2017 Medicaid Child CAHPS® 5.0H

At-A-Glance Report

Health Partners Plans

Project Number(s): 5120093

Current data as of: 06/16/2017

1965 Evergreen Boulevard Suite 100, Duluth, Georgia 30096

1. Executive Summary

SPH Analytics, a National Committee for Quality Assurance (NCQA) Certified Healthcare Effectiveness Data and Information Set (HEDIS®)[1] Survey Vendor, was selected by Health Partners Plans to conduct its 2017 Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[2] 5.0H Medicaid Child Member Satisfaction Survey. This At-A-Glance report is designed to give you a summary view of those CAHPS® results.[3] SPH Analytics collected 534 valid surveys from the eligible member population, yielding a response rate of 31.8%.[4]

CAHPS® 5.0H Medicaid Child Survey

Topics included in the CAHPS® 5.0H Medicaid Child Survey are:

- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Customer Service
- Shared Decision Making
- Health Promotion and Education
- Coordination of Care
- Ease of Filling out Forms
- Health Care, Provider, and Plan Ratings

Throughout this report, results are shown as "Summary Rates." Summary Rates represent the percentage of respondents who answer in the most positive way, as defined by NCQA.

The *Getting Needed Care* composite measures respondent experiences when attempting to get care, tests, or treatment needed by his or her child and appointments for his or her child to see specialists as soon as needed in the last six months (Questions 14 and 28). The Summary Rate represents the percentage of respondents reporting "Always" or "Usually."

The *Getting Care Quickly* composite measures respondent experiences with receiving care (when needed care right away) and getting appointments for check-ups or routine care for his or her child as soon as needed (Questions 4 and 6). The Summary Rate represents the percentage of respondents indicating "Always" or "Usually."

The *How Well Doctors Communicate* composite measures how well the child's providers explain things about the child's health and listen, spend enough time with, and show respect for what respondents have to say (Questions 17-19 & 22). The Summary Rate represents the percentage of respondents reporting "Always" or "Usually."

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[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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

[3] The 2016 Public Report benchmark is derived from NCQA's Quality Compass® benchmark and calculated by SPH Analytics. The 2016 Public Report benchmark is the mean of 179 plan samples that submitted their data to NCQA in 2016 and allowed their scores to be reported publicly. Please note that any analyses, interpretations, or conclusions based upon the Public Report benchmark are solely that of the author (SPH Analytics) and NCQA specifically disclaims responsibility for any such analyses, interpretations, or conclusions.

[4] Please note that the CAHPS® survey is eligible to be conducted from January through May 2017.

The *Customer Service* composite measures respondent experiences with getting information from as well as treatment by customer service staff in the last six months (Questions 32 and 33). The Summary Rate represents the percentage of respondent answering "Always" or "Usually."

The *Shared Decision Making* composite measures if the child's doctor or health provider spoke with the respondent about reasons one might *want* his or her child to take a medicine and the reasons one might *not* want his or her child to take a medicine (Questions 10 and 11). Additionally, the composite gauges if the child's doctor or health provider asked which choice the respondent thought was best for his or her child when talking about starting or stopping prescription medications (Question 12). The Summary Rate represents the percentage of respondents answering "Yes."

The *Health Promotion and Education* measure evaluates respondent experiences with doctor or health provider discussions of specific things to do to prevent the illness of his or her child in the last six months (Question 8). The Summary Rate represents the percentage of respondents reporting "Yes."

The *Coordination of Care* measure evaluates respondent perceptions that the child's personal doctor seemed informed and up-to-date about the care his or her child received from other doctors and health providers in the last six months (Question 25). The Summary Rate represents the percentage of respondents answering "Always" or "Usually."

The *Ease of Filling out Forms* attribute evaluates how often forms received from the child's health plan were easy to fill out (Question 35). The Summary Rate represents the percentage of respondents indicating "Always" or "Usually." [5]

There are four questions with responses scaled 0 to 10 in the CAHPS® 5.0H survey: *Rating of Health Care* (Q13), *Rating of Personal Doctor* (Q26), *Rating of Specialist* (Q30), and *Rating of Health Plan* (Q36), where zero represents "worst possible" and ten represents "best possible." The Summary Rate represents the percentage of respondents who rated the question an "8," "9," or "10."

[5] Please note that members who responded "No" to Q34 are included in "Always" of Q35, per NCQA HEDIS 2017 guidelines.

