



At - A - Glance Report

2021 Medicare CAHPS®

H9207 - Health Partners Medicare

Contract Number(s):

H9207

SPHAnalytics.com

Current data as of: 07/20/2021



1. Executive Summary

SPH Analytics (SPH), 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®)¹ Survey Vendor, was selected by H9207 - Health Partners Medicare to conduct its 2021 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. SPH collected 238 valid surveys from a sample size of 800 provided by CMS, yielding a response rate of 29.9%.

Medicare CAHPS® Survey

Topics included in the Medicare CAHPS® Survey include:

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

Throughout this report, results are shown as scaled mean scores, the same method that CMS uses to calculate Star scores.² 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 2022 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.

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

² 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 51 and 52 which is the percentage of members responding "No."

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

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, 2020. 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, 2020?" (Question 57).

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 *Delaying or Not Filling a Prescription* question is the percentage of respondents that said "No" when asked if they delayed or didn't fill a prescription because they felt they couldn't afford it (Question 51).

The *Received Mail Order Medicines Not Requested* question is the percentage of respondents that said "No" when asked if they received a mail order medicine that they did not request (Question 52).

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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)

The Advising Smokers and Tobacco Users to Quit question assesses the frequency of tobacco use. The percentage of members who indicate they "Always", "Usually", or "Sometimes" use tobacco is displayed (Question 60).

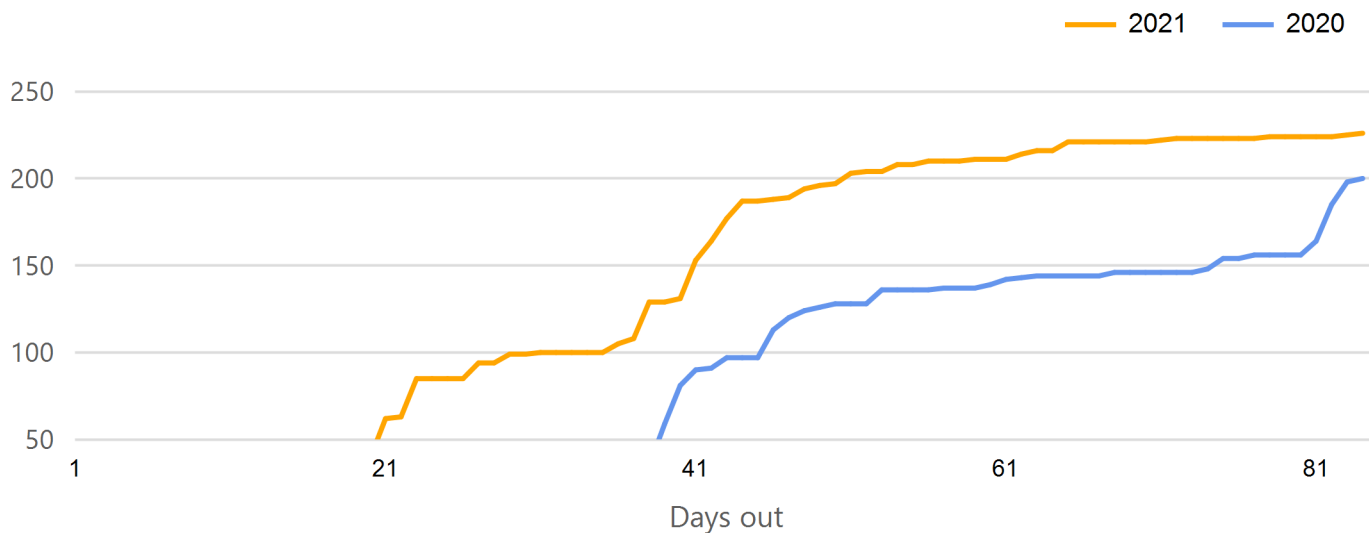
Results in SPH Analytics reporting do not represent CMS official results.



