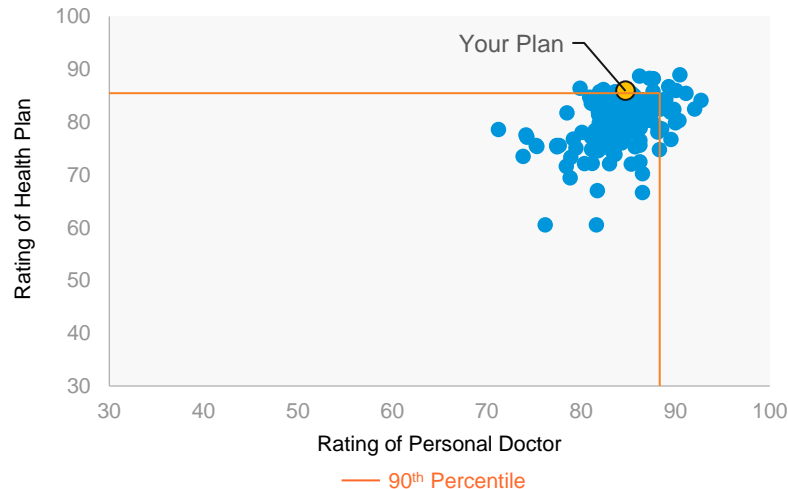
Your Plan

Rating of Health Plan

Coordination of Care

—— 90th Percentile

COORDINATION OF CARE
% Always or Usually

	2018	2019	2020	2020 UHC BoB
Total	85.0%	75.4%	87.5% ↑	85.7%
% Usually	19.7%	27.2%	22.9%	25.3%
% Always	65.4%	48.2%	64.6% ↑	60.3%
n	(n = 127)	(n = 114)	(n = 96)^	

QC (% Always/Usually) 83.6%
QC (% Always) 58.8%

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

Significance Testing

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

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

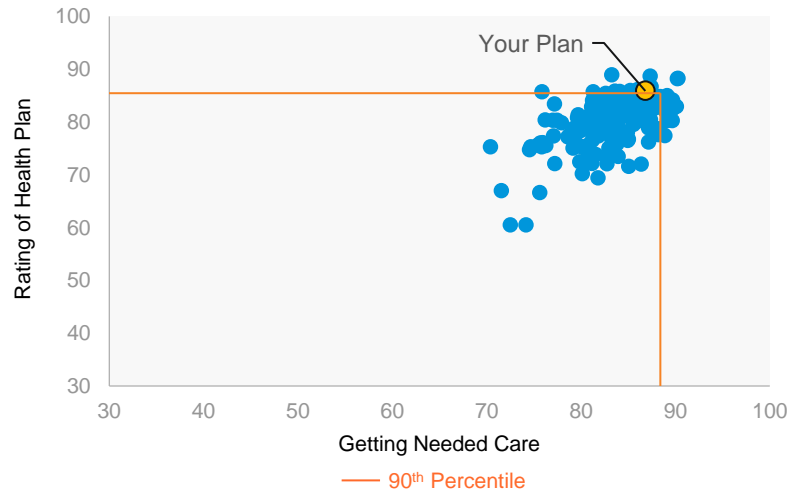^Denominator less than 100. NCQA will assign an NA to this measure.

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Customer Service: Composite*

Please see Technical Notes for more information.

PERCENTILE RANKING 2019 QC ALL PLANS

53rd

SPH BOOK OF BUSINESS DISTRIBUTION

Your Plan

Rating of Health Plan

Customer Service

—— 90th Percentile

CUSTOMER SERVICE
% Always or Usually

	2018	2019	2020	2020 UHC BoB
Total	90.6%	87.8%	89.2%	89.6%
% Usually	14.5%	15.2%	11.2%	19.1%
% Always	76.1%	72.6%	78.0%	70.6%
n	(n = 118)	(n = 82)^	(n = 94)^	

88.8%

69.4% ▲

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

Significance Testing

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

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

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

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

UnitedHealthcare® 36

Customer Service: Attribute Questions

Please see Technical Notes for more information.

CUSTOMER SERVICE QUESTIONS

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

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

2020 CUSTOMER SERVICE COMPOSITE SUMMARY RATE SCORE   **89.2%**

Q24. PROVIDED INFORMATION OR HELP
% Always or Usually

83.7%
(n = 92)^

2020	**83.7%**
2019	**80.5%**
2018	**84.6%**
UHC	**84.7%**
QC	**83.3%**

Percentile Ranking 2019 QC All Plans

52nd

Q25. TREATED WITH COURTESY AND RESPECT
% Always or Usually

94.7%
(n = 95)^
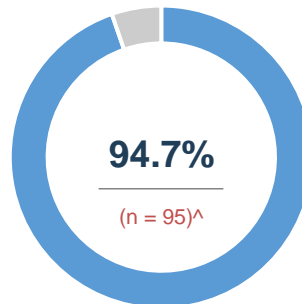
2020	**94.7%**
2019	**95.1%**
2018	**96.6%**
UHC	**94.6%**
QC	**94.3%**

Percentile Ranking 2019 QC All Plans

52nd

| Gate Questions	Valid n	Yes
Q23. Tried to get information or help from health plan's customer service	238	41.6%

Significance Testing

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

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

^Denominator less than 100. NCQA will assign an NA to this measure.
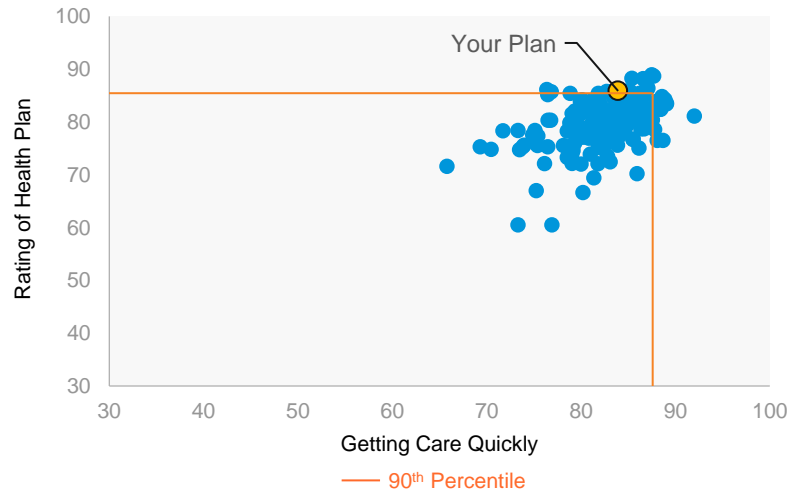
How Well Doctors Communicate: Composite*

Please see Technical Notes for more information.

PERCENTILE RANKING 2019 QC ALL PLANS

60th

SPH BOOK OF BUSINESS DISTRIBUTION

Your Plan

Rating of Health Plan (y-axis)
How Well Doctors Communicate (x-axis)

— 90th Percentile

HOW WELL DOCTORS COMMUNICATE
% Always or Usually

Year	% Always	% Usually	Total
2018 (n = 248)	80.4%	12.2%	92.6%
2019 (n = 202)	74.1%	16.2%	90.3%
2020 (n = 167)	78.1%	14.6%	92.6%
2020 UHC BoB	77.5%	15.8%	93.3%

QC (% Always/Usually): 92.0%
QC (% Always): 75.2%

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

Significance Testing

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

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

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

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

How Well Doctors Communicate: Attribute Questions

HOW WELL DOCTORS COMMUNICATE QUESTIONS

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

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

2020 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE   **92.6%**

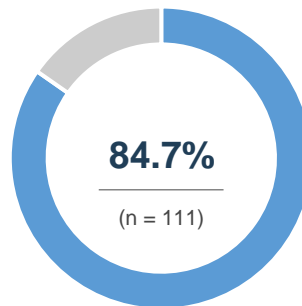| Gate Questions	Valid n	Yes
Q10. Have a personal doctor	240	88.8%

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

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

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

Q12. PERSONAL DOCTOR EXPLAINED THINGS
% Always or Usually

94.0%
(n = 167)
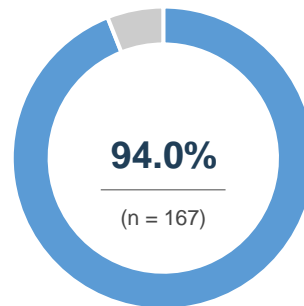
2020	**94.0%**
2019	**93.1%**
2018	**91.5%**
UHC	**93.6%**
QC	**92.2%**

Percentile Ranking 2019 QC All Plans

76th

Q13. PERSONAL DOCTOR LISTENED CAREFULLY
% Always or Usually

92.8%
(n = 167)
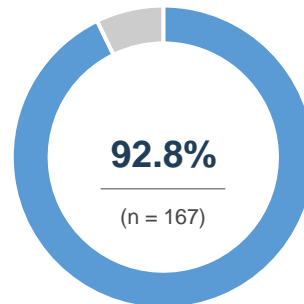
2020	**92.8%**
2019	**88.6%**
2018	**93.5%**
UHC	**93.4%**
QC	**92.3%**

Percentile Ranking 2019 QC All Plans

59th

UnitedHealthcare   39

How Well Doctors Communicate: Attribute Questions (Continued)

Please see Technical Notes for more information.

HOW WELL DOCTORS COMMUNICATE QUESTIONS

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

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

2020 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE   **92.6%**

Significance Testing

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

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

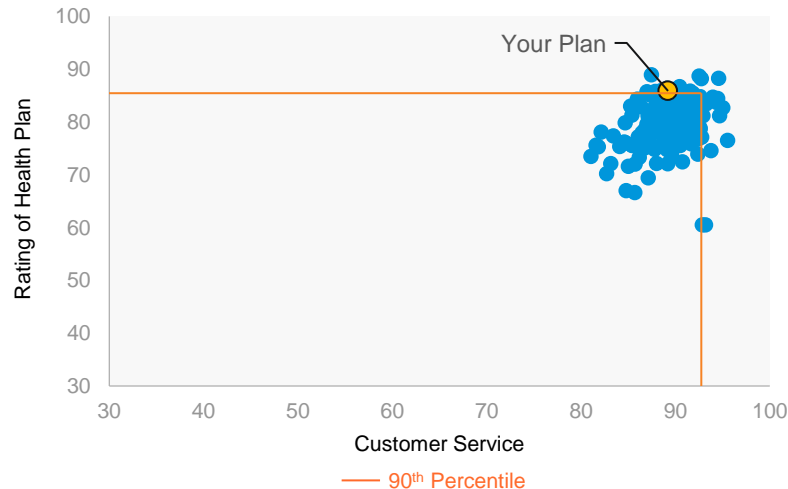*^Denominator less than 100. NCQA will assign an NA to this measure.*

Q14. PERSONAL DOCTOR SHOWED RESPECT
% Always or Usually

92.2%
(n = 167)
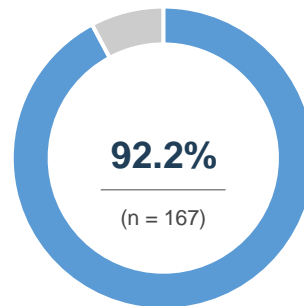
2020	**92.2%**
2019	**93.0%**
2018	**94.4%**
UHC	**94.8%**
QC	**93.6%**

Percentile Ranking 2019 QC All Plans

20th

Q15. PERSONAL DOCTOR SPENT ENOUGH TIME
% Always or Usually

91.5%
(n = 165)
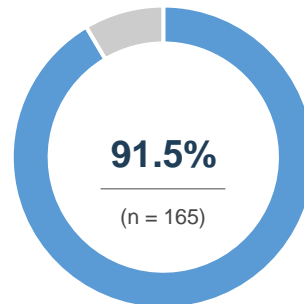
2020	**91.5%**
2019	**86.6%**
2018	**91.1%**
UHC	**91.4%**
QC	**89.9%**

Percentile Ranking 2019 QC All Plans

68th

Summary of Trend and Benchmarks

Summary Rate Scores and Percentile Rankings

- 12430 - UnitedHealthcare Community Plan (LA)

Summary of Trend and Benchmarks: Section Information

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

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

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

Significance Testing
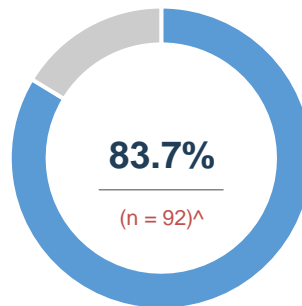**Green** – Current year score is significantly higher than the 2019 score (↑), the 2018 score (⇕) or benchmark (▲) score.
Red – Current year score is significantly lower than the 2019 score (↓), the 2018 score (⇕) or benchmark (▼) score.