Three-Point Scores

For accreditation assessment purposes, NCQA converts certain CAHPS® 5.0H results into Three-Point Scores. In Three-Point scoring, a value of 1, 2, or 3 is assigned to each question response category, and a numeric average is computed based upon the valid responses for each question. The four rating questions (*Health Plan, Health Care, Personal Doctor,* and *Specialist*), the *Coordination of Care* measure, and the following composites are evaluated: *Getting Needed Care, Getting Care Quickly,* and *Customer Service*.

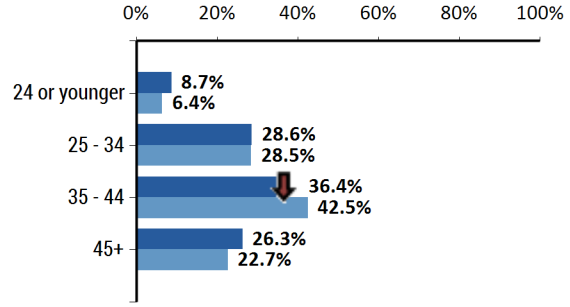
"Your Three-Point Scores" represent your plan's results. For comparison purposes, NCQA's national benchmark (the 90th percentile) and national thresholds (the 75th, 50th, and 25th percentiles) are also provided for your review. Thresholds are based on HEDIS/CAHPS® benchmark data from other Medicaid Child Survey results.

Medicaid Child CAHPS // Profile of Survey Respondents

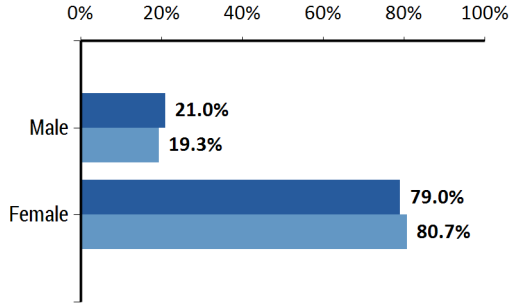
Health Partners Plans

Sample Size	Total Survey Returns	Response Rate
1733	534	31.8%

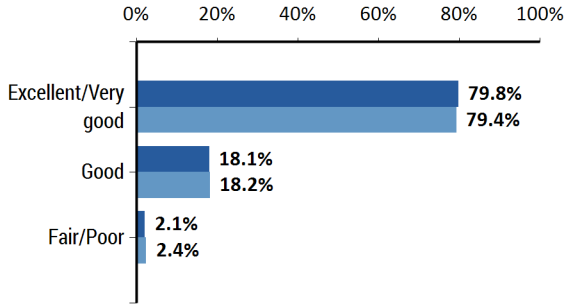
Respondent's Age



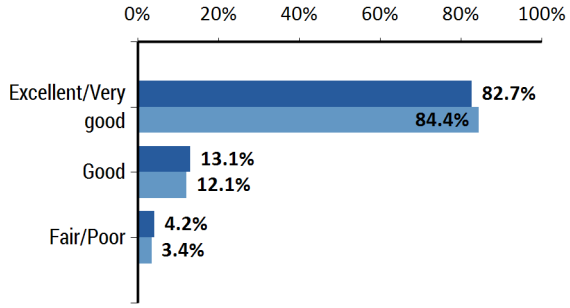
Respondent's Gender



Child's Overall Health Status*

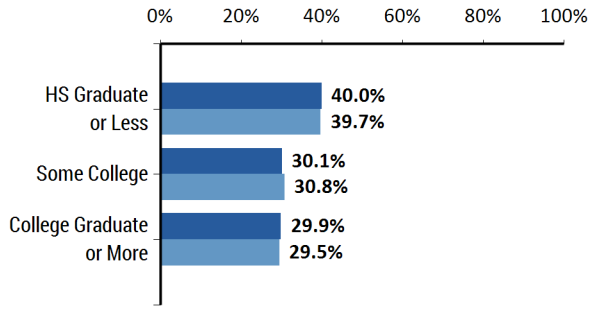


Child's Mental/Emotional Health Status*

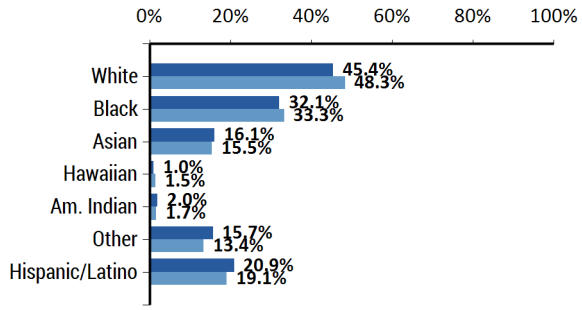


* Child's Overall and Mental/Emotional Health Status are defined by survey respondent.

