

# 2017 Medicare CAHPS® At-A-Glance Report



Health Partners Plans, Inc.

CMS MA PD Contract: H9207

Project Number(s): 30120117 and 10123759

Current data as of: 07/10/2017

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## 1. Executive Summary

SPH Analytics (SPHA), a Centers for Medicare and Medicaid Services (CMS) approved vendor and a National Committee for Quality Assurance (NCQA) Certified Healthcare Effectiveness Data and Information Set (HEDIS®)<sup>1</sup> Survey Vendor, was selected by Health Partners Plans, Inc. to conduct its 2017 Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey. This At-A-Glance report is designed to give you a summary view of those Medicare CAHPS® results. SPHA collected 443 valid surveys from a sample size of 1100 provided by CMS. Results were collected from March through June of 2017, yielding a response rate of 40.4%.

### Medicare CAHPS® Survey

Topics included in the Medicare CAHPS® Survey include:

- ◆ Getting Needed Care
- ◆ Getting Care Quickly
- ◆ Doctors Who Communicate Well
- ◆ Care Coordination
- ◆ Health Plan Customer Service
- ◆ Getting Needed Prescription Drugs
- ◆ Provider and Plan Ratings
- ◆ Other Single-Item Measures
- ◆ New Questions

Throughout this report, results are shown as scaled mean scores, the same method that CMS uses to calculate Star scores.<sup>2</sup> It is important to note that these results are not case-mix adjusted and therefore will not match the results you receive from CMS. Since results are not case-mix adjusted, they should only be used for quality improvement purposes, not for estimating Star Ratings and/or bonus payments. Additionally, the measures and methodology used are reflective of the 2017 Star calculations.

### Composites

The *Getting Needed Care* composite measures member experiences when attempting to get care from doctors and specialists in the last six months (Questions 10 and 29).

The *Getting Care Quickly* composite measures member experiences with receiving care and getting appointments in a reasonable amount of time (Questions 4, 6, and 8).

The *Doctors Who Communicate Well* composite includes four questions measuring how well providers listen and explain, listen carefully to members, show respect for what members have to say, and whether they spend enough time with members (Questions 13 through 16). As of the 2012 Star Ratings, CMS is no longer including this composite in the Star Ratings.

<sup>1</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>2</sup> The contract score is the mean score converted to a 100-point scale. Some questions do not lend themselves to a scaled mean score calculation. For these questions, the value is the percentage of members responding "Yes," except for questions 54 to 56 which is the percentage of members responding "No."

The *Care Coordination* composite asks members to report whether their doctor had medical records or other information about their care and whether the doctor talked about prescription medicines. This composite also contains questions asking members if they got help managing their care and if the doctor was informed and up-to-date about their specialty care. Additionally, this composite evaluates whether the member's personal doctor's office followed up to give them test results and if they got the test results as soon as they needed (Questions 18, 20-21, 23, 26, and 32).

When calculating this composite, "*Personal doctor's office followed up to give you test results*" (Question 20) and "*Got test results as soon as you needed*" (Question 21) are combined according to CMS conventions. This combined item measure is then averaged with the remaining composite questions in order to form the overall *Care Coordination* composite.

The *Health Plan Customer Service* composite asks members to rate the ease of getting information or help from customer service, how often they were treated with courtesy and respect by customer service staff, and how often health plan forms were easy to fill out (Questions 34, 35, and 37).

The *Getting Needed Prescription Drugs* composite measures the ease of using the health plan to get prescribed medicines, to fill prescriptions at the local pharmacy and to fill prescriptions by mail (Questions 42, 44, and 46).

When calculating this composite, the "*Ease of using health plan to fill prescriptions at local pharmacy*" (Question 44) and the "*Ease of using health plan to fill prescriptions by mail*" (Question 46) measures are weighted and combined according to CMS conventions. This combined measure is then averaged with the "*Ease of using health plan to get prescribed medicines*" (Question 42) in order to form the overall *Getting Needed Prescription Drugs* composite.

## Ratings

There are five questions with responses scaled 0 to 10 in the Medicare CAHPS® survey: *Rating of Health Care* (Q9), *Rating of Personal Doctor* (Q17), *Rating of Specialist* (Q31), *Rating of Health Plan* (Q38), and *Rating of Drug Plan* (Q47) where zero represents "worst possible" and 10 represents "best possible."