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

Benchmark Information

Available Benchmarks
The following benchmarks are used throughout the report.

	2019 Quality Compass® All Plans	**2019 NCQA 1-100 Benchmark**	**2020 SPH Analytics Book of Business**
	Includes all Medicaid Adult samples that submitted data to NCQA in 2019.	A percentile benchmark (with values ranging from the first through the one hundredth percentile) calculated by NCQA and derived from Medicaid Adult data collected by NCQA in 2019.	Includes all Medicaid Adult samples that contracted with SPH Analytics to administer the 2020 CAHPS 5.0H survey and submitted data to NCQA.
PROS	• Contains more plans than Public Report • Is presented in NCQA's The State of Health Care Quality	• Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass® All Plans benchmark	• Provides a benchmark for each question from the survey • Permits precise percentile ranking of plan compared to benchmark • Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark
CONS	• Only contains benchmarks for certain key questions, composites, and rating questions	• Only contains benchmarks for certain key questions, composites, and rating questions	• Contains fewer plans than the Public Report and the Quality Compass® All Plans Benchmarks
SIZE	165 Plans / 57,645 Respondents	165 Plans	152 Plans / 43,902 Respondents

Summary Rate Scores

Please see Technical Notes for more information.

	2020 Valid n	2018	2019	2020	2020 UHC BENCHMARK	2019 QC BENCHMARK
Rating Questions (% 9 or 10)						
★ Q28. Rating of Health Plan	234	65.2%	66.4%	76.9% ‡↑	66.4% ▲	60.3% ▲
★ Q8. Rating of Health Care	188	62.9%	60.3%	67.0%	59.3% ▲	54.9% ▲
★ Q18. Rating of Personal Doctor	203	71.6%	67.7%	75.4%	71.0%	67.5% ▲
★ Q22. Rating of Specialist	99^	72.5%	68.2%	74.7%	70.7%	66.9%
Rating Questions (% 8, 9 or 10)						
Q28. Rating of Health Plan	234	80.7%	80.9%	85.9%	81.4%	77.6% ▲
Q8. Rating of Health Care	188	77.0%	81.4%	78.2%	77.4%	75.4%
Q18. Rating of Personal Doctor	203	82.4%	83.4%	84.7%	83.7%	82.1%
Q22. Rating of Specialist	99^	85.9%	81.3%	85.9%	85.0%	82.3%
Effectiveness of Care Measures						
★ Q31. Flu Vaccinations (Adults 18-64) (% Yes)	209	31.1%	39.4%	41.1% ‡	45.9%	41.8%
★ Q33. Advising Smokers and Tobacco Users to Quit: Rolling Average	175	70.4%	68.3%	72.0%	78.5%	76.7%
Q34. Discussing Cessation Medications: Rolling Average	173	42.6%	42.5%	45.1%	54.3% ▼	52.9% ▼
Q35. Discussing Cessation Strategies: Rolling Average	174	37.7%	41.8%	45.4%	49.7%	46.4%

9

Total Star Rating

★

Measures

7

Above QC Benchmark

2

At or Below QC Benchmark

Note: Please refer to benchmark descriptions on slide 43.   ^Denominator less than 100. NCQA will assign an NA to this measure.

Summary Rate Scores

Please see Technical Notes for more information.

COMPOSITES, ATTRIBUTES, AND KEY QUESTIONS

	2020 Valid n	2018	2019	2020	2020 UHC BENCHMARK	2019 QC BENCHMARK
★ Getting Needed Care (% Always or Usually)	148	80.3%	83.1%	86.8% ‡	84.6%	82.5%
Q9. Getting care, tests, or treatment	188	83.6%	88.1%	86.7%	87.4%	84.8%
Q20. Getting specialist appointment	107	76.9%	78.0%	86.9% ‡	81.8%	80.3% ▲
★ Getting Care Quickly (% Always or Usually)	148	80.5%	82.1%	83.9%	83.8%	82.0%
Q4. Getting urgent care	111	80.3%	83.6%	84.7%	86.2%	85.1%
Q6. Getting routine care	184	80.7%	80.6%	83.2%	81.4%	79.3%
Other Measure (% Always or Usually)						
★ Q17. Coordination of Care	96^	85.0%	75.4%	87.5% ↑	85.7%	83.6%

9

Total Star Rating

★

Measures

7

Above QC Benchmark

2

At or Below QC Benchmark

Note: Please refer to benchmark descriptions on slide 43.   *^Denominator less than 100. NCQA will assign an NA to this measure.*

Summary Rate Scores

Please see Technical Notes for more information.

OTHER MEASURES
(Not used for accreditation/ratings)

	2020 Valid n	2018	2019	2020	2020 UHC BENCHMARK	2019 QC BENCHMARK
Other Measure (% Always or Usually)						
Q27. Ease of filling out forms	221	95.9%	97.1%	97.7%	95.6% ▲	94.4% ▲
Health Plan Customer Service (% Always or Usually)	**94^**	**90.6%**	**87.8%**	**89.2%**	**89.6%**	**88.8%**
Q24. Provided information or help	92^	84.6%	80.5%	83.7%	84.7%	83.3%
Q25. Treated with courtesy and respect	95^	96.6%	95.1%	94.7%	94.6%	94.3%
How Well Doctors Communicate (% Always or Usually)	**167**	**92.6%**	**90.3%**	**92.6%**	**93.3%**	**92.0%**
Q12. Personal doctors explained things	167	91.5%	93.1%	94.0%	93.6%	92.2%
Q13. Personal doctors listened carefully	167	93.5%	88.6%	92.8%	93.4%	92.3%
Q14. Personal doctors showed respect	167	94.4%	93.0%	92.2%	94.8%	93.6%
Q15. Personal doctors spent enough time	165	91.1%	86.6%	91.5%	91.4%	89.9%

Note: Please refer to benchmark descriptions on slide 43.   ^Denominator less than 100. NCQA will assign an NA to this measure.

Regional Performance

Please see Technical Notes for more information.

	SUMMARY RATE	2020 UHC REGION
Rating Questions (% 9 or 10)		
Q28. Rating of Health Plan	76.9% ❖	68.9%
Q8. Rating of Health Care	67.0% ❖	59.7%
Q18. Rating of Personal Doctor	75.4%	72.6%
Q22. Rating of Specialist	74.7%	69.8%
Rating Questions (% 8, 9 or 10)		
Q28. Rating of Health Plan	85.9%	82.3%
Q8. Rating of Health Care	78.2%	75.2%
Q18. Rating of Personal Doctor	84.7%	82.9%
Q22. Rating of Specialist	85.9%	84.2%
Getting Needed Care (% Always or Usually)	**86.8%**	**85.0%**
Q9. Getting care, tests, or treatment	86.7%	86.7%
Q20. Getting specialist appointment	86.9%	83.2%
Getting Care Quickly (% Always or Usually)	**83.9%**	**84.4%**
Q4. Getting urgent care	84.7%	85.5%
Q6. Getting routine care	83.2%	83.2%
Coordination of Care (Q17) (% Always or Usually)	**87.5%**	**84.7%**
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	**41.1%**	**45.9%**
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) *(Rolling average)*		
Q33. Advising Smokers and Tobacco Users to Quit	72.0%	81.5%
Q34. Discussing Cessation Medications	45.1%	51.8%
Q35. Discussing Cessation Strategies	45.4%	47.1%

Significance Testing
Current year score is significantly higher (❖) or lower (❖) than the 2020 UHC Region score.

Note: Please refer to benchmark descriptions on slide 43.

Percentile Rankings – Quality Compass (MAS)

Please see Technical Notes for more information.

	2020 Plan		National Percentiles from 2019 Quality Compass (MAS)								
	Score	Percentile	5th	10th	25th	33rd	50th	67th	75th	90th	95th
Rating Questions (% 9 or 10)											
Q28. Rating of Health Plan	76.9%	100th	49.51	51.93	56.67	58.05	61.38	63.29	64.34	67.66	69.37
Q8. Rating of Health Care	67.0%	97th	45.42	48.54	51.64	52.79	54.96	56.93	58.37	60.82	64.19
Q18. Rating of Personal Doctor	75.4%	93rd	58.15	60.78	64.66	65.96	67.75	69.86	70.55	74.42	75.45
Q22. Rating of Specialist	74.7%	96th	58.68	60.32	63.30	64.49	67.73	69.18	70.45	71.76	73.50
Rating Questions (% 8, 9 or 10)											
Q28. Rating of Health Plan	85.9%	98th	68.24	70.87	74.31	76.34	78.45	80.00	80.92	83.00	84.13
Q8. Rating of Health Care	78.2%	76th	67.84	70.19	72.83	73.54	75.43	77.10	78.11	81.29	82.12
Q18. Rating of Personal Doctor	84.7%	76th	76.29	77.53	79.78	80.62	82.34	83.78	84.62	86.54	88.08
Q22. Rating of Specialist	85.9%	80th	75.66	77.00	79.40	80.87	82.62	84.41	85.22	86.67	87.59
Getting Needed Care (% Always or Usually)	**86.8%**	**89th**	**73.96**	**76.88**	**80.53**	**81.27**	**83.06**	**84.48**	**85.47**	**86.84**	**88.18**
Q9. Getting care, tests, or treatment	86.7%	62nd	76.80	79.40	82.44	83.33	85.35	87.05	87.61	90.00	91.26
Q20. Getting specialist appointment	86.9%	96th	71.70	73.33	77.94	79.41	80.88	82.41	83.26	85.95	86.78
Getting Care Quickly (% Always or Usually)	**83.9%**	**61st**	**73.66**	**76.06**	**80.02**	**80.95**	**82.34**	**84.26**	**85.08**	**86.74**	**87.89**
Q4. Getting urgent care	84.7%	40th	77.87	80.00	83.10	83.76	85.33	87.04	87.69	89.83	90.74
Q6. Getting routine care	83.2%	74th	67.90	70.49	76.67	78.67	80.10	82.05	83.33	85.78	86.73
Coordination of Care (Q17) (% Always or Usually)	**87.5%**	**83rd**	**75.33**	**78.02**	**81.46**	**82.24**	**84.15**	**85.61**	**86.36**	**88.89**	**90.08**
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	**41.1%**	**44th**	**28.10**	**33.25**	**36.94**	**39.41**	**42.16**	**44.27**	**45.41**	**51.64**	**54.34**
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) *(Rolling average)*											
Q33. Advising Smokers and Tobacco Users to Quit	72.0%	15th	66.09	68.80	74.02	75.25	77.84	79.56	80.20	82.01	84.33
Q34. Discussing Cessation Medications	45.1%	16th	38.07	42.47	49.05	50.86	53.45	56.25	58.21	62.74	63.92
Q35. Discussing Cessation Strategies	45.4%	45th	34.52	36.52	42.83	44.35	46.35	49.35	51.05	55.01	57.47

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

Percentile Rankings – SPH Book of Business (MAS)

Please see Technical Notes for more information.

