

Blue Cross Community Centennial



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BC COMMUNITY CENTENNIAL

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SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) certified HEDIS® Survey Vendor, was selected by BC Community Centennial to conduct its MY 2021 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.

2022 NCQA CHANGES NCQA made no substantial changes to the survey or program for 2022.

Your Project Manager is Dana Sadlo (770-354-9539). Should you have any questions or comments regarding any aspect of the survey or reporting process, please feel free to call your Project Manager.



DATA COLLECTION

The MY 2021 Medicaid Adult version of the 5.1H CAHPS survey was administered via the following methodology:

Pre-notification mailed 3/1/2022

First questionnaire mailed 3/4/2022

Second questionnaire mailed 4/8/2022

Initiate follow-up calls to non-responders 4/29/2022 - 5/13/2022 Last day to accept completed surveys 5/16/2022

QUALIFIED RESPONDENTS

Included beneficiaries who were...

- 18 years and older (as of December 31st of the measurement year)
- Continuously enrolled in the plan for at least five of the last six months of the measurement year

2022 RESPONSE RATE CALCULATION

200 (Completed) = 200 1553 (Sample) - 14 (Ineligible) = 1539

VALID SURVEYS

Total Number of Mail Completed =	124	(15 in Spanish)
Total Number of Phone Completed =	70	(1 in Spanish)
Total Number of Internet Completed =	6	(0 in Spanish)

Number of Undeliverables: 238

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.

		2020	2021	2022
Completed	SUBTOTAL	189	207	200
	Does not Meet Eligibility Criteria (01)	15	5	8
	Language Barrier (03)	5	1	4
Ineligible	Mentally/Physically Incapacitated (04)	5	4	1
	Deceased (05)	3	1	1
	SUBTOTAL	28	11	14
	Break-off/Incomplete (02)	6	5	12
	Refusal (06)	81	25	46
Non-response	Maximum Attempts Made (07)	1044	1102	1281
	Added to DNC List (08)	2	0	0
	SUBTOTAL	1133	1132	1339
	Total Sample	1350	1350	1553
	Oversampling %	0.0%	0.0%	15.0%
	Response Rate	14.3%	15.5%	13.0%
	SPH Response Rate	15.5%	14.8%	12.2%



INDUSTRY TRENDS

BC Community Centennial



SPH BOOK OF BUSINESS TRENDS

MEDICAID ADULT

Trend Highlights The robust SPH Analytics Book of Business is valuable in monitoring industry trends. 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 four years.

Medicaid Adult: Among the Medicaid Adult population, several measures declined by more than 1% compared to last year. The biggest decreases were in *Rating of Health Care*, *Getting specialist appointments*, and *Getting urgent care*.

Most scores rose at the beginning of the pandemic, but *Rating of Health Plan* and *Coordination of Care* are the only measures still rated at least 1% higher than they were in 2019. *Getting urgent care* and *Flu Vaccine* are both 3% lower than their 2019 scores.

COVID-19 Impact The pandemic caused significant disruption throughout most of 2020 and continuing through today. The disruption is reflected in the variation we've seen in health system experience scores over the last few years.

	SPH E	Book of B	usiness T	rends
	2019	2020	2021	2022
Rating Questions (% 9 or 10)				
Q28. Rating of Health Plan	62.0%	64.6%	64.5%	64.0%
Q8. Rating of Health Care	56.2%	58.8%	59.4%	57.0%
Q18. Rating of Personal Doctor	68.8%	70.7%	70.4%	69.5%
Q22. Rating of Specialist	66.8%	70.9%	69.7%	68.4%
Rating Questions (% 8, 9 or 10)				
Q28. Rating of Health Plan	78.4%	80.3%	79.8%	79.6%
Q8. Rating of Health Care	75.7%	76.9%	77.5%	75.8%
Q18. Rating of Personal Doctor	82.7%	84.2%	83.8%	83.1%
Q22. Rating of Specialist	82.9%	84.7%	83.9%	82.7%
Getting Needed Care (% A/U)	83.2%	83.5%	84.1%	82.3%
Q9. Getting care, tests, or treatment	85.5%	86.3%	85.8%	85.0%
Q20. Getting specialist appointment	80.9%	80.7%	82.4%	79.6%
Getting Care Quickly (% A/U)	82.7%	82.7%	82.6%	80.9%
Q4. Getting urgent care	84.9%	85.0%	84.3%	81.7%
Q6. Getting routine care	80.4%	80.4%	80.9%	80.0%
Coordination of Care (Q17) (% A/U)	83.8%	85.9%	84.8%	85.0%
Flu Vaccine: Adults 18-64 (Q31) (% Y)	45.4%	44.1%	40.6%	41.2%



EXECUTIVE SUMMARY

BC Community Centennial



OVERVIEW OF TERMS

Summary Rates (SRS) are defined by NCQA in its HEDIS MY 2021 CAHPS® 5.1H guidelines and generally represent the most favorable response percentages.

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.

SPH Benchmark Information The source for data contained within the SPH Book of Business is all submitting plans that contracted with SPH for MY 2021. Submission occurred on May 25th, 2022.

NCQA Benchmark Information The source for data contained in this publication is Quality Compass[®] All Plans 2021. 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.

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.

Non-Accreditation Notation Throughout the report you will see a notation of "+" which indicates that the given measure is not utilized for accreditation score calculation.

COVID-19 IMPACT Because the 2020 survey administration took place during extraordinary circumstances, please use caution when comparing and interpreting trend results.

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



2022 DASHBOARD

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200

Completed surveys

13.0%

Response Rate

Stars: SPH **Estimated** NCQA Rating

NA = Denominator < 100

Scores: All scores displayed are Summary Rate Scores

- Rating: % 9 or 10
- Composites: % Usually or Always
- Flu: % Yes
- Smoking: % Always, Usually, or Sometimes

Significance Testing: Current score is significantly higher/lower than 2021 (↑/♣) or 2020 (‡/♣).

Percentiles: Based on the 2022 SPH Book of Business

Health Plan Key Driver Classification: Details can be found in the KDA section.

Rating of Health Plar	***	*							
Rating of Health Plan	72.2% ↑	93 rd							
Rating of Health (Care 🛨 🛨 🛨								
Rating of Health Care	56.6%	47 th	Wait						
Rating of Personal I	Doctor 🛨 🛨 🧵	+							
Rating of Personal Doctor	68.7%	43 rd	Opportunity						
Rating of Specialist (NA)									
Rating of Specialist	75.3% ↑‡	91 st	Power						
Flu Vaccine: 18-6	4 ★★★★								
Flu Vaccine: 18-64	47.4%	78 th							
Advised to Quit Smoking: 2YR (NA)									
Advised to Quit Smoking: 2YR	59.8% #	7 th							

Coordination of Care (NA)									
Coordination of Care 80.8% 20 th Wait									
Getting Needed Care 🌟									
Composite	76.9%	15 th							
Q9. Getting care, tests, or treatment	79.1%	11 th	Opportunity						
Q20. Getting specialist appointment	74.7%	21 st	Wait						
Getting Care Quickly (NA) Composite 79.7% 40 th									
Q4. Getting urgent care	82.6%	51 st	Opportunity						
Q6. Getting routine care	76.7%	27 th	Wait						

Customer Service +										
94.4%	92 nd									
90.1%	90 th	Retain								
98.6%	95 th	Retain								
Ease of Filling Out Forms +										
95.8%	47 th	Wait								
	94.4% 90.1% 98.6% Out Forms +	94.4% 92 nd 90.1% 90 th 98.6% 95 th Out Forms +								

How Well Doctors Communicate +										
Composite	88.1%	#	<5 th							
Q12. Dr. explained things	89.3%	#	13 th	Opportunity						
Q13. Dr. listened carefully	88.4%	#	9 th	Opportunity						
Q14. Dr. showed respect	89.3%	#	<5 th	Opportunity						
Q15. Dr. spent enough time	85.2%		8 th	Opportunity						