## Other Single-Item Measures

The *Annual Flu Vaccine* measure is the percentage of members who received an influenza vaccination since July 1, 2016. The score for the *Annual Flu Vaccine* measure is the proportion of respondents who responded "Yes" to the question, "Have you had a flu shot since July 1, 2016" (Question 57).

The *Delaying or Not Filling a Prescription* question is the percentage of respondents that said "Yes" when asked if they delayed or didn't fill a prescription because they felt they couldn't afford it (Question 51).

The *Pneumonia Vaccine* measure is the percentage of members who reported ever having received a pneumococcal vaccine. The score for the *Pneumonia Vaccine* is the proportion of respondents who responded "Yes" to the question, "Have you ever had one or more pneumonia shots? Two shots are usually given in a person's lifetime and these are different from a flu shot." (Question 58)

*Note: Results in SPH Analytics reporting do not represent CMS official results.*

Question 41 includes two parts that ask members if anyone from a doctor's office, pharmacy or prescription drug plan contacted them to make sure they filled or refilled a prescription or to make sure they were taking medications as directed (Questions 41A and 41B). The percentage of members who reported "Yes" to these questions is displayed.

The *Received Mail Order Medicines Not Requested* question is the percentage of members who reported that they received a mail order medicine that they did not request (Question 52).

## New Questions

The *Health Plan Offered to Lower Co-Pay Due to Health Condition* question is the percentage of members who reported that the health plan offered to lower the amount of the co-pay because of a health condition (like high blood pressure) (Question 39).

The *Health Plan Offered Extra Benefits Due to Health Condition* question is the percentage of members who reported that the health plan offered extra benefits because of a health condition (like high blood pressure) (Question 40).

The *Difficulty Walking or Climbing Stairs* question is the percentage of members who reported that they did not have serious difficulty walking or climbing stairs (Question 54).

The *Difficulty Dressing or Bathing* question is the percentage of members who reported that they did not have serious difficulty dressing or bathing (Question 55).

The *Difficulty Doing Errands Alone Because of Physical, Mental, or Emotional Condition* question is the percentage of the members who reported that they did not have any difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition (Question 56).

The *Use Internet at Home* question is the percentage of the members who reported that they have used the internet at home (Question 65).

*Note: Results in SPH Analytics reporting do not represent CMS official results.*



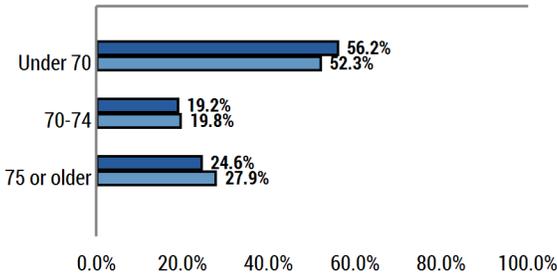
# Medicare CAHPS MA-PD // Profile of Survey Respondents

## Trend and Benchmark Comparison

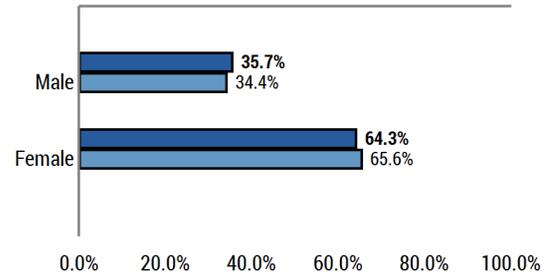
Health Partners Plans, Inc.