	2020 Plan		National Percentiles from 2020 SPH Book of Business (MAS)								
	Score	Percentile	5th	10th	25th	33rd	50th	67th	75th	90th	95th
Rating Questions (% 9 or 10)											
Q28. Rating of Health Plan	76.9%	99th	54.12	57.62	61.50	62.42	64.67	66.94	68.05	70.76	72.87
Q8. Rating of Health Care	67.0%	94th	49.44	51.93	55.34	56.89	58.92	61.31	62.30	64.68	67.39
Q18. Rating of Personal Doctor	75.4%	84th	62.66	64.76	68.12	68.69	70.31	72.05	73.21	76.52	78.37
Q22. Rating of Specialist	74.7%	79th	61.37	63.30	67.42	68.35	71.23	73.38	74.22	77.52	78.66
Rating Questions (% 8, 9 or 10)											
Q28. Rating of Health Plan	85.9%	94th	72.13	74.82	77.14	78.40	80.42	82.58	83.60	85.36	85.92
Q8. Rating of Health Care	78.2%	62nd	68.74	71.11	74.19	75.20	77.30	78.80	79.89	82.86	84.46
Q18. Rating of Personal Doctor	84.7%	60th	77.50	79.96	81.93	82.71	84.03	85.39	86.49	88.37	89.76
Q22. Rating of Specialist	85.9%	62nd	76.67	78.72	82.26	83.08	84.85	86.36	87.26	89.92	92.08
Getting Needed Care (% Always or Usually)	**86.8%**	**76th**	**75.70**	**77.11**	**81.00**	**81.44**	**82.92**	**85.07**	**86.80**	**88.35**	**89.29**
Q9. Getting care, tests, or treatment	86.7%	52nd	78.88	80.81	83.74	84.60	86.67	87.92	88.65	90.57	91.31
Q20. Getting specialist appointment	86.9%	88th	70.51	73.62	76.34	77.49	80.00	82.61	84.47	87.37	87.97
Getting Care Quickly (% Always or Usually)	**83.9%**	**63rd**	**74.91**	**76.47**	**79.69**	**80.67**	**82.71**	**84.44**	**85.64**	**87.52**	**88.42**
Q4. Getting urgent care	84.7%	49th	76.85	79.30	82.28	83.06	84.69	86.94	87.93	90.50	91.96
Q6. Getting routine care	83.2%	73rd	71.29	73.18	76.34	77.96	80.65	82.26	83.61	86.00	87.66
Coordination of Care (Q17) (% Always or Usually)	**87.5%**	**64th**	**77.62**	**79.78**	**82.64**	**83.55**	**85.71**	**87.84**	**88.50**	**90.73**	**92.27**
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	**41.1%**	**35th**	**27.73**	**34.56**	**39.40**	**40.69**	**43.58**	**46.40**	**47.85**	**55.16**	**59.68**
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) *(Rolling average)*											
Q33. Advising Smokers and Tobacco Users to Quit	72.0%	23rd	65.12	69.08	72.80	74.72	77.66	80.31	81.04	84.60	85.67
Q34. Discussing Cessation Medications	45.1%	15th	38.03	40.38	48.32	49.74	53.93	56.79	58.96	65.11	67.95
Q35. Discussing Cessation Strategies	45.4%	34th	36.18	38.30	43.52	45.17	47.19	50.23	52.97	56.57	60.21

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

Profile of Survey Respondents

Demographic Composition

- 12430 - UnitedHealthcare Community Plan (LA)

UnitedHealthcare®

Profile of Survey Respondents: Section Information

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

The percentages of respondents are displayed by demographic category (Age, Gender, Health Status, Mental/Emotional Health Status, Education, Ethnicity, and Race) from your current survey, compared to trend data (if applicable) and the 2020 UHC Average and the 2019 Medicaid Adult Quality Compass® All Plans benchmarks.

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

Significance Testing

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

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

UHC refers to the 2020 UHC Average.
QC refers to the 2019 Quality Compass ® All Plans benchmark.

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

Profile of Survey Respondents

Survey Demographics

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

Age

	18 - 34	35 - 44	45 - 54	55 or older
2020	23.3%	12.5% ‡	21.3%	42.9% ‡
2019	27.8%	14.8%	16.2%	41.2%
2018	30.2%	18.6%	21.4%	29.7%
UHC	**23.0%**	**13.4%**	**16.4%**	**47.1%**
QC	**28.4%**	**14.2%**	**18.2%**	**39.2%**

Health Status
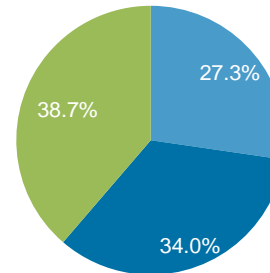
	Excellent/Very Good	Good	Fair/Poor
2020	27.3% ‡	34.0%	38.7%
2019	33.0%	28.4%	38.6%
2018	35.5%	29.3%	35.3%
UHC	**32.1%**	**33.9%**	**34.0%**
QC	**32.5%**	**33.7%**	**33.8%**

Gender
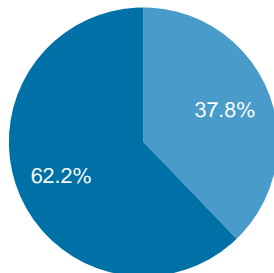
	Male	Female
2020	37.8%	62.2%
2019	31.1%	68.9%
2018	33.2%	66.8%
UHC	**37.0%**	**63.0%**
QC	**39.3%**	**60.7%**

Mental/Emotional Health Status
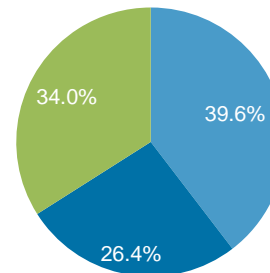
	Excellent/Very Good	Good	Fair/Poor
2020	39.6%	26.4%	34.0%
2019	37.2%	31.6%	31.3%
2018	47.0%	25.3%	27.8%
UHC	**39.7%**	**29.7%**	**30.6%**
QC	**41.4%**	**29.7%**	**28.8%**

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Profile of Survey Respondents

Please see Technical Notes for more information.

Survey Demographics

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

Education
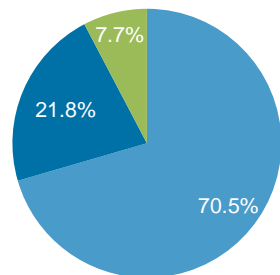
	HS Graduate or Less	Some College	College Graduate or More
2020	70.5%	21.8%	7.7%
2019	66.9%	25.2%	7.9%
2018	68.4%	25.8%	5.8%
UHC	**62.5%▲**	**27.2%**	**10.3%**
QC	**61.9%▲**	**27.1%**	**11.0%**

- HS Graduate or Less
- Some College
- College Graduate or More

7.7%
21.8%
70.5%

Ethnicity
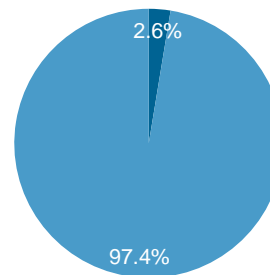
	Hispanic/Latino	Not Hispanic/Latino
2020	2.6%	97.4%
2019	3.7%	96.3%
2018	5.1%	94.9%
UHC	13.0% ▼	87.0% ▲
QC	19.2% ▼	80.8% ▲
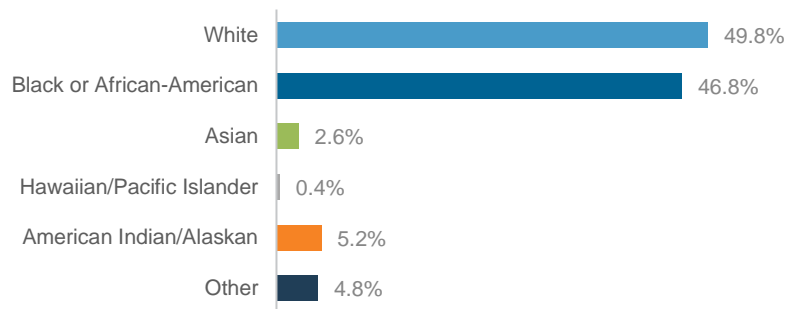
2.6%
97.4%

- Hispanic/Latino
- Not Hispanic/Latino

Race

White — 49.8%
Black or African-American — 46.8%
Asian — 2.6%
Hawaiian/Pacific Islander — 0.4%
American Indian/Alaskan — 5.2%
Other — 4.8%

	White	Black or African-American	Asian	Hawaiian/Pacific Islander	American Indian/Alaskan	Other
2020	49.8%	46.8%	2.6%	0.4%	5.2%	4.8%
2019	50.2%	48.8%	1.1%	0.4%	4.6%	5.3%
2018	48.2%	48.2%	1.5%	0.0%	2.6%	4.6%
UHC	66.7% ▼	20.7% ▲	7.8% ▼	2.1% ▼	3.7%	8.4% ▼
QC	54.9%	22.8% ▲	5.9% ▼	1.5% ▼	3.6%	11.3% ▼

Demographic Segment Analyses

Subgroup Analysis

- 12430 - UnitedHealthcare Community Plan (LA)

Demographic Analyses: Section Information

Please see Technical Notes for more information.

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

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

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

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

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

Demographic Segments

Please see Technical Notes for more information.

	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type		
	8-10	0-7	8-10	0-7	Excellent or Very good	Good	Fair or Poor	Excellent or Very good	Good	Fair or Poor	Mail	Phone	Internet
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
Total respondents	*201*	*33*	*147*	*41*	*65*	*81*	*92*	*93*	*62*	*80*	*192*	*52*	*0^*
Rating Questions (% 9 or 10)													
Q28. Rating of Health Plan	89.6% B	0.0%	87.4% D	41.7%	83.1%	75.0%	75.6%	76.1%	77.0%	76.6%	76.0%	80.4%	---
Q8. Rating of Health Care	75.6%	17.4%	85.7% D	0.0%	83.0% FG	63.2%	60.9%	72.2%	64.7%	62.7%	67.5%	64.7%	---
Q18. Rating of Personal Doctor	79.1%	50.0%	86.3% D	39.4%	81.1%	80.9%	68.4%	77.8%	76.9%	69.2%	77.2%	68.9%	---
Q22. Rating of Specialist	77.8%	64.3%	83.6%	47.4%	75.0%	78.9%	72.1%	72.5%	90.9%	69.4%	73.8%	78.9%	---
Rating Questions (% 8, 9 or 10)													
Q28. Rating of Health Plan	100% B	0.0%	93.7% D	61.1%	90.8%	85.0%	84.9%	87.0%	83.6%	85.7%	85.2%	88.2%	---
Q8. Rating of Health Care	85.9%	39.1%	100% D	0.0%	93.6% FG	79.4%	68.1%	79.2%	84.3%	72.9%	75.3%	91.2% K	---
Q18. Rating of Personal Doctor	87.8%	61.5%	92.4% D	48.5%	92.5% G	88.2%	77.2%	90.1% J	84.6%	76.9%	85.4%	82.2%	---
Q22. Rating of Specialist	87.7%	78.6%	94.5%	63.2%	87.5%	94.7% G	76.7%	80.0%	100%	83.3%	83.8%	94.7%	---
Getting Needed Care (% Always or Usually)	**92.9%**	**55.6%**	**92.6% D**	**67.9%**	**93.9% G**	**89.6%**	**81.0%**	**88.1%**	**91.1%**	**82.7%**	**86.8%**	**86.5%**	**---**
Q9. Getting care, tests, or treatment	91.6%	58.3%	94.4% D	58.5%	93.8% G	89.6%	78.3%	88.7%	90.2%	80.0%	86.2%	88.9%	---
Q20. Getting specialist appointment	94.2%	52.9%	90.9%	77.3%	94.1%	89.7%	83.7%	87.5%	92.0%	85.4%	87.5%	84.2%	---
Getting Care Quickly (% Always or Usually)	**88.7%**	**55.3%**	**87.6%**	**72.2%**	**86.9%**	**79.5%**	**87.5%**	**83.5%**	**80.1%**	**88.9%**	**84.0%**	**83.2%**	**---**
Q4. Getting urgent care	91.2%	46.7%	88.2%	75.0%	90.9%	80.0%	86.3%	87.5%	76.9%	87.5%	85.6%	81.0%	---
Q6. Getting routine care	86.2%	64.0%	87.1% D	69.4%	83.0%	79.0%	88.7%	79.4%	83.3%	90.3%	82.5%	85.4%	---
Coordination of Care (Q17) (% Always or Usually)	93.3%	56.3%	96.9%	65.2%	83.3%	94.1%	86.1%	82.9%	92.3%	87.1%	89.5%	80.0%	---
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	40.0%	44.8%	49.2% D	25.0%	38.6%	44.3%	40.5%	32.9%	42.9%	49.3% H	39.9%	45.7%	---
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) *(Rolling average)*													
Q33. Advising Smokers and Tobacco Users to Quit	73.9%	62.1%	78.8%	72.2%	60.5%	73.9%	76.5%	62.7%	69.8%	80.3% H	71.1%	73.8%	---
Q34. Discussing Cessation Medications	46.8%	35.7%	53.8% D	31.4%	47.6%	46.8%	43.2%	42.4%	51.2%	44.4%	47.3%	41.0%	---
Q35. Discussing Cessation Strategies	48.2%	34.5%	55.3% D	27.8%	50.0%	41.3%	45.7%	43.3%	51.2%	45.1%	48.2%	40.3%	---

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

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Demographic Segments

Please see Technical Notes for more information.

