

2019 CAHPS® 5.0 Member Survey Child Medicaid



Prepared for:

BCBS of Wyoming

July 2019

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Background and objectives

Background. DSS has conducted the CAHPS® member survey since 1995. For participating plans (those who submit their data to NCQA) this information can be disclosed to the public and provides a direct comparison to other participating plans. The 2019 CAHPS 5.0 survey accurately captures customer feedback and expands the scope of information gathered relative to quality of care issues.

Objectives. Specific objectives of the 2019 CAHPS 5.0 member satisfaction survey include:

Determination of member ratings of:

- Health Plan Overall
- Health Care Overall
- Personal Doctor Overall
- Specialist Overall

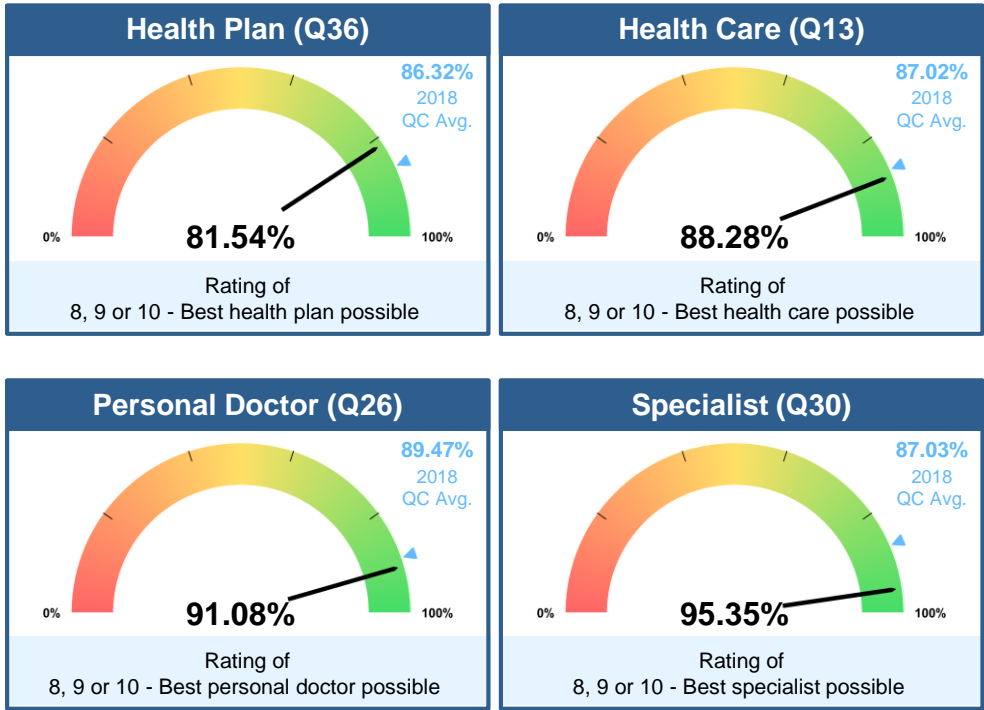
Assessment of member perceptions related to:

- Customer Service (CS)
- Getting Needed Care (GNC)
- Getting Care Quickly (GCQ)
- How Well Doctors Communicate (HWDC)
- Shared Decision Making (SDM)
- Health Promotion and Education (HPE)
- Coordination of Care (CoC)

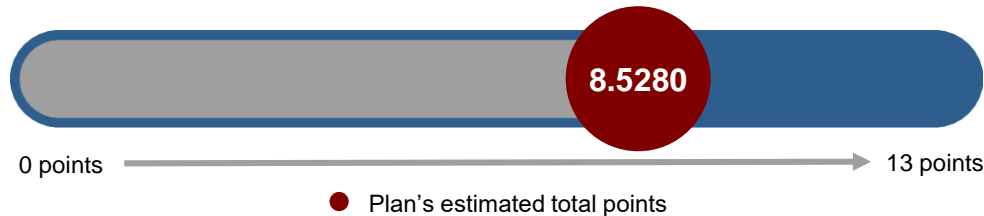
Standard measurement of all areas mentioned to facilitate meaningful comparisons among participating health plans.

