



# **MY 2020 CAHPS<sup>®</sup> 5.1H Member Survey**

Medicaid Child with CCC

Prepared for:

12470 - UnitedHealthcare Community Plan (LA)



United  
Healthcare

## 12470 - UnitedHealthcare Community Plan (LA)

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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 MY 2020 CAHPS® 5.1H 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 can aid plans in increasing the quality of provided care.

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

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

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

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



- The CAHPS 5.1H 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® 5.1H 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.
- As of 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.



SPH administered the MY 2020 Medicaid Child with CCC 5.1H CAHPS survey using an NCQA approved methodology. Surveys were collected via a mail, phone, and internet methodology. Members eligible for the survey were **parents of those 17 years and younger (as of December 31 of the measurement year) who were continuously enrolled in the plan for at least five of the last six months of the measurement year**. A synopsis of the data collection methodology is outlined below:



### VALID SURVEYS (GENERAL POPULATION)

- ✉ Total Number of Mail Completes = 101 (0 in Spanish)
- ☎ Total Number of Phone Completes = 103 (7 in Spanish)
- 💻 Total Number of Internet Completes = 28 (0 in Spanish)

Number of undeliverables: 487

### 2021 RESPONSE RATE (GENERAL POPULATION)

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

$\frac{101 \text{ (Mail)} + 103 \text{ (Phone)} + 28 \text{ (Internet)} = 232}{2310 \text{ (Sample)} - 12 \text{ (Ineligible)} = 2298} = 10.1\%$

### RESPONSE RATE COMPARISON

The 2021 SPH Analytics Book of Business average response rate is **12.6%**.

GENERAL POPULATION		2019	2020	2021
Complete	Completed Survey	421	275	232
	<b>SUBTOTAL</b>	<b>421</b>	<b>275</b>	<b>232</b>
Ineligible	Does not Meet Eligibility Criteria (01)	5	3	6
	Language Barrier (03)	8	1	5
	Mentally/Physically Incapacitated (04)	0	0	0
	Deceased (05)	0	0	1
	<b>SUBTOTAL</b>	<b>13</b>	<b>4</b>	<b>12</b>
Non-Response	Break-off/Incomplete (02)	57	31	39
	Refusal (06)	65	16	57
	Maximum Attempts Made (07)	1754	1983	1970
	Added to DNC List (08)	0	1	0
<b>SUBTOTAL</b>		<b>1876</b>	<b>2031</b>	<b>2066</b>
<b>TOTAL</b>		<b>2310</b>	<b>2310</b>	<b>2310</b>
<b>OVERSAMPLING %</b>		<b>40.0%</b>	<b>40.0%</b>	<b>40.0%</b>
Total Sample Size (General Pop + CCC)		4886	4886	4886
Total Completes (General Pop + CCC)		954	638	501
<b>Total Response Rate (General Pop + CCC)</b>		<b>19.6%</b>	<b>13.1%</b>	<b>10.3%</b>
General Population Sample Size		2310	2310	2310
<b>General Population Response Rate</b>		<b>18.3%</b>	<b>11.9%</b>	<b>10.1%</b>
Supplemental (CCC) Sample Size		2576	2576	2576
Supplemental (CCC) Completes		405	315	227

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



# Executive Summary

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- 12470 - UnitedHealthcare Community Plan (LA)



# Overview of Terms

**Summary Rates** are defined by NCQA in its HEDIS MY 2020 CAHPS® 5.1H guidelines and generally represent the most favorable response percentages.

		No	Yes
Never	Sometimes	Usually	Always

Rating questions are typically displayed with two Summary Rates:

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

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

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

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

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

## NCQA BENCHMARK INFORMATION

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

## COVID-19 IMPACT

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

## LEGACY DSS / MORPACE / SPH

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



# Dashboard - 2021 Key Findings - General Population

## TRENDING

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

MEASURE NAME	Trending
<b>Getting Care Quickly</b> (% Always or Usually)	↓
Q6. Getting routine care	↓
<b>Family-Centered Care: Personal Doctor Who Knows Child</b> (% Yes)	
Q39. Doctor understands how these conditions affect family's day-to-day life	↑



232 / 10.1%

Completed surveys / Response Rate

MEASURE NAME	2021 SCORE	ESTIMATED NCQA RATING
<b>Rating of Health Plan</b> (% 9 or 10)	76.9%	★★★★★
<b>Rating of Health Care</b> (% 9 or 10)	80.3%	★★★★★
<b>Rating of Personal Doctor</b> (% 9 or 10)	83.7%	★★★★★
<b>Rating of Specialist</b> (% 9 or 10)	80.5%	NA^
<b>Getting Needed Care</b> (% Always or Usually)	87.9%	NA^
<b>Getting Care Quickly</b> (% Always or Usually)	87.7%	NA^
<b>Coordination of Care</b> (% Always or Usually)	88.7%	NA^

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

### POWER

Promote and Leverage Strengths

- Q9 Health care overall
- Q10 Got care/tests/treatment
- Q35 Dr. informed about care
- Q36 Personal doctor overall
- Q43 Specialist overall

### OPPORTUNITIES

Focus Resources on Improving Processes That Underlie These Items

- Q6 Got routine care
- Q4 Got urgent care
- Q46 CS courtesy/respect

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

Please refer to slide 17 for details.



# SPH Book of Business Trends - General Population

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

**Trend Highlights** Overall, Medicaid Child scores have remained stable over the last two years. Getting routine care, however, has seen a dramatic drop in score, likely due to the COVID-19 Pandemic.

	SPH Book of Business Trends (Medicaid Child)		
	2019	2020	2021
<b>Rating Questions (% 9 or 10)</b>			
Q49. Rating of Health Plan	72.2%	73.0%	73.3%
Q9. Rating of Health Care	71.1%	73.0%	74.4%
Q36. Rating of Personal Doctor	77.6%	79.1%	78.6%
Q43. Rating of Specialist	73.2%	75.0%	75.7%
<b>Rating Questions (% 8, 9 or 10)</b>			
Q49. Rating of Health Plan	86.9%	87.5%	87.3%
Q9. Rating of Health Care	88.3%	88.7%	88.7%
Q36. Rating of Personal Doctor	90.6%	91.2%	90.8%
Q43. Rating of Specialist	87.2%	88.2%	88.2%
<b>Getting Needed Care (% Always or Usually)</b>			
Q10. Getting care, tests, or treatment	90.1%	90.8%	90.8%
Q41. Getting specialist appointment	80.3%	80.4%	82.4%
<b>Getting Care Quickly (% Always or Usually)</b>			
Q4. Getting urgent care	91.9%	91.7%	91.7%
Q6. Getting routine care	88.6%	89.3%	83.8%
<b>Coordination of Care (Q35) (% Always or Usually)</b>			
	84.2%	85.0%	84.9%



# Measure Summary - General Population

## Health Plan Domain Performance

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

MEASURE	SUMMARY RATE		CHANGE	2021 UHC GP BENCHMARK		2020 QC GP BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK (SPH)	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan (% 9 or 10)	76.3%	76.9%	0.6%	74.2%	72 <sup>nd</sup>	71.9%	83 <sup>rd</sup>
Rating of Health Plan (% 8, 9 or 10)	87.6%	90.4%	2.8%	88.0%	77 <sup>th</sup>	86.5% ▲	85 <sup>th</sup>
Getting Needed Care (% Always or Usually)	86.6%	87.9%	1.3%	87.0%	60 <sup>th</sup>	86.0%	64 <sup>th</sup>
Customer Service (% Always or Usually)	89.1%	81.9%	-7.2%	87.4%	7 <sup>th</sup>	88.8%	6 <sup>th</sup>
Ease of Filling Out Forms (% Always or Usually)	97.7%	95.1%	-2.6%	96.1%	29 <sup>th</sup>	96.5%	16 <sup>th</sup>

### KEY TAKEAWAYS

Your overall Rating of Health Plan (9-10) Summary Rate score is 76.9% and represents a change of 0.6% from 2020.

Note: Please refer to benchmark descriptions on slide 44.

### Significance Testing

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



# Measure Summary - General Population

## Health Care Domain Performance

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

MEASURE	SUMMARY RATE		CHANGE	2021 UHC GP BENCHMARK		2020 QC GP BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK (SPH)	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care (% 9 or 10)	75.5%	80.3%	4.8%	75.2%	88 <sup>th</sup>	71.9% ▲	96 <sup>th</sup>
Rating of Health Care (% 8, 9 or 10)	93.1%	93.7%	0.6%	89.3% ▲	91 <sup>st</sup>	88.0% ▲	97 <sup>th</sup>
Getting Care Quickly (% Always or Usually)	95.0%	87.7% ↓	-7.3%	88.3%	44 <sup>th</sup>	90.5%	20 <sup>th</sup>
How Well Doctors Communicate (% Always or Usually)	94.9%	96.2%	1.3%	94.3%	72 <sup>nd</sup>	95.3%	63 <sup>rd</sup>
Coordination of Care (% Always or Usually)	85.3%	88.7%	3.4%	84.7%	73 <sup>rd</sup>	86.1%	67 <sup>th</sup>
Rating of Personal Doctor (% 9 or 10)	84.7%	83.7%	-1.0%	78.7%	92 <sup>nd</sup>	78.6%	93 <sup>rd</sup>
Rating of Personal Doctor (% 8, 9 or 10)	93.4%	92.6%	-0.8%	91.2%	74 <sup>th</sup>	90.9%	77 <sup>th</sup>
Rating of Specialist (% 9 or 10)	83.0%	80.5%	-2.5%	76.4%	77 <sup>th</sup>	73.4%	100 <sup>th</sup>
Rating of Specialist (% 8, 9 or 10)	90.6%	90.2%	-0.4%	88.5%	66 <sup>th</sup>	87.0%	92 <sup>nd</sup>

### KEY TAKEAWAYS

Your overall Rating of Health Care (9-10) Summary Rate score is 80.3% and represents a change of 4.8% from 2020.

Note: Please refer to benchmark descriptions on slide 44.

### Significance Testing

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



# Measure Summary - CCC Population

## Health Plan Domain Performance

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

MEASURE	SUMMARY RATE		CHANGE	2021 UHC CCC BENCHMARK		2020 QC CCC BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK (SPH)	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan (% 9 or 10)	75.6%	77.6%	2.0%	72.9%	84 <sup>th</sup>	69.3% ▲	95 <sup>th</sup>
Rating of Health Plan (% 8, 9 or 10)	88.6%	88.8%	0.2%	86.3%	81 <sup>st</sup>	84.8%	87 <sup>th</sup>
Getting Needed Care (% Always or Usually)	91.7%	90.5%	-1.2%	88.9%	72 <sup>nd</sup>	88.1%	69 <sup>th</sup>
Customer Service (% Always or Usually)	92.1%	90.5%	-1.6%	90.7%	59 <sup>th</sup>	90.3%	37 <sup>th</sup>
Ease of Filling Out Forms (% Always or Usually)	98.0%	97.7%	-0.3%	96.2%	88 <sup>th</sup>	96.4%	77 <sup>th</sup>

### KEY TAKEAWAYS

Your overall Rating of Health Plan (9-10) Summary Rate score is 77.6% and represents a change of 2.0% from 2020.

Note: Please refer to benchmark descriptions on slide 44.

### Significance Testing

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



# Measure Summary - CCC Population

## Health Care Domain Performance

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

MEASURE	SUMMARY RATE		CHANGE	2021 UHC CCC BENCHMARK		2020 QC CCC BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK (SPH)	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care (% 9 or 10)	75.3%	79.9%	4.6%	73.5% ▲	98 <sup>th</sup>	71.0% ▲	95 <sup>th</sup>
Rating of Health Care (% 8, 9 or 10)	90.4%	93.7%	3.3%	87.7% ▲	96 <sup>th</sup>	87.6% ▲	100 <sup>th</sup>
Getting Care Quickly (% Always or Usually)	97.0%	93.7%	-3.3%	91.6%	84 <sup>th</sup>	93.5%	47 <sup>th</sup>
How Well Doctors Communicate (% Always or Usually)	97.3%	98.4%	1.1%	95.3% ▲	100 <sup>th</sup>	95.8% ▲	100 <sup>th</sup>
Coordination of Care (% Always or Usually)	88.9%	89.5%	0.6%	82.7% ▲	88 <sup>th</sup>	85.1%	93 <sup>rd</sup>
Rating of Personal Doctor (% 9 or 10)	82.9%	82.8%	-0.1%	79.7%	80 <sup>th</sup>	78.4%	85 <sup>th</sup>
Rating of Personal Doctor (% 8, 9 or 10)	92.3%	94.1%	1.8%	90.5% ▲	94 <sup>th</sup>	90.1% ▲	95 <sup>th</sup>
Rating of Specialist (% 9 or 10)	83.8%	83.3%	-0.5%	76.6%	96 <sup>th</sup>	75.2% ▲	92 <sup>nd</sup>
Rating of Specialist (% 8, 9 or 10)	90.1%	91.1%	1.0%	88.4%	76 <sup>th</sup>	87.9%	88 <sup>th</sup>

### KEY TAKEAWAYS

Your overall Rating of Health Care (9-10) Summary Rate score is 79.9% and represents a change of 4.6% from 2020.

Note: Please refer to benchmark descriptions on slide 44.

### Significance Testing

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



# Measure Summary - CCC Population

## CCC Measures Performance

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

MEASURE	SUMMARY RATE		CHANGE	2021 UHC CCC BENCHMARK		2020 QC CCC BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK (SPH)	SUMMARY RATE	PERCENTILE RANK
Access to Prescription Medicines (% Always or Usually)	92.0%	91.8%	-0.2%	92.6%	45 <sup>th</sup>	91.3%	54 <sup>th</sup>
Access to Specialized Services (% Always or Usually)	81.2%	85.5%	4.3%	76.3% ▲	96 <sup>th</sup>	74.5% ▲	100 <sup>th</sup>
Family-Centered Care: Personal Doctor Who Knows Child (% Yes)	93.9%	94.4%	0.5%	91.5%	90 <sup>th</sup>	91.6%	93 <sup>rd</sup>
Family-Centered Care: Getting Needed Information (% Always or Usually)	95.9%	93.7%	-2.2%	92.2%	81 <sup>st</sup>	93.1%	61 <sup>st</sup>
Coordination of Care for CCC (% Yes)	77.8%	74.8%	-3.0%	76.7%	30 <sup>th</sup>	76.4%	27 <sup>th</sup>

Note: Please refer to benchmark descriptions on slide 44.

### Significance Testing

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



# Gap Analysis - General Population - 2020 Quality Compass

## GAP ANALYSIS

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

**Achieved Max Score Gap** – The spread between your plan's score and the highest score achieved by a plan within the 2020 Quality Compass (100<sup>th</sup> Percentile).

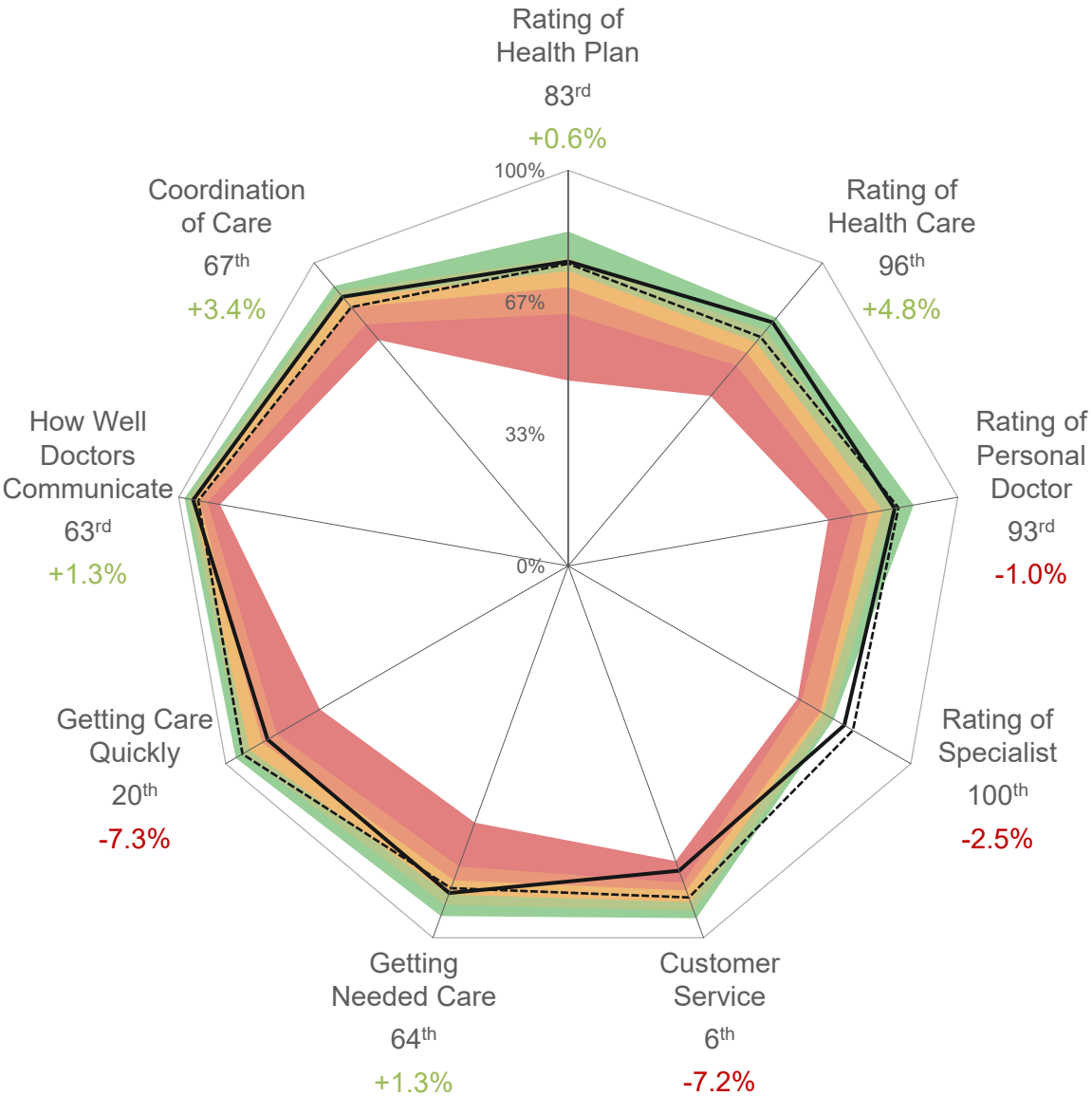
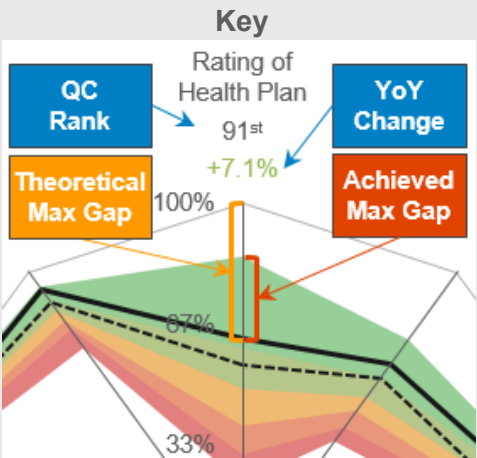
*Displayed by the outer bound of the dark green section of the graph.*

**Theoretical Max Score Gap** – The spread between your plan's score and the highest possible score a plan could achieve (100%).

*Displayed by the outer bound of the light green section of the graph.*

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

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





# Gap Analysis - CCC Population - 2020 Quality Compass

## GAP ANALYSIS

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

**Achieved Max Score Gap** – The spread between your plan's score and the highest score achieved by a plan within the 2020 Quality Compass (100<sup>th</sup> Percentile).

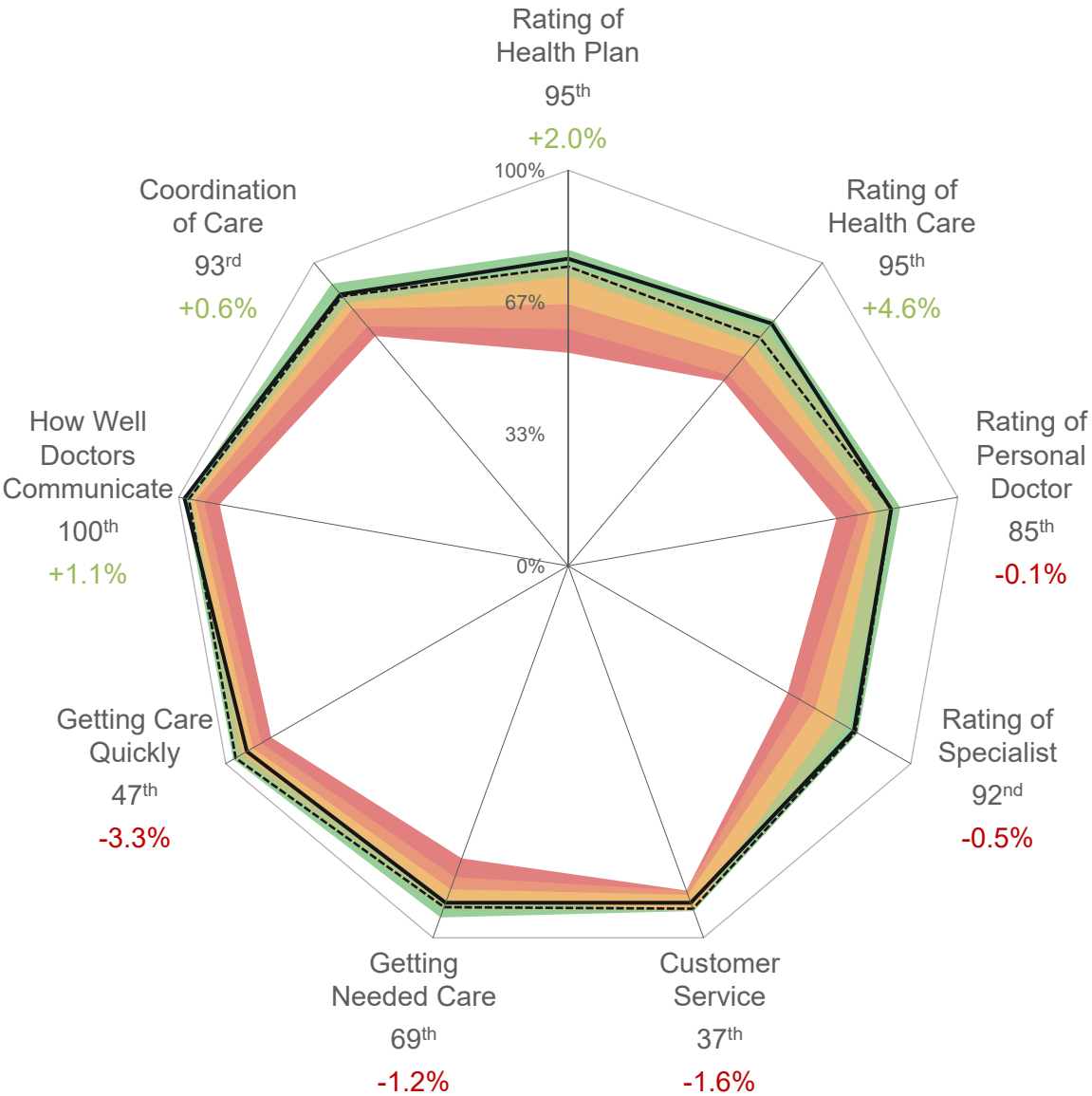
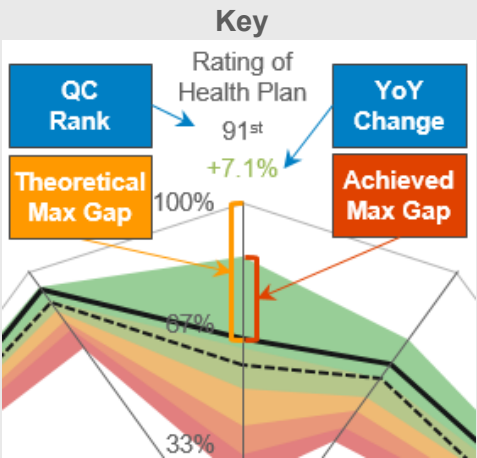
*Displayed by the outer bound of the dark green section of the graph.*

**Theoretical Max Score Gap** – The spread between your plan's score and the highest possible score a plan could achieve (100%).

*Displayed by the outer bound of the graph.*

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

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



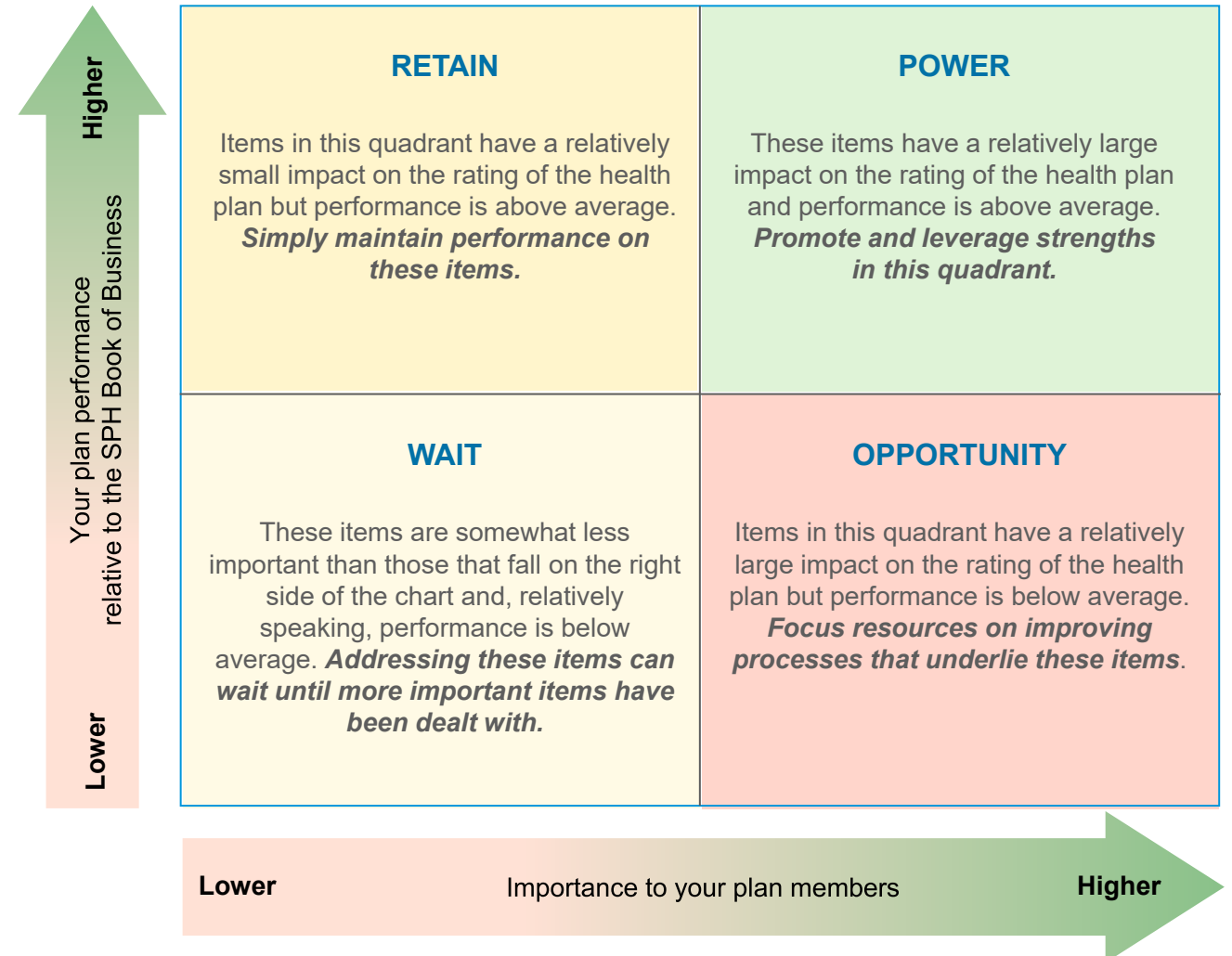
## POWeR™ CHART CLASSIFICATION MATRIX

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

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

The model provides the following:

- Identification of the elements that are important in driving of the rating of the health plan.
- Measurement of the relative importance of each of these elements.
- Measurement of how well members think the plan performed on those important elements.
- Presentation of the importance/performance results in a matrix that provides clear direction for member satisfaction improvement efforts by the plan.



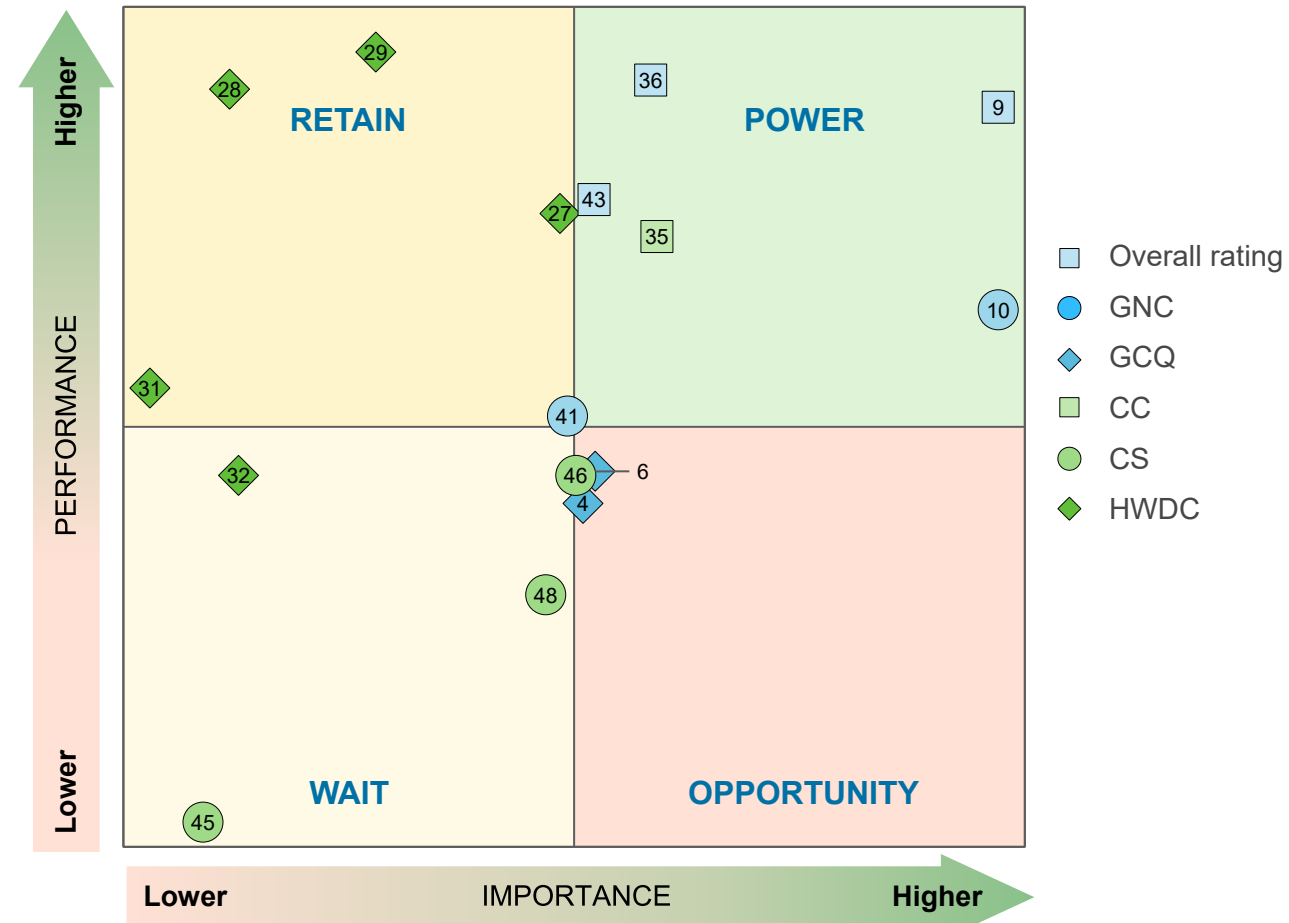
# POWeR Chart: Your Results

SURVEY MEASURE		SUMMARY RATE SCORE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
<b>POWER</b>				
Q9	Health care overall	80.3%	88 <sup>th</sup>	4
Q10	Got care/tests/treatment	92.8%	64 <sup>th</sup>	3
Q35	Dr. informed about care	88.7%	73 <sup>rd</sup>	4
Q36	Personal doctor overall	83.7%	92 <sup>nd</sup>	5
Q43	Specialist overall	80.5%	77 <sup>th</sup>	4
<b>OPPORTUNITY</b>				
Q6	Got routine care	84.6%	45 <sup>th</sup>	3
Q4	Got urgent care	90.9%	40 <sup>th</sup>	3
Q46	CS courtesy/respect	93.6%	44 <sup>th</sup>	3
<b>WAIT</b>				
Q48	Easy to fill out forms	95.1%	29 <sup>th</sup>	2
Q32	Dr. spent enough time	90.1%	45 <sup>th</sup>	3
Q45	CS provided info./help	70.2%	<5 <sup>th</sup>	1
<b>RETAIN</b>				
Q41	Got specialist appt.	83.0%	52 <sup>nd</sup>	3
Q27	Dr. explained things	97.0%	76 <sup>th</sup>	4
Q29	Dr. showed respect	99.2%	94 <sup>th</sup>	5
Q28	Dr. listened carefully	98.5%	91 <sup>st</sup>	5
Q31	Dr. explained things for child	95.2%	55 <sup>th</sup>	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 – Plan and Industry Key Drivers

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

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

		ALIGNMENT <i>Are your key drivers typical of the industry?</i>	ATTRIBUTE		YOUR PLAN SUMMARY RATE SCORE	INDUSTRY KEY DRIVER RANK	SPH BoB SUMMARY RATE SCORE	SPH BoB PERCENTILE	CLASSIFICATION
TOP 10 PLAN KEY DRIVERS		Q9	Health care overall		80.3%	1	74.4%	88 <sup>th</sup>	POWER
		Q10	Got care/tests/treatment		92.8%	6	90.8%	64 <sup>th</sup>	POWER
		Q35	Dr. informed about care		88.7%	13	84.9%	73 <sup>rd</sup>	POWER
		Q36	Personal doctor overall		83.7%	2	78.6%	92 <sup>nd</sup>	POWER
		Q6	Got routine care		84.6%	9	83.8%	45 <sup>th</sup>	OPPORTUNITY
		Q43	Specialist overall		80.5%	3	75.7%	77 <sup>th</sup>	POWER
		Q4	Got urgent care		90.9%	11	91.7%	40 <sup>th</sup>	OPPORTUNITY
		Q46	CS courtesy/respect		93.6%	5	94.0%	44 <sup>th</sup>	OPPORTUNITY
		Q41	Got specialist appt.		83.0%	4	82.4%	52 <sup>nd</sup>	RETAIN
		Q27	Dr. explained things		97.0%	12	94.8%	76 <sup>th</sup>	RETAIN
ADD'L TOP 10 INDUSTRY DRIVERS		Q29	Dr. showed respect		99.2%	10	96.9%	94 <sup>th</sup>	RETAIN
		Q28	Dr. listened carefully		98.5%	8	95.9%	91 <sup>st</sup>	RETAIN
		Q45	CS provided info./help		70.2%	7	82.5%	<5 <sup>th</sup>	WAIT








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



# Overall Rating of Health Plan - General Population

## Demographic Comparisons

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

 Respondent's Gender	<div><div>8 - 10</div><div>9 - 10</div></div> <div><div>MALE (n=16)<sup>▲</sup></div><div>FEMALE (n=205)</div></div> <div><div>75.0%</div><div>68.8%</div></div> <div><div>91.7%</div><div>77.6%</div></div>	
 Respondent's Age	<div><div>8 - 10</div><div>9 - 10</div></div> <div><div>&lt;25 (n=27)</div><div>25 - 34 (n=57)</div><div>35 - 44 (n=81)</div><div>45 or older (n=54)</div></div> <div><div>88.9%</div><div>91.2%</div><div>88.9%</div><div>92.6%</div></div> <div><div>77.8%</div><div>84.2%</div><div>70.4%</div><div>77.8%</div></div>	
 Child's Health Status	<div><div>8 - 10</div><div>9 - 10</div></div> <div><div>EXC./VERY GOOD (n=174)</div><div>GOOD (n=46)</div><div>FAIR/POOR (n=7)<sup>▲</sup></div></div> <div><div>92.0%</div><div>82.6%</div><div>100%</div></div> <div><div>79.3%</div><div>67.4%</div><div>71.4%</div></div>	
 Child's Mental/Emotional Health Status	<div><div>8 - 10</div><div>9 - 10</div></div> <div><div>EXC./VERY GOOD (n=156)</div><div>GOOD (n=53)</div><div>FAIR/POOR (n=18)<sup>▲</sup></div></div> <div><div>94.9%</div><div>81.1%</div><div>77.8%</div></div> <div><div>85.3%</div><div>62.3%</div><div>44.4%</div></div>	
 Respondent's Education	<div><div>8 - 10</div><div>9 - 10</div></div> <div><div>HS GRAD OR LESS (n=109)</div><div>SOME COLLEGE OR MORE (n=106)</div></div> <div><div>91.7%</div><div>88.7%</div></div> <div><div>79.8%</div><div>72.6%</div></div>	
 Data Collection	<div><div>8 - 10</div><div>9 - 10</div></div> <div><div>MAIL (n=99)</div><div>PHONE (n=103)</div><div>INTERNET (n=27)</div></div> <div><div>86.9%</div><div>93.2%</div><div>92.6%</div></div> <div><div>76.8%</div><div>80.6%</div><div>63.0%</div></div>	
 Child's Ethnicity & Race		<div><div>8 - 10</div><div>9 - 10</div></div> <div><div>WHITE (n=101)</div><div>BLACK/AFRICAN AMERICAN (n=91)</div><div>ASIAN (n=6)<sup>▲</sup></div><div>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (n=3)<sup>▲</sup></div><div>AMERICAN INDIAN OR ALASKA NATIVE (n=9)<sup>▲</sup></div><div>OTHER (n=28)</div><div>HISPANIC/LATINO (n=38)</div><div>NOT HISPANIC/ LATINO (n=175)</div></div> <div><div>88.1%</div><div>94.5%</div><div>50.0%</div><div>100%</div><div>77.8%</div><div>85.7%</div><div>92.1%</div><div>89.7%</div></div> <div><div>75.2%</div><div>75.8%</div><div>50.0%</div><div>100%</div><div>55.6%</div><div>78.6%</div><div>76.3%</div><div>76.0%</div></div>

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# Estimated NCQA Health Insurance Plan Ratings - General Population

	2021 SCORE	SCORE DEFINITION	QC PERCENTILE RANK	SPH ESTIMATED RATING
CONSUMER SATISFACTION				4.5
GETTING CARE				NA
Getting Needed Care	87.9%	Usually or Always	64 <sup>th</sup>	NA
Getting Care Quickly	87.7%	Usually or Always	20 <sup>th</sup>	NA
SATISFACTION WITH PLAN PHYSICIANS				5.0
Rating of Personal Doctor	83.7%	9 or 10	93 <sup>rd</sup>	5.0
Rating of Specialist	80.5%	9 or 10	100 <sup>th</sup>	NA
Rating of Health Care	80.3%	9 or 10	96 <sup>th</sup>	5.0
Coordination of Care	88.7%	Usually or Always	67 <sup>th</sup>	NA
SATISFACTION WITH PLAN SERVICES				4.0
Rating of Health Plan	76.9%	9 or 10	83 <sup>rd</sup>	4.0

## EXPLANATION

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

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

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

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

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

### Notes:

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

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



# Oversampling Scenarios - General Population

## OVERSAMPLING SCENARIO EXPLANATION

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

This plan 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 242% and above yields all reportable measures and a decrease on 1 measure. This is an estimate only and cannot be used to predict NCQA star ratings.

MEASURE NAME	ESTIMATED RATING (Current: 40%)	OVERSAMPLING SCENARIOS	
		0%	≥ 242%
CONSUMER SATISFACTION	4.5	4.5	4.0
GETTING CARE	NA	NA	2.5
Getting Needed Care	NA	NA	3.0
Getting Care Quickly	NA	NA	2.0
SATISFACTION WITH PLAN PHYSICIANS	5.0	5.0	5.0
Rating of Personal Doctor	5.0	5.0	5.0
Rating of Specialist	NA	NA	5.0
Rating of Health Care	5.0	NA	5.0
Coordination of Care	NA	NA	4.0
SATISFACTION WITH PLAN SERVICES	4.0	4.0	4.0
Rating of Health Plan	4.0	4.0	4.0

Higher Rating

Lower Rating

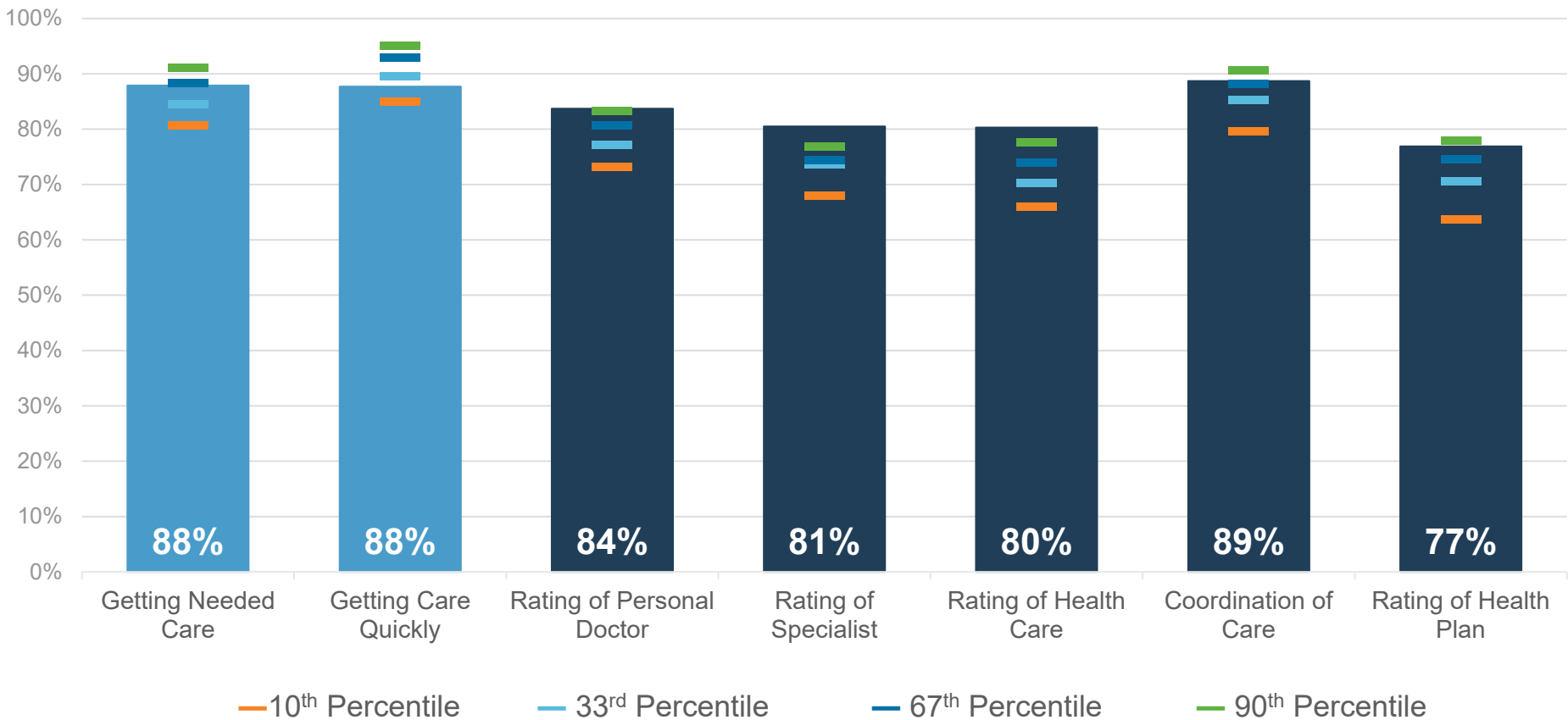
Reportable



# Performance to Percentile Thresholds - General Population

## COMPARISON TO QUALITY COMPASS PERCENTILE THRESHOLDS

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



**Dark Blue** bar = Your plan's performance is at or above the 67<sup>th</sup> percentile

**Light Blue** bar = Your plan's performance is below the 67<sup>th</sup> percentile

\* Scores are % 9 or 10, and % Always or Usually.