	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type		
	8-10	0-7	8-10	0-7	Excellent or Very good	Good	Fair or Poor	Excellent or Very good	Good	Fair or Poor	Mail	Phone	Internet
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
Total respondents	*201*	*33*	*147*	*41*	*65*	*81*	*92*	*93*	*62*	*80*	*192*	*52*	*0^*
Health Plan Customer Service (% Always or Usually)	**94.8%**	**62.5%**	**95.0%**	**76.5%**	**91.8%**	**84.2%**	**93.6%**	**85.4%**	**97.8%**	**89.1%**	**88.3%**	**92.6%**	**---**
Q24. Provided information or help	92.1%	41.7%	93.2%	58.8%	87.5%	75.0%	89.7%	76.5%	95.7%	84.4%	81.9%	90.0%	---
Q25. Treated with courtesy and respect	97.5%	83.3%	96.8%	94.1%	96.0%	93.3%	97.4%	94.3%	100%	93.8%	94.6%	95.2%	---
How Well Doctors Communicate (% Always or Usually)	**94.8%**	**80.7%**	**97.7% D**	**76.3%**	**96.2%**	**93.3%**	**90.3%**	**94.0%**	**91.0%**	**92.3%**	**92.3%**	**93.8%**	**---**
Q12. Personal doctors explained things	95.7%	86.4%	98.3% D	80.6%	100% FG	93.3%	90.8%	96.6%	91.1%	93.1%	93.9%	94.4%	---
Q13. Personal doctors listened carefully	95.7%	77.3%	96.6% D	80.6%	97.5%	93.3%	89.1%	96.6%	86.7%	93.2%	93.1%	91.9%	---
Q14. Personal doctors showed respect	93.5%	81.8%	97.5% D	80.6%	95.0%	95.0%	89.1%	93.1%	93.3%	89.8%	92.3%	91.9%	---
Q15. Personal doctors spent enough time	94.2%	77.3%	98.3% D	63.3%	92.3%	91.5%	92.2%	89.7%	93.0%	93.2%	90.0%	97.1%	---
Other Measures													
Q27. Ease of filling out forms (% Always or Usually)	98.4%	96.7%	98.5%	95.0%	96.7%	98.7%	97.5%	97.6%	100%	97.3%	98.3%	95.9%	---
Q7. Average number of visits to doctor's office or clinic	2.85	2.94	3.47	3.43	2.53	2.63	3.44	2.76	2.51	3.28	2.78	3.34	---
Q11. Average number of visits to personal doctor	2.57	2.82	2.58	3.25	2.33	2.13	3.29 F	2.14	2.15	3.48 HI	2.49	3.10	---
Q21. Average number of specialists seen	1.78	1.47	1.74	1.77	1.53	1.72	1.84	1.63	1.48	2.00	1.65	2.11	---

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

Demographic Segments

Please see Technical Notes for more information.

	Age				Gender		Education		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	Not Hispanic
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
Total respondents	*56*	*30*	*51*	*103*	*91*	*150*	*165*	*69*	*115*	*108*	*11^*	*6^*	*222*
Rating Questions (% 9 or 10)													
Q28. Rating of Health Plan	71.4%	83.3%	73.5%	79.4%	73.9%	78.6%	76.9%	75.8%	72.1%	80.8%	72.7%	83.3%	75.2%
Q8. Rating of Health Care	61.9%	80.0%	56.8%	71.3%	65.6%	67.2%	70.1%	60.0%	55.1%	76.8% I	70.0%	100%	64.9%
Q18. Rating of Personal Doctor	78.6%	75.0%	71.7%	76.7%	71.1%	77.8%	76.3%	72.6%	70.2%	80.0%	72.7%	50.0%	75.8%
Q22. Rating of Specialist	69.2%	63.6%	81.5%	76.1%	68.8%	78.8%	73.0%	77.4%	70.4%	85.3%	83.3%	66.7%	74.7%
Rating Questions (% 8, 9 or 10)													
Q28. Rating of Health Plan	82.1%	96.7% ACD	81.6%	86.6%	85.2%	86.2%	87.5%	81.8%	84.7%	87.5%	81.8%	83.3%	85.0%
Q8. Rating of Health Care	88.1% C	80.0%	68.2%	77.5%	75.0%	79.5%	80.3%	74.5%	71.9%	84.1%	70.0%	100%	77.0%
Q18. Rating of Personal Doctor	88.1%	87.5%	78.3%	85.6%	85.5%	84.1%	82.2%	88.7%	83.0%	85.6%	81.8%	66.7%	84.4%
Q22. Rating of Specialist	92.3%	81.8%	88.9%	82.6%	84.4%	86.4%	84.1%	87.1%	81.5%	91.2%	83.3%	66.7%	85.7%
Getting Needed Care (% Always or Usually)	**91.6%**	**91.2%**	**82.6%**	**88.0%**	**89.3%**	**86.1%**	**90.1%**	**82.4%**	**83.4%**	**92.8% I**	**93.8%**	**83.3%**	**87.6%**
Q9. Getting care, tests, or treatment	90.2%	90.0%	81.8%	86.4%	84.4%	87.7%	89.0%	80.0%	80.2%	94.0% I	87.5%	100%	86.3%
Q20. Getting specialist appointment	92.9%	92.3%	83.3%	89.6%	94.3%	84.5%	91.3%	84.8%	86.7%	91.7%	100%	66.7%	88.9%
Getting Care Quickly (% Always or Usually)	**83.3%**	**86.7%**	**78.6%**	**88.1%**	**83.7%**	**84.8%**	**89.7% H**	**74.5%**	**84.4%**	**86.5%**	**82.9%**	**100%**	**83.0%**
Q4. Getting urgent care	88.2%	91.7%	78.1%	87.5%	84.8%	85.5%	94.2% H	67.6%	86.2%	88.1%	85.7%	100%	83.8%
Q6. Getting routine care	78.4%	81.8%	79.1%	88.8%	82.5%	84.0%	85.2%	81.5%	82.6%	85.0%	80.0%	100%	82.2%
Coordination of Care (Q17) (% Always or Usually)	82.4%	90.9%	82.6%	91.1%	87.1%	87.5%	90.3%	83.9%	84.6%	88.9%	85.7%	50.0%	87.6%
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	32.0%	41.4%	41.7%	47.5%	40.7%	41.8%	40.7%	45.2%	40.2%	42.7%	44.4%	50.0%	41.4%
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) *(Rolling average)*													
Q33. Advising Smokers and Tobacco Users to Quit	48.8%	59.1%	90.0% A	78.6% A	70.0%	73.3%	75.4%	59.5%	67.3%	76.6%	83.3%	71.4%	71.6%
Q34. Discussing Cessation Medications	31.7%	26.1%	47.4%	58.0% A	42.0%	47.1%	46.1%	45.2%	44.1%	50.0%	40.0%	33.3%	46.1%
Q35. Discussing Cessation Strategies	35.0%	30.4%	50.0%	53.6%	42.9%	47.1%	45.4%	48.8%	42.2%	55.4%	33.3%	33.3%	46.5%

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

Demographic Segments

	Age				Gender		Education		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	Not Hispanic
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
Total respondents	*56*	*30*	*51*	*103*	*91*	*150*	*165*	*69*	*115*	*108*	*11^*	*6^*	*222*
Health Plan Customer Service (% Always or Usually)	**93.3%**	**86.4%**	**88.4%**	**88.9%**	**91.3%**	**87.7%**	**91.3%**	**83.3%**	**88.8%**	**91.0%**	**100%**	**75.0%**	**89.4%**
Q24. Provided information or help	86.7%	72.7%	82.4%	85.7%	87.5%	80.8%	88.7%	70.4%	80.0%	88.6%	100%	75.0%	83.3%
Q25. Treated with courtesy and respect	100%	100%	94.4%	92.2%	95.0%	94.5%	93.8%	96.3%	97.6%	93.3%	100%	75.0%	95.4%
How Well Doctors Communicate (% Always or Usually)	**94.8%**	**94.0%**	**89.6%**	**93.0%**	**90.3%**	**93.8%**	**93.7%**	**90.6%**	**91.0%**	**94.2%**	**88.6%**	**87.5%**	**92.4%**
Q12. Personal doctors explained things	96.6%	95.2%	90.2%	94.6%	89.5%	96.3%	94.6%	93.6%	93.3%	94.5%	90.9%	100%	93.5%
Q13. Personal doctors listened carefully	93.1%	95.2%	87.8%	94.7%	89.5%	94.5%	94.6%	89.6%	92.0%	93.2%	90.9%	100%	92.3%
Q14. Personal doctors showed respect	96.6%	95.2%	90.2%	90.7%	91.2%	92.7%	92.9%	89.6%	89.3%	94.6%	90.9%	75.0%	92.3%
Q15. Personal doctors spent enough time	92.9%	90.5%	90.0%	91.9%	91.1%	91.7%	92.7%	89.6%	89.3%	94.4%	81.8%	75.0%	91.4%
Other Measures													
Q27. Ease of filling out forms (% Always or Usually)	98.1%	100%	97.9%	96.6%	96.5%	98.5%	97.3%	98.5%	97.2%	97.9%	100%	66.7%	98.5%
Q7. Average number of visits to doctor's office or clinic	2.38	1.95	3.14	3.26	2.27	3.29 E	3.05	2.48	2.91	2.76	3.00	2.20	2.84
Q11. Average number of visits to personal doctor	2.06	3.09	2.67	2.77	2.00	3.02 E	2.86	2.18	2.69	2.57	3.00	4.75	2.54
Q21. Average number of specialists seen	1.14	2.00	1.60	1.90	1.91	1.65	1.84	1.48	1.67	1.67	2.50	2.33	1.68

Custom Questions

Results for Supplemental Questions

- 12430 - UnitedHealthcare Community Plan (LA)

UnitedHealthcare®

Custom Questions

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

Survey Item	Category Responses (Summary Rate responses in grey)				Contract Summary Rate			2020 UHC Avg.
					2020	2019	2018	Summary Rate
Q42. In the last 6 months, when you called a doctor's office or clinic after hours, how often did you get the help you wanted?	Never	Sometimes	Usually	Always	(n=97)	(n=148)	(n=221)	(n=2500)
	20.6%	11.3%	16.5%	51.5%	**68.0%**	**66.2%**	**61.5%**	**65.4%**
Q43. In the last 6 months, how often was it hard to find a personal doctor who speaks your language?	Never	Sometimes	Usually	Always	(n=235)	(n=277)	(n=378)	(n=5376)
	75.3%	6.0%	3.4%	15.3%	**81.3%**	**80.9%**	**81.0%**	**84.0%**
Q44. In the last 6 months, when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one?	Never	Sometimes	Usually	Always	(n=86)	(n=111)	---	(n=1842)
	74.4%	2.3%	2.3%	20.9%	**23.3%**	**23.4%**	**---**	**25.4%**
Q45. In the last 6 months, how often was it hard to find a personal doctor who understands your culture?	Never	Sometimes	Usually	Always	(n=231)	(n=276)	(n=375)	(n=5601)
	77.9%	3.9%	3.9%	14.3%	**81.8%**	**80.1%**	**77.9%**	**85.2%**

Significance Testing

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

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

Custom Questions

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

Survey Item	Category Responses (Summary Rate responses in grey)											Contract Summary Rate			2020 UHC Avg.
												2020	2019	2018	Summary Rate
Q46. In the last 6 months, if you called customer service regarding mental health or substance abuse services, how often was the staff helpful and provided the help you needed?	Never 36.4%	Sometimes 5.2%	Usually 16.9%	Always 41.6%								(n=77) 58.4%	(n=105) 55.2%	(n=132) 53.0%	(n=1198) 51.9%
Q47. Using any number from 0 to 10, where 0 is the worst mental health or substance abuse services possible and 10 is the best mental health or substance abuse services possible, what number would you use to rate all your mental health or substance abuse services in the last 6 months?	10 - Best mental health or substance abuse services possible 45.0%	9 - 13.8%	8 - 15.0%	7 - 5.0%	6 - 3.8%	5 - 7.5%	4 - 0.0%	3 - 3.8%	2 - 1.3%	1 - 0.0%	0 - Worst mental health or substance abuse services possible 5.0%	(n=80) 58.8%	(n=103) 59.2%	(n=130) 47.7%	(n=1305) 54.1%
Q48. In the last 6 months, if you needed to see a mental health or substance abuse specialist, how often was it easy to get an appointment as soon as needed?	Never 20.3%	Sometimes 4.7%	Usually 21.9%	Always 53.1%								(n=64) 75.0%	(n=87) 62.1%	(n=100) 63.0%	(n=1154) 69.7%
Q49. In the last 6 months, if you needed to see a mental health or substance abuse specialist, how often were these providers helpful to you?	Never 15.4%	Sometimes 4.6%	Usually 13.8%	Always 66.2%								(n=65) 80.0%	(n=80) 78.8%	(n=98) 71.4%	(n=1058) 74.6%