More info. 🕦



ESTIMATED NCQA HEALTH INSURANCE PLAN RATINGS

MEDICAID ADULT

	SCORE DEFINITION	2022 BASE	2022 HPR SCORE*	HPR 4 STAR THRESHOLD	HPR PERCENTILE BAND	SPH ESTIMATED RATING				
PATIENT EXPERIENCE		3								
GETTING CARE	GETTING CARE									
Getting Needed Care	Usually or Always	108	76.8%	85.7%	<10 th	1				
Getting Care Quickly	Usually or Always	92	79.6%	83.7%	10 th	NA				
SATISFACTION WITH PLAN	PHYSICIANS					3				
Rating of Personal Doctor	9 or 10	150	68.6%	71.5%	33 rd	3				
Rating of Specialist	9 or 10	85	75.2%	71.9%	67 th	NA				
Rating of Health Care	9 or 10	129	56.5%	60.8%	33 rd	3				
Coordination of Care	Usually or Always	78	80.7%	87.4%	10 th	NA				
SATISFACTION WITH PLAN	SERVICES					5				
Rating of Health Plan	9 or 10	194	72.1%	64.7%	90 th	5				
PREVENTION										
Flu Vaccinations Adults Ages 18-64	Yes	171	47.3%	42.4%	67 th	4				
TREATMENT										
Smoking Advice: Rolling Average	Sometimes, Usually or Always	92	59.8%	77.7%	<10 th	NA				

*HPR scores are truncated to three digits (XX.X%) according to the NCQA calculation protocol for Health Plan Ratings. Please note that scores on this slide may differ slightly compared to scores found throughout the rest of the report.

EXPLANATION

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

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

The CAHPS measures are classified based on their national percentile (10th, 33rd, 67th and 90th) into scores ranging from 1 to 5 (in increments of 0.5), where 5 is the highest score and 1 is the lowest.

Results are summarized in the table to the left. **Percentiles** and ratings are estimated by SPH based on the 2021 NCQA data and benchmarks.

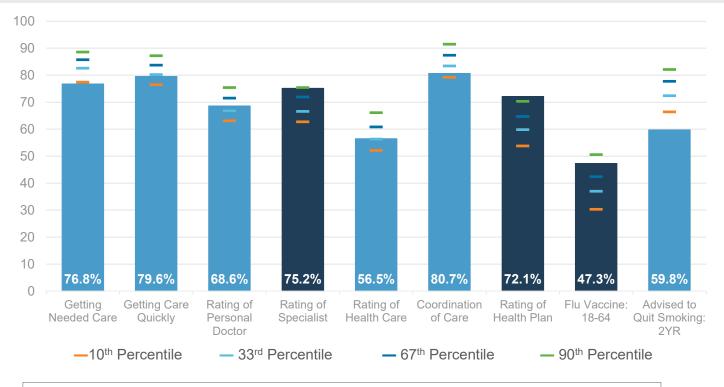
Rating = 1	Rating = 2	Rating = 3	Rating = 4	Rating = 5
<10 th	10 th – 32 nd	33 rd – 66 th	67 th – 89 th	≥90 th
Percentile	Percentile	Percentile	Percentile	Percentile

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.

COMPARISON TO QUALITY COMPASS CUT POINTS

The graph shows how your plan's **Estimated Health Plan Rating (HPR) scores** used for accreditation ratings compare to the most recent Quality Compass thresholds published by NCQA (Fall 2021).



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

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

<u>HPR scores</u> are <u>truncated</u> to three digits (XX.X%) according to the NCQA calculation protocol for Health Plan Ratings. Please note that scores on this slide may differ slightly compared to scores found throughout the rest of the report.

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



	SUMMA	RY RATE		2022 SPH BOOK OF BUSINESS BENCHMARK									
MEASURE	2021	2022	CHANGE	0	PEF	RCENTILE 40	DISTRIBU 60	ITION 80	100	PERCENTILE RANK	BoB SRS		
Health Plan Domain													
Rating of Health Plan % 9 or 10	60.0%	72.2% ↑	12.2							93 rd	64.0% 🔺		
Getting Needed Care % Usually or Always	81.1%	76.9%	-4.2							15 th	82.3%		
Customer Service + % Usually or Always	90.4%	94.4%	4.0							92 nd	89.7%		
Ease of Filling Out Forms + % Usually or Always	95.3%	95.8%	0.5							47 th	95.6%		
Health Care Domain													
Rating of Health Care % 9 or 10	58.1%	56.6%	-1.5							47 th	57.0%		
Getting Care Quickly % Usually or Always	79.0%	79.7%	0.7							40 th	80.9%		
How Well Doctors Communicate + % Usually or Always	93.0%	88.1%	-4.9							<5 th	92.7%		
Coordination of Care % Usually or Always	86.6%	80.8%	-5.8							20 th	85.0%		
Rating of Personal Doctor % 9 or 10	63.1%	68.7%	5.6							43 rd	69.5%		
Rating of Specialist % 9 or 10	59.5%	75.3% ↑	15.8							91 st	68.4%		

Significance Testing Current score is significantly higher/lower than the 2021 score (\uparrow/\downarrow) or benchmark score $(\triangle/\blacktriangledown)$.

More info. (i)



	SUMMA		2022 SPH BOOK OF BUSINESS BENCHMARK									
MEASURE	2021	2022	CHANGE		PEI	RCENTILE	DISTRIBU	TION		PERCENTILE	BoB SRS	
	2021	2022		0	20	40	60	80	100	RANK	DOD ONO	
Effectiveness of Care												
Flu Vaccine: 18-64 % Yes	38.3%	47.4%	9.1							78 th	41.2%	
Advised to Quit Smoking: 2YR % Sometimes, Usually, or Always	68.5%	59.8%	-8.7							7 th	74.1%	
Discussing Cessation Meds: 2YR + % Sometimes, Usually, or Always	41.5%	40.4%	-1.1							15 th	51.9%	
Discussing Cessation Strategies: 2YR + % Sometimes, Usually, or Always	43.0%	34.4%	-8.6							10 th	46.4%	

Group is performing... The infographic below highlights disparities in health equity among key demographic groups across the key metrics. More info. (i) Above the plan score by 5 or more points Darker shading indicates a larger disparity. Above the plan score Below the plan score **Rating of Health Plan Rating of Health Care Getting Needed Care Getting Care Quickly Coordination of Care** Flu Vaccine: 18-64 Below the plan score by 5 or more points Above/below plan score but has low base (<30) SRS \triangle SRS SRS \triangle SRS SRS \triangle SRS \triangle 72.2% 56.6% 76.9% 79.7% 80.8% 47.4% Demographic Category Total Male n = 85 -3% 3% 2% 6% 0% -9% Gender Female n = 1112% -1% 0% -4% 0% 6% 18 - 345% 3% -8% -3% -8% -26% n = 48 -6% 8% 7% 11% 11% 6% 35 - 44n = 28Age 45 - 54 12% 13% 3% n = 33-1% 0% 6% 1% -3% -3% -1% -4% 14% 55 or older n = 87Excellent/Very Good -1% -1% 3% 4% 1% -4% n = 78Overall Good n = 513% 1% 11% 3% 6% 0% Health Fair/Poor -2% -1% -8% -5% -3% 5% n = 69Excellent/Very Good 5% 6% 0% 1% 1% -4% n = 83Mental -1% 10% 5% 4% 8% -4% Good n = 54Health -4% -13% -2% 7% Fair/Poor n = 58-1% -4% HS Grad or less 0% -2% 1% 5% 1% -1% n = 109**Education** -1% 2% -1% -3% 3% Some college or more -5% n = 84 White n = 1130% -6% 1% 2% -5% 1% Black/African-American n = 10-12% 23% -9% -5% 19% -7% 43% 19% 53% Asian n = 6-6% -44% 20% Race/ Native Hawaiian/Pacific Islander 3% 10% 23% 20% 19% 3% n = 4**Ethnicity** American Indian or Alaska Native -8% 7% 10% 5% -1% -9% n = 32Other -4% 10% 0% -5% 4% 3% n = 424% 4% 4% 0% 8% 1% Hispanic/Latino n = 98



HEALTH EQUITY

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Above the plan score by 5 or more points

Above the plan score

Below the plan score

Below the plan score by 5 or more points

Above/below plan score but has low base (<30)

The infographic below highlights disparities in health equity among key demographic groups across the key metrics. Darker shading indicates a larger disparity.

