

2020 CAHPS Medicaid Child 5.0 Final Report

BCBS of Wyoming



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SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) certified HEDIS® Survey Vendor, was selected by BCBS of Wyoming to conduct its 2020 CAHPS® 5.0 Medicaid Child 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 could aid plans in increasing the quality of provided care.

NCQA made the following changes to the survey for 2020:

NCQA shortened the HEDIS CAHPS surveys to reduce response burden for members and sponsors to coincide with the Health Plan accreditation refresh. These measures were removed from the survey:

- Shared Decision Making
- Health Promotion and Education
- Proxy Questions

Your Strategic Account Executive for this project is Patricia Neurohr (412-303-1700), and your Project Manager is Jennifer Brown (248-737-3246). Should you have any questions or comments regarding any aspect of the survey or reporting process, please feel free to call either your Strategic Account Executive or your Project Manager.



CAHPS 2020: COVID-19 Pandemic

Please see Technical Notes for more information.

On March 11, 2020 the World Health Organization officially declared COVID-19 a global pandemic. All of us at SPH Analytics hope this report finds you, your colleagues, and family safe and healthy.

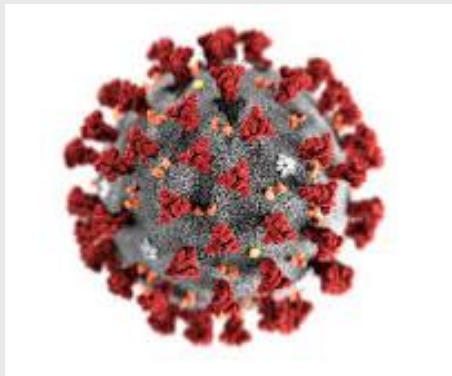
NCQA PROTOCOL MODIFICATIONS AND HEALTH PLAN RATING CHANGES FOR 2020

In response to the pandemic, NCQA released [guidance](#) about the HEDIS CAHPS program on March 27. While NCQA did not extend the data submission deadline of May 29, 2020, they did allow for modifications to the protocol.

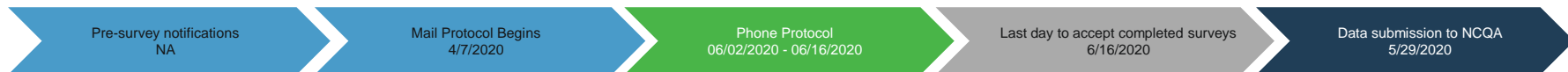
On Thursday, April 2 NCQA released additional [guidance](#) regarding scoring for Health Plan Ratings, with clarification released on April 3. While NCQA required submission of HEDIS and CAHPS data for Commercial and Medicaid plans, they are not scoring plans using Health Plan Ratings in 2020.

- The September 2020 Health Plan Report Card update will list all plans with Interim, Accredited or Provisional status, as applicable, based on existing status or standards performance for surveys on the HPA 2020 Standards.
- There will be no Health Plan Ratings in 2020.

SPH has included notes throughout this report where there are changes to the regulatory guidance due to the pandemic. Because survey administration has taken place during extraordinary circumstances, please use caution when comparing and interpreting trend results from prior years.



SPH administered the 2020 Medicaid Child 5.0 CAHPS survey using an NCQA approved methodology. Surveys were collected via a mail and phone methodology. Members eligible for the survey were **parents of those 17 years and younger (as of December 31 of the measurement year) who had been continuously enrolled in the plan for at least five of the last six months of the measurement year**. A synopsis of the data collection methodology is outlined below:



VALID SURVEYS

- ✉ Total Number of Mail Completes = 156 (0 in Spanish)
- ☎ Total Number of Phone Completes = 43 (0 in Spanish)
- 💻 Total Number of Internet Completes = NA

2020 RESPONSE RATE

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

$$\frac{156 \text{ (Mail)} + 43 \text{ (Phone)} = 199}{937 \text{ (Sample)} - 25 \text{ (Ineligible)} = 912} = \mathbf{21.8\%}$$

RESPONSE RATE COMPARISON

The 2020 SPH Analytics Book of Business average response rate is **12.6%**.

| | | 2018 | 2019 | 2020 |
|----------------------|---|--------------|--------------|--------------|
| Complete | Completed Survey | 271 | 199 | 199 |
| | SUBTOTAL | 271 | 199 | 199 |
| Ineligible | Does not Meet Eligibility Criteria (01) | 21 | 10 | 24 |
| | Language Barrier (03) | 1 | 0 | 1 |
| | Mentally/Physically Incapacitated (04) | 0 | 0 | 0 |
| | Deceased (05) | 0 | 0 | 0 |
| | SUBTOTAL | 22 | 10 | 25 |
| Non-Response | Break-off/Incomplete (02) | 1 | 1 | 4 |
| | Refusal (06) | 8 | 8 | 42 |
| | Maximum Attempts Made (07) | 1160 | 1077 | 667 |
| | Added to DNC List (08) | 0 | 0 | 0 |
| | SUBTOTAL | 1169 | 1086 | 713 |
| TOTAL | | 1462 | 1295 | 937 |
| RESPONSE RATE | | 18.8% | 15.5% | 21.8% |



Executive Summary

- BCBS of Wyoming

Summary Rates are defined by NCQA in its HEDIS 2020 CAHPS® 5.0 guidelines and generally represent the most favorable response percentages.

| | | | |
|-------|-----------|---------|--------|
| | No | Yes | |
| Never | Sometimes | Usually | Always |

Rating questions are typically displayed with two Summary Rates:

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

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

Significance Testing All significance testing is performed at the 95% confidence level.

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.

NCQA BENCHMARK INFORMATION

The source for data contained in this publication is Quality Compass® All Plans 2019. 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.

LEGACY DSS / MORPACE / SPH

In preparation for 2020 reporting, our new combined Analytics team reviewed all calculations and statistics to determine the best go forward strategy for SPH Analytics. Some historical calculations were updated to align with those decisions. As such, there are instances where a trend score might be slightly different from the value in your reports from last year. SPH also made decisions to align on go forward approaches for significance testing and other analyses.

Dashboard – 2020 Key Findings

Please see Technical Notes for more information.



TRENDING UP

Key measures that had significant improvements from last year

No key measures improved significantly.



TRENDING DOWN

Key measures that had significantly lower scores than last year

No key measures declined significantly.



199 / 21.8%

Completed surveys / Response Rate

| MEASURE NAME | SUMMARY RATE | ESTIMATED NCQA RATING |
|--|--------------|-----------------------|
| Rating of Health Plan (% 9 or 10) | 61.3% | ★ |
| Rating of Health Care (% 9 or 10) | 62.2% | ★ |
| Rating of Personal Doctor (% 9 or 10) | 68.0% | ★ |
| Rating of Specialist (% 9 or 10) | NA ^ | NA ^ |
| Getting Needed Care (% Always or Usually) | NA ^ | NA ^ |
| Getting Care Quickly (% Always or Usually) | NA ^ | NA ^ |
| Coordination of Care (% Always or Usually) | NA ^ | NA ^ |

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

POWER

Promote and leverage strengths

- Q25** Specialist overall
- Q9** Got care/tests/treatment
- Q13** Dr. listened carefully

OPPORTUNITIES

Focus resources on improving processes that underlie these items

- Q8** Health care overall
- Q21** Personal doctor overall
- Q20** Dr. informed about care
- Q30** Easy to fill out forms
- Q27** CS provided info./help

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

In response to the **COVID-19** pandemic, NCQA is not publishing Health Plan Ratings in 2020. These estimates are for informational purposes only.

Please refer to slide 15 for details.

Health Plan Domain Performance

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

| MEASURE | SUMMARY RATE | | CHANGE | 2020 SPH BENCHMARK | | 2019 QC BENCHMARK | |
|--|--------------|-------|--------|--------------------|------------------|-------------------|------------------|
| | 2019 | 2020 | | SUMMARY RATE | PERCENTILE RANK | SUMMARY RATE | PERCENTILE RANK |
| Rating of Health Plan (% 9 or 10) | 60.5% | 61.3% | 0.8% | 73.0% ▼ | 5 th | 71.7% ▼ | <5 th |
| Rating of Health Plan (% 8, 9 or 10) | 81.5% | 78.0% | -3.5% | 87.5% ▼ | <5 th | 86.5% ▼ | <5 th |
| Getting Needed Care (% Always or Usually) | 96.1% | 90.4% | -5.7% | 85.6% | 86 th | 84.5% ▲ | 92 nd |
| Customer Service (% Always or Usually) | 88.0% | 87.8% | -0.2% | 88.9% | 33 rd | 88.4% | 39 th |
| Ease of Filling Out Forms (% Always or Usually) | 94.9% | 93.8% | -1.1% | 96.0% | 9 th | 95.0% | 22 nd |

KEY TAKEAWAYS

Your overall Rating of Health Plan (8-10) Summary Rate score is 78.0% and represents a change of -3.5 from 2019.

Note: Please refer to benchmark descriptions on slide 42.

Significance Testing

- Green** – Current year score is significantly higher than the 2019 score (↑) or benchmark (▲) score.
- Red** – Current year score is significantly lower than the 2019 score (↓) or benchmark (▼) score.

Health Care Domain Performance

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

| MEASURE | SUMMARY RATE | | CHANGE | 2020 SPH BENCHMARK | | 2019 QC BENCHMARK | |
|---|--------------|-------|--------|--------------------|------------------|-------------------|-------------------|
| | 2019 | 2020 | | SUMMARY RATE | PERCENTILE RANK | SUMMARY RATE | PERCENTILE RANK |
| Rating of Health Care (% 9 or 10) | 64.1% | 62.2% | -1.9% | 73.0% ▼ | <5 th | 70.4% | 6 th |
| Rating of Health Care (% 8, 9 or 10) | 88.3% | 82.7% | -5.6% | 88.7% | <5 th | 87.5% | 9 th |
| Getting Care Quickly (% Always or Usually) | 95.9% | 94.2% | -1.7% | 90.5% | 83 rd | 89.4% ▲ | 89 th |
| How Well Doctors Communicate (% Always or Usually) | 97.2% | 97.6% | 0.4% | 95.1% | 94 th | 94.0% ▲ | 97 th |
| Coordination of Care (% Always or Usually) | 81.6% | 80.0% | -1.6% | 85.0% | 17 th | 83.8% | 18 th |
| Rating of Personal Doctor (% 9 or 10) | 73.2% | 68.0% | -5.2% | 79.1% ▼ | <5 th | 77.3% ▼ | <5 th |
| Rating of Personal Doctor (% 8, 9 or 10) | 91.1% | 84.3% | -6.8% | 91.2% ▼ | <5 th | 90.0% | <5 th |
| Rating of Specialist (% 9 or 10) | 76.7% | 75.7% | -1.0% | 75.0% | 56 th | 74.1% | 64 th |
| Rating of Specialist (% 8, 9 or 10) | 95.3% | 94.6% | -0.7% | 88.2% | 92 nd | 87.5% | 100 th |

Note: Please refer to benchmark descriptions on slide 42.

Significance Testing

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

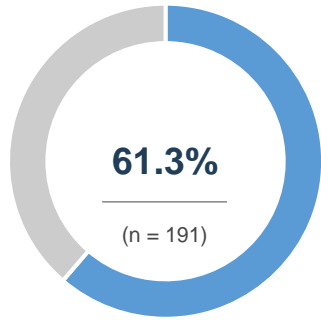
Red – Current year score is significantly lower than the 2019 score (↓) or benchmark (▼) score.

KEY TAKEAWAYS

Your overall Rating of Health Care (8-10) Summary Rate score is 82.7% and represents a change of -5.6 from 2019.

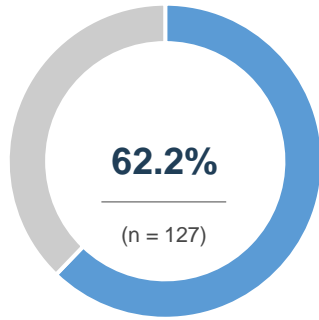
Global Rating Summary Rate Scores (% 9 or 10)

Please see Technical Notes for more information.



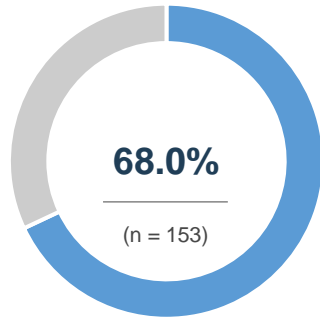
Rating of Health Plan

| | | |
|------|-------|----|
| 2020 | 61.3% | ⬆️ |
| 2019 | 60.5% | |
| 2018 | 71.5% | |
| SPH | 73.0% | ▼ |
| QC | 71.7% | ▼ |



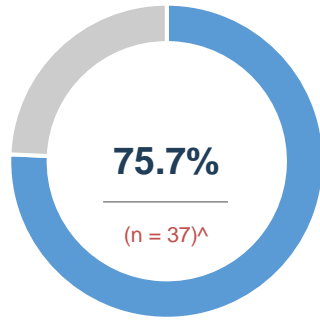
Rating of Health Care

| | | |
|------|-------|---|
| 2020 | 62.2% | |
| 2019 | 64.1% | |
| 2018 | 64.7% | |
| SPH | 73.0% | ▼ |
| QC | 70.4% | |



Rating of Personal Doctor

| | | |
|------|-------|---|
| 2020 | 68.0% | |
| 2019 | 73.2% | |
| 2018 | 71.0% | |
| SPH | 79.1% | ▼ |
| QC | 77.3% | ▼ |



Rating of Specialist

| | | |
|------|-------|--|
| 2020 | 75.7% | |
| 2019 | 76.7% | |
| 2018 | 72.7% | |
| SPH | 75.0% | |
| QC | 74.1% | |

Summary Rate Scores

Summary Rates are defined by **NCQA** in its HEDIS 2020 CAHPS® 5.0H guidelines and generally represent the most favorable response percentages.

SPH refers to the 2020 SPH Analytics Book of Business benchmark.

QC refers to the 2019 Quality Compass® All Plans benchmark.

Significance Testing

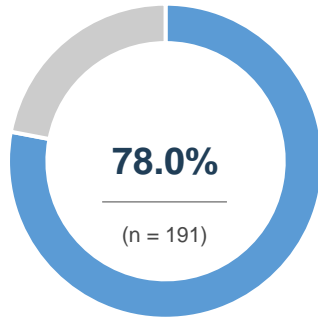
Green – Current year score is significantly higher than the 2019 score (⬆️), the 2018 score (⬆️) or benchmark (▲) score.

Red – Current year score is significantly lower than the 2019 score (⬆️), the 2018 score (⬆️) or benchmark (▼) score.

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

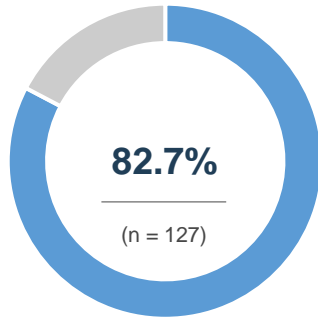
Global Rating Summary Rate Scores (% 8, 9 or 10)

Please see Technical Notes for more information.



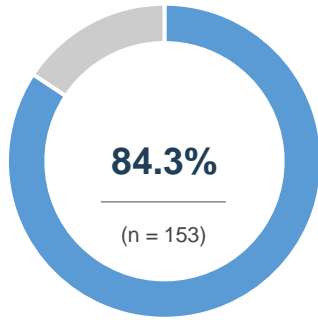
Rating of Health Plan

| | | |
|------|-------|----|
| 2020 | 78.0% | ⬇️ |
| 2019 | 81.5% | |
| 2018 | 86.7% | |
| SPH | 87.5% | ▼ |
| QC | 86.5% | ▼ |



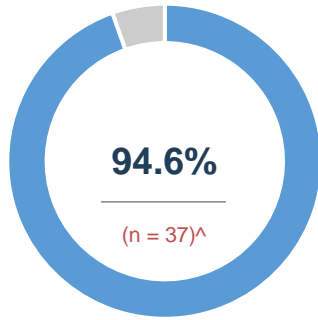
Rating of Health Care

| | | |
|------|-------|--|
| 2020 | 82.7% | |
| 2019 | 88.3% | |
| 2018 | 85.0% | |
| SPH | 88.7% | |
| QC | 87.5% | |



Rating of Personal Doctor

| | | |
|------|-------|---|
| 2020 | 84.3% | |
| 2019 | 91.1% | |
| 2018 | 87.9% | |
| SPH | 91.2% | ▼ |
| QC | 90.0% | |



Rating of Specialist

| | | |
|------|-------|--|
| 2020 | 94.6% | |
| 2019 | 95.3% | |
| 2018 | 88.6% | |
| SPH | 88.2% | |
| QC | 87.5% | |

Summary Rate Scores

Summary Rates are defined by **NCQA** in its HEDIS 2020 CAHPS® 5.0H guidelines and generally represent the most favorable response percentages.

SPH refers to the 2020 SPH Analytics Book of Business benchmark.
QC refers to the 2019 Quality Compass® All Plans benchmark.

Significance Testing

Green – Current year score is significantly higher than the 2019 score (⬆️), the 2018 score (⬆️) or benchmark (⬆️) score.

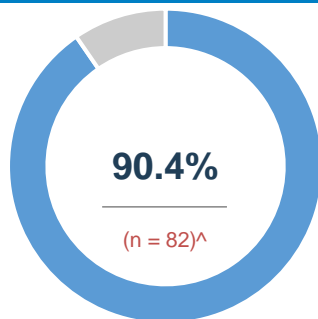
Red – Current year score is significantly lower than the 2019 score (⬇️), the 2018 score (⬆️) or benchmark (▼) score.

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



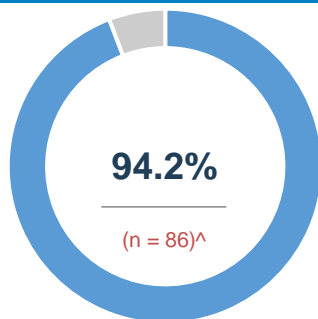
Composite Summary Rate Scores (% Always or Usually)

Please see Technical Notes for more information.



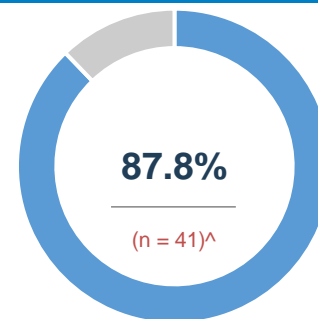
Getting Needed Care

| | |
|------|---------|
| 2020 | 90.4% |
| 2019 | 96.1% |
| 2018 | 83.9% |
| SPH | 85.6% |
| QC | 84.5% ▲ |



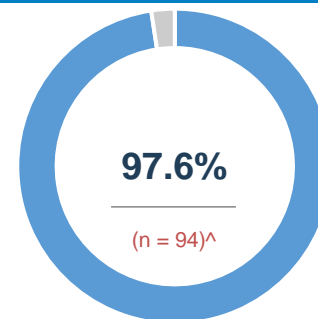
Getting Care Quickly

| | |
|------|---------|
| 2020 | 94.2% |
| 2019 | 95.9% |
| 2018 | 93.2% |
| SPH | 90.5% |
| QC | 89.4% ▲ |



Customer Service

| | |
|------|-------|
| 2020 | 87.8% |
| 2019 | 88.0% |
| 2018 | 83.0% |
| SPH | 88.9% |
| QC | 88.4% |



How Well Doctors Communicate

| | |
|------|---------|
| 2020 | 97.6% |
| 2019 | 97.2% |
| 2018 | 96.5% |
| SPH | 95.1% |
| QC | 94.0% ▲ |

Summary Rate Scores

Summary Rates are defined by **NCQA** in its HEDIS 2020 CAHPS® 5.0H guidelines and generally represent the most favorable response percentages.

SPH refers to the 2020 SPH Analytics Book of Business benchmark.

QC refers to the 2019 Quality Compass® All Plans benchmark.

Significance Testing

Green – Current year score is significantly higher than the 2019 score (↑), the 2018 score (⌆) or benchmark (▲) score.

Red – Current year score is significantly lower than the 2019 score (↓), the 2018 score (⌇) or benchmark (▼) score.

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

Gap Analysis – Comparisons to Last Year

Please see Technical Notes for more information.