Sample Size		Total Completes	Response Rate	
800		238	29.9%	
Disposition Code	Disposition Description	2021	2020	
11	Ineligible (Institutionalized)	0	0	
20	Ineligible (Deceased)	3	0	
24	Ineligible (Mentally/Physically Incapable)	2	1	
40	Ineligible (Excluded from Survey)	0	0	
22	Non-Response (Language Barrier)	12	0	
32	Non-Response (Refusal)	20	1	
33	Non-Response (Non-Response After Maximum Attempts)	524	620	
34	Non-Response (Blank Survey Returned)	0	0	
35	Non-Response (Bad Address/Phone)	1	4	
31	Partial Complete	15	3	
10	Mail Complete	179	168	
10	Phone Complete	44	3	
Sample Size		800	800	
Response Rate		29.9%	21.8%	

Raw Returns	2021	2020	% Change
Total Returns to Date	228	239	-4.6%
Total Response Rate to Date	28.5%	29.88%	-1.38%

Total Returns YTD

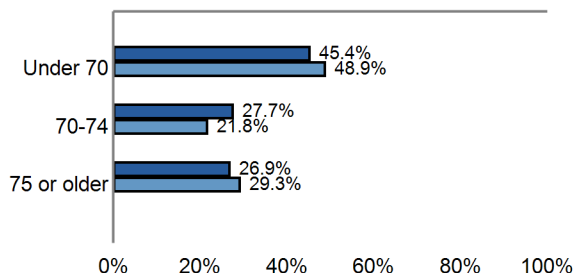


These results are provided by SPH Analytics and should be used for Quality Improvement purposes only.

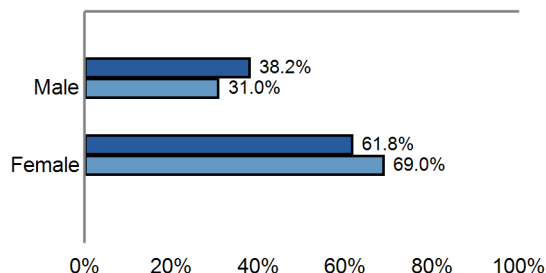


Sample Size	Total Completes	Response Rate
800	238	29.9%

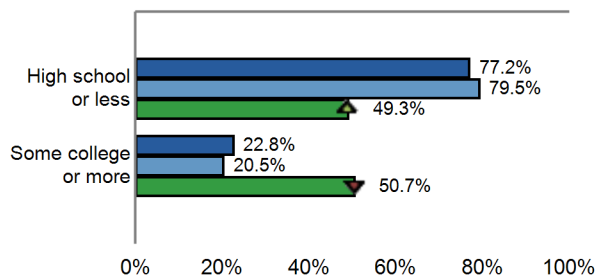
AGE



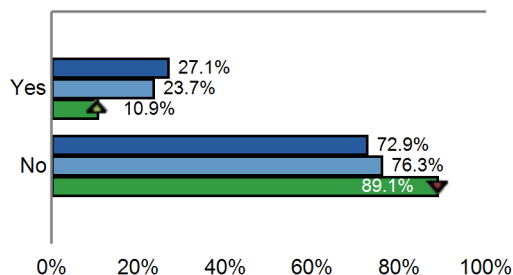
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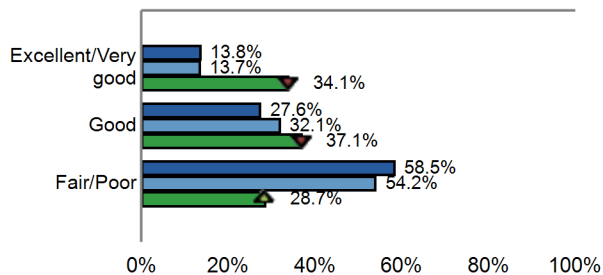
EDUCATION



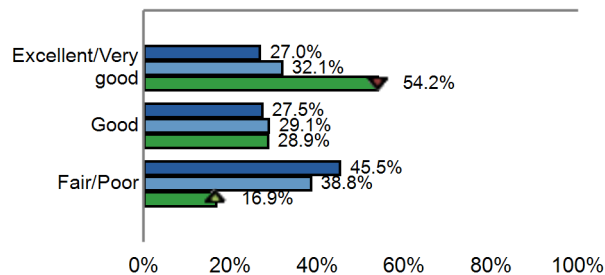
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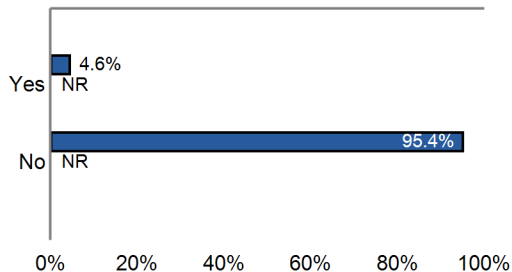
HEALTH STATUS*