More info. (i)

	Below the plan score by 5 or more points Above/below plan score but has low base (<30)			Rating of Pers Doctor	Rating of Personal Doctor		Rating of Specialist		Customer Service +		How Well Doctors Communicate +		Ease of Filling Out Forms +	
	Above/be	low plan score but has low base (<3	80)	SRS	Δ	SRS	Δ	SRS	Δ	SRS	Δ	SRS	Δ	
	Demographic	Category	Total	68.7%		75.3%	75.3%		94.4%			95.8%		
22	Gender	Male	n = 85		-1%		-3%		-1%		-1%		3%	
1	Gender	Female	n = 111		1%		1%		1%		1%		-1%	
		18 – 34	n = 48		-7%		0%		-2%		-5%		0%	
880	Ago	35 – 44	n = 28		1%		16%		6%		6%		4%	
1437	Age	45 – 54	n = 33		-2%		-3%		6%		8%		4%	
		55 or older	n = 87		4%		-3%		-2%		-2%		-1%	
	0 "	Excellent/Very Good	n = 78		-8%		-4%		1%		1%		0%	
(V)	Overall Health	Good	n = 51		7%		6%		0%		-1%		2%	
	пеанн	Fair/Poor	n = 69		3%		-2%		-1%		-1%		-2%	
	80	Excellent/Very Good	n = 83		3%		0%		2%		1%		2%	
(CE)	Mental Health	Good	n = 54		8%		6%		2%		-4%		-4%	
	пеанн	Fair/Poor	n = 58		-10%		-2%		-4%		2%		2%	
	Education	HS Grad or less	n = 109		5%		-6%		-1%		1%		-1%	
	Education	Some college or more	n = 84		-8%		6%		2%		-2%		2%	
		White	n = 113		-2%		-5%		-2%		-1%		1%	
		Black/African-American	n = 10		-19%		0%		6%		-13%		4%	
		Asian	n = 6		-19%		25%		6%		-5%		4%	
888	Race/ Ethnicity	Native Hawaiian/Pacific Islander	n = 4		-19%		25%		6%		12%		4%	
TLA	Lumicity	American Indian or Alaska Native	n = 32		5%		5%		6%		-1%		1%	
		Other	n = 42		-3%		7%		2%		-5%		-4%	
		Hispanic/Latino	n = 98		6%		5%		0%		4%		0%	



Top Three Performing Measures

Your plan's percentile rankings for these measures were the highest compared to the 2022 SPH Book of Business.

MEACURE	2022	PLAN SUMMARY RATE SCORE		2021 QC			2022 SPH BoB			
MEASURE	Valid n	2021	2022	CHANGE	SCORE	GAP	PERCENTILE	SCORE	GAP	PERCENTILE
Rating of Health Plan (% 9 or 10)	194	60.0%	72.2% ↑	12.2	62.3%	9.9	95 th	64.0%	8.2	93 rd
Customer Service + (% Usually or Always)	70^	90.4%	94.4%	4.0	88.9%	5.5	98 th	89.7%	4.7	92 nd
Rating of Specialist (% 9 or 10)	85^	59.5%	75.3% ↑	15.8	69.0%	6.3	88 th	68.4%	6.9	91 st

BOTTOM THREE Performing Measures

Your plan's percentile rankings for these measures were the lowest compared to the 2022 SPH Book of Business.

MEASURE	2022 PLAN SUMMARY RATE SCORE		2021 QC			2022 SPH BoB				
WEASURE	Valid n	2021	2022	CHANGE	SCORE	GAP	PERCENTILE	SCORE	GAP	PERCENTILE
Coordination of Care (% Usually or Always)	78^	86.6%	80.8%	-5.8	85.4%	-4.6	13 th	85.0%	-4.2	20 th
Getting Needed Care (% Usually or Always)	108	81.1%	76.9%	-4.2	83.6%	-6.7	9 th	82.3%	-5.4	15 th
How Well Doctors Communicate + (% Usually or Always)	121	93.0%	88.1%	-4.9	92.2%	-4.1	5 th	92.7%	-4.6	<5 th

Significance Testing: Current score is significantly higher/lower than the 2021 score (↑/♣), the 2020 score (‡/‡) or benchmark score (▲/▼).

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



IMPROVEMENT STRATEGIES

Improving Performance

These measures had the lowest percentile rankings in comparison to the 2022 SPH Book of Business for your plan.

Improvement Strategies - Coordination of Care

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

Improvement Strategies - Getting Needed Care

- Assess CAHPS data by health system, PO, and/or network. Communicate results and identify outliers. Evaluate with HEDIS data, complaints, appeals and/or quality of care concerns, and communicate. Identify issues, prioritize and implement improvement activities.
- Work with providers to support patients in navigating health care and remove obstacles. Support and encourage providers to take innovative action to improve access. Examples include: Serve patients quickly, treat urgent issues promptly, minimize wait times, follow-up about appointment times and test results. Another is to develop an in-depth referral/decision-making guide for PCP's to prepare for/with patients explaining need, urgency, patient expectations and responsibilities, and preparations for seeing a specialist.
- Support members and collaborate with providers to enhance access to care through innovative, proactive approaches within Care Management, Chronic Care, and Quality Management. Work with providers to identify and resolve opportunities
- Continually assess, revisit and simplify plan requirements/processes (i.e., UM) impacting access to care, tests, or treatment. Seek opportunities to improve processes and procedures.
- Review and simplify precertification/auth/referral policies/procedures for both member and provider, including messages and communications. Crossreference 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.

Improvement Strategies – How Well Doctors Communicate

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

Full List of Improvement Strategies (1)



KEY DRIVER ANALYSIS OF RATING OF HEALTH PLAN

BC Community Centennial

POWER CHART: EXPLANATION

POWeR™ CHART CLASSIFICATION MATRIX

Overview. The SatisActionTM 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.

Higher

Your plan performance

Lower

RETAIN

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

Simply maintain performance on these items.

POWER

These items have a relatively large impact on the rating of the health plan and performance is above average.

Promote and leverage strengths in this quadrant.

WAIT

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

OPPORTUNITY

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

Focus resources on improving processes that underlie these items.

Lower

Importance to your plan members

Higher



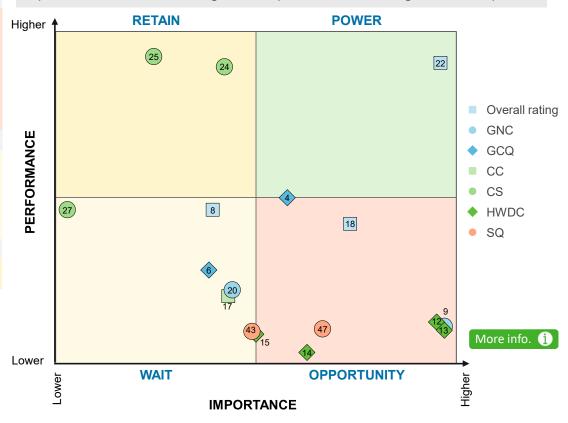
POWER CHART: YOUR RESULTS

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· · · · · · · · · · · · · · · · · · ·	MEDIOAID ADOLI		
SURVEY M	EASURE	SRS	SPH %tile
POWER			
Q22	Rating of Specialist	75.3%	91 st
OPPORTU	NITY		
Q9	Getting care, tests, or treatment	79.1%	11 th
Q13	Dr. listened carefully	88.4%	9 th
Q12	Dr. explained things	89.3%	13 th
Q18	Rating of Personal Doctor	68.7%	43 rd
Q47	Satisfied with care plans	74.0%	
Q14	Dr. showed respect	89.3%	<5 th
Q4	Getting urgent care	82.6%	51 st
Q15	Dr. spent enough time	85.2%	8 th
WAIT			
Q43	Satisfied with help received to coordinate care	76.5%	
Q20	Getting specialist appointment	74.7%	21 st
Q17	Coordination of Care	80.8%	20 th
Q8	Rating of Health Care	56.6%	47 th
Q6	Getting routine care	76.7%	27 th
Q27	Ease of Filling Out Forms +	95.8%	47 th
RETAIN			
Q24	Provided information or help	90.1%	90 th
Q25	Treated with courtesy and respect	98.6%	95 th

KEY DRIVERS, SUMMARY RATES AND PERCENTILES

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.