Significance Testing

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

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

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

Custom Questions

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

Survey Item	Category Responses (Summary Rate responses in grey)											Contract Summary Rate			2020 UHC Avg.
												2020	2019	2018	Summary Rate
Q50. Using any number from 0 to 10, where 0 is not at all likely and 10 is extremely likely, based on your overall experience with your health plan, how likely are you to recommend this plan to your family or friends?	10 - Extremely likely	9 -	8 -	7 -	6 -	5 -	4 -	3 -	2 -	1 -	0 - Not at all likely	(n=233)	(n=267)	(n=362)	(n=4780)
	71.2%	9.0%	5.2%	3.0%	2.6%	3.9%	1.3%	0.4%	0.9%	0.0%	2.6%	**80.3%** ‡	**74.2%**	**68.2%**	**70.4%** ▲
Q50. Using any number from 0 to 10, where 0 is not at all likely and 10 is extremely likely, based on your overall experience with your health plan, how likely are you to recommend this plan to your family or friends?	Promoters (9-10)	Passives (7-8)	Detractor (0-6)									(n=233)	(n=267)	(n=362)	(n=4780)
	80.3	8.2	11.6									**68.7** ‡	**63.3**	**54.1**	**57.6** ▲

Significance Testing

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

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

Custom Questions

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

Survey Item	Contract Summary Rate			2020 UHC Avg. Summary Rate
	2020	2019	2018	
Q41. In the last 6 months, if it was not easy to get the care, tests, or treatment you thought you needed, what was the main reason for the difficulty?	(n=100)	(n=109)	(n=177)	(n=2030)
I had to wait too long for the health plan to give the OK	13.0% ↑	3.7%	17.5%	12.7%
I did not know where to go to get a physician for care, lab work, or an x-ray, mammogram, etc.	7.0%	9.2%	4.5%	5.6%
I could not find a doctor, lab, or x-ray facility in my network	11.0%	11.9%	12.4%	6.5%
I could not find a doctor, lab, or x-ray facility that was easy to get to	4.0%	6.4%	5.6%	4.3%
I had to wait too long to get an appointment	21.0%	22.9%	19.2%	23.3%
Other, personal reason	44.0%	45.9%	40.7%	47.6%

Significance Testing

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

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

Custom Questions

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

Survey Item	Contract Summary Rate			2020 UHC Avg. Summary Rate
	2020	2019	2018	
Q51. How do you access the internet?	(n=176)	---	---	(n=3138)
Smartphone (e.g. Blackberry, Android, iPhone, etc.)	82.4%	---	---	81.0%
Desktop computer	21.0%	---	---	26.2%
Laptop	38.6%	---	---	39.5%
Tablet	22.7%	---	---	23.9%
Other	7.4%	---	---	6.7%

Significance Testing

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

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

Custom Questions: Demographic Segments

Please see Technical Notes for more information.

	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type		
	8-10	0-7	8-10	0-7	Excellent or Very good	Good	Fair or Poor	Excellent or Very good	Good	Fair or Poor	Mail	Phone	Internet
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
Total respondents	*201*	*33*	*147*	*41*	*65*	*81*	*92*	*93*	*62*	*80*	*192*	*52*	*0^*
Q42. In the last 6 months, when you called a doctor's office or clinic after hours, how often did you get the help you wanted? *(%Always + %Usually)*	72.6%	38.5%	77.2%	42.9%	75.9%	55.6%	70.0%	64.9%	77.3%	63.9%	66.1%	71.4%	NA
Q43. In the last 6 months, how often was it hard to find a personal doctor who speaks your language? *(%Never + %Sometimes)*	82.1%	75.0%	84.6%	69.2%	76.9%	87.2%	78.4%	83.5%	86.7%	74.4%	84.0%	70.8%	NA
Q44. In the last 6 months, when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one? *(%Always + %Usually)*	23.6%	25.0%	21.3%	7.7%	30.4%	16.0%	25.0%	24.0%	15.4%	30.3%	12.5%	43.3% ᴷ	NA
Q45. In the last 6 months, how often was it hard to find a personal doctor who understands your culture? *(%Never + %Sometimes)*	83.5%	71.0%	82.7%	75.0%	79.4%	89.5% ᴳ	76.1%	87.6%	77.6%	77.5%	85.8% ᴸ	66.7%	NA
Q46. In the last 6 months, if you called customer service regarding mental health or substance abuse services, how often was the staff helpful and provided the help you needed? *(%Always + %Usually)*	60.3%	37.5%	67.4%	45.5%	61.9%	62.5%	54.8%	45.5%	55.6%	67.6%	45.2%	74.3% ᴷ	NA
Q47. Using any number from 0 to 10, where 0 is the worst mental health or substance abuse services possible and 10 is the best mental health or substance abuse services possible, what number would you use to rate all your mental health or substance abuse services in the last 6 months? *(%Best mental health or substance abuse services possible + %9)*	67.7%	21.4%	74.5%	28.6%	65.2%	61.9%	55.9%	58.8%	58.8%	60.0%	58.0%	60.0%	NA
Q48. In the last 6 months, if you needed to see a mental health or substance abuse specialist, how often was it easy to get an appointment as soon as needed? *(%Always + %Usually)*	75.0%	72.7%	82.4%	75.0%	70.6%	83.3%	74.1%	54.5%	78.6%	81.6%	79.5%	68.0%	NA

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

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Custom Questions: Demographic Segments

Please see Technical Notes for more information.

	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type		
	8-10	0-7	8-10	0-7	Excellent or Very good	Good	Fair or Poor	Excellent or Very good	Good	Fair or Poor	Mail	Phone	Internet
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
Total respondents	201	33	147	41	65	81	92	93	62	80	192	52	0^
Q49. In the last 6 months, if you needed to see a mental health or substance abuse specialist, how often were these providers helpful to you? (%Always + %Usually)	81.1%	72.7%	88.6%	75.0%	76.5%	84.2%	81.5%	63.6%	86.7%	84.2%	82.1%	76.9%	NA
Q50. Using any number from 0 to 10, where 0 is not at all likely and 10 is extremely likely, based on your overall experience with your health plan, how likely are you to recommend this plan to your family or friends? (%Extremely likely + %9)	88.7% B	34.4%	90.1% D	48.7%	90.3% F G	77.5%	75.9%	77.8%	81.4%	82.1%	78.2%	88.9%	NA
Q50. Using any number from 0 to 10, where 0 is not at all likely and 10 is extremely likely, based on your overall experience with your health plan, how likely are you to recommend this plan to your family or friends? NPS (Promoters-Detractors)	84.0 B	-18.8	87.3 D	15.4	83.9 F G	66.3	60.9	62.2	69.5	74.4	64.9	84.4 K	NA

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

Custom Questions: Demographic Segments

Please see Technical Notes for more information.

	Age				Gender		Education		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	Not Hispanic
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
Total respondents	56	30	51	103	91	150	165	69	115	108	11^	6^	222
Q42. In the last 6 months, when you called a doctor's office or clinic after hours, how often did you get the help you wanted? *(%Always + %Usually)*	60.9%	78.6%	60.0%	71.8%	62.9%	71.0%	64.7%	73.9%	66.7%	65.2%	80.0%	75.0%	66.7%
Q43. In the last 6 months, how often was it hard to find a personal doctor who speaks your language? *(%Never + %Sometimes)*	87.5%	76.7%	79.2%	80.0%	81.8%	80.8%	80.0%	86.8%	84.1%	81.1%	54.5%	80.0%	81.2%
Q44. In the last 6 months, when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one? *(%Always + %Usually)*	30.0%	20.0%	25.0%	20.5%	17.1%	28.0%	23.5%	26.7%	22.2%	23.9%	0.0%	50.0%	22.4%
Q45. In the last 6 months, how often was it hard to find a personal doctor who understands your culture? *(%Never + %Sometimes)*	78.2%	86.7%	89.6%	78.4%	84.1%	80.3%	80.9%	85.1%	83.0%	83.5%	54.5%	83.3%	80.8%
Q46. In the last 6 months, if you called customer service regarding mental health or substance abuse services, how often was the staff helpful and provided the help you needed? *(%Always + %Usually)*	77.8%	46.7%	55.6%	54.3%	60.0%	58.7%	51.7%	81.3%	52.9%	61.5%	66.7%	75.0%	59.7%
Q47. Using any number from 0 to 10, where 0 is the worst mental health or substance abuse services possible and 10 is the best mental health or substance abuse services possible, what number would you use to rate all your mental health or substance abuse services in the last 6 months? *(%Best mental health or substance abuse services possible + %9)*	40.0%	75.0%	73.3%	55.2%	32.1%	73.1%	55.0%	73.7%	58.1%	60.0%	33.3%	50.0%	58.9%
Q48. In the last 6 months, if you needed to see a mental health or substance abuse specialist, how often was it easy to get an appointment as soon as needed? *(%Always + %Usually)*	92.9%	68.8%	83.3%	63.6%	68.2%	78.6%	74.5%	81.3%	82.9%	63.0%	100%	66.7%	75.0%

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

Custom Questions: Demographic Segments

Please see Technical Notes for more information.

	Age				Gender		Education		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	Not Hispanic
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
Total respondents	56	30	51	103	91	150	165	69	115	108	11^	6^	222
Q49. In the last 6 months, if you needed to see a mental health or substance abuse specialist, how often were these providers helpful to you? *(%Always + %Usually)*	100%	68.8%	91.7%	69.6%	72.7%	83.7%	79.2%	87.5%	88.9%	66.7%	100%	66.7%	80.3%
Q50. Using any number from 0 to 10, where 0 is not at all likely and 10 is extremely likely, based on your overall experience with your health plan, how likely are you to recommend this plan to your family or friends? *(%Extremely likely + %9)*	81.8%	86.7%	70.2%	82.0%	71.6%	85.4% E	79.7%	82.4%	75.9%	85.6%	72.7%	100%	78.7%
Q50. Using any number from 0 to 10, where 0 is not at all likely and 10 is extremely likely, based on your overall experience with your health plan, how likely are you to recommend this plan to your family or friends? *NPS (Promoters-Detractors)*	70.9 C	83.3 C	46.8	73.0 C	56.8	75.7 E	70.9	66.2	61.6	77.9 I	54.5	100	66.2

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

Appendix: Correlation Analyses

Plan Specific Correlations

- 12430 - UnitedHealthcare Community Plan (LA)

Correlation Analyses

Please see Technical Notes for more information.

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

		With Health Care Rating
Q22	Specialist overall	0.7105
Q28	Health plan overall	0.6607
Q17	Dr. informed about care	0.5993
Q15	Dr. spent enough time	0.5479
Q18	Personal doctor overall	0.5387
Q9	Got care/tests/treatment	0.5302
Q20	Got specialist appt.	0.4802
Q47	MH/substance abuse services overall	0.4547
Q42	Got help when calling after hours care	0.4070
Q14	Dr. showed respect	0.4012

		With Personal Doctor Rating
Q15	Dr. spent enough time	0.7200
Q14	Dr. showed respect	0.7034
Q17	Dr. informed about care	0.6737
Q47	MH/substance abuse services overall	0.5715
Q8	Health care overall	0.5387
Q13	Dr. listened carefully	0.5342
Q22	Specialist overall	0.4975
Q28	Health plan overall	0.4889
Q12	Dr. explained things	0.4697
Q20	Got specialist appt.	0.3842

		With Specialist Rating
Q8	Health care overall	0.7105
Q14	Dr. showed respect	0.5333
Q18	Personal doctor overall	0.4975
Q20	Got specialist appt.	0.4851
Q28	Health plan overall	0.4734
Q15	Dr. spent enough time	0.4732
Q17	Dr. informed about care	0.4118
Q9	Got care/tests/treatment	0.4097
Q24	CS provided info./help	0.3569
Q47	MH/substance abuse services overall	0.3496

Appendix: Flowchart

Understanding Relative Performance of Composite Measures

- 12430 - UnitedHealthcare Community Plan (LA)

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Flowchart – Understanding Relative Performance

Please see Technical Notes for more information.

How composite questions perform relative to each other

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

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

3 There are two numbers in the boxes under the questions. The top number is how much that question contributes to the composite score (Actual Contribution). The bottom number is the gap between the Maximum and Actual Contribution.

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

Q6 Example:

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

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

Contribution

Gap

92%

8%

Getting Needed Care

92.4%

(Q4) Urgent care

45.1%
4.9%

(Q6) Routine care

47.3%
2.7%

% Gap

Strength (component with smallest gap)

Potential to improve (component with largest gap)

Flowchart – Understanding Relative Performance

Please see Technical Notes for more information.