# Measure Summary - General Population

## Top Three Measures

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

MEASURE	2021 VALID N	YOUR PLAN SCORE		CHANGE	2020 QC GP BENCHMARK		GAP
		2020	2021		SUMMARY RATE	PERCENTILE RANK	
Rating of Specialist (% 9 or 10)	41 <sup>^</sup>	83.0%	80.5%	-2.5%	73.4%	100 <sup>th</sup>	7.1%
Rating of Health Care (% 9 or 10)	127	75.5%	80.3%	4.8%	71.9% ▲	96 <sup>th</sup>	8.4%
Rating of Personal Doctor (% 9 or 10)	202	84.7%	83.7%	-1.0%	78.6%	93 <sup>rd</sup>	5.1%

## Bottom Three Measures

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

MEASURE	2021 VALID N	YOUR PLAN SCORE		CHANGE	2020 QC GP BENCHMARK		GAP
		2020	2021		SUMMARY RATE	PERCENTILE RANK	
How Well Doctors Communicate (% Always or Usually)	133	94.9%	96.2%	1.3%	95.3%	63 <sup>rd</sup>	0.9%
Getting Care Quickly (% Always or Usually)	89 <sup>^</sup>	95.0%	87.7% ↓	-7.3%	90.5%	20 <sup>th</sup>	-2.8%
Customer Service (% Always or Usually)	47 <sup>^</sup>	89.1%	81.9%	-7.2%	88.8%	6 <sup>th</sup>	-6.9%

### Significance Testing

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



# 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 – 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 – 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

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## Measure Details and Scoring

- 12470 - UnitedHealthcare Community Plan (LA)



# Measure Analyses: Section Information - General Population

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

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



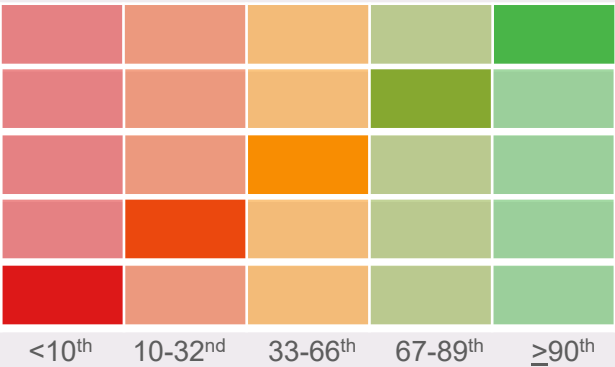
Analyses presented in this section include:

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

## Measures Included in Analyses

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

## Percentile Rankings



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



# Rating of Health Plan - General Population

Measure

## PERCENTILE RANKING 2020 QC ALL PLANS GP

% 8, 9 or 10



% 9 or 10



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

### POWER

Promote and Leverage Strengths

- Q9 Health care overall
- Q10 Got care/tests/treatment
- Q35 Dr. informed about care
- Q36 Personal doctor overall
- Q43 Specialist overall

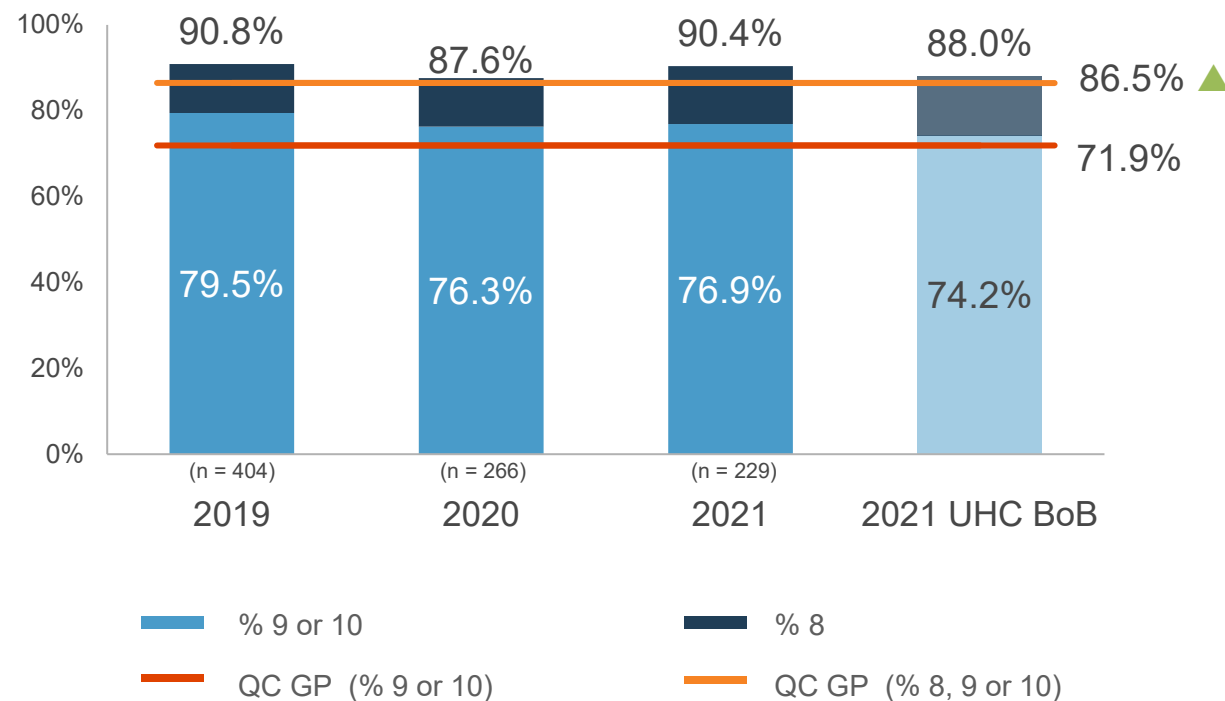
### OPPORTUNITIES

Focus Resources on Improving Processes That Underlie These Items

- Q6 Got routine care
- Q4 Got urgent care
- Q46 CS courtesy/respect

## RATING OF HEALTH PLAN

% 8, 9 or 10



### Significance Testing

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

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

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



# Rating of Health Care - General Population

## Measure

### PERCENTILE RANKING 2020 QC ALL PLANS GP

% 8, 9 or 10



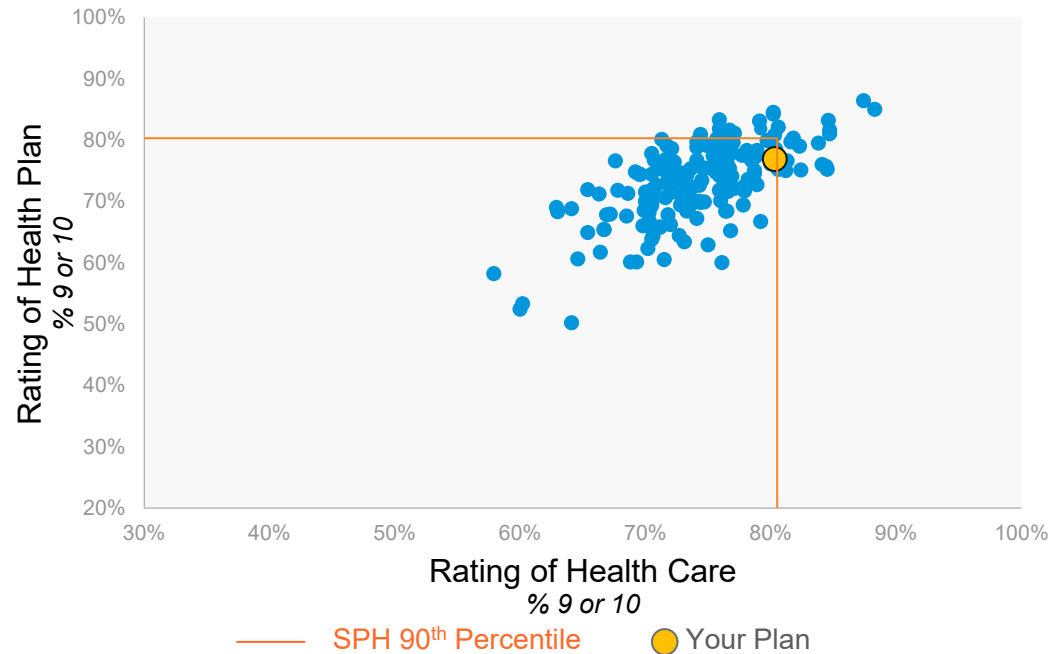
97<sup>th</sup>

% 9 or 10



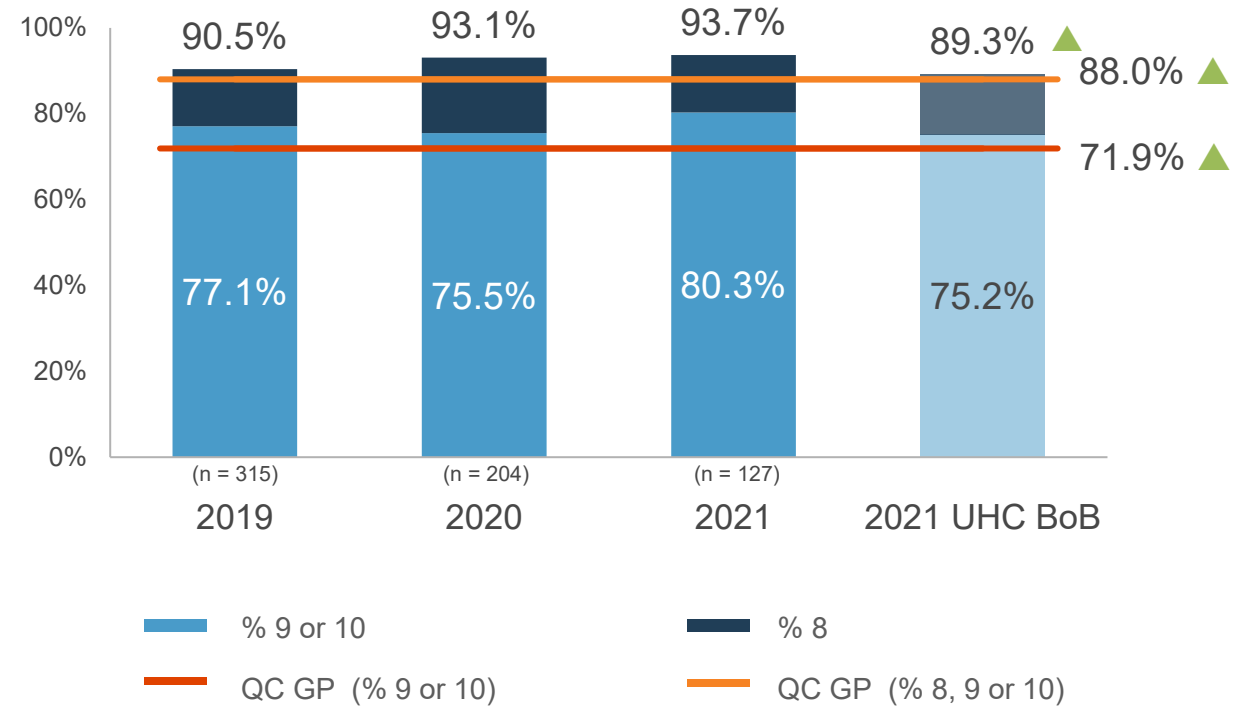
96<sup>th</sup>

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### RATING OF HEALTH CARE

% 8, 9 or 10



#### Significance Testing

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

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

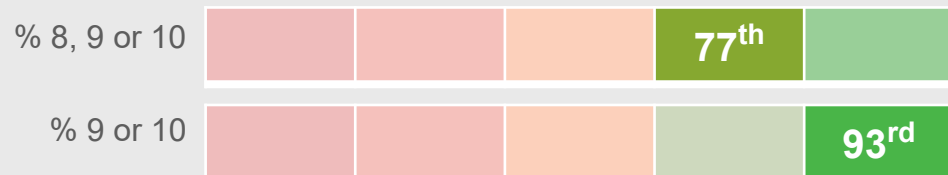
<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.



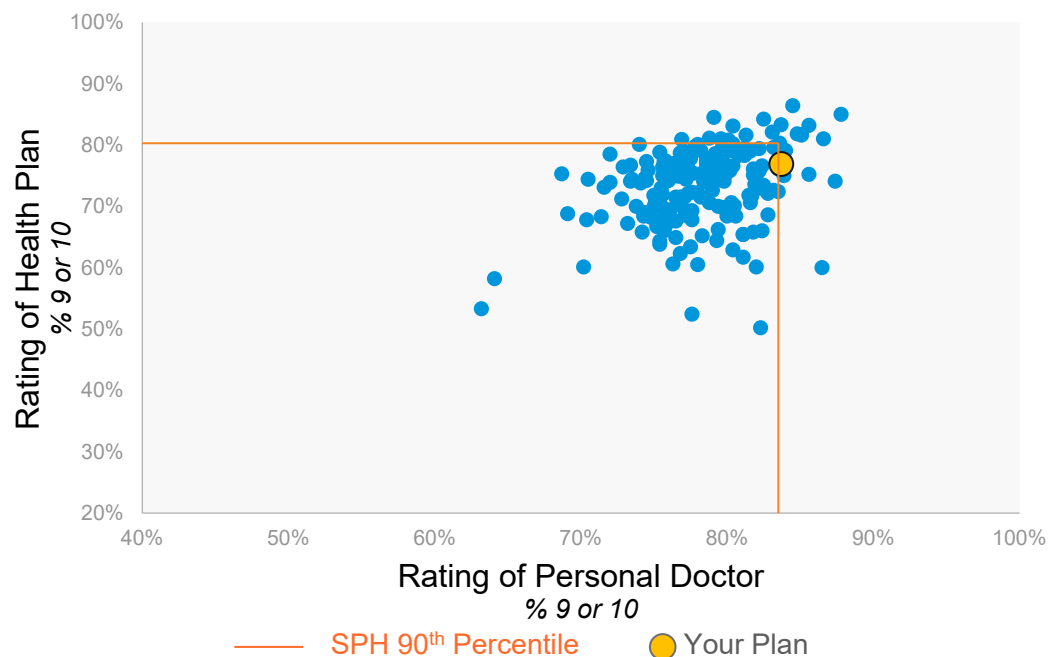
# Rating of Personal Doctor - General Population

Measure

## PERCENTILE RANKING 2020 QC ALL PLANS GP

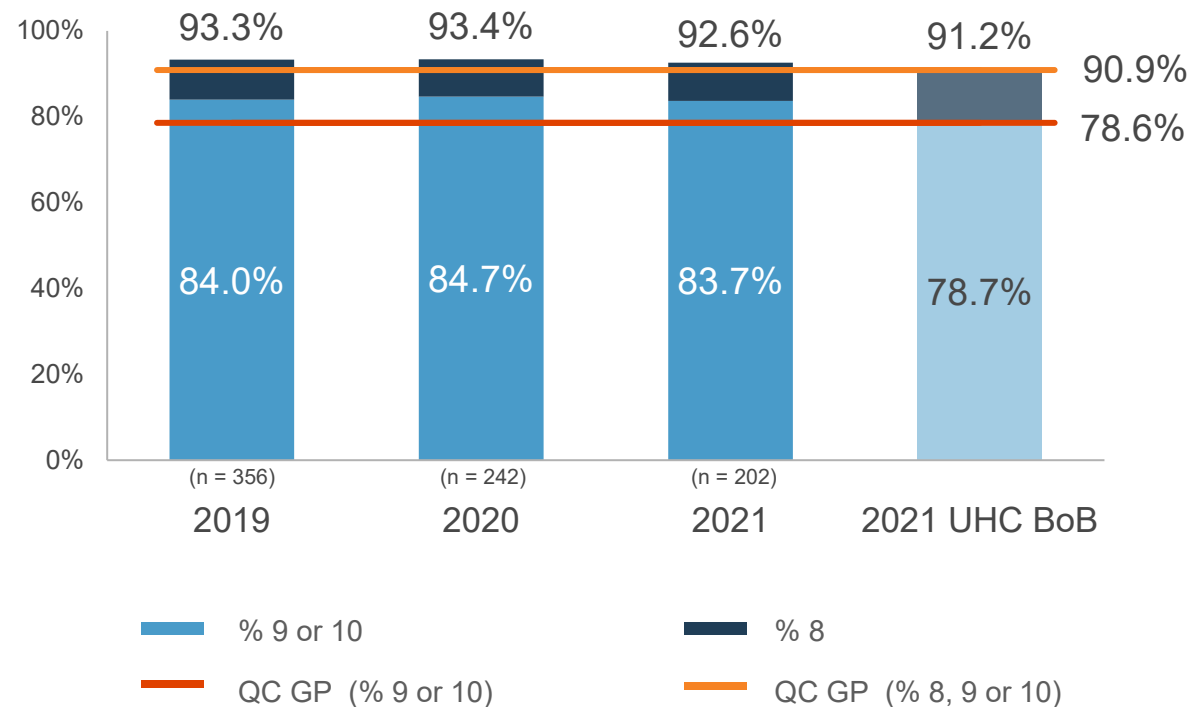


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## RATING OF PERSONAL DOCTOR

% 8, 9 or 10



### Significance Testing

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

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

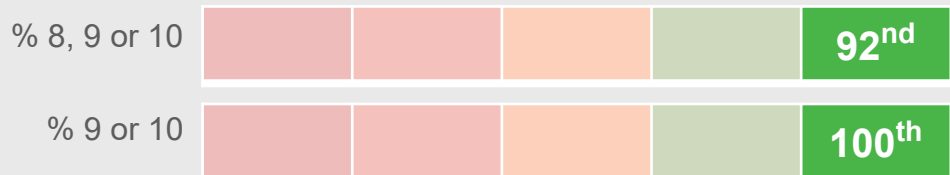
<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.



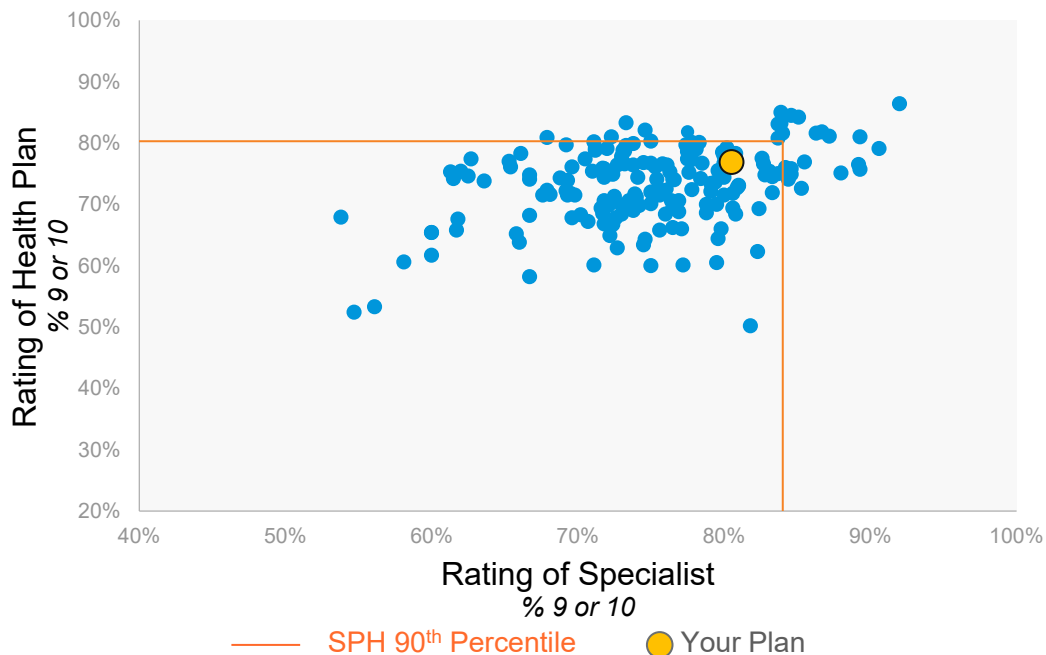
# Rating of Specialist - General Population

## Measure

### PERCENTILE RANKING 2020 QC ALL PLANS GP

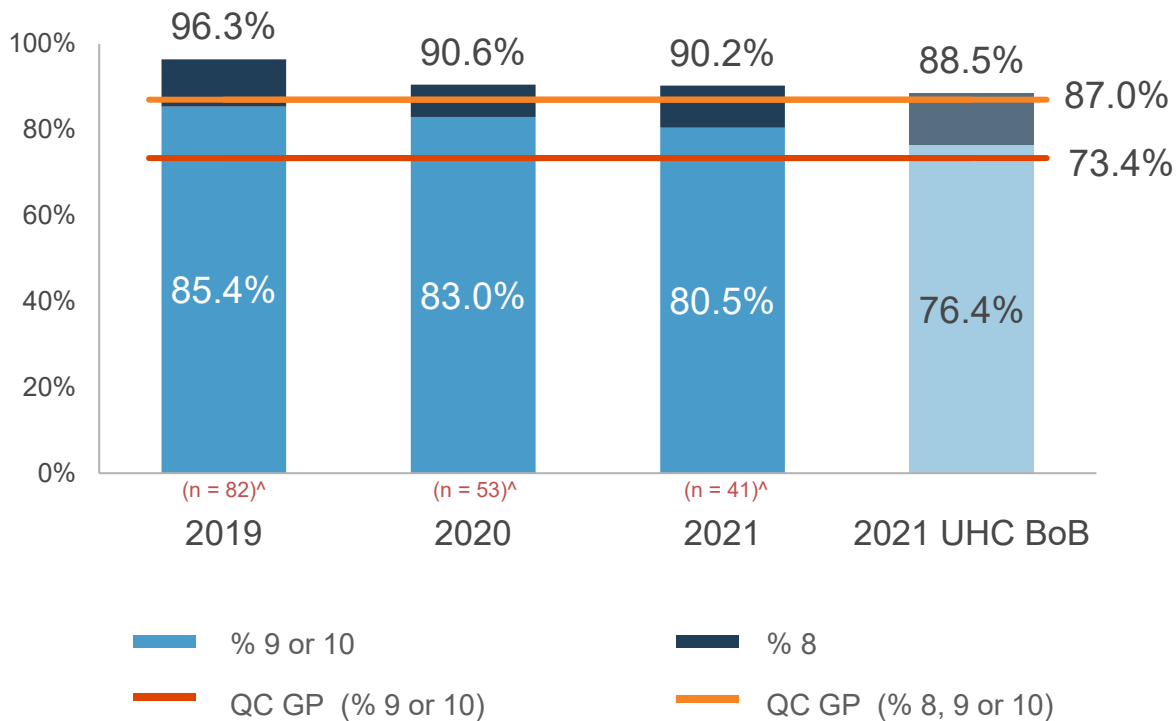


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### RATING OF SPECIALIST

% 8, 9 or 10



#### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.



# Getting Needed Care - General Population

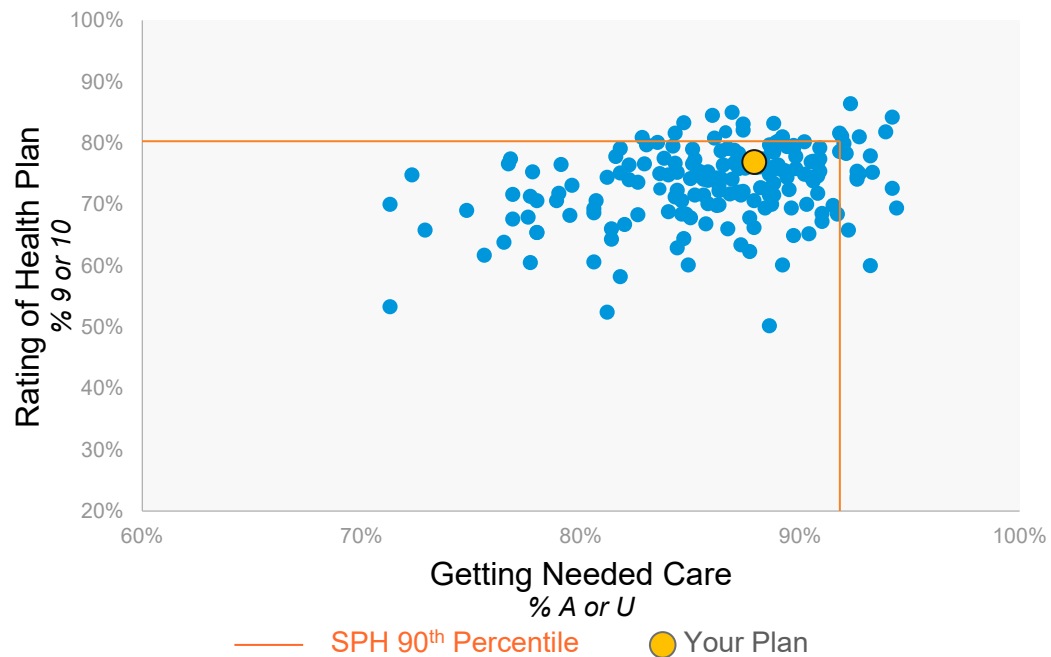
Composite

## PERCENTILE RANKING 2020 QC ALL PLANS GP

% A or U

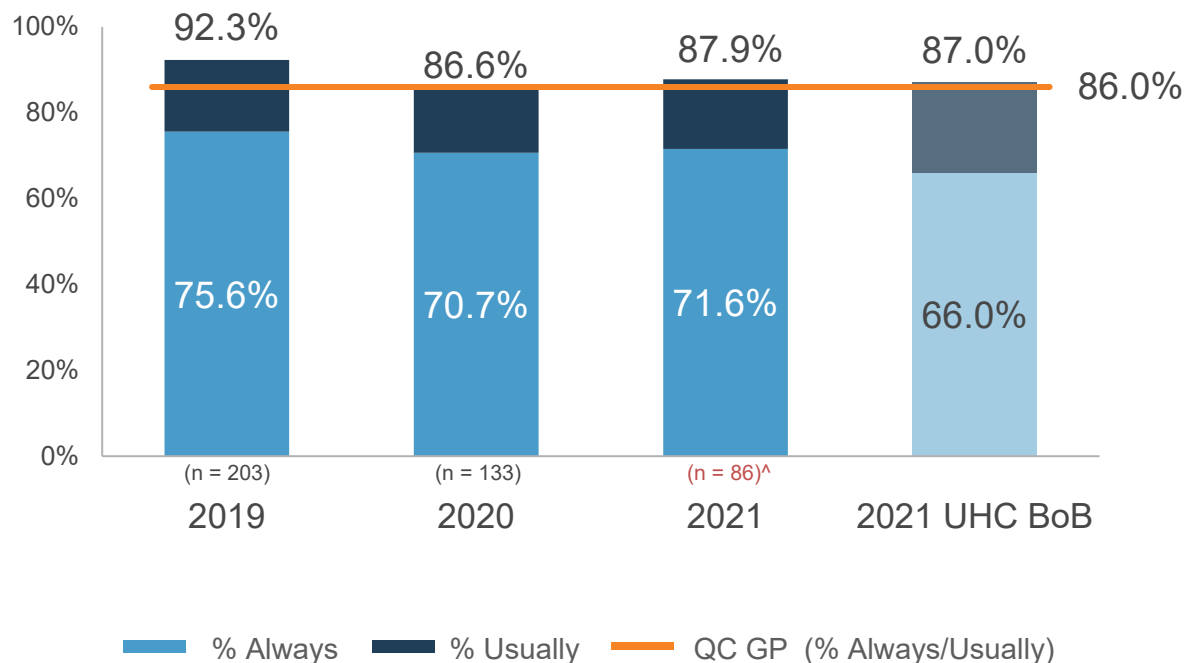
64<sup>th</sup>

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## GETTING NEEDED CARE

% Always or Usually



### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.



# Getting Needed Care - General Population

## Attribute Questions

### 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 your child needed?
- Q41. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

#### 2021 GETTING NEEDED CARE COMPOSITE SUMMARY RATE SCORE

87.9%

#### Gate Question

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

Valid n	Yes
232	20.3%

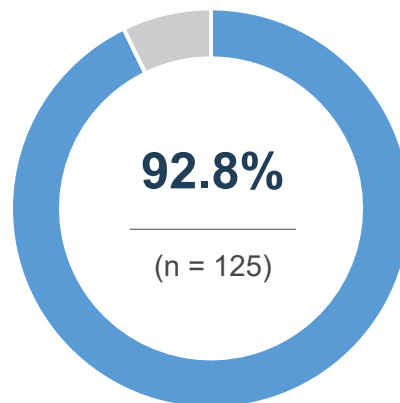
#### Significance Testing

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

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

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

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

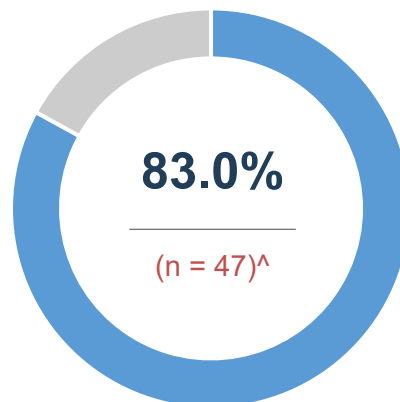


2021	92.8%
2020	91.8%
2019	92.4%
UHC	91.6%
QC	91.2%

Percentile Ranking 2020 QC All Plans GP



#### Q41. GETTING SPECIALIST APPOINTMENT % Always or Usually



2021	83.0%
2020	81.4%
2019	92.2%
UHC	82.3%
QC	79.8%

Percentile Ranking 2020 QC All Plans GP





# Getting Care Quickly - General Population

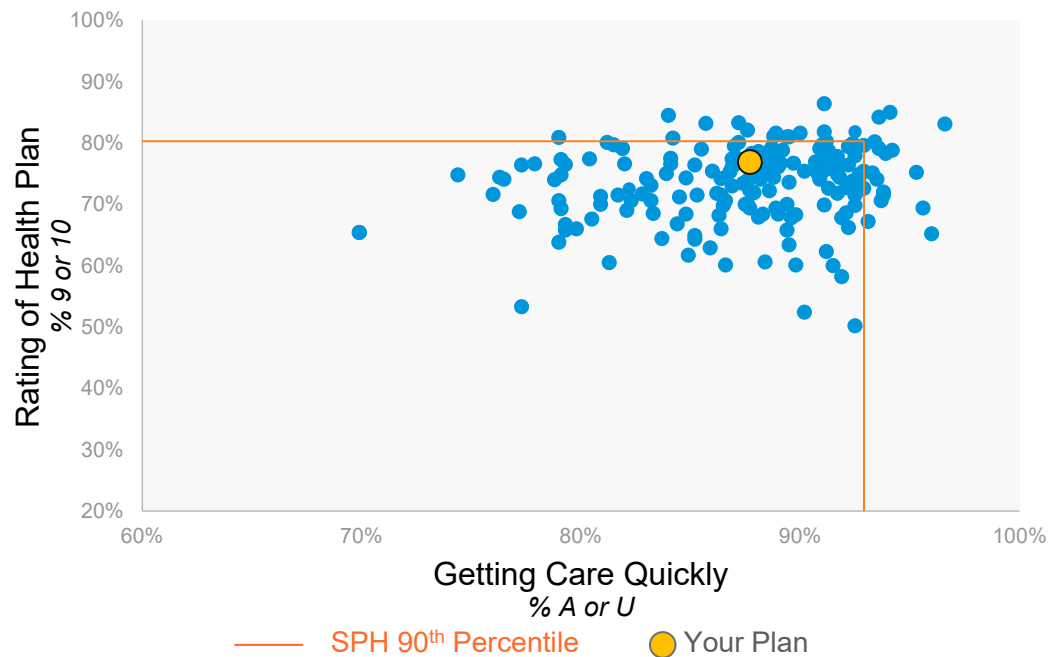
Composite

## PERCENTILE RANKING 2020 QC ALL PLANS GP

% A or U

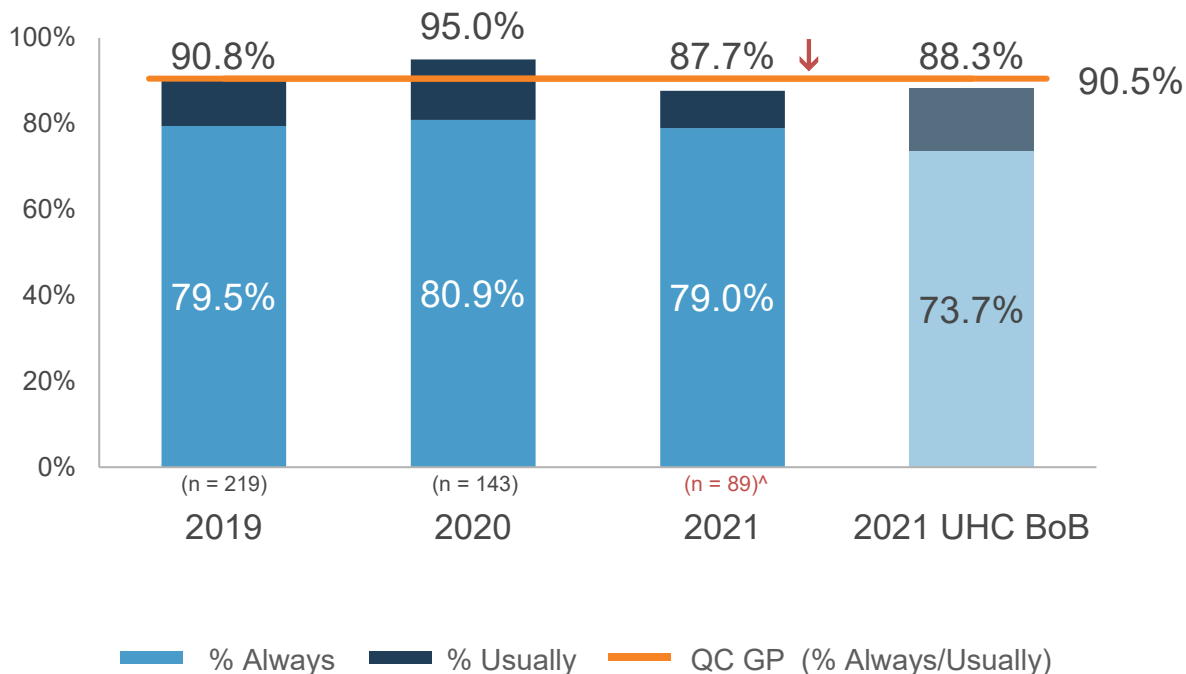
20<sup>th</sup>

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## GETTING CARE QUICKLY

% Always or Usually



### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.



# Getting Care Quickly - General Population

## Attribute Questions

### GETTING CARE QUICKLY QUESTIONS

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

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

#### 2021 GETTING CARE QUICKLY COMPOSITE SUMMARY RATE SCORE

87.7%

#### Gate Questions

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

Valid n	Yes
229	25.3%

Q5. Made appts for health care in person, on the phone, or on video

227	56.8%
-----	-------

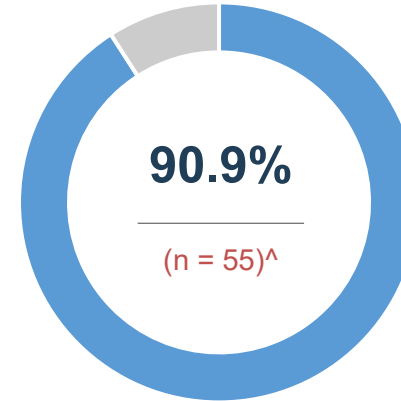
#### Significance Testing

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

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

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

#### Q4. GETTING URGENT CARE % Always or Usually

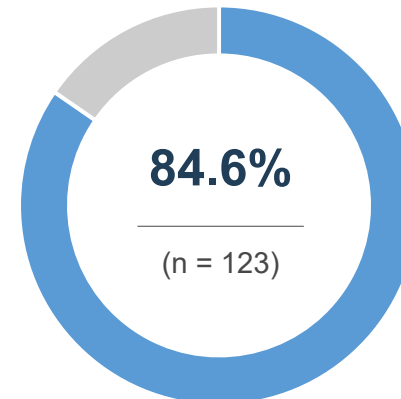


2021	90.9%
2020	96.1%
2019	90.1%
UHC	92.5%
QC	92.6%

Percentile Ranking 2020 QC All Plans GP



#### Q6. GETTING ROUTINE CARE % Always or Usually



2021	84.6%	↓
2020	94.0%	
2019	91.6%	
UHC	84.0%	
QC	89.0%	

Percentile Ranking 2020 QC All Plans GP





# Coordination of Care - General Population

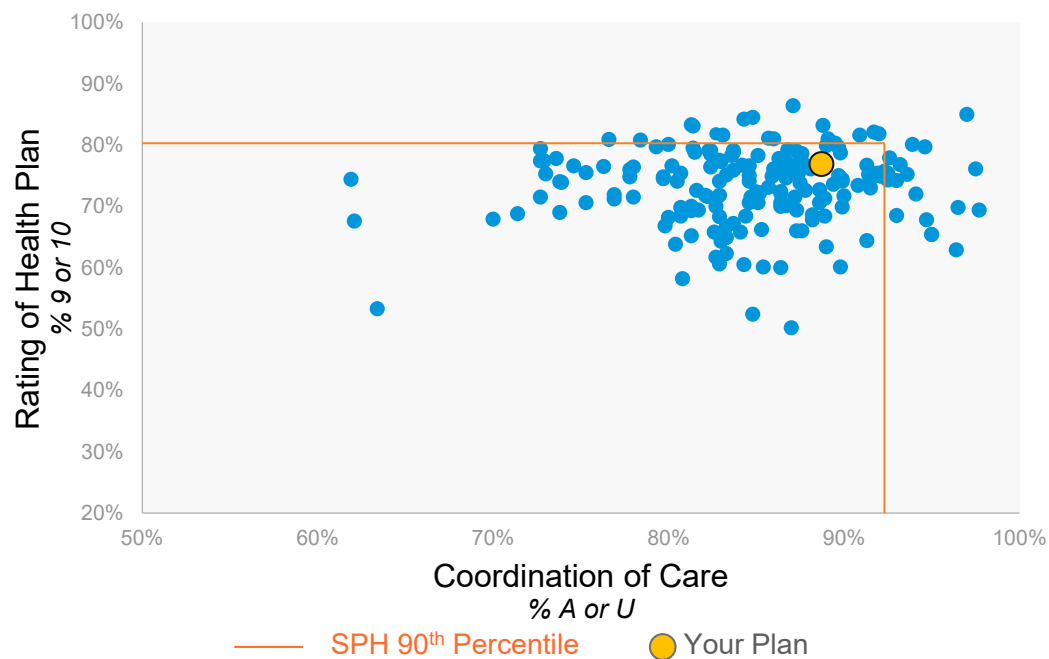
Measure

## PERCENTILE RANKING 2020 QC ALL PLANS GP

% A or U

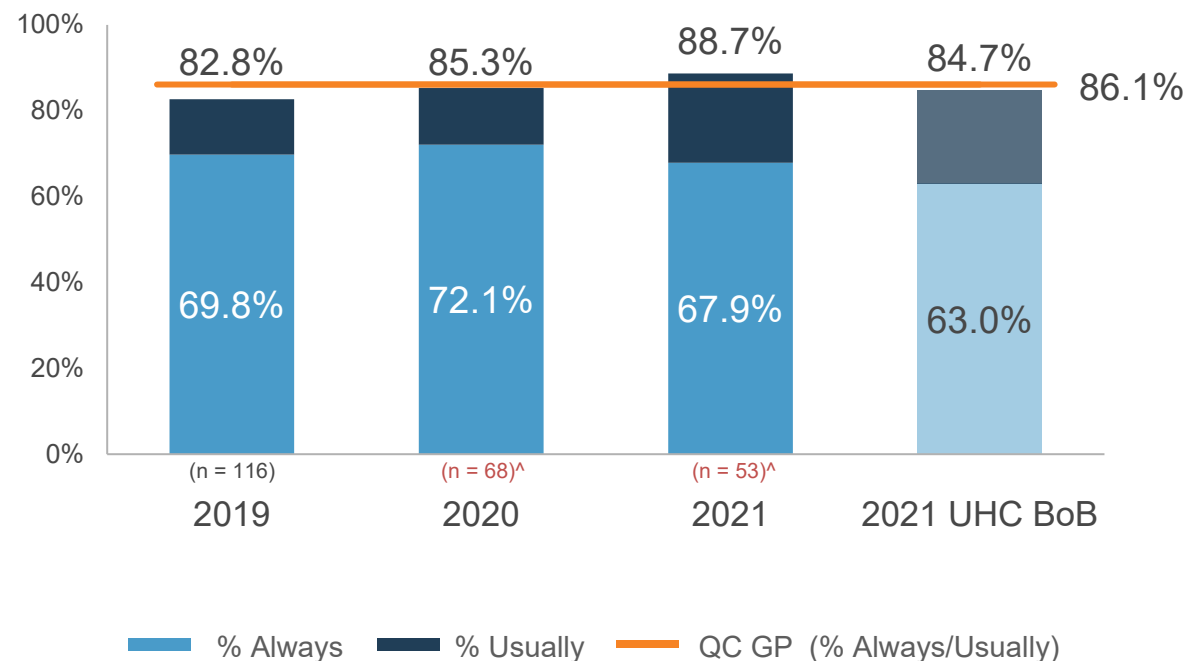
67<sup>th</sup>

## SPH BOOK OF BUSINESS DISTRIBUTION



## COORDINATION OF CARE

% Always or Usually



### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.



# Customer Service\* - General Population

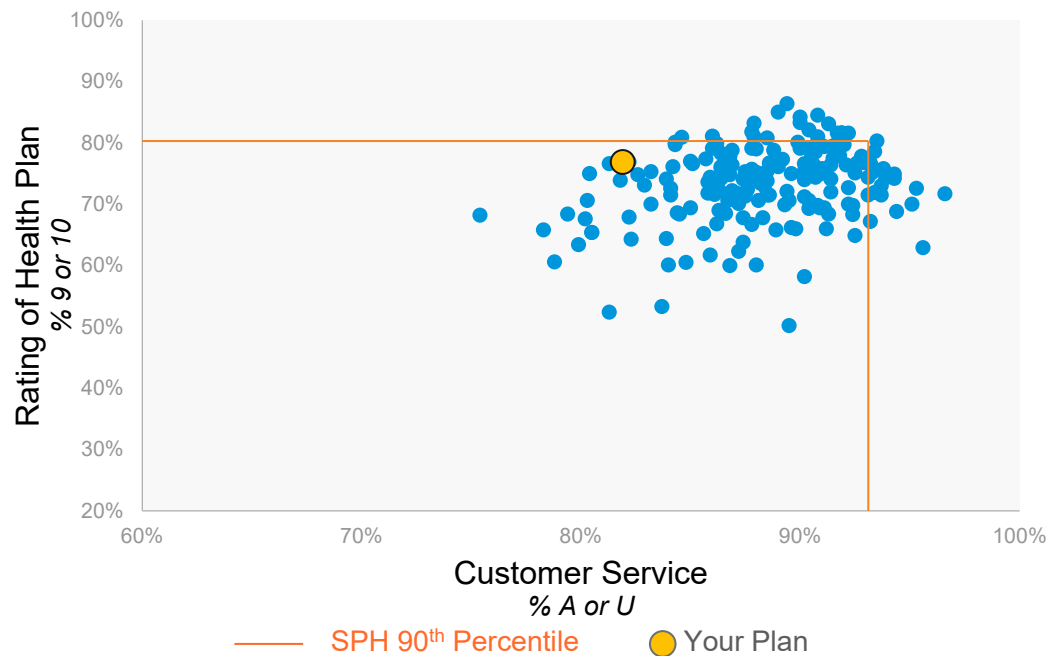
Composite

## PERCENTILE RANKING 2020 QC ALL PLANS GP

% A or U

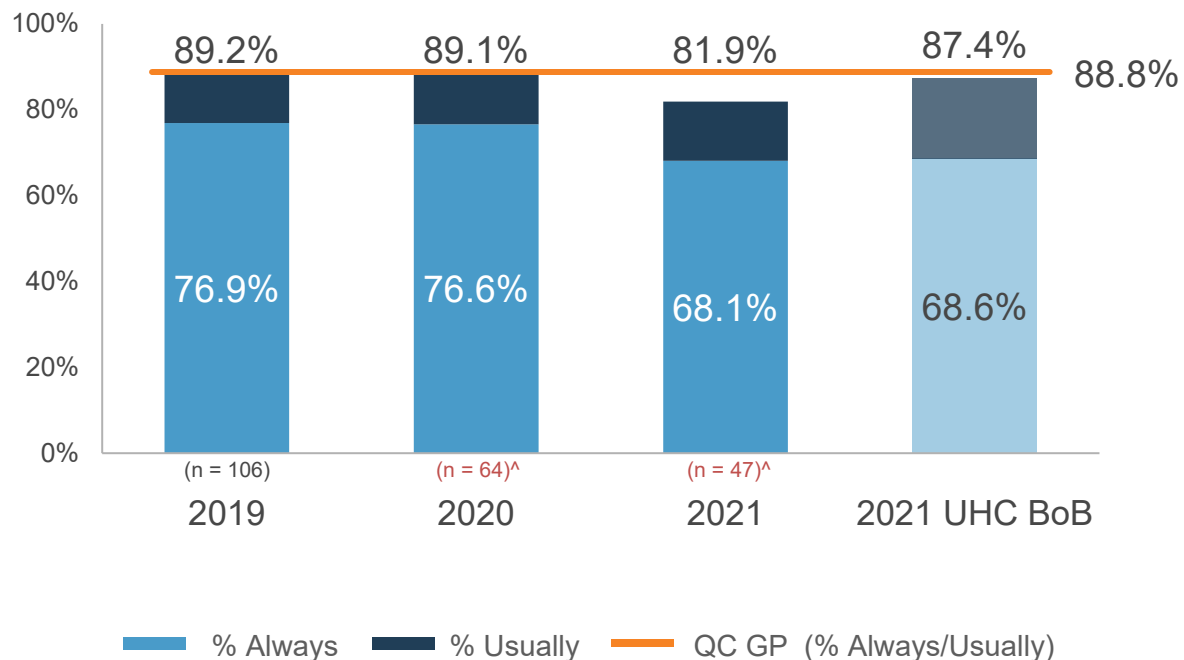
6<sup>th</sup>

## SPH BOOK OF BUSINESS DISTRIBUTION



## CUSTOMER SERVICE

% Always or Usually



### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.



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

#### 2021 CUSTOMER SERVICE COMPOSITE SUMMARY RATE SCORE

81.9%

#### Gate Question

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

Valid n

Yes

228

20.6%

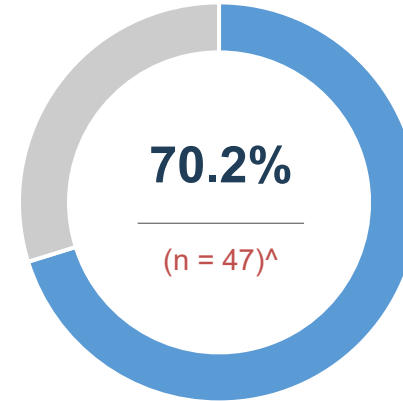
#### Significance Testing

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

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

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

#### Q45. PROVIDED INFORMATION OR HELP % Always or Usually

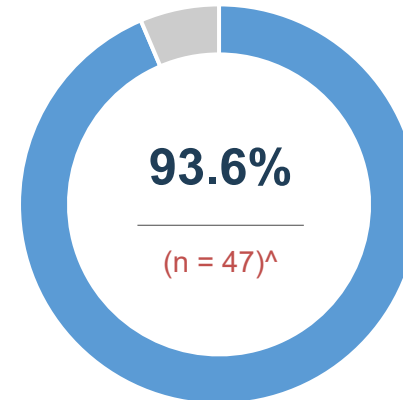


2021	70.2%
2020	84.4%
2019	82.1%
UHC	81.3%
QC	83.8% ▼

Percentile Ranking 2020 QC All Plans GP



#### Q46. TREATED WITH COURTESY AND RESPECT % Always or Usually



2021	93.6%
2020	93.8%
2019	96.2%
UHC	93.4%
QC	93.8%

Percentile Ranking 2020 QC All Plans GP





# How Well Doctors Communicate\* - General Population

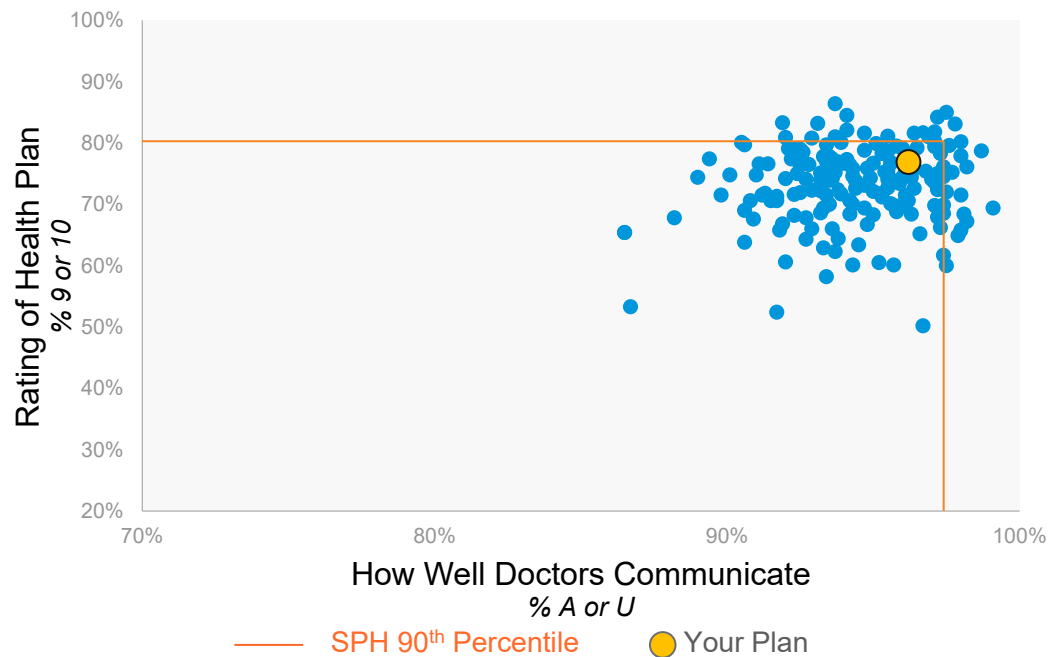
Composite

## PERCENTILE RANKING 2020 QC ALL PLANS GP

% A or U

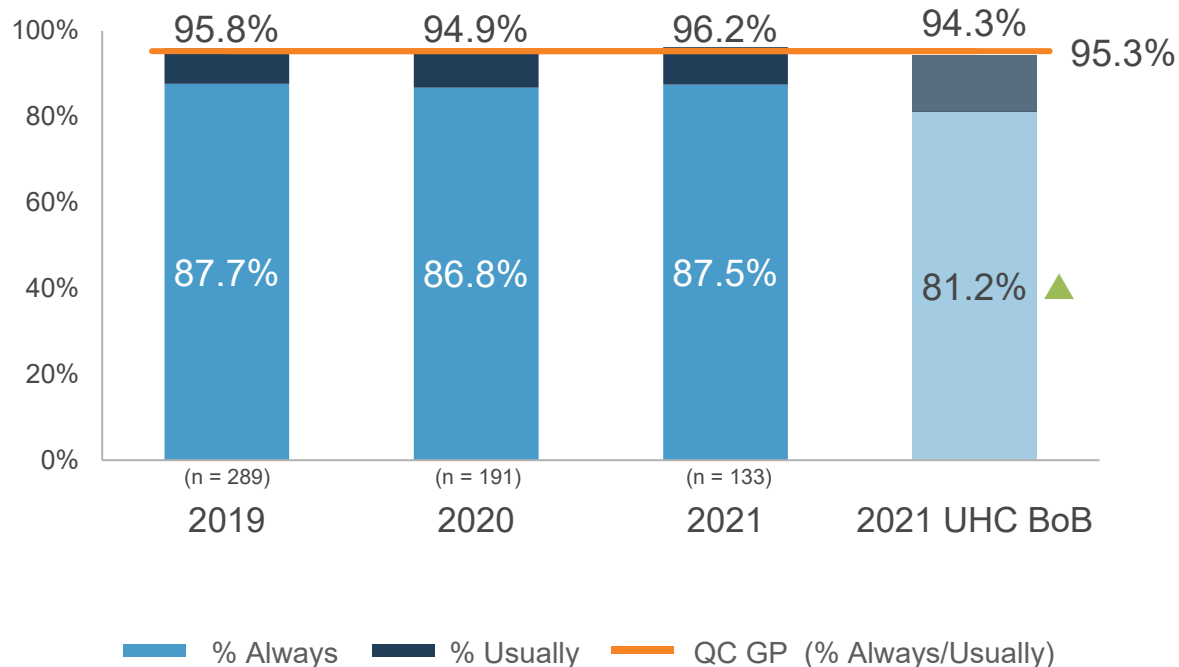
63<sup>rd</sup>

## SPH BOOK OF BUSINESS DISTRIBUTION



## HOW WELL DOCTORS COMMUNICATE

% Always or Usually



### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.



# How Well Doctors Communicate - General Population

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

### 2021 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE

96.2%

#### Gate Question

	Valid n	Yes
Q25. Have a personal doctor	230	88.7%

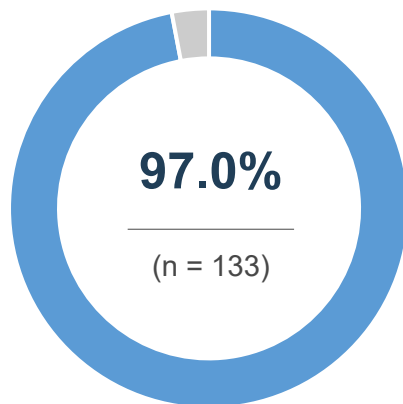
#### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

### Q27. PERSONAL DOCTOR EXPLAINED THINGS % Always or Usually

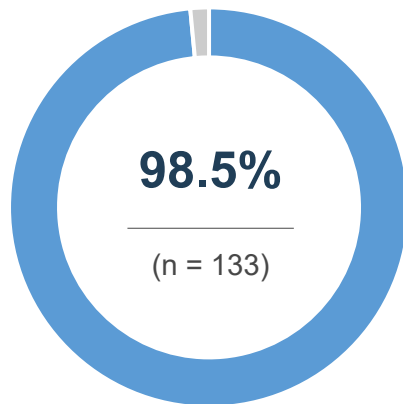


2021	97.0%
2020	95.3%
2019	96.2%
UHC	94.7%
QC	95.6%

Percentile Ranking 2020 QC All Plans GP



### Q28. PERSONAL DOCTOR LISTENED CAREFULLY % Always or Usually



2021	98.5%
2020	95.8%
2019	96.9%
UHC	95.8% ▲
QC	96.4% ▲

Percentile Ranking 2020 QC All Plans GP





# How Well Doctors Communicate - General Population

12470 - UnitedHealthcare Community Plan (LA)

## Attribute Questions, Continued

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

#### 2021 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE

96.2%

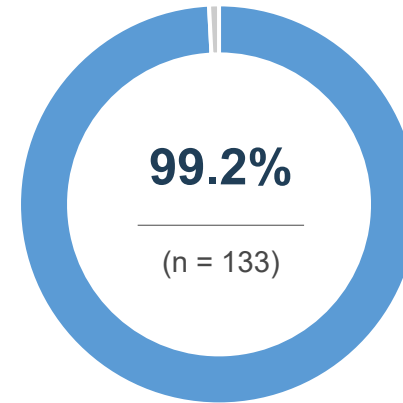
#### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

#### Q29. PERSONAL DOCTOR SHOWED RESPECT % Always or Usually

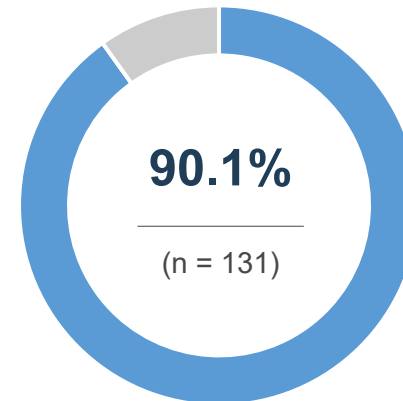


2021	99.2%	↗
2020	96.3%	
2019	96.6%	
UHC	96.9%	▲
QC	97.2%	▲

Percentile Ranking 2020 QC All Plans GP



#### Q32. PERSONAL DOCTOR SPENT ENOUGH TIME % Always or Usually



2021	90.1%	
2020	92.1%	
2019	93.8%	
UHC	89.9%	
QC	91.9%	

Percentile Ranking 2020 QC All Plans GP





# Summary of Trend and Benchmarks

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Summary Rate Scores and Percentile Rankings

- 12470 - UnitedHealthcare Community Plan (LA)



# Summary of Trend and Benchmarks: Section Information

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

Summary Rate Scores: Shows how your plan's composite and key question Summary Rates compare to trend data (if applicable) and scores from the 2021 GP UHC Medicaid Child with CCC Average and the 2020 GP 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 2020 score (↑), the 2019 score (↗) or benchmark score (▲).