Sample Size	Total Survey Returns	Response Rate
1100	443	40.4%

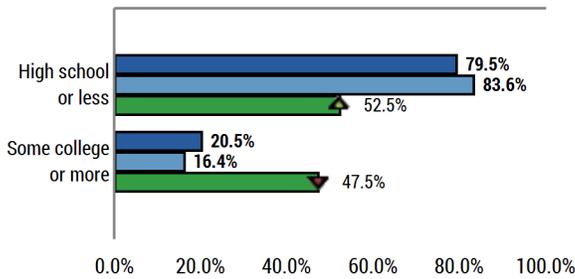
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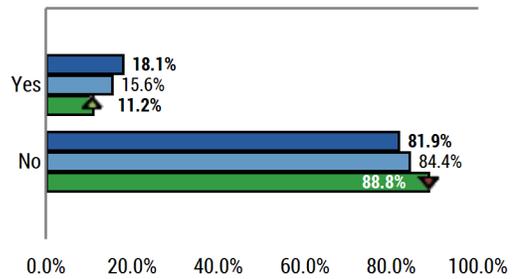
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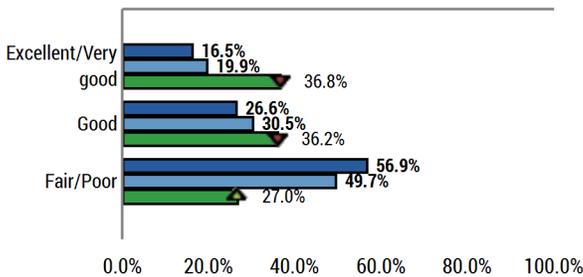
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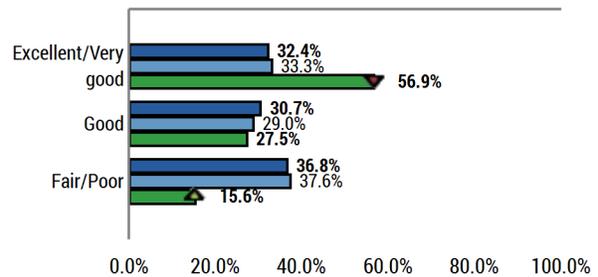
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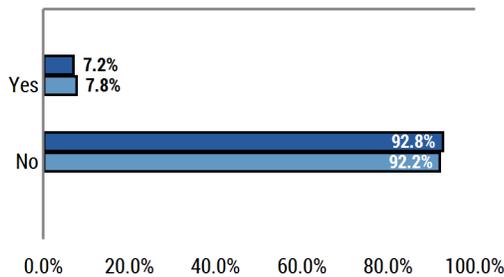
### HEALTH STATUS\*



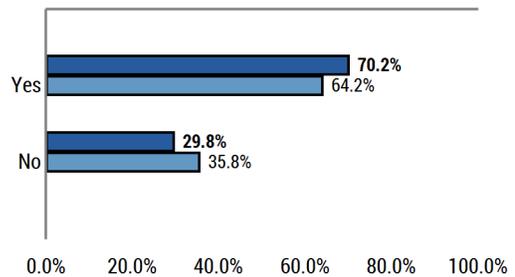
### MENTAL HEALTH STATUS\*



### LOW INCOME SUBSIDY



### MEDICAID DUAL ELIGIBLE



KEY:	Current Year	Trend Year One	2016 CMS National Data Benchmark
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\* Health Status and Mental Health Status are defined by survey respondent.  
 Note 1: The 2016 CMS benchmark consists of 404,370 respondents from plans that submitted data to CMS in 2016.  
 Note 2: Significance Testing - "↓" denotes a significantly lower 2017 percentage when compared to 2016 or the benchmark. "↑" denotes a significantly higher 2017 percentage when compared to 2016 or the benchmark. No arrow 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% significance level.  
 Note 3: Age, Gender, Low Income Subsidy, and Medicaid Dual Eligible are database variables; therefore, benchmark data is unavailable for comparison.  
 Note 4: Results in SPH Analytics reporting do not represent CMS official results.  
 Note 5: "NA" represents results that have cell sizes of 10 or less. These results have been suppressed according to CMS rules. See Glossary of Terms for more information.