KEY DRIVERS OF RATING OF HEALTH PLAN

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	TOP 10 KEY DRIVERS
YOUR PLAN	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	SPH Book of Business regression analysis has identified Key Drivers of Rating of Health Plan. The numbers represent the ranked importance across

All Industry scores & rankings are calculated based on the 2022 SPH Book of Business. Any items below the dotted line are Top 10 industry key drivers that are not identified as key drivers for your plan.

the entire Book of Business.

ALIGNMENT Are your key		RET DRIVER RAINK			ATTRIBUTE		SUMMARY RATE SCORE		OL ACOUTICATION	
	drivers typical of the industry?	YOUR PLAN	INDUSTRY		ATTRIBUTE	YOUR PLAN	INDUSTRY	PERCENTILE	CLASSIFICATION	
				Q28	Rating of Health Plan	72.2%	64.0%	93 rd		
	\checkmark	1	4	Q9	Getting care, tests, or treatment	79.1%	85.0%	11 th	Opportunity	
	\checkmark	2	8	Q13	Dr. listened carefully	88.4%	92.7%	9 th	Opportunity	
	\checkmark	3	3	Q22	Rating of Specialist	75.3%	68.4%	91 st	Power	
		4	13	Q12	Dr. explained things	89.3%	92.6%	13 th	Opportunity	
	\checkmark	5	2	Q18	Rating of Personal Doctor	68.7%	69.5%	43 rd	Opportunity	
		6		Q47	Satisfied with care plans	74.0%			Opportunity	
	\checkmark	7	10	Q14	Dr. showed respect	89.3%	94.5%	<5 th	Opportunity	
	\checkmark	8	5	Q4	Getting urgent care	82.6%	81.7%	51 st	Opportunity	
		9	12	Q15	Dr. spent enough time	85.2%	90.9%	8 th	Opportunity	
		10		Q43	Satisfied with help received to coordinate care	76.5%			Wait	
		11	7	Q20	Getting specialist appointment	74.7%	79.6%	21 st	Wait	
		14	1	Q8	Rating of Health Care	56.6%	57.0%	47 th	Wait	
		15	6	Q6	Getting routine care	76.7%	80.0%	27 th	Wait	
		16	9	Q25	Treated with courtesy and respect	98.6%	95.1%	95 th	Retain	



MEASURE ANALYSES

Measure Details and Summary Rate Scores

• BC Community Centennial



SECTION INFORMATION

Drilling Down Into Composites And Ratings This section is designed to give your plan a detailed report on the performance of each Star Rating measure as well as a few other key metrics. The measure analysis section contains:

Rating & Composite level information including...

- · Percentile ranking and benchmark performance
- Historic scores
- Market performance

Attribute level information for composites including...

- Gate questions
- Percentile ranking and benchmark performance
- · Summary rate score trending

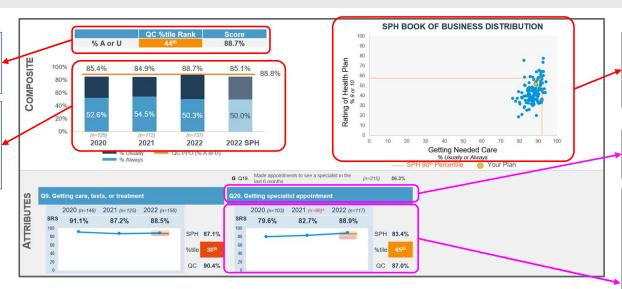
Percentile Bands
≥90th
67th − 89th
33rd − 66th
10th − 32nd
<10th

All scores displayed in this section are summary rate scores (notated with 'SRS').

More info. (i)

Your plan's performance ranking along with **Summary Rate Score** are displayed at the top for quick reference.

Your plan's current year Summary Rate Score and base size along with previous two years, SPH BoB and Quality Compass national data are displayed.



Your plan's **Summary Rate Score** is plotted against the SPH Book of Business to provide a visual representation of market performance. The orange line represents the SPH 90th percentile.

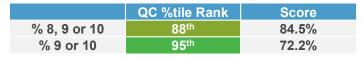
Gate questions (indicated by "G:") for attributes are displayed above attributes – scores displayed are % Yes

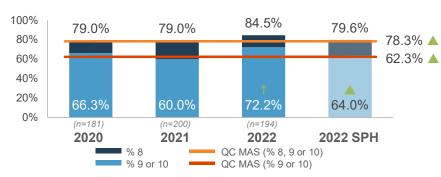
For composites – all corresponding attributes that roll-up into the composite score are displayed:

- Historic bases and Summary Rate Scores along with significant changes in trend notated
- Benchmark comparisons along with significant differences notated
- Percentile ranking against Quality
 Compass
- Graphic representation of trend and 2021
 Quality Compass percentile bands



RATING OF HEALTH PLAN

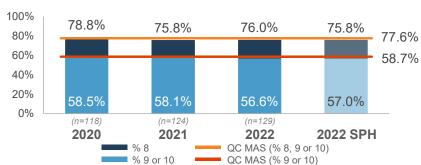


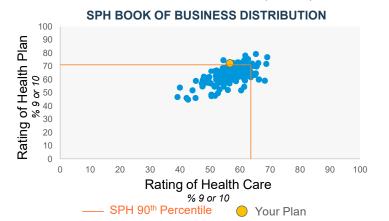


	Key Drivers Of The Rating Of The Health Plan							
	POWER		OPPORTUNITIES					
Q22	Rating of Specialist	Q9	Getting care, tests, or treatment					
		Q13	Dr. listened carefully					
		Q12	Dr. explained things					
		Q18 Rating of Personal Doctor						
		Q47	Satisfied with care plans					
		Q14	Dr. showed respect					
		Q4	Getting urgent care					
		Q15	Dr. spent enough time					

RATING OF HEALTH CARE

	QC %tile Rank	Score
% 8, 9 or 10	31 st	76.0%
% 9 or 10	36 th	56.6%



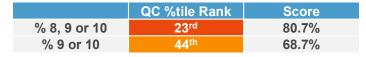


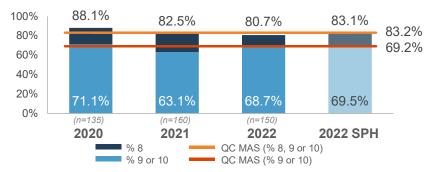
Significance Testing: Current score is significantly higher/lower than the 2021 score (↑/↓), the 2020 score (‡/‡) or benchmark score (▲/▼).

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

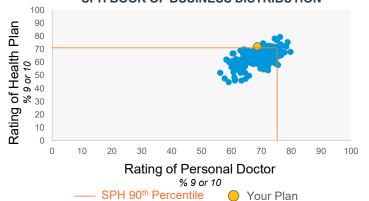


RATING OF PERSONAL DOCTOR

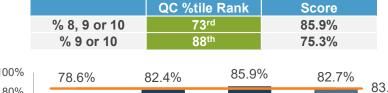


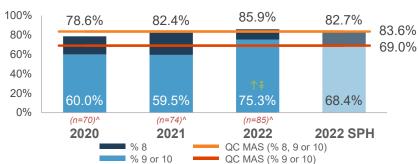


SPH BOOK OF BUSINESS DISTRIBUTION



RATING OF SPECIALIST







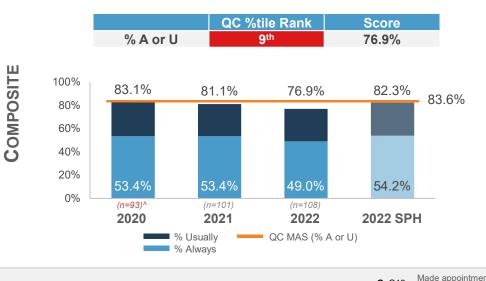


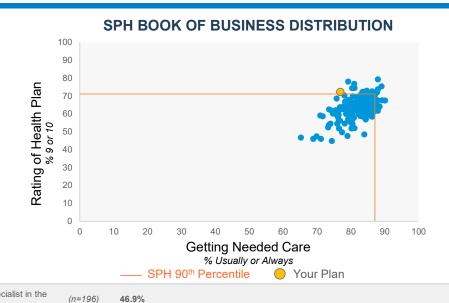
^Denominator less than 100. NCQA will assign an NA to this measure.