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

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



# Benchmark Information

## Available Benchmarks

The following benchmarks are used throughout the report.

	<b>2020 Quality Compass® All Plans (General Population)</b>	<b>2020 Quality Compass® All Plans (CCC Population)</b>	<b>2020 NCQA 1-100 Benchmark (General Population)</b>	<b>2020 NCQA 1-100 Benchmark (CCC Population)</b>	<b>2021 SPH Analytics Book of Business (General Population)</b>	<b>2021 SPH Analytics Book of Business (CCC Population)</b>
	Includes all Medicaid child samples (Non-CCC and CCC) that submitted data to NCQA in 2020.	Includes all Medicaid child samples (CCC) that submitted data to NCQA in 2020.	A percentile benchmark (with values ranging from the first through the one hundredth percentile) calculated by NCQA and derived from Medicaid child data (Non-CCC and CCC) collected by NCQA in 2020.	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 2020.	Includes all the Medicaid child samples (Non-CCC and CCC) that contracted with SPH Analytics to administer the 2021 CAHPS 5.1H survey and submitted data to NCQA.	Includes all the Medicaid child samples (CCC) that contracted with SPH Analytics to administer the 2021 CAHPS 5.1H survey and submitted data to NCQA.
<b>PROS</b>	<ul style="list-style-type: none"> <li>Contains more plans than the SPH Book of Business</li> <li>Is presented in NCQA's The State of Health Care Quality</li> </ul>	<ul style="list-style-type: none"> <li>Contains more plans than the SPH Book of Business</li> <li>Is presented in NCQA's The State of Health Care Quality</li> <li>Provides a CCC benchmark</li> </ul>	<ul style="list-style-type: none"> <li>Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass® All Plans benchmark</li> </ul>	<ul style="list-style-type: none"> <li>Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass® All Plans benchmark</li> <li>Provides a CCC benchmark</li> </ul>	<ul style="list-style-type: none"> <li>Provides a benchmark for each question from the survey</li> <li>Permits precise percentile ranking of plan compared to benchmark</li> <li>Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark.</li> </ul>	<ul style="list-style-type: none"> <li>Provides a benchmark for each question from the survey</li> <li>Permits precise percentile ranking of plan compared to benchmark</li> <li>Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark</li> <li>Provides a CCC benchmark</li> </ul>
<b>CONS</b>	<ul style="list-style-type: none"> <li>Only contains benchmarks for certain key questions, composites, and rating questions</li> </ul>	<ul style="list-style-type: none"> <li>Only contains benchmarks for certain key questions, composites, and rating questions</li> </ul>	<ul style="list-style-type: none"> <li>Only contains benchmarks for certain key questions, composites, and rating questions</li> </ul>	<ul style="list-style-type: none"> <li>Only contains benchmarks for certain key questions, composites, and rating questions</li> </ul>	<ul style="list-style-type: none"> <li>Contains fewer plans than the Public Report and the Quality Compass® All Plans Benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>Contains fewer plans than the Public Report and the Quality Compass® All Plans Benchmarks</li> </ul>
<b># OF PLANS</b>	175	49	175	49	181	69



# Summary Rate Scores - General Population

STAR RATING MEASURES		2021 VALID N	2019	2020	2021	2021 UHC GP BENCHMARK	2020 QC GP BENCHMARK
<div>7</div> <div>Total Star Rating</div> <div>★</div> <div>Measures</div>	Rating Questions (% 9 or 10)						
	★ Q49. Rating of Health Plan	229	79.5%	76.3%	76.9%	74.2%	71.9%
	★ Q9. Rating of Health Care	127	77.1%	75.5%	80.3%	75.2%	71.9% ▲
	★ Q36. Rating of Personal Doctor	202	84.0%	84.7%	83.7%	78.7%	78.6%
	★ Q43. Rating of Specialist	41^	85.4%	83.0%	80.5%	76.4%	73.4%
<div>6</div> <div>Above QC GP Benchmark</div>	Rating Questions (% 8, 9 or 10)						
	Q49. Rating of Health Plan	229	90.8%	87.6%	90.4%	88.0%	86.5% ▲
	Q9. Rating of Health Care	127	90.5%	93.1%	93.7%	89.3% ▲	88.0% ▲
	Q36. Rating of Personal Doctor	202	93.3%	93.4%	92.6%	91.2%	90.9%
	Q43. Rating of Specialist	41^	96.3%	90.6%	90.2%	88.5%	87.0%
	★ Getting Needed Care (% Always or Usually)	86^	92.3%	86.6%	87.9%	87.0%	86.0%
	Q10. Getting care, tests, or treatment	125	92.4%	91.8%	92.8%	91.6%	91.2%
<div>1</div> <div>At or Below QC GP Benchmark</div>	Q41. Getting specialist appointment	47^	92.2%	81.4%	83.0%	82.3%	79.8%
	★ Getting Care Quickly (% Always or Usually)	89^	90.8%	95.0%	87.7% ↓	88.3%	90.5%
	Q4. Getting urgent care	55^	90.1%	96.1%	90.9%	92.5%	92.6%
	Q6. Getting routine care	123	91.6%	94.0%	84.6% ↓	84.0%	89.0%
	Other Measure (% Always or Usually)						
	★ Q35. Coordination of Care	53^	82.8%	85.3%	88.7%	84.7%	86.1%



# Summary Rate Scores - General Population

## OTHER MEASURES

(Not used for accreditation/ratings)

	2021 VALID N	2019	2020	2021	2021 UHC GP BENCHMARK	2020 QC GP BENCHMARK
<b>Customer Service (% Always or Usually)</b>	<b>47^</b>	<b>89.2%</b>	<b>89.1%</b>	<b>81.9%</b>	<b>87.4%</b>	<b>88.8%</b>
Q45. Provided information or help	47^	82.1%	84.4%	70.2%	81.3%	83.8% ▼
Q46. Treated with courtesy and respect	47^	96.2%	93.8%	93.6%	93.4%	93.8%
<b>How Well Doctors Communicate (% Always or Usually)</b>	<b>133</b>	<b>95.8%</b>	<b>94.9%</b>	<b>96.2%</b>	<b>94.3%</b>	<b>95.3%</b>
Q27. Personal doctor explained things	133	96.2%	95.3%	97.0%	94.7%	95.6%
Q28. Personal doctor listened carefully	133	96.9%	95.8%	98.5%	95.8% ▲	96.4% ▲
Q29. Personal doctor showed respect	133	96.6%	96.3%	99.2% ‡	96.9% ▲	97.2% ▲
Q32. Personal doctor spent enough time	131	93.8%	92.1%	90.1%	89.9%	91.9%
<b>Other Measure (% Always or Usually)</b>						
Q48. Ease of filling out forms	224	97.0%	97.7%	95.1%	96.1%	96.5%



# Summary Rate Scores - CCC Population

## STAR RATING MEASURES

CCC POPULATION SCORES ARE NOT USED FOR ACCREDITATION

	2021 VALID N	2019	2020	2021	2021 UHC CCC BENCHMARK	2020 QC CCC BENCHMARK
<b>Rating Questions (% 9 or 10)</b>						
★ Q49. Rating of Health Plan	223	74.9%	75.6%	77.6%	72.9%	69.3% ▲
★ Q9. Rating of Health Care	174	74.8%	75.3%	79.9%	73.5% ▲	71.0% ▲
★ Q36. Rating of Personal Doctor	204	81.6%	82.9%	82.8%	79.7%	78.4%
★ Q43. Rating of Specialist	90^	83.3%	83.8%	83.3%	76.6%	75.2% ▲
<b>Rating Questions (% 8, 9 or 10)</b>						
Q49. Rating of Health Plan	223	87.3%	88.6%	88.8%	86.3%	84.8%
Q9. Rating of Health Care	174	87.0%	90.4%	93.7% 🍀	87.7% ▲	87.6% ▲
Q36. Rating of Personal Doctor	204	91.1%	92.3%	94.1%	90.5% ▲	90.1% ▲
Q43. Rating of Specialist	90^	93.8%	90.1%	91.1%	88.4%	87.9%
<b>★ Getting Needed Care (% Always or Usually)</b>	<b>134</b>	<b>90.6%</b>	<b>91.7%</b>	<b>90.5%</b>	<b>88.9%</b>	<b>88.1%</b>
Q10. Getting care, tests, or treatment	171	93.3%	95.6%	93.6%	92.6%	92.2%
Q41. Getting specialist appointment	96^	87.9%	87.8%	87.5%	85.2%	84.8%
<b>★ Getting Care Quickly (% Always or Usually)</b>	<b>120</b>	<b>93.8%</b>	<b>97.0%</b>	<b>93.7%</b>	<b>91.6%</b>	<b>93.5%</b>
Q4. Getting urgent care	67^	93.2%	97.3%	95.5%	92.9%	95.3%
Q6. Getting routine care	173	94.4%	96.8%	91.9% ↓	90.3%	91.9%
<b>Other Measure (% Always or Usually)</b>						
★ Q35. Coordination of Care	86^	88.3%	88.9%	89.5%	82.7% ▲	85.1%



# Summary Rate Scores - CCC Population

## OTHER MEASURES

(Not used for accreditation/ratings)

	2021 Valid n	2019	2020	2021	2021 UHC CCC BENCHMARK	2020 QC CCC BENCHMARK
<b>Customer Service (% Always or Usually)</b>	<b>58<sup>^</sup></b>	<b>88.4%</b>	<b>92.1%</b>	<b>90.5%</b>	<b>90.7%</b>	<b>90.3%</b>
Q45. Provided information or help	58 <sup>^</sup>	82.9%	87.6%	89.7%	86.3%	85.3%
Q46. Treated with courtesy and respect	58 <sup>^</sup>	94.0%	96.6%	91.4%	95.2%	95.4%
<b>How Well Doctors Communicate (% Always or Usually)</b>	<b>170</b>	<b>95.2%</b>	<b>97.3%</b>	<b>98.4% ↓</b>	<b>95.3% ▲</b>	<b>95.8% ▲</b>
Q27. Personal doctor explained things	170	96.3%	99.2%	99.4% ↑	96.1% ▲	96.3% ▲
Q28. Personal doctor listened carefully	170	95.4%	97.3%	98.8% ↑	96.3% ▲	96.3% ▲
Q29. Personal doctor showed respect	170	96.9%	98.0%	99.4% ↑	96.9% ▲	97.3% ▲
Q32. Personal doctor spent enough time	170	92.1%	94.9%	95.9%	92.1% ▲	93.2%
<b>Other Measure (% Always or Usually)</b>						
Q48. Ease of filling out forms	219	95.9%	98.0%	97.7%	96.2%	96.4%



# Summary Rate Scores - CCC Population

## CCC MEASURES

	2021 Valid n	2019	2020	2021	2021 UHC CCC BENCHMARK	2020 QC CCC BENCHMARK
<b>Q51. Access to Prescription Medicines (% Always or Usually)</b>	<b>184</b>	<b>93.4%</b>	<b>92.0%</b>	<b>91.8%</b>	<b>92.6%</b>	<b>91.3%</b>
<b>Access to Specialized Services (% Always or Usually)</b>	<b>48^</b>	<b>77.1%</b>	<b>81.2%</b>	<b>85.5%</b>	<b>76.3%</b> ▲	<b>74.5%</b> ▲
Q15. Ease of getting special medical equipment or devices	12^	73.5%	85.7%	91.7%	76.4%	NA
Q18. Ease of getting therapy	47^	81.1%	77.3%	85.1%	77.0%	74.1% ▲
Q21. Ease of getting treatment or counseling	84^	76.5%	80.6%	79.8%	75.5%	76.9%
<b>FCC: Personal Doctor Who Knows Child (% Yes)</b>	<b>150</b>	<b>93.3%</b>	<b>93.9%</b>	<b>94.4%</b>	<b>91.5%</b>	<b>91.6%</b>
Q33. Doctor talked about how child is feeling, growing, and behaving	168	91.4%	91.7%	91.7%	90.0%	90.0%
Q38. Doctor understands how these conditions affect child's day-to-day life	142	96.3%	97.0%	96.5%	93.7%	93.8%
Q39. Doctor understands how these conditions affect family's day-to-day life	140	92.3%	93.0%	95.0%	90.9% ▲	90.6% ▲
<b>Q8. FCC: Getting Needed Information (% Always or Usually)</b>	<b>175</b>	<b>93.3%</b>	<b>95.9%</b>	<b>93.7%</b>	<b>92.2%</b>	<b>93.1%</b>
<b>Coordination of Care for CCC (% Yes)</b>	<b>60^</b>	<b>79.2%</b>	<b>77.8%</b>	<b>74.8%</b>	<b>76.7%</b>	<b>76.4%</b>
Q13. Obtained help from doctors or health providers in contacting child's school or daycare	27^	93.0%	94.9%	92.6%	93.2%	NA
Q24. Obtained help coordinating child's care among different providers or services	93^	65.3%	60.7%	57.0%	60.3%	58.7%

Note: Please refer to benchmark descriptions on slide 44.

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



# Regional Performance - General Population

	SUMMARY RATE	2021 UHC BoB REGION
<b>Rating Questions (% 9 or 10)</b>		
Q49. Rating of Health Plan	76.9%	78.5%
Q9. Rating of Health Care	80.3%	78.0%
Q36. Rating of Personal Doctor	83.7%	79.5%
Q43. Rating of Specialist	80.5%	76.9%
<b>Rating Questions (% 8, 9 or 10)</b>		
Q49. Rating of Health Plan	90.4%	90.8%
Q9. Rating of Health Care	93.7%	90.2%
Q36. Rating of Personal Doctor	92.6%	92.0%
Q43. Rating of Specialist	90.2%	89.7%
<b>Getting Needed Care (% Always or Usually)</b>		
Q10. Getting care, tests, or treatment	92.8%	94.1%
Q41. Getting specialist appointment	83.0%	84.4%
<b>Getting Care Quickly (% Always or Usually)</b>		
Q4. Getting urgent care	90.9%	93.8%
Q6. Getting routine care	84.6%	87.4%
<b>Coordination of Care (Q35) (% Always or Usually)</b>		
	88.7%	85.3%

## Significance Testing

Current year score is significantly higher (❖) or lower (❖) than the 2021 UHC BoB Region score.



# Percentile Rankings - General Population

	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass									SPH %tile	National Percentiles from 2021 SPH Book of Business								
			5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>		5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
Rating Questions (% 9 or 10)																					
Q49. Rating of Health Plan	76.9%	83 <sup>rd</sup>	60.6	63.6	68.9	70.6	73.3	74.6	75.5	77.9	80.5	72 <sup>nd</sup>	61.6	65.4	69.8	71.5	74.2	76.4	77.4	80.3	81.8
Q9. Rating of Health Care	80.3%	96 <sup>th</sup>	63.0	66.1	69.3	70.3	72.4	74.0	75.5	77.7	79.8	88 <sup>th</sup>	66.2	68.6	71.2	72.1	74.4	76.4	77.0	80.5	82.5
Q36. Rating of Personal Doctor	83.7%	93 <sup>rd</sup>	72.0	73.1	75.9	77.2	79.0	80.7	81.4	83.3	84.3	92 <sup>nd</sup>	72.0	74.1	75.8	76.8	78.5	80.2	81.2	83.5	84.5
Q43. Rating of Specialist	80.5%	100 <sup>th</sup>	66.9	68.0	71.3	73.6	74.2	74.4	75.0	76.8	77.4	77 <sup>th</sup>	61.7	65.9	71.5	72.5	75.1	78.3	80.0	84.0	85.5
Rating Questions (% 8, 9 or 10)																					
Q49. Rating of Health Plan	90.4%	85 <sup>th</sup>	79.2	81.3	84.4	85.7	87.4	88.6	89.3	91.7	92.4	77 <sup>th</sup>	80.4	82.2	84.9	85.6	88.1	89.5	90.1	92.0	92.8
Q9. Rating of Health Care	93.7%	97 <sup>th</sup>	82.3	83.9	86.0	86.8	88.5	89.7	90.6	92.2	93.1	91 <sup>st</sup>	83.7	84.5	86.3	87.4	88.8	90.1	90.9	93.4	94.7
Q36. Rating of Personal Doctor	92.6%	77 <sup>th</sup>	86.0	87.6	89.5	90.2	91.2	92.0	92.5	93.8	94.8	74 <sup>th</sup>	86.4	87.3	88.9	89.8	91.0	92.0	92.6	94.0	94.8
Q43. Rating of Specialist	90.2%	92 <sup>nd</sup>	83.0	84.8	85.0	86.5	87.1	87.9	87.9	89.6	91.9	66 <sup>th</sup>	79.3	80.8	85.5	86.4	88.0	90.2	91.2	94.0	96.2
Getting Needed Care (% A or U)	87.9%	64 <sup>th</sup>	78.7	80.7	83.7	84.5	86.6	88.3	89.1	91.1	92.6	60 <sup>th</sup>	76.9	78.8	83.6	84.8	86.9	88.7	89.4	91.8	92.6
Q10. Getting care, tests, or treatment	92.8%	57 <sup>th</sup>	84.8	86.7	89.1	90.0	92.0	93.3	93.8	95.4	96.2	64 <sup>th</sup>	83.6	85.6	88.3	89.1	91.0	93.0	93.3	95.0	96.0
Q41. Getting specialist appointment	83.0%	73 <sup>rd</sup>	70.9	72.1	75.4	78.3	79.7	82.1	83.7	87.7	88.1	52 <sup>nd</sup>	66.7	72.3	78.1	80.0	82.7	84.8	86.1	89.7	92.4
Getting Care Quickly (% A or U)	87.7%	20 <sup>th</sup>	82.3	85.0	88.3	89.6	91.6	92.9	93.5	95.0	95.6	44 <sup>th</sup>	78.8	79.3	84.5	86.4	88.2	90.7	91.2	92.9	93.7
Q4. Getting urgent care	90.9%	31 <sup>st</sup>	85.7	86.2	90.3	91.7	93.3	94.8	95.6	96.7	97.1	40 <sup>th</sup>	81.8	83.8	87.9	89.5	92.0	93.9	95.2	96.9	98.1
Q6. Getting routine care	84.6%	17 <sup>th</sup>	79.4	81.8	86.1	88.3	90.1	91.7	92.4	94.3	94.9	45 <sup>th</sup>	72.1	75.8	79.9	82.2	85.2	86.8	88.1	90.7	91.7
Q35. Coordination of Care (% A or U)	88.7%	67 <sup>th</sup>	77.3	79.7	83.9	85.3	87.1	88.2	89.3	90.7	91.7	73 <sup>rd</sup>	73.6	76.9	81.6	82.9	85.1	87.6	88.9	92.3	94.1

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



# Percentile Rankings - General Population

	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass									SPH %tile	National Percentiles from 2021 SPH Book of Business								
			5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>		5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
<b>Customer Service (% A or U)</b>	<b>81.9%</b>	<b>6<sup>th</sup></b>	<b>81.7</b>	<b>85.1</b>	<b>87.0</b>	<b>87.3</b>	<b>89.0</b>	<b>90.3</b>	<b>91.1</b>	<b>92.9</b>	<b>93.8</b>	<b>7<sup>th</sup></b>	<b>80.5</b>	<b>82.8</b>	<b>86.1</b>	<b>86.8</b>	<b>88.5</b>	<b>90.4</b>	<b>91.1</b>	<b>93.1</b>	<b>93.7</b>
Q45. Provided information or help	70.2%	<5 <sup>th</sup>	73.0	77.0	81.0	82.0	84.4	85.9	87.3	89.5	90.4	<5 <sup>th</sup>	73.1	75.0	79.1	80.0	82.9	85.5	86.6	89.1	90.2
Q46. Treated with courtesy and respect	93.6%	44 <sup>th</sup>	90.1	91.0	92.0	92.9	94.0	94.9	95.5	97.3	97.3	44 <sup>th</sup>	87.8	90.2	92.1	92.7	94.2	95.8	96.4	98.0	98.7
<b>How Well Doctors Communicate (% A or U)</b>	<b>96.2%</b>	<b>63<sup>rd</sup></b>	<b>91.6</b>	<b>92.5</b>	<b>94.3</b>	<b>94.7</b>	<b>95.5</b>	<b>96.4</b>	<b>96.6</b>	<b>97.6</b>	<b>98.0</b>	<b>72<sup>nd</sup></b>	<b>90.5</b>	<b>91.3</b>	<b>92.9</b>	<b>93.4</b>	<b>94.5</b>	<b>95.8</b>	<b>96.4</b>	<b>97.4</b>	<b>97.9</b>
Q27. Personal doctor explained things	97.0%	64 <sup>th</sup>	90.9	92.2	94.4	95.2	96.0	97.1	97.3	98.0	98.5	76 <sup>th</sup>	89.6	91.8	93.1	93.6	94.8	96.2	96.9	98.0	98.7
Q28. Personal doctor listened carefully	98.5%	90 <sup>th</sup>	93.1	94.2	95.3	95.8	96.6	97.3	97.5	98.5	98.7	91 <sup>st</sup>	92.2	93.2	94.6	95.2	95.9	97.2	97.5	98.4	99.2
Q29. Personal doctor showed respect	99.2%	94 <sup>th</sup>	94.7	95.3	96.3	96.6	97.3	97.9	98.1	99.0	99.3	94 <sup>th</sup>	94.0	94.4	95.8	96.1	97.0	97.8	98.2	98.9	99.2
Q32. Personal doctor spent enough time	90.1%	31 <sup>st</sup>	85.5	86.9	89.0	90.6	92.5	93.7	94.3	96.4	97.2	45 <sup>th</sup>	82.7	84.5	87.9	88.5	90.7	92.8	94.0	95.5	96.5
<b>Ease of Filling Out Forms (Q48) (% A or U)</b>	<b>95.1%</b>	<b>16<sup>th</sup></b>	<b>93.2</b>	<b>94.4</b>	<b>95.5</b>	<b>96.0</b>	<b>96.6</b>	<b>97.3</b>	<b>97.6</b>	<b>98.4</b>	<b>98.9</b>	<b>29<sup>th</sup></b>	<b>92.9</b>	<b>93.7</b>	<b>94.8</b>	<b>95.3</b>	<b>96.2</b>	<b>96.9</b>	<b>97.2</b>	<b>98.0</b>	<b>98.3</b>

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# Percentile Rankings - CCC Population

	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass									SPH %tile	National Percentiles from 2021 SPH Book of Business								
			5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>		5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
Rating Questions (% 9 or 10)																					
Q49. Rating of Health Plan	77.6%	95 <sup>th</sup>	56.9	59.8	66.0	66.4	70.1	73.2	74.2	76.2	77.1	84 <sup>th</sup>	60.9	62.7	67.7	69.2	71.9	74.9	76.3	78.0	79.7
Q9. Rating of Health Care	79.9%	95 <sup>th</sup>	62.3	62.9	67.8	68.9	71.1	73.2	74.6	78.2	78.8	98 <sup>th</sup>	63.2	64.4	69.6	70.9	73.4	75.7	77.1	79.3	79.7
Q36. Rating of Personal Doctor	82.8%	85 <sup>th</sup>	73.4	74.5	75.6	77.3	78.4	79.4	81.0	83.6	84.3	80 <sup>th</sup>	73.7	74.5	76.1	77.2	79.2	81.8	82.4	84.0	85.2
Q43. Rating of Specialist	83.3%	92 <sup>nd</sup>	66.7	67.7	71.7	72.1	75.5	78.0	79.8	81.5	83.6	96 <sup>th</sup>	66.7	67.7	71.1	72.0	75.0	78.7	80.2	82.7	82.8
Rating Questions (% 8, 9 or 10)																					
Q49. Rating of Health Plan	88.8%	87 <sup>th</sup>	78.2	79.5	83.1	83.7	85.2	86.9	87.8	89.3	89.7	81 <sup>st</sup>	78.1	80.3	83.1	83.9	86.4	88.0	88.5	90.2	90.7
Q9. Rating of Health Care	93.7%	100 <sup>th</sup>	82.4	83.3	84.6	86.3	88.5	89.9	90.3	91.6	92.1	96 <sup>th</sup>	82.1	83.2	85.0	86.1	87.6	89.1	89.6	91.3	93.5
Q36. Rating of Personal Doctor	94.1%	95 <sup>th</sup>	84.0	85.5	89.0	89.8	90.5	91.3	92.2	93.0	94.0	94 <sup>th</sup>	84.9	87.0	88.1	88.5	90.4	91.5	91.9	93.7	94.1
Q43. Rating of Specialist	91.1%	88 <sup>th</sup>	82.5	83.1	85.6	87.4	88.2	89.3	89.5	92.1	92.5	76 <sup>th</sup>	80.3	82.1	84.9	86.6	88.3	90.2	91.1	92.5	93.1
Getting Needed Care (% A or U)	90.5%	69 <sup>th</sup>	80.6	83.6	86.0	86.9	88.5	90.5	91.3	92.2	93.2	72 <sup>nd</sup>	80.2	82.3	85.8	86.8	88.4	90.0	90.5	92.1	92.5
Q10. Getting care, tests, or treatment	93.6%	55 <sup>th</sup>	86.3	86.8	89.7	91.5	93.0	94.1	94.7	95.8	95.9	76 <sup>th</sup>	85.6	86.6	88.9	89.6	91.5	93.2	93.4	94.5	94.8
Q41. Getting specialist appointment	87.5%	62 <sup>nd</sup>	74.8	75.7	81.8	83.1	86.1	87.9	88.8	90.5	91.0	58 <sup>th</sup>	73.8	76.8	81.8	82.8	85.3	88.2	88.7	89.9	90.6
Getting Care Quickly (% A or U)	93.7%	47 <sup>th</sup>	87.4	89.5	91.5	92.1	94.0	95.1	96.0	97.0	97.2	84 <sup>th</sup>	85.2	86.5	89.0	90.0	91.1	92.6	93.2	94.2	95.1
Q4. Getting urgent care	95.5%	40 <sup>th</sup>	89.9	91.9	93.6	93.9	95.8	97.0	97.2	98.3	99.3	76 <sup>th</sup>	85.3	87.8	90.4	91.3	93.3	94.2	95.2	97.0	97.4
Q6. Getting routine care	91.9%	47 <sup>th</sup>	85.9	87.3	89.6	90.7	92.3	93.7	94.5	96.0	96.7	76 <sup>th</sup>	82.5	84.2	86.7	87.4	89.3	90.6	91.4	93.3	94.3
Q35. Coordination of Care (% A or U)	89.5%	93 <sup>rd</sup>	76.1	78.9	84.4	84.7	85.7	86.9	87.4	88.9	92.5	88 <sup>th</sup>	72.1	79.0	80.4	81.7	83.3	84.6	85.5	89.5	91.2

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# Percentile Rankings - CCC Population

	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass									SPH %tile	National Percentiles from 2021 SPH Book of Business									
			5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>		5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>	
Customer Service (% A or U)	90.5%	37 <sup>th</sup>	87.2	87.2	87.9	88.4	91.2	92.4	92.4	92.7	92.7	59 <sup>th</sup>	83.3	85.5	87.5	89.0	90.0	91.0	91.9	94.1	94.8	
Q45. Provided information or help	89.7%	100 <sup>th</sup>	80.2	80.2	82.4	83.5	86.2	87.7	87.8	89.5	89.5	83 <sup>rd</sup>	75.7	77.8	82.1	82.9	84.4	87.2	88.0	91.4	92.5	
Q46. Treated with courtesy and respect	91.4%	<5 <sup>th</sup>	93.3	93.3	93.8	94.2	95.9	96.4	96.6	97.1	97.1	10 <sup>th</sup>	90.9	91.4	92.7	93.6	95.2	96.6	96.8	98.0	98.3	
How Well Doctors Communicate (% A or U)	98.4%	100 <sup>th</sup>	93.0	93.3	95.0	95.6	96.2	96.7	97.1	97.5	97.7	100 <sup>th</sup>	90.8	92.3	93.4	94.4	95.3	96.0	96.2	97.3	97.6	
Q27. Personal doctor explained things	99.4%	97 <sup>th</sup>	92.2	94.1	95.2	96.0	96.7	97.1	97.4	98.7	99.0	99 <sup>th</sup>	91.5	92.0	94.8	95.3	95.8	96.6	97.0	97.8	98.8	
Q28. Personal doctor listened carefully	98.8%	93 <sup>rd</sup>	92.4	93.6	95.7	96.1	96.6	97.0	97.2	98.3	98.9	98 <sup>th</sup>	92.9	94.0	95.2	95.4	96.4	97.1	97.5	98.0	98.3	
Q29. Personal doctor showed respect	99.4%	91 <sup>st</sup>	95.1	95.8	96.7	96.9	97.3	97.9	98.0	99.3	99.5	99 <sup>th</sup>	94.0	94.6	95.7	96.3	97.2	98.0	98.0	98.5	98.9	
Q32. Personal doctor spent enough time	95.9%	78 <sup>th</sup>	88.5	88.9	91.5	93.2	93.8	94.8	95.1	96.4	96.5	90 <sup>th</sup>	84.5	85.6	88.1	89.7	91.9	93.8	94.3	95.9	96.2	
Ease of Filling Out Forms (Q48) (% A or U)	97.7%	77 <sup>th</sup>	94.1	94.4	95.5	96.1	96.5	97.1	97.6	98.6	98.9	88 <sup>th</sup>	92.8	94.0	95.0	95.5	96.0	96.5	96.9	97.7	98.1	

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# Percentile Rankings - CCC Population

CCC Population	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass									SPH %tile	National Percentiles from 2021 SPH Book of Business								
			5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>		5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
<b>Q51. Access to Prescription Medicines (% A or U)</b>	<b>91.8%</b>	<b>54<sup>th</sup></b>	<b>86.5</b>	<b>87.1</b>	<b>89.1</b>	<b>89.7</b>	<b>91.4</b>	<b>92.7</b>	<b>93.6</b>	<b>95.4</b>	<b>96.3</b>	<b>45<sup>th</sup></b>	<b>85.4</b>	<b>87.7</b>	<b>90.5</b>	<b>90.9</b>	<b>92.4</b>	<b>93.2</b>	<b>94.0</b>	<b>95.1</b>	<b>96.0</b>
<b>Access to Specialized Services (% A or U)</b>	<b>85.5%</b>	<b>100<sup>th</sup></b>	<b>66.6</b>	<b>66.6</b>	<b>71.4</b>	<b>71.4</b>	<b>75.0</b>	<b>75.4</b>	<b>75.4</b>	<b>82.7</b>	<b>82.7</b>	<b>96<sup>th</sup></b>	<b>63.2</b>	<b>66.6</b>	<b>70.6</b>	<b>72.6</b>	<b>74.8</b>	<b>78.0</b>	<b>80.4</b>	<b>83.8</b>	<b>85.2</b>
Q15. Ease of getting special medical equipment or devices	91.7%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	100 <sup>th</sup>	57.1	61.1	68.8	70.5	75.0	81.9	84.4	86.7	90.0
Q18. Ease of getting therapy	85.1%	85 <sup>th</sup>	66.4	66.4	67.3	70.8	72.8	76.4	79.2	86.0	86.0	88 <sup>th</sup>	60.0	63.2	69.6	72.1	77.1	79.6	80.5	85.2	90.9
Q21. Ease of getting treatment or counseling	79.8%	65 <sup>th</sup>	65.6	66.9	72.4	73.1	76.9	80.4	81.9	86.3	87.3	73 <sup>rd</sup>	60.3	64.4	69.4	71.2	74.7	78.1	80.4	83.6	84.5
<b>FCC: Personal Doctor Who Knows Child (% Yes)</b>	<b>94.4%</b>	<b>93<sup>rd</sup></b>	<b>86.5</b>	<b>88.2</b>	<b>90.1</b>	<b>91.2</b>	<b>91.9</b>	<b>93.1</b>	<b>93.6</b>	<b>94.4</b>	<b>94.6</b>	<b>90<sup>th</sup></b>	<b>87.8</b>	<b>88.5</b>	<b>90.6</b>	<b>90.8</b>	<b>91.5</b>	<b>92.5</b>	<b>92.8</b>	<b>94.4</b>	<b>95.2</b>
Q33. Doctor talked about how child is feeling, growing, and behaving	91.7%	67 <sup>th</sup>	83.8	87.5	88.8	89.2	90.2	91.6	92.2	92.9	93.8	67 <sup>th</sup>	85.0	86.7	88.5	89.4	90.6	91.7	92.2	93.8	94.4
Q38. Doctor understands how these conditions affect child's day-to-day life	96.5%	81 <sup>st</sup>	88.4	89.7	92.4	93.3	94.3	95.3	96.2	96.7	97.5	88 <sup>th</sup>	89.1	90.6	92.3	93.0	93.8	94.7	95.1	96.7	97.3
Q39. Doctor understands how these conditions affect family's day-to-day life	95.0%	95 <sup>th</sup>	84.6	85.6	89.1	89.8	90.6	92.6	92.9	94.0	94.7	98 <sup>th</sup>	85.5	86.8	88.9	89.9	91.0	91.7	92.0	93.9	94.9
<b>Q8. FCC: Getting Needed Information (% A or U)</b>	<b>93.7%</b>	<b>61<sup>st</sup></b>	<b>89.1</b>	<b>90.3</b>	<b>91.7</b>	<b>92.1</b>	<b>93.4</b>	<b>93.8</b>	<b>94.7</b>	<b>95.6</b>	<b>96.7</b>	<b>81<sup>st</sup></b>	<b>85.5</b>	<b>87.3</b>	<b>89.4</b>	<b>90.2</b>	<b>91.7</b>	<b>92.6</b>	<b>93.0</b>	<b>95.1</b>	<b>96.9</b>
<b>Coordination of Care for CCC (% Yes)</b>	<b>74.8%</b>	<b>27<sup>th</sup></b>	<b>71.9</b>	<b>71.9</b>	<b>72.0</b>	<b>75.2</b>	<b>77.9</b>	<b>78.9</b>	<b>79.0</b>	<b>79.6</b>	<b>80.3</b>	<b>30<sup>th</sup></b>	<b>67.4</b>	<b>69.3</b>	<b>73.6</b>	<b>75.2</b>	<b>76.7</b>	<b>78.5</b>	<b>78.9</b>	<b>81.4</b>	<b>83.3</b>
Q13. Obtained help from doctors or health providers in contacting child's school or daycare	92.6%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	43 <sup>rd</sup>	80.0	81.5	88.4	90.3	93.2	95.7	95.8	100	100
Q24. Obtained help coordinating child's care among different providers or services	57.0%	44 <sup>th</sup>	50.0	50.8	54.5	55.3	58.7	62.0	63.6	66.9	67.0	33 <sup>rd</sup>	50.3	51.2	56.1	56.9	61.1	63.0	64.2	67.8	70.2

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



# Profile of Survey Respondents

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## Demographic Composition

- 12470 - UnitedHealthcare Community Plan (LA)



# 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 (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 2021 UHC Medicaid Child with CCC Average and the 2020 Medicaid Child with CCC Quality Compass® All Plans benchmarks. NCQA did not provide Quality Compass demographic benchmarks in 2020.

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

## Significance Testing

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

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

**UHC** refers to the 2021 UHC Average benchmark.

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

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

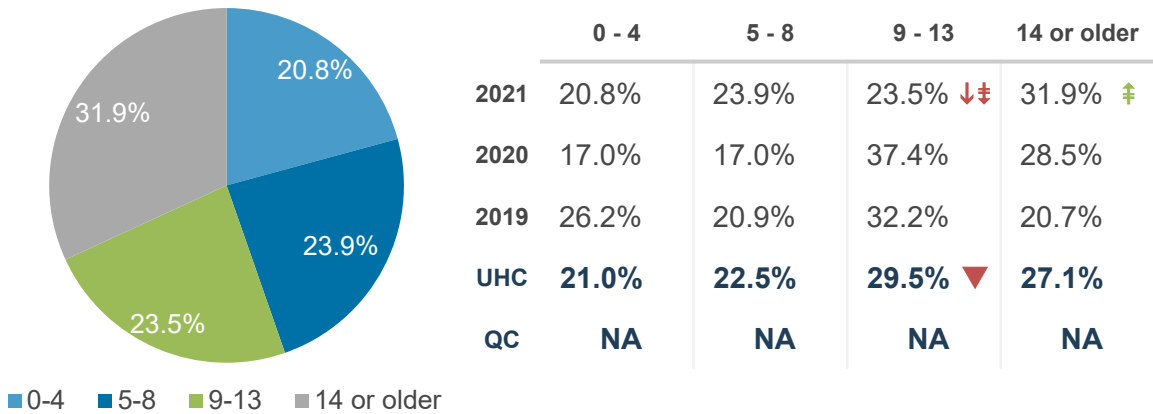


# Profile of Survey Respondents - General Population

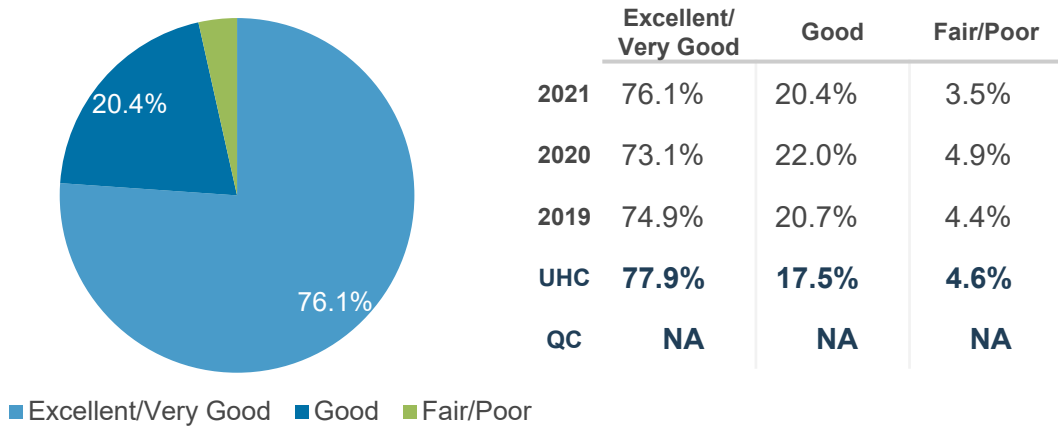
## Survey Demographics

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.

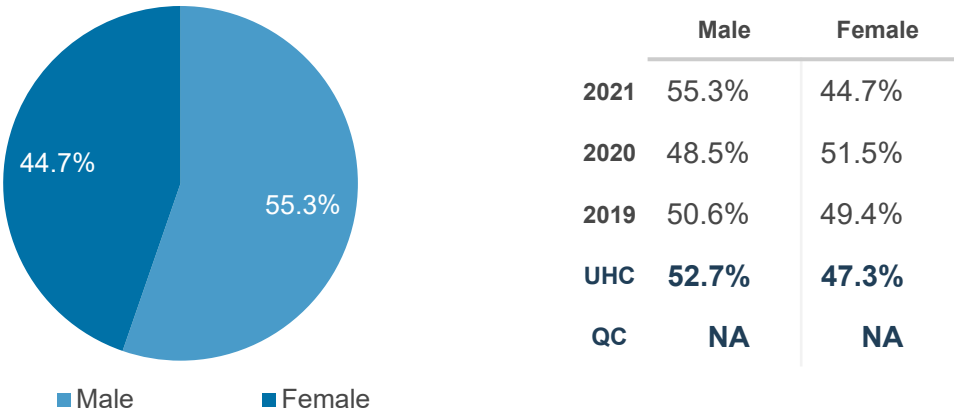
Child's Age



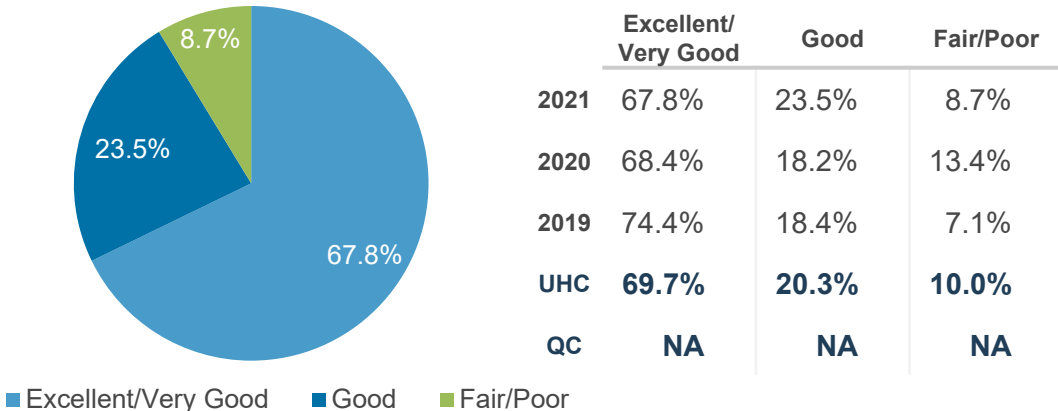
Child's Health Status



Child's Gender



Child's Mental/Emotional Health Status



Note: NCQA did not provide Quality Compass demographic benchmarks in 2020.

Note: Due to space constraints, scores <5% will not be labeled on the graph.

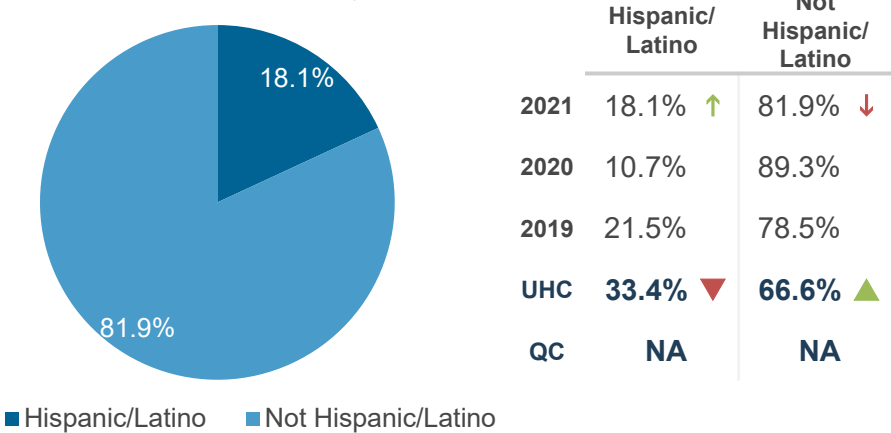


# Profile of Survey Respondents - General Population

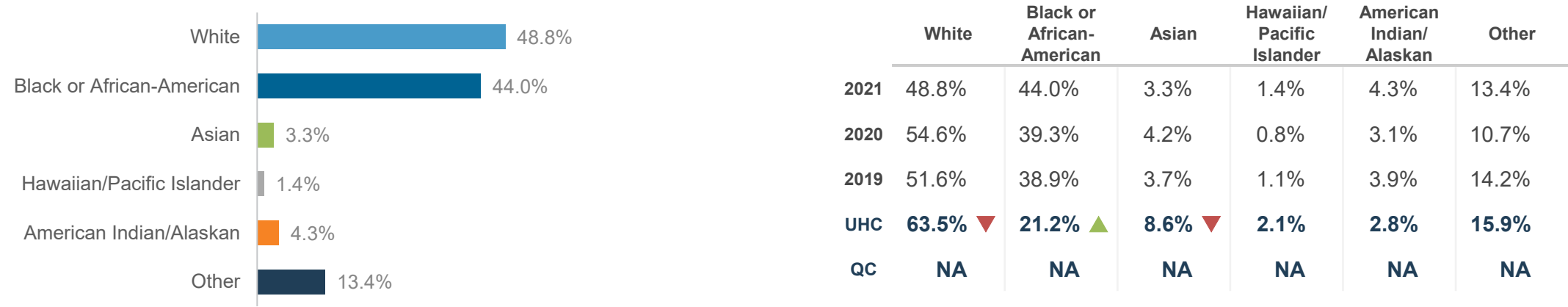
## Survey Demographics

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 Ethnicity



Child's Race



Note: NCQA did not provide Quality Compass demographic benchmarks in 2020.

Note: Due to space constraints, scores <5% will not be labeled on the graph.

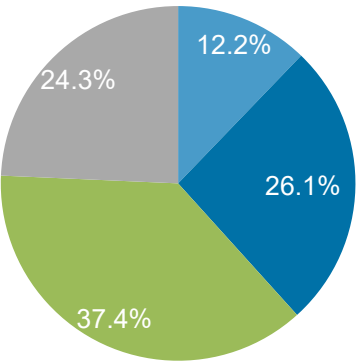


# Profile of Survey Respondents - General Population

## 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.

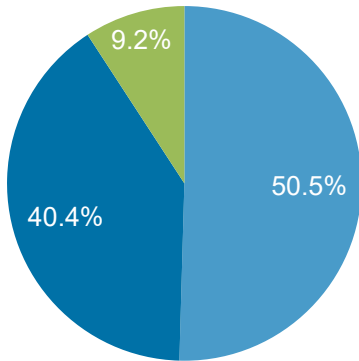
Respondent's Age



	24 or younger	25 - 34	35 - 44	45 or older
2021	12.2%	26.1%	37.4%	24.3%
2020	14.8%	25.1%	30.0%	30.0%
2019	12.3%	32.5%	32.0%	23.3%
UHC	12.1%	24.5%	34.4%	29.0%
QC	NA	NA	NA	NA

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

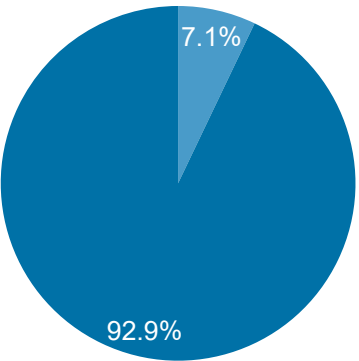
Respondent's Education



	HS Graduate or Less	Some College	College Graduate or More
2021	50.5%	40.4%	9.2% ↓
2020	51.0%	37.5%	11.5%
2019	50.0%	34.6%	15.4%
UHC	49.1%	32.4% ▲	18.4% ▼
QC	NA	NA	NA

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

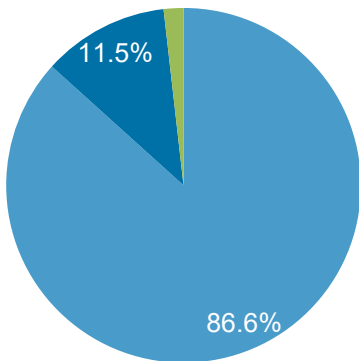
Respondent's Gender



	Male	Female
2021	7.1%	92.9%
2020	8.3%	91.7%
2019	9.5%	90.5%
UHC	12.9% ▼	87.1% ▲
QC	NA	NA

■ Male ■ Female

Respondent's Relation to Child



	Parent	Grandparent	Other
2021	86.6%	11.5%	1.8%
2020	86.4%	8.5%	5.0%
2019	88.0%	9.7%	2.3%
UHC	91.2% ▼	5.8% ▲	3.0%
QC	NA	NA	NA

■ Parent ■ Grandparent ■ Other

Note: NCQA did not provide Quality Compass demographic benchmarks in 2020.

Note: Due to space constraints, scores <5% will not be labeled on the graph.

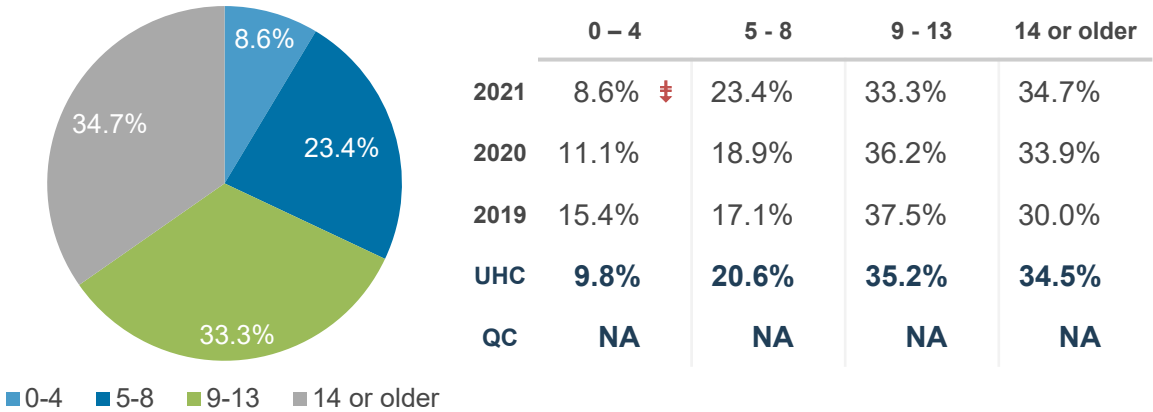


# Profile of Survey Respondents - CCC Population

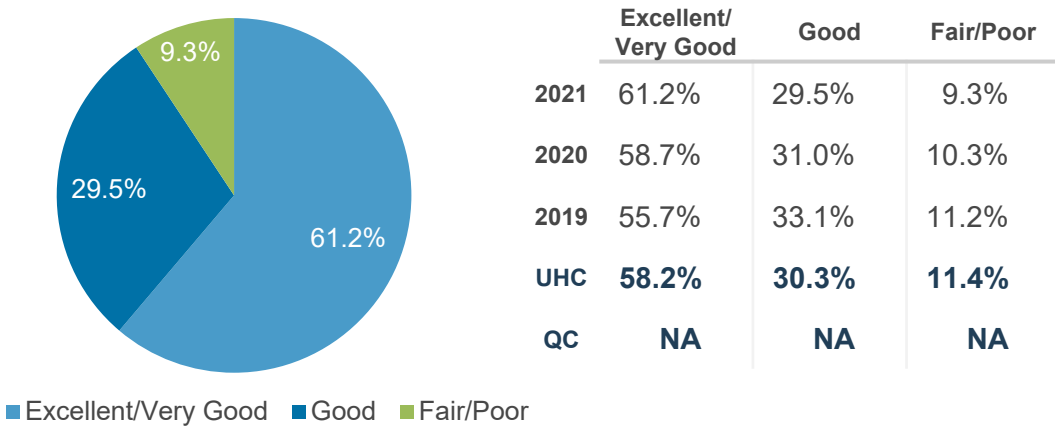
## Survey Demographics

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.