Strength
(component with smallest gap)

Potential to improve
(component with largest gap)

Contribution
Gap

(Q9)
Getting care, tests, or treatment
43.4%
6.6%

(Q20)
Getting specialist appointment
43.5%
6.5%

% Gap

87%

Getting Needed Care
86.8%

13%

(Q4)
Getting urgent care
42.4%
7.6%

(Q6)
Getting routine care
41.6%
8.4%

% Gap

84%

Getting Care Quickly
83.9%

16%

Contribution
Gap

(Q24)
Provided information or help
41.9%
8.1%

(Q25)
Treated with courtesy/ respect
47.4%
2.6%

% Gap

89%

Customer Service*
89.2%

11%

(Q12)
Doctor explained things
23.5%
1.5%

(Q13)
Doctor listened carefully
23.2%
1.8%

(Q14)
Doctor showed respect
23.1%
1.9%

(Q15)
Doctor spent enough time
22.9%
2.1%

% Gap

93%

How Well Doctors Communicate*
92.6%

7%

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

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Appendix: Accreditation

Estimated NCQA Plan Ratings and Frequency Distributions

- 12430 - UnitedHealthcare Community Plan (LA)

Estimated NCQA Health Insurance Plan Ratings

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

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

Please note the following:

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

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

Estimated NCQA Plan Ratings

Please see Technical Notes for more information.

	2020 SUMMARY RATE	SUMMARY RATE DEFINTION	PERCENTILE RANK	SPH ESTIMATED RATING	WEIGHT
CONSUMER SATISFACTION				**4.5**	
GETTING CARE				**3.5**	
Getting Needed Care	86.8%	Usually + Always	89th	4.0	1.5
Getting Care Quickly	83.9%	Usually + Always	61st	3.0	1.5
SATISFACTION WITH PLAN PHYSICIANS				**5.0**	
Rating of Personal Doctor	75.4%	9 + 10	93rd	5.0	1.5
Rating of Specialist	74.7%	9 + 10	96th	NA	1.5
Rating of Health Care	67.0%	9 + 10	97th	5.0	1.5
Coordination of Care	87.5%	Usually + Always	83rd	NA	1.5
SATISFACTION WITH PLAN SERVICES				**5.0**	
Rating of Health Plan	76.9%	9 + 10	100th	5.0	1.5
PREVENTION					
Flu Vaccinations *Adults Ages 18-64*	41.1%	% Yes	44th	3.0	1.0
TREATMENT					
Smoking Advice	72.0%	Usually + Always + Sometimes	15th	2.0	1.0

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

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

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Global Proportions

GLOBAL PROPORTIONS SCORING AND ACCREDITATION

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

	Valid n	2020 SUMMARY RATE	PERCENTILE THRESHOLD	BENCHMARK 90th PERCENTILE	Never/Sometimes	Usually	Always
Getting Needed Care	148	86.8%	89th	86.84%	13%	28%	59%
Q9. Getting care, tests or treatment	188	86.7%	62nd	90.00%	13%	23%	64%
Q20. Getting specialist appointment	107	86.9%	96th	85.95%	13%	33%	54%
Getting Care Quickly	148	83.9%	61st	86.74%	16%	21%	63%
Q4. Getting urgent care	111	84.7%	40th	89.83%	15%	17%	68%
Q6. Getting routine care	184	83.2%	74th	85.78%	17%	25%	58%
Other Measures							
Coordination of Care	96	87.5%	83rd	88.89%	13%	23%	65%

Global Proportions

GLOBAL PROPORTIONS SCORING AND ACCREDITATION

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

	Valid n	2020 SUMMARY RATE	PERCENTILE THRESHOLD	BENCHMARK 90th PERCENTILE	
Rating Questions					
Rating of Health Plan	234	76.9%	100th	67.66%	
Rating of Health Care	188	67.0%	97th	60.82%	
Rating of Personal Doctor	203	75.4%	93rd	74.42%	
Rating of Specialist	99	74.7%	96th	71.76%	
Prevention					
Flu Vaccinations *Adults Ages 18-64*	209	41.1%	44th	51.64%	
Treatment					
Smoking Advice	175	72.0%	15th	82.01%	

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

- Rating of Health Plan: 9% | 14% | 77%
- Rating of Health Care: 15% | 18% | 67%
- Rating of Personal Doctor: 10% | 14% | 75%
- Rating of Specialist: 12% | 13% | 75%

Prevention legend: ■ No ■ Yes

- Flu Vaccinations: 59% | 41%

Treatment legend: ■ Never ■ Sometimes ■ Usually ■ Always

- Smoking Advice: 28% | 18% | 15% | 39%
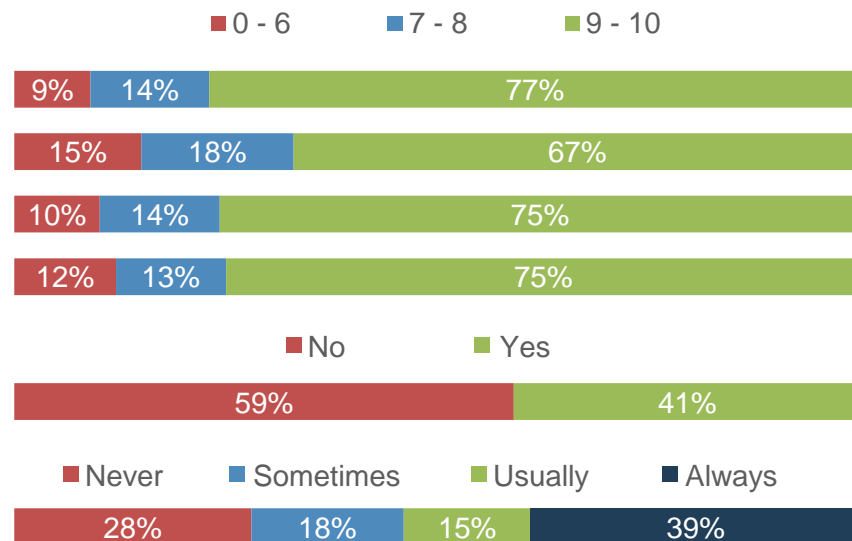
Appendix: Improvement Strategies and Voice of the Member

- 12430 - UnitedHealthcare Community Plan (LA)

Rating of Health Plan

Improvement Strategies – Rating of Health Plan

- Analyze, investigate, probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with Rating of the Plan (i.e., CS, Claims, GNC, GCQ, HWDC). Review QI recommendations/actions of these CAHPS composite measures.

- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.

- Analyze satisfaction levels and loyalty ratings based on member profile/segmentation data (health system, age, length of membership, have PCP, etc.).

- Set S.M.A.R.T. goals Specific, Measurable, Attainable, Realistic, and Timely for all identified activities. Assess all relevant internal data. Conduct additional surveys, data analyses as needed.

- Consider opportunities for positive and strategic messaging about the plan or health care reminders to adult members. Use technology to provide more effective and efficient care.

- Consider the value of a SPH CAHPS Drill-Down, Simulation Survey or CG-CAHPS to probe key CAHPS measures and/or target segments of the population.

- Explore opportunity to continually monitor rating of the plan using targeted follow-up surveys, e.g., call satisfaction, care management, etcetera.

- Develop online videos (vs. excessive reading) explaining key terms and activities members need to know, e.g., how much you have to pay, or Understanding Your Health Insurance Costs. Evaluate and implement complementing, consistent, simple and clear communications.

- Explore or enhance potential of a mobile app providing member immediate access to secure accurate, up-to-date information about their Plan, benefits, coverage, copays, cost, claims, etc.

Additional resource for improvement: AHRQ best practices

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

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

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

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

"Make the explanations on claims much easier to understand, so that if there is an error, someone can review it and make sure they aren't being billed twice, or incorrectly. This happens a lot!"

SELECTED COMMENTS

"There has got to be a way to improve the medication coverage tables and keep that information more current, both the medications added and removed from coverage tables, as well as any pricing changes."

"To me it's all about clarity. It's important that benefits be detailed in understandable language."

Rating of Health Care

Improvement Strategies – Rating of Health Care

- Analyze, assess, probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with Rating of Health Care (e.g., GNC, GCQ, HWDC, CoC). Review QI recommendations/actions for related CAHPS composite measures.

- Seek to simplify Plan requirements, processes, and/or procedures (e.g., UM, CM, Pharma, Use of IVR) impacting the member experience of care and access to care, tests or treatment. Examples include: Provide care quickly. Provide quick access to effective treatments. Minimize patient costs for care.

- Assess internal data. Track, audit, review and assess call center calls and/or complaints regarding quality of care, choice of providers, access to care, UM, CM, health system, etc.

- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.

- Confirm adequacy of contracted providers and walk-in centers with extended hours.

- Ensure CSR have easy access to current, updated resources to provide accurate guidance about plan/drug coverage, out of pocket cost, availability of providers, requirements, processes, etc.

- Foster strong relationships with contracted providers via regular communications and collaboration. Data driven comparisons of PEC metrics can support/guide mutual improvement.

- Explore potential of aligning information flow/ EHRs to better integrate, support, or facilitate patient care, coordination of care and vital information among contracted providers.

- Consider the need to conduct additional measurement, probing of composite measures with targeted populations or health systems (e.g., CG-CAHPS or CAHPS Drill Down Survey).
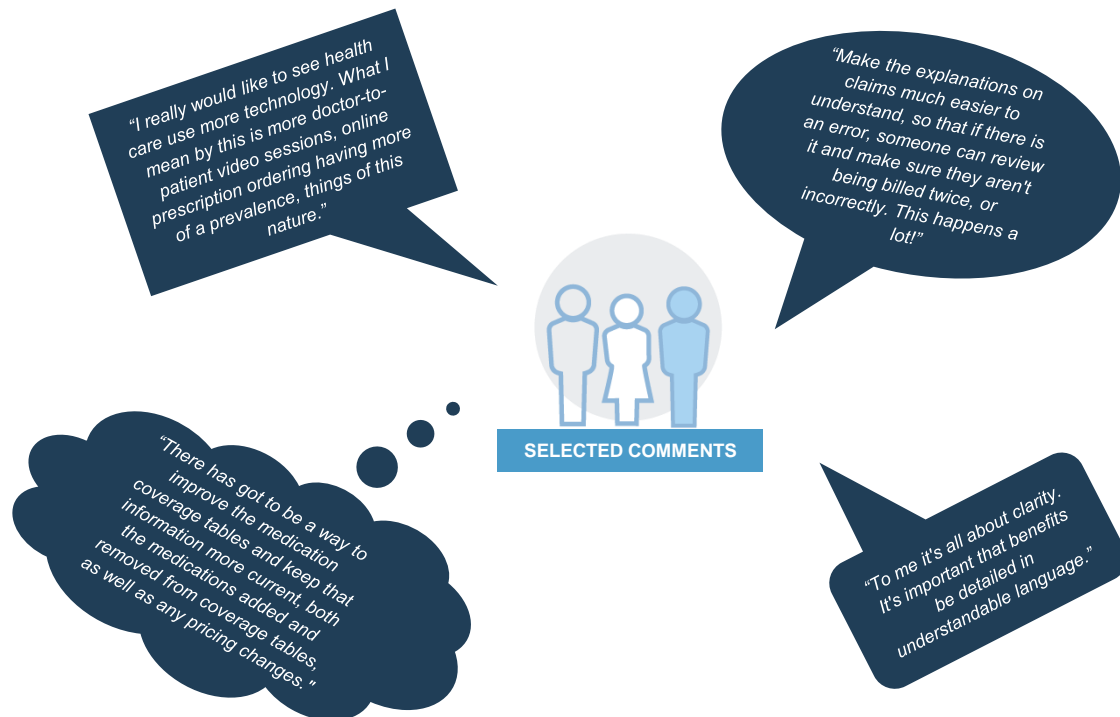
Additional resource for improvement: AHRQ best practices

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

"Everything went smoothly for a routine appointment, and it was very fast and efficient."

"I may have been interested in doing more physical therapy or some sort of fitness training but based on how much my last set of physical therapy appointments cost and how little benefit I got out of them, I am hesitant to set that up."

SELECTED COMMENTS

"My doctors really go out of their way for my health needs. I get follow-up calls and receive information about nutrition in the mail that I did not expect. This is the result of the conversation that I had with my doctor during my appointment. I thought that was very nice and showed that my doctor is attentive to what I say and cares about not only my health but me as a person."

"The doctor was helpful in explaining my situation and made the right medication choice to take care for my needs."

Rating of Personal Doctor

Improvement Strategies – Rating of Personal Doctor

- Analyze, investigate, and probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with rating of personal doctor. (e.g., HWDC, GCQ, GNC, Coordination Of Care).