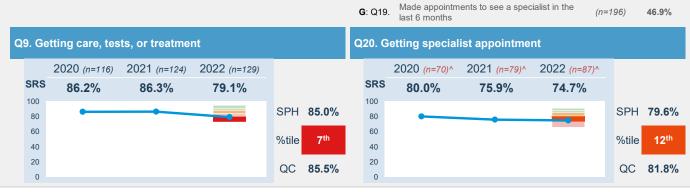
ATTRIBUTES

GETTING NEEDED CARE

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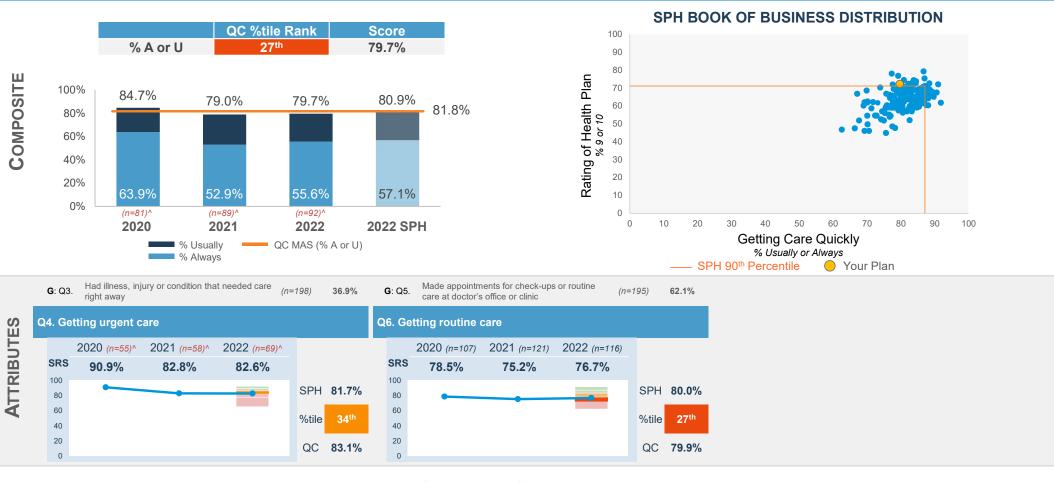


Significance Testing: Current score is significantly higher/lower than the 2021 score (↑/↓), the 2020 score (‡/‡) or benchmark score (▲/▼).

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

GETTING CARE QUICKLY

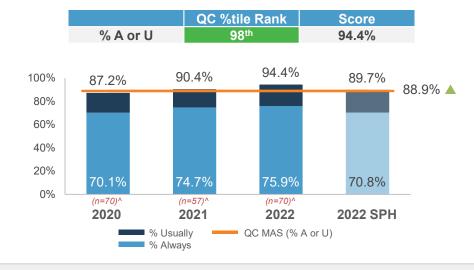
MEDICAID ADULT

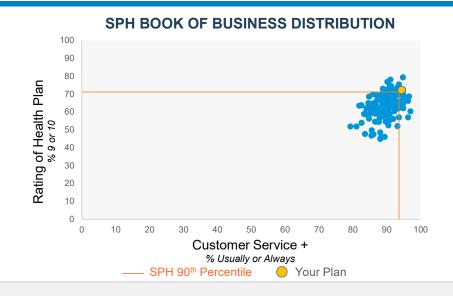


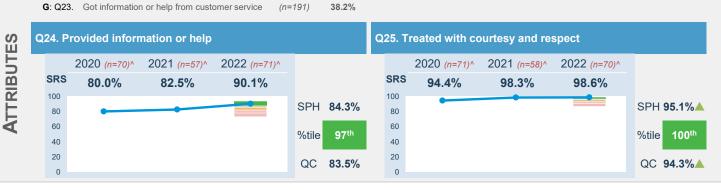
Significance Testing: Current score is significantly higher/lower than the 2021 score (↑/↓), the 2020 score (‡/‡) or benchmark score (▲/▼).

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









Significance Testing: Current score is significantly higher/lower than the 2021 score (↑/↓), the 2020 score (‡/‡) or benchmark score (▲/▼).

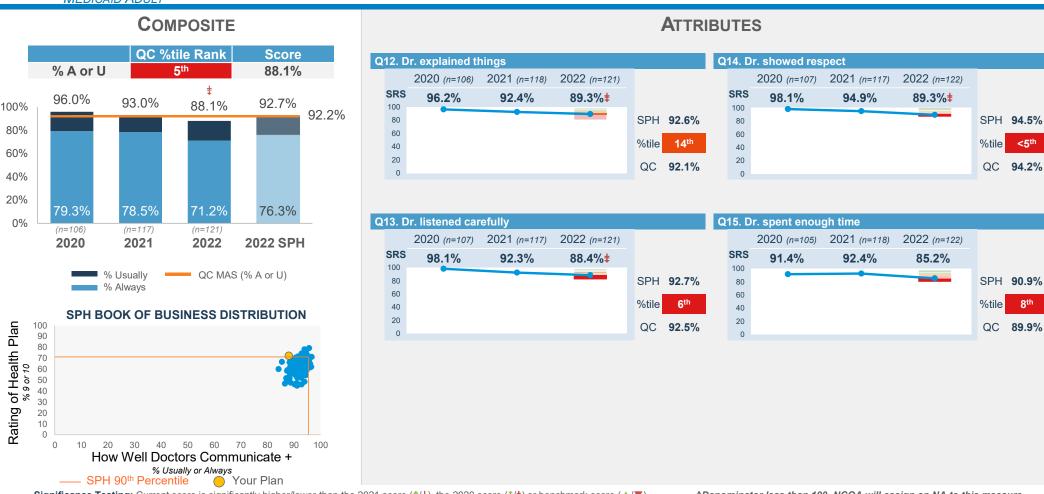
38.2%

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



How Well Doctors Communicate +

MEDICAID ADULT

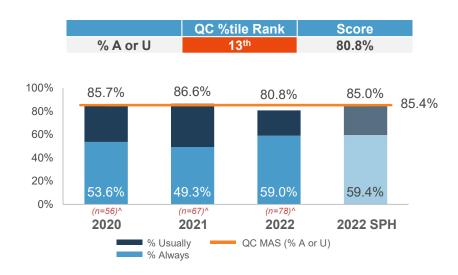


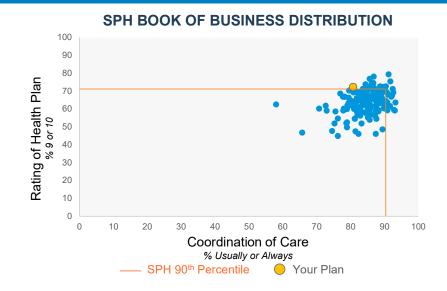
Significance Testing: Current score is significantly higher/lower than the 2021 score (↑/↓), the 2020 score (‡/‡) or benchmark score (▲/▼).

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

COORDINATION OF CARE

MEDICAID ADULT







SUMMARY OF TREND AND BENCHMARKS

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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.

<u>Summary Rate Scores:</u> Shows how your plan's composite and key question Summary Rates compare to trend data (if applicable) and benchmark scores. 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 2021 score (↑), the 2020 score (♣) or benchmark score (▲).