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Overall ratings



Accreditation Score



Resource for improvement: AHRQ best practices

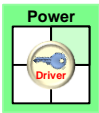
At the time of this report, AHRQ provided several resources to support health plans in their improvement efforts at the following link:

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

NCQA Health Insurance Plan Ratings

| | Rating |
|-----------------------------------|--------|
| Consumer Satisfaction | 2.5 |
| Getting Care | 5.0 |
| Satisfaction with Plan Physicians | 2.0 |
| Satisfaction with Plan Services | 1.0 |

SatisAction™ key driver statistical model
Key drivers of the rating of the health plan



| Power - Promote and leverage strengths | |
|--|-------------------------|
| Q33 | CS courtesy/respect |
| Q26 | Personal doctor overall |
| Q30 | Specialist overall |
| Q17 | Dr. explained things |
| Q22 | Dr. spent enough time |
| Opportunities for improvement - Focus resources on improving processes that underlie these items | |
| Q32 | CS provided info./help |
| Q35 | Easy to fill out forms |
| Q13 | Health care overall |

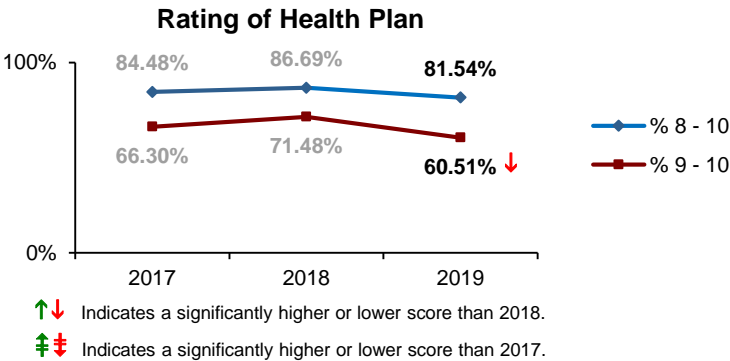


* Overall ratings are top 3 scores (% 8, 9 and 10).

Executive summary

BCBS of Wyoming performed similar to last year and performed similar to two years ago on the rating of the health plan.

- More than eight in 10 (81.54%) gave their health plan a rating of 8, 9 or 10 on a 0 to 10 scale, which is not significantly different from last year and not significantly different from two years ago.
- About six in 10 (60.51%) gave a rating of 9 or 10, which is a significantly smaller proportion than last year but not significantly different from two years ago.



A significant improvement was seen on the following composite score compared to last year:

- Getting Needed Care

| Significant changes | Compared to: | |
|--|--------------|---------------|
| | Last year | Two years ago |
| Overall ratings | | |
| Rating of Health Plan (Q36) (% 8, 9 or 10) | | |
| Rating of Health Care (Q13) (% 8, 9 or 10) | | |
| Rating of Personal Doctor (Q26) (% 8, 9 or 10) | | |
| Rating of Specialist (Q30) (% 8, 9 or 10) | | |
| Composite global proportions | | |
| Customer Service (% Always or Usually) | | |
| Getting Needed Care (% Always or Usually) | ✓ | |
| Getting Care Quickly (% Always or Usually) | | |
| How Well Doctors Communicate (% Always or Usually) | | |
| Shared Decision Making (% Yes) | | |
| Health Promotion and Education (Q8) (% Yes) | | |
| Coordination of Care (Q25) (% Always or Usually) | | |

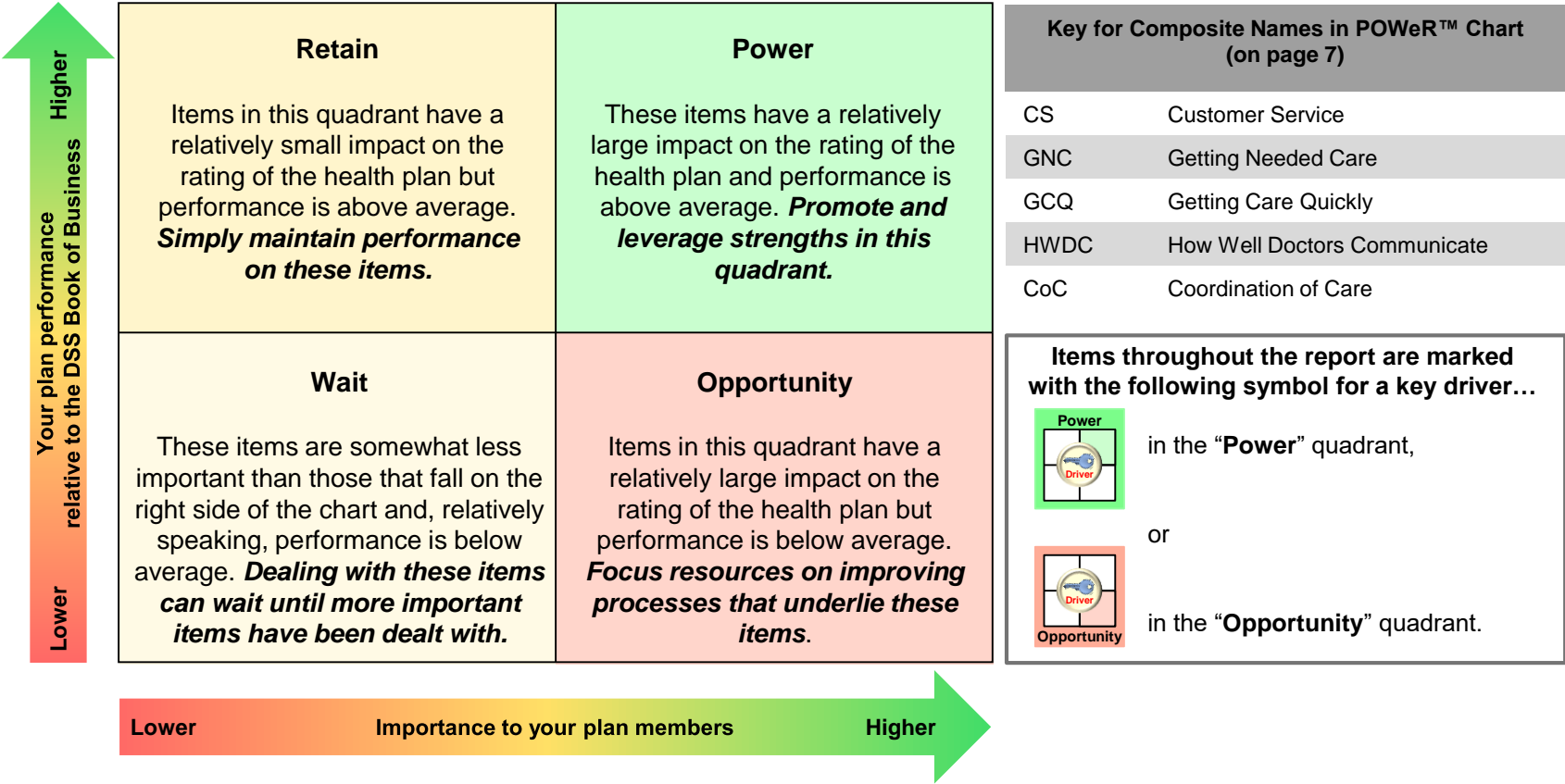
✓ ✗ Indicates a significantly higher or lower 2019 result than the corresponding previous year.