GAP ANALYSIS

The percentile gap is the difference between the maximum possible percentile (100) and the estimated percentile achieved using the 2019 Quality Compass All Plan

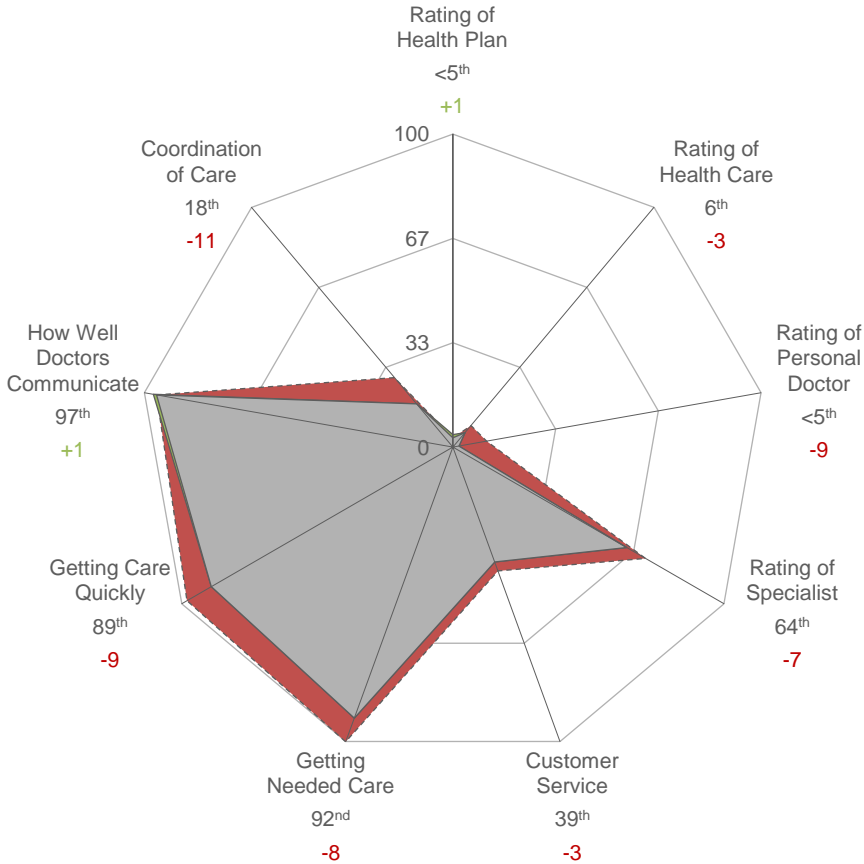
The percentile gap was closed compared to last year on the following measures:

- How Well Doctors Communicate
- Rating of Health Plan

However, the percentile gap increased on these measures:

- Getting Needed Care
- Getting Care Quickly
- Customer Service
- Coordination of Care
- Rating of Health Care
- Rating of Personal Doctor
- Rating of Specialist

- 2020 Gap is **smaller** than 2019 Gap
- 2020 Gap is **larger** than 2019 Gap



POWeR Chart: Explanation

Please see Technical Notes for more information.

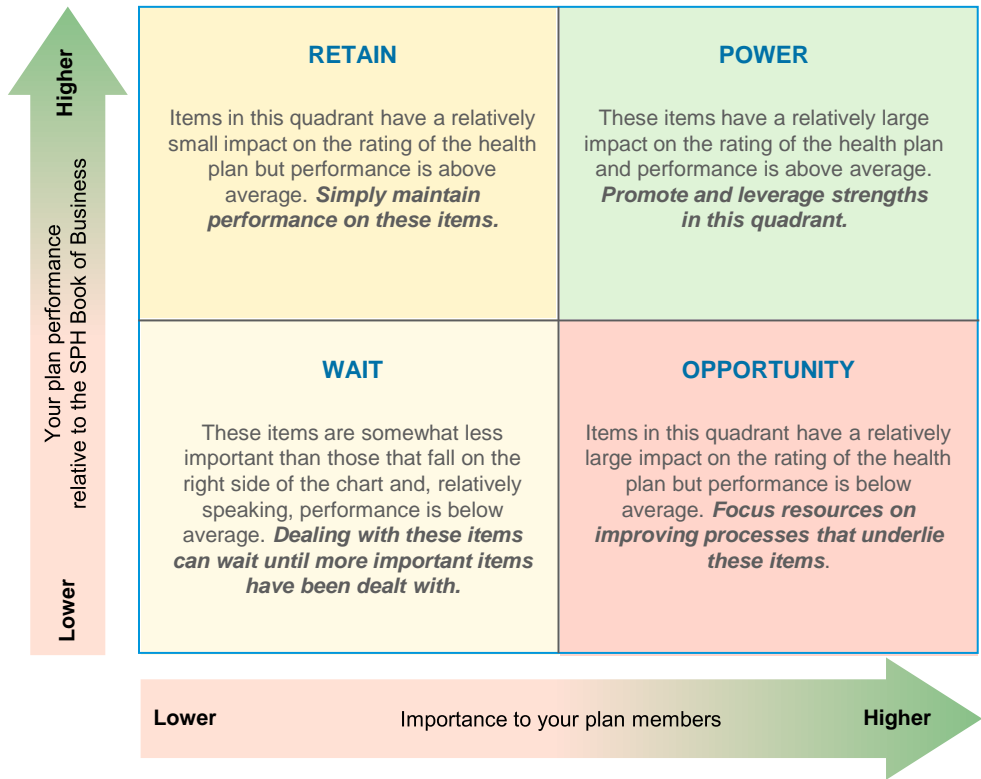
POWeR™ CHART CLASSIFICATION MATRIX

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

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

The model provides the following:

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



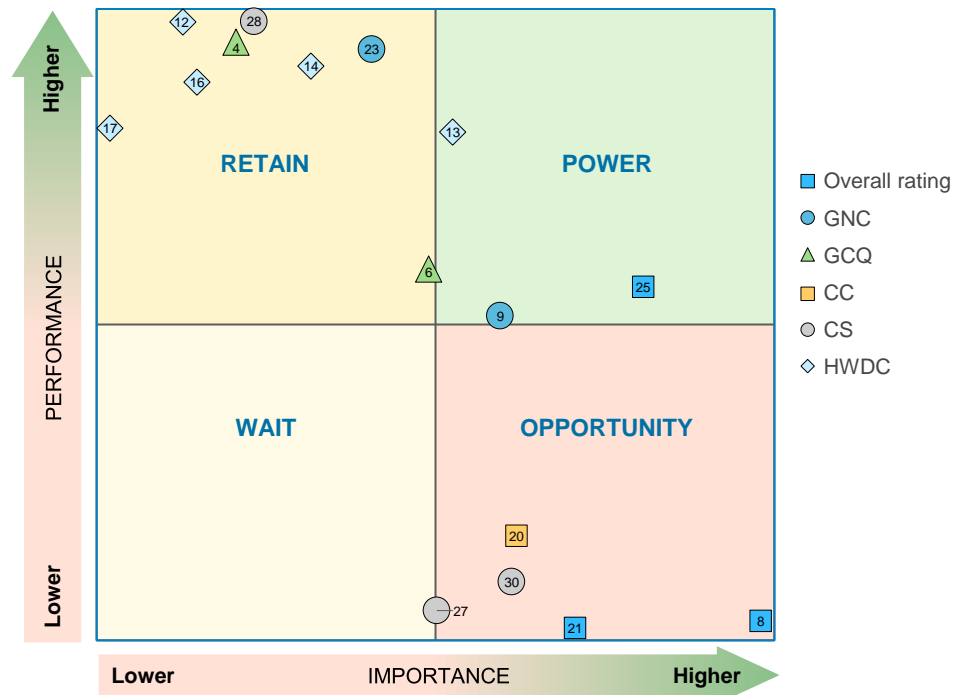
POWeR Chart: Your Results

Please see Technical Notes for more information.

| SURVEY MEASURE | | SUMMARY RATE* | SPH ESTIMATED PERCENTILE | SPH ESTIMATED RATING |
|--------------------|--------------------------------|---------------|--------------------------|----------------------|
| POWER | | | | |
| Q25 | Specialist overall | 75.7% | 56 th | 3 |
| Q9 | Got care/tests/treatment | 91.3% | 51 st | 3 |
| Q13 | Dr. listened carefully | 97.9% | 81 st | 4 |
| OPPORTUNITY | | | | |
| Q8 | Health care overall | 62.2% | <5 th | 1 |
| Q21 | Personal doctor overall | 68.0% | <5 th | 1 |
| Q20 | Dr. informed about care | 80.0% | 17 th | 2 |
| Q30 | Easy to fill out forms | 93.8% | 9 th | 1 |
| Q27 | CS provided info./help | 75.6% | 5 th | 1 |
| WAIT | | | | |
| None | | | | |
| RETAIN | | | | |
| Q6 | Got routine care | 91.3% | 59 th | 3 |
| Q23 | Got specialist appt. | 89.5% | 94 th | 5 |
| Q14 | Dr. showed respect | 98.9% | 91 st | 5 |
| Q28 | CS courtesy/respect | 100% | 97 th | 5 |
| Q4 | Got urgent care | 97.1% | 95 th | 5 |
| Q16 | Dr. explained things for child | 97.1% | 88 th | 4 |
| Q12 | Dr. explained things | 98.9% | 98 th | 5 |
| Q17 | Dr. spent enough time | 94.7% | 81 st | 4 |

KEY DRIVERS, SUMMARY RATES AND PERCENTILES

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



* Summary rates are top-two box scores.

Overall Rating of Health Plan

Please see Technical Notes for more information.

Your plan scored in the **5th percentile** when compared to the SPH Book of Business benchmark

61.3%

Compared to last year, your Summary Rate Score (% 9 and 10) **increased by 0.8%**. This result is not statistically significant.

 Typical of industry drivers  Different from industry drivers

SPH Book of Business regression analysis has identified the following **Key Drivers** of Rating of Health Plan. Performance on these measures may be driving member's overall experience rating.

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.

INDUSTRY KEY DRIVERS

High impact on Rating of Health Plan

ALIGNMENT

Are your key drivers typical of the industry?

YOUR KEY DRIVERS

High impact on Rating of Health Plan

| KEY DRIVER | | 2020 SPH BoB |
|------------|--------------------------|-----------------|
| Q8 | Health care overall | 73.0% |
| Q21 | Personal doctor overall | 79.1% |
| Q25 | Specialist overall | 75.0% |
| Q28 | CS courtesy/respect | 94.2% |
| Q23 | Got specialist appt. | 80.4% |
| Q27 | CS provided info./help | 83.7% |
| Q9 | Got care/tests/treatment | 90.8% |
| Q6 | Got routine care | 89.3% |



| KEY DRIVER | | SUMMARY RATE* | SPH BoB PERCENTILE | CLASSIFICATION |
|------------|--------------------------|------------------|-----------------------|----------------|
| Q8 | Health care overall | 62.2% | <5 th | OPPORT |
| Q25 | Specialist overall | 75.7% | 56 th | POWER |
| Q21 | Personal doctor overall | 68.0% | <5 th | OPPORT |
| Q20 | Dr. informed about care | 80.0% | 17 th | OPPORT |
| Q30 | Easy to fill out forms | 93.8% | 9 th | OPPORT |
| Q9 | Got care/tests/treatment | 91.3% | 51 st | POWER |
| Q13 | Dr. listened carefully | 97.9% | 81 st | POWER |
| Q27 | CS provided info./help | 75.6% | 5 th | OPPORT |







* Summary rates are top-two box scores.

Overall Rating of Health Plan

Please see Technical Notes for more information.

Demographic Comparisons

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

|  <p>Respondent's Gender</p> | <table><tr><th>8 - 10</th><th>9 - 10</th></tr><tr><td>MALE (n=22)</td><td>63.6%</td></tr><tr><td>FEMALE (n=165)</td><td>80.6%</td></tr></table> | 8 - 10 | 9 - 10 | MALE (n=22) | 63.6% | FEMALE (n=165) | 80.6% |  <p>Respondent's Age</p> | <table><tr><th>8 - 10</th><th>9 - 10</th></tr><tr><td><25 (n=26)</td><td>73.1%</td></tr><tr><td>25 – 34 (n=50)</td><td>80.0%</td></tr><tr><td>35 – 44 (n=75)</td><td>78.7%</td></tr><tr><td>45 or older (n=35)</td><td>80.0%</td></tr></table> | 8 - 10 | 9 - 10 | <25 (n=26) | 73.1% | 25 – 34 (n=50) | 80.0% | 35 – 44 (n=75) | 78.7% | 45 or older (n=35) | 80.0% |  <p>Respondent's Education</p> | <table><tr><th>8 - 10</th><th>9 - 10</th></tr><tr><td>HS GRAD OR LESS (n=66)</td><td>75.8%</td></tr><tr><td>SOME COLLEGE OR MORE (n=121)</td><td>80.2%</td></tr></table> | 8 - 10 | 9 - 10 | HS GRAD OR LESS (n=66) | 75.8% | SOME COLLEGE OR MORE (n=121) | 80.2% |
|---|--|--------|--------|---------------------------------------|-------|--------------------------|-------|---|---|---|---|-------------------------|--------|---------------------------------------|-------|--------------------------|-------|---|-------|---|--|--------|--------|----------------------------------|-------|--|-------|
| 8 - 10 | 9 - 10 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MALE (n=22) | 63.6% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEMALE (n=165) | 80.6% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 - 10 | 9 - 10 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <25 (n=26) | 73.1% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 – 34 (n=50) | 80.0% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 – 44 (n=75) | 78.7% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 or older (n=35) | 80.0% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 - 10 | 9 - 10 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HS GRAD OR LESS (n=66) | 75.8% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOME COLLEGE OR MORE (n=121) | 80.2% | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  <p>Child's Health Status</p> | <table><tr><th>8 - 10</th><th>9 - 10</th></tr><tr><td>EXCELLENT/VERY GOOD (n=156)</td><td>82.7%</td></tr><tr><td>GOOD (n=26)</td><td>57.7%</td></tr><tr><td>FAIR/POOR (n=7)[▲]</td><td>57.1%</td></tr></table> | 8 - 10 | 9 - 10 | EXCELLENT/VERY GOOD (n=156) | 82.7% | GOOD (n=26) | 57.7% | FAIR/POOR (n=7) [▲] | 57.1% |  <p>Child's Mental/Emotional Health Status</p> | <table><tr><th>8 - 10</th><th>9 - 10</th></tr><tr><td>EXCELLENT/VERY GOOD (n=141)</td><td>83.0%</td></tr><tr><td>GOOD (n=29)</td><td>75.9%</td></tr><tr><td>FAIR/POOR (n=18)[▲]</td><td>50.0%</td></tr></table> | 8 - 10 | 9 - 10 | EXCELLENT/VERY GOOD (n=141) | 83.0% | GOOD (n=29) | 75.9% | FAIR/POOR (n=18) [▲] | 50.0% |  <p>Data Collection</p> | <table><tr><th>8 - 10</th><th>9 - 10</th></tr><tr><td>MAIL (n=150)</td><td>79.3%</td></tr><tr><td>PHONE (n=41)</td><td>73.2%</td></tr></table> | 8 - 10 | 9 - 10 | MAIL (n=150) | 79.3% | PHONE (n=41) | 73.2% |
| 8 - 10 | 9 - 10 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EXCELLENT/VERY GOOD (n=156) | 82.7% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GOOD (n=26) | 57.7% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FAIR/POOR (n=7) [▲] | 57.1% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 - 10 | 9 - 10 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EXCELLENT/VERY GOOD (n=141) | 83.0% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GOOD (n=29) | 75.9% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FAIR/POOR (n=18) [▲] | 50.0% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 - 10 | 9 - 10 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAIL (n=150) | 79.3% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHONE (n=41) | 73.2% | | | | | | | | | | | | | | | | | | | | | | | | | | |



Child's Ethnicity & Race

HISPANIC/LATINO
(n=43)

NOT HISPANIC/LATINO
(n=144)

8 - 10 **9 - 10**

74.4% 51.2%

79.9% 64.6%

WHITE
(n=162)

BLACK/AFRICAN AMERICAN
(n=4)[▲]

OTHER*
(n=20)

8 - 10 **9 - 10**

80.2% 63.0%

25.0% 25.0%

70.0% 50.0%

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

*Other includes all respondents who selected any race other than White or Black/African-American and did not select White or Black/African-American.

Estimated NCQA Health Insurance Plan Ratings

Please see Technical Notes for more information.

| | 2020 SUMMARY RATE | SUMMARY RATE DEFINITION | PERCENTILE RANK | ESTIMATED RATING |
|--|-------------------------|-------------------------------|--------------------|---------------------|
| CONSUMER SATISFACTION | | | | 1.0 |
| GETTING CARE | | | | NA |
| Getting Needed Care | 90.4% | Usually + Always | 92 nd | NA |
| Getting Care Quickly | 94.2% | Usually + Always | 89 th | NA |
| SATISFACTION WITH PLAN PHYSICIANS | | | | 1.0 |
| Rating of Personal Doctor | 68.0% | 9 + 10 | <5 th | 1.0 |
| Rating of Specialist | 75.7% | 9 + 10 | 64 th | NA |
| Rating of Health Care | 62.2% | 9 + 10 | 6 th | 1.0 |
| Coordination of Care | 80.0% | Usually + Always | 18 th | NA |
| SATISFACTION WITH PLAN SERVICES | | | | 1.0 |
| Rating of Health Plan | 61.3% | 9 + 10 | <5 th | 1.0 |

EXPLANATION

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

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

The CAHPS measures are classified based on their national percentile (10th, 33.33rd, 66.67th 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 2019 NCQA data and benchmarks.

| Rating = 1 | Rating = 2 | Rating = 3 | Rating = 4 | Rating = 5 |
|-------------------|---|---------------------------------|---|---------------------|
| Bottom 10 percent | Bottom 3 rd of plans but not bottom 10 th | Middle 3 rd of plans | Top 3 rd of plans, but not in the top 10 th | Top decile of plans |

Notes:

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

In response to the COVID-19 pandemic, NCQA is not publishing Health Plan Ratings in 2020. These estimates are for informational purposes only.

Oversampling Scenarios

Please see Technical Notes for more information.

OVERSAMPLING SCENARIO EXPLANATION

Scenarios were tested to determine what oversampling rate could potentially impact the ratings assigned to this plan. **This plan currently oversamples at the rate of -43%. SPH recommends oversampling at the 54% rate to maximize ratings.**

Based on the scenarios tested, holding everything else constant, an oversampling rate of 54% and above yields all reportable measures and an increase on 2 measures. **This is an estimate only and cannot be used to predict NCQA star ratings.**

In response to the COVID-19 pandemic, NCQA is not publishing Health Plan Ratings in 2020. These estimates are for informational purposes only.

| MEASURE NAME | ESTIMATED RATING | OVERSAMPLING SCENARIOS | | |
|--|------------------|------------------------|----------------|------------|
| | | 0% | -43% (Current) | ≥ 54% |
| CONSUMER SATISFACTION | 1.0 | 2.5 | 1.0 | 2.5 |
| GETTING CARE | NA | 4.5 | NA | 4.5 |
| Getting Needed Care | NA | 5.0 | NA | 5.0 |
| Getting Care Quickly | NA | 4.0 | NA | 4.0 |
| SATISFACTION WITH PLAN PHYSICIANS | 1.0 | 1.0 | 1.0 | 2.0 |
| Rating of Personal Doctor | 1.0 | 1.0 | 1.0 | 1.0 |
| Rating of Specialist | NA | NA | NA | 3.0 |
| Rating of Health Care | 1.0 | 1.0 | 1.0 | 1.0 |
| Coordination of Care | NA | NA | NA | 2.0 |
| SATISFACTION WITH PLAN SERVICES | 1.0 | 1.0 | 1.0 | 1.0 |
| Rating of Health Plan | 1.0 | 1.0 | 1.0 | 1.0 |

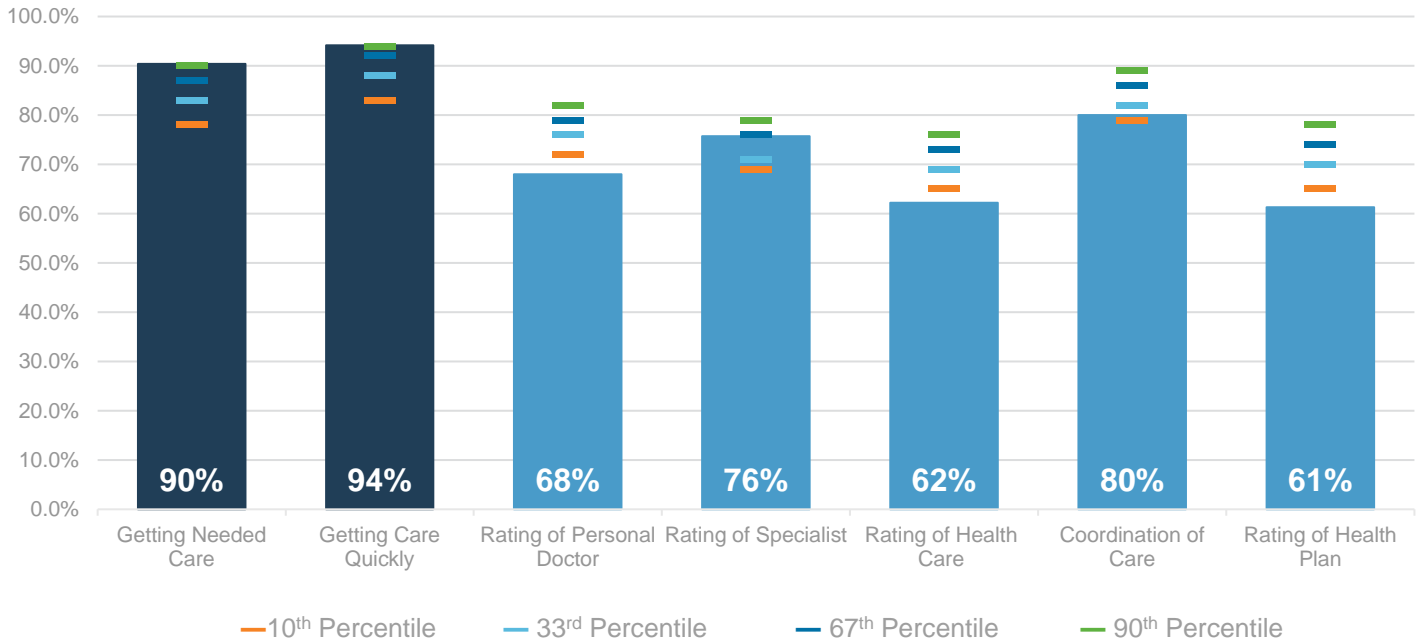
Higher Rating
 Lower Rating
 Reportable

Performance to Percentile Thresholds

Please see Technical Notes for more information.