Red – Current year score is significantly lower than the 2021 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.

	2021 Quality Compass® All Plans	2021 NCQA 1-100 Benchmark	2022 SPH Analytics Book of Business
	Includes all Medicaid Adult samples that submitted data to NCQA in 2021.	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 2021.	Includes all Medicaid Adult samples that contracted with SPH Analytics to administer the MY2021 CAHPS 5.1H survey and submitted data to NCQA.
PROS	Is presented in NCQA's The State of Health Care Quality	Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass® All Plans benchmark	 Provides a benchmark for each question from the survey Permits precise percentile ranking of plan compared to benchmark
CONS	Only contains benchmarks for certain key questions, composites, and rating questions	Only contains benchmarks for certain key questions, composites, and rating questions	Contains fewer plans than the Quality Compass® All Plans Benchmarks
SIZE	168 Plans	168 Plans	169 Plans / 39,089 Respondents



SUMMARY RATE SCORES

	2022 Valid n	2020	2021	2022	2022 SPH BoB	2021 QC
Rating Questions (% 9 or 10)						
★ Q28. Rating of Health Plan	194	66.3%	60.0%	72.2% ↑	64.0% 🔺	62.3%
★ Q8. Rating of Health Care	129	58.5%	58.1%	56.6%	57.0%	58.7%
★ Q18. Rating of Personal Doctor	150	71.1%	63.1%	68.7%	69.5%	69.2%
★ Q22. Rating of Specialist	85^	60.0%	59.5%	75.3% ↑‡	68.4%	69.0%
Rating Questions (% 8, 9 or 10)						
Q28. Rating of Health Plan	194	79.0%	79.0%	84.5%	79.6%	78.3%
Q8. Rating of Health Care	129	78.8%	75.8%	76.0%	75.8%	77.6%
Q18. Rating of Personal Doctor	150	88.1%	82.5%	80.7%	83.1%	83.2%
Q22. Rating of Specialist	85^	78.6%	82.4%	85.9%	82.7%	83.6%
★ Getting Needed Care (% Usually or Always)	108	83.1%	81.1%	76.9%	82.3%	83.6%
Q9. Getting care, tests, or treatment	129	86.2%	86.3%	79.1%	85.0%	85.5%
Q20. Getting specialist appointment	87^	80.0%	75.9%	74.7%	79.6%	81.8%
★ Getting Care Quickly (% Usually or Always)	92^	84.7%	79.0%	79.7%	80.9%	81.8%
Q4. Getting urgent care	69^	90.9%	82.8%	82.6%	81.7%	83.1%
Q6. Getting routine care	116	78.5%	75.2%	76.7%	80.0%	79.9%
★ Q17. Coordination of Care	78^	85.7%	86.6%	80.8%	85.0%	85.4%
Effectiveness of Care (% Sometimes, Usually, or Always)						
★ Q31. Flu Vaccine: 18-64 (% Yes)	171	41.3%	38.3%	47.4%	41.2%	40.0%
★ Q33. Advised to Quit Smoking: 2YR	92^	72.8%	68.5%	59.8% \$	74.1% ▼	74.8% ▼
Q34. Discussing Cessation Meds: 2YR +	94^	40.0%	41.5%	40.4%	51.9% ▼	53.1% V
Q35. Discussing Cessation Strategies: 2YR +	93^	37.7%	43.0%	34.4%	46.4% ▼	48.0% ▼

Significance Testing: Current score is significantly higher/lower than the 2021 score (\uparrow/\downarrow) , the 2020 score (\uparrow/\ddagger) or benchmark score $(\triangle/\blacktriangledown)$.

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



	2022 Valid n	2020	2021	2022	2022 SPH BoB	2021 QC
Customer Service + (% Usually or Always)	70^	87.2%	90.4%	94.4%	89.7%	88.9% 🔺
Q24. Provided information or help	71^	80.0%	82.5%	90.1%	84.3%	83.5%
Q25. Treated with courtesy and respect	70^	94.4%	98.3%	98.6%	95.1% 🔺	94.3%
How Well Doctors Communicate + (% Usually or Always)	121	96.0%	93.0%	88.1% #	92.7%	92.2%
Q12. Dr. explained things	121	96.2%	92.4%	89.3% \$	92.6%	92.1%
Q13. Dr. listened carefully	121	98.1%	92.3%	88.4% \$	92.7%	92.5%
Q14. Dr. showed respect	122	98.1%	94.9%	89.3% \$	94.5%	94.2%
Q15. Dr. spent enough time	122	91.4%	92.4%	85.2%	90.9%	89.9%
Q27. Ease of Filling Out Forms + (% Usually or Always)	189	96.7%	95.3%	95.8%	95.6%	95.9%

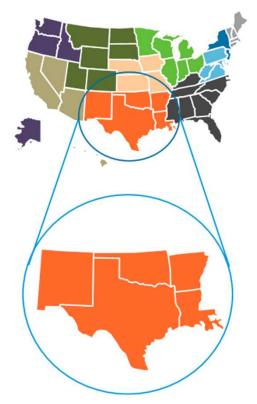


REGIONAL PERFORMANCE

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		SUMMARY RATE	2022 SPH BoB REGION
	Rating Questions (% 9 or 10)		
*	Q28. Rating of Health Plan	72.2%	64.4% ❖
*	Q8. Rating of Health Care	56.6%	58.2%
*	Q18. Rating of Personal Doctor	68.7%	70.2%
*	Q22. Rating of Specialist	75.3%	70.1%
	Rating Questions (% 8, 9 or 10)		
	Q28. Rating of Health Plan	84.5%	79.4%
	Q8. Rating of Health Care	76.0%	75.7%
	Q18. Rating of Personal Doctor	80.7%	82.4%
	Q22. Rating of Specialist	85.9%	82.4%
*	Getting Needed Care (% Usually or Always)	76.9%	80.9%
	Q9. Getting care, tests, or treatment	79.1%	82.8%
	Q20. Getting specialist appointment	74.7%	79.0%
*	Getting Care Quickly (% Usually or Always)	79.7%	80.4%
	Q4. Getting urgent care	82.6%	79.9%
	Q6. Getting routine care	76.7%	80.9%
*	Q17. Coordination of Care	80.8%	81.6%
	Effectiveness of Care (% Sometimes, Usually, or Always)		
*	Q31. Flu Vaccine: 18-64 (% Yes)	47.4%	41.9%
*	Q33. Advised to Quit Smoking: 2YR	59.8%	71.7% 💠
	Q34. Discussing Cessation Meds: 2YR +	40.4%	45.3%
	Q35. Discussing Cessation Strategies: 2YR +	34.4%	41.0%

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



Region 6: Dallas

- Arkansas
- New Mexico
- Texas
- Louisiana
- Oklahoma

Significance Testing

Current year score is significantly higher/lower (❖/❖) than the 2022 SPH BoB Region score.

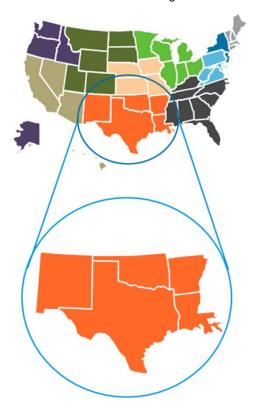


REGIONAL PERFORMANCE

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	SUMMARY RATE	2022 SPH BoB REGION
Customer Service + (% Usually or Always)	94.4%	90.7%
Q24. Provided information or help	90.1%	85.3%
Q25. Treated with courtesy and respect	98.6%	96.1%
How Well Doctors Communicate + (% Usually or Always)	88.1%	91.7%
Q12. Dr. explained things	89.3%	91.9%
Q13. Dr. listened carefully	88.4%	91.8%
Q14. Dr. showed respect	89.3%	92.9%
Q15. Dr. spent enough time	85.2%	90.2%
Q27. Ease of Filling Out Forms + (% Usually or Always)	95.8%	95.8%

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



Region 6: Dallas

- Arkansas
- New Mexico
- Texas
- Louisiana
- Oklahoma

Significance Testing

Current year score is significantly higher/lower (❖/❖) than the 2022 SPH BoB Region score.