- Review QI recommendations/actions for related CAHPS composite measures: How Well Doctors Communicate, Getting Care Quickly, Getting Needed Care, Coordination of Care.

- Provide resources, articles, tools and training sessions via multiple channels to support and drive improvement in physician-patient communication and patient-centered interviewing. Examples include: Foster relationships with patients. Partner with them. Listen to their concerns. Treat them with compassion. Spend adequate time with them and ensure questions and concerns are answered.

- Share, report and discuss relative CAHPS health care performance and feedback at the health system and/or within network level.

- Promote use of a secure online patient portal which allows patients access to their medical record and health care information of relevant to patient needs.

- Gather and analyze patient feedback on their recent office visit (i.e., patient "comment cards," follow up call/text/email, CG CAHPS survey, etc.).

- Explore ability of providers to share with patient's a summary of their medical record or health assessments to facilitate conversation about relevant health and wellness issues.

- Assess systems (e.g., EHRs) processes and/or procedures used to gather or facilitate distribution of patient information among providers.

- Suggest providers/practices periodically analyze appointment scheduling timeframes versus types of office visits. Minimize wait times.

Additional resource for improvement: AHRQ best practices

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

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

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

"Take more time to talk to me, follow-ups by email or phone would be great too."

"My doctor presents a good balance of listener and advice-giver, lets me take control of our discussions about my medical needs, and has consistently offered me informed options so I can make the decision I need."

SELECTED COMMENTS

"My doctor is very nice, doesn't make you wait long and takes the time to listen to your concerns."

"My doctor is very caring and mostly listens to/believes me, which I feel can be a problem with doctors when they don't do these things."

Rating of Specialist

Improvement Strategies – Rating of Specialist

- Analyze, investigate, and probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with rating of specialist or doctor. (e.g., HWDC, GCQ, GNC, Coordination Of Care).

- Review QI recommendations/actions for related CAHPS composite measures: How Well Doctors Communicate, Getting Care Quickly, Getting Needed Care, Coordination of Care.

- Provide resources, articles, tools and training sessions via multiple channels to support and drive improvement in physician-patient communication and patient-centered interviewing. Examples include: Listen to patients' concerns, Follow-up with the patient. Provide thorough explanations. Ensure that all questions and concerns are answered. All staff focus on being helpful and courteous to patients.

- Share, report and discuss relative CAHPS health care performance and feedback at the health system and/or within network level.

- Promote use of a secure online patient portal which allows patients access to their medical record and health care information of relevant to patient needs.

- Gather and analyze patient feedback on their recent office visit (i.e., patient "comment cards," follow up call/text/email, CG CAHPS survey, etc.)

- Assess adequacy of contracted specialist by specialty. If necessary, review quality of care information among specific specialties and/or identify practices of excellence.

- Explore ability of providers to share with patient's a summary of their medical record or health assessments to facilitate conversation about relevant health and wellness issues.

- Assess systems (e.g., EHRs) processes and/or procedures used to gather or facilitate distribution of patient information among providers.

- Suggest providers/practices periodically analyze appointment scheduling timeframes versus types of office visits.
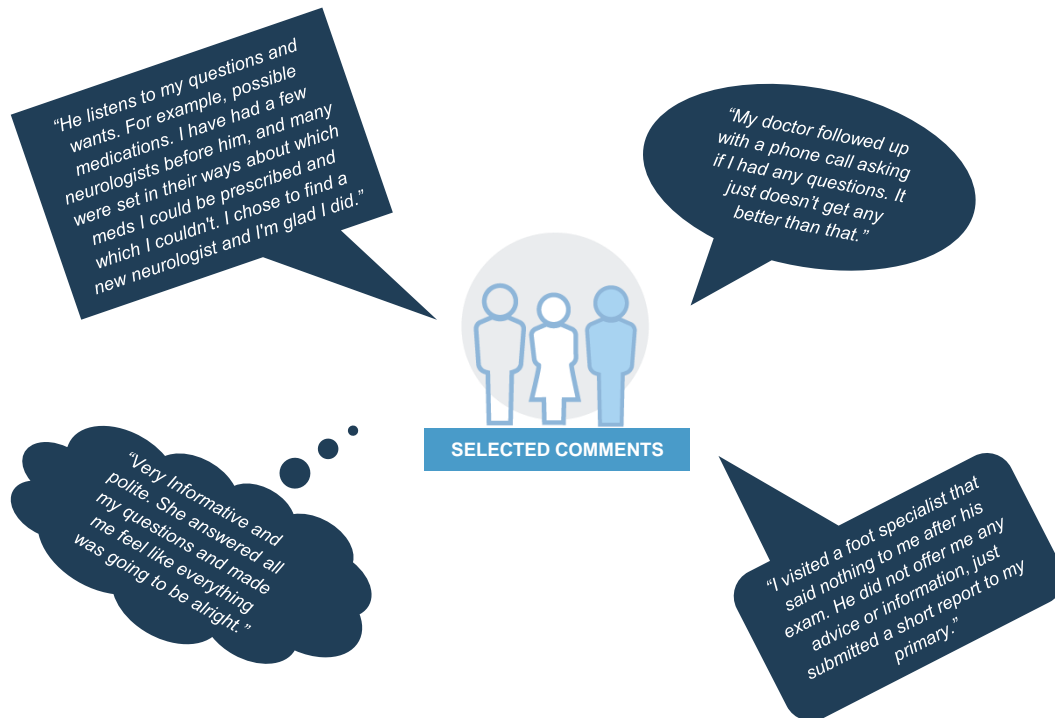
Additional resource for improvement: AHRQ best practices

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

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

"He listens to my questions and wants. For example, possible medications. I have had a few neurologists before him, and many were set in their ways about which meds I could be prescribed and which I couldn't. I chose to find a new neurologist and I'm glad I did."

"My doctor followed up with a phone call asking if I had any questions. It just doesn't get any better than that."

SELECTED COMMENTS

"Very Informative and polite. She answered all my questions and made me feel like everything was going to be alright."

"I visited a foot specialist that said nothing to me after his exam. He did not offer me any advice or information, just submitted a short report to my primary."

Getting Needed Care

Improvement Strategies – Getting Needed Care

- Assess CAHPS data by health system, PO, and/or network. Communicate results and identify outliers. Evaluate with HEDIS data, complaints, appeals and/or quality of care concerns, and communicate. Identify issues, prioritize and implement improvement activities.

- Work with providers to support patients in navigating health care and remove obstacles. Support and encourage providers to take innovative action to improve access. Examples include: Serve patients quickly, treat urgent issues promptly, minimize wait times, follow-up about appointment times and test results. Another is to develop an in-depth referral/decision-making guide for PCP's to prepare for/with patients explaining need, urgency, patient expectations and responsibilities, and preparations for seeing a specialist.

- Support members and collaborate with providers to enhance access to care through innovative, proactive approaches within Care Management, Chronic Care, and Quality Management. Work with providers to identify and resolve opportunities.

- Continually assess, revisit and simplify plan requirements/processes (i.e., UM) impacting access to care, tests, or treatment. Seek opportunities to improve processes and procedures.

- Review and simplify precertification/auth/referral policies/procedures for both member and provider, including messages and communications. Cross-reference with complaints, concerns, and quality of care issues. Improve and clarify processes and communications.

- Evaluate and simplify member communications, assuring that members are clearly told why something is not approved. When appropriate, offer suggestions for next steps or alternatives.

- Ensure Customer Service representatives are able to accurately advise members of available alternatives for care, such as walk-in clinics, urgent care, specialists, labs, etc.

- Establish a specialist referral hotline for providers and members.

Additional resource for improvement: AHRQ best practices

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

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

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

"The first visit, I was just given a recommendation of how to feel better faster. The second visit, I was given lab work, a prescription for an antibiotic and soon after, relief from my suffering. The third doctor's visit gave me the treatment that I needed all in one day. This is a memorable experience because of how quickly the doctor and nurses worked together to get me healed once they found out what the problem was and the relief I felt because of the treatment."

"I felt that the doctor could have done a little bit more when it came to finding a way to fund the lab test, since doctors are more informed about ways to help their patients in this department."

SELECTED COMMENTS

"You simply go online to schedule an appointment at one of the many locations in your area and you are set."

"I had an MRI on my knee last October. The doctor had the results the next morning but didn't call me back for over a week. I was angry. The doctor should have been more timely."

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Getting Care Quickly

Please see Technical Notes for more information.

Improvement Strategies – Getting Care Quickly

- Assess CAHPS data by health system, PO, and/or network. Communicate results and identify outliers. Correlate with HEDIS data, complaints, appeals and/or quality of care concerns, and communicate. Support and encourage providers to take innovative action to improve access.

- Support members and collaborate with providers to enhance routine and urgent access to care through innovative, proactive approaches within Care Management, Chronic Care, and Quality Management. Work with providers to identify and resolve opportunities.

- Discuss and engage providers/staff on scheduling best practices, how to improve access to routine/urgent care. Consider scheduling routine appointments well in advance, e.g., 12 months. Provide tools, resources, support and assessment.

- Support, encourage and assist in approaches toward open access scheduling. Allow a portion of each day open for urgent care and/or follow-up care.

- Contract with additional providers for urgent and after-hour appointments/availability.

- Explore partnering with 24-hour urgent care or walk-in clinics.

- Educate providers and staff about Plan and regulatory appointment wait time requirements or standards (i.e., CAHPS, CMS, States, etc.) . Identify opportunities for improvement.

- Provide members streamlined tools and resources (links, apps, etc.) about benefits, providers, referrals, scheduling appointments, etc. Identify options and hours available, and include alternatives, including practices with evening and weekend hours. Consider alternative sources of information, e.g., refrigerator magnets.

- Explore and support alternative telecommunication technologies to expand access to care: telephone, telehealth, telemedicine and patient portals.

- Encourage use of Nurse Hotline/Nurse on Call lines or live-chat via web for members to get health information and advice.

Additional resource for improvement: AHRQ best practices

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

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

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

SELECTED COMMENTS

"Everything went smoothly for a routine appointment, and it was very fast and efficient."

"I was able to get in quickly, have x-rays taken of my lungs, given a nebulizer, and a prescription for an inhaler. It went well and very quickly, which I was thankful for. Everyone was really kind."

"I needed a quick visit for pain I was having in my side and I was given an appointment the next day."

"Schedule appointments efficiently to serve patients quickly."

How Well Doctors Communicate

Please see Technical Notes for more information.

Improvement Strategies – How Well Doctors Communicate

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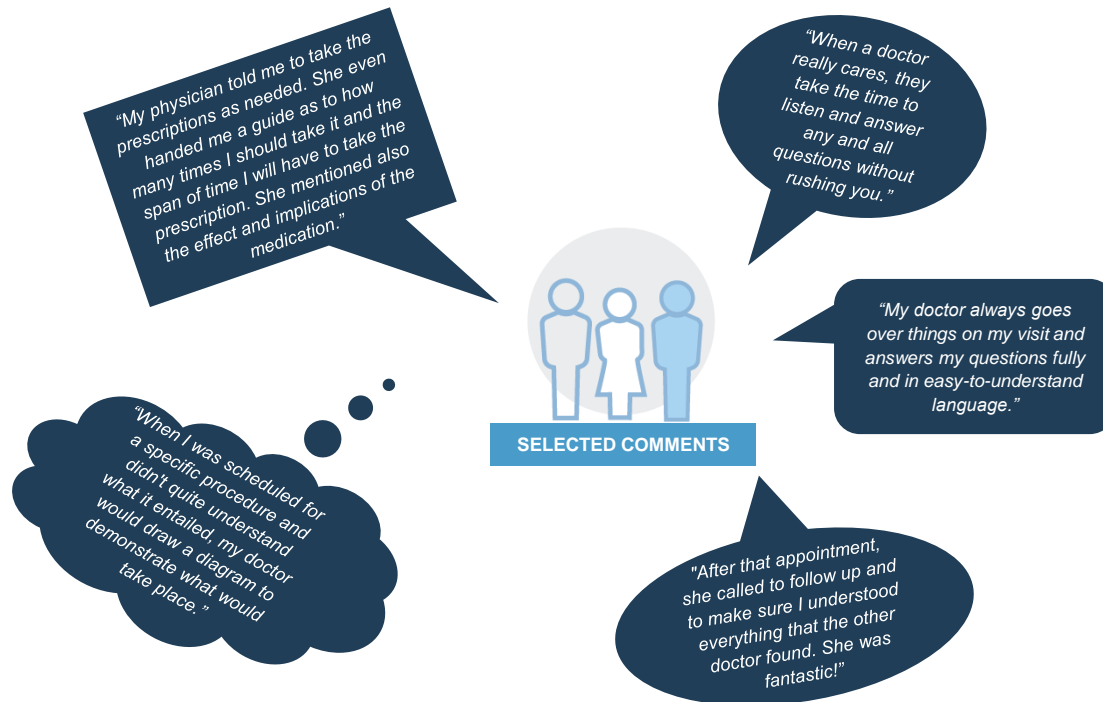
Additional resource for improvement: AHRQ best practices

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

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

"My physician told me to take the prescriptions as needed. She even handed me a guide as to how many times I should take it and the span of time I will have to take the prescription. She mentioned also the effect and implications of the medication."