COMPARISON TO QUALITY COMPASS PERCENTILE THRESHOLDS

The graph shows how your plan's **summary rates** compare to the most recent Quality Compass thresholds published by NCQA (Fall 2019).



Dark Blue bar = Performing at or above 67th percentile

Light Blue bar = Performance below 67th percentile

* Summary rates are % 9 or 10, or % Always or Usually.

Measure Summary

Please see Technical Notes for more information.

Top Three Measures

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

| MEASURE | 2020 VALID N | SUMMARY RATE | | CHANGE | 2019 QC BENCHMARK | | GAP |
|---|-----------------|--------------|-------|--------|-------------------|------------------|------|
| | | 2019 | 2020 | | SUMMARY RATE | PERCENTILE RANK | |
| How Well Doctors Communicate (% Always or Usually) | 94 | 97.2% | 97.6% | 0.4% | 94.0% ▲ | 97 th | 3.6% |
| Getting Needed Care (% Always or Usually) | 82 | 96.1% | 90.4% | -5.7% | 84.5% ▲ | 92 nd | 5.9% |
| Getting Care Quickly (% Always or Usually) | 86 | 95.9% | 94.2% | -1.7% | 89.4% ▲ | 89 th | 4.8% |

Bottom Three Measures

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

| MEASURE | 2020 VALID N | SUMMARY RATE | | CHANGE | 2019 QC BENCHMARK | | GAP |
|--|-----------------|--------------|-------|--------|-------------------|------------------|--------|
| | | 2019 | 2020 | | SUMMARY RATE | PERCENTILE RANK | |
| Rating of Health Care (% 9 or 10) | 127 | 64.1% | 62.2% | -1.9% | 70.4% | 6 th | -8.2% |
| Rating of Health Plan (% 9 or 10) | 191 | 60.5% | 61.3% | 0.8% | 71.7% ▼ | <5 th | -10.4% |
| Rating of Personal Doctor (% 9 or 10) | 153 | 73.2% | 68.0% | -5.2% | 77.3% ▼ | <5 th | -9.3% |

Significance Testing

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

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

Improving Performance

These measures had the lowest NCQA Quality Compass® All Plans percentile rankings for your plan. While plans should also review which measures have lower scores than last year and which measures perform lower than benchmark, SPH offers these opportunities for improvement based on national percentile rankings.

Improvement Strategies – Rating of Health Care

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

Improvement Strategies – Rating of Health Plan

- Analyze, investigate, probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with Rating of the Plan (i.e., CS, GNC, GCQ, HWDC). Review QI recommendations/actions of these CAHPS composite measures.
- Carefully review, simplify and clarify all family/child member communications, processes and forms. Ensure that all materials and messages are accurate, up-to-date, complete and consistent, using concise and unambiguous language.
- Identify key parent needs and expectations and critically assess operations and processes.
- Ensure that the member website is easily navigable and highly user friendly.
- Simplify completion of commonly used forms via "pre-loaded" applications or on-line.
- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.
- Analyze satisfaction levels and loyalty ratings based on member profile/segmentation data (health system, age, length of membership, have PCP, etc.).
- Set S.M.A.R.T. goals. Specific, Measurable, Attainable, Realistic, and Timely for all identified activities. Assess all relevant internal data. Conduct additional surveys, data analyses as needed.
- Consider opportunities for positive and strategic messaging about the plan or health care reminders to members. Use technology to provide more effective and efficient care.
- Consider the value of a SPH CAHPS Drill-Down, Simulation Survey or CG-CAHPS to probe key CAHPS measures and/or target segments of the population.

Improvement Strategies – Rating of Personal Doctor

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

See full list of strategies in the [Appendix: Improvement Strategies](#)

Need Additional Assistance? For health plans that need additional assistance interpreting survey results and leveraging data to identify appropriate next steps for improvement, SPH offers Performance Improvement Consulting. Contact your Strategic Account Executive to learn more or visit our website at <http://www.sphanalytics.com/consulting>.



Measure Analyses

Measure Details and Scoring

- BCBS of Wyoming

Measure Analyses: Section Information

Please see Technical Notes for more information.

Drilling Down Into Ratings and Composites

This section is designed to give plans a detailed report on the performance of each global rating and composite measure.

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



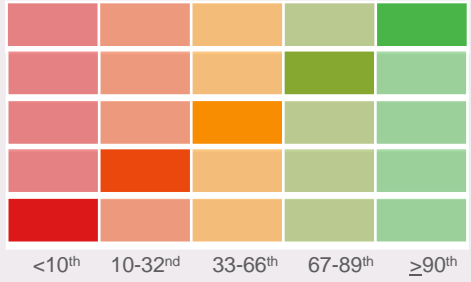
Analyses presented in this section include:

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

Measures Included in Analyses

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

Percentile Rankings



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

Rating of Health Plan: Measure

Please see Technical Notes for more information.

PERCENTILE RANKING 2019 QC ALL PLANS

(% 8, 9 or 10)

<5th

(% 9 or 10)

<5th

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

POWER

Promote and Leverage Strengths

- Q25 Specialist overall
- Q9 Got care/tests/treatment
- Q13 Dr. listened carefully

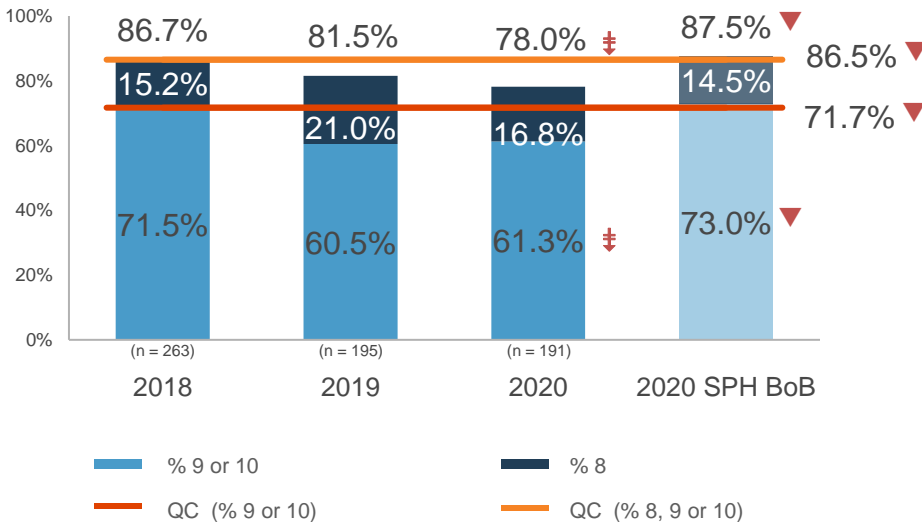
OPPORTUNITIES

Focus Resources on Improving Processes That Underlie These Items

- Q8 Health care overall
- Q21 Personal doctor overall
- Q20 Dr. informed about care
- Q30 Easy to fill out forms
- Q27 CS provided info./help

RATING OF HEALTH PLAN

% 8, 9 or 10



Significance Testing

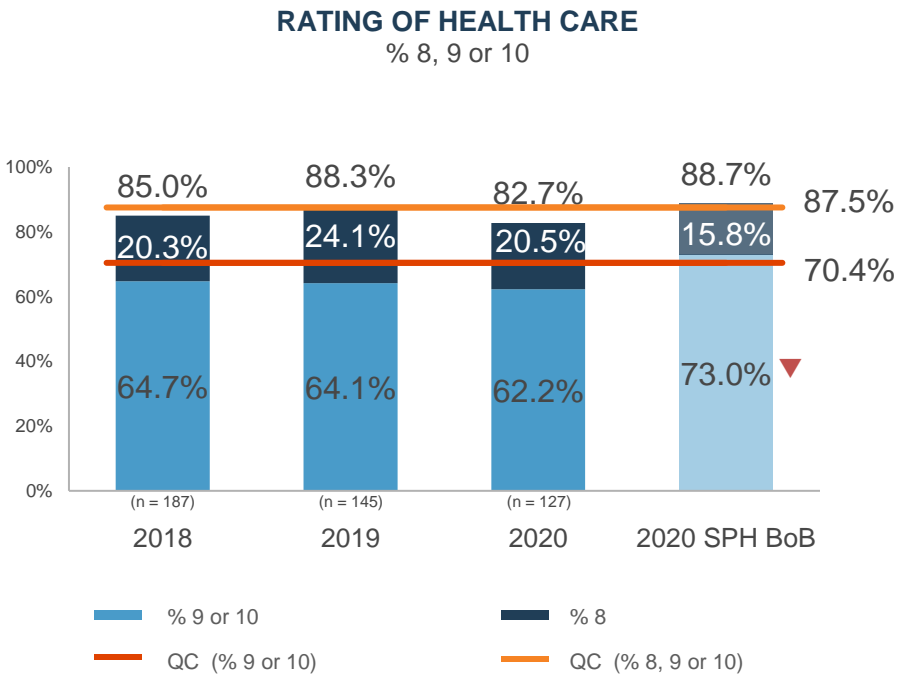
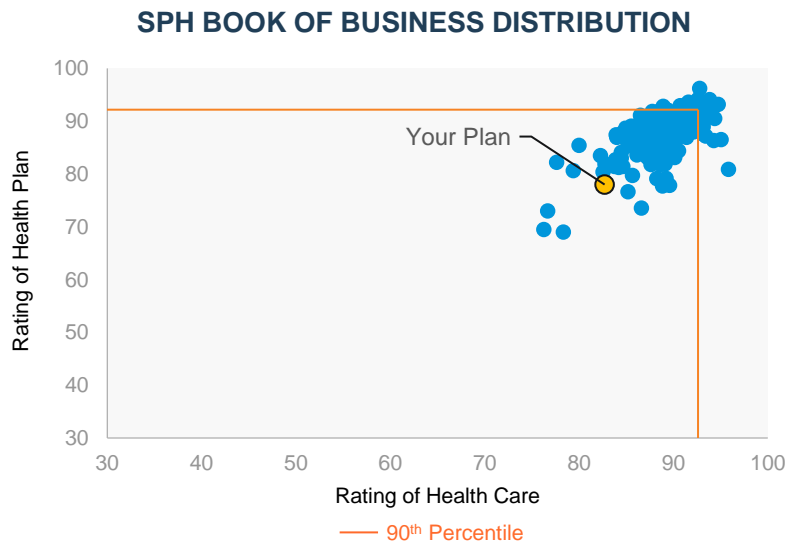
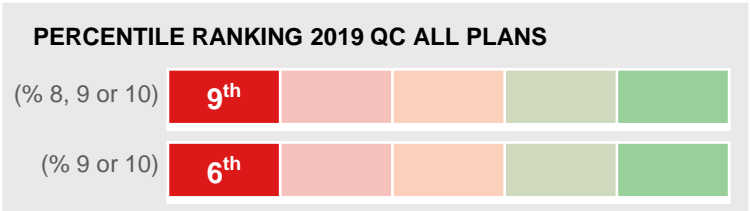
Current year score is significantly higher than the 2019 score (↑), the 2018 score (↗) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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

Rating of Health Care: Measure

Please see Technical Notes for more information.



Significance Testing

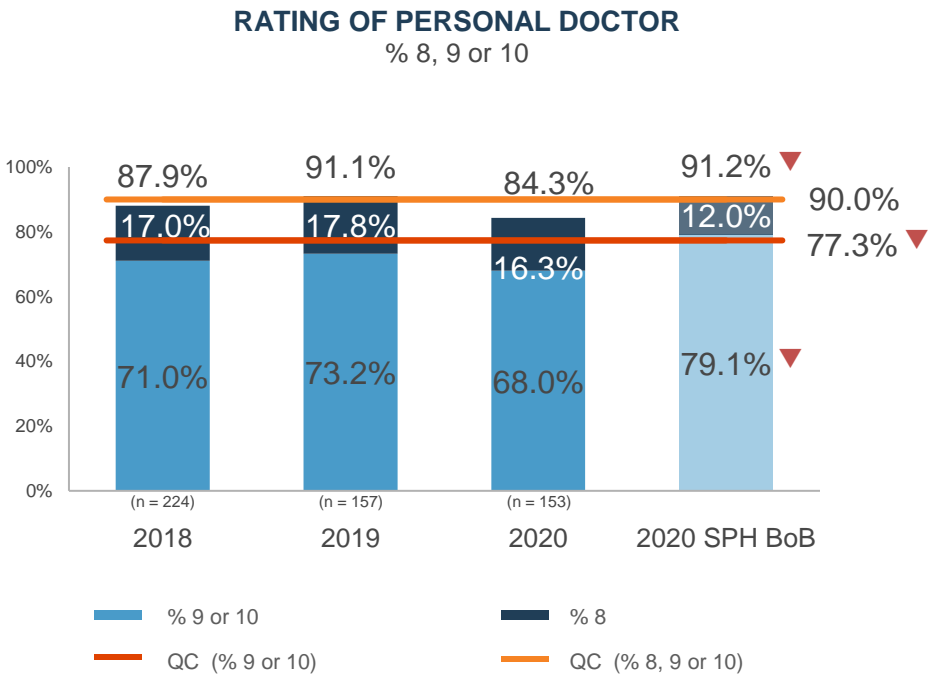
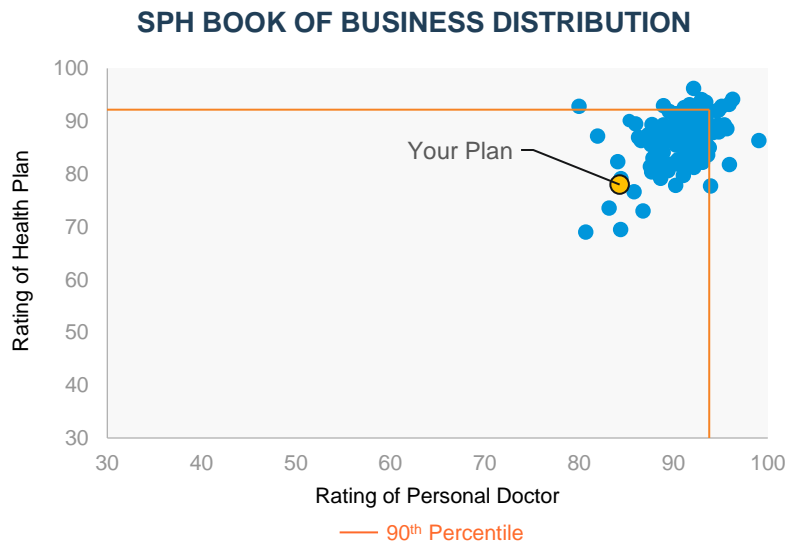
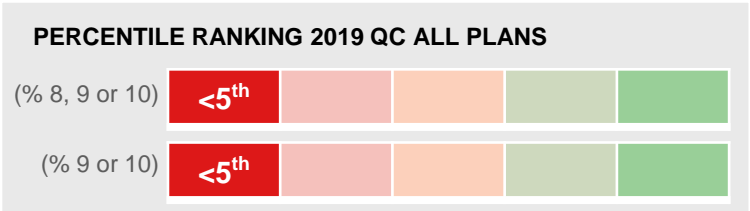
Current year score is significantly higher than the 2019 score (↑), the 2018 score (↗) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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

Rating of Personal Doctor: Measure

Please see Technical Notes for more information.



Significance Testing

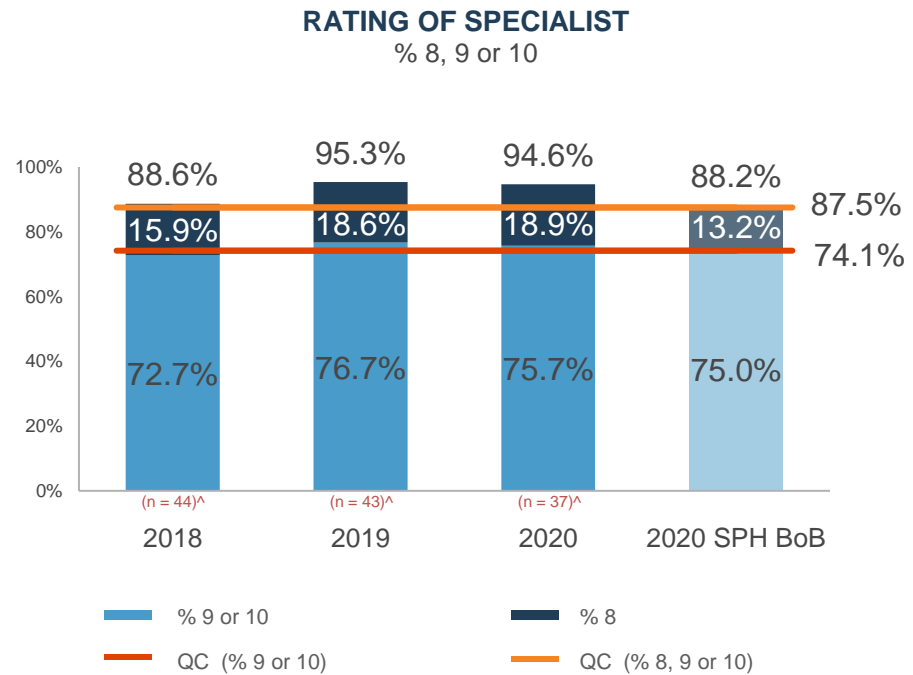
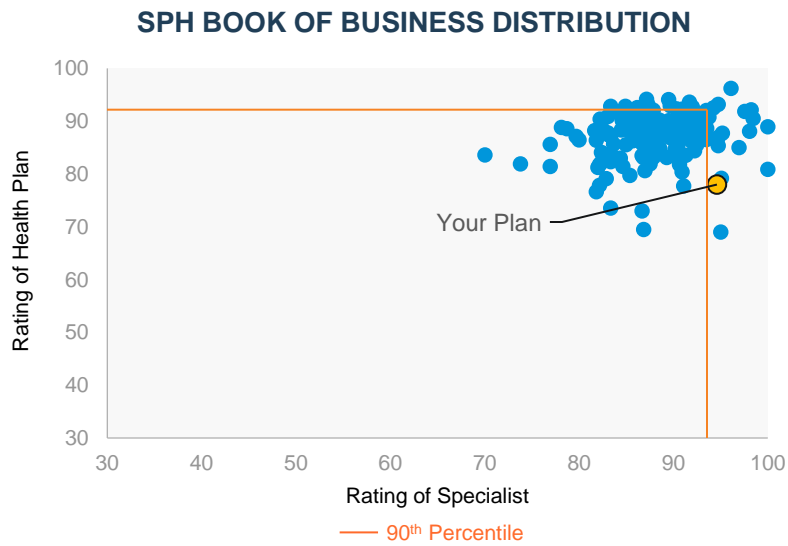
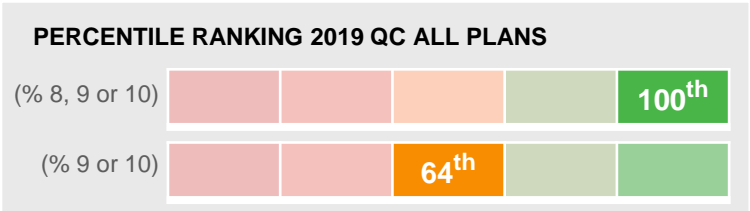
Current year score is significantly higher than the 2019 score (↑), the 2018 score (↗) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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

Rating of Specialist: Measure

Please see Technical Notes for more information.



Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (↗) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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

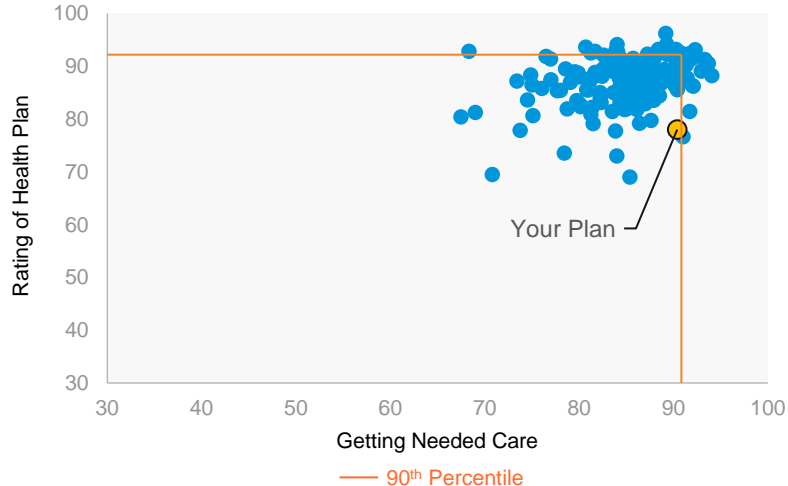
Getting Needed Care: Composite

Please see Technical Notes for more information.

PERCENTILE RANKING 2019 QC ALL PLANS

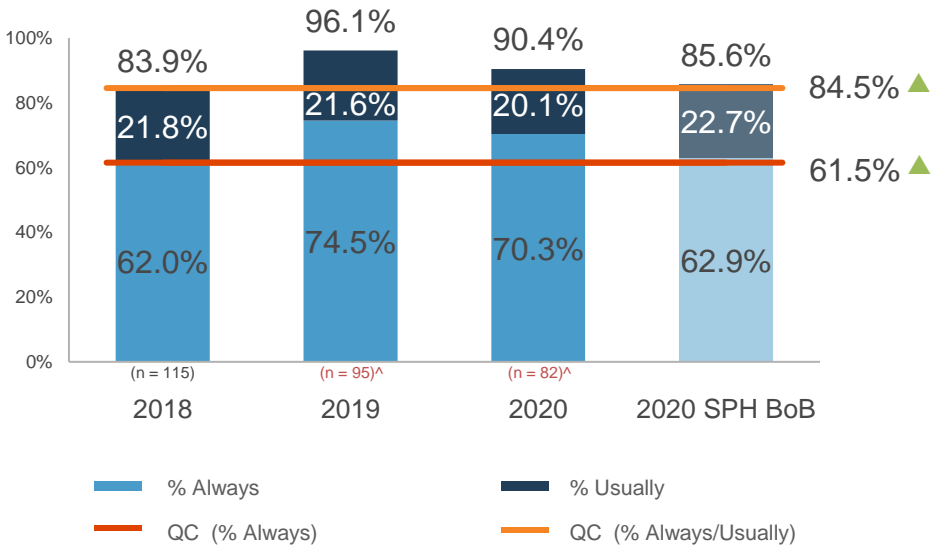


SPH BOOK OF BUSINESS DISTRIBUTION



GETTING NEEDED CARE

% Always or Usually



Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (↗) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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

Getting Needed Care: Attribute Questions

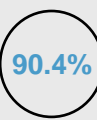
Please see Technical Notes for more information.

GETTING NEEDED CARE QUESTIONS

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

- Q9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- Q23. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

**2020 GETTING NEEDED CARE
COMPOSITE SUMMARY RATE SCORE**



Gate Questions

Q22. Made appointments to see a specialist in the last 6 months

| Valid n | Yes |
|---------|-------|
| 198 | 20.2% |

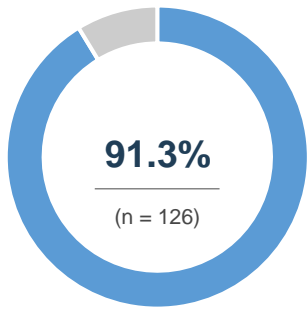
Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (⬆) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (⬆) or benchmark (▼) score.

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

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

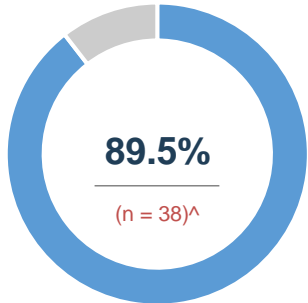


| | |
|------|-------|
| 2020 | 91.3% |
| 2019 | 96.5% |
| 2018 | 95.7% |
| SPH | 90.8% |
| QC | 89.6% |

Percentile Ranking 2019 QC All Plans

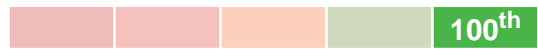


Q23. GETTING SPECIALIST APPOINTMENT % Always or Usually



| | | |
|------|-------|---|
| 2020 | 89.5% | ⬆ |
| 2019 | 95.7% | |
| 2018 | 72.1% | |
| SPH | 80.4% | |
| QC | 79.7% | |

Percentile Ranking 2019 QC All Plans



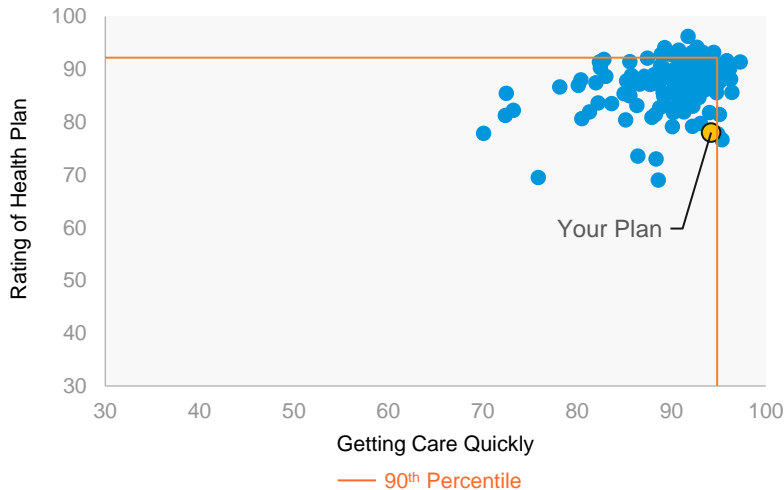
Getting Care Quickly: Composite

Please see Technical Notes for more information.

PERCENTILE RANKING 2019 QC ALL PLANS

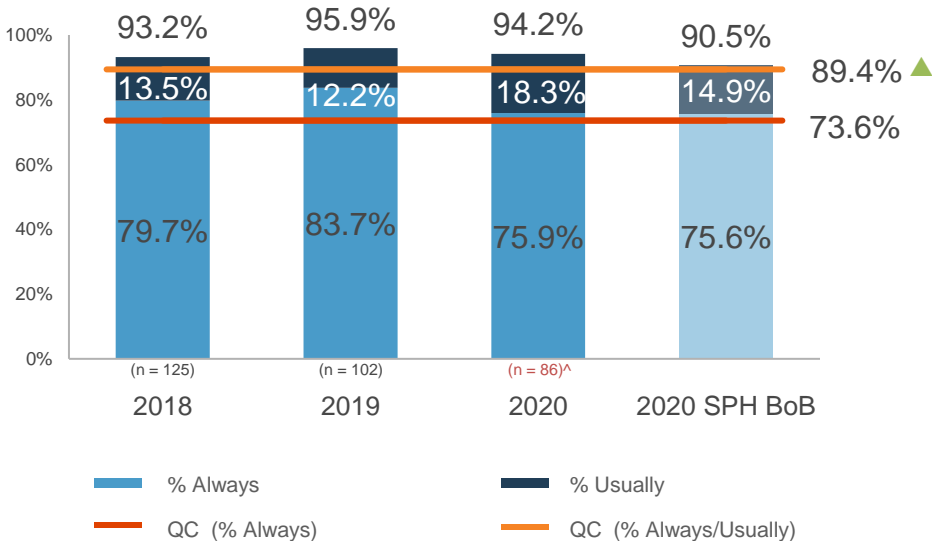


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GETTING CARE QUICKLY

% Always or Usually



Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (↗) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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

Getting Care Quickly: Attribute Questions

Please see Technical Notes for more information.

GETTING CARE QUICKLY QUESTIONS

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

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

2020 GETTING CARE QUICKLY COMPOSITE SUMMARY RATE SCORE



Gate Questions

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

| Valid n | Yes |
|---------|-------|
| 198 | 36.4% |
| 197 | 53.3% |

Q5. Made appts for health care at doctor's office or clinic

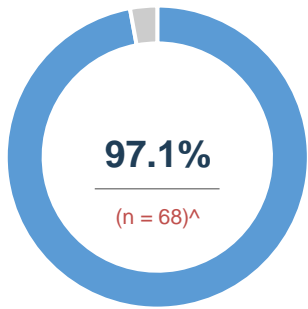
Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (↗) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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

Q4. GETTING URGENT CARE % Always or Usually

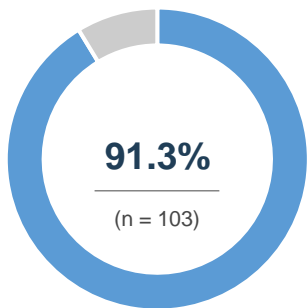


| | |
|------|---------|
| 2020 | 97.1% |
| 2019 | 97.5% |
| 2018 | 93.1% |
| SPH | 91.7% ▲ |
| QC | 91.2% ▲ |

Percentile Ranking 2019 QC All Plans

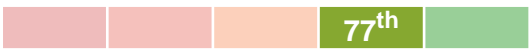


Q6. GETTING ROUTINE CARE % Always or Usually



| | |
|------|-------|
| 2020 | 91.3% |
| 2019 | 94.3% |
| 2018 | 93.2% |
| SPH | 89.3% |
| QC | 87.7% |

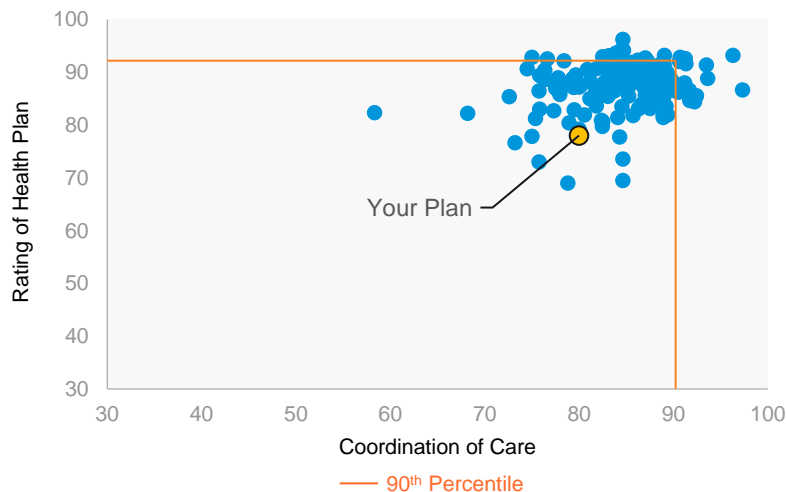
Percentile Ranking 2019 QC All Plans



PERCENTILE RANKING 2019 QC ALL PLANS

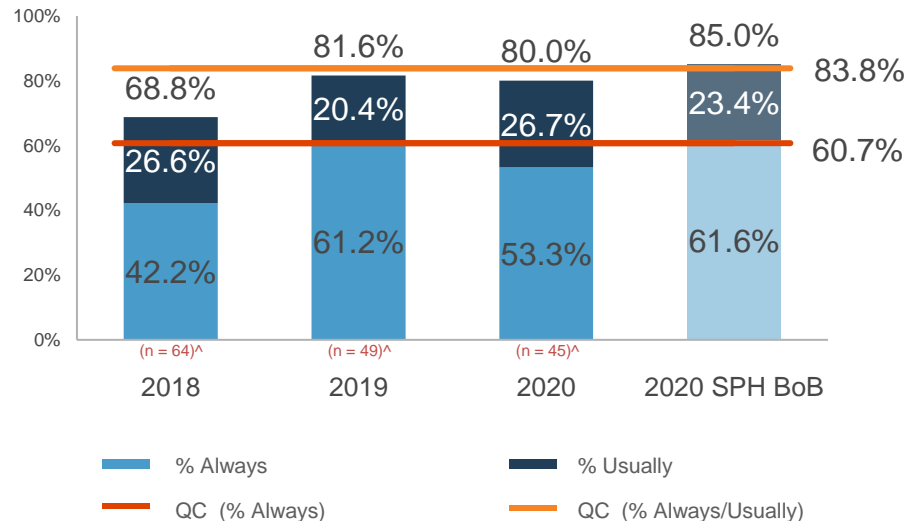


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COORDINATION OF CARE

% Always or Usually



Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (↗) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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

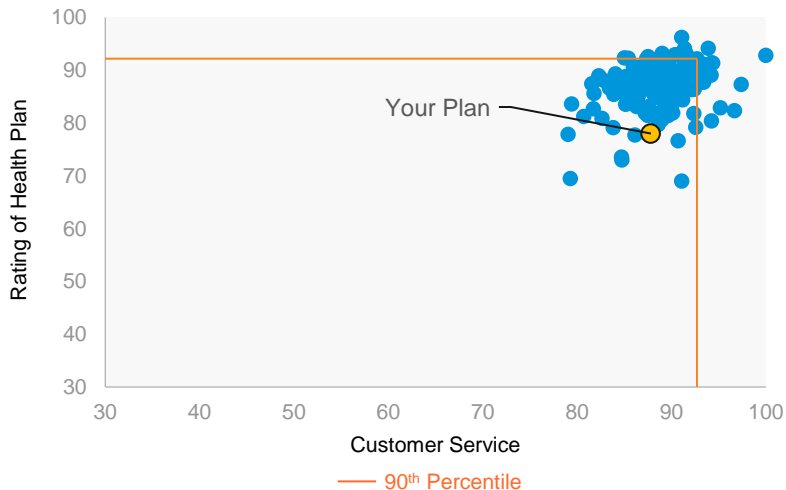
Customer Service: Composite*

Please see Technical Notes for more information.

PERCENTILE RANKING 2019 QC ALL PLANS

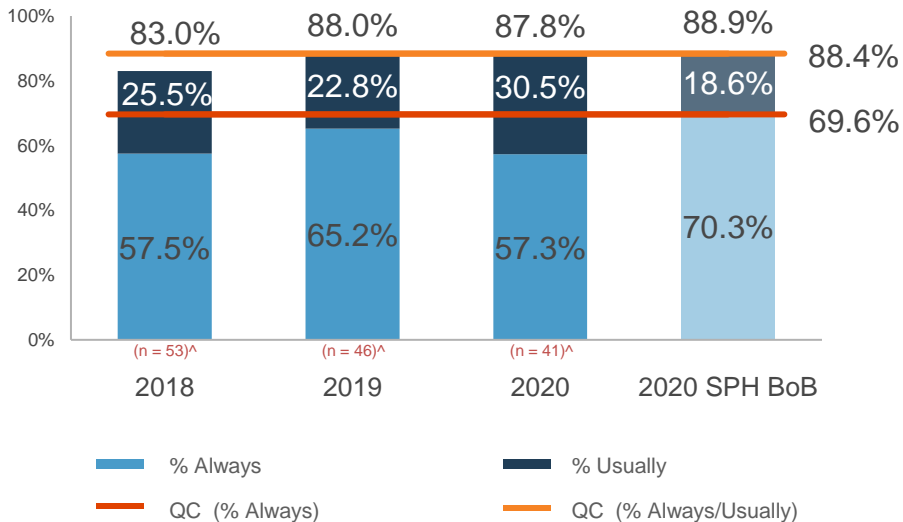


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CUSTOMER SERVICE

% Always or Usually



Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (↗) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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

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

Customer Service: Attribute Questions

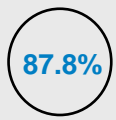
Please see Technical Notes for more information.

CUSTOMER SERVICE QUESTIONS

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

- Q27. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
- Q28. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

**2020 CUSTOMER SERVICE
COMPOSITE SUMMARY RATE SCORE**



Gate Questions

Q26. Tried to get information or help from health plan's customer service

| Valid n | Yes |
|---------|-------|
| 191 | 22.5% |

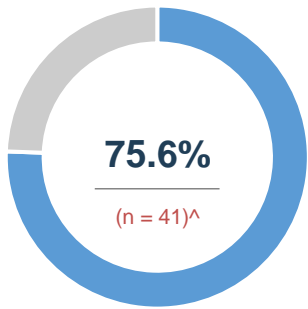
Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (⬆) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (⬆) or benchmark (▼) score.

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

Q27. PROVIDED INFORMATION OR HELP % Always or Usually

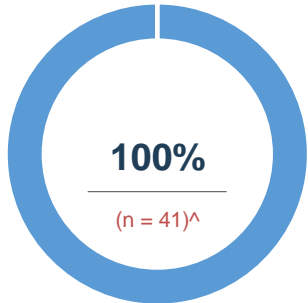


| | |
|------|-------|
| 2020 | 75.6% |
| 2019 | 80.4% |
| 2018 | 77.4% |
| SPH | 83.7% |
| QC | 83.2% |

Percentile Ranking 2019 QC All Plans



Q28. TREATED WITH COURTESY AND RESPECT % Always or Usually



| | | |
|------|--------|---|
| 2020 | 100.0% | ⬆ |
| 2019 | 95.7% | |
| 2018 | 88.7% | |
| SPH | 94.2% | ▲ |
| QC | 93.6% | ▲ |

Percentile Ranking 2019 QC All Plans



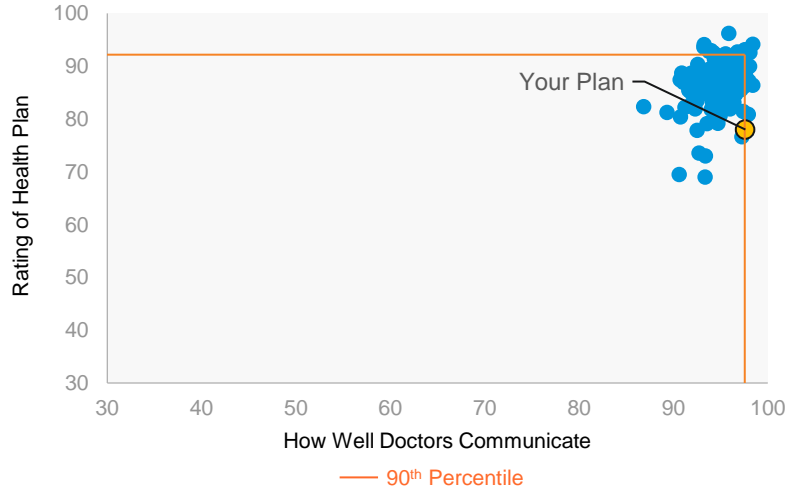
How Well Doctors Communicate: Composite*

Please see Technical Notes for more information.

PERCENTILE RANKING 2019 QC ALL PLANS

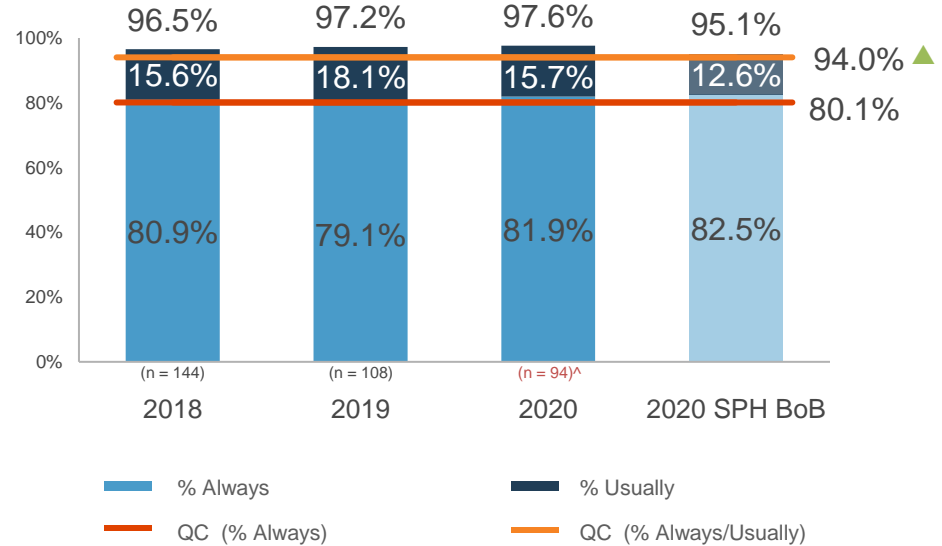


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HOW WELL DOCTORS COMMUNICATE

% Always or Usually



Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (↗) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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

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

How Well Doctors Communicate: Attribute Questions

Please see Technical Notes for more information.