MY 2021 Medicaid Adult CAHPS Report - 37



PERCENTILE RANKINGS

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		2022 Plan	QC		2021 Quality Collipass				SPH			National Percentiles from 2022 SPH Book of Business										
		Score	%tile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th	%tile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
	Rating Questions (% 9 or 10)																					
*	Q28. Rating of Health Plan	72.2%	95 th	52.4	53.9	58.1	59.8	62.3	64.7	66.2	70.3	72.2	93 rd	51.8	54.7	59.6	61.5	64.0	66.3	67.9	71.1	72.5
*	Q8. Rating of Health Care	56.6%	36 th	50.6	52.2	54.9	56.4	58.3	60.8	62.3	66.2	67.5	47 th	47.5	49.5	53.6	54.8	56.9	59.2	61.0	63.6	65.2
*	Q18. Rating of Personal Doctor	68.7%	44 th	60.6	63.2	65.5	66.9	69.2	71.6	72.8	75.4	77.3	43 rd	60.4	61.8	64.9	67.4	69.8	72.0	72.7	75.3	76.3
*	Q22. Rating of Specialist	75.3%	88 th	60.6	62.8	65.1	66.7	69.3	71.9	73.8	75.5	76.2	91 st	58.5	60.9	64.3	66.3	68.2	70.8	72.0	75.2	77.0
	Rating Questions (% 8, 9 or 10)																					
	Q28. Rating of Health Plan	84.5%	88 th	71.0	72.5	74.8	76.0	78.6	80.6	82.0	84.8	86.6	87 th	70.9	72.5	76.1	77.5	80.1	81.7	82.5	85.2	86.7
	Q8. Rating of Health Care	76.0%	31 st	70.4	71.3	75.2	76.5	77.7	79.5	80.7	83.1	84.3	47 th	67.5	70.2	73.0	74.1	76.2	77.8	78.9	81.1	83.3
	Q18. Rating of Personal Doctor	80.7%	23 rd	77.0	78.9	81.0	81.7	83.1	84.8	85.6	88.3	89.1	29 th	76.8	77.6	80.2	81.1	83.1	85.0	85.7	87.6	88.3
	Q22. Rating of Specialist	85.9%	73 rd	77.4	79.3	81.1	82.2	84.0	85.4	86.0	87.7	88.8	79 th	75.5	76.9	79.6	80.7	82.5	84.6	85.7	87.1	88.6
*	Getting Needed Care (% U/A)	76.9%	9 th	75.0	77.5	81.1	82.6	84.1	85.8	86.5	88.6	89.3	15 th	73.7	76.0	79.3	80.3	82.9	84.7	85.2	87.1	87.8
	Q9. Getting care, tests, or treatment	79.1%	7 th	76.8	80.4	82.6	83.8	85.8	88.0	89.0	90.6	91.5	11 th	77.2	78.9	82.1	83.3	85.7	86.6	87.6	89.5	91.3
	Q20. Getting specialist appointment	74.7%	12 th	72.1	73.5	78.3	80.7	83.2	84.8	85.1	88.0	88.8	21 st	67.2	71.4	75.4	77.3	80.0	82.4	83.4	86.1	86.8
*	Getting Care Quickly (% U/A)	79.7%	27 th	72.1	76.5	79.3	80.2	82.2	83.8	84.7	87.2	88.4	40 th	70.1	72.9	77.3	78.0	80.6	83.4	84.6	87.1	88.2
	Q4. Getting urgent care	82.6%	34 th	75.7	77.0	80.7	82.6	83.5	86.0	86.2	89.1	89.5	51 st	71.2	72.6	77.6	79.3	82.6	84.8	85.9	88.6	90.2
	Q6. Getting routine care	76.7%	27 th	70.5	72.3	76.5	78.0	80.2	83.1	83.9	87.0	89.1	27 th	68.8	70.5	76.1	77.6	80.5	82.6	84.0	87.0	88.3
*	Q17. Coordination of Care	80.8%	13 th	76.2	79.3	83.1	83.4	85.6	87.4	88.4	91.6	92.4	20 th	76.3	78.8	81.5	82.9	85.1	87.3	87.9	90.4	91.6
Effectiveness of Care (% S/U/A)																						
*	Q31. Flu Vaccine: 18-64 (% Yes)	47.4%	83 rd	28.7	30.3	34.7	37.0	39.7	42.4	44.3	50.6	55.3	78 th	28.7	31.0	35.0	36.8	40.6	43.9	45.9	52.3	56.6
*	Q33. Advised to Quit Smoking: 2YR	59.8%	<5 th	64.5	66.4	71.2	72.4	75.1	77.8	79.3	82.1	84.3	7 th	57.2	63.0	69.6	70.7	73.6	76.3	78.7	82.3	85.7
	Q34. Discussing Cessation Meds: 2YR +	40.4%	5 th	39.9	43.7	48.2	50.3	52.9	55.8	57.1	61.6	67.2	15 th	34.1	37.2	45.5	47.5	50.0	54.6	57.8	62.6	67.1
	Q35. Discussing Cessation Strategies: 2YR +	34.4%	<5 th	37.5	39.6	42.9	45.3	47.4	50.5	52.0	58.0	60.0	10 th	30.0	33.6	40.1	41.5	45.5	49.2	51.3	58.5	61.4



PERCENTILE RANKINGS

MEDICAID ADULT

	2022 Plan	QC					Percen ality C					SPH	ZUZZ SPH BOOK OI BUSIIIESS								
	Score	%tile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th	%tile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Customer Service + (% U/A)	94.4%	98 th	83.9	85.0	87.2	87.9	89.2	90.7	91.1	92.2	93.3	92 nd	83.7	85.1	87.3	88.2	90.0	91.2	91.9	93.6	94.8
Q24. Provided information or help	90.1%	97 th	76.7	77.9	81.3	81.9	83.6	85.5	86.4	88.4	89.9	90 th	75.2	77.9	80.7	81.8	84.6	86.8	87.8	90.1	91.9
Q25. Treated with courtesy and respect	98.6%	100 th	88.7	90.6	92.9	93.6	94.9	95.7	96.2	97.2	97.6	95 th	89.9	91.4	93.6	94.1	95.5	96.2	97.1	98.4	98.6
How Well Doctors Communicate + (% U/A)	88.1%	5 th	88.0	88.9	91.0	91.4	92.4	93.3	93.9	95.2	95.7	<5 th	88.4	89.1	91.1	91.9	92.8	93.8	94.2	95.4	95.8
Q12. Dr. explained things	89.3%	14 th	86.7	88.6	90.3	90.9	92.3	93.8	94.3	95.7	96.5	13 th	87.7	89.0	90.9	91.5	92.8	93.9	94.4	95.9	96.6
Q13. Dr. listened carefully	88.4%	6 th	87.9	89.3	90.9	91.5	92.8	94.0	94.3	95.4	95.7	9 th	87.9	88.8	91.2	91.8	92.9	94.0	94.4	95.5	95.8
Q14. Dr. showed respect	89.3%	<5 th	90.4	91.2	93.1	93.5	94.2	95.2	95.5	96.7	97.1	<5 th	89.9	91.3	93.1	93.8	94.7	95.5	96.0	96.9	97.8
Q15. Dr. spent enough time	85.2%	8 th	83.6	85.4	88.0	88.9	90.3	91.7	92.2	93.7	94.7	8 th	84.2	85.7	88.4	89.1	91.1	92.5	93.1	94.8	95.6
Q27. Ease of Filling Out Forms + (% U/A)	95.8%	46 th	92.9	93.7	94.9	95.2	95.9	96.8	97.0	98.3	98.6	47 th	92.5	93.2	94.5	95.1	96.1	96.7	97.0	97.6	97.9