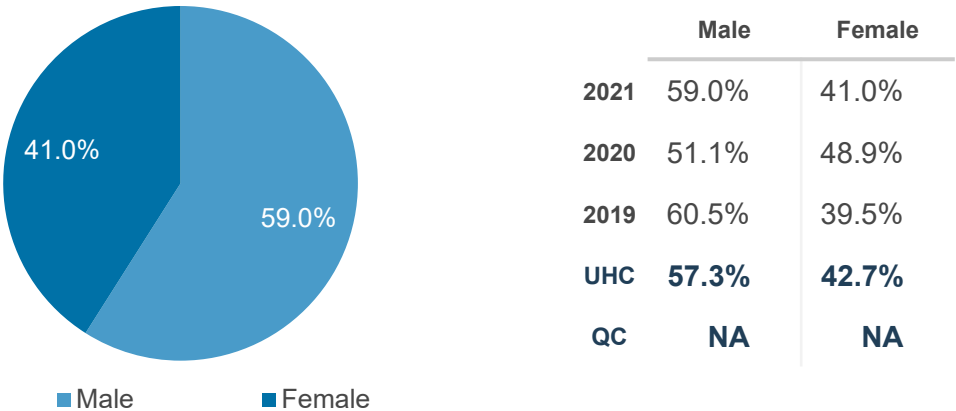
### Child's Age



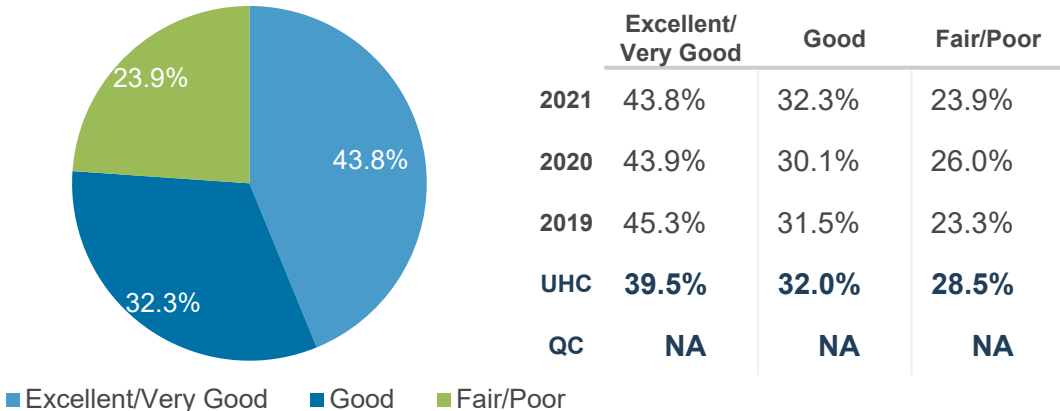
### Child's Health Status



### Child's Gender



### Child's Mental/Emotional Health Status



Note: NCQA did not provide Quality Compass demographic benchmarks in 2020.

Note: Due to space constraints, scores <5% will not be labeled on the graph.

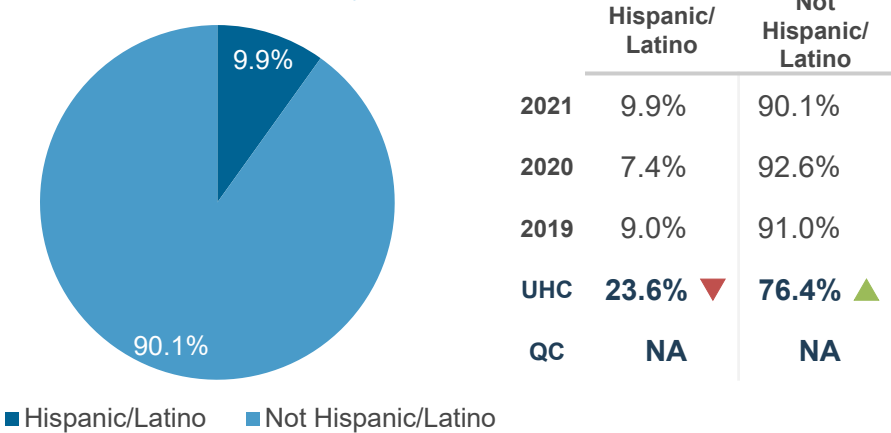


# Profile of Survey Respondents - CCC Population

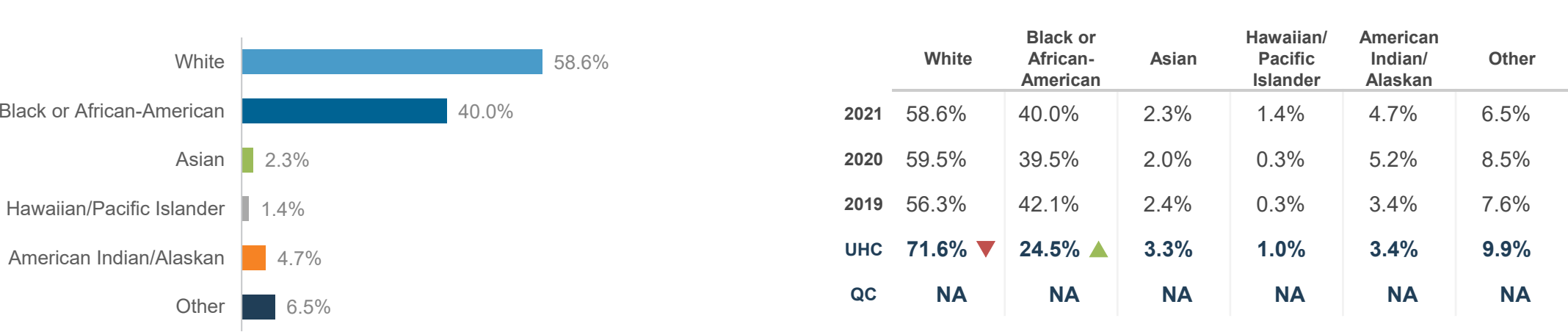
## Survey Demographics

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 Ethnicity



Child's Race



Note: NCQA did not provide Quality Compass demographic benchmarks in 2020.

Note: Due to space constraints, scores <5% will not be labeled on the graph.

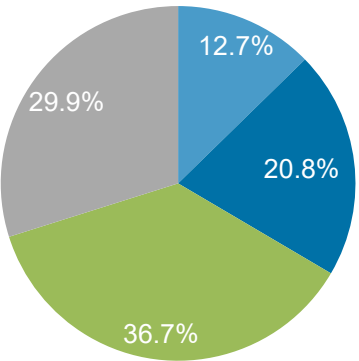


# Profile of Survey Respondents - CCC Population

## 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.

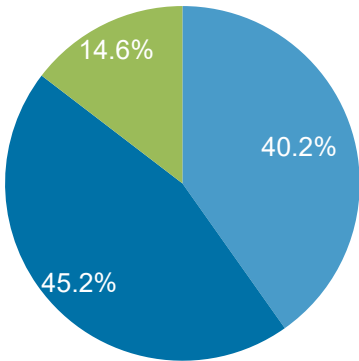
### Respondent's Age



	24 or younger	25 - 34	35 - 44	45 or older
2021	12.7%	20.8%	36.7%	29.9%
2020	11.0%	20.4%	35.3%	33.3%
2019	10.2%	23.7%	31.6%	34.4%
UHC	11.2%	17.7%	33.4%	37.6% ▼
QC	NA	NA	NA	NA

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

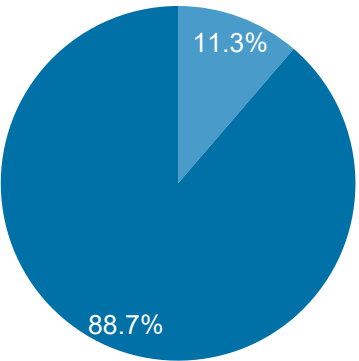
### Respondent's Education



	HS Graduate or Less	Some College	College Graduate or More
2021	40.2% ↓	45.2% ↗	14.6%
2020	50.8%	35.3%	13.9%
2019	46.2%	35.2%	18.6%
UHC	43.2%	38.3% ▲	18.6%
QC	NA	NA	NA

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

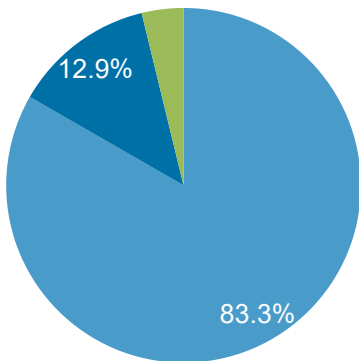
### Respondent's Gender



	Male	Female
2021	11.3%	88.7%
2020	8.0%	92.0%
2019	9.1%	90.9%
UHC	9.2%	90.8%
QC	NA	NA

■ Male ■ Female

### Respondent's Relation to Child



	Parent	Grandparent	Other
2021	83.3%	12.9%	3.8%
2020	85.8%	10.5%	3.7%
2019	82.2%	12.3%	5.5%
UHC	84.5%	10.5%	5.0%
QC	NA	NA	NA

■ Parent ■ Grandparent ■ Other

Note: NCQA did not provide Quality Compass demographic benchmarks in 2020.

Note: Due to space constraints, scores <5% will not be labeled on the graph.



# Demographic Segment Analyses

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## Subgroup Analysis

- 12470 - UnitedHealthcare Community Plan (LA)



# Demographic Analyses: Section Information

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

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

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

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

### Segment Groups

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



# Demographic Segments - General Population

	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/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)
Total respondents	207	22	119	8^	175	47	8^	156	54	20	101	103	28	47	54	53	72
Rating Questions (% 9 or 10)																	
Q49. Rating of Health Plan	85.0%	0.0%	79.5%	37.5%	79.3%	67.4%	71.4%	85.3% P	62.3%	44.4%	76.8%	80.6%	63.0%	78.7%	83.3%	78.4%	69.0%
Q9. Rating of Health Care	84.3%	50.0%	85.7%	0.0%	86.0%	64.3%	80.0%	86.4%	72.4%	66.7%	82.0%	84.5%	63.2%	69.7%	96.0%	83.9%	79.4%
Q36. Rating of Personal Doctor	86.8%	57.9%	88.3%	28.6%	84.1%	83.8%	71.4%	83.5%	85.7%	78.9%	80.5%	85.3%	88.0%	74.4%	93.6% UW	76.6%	88.1%
Q43. Rating of Specialist	83.8%	50.0%	81.5%	66.7%	83.3%	62.5%	100%	92.0%	50.0%	83.3%	66.7%	89.5%	100%	69.2%	85.7%	90.0%	80.0%
Rating Questions (% 8, 9 or 10)																	
Q49. Rating of Health Plan	100%	0.0%	94.0%	62.5%	92.0%	82.6%	100%	94.9% P	81.1%	77.8%	86.9%	93.2%	92.6%	93.6%	92.6%	86.3%	88.7%
Q9. Rating of Health Care	95.7%	70.0%	100%	0.0%	93.5%	92.9%	100%	93.8%	96.6%	86.7%	92.0%	96.6%	89.5%	90.9%	96.0%	96.8%	94.1%
Q36. Rating of Personal Doctor	95.1%	73.7%	96.4%	42.9%	93.6%	89.2%	85.7%	93.5%	90.5%	89.5%	87.8%	95.8%	96.0%	90.7%	97.9% W	87.2%	94.9%
Q43. Rating of Specialist	91.9%	75.0%	88.9%	66.7%	93.3%	75.0%	100%	96.0%	70.0%	100%	77.8%	100%	100%	84.6%	85.7%	90.0%	100%
Getting Needed Care (% A or U)	90.7%	65.0%	91.8%	52.1%	89.7%	88.9%	70.0%	90.6%	86.4%	76.8%	90.1%	85.5%	87.2%	92.0%	85.5%	84.2%	88.0%
Q10. Getting care, tests, or treatment	95.6%	70.0%	96.6%	37.5%	94.6%	88.9%	80.0%	95.1%	92.9%	78.6%	89.8%	94.8%	94.4%	90.6%	96.0%	93.3%	94.1%
Q41. Getting specialist appointment	85.7%	60.0%	87.1%	66.7%	84.8%	88.9%	60.0%	86.2%	80.0%	75.0%	90.5%	76.2%	80.0%	93.3%	75.0%	75.0%	81.8%
Getting Care Quickly (% A or U)	89.0%	68.3%	90.6%	66.7%	93.5% M	74.1%	83.3%	88.8%	83.0%	91.7%	87.1%	86.9%	91.2%	89.5%	88.7%	83.3%	88.4%
Q4. Getting urgent care	92.3%	66.7%	95.0%	66.7%	97.1%	77.8%	100%	91.4%	86.7%	100%	92.0%	87.0%	100%	92.9%	88.9%	91.7%	88.2%
Q6. Getting routine care	85.7%	70.0%	86.2%	66.7%	89.9%	70.4%	66.7%	86.3%	79.3%	83.3%	82.2%	86.9%	82.4%	86.2%	88.5%	75.0%	88.6%
Coordination of Care (Q35) (% A or U)	91.7%	75.0%	86.7%	100%	88.6%	92.9%	75.0%	90.9%	81.8%	88.9%	87.5%	91.7%	80.0%	93.3%	90.0%	69.2%	100%

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



# Demographic Segments - General Population

	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/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)
Total respondents	207	22	119	8^	175	47	8^	156	54	20	101	103	28	47	54	53	72
Customer Service (% A or U)	84.1%	50.0%	78.6%	75.0%	84.3%	72.2%	83.3%	88.2%	75.0%	61.1%	90.0%	73.8%	86.4%	94.4%	75.0%	78.6%	83.3%
Q45. Provided information or help	72.7%	33.3%	67.9%	50.0%	74.3%	55.6%	66.7%	79.4%	50.0%	44.4%	86.7%	57.1%	72.7%	88.9%	62.5%	71.4%	66.7%
Q46. Treated with courtesy and respect	95.5%	66.7%	89.3%	100%	94.3%	88.9%	100%	97.1%	100%	77.8%	93.3%	90.5%	100%	100%	87.5%	85.7%	100%
How Well Doctors Communicate (% A or U)	96.4%	95.5%	97.0%	68.8%	96.4%	96.3%	91.7%	96.0%	96.3%	96.5%	97.6%	94.7%	97.1%	95.6%	97.1%	96.8%	96.6%
Q27. Personal doctor explained things	98.3%	90.9%	98.0%	75.0%	98.0%	96.3%	83.3%	97.8%	96.3%	93.3%	98.1%	96.8%	94.1%	97.1%	100%	93.5%	97.3%
Q28. Personal doctor listened carefully	98.3%	100%	99.0%	75.0%	98.0%	100%	100%	97.8%	100%	100%	100%	96.8%	100%	97.1%	96.3%	100%	100%
Q29. Personal doctor showed respect	99.2%	100%	100%	75.0%	99.0%	100%	100%	98.9%	100%	100%	100%	98.4%	100%	97.1%	100%	100%	100%
Q32. Personal doctor spent enough time	89.9%	90.9%	91.1%	50.0%	90.7%	88.9%	83.3%	89.8%	88.9%	92.9%	92.5%	86.9%	94.1%	91.2%	92.0%	93.5%	89.2%
Other Measures																	
Q48. Ease of filling out forms (% A or U)	95.5%	90.5%	94.0%	87.5%	95.2%	93.6%	100%	94.7%	94.3%	100%	94.0%	94.9%	100%	93.5%	93.9%	100% x	93.0%
Q7. Average number of visits to doctor's office or clinic	1.6	1.0	2.7	2.6	1.4	2.0	2.6	1.2	1.7	3.3	1.3	1.8	1.6	1.6	1.2	1.5	1.4
Q26. Average number of visits to personal doctor	1.7	1.6	2.4	1.6	1.5	2.2	2.6	1.6	1.5	2.8	1.6	1.7	1.8	2.0	1.4	1.7	1.3
Q42. Average number of specialists seen	1.2	0.8	1.1	1.3	1.1	1.2	0.8	1.0	1.1	1.5	1.2	1.1	0.8	1.0	1.0	1.1	1.3

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



# Demographic Segments - General Population

	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	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)
Total respondents	125	101	102	92	7^	3^	9^	28	39	177	27	58	83	54	16^	208	110	108
Rating Questions (% 9 or 10)																		
Q49. Rating of Health Plan	77.4%	75.8%	75.2%	75.8%	50.0%	100%	55.6%	78.6%	76.3%	76.0%	77.8%	84.2%	70.4%	77.8%	68.8%	77.6%	79.8%	72.6%
Q9. Rating of Health Care	82.9%	77.8%	83.3%	83.0%	66.7%	100%	100%	80.0%	81.8%	81.3%	66.7%	80.6%	81.3%	88.9%	87.5%	80.9%	76.0%	85.5%
Q36. Rating of Personal Doctor	82.0%	84.7%	83.5%	83.8%	50.0%	33.3%	85.7%	84.0%	93.5% h	82.8%	81.8%	76.0%	85.1%	93.5% j	64.3%	85.6%	87.9%	82.7%
Q43. Rating of Specialist	65.0%	95.2%	84.0%	81.8%	NA	NA	50.0%	66.7%	50.0%	82.9%	75.0%	88.9%	81.8%	72.7%	50.0%	81.1%	85.0%	77.8%
Rating Questions (% 8, 9 or 10)																		
Q49. Rating of Health Plan	90.3%	89.9%	88.1%	94.5%	50.0%	100%	77.8%	85.7%	92.1%	89.7%	88.9%	91.2%	88.9%	92.6%	75.0%	91.7%	91.7%	88.7%
Q9. Rating of Health Care	95.7%	90.7%	93.3%	94.3%	66.7%	100%	100%	90.0%	95.5%	93.8%	75.0%	94.4%	95.8%	96.3%	87.5%	93.9%	90.0%	95.7%
Q36. Rating of Personal Doctor	94.6%	89.4%	92.3%	92.5%	75.0%	66.7%	85.7%	92.0%	96.8%	93.0%	90.9%	90.0%	91.9%	97.8%	64.3%	94.4%	93.4%	93.9%
Q43. Rating of Specialist	85.0%	95.2%	88.0%	100%	NA	NA	100%	66.7%	50.0%	94.3%	75.0%	100%	100%	81.8%	50.0%	91.9%	95.0%	88.9%
Getting Needed Care (% A or U)	89.5%	85.4%	91.8%	81.5%	NA	NA	50.0%	78.3%	82.7%	89.5%	89.9%	80.7%	86.2%	96.3%	92.9%	88.4%	89.0%	86.5%
Q10. Getting care, tests, or treatment	97.1% z	86.8%	91.4%	94.3%	66.7%	100%	100%	90.0%	90.5%	93.7%	90.9%	91.4%	93.8%	92.6%	85.7%	93.0%	90.0%	94.1%
Q41. Getting specialist appointment	81.8%	84.0%	92.3%	68.8%	NA	NA	0.0%	66.7%	75.0%	85.4%	88.9%	70.0%	78.6%	100%	100%	83.7%	88.0%	78.9%
Getting Care Quickly (% A or U)	90.1%	85.0%	84.3%	92.9%	58.3%	100%	91.7%	79.8%	72.1%	92.6%	96.2%	86.2%	89.0%	81.7%	68.8%	88.3%	81.6%	93.8% o
Q4. Getting urgent care	92.3%	88.9%	87.1%	100%	50.0%	100%	100%	75.0%	60.0%	100%	100%	87.5%	91.3%	85.7%	50.0%	92.0%	82.1%	100%
Q6. Getting routine care	87.9%	81.1%	81.5%	85.7%	66.7%	100%	83.3%	84.6%	84.2%	85.1%	92.3%	84.8%	86.7%	77.8%	87.5%	84.7%	81.1%	87.5%
Coordination of Care (Q35) (% A or U)	89.3%	87.5%	86.2%	90.0%	0.0%	0.0%	75.0%	33.3%	72.7%	92.5%	100%	100%	76.0%	100%	50.0%	91.5%	91.3%	84.6%



# Demographic Segments - General Population

	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	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)
Total respondents	125	101	102	92	7^	3^	9^	28	39	177	27	58	83	54	16^	208	110	108
Customer Service (% A or U)	82.7%	82.5%	67.9%	80.4%	0.0%	25.0%	62.5%	75.0%	81.8%	83.3%	100%	75.0%	76.3%	93.8%	50.0%	85.4%	90.0%	66.7%
Q45. Provided information or help	73.1%	70.0%	57.1%	69.6%	0.0%	0.0%	50.0%	62.5%	72.7%	73.3%	100%	60.0%	63.2%	87.5%	25.0%	75.6%	84.0%	46.7%
Q46. Treated with courtesy and respect	92.3%	95.0%	78.6%	91.3%	0.0%	50.0%	75.0%	87.5%	90.9%	93.3%	100%	90.0%	89.5%	100%	75.0%	95.1%	96.0%	86.7%
How Well Doctors Communicate (% A or U)	96.5%	96.0%	96.0%	95.4%	87.5%	75.0%	87.5%	93.2%	96.6%	96.3%	98.4%	93.7%	96.1%	99.0%	93.8%	96.4%	95.6%	97.7%
Q27. Personal doctor explained things	97.2%	96.5%	98.4%	94.5%	100%	100%	75.0%	100%	100%	96.1%	100%	94.6%	96.1%	100%	100%	96.7%	98.3%	96.9%
Q28. Personal doctor listened carefully	98.6%	98.2%	96.8%	96.4%	50.0%	0.0%	75.0%	90.9%	95.5%	99.0%	100%	97.3%	98.0%	100%	87.5%	99.2%	98.3%	98.5%
Q29. Personal doctor showed respect	100%	98.2%	98.4%	98.2%	100%	100%	100%	100%	100%	99.0%	100%	97.3%	100%	100%	100%	99.2%	98.3%	100%
Q32. Personal doctor spent enough time	90.1%	91.1%	90.3%	92.5%	100%	100%	100%	81.8%	90.9%	91.1%	93.8%	85.7%	90.2%	95.8%	87.5%	90.7%	87.7%	95.3%
Other Measures																		
Q48. Ease of filling out forms (% A or U)	94.2%	96.0%	96.0%	94.4%	71.4%	66.7%	66.7%	80.0%	80.6%	97.7% g	92.6%	96.4%	93.9%	96.2%	93.8%	95.0%	94.3%	95.3%
Q7. Average number of visits to doctor's office or clinic	1.5	1.4	1.8	1.3	0.7	1.5	2.8	0.8	1.2	1.6	1.2	1.3	1.6	1.5	1.1	1.5	1.3	1.7
Q26. Average number of visits to personal doctor	1.6	1.5	1.8	1.5	2.0	2.3	3.9	1.1	1.6	1.6	2.0	1.5	1.7	1.3	1.1	1.6	1.6	1.6
Q42. Average number of specialists seen	1.1	1.1	1.3	0.9	NA	NA	1.0	1.0	1.0	1.1	1.3	1.0	0.9	1.4	1.0	1.1	1.1	1.1

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



# Demographic Segments - CCC Population

	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/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)
Total respondents	198	25	163	11^	139	67	21	99	73	54	112	88	27	19^	52	74	77
Q51. Access to Prescription Medicines (% A or U)	93.4%	73.3%	91.2%	87.5%	96.4% T	79.6%	100%	95.1%	85.0%	95.2%	91.6%	89.7%	100%	100%	94.4%	90.6%	89.6%
Access to Specialized Services (% A or U)	86.9%	NA	88.8%	NA	86.7%	77.9%	100%	89.1%	84.5%	89.1%	88.7%	89.4%	47.2%	95.8%	88.9%	82.7%	89.3%
Q15. Ease of getting special medical equipment or devices	91.7%	NA	88.9%	NA	100%	66.7%	100%	88.9%	100%	100%	100%	100%	0.0%	100%	83.3%	100%	100%
Q18. Ease of getting therapy	87.8%	50.0%	97.3%	0.0%	81.3%	90.9%	100%	89.5%	75.0%	90.9%	84.2%	87.5%	75.0%	87.5%	100%	72.2%	88.9%
Q21. Ease of getting treatment or counseling	81.2%	71.4%	80.4%	50.0%	78.8%	76.0%	100%	88.9%	78.6%	76.3%	81.8%	80.6%	66.7%	100%	83.3%	75.9%	78.9%
FCC: Personal Doctor Who Knows Child (% Yes)	95.0%	90.0%	94.7%	83.7%	95.8%	91.8%	93.5%	97.2%	95.3%	89.7%	93.8%	95.5%	91.8%	97.8%	96.1%	94.6%	92.1%
Q33. Doctor talked about how child is feeling, growing, and behaving	90.8%	100%	91.0%	83.3%	92.2%	89.8%	93.8%	93.6%	94.1%	86.8%	89.7%	92.5%	95.7%	93.3%	94.4%	87.9%	93.0%
Q38. Doctor understands how these conditions affect child's day-to-day life	97.6%	87.5%	97.1%	90.0%	97.6%	93.0%	100%	98.1%	95.8%	95.1%	96.7%	96.9%	94.1%	100%	100% e	98.0%	91.8%
Q39. Doctor understands how these conditions affect family's day-to-day life	96.7%	82.4%	96.0%	77.8%	97.6%	92.5%	86.7%	100% x	95.8%	87.2%	95.0%	97.0%	85.7%	100%	93.9%	97.9%	91.5%
Q8. FCC: Getting Needed Information (% A or U)	94.9%	80.0%	95.7%	63.6%	99.1% T	85.1%	84.2%	98.8% W x	90.0%	88.6%	94.2%	95.4%	87.5%	93.3%	95.2%	96.5%	89.7%
Coordination of Care for CCC (% Yes)	77.5%	54.5%	74.7%	0.0%	77.3%	74.4%	70.8%	82.9% x	76.9%	61.6%	70.2%	82.2%	61.4%	95.0%	77.8%	61.1%	74.3%
Q13. Obtaining help from doctors or health providers in contacting child's school or daycare	91.3%	100%	90.0%	NA	100%	88.9%	80.0%	100%	100%	75.0%	100%	94.4%	50.0%	100%	100%	66.7%	100%
Q24. Obtaining help coordinating child's care among different providers or services	63.8%	9.1%	59.5%	50.0%	54.5%	60.0%	61.5%	65.8%	53.8%	48.3%	40.5%	70.0% y	72.7%	90.0%	55.6%	55.6%	48.6%

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



# Demographic Segments - CCC Population

	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	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)
Total respondents	131	91	126	86	5^	3^	10^	14^	22	200	28	46	81	66	25	197	88	131
Q51. Access to Prescription Medicines (% A or U)	91.6%	91.8%	92.5%	92.4%	100%	100%	75.0%	90.0%	77.8%	93.3%	91.3%	82.4%	95.5%	93.0%	81.3%	92.7%	93.2%	91.3%
Access to Specialized Services (% A or U)	85.6%	87.2%	89.0%	81.0%	100%	100%	72.2%	94.4%	84.1%	85.1%	97.4%	86.2%	81.2%	87.3%	92.8%	84.1%	86.1%	86.1%
Q15. Ease of getting special medical equipment or devices	100%	83.3%	100%	85.7%	100%	100%	50.0%	100%	100%	90.0%	100%	100%	80.0%	100%	100%	90.0%	80.0%	100%
Q18. Ease of getting therapy	83.3%	90.0%	83.3%	84.6%	100%	100%	66.7%	83.3%	85.7%	84.6%	100%	80.0%	87.5%	84.6%	87.5%	84.2%	88.2%	82.8%
Q21. Ease of getting treatment or counseling	73.5%	88.2%	83.7%	72.7%	100%	100%	100%	100%	66.7%	80.8%	92.3%	78.6%	76.0%	77.4%	90.9%	78.1%	90.0%	75.5%
FCC: Personal Doctor Who Knows Child (% Yes)	93.9%	95.0%	95.4%	93.4%	91.7%	100%	95.8%	84.4%	93.0%	94.5%	95.7%	94.8%	94.6%	92.7%	98.0%	93.9%	97.2%	92.3%
Q33. Doctor talked about how child is feeling, growing, and behaving	90.0%	93.9%	87.5%	98.4% h	100%	100%	100%	81.8%	88.2%	92.0%	100%	84.4%	97.0% s	86.0%	94.1%	91.3%	96.9% w	87.9%
Q38. Doctor understands how these conditions affect child's day-to-day life	96.4%	96.4%	100% i	91.1%	75.0%	100%	87.5%	100%	100%	96.2%	93.8%	100%	94.3%	97.4%	100%	96.1%	98.2%	95.2%
Q39. Doctor understands how these conditions affect family's day-to-day life	95.2%	94.5%	98.8%	90.7%	100%	100%	100%	71.4%	90.9%	95.3%	93.3%	100% r	92.6%	94.7%	100%	94.4%	96.5%	93.8%
Q8. FCC: Getting Needed Information (% A or U)	92.4%	95.5%	99.0% i	87.9%	100%	100%	100%	80.0%	88.2%	94.2%	77.8%	94.1%	92.3%	100% r	94.4%	93.5%	96.7%	92.6%
Coordination of Care for CCC (% Yes)	70.5%	78.9%	72.4%	76.4%	75.0%	100%	75.0%	73.2%	72.2%	75.2%	81.3%	85.4%	66.3%	79.0%	80.0%	73.5%	76.9%	73.1%
Q13. Obtaining help from doctors or health providers in contacting child's school or daycare	85.7%	100%	86.7%	100%	100%	100%	100%	75.0%	66.7%	95.7%	100%	83.3%	90.9%	100%	100%	90.9%	91.7%	92.3%
Q24. Obtaining help coordinating child's care among different providers or services	55.3%	57.8%	58.2%	52.8%	50.0%	100%	50.0%	71.4%	77.8%	54.8%	62.5%	87.5%	41.7%	58.1%	60.0%	56.1%	62.1%	54.0%



# Supplemental Questions

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Results for Supplemental Questions

- 12470 - UnitedHealthcare Community Plan (LA)



# Supplemental Questions - General Population

Survey Item	Opt-out Responses <i>Out of 232 Total Respondents</i>	Category Responses <i>Based on Valid Responses Per Question</i>				Plan Summary Rate Score			2021 UHC BoB Summary Rate Score
						2019	2020	2021	
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?	<u>I did not call after hours in the last 6 months</u>  110	<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	(n = 230)	(n = 127)	(n = 110)	(n = 3446)
		69.1%	16.4%	6.4%	8.2%	73.9%	67.7%	85.5% ↗↑	74.1% ▲
Q79. In the last 6 months, how often were you happy with the language help you got in the doctor's office?		<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	---	---	(n = 202)	(n = 6376)
		80.2%	9.4%	6.4%	4.0%	---	---	89.6%	91.0%
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?	<u>I did not need an interpreter to help me speak with my child's doctors or other health providers</u>  141	<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	(n = 168)	(n = 104)	(n = 70)	(n = 2176)
		34.3%	10.0%	8.6%	47.1%	38.1%	24.0%	44.3% ↑	54.5%
Q81. In the last 6 months, how often was it easy to find a doctor that respects your beliefs and cultural traditions?		<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	---	---	(n = 202)	(n = 6340)
		82.2%	7.9%	1.5%	8.4%	---	---	90.1%	89.4%

Summary Rate Indicator

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

Significance Testing

Current year score is significantly higher than 2020 score (↗), the 2019 score (↗) or benchmark score (▲).  
Current year score is significantly lower than 2020 score (↘), the 2019 score (↘) or benchmark score (▼).

Low Base

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



# Supplemental Questions - General Population

Survey Item	Opt-out Responses <i>Out of 232 Total Respondents</i>	Category Responses <i>Based on Valid Responses Per Question</i>				Plan Summary Rate Score			2021 UHC BoB Summary Rate Score
						2019	2020	2021	
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?	<u>I did not call customer service for my child's mental health or substance abuse services in the last 6 months</u>  161	<u>Always</u> <u>Usually</u> <u>Sometimes</u> <u>Never</u>				(n = 148)	(n = 69)	(n = 54)	(n = 1391)
		50.0%	11.1%	7.4%	31.5%	48.0%	43.5%	61.1%	57.5%
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?	<u>My child did not receive mental health or substance abuse services in the last 6 months</u>  155	<u>9 or 10 - Best mental health or substance abuse services possible</u> <u>7-8</u> <u>0-6</u>				(n = 125)	(n = 84)	(n = 61)	(n = 1372)
		72.1%	16.4%	11.5%		74.4%	69.0%	72.1%	62.5%
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?	<u>My child did not see a mental health or substance abuse specialist in the last 6 months</u>  16	<u>Always</u> <u>Usually</u> <u>Sometimes</u> <u>Never</u>				(n = 95)	(n = 72)	(n = 43)	(n = 1085)
		46.5%	11.6%	18.6%	23.3%	61.1%	56.9%	58.1%	62.6%

Summary Rate Indicator

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

Significance Testing

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

Low Base

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



# Supplemental Questions - General Population

Survey Item	Opt-out Responses <i>Out of 232 Total Respondents</i>	Category Responses <i>Based on Valid Responses Per Question</i>				Plan Summary Rate Score			2021 UHC BoB Summary Rate Score
						2019	2020	2021	
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?	<u>My child did not see a mental health or substance abuse specialist in the last 6 months</u>  16	<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	(n = 102)	(n = 70)	(n = 43)	(n = 1012)
		51.2%	7.0%	14.0%	27.9%	68.6%	60.0%	58.1%	68.1%
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?		<u>9 or 10 - Extremely likely</u>	<u>7-8</u>	<u>0-6</u>		(n = 376)	(n = 259)	(n = 216)	(n = 5876)
		82.9%	11.6%	5.6%		84.3%	76.4%	82.9%	78.0%
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? *		<u>Promoters</u>	<u>Passives</u>	<u>Detractor</u>		(n = 376)	(n = 259)	(n = 216)	(n = 5876)
		82.9	11.6	5.6		78.2	68.3	77.3 ↑	71.5 ▲

Summary Rate Indicator

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

Significance Testing

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

Low Base

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

\*Net Promotor score rates are calculated by subtracting the Detractor Score (Response of 0 – 6) from the Promotor Score (Response of 9 or 10).



# Supplemental Questions - General Population

Survey Item		Plan Summary Rate Score			2021 UHC BoB Summary Rate Score
		2019	2020	2021	
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?					
	Opt-Outs	(n=421)	(n=275)	(n=232)	(n=7543)
	Total	176	121	113	3698
I did not try to get any care, tests, or treatment for my child in the last 6 months					
	Valid Responses	(n=103)	(n=76)	(n=44)	(n=1633)
	Base				
I had to wait too long for the health plan to give the OK		4.9%	13.2%	13.6%	11.3%
I did not know where to go to get a physician for care, lab work, or an x-ray		3.9%	1.3%	6.8%	3.7%
I could not find a doctor, lab, or x-ray facility in my child's network		4.9%	10.5%	2.3%	7.7% ▼
I could not find a doctor, lab, or x-ray facility that was easy to get to		2.9%	13.2%	2.3% ↓	3.4%
I had to wait too long to get an appointment		23.3%	17.1%	22.7%	29.1%
Other, personal reason		60.2%	44.7%	52.3%	44.8%

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

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



# Supplemental Questions - General Population

Survey Item			Plan Summary Rate Score			2021 UHC BoB Summary Rate Score
			2019	2020	2021	
Q87. How do you access the internet?						
	Opt-Outs	Total	---	(n=275)	(n=232)	(n=6735)
I do not access the Internet			---	10	8	308
	Valid Responses	Base	---	(n=251)	(n=210)	(n=5945)
Smartphone (e.g. Blackberry, Android, iPhone, etc.)			---	89.6%	90.0%	87.7%
Desktop computer			---	30.7%	27.6%	29.5%
Laptop			---	42.6%	51.9% <span>↑</span>	45.2%
Tablet			---	27.1%	24.8%	26.8%
Other			---	6.8%	5.7%	3.3%

**Significance Testing**  
Current year score is significantly higher than 2020 score (↑), the 2019 score (⬆) or benchmark score (▲).  
Current year score is significantly lower than 2020 score (↓), the 2019 score (⬇) or benchmark score (▼).

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



# Demographic Segments - General Population

Summary Rate Score	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/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)
Total respondents	207	22	119	8^	175	47	8^	156	54	20	101	103	28	47	54	53	72
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 or Usually)	85.4%	83.3%	91.7%	75.0%	88.3%	81.5%	60.0%	89.2%	78.8%	81.8%	78.4%	88.3%	92.3%	88.9%	81.0%	92.3%	79.4%
Q79. In the last 6 months, how often were you happy with the language help you got in the doctor's office? (% Always or Usually)	89.6%	88.9%	95.3%	75.0%	92.2%	80.5%	83.3%	89.1%	87.8%	100%	86.8%	90.1%	100%	97.7% vx	85.7%	89.4%	88.3%
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 or Usually)	45.2%	28.6%	48.6%	50.0%	44.7%	45.0%	0.0%	48.8%	42.9%	25.0%	38.5%	51.2%	0.0%	43.8%	68.8%	38.5%	33.3%
Q81. In the last 6 months, how often was it easy to find a doctor that respects your beliefs and cultural traditions? (% Always or Usually)	90.1%	94.7%	97.1%	100%	91.1%	84.6%	100%	91.3%	85.7%	92.9%	91.2%	87.6%	95.5%	95.6%	89.6%	91.3%	85.2%
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 or Usually)	61.2%	60.0%	79.3%	66.7%	63.2%	60.0%	0.0%	62.1%	68.4%	33.3%	54.5%	67.5%	0.0%	53.8%	75.0%	55.6%	57.9%
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? (% 9 or 10 - Best mental health or substance abuse services possible)	78.6%	0.0%	76.5%	0.0%	73.3%	64.3%	100%	90.9%	62.5%	33.3%	46.2%	80.4%	50.0%	91.7%	71.4%	69.2%	63.6%

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



# Demographic Segments - General Population

Summary Rate Score	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/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)
Total respondents	207	22	119	8^	175	47	8^	156	54	20	101	103	28	47	54	53	72
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 or Usually)	58.5%	50.0%	60.0%	0.0%	64.3%	46.2%	50.0%	66.7%	42.9%	63.6%	81.8%	50.0%	50.0%	71.4%	40.0%	66.7%	58.8%
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 or Usually)	60.0%	33.3%	66.7%	0.0%	58.6%	66.7%	0.0%	55.0%	66.7%	54.5%	54.5%	58.1%	100%	25.0%	50.0%	60.0%	76.5%
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? (% 9 or 10 - Extremely likely)	90.2%	15.0%	87.2%	50.0%	86.2% M	71.4%	66.7%	90.5% P	67.3%	62.5%	78.8%	88.3%	78.3%	88.9%	81.1%	80.0%	83.3%
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)	88.7	-30.0	84.4	25.0	82.0 M	61.9	50.0	88.4 P	55.8	43.8	71.7	83.0	78.3	86.7	71.7	72.0	80.3

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\*Net Promotor score rates are calculated by subtracting the Detractor Score (Response of 0 – 6) from the Promotor Score (Response of 9 or 10).



# Demographic Segments - General Population

Summary Rate Score	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	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)
Total respondents	125	101	102	92	7^	3^	9^	28	39	177	27	58	83	54	16^	208	110	108
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 or Usually)	82.8%	90.0%	91.3%	81.6%	60.0%	50.0%	80.0%	90.0%	76.5%	89.5%	78.6%	93.8%	81.6%	83.3%	83.3%	85.6%	77.4%	92.3% o
Q79. In the last 6 months, how often were you happy with the language help you got in the doctor's office? (% Always or Usually)	91.8%	86.7%	90.3%	91.6%	71.4%	66.7%	88.9%	78.3%	77.8%	92.4% g	91.7%	94.3%	88.0%	85.1%	73.3%	90.9%	84.3%	94.7% o
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 or Usually)	52.8%	36.4%	36.0%	40.7%	75.0%	100%	50.0%	78.6%	63.6%	34.1%	30.0%	60.0%	45.5%	29.4%	50.0%	43.8%	37.2%	47.8%
Q81. In the last 6 months, how often was it easy to find a doctor that respects your beliefs and cultural traditions? (% Always or Usually)	89.5%	90.7%	92.7%	88.6%	71.4%	66.7%	77.8%	84.0%	81.1%	91.7%	91.7%	92.6%	88.2%	88.9%	93.3%	89.8%	86.3%	94.7% o
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 or Usually)	70.4%	51.9%	66.7%	48.1%	33.3%	0.0%	0.0%	42.9%	63.6%	62.5%	57.1%	73.3%	53.3%	62.5%	40.0%	63.3%	55.6%	62.5%

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# Demographic Segments - General Population

Summary Rate Score	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	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)
Total respondents	125	101	102	92	7^	3^	9^	28	39	177	27	58	83	54	16^	208	110	108
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? (% 9 or 10 - Best mental health or substance abuse services possible)	74.3%	69.2%	65.5%	72.4%	100%	50.0%	75.0%	88.9%	100%	67.3%	100%	70.6%	72.7%	68.8%	66.7%	73.1%	78.8%	60.0%
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 or Usually)	65.4%	47.1%	57.1%	52.4%	0.0%	0.0%	66.7%	40.0%	37.5%	61.8%	50.0%	28.6%	58.8%	73.3%	75.0%	56.4%	64.0%	40.0%
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 or Usually)	68.0%	44.4%	60.0%	54.5%	0.0%	0.0%	50.0%	28.6%	28.6%	64.7%	0.0%	37.5%	62.5%	85.7%	40.0%	60.5%	57.7%	60.0%
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? (% 9 or 10 - Extremely likely)	82.5%	83.0%	81.6%	86.5%	71.4%	100%	77.8%	92.3%	89.5%	81.1%	77.8%	83.3%	81.5%	86.3%	87.5%	82.4%	83.3%	81.6%

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



# Demographic Segments - General Population

Summary Rate Score	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	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)
Total respondents	125	101	102	92	7^	3^	9^	28	39	177	27	58	83	54	16^	208	110	108
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)	75.0	79.8	72.4	83.1	71.4	100	66.7	88.5	81.6	75.7	74.1	74.1	76.5	82.4	81.3	76.9	77.8	75.7

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

\*Net Promotor score rates are calculated by subtracting the Detractor Score (Response of 0 – 6) from the Promotor Score (Response of 9 or 10).



# Supplemental Questions – CCC Population

Survey Item	Opt-out Responses <i>Out of 227 Total Respondents</i>			Category Responses <i>Based on Valid Responses Per Question</i>				Plan Summary Rate Score			2021 UHC BoB Summary Rate Score
								2019	2020	2021	
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?	<u>I did not call after hours in the last 6 months</u>  106			<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	(n = 218)	(n = 160)	(n = 114)	(n = 1813)
				65.8%	14.0%	7.0%	13.2%	84.4%	81.3%	79.8%	77.4%
Q79. In the last 6 months, how often were you happy with the language help you got in the doctor's office?				<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	---	---	(n = 214)	(n = 3562)
				88.8%	7.0%	3.7%	0.5%	---	---	95.8%	93.9%
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?	<u>I did not need an interpreter to help me speak with my child's doctors or other health providers</u>  167			<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	(n = 141)	(n = 110)	(n = 47)	(n = 966)
				23.4%	8.5%	6.4%	61.7%	36.2%	20.0%	31.9%	53.1% ▼
Q81. In the last 6 months, how often was it easy to find a doctor that respects your beliefs and cultural traditions?				<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	---	---	(n = 203)	(n = 3560)
				88.7%	6.9%	1.0%	3.4%	---	---	95.6%	94.0%

Summary Rate Indicator

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

Significance Testing

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

Low Base

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



# Supplemental Questions – CCC Population

Survey Item	Opt-out Responses <i>Out of 227 Total Respondents</i>			Category Responses <i>Based on Valid Responses Per Question</i>				Plan Summary Rate Score			2021 UHC BoB Summary Rate Score
								2019	2020	2021	
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?	<u>I did not call customer service for my child's mental health or substance abuse services in the last 6 months</u>  165			<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	(n = 143)	(n = 88)	(n = 50)	(n = 764)
				48.0%	16.0%	10.0%	26.0%	58.7%	52.3%	64.0%	72.0%
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?	<u>My child did not receive mental health or substance abuse services in the last 6 months</u>  117			<u>9 or 10 - Best mental health or substance abuse services possible</u>	<u>7-8</u>	<u>0-6</u>		(n = 191)	(n = 137)	(n = 94)	(n = 1322)
				62.8%	17.0%	20.2%		61.8%	59.1%	62.8%	58.5%
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?	<u>My child did not see a mental health or substance abuse specialist in the last 6 months</u>  20			<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	(n = 169)	(n = 120)	(n = 74)	(n = 1187)
				55.4%	13.5%	21.6%	9.5%	72.8%	74.2%	68.9%	77.5%

Summary Rate Indicator

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

Significance Testing

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

Low Base

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



# Supplemental Questions – CCC Population

Survey Item	Opt-out Responses <i>Out of 227 Total Respondents</i>			Category Responses <i>Based on Valid Responses Per Question</i>				Plan Summary Rate Score			2021 UHC BoB Summary Rate Score
								2019	2020	2021	
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?	<u>My child did not see a mental health or substance abuse specialist in the last 6 months</u>			<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	(n = 171)	(n = 118)	(n = 76)	(n = 1138)
	17			64.5%	9.2%	17.1%	9.2%	77.2%	78.0%	73.7%	80.8%
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?				<u>9 or 10 - Extremely likely</u>	<u>7-8</u>	<u>0-6</u>		(n = 372)	(n = 298)	(n = 211)	(n = 3316)
				82.5%	8.5%	9.0%		77.2%	76.2%	82.5%	76.7%▲
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? *				<u>Promoters</u>	<u>Passives</u>	<u>Detractor</u>		(n = 372)	(n = 298)	(n = 211)	(n = 3316)
				82.5	8.5	9.0		68.5	68.1	73.5	68.3

Summary Rate Indicator

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

Significance Testing

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

Low Base

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

\*Net Promotor score rates are calculated by subtracting the Detractor Score (Response of 0 – 6) from the Promotor Score (Response of 9 or 10).

Survey Item			Plan Summary Rate Score			2021 UHC BoB Summary Rate Score
			2019	2020	2021	
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?						
	Opt-Outs	Total	(n=405)	(n=315)	(n=227)	(n=3858)
I did not try to get any care, tests, or treatment for my child in the last 6 months			145	122	96	1471
	Valid Responses	Base	(n=134)	(n=93)	(n=55)	(n=1206)
I had to wait too long for the health plan to give the OK			6.0%	18.3%	14.5%	13.3%
I did not know where to go to get a physician for care, lab work, or an x-ray			3.0%	4.3%	7.3%	3.6%
I could not find a doctor, lab, or x-ray facility in my child's network			3.7%	7.5%	5.5%	7.9%
I could not find a doctor, lab, or x-ray facility that was easy to get to			6.0%	7.5%	0.0% <span>⬇️⬆️</span>	3.6% <span>⬇️</span>
I had to wait too long to get an appointment			29.1%	18.3%	18.2%	30.0% <span>⬇️</span>
Other, personal reason			52.2%	44.1%	54.5%	41.6%

## Significance Testing

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

### Low Base

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



# Supplemental Questions – CCC Population

Survey Item		Plan Summary Rate Score			2021 UHC BoB Summary Rate Score
		2019	2020	2021	
Q87. How do you access the internet?					
	Opt-Outs      Total	---	(n=315)	(n=227)	(n=3346)
	I do not access the Internet	---	21	11	158
	Valid Responses      Base	---	(n=276)	(n=203)	(n=3055)
	Smartphone (e.g. Blackberry, Android, iPhone, etc.)	---	89.9%	87.7%	88.0%
	Desktop computer	---	35.9%	33.0%	32.0%
	Laptop	---	45.3%	51.7%	48.8%
	Tablet	---	31.2%	27.6%	26.8%
	Other	---	6.9%	3.9%	2.3%

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

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



# Demographic Segments – CCC Population

Summary Rate Score	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/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)
Total respondents	198	25	163	11^	139	67	21	99	73	54	112	88	27	19^	52	74	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 or Usually)	83.2%	58.3%	83.5%	40.0%	84.1%	68.6%	90.0%	85.4%	71.8%	80.8%	76.6%	80.4%	87.5%	77.8%	78.1%	82.9%	78.9%
Q79. In the last 6 months, how often were you happy with the language help you got in the doctor's office? (% Always or Usually)	96.3%	90.9%	96.8%	88.9%	97.7%	91.9%	95.0%	95.7%	94.4%	98.0%	95.4%	96.3%	95.8%	100%	87.8%	100% c	96.0%
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 or Usually)	35.9%	12.5%	31.4%	50.0%	37.9%	20.0%	33.3%	38.9%	33.3%	18.2%	17.6%	40.7%	33.3%	50.0%	41.7%	38.5%	12.5%
Q81. In the last 6 months, how often was it easy to find a doctor that respects your beliefs and cultural traditions? (% Always or Usually)	97.2%	81.0%	98.0%	77.8%	96.9%	91.1%	100%	97.7%	92.4%	95.8%	97.1%	92.1%	100%	100%	91.5%	98.6%	94.1%
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 or Usually)	69.8%	28.6%	65.7%	60.0%	67.6%	66.7%	25.0%	75.0%	57.9%	63.2%	63.6%	66.7%	50.0%	60.0%	58.3%	71.4%	63.2%
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? (% 9 or 10 - Best mental health or substance abuse services possible)	71.8%	18.8%	73.0%	0.0%	67.8%	50.0%	63.6%	84.6%	69.0%	43.6%	45.9%	74.0% y	71.4%	80.0%	63.2%	62.1%	60.0%

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



# Demographic Segments – CCC Population

Summary Rate Score	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/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	0-4	5-8	9-13	14+
	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)
Total respondents	198	25	163	11^	139	67	21	99	73	54	112	88	27	19^	52	74	77
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 or Usually)	75.4%	38.5%	69.8%	40.0%	70.8%	61.1%	75.0%	81.3%	66.7%	64.7%	65.6%	70.3%	80.0%	100%	69.2%	69.6%	63.6%
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 or Usually)	79.7%	41.7%	79.2%	28.6%	75.0%	77.8%	60.0%	81.3%	80.0%	65.7%	66.7%	76.9%	100%	50.0%	69.2%	79.2%	73.5%
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? (% 9 or 10 - Extremely likely)	88.8%	23.8%	84.5%	50.0%	86.3%	75.8%	77.8%	93.5% W X	72.9%	74.5%	82.7%	83.1%	79.2%	100%	83.3%	81.9%	77.5%
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? * NPS (Promoters-Detractors)	85.6	-38.1	78.1	10.0	79.4 T	61.3	72.2	91.4 W X	58.6	59.6	70.9	76.6	75.0	100	75.0	73.6	64.8

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

\*Net Promotor score rates are calculated by subtracting the Detractor Score (Response of 0 – 6) from the Promotor Score (Response of 9 or 10).