HOW WELL DOCTORS COMMUNICATE QUESTIONS

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

- Q12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- Q13. In the last 6 months, how often did your personal doctor listen carefully to you?
- Q14. In the last 6 months, how often did your personal doctor show respect for what you had to say?
- Q17. In the last 6 months, how often did your personal doctor spend enough time with you?

2020 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE

97.6%

Gate Questions

| | Valid n | Yes |
|-----------------------------|---------|-------|
| Q10. Have a personal doctor | 198 | 80.8% |

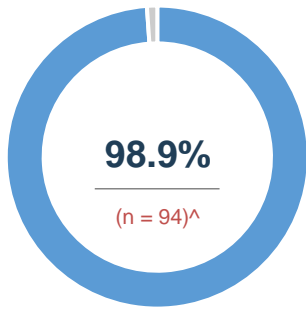
Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (↗) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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

Q12. PERSONAL DOCTOR EXPLAINED THINGS % Always or Usually

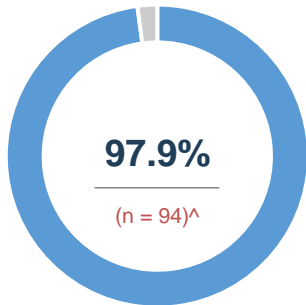


| | |
|------|---------|
| 2020 | 98.9% |
| 2019 | 100.0% |
| 2018 | 98.6% |
| SPH | 95.4% ▲ |
| QC | 94.5% ▲ |

Percentile Ranking 2019 QC All Plans



Q13. PERSONAL DOCTOR LISTENED CAREFULLY % Always or Usually



| | |
|------|-------|
| 2020 | 97.9% |
| 2019 | 98.1% |
| 2018 | 96.6% |
| SPH | 96.2% |
| QC | 95.3% |

Percentile Ranking 2019 QC All Plans



How Well Doctors Communicate: Attribute Questions (Continued)

Please see Technical Notes for more information.

HOW WELL DOCTORS COMMUNICATE QUESTIONS

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

- Q12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- Q13. In the last 6 months, how often did your personal doctor listen carefully to you?
- Q14. In the last 6 months, how often did your personal doctor show respect for what you had to say?
- Q17. In the last 6 months, how often did your personal doctor spend enough time with you?

2020 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE

97.6%

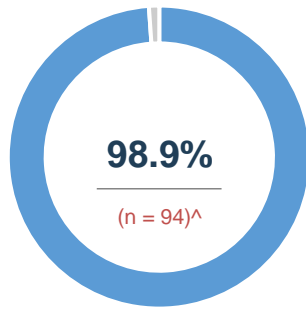
Significance Testing

Current year score is significantly higher than the 2019 score (↑), the 2018 score (♣) or benchmark (▲) score.

Current year score is significantly lower than the 2019 score (↓), the 2018 score (♣) or benchmark (▼) score.

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

Q14. PERSONAL DOCTOR SHOWED RESPECT % Always or Usually

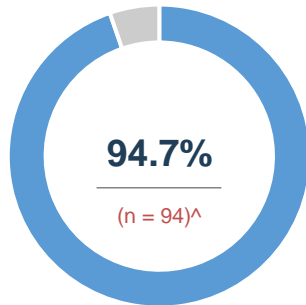


| | |
|------|---------|
| 2020 | 98.9% |
| 2019 | 98.1% |
| 2018 | 95.9% |
| SPH | 97.1% |
| QC | 96.3% ▲ |

Percentile Ranking 2019 QC All Plans



Q17. PERSONAL DOCTOR SPENT ENOUGH TIME % Always or Usually



| | |
|------|---------|
| 2020 | 94.7% |
| 2019 | 92.5% |
| 2018 | 95.1% |
| SPH | 91.7% |
| QC | 89.7% ▲ |

Percentile Ranking 2019 QC All Plans





Summary of Trend and Benchmarks

Summary Rate Scores and Percentile Rankings

- BCBS of Wyoming



Summary of Trend and Benchmarks: Section Information

Please see Technical Notes for more information.

Trend and Benchmark Comparisons The CAHPS® 5.0 survey is designed to use composite scores to facilitate the aggregation of information and the communication of results. Questions are combined into composite categories comprising a particular service area managed by your plan. These composites, the questions that make up composites (attributes), additional measures, and rating questions are shown on the following pages.

Summary Rate Scores: Shows how your plan's composite and key question Summary Rates compare to trend data (if applicable) and scores from the 2020 SPH Analytics Medicaid Child Book of Business and the 2019 Medicaid Child Quality Compass® All Plans benchmarks. To help you identify how your plan's population compares to other plans and to previous data, statistically significant differences are highlighted.

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

Significance Testing

Green – Current year score is significantly higher than the 2019 score (↑), the 2018 score (⬆) or benchmark (▲) score.

Red – Current year score is significantly lower than the 2019 score (↓), the 2018 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.

Available Benchmarks

The following benchmarks are used throughout the report.

| | 2019 Quality Compass® All Plans | 2019 NCQA 1-100 Benchmark | 2020 SPH Analytics Book of Business |
|-------------|---|--|---|
| | Includes all Medicaid Child samples that submitted data to NCQA in 2019. | A percentile benchmark (with values ranging from the first through the one hundredth percentile) calculated by NCQA and derived from Medicaid Child data collected by NCQA in 2019. | Includes all Medicaid samples that contracted with SPH Analytics to administer the 2020 CAHPS 5.0H survey and submitted data to NCQA. |
| PROS | <ul style="list-style-type: none"> Contains more plans than Public Report Is presented in NCQA's The State of Health Care Quality | <ul style="list-style-type: none"> Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass® All Plans benchmark | <ul style="list-style-type: none"> Provides a benchmark for each question from the survey Permits precise percentile ranking of plan compared to benchmark Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark |
| CONS | <ul style="list-style-type: none"> Only contains benchmarks for certain key questions, composites, and rating questions | <ul style="list-style-type: none"> Only contains benchmarks for certain key questions, composites, and rating questions | <ul style="list-style-type: none"> Contains fewer plans than the Public Report and the Quality Compass® All Plans Benchmarks |
| SIZE | 112 Plans / 46,860 Respondents | 112 Plans | 161 Plans / 47,720 Respondents |



Summary Rate Scores

Please see Technical Notes for more information.

RATING ITEMS

| | 2020 Valid n | 2018 | 2019 | 2020 | 2020 SPH BENCHMARK | 2019 QC BENCHMARK |
|----------------------------------|-----------------|-------|-------|-----------------------|-----------------------|----------------------|
| Rating Questions (% 9 or 10) | | | | | | |
| ★ Q31. Rating of Health Plan | 191 | 71.5% | 60.5% | 61.3% ⬆️ | 73.0% ▼ | 71.7% ▼ |
| ★ Q8. Rating of Health Care | 127 | 64.7% | 64.1% | 62.2% | 73.0% ▼ | 70.4% |
| ★ Q21. Rating of Personal Doctor | 153 | 71.0% | 73.2% | 68.0% | 79.1% ▼ | 77.3% ▼ |
| ★ Q25. Rating of Specialist | 37 [^] | 72.7% | 76.7% | 75.7% | 75.0% | 74.1% |
| Rating Questions (% 8, 9 or 10) | | | | | | |
| Q31. Rating of Health Plan | 191 | 86.7% | 81.5% | 78.0% ⬆️ | 87.5% ▼ | 86.5% ▼ |
| Q8. Rating of Health Care | 127 | 85.0% | 88.3% | 82.7% | 88.7% | 87.5% |
| Q21. Rating of Personal Doctor | 153 | 87.9% | 91.1% | 84.3% | 91.2% ▼ | 90.0% |
| Q25. Rating of Specialist | 37 [^] | 88.6% | 95.3% | 94.6% | 88.2% | 87.5% |

7

Total Star
Rating



Measures

3

Above QC
Benchmark

4

At or Below
QC
Benchmark

Note: Please refer to benchmark descriptions on slide 42.

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

Summary Rate Scores

Please see Technical Notes for more information.

COMPOSITES, ATTRIBUTES, AND KEY QUESTIONS

| | 2020 Valid n | 2018 | 2019 | 2020 | 2020 SPH BENCHMARK | 2019 QC BENCHMARK |
|--|-----------------|-------|-------|---------|-----------------------|----------------------|
| ★ Getting Needed Care (% Always or Usually) | 82^ | 83.9% | 96.1% | 90.4% | 85.6% | 84.5% ▲ |
| Q9. Getting care, tests, or treatment | 126 | 95.7% | 96.5% | 91.3% | 90.8% | 89.6% |
| Q23. Getting specialist appointment | 38^ | 72.1% | 95.7% | 89.5% ‡ | 80.4% | 79.7% |
| ★ Getting Care Quickly (% Always or Usually) | 86^ | 93.2% | 95.9% | 94.2% | 90.5% | 89.4% ▲ |
| Q4. Getting urgent care | 68^ | 93.1% | 97.5% | 97.1% | 91.7% ▲ | 91.2% ▲ |
| Q6. Getting routine care | 103 | 93.2% | 94.3% | 91.3% | 89.3% | 87.7% |
| Other Measure (% Always or Usually) | | | | | | |
| ★ Q20. Coordination of Care | 45^ | 68.8% | 81.6% | 80.0% | 85.0% | 83.8% |

7

Total Star
Rating



Measures

3

Above QC
Benchmark

4

At or Below
QC
Benchmark

Note: Please refer to benchmark descriptions on slide 42.

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



Summary Rate Scores

Please see Technical Notes for more information.

OTHER MEASURES

(Not used for accreditation/ratings)

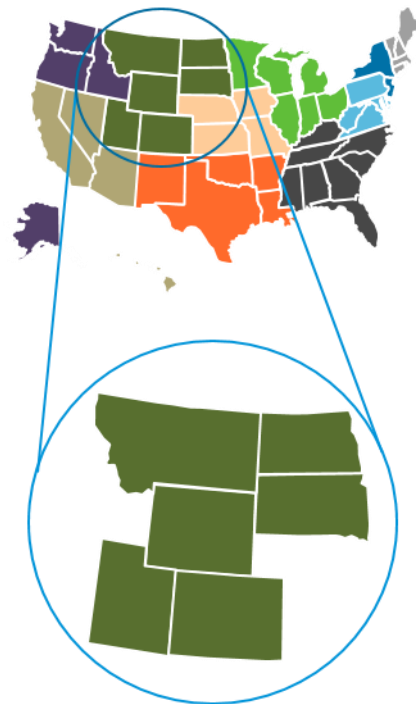
| | 2020 Valid n | 2018 | 2019 | 2020 | 2020 SPH BENCHMARK | 2019 QC BENCHMARK |
|--|-----------------|-------|--------|----------|-----------------------|----------------------|
| Other Measure (% Always or Usually) | | | | | | |
| Q30. Ease of filling out forms | 193 | 91.2% | 94.9% | 93.8% | 96.0% | 95.0% |
| Health Plan Customer Service (% Always or Usually) | 41^ | 83.0% | 88.0% | 87.8% | 88.9% | 88.4% |
| Q27. Provided information or help | 41^ | 77.4% | 80.4% | 75.6% | 83.7% | 83.2% |
| Q28. Treated with courtesy and respect | 41^ | 88.7% | 95.7% | 100.0% ‡ | 94.2% ▲ | 93.6% ▲ |
| How Well Doctors Communicate (% Always or Usually) | 94^ | 96.5% | 97.2% | 97.6% | 95.1% | 94.0% ▲ |
| Q12. Personal doctors explained things | 94^ | 98.6% | 100.0% | 98.9% | 95.4% ▲ | 94.5% ▲ |
| Q13. Personal doctors listened carefully | 94^ | 96.6% | 98.1% | 97.9% | 96.2% | 95.3% |
| Q14. Personal doctors showed respect | 94^ | 95.9% | 98.1% | 98.9% | 97.1% | 96.3% ▲ |
| Q17. Personal doctors spent enough time | 94^ | 95.1% | 92.5% | 94.7% | 91.7% | 89.7% ▲ |

Regional Performance

Please see Technical Notes for more information.

| | SUMMARY RATE | 2020 SPH BoB REGION |
|---|--------------|---------------------|
| Rating Questions (% 9 or 10) | | |
| Q31. Rating of Health Plan | 61.3% | 66.6% |
| Q8. Rating of Health Care | 62.2% | 69.9% |
| Q21. Rating of Personal Doctor | 68.0% ❖ | 82.1% |
| Q25. Rating of Specialist | 75.7% | 70.7% |
| Rating Questions (% 8, 9 or 10) | | |
| Q31. Rating of Health Plan | 78.0% | 83.1% |
| Q8. Rating of Health Care | 82.7% | 87.4% |
| Q21. Rating of Personal Doctor | 84.3% ❖ | 93.1% |
| Q25. Rating of Specialist | 94.6% | 87.5% |
| Getting Needed Care (% Always or Usually) | | |
| Q9. Getting care, tests, or treatment | 91.3% | 90.8% |
| Q23. Getting specialist appointment | 89.5% ❖ | 76.2% |
| Getting Care Quickly (% Always or Usually) | | |
| Q4. Getting urgent care | 97.1% ❖ | 91.1% |
| Q6. Getting routine care | 91.3% | 88.4% |
| Coordination of Care (Q20) (% Always or Usually) | | |
| | 80.0% | 82.6% |

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



Region 8: Denver

- Colorado
- North Dakota
- Utah
- Montana
- South Dakota
- Wyoming

Significance Testing

Current year score is significantly higher (❖) or lower (❖) than the 2020 SPH BoB Region score.



Percentile Rankings – Quality Compass (Child)

Please see Technical Notes for more information.

| | 2020 Plan | | National Percentiles from 2019 Quality Compass (Child) | | | | | | | | |
|---|--------------|------------------------|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | Score | Percentile | 5 th | 10 th | 25 th | 33 rd | 50 th | 67 th | 75 th | 90 th | 95 th |
| Rating Questions (% 9 or 10) | | | | | | | | | | | |
| Q31. Rating of Health Plan | 61.3% | <5 th | 61.33 | 65.04 | 68.82 | 69.89 | 72.03 | 74.24 | 75.64 | 78.26 | 79.46 |
| Q8. Rating of Health Care | 62.2% | 6 th | 61.58 | 64.53 | 67.44 | 69.07 | 71.06 | 72.93 | 74.03 | 76.26 | 77.25 |
| Q21. Rating of Personal Doctor | 68.0% | <5 th | 70.27 | 72.38 | 75.00 | 76.30 | 77.80 | 79.31 | 79.82 | 82.07 | 83.45 |
| Q25. Rating of Specialist | 75.7% | 64 th | 68.33 | 68.93 | 70.63 | 71.43 | 74.17 | 76.11 | 77.70 | 78.85 | 81.37 |
| Rating Questions (% 8, 9 or 10) | | | | | | | | | | | |
| Q31. Rating of Health Plan | 78.0% | <5 th | 79.03 | 81.40 | 84.48 | 85.29 | 87.15 | 88.29 | 89.38 | 90.95 | 92.22 |
| Q8. Rating of Health Care | 82.7% | 9 th | 80.17 | 82.97 | 85.76 | 86.86 | 88.24 | 89.47 | 90.12 | 91.29 | 92.46 |
| Q21. Rating of Personal Doctor | 84.3% | <5 th | 84.65 | 86.55 | 88.69 | 89.47 | 90.49 | 91.40 | 92.02 | 93.16 | 93.63 |
| Q25. Rating of Specialist | 94.6% | 100 th | 83.92 | 84.25 | 85.83 | 86.61 | 87.29 | 88.65 | 89.00 | 91.18 | 91.78 |
| Getting Needed Care (% Always or Usually) | 90.4% | 92nd | 77.08 | 78.40 | 81.49 | 83.03 | 84.85 | 86.85 | 88.01 | 89.98 | 91.04 |
| Q9. Getting care, tests, or treatment | 91.3% | 62 nd | 82.57 | 83.94 | 87.46 | 88.07 | 90.11 | 91.80 | 92.43 | 94.20 | 94.96 |
| Q23. Getting specialist appointment | 89.5% | 100 th | 70.34 | 73.00 | 76.00 | 77.05 | 80.00 | 83.00 | 84.16 | 86.27 | 87.38 |
| Getting Care Quickly (% Always or Usually) | 94.2% | 89th | 80.94 | 82.95 | 87.01 | 88.06 | 89.98 | 91.69 | 92.43 | 94.17 | 95.30 |
| Q4. Getting urgent care | 97.1% | 95 th | 83.06 | 85.00 | 89.43 | 90.32 | 92.00 | 93.33 | 93.84 | 95.74 | 97.01 |
| Q6. Getting routine care | 91.3% | 77 th | 78.95 | 80.82 | 84.54 | 86.53 | 88.16 | 90.21 | 91.06 | 93.44 | 94.24 |
| Coordination of Care (Q20) (% Always or Usually) | 80.0% | 18th | 75.63 | 78.57 | 81.11 | 82.26 | 84.06 | 85.71 | 87.18 | 89.33 | 89.83 |

Shading indicates that the plan has achieved the percentile level in the column header.



Percentile Rankings – SPH Book of Business (Child)

Please see Technical Notes for more information.

| | 2020 Plan | | National Percentiles from 2020 SPH Book of Business (Child) | | | | | | | | |
|---|--------------|------------------------|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | Score | Percentile | 5 th | 10 th | 25 th | 33 rd | 50 th | 67 th | 75 th | 90 th | 95 th |
| Rating Questions (% 9 or 10) | | | | | | | | | | | |
| Q31. Rating of Health Plan | 61.3% | 5 th | 60.95 | 65.09 | 70.51 | 71.43 | 73.87 | 75.53 | 76.89 | 80.05 | 81.93 |
| Q8. Rating of Health Care | 62.2% | <5 th | 64.03 | 66.76 | 70.22 | 71.45 | 73.14 | 75.62 | 76.55 | 79.35 | 80.27 |
| Q21. Rating of Personal Doctor | 68.0% | <5 th | 72.21 | 74.13 | 76.76 | 77.80 | 79.22 | 81.09 | 81.75 | 83.61 | 84.55 |
| Q25. Rating of Specialist | 75.7% | 56 th | 62.46 | 66.67 | 71.11 | 72.56 | 74.36 | 77.95 | 80.00 | 83.89 | 85.88 |
| Rating Questions (% 8, 9 or 10) | | | | | | | | | | | |
| Q31. Rating of Health Plan | 78.0% | <5 th | 79.21 | 81.89 | 85.61 | 86.60 | 88.15 | 89.37 | 90.14 | 92.12 | 92.88 |
| Q8. Rating of Health Care | 82.7% | <5 th | 83.54 | 84.66 | 86.83 | 87.62 | 88.89 | 90.28 | 90.75 | 92.58 | 93.32 |
| Q21. Rating of Personal Doctor | 84.3% | <5 th | 86.23 | 87.79 | 90.12 | 90.43 | 91.36 | 92.12 | 92.63 | 93.76 | 94.79 |
| Q25. Rating of Specialist | 94.6% | 92 nd | 81.78 | 82.41 | 85.71 | 86.67 | 88.14 | 90.51 | 91.58 | 93.52 | 95.10 |
| Getting Needed Care (% Always or Usually) | 90.4% | 86th | 76.40 | 78.95 | 82.44 | 84.01 | 85.99 | 87.65 | 88.62 | 91.06 | 91.92 |
| Q9. Getting care, tests, or treatment | 91.3% | 51 st | 82.24 | 85.42 | 88.60 | 89.29 | 91.02 | 93.13 | 93.49 | 95.16 | 96.09 |
| Q23. Getting specialist appointment | 89.5% | 94 th | 66.04 | 71.46 | 76.27 | 77.98 | 80.95 | 83.73 | 84.71 | 88.05 | 90.25 |
| Getting Care Quickly (% Always or Usually) | 94.2% | 83rd | 80.48 | 84.44 | 88.51 | 89.92 | 91.55 | 92.89 | 93.43 | 94.73 | 95.35 |
| Q4. Getting urgent care | 97.1% | 95 th | 81.35 | 84.27 | 89.36 | 90.70 | 92.86 | 94.15 | 94.64 | 96.25 | 97.15 |
| Q6. Getting routine care | 91.3% | 59 th | 79.35 | 81.90 | 86.69 | 88.52 | 90.78 | 91.99 | 92.65 | 94.29 | 95.18 |
| Coordination of Care (Q20) (% Always or Usually) | 80.0% | 17th | 75.76 | 77.78 | 82.50 | 83.83 | 85.42 | 87.22 | 88.31 | 89.96 | 91.38 |

Shading indicates that the plan has achieved the percentile level in the column header.