Respondent's Education



Child's Race/Ethnicity**



** Race/Ethnicity figures will not equal 100% because they are separate questions.

Significance Testing - "↑" denotes the results that were found when hypothesis tests were conducted to determine if the percentage is higher for 2017 results when compared to 2016 results."↓" denotes the results that were found when hypothesis tests were conducted to determine if the percentage is lower for 2017 results when compared to 2016 results. "Not Sig." results, which denotes that there was insufficient support to conclude that there was a significant difference between the percentages, and "Unable to Test" results, which denotes that there was insufficient sample size to conduct the statistical test, are not displayed. All significance testing is performed at the 95% significance level.

Medicaid Child CAHPS // Benchmark Percentiles

Health Partners Plans

Composite/Attribute/Measure/Rating Item	Valid n	Your Plan Summary Rate *	2017 SPH Analytics Medicaid Child Book of Business**				
			Mean	25th	50th	75th	90th
Getting Needed Care		78.1%	83.9%	80.8%	83.7%	88.2%	89.7%
Q14. Ease of getting necessary care, tests, or treatment child needed	367	84.2%	88.9%	85.8%	89.2%	92.9%	94.5%
Q28. Getting child's appointments with specialists as soon as needed	89	71.9%	78.9%	74.8%	80.6%	84.2%	85.9%
Getting Care Quickly		83.4%	88.4%	84.3%	89.0%	92.9%	95.0%
Q4. Child got care as soon as needed when care was needed right away	145	82.1%	90.0%	85.6%	90.1%	94.1%	97.1%
Q6. Child got check-up/routine care appointment as soon as needed	372	84.7%	86.8%	82.7%	87.0%	91.6%	93.8%
How Well Doctors Communicate		92.4%	93.5%	91.8%	93.7%	95.7%	96.7%
Q17. Child's personal doctor explained things about health in an understandable way	333	93.7%	94.1%	92.3%	93.9%	96.4%	97.4%
Q18. Child's personal doctor listened carefully to you	334	93.1%	94.9%	93.7%	95.0%	96.3%	97.2%
Q19. Child's personal doctor showed respect for what you had to say	335	95.2%	96.2%	95.4%	96.3%	97.3%	98.2%
Q22. Child's personal doctor spent enough time with your child	333	87.7%	88.7%	85.6%	88.4%	93.0%	94.7%
Customer Service		83.9%	88.7%	86.6%	88.4%	90.1%	92.8%
Q32. Customer service provided information or help	223	80.3%	83.5%	81.5%	82.6%	85.2%	89.1%
Q33. Customer service treated member with courtesy and respect	224	87.5%	93.9%	92.3%	93.8%	95.4%	97.5%
Shared Decision Making		74.5%	76.6%	73.4%	76.5%	79.8%	82.3%
Q10. Doctor/health provider talked about reasons you might want your child to take a medicine	68	97.1%	90.6%	87.3%	91.9%	95.2%	97.5%
Q11. Doctor/health provider talked about reasons you might not want your child to take a medicine	68	54.4%	61.6%	56.7%	61.7%	67.0%	69.8%
Q12. Doctor/health provider asked you what you thought was best for your child when starting or stopping a prescription medicine	68	72.1%	77.6%	74.0%	77.1%	81.7%	83.6%
Health Promotion and Education (Q8)	371	65.8%	68.4%	65.7%	67.9%	71.4%	73.5%
Coordination of Care (Q25)	109	79.8%	83.5%	81.1%	83.7%	86.0%	88.4%
Ease of Filling out Forms (Q35)	508	93.7%	94.4%	92.7%	94.7%	95.9%	97.2%
Rating Items (Summary Rate = 8 + 9 + 10)							
Rating of Health Care (Q13)	372	82.5%	86.9%	85.2%	87.1%	88.7%	90.0%
Rating of Personal Doctor (Q26)	432	83.6%	89.6%	88.4%	89.4%	91.2%	92.0%
Rating of Specialist (Q30)	80	71.3%	86.4%	84.1%	87.8%	89.7%	91.6%
Rating of Health Plan (Q36)	530	81.9%	86.1%	83.8%	85.6%	89.1%	91.3%
Rating Items (Summary Rate = 9 + 10)							
Rating of Health Care (Q13)	372	62.9%	69.2%	66.1%	69.8%	71.8%	73.2%
Rating of Personal Doctor (Q26)	432	67.1%	76.2%	74.2%	76.6%	78.7%	80.3%
Rating of Specialist (Q30)	80	53.8%	72.2%	69.0%	72.6%	76.5%	79.2%
Rating of Health Plan (Q36)	530	64.0%	70.8%	67.3%	70.2%	74.3%	79.2%

* Summary Rates are defined by NCQA in its HEDIS 2017 CAHPS® 5.0H guidelines and generally represent the most favorable response percentages.