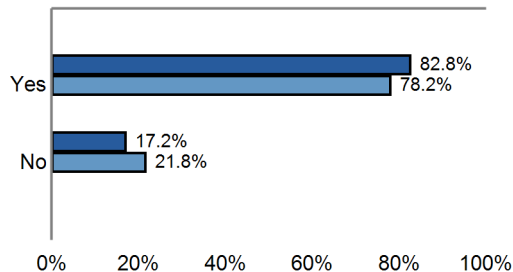
MENTAL HEALTH STATUS*



LOW INCOME SUBSIDY



MEDICAID DUAL ELIGIBLE



KEY:	Current Year	Trend Year One	2019 CMS National Data Benchmark
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* Health Status and Mental Health Status are defined by survey respondent.

Note 1: The 2019 CMS benchmark consists of 317,563 respondents from plans that submitted data to CMS in 2019.

Note 2: Significance Testing - "↓" denotes a significantly lower 2021 percentage when compared to 2020 or the benchmark. "↑" denotes a significantly higher 2021 percentage when compared to 2020 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: "NR" 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 5: "NA" denotes that data are unavailable.

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Composites, Ratings, and Key Questions	Valid n	Contract Score*	Benchmarks**	
			2021 SPH Analytics Book of Business	2019 CMS National Data
DOMAIN: Member Experience with Health Plan				
Getting Needed Care		77.3	83.1	83.7
Q10 Getting care, tests, or treatments necessary	229	76.6	83.4	84.6
Q29 Ease of getting appointment with a specialist	132	78.0	82.8	82.8
Getting Care Quickly		72.4	79.4	78.2
Q4 Obtaining needed care right away	87	80.8	86.6	86.7
Q6 Obtaining care when needed, not when needed right away	177	81.5	83.7	84.6
Q8 Saw person came to see within 15 minutes of appointment time	171	54.8	67.8	63.3
Health Plan Customer Service		90.2	91.0	90.3
Q34 Getting information/help from customer service	137	84.7	83.8	82.6
Q35 Treated with courtesy and respect by customer service staff	143	94.4	94.3	93.6
Q37 Health plan forms easy to fill out	204	91.7	95.0	94.8
Care Coordination***		82.6	85.9	86.0
Q20 Personal doctor's office followed up to give you test results	150	77.6	84.7	84.5
Q21 Got test results as soon as you needed	150	78.2	85.7	85.6
Combined Item - Test Results	150	77.9	85.2	85.0
Q18 Doctor had medical records or other information about your care	176	91.9	94.5	95.2
Q23 Doctor talked about prescription medicines	164	79.5	82.0	81.7
Q26 Got help managing care	53	84.9	87.6	88.4
Q32 Doctor informed and up-to-date about specialty care	104	79.5	80.5	80.4
Rating of Health Plan (Q38)	218	89.2	88.4	87.3
Rating of Health Care (Q9)	231	82.4	87.1	86.6
DOMAIN: Member Experience with the Drug Plan				
Getting Needed Prescription Drugs****		88.9	91.2	90.4
Q42 Ease of using drug plan to get prescribed medicines	205	88.1	90.5	89.4
Combined Local Pharmacy and Mail	156	89.7	92.0	91.5
Q44 Ease of using drug plan to fill prescriptions at local pharmacy	154	90.3	92.4	91.6
Q46 Ease of using drug plan to fill prescriptions by mail	12	80.6	87.7	89.1
Rating of Drug Plan (Q47)	215	88.3	87.5	86.1
DOMAIN: Staying Healthy - Screenings, Tests, and Vaccines				
Annual Flu Vaccine (Q57)	212	68.9%	75.3%	75.3%
OTHER MEASURES				
Doctors Who Communicate Well		89.9	91.5	91.7
Q13 Doctors explaining things in an understandable way	176	89.8	91.1	91.2
Q14 Doctors listening carefully to you	179	91.6	91.8	92.0
Q15 Doctors showing respect for what you had to say	178	93.6	93.5	93.7
Q16 Doctors spending enough time with you	179	84.7	89.9	89.8
Rating of Personal Doctor (Q17)	177	89.0	91.8	91.6
Rating of Specialist (Q31)	117	88.7	90.1	90.0
Single-Items				
Contact: Filled or refilled a prescription (Q41A)	210	59.5%	52.9%	52.7%
Contact: Taking medications as directed (Q41B)	178	64.0%	30.7%	32.0%
Delaying or Not Filling a Prescription (Q51)	209	NR	92.9%	88.7%
Received mail order medicines not requested (Q52)	219	NR	98.2%	98.0%
Pneumonia Vaccine (Q58)	188	58.0%	71.2%	74.2%
Advising Smokers and Tobacco Users to Quit (Q60)	36	NR	82.9%	83.4%