Please refer to page 14 for statistical references and footnotes.

Key drivers of the rating of the health plan

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.

POWER™ Chart classification matrix

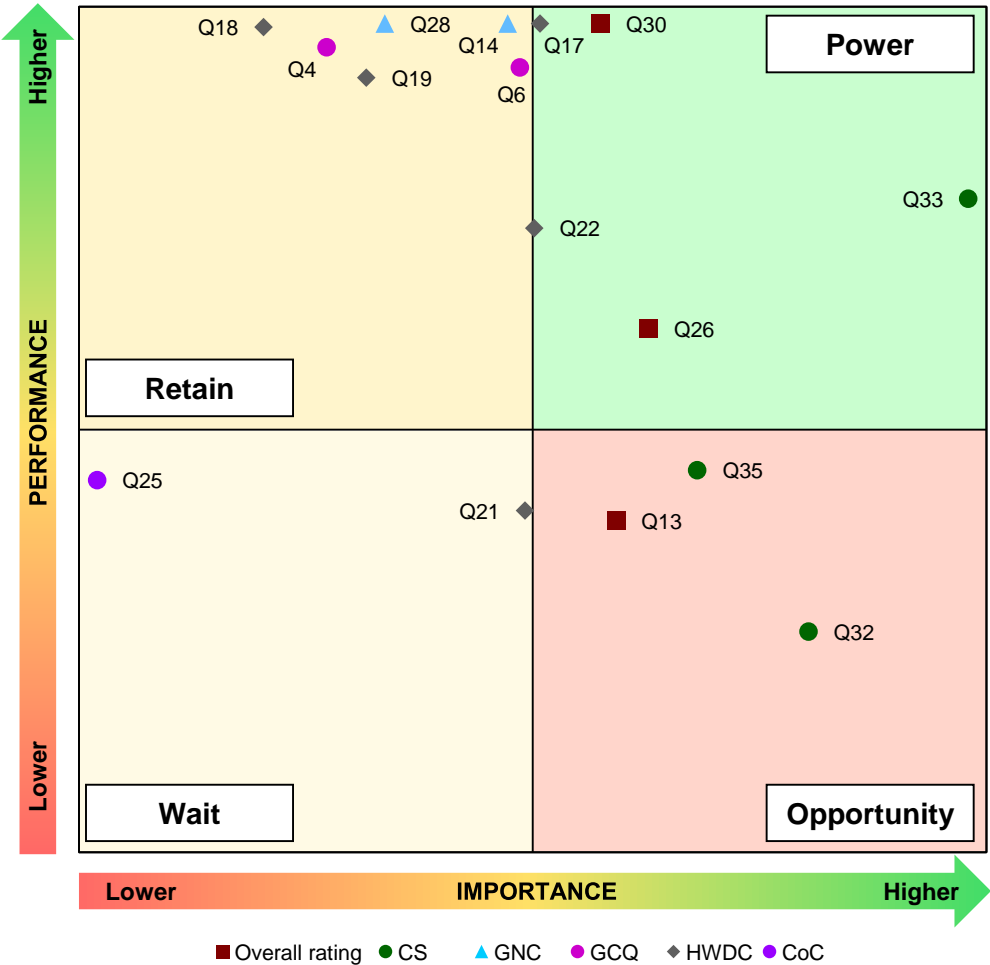


Executive summary

Key drivers, estimated percentiles and estimated ratings

The key drivers of the rating of the health plan are presented in the POWeR™ Chart classification matrix below. 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. See [Appendix C](#) for more details.