# Demographic Segments – CCC Population

Summary Rate Score	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	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)
Total respondents	131	91	126	86	5^	3^	10^	14^	22	200	28	46	81	66	25	197	88	131
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 or Usually)	77.9%	82.6%	85.0%	70.2%	66.7%	66.7%	85.7%	87.5%	76.9%	80.0%	80.0%	80.8%	79.5%	78.8%	85.7%	79.0%	81.6%	79.5%
Q79. In the last 6 months, how often were you happy with the language help you got in the doctor's office? (% Always or Usually)	96.0%	95.5%	97.5%	94.0%	60.0%	66.7%	90.0%	84.6%	85.7%	96.9%	89.3%	100% r	93.6%	98.4%	88.0%	96.8%	94.2%	97.6%
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 or Usually)	48.1%	10.0%	33.3%	26.3%	100%	100%	33.3%	71.4%	50.0%	24.2%	33.3%	37.5%	35.7%	18.2%	25.0%	33.3%	30.4%	28.6%
Q81. In the last 6 months, how often was it easy to find a doctor that respects your beliefs and cultural traditions? (% Always or Usually)	96.6%	94.0%	97.5%	91.9%	80.0%	66.7%	90.0%	85.7%	86.4%	96.7%	91.3%	95.3%	93.5%	100% r	95.8%	95.5%	94.9%	95.9%
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 or Usually)	75.0%	44.4%	72.0%	47.8%	0.0%	0.0%	0.0%	60.0%	50.0%	65.9%	83.3%	66.7%	52.9%	72.7%	50.0%	65.9%	57.1%	66.7%

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



# Demographic Segments – CCC Population

Summary Rate Score	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	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)
Total respondents	131	91	126	86	5^	3^	10^	14^	22	200	28	46	81	66	25	197	88	131
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? (% 9 or 10 - Best mental health or substance abuse services possible)	62.3%	62.5%	64.3%	61.5%	100%	100%	100%	66.7%	66.7%	62.4%	61.5%	52.4%	66.7%	65.5%	76.9%	60.5%	66.7%	60.3%
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 or Usually)	65.1%	73.3%	72.1%	58.1%	0.0%	50.0%	80.0%	60.0%	57.1%	70.1%	61.5%	46.2%	82.6%	75.0%	70.0%	68.8%	80.0%	63.0%
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 or Usually)	74.4%	71.9%	77.1%	63.3%	0.0%	50.0%	80.0%	80.0%	71.4%	73.9%	58.3%	53.3%	77.3%	92.3%	66.7%	74.6%	78.6%	72.3%
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? (% 9 or 10 - Extremely likely)	84.0%	79.8%	84.3%	79.7%	80.0%	100%	70.0%	92.9%	86.4%	82.4%	77.8%	78.6%	85.0%	85.0%	80.0%	82.7%	91.7% w	76.4%

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



# Demographic Segments – CCC Population

Summary Rate Score	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	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic	24 or younger	25-34	35-44	45+	Male	Female	High School or Less	Some College or More
	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)
Total respondents	131	91	126	86	5^	3^	10^	14^	22	200	28	46	81	66	25	197	88	131
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)	76.0	69.0	75.2	70.9	60.0	100	60.0	92.9	86.4	72.2	63.0	71.4	76.3	78.3	72.0	73.5	86.9 w	65.0

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

\*Net Promotor score rates are calculated by subtracting the Detractor Score (Response of 0 – 6) from the Promotor Score (Response of 9 or 10).



# Appendix: Correlation Analyses

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## Plan Specific Correlations

- 12470 - UnitedHealthcare Community Plan (LA)



## Highest Correlations

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

### With Health Care Rating

<b>Q10</b>	Got care/tests/treatment	0.5013
<b>Q36</b>	Personal doctor overall	0.4936
<b>Q49</b>	Health plan overall	0.3993
<b>Q29</b>	Dr. showed respect	0.3874
<b>Q27</b>	Dr. explained things	0.2970
<b>Q4</b>	Got urgent care	0.2842
<b>Q28</b>	Dr. listened carefully	0.2781
<b>Q32</b>	Dr. spent enough time	0.2648
<b>Q45</b>	CS provided info./help	0.2363
<b>Q35</b>	Dr. informed about care	0.2350

### With Personal Doctor Rating

<b>Q43</b>	Specialist overall	0.7949
<b>Q27</b>	Dr. explained things	0.6294
<b>Q10</b>	Got care/tests/treatment	0.6053
<b>Q29</b>	Dr. showed respect	0.5867
<b>Q9</b>	Health care overall	0.4936
<b>Q28</b>	Dr. listened carefully	0.4401
<b>Q35</b>	Dr. informed about care	0.4286
<b>Q32</b>	Dr. spent enough time	0.3918
<b>Q4</b>	Got urgent care	0.3431
<b>Q49</b>	Health plan overall	0.3403

### With Specialist Rating

<b>Q36</b>	Personal doctor overall	0.7949
<b>Q28</b>	Dr. listened carefully	0.6451
<b>Q29</b>	Dr. showed respect	0.6451
<b>Q31</b>	Dr. explained things for child	0.5473
<b>Q27</b>	Dr. explained things	0.4342
<b>Q48</b>	Easy to fill out forms	0.3936
<b>Q41</b>	Got specialist appt.	0.3577
<b>Q49</b>	Health plan overall	0.2758
<b>Q6</b>	Got routine care	0.2407
<b>Q45</b>	CS provided info./help	0.2333



# Appendix: Flowchart

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Understanding Relative Performance of Composite Measures

- 12470 - UnitedHealthcare Community Plan (LA)



# Flowchart – Understanding Relative Performance

## How composite questions perform relative to each other

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

Plan Score

-----

Max Score

X

Maximum

Contribution

=

Actual

Contribution

Maximum

Contribution

-

Actual

Contribution

=

Gap

### Q6 Example:

94.6%

-----

100%

X

50.0%

=

47.3%

50.0%

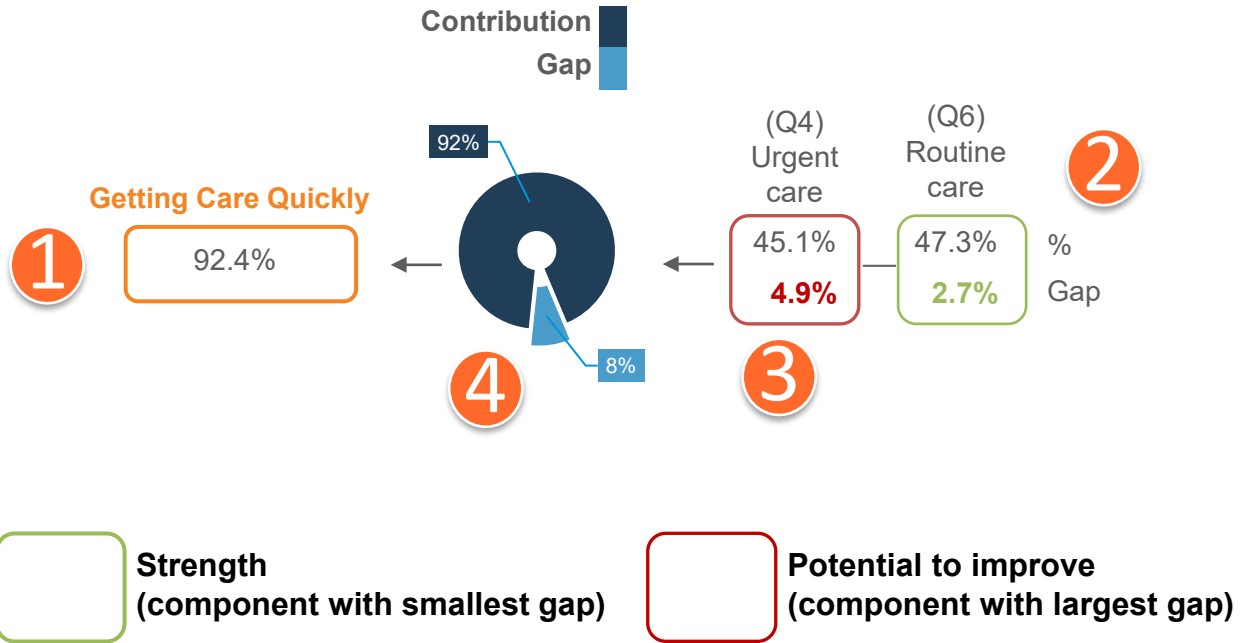
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47.3%

=

2.7%

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





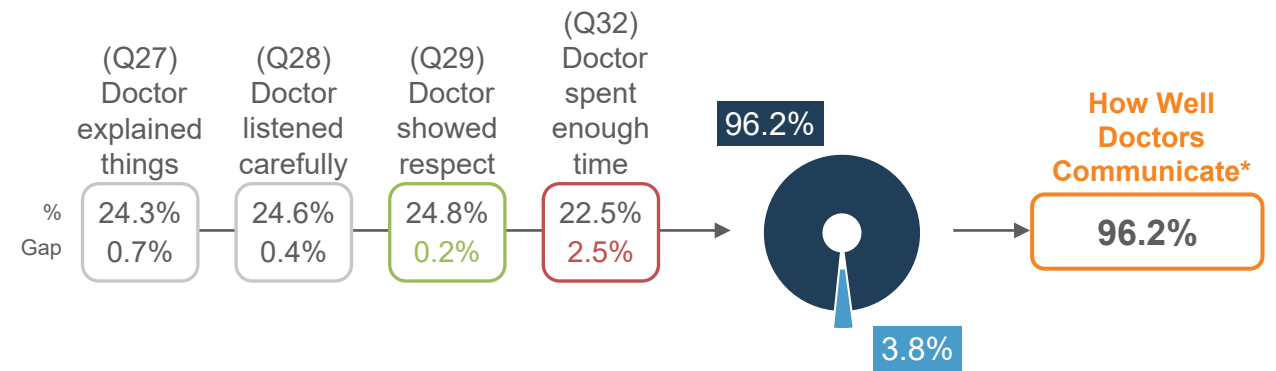
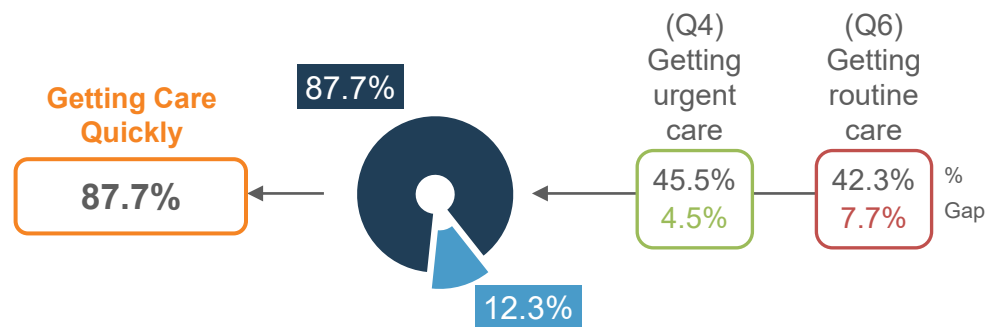
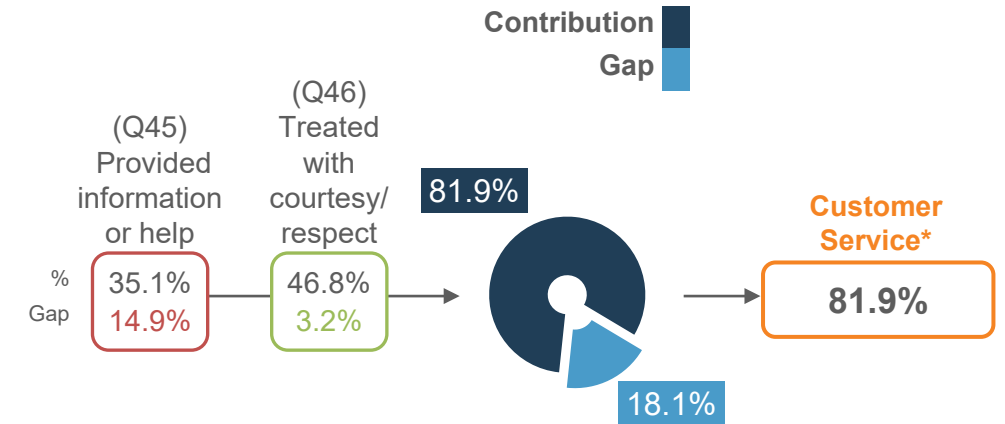
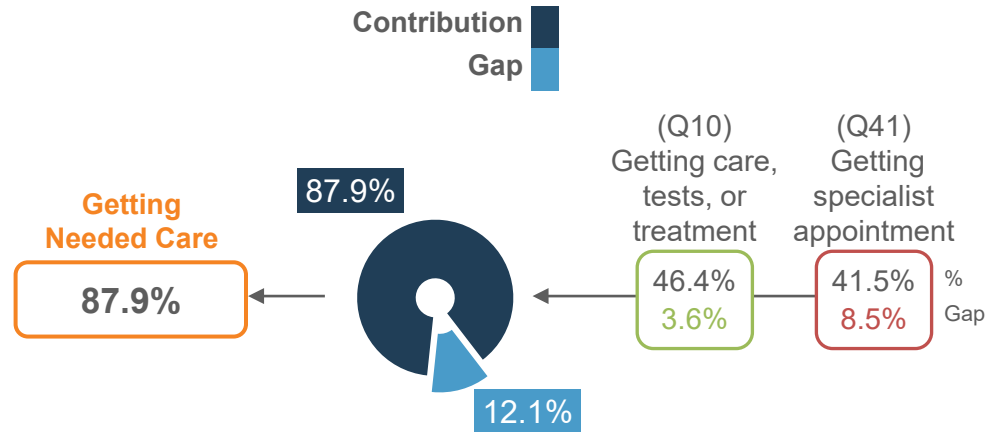
# Flowchart – Understanding Relative Performance - General Population



**Strength**  
(component with smallest gap)



**Potential to improve**  
(component with largest gap)



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



# Appendix: Accreditation

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Estimated NCQA Plan Ratings and Frequency Distributions

- 12470 - UnitedHealthcare Community Plan (LA)



# Estimated NCQA Health Insurance Plan Ratings

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

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

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

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

Note: The COVID-19 pandemic and the associated strain on the health care system led NCQA to decide not to publish Health Plan Ratings in 2020.  
Note: Because 3-point scores are no longer used by NCQA, SPH does not calculate 3-point scores and accreditation thresholds within this report.

9 Required HEDIS and CAHPS Measures for HEDIS Reporting Year 2021		
HEDIS/CAHPS Measures Required for HP Accreditation—Medicaid		
Measure Name	Web Display Name	Weight*
PATIENT EXPERIENCE		
Getting Care		
Getting Needed Care (Usually + Always)	Getting care easily	1.5
Getting Care Quickly (Usually + Always)	Getting care quickly	1.5
Satisfaction With Plan Physicians		
Rating of Personal Doctor (9 + 10)	Rating of primary care doctor	1.5
Rating of Specialist Seen Most Often (9 + 10)	Rating of specialists	1.5
Rating of All Health Care (9 + 10)	Rating of care	1.5
Coordination of Care (Usually + Always)	Coordination of care	1.5
Satisfaction With Plan Services		
Rating of Health Plan (9 + 10)	Rating of health plan	1.5
PREVENTION		
Children and Adolescent Well-Care		
ADV Annual Dental Visits—Total	Dental visits	1
CIS Childhood Immunization Status—Combination 10	Childhood immunizations	3
IMA Immunizations for Adolescents—Combination 2	Adolescent immunizations	3
WCC Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total	BMI percentile assessment	1
Women's Reproductive Health		
PPC Prenatal and Postpartum Care—Timeliness of Prenatal Care	Prenatal checkups	1
Prenatal and Postpartum Care—Postpartum Care	Postpartum care	1
Cancer Screening		
BCS Breast Cancer Screening	Breast cancer screening	1
CCS Cervical Cancer Screening	Cervical cancer screening	1
Other Preventive Services		
CHL Chlamydia Screening in Women—Total	Chlamydia screening	1
FVA Flu Vaccinations for Adults Ages 18-64	Flu shots	1

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

[https://www.ncqa.org/wp-content/uploads/2020/12/20201218\\_2021\\_List\\_of\\_Required\\_Performance\\_Measures.pdf](https://www.ncqa.org/wp-content/uploads/2020/12/20201218_2021_List_of_Required_Performance_Measures.pdf)



# Estimated NCQA Plan Ratings - General Population

	2021 VALID N	2021 SCORE	SCORE DEFINITION	QC PERCENTILE RANK	SPH ESTIMATED RATING	WEIGHT
CONSUMER SATISFACTION					4.5	
GETTING CARE					NA	
Getting Needed Care	86^	87.9%	Usually or Always	64 <sup>th</sup>	NA	1.5
Getting Care Quickly	89^	87.7%	Usually or Always	20 <sup>th</sup>	NA	1.5
SATISFACTION WITH PLAN PHYSICIANS					5.0	
Rating of Personal Doctor	202	83.7%	9 or 10	93 <sup>rd</sup>	5.0	1.5
Rating of Specialist	41^	80.5%	9 or 10	100 <sup>th</sup>	NA	1.5
Rating of Health Care	127	80.3%	9 or 10	96 <sup>th</sup>	5.0	1.5
Coordination of Care	53^	88.7%	Usually or Always	67 <sup>th</sup>	NA	1.5
SATISFACTION WITH PLAN SERVICES					4.0	
Rating of Health Plan	229	76.9%	9 or 10	83 <sup>rd</sup>	4.0	1.5

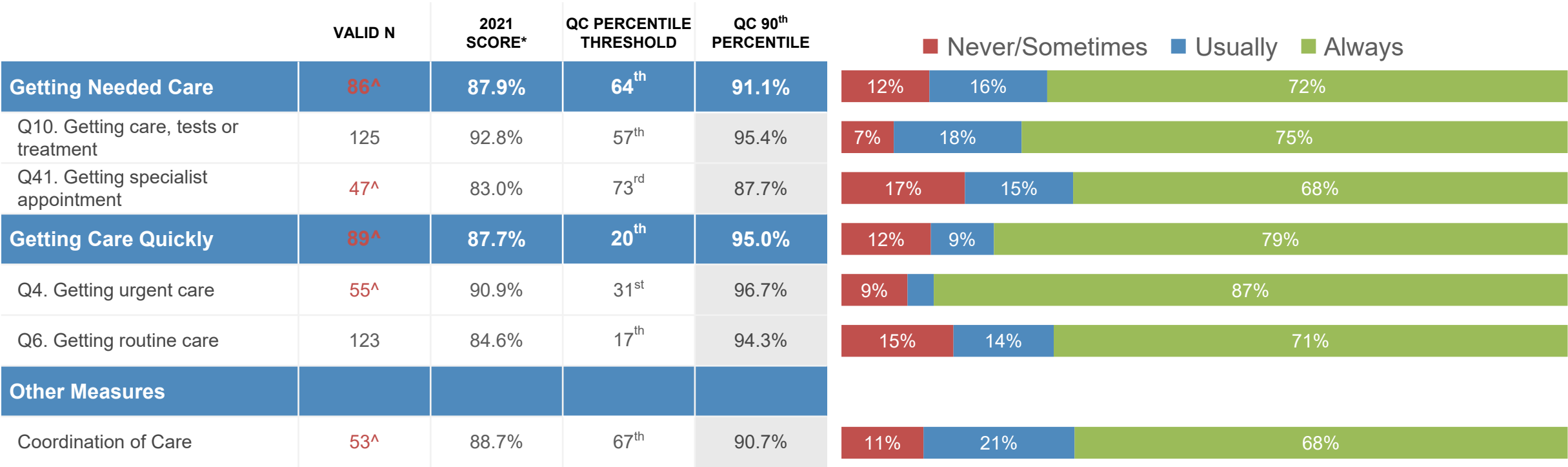
**NOTE** NCQA will assign a measure result of NA to overall ratings or composites with a denominator (i.e., the average number of responses across all questions used to calculate the composite) less than 100.



# Global Proportions - General Population

## GLOBAL PROPORTIONS SCORING AND ACCREDITATION

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



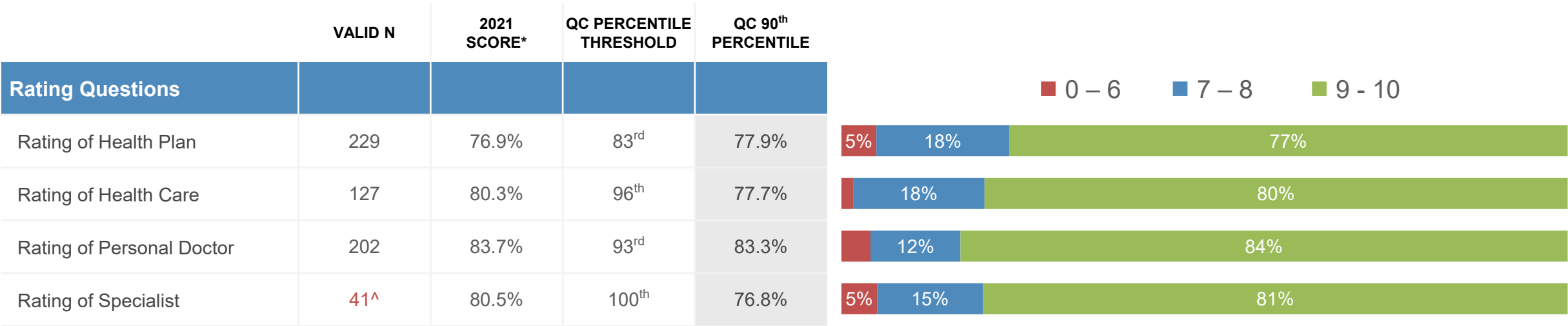
\*Scores are % Always or Usually. **Note:** Due to space constraints, scores <5% will not be labeled on the graph.



# Global Proportions - General Population

## GLOBAL PROPORTIONS SCORING AND ACCREDITATION

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





# Appendix: Improvement Strategies and Voice of the Member

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- 12470 - UnitedHealthcare Community Plan (LA)



# Improvement Strategies and VoM: Section Information

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

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

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



# Rating of Health Plan

Rating of Health Plan Improvement Strategies	Voice of the Member
<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li><li>• Identify key parent needs and expectations and critically assess operations and processes.</li><li>• Ensure that the member website is easily navigable and highly user friendly.</li><li>• Simplify completion of commonly used forms via "pre-loaded" applications or on-line.</li><li>• 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.</li><li>• Analyze satisfaction levels and loyalty ratings based on member profile/segmentation data (health system, age, length of membership, have PCP, etc.).</li><li>• 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.</li><li>• 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.</li><li>• 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.</li></ul>	<p>“Specifically, I would <b>improve communications</b>. My insurance doesn't send any <b>information about check-ups, vaccine reminders, dental check-ups, etc.</b>”</p> <p>“Make the <b>website more user friendly</b>, make it <b>easier to find the information</b> we need.”</p> <p>“<b>An app would be a good idea</b>, because sometimes <b>getting online to recertify can be difficult.</b>”</p> <p>“<b>More available and detailed information about counseling</b>. 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.”</p> <p>“It is <b>the issues with name brand medications and not covering all areas of health</b>, such as chiropractic care, <b>that are very important to my family.</b>”</p>



## Rating of Health Care Improvement Strategies

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

## Voice of the Member

“Had **nothing but the best care for all my children**. The doctors **care and are straightforward** with everything.”

“We have **finally found doctors that make sure my children have the best care possible**. All of the **doctors coordinate with each other** and always **update one another on his medications** to keep from unwanted side effects!”

“His therapist is great. **She involves us in his treatment.**”

“She **always spent a lot of time listening to me** and **taking great care of my daughter.**”

“I have **never had issues with my daughter's care**. The doctors **always answer me fully** and often **provide additional resources** to help me learn more.”

## Rating of Personal Doctor Improvement Strategies

- Analyze, investigate, and probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with rating of personal doctor. (e.g., HWDC, GCQ, GNC, Coordination Of Care).
- Review QI recommendations/actions for related CAHPS composite measures: How Well Doctors Communicate, Getting Care Quickly, Getting Needed Care, Coordination of Care.
- 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: <https://cahps.ahrq.gov/surveys-guidance/hp/improve/index.html>

## Voice of the Member

- “My son's doctor is great. He **always answers all our questions** and **makes our son's health and well-being a priority**. He **proactively suggests treatments** and courses of action that we had not necessarily considered.”
- “**Very friendly and kind, and willing to answer most questions**. He doesn't always have all the information I need but **gets it for me when needed**.”
- “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.”
- “**Takes his time** and has those **one-on-one sessions with the child**.”
- “Our doctor **stays on top of things** and is **easy to get a hold of**.”

(SPH National Sample)

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



# Rating of Specialist

Rating of Specialist Improvement Strategies	Voice of the Member
<ul style="list-style-type: none"><li>• 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).</li><li>• Review QI recommendations/actions for related CAHPS composite measures: How Well Doctors Communicate, Getting Care Quickly, Getting Needed Care, Coordination of Care.</li><li>• 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.</li><li>• Share, report and discuss relative CAHPS health care performance and feedback at the health system and/or within network level.</li><li>• 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.</li><li>• Gather and analyze patient feedback on their recent office visit (i.e., patient "comment cards," follow up call/text/email, CG CAHPS survey, etc.)</li><li>• Assess adequacy of contracted specialist by specialty. If necessary, review quality of care information among specific specialties and/or identify practices of excellence.</li><li>• 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.</li><li>• Assess systems (e.g., EHRs) processes and/or procedures used to gather or facilitate distribution of patient information among providers.</li><li>• Suggest providers/practices periodically analyze appointment scheduling timeframes versus types of office visits.</li></ul>	<p>“The doctor who performed my son's follow-up circumcision was <b>very down to earth and did an excellent job.</b>”</p> <p>“They're <b>great with my children and answer everything in timely manner.</b></p> <p>“It's hard for someone that <b>sees a patient for 45 minutes a month to necessarily decide what is best</b>, or at least they should <b>let the parents have some input.</b>”</p> <p>“She always <b>spent a lot of time listening to me and taking great care of my daughter.</b>”</p> <p>“My daughter hasn't seen a specialist in a long time now, but whenever she has had to see one, they have <b>always been very professional.</b>”</p>

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

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



## Getting Needed Care Improvement Strategies

- Assess CAHPS data by health system, PO, and/or network. Communicate results and identify outliers. Evaluate with HEDIS data, complaints, appeals and/or quality of care concerns, and communicate. Identify issues, prioritize and implement improvement activities.
- Work with providers to support patients in navigating health care and remove obstacles. Support and encourage providers to take innovative action to improve access. Examples include: Serve patients quickly, treat urgent issues promptly, minimize wait times, follow-up about appointment times and test results. Another is to develop an in-depth referral/decision-making guide for PCP's to prepare for/with patients explaining need, urgency, patient expectations and responsibilities, and preparations for seeing a specialist.
- 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.

## Voice of the Member

“I have **never had any difficulties getting any treatment or tests** done for my child. The **doctors are always right on top of things**. They get **everything done really quickly.**”

“**Getting tests and services done has been a big issue.** They were supposed to observe her for two nights, but the next day they tried kicking her out. Within a day, she exhibited respiratory issues and was transferred to another department. I argued for them to do a blood gas test. It was brushed off, and within a day she was in the ICU. I then cornered the doctor and demanded the blood gas test. As I suspected, she was retaining CO2.”

“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.**”



## Getting Care Quickly Improvement Strategies

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

Additional resource for improvement:

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

## Voice of the Member

“She has been **always seen in a timely manner** and was treated well.”

“**We were in and out in about 15 minutes**, and I had the **lab results within a few days** saying my kid was healthy.”

“The **care was quick and friendly**, and I got her into both **appointments easily**.”

“We have an **urgent care facility** that I can go to when **I don't want to wait for an appointment**. We mostly use it for sickness visits, so I don't have to wait in the waiting room.”

“It's **usually easy for us to get into an urgent care**. It's normally a 30-minute-per-person wait time. So if there are two people ahead of us, it's an hour wait time.”

(SPH National Sample)

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



# How Well Doctors Communicate

## How Well Doctors Communicate Improvement Strategies

- Cultivate a patient-centered care philosophy and programs across the provider network.
- Support, communicate and educate providers about the vital medical importance of effective doctor-patient communication (i.e., reduced hospitalizations & ER visits , improved adherence).
- 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).

## Voice of the Member

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

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

“**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 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.**”

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

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



## Customer Service Improvement Strategies

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

Additional resource for improvement:

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

## Voice of the Member

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

“I had to call in to **recertify my daughter** because I was late recertifying, due to the fact that I received the paperwork later than I should have. **I was able to easily call** the number, get someone on the phone and **complete the process of recertifying very easily.**”

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

“I have found that in the majority of interactions, with any **customer service representative that is associated with Medicaid**, they **tend to look down on you**. There have been numerous occasions where we would have to call and change doctors, and **we were treated like dirt**. It's as if a child is on Medicaid because the parents don't work or whatever.”

(SPH National Sample)

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



## Coordination of Care Improvement Strategies

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

## Voice of the Member

- “He has seen three different doctors at that office. I don't know **how they transfer information** to each other, since I have **had to repeat things** to one that I had already told another. **I would think that would be in his files.**”
- “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.**”
- “When our **son's doctor retired,** it was a bit of an **abrupt shock** to go from someone whom we had worked with for eleven years to a doctor who had never met us or our son before. However, he **took the time to talk to us and review our son's medical history,** and it **wasn't long before we were comfortable with each other** and confident that he would meet our son's medical needs.”



# Access to Prescription Medicine

## Access to Prescription Medicine Improvement Strategies

- 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.

## Voice of the Member

- “It's **easy to get them filled and fast**, but they stopped paying for my daughter's allergy medicine.”
- “Normally what happens is **the doctor finds an alternative that the insurance will cover.**”
- “The doctor sends them to the pharmacy, and they are **always filled quick and easy, with no hassles.**”
- “I would **expect the doctor to call the pharmacy and iron out any issues** that may come up.”
- “The bill was huge. I **called to discuss how much it would cost out-of-pocket.** Luckily, I had a **very helpful, kind customer service representative** who first **asked, not only about the health of my son, but also about my health!**”
- “The **representative helped me not worry about bills** during that stressful time.”



# Appendix: Questionnaire

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- 12470 - UnitedHealthcare Community Plan (LA)



# **MY 2020 CAHPS<sup>®</sup> 5.1H Member Survey**

Medicaid Adult

Prepared for:

12430 - UnitedHealthcare Community Plan (LA)



United  
Healthcare

## 12430 - UnitedHealthcare Community Plan (LA)

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- Overview
- Methodology
- Executive Summary
- Measure Analyses
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- Demographic Segment Analyses
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- Appendix: Accreditation
- Appendix: Improvement Strategies & Voice of the Member
- Appendix: Questionnaire



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 MY 2020 CAHPS® 5.1H Medicaid Adult Survey. NCQA requires health plans to submit CAHPS survey results in compliance with HEDIS® accreditation requirements.

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

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

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

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

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



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



### VALID SURVEYS

- ✉ Total Number of Mail Completes = 124 (0 in Spanish)
- ☎ Total Number of Phone Completes = 53 (0 in Spanish)
- 💻 Total Number of Internet Completes = 21 (0 in Spanish)

Number of undeliverables: 155

### 2021 RESPONSE RATE

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

$\frac{124 \text{ (Mail)} + 53 \text{ (Phone)} + 21 \text{ (Internet)} = 198}{1620 \text{ (Sample)} - 21 \text{ (Ineligible)} = 1599} = 12.4\%$

### RESPONSE RATE COMPARISON

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

		2019	2020	2021
Complete	Completed Survey	295	244	198
	SUBTOTAL	295	244	198
Ineligible	Does not Meet Eligibility Criteria (01)	18	16	13
	Language Barrier (03)	2	1	1
	Mentally/Physically Incapacitated (04)	15	6	3
	Deceased (05)	2	2	4
	SUBTOTAL	37	25	21
Non-Response	Break-off/Incomplete (02)	21	12	18
	Refusal (06)	60	14	21
	Maximum Attempts Made (07)	1207	1324	1362
	Added to DNC List (08)	0	1	0
	SUBTOTAL	1288	1351	1401
TOTAL		1620	1620	1620
OVERSAMPLING %		20.0%	20.0%	20.0%
RESPONSE RATE		18.6%	15.3%	12.4%

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



# Executive Summary

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- 12430 - UnitedHealthcare Community Plan (LA)



# Overview of Terms

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

	No	Yes	
Never	Sometimes	Usually	Always

Rating questions are typically displayed with two Summary Rates:

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

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

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

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

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

## NCQA BENCHMARK INFORMATION

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

## COVID-19 IMPACT

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

## LEGACY DSS / MORPACE / SPH

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



# Dashboard - 2021 Key Findings

## TRENDING

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

MEASURE NAME	Trending
No key measures changed significantly.	



198 / 12.4%

Completed surveys / Response Rate

MEASURE NAME	2021 SCORE	ESTIMATED NCQA RATING
<b>Rating of Health Plan</b> (% 9 or 10)	71.8%	★★★★★
<b>Rating of Health Care</b> (% 9 or 10)	63.8%	★★★★★
<b>Rating of Personal Doctor</b> (% 9 or 10)	75.5%	★★★★★
<b>Rating of Specialist</b> (% 9 or 10)	62.9%	NA^
<b>Getting Needed Care</b> (% Always or Usually)	83.7%	NA^
<b>Getting Care Quickly</b> (% Always or Usually)	78.0%	NA^
<b>Coordination of Care</b> (% Always or Usually)	81.0%	NA^
<b>Flu Vaccinations</b> Adults 18-64 (% Yes)	35.3%	★★
<b>Smoking Advice: Rolling average</b> (% Always, Usually or Sometimes)	74.5%	★★

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

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

### POWER

Promote and Leverage Strengths

- Q8 Health care overall
- Q9 Got care/tests/treatment
- Q18 Personal doctor overall

### OPPORTUNITIES

Focus Resources on Improving Processes That Underlie These Items

- Q22 Specialist overall
- Q24 CS provided info./help
- Q4 Got urgent care
- Q20 Got specialist appt.
- Q13 Dr. listened carefully
- Q12 Dr. explained things

Please refer to slide 13 for details.

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

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

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



## Health Plan Domain Performance

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

MEASURE	SUMMARY RATE		CHANGE	2021 UHC BENCHMARK		2020 QC BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK (SPH)	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan (% 9 or 10)	76.9%	71.8%	-5.1%	65.3%	94 <sup>th</sup>	62.2% ▲	95 <sup>th</sup>
Rating of Health Plan (% 8, 9 or 10)	85.9%	84.0%	-1.9%	80.3%	85 <sup>th</sup>	78.5% ▲	85 <sup>th</sup>
Getting Needed Care (% Always or Usually)	86.8%	83.7%	-3.1%	83.8%	42 <sup>nd</sup>	83.0%	54 <sup>th</sup>
Customer Service (% Always or Usually)	89.2%	86.2%	-3.0%	88.5%	13 <sup>th</sup>	89.3%	10 <sup>th</sup>
Ease of Filling Out Forms (% Always or Usually)	97.7%	94.5%	-3.2%	95.8%	22 <sup>nd</sup>	95.8%	22 <sup>nd</sup>

### KEY TAKEAWAYS

Your overall Rating of Health Plan (9-10) Summary Rate score is 71.8% and represents a change of -5.1% from 2020.

Note: Please refer to benchmark descriptions on slide 40.

### Significance Testing

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



# 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	2021 UHC BENCHMARK		2020 QC BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK (SPH)	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care (% 9 or 10)	67.0%	63.8%	-3.2%	59.5%	80 <sup>th</sup>	57.7%	87 <sup>th</sup>
Rating of Health Care (% 8, 9 or 10)	78.2%	78.7%	0.5%	78.0%	59 <sup>th</sup>	76.4%	70 <sup>th</sup>
Getting Care Quickly (% Always or Usually)	83.9%	78.0%	-5.9%	81.6%	14 <sup>th</sup>	82.3%	15 <sup>th</sup>
How Well Doctors Communicate (% Always or Usually)	92.6%	91.3%	-1.3%	92.7%	24 <sup>th</sup>	93.2%	14 <sup>th</sup>
Coordination of Care (% Always or Usually)	87.5%	81.0%	-6.5%	83.3%	27 <sup>th</sup>	85.1%	14 <sup>th</sup>
Rating of Personal Doctor (% 9 or 10)	75.4%	75.5%	0.1%	71.3%	87 <sup>th</sup>	69.2%	88 <sup>th</sup>
Rating of Personal Doctor (% 8, 9 or 10)	84.7%	85.3%	0.6%	84.5%	69 <sup>th</sup>	83.5%	67 <sup>th</sup>
Rating of Specialist (% 9 or 10)	74.7%	62.9%	-11.8%	70.3%	12 <sup>th</sup>	69.5%	11 <sup>th</sup>
Rating of Specialist (% 8, 9 or 10)	85.9%	75.8%	-10.1%	84.0%	<5 <sup>th</sup>	83.9%	<5 <sup>th</sup>

### KEY TAKEAWAYS

Your overall Rating of Health Care (9-10) Summary Rate score is 63.8% and represents a change of -3.2% from 2020.

Note: Please refer to benchmark descriptions on slide 40.

### Significance Testing

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



## Effectiveness of Care Performance

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

MEASURE	SUMMARY RATE		CHANGE	2021 UHC BENCHMARK		2020 QC BENCHMARK	
	2020	2021		SUMMARY RATE	PERCENTILE RANK (SPH)	SUMMARY RATE	PERCENTILE RANK
Flu Vaccinations (Adults 18-64) (% Yes)	41.1%	35.3%	-5.8%	39.4%	29 <sup>th</sup>	43.8% ▼	10 <sup>th</sup>
Advising Smokers and Tobacco Users to Quit: <i>Rolling average (% Always, Usually or Sometimes)</i>	72.0%	74.5%	2.5%	70.6%	58 <sup>th</sup>	77.2%	27 <sup>th</sup>
Discussing Cessation Medications: <i>Rolling average (% Always, Usually or Sometimes)</i>	45.1%	52.8%	7.7%	48.7%	62 <sup>nd</sup>	54.5%	43 <sup>rd</sup>
Discussing Cessation Strategies: <i>Rolling average (% Always, Usually or Sometimes)</i>	45.4%	46.9%	1.5%	42.1%	58 <sup>th</sup>	48.7%	43 <sup>rd</sup>

Note: Please refer to benchmark descriptions on slide 40.

### Significance Testing

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

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



# Gap Analysis - 2020 Quality Compass

## GAP ANALYSIS

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

**Achieved Max Score Gap** – The spread between your plan's score and the highest score achieved by a plan within the 2020 Quality Compass (100<sup>th</sup> Percentile).

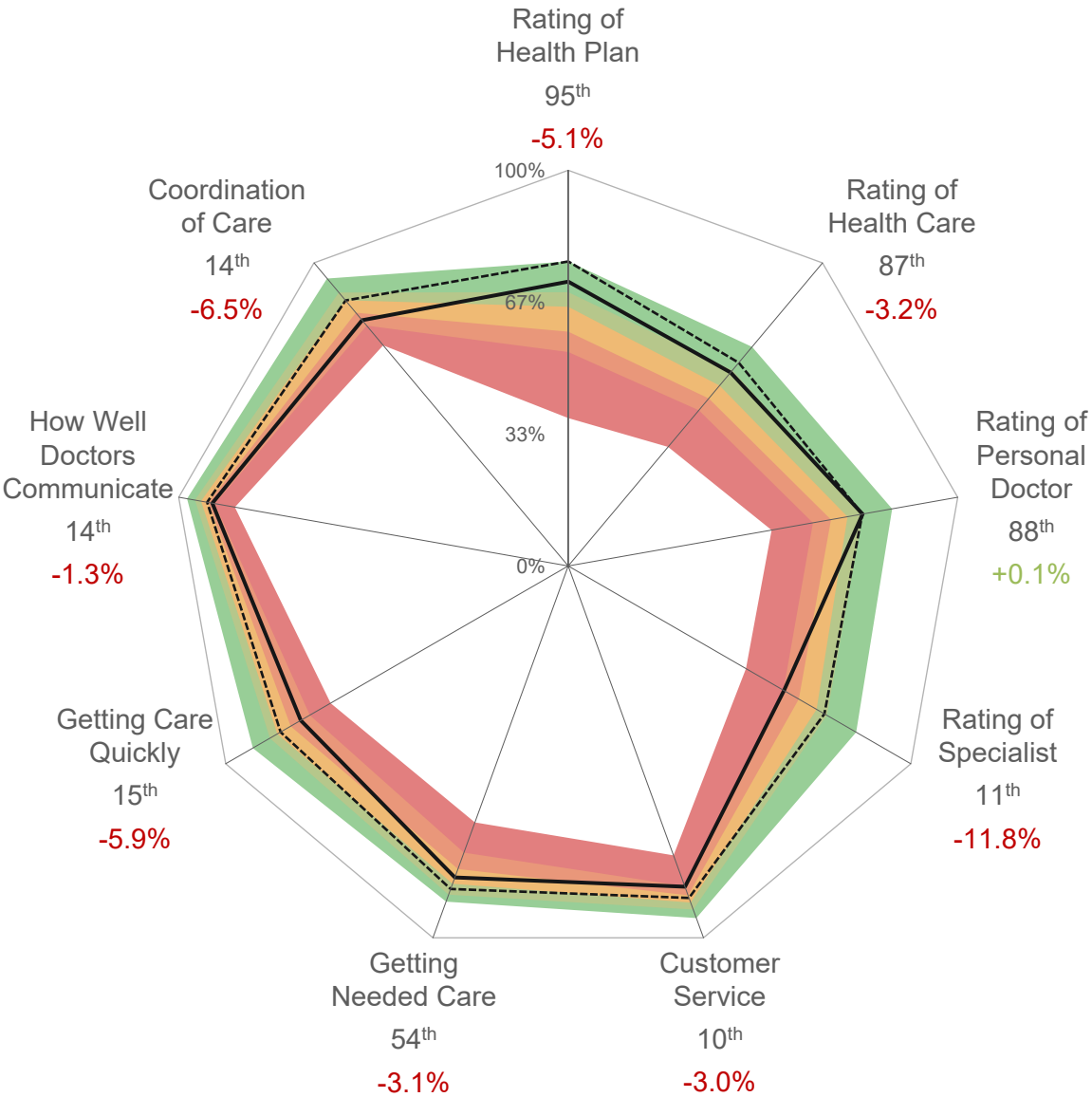
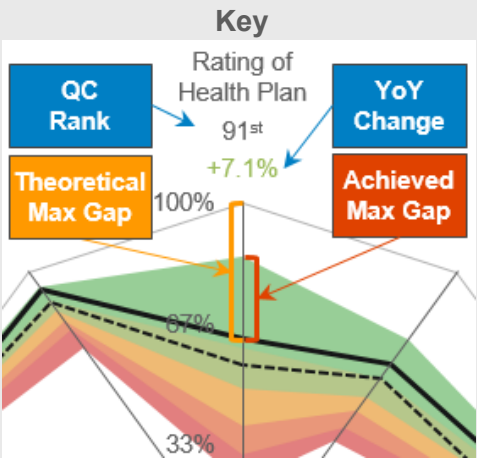
*Displayed by the outer bound of the dark green section of the graph.*

**Theoretical Max Score Gap** – The spread between your plan's score and the highest possible score a plan could achieve (100%).

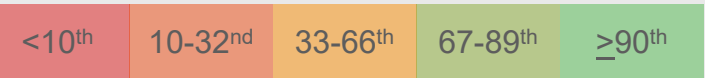
*Displayed by the outer bound of the graph.*

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

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



## 2020 Quality Compass Thresholds



— 2021 Score  
--- 2020 Score

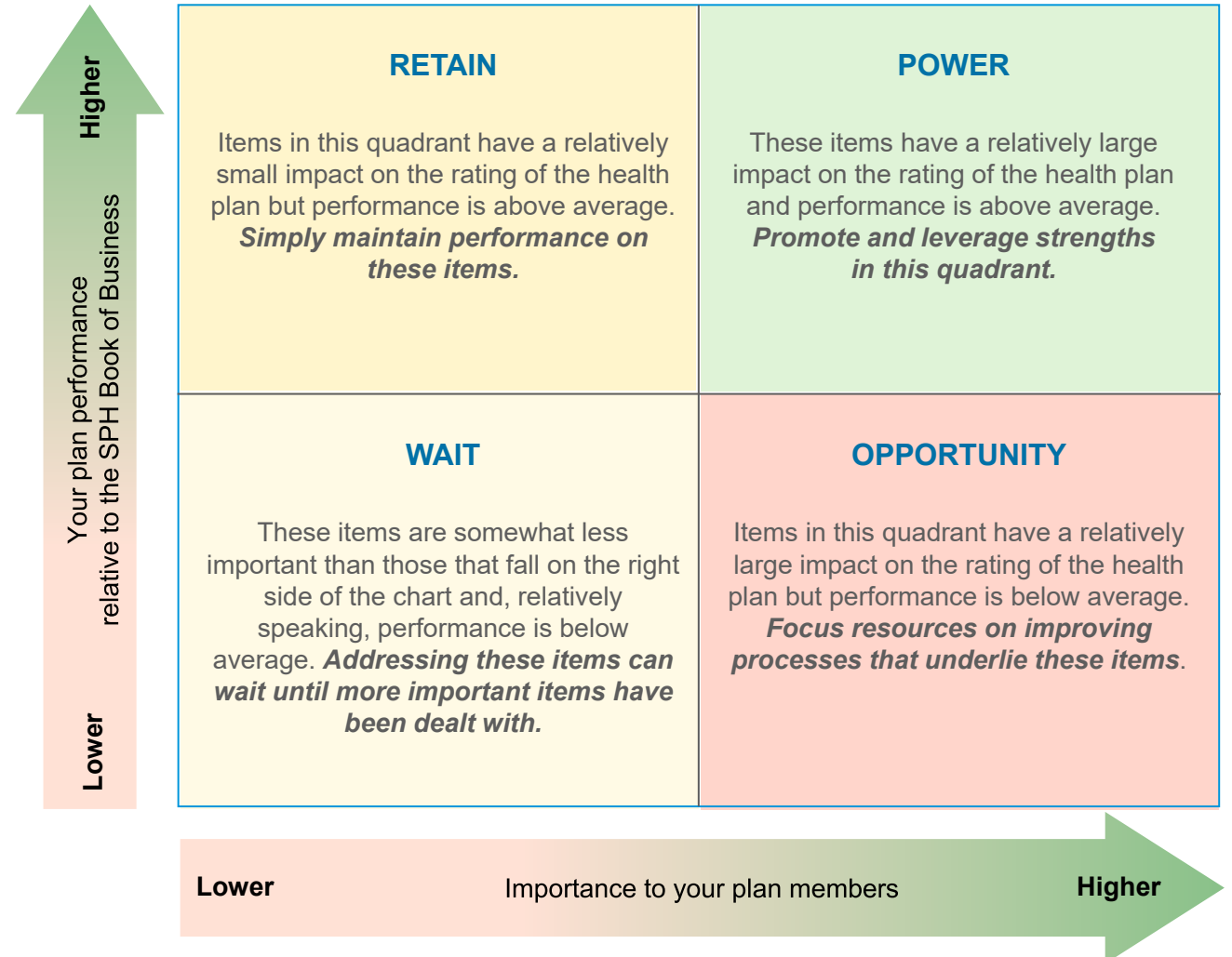
## POWeR™ CHART CLASSIFICATION MATRIX

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

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

The model provides the following:

- Identification of the elements that are important in driving of the rating of the health plan.
- Measurement of the relative importance of each of these elements.
- Measurement of how well members think the plan performed on those important elements.
- Presentation of the importance/performance results in a matrix that provides clear direction for member satisfaction improvement efforts by the plan.