**Medicare CAHPS MA-PD // Benchmark Comparisons**  
Health Partners Plans, Inc.

Composites, Ratings, and Key Questions	Valid n	Contract Score*	Benchmarks**	
			2017 SPH Analytics Book of Business	2016 CMS National Data
<b>DOMAIN: Member Experience with Health Plan</b>				
<b>Getting Needed Care</b>		<b>75.6</b>	<b>82.0</b>	<b>82.8</b>
Q10 Getting care, tests, or treatments necessary	419	76.2	82.7	83.4
Q29 Ease of getting appointment with a specialist	266	75.1	81.4	82.2
<b>Getting Care Quickly</b>		<b>69.9</b>	<b>76.8</b>	<b>75.8</b>
Q4 Obtaining needed care right away	191	81.2	85.7	85.0
Q6 Obtaining care when needed, not when needed right away	358	77.4	83.4	81.1
Q8 Saw person came to see within 15 minutes of appointment time	336	51.3	61.3	61.2
<b>Health Plan Customer Service</b>		<b>86.2</b>	<b>89.9</b>	<b>87.7</b>
Q34 Getting information/help from customer service	258	79.5	82.5	77.4
Q35 Treated with courtesy and respect by customer service staff	259	89.3	93.2	90.8
Q37 Health plan forms easy to fill out	385	89.7	93.8	94.8
<b>Care Coordination***</b>		<b>82.5</b>	<b>85.3</b>	<b>X</b>
Q20 Personal doctor's office followed up to give you test results	332	76.6	83.2	83.4
Q21 Got test results as soon as you needed	333	76.3	83.7	84.0
<i>Combined Item - Test Results</i>	333	76.4	83.5	X
Q18 Doctor had medical records or other information about your care	364	92.9	93.8	94.9
Q23 Doctor talked about prescription medicines	343	81.3	82.7	81.5
Q26 Got help managing care	105	81.4	86.4	87.3
Q32 Doctor informed and up-to-date about specialty care	223	80.6	79.9	78.8
<b>Rating of Health Plan (Q38)</b>	<b>410</b>	<b>86.4</b>	<b>85.3</b>	<b>84.9</b>
<b>Rating of Health Care (Q9)</b>	<b>410</b>	<b>81.2</b>	<b>84.6</b>	<b>85.5</b>
<b>DOMAIN: Member Experience with the Drug Plan</b>				
<b>Getting Needed Prescription Drugs****</b>		<b>86.3</b>	<b>89.4</b>	<b>X</b>
Q42 Ease of using health plan to get prescribed medicines	384	86.4	88.4	89.0
<i>Combined Local Pharmacy and Mail</i>	304	86.3	90.4	X
Q44 Ease of using health plan to fill prescriptions at local pharmacy	293	89.6	91.3	92.6
Q46 Ease of using health plan to fill prescriptions by mail	43	49.6	78.5	87.7
<b>Rating of Drug Plan (Q47)</b>	<b>388</b>	<b>85.5</b>	<b>84.6</b>	<b>84.3</b>
<b>DOMAIN: Staying Healthy - Screenings, Tests, and Vaccines</b>				
<b>Annual Flu Vaccine (Q57)</b>	<b>401</b>	<b>70.1%</b>	<b>69.2%</b>	<b>72.6%</b>
<b>OTHER MEASURES</b>				
<b>Doctors Who Communicate Well</b>		<b>88.4</b>	<b>90.4</b>	<b>90.6</b>
Q13 Doctors explaining things in an understandable way	368	87.4	90.1	90.0
Q14 Doctors listening carefully to you	368	89.6	90.6	91.0
Q15 Doctors showing respect for what you had to say	368	91.7	92.5	92.8
Q16 Doctors spending enough time with you	365	84.9	88.2	88.7
<b>Rating of Personal Doctor (Q17)</b>	<b>366</b>	<b>89.7</b>	<b>90.4</b>	<b>90.7</b>
<b>Rating of Specialist (Q31)</b>	<b>245</b>	<b>88.1</b>	<b>89.1</b>	<b>88.7</b>

\* The contract score is the mean score converted to a 100-point scale, with the exception of the *Annual Flu Vaccine, Delaying or Not Filling a Prescription, Pneumonia Vaccine, Contact: Filled or Refilled a Prescription, Contact: Taking Medications as Directed, Received Mail Order Medicines Not Requested, Health Plan offered to lower Co-pay Due to Health Condition, Health Plan Offered Extra Benefits Due to Health Condition, and Use Internet at Home questions*. For these questions, the value is the percentage of members responding "Yes." Furthermore, *Difficulty Walking or Climbing Stairs, Difficulty Dressing or Bathing, and Difficulty Doing Errands Alone because of Physical, Mental or Emotional Condition* reflect the proportion of members who responded "No." See Glossary of Terms for more information.