POWeR™ Chart classification matrix



| Survey Measure | Score | Estimated Percentile | Estimated Rating |
|------------------------------------|--------|----------------------|------------------|
| Power | | | |
| Q33 CS courtesy/respect | 95.65% | 75th | 4 |
| Q26 Personal doctor overall* | 91.08% | 67th | 4 |
| Q30 Specialist overall* | 95.35% | 95th | 5 |
| Q17 Dr. explained things | 100% | 95th | 5 |
| Q22 Dr. spent enough time | 92.52% | 75th | 4 |
| Opportunity | | | |
| Q32 CS provided info./help | 80.43% | 10th | 2 |
| Q35 Easy to fill out forms | 94.92% | 33rd | 3 |
| Q13 Health care overall* | 88.28% | 50th | 3 |
| Wait | | | |
| Q21 Dr. explained things for child | 92.05% | --- | --- |
| Q25 Dr. informed about care | 81.63% | 33rd | 3 |
| Retain | | | |
| Q6 Got routine care | 94.31% | 90th | 5 |
| Q14 Got care/tests/treatment | 96.53% | 95th | 5 |
| Q28 Got specialist appt. | 95.65% | 95th | 5 |
| Q19 Dr. showed respect | 98.15% | 90th | 5 |
| Q4 Got urgent care | 97.53% | 95th | 5 |
| Q18 Dr. listened carefully | 98.15% | 95th | 5 |

* Overall ratings are top 3 scores (% 8, 9 and 10).

Estimated accreditation score

The CAHPS 5.0 portion of the HEDIS® accreditation score is determined by comparing plan results to the *NCQA Benchmarks and Thresholds*. Points are assigned to the overall ratings and composite scores according to accreditation year and percentile range in which the score falls.

| Survey Measure | Mean Score ¹ | Estimated Percentile ² | Percentile Threshold ² | Points ³ | |
|------------------------------------|-------------------------|-----------------------------------|-----------------------------------|---------------------|-----------|
| | | | | 2019 Standards | IF no NAs |
| Overall mean ratings | | | | | |
| Rating of Health Plan ⁴ | 2.4923 | 24.38% | <25th | 1.0400 | 0.5778 |
| Rating of Health Care | 2.6069 | 90.41% | 90th | 2.6000 | 1.4444 |
| Rating of Personal Doctor | 2.6879 | 89.21% | 75th | 2.2880 | 1.2711 |
| Rating of Specialist | 2.7209 | 91.79% | 90th | NA | 1.4444 |
| Composite mean scores | | | | | |
| Customer Service | 2.5326 | 51.30% | 50th | NA | 0.9822 |
| Getting Needed Care | 2.7059 | 92.65% | 90th | NA | 1.4444 |
| Getting Care Quickly | 2.7961 | 93.42% | 90th | 2.6000 | 1.4444 |
| Coordination of Care | 2.4286 | 49.50% | 25th | NA | 0.5778 |
| Total points | | | | 8.5280 | 9.1865 |