** The 2017 SPH Analytics Book of Business consists of 69 Medicaid Child (Non-CCC and CCC) samples that conducted surveys with SPHA in 2017 and submitted data to NCQA. See *Glossary of Terms* for more information.

Note: Members who responded "No" to Q34 are included in "Always" of Q35, per NCQA HEDIS 2017 Volume 3 guidelines.

Composite/Attribute/Measure/Rating Item	Valid n	Your Plan Summary Rate *	Benchmarks		Significance Testing***	
			2017 SPH Analytics BoB**	2016 Quality Compass® Public Report**	To SPH Analytics BoB	To Quality Compass®
Getting Needed Care		78.1%	83.9%	86.8%	Below	Below
Q14. Ease of getting necessary care, tests, or treatment child needed	367	84.2%	88.9%	88.9%	Below	Below
Q28. Getting child's appointments with specialists as soon as needed	89	71.9%	78.9%	80.1%	Not sig.	Not sig.
Getting Care Quickly		83.4%	88.4%	88.6%	Below	Below
Q4. Child got care as soon as needed when care was needed right away	145	82.1%	90.0%	90.8%	Below	Below
Q6. Child got check-up/routine care appointment as soon as needed	372	84.7%	86.8%	87.3%	Not sig.	Not sig.
How Well Doctors Communicate		92.4%	93.5%	93.3%	Not sig.	Not sig.
Q17. Child's personal doctor explained things about health in an understandable way	333	93.7%	94.1%	93.7%	Not sig.	Not sig.
Q18. Child's personal doctor listened carefully to you	334	93.1%	94.9%	95.0%	Not sig.	Not sig.
Q19. Child's personal doctor showed respect for what you had to say	335	95.2%	96.2%	95.9%	Not sig.	Not sig.
Q22. Child's personal doctor spent enough time with your child	333	87.7%	88.7%	88.6%	Not sig.	Not sig.
Customer Service		83.9%	88.7%	88.0%	Below	Not sig.
Q32. Customer service provided information or help	223	80.3%	83.5%	82.7%	Not sig.	Not sig.
Q33. Customer service treated member with courtesy and respect	224	87.5%	93.9%	93.2%	Below	Below
Shared Decision Making		74.5%	76.6%	78.5%	Not sig.	Not sig.
Q10. Doctor/health provider talked about reasons you might want your child to take a medicine	68	97.1%	90.6%	92.3%	Not sig.	Not sig.
Q11. Doctor/health provider talked about reasons you might not want your child to take a medicine	68	54.4%	61.6%	64.5%	Not sig.	Not sig.
Q12. Doctor/health provider asked you what you thought was best for your child when starting or stopping a prescription medicine	68	72.1%	77.6%	78.0%	Not sig.	Not sig.
Health Promotion and Education (Q8)	371	65.8%	68.4%	70.8%	Not sig.	Below
Coordination of Care (Q25)	109	79.8%	83.5%	82.9%	Not sig.	Not sig.
Ease of Filling out Forms (Q35)	508	93.7%	94.4%	95.0%	Not sig.	Not sig.
Rating Items (Summary Rate = 8 + 9 + 10)						
Rating of Health Care (Q13)	372	82.5%	86.9%	86.1%	Below	Below
Rating of Personal Doctor (Q26)	432	83.6%	89.6%	88.6%	Below	Below
Rating of Specialist (Q30)	80	71.3%	86.4%	85.3%	Below	Below
Rating of Health Plan (Q36)	530	81.9%	86.1%	84.9%	Below	Not sig.
Rating Items (Summary Rate = 9 + 10)						
Rating of Health Care (Q13)	372	62.9%	69.2%	68.1%	Below	Below
Rating of Personal Doctor (Q26)	432	67.1%	76.2%	75.1%	Below	Below
Rating of Specialist (Q30)	80	53.8%	72.2%	70.9%	Below	Below
Rating of Health Plan (Q36)	530	64.0%	70.8%	69.0%	Below	Below

* Summary Rates are defined by NCQA in its HEDIS 2017 CAHPS® 5.0H guidelines and generally represent the most favorable response percentages.