"When a doctor really cares, they take the time to listen and answer any and all questions without rushing you. "

"My doctor always goes over things on my visit and answers my questions fully and in easy-to-understand language."

SELECTED COMMENTS

"When I was scheduled for a specific procedure and didn't quite understand what it entailed, my doctor would draw a diagram to demonstrate what would take place. "

"After that appointment, she called to follow up and to make sure I understood everything that the other doctor found. She was fantastic!"

Customer Service

Please see Technical Notes for more information.

Improvement Strategies – Customer Service

- Emphasize comprehensive, collaborative, and high-quality customer/member services as a critical priority across all areas of the organization. Think and act together. Establish service recovery guidelines for resolving issues, including phrases that express apologies or atonement.

- Provide on-going/periodic CSR service training, open discussions and routine refresher programs. Include thorough annual updates, tools and resources and subsequent feedback. Training examples include: how to answer questions and resolve issues; consistency in being friendly, courteous and empathetic; quick issue resolution with follow-up; procedures to minimize transfers and wait/on-hold times.

- Involve the CS team in QI activities, seeking concrete customer-based input and improvements. Ensure they are fully informed of updates/changes to processes and procedures.

- Ensure CSRs have immediate access to knowledgeable staff within all key member and provider service areas (Claims, Enrollment, etc.).

- Support key subject matter experts to flexibly respond to urgent or complex types of calls, questions or issues - including prompt prioritization and resolution procedures and/or authority.

- Develop, implement and review protocols and scripts ("Talking Points") to ensure up-to-date, accurate and consist information provided to your members and patients and providers.

- Establish, assess and adhere to measurable CSR performance/service standards (i.e., call satisfaction, call resolution, time on hold, etc.). Operationally define service behaviors.

- Seek QI opportunities with CS via observational walkthrough of calls and discussion/review of complaints, inquiries, and the member experience, especially any changes. Identify main issues and seek interventions that decrease volume and/or improve experience.

- Acknowledge and reward service performance/behaviors reflective of service excellence.

Additional resource for improvement: AHRQ best practices

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

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

"My questions about cost and coverage were addressed very quickly and efficiently. I felt that I was dealing with a professional organization."

"I immediately called customer service and was told they would look into it and get back to me, but I never heard back from them. As of today, I'm still trying to get the matter resolved."

"The materials should list what providers I can see in the network or out of the network, and how that will affect my coverage."

SELECTED COMMENTS

"I had a customer service representative that was very kind and patient with me. All of my questions I had related to my health plan were answered and explained in detail. I felt welcomed and appreciated."

"I didn't find any forms hard, but they were repetitive. They asked the same questions, birthday, age, etc., over and over again. I wish they would make forms that didn't require having to put in the same thing on every page."

Coordination of Care

Improvement Strategies – Coordination of Care

- Inform, support, remind and facilitate providers about coordination of care expectations, timely notification requirements, and standards of care for post-visit follow up to all PCPs. Explore options to encourage and support communications between specialists and PCPs.

- Develop on-going and timely reminders/messaging to promote and improve communication and reporting between all provider types, ideally based directly on available data/information.

- Assess the status and consistency of coordination of patient care, communication, and information shared within and across provider networks. Assure prompt feedback, standards.

- Support and facilitate a patient-centered care management approach within and across provider networks. Facilitate a complementary plan-based patient centered care management approach.

- Explore potential of aligning information flow/EHRs to better integrate, support or facilitate patient care, care coordination and vital medical and personal information among providers.

- Encourage providers to prompt patients AND patients to prompt providers, i.e., mutual interactions that review and discuss care, tests and/or treatments involving other providers.

- Encourage patients to bring a list of all medications, including dosage and frequency to all appointments. Encourage providers to prompt patients to do the same for their appointments.

- How do PCP's, providers, facilities and/or the plan assure common patient "touch points" to facilitate/support scheduling of appointments, tests and/or procedures? Where is the over-arching guidance and support for the patient/member?
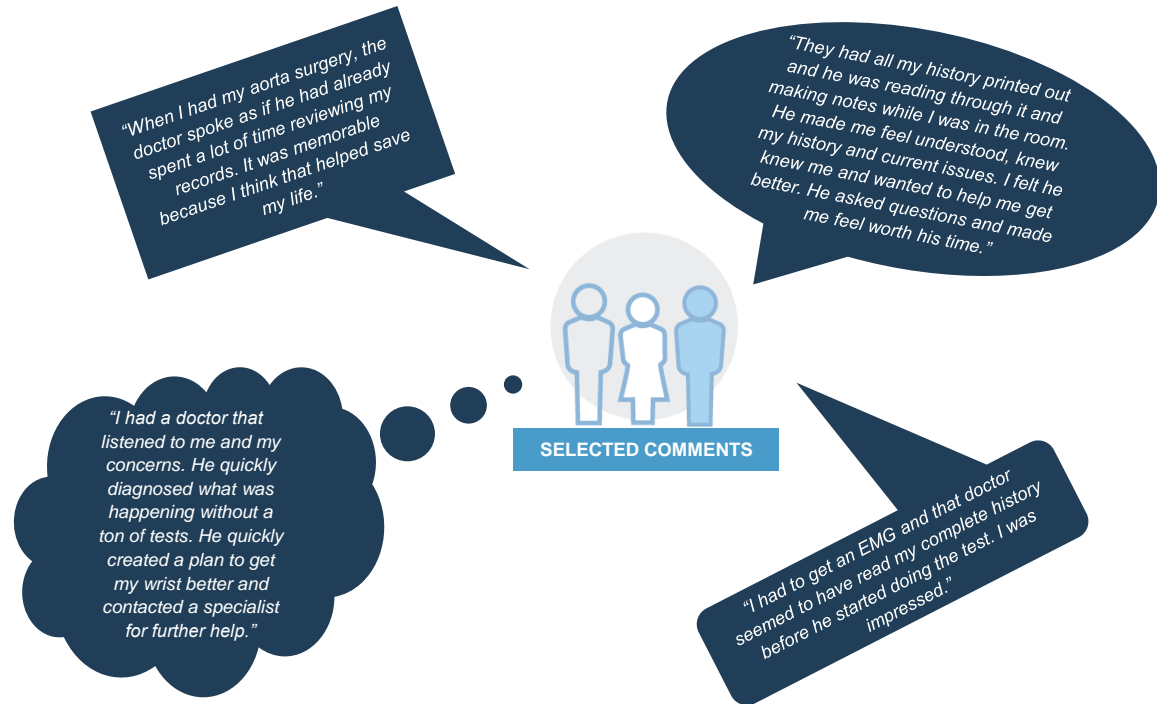
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Voice of the Member (SPH National Sample)
Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage

"When I had my aorta surgery, the doctor spoke as if he had already spent a lot of time reviewing my records. It was memorable because I think that helped save my life."

"They had all my history printed out and he was reading through it and making notes while I was in the room. He made me feel understood, knew my history and current issues. I felt he knew me and wanted to help me get better. He asked questions and made me feel worth his time."

SELECTED COMMENTS

"I had a doctor that listened to me and my concerns. He quickly diagnosed what was happening without a ton of tests. He quickly created a plan to get my wrist better and contacted a specialist for further help."

"I had to get an EMG and that doctor seemed to have read my complete history before he started doing the test. I was impressed."

Appendix: Questionnaire

- 12430 - UnitedHealthcare Community Plan (LA)

UnitedHealthcare®

UnitedHealthcare®
Community Plan

SURVEY INSTRUCTIONS

♦ Answer each question by marking the box to the left of your answer.

♦ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☒ Yes ➜ *If Yes, Go to Question 1*
☐ No

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

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

If you want to know more about this study, please call 1-888-797-3605, ext. 4190.

1. Our records show that you are now in UnitedHealthcare Community Plan. Is that right?

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

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

_____

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

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

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?

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

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

7. **In the last 6 months, <u>not</u> counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?**

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

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

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

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

YOUR PERSONAL DOCTOR

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

Do you have a personal doctor?

☐ Yes
☐ No ➔ *If No, Go to Question 19*

11. **In the last 6 months, how many times did you visit your personal doctor to get care for yourself?**

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

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

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

☐ Yes
☐ No ➔ *If No, Go to Question 18*

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

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

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

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

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do <u>not</u> include dental visits or care you got when you stayed overnight in a hospital.

19. **Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.**

 In the last 6 months, did you make any appointments to see a specialist?

- ☐ Yes
- ☐ No ➔ *If No, Go to Question 23*

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

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

21. **How many specialists have you seen in the last 6 months?**

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

22. **We want to know your rating of the specialist you saw most often in the last 6 months.**

 Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

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

YOUR HEALTH PLAN

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

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

- ☐ Yes
- ☐ No ➔ *If No, Go to Question 26*

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

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

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

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

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

- ☐ Yes
- ☐ No ➔ *If No, Go to Question 28*

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

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

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

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

ABOUT YOU

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

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

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

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

31. Have you had either a flu shot or flu spray in the nose since July 1, 2019?

- ☐ Yes
- ☐ No
- ☐ Don't know

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

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

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

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

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

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

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

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

36. What is your age?

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

37. Are you male or female?

- ☐ Male
- ☐ Female

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

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

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

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

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

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

ADDITIONAL QUESTIONS

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

41. In the last 6 months, if it was not easy to get the care, tests, or treatment you thought you needed, what was the <u>main</u> reason for the difficulty? *(Please mark ONLY one)*

- ☐ I had to wait too long for the health plan to give the OK
- ☐ I did not know where to go to get a physician for care, lab work, or an an x-ray, mammogram, etc.
- ☐ I could not find a doctor, lab, or x-ray facility in my network
- ☐ I could not find a doctor, lab, or x-ray facility that was easy to get to
- ☐ I had to wait too long to get an appointment
- ☐ Other, personal reason
- ☐ I did not try to get any care, tests, or treatment in the last 6 months

42. In the last 6 months, when you called a doctor's office or clinic after hours, how often did you get the help you wanted?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not call after hours in the last 6 months

43. In the last 6 months, how often was it hard to find a personal doctor who speaks your language?

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

44. **In the last 6 months, when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not need an interpreter to help me speak with doctors or other health providers in the last 6 months

45. **In the last 6 months, how often was it hard to find a personal doctor who understands your culture?**

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

46. **In the last 6 months, if you called customer service regarding mental health or substance abuse services, how often was the staff helpful and provided the help you needed?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not call customer service for mental health or substance abuse services in the last 6 months

47. **Using any number from 0 to 10, where 0 is the worst mental health or substance abuse services possible and 10 is the best mental health or substance abuse services possible, what number would you use to rate all your mental health or substance abuse services in the last 6 months?**

- ☐ 0   Worst mental health or substance abuse services possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10   Best mental health or substance abuse services possible
- ☐ I did not receive mental health or substance abuse services in the last 6 months ➔ *Go to Question 50*

48. **In the last 6 months, if you needed to see a mental health or substance abuse specialist how often was it easy to get an appointment as soon as needed?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not see a mental health or substance abuse specialist in the last 6 months

49. **In the last 6 months, if you needed to see a mental health or substance abuse specialist, how often were these providers helpful to you?**

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always
- ☐ I did not see a mental health or substance abuse specialist in the last 6 months

50. Using any number from 0 to 10, where 0 is not at all likely and 10 is extremely likely, based on your overall experience with your health plan, how likely are you to recommend this plan to your family or friends?

- ☐ 0   Not at all likely
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10   Extremely likely

51. How do you access the internet? *(Mark all that apply)*

- ☐ Smartphone (e.g. Blackberry, Android, iPhone, etc.)
- ☐ Desktop computer
- ☐ Laptop
- ☐ Tablet
- ☐ Other
- ☐ I do not access the Internet

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

If you have any questions,
please call 1-888-797-3605, ext. 4190.