\*\* The 2017 SPH Analytics Book of Business consists of 120 MA-PD and MA-Only contracts that conducted the Medicare CAHPS® survey with SPH Analytics in 2017. The 2016 CMS benchmark consists of 404,370 respondents from contracts that submitted data to CMS in 2016.

\*\*\* The *Care Coordination* composite is calculated by taking the average of those questions shaded in light blue. Please note that there is no CMS benchmark available for this composite. Furthermore, the 'Combined Item - Test Results' score is calculated by taking the average of 'Personal doctor's office followed up to give you test results' and 'Got test results as soon as you needed.'

\*\*\*\* The *Getting Needed Prescription Drugs* composite is calculated by taking the average of the 'Ease of using health plan to get prescribed medicines' question and the weighted 'Combined Local Pharmacy and Mail' composite (those measures shaded light blue). There is no CMS benchmark available for this measure.

Note 1: Significance Testing - Cells highlighted in red denote 2017 contract score is significantly lower when compared to benchmark data; Cells highlighted in green denote 2017 contract score is significantly higher when compared to benchmark data; No shading denotes that there was no significant difference between the scores or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level. Significance testing of composites should be used with caution as a rough guideline, since the test procedure is approximate.

Note 2: "NA" represents results that have cell sizes of 10 or less. These results have been suppressed according to CMS rules. See Glossary of Terms for more information.

Note 3: Results in SPH Analytics reporting do not represent CMS official results.

Note 4: In 2016, Question 10 read, "In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?" and Question 29 read, "In the last 6 months, how often was it easy to get appointments with specialists?" and had the response option "Someone else made my specialist appointments for me." Please use caution when making comparisons to benchmark data.

Note 5: National benchmark data is not available for new questions.

X These values cannot be calculated with available data.



Single-Items				
Contact: Filled or refilled a prescription (Q41A)	383	58.5%	46.8%	37.8%
Contact: Taking medications as directed (Q41B)	358	54.7%	36.0%	22.6%
Delaying or Not Filling a Prescription (Q51)	392	14.8%	12.7%	12.5%
Received mail order medicines not requested (Q52)	401	3.2%	1.2%	1.3%
Pneumonia Vaccine (Q58)	372	62.6%	66.5%	73.8%
New Questions				
Health plan offered to lower co-pay due to health condition (Q39)	192	19.3%	9.1%	X
Health plan offered extra benefits due to health condition (Q40)	286	23.1%	12.5%	X
Difficulty walking or climbing stairs (Q54)	403	44.9%	62.6%	X
Difficulty dressing or bathing (Q55)	407	78.6%	85.9%	X
Difficulty doing errands alone because of physical, mental, or emotional condition (Q56)	405	64.4%	78.4%	X
Use the internet at home (Q65)	397	34.0%	53.7%	X

\* The contract score is the mean score converted to a 100-point scale, with the exception of the *Annual Flu Vaccine, Delaying or Not Filling a Prescription, Pneumonia Vaccine, Contact: Filled or Refilled a Prescription, Contact: Taking Medications as Directed, Received Mail Order Medicines Not Requested, Health Plan offered to lower Co-pay Due to Health Condition, Health Plan Offered Extra Benefits Due to Health Condition, and Use Internet at Home* questions. For these questions, the value is the percentage of members responding "Yes." Furthermore, *Difficulty Walking or Climbing Stairs, Difficulty Dressing or Bathing, and Difficulty Doing Errands Alone because of Physical, Mental or Emotional Condition* reflect the proportion of members who responded "No." See Glossary of Terms for more information.

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\*\*\* The *Care Coordination* composite is calculated by taking the average of those questions shaded in light blue. Please note that there is no CMS benchmark available for this composite. Furthermore, the 'Combined Item - Test Results' score is calculated by taking the average of 'Personal doctor's office followed up to give you test results' and 'Got test results as soon as you needed.'

\*\*\*\* The *Getting Needed Prescription Drugs* composite is calculated by taking the average of the 'Ease of using health plan to get prescribed medicines' question and the weighted 'Combined Local Pharmacy and Mail' composite (those measures shaded light blue). There is no CMS benchmark available for this measure.