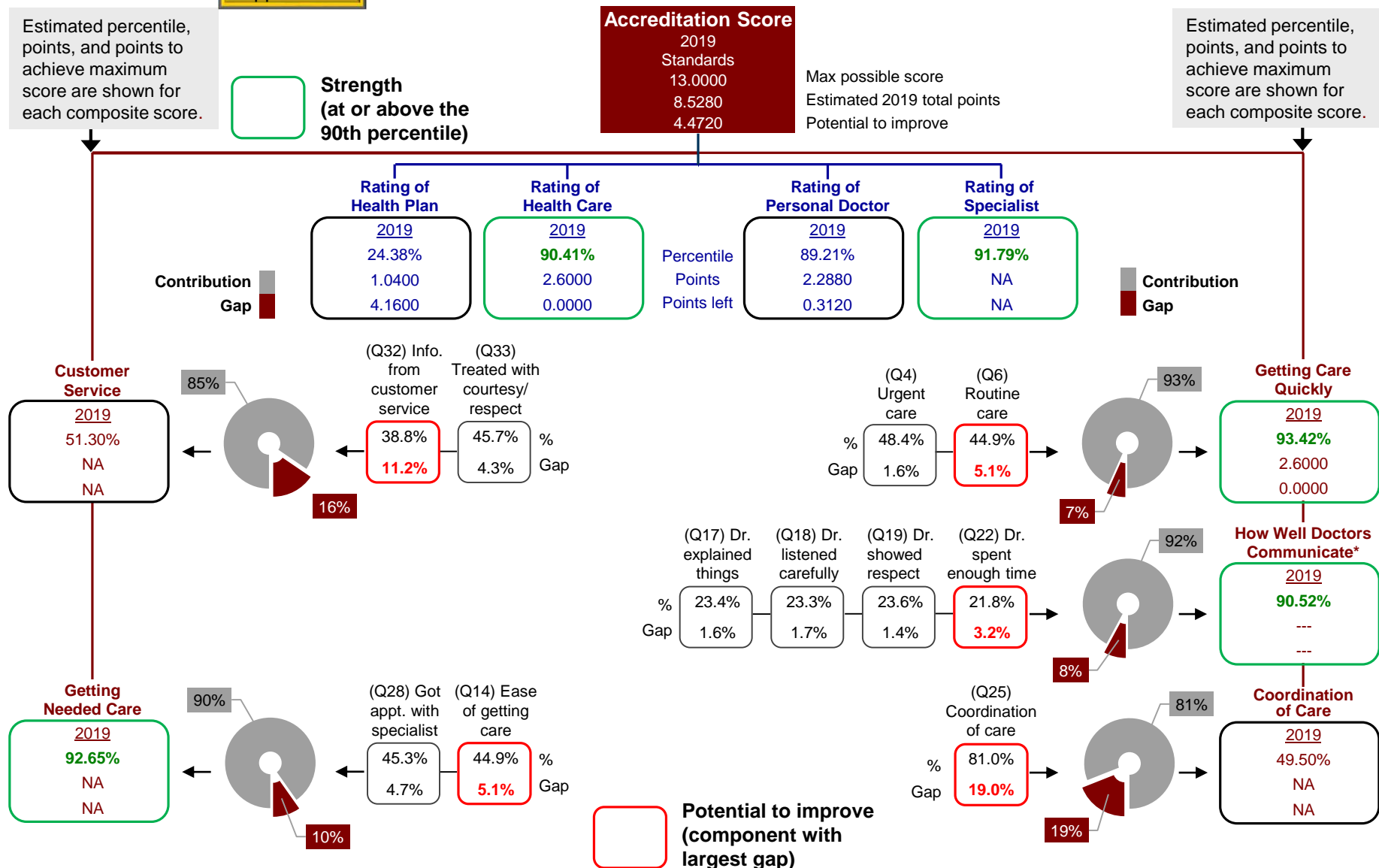
Points are assigned by percentile threshold as follows (if all measures are valid – denominator of at least 100)³:

| Percentile Threshold | Percentile | Points ³ |
|--------------------------|--|---------------------|
| 90 th | Greater than or equal to 90 th percentile | 1.4444 |
| 75 th | Greater than or equal to 75 th percentile but less than 90 th percentile | 1.2711 |
| 50 th | Greater than or equal to 50 th percentile but less than 75 th percentile | 0.9822 |
| 25 th | Greater than or equal to 25 th percentile but less than 50 th percentile | 0.5778 |
| <25 th | Less than 25 th percentile | 0.2889 |
| Maximum number of points | | 13.0000 |

- Notes:**
- ¹ Overall ratings and composite measures are converted to a mean score using a 1 to 3 scale in the accreditation score calculation according to NCQA-defined guidelines.
 - ² The percentiles and percentile thresholds shown here are estimates and may change when the mid-year update is released, usually in September.
 - ³ NCQA will assign a measure result of NA and not assign accreditation points 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. The measure is removed for scoring purposes and the points are redistributed among the remaining measures.
 - ⁴ Rating of Health Plan is worth twice the points in each percentile band, i.e., 2.6000, 2.2880, 1.7680, 1.0400 and 0.5200, respectively.

Executive summary

The flowchart below shows how the items used in the calculation of the plan's 2019 estimated accreditation score perform relative to each other. See [Appendix D](#) for more details.