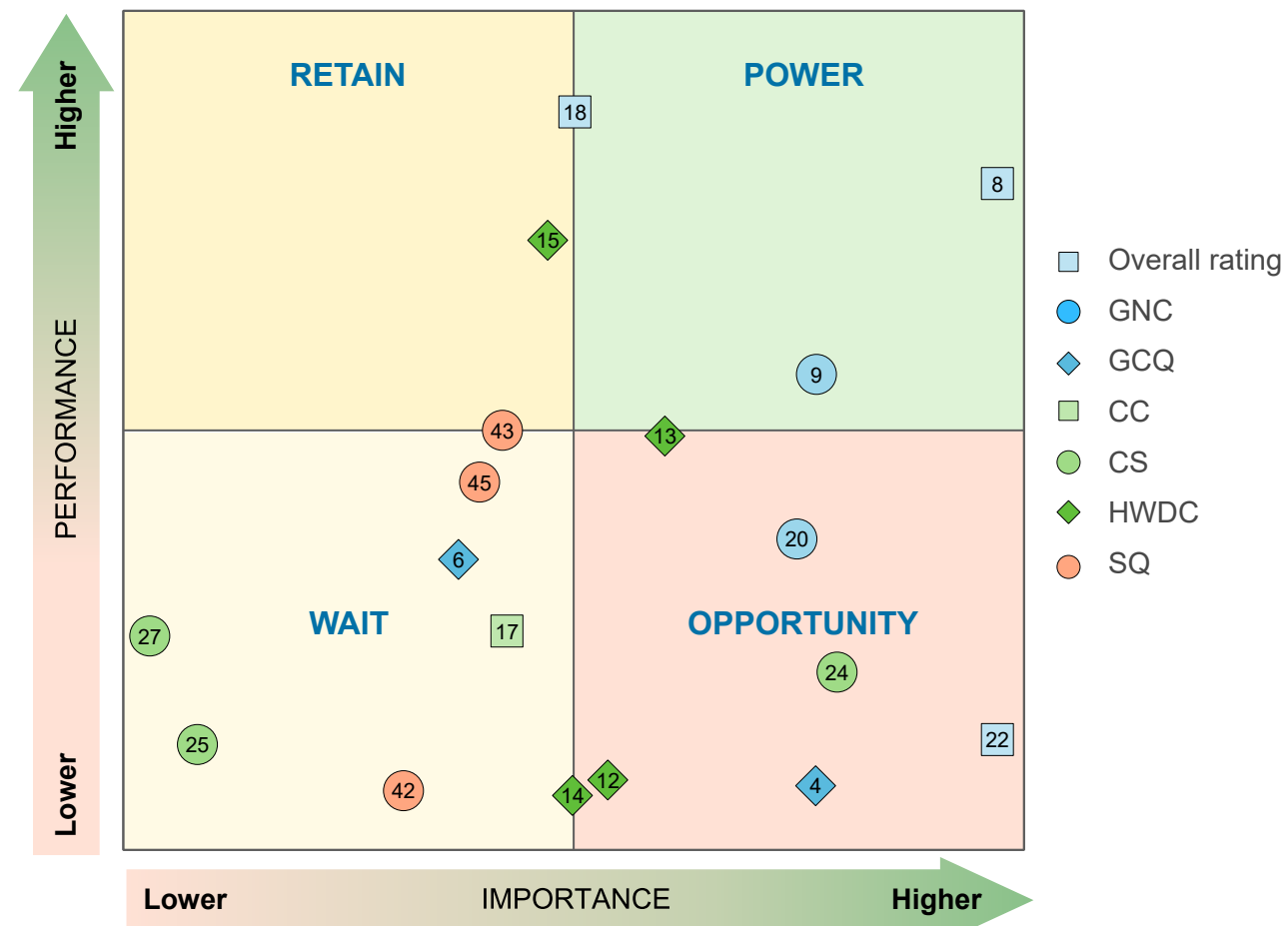


# POWeR Chart: Your Results

SURVEY MEASURE		SUMMARY RATE SCORE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
<b>POWER</b>				
Q8	Health care overall	63.8%	80 <sup>th</sup>	4
Q9	Got care/tests/treatment	86.7%	56 <sup>th</sup>	3
Q18	Personal doctor overall	75.5%	87 <sup>th</sup>	4
<b>OPPORTUNITY</b>				
Q22	Specialist overall	62.9%	12 <sup>th</sup>	2
Q24	CS provided info./help	80.3%	20 <sup>th</sup>	2
Q4	Got urgent care	77.3%	6 <sup>th</sup>	1
Q20	Got specialist appt.	80.6%	36 <sup>th</sup>	3
Q13	Dr. listened carefully	93.0%	49 <sup>th</sup>	3
Q12	Dr. explained things	88.6%	7 <sup>th</sup>	1
<b>WAIT</b>				
Q14	Dr. showed respect	91.3%	5 <sup>th</sup>	1
Q17	Dr. informed about care	81.0%	27 <sup>th</sup>	2
Q43	Happy with language help at Drs. office	87.4%	---	---
Q45	Found Dr. who respects your beliefs/cultural traditions	82.8%	---	---
Q6	Got routine care	78.6%	34 <sup>th</sup>	3
Q42	Got help when calling after hours care	57.5%	---	---
Q25	CS courtesy/respect	92.2%	12 <sup>th</sup>	2
Q27	Easy to fill out forms	94.5%	22 <sup>nd</sup>	2
<b>RETAIN</b>				
Q15	Dr. spent enough time	92.2%	73 <sup>rd</sup>	4

## KEY DRIVERS, SUMMARY RATES AND PERCENTILES

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



\* Summary rates are top-two box scores.



# Overall Rating of Health Plan – Plan and Industry Key Drivers

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

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

		ALIGNMENT <i>Are your key drivers typical of the industry?</i>	ATTRIBUTE		YOUR PLAN SUMMARY RATE SCORE	INDUSTRY KEY DRIVER RANK	SPH BoB SUMMARY RATE SCORE	SPH BoB PERCENTILE	CLASSIFICATION
<div><div><div><div><div></div><div>RATING OF HEALTH PLAN</div></div><div>71.8%</div><div>Your plan scored in the 94<sup>th</sup> percentile when compared to the SPH Book of Business benchmark</div></div></div><div><div>TOP 10 PLAN KEY DRIVERS</div></div></div>		Q8	Health care overall		63.8%	1	59.4%	80 <sup>th</sup>	POWER
		Q22	Specialist overall		62.9%	3	69.7%	12 <sup>th</sup>	OPPORTUNITY
		Q24	CS provided info./help		80.3%	7	84.5%	20 <sup>th</sup>	OPPORTUNITY
		Q9	Got care/tests/treatment		86.7%	6	85.8%	56 <sup>th</sup>	POWER
		Q4	Got urgent care		77.3%	5	84.3%	6 <sup>th</sup>	OPPORTUNITY
		Q20	Got specialist appt.		80.6%	10	82.4%	36 <sup>th</sup>	OPPORTUNITY
		Q13	Dr. listened carefully		93.0%	9	92.9%	49 <sup>th</sup>	OPPORTUNITY
		Q12	Dr. explained things		88.6%	13	92.5%	7 <sup>th</sup>	OPPORTUNITY
		Q18	Personal doctor overall		75.5%	2	70.4%	87 <sup>th</sup>	POWER
		Q14	Dr. showed respect		91.3%	11	94.6%	5 <sup>th</sup>	WAIT
<div><div>ADD'L TOP 10 INDUSTRY DRIVERS</div></div>		Q6	Got routine care		78.6%	8	80.9%	34 <sup>th</sup>	WAIT
		Q25	CS courtesy/respect		92.2%	4	95.0%	12 <sup>th</sup>	WAIT

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

# Overall Rating of Health Plan

## Demographic Comparisons

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

<div data-bbox="71 344 231 505"></div> <div data-bbox="109 544 198 568">Gender</div> <table> <thead> <tr> <th></th> <th>8 - 10</th> <th>9 - 10</th> </tr> </thead> <tbody> <tr> <td><b>MALE</b> (n=67)</td> <td>85.1%</td> <td>76.1%</td> </tr> <tr> <td><b>FEMALE</b> (n=120)</td> <td>83.3%</td> <td>69.2%</td> </tr> </tbody> </table>		8 - 10	9 - 10	<b>MALE</b> (n=67)	85.1%	76.1%	<b>FEMALE</b> (n=120)	83.3%	69.2%	<div data-bbox="907 344 1070 505"></div> <div data-bbox="965 544 1014 568">Age</div> <table> <thead> <tr> <th></th> <th>8 - 10</th> <th>9 - 10</th> </tr> </thead> <tbody> <tr> <td><b>18 - 34</b> (n=37)</td> <td>86.5%</td> <td>70.3%</td> </tr> <tr> <td><b>35 - 44</b> (n=24)</td> <td>79.2%</td> <td>70.8%</td> </tr> <tr> <td><b>45 - 54</b> (n=34)</td> <td>85.3%</td> <td>76.5%</td> </tr> <tr> <td><b>55 or older</b> (n=91)</td> <td>83.5%</td> <td>70.3%</td> </tr> </tbody> </table>		8 - 10	9 - 10	<b>18 - 34</b> (n=37)	86.5%	70.3%	<b>35 - 44</b> (n=24)	79.2%	70.8%	<b>45 - 54</b> (n=34)	85.3%	76.5%	<b>55 or older</b> (n=91)	83.5%	70.3%	<div data-bbox="1786 329 1974 525"></div> <div data-bbox="2018 344 2201 368">Ethnicity &amp; Race</div> <table> <thead> <tr> <th></th> <th>8 - 10</th> <th>9 - 10</th> </tr> </thead> <tbody> <tr> <td><b>WHITE</b> (n=88)</td> <td>89.8%</td> <td>75.0%</td> </tr> <tr> <td><b>BLACK/AFRICAN AMERICAN</b> (n=83)</td> <td>79.5%</td> <td>68.7%</td> </tr> <tr> <td><b>ASIAN</b> (n=4)<sup>^</sup></td> <td>75.0%</td> <td>50.0%</td> </tr> <tr> <td><b>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</b> (n=0)<sup>^</sup></td> <td>NA</td> <td>NA</td> </tr> <tr> <td><b>AMERICAN INDIAN OR ALASKA NATIVE</b> (n=6)<sup>^</sup></td> <td>83.3%</td> <td>66.7%</td> </tr> <tr> <td><b>OTHER</b> (n=4)<sup>^</sup></td> <td>75.0%</td> <td>75.0%</td> </tr> <tr> <td><b>HISPANIC/LATINO</b> (n=4)<sup>^</sup></td> <td>75.0%</td> <td>75.0%</td> </tr> <tr> <td><b>NOT HISPANIC/ LATINO</b> (n=170)</td> <td>84.7%</td> <td>71.8%</td> </tr> </tbody> </table>		8 - 10	9 - 10	<b>WHITE</b> (n=88)	89.8%	75.0%	<b>BLACK/AFRICAN AMERICAN</b> (n=83)	79.5%	68.7%	<b>ASIAN</b> (n=4) <sup>^</sup>	75.0%	50.0%	<b>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</b> (n=0) <sup>^</sup>	NA	NA	<b>AMERICAN INDIAN OR ALASKA NATIVE</b> (n=6) <sup>^</sup>	83.3%	66.7%	<b>OTHER</b> (n=4) <sup>^</sup>	75.0%	75.0%	<b>HISPANIC/LATINO</b> (n=4) <sup>^</sup>	75.0%	75.0%	<b>NOT HISPANIC/ LATINO</b> (n=170)	84.7%	71.8%
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<div data-bbox="71 1086 231 1235"></div> <div data-bbox="96 1272 208 1296">Education</div> <table> <thead> <tr> <th></th> <th>8 - 10</th> <th>9 - 10</th> </tr> </thead> <tbody> <tr> <td><b>HS GRAD OR LESS</b> (n=121)</td> <td>83.5%</td> <td>69.4%</td> </tr> <tr> <td><b>SOME COLLEGE OR MORE</b> (n=63)</td> <td>85.7%</td> <td>77.8%</td> </tr> </tbody> </table>		8 - 10	9 - 10	<b>HS GRAD OR LESS</b> (n=121)	83.5%	69.4%	<b>SOME COLLEGE OR MORE</b> (n=63)	85.7%	77.8%	<div data-bbox="907 1082 1070 1243"></div> <div data-bbox="907 1282 1075 1306">Data Collection</div> <table> <thead> <tr> <th></th> <th>8 - 10</th> <th>9 - 10</th> </tr> </thead> <tbody> <tr> <td><b>MAIL</b> (n=117)</td> <td>88.0%</td> <td>75.2%</td> </tr> <tr> <td><b>PHONE</b> (n=50)</td> <td>82.0%</td> <td>70.0%</td> </tr> <tr> <td><b>INTERNET</b> (n=21)</td> <td>66.7%</td> <td>57.1%</td> </tr> </tbody> </table>		8 - 10	9 - 10	<b>MAIL</b> (n=117)	88.0%	75.2%	<b>PHONE</b> (n=50)	82.0%	70.0%	<b>INTERNET</b> (n=21)	66.7%	57.1%																															
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<sup>^</sup> Indicates a base size smaller than 20. Interpret results with caution.



# Estimated NCQA Health Insurance Plan Ratings

	2021 SCORE	SCORE DEFINITION	QC PERCENTILE RANK	SPH ESTIMATED RATING
CONSUMER SATISFACTION				4.5
GETTING CARE				NA
Getting Needed Care	83.7%	Usually or Always	54 <sup>th</sup>	NA
Getting Care Quickly	78.0%	Usually or Always	15 <sup>th</sup>	NA
SATISFACTION WITH PLAN PHYSICIANS				4.0
Rating of Personal Doctor	75.5%	9 or 10	88 <sup>th</sup>	4.0
Rating of Specialist	62.9%	9 or 10	11 <sup>th</sup>	NA
Rating of Health Care	63.8%	9 or 10	87 <sup>th</sup>	4.0
Coordination of Care	81.0%	Usually or Always	14 <sup>th</sup>	NA
SATISFACTION WITH PLAN SERVICES				5.0
Rating of Health Plan	71.8%	9 or 10	95 <sup>th</sup>	5.0
PREVENTION				
Flu Vaccinations Adults Ages 18-64	35.3%	Yes	10 <sup>th</sup>	2.0
TREATMENT				
Smoking Advice: Rolling Average	74.5%	Sometimes, Usually or Always	27 <sup>th</sup>	2.0

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

## EXPLANATION

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

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

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

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

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

### Notes:

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

## OVERSAMPLING SCENARIO EXPLANATION

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

**This plan 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 93% and above yields all reportable measures and a decrease on 2 measures. **This is an estimate only and cannot be used to predict NCQA star ratings.**

MEASURE NAME	ESTIMATED RATING (Current: 20%)	OVERSAMPLING SCENARIOS	
		0%	≥ 93%
<b>CONSUMER SATISFACTION</b>	<b>4.5</b>	<b>4.5</b>	<b>3.0</b>
GETTING CARE	NA	NA	<b>2.5</b>
Getting Needed Care	NA	NA	3.0
Getting Care Quickly	NA	NA	2.0
<b>SATISFACTION WITH PLAN PHYSICIANS</b>	<b>4.0</b>	<b>4.0</b>	<b>3.0</b>
Rating of Personal Doctor	4.0	4.0	4.0
Rating of Specialist	NA	NA	2.0
Rating of Health Care	4.0	4.0	4.0
Coordination of Care	NA	NA	2.0
<b>SATISFACTION WITH PLAN SERVICES</b>	<b>5.0</b>	<b>5.0</b>	<b>5.0</b>
Rating of Health Plan	5.0	5.0	5.0
<b>PREVENTION</b>			
Flu Vaccinations <i>Adults Ages 18-64</i>	2.0	2.0	2.0
<b>TREATMENT</b>			
Smoking Advice: Rolling Average	2.0	2.0	2.0

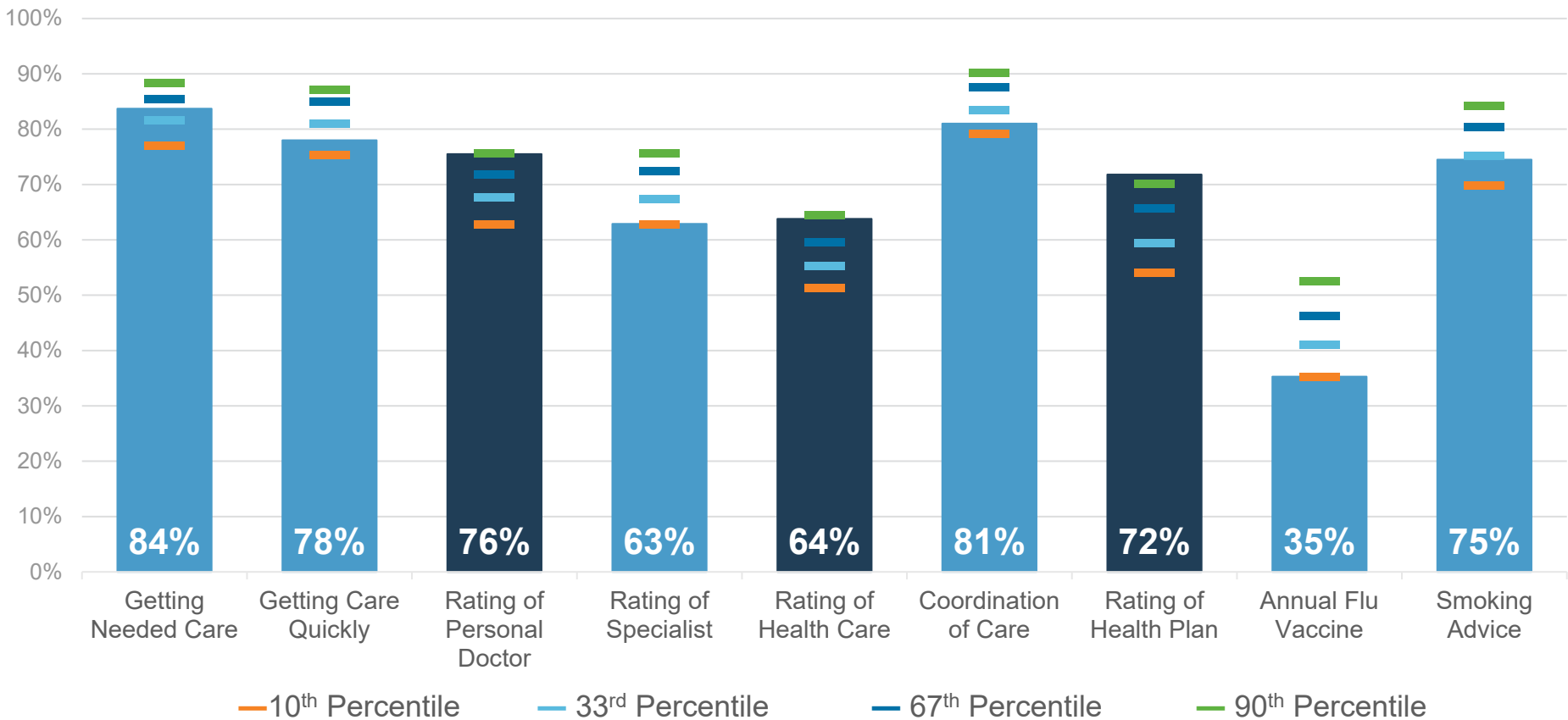
■ Higher Rating  
■ Lower Rating  
■ Reportable



# Performance to Percentile Thresholds

## COMPARISON TO QUALITY COMPASS PERCENTILE THRESHOLDS

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



**Dark Blue** bar = Your plan's performance is at or above the 67<sup>th</sup> percentile

**Light Blue** bar = Your plan's performance is below the 67<sup>th</sup> percentile



## Top Three Measures

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

MEASURE	2021 VALID N	YOUR PLAN SCORE		CHANGE	2020 QC BENCHMARK		GAP
		2020	2021		SUMMARY RATE	PERCENTILE RANK	
Rating of Health Plan (% 9 or 10)	188	76.9%	71.8%	-5.1%	62.2% ▲	95 <sup>th</sup>	9.6%
Rating of Personal Doctor (% 9 or 10)	143	75.4%	75.5%	0.1%	69.2%	88 <sup>th</sup>	6.3%
Rating of Health Care (% 9 or 10)	127	67.0%	63.8%	-3.2%	57.7%	87 <sup>th</sup>	6.1%

## Bottom Three Measures

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

MEASURE	2021 VALID N	YOUR PLAN SCORE		CHANGE	2020 QC BENCHMARK		GAP
		2020	2021		SUMMARY RATE	PERCENTILE RANK	
How Well Doctors Communicate (% Always or Usually)	115	92.6%	91.3%	-1.3%	93.2%	14 <sup>th</sup>	-1.9%
Rating of Specialist (% 9 or 10)	62^	74.7%	62.9%	-11.8%	69.5%	11 <sup>th</sup>	-6.6%
Customer Service (% Always or Usually)	65^	89.2%	86.2%	-3.0%	89.3%	10 <sup>th</sup>	-3.1%

### Significance Testing

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

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



# 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).
- 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, be 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 – 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.

### 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

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## Measure Details and Scoring

- 12430 - UnitedHealthcare Community Plan (LA)



# Measure Analyses: Section Information

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

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



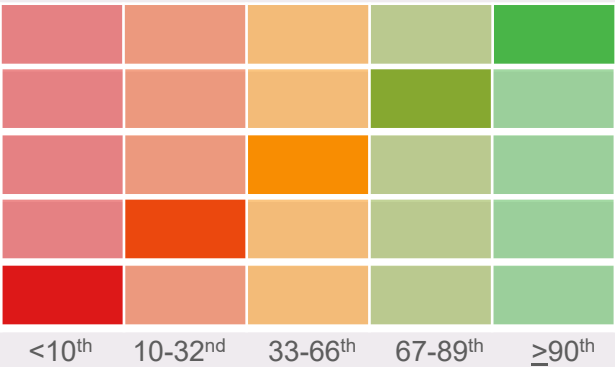
Analyses presented in this section include:

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

## Measures Included in Analyses

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

## Percentile Rankings



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



# Rating of Health Plan

## Measure

### PERCENTILE RANKING 2020 QC ALL PLANS

% 8, 9 or 10



% 9 or 10



### SatisAction™ KEY DRIVER STATISTICAL MODEL

#### Key Drivers Of The Rating Of The Health Plan

## POWER

Promote and Leverage Strengths

- Q8 Health care overall
- Q9 Got care/tests/treatment
- Q18 Personal doctor overall

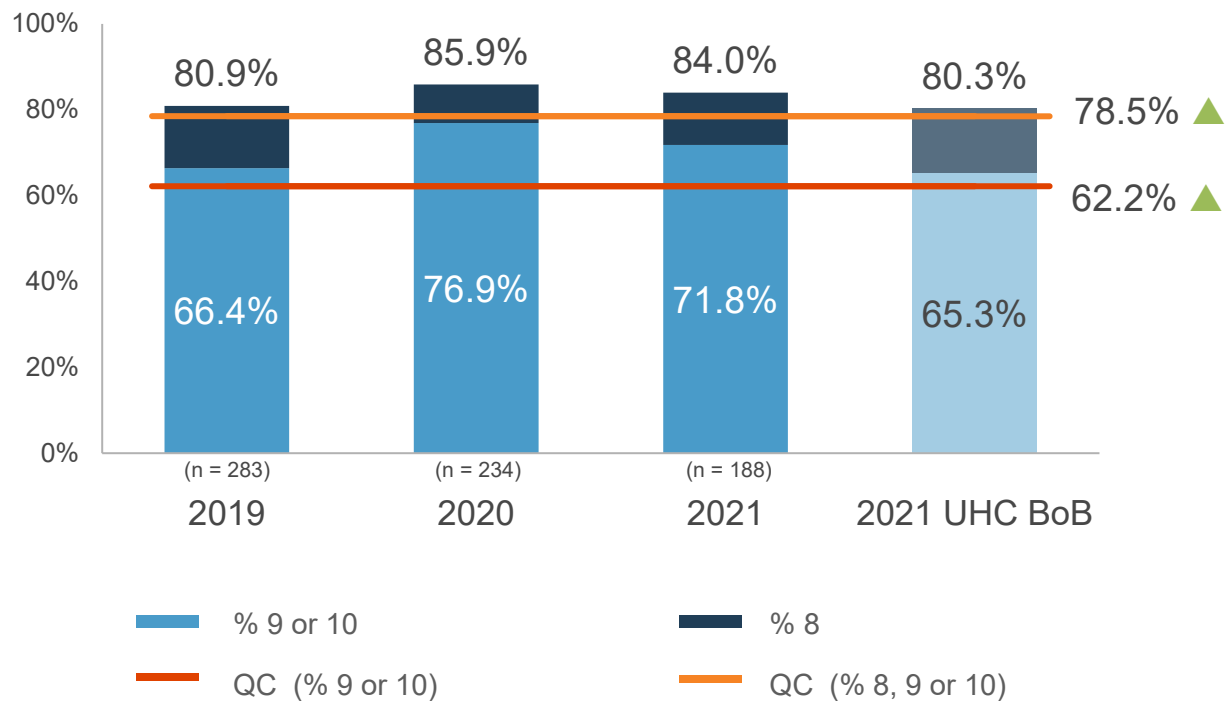
## OPPORTUNITIES

Focus Resources on Improving Processes That Underlie These Items

- Q22 Specialist overall
- Q24 CS provided info./help
- Q4 Got urgent care
- Q20 Got specialist appt.
- Q13 Dr. listened carefully
- Q12 Dr. explained things

### RATING OF HEALTH PLAN

% 8, 9 or 10



### Significance Testing

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

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

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



# Rating of Health Care Measure

## PERCENTILE RANKING 2020 QC ALL PLANS

% 8, 9 or 10



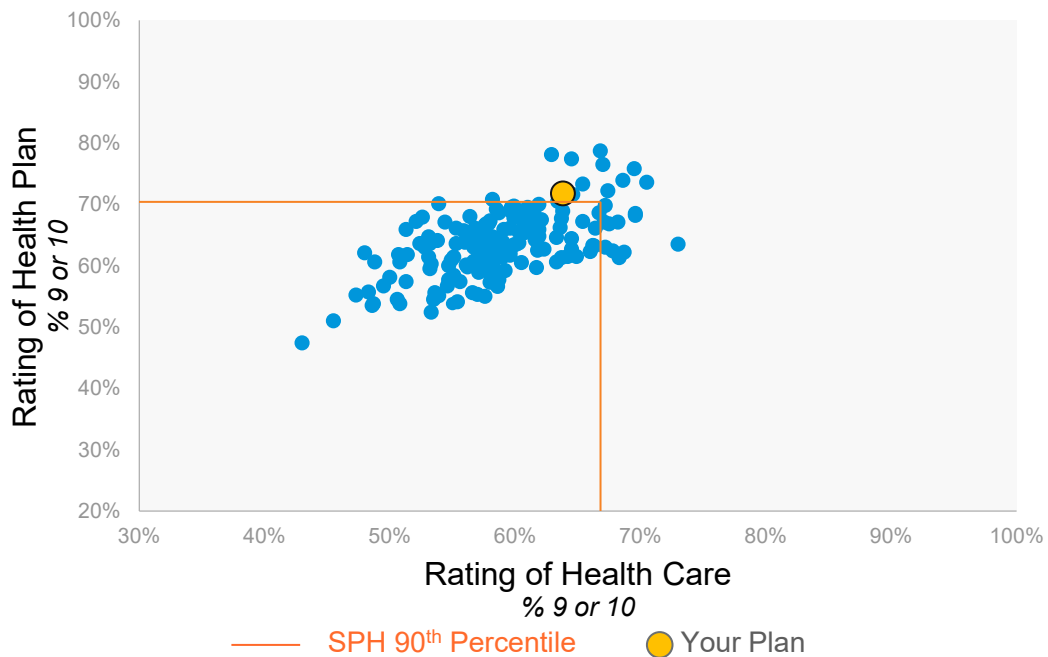
70<sup>th</sup>

% 9 or 10



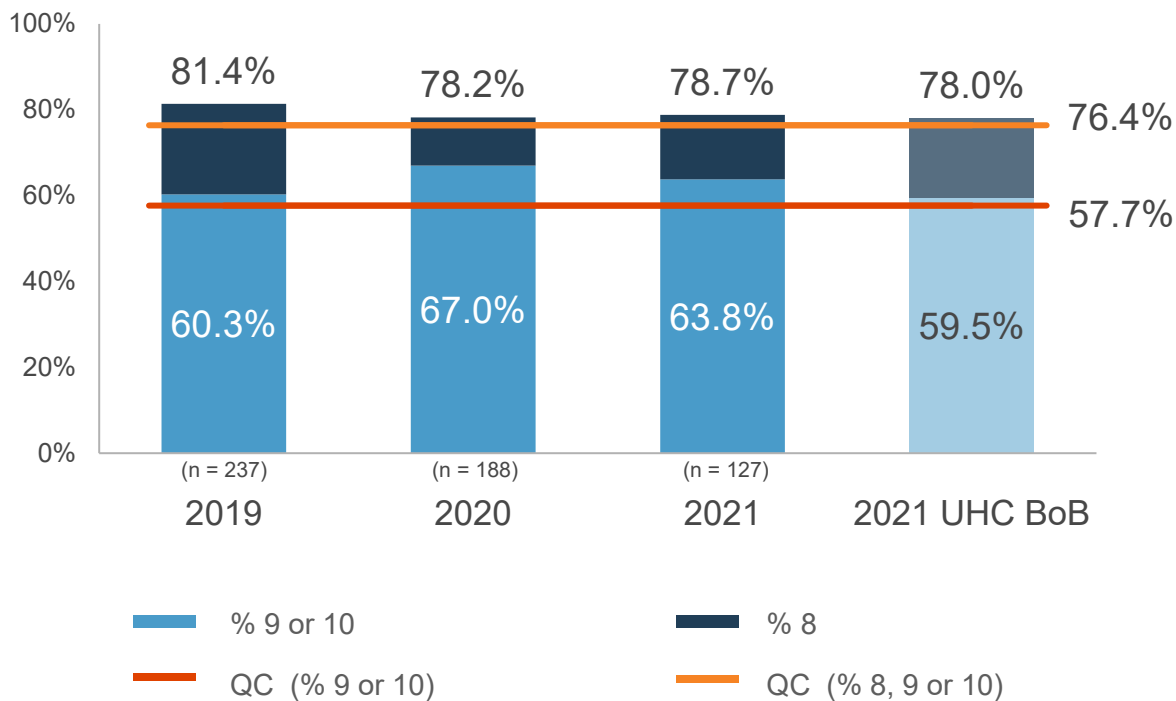
87<sup>th</sup>

## SPH BOOK OF BUSINESS DISTRIBUTION



## RATING OF HEALTH CARE

% 8, 9 or 10



### Significance Testing

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

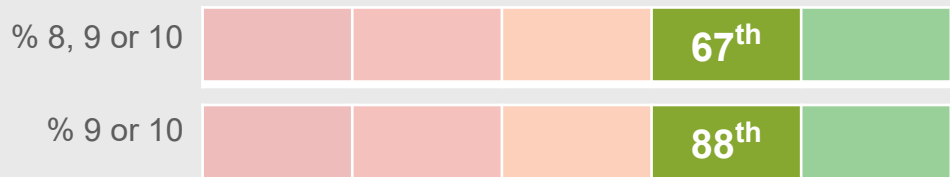
Current year score is significantly lower than the 2020 score (↓), the 2019 score (↘) or benchmark score (▼).

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

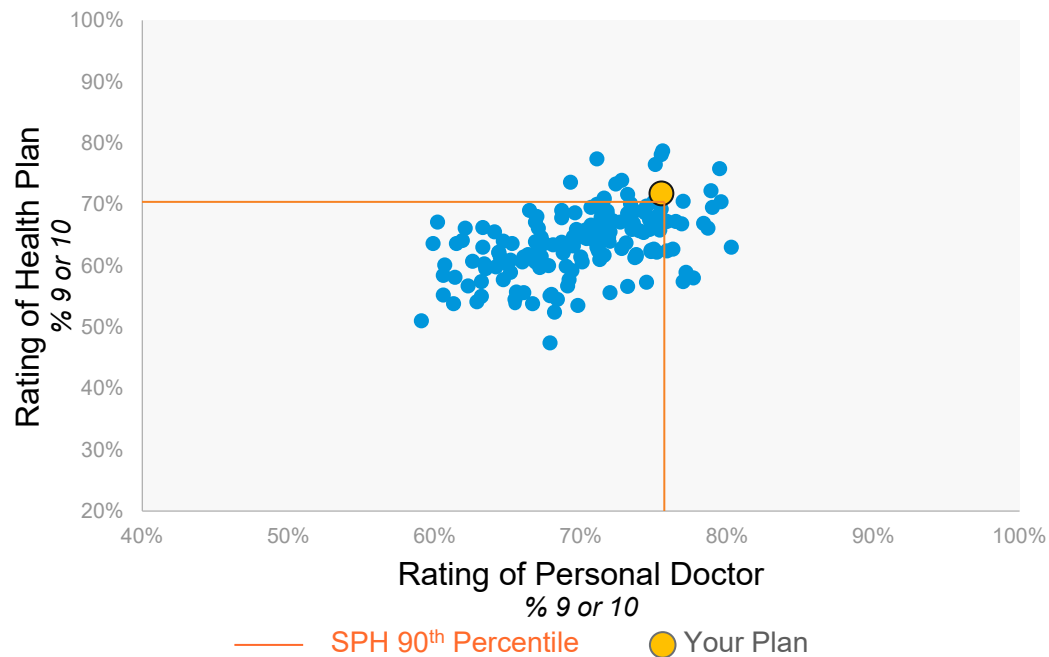


# Rating of Personal Doctor Measure

## PERCENTILE RANKING 2020 QC ALL PLANS

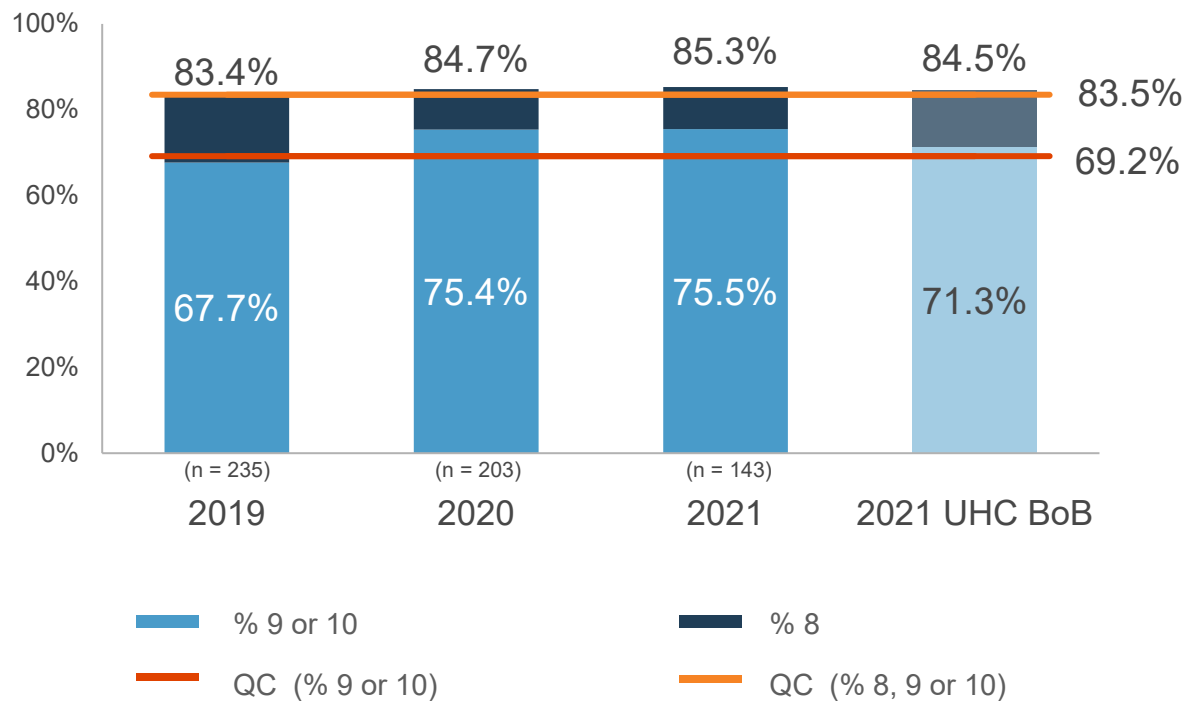


## SPH BOOK OF BUSINESS DISTRIBUTION



## RATING OF PERSONAL DOCTOR

% 8, 9 or 10



### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.



# Rating of Specialist Measure

## PERCENTILE RANKING 2020 QC ALL PLANS

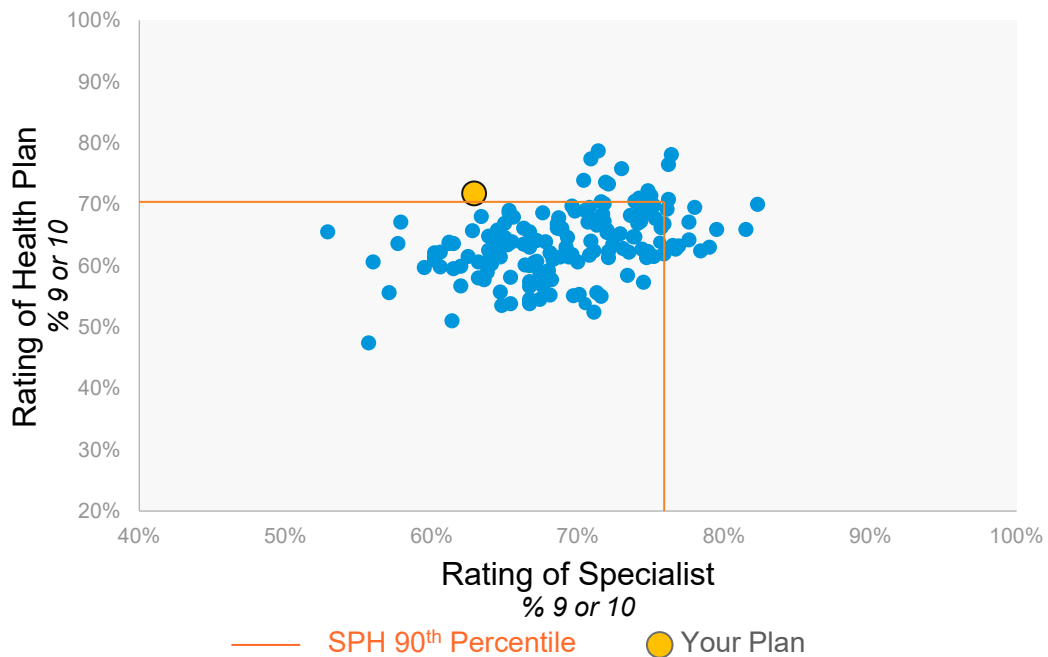
% 8, 9 or 10

<5<sup>th</sup>

% 9 or 10

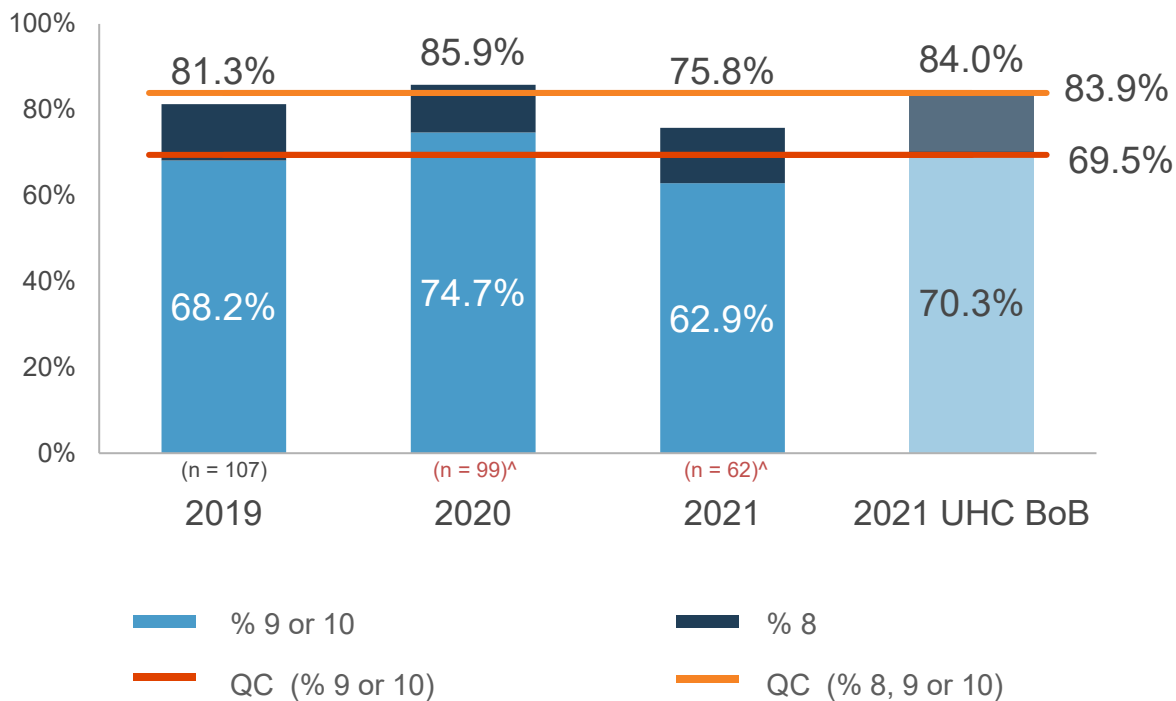
11<sup>th</sup>

## SPH BOOK OF BUSINESS DISTRIBUTION



## RATING OF SPECIALIST

% 8, 9 or 10



### Significance Testing

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

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

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



# Getting Needed Care

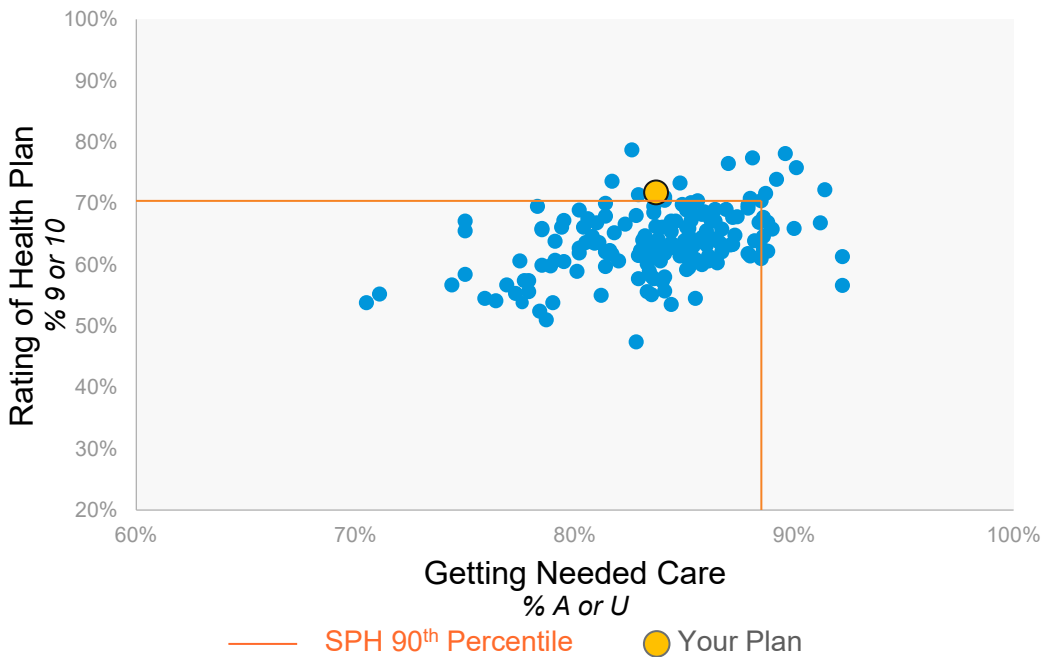
## Composite

### PERCENTILE RANKING 2020 QC ALL PLANS

% A or U

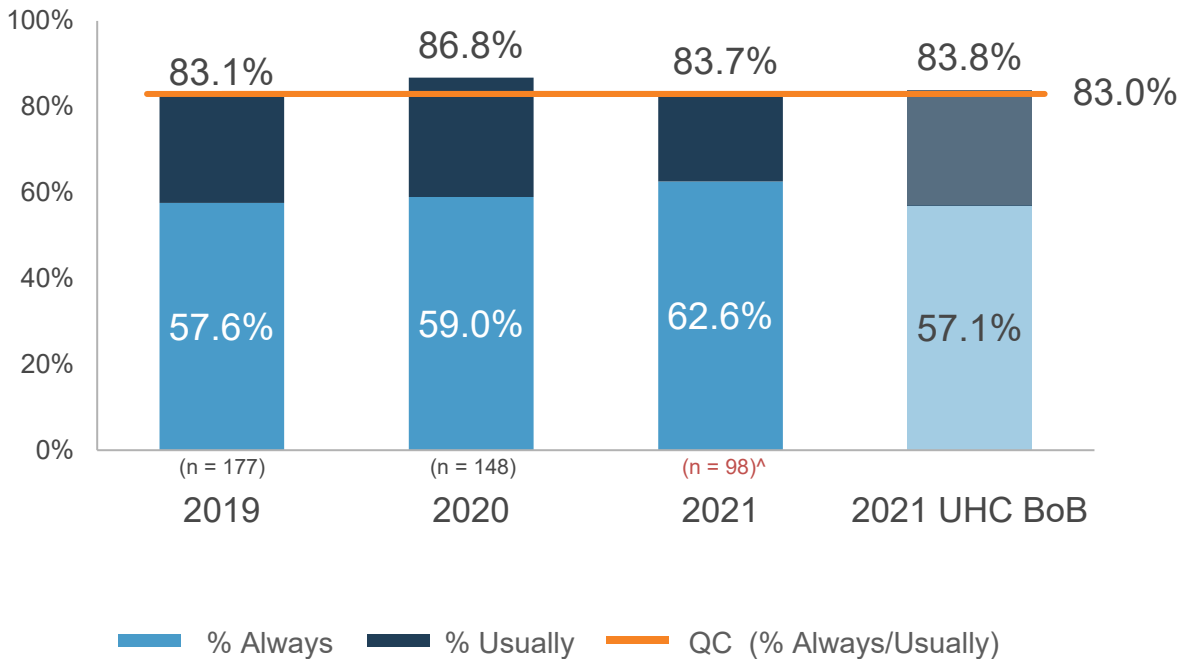
54<sup>th</sup>

### SPH BOOK OF BUSINESS DISTRIBUTION



### GETTING NEEDED CARE

% Always or Usually



#### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.



### GETTING NEEDED CARE QUESTIONS

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

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

#### 2021 GETTING NEEDED CARE COMPOSITE SUMMARY RATE SCORE

83.7%

#### Gate Question

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

Valid n	Yes
196	36.7%

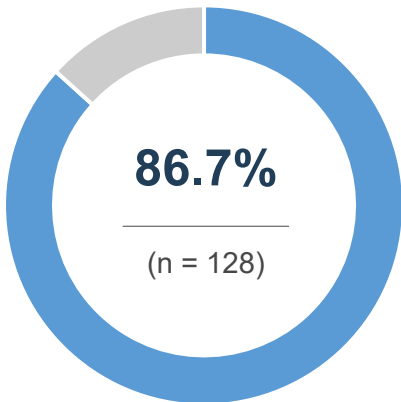
#### Significance Testing

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

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

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

#### Q9. GETTING CARE, TESTS, OR TREATMENT % Always or Usually

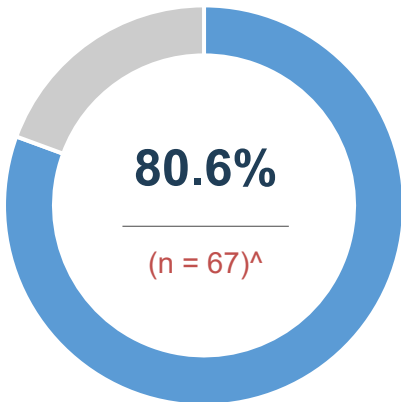


2021	86.7%
2020	86.7%
2019	88.1%
UHC	86.3%
QC	85.9%

Percentile Ranking 2020 QC All Plans



#### Q20. GETTING SPECIALIST APPOINTMENT % Always or Usually



2021	80.6%
2020	86.9%
2019	78.0%
UHC	81.4%
QC	80.1%

Percentile Ranking 2020 QC All Plans

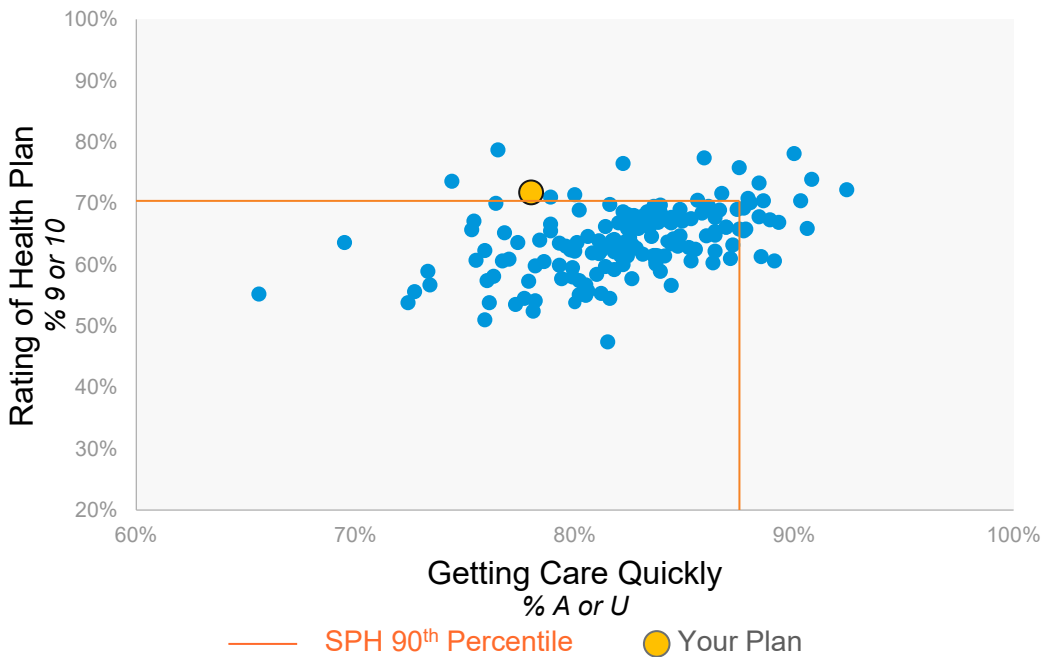




### PERCENTILE RANKING 2020 QC ALL PLANS

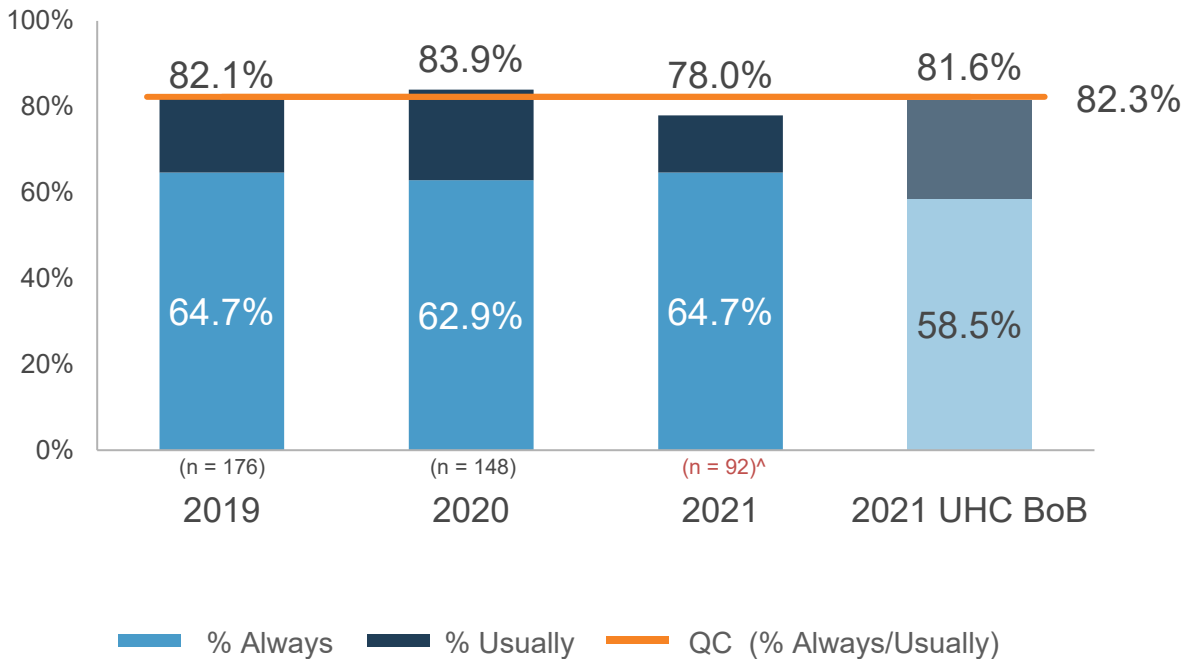


### SPH BOOK OF BUSINESS DISTRIBUTION



### GETTING CARE QUICKLY

% Always or Usually



#### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.