* The contract score is the mean score converted to a 100-point scale, with the exception of the *Annual Flu Vaccine*, *Pneumonia Vaccine*, *Contact: Filled or Refilled a Prescription*, and *Contact: Taking Medications as Directed* questions. For these questions, the value is the percentage of members responding "Yes." Furthermore, *Delaying or Not Filling a Prescription* and *Received Mail Order Medicines Not Requested* reflect the proportion of members who responded "No." See Glossary of Terms for more information.

** The 2021 SPH Analytics Book of Business contains all MA-PD and MA-Only contracts that conducted the Medicare CAHPS® survey with SPH Analytics in 2021. The 2019 CMS benchmark consists of 317,563 respondents from contracts that submitted data to CMS in 2019.

*** 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 2021 contract score is significantly lower when compared to benchmark data; Cells highlighted in green denote 2021 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: "NR" 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.

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Composites, Ratings, and Key Questions	Valid n	Contract Score*	Contract Percentile Ranking	2021 SPH Analytics Book of Business Mean & Percentiles**				
				Mean	15th	30th	60th	80th
DOMAIN: Member Experience with Health Plan								
Getting Needed Care		77.3	15th	83.1	77.2	80.1	83.9	85.6
Q10 Getting care, tests, or treatments necessary	229	76.6	<15th	83.4	77.2	80.3	84.3	86.2
Q29 Ease of getting appointment with a specialist	132	78.0	18th	82.8	76.9	80.2	83.6	85.3
Getting Care Quickly		72.4	<15th	79.4	72.9	76.1	79.8	82.4
Q4 Obtaining needed care right away	87	80.8	<15th	86.6	81.1	84.0	87.5	90.0
Q6 Obtaining care when needed, not when needed right away	177	81.5	33rd	83.7	78.7	81.0	84.3	86.4
Q8 Saw person came to see within 15 minutes of appointment time	171	54.8	<15th	67.8	58.0	62.4	68.3	73.1
Health Plan Customer Service		90.2	45th	91.0	88.1	89.4	91.2	92.7
Q34 Getting information/help from customer service	137	84.7	66th	83.8	79.1	81.2	84.1	86.3
Q35 Treated with courtesy and respect by customer service staff	143	94.4	53rd	94.3	91.6	92.9	94.8	95.8
Q37 Health plan forms easy to fill out	204	91.7	<15th	95.0	92.0	93.6	95.6	96.6
Care Coordination***		82.6	16th	85.9	82.4	84.1	86.4	87.6
Q20 Personal doctor's office followed up to give you test results	150	77.6	<15th	84.7	78.9	82.5	86.1	88.0
Q21 Got test results as soon as you needed	150	78.2	<15th	85.7	79.6	83.1	86.7	88.9
Combined Item - Test Results	150	77.9	<15th	85.2	79.4	83.0	86.4	88.3
Q18 Doctor had medical records or other information about your care	176	91.9	19th	94.5	91.3	92.9	95.1	96.2
Q23 Doctor talked about prescription medicines	164	79.5	18th	82.0	79.0	80.6	82.8	84.3
Q26 Got help managing care	53	84.9	25th	87.6	83.0	85.6	88.5	90.6
Q32 Doctor informed and up-to-date about specialty care	104	79.5	40th	80.5	76.8	78.4	81.1	82.9