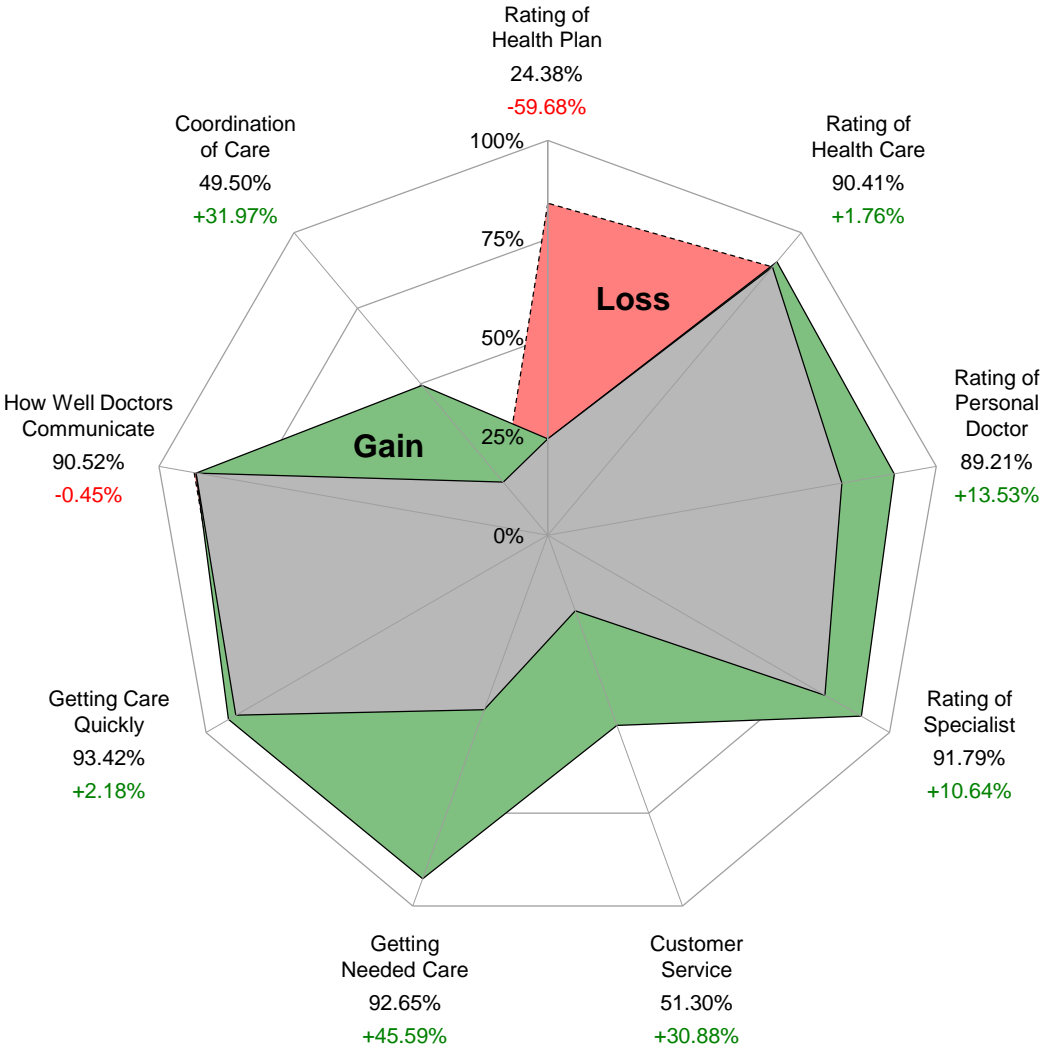
Please refer to page 14 for statistical references and footnotes.

* The How Well Doctors Communicate composite was removed from accreditation scoring in 2015.

Percentile gap analysis. The percentile gap is the difference between the maximum possible percentile (100) and the estimated percentile achieved.

- The percentile gap was closed compared to last year on the following measures:
 - Getting Needed Care
 - Coordination of Care
 - Customer Service
 - Rating of Personal Doctor
 - Rating of Specialist
 - Getting Care Quickly
 - Rating of Health Care
- However, the percentile gap increased on these measures:
 - Rating of Health Plan
 - How Well Doctors Communicate

- 2019 Gap is **smaller** than 2018 Gap
- 2019 Gap is **larger** than 2018 Gap

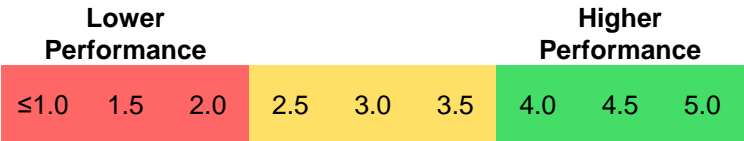


NCQA Health Insurance Plan Ratings

- Beginning in 2015, NCQA replaced its ranking methodology with a rating methodology.
- Health plans are now rated in three categories: clinical quality (includes prevention and treatment), consumer satisfaction and NCQA’s review of health quality processes.
- Plans 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.
- The consumer satisfaction category of the rating comes from the CAHPS survey and is summarized in the table below. The flu shot measure from the CAHPS survey is also one item in the clinical quality – prevention category of the rating. Percentiles and ratings are **estimated** based on the 2018 Quality Compass® National All Lines of Business (LOB) data since the 2019 data were not available at the time of this report.