Note 1: Significance Testing - Cells highlighted in red denote 2017 contract score is significantly lower when compared to benchmark data; Cells highlighted in green denote 2017 contract score is significantly higher when compared to benchmark data; No shading denotes that there was no significant difference between the scores or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level. Significance testing of composites should be used with caution as a rough guideline, since the test procedure is approximate.

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Note 5: National benchmark data is not available for new questions.

X These values cannot be calculated with available data.



Composites, Ratings, and Key Questions	2017		2016	
	Valid n	Contract Score*	Valid n	Contract Score*
<b>DOMAIN: Member Experience with Health Plan</b>				
<b>Getting Needed Care</b>		<b>75.6</b>		<b>76.6</b>
Q10 Getting care, tests, or treatments necessary	419	76.2	168	77.0
Q29 Ease of getting appointment with a specialist	266	75.1	165	76.2
<b>Getting Care Quickly</b>		<b>69.9</b>		<b>70.2</b>
Q4 Obtaining needed care right away	191	81.2	143	81.8
Q6 Obtaining care when needed, not when needed right away	358	77.4	255	74.0
Q8 Saw person came to see within 15 minutes of appointment time	336	51.3	261	54.8
<b>Health Plan Customer Service</b>		<b>86.2</b>		<b>86.8</b>
Q34 Getting information/help from customer service	258	79.5	113	77.9
Q35 Treated with courtesy and respect by customer service staff	259	89.3	115	93.0
Q37 Health plan forms easy to fill out	385	89.7	297	89.6
<b>Care Coordination**</b>		<b>82.5</b>		<b>82.9</b>
Q20 Personal doctor's office followed up to give you test results	332	76.6	246	76.3
Q21 Got test results as soon as you needed	333	76.3	246	76.7
<i>Combined Item - Test Results</i>	333	76.4	246	76.5
Q18 Doctor had medical records or other information about your care	364	92.9	269	91.9
Q23 Doctor talked about prescription medicines	343	81.3	247	81.1
Q26 Got help managing care	105	81.4	49	86.7
Q32 Doctor informed and up-to-date about specialty care	223	80.6	148	78.2
<b>Rating of Health Plan (Q38)</b>	<b>410</b>	<b>86.4</b>	<b>314</b>	<b>83.4</b>
<b>Rating of Health Care (Q9)</b>	<b>410</b>	<b>81.2</b>	<b>324</b>	<b>78.6</b>
<b>DOMAIN: Member Experience with the Drug Plan</b>				
<b>Getting Needed Prescription Drugs***</b>		<b>86.3</b>		<b>86.5</b>
Q42 Ease of using health plan to get prescribed medicines	384	86.4	288	83.9
<i>Combined Local Pharmacy and Mail</i>	304	86.3	235	89.1
Q44 Ease of using health plan to fill prescriptions at local pharmacy	293	89.6	230	90.0
Q46 Ease of using health plan to fill prescriptions by mail	43	49.6	25	73.3
<b>Rating of Drug Plan (Q47)</b>	<b>388</b>	<b>85.5</b>	<b>296</b>	<b>86.0</b>
<b>DOMAIN: Staying Healthy - Screenings, Tests, and Vaccines</b>				
<b>Annual Flu Vaccine (Q57)</b>	<b>401</b>	<b>70.1%</b>	<b>296</b>	<b>73.0%</b>
<b>OTHER MEASURES</b>				
<b>Doctors Who Communicate Well</b>		<b>88.4</b>		<b>89.1</b>
Q13 Doctors explaining things in an understandable way	368	87.4	274	89.7
Q14 Doctors listening carefully to you	368	89.6	273	90.6
Q15 Doctors showing respect for what you had to say	368	91.7	271	90.7
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<b>Rating of Personal Doctor (Q17)</b>	<b>366</b>	<b>89.7</b>	<b>269</b>	<b>88.4</b>
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\*\* The *Care Coordination* composite is calculated by taking the average of those questions shaded in light blue. Furthermore, the 'Combined Item - Test Results' score is calculated by taking the average of 'Personal doctor's office followed up to give you test results' and 'Got test results as soon as you needed.'

\*\*\* The *Getting Needed Prescription Drugs* composite is calculated by taking the average of the 'Ease of using health plan to get prescribed medicines' question and the weighted 'Combined Local Pharmacy and Mail' composite (those measures shaded light blue).