** The 2017 SPH Analytics Book of Business consists of 69 Medicaid Child (Non-CCC and CCC) samples that conducted surveys with SPH Analytics in 2017 and submitted data to NCQA. The 2016 Quality Compass® Public Report is the mean summary rate from the Medicaid child plans (Non-CCC and CCC) who submitted to NCQA in 2016 (approximately 179 plan specific samples). See *Glossary of Terms* for more information.

*** Significance Testing - All significance testing is performed at the 95% significance level. "—" indicates "Unable to Test" due to a combination of low valid n and/or extreme Summary Rate. Significance testing of composites should be used with caution as a rough guideline, since the test procedure is approximate.

Note: Members who responded "No" to Q34 are included in "Always" of Q35, per NCQA HEDIS 2017 Volume 3 guidelines.

Composite/Rating Item	Global Proportions Response Percentages		
Composites	**Never/ Sometimes**	**Usually**	**Always**
Getting Needed Care (GNC)	21.9%	24.8%	53.3%
Getting Care Quickly (GCQ)	16.6%	16.9%	66.5%
How Well Doctors Communicate (HWDC)	7.6%	17.7%	74.7%
Customer Service (CS)	16.1%	15.7%	68.2%
Composites	**No**	**Yes**	
Shared Decision Making (SDM)	25.5%	74.5%	
Additional Measure	**No**	**Yes**	
Health Promotion and Education (HPE)	34.2%	65.8%	
Additional Measure	**Never/ Sometimes**	**Usually**	**Always**
Coordination of Care (CC)	20.2%	22.9%	56.9%
Rating Items	**0 - 6**	**7 - 8**	**9 - 10**
Rating of Health Care (Q13)	7.5%	29.6%	62.9%
Rating of Personal Doctor (Q26)	8.8%	24.1%	67.1%
Rating of Specialist (Q30)	15.0%	31.3%	53.8%
Rating of Health Plan (Q36)	**9.1%**	**27.0%**	**64.0%**

Three-Point Scores: Accreditation

Composite/Rating Item	Your Three-Point Scores	Three-Point Scoring HEDIS/CAHPS Percentiles*			
		25th	50th	75th	90th
Getting Needed Care (GNC)	2.3135	2.37	2.46	2.51	2.56
Getting Care Quickly (GCQ)	2.4985	2.54	2.61	2.66	2.69
Customer Service (CS)	2.5210	2.50	2.53	2.58	2.63
Coordination of Care (CC)	2.3670	2.36	2.42	2.48	2.52
Rating of Health Care (Q13)	2.5538	2.49	2.52	2.57	2.59
Rating of Personal Doctor (Q26)	2.5833	2.58	2.62	2.65	2.69
Rating of Specialist (Q30)	2.3875	2.53	2.59	2.62	2.66
Rating of Health Plan (Q36)	**2.5491**	**2.51**	**2.57**	**2.62**	**2.67**

* These benchmark percentiles are used to score health plans for accreditation year 2017. The source for the HEDIS/CAHPS® Measures is: NCQA>Programs>Accreditation>Policy Updates & Supporting Documents>Trending and Benchmarks>Benchmarks and Thresholds: 2017 Accreditation.