Rating of Health Plan (Q38)	218	89.2	71st	88.4	85.0	86.4	88.4	90.0
Rating of Health Care (Q9)	231	82.4	<15th	87.1	83.3	85.1	87.3	88.7
DOMAIN: Member Experience with the Drug Plan								
Getting Needed Prescription Drugs****		88.9	20th	91.2	88.2	89.5	91.0	92.3
Q42 Ease of using drug plan to get prescribed medicines	205	88.1	21st	90.5	87.2	88.8	90.7	91.9
Combined Local Pharmacy and Mail	156	89.7	22nd	92.0	89.3	90.5	92.2	93.3
Q44 Ease of using drug plan to fill prescriptions at local pharmacy	154	90.3	21st	92.4	89.7	91.0	92.6	93.8
Q46 Ease of using drug plan to fill prescriptions by mail	12	80.6	24th	87.7	77.4	81.8	87.5	90.2
Rating of Drug Plan (Q47)	215	88.3	64th	87.5	84.4	85.8	88.0	89.7
DOMAIN: Staying Healthy - Screenings, Tests, and Vaccines								
Annual Flu Vaccine (Q57)	212	68.9%	27th	75.3%	65.1%	69.4%	76.4%	80.5%
OTHER MEASURES								
Doctors Who Communicate Well		89.9	28th	91.5	88.5	90.0	92.0	93.2
Q13 Doctors explaining things in an understandable way	176	89.8	33rd	91.1	87.7	89.4	91.6	92.9
Q14 Doctors listening carefully to you	179	91.6	48th	91.8	89.2	90.6	92.2	93.3
Q15 Doctors showing respect for what you had to say	178	93.6	53rd	93.5	91.1	92.1	93.9	94.9
Q16 Doctors spending enough time with you	179	84.7	<15th	89.9	86.2	88.0	90.5	91.8
Rating of Personal Doctor (Q17)	177	89.0	<15th	91.8	89.9	90.6	92.0	92.8
Rating of Specialist (Q31)	117	88.7	30th	90.1	87.3	88.7	90.4	91.3
Single-Items								
Contact: Filled or refilled a prescription (Q41A)	210	59.5%	69th	52.9%	44.5%	50.3%	57.3%	62.0%
Contact: Taking medications as directed (Q41B)	178	64.0%	98th	30.7%	20.1%	24.1%	35.8%	45.4%
Delaying or Not Filling a Prescription (Q51)	209	NR	NR	92.9%	88.9%	90.8%	93.7%	95.4%
Received mail order medicines not requested (Q52)	219	NR	NR	98.2%	96.5%	97.4%	98.6%	99.1%
Pneumonia Vaccine (Q58)	188	58.0%	21st	71.2%	55.6%	62.0%	73.1%	78.9%
Advising Smokers and Tobacco Users to Quit (Q60)	36	NR	NR	82.9%	74.2%	78.9%	84.4%	88.2%

* The contract score is the mean score converted to a 100-point scale, with the exception of the *Annual Flu Vaccine*, *Pneumonia Vaccine*, *Contact: Filled or Refilled a Prescription*, and *Contact: Taking Medications as Directed* questions. For these questions, the value is the percentage of members responding "Yes." Furthermore, *Delaying or Not Filling a Prescription* and *Received Mail Order Medicines Not Requested* reflect the proportion of members who responded "No." *Advising Smokers and Tobacco Users to Quit* represents the proportion of respondents who answered "Always", "Usually", and "Sometimes". See Glossary of Terms for more information.

** The 2021 SPH Analytics Book of Business contains all MA-PD and MA-Only contracts that conducted the Medicare CAHPS® survey with SPH Analytics in 2021. Your percentile ranking shows where your contract's score compares to all of the contracts in the SPH Analytics Book of Business.