# Getting Care Quickly

## Attribute Questions

### GETTING CARE QUICKLY QUESTIONS

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

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

#### 2021 GETTING CARE QUICKLY COMPOSITE SUMMARY RATE SCORE

78.0%

#### Gate Questions

	Valid n	Yes
Q3. Had illness, injury or condition that needed care right away	196	36.7%
Q5. Made appts for health care in person, on the phone, or on video	197	62.4%

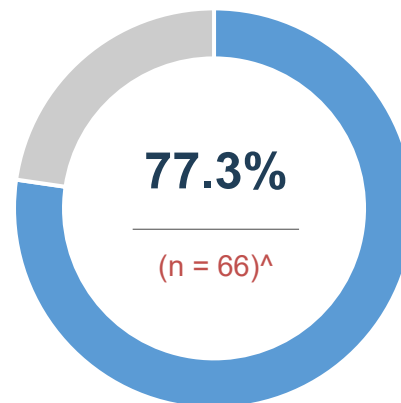
#### Significance Testing

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

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

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

#### Q4. GETTING URGENT CARE % Always or Usually

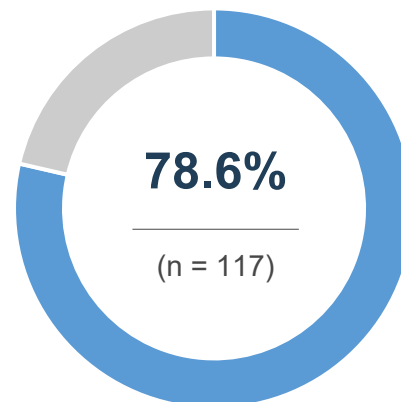


2021	77.3%
2020	84.7%
2019	83.6%
UHC	83.4%
QC	85.0%

Percentile Ranking 2020 QC All Plans



#### Q6. GETTING ROUTINE CARE % Always or Usually



2021	78.6%
2020	83.2%
2019	80.6%
UHC	79.8%
QC	79.8%

Percentile Ranking 2020 QC All Plans

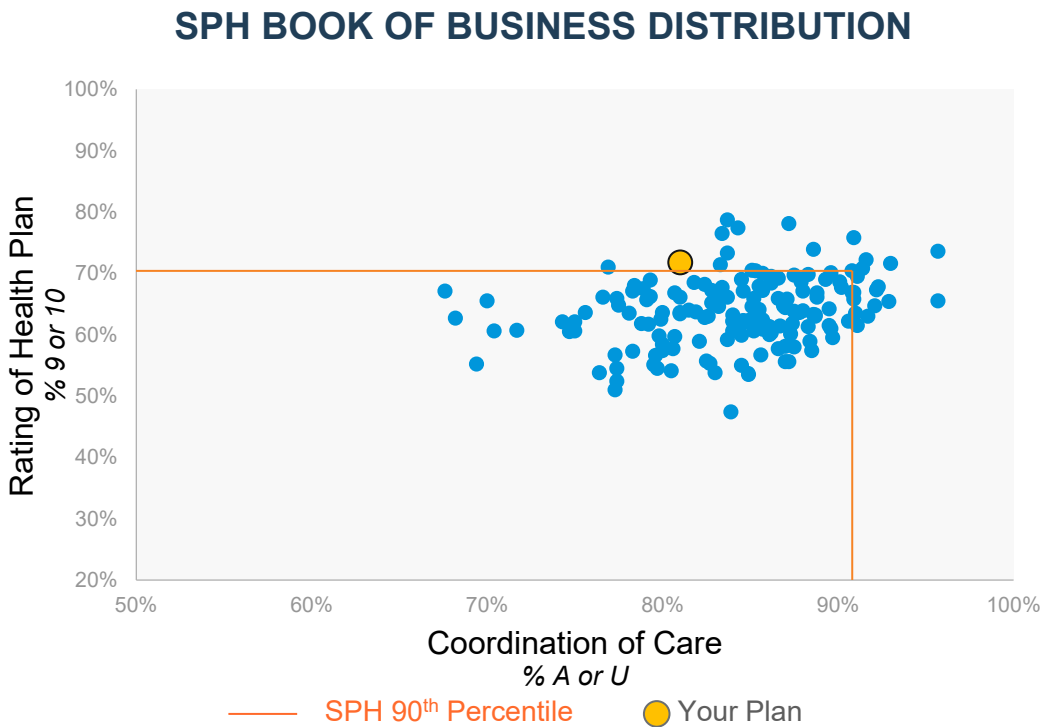




## PERCENTILE RANKING 2020 QC ALL PLANS

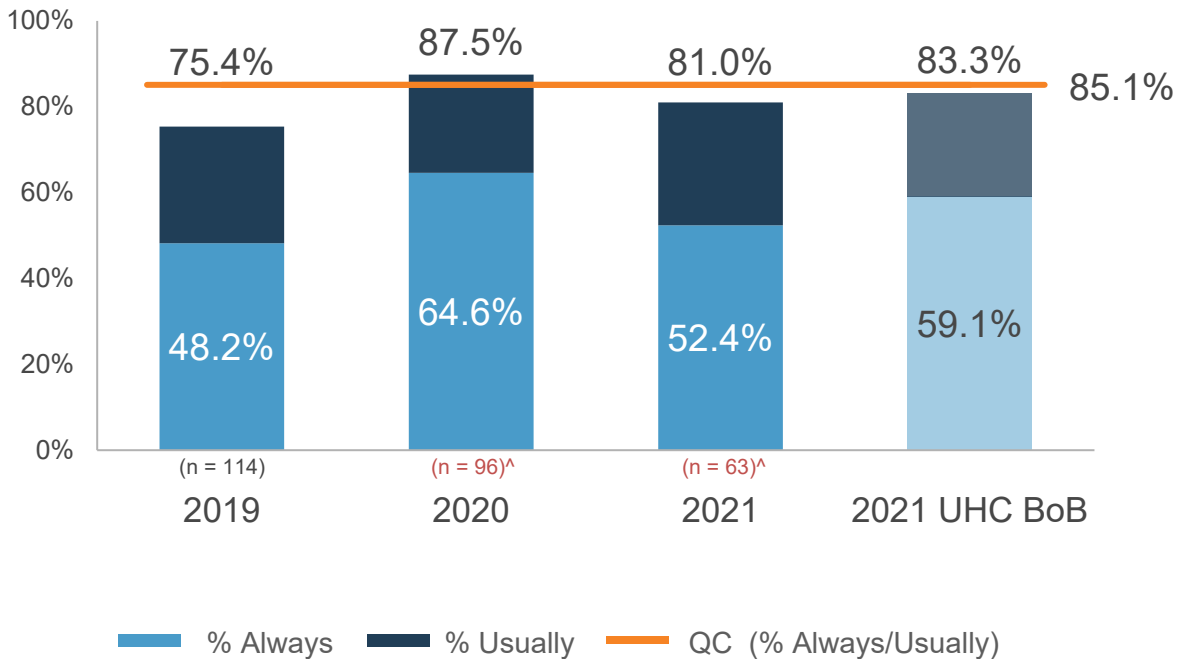
% A or U

14<sup>th</sup>



## COORDINATION OF CARE

% Always or Usually



### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

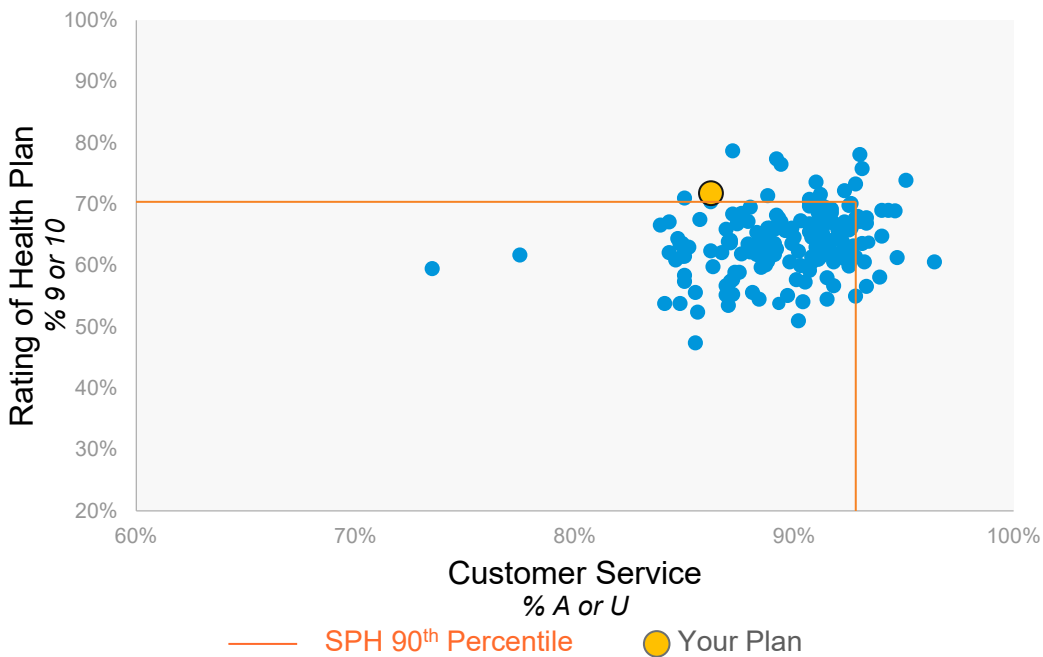


### PERCENTILE RANKING 2020 QC ALL PLANS

% A or U

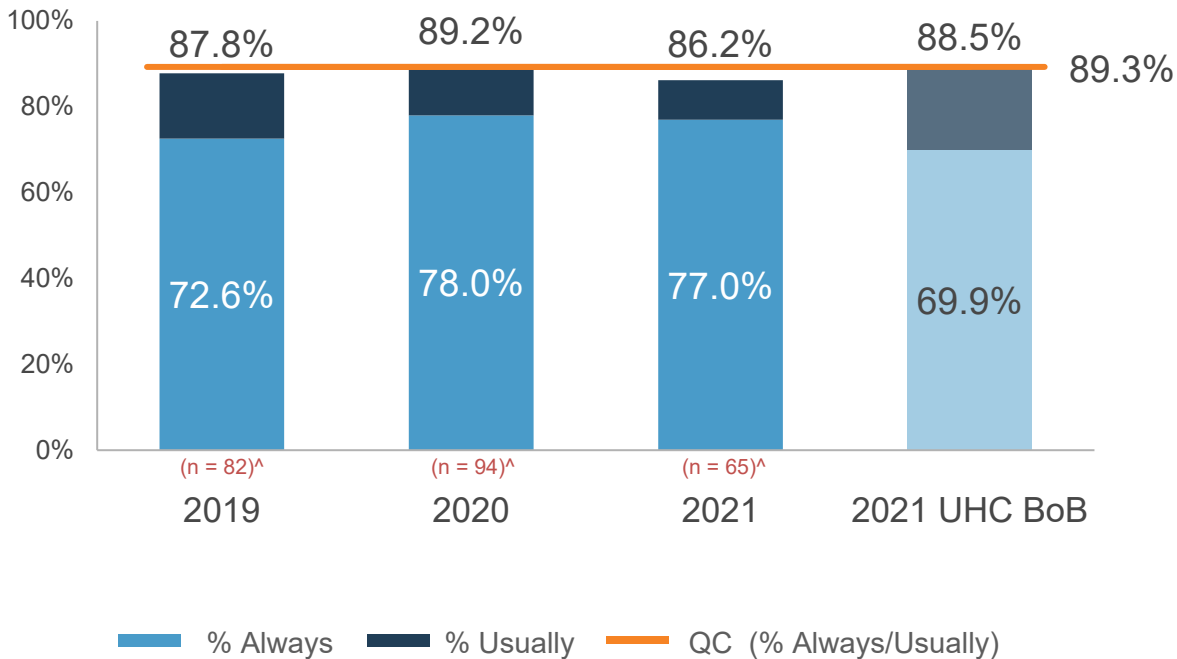
10<sup>th</sup>

### SPH BOOK OF BUSINESS DISTRIBUTION



### CUSTOMER SERVICE

% Always or Usually



#### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

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

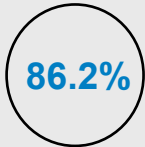


### CUSTOMER SERVICE QUESTIONS

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

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

### 2021 CUSTOMER SERVICE COMPOSITE SUMMARY RATE SCORE



#### Gate Question

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

Valid n	Yes
190	35.8%

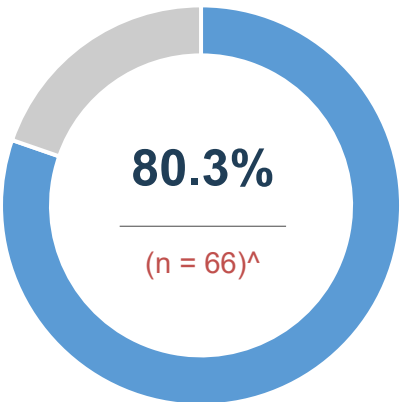
#### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

### Q24. PROVIDED INFORMATION OR HELP % Always or Usually

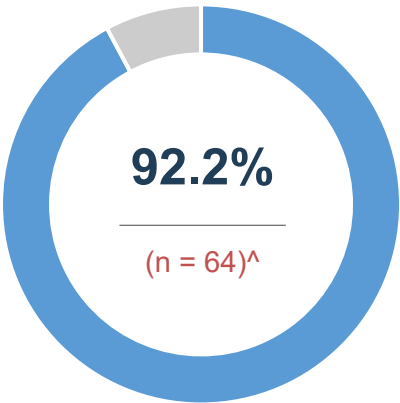


2021	80.3%
2020	83.7%
2019	80.5%
UHC	83.0%
QC	84.2%

Percentile Ranking 2020 QC All Plans



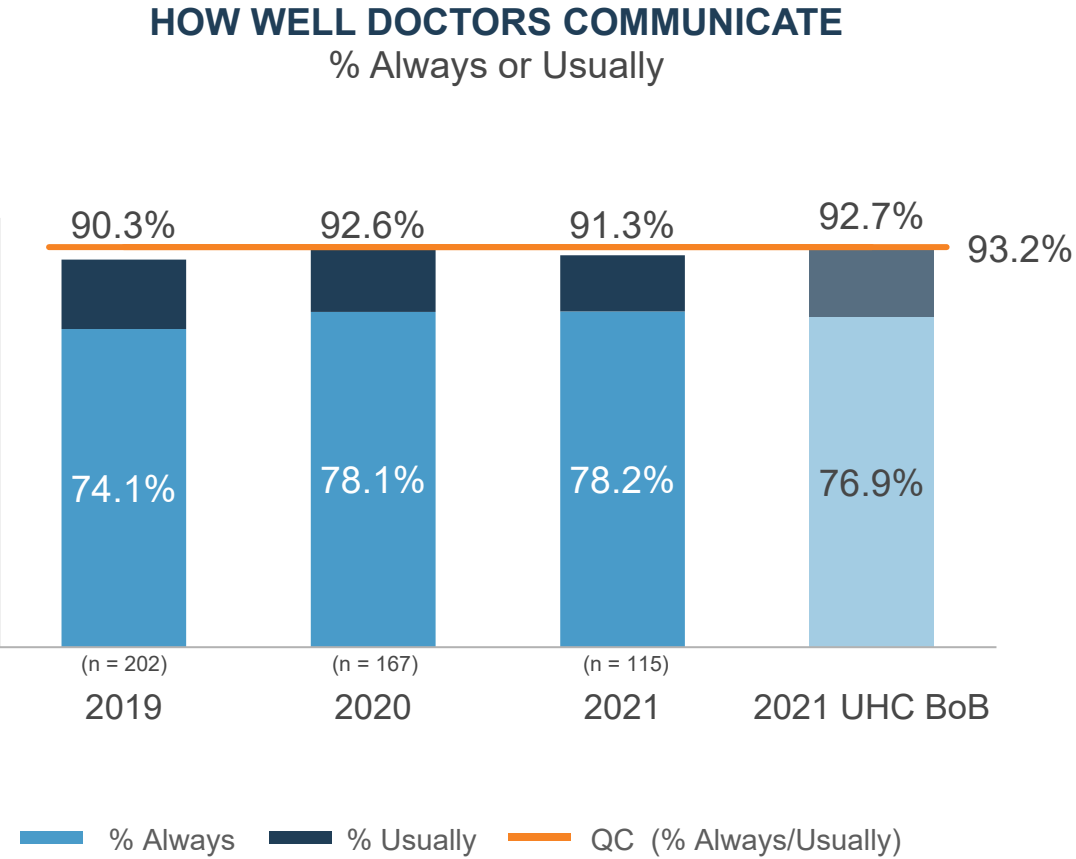
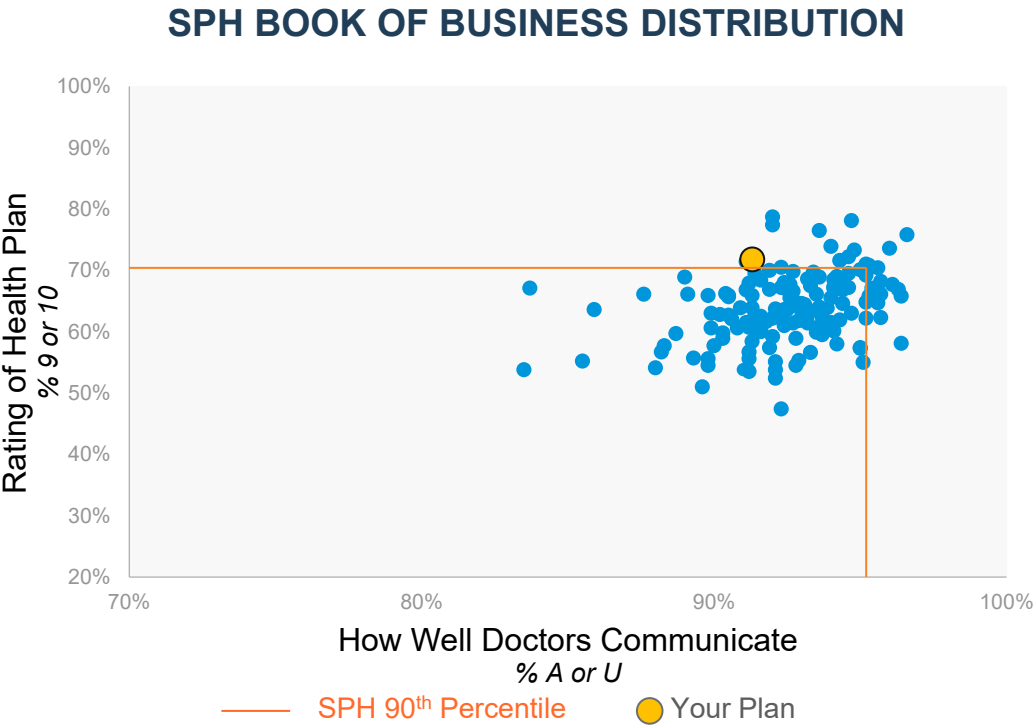
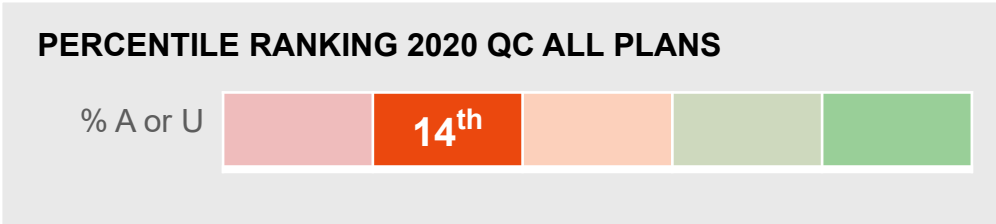
### Q25. TREATED WITH COURTESY AND RESPECT % Always or Usually



2021	92.2%
2020	94.7%
2019	95.1%
UHC	94.1%
QC	94.4%

Percentile Ranking 2020 QC All Plans





#### Significance Testing

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

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

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

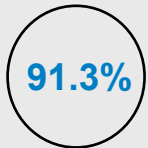
\* The How Well Doctors Communicate measure is not used for NCQA ratings.

HOW WELL DOCTORS COMMUNICATE QUESTIONS

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

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

2021 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE



Gate Question	Valid n	Yes
Q10. Have a personal doctor	198	78.3%

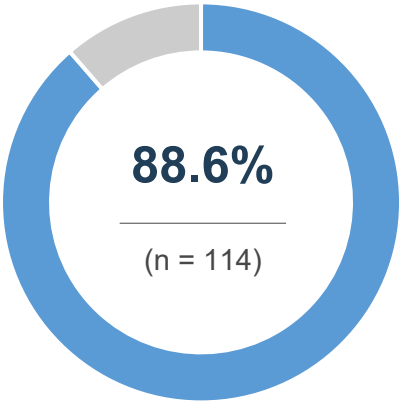
Significance Testing

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

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

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

Q12. PERSONAL DOCTOR EXPLAINED THINGS  
% Always or Usually

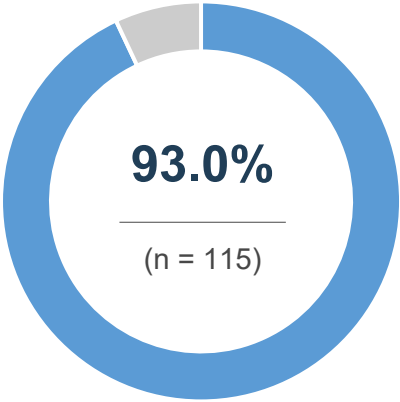


2021	88.6%
2020	94.0%
2019	93.1%
UHC	92.2%
QC	93.3%

Percentile Ranking 2020 QC All Plans



Q13. PERSONAL DOCTOR LISTENED CAREFULLY  
% Always or Usually



2021	93.0%
2020	92.8%
2019	88.6%
UHC	92.9%
QC	93.4%

Percentile Ranking 2020 QC All Plans



### HOW WELL DOCTORS COMMUNICATE QUESTIONS

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

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

#### 2021 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE

91.3%

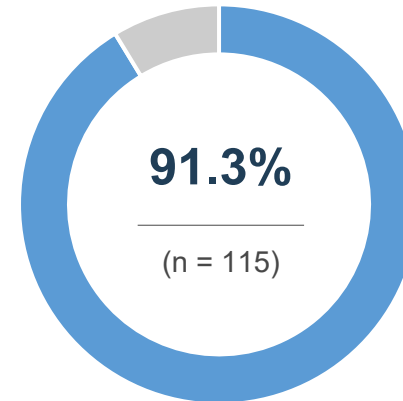
#### Significance Testing

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

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

<sup>^</sup>Denominator less than 100. NCQA will assign an NA to this measure.

#### Q14. PERSONAL DOCTOR SHOWED RESPECT % Always or Usually

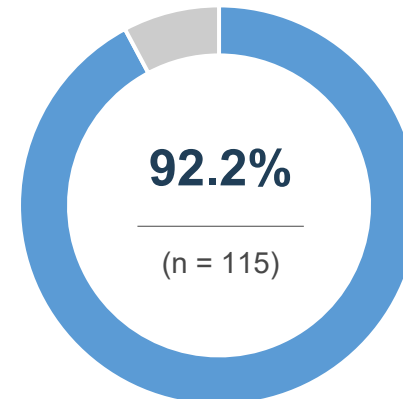


2021	91.3%
2020	92.2%
2019	93.0%
UHC	94.8%
QC	94.7%

Percentile Ranking 2020 QC All Plans



#### Q15. PERSONAL DOCTOR SPENT ENOUGH TIME % Always or Usually



2021	92.2%
2020	91.5%
2019	86.6%
UHC	91.1%
QC	91.3%

Percentile Ranking 2020 QC All Plans





# Summary of Trend and Benchmarks

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Summary Rate Scores and Percentile Rankings

- 12430 - UnitedHealthcare Community Plan (LA)



# Summary of Trend and Benchmarks: Section Information

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

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

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

## Significance Testing

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

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

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



# Benchmark Information

## Available Benchmarks

The following benchmarks are used throughout the report.

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



# Summary Rate Scores

STAR RATING MEASURES		2021 VALID N	2019	2020	2021	2021 UHC BENCHMARK	2020 QC BENCHMARK
<div>9</div> <div>Total Star Rating</div> <div>★</div> <div>Measures</div>	Rating Questions (% 9 or 10)						
	★ Q28. Rating of Health Plan	188	66.4%	76.9%	71.8%	65.3%	62.2% ▲
	★ Q8. Rating of Health Care	127	60.3%	67.0%	63.8%	59.5%	57.7%
	★ Q18. Rating of Personal Doctor	143	67.7%	75.4%	75.5%	71.3%	69.2%
	★ Q22. Rating of Specialist	62^	68.2%	74.7%	62.9%	70.3%	69.5%
	Rating Questions (% 8, 9 or 10)						
	Q28. Rating of Health Plan	188	80.9%	85.9%	84.0%	80.3%	78.5% ▲
	Q8. Rating of Health Care	127	81.4%	78.2%	78.7%	78.0%	76.4%
	Q18. Rating of Personal Doctor	143	83.4%	84.7%	85.3%	84.5%	83.5%
	Q22. Rating of Specialist	62^	81.3%	85.9%	75.8%	84.0%	83.9%
<div>4</div> <div>Above QC Benchmark*</div>	★ Getting Needed Care (% Always or Usually)	98^	83.1%	86.8%	83.7%	83.8%	83.0%
	Q9. Getting care, tests, or treatment	128	88.1%	86.7%	86.7%	86.3%	85.9%
	Q20. Getting specialist appointment	67^	78.0%	86.9%	80.6%	81.4%	80.1%
	★ Getting Care Quickly (% Always or Usually)	92^	82.1%	83.9%	78.0%	81.6%	82.3%
	Q4. Getting urgent care	66^	83.6%	84.7%	77.3%	83.4%	85.0%
	Q6. Getting routine care	117	80.6%	83.2%	78.6%	79.8%	79.8%
<div>5</div> <div>At or Below QC Benchmark*</div>	Other Measure (% Always or Usually)						
	★ Q17. Coordination of Care	63^	75.4%	87.5%	81.0%	83.3%	85.1%
	Effectiveness of Care Measures						
	★ Q31. Flu Vaccinations (Adults 18-64) (% Yes)	184	39.4%	41.1%	35.3%	39.4%	43.8% ▼
	★ Q33. Advising Smokers and Tobacco Users to Quit: Rolling Avg.	145	68.3%	72.0%	74.5%	70.6%	77.2%
	Q34. Discussing Cessation Medications: Rolling Avg.	144	42.5%	45.1%	52.8%	48.7%	54.5%
	Q35. Discussing Cessation Strategies: Rolling Avg.	143	41.8%	45.4%	46.9%	42.1%	48.7%



# Summary Rate Scores

## OTHER MEASURES

(Not used for accreditation/ratings)

	2021 VALID N	2019	2020	2021	2021 UHC BENCHMARK	2020 QC BENCHMARK
<b>Customer Service (% Always or Usually)</b>	<b>65^</b>	<b>87.8%</b>	<b>89.2%</b>	<b>86.2%</b>	<b>88.5%</b>	<b>89.3%</b>
Q24. Provided information or help	66^	80.5%	83.7%	80.3%	83.0%	84.2%
Q25. Treated with courtesy and respect	64^	95.1%	94.7%	92.2%	94.1%	94.4%
<b>How Well Doctors Communicate (% Always or Usually)</b>	<b>115</b>	<b>90.3%</b>	<b>92.6%</b>	<b>91.3%</b>	<b>92.7%</b>	<b>93.2%</b>
Q12. Personal doctor explained things	114	93.1%	94.0%	88.6%	92.2%	93.3%
Q13. Personal doctor listened carefully	115	88.6%	92.8%	93.0%	92.9%	93.4%
Q14. Personal doctor showed respect	115	93.0%	92.2%	91.3%	94.8%	94.7%
Q15. Personal doctor spent enough time	115	86.6%	91.5%	92.2%	91.1%	91.3%
<b>Other Measure (% Always or Usually)</b>						
Q27. Ease of filling out forms	183	97.1%	97.7%	94.5%	95.8%	95.8%

Note: Please refer to benchmark descriptions on slide 40.

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



# Regional Performance

	SUMMARY RATE	2021 UHC BoB REGION
<b>Rating Questions (% 9 or 10)</b>		
Q28. Rating of Health Plan	71.8%	66.3%
Q8. Rating of Health Care	63.8%	61.0%
Q18. Rating of Personal Doctor	75.5%	73.4%
Q22. Rating of Specialist	62.9%	71.7%
<b>Rating Questions (% 8, 9 or 10)</b>		
Q28. Rating of Health Plan	84.0%	78.9%
Q8. Rating of Health Care	78.7%	76.3%
Q18. Rating of Personal Doctor	85.3%	85.4%
Q22. Rating of Specialist	75.8%	82.4%
<b>Getting Needed Care (% Always or Usually)</b>		
Q9. Getting care, tests, or treatment	86.7%	87.5%
Q20. Getting specialist appointment	80.6%	82.9%
<b>Getting Care Quickly (% Always or Usually)</b>		
Q4. Getting urgent care	77.3%	86.6%
Q6. Getting routine care	78.6%	83.1%
<b>Coordination of Care (Q17) (% Always or Usually)</b>		
	81.0%	85.3%
<b>Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)</b>		
	35.3%	36.3%
<b>Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)</b>		
Q33. Advising Smokers and Tobacco Users to Quit	74.5%	74.1%
Q34. Discussing Cessation Medications	52.8%	47.3%
Q35. Discussing Cessation Strategies	46.9%	39.9%

## Significance Testing

Current year score is significantly higher (❖) or lower (❖) than the 2021 UHC BoB Region score.



# Percentile Rankings

	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass									SPH %tile	National Percentiles from 2021 SPH Book of Business								
			5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>		5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
Rating Questions (% 9 or 10)																					
Q28. Rating of Health Plan	71.8%	95 <sup>th</sup>	51.6	54.0	58.0	59.4	62.8	65.6	66.5	70.2	71.8	94 <sup>th</sup>	54.5	55.7	60.6	61.8	63.6	66.1	67.2	70.4	72.2
Q8. Rating of Health Care	63.8%	87 <sup>th</sup>	48.2	51.3	54.3	55.3	57.6	59.6	61.4	64.5	67.5	80 <sup>th</sup>	50.6	52.4	55.4	56.8	58.6	61.6	63.3	66.8	68.2
Q18. Rating of Personal Doctor	75.5%	88 <sup>th</sup>	58.2	62.8	66.2	67.7	69.7	71.7	72.4	75.7	77.4	87 <sup>th</sup>	61.9	63.3	66.9	67.9	70.3	72.0	73.7	75.7	77.2
Q22. Rating of Specialist	62.9%	11 <sup>th</sup>	60.2	62.8	65.4	67.4	70.4	72.5	73.7	75.6	78.5	12 <sup>th</sup>	60.2	62.0	65.2	66.7	69.4	71.8	73.6	75.9	76.9
Rating Questions (% 8, 9 or 10)																					
Q28. Rating of Health Plan	84.0%	85 <sup>th</sup>	68.8	72.1	75.6	76.6	79.5	81.3	82.5	84.5	85.8	85 <sup>th</sup>	72.1	73.2	76.0	77.7	79.8	81.5	82.4	84.8	86.6
Q8. Rating of Health Care	78.7%	70 <sup>th</sup>	67.9	70.3	73.4	74.9	76.8	78.2	79.4	82.4	84.2	59 <sup>th</sup>	69.3	70.7	74.8	76.2	77.9	79.5	80.5	82.7	84.0
Q18. Rating of Personal Doctor	85.3%	67 <sup>th</sup>	75.2	78.2	81.7	82.4	83.7	85.3	86.5	88.2	89.5	69 <sup>th</sup>	78.0	79.7	81.5	82.4	83.9	85.2	85.7	87.9	88.9
Q22. Rating of Specialist	75.8%	<5 <sup>th</sup>	76.0	77.8	81.6	82.8	84.2	85.7	86.8	88.5	91.7	<5 <sup>th</sup>	76.9	78.9	81.0	81.9	83.6	85.2	86.0	88.1	89.1
Getting Needed Care (% A or U)	83.7%	54 <sup>th</sup>	72.9	77.0	81.0	81.6	83.4	85.5	86.2	88.4	89.3	42 <sup>nd</sup>	76.9	78.4	81.4	82.9	84.1	85.5	86.2	88.5	89.0
Q9. Getting care, tests, or treatment	86.7%	53 <sup>rd</sup>	78.6	79.9	83.3	84.6	86.5	88.0	88.7	91.0	91.4	56 <sup>th</sup>	76.9	80.6	83.0	83.8	85.8	87.6	88.7	90.6	91.1
Q20. Getting specialist appointment	80.6%	51 <sup>st</sup>	69.6	73.5	77.0	77.8	80.5	82.9	84.3	87.7	88.6	36 <sup>th</sup>	72.4	75.4	79.2	80.0	82.4	84.4	85.2	88.0	89.3
Getting Care Quickly (% A or U)	78.0%	15 <sup>th</sup>	72.7	75.4	79.9	81.0	83.5	84.9	86.1	87.1	88.1	14 <sup>th</sup>	75.4	76.7	80.0	81.0	82.4	83.9	84.8	87.5	88.5
Q4. Getting urgent care	77.3%	9 <sup>th</sup>	75.6	77.6	82.5	83.2	85.5	87.5	88.3	90.4	92.6	6 <sup>th</sup>	76.8	78.6	81.3	82.6	84.3	86.0	87.3	90.1	91.8
Q6. Getting routine care	78.6%	33 <sup>rd</sup>	69.9	72.3	76.1	78.5	80.8	82.7	83.8	85.7	86.8	34 <sup>th</sup>	70.5	72.4	76.7	78.4	80.8	83.2	84.0	86.9	89.3
Q17. Coordination of Care (% A or U)	81.0%	14 <sup>th</sup>	77.6	79.2	82.5	83.5	85.6	87.6	88.3	90.2	92.1	27 <sup>th</sup>	75.0	77.4	80.7	82.7	84.9	86.6	87.8	90.8	91.6
Q31. Flu Vaccinations, 18-64 (% Yes)	35.3%	10 <sup>th</sup>	31.5	35.2	39.7	41.1	43.4	46.3	48.1	52.6	56.8	29 <sup>th</sup>	27.5	30.2	34.5	36.4	39.7	42.1	43.8	52.6	56.8
Medical Assistance with Smoking and Tobacco Use Cessation (% A, U, or S) (Rolling average)																					
Q33. Advising Smokers and Tobacco Users to Quit	74.5%	27 <sup>th</sup>	65.3	69.8	74.3	75.2	77.7	80.4	80.9	84.2	85.0	58 <sup>th</sup>	56.1	60.7	68.1	70.0	73.2	76.5	77.8	81.7	85.1
Q34. Discussing Cessation Medications	52.8%	43 <sup>rd</sup>	43.0	45.0	49.3	51.2	54.2	57.6	59.4	64.3	67.0	62 <sup>nd</sup>	35.5	37.5	44.2	46.6	50.0	54.7	56.8	63.5	69.0
Q35. Discussing Cessation Strategies	46.9%	43 <sup>rd</sup>	37.7	40.9	43.8	45.9	47.9	50.8	53.9	56.7	60.6	58 <sup>th</sup>	28.1	33.3	39.2	40.9	45.8	48.5	50.0	56.3	59.3

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



# Percentile Rankings

	2021 Plan Score	QC %tile	National Percentiles from 2020 Quality Compass									SPH %tile	National Percentiles from 2021 SPH Book of Business								
			5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>		5 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33 <sup>rd</sup>	50 <sup>th</sup>	67 <sup>th</sup>	75 <sup>th</sup>	90 <sup>th</sup>	95 <sup>th</sup>
<b>Customer Service (% A or U)</b>	<b>86.2%</b>	<b>10<sup>th</sup></b>	<b>84.8</b>	<b>86.1</b>	<b>87.5</b>	<b>88.6</b>	<b>89.6</b>	<b>90.7</b>	<b>91.2</b>	<b>92.4</b>	<b>93.2</b>	<b>13<sup>th</sup></b>	<b>84.8</b>	<b>85.2</b>	<b>87.4</b>	<b>88.3</b>	<b>89.9</b>	<b>91.2</b>	<b>91.7</b>	<b>92.8</b>	<b>93.3</b>
Q24. Provided information or help	80.3%	16 <sup>th</sup>	78.0	80.0	82.1	82.7	84.5	86.3	86.8	88.5	90.0	20 <sup>th</sup>	75.5	77.9	81.4	82.1	84.6	86.4	88.2	89.4	90.4
Q25. Treated with courtesy and respect	92.2%	20 <sup>th</sup>	90.5	91.5	92.7	93.9	95.0	95.8	96.3	97.1	97.4	12 <sup>th</sup>	90.6	91.8	93.3	94.2	95.0	96.1	96.7	97.6	98.3
<b>How Well Doctors Communicate (% A or U)</b>	<b>91.3%</b>	<b>14<sup>th</sup></b>	<b>89.2</b>	<b>90.7</b>	<b>92.0</b>	<b>92.4</b>	<b>93.4</b>	<b>94.2</b>	<b>94.5</b>	<b>95.7</b>	<b>96.5</b>	<b>24<sup>th</sup></b>	<b>88.7</b>	<b>89.9</b>	<b>91.3</b>	<b>91.9</b>	<b>92.7</b>	<b>93.6</b>	<b>94.1</b>	<b>95.2</b>	<b>95.6</b>
Q12. Personal doctor explained things	88.6%	<5 <sup>th</sup>	88.8	89.8	91.9	92.6	93.5	94.7	95.1	96.2	96.6	7 <sup>th</sup>	88.1	89.2	90.8	91.2	92.9	93.9	94.4	95.4	96.1
Q13. Personal doctor listened carefully	93.0%	41 <sup>st</sup>	89.1	90.0	92.2	92.6	93.4	94.4	95.0	96.4	97.1	49 <sup>th</sup>	87.9	89.4	91.4	91.8	93.1	94.0	94.4	95.6	95.7
Q14. Personal doctor showed respect	91.3%	7 <sup>th</sup>	91.1	92.2	93.4	93.9	94.8	95.5	96.0	97.4	98.1	5 <sup>th</sup>	91.2	91.9	93.5	93.7	94.5	95.4	95.9	96.9	97.5
Q15. Personal doctor spent enough time	92.2%	57 <sup>th</sup>	85.8	87.7	89.5	90.5	91.7	92.9	93.3	94.4	95.4	73 <sup>rd</sup>	85.3	86.5	88.9	89.7	90.8	92.0	92.2	93.7	95.0
<b>Ease of Filling Out Forms (Q27) (% A or U)</b>	<b>94.5%</b>	<b>22<sup>nd</sup></b>	<b>92.5</b>	<b>93.5</b>	<b>94.6</b>	<b>95.0</b>	<b>95.9</b>	<b>96.7</b>	<b>97.2</b>	<b>98.0</b>	<b>98.6</b>	<b>22<sup>nd</sup></b>	<b>92.9</b>	<b>93.7</b>	<b>94.5</b>	<b>95.1</b>	<b>95.8</b>	<b>96.7</b>	<b>96.9</b>	<b>98.1</b>	<b>98.5</b>

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



# Profile of Survey Respondents

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## Demographic Composition

- 12430 - UnitedHealthcare Community Plan (LA)



# Profile of Survey Respondents: Section Information

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

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

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

## Significance Testing

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

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

**UHC** refers to the 2021 UHC Average benchmark.

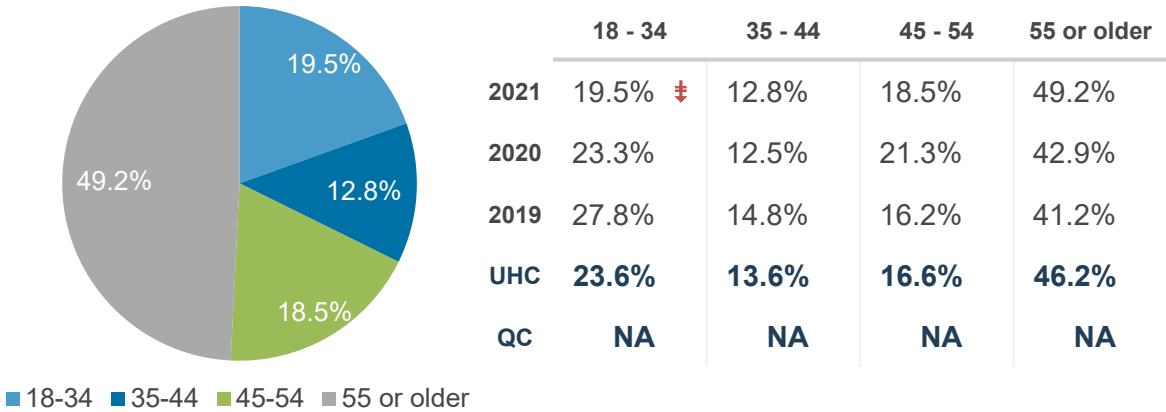
**QC** refers to the 2020 Quality Compass® All Plans benchmark.

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

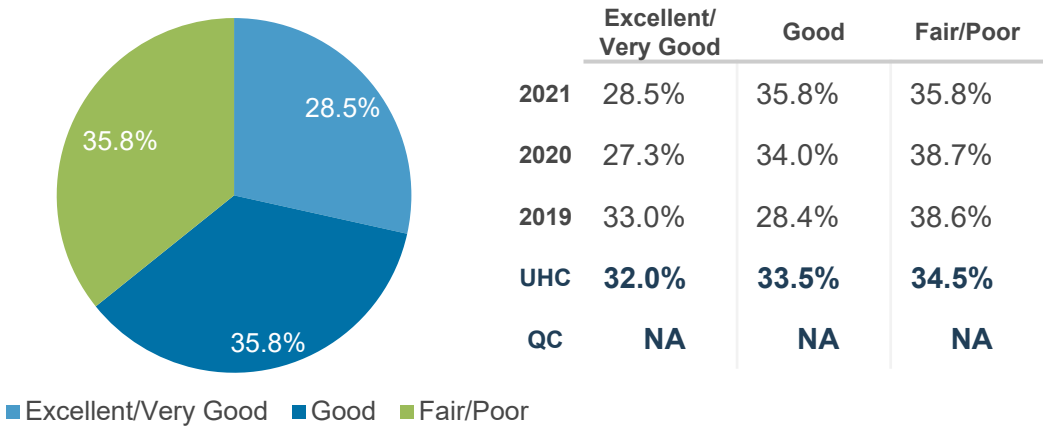
## Survey Demographics

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

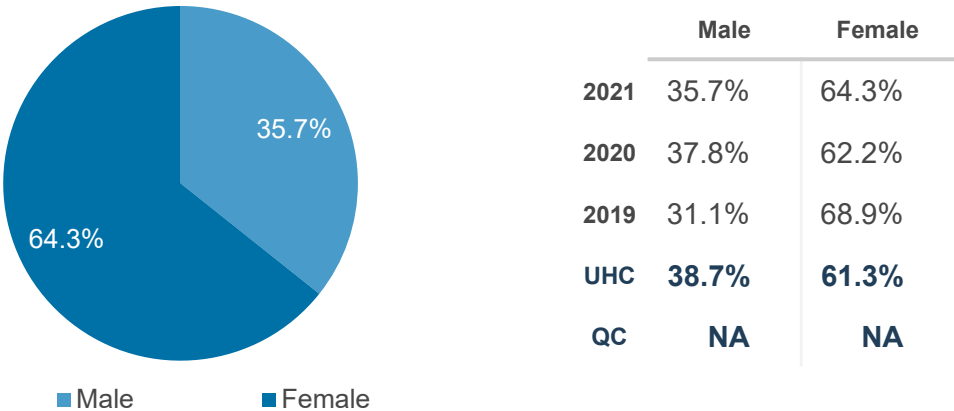
Age



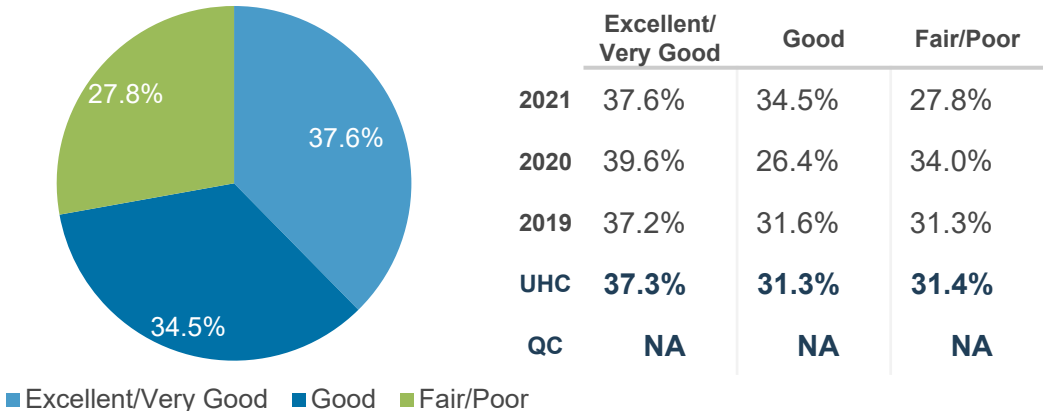
Health Status



Gender



Mental/Emotional Health Status



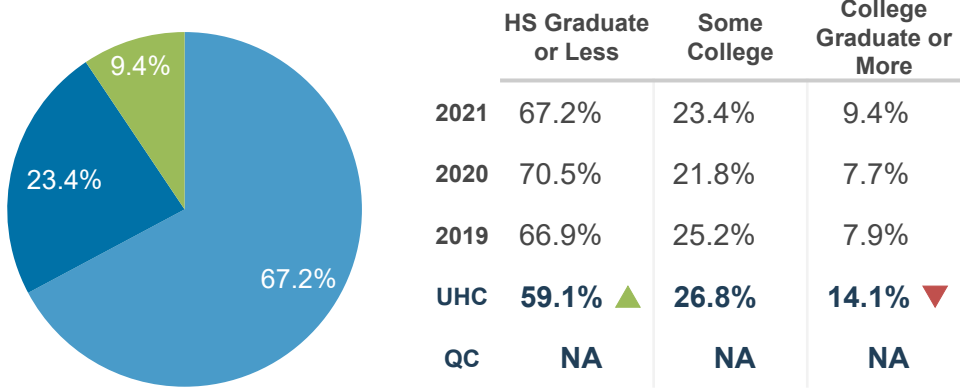
Note: NCQA did not provide Quality Compass demographic benchmarks in 2020.

Note: Due to space constraints, scores <5% will not be labeled on the graph.

Survey Demographics

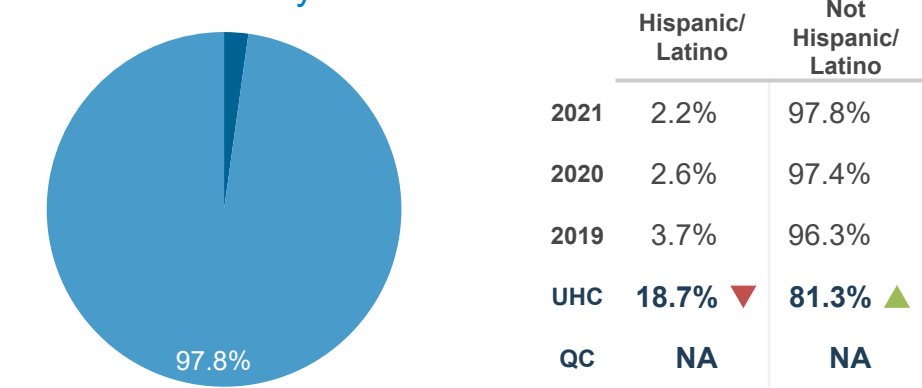
The demographic characteristics of respondents surveyed should be representative of your member population. SPH Analytics follows NCQA protocol to help achieve a representative sample of your plan’s member population.