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Single-Items				
Contact: Filled or refilled a prescription (Q41A)	383	58.5%	297	50.8%
Contact: Taking medications as directed (Q41B)	358	54.7%	265	49.8%
Delaying or Not Filling a Prescription (Q51)	392	14.8%	294	15.0%
Received mail order medicines not requested (Q52)	401	3.2%	295	NA
Pneumonia Vaccine (Q58)	372	62.6%	271	65.3%
New Questions				
Health plan offered to lower co-pay due to health condition (Q39)	192	19.3%	NA	NA
Health plan offered extra benefits due to health condition (Q40)	286	23.1%	NA	NA
Difficulty walking or climbing stairs (Q54)	403	44.9%	NA	NA
Difficulty dressing or bathing (Q55)	407	78.6%	NA	NA
Difficulty doing errands alone because of physical, mental, or emotional condition (Q56)	405	64.4%	NA	NA
Use the internet at home (Q65)	397	34.0%	NA	NA

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\*\* The *Care Coordination* composite is calculated by taking the average of those questions shaded in light blue. Furthermore, the 'Combined Item - Test Results' score is calculated by taking the average of 'Personal doctor's office followed up to give you test results' and 'Got test results as soon as you needed.'

\*\*\* The *Getting Needed Prescription Drugs* composite is calculated by taking the average of the 'Ease of using health plan to get prescribed medicines' question and the weighted 'Combined Local Pharmacy and Mail' composite (those measures shaded light blue).

Note 1: Significance Testing - Cells highlighted in red denote 2017 contract score is significantly lower when compared to trend data; Cells highlighted in green denote 2017 contract score is significantly higher when compared to trend data; No shading denotes that there was no significant difference between the scores or that there was insufficient sample size to conduct the statistical test. All significance testing is performed at the 95% significance level. Significance testing of composites should be used with caution as a rough guideline, since the test procedure is approximate.

Note 2: "NA" represents results that have cell sizes of 10 or less. These results have been suppressed according to CMS rules. See Glossary of Terms for more information.

Note 3: Results in SPH Analytics reporting do not represent CMS official results.

Note 4: In 2016, Question 10 read, "In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?" and Question 29 read, "In the last 6 months, how often was it easy to get appointments with specialists?" and had the response option "Someone else made my specialist appointments for me." Please use caution when making comparisons to trend data.

## 2. Glossary of Terms

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

**Cell Size Suppression** is required by CMS in order to protect the privacy of the members responding to the survey. An "NA" is displayed in place of any percentage that is representative of 10 or fewer respondents or any category that allows the exact inference of a suppressed percentage in accordance with CMS guidelines.

**Composites** are the average of the scaled means of attributes within a given service area as specified by CMS or SPHA.

**CMS National Data** (calculated at the respondent-level) is a collection of respondent-level data from contracts conducting Medicare CAHPS® with CMS in 2016. The CMS National Data consists of 404,370 respondents that completed an MA-PD or MA Only survey in 2016. The scores shown in this report reflect the scores for all respondents.

**Domains** refer to the main topic areas analyzed by CMS in 2016 to produce the 2017 Star Ratings. These are subject to change for this year's Star Ratings.

**Rating** questions use a scale of 0 to 10 for assessing overall experience (doctor, specialist, health care, health plan and prescription drug plan) with zero being the worst and 10 being the best.

**Scaled Mean Scores** are a conversion of standard mean scores to a 100-point scale in order to replicate the CMS scoring methodology. *It is important to note that the results provided by SPHA are NOT CASE-MIX ADJUSTED and will not match the results you receive from CMS.*

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

**Star Ratings** are a five-star rating system calculated each year by CMS for Medicare Advantage contracts. Ratings are based on data obtained from four sources: the Medicare CAHPS® survey, the Health Outcomes Survey (HOS), CMS Administrative data, and the Health Effectiveness Data and Information Set (HEDIS®).

**The SPHA Book of Business** (calculated on a contract-level) consists of all Medicare Advantage contracts that conducted an MA-PD or MA Only survey with SPHA. In 2017, there were 120 contracts included in the Book of Business.