*** 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: "NR" 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.

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Composites, Ratings, and Key Questions	Valid n	Contract Mean*	Contract Summary Rate Score**
DOMAIN: Member Experience with Health Plan			
Getting Needed Care		3.3	81.1%
Q10 Getting care, tests, or treatments necessary	229	3.3	80.3%
Q29 Ease of getting appointment with a specialist	132	3.3	81.8%
Getting Care Quickly		3.2	75.5%
Q4 Obtaining needed care right away	87	3.4	86.2%
Q6 Obtaining care when needed, not when needed right away	177	3.4	84.7%
Q8 Saw person came to see within 15 minutes of appointment time	171	2.6	55.6%
Health Plan Customer Service		3.7	93.1%
Q34 Getting information/help from customer service	137	3.5	88.3%
Q35 Treated with courtesy and respect by customer service staff	143	3.8	97.2%
Q37 Health plan forms easy to fill out	204	3.8	93.6%
Care Coordination***		3.5	88.0%
Q20 Personal doctor's office followed up to give you test results	150	3.3	81.3%
Q21 Got test results as soon as you needed	150	3.3	84.0%
Combined Item - Test Results	150	3.3	82.7%
Q18 Doctor had medical records or other information about your care	176	3.8	94.3%
Q23 Doctor talked about prescription medicines	164	3.4	82.3%
Q26 Got help managing care	53	3.7	96.2%
Q32 Doctor informed and up-to-date about specialty care	104	3.4	84.6%
Rating of Health Plan (Q38)	218	8.9	85.3%
Rating of Health Care (Q9)	231	8.2	72.7%
DOMAIN: Member Experience with the Drug Plan			
Getting Needed Prescription Drugs****		3.7	91.9%
Q42 Ease of using drug plan to get prescribed medicines	205	3.6	90.2%
Combined Local Pharmacy and Mail	156	3.7	93.6%
Q44 Ease of using drug plan to fill prescriptions at local pharmacy	154	3.7	94.2%
Q46 Ease of using drug plan to fill prescriptions by mail	12	3.4	NR
Rating of Drug Plan (Q47)	215	8.8	86.0%
OTHER MEASURES			
Doctors Who Communicate Well		3.7	92.3%
Q13 Doctors explaining things in an understandable way	176	3.7	92.6%
Q14 Doctors listening carefully to you	179	3.7	93.9%
Q15 Doctors showing respect for what you had to say	178	3.8	94.4%
Q16 Doctors spending enough time with you	179	3.5	88.3%
Rating of Personal Doctor (Q17)	177	8.9	83.6%
Rating of Specialist (Q31)	117	8.9	84.6%

* The mean score is the average of all response options. See Glossary of Terms for more information.

** In general, the Summary Rate Score (SRS), represents the percentage of respondents who chose the most favorable response option(s). See Glossary of Terms for more information.