| | Score* | Percentile | Rating |
|-----------------------------------|--------|------------|--------|
| Consumer Satisfaction | | | 2.5 |
| Getting Care | | | 5.0 |
| Getting care easily | 96.09% | 90th | NA |
| Getting care quickly | 95.92% | 90th | 5.0 |
| Satisfaction with Plan Physicians | | | 2.0 |
| Rating of primary-care doctor | 73.25% | 10th | 2.0 |
| Rating of specialists | 76.74% | 67th | NA |
| Rating of care | 64.14% | 10th | 2.0 |
| Coordination of care | 81.63% | 33rd | NA |
| Health promotion and education | 71.23% | 10th | 2.0 |
| Satisfaction with Plan Services | | | 1.0 |
| Rating of health plan | 60.51% | <10th | 1.0 |
| Customer service | 88.04% | 33rd | NA |

| Percentile | Rating |
|------------|--------|
| <10th | = 1 |
| 10th | = 2 |
| 33rd | = 3 |
| 67th | = 4 |
| 90th | = 5 |



- * Scores are top-two-box ratings (% Always or Usually or % 9 or 10) for the consumer satisfaction category and % Yes for the health promotion and education measure.
- 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.

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



Questionnaire. The CAHPS 5.0 survey was used. DSS designed the survey instrument using health plan colors. An attractively formatted booklet with a cover letter explaining the importance of completing the survey was mailed to the sampled members using first class postage. A return business reply envelope addressed to DSS was included with each booklet. See [Appendix E](#) for more details.

Data collection. The methodology detailed in *HEDIS® 2019 Volume 3: Specifications for Survey Measures* was used. A synopsis of the survey protocol, timeframe and fulfillment dates are outlined below.



Staffing of the toll-free help line. DSS staffed a toll-free phone line for members to call if they had any questions.



Data processing and analysis. DSS processed all completed surveys and analyzed the results.



Comparison averages. Most measures are compared to the 2018 Quality Compass (2018 QC Avg.), which is displayed as a light blue line throughout the report, and the 2019 DSS Child Medicaid Book of Business (2019 DSS Avg.), which is displayed as a blue bar throughout the report.

The DSS Adult Medicaid Book of Business is made up of 87 child Medicaid plans with a total of 35,483 respondents.



Qualified respondents. 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.



Sample type. A simple random sample of the required sample size for the population was drawn. To reduce possible confusion and respondent burden, the sample was processed to remove duplicates so that only one child per household was included in the sample.

Sample size/sampling error.

| Item | 2019 |
|--------------------------|----------|
| Total mailed | 1,295 |
| Undeliverable | 49 |
| Total ineligible | 10 |
| Total completed surveys | 199 |
| Mail completes | 197 |
| Phone completes | 2 |
| Adjusted response rate* | 15.49% |
| Overall sampling error** | +/- 6.9% |

* Adjusted response rate is calculated using the following formula:
$$\frac{\text{Total completed surveys}}{\text{Total mailed} - \text{Total ineligible}} \times 100$$

** 95% confidence level, using the most pessimistic assumption regarding variance (p=0.5).

Statistical references and footnotes

All statistical testing is performed at the 95% confidence level.

↑ ↓ Indicates a significant difference between the 2019 plan result and the 2018 plan result.

◆ ◆ Indicates a significant difference between the 2019 plan result and the 2018 QC Average.

✦ ✦ Indicates a significant difference between the 2019 plan result and the 2019 DSS Average.

✦ ✦ Indicates a significant difference between the 2019 plan result and the 2019 Region Average.

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

NA Indicates base less than 100, NCQA will assign an NA.

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

NR Not reportable. Base size < 11.

NQ New question. (If applicable)

Percentages lower than five percent are not labeled in charts or graphs where space does not permit.

Overall ratings

Compared to the 2018 plan result:

- None of the differences are significant.

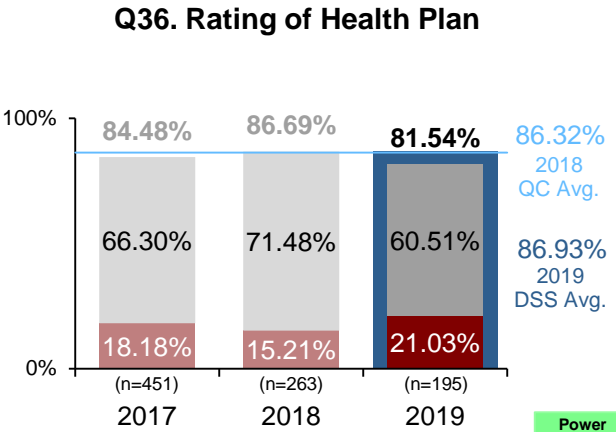
Compared to the 2018 QC Average:

- Specialist is significantly higher.