Education



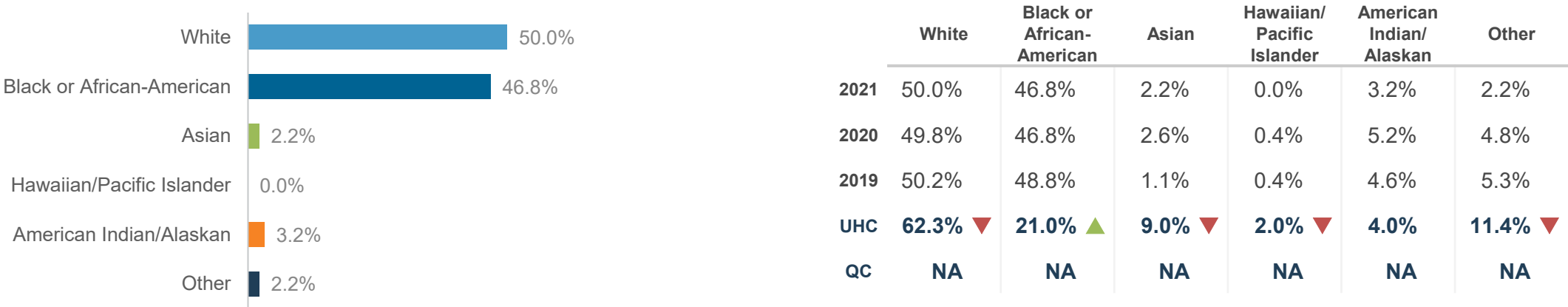
■ HS Graduate or Less ■ Some College ■ College Graduate or More

Ethnicity



■ Hispanic/Latino ■ Not Hispanic/Latino

Race





# Demographic Segment Analyses

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## Subgroup Analysis

- 12430 - UnitedHealthcare Community Plan (LA)



# Demographic Analyses: Section Information

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

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

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

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

### Segment Groups

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



# Demographic Segments

	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type			Age			
	8-10	0-7	8-10	0-7	Excellent/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	18-34	35-44	45-54	55+
	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)
Total respondents	158	30	100	27	55	69	69	73	67	54	124	53	21	38	25	36	96
Rating Questions (% 9 or 10)																	
Q28. Rating of Health Plan	85.4% <span>I</span>	0.0%	82.8%	48.0%	78.8%	74.2%	62.7%	80.9% <span>Q</span>	71.2%	59.6%	75.2%	70.0%	57.1%	70.3%	70.8%	76.5%	70.3%
Q8. Rating of Health Care	70.8%	27.8%	81.0%	0.0%	80.6% <span>N</span>	78.0% <span>N</span>	43.4%	75.0% <span>Q</span>	65.0%	50.0%	63.8%	65.5%	61.1%	79.2%	52.9%	64.0%	60.7%
Q18. Rating of Personal Doctor	80.5%	50.0%	87.4%	28.6%	84.8%	76.0%	68.4%	76.0%	75.0%	74.4%	75.6%	80.6%	64.7%	84.6%	70.6%	80.0%	71.6%
Q22. Rating of Specialist	70.0%	40.0%	84.6%	21.4%	70.0%	84.2%	50.0%	68.4%	66.7%	57.1%	54.3%	75.0%	72.7%	90.9%	75.0%	53.8%	53.3%
Rating Questions (% 8, 9 or 10)																	
Q28. Rating of Health Plan	100% <span>I</span>	0.0%	89.9%	68.0%	92.3% <span>N</span>	84.8%	76.1%	89.7%	81.8%	78.8%	88.0%	82.0%	66.7%	86.5%	79.2%	85.3%	83.5%
Q8. Rating of Health Care	84.0%	55.6%	100%	0.0%	90.3% <span>N</span>	85.4% <span>N</span>	67.9%	85.4%	80.0%	71.1%	80.0%	79.3%	72.2%	95.8%	58.8%	72.0%	80.3%
Q18. Rating of Personal Doctor	89.4%	62.5%	96.6%	42.9%	87.9%	88.0%	80.7%	82.0%	87.5%	86.0%	84.4%	91.7%	76.5%	92.3%	76.5%	92.0%	82.4%
Q22. Rating of Specialist	82.0%	50.0%	94.9%	42.9%	80.0%	84.2%	71.9%	84.2%	81.0%	66.7%	68.6%	87.5%	81.8%	90.9%	87.5%	61.5%	73.3%
Getting Needed Care (% A or U)	86.2%	74.2%	90.9%	59.9%	95.2% <span>N</span>	84.5%	79.3%	88.3%	83.0%	81.7%	82.5%	86.9%	83.0%	89.5%	90.8%	75.7%	82.8%
Q9. Getting care, tests, or treatment	90.6%	68.4%	96.0%	55.6%	90.3%	95.2% <span>N</span>	79.2%	91.7%	87.8%	81.6%	87.5%	86.2%	84.2%	88.0%	94.1%	80.0%	86.9%
Q20. Getting specialist appointment	81.8%	80.0%	85.7%	64.3%	100%	73.7%	79.4%	85.0%	78.3%	81.8%	77.5%	87.5%	81.8%	90.9%	87.5%	71.4%	78.8%
Getting Care Quickly (% A or U)	81.5%	62.6%	86.0%	69.9%	64.8%	87.2%	78.9%	78.7%	79.5%	76.4%	80.1%	71.2%	82.3%	75.4%	78.3%	83.1%	77.8%
Q4. Getting urgent care	86.3%	38.5%	87.2%	71.4%	66.7%	92.9%	73.8%	84.2%	78.9%	70.4%	82.9%	61.1%	85.7%	88.9%	70.0%	90.0%	72.2%
Q6. Getting routine care	76.8%	86.7%	84.8%	68.4%	63.0%	81.6%	84.0%	73.2%	80.0%	82.5%	77.3%	81.3%	78.9%	61.9%	86.7%	76.2%	83.3%
Coordination of Care (Q17) (% A or U)	82.4%	66.7%	87.8%	68.8%	71.4%	78.9%	82.4%	78.9%	85.0%	77.3%	79.4%	80.0%	88.9%	87.5%	87.5%	93.3%	71.0%
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	35.8%	37.0%	38.1%	30.8%	30.0%	38.8%	36.4%	35.2%	35.0%	36.5%	36.8% <span>S</span>	20.4%	61.9%	24.2%	28.0%	40.6%	39.8%
Medical Assistance with Smoking and Tobacco Use Cessation (% A, U or S) (Rolling average)																	
Q33. Advising Smokers and Tobacco Users to Quit	76.5%	68.4%	76.9%	81.5%	56.3%	78.3% <span>L</span>	80.3% <span>L</span>	57.4%	83.3% <span>O</span>	81.7% <span>O</span>	73.0%	77.4%	100%	50.0%	66.7%	89.7%	78.1%
Q34. Discussing Cessation Medications	55.5%	50.0%	59.0%	42.3%	46.9%	59.6%	50.8%	42.6%	68.6% <span>O</span>	52.5%	52.3%	50.0%	100%	40.0%	44.4%	42.9%	63.9%
Q35. Discussing Cessation Strategies	49.6%	47.4%	53.9%	37.0%	40.6%	48.9%	47.7%	38.3%	60.0% <span>O</span>	47.5%	49.5%	34.4%	100%	37.5%	35.3%	41.4%	55.6%



# Demographic Segments

	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type			Age			
	8-10	0-7	8-10	0-7	Excellent/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	18-34	35-44	45-54	55+
	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)
Total respondents	158	30	100	27	55	69	69	73	67	54	124	53	21	38	25	36	96
Customer Service (% A or U)	90.1%	62.5%	88.5%	87.1%	100%	93.3%	77.8%	91.3%	88.6%	76.3%	86.1%	83.3%	100%	92.9%	100%	87.5%	80.9%
Q24. Provided information or help	85.7%	50.0%	82.1%	83.3%	100%	93.3%	66.7%	87.0%	86.4%	63.2%	81.8%	72.2%	100%	85.7%	100%	83.3%	73.0%
Q25. Treated with courtesy and respect	94.5%	75.0%	94.9%	90.9%	100%	93.3%	88.9%	95.7%	90.9%	89.5%	90.5%	94.4%	100%	100%	100%	91.7%	88.9%
How Well Doctors Communicate (% A or U)	92.4%	83.3%	95.8%	73.7%	97.7%	89.7%	89.1%	86.3%	97.9%	90.1%	88.7%	93.3%	98.4%	98.6%	80.4%	100%	88.5%
Q12. Personal doctor explained things	89.0%	83.3%	94.8%	73.7%	90.9%	89.7%	86.0%	82.5%	94.3%	89.2%	88.2%	86.7%	93.8%	94.4%	71.4%	100%	86.7%
Q13. Personal doctor listened carefully	94.6%	83.3%	97.4%	73.7%	100%	87.2%	94.1%	85.0%	100% O	94.7%	88.4%	100% R	100%	100%	85.7%	100%	90.2%
Q14. Personal doctor showed respect	91.3%	88.9%	96.2%	68.4%	100%	89.7%	88.2%	85.0%	97.1%	92.1%	88.4%	93.3%	100%	100%	85.7%	100%	86.9%
Q15. Personal doctor spent enough time	94.6%	77.8%	94.9%	78.9%	100%	92.3%	88.2%	92.5%	100% Q	84.2%	89.9%	93.3%	100%	100%	78.6%	100%	90.2%
Other Measures																	
Q27. Ease of filling out forms (% A or U)	94.7%	92.3%	97.9%	95.5%	92.3%	93.9%	96.8%	92.5%	95.2%	96.2%	93.9%	93.9%	100%	97.2%	95.8%	91.2%	94.3%
Q7. Average number of visits to doctor's office or clinic	2.5	2.0	3.6	3.6	1.5	2.0	3.7 LM	2.2	1.9	3.5 OP	2.1	2.8	3.6	1.9	2.3	3.4 U	2.4
Q11. Average number of visits to personal doctor	2.9	2.0	3.2	3.7	2.0	1.8	3.9 LM	2.6	2.3	3.4	2.5	3.8	2.2	1.8	3.2	3.0	3.0
Q21. Average number of specialists seen	2.1	1.7	1.9	2.5	1.9	1.5	2.3	1.9	1.6	2.5	2.1	1.4	2.8	1.4	1.9	2.3	2.1



# Demographic Segments

	Gender		Education		Race						Ethnicity	
	Male	Female	High school or less	Some college or more	White	Black or African-American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic
	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Total respondents	70	126	129	63	93	87	4^	0^	6^	4^	4^	178
Rating Questions (% 9 or 10)												
Q28. Rating of Health Plan	76.1%	69.2%	69.4%	77.8%	75.0%	68.7%	50.0%	---	66.7%	75.0%	75.0%	71.8%
Q8. Rating of Health Care	55.0%	67.8%	64.9%	62.3%	59.4%	62.7%	100%	---	60.0%	100%	66.7%	63.6%
Q18. Rating of Personal Doctor	71.7%	77.1%	75.6%	76.0%	76.1%	71.2%	66.7%	---	83.3%	100%	50.0%	75.0%
Q22. Rating of Specialist	52.4%	68.3%	59.4%	69.0%	60.7%	63.3%	NA	---	100%	0.0%	100%	62.7%
Rating Questions (% 8, 9 or 10)												
Q28. Rating of Health Plan	85.1%	83.3%	83.5%	85.7%	89.8%	79.5%	75.0%	---	83.3%	75.0%	75.0%	84.7%
Q8. Rating of Health Care	67.5%	83.9%	79.7%	77.4%	76.6%	78.4%	100%	---	80.0%	100%	66.7%	78.8%
Q18. Rating of Personal Doctor	78.3%	88.5%	87.8%	82.0%	88.1%	80.3%	66.7%	---	100%	100%	50.0%	85.6%
Q22. Rating of Specialist	66.7%	80.5%	78.1%	75.9%	75.0%	73.3%	NA	---	100%	100%	100%	76.3%
Getting Needed Care (% A or U)	85.9%	82.6%	85.0%	82.7%	82.6%	83.5%	NA	---	100%	100%	33.3%	84.8%
Q9. Getting care, tests, or treatment	85.4%	87.4%	86.7%	86.8%	85.9%	84.6%	100%	---	100%	100%	66.7%	87.3%
Q20. Getting specialist appointment	86.4%	77.8%	83.3%	78.6%	79.3%	82.4%	NA	---	100%	100%	0.0%	82.3%
Getting Care Quickly (% A or U)	72.7%	80.1%	75.4%	82.3%	84.9%	72.1%	100%	---	75.0%	NA	NA	79.7%
Q4. Getting urgent care	77.8%	77.1%	71.1%	88.0%	83.3%	73.5%	100%	---	50.0%	NA	NA	77.8%
Q6. Getting routine care	67.6%	83.1%	79.7%	76.6%	86.4% d	70.6%	100%	---	100%	100%	0.0%	81.7%
Coordination of Care (Q17) (% A or U)	82.4%	80.4%	75.0%	89.3%	77.8%	81.8%	NA	---	100%	NA	100%	79.3%
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	38.5%	33.6%	28.8%	45.2% a	28.6%	44.3% c	50.0%	---	33.3%	33.3%	25.0%	36.7%
Medical Assistance with Smoking and Tobacco Use Cessation (% A, U or S) (Rolling average)												
Q33. Advising Smokers and Tobacco Users to Quit	70.1%	78.2%	77.5%	64.1%	72.6%	76.8%	100%	---	50.0%	66.7%	100%	73.3%
Q34. Discussing Cessation Medications	47.8%	57.1%	51.5%	59.0%	59.0%	45.6%	100%	---	66.7%	66.7%	50.0%	53.0%
Q35. Discussing Cessation Strategies	40.9%	51.9%	45.1%	54.1%	50.0%	48.2%	100%	---	33.3%	33.3%	50.0%	46.3%



# Demographic Segments

	Gender		Education		Race						Ethnicity	
	Male	Female	High school or less	Some college or more	White	Black or African-American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic
	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Total respondents	70	126	129	63	93	87	4^	0^	6^	4^	4^	178
Customer Service (% A or U)	88.0%	85.2%	84.1%	93.5%	87.4%	82.6%	NA	---	75.0%	NA	100%	86.8%
Q24. Provided information or help	84.0%	78.0%	75.6%	91.3%	78.6%	78.1%	NA	---	50.0%	NA	100%	78.9%
Q25. Treated with courtesy and respect	92.0%	92.3%	92.5%	95.7%	96.3%	87.1%	NA	---	100%	NA	100%	94.6%
How Well Doctors Communicate (% A or U)	86.1%	93.6%	91.2%	93.3%	89.4%	91.5%	100%	---	95.0%	100%	100%	90.4%
Q12. Personal doctor explained things	83.3%	91.0%	88.6%	90.2%	85.2%	88.5%	100%	---	80.0%	100%	100%	87.5%
Q13. Personal doctor listened carefully	86.1%	96.2%	93.0%	95.1%	90.7%	94.3%	100%	---	100%	100%	100%	92.4%
Q14. Personal doctor showed respect	86.1%	93.7%	91.5%	92.7%	90.7%	90.6%	100%	---	100%	100%	100%	90.5%
Q15. Personal doctor spent enough time	88.9%	93.7%	91.5%	95.1%	90.7%	92.5%	100%	---	100%	100%	100%	91.4%
Other Measures												
Q27. Ease of filling out forms (% A or U)	93.7%	95.0%	94.1%	96.7%	97.7% d	90.0%	100%	---	100%	100%	100%	95.8%
Q7. Average number of visits to doctor's office or clinic	2.0	2.7	1.9	3.5 a	2.6	2.5	3.9	---	3.9	4.8	1.0	2.6
Q11. Average number of visits to personal doctor	2.9	2.8	2.8	2.6	2.5	3.3	1.0	---	3.1	7.3	1.5	2.8
Q21. Average number of specialists seen	2.0	2.1	1.7	2.3	2.4	1.8	NA	---	1.5	1.0	1.0	2.0

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



# Supplemental Questions

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Results for Supplemental Questions

- 12430 - UnitedHealthcare Community Plan (LA)



# Supplemental Questions

Survey Item	Opt-out Responses <i>Out of 198 Total Respondents</i>	Category Responses <i>Based on Valid Responses Per Question</i>				Plan Summary Rate Score			2021 UHC BoB Summary Rate Score
						2019	2020	2021	
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?	<u>I did not call after hours in the last 6 months</u>  103	<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	(n = 148)	(n = 97)	(n = 87)	(n = 2291)
		43.7%	13.8%	20.7%	21.8%	66.2%	68.0%	57.5%	66.2%
Q43. In the last 6 months, how often were you happy with the language help you got in the doctor's office?		<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	---	---	(n = 183)	(n = 4041)
		73.2%	14.2%	7.1%	5.5%	---	---	87.4%	87.7%
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?	<u>I did not need an interpreter to help me speak with doctors or other health providers in the last 6 months</u>  128	<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	(n = 111)	(n = 86)	(n = 57)	(n = 1425)
		19.3%	10.5%	8.8%	61.4%	23.4%	23.3%	29.8%	36.6%
Q45. In the last 6 months, how often was it easy to find a doctor that respects your beliefs and cultural traditions?		<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	---	---	(n = 174)	(n = 4321)
		69.0%	13.8%	7.5%	9.8%	---	---	82.8%	83.5%

#### Summary Rate Indicator

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

#### Significance Testing

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

#### Low Base

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



# Supplemental Questions

Survey Item	Opt-out Responses <i>Out of 198 Total Respondents</i>	Category Responses <i>Based on Valid Responses Per Question</i>				Plan Summary Rate Score			2021 UHC BoB Summary Rate Score
						2019	2020	2021	
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?	I did not call customer service for mental health or substance abuse services in the last 6 months  131	Always      Usually      Sometimes      Never				(n = 105)	(n = 77)	(n = 53)	(n = 1036)
		35.8%	9.4%	7.5%	47.2%	55.2%	58.4%	45.3%	59.6% ▼
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?	I did not receive mental health or substance abuse services in the last 6 months  124	9 or 10 - Best mental health or substance abuse services possible  7-8      0-6				(n = 103)	(n = 80)	(n = 56)	(n = 1157)
		62.5%	14.3%	23.2%		59.2%	58.8%	62.5%	52.6%
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?	I did not see a mental health or substance abuse specialist in the last 6 months  7	Always      Usually      Sometimes      Never				(n = 87)	(n = 64)	(n = 46)	(n = 1019)
		63.0%	8.7%	10.9%	17.4%	62.1%	75.0%	71.7%	70.1%

### Summary Rate Indicator

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

### Significance Testing

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

### Low Base

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



# Supplemental Questions

Survey Item	Opt-out Responses <i>Out of 198 Total Respondents</i>	Category Responses <i>Based on Valid Responses Per Question</i>				Plan Summary Rate Score			2021 UHC BoB Summary Rate Score
						2019	2020	2021	
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?	I did not see a mental health or substance abuse specialist in the last 6 months  6	<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>	(n = 80)	(n = 65)	(n = 48)	(n = 929)
		60.4%	10.4%	10.4%	18.8%	78.8%	80.0%	70.8%	76.7%
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?		<u>9 or 10 - Extremely likely</u>	<u>7-8</u>	<u>0-6</u>		(n = 267)	(n = 233)	(n = 183)	(n = 4214)
		78.7%	13.7%	7.7%		74.2%	80.3%	78.7%	66.7% ▲
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? *		<u>Promoters</u>	<u>Passives</u>	<u>Detractor</u>		(n = 267)	(n = 233)	(n = 183)	(n = 4214)
		78.7	13.7	7.7		63.3	68.7	71.0	53.1 ▲

#### Summary Rate Indicator

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

#### Significance Testing

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

#### Low Base

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

Survey Item			Plan Summary Rate Score			2021 UHC BoB Summary Rate Score
			2019	2020	2021	
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?						
	Opt-Outs	Total	(n=295)	(n=244)	(n=198)	(n=4543)
I did not try to get any care, tests, or treatment in the last 6 months			88	68	65	1574
	Valid Responses	Base	(n=109)	(n=100)	(n=65)	(n=1644)
I had to wait too long for the health plan to give the OK			3.7%	13.0%	12.3%	14.2%
I did not know where to go to get a physician for care, lab work, or an x-ray, mammogram, etc.			9.2%	7.0%	1.5% <span>⬇️</span>	7.0% <span>⬇️</span>
I could not find a doctor, lab, or x-ray facility in my network			11.9%	11.0%	10.8%	7.4%
I could not find a doctor, lab, or x-ray facility that was easy to get to			6.4%	4.0%	6.2%	4.0%
I had to wait too long to get an appointment			22.9%	21.0%	23.1%	23.1%
Other, personal reason			45.9%	44.0%	46.2%	44.3%

## Significance Testing

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

## Low Base

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

Survey Item		Plan Summary Rate Score			2021 UHC BoB Summary Rate Score
		2019	2020	2021	
Q51. How do you access the internet?					
	Opt-Outs	---	(n=244)	(n=198)	(n=4263)
	Total	---	54	35	709
	I do not access the Internet	---			
	Valid Responses	---	(n=176)	(n=138)	(n=3254)
	Base	---			
	Smartphone (e.g. Blackberry, Android, iPhone, etc.)	---	82.4%	79.7%	82.5%
	Desktop computer	---	21.0%	28.3%	25.3%
	Laptop	---	38.6%	26.1% ↓	39.6% ▼
	Tablet	---	22.7%	19.6%	22.1%
	Other	---	7.4%	3.6%	3.6%

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

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



# Demographic Segments

Summary Rate Score	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type			Age			
	8-10	0-7	8-10	0-7	Excellent/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	18-34	35-44	45-54	55+
	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)
Total respondents	158	30	100	27	55	69	69	73	67	54	124	53	21	38	25	36	96
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 or Usually)	67.7%	38.1%	72.5%	40.0%	72.0%	67.9%	37.5%	57.6%	65.5%	50.0%	53.5%	55.9%	80.0%	75.0%	33.3%	64.7%	51.2%
Q43. In the last 6 months, how often were you happy with the language help you got in the doctor's office? (% Always or Usually)	89.0%	82.8%	95.7%	76.0%	82.4%	92.2%	86.2%	89.6%	82.8%	90.0%	87.4%	84.4%	94.7%	94.4%	86.4%	86.7%	85.1%
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 or Usually)	25.0%	46.2%	37.0%	25.0%	30.8%	35.3%	23.1%	37.5%	32.0%	18.8%	13.3%	54.2%	0.0%	40.0%	28.6%	22.2%	29.0%
Q45. In the last 6 months, how often was it easy to find a doctor that respects your beliefs and cultural traditions? (% Always or Usually)	83.7%	78.6%	93.5%	70.8%	78.3%	85.7%	83.9%	87.5%	77.4%	84.8%	80.2%	83.7%	95.0%	88.2%	77.3%	83.9%	82.6%
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 or Usually)	45.0%	50.0%	52.2%	50.0%	50.0%	53.3%	39.1%	56.3%	31.6%	52.9%	20.0%	57.1%	80.0%	66.7%	80.0%	33.3%	29.6%
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? (% 9 or 10 - Best mental health or substance abuse services possible)	70.0%	42.9%	76.9%	40.0%	86.7%	64.7%	43.5%	66.7%	68.4%	52.4%	54.5%	65.2%	72.7%	66.7%	90.9%	71.4%	46.2%

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



# Demographic Segments

Summary Rate Score	Rating of Health Plan		Rating of Health Care		Health Status			Mental Health Status			Survey Type			Age			
	8-10	0-7	8-10	0-7	Excellent/ Very good	Good	Fair/Poor	Excellent/ Very good	Good	Fair/Poor	Mail	Phone	Internet	18-34	35-44	45-54	55+
	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)
Total respondents	158	30	100	27	55	69	69	73	67	54	124	53	21	38	25	36	96
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 or Usually)	76.5%	60.0%	82.6%	57.1%	80.0%	81.8%	63.2%	75.0%	60.0%	83.3%	64.7%	66.7%	90.9%	80.0%	87.5%	66.7%	63.6%
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 or Usually)	68.6%	72.7%	83.3%	55.6%	73.3%	90.9%	57.1%	61.5%	64.3%	80.0%	66.7%	60.0%	100%	80.0%	88.9%	66.7%	60.9%
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? (% 9 or 10 - Extremely likely)	88.4%	27.6%	85.1%	50.0%	86.3%	76.9%	73.4%	88.2% PQ	74.6%	70.0%	81.7%	71.4%	76.2%	83.3%	69.6%	80.0%	78.5%
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)	86.3	-10.3	80.9	26.9	84.3 N	72.3	57.8	83.8 PQ	68.3	56.0	75.8	59.5	66.7	77.8	60.9	73.3	69.9

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

\*Net Promotor score rates are calculated by subtracting the Detractor Score (Response of 0 – 6) from the Promotor Score (Response of 9 or 10).



# Demographic Segments

Summary Rate Score	Gender		Education		Race						Ethnicity	
	Male	Female	High school or less	Some college or more	White	Black or African-American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic
	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Total respondents	70	126	129	63	93	87	4^	0^	6^	4^	4^	178
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 or Usually)	63.6%	53.7%	52.6%	67.9%	62.9%	51.1%	NA	---	100%	66.7%	50.0%	59.7%
Q43. In the last 6 months, how often were you happy with the language help you got in the doctor's office? (% Always or Usually)	82.1%	90.5%	88.4%	86.2%	92.0% <sup>d</sup>	80.7%	66.7%	---	100%	100%	75.0%	89.2%
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 or Usually)	16.7%	39.4%	26.1%	55.6%	25.0%	25.8%	NA	---	33.3%	66.7%	33.3%	31.3%
Q45. In the last 6 months, how often was it easy to find a doctor that respects your beliefs and cultural traditions? (% Always or Usually)	82.8%	82.7%	78.9%	94.6% <sup>a</sup>	88.9% <sup>d</sup>	76.5%	50.0%	---	100%	100%	50.0%	85.4%
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 or Usually)	40.0%	48.5%	38.1%	100%	56.5%	35.7%	NA	---	100%	100%	0.0%	51.1%
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? (% 9 or 10 - Best mental health or substance abuse services possible)	55.0%	66.7%	57.6%	68.2%	74.1%	43.5%	NA	---	100%	100%	100%	62.0%

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



# Demographic Segments

Summary Rate Score	Gender		Education		Race						Ethnicity	
	Male	Female	High school or less	Some college or more	White	Black or African-American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Other	Hispanic	Not Hispanic
	(Y)	(Z)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Total respondents	70	126	129	63	93	87	4^	0^	6^	4^	4^	178
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 or Usually)	68.8%	73.3%	65.5%	87.5%	80.0%	58.8%	NA	---	100%	100%	0.0%	75.0%
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 or Usually)	53.3%	78.8%	62.1%	88.9%	80.0%	55.6%	NA	---	100%	100%	50.0%	71.7%
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? (% 9 or 10 - Extremely likely)	73.4%	81.5%	79.8%	75.0%	83.1%	76.8%	33.3%	---	66.7%	75.0%	75.0%	78.4%
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? * NPS (Promoters-Detractors)	64.1	74.8	72.3	66.7	78.7	65.9	0.0	---	66.7	50.0	50.0	70.7

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

\*Net Promotor score rates are calculated by subtracting the Detractor Score (Response of 0 – 6) from the Promotor Score (Response of 9 or 10).



# Appendix: Correlation Analyses

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## Plan Specific Correlations

- 12430 - UnitedHealthcare Community Plan (LA)



## Highest Correlations

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

### With Health Care Rating

<b>Q22</b>	Specialist overall	0.7252
<b>Q18</b>	Personal doctor overall	0.7050
<b>Q9</b>	Got care/tests/treatment	0.6796
<b>Q12</b>	Dr. explained things	0.6051
<b>Q28</b>	Health plan overall	0.5670
<b>Q20</b>	Got specialist appt.	0.5551
<b>Q15</b>	Dr. spent enough time	0.5529
<b>Q13</b>	Dr. listened carefully	0.5158
<b>Q14</b>	Dr. showed respect	0.5090
<b>Q42</b>	Got help when calling after hours care	0.4578

### With Personal Doctor Rating

<b>Q8</b>	Health care overall	0.7050
<b>Q13</b>	Dr. listened carefully	0.6932
<b>Q12</b>	Dr. explained things	0.6410
<b>Q14</b>	Dr. showed respect	0.5962
<b>Q15</b>	Dr. spent enough time	0.5773
<b>Q28</b>	Health plan overall	0.5384
<b>Q9</b>	Got care/tests/treatment	0.5129
<b>Q22</b>	Specialist overall	0.4025
<b>Q4</b>	Got urgent care	0.4002
<b>Q17</b>	Dr. informed about care	0.3750

### With Specialist Rating

<b>Q8</b>	Health care overall	0.7252
<b>Q9</b>	Got care/tests/treatment	0.6663
<b>Q45</b>	Found Dr. who respects your beliefs/cultural traditions	0.5420
<b>Q28</b>	Health plan overall	0.4457
<b>Q4</b>	Got urgent care	0.4430
<b>Q20</b>	Got specialist appt.	0.4295
<b>Q18</b>	Personal doctor overall	0.4025
<b>Q12</b>	Dr. explained things	0.3839
<b>Q15</b>	Dr. spent enough time	0.3501
<b>Q43</b>	Happy with language help at Drs. office	0.3166



# Appendix: Flowchart

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Understanding Relative Performance of Composite Measures

- 12430 - UnitedHealthcare Community Plan (LA)



# Flowchart – Understanding Relative Performance

## How composite questions perform relative to each other

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

Plan Score

-----

Max Score

X

Maximum

Contribution

=

Actual

Contribution

Maximum

Contribution

-

Actual

Contribution

=

Gap

### Q6 Example:

94.6%

-----

100%

X

50.0%

=

47.3%

50.0%

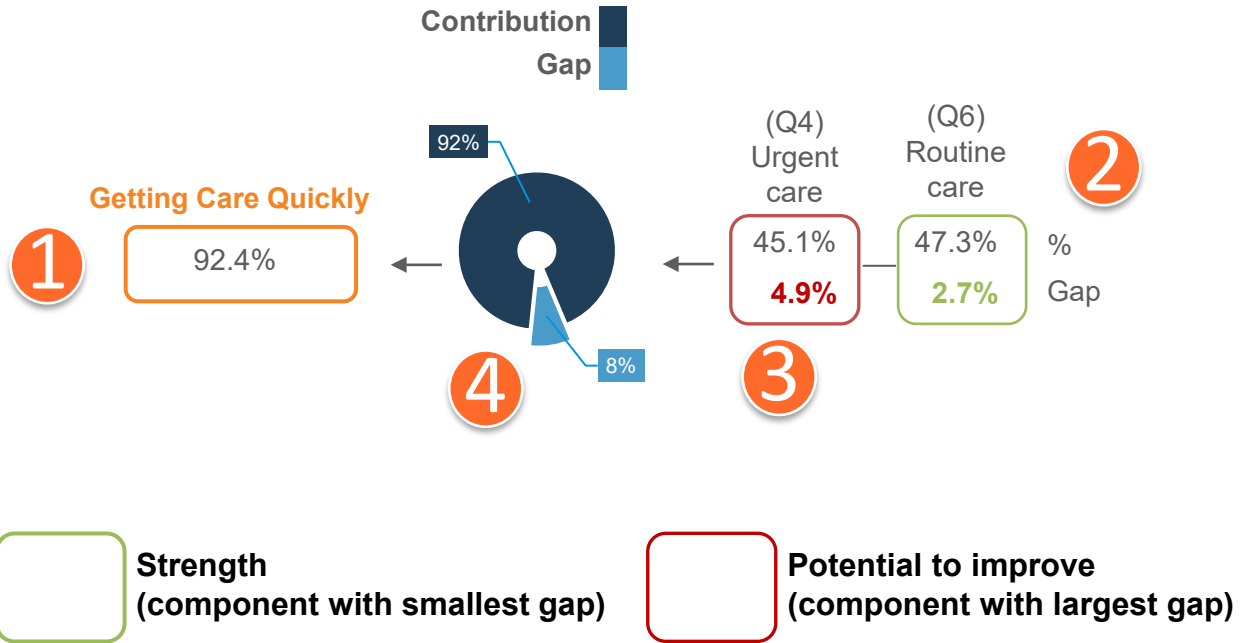
-

47.3%

=

2.7%

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





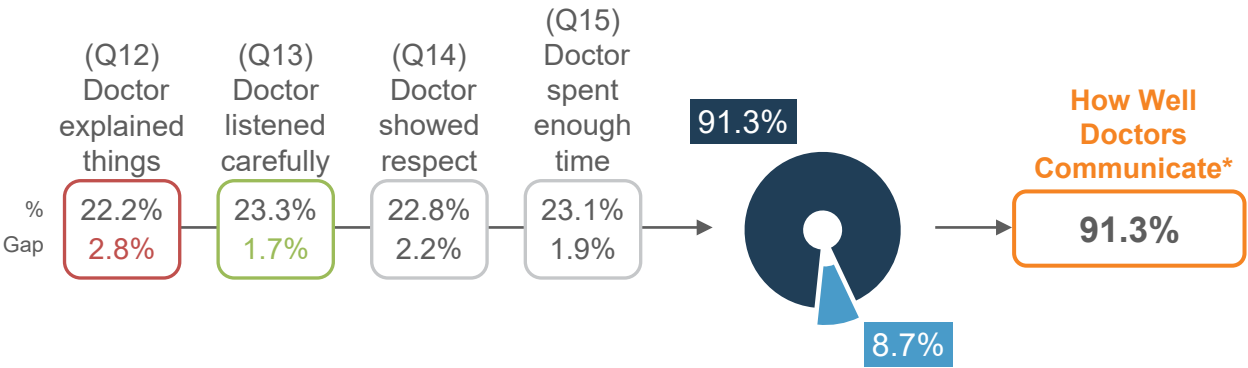
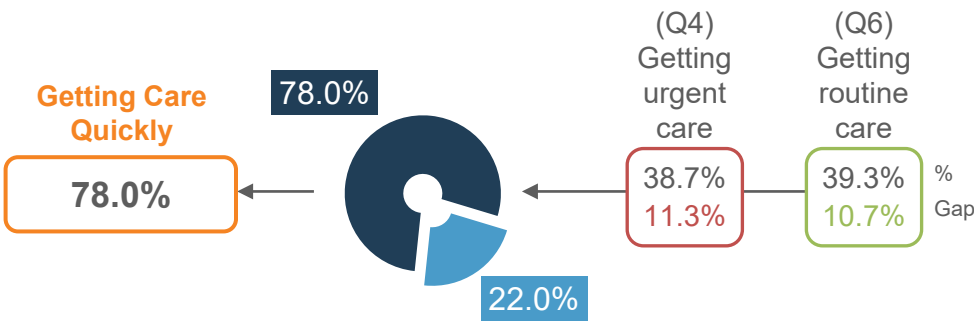
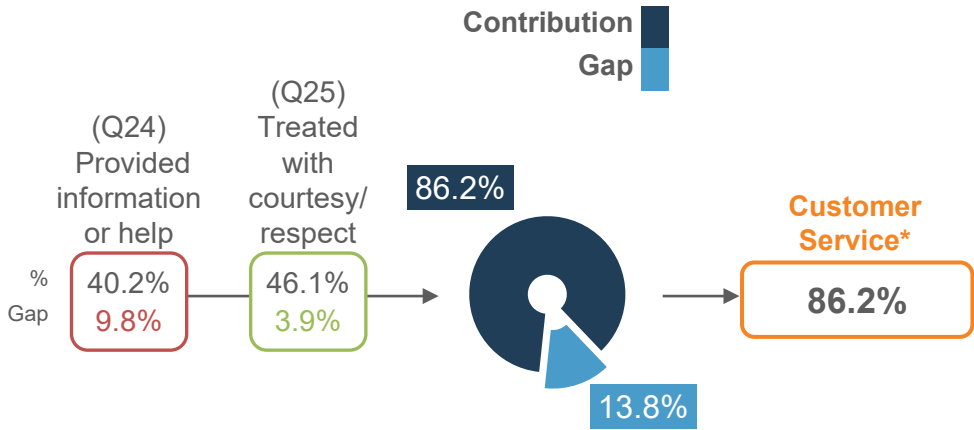
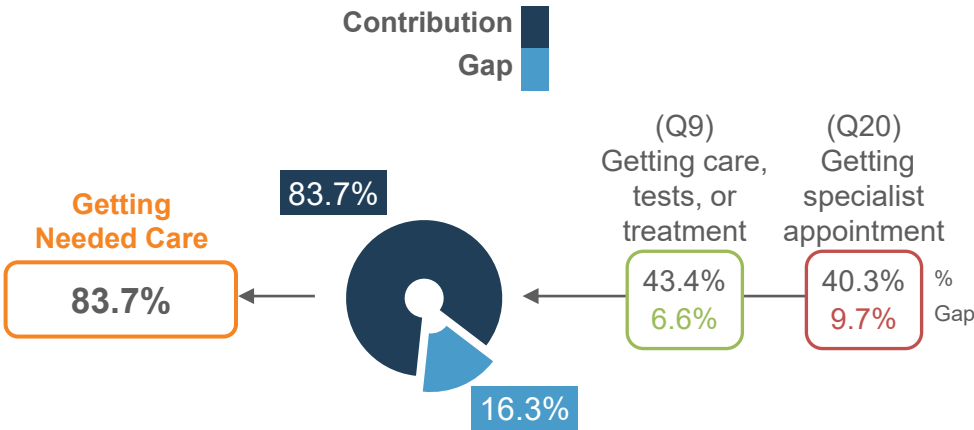
# Flowchart – Understanding Relative Performance



**Strength**  
(component with smallest gap)



**Potential to improve**  
(component with largest gap)



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



# Appendix: Accreditation

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Estimated NCQA Plan Ratings and Frequency Distributions

- 12430 - UnitedHealthcare Community Plan (LA)



# Estimated NCQA Health Insurance Plan Ratings

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

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

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

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

Note: The COVID-19 pandemic and the associated strain on the health care system led NCQA to decide not to publish Health Plan Ratings in 2020.  
Note: Because 3-point scores are no longer used by NCQA, SPH does not calculate 3-point scores and accreditation thresholds within this report.

9 Required HEDIS and CAHPS Measures for HEDIS Reporting Year 2021		
HEDIS/CAHPS Measures Required for HP Accreditation—Medicaid		
Measure Name	Web Display Name	Weight*
PATIENT EXPERIENCE		
Getting Care		
Getting Needed Care (Usually + Always)	Getting care easily	1.5
Getting Care Quickly (Usually + Always)	Getting care quickly	1.5
Satisfaction With Plan Physicians		
Rating of Personal Doctor (9 + 10)	Rating of primary care doctor	1.5
Rating of Specialist Seen Most Often (9 + 10)	Rating of specialists	1.5
Rating of All Health Care (9 + 10)	Rating of care	1.5
Coordination of Care (Usually + Always)	Coordination of care	1.5
Satisfaction With Plan Services		
Rating of Health Plan (9 + 10)	Rating of health plan	1.5
PREVENTION		
Children and Adolescent Well-Care		
ADV Annual Dental Visits—Total	Dental visits	1
CIS Childhood Immunization Status—Combination 10	Childhood immunizations	3
IMA Immunizations for Adolescents—Combination 2	Adolescent immunizations	3
WCC Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total	BMI percentile assessment	1
Women's Reproductive Health		
PPC Prenatal and Postpartum Care—Timeliness of Prenatal Care	Prenatal checkups	1
Prenatal and Postpartum Care—Postpartum Care	Postpartum care	1
Cancer Screening		
BCS Breast Cancer Screening	Breast cancer screening	1
CCS Cervical Cancer Screening	Cervical cancer screening	1
Other Preventive Services		
CHL Chlamydia Screening in Women—Total	Chlamydia screening	1
FVA Flu Vaccinations for Adults Ages 18-64	Flu shots	1

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

[https://www.ncqa.org/wp-content/uploads/2020/12/20201218\\_2021\\_List\\_of\\_Required\\_Performance\\_Measures.pdf](https://www.ncqa.org/wp-content/uploads/2020/12/20201218_2021_List_of_Required_Performance_Measures.pdf)



# Estimated NCQA Plan Ratings

12430 - UnitedHealthcare Community Plan (LA)

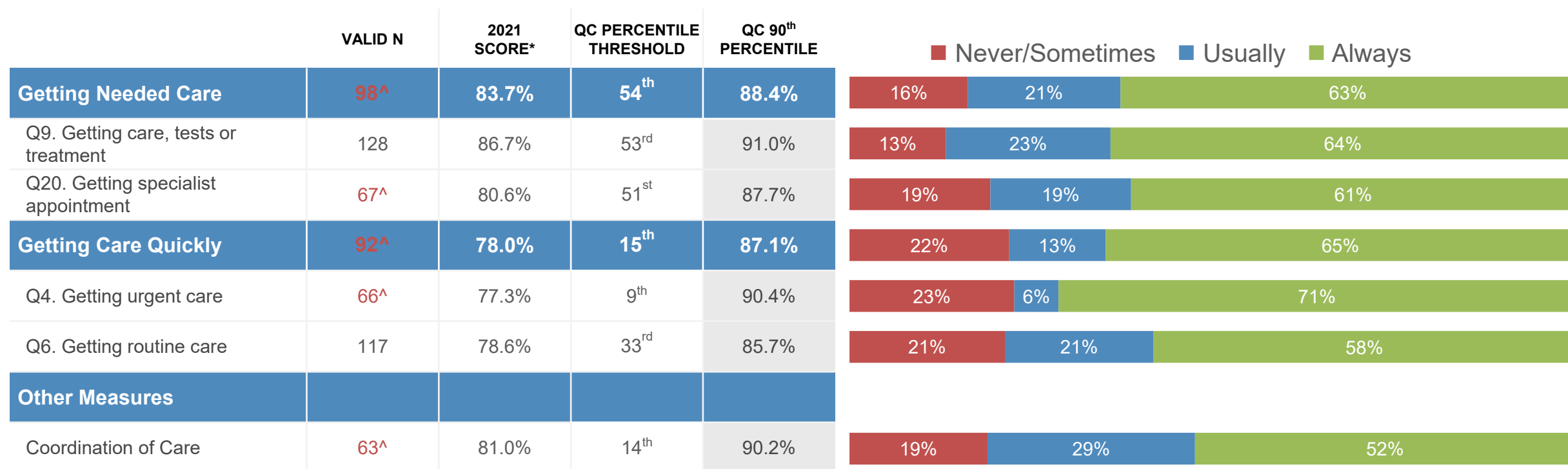
	2021 VALID N	2021 SCORE	SCORE DEFINITION	QC PERCENTILE RANK	SPH ESTIMATED RATING	WEIGHT
<b>CONSUMER SATISFACTION</b>					<b>4.5</b>	
GETTING CARE					<b>NA</b>	
Getting Needed Care	98 <sup>^</sup>	83.7%	Usually or Always	54 <sup>th</sup>	NA	1.5
Getting Care Quickly	92 <sup>^</sup>	78.0%	Usually or Always	15 <sup>th</sup>	NA	1.5
<b>SATISFACTION WITH PLAN PHYSICIANS</b>					<b>4.0</b>	
Rating of Personal Doctor	143	75.5%	9 or 10	88 <sup>th</sup>	4.0	1.5
Rating of Specialist	62 <sup>^</sup>	62.9%	9 or 10	11 <sup>th</sup>	NA	1.5
Rating of Health Care	127	63.8%	9 or 10	87 <sup>th</sup>	4.0	1.5
Coordination of Care	63 <sup>^</sup>	81.0%	Usually or Always	14 <sup>th</sup>	NA	1.5
<b>SATISFACTION WITH PLAN SERVICES</b>					<b>5.0</b>	
Rating of Health Plan	188	71.8%	9 or 10	95 <sup>th</sup>	5.0	1.5
<b>PREVENTION</b>						
Flu Vaccinations: <i>Adults Ages 18-64</i>	184	35.3%	Yes	10 <sup>th</sup>	2.0	1.0
<b>TREATMENT</b>						
Smoking Advice: <i>Rolling Average</i>	145	74.5%	Sometimes, Usually or Always	27 <sup>th</sup>	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.



## GLOBAL PROPORTIONS SCORING AND ACCREDITATION

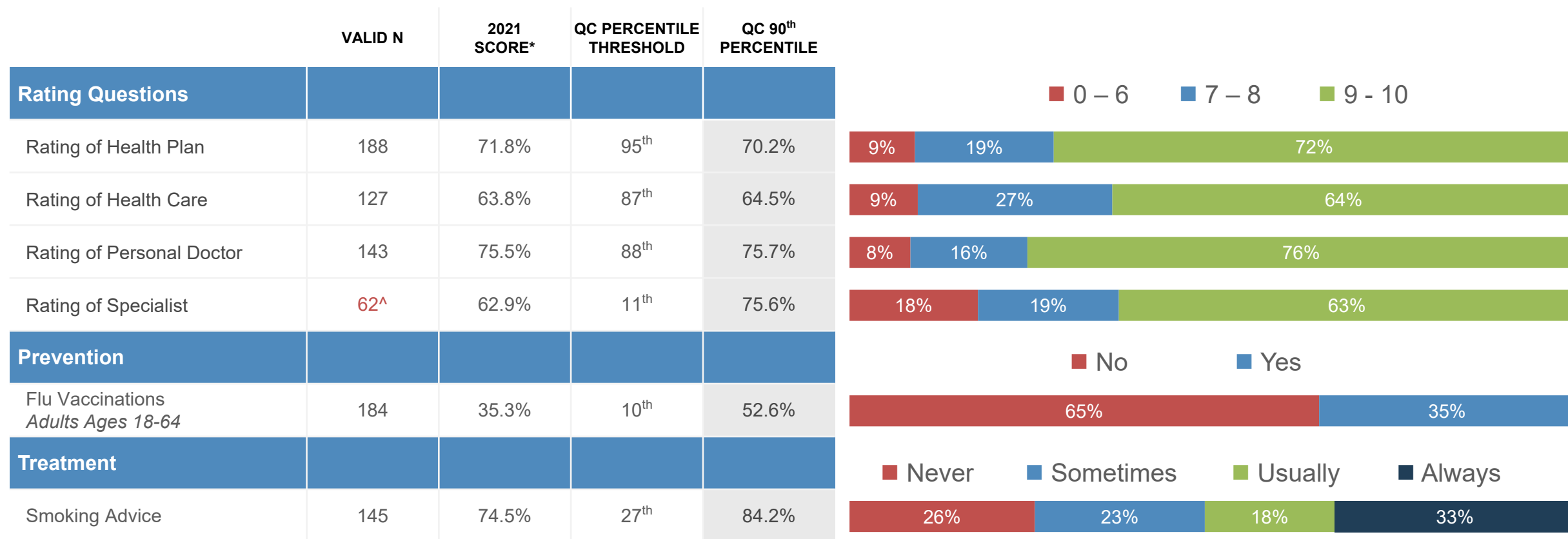
The graphical presentation of frequency distributions, including scores for composites and rating questions are shown on these pages. In addition, the measure's percentile threshold when compared to the 2020 NCQA 90th percentile benchmark is shown. The 90th percentile is the standard for achieving the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





## GLOBAL PROPORTIONS SCORING AND ACCREDITATION

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



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



# Appendix: Improvement Strategies and Voice of the Member

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- 12430 - UnitedHealthcare Community Plan (LA)



# Improvement Strategies and VoM: Section Information

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

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

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



# Rating of Health Plan

Rating of Health Plan Improvement Strategies	Voice of the Member
<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li><li>• Analyze satisfaction levels and loyalty ratings based on member profile/segmentation data (health system, age, length of membership, have PCP, etc.).</li><li>• 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.</li><li>• 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.</li><li>• 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.</li><li>• Explore opportunity to continually monitor rating of the plan using targeted follow-up surveys, e.g., call satisfaction, care management, etcetera.</li><li>• 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.</li><li>• 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.</li></ul>	<p>“I like that I get a <b>summary in the mail</b> every few months on visits that I have had, and I like how I can <b>see how the cost was broken down</b>, as well.”</p> <p>“<b>I can't see the specialists I need to</b>. Either they <b>won't cover them</b>, or I have to go through this <b>approval process</b>.”</p> <p>“They provide an <b>annual goal sheet</b> for me to fill out, which <b>holds me accountable</b> for my health. It helps me <b>regulate my daily actions</b>, which helps me <b>meet my desired goals</b>.”</p> <p>“Because <b>they are proactive</b>. They tend to <b>make sure that I am making my appointments</b>, and from time to time they will <b>send me information on how to improve my health with diet and exercise</b>.”</p> <p>“The <b>current website format with physician search features</b> has been a <b>welcome replacement for the member's provider handbook</b>, which was frequently outdated. I have yet to see if the plan is keeping up with updating which practitioners are accepting new patients.”</p>

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

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



## Rating of Health Care Improvement Strategies

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

## Voice of the Member

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

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

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

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

## Rating of Personal Doctor Improvement Strategies

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

Additional resource for improvement:

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

## Voice of the Member

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

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

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

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

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

(SPH National Sample)

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



# Rating of Specialist

## Rating of Specialist Improvement Strategies

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

## Voice of the Member

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

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

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

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

(SPH National Sample)

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

Additional resource for improvement:

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



# Getting Needed Care

## Getting Needed Care Improvement Strategies

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

## Voice of the Member

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

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

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

(SPH National Sample)

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

Additional resource for improvement:

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



## Getting Care Quickly Improvement Strategies

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

Additional resource for improvement:

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

## Voice of the Member

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

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

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

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

(SPH National Sample)

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



# How Well Doctors Communicate

## How Well Doctors Communicate Improvement Strategies

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

## Voice of the Member

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

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

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

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



## Customer Service Improvement Strategies

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

## Voice of the Member

- “To contact ours is **not to have a pleasant experience, but hours and days of frustration.** You are put **on hold or routed to an answering service**, and **you hope for a return call but don't really expect one** or you simply get disconnected repeatedly if you chose to stay on hold.”
- “I have recently contacted my plan to change my contact information. **The exchange went very smoothly**, and the **customer service representative went the extra mile** by connecting me with Medi-Cal in order to make the changes permanent in both systems.”
- “It is **nice to know what you are paying for up front** instead of getting sticker shocked with bill.”
- “**What is covered and what isn't**, with a **simple list and not overcrowded with a bunch of words** that I have no idea what they really mean towards my health.”
- “I didn't have any difficulties filling out forms. **My local family services office handled most of the paperwork.** I just provided basic information.”

Additional resource for improvement:

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

(SPH National Sample)

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



## Coordination of Care Improvement Strategies

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

## Voice of the Member

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



# Appendix: Questionnaire

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