PROFILE OF SURVEY RESPONDENTS

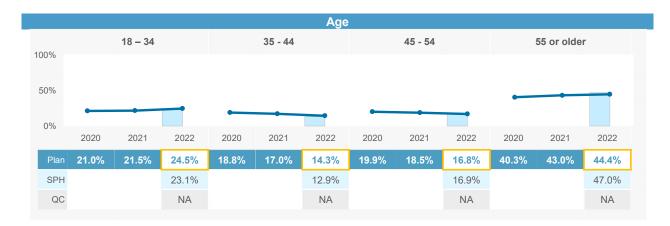
DEMOGRAPHIC COMPOSITION

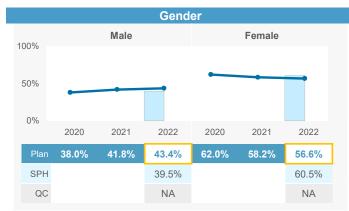
• BC Community Centennial

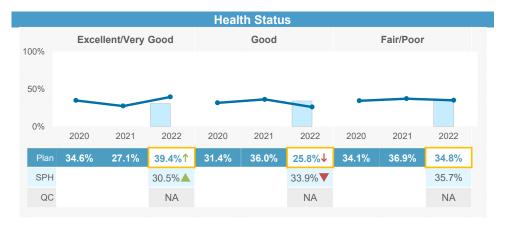


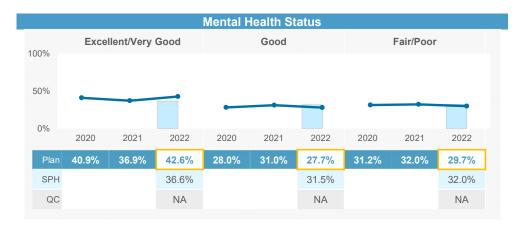
PROFILE OF SURVEY RESPONDENTS

MEDICAID ADULT









More info. (i)

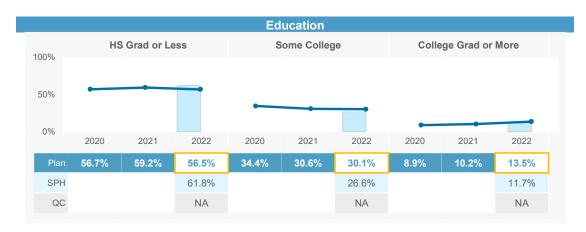
Significance Testing: Current score is significantly higher/lower than the 2021 score (↑/♣), the 2020 score (♣/♣) or benchmark score (▲/▼).

Benchmarks: SPH refers to the 2022 SPH Book of Business benchmark. QC refers to the 2021 QC National Data benchmark. NCQA did not publish demographics for the 2021 benchmark.

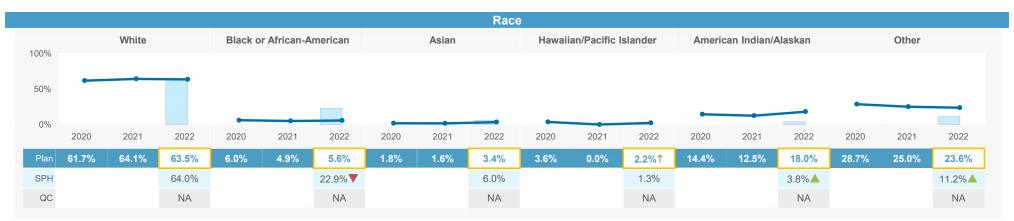


PROFILE OF SURVEY RESPONDENTS

MEDICAID ADULT







Significance Testing: Current score is significantly higher/lower than the 2021 score (↑/♣), the 2020 score (♣/♣) or benchmark score (▲/▼).

Benchmarks: SPH refers to the 2022 SPH Book of Business benchmark. QC refers to the 2021 QC National Data benchmark. NCQA did not publish demographics for the 2021 benchmark.



SUPPLEMENTAL QUESTIONS

• BC Community Centennial



	Category Responses					Sun	2022			
	Based on Valid Responses Per Question						2020	2021	2022	SPH BoB
Q41. Help with coordination of care (% Yes)	Valid Response	es = 190								
	Yes	No					(n=175)	(n=191)	(n=190)	
	38.4%	61.6%					29.1%	33.5%	38.4%	
Q43. Satisfied with help received to coordinate care (% Very Satisfied or %Satisfied)	Valid Response	es = 187								
	Very satisfied	Satisfied	Neither dissatisfied nor satisfied	Dissatisfied	<u>Very</u> <u>dissatisfied</u>		(n=172)	(n=188)	(n=187)	
	36.9%	39.6%	16.0%	2.7%	4.8%		73.8%	68.6%	76.5%	
Q44. Received material from plan about good health and how to stay healthy (% Yes)	Valid Response	es = 188								
	<u>Yes</u>	No					(n=179)	(n=197)	(n=188)	
	52.1%	47.9%					66.5%	55.8%	52.1% ‡	
Q45. Received material from plan about care coordination and how to contact the care coordination unit (% Yes)	Valid Response	es = 188								
	<u>Yes</u>	No					(n=177)	(n=185)	(n=188)	
	45.2%	54.8%					55.9%	42.2%	45.2% ‡	

Significance Testing: Current year score is significantly higher/lower than 2021 score (↑/↓), the 2020 score (‡/‡) or benchmark score (▲/▼).

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



		Category Responses					Summary Rate Score			
	Based on Valid Responses Per Question					2020	2021	2022	SPH BoB	
Q46. Sat down with Care Coordinator and created a Plan of Care (% Yes)	Valid Response	es = 186								
	<u>Yes</u>	<u>No</u>				(n=182)	(n=75)	(n=186)		
	23.7%	76.3%				27.5%	42.7%	23.7% ↓		
Q47. Satisfied with care plans (% Very satisfied + %Satisfied)	Valid Response	es = 181								
	Very satisfied	Satisfied	Neither dissatisfied nor satisfied	Dissatisfied	<u>Very</u> <u>dissatisfied</u>	(n=178)	(n=73)	(n=181)		
	33.1%	40.9%	22.1%	2.2%	1.7%	69.1%	79.5%	74.0%		



Survey Item	;	2022			
Survey item	2020	2021	2022	SPH BoB	
Q42. Who helped to coordinate your care					
Valid Responses	Base	(n=152)	(n=177)	(n=177)	
Someone from your health plan		10.5%	8.5%	7.9%	
Someone from your doctor's office or clinic		26.3%	23.7%	27.7%	
Someone from another organization		3.9%	2.8%	1.7%	
A friend or family member		13.8%	16.4%	16.9%	
You		45.4%	48.6%	45.8%	



APPENDICES

- APPENDIX A: CORRELATION ANALYSES
- APPENDIX B: QUESTIONNAIRE



Highest Correlations

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

	With Health Care Rating	
Q18	Personal doctor overall	0.6488
Q9	Got care/tests/treatment	0.5239
Q12	Dr. explained things	0.5211
Q14	Dr. showed respect	0.5165
Q28	Health plan overall	0.5108
Q22	Specialist overall	0.5088
Q17	Dr. informed about care	0.5025
Q13	Dr. listened carefully	0.4901
Q15	Dr. spent enough time	0.4829
Q4	Got urgent care	0.4173

	With Personal Doctor Rating	3
Q13	Dr. listened carefully	0.7694
Q17	Dr. informed about care	0.6975
Q14	Dr. showed respect	0.6566
Q8	Health care overall	0.6488
Q15	Dr. spent enough time	0.5792
Q12	Dr. explained things	0.5334
Q6	Got routine care	0.4322
Q22	Specialist overall	0.3895
Q28	Health plan overall	0.3645
Q20	Got specialist appt.	0.3376

With Specialist Rating											
Q8	Health care overall	0.5088									
Q4	Got urgent care	0.5027									
Q24	CS provided info./help	0.5004									
Q17	Dr. informed about care	0.4588									
Q13	Dr. listened carefully	0.4426									
Q15	Dr. spent enough time	0.4323									
Q14	Dr. showed respect	0.4114									
Q18	Personal doctor overall	0.3895									
Q20	Got specialist appt.	0.3811									
Q9	Got care/tests/treatment	0.3739									



APPENDIX B: QUESTIONNAIRE