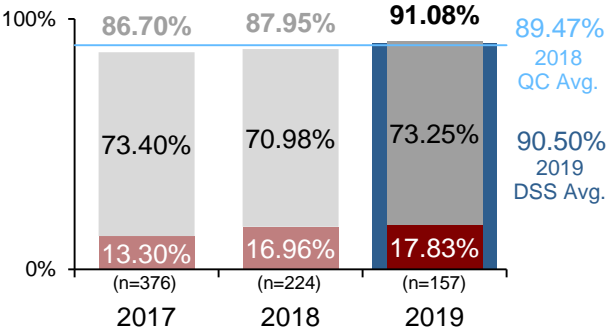
Compared to the 2019 DSS Average:

- Specialist is significantly higher.

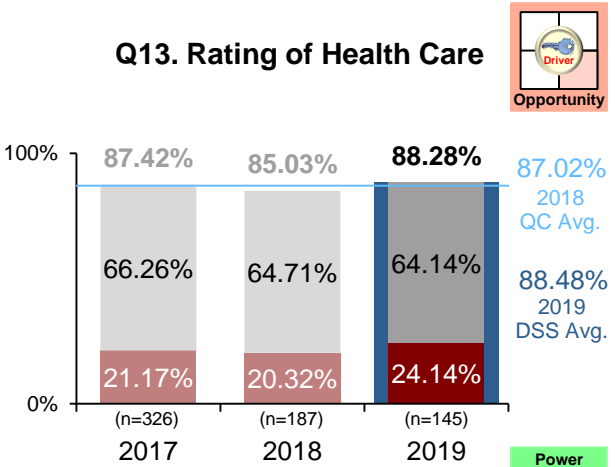
Q36. Rating of Health Plan



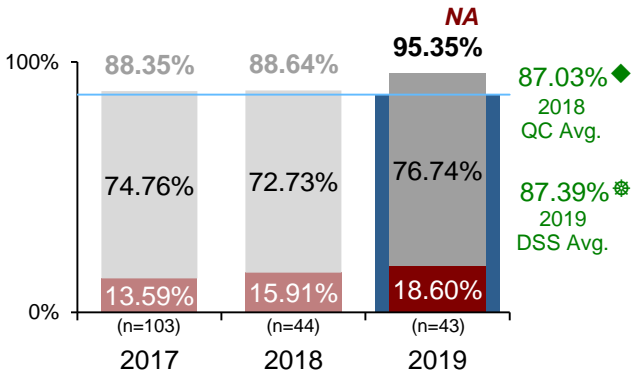
Q26. Rating of Personal Doctor



Q13. Rating of Health Care



Q30. Rating of Specialist



Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Child Medicaid Book of Business.

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

| Q36. Rating of Health Plan |
|---|
| Improvement action |
| Simplify forms. |
| Improve member communications. |
| Make the website user friendly. |
| Allow members to recertify using an app. |
| Improve mental health coverage. |
| Reduce wait times. |
| Expand the formulary and coverage of alternative therapies. |



Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q13. Rating of Health Care

Improvement action

Provide care in a timely manner.

Meet or exceed the parent's expectations.

"We were in and out in about 15 minutes, and I had the lab results within a few days saying my kid was healthy."

"The care was quick and friendly, and I got her into both appointments easily."



Selected comments

"His therapist is great. She involves us in his treatment."

"We have finally found doctors that make sure my children have the best care possible. All of the doctors coordinate with each other and always update one another on his medications to keep from unwanted side effects!"

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

| Q26. Rating of Personal Doctor |
|---|
| Improvement action |
| PRIMARY CARE DOCTOR VISIT |
| Thoroughly answer questions. |
| Be accessible to patients. |
| Spend enough time to provide thorough care. |
| Help patients navigate the system and overcome obstacles. |
| Maintain a professional and friendly demeanor. |



Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q30. Rating of Specialist

Improvement action

SPECIALIST VISIT

Listen and answer questions thoroughly.

Be professional during interactions with patients.

"They're great with my children and answer everything in timely manner."

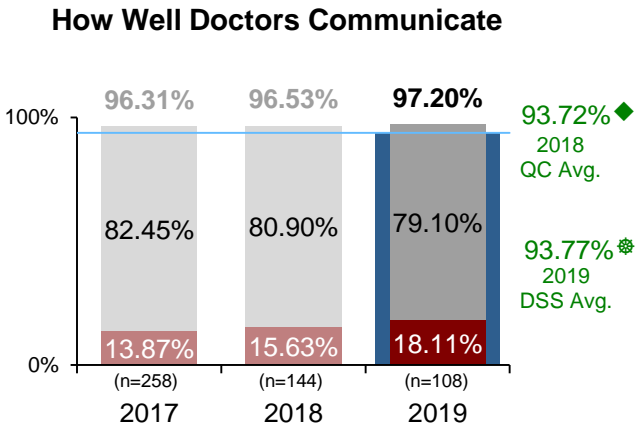