*** 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: "NR" 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.

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Composites, Ratings, and Key Questions	2021		2020		2019	
	Valid n	Contract Score*	Valid n	Contract Score*	Valid n	Contract Score*
DOMAIN: Member Experience with Health Plan						
Getting Needed Care		77.3		78.1		77.0
Q10 Getting care, tests, or treatments necessary	229	76.6	164	78.0	258	78.3
Q29 Ease of getting appointment with a specialist	132	78.0	101	78.2	152	75.7
Getting Care Quickly		72.4		73.5		69.7
Q4 Obtaining needed care right away	87	80.8	62	82.3	119	77.0
Q6 Obtaining care when needed, not when needed right away	177	81.5	142	84.0	223	79.4
Q8 Saw person came to see within 15 minutes of appointment time	171	54.8	136	54.2	220	52.7
Health Plan Customer Service		90.2		90.7		87.9
Q34 Getting information/help from customer service	137	84.7	113	85.8	158	82.1
Q35 Treated with courtesy and respect by customer service staff	143	94.4	114	95.6	161	94.4
Q37 Health plan forms easy to fill out	204	91.7	154	90.7	230	87.1
Care Coordination**		82.6		86.2		81.3
Q20 Personal doctor's office followed up to give you test results	150	77.6	130	82.6	193	72.4
Q21 Got test results as soon as you needed	150	78.2	130	83.1	189	72.8
<i>Combined Item - Test Results</i>	150	77.9	130	82.8	191	72.6
Q18 Doctor had medical records or other information about your care	176	91.9	148	93.7	216	90.1
Q23 Doctor talked about prescription medicines	164	79.5	142	81.5	208	79.8
Q26 Got help managing care	53	84.9	35	88.6	73	84.9
Q32 Doctor informed and up-to-date about specialty care	104	79.5	96	85.4	135	79.0
Rating of Health Plan (Q38)	218	89.2	168	89.8	240	86.8
Rating of Health Care (Q9)	231	82.4	163	83.8	257	80.8
DOMAIN: Member Experience with the Drug Plan						
Getting Needed Prescription Drugs***		88.9		88.1		88.2
Q42 Ease of using drug plan to get prescribed medicines	205	88.1	158	88.8	227	88.7
<i>Combined Local Pharmacy and Mail</i>	156	89.7	130	87.4	180	87.8
Q44 Ease of using drug plan to fill prescriptions at local pharmacy	154	90.3	126	88.6	177	89.3
Q46 Ease of using drug plan to fill prescriptions by mail	12	80.6	NR	NR	15	51.1
Rating of Drug Plan (Q47)	215	88.3	162	88.1	237	88.4
DOMAIN: Staying Healthy - Screenings, Tests, and Vaccines						
Annual Flu Vaccine (Q57)	212	68.9%	167	67.7%	240	NA
OTHER MEASURES						
Doctors Who Communicate Well		89.9		90.5		87.4
Q13 Doctors explaining things in an understandable way	176	89.8	150	89.8	219	83.7
Q14 Doctors listening carefully to you	179	91.6	149	91.3	220	89.2
Q15 Doctors showing respect for what you had to say	178	93.6	149	92.8	217	91.1
Q16 Doctors spending enough time with you	179	84.7	149	87.9	217	85.6
Rating of Personal Doctor (Q17)	177	89.0	148	90.0	214	88.8
Rating of Specialist (Q31)	117	88.7	102	83.5	149	85.9
Single-Items						
Contact: Filled or refilled a prescription (Q41A)	210	59.5%	158	67.1%	225	NA
Contact: Taking medications as directed (Q41B)	178	64.0%	132	62.9%	218	NA
Delaying or Not Filling a Prescription (Q51)	209	NR	163	87.1%	237	NA
Received mail order medicines not requested (Q52)	219	NR	166	94.0%	242	NA
Pneumonia Vaccine (Q58)	188	58.0%	141	61.0%	226	NA
Advising Smokers and Tobacco Users to Quit (Q60)	36	NR	38	92.1%	NA	NA

* The contract score is the mean score converted to a 100-point scale, with the exception of the *Annual Flu Vaccine*, *Pneumonia Vaccine*, *Contact: Filled or Refilled a Prescription*, and *Contact: Taking Medications as Directed* questions. For these questions, the value is the percentage of members responding "Yes." Furthermore, *Delaying or Not Filling a Prescription* and *Received Mail Order Medicines Not Requested* reflect the proportion of members who responded "No." *Advising Smokers and Tobacco Users to Quit* represents the proportion of respondents who answered "Always," "Usually," and "Sometimes." See Glossary of Terms for more information.

** 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 2021 contract score is significantly lower when compared to trend data; Cells highlighted in green denote 2021 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: "NR" 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: "NA" denotes that data are unavailable.

Note 4: Please note that the trend results in this report may vary slightly from historical reporting.

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

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 "NR" 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 attributes within a given service area as specified by CMS or SPH.

CMS National Data (calculated at the respondent-level) is a collection of respondent-level data from contracts conducting Medicare CAHPS® with CMS in 2019. The CMS National Data consists of 317,563 respondents that completed an MA-PD or MA Only survey in 2019. The scores shown in this report reflect the scores for all respondents. Please note that because of the COVID-19 pandemic, CMS did not collect 2020 results and therefore did not distribute a 2020 national benchmark. As a result, 2019 is the most current benchmark released by CMS.

Domains are the main topic areas covered by the Medicare CAHPS® survey. They also refer to the main topic areas analyzed by CMS to produce the Star Ratings. Three domains include measures specifically from the Medicare CAHPS® survey.

Mean Scores are an average of all responses. They are calculated by assigning a value of four to the most favorable response option, a three to the next most favorable response option, and so on until a value of one is reached. These values are assuming that there are four response options. If there are a different number of response options, the most favorable response option receives a value equal to the total number of response options. When every response receives a value, the values are averaged to give the Mean Score.

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 SPH 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®).

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").

The SPH Book of Business (calculated at the respondent-level) consists of all Medicare Advantage contracts that conducted an MA-PD or MA Only survey with SPH in 2021.

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