Profile of Survey Respondents

Demographic Composition

- BCBS of Wyoming



Profile of Survey Respondents: Section Information

Please see Technical Notes for more information.

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

The percentages of respondents are displayed by demographic category (Child's Age, Gender, Health Status, Mental/Emotional Health Status, Ethnicity, and Race, as well as Respondent's Age, Gender, Education and Relation to Child) from your current survey, compared to trend data (if applicable) and the 2020 SPH Analytics Medicaid Child Book of Business and the 2019 Medicaid Child Quality Compass® All Plans benchmarks.

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

Significance Testing

Green – Current year score is significantly higher than the 2019 score (↑), the 2018 score (‡) or benchmark (▲) score.

Red – Current year score is significantly lower than the 2019 score (↓), the 2018 score (§) or benchmark (▼) score.

SPH refers to the 2020 SPH Analytics Book of Business benchmark.

QC refers to the 2019 Quality Compass® All Plans benchmark.

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

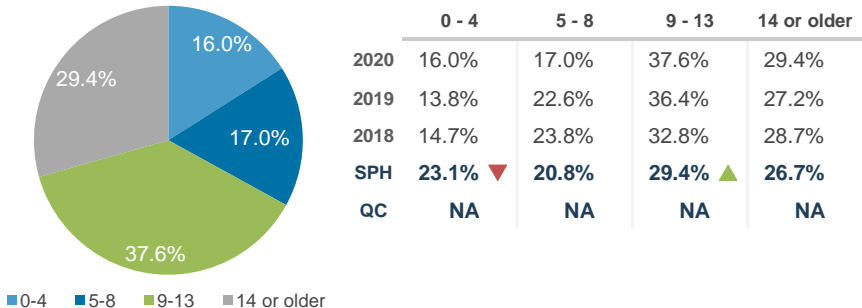
Profile of Survey Respondents

Please see Technical Notes for more information.

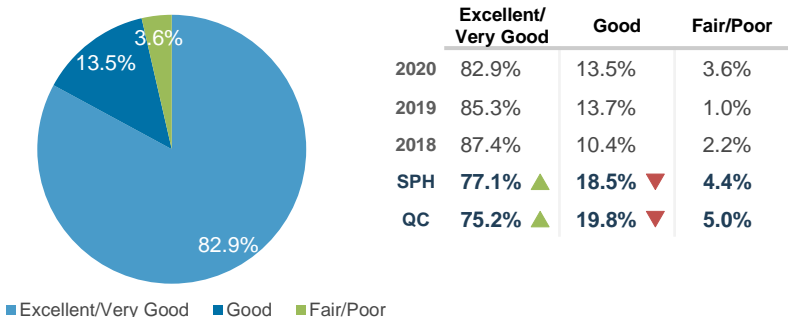
Survey Demographics

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

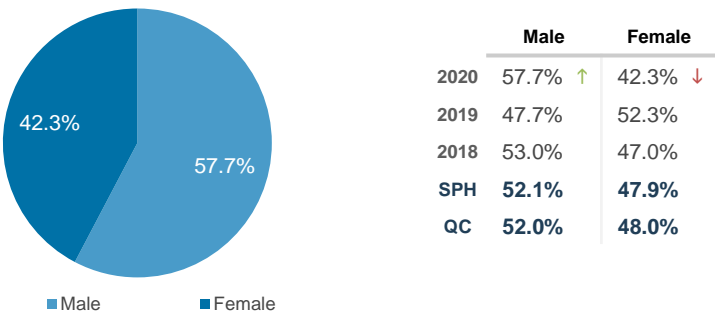
Child's Age



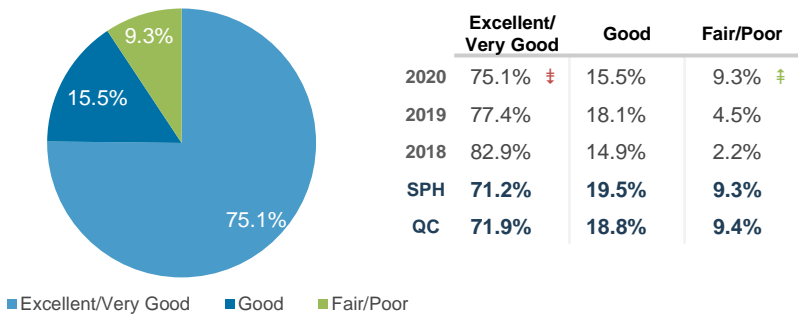
Child's Health Status



Child's Gender



Child's Mental/Emotional Health Status



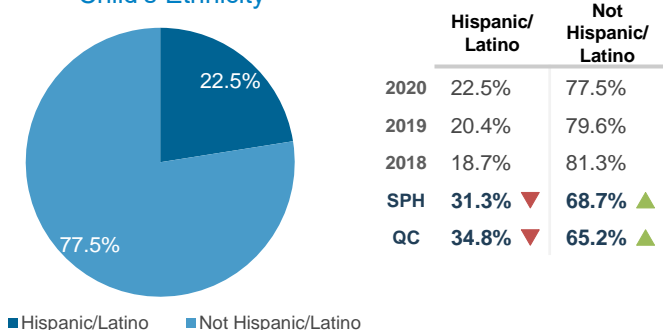
Profile of Survey Respondents

Please see Technical Notes for more information.

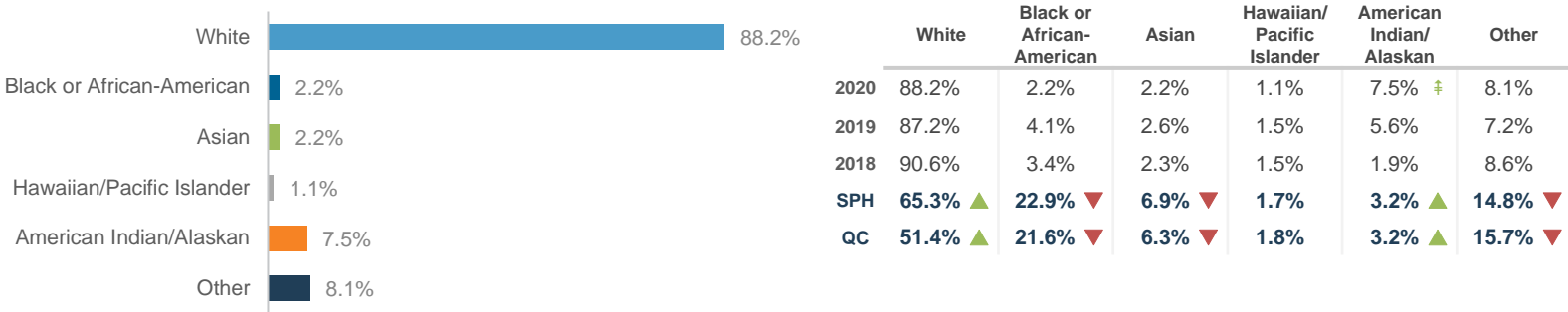
Survey Demographics

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

Child's Ethnicity



Child's Race



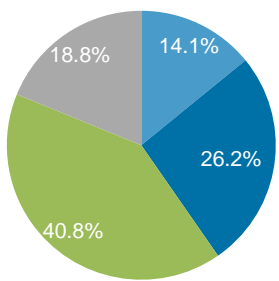
Profile of Survey Respondents

Please see Technical Notes for more information.

Survey Demographics

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

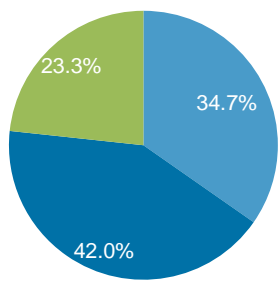
Respondent's Age



| | 24 or younger | 25 - 34 | 35 - 44 | 45 or older |
|------|---------------|---------|---------|-------------|
| 2020 | 14.1% | 26.2% | 40.8% | 18.8% |
| 2019 | 10.1% | 29.1% | 40.7% | 20.1% |
| 2018 | 9.6% | 32.2% | 40.4% | 17.8% |
| SPH | 12.2% | 26.5% | 32.8% ▲ | 28.5% ▼ |
| QC | 11.7% | 28.7% | 32.4% ▲ | 27.1% ▼ |

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

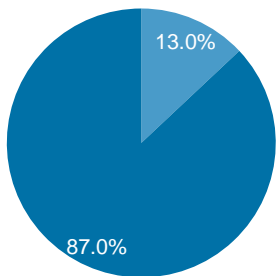
Respondent's Education



| | HS Graduate or Less | Some College | College Graduate or More |
|------|---------------------|--------------|--------------------------|
| 2020 | 34.7% | 42.0% | 23.3% |
| 2019 | 37.1% | 44.2% | 18.8% |
| 2018 | 33.6% | 50.2% | 16.2% |
| SPH | 49.9% ▼ | 33.2% ▲ | 17.0% ▲ |
| QC | 53.8% ▼ | 30.8% ▲ | 15.5% ▲ |

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

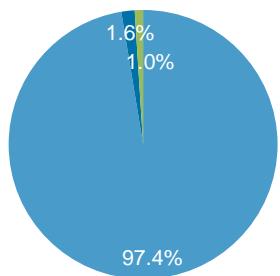
Respondent's Gender



| | Male | Female |
|------|-------|--------|
| 2020 | 13.0% | 87.0% |
| 2019 | 7.5% | 92.5% |
| 2018 | 10.3% | 89.7% |
| SPH | 12.9% | 87.1% |
| QC | 12.8% | 87.3% |

■ Male ■ Female

Respondent's Relation to Child



| | Parent | Grandparent | Other |
|------|---------|-------------|--------|
| 2020 | 97.4% | 1.6% | 1.0% |
| 2019 | 99.0% | 0.5% | 0.5% |
| 2018 | 98.2% | 0.7% | 1.1% |
| SPH | 90.0% ▲ | 6.7% ▼ | 3.3% ▼ |
| QC | 89.8% ▲ | 6.9% ▼ | 3.3% ▼ |

■ Parent ■ Grandparent ■ Other



Demographic Segment Analyses

Subgroup Analysis

- BCBS of Wyoming



Demographic Analyses: Section Information

Please see Technical Notes for more information.

Segmenting Responses The CAHPS® 5.0 survey asks demographic questions about the respondent. This section allows you to evaluate the differences across segments of your contract’s members. Reviewing measures across different survey response categories may indicate a health plan’s overall ability to meet the needs of a varied population.

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

| | High School or Less (A) | Some College or More (B) |
|-----------------------|-------------------------------|--------------------------------|
| Rating of Health Plan | 85% ^B | 80% |

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

- Segment Groups**
- Rating of Health Plan (Q31)
 - Rating of Health Care (Q8)
 - Child’s Health Status (Q32)
 - Child’s Mental/Emotional Health Status (Q33)
 - Survey Type
 - Child’s Age (Q34)
 - Child’s Gender (Q35)
 - Child’s Race (Q36)
 - Child’s Ethnicity (Q37)
 - Respondent’s Age (Q38)
 - Respondent’s Gender (Q39)
 - Respondent’s Education (Q40)



Demographic Segments

Please see Technical Notes for more information.

| | <u>Rating of Health Plan</u> | | <u>Rating of Health Care</u> | | <u>Health Status</u> | | | <u>Mental Health Status</u> | | | <u>Survey Type</u> | | | <u>Child's Age</u> | | | |
|---|------------------------------|-------|------------------------------|-------|------------------------|-------|--------------|-----------------------------|-------|--------------|--------------------|-------|----------|--------------------|-------|-------|-------|
| | 8-10 | 0-7 | 8-10 | 0-7 | Excellent or Very good | Good | Fair or Poor | Excellent or Very good | Good | Fair or Poor | Mail | Phone | Internet | 0-4 | 5-8 | 9-13 | 14+ |
| | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) | (L) | (M) | (N) | (O) | (P) | (Q) |
| <i>Total respondents</i> | 149 | 42 | 105 | 22 | 160 | 26 | 7^ | 145 | 30 | 18^ | 156 | 43 | 0^ | 31 | 33 | 73 | 57 |
| Rating Questions (% 9 or 10) | | | | | | | | | | | | | | | | | |
| Q31. Rating of Health Plan | 78.5% B | 0.0% | 71.0% | 18.2% | 66.7% | 38.5% | 28.6% | 67.4% | 55.2% | 27.8% | 66.0% L | 43.9% | --- | 70.0% | 62.5% | 62.5% | 56.4% |
| Q8. Rating of Health Care | 73.7% | 18.5% | 75.2% | 0.0% | 65.1% | 50.0% | 20.0% | 66.3% | 60.0% | 27.3% | 64.4% | 53.8% | --- | 64.0% | 50.0% | 69.8% | 57.6% |
| Q21. Rating of Personal Doctor | 71.9% | 46.4% | 77.0% | 43.8% | 70.5% | 52.9% | 50.0% | 74.4% | 56.5% | 22.2% | 69.6% | 63.2% | --- | 75.9% | 70.8% | 63.2% | 70.0% |
| Q25. Rating of Specialist | 86.7% | 28.6% | 82.8% | 20.0% | 80.0% | 50.0% | 66.7% | 80.0% | 71.4% | 60.0% | 79.3% | 62.5% | --- | 57.1% | 83.3% | 83.3% | 75.0% |
| Rating Questions (% 8, 9 or 10) | | | | | | | | | | | | | | | | | |
| Q31. Rating of Health Plan | 100% B | 0.0% | 88.0% | 31.8% | 82.7% | 57.7% | 57.1% | 83.0% | 75.9% | 50.0% | 79.3% | 73.2% | --- | 83.3% | 75.0% | 77.8% | 80.0% |
| Q8. Rating of Health Care | 92.6% | 44.4% | 100% | 0.0% | 85.8% | 57.1% | 80.0% | 83.7% | 85.0% | 63.6% | 84.2% | 76.9% | --- | 72.0% | 87.5% | 81.4% | 87.9% |
| Q21. Rating of Personal Doctor | 89.3% | 60.7% | 90.8% | 68.8% | 86.0% | 76.5% | 75.0% | 88.9% | 73.9% | 55.6% | 87.0% | 76.3% | --- | 86.2% | 91.7% | 82.5% | 82.5% |
| Q25. Rating of Specialist | 100% | 71.4% | 100% | 60.0% | 100% | 50.0% | 100% | 100% | 85.7% | 80.0% | 96.6% | 87.5% | --- | 85.7% | 100% | 91.7% | 100% |
| Getting Needed Care (% Always or Usually) | 93.5% | 77.9% | 92.7% | 84.8% | 90.8% | 86.4% | 90.0% | 91.1% | 87.9% | 91.7% | 93.3% | 78.4% | --- | 89.8% | 97.8% | 86.0% | 91.3% |
| Q9. Getting care, tests, or treatment | 93.8% | 80.8% | 92.2% | 86.4% | 91.5% | 92.9% | 80.0% | 90.2% | 90.0% | 100% | 97.0% | 68.0% | --- | 92.0% | 95.7% | 88.6% | 90.9% |
| Q23. Getting specialist appointment | 93.3% | 75.0% | 93.1% | 83.3% | 90.0% | 80.0% | 100% | 92.0% | 85.7% | 83.3% | 89.7% | 88.9% | --- | 87.5% | 100% | 83.3% | 91.7% |
| Getting Care Quickly (% Always or Usually) | 95.0% | 92.0% | 94.6% | 93.3% | 94.1% | 100% | 83.3% | 94.0% | 97.1% | 93.8% | 96.5% | 85.7% | --- | 94.0% | 100% | 95.0% | 90.8% |
| Q4. Getting urgent care | 98.1% | 92.3% | 95.6% | 100% | 96.4% | 100% | 100% | 96.1% | 100% | 100% | 96.7% | 100% | --- | 100% | 100% | 96.0% | 94.1% |
| Q6. Getting routine care | 91.9% | 91.7% | 93.7% | 86.7% | 91.8% | 100% | 66.7% | 91.9% | 94.1% | 87.5% | 96.3% | 71.4% | --- | 88.0% | 100% | 93.9% | 87.5% |
| Coordination of Care (Q20) (% Always or Usually) | 84.8% | 66.7% | 88.2% | 50.0% | 79.4% | 87.5% | 66.7% | 84.8% | 66.7% | 80.0% | 79.4% | 81.8% | --- | 75.0% | 60.0% | 88.2% | 81.8% |

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

Demographic Segments

Please see Technical Notes for more information.

| | <u>Rating of Health Plan</u> | | <u>Rating of Health Care</u> | | <u>Health Status</u> | | | <u>Mental Health Status</u> | | | <u>Survey Type</u> | | | <u>Child's Age</u> | | | |
|---|------------------------------|--------------|------------------------------|--------------|------------------------|--------------|--------------|-----------------------------|--------------|--------------|--------------------|--------------|------------|--------------------|--------------|--------------|--------------|
| | 8-10 | 0-7 | 8-10 | 0-7 | Excellent or Very good | Good | Fair or Poor | Excellent or Very good | Good | Fair or Poor | Mail | Phone | Internet | 0-4 | 5-8 | 9-13 | 14+ |
| | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) | (L) | (M) | (N) | (O) | (P) | (Q) |
| Total respondents | 149 | 42 | 105 | 22 | 160 | 26 | 7^ | 145 | 30 | 18^ | 156 | 43 | 0^ | 31 | 33 | 73 | 57 |
| Health Plan Customer Service (% Always or Usually) | 88.2% | 85.7% | 84.0% | 83.3% | 87.5% | 91.7% | 83.3% | 88.2% | 83.3% | 100% | 87.5% | 88.9% | --- | 87.5% | 90.0% | 85.3% | 90.0% |
| Q27. Provided information or help | 76.5% | 71.4% | 68.0% | 66.7% | 75.0% | 83.3% | 66.7% | 76.5% | 66.7% | 100% | 75.0% | 77.8% | --- | 75.0% | 80.0% | 70.6% | 80.0% |
| Q28. Treated with courtesy and respect | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | --- | 100% | 100% | 100% | 100% |
| How Well Doctors Communicate (% Always or Usually) | 98.7% | 92.2% | 98.7% | 91.1% | 98.7% | 90.9% | 91.7% | 99.0% | 89.6% | 95.8% | 99.3% | 91.7% | --- | 95.7% | 98.1% | 98.5% | 97.9% |
| Q12. Personal doctors explained things | 100% | 93.8% | 100% | 92.9% | 100% | 90.9% | 100% | 100% | 91.7% | 100% | 100% | 95.2% | --- | 95.7% | 100% | 100% | 100% |
| Q13. Personal doctors listened carefully | 98.7% | 93.8% | 98.7% | 92.9% | 100% | 90.9% | 66.7% | 100% | 83.3% | 100% | 100% | 90.5% | --- | 95.7% | 100% | 100% | 95.8% |
| Q14. Personal doctors showed respect | 100% | 93.8% | 100% | 92.9% | 100% | 90.9% | 100% | 100% | 91.7% | 100% | 100% | 95.2% | --- | 95.7% | 100% | 100% | 100% |
| Q17. Personal doctors spent enough time | 96.1% | 87.5% | 96.1% | 85.7% | 94.9% | 90.9% | 100% | 95.9% | 91.7% | 83.3% | 97.3% | 85.7% | --- | 95.7% | 92.3% | 93.9% | 95.8% |
| Other Measures | | | | | | | | | | | | | | | | | |
| Q30. Ease of filling out forms (% Always or Usually) | 95.9% | 85.4% | 94.1% | 85.7% | 94.3% | 88.0% | 100% | 95.1% | 82.1% | 100% | 95.4% | 88.1% | --- | 93.3% | 90.9% | 94.2% | 94.7% |
| Q7. Average number of visits to doctor's office or clinic | 1.42 | 1.61 | 2.07 | 2.43 | 1.33 | 2.02 | 2.29 | 1.27 | 1.98 | 1.92 | 1.31 | 1.88 | --- | 2.21 □ | 1.25 | 1.49 | 1.12 |
| Q11. Average number of visits to personal doctor | 1.19 | 1.34 | 1.67 | 2.09 | 1.02 | 2.41 | 2.00 | 1.18 | 0.74 | 2.61 | 1.20 | 1.25 | --- | 2.38 | 0.79 | 1.02 | 0.93 |
| Q24. Average number of specialists seen | 1.27 | 1.25 | 1.33 | 1.00 | 1.23 | 1.00 | 2.00 | 1.20 | 1.43 | 1.33 | 1.21 | 1.40 | --- | 1.00 | 1.67 | 1.25 | 1.25 |