Composite/Attribute/Measure/Rating Item	Summary Rate Score Definition	2017 Valid n	2017 Summary Rate*	2016 Valid n	2016 Summary Rate*	Significance Testing** 2016 versus 2017
Getting Needed Care	Always/Usually		78.1%		82.1%	Not sig.
Q14. Ease of getting necessary care, tests, or treatment child needed		367	84.2%	337	83.4%	Not sig.
Q28. Getting child's appointments with specialists as soon as needed		89	71.9%	94	80.9%	Not sig.
Getting Care Quickly	Always/Usually		83.4%		85.2%	Not sig.
Q4. Child got care as soon as needed when care was needed right away		145	82.1%	154	86.4%	Not sig.
Q6. Child got check-up/routine care appointment as soon as needed		372	84.7%	338	84.0%	Not sig.
How Well Doctors Communicate	Always/Usually		92.4%		92.1%	Not sig.
Q17. Child's personal doctor explained things about health in an understandable way		333	93.7%	305	89.8%	Not sig.
Q18. Child's personal doctor listened carefully to you		334	93.1%	307	95.8%	Not sig.
Q19. Child's personal doctor showed respect for what you had to say		335	95.2%	302	95.4%	Not sig.
Q22. Child's personal doctor spent enough time with your child		333	87.7%	304	87.5%	Not sig.
Customer Service	Always/Usually		83.9%		86.2%	Not sig.
Q32. Customer service provided information or help		223	80.3%	228	80.3%	Not sig.
Q33. Customer service treated member with courtesy and respect		224	87.5%	230	92.2%	Not sig.
Shared Decision Making	Yes		74.5%		69.1%	Not sig.
Q10. Doctor/health provider talked about reasons you might want your child to take a medicine		68	97.1%	68	91.2%	Unable to Test
Q11. Doctor/health provider talked about reasons you might not want your child to take a medicine		68	54.4%	66	48.5%	Not sig.
Q12. Doctor/health provider asked you what you thought was best for your child when starting or stopping a prescription medicine		68	72.1%	68	67.6%	Not sig.
Health Promotion and Education (Q8)	Yes	371	65.8%	337	65.0%	Not sig.
Coordination of Care (Q25)	Always/Usually	109	79.8%	116	75.9%	Not sig.
Ease of Filling out Forms (Q35)		508	93.7%	486	89.9%	Sig. increase
Rating Items (Summary Rate = 8 + 9 + 10)						
Rating of Health Care (Q13)	8 to 10	372	82.5%	340	84.1%	Not sig.
Rating of Personal Doctor (Q26)		432	83.6%	418	83.5%	Not sig.
Rating of Specialist (Q30)		80	71.3%	84	81.0%	Not sig.
Rating of Health Plan (Q36)		530	81.9%	486	82.5%	Not sig.
Rating Items (Summary Rate = 9 + 10)						
Rating of Health Care (Q13)	9 - 10	372	62.9%	340	60.0%	Not sig.
Rating of Personal Doctor (Q26)		432	67.1%	418	66.5%	Not sig.
Rating of Specialist (Q30)		80	53.8%	84	72.6%	Sig. decrease
Rating of Health Plan (Q36)		530	64.0%	486	66.9%	Not sig.

* Summary Rates are defined by NCQA in its HEDIS 2017 CAHPS® 5.0H guidelines and generally represent the most favorable response percentages.
** Significance Testing - "Sig. increase" denotes the results that were found when hypothesis tests were conducted to determine if the percentage is higher for 2017 results when compared to 2016 results. "Sig. decrease" denotes the results that were found when hypothesis tests were conducted to determine if the percentage is lower for 2017 results when compared to 2016 results. "Not sig." denotes that there was insufficient support to conclude that there was a significant difference between the percentages. "Unable to Test" denotes that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level.

Note: Members who responded "No" to Q34 are included in "Always" of Q35, per NCQA HEDIS 2017 Volume 3 guidelines.

2. Glossary of Terms

Attributes are the questions that relate to a specific service area or composite as defined by NCQA.

Composites are the mean of the Summary Rates of attributes within a given service area as specified by NCQA.

Global Proportions are a breakout of response option results according to the Three-Point Score definition. See "Three-Point Score" below.

Public Report (2016) benchmark is derived from NCQA's Quality Compass® benchmark and calculated by SPH Analytics. The benchmark is a collection of CAHPS® 5.0H mean summary ratings for those Medicaid child plans (Non-CCC and CCC 179 plan-specific samples) choosing to report their scores publicly, in addition to submitting their scores to be compiled anonymously into a Quality Compass aggregate, or national summary. The scores shown in this report reflect the mean Summary Rates from these plans.

Rating questions use a scale of 0 to 10 for assessing overall experience (*Health Plan, Health Care, Personal Doctor*, and *Specialist*) with zero being the worst possible and ten being the best possible.

Significance test is a test to determine if an observed difference is too large to have occurred by chance alone.

SPH Analytics Book of Business (calculated on a plan-level) consists of 69 Medicaid child (Non-CCC and CCC) samples that conducted surveys with SPH Analytics in 2017, and submitted to NCQA.

Summary Rates are single statistics generated for a survey question. In general, Summary Rates represent the percentage of respondents who chose the most favorable response options ("Always" and "Usually"; "Yes;" or "8," "9", and "10").

T**hree-Point Score** is the result of the process of assigning a value of 1, 2, or 3 to each question response category and then computing a numerical average based upon the valid responses for each question. The Three-Point values are assigned to question answer categories as follows:

Response Choice 1	Score Value
Never	1
Sometimes	1
Usually	2
Always	3

Response Choice 2	Score Value
No	1
Yes	3

Response Choice 3	Score Value
0 - 6	1
7 and 8	2
9 and 10	3