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

Demographic Segments

Please see Technical Notes for more information.

| | Child's Gender | | Child's Race | | | Child's Ethnicity | | Respondent's Age | | | | Respondent's Gender | | Respondent's Education | |
|--|----------------|--------|--------------|---------------------------|--------|-------------------|--------------|------------------|---------|-------|-------|---------------------|--------|------------------------|----------------------|
| | Male | Female | White | Black or African-American | Other* | Hispanic | Not Hispanic | 24 or younger | 25-34 | 35-44 | 45+ | Male | Female | High School or Less | Some College or More |
| | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) | (L) | (M) | (N) | (O) |
| Total respondents | 112 | 82 | 164 | 4^ | 21 | 43 | 148 | 27 | 50 | 78 | 36 | 25 | 168 | 67 | 126 |
| Rating Questions (% 9 or 10) | | | | | | | | | | | | | | | |
| Q31. Rating of Health Plan | 64.2% | 58.8% | 63.0% | 25.0% | 50.0% | 51.2% | 64.6% | 61.5% | 66.0% | 56.0% | 65.7% | 59.1% | 61.8% | 51.5% | 66.9% N |
| Q8. Rating of Health Care | 60.3% | 63.2% | 61.9% | 0.0% | 75.0% | 53.3% | 65.6% | 52.6% | 67.6% | 59.6% | 66.7% | 60.0% | 62.6% | 60.5% | 63.3% |
| Q21. Rating of Personal Doctor | 64.4% | 74.6% | 71.2% | 50.0% | 41.7% | 60.0% | 71.2% | 81.8% | 84.6% J | 58.6% | 57.1% | 61.5% | 69.6% | 71.7% | 67.6% |
| Q25. Rating of Specialist | 75.0% | 76.5% | 75.0% | 100% | 100% | 66.7% | 77.4% | 100% | 75.0% | 75.0% | 71.4% | 100% | 75.0% | 83.3% | 75.0% |
| Rating Questions (% 8, 9 or 10) | | | | | | | | | | | | | | | |
| Q31. Rating of Health Plan | 80.7% | 76.3% | 80.2% | 25.0% | 70.0% | 74.4% | 79.9% | 73.1% | 80.0% | 78.7% | 80.0% | 63.6% | 80.6% | 75.8% | 80.2% |
| Q8. Rating of Health Care | 85.3% | 78.9% | 82.9% | 100% | 91.7% | 73.3% | 86.0% | 68.4% | 82.4% | 87.2% | 90.5% | 73.3% | 85.0% | 79.1% | 86.1% |
| Q21. Rating of Personal Doctor | 85.1% | 84.1% | 85.6% | 50.0% | 91.7% | 83.3% | 85.6% | 95.5% | 94.9% J | 79.3% | 78.6% | 84.6% | 85.9% | 87.0% | 85.3% |
| Q25. Rating of Specialist | 90.0% | 100% | 93.8% | 100% | 100% | 83.3% | 96.8% | 100% | 100% | 87.5% | 100% | 100% | 93.8% | 91.7% | 95.8% |
| Getting Needed Care (% Always or Usually) | 87.0% | 94.4% | 90.1% | 100% | 95.8% | 81.7% | 92.6% | 82.2% | 93.0% | 86.1% | 100% | 100% | 89.3% | 95.5% | 87.8% |
| Q9. Getting care, tests, or treatment | 88.2% | 94.7% | 92.4% | 100% | 91.7% | 80.0% | 94.6% | 89.5% | 97.1% J | 84.8% | 100% | 100% | 90.7% | 90.9% | 92.3% |
| Q23. Getting specialist appointment | 85.7% | 94.1% | 87.9% | 100% | 100% | 83.3% | 90.6% | 75.0% | 88.9% | 87.5% | 100% | 100% | 87.9% | 100% | 83.3% |
| Getting Care Quickly (% Always or Usually) | 93.8% | 95.4% | 95.5% | 100% | 83.8% | 89.7% | 95.8% | 86.2% | 96.7% | 93.6% | 100% | 100% | 93.9% | 89.6% | 97.0% |
| Q4. Getting urgent care | 96.8% | 97.2% | 98.2% | 100% | 85.7% | 93.8% | 98.0% | 90.0% | 100% | 96.3% | 100% | 100% | 96.6% | 91.3% | 100% |
| Q6. Getting routine care | 90.7% | 93.6% | 92.9% | 100% | 81.8% | 85.7% | 93.5% | 82.4% | 93.3% | 90.9% | 100% | 100% | 91.2% | 87.9% | 93.9% |
| Coordination of Care (Q17) (% Always or Usually) | 81.5% | 77.8% | 78.0% | 0.0% | 100% | 83.3% | 78.8% | 62.5% | 78.6% | 87.5% | 83.3% | 100% | 77.5% | 75.0% | 84.0% |

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

*Other includes all respondents who selected any race other than White or Black/African-American and did not select White or Black/African-American.

Demographic Segments

Please see Technical Notes for more information.

| | <u>Child's Gender</u> | | <u>Child's Race</u> | | | <u>Child's Ethnicity</u> | | <u>Respondent's Age</u> | | | | <u>Respondent's Gender</u> | | <u>Respondent's Education</u> | |
|---|-----------------------|--------------------|---------------------|---------------------------|--------|--------------------------|--------------|-------------------------|-------------------|--------------|--------------|----------------------------|--------------|-------------------------------|----------------------|
| | Male | Female | White | Black or African-American | Other* | Hispanic | Not Hispanic | 24 or younger | 25-34 | 35-44 | 45+ | Male | Female | High School or Less | Some College or More |
| | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) | (L) | (M) | (N) | (O) |
| <i>Total respondents</i> | 112 | 82 | 164 | 4 ^A | 21 | 43 | 148 | 27 | 50 | 78 | 36 | 25 | 168 | 67 | 126 |
| Health Plan Customer Service (% Always or Usually) | 81.0% | 94.7% | 86.1% | 0.0% | 100% | 90.9% | 86.7% | 100% | 87.5% | 87.5% | 81.3% | 100% | 86.8% | 88.9% | 87.0% |
| Q27. Provided information or help | 61.9% | 89.5% | 72.2% | 0.0% | 100% | 81.8% | 73.3% | 100% | 75.0% | 75.0% | 62.5% | 100% | 73.7% | 77.8% | 73.9% |
| Q28. Treated with courtesy and respect | 100% | 100% | 100% | 0.0% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| How Well Doctors Communicate (% Always or Usually) | 97.5% | 97.7% | 97.3% | 0.0% | 100% | 97.5% | 97.5% | 98.5% | 98.0% | 95.7% | 100% | 93.8% | 97.9% | 96.8% | 98.0% |
| Q12. Personal doctors explained things | 98.0% | 100% | 98.8% | 0.0% | 100% | 100% | 98.6% | 100% | 100% | 97.1% | 100% | 100% | 98.8% | 100% | 98.4% |
| Q13. Personal doctors listened carefully | 98.0% | 97.7% | 97.6% | 0.0% | 100% | 100% | 97.2% | 100% | 100% | 94.3% | 100% | 100% | 97.6% | 96.8% | 98.4% |
| Q14. Personal doctors showed respect | 98.0% | 100% | 98.8% | 0.0% | 100% | 100% | 98.6% | 100% | 100% | 97.1% | 100% | 100% | 98.8% | 100% | 98.4% |
| Q17. Personal doctors spent enough time | 96.0% | 93.0% | 94.0% | 0.0% | 100% | 90.0% | 95.8% | 94.1% | 92.0% | 94.3% | 100% | 75.0% | 96.4% | 90.3% | 96.7% |
| Other Measures | | | | | | | | | | | | | | | |
| Q30. Ease of filling out forms (% Always or Usually) | 90.8% | 97.5% ^A | 94.4% | 100% | 89.5% | 92.7% | 93.8% | 96.0% | 93.9% | 92.2% | 94.3% | 91.3% | 93.9% | 92.4% | 94.3% |
| Q7. Average number of visits to doctor's office or clinic | 1.52 | 1.38 | 1.50 | 0.25 | 1.19 | 1.51 | 1.44 | 1.54 | 1.63 ^K | 1.53 | 0.94 | 1.44 | 1.45 | 1.72 | 1.30 |
| Q11. Average number of visits to personal doctor | 1.33 | 1.06 | 1.23 | 0 | 1.33 | 1.55 | 1.11 | 1.14 | 1.69 | 1.22 | 0.61 | 0.69 | 1.27 | 1.74 | 0.99 |
| Q24. Average number of specialists seen | 1.38 | 1.12 | 1.24 | 1.00 | 1.67 | 1.33 | 1.25 | 1.00 | 1.11 | 1.50 | 1.14 | 1.75 | 1.21 | 1.31 | 1.25 |

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

^KOther includes all respondents who selected any race other than White or Black/African-American and did not select White or Black/African-American.



Appendix: Correlation Analyses

Plan Specific Correlations

- BCBS of Wyoming

Highest Correlations

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

| With Health Care Rating | | | With Personal Doctor Rating | | | With Specialist Rating | | |
|-------------------------|--------------------------|--------|-----------------------------|--------------------------|--------|------------------------|--------------------------|--------|
| Q31 | Health plan overall | 0.5651 | Q25 | Specialist overall | 0.7338 | Q21 | Personal doctor overall | 0.7338 |
| Q25 | Specialist overall | 0.5609 | Q13 | Dr. listened carefully | 0.6171 | Q31 | Health plan overall | 0.6805 |
| Q20 | Dr. informed about care | 0.5293 | Q14 | Dr. showed respect | 0.5617 | Q8 | Health care overall | 0.5609 |
| Q21 | Personal doctor overall | 0.4159 | Q8 | Health care overall | 0.4159 | Q13 | Dr. listened carefully | 0.5421 |
| Q9 | Got care/tests/treatment | 0.3209 | Q27 | CS provided info./help | 0.4101 | Q12 | Dr. explained things | 0.4894 |
| Q6 | Got routine care | 0.2489 | Q17 | Dr. spent enough time | 0.3999 | Q17 | Dr. spent enough time | 0.4568 |
| Q12 | Dr. explained things | 0.2109 | Q20 | Dr. informed about care | 0.3964 | Q9 | Got care/tests/treatment | 0.4480 |
| Q13 | Dr. listened carefully | 0.1981 | Q12 | Dr. explained things | 0.3849 | Q14 | Dr. showed respect | 0.4282 |
| Q27 | CS provided info./help | 0.1829 | Q9 | Got care/tests/treatment | 0.3842 | Q20 | Dr. informed about care | 0.3382 |
| Q23 | Got specialist appt. | 0.1686 | Q31 | Health plan overall | 0.2736 | Q30 | Easy to fill out forms | 0.3073 |



Appendix: Flowchart

Understanding Relative Performance of Composite Measures

- BCBS of Wyoming

Flowchart – Understanding Relative Performance

Please see Technical Notes for more information.

How composite questions perform relative to each other

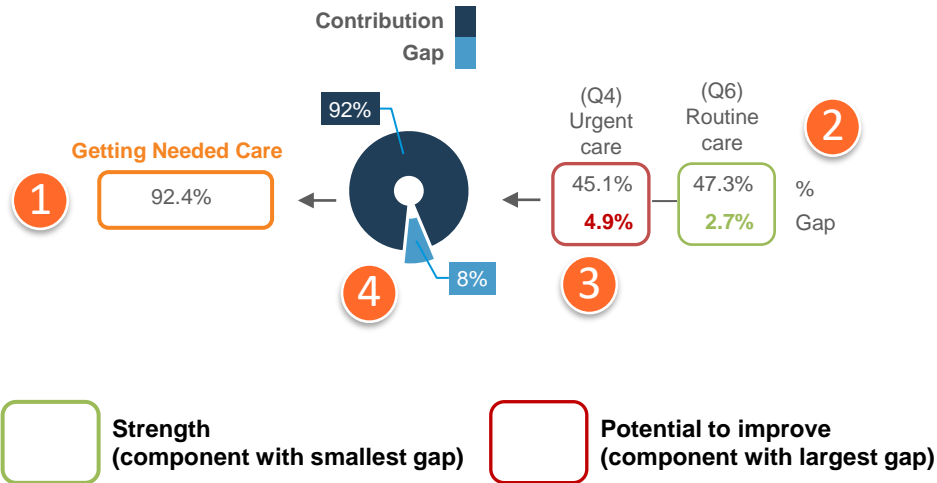
- 1 Composite summary rate scores are displayed in the orange box.
- 2 Next to the composite score are the questions included in the composite.
- 3 There are two numbers in the boxes under the questions. The top number is how much that question contributes to the composite score (Actual Contribution).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

$$\frac{\text{Plan Score}}{\text{Max Score}} \times \frac{\text{Maximum Contribution}}{\text{Maximum Contribution}} = \frac{\text{Actual Contribution}}{\text{Actual Contribution}} = \text{Gap}$$

Q6 Example:

$$\frac{94.6\%}{100\%} \times 50.0\% = 47.3\% \quad 50.0\% - 47.3\% = 2.7\%$$

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



Flowchart – Understanding Relative Performance

Please see Technical Notes for more information.

 Strength
(component with smallest gap)

 Potential to improve
(component with largest gap)



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



Appendix: Accreditation

Estimated NCQA Plan Ratings and Frequency Distributions

- BCBS of Wyoming

Estimated NCQA Health Insurance Plan Ratings

Please see Technical Notes for more information.

EXPLANATION Beginning in 2020, NCQA planned significant changes to Health Plan Accreditation. CAHPS would no longer be scored using three-point scores for purposes of health plan accreditation. Instead, health plans would be scored on a 1-5 star rating system based on HEDIS and CAHPS measures, with a bonus available for plans successfully completing the review of standards and guidelines. Because they are no longer used by NCQA, SPH no longer calculates and presents three-point scores and accreditation thresholds in this report.

The **COVID-19** pandemic and the associated strain on the health care system led NCQA to decide not to publish Health Plan Ratings in 2020. The information contained in this report uses the methodology described by NCQA but please be advised that **Health Plan Ratings will not be calculated and therefore, no measures (HEDIS/CAHPS) will be scored this year**. However, Accredited plans are still required to submit.

Please note the following:

- 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, 33.33rd, 66.67th 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. Percentiles and ratings are estimated based on the 2019 NCQA data and benchmarks.

| Rating = 1 | Rating = 2 | Rating = 3 | Rating = 4 | Rating = 5 |
|-------------------|---|---------------------------------|--|---------------------|
| Bottom 10 percent | Bottom 3 rd of plans but not bottom 10 th | Middle 3 rd of plans | Top 3 rd of plans, but not in the top 10 ^t | Top decile of plans |



Estimated NCQA Plan Ratings

Please see Technical Notes for more information.

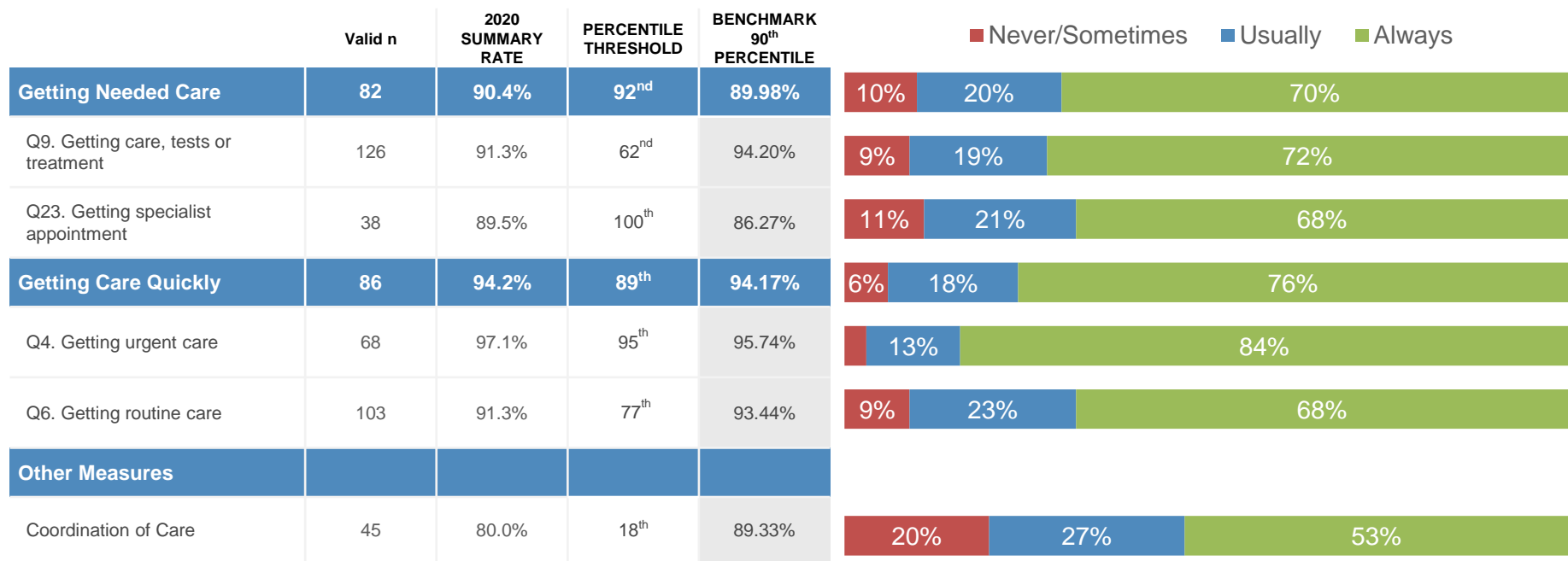
| | 2020 SUMMARY RATE | SUMMARY RATE DEFINITION | PERCENTILE RANK | SPH ESTIMATED RATING | WEIGHT |
|--|----------------------|----------------------------|------------------|-------------------------|--------|
| CONSUMER SATISFACTION | | | | 1.0 | |
| GETTING CARE | | | | NA | |
| Getting Needed Care | 90.4% | Usually + Always | 92 nd | NA | 1.5 |
| Getting Care Quickly | 94.2% | Usually + Always | 89 th | NA | 1.5 |
| SATISFACTION WITH PLAN PHYSICIANS | | | | 1.0 | |
| Rating of Personal Doctor | 68.0% | 9 + 10 | <5 th | 1.0 | 1.5 |
| Rating of Specialist | 75.7% | 9 + 10 | 64 th | NA | 1.5 |
| Rating of Health Care | 62.2% | 9 + 10 | 6 th | 1.0 | 1.5 |
| Coordination of Care | 80.0% | Usually + Always | 18 th | NA | 1.5 |
| SATISFACTION WITH PLAN SERVICES | | | | 1.0 | |
| Rating of Health Plan | 61.3% | 9 + 10 | <5 th | 1.0 | 1.5 |

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

*In response to the **COVID-19** pandemic, NCQA is not publishing Health Plan Ratings in 2020. These estimates are for informational purposes only.*

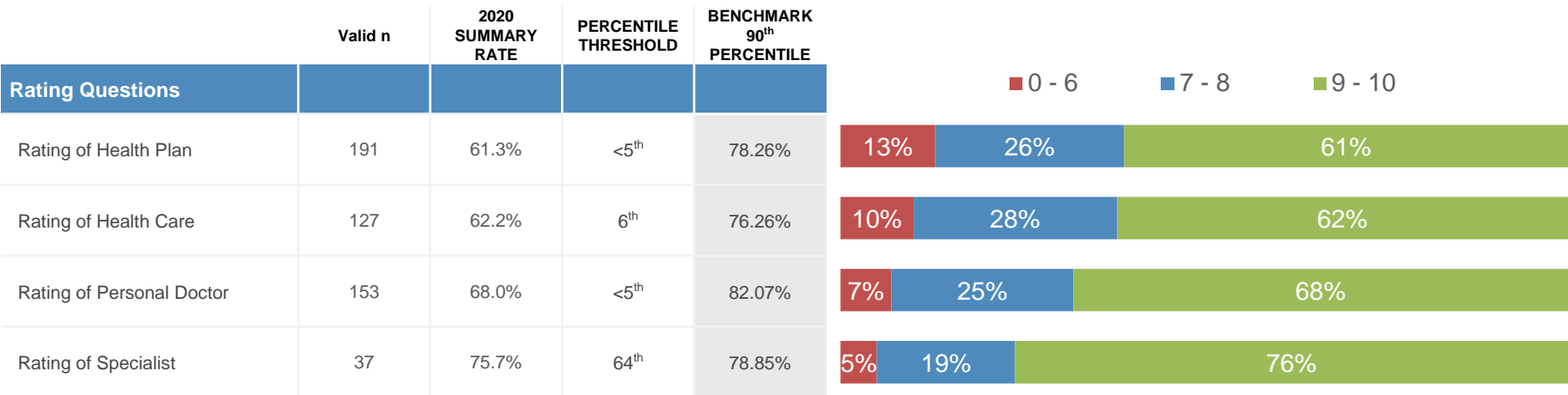
GLOBAL PROPORTIONS SCORING AND ACCREDITATION

The graphical presentation of frequency distributions, including Summary Rates for composites and rating questions are shown on these pages. In addition, the measure's percentile threshold when compared to the 2019 NCQA 90th percentile benchmark is shown. The 90th percentile is the standard for achieving the maximum rating possible for a particular CAHPS accreditation measure.



GLOBAL PROPORTIONS SCORING AND ACCREDITATION

The graphical presentation of frequency distributions, including Summary Rates for composites and rating questions are shown on these pages. In addition, the measure's percentile threshold when compared to the 2019 NCQA 90th percentile benchmark is shown. The 90th percentile is the standard for achieving the maximum rating possible for a particular CAHPS accreditation measure.





Appendix: Improvement Strategies and Voice of the Member

- BCBS of Wyoming

Rating of Health Care

Please see Technical Notes for more information.

Improvement Strategies – Rating of Health Care

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

Additional resource for improvement: AHRQ best practices

At the time of this report, AHRQ provided several resources to support health plans in their improvement efforts at the following link:

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

Need Additional Assistance? For health plans that need additional assistance interpreting survey results and leveraging data to identify appropriate next steps for improvement, SPH offers Performance Improvement Consulting. Contact your Strategic Account Executive to learn more or visit our website at <http://www.sphanalytics.com/consulting>.

Voice of the Member (SPH National Sample)

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



Rating of Specialist

Please see Technical Notes for more information.

Improvement Strategies – Rating of Specialist

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

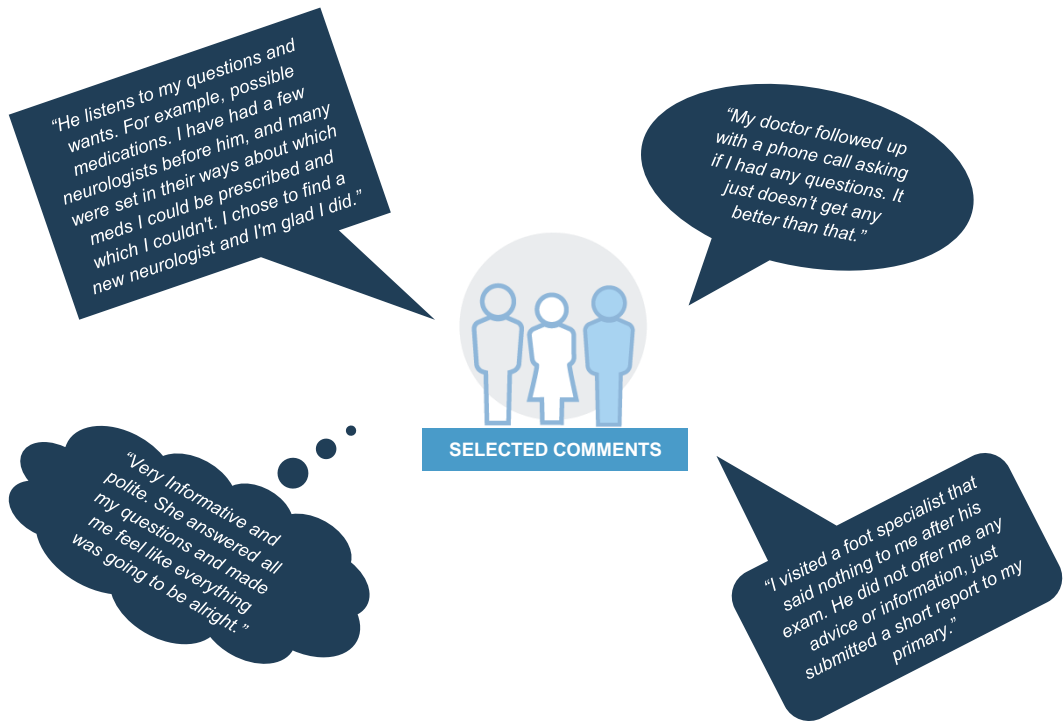
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Voice of the Member (SPH National Sample) Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage



Improvement Strategies – Getting Care Quickly

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

Additional resource for improvement: AHRQ best practices

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Voice of the Member (SPH National Sample)

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



Improvement Strategies – Customer Service

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

Additional resource for improvement: AHRQ best practices

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Voice of the Member (SPH National Sample)

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



Rating of Health Plan

Please see Technical Notes for more information.

Improvement Strategies – Rating of Health Plan

- Analyze, investigate, probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with Rating of the Plan (i.e., CS, GNC, GCQ, HWDC). Review QI recommendations/actions of these CAHPS composite measures.
- Carefully review, simplify and clarify all family/child member communications, processes and forms. Ensure that all materials and messages are accurate, up-to-date, complete and consistent, using concise and unambiguous language.
- Identify key parent needs and expectations and critically assess operations and processes.
- Ensure that the member website is easily navigable and highly user friendly.
- Simplify completion of commonly used forms via "pre-loaded" applications or on-line.
- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.
- Analyze satisfaction levels and loyalty ratings based on member profile/segmentation data (health system, age, length of membership, have PCP, etc.).
- Set S.M.A.R.T. goals. Specific, Measurable, Attainable, Realistic, and Timely for all identified activities. Assess all relevant internal data. Conduct additional surveys, data analyses as needed.
- Consider opportunities for positive and strategic messaging about the plan or health care reminders to members. Use technology to provide more effective and efficient care.
- Consider the value of a SPH CAHPS Drill-Down, Simulation Survey or CG-CAHPS to probe key CAHPS measures and/or target segments of the population.

Additional resource for improvement: AHRQ best practices

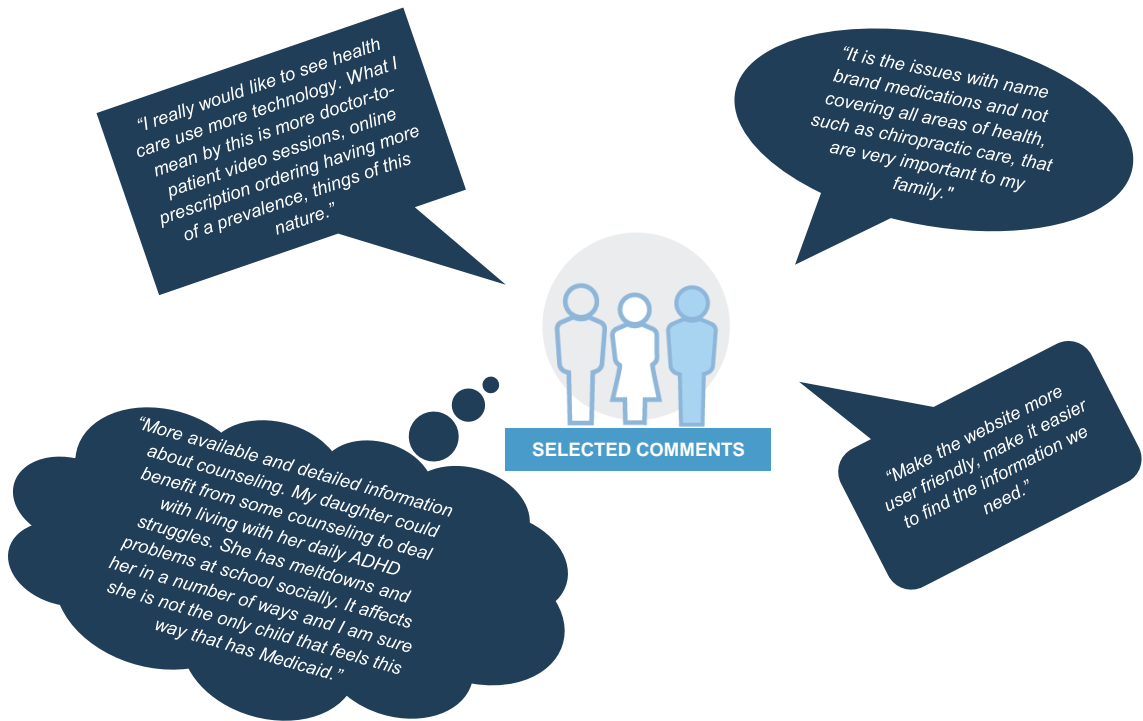
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Voice of the Member (SPH National Sample)

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



Rating of Personal Doctor

Please see Technical Notes for more information.

Improvement Strategies – Rating of Personal Doctor

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

Additional resource for improvement: AHRQ best practices

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Voice of the Member (SPH National Sample)

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



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.
- Encourage and guide parents/families when and how to use/access alternative care settings, e.g., web-based, tele-health, urgent care, and emergency care.
- Support members and collaborate with providers to enhance access to care through innovative, proactive approaches within Care Management, Chronic Care, and Quality Management. Work with providers to identify and resolve opportunities.
- Continually assess, revisit and simplify plan requirements/processes (i.e., UM) impacting access to care, tests, or treatment. Seek opportunities to improve processes and procedures.
- Review and simplify precertification/auth/referral policies/procedures for both member and provider, including messages and communications. Cross-reference with complaints, concerns, and quality of care issues. Improve and clarify processes and communications.
- Evaluate and simplify member communications, assuring that members are clearly told why something is not approved. When appropriate, offer suggestions for next steps or alternatives.
- Ensure Customer Service representatives are able to accurately advise members of available alternatives for care, such as walk-in clinics, urgent care, specialists, labs, etc.

Additional resource for improvement: AHRQ best practices

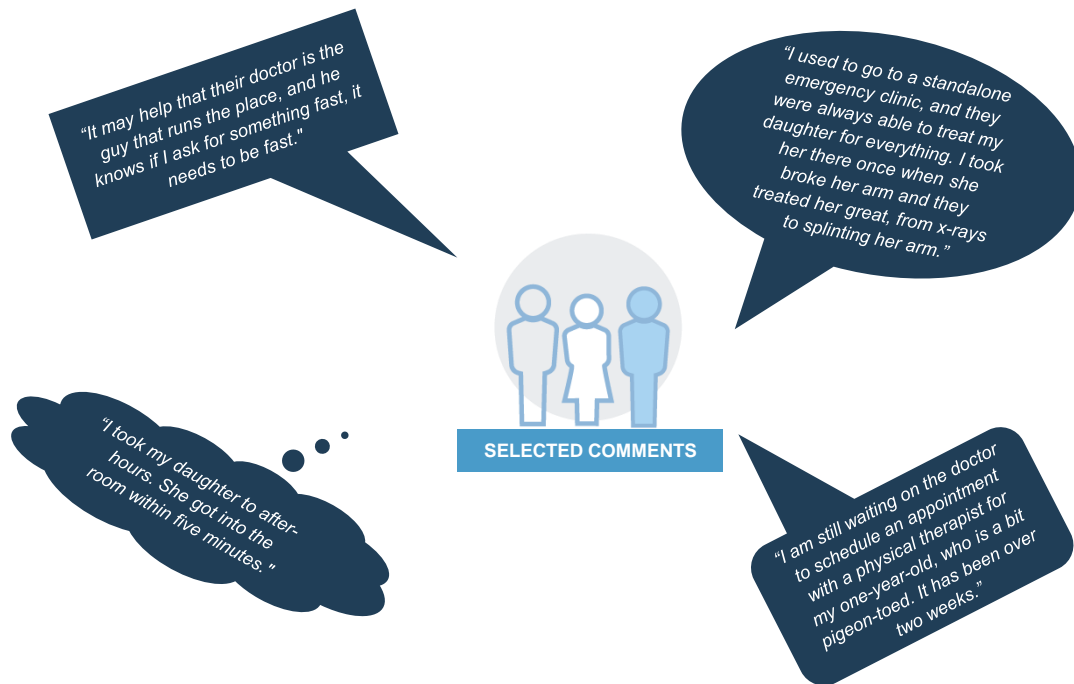
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Voice of the Member (SPH National Sample)

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



How Well Doctors Communicate

Please see Technical Notes for more information.

Improvement Strategies – How Well Doctors Communicate

- Cultivate a patient-centered care philosophy and programs across the provider network.
- Support, communicate and educate providers about the vital medical importance of effective doctor-patient communication (i.e., reduced hospitalizations & ER visits, improved adherence).
- Explain health care concepts clearly and simply to parents and children. Use simple terms for children. Be prepared to accommodate and overcome language /literacy limitations.
- Address all of the parents' and the child's concerns. When appropriate, involve the child. Maintain eye contact with both the parent and the child. Be kind, thoughtful and thorough.
- Speak directly to older children when discussing matters related to their health.
- Provide readily available recommendations, tools and guidance to all providers to support and enhance communication skills and effective conversation skills with patients. Providers need to: Provide thorough explanations, provide written materials, illustrations and/or examples to help patient's understand, repeat the patient's concern and then address the topic, ask clarifying questions, make eye contact, avoid medical jargon and technical language, avoid multi-tasking, avoid rushing the patient, use constructive verbal responses and non-verbal cues, apply empathy and interest in response to concerns, by kind, avoid condescending language or actions, address questions and concerns as much time as necessary, schedule adequate time for each visit, and follow-up after tests or procedures.
- Collaborate and share with providers tools, resources, and best practices to support, or reinforce, a complete and effective information exchange with all patients (e.g., a summary of medical record or health assessment to facilitate an effective health or wellness discussion, patient testimonials - perhaps from focus groups - of effective and ineffective communication techniques, provide tips and/or testimonials in provider newsletters).

Additional resource for improvement: AHRQ best practices

At the time of this report, AHRQ provided several resources to support health plans in their improvement efforts at the following link:

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Voice of the Member (SPH National Sample)

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



Coordination of Care

Please see Technical Notes for more information.

Improvement Strategies – Coordination of Care

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

Additional resource for improvement: AHRQ best practices

At the time of this report, AHRQ provided several resources to support health plans in their improvement efforts at the following link:

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

Need Additional Assistance? For health plans that need additional assistance interpreting survey results and leveraging data to identify appropriate next steps for improvement, SPH offers Performance Improvement Consulting. Contact your Strategic Account Executive to learn more or visit our website at <http://www.sphanalytics.com/consulting>.

Voice of the Member (SPH National Sample)

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





Appendix: Questionnaire

- BCBS of Wyoming

SURVEY INSTRUCTIONS

- ◆ Answer each question by marking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☒ Yes ➔ **If Yes, Go to Question 1**
☐ No

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits your child receives. You may notice a number on the back of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-797-3605, ext. 4190.

Please answer the questions for the child listed on the letter. Please do not answer for any other children.

- 1. Our records show that your child is now in Kid Care CHIP. Is that right?**

☐ Yes ➔ **If Yes, Go to Question 3**
☐ No

- 2. What is the name of your child's health plan? (please print)**

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

- 3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?**

☐ Yes
☐ No ➔ **If No, Go to Question 5**

- 4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?**

☐ Never
☐ Sometimes
☐ Usually
☐ Always

- 5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?**

☐ Yes
☐ No ➔ **If No, Go to Question 7**

- 6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?**

☐ Never
☐ Sometimes
☐ Usually
☐ Always

- 7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?**

☐ None ➔ **If None, Go to Question 10**
☐ 1 time
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more times



8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

- ☐ 0 Worst health care possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health care possible

9. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

YOUR CHILD'S PERSONAL DOCTOR

10. A personal doctor is the one your child would see if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- ☐ Yes
- ☐ No → *If No, Go to Question 22*

11. In the last 6 months, how many times did your child visit his or her personal doctor for care?

- ☐ None → *If None, Go to Question 21*
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

12. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

13. In the last 6 months, how often did your child's personal doctor listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

14. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

15. Is your child able to talk with doctors about his or her health care?

- ☐ Yes
- ☐ No → *If No, Go to Question 17*

16. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

17. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

18. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

- ☐ Yes
- ☐ No

19. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

- ☐ Yes
- ☐ No → *If No, Go to Question 21*

20. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

21. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

- ☐ 0 Worst personal doctor possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best personal doctor possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care your child got when he or she stayed overnight in a hospital.

22. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

In the last 6 months, did you make any appointments for your child to see a specialist?

- ☐ Yes
- ☐ No → If No, Go to Question 26

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

24. How many specialists has your child seen in the last 6 months?

- ☐ None → If None, Go to Question 26
- ☐ 1 specialist
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more specialists

25. We want to know your rating of the specialist your child saw most often in the last 6 months.

Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- ☐ 0 Worst specialist possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best specialist possible

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

26. In the last 6 months, did you get information or help from customer service at your child's health plan?

- ☐ Yes
- ☐ No → If No, Go to Question 29

27. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

28. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

29. In the last 6 months, did your child's health plan give you any forms to fill out?

- ☐ Yes
- ☐ No → If No, Go to Question 31

30. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

31. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

- ☐ 0 Worst health plan possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best health plan possible

ABOUT YOUR CHILD AND YOU

32. In general, how would you rate your child's overall health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

33. In general, how would you rate your child's overall mental or emotional health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

34. What is your child's age?

- ☐ Less than 1 year old
- ☐ _____ YEARS OLD (*write in*)

35. Is your child male or female?

- ☐ Male
- ☐ Female

36. Is your child of Hispanic or Latino origin or descent?

- ☐ Yes, Hispanic or Latino
- ☐ No, not Hispanic or Latino

37. What is your child's race? *Mark one or more.*

- ☐ White
- ☐ Black or African-American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ Other

38. What is your age?

- ☐ Under 18
- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

39. Are you male or female?

- ☐ Male
- ☐ Female

40. What is the highest grade or level of school that you have completed?

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

41. How are you related to the child?

- ☐ Mother or father
- ☐ Grandparent
- ☐ Aunt or uncle
- ☐ Older brother or sister
- ☐ Other relative
- ☐ Legal guardian
- ☐ Someone else

Thank You

**Please return the completed survey
in the postage-paid envelope or send to:
SPH Analytics • P.O. Box 985009
Ft. Worth, TX 76185-5009**

**If you have any questions,
please call 1-888-797-3605, ext. 4190.**



We invite you to partner with us for ongoing quality improvement...

Smart Member Engagement™ Platform

WHY?

Address Health Plan Challenges

Smart Member Engagement provides a unique tool set to address the health challenges of your membership. Stratify cohorts by conditions, risk factors, engageability, and/or member experience to deliver a personalized and targeted outreach that drives desired member behavior and outcomes.

Stratify and Build Cohorts

- Level of engagement
- Disease conditions
- Risk factors
- Member experience



Each option can be implemented stand-alone

WHO?

Improve Member Health
Improve Scores/Ratings
Strengthen Patient Loyalty
Increase Provider Satisfaction

WHAT?

Message Design

Variations on core message for each identified cohort group



HOW?

Omnichannel Outreach

- Mail
- Email
- Text
- Phone – IVR
- Phone – Live Agent



REFINE?

Measure & Analyze

Follow-up surveys to cohorts to test their recollection of messages and any actions taken to improve their health or close care gaps





**Targeted Outreach & Engagement =
Healthier Members, Revenue, &
Star Ratings**

A High-Touch, Personalized Approach for Closing Gaps in Care Impacting HEDIS Measures



Contact your Strategic Account Executive to develop a custom engagement program to drive care gap closure for your membership.

Step 1: Identify the Care Gaps

Identify, then target those members who are neither meeting the standards for specific condition treatment, nor receiving important preventive screenings.

Step 2: Focus on Measures Affecting Larger Member Numbers and High-Volume Provider Groups

Sticking to members with the more prevalent care gaps like mammograms, colorectal screenings, diabetes care, heart disease, and flu shots, send co-branded appointment-scheduling messaging

Step 3: Multi-Modal Outreach to Activate and Motivate Patients

Directly schedule appointments for members with providers via phone outreach or remind members to set up a much-needed appointment via multi-modal outreach (text, email, phone, IVR, or mail)

Step 4: Close the Loop

Scheduling reminder calls about upcoming appointments, and follow-up confirmations for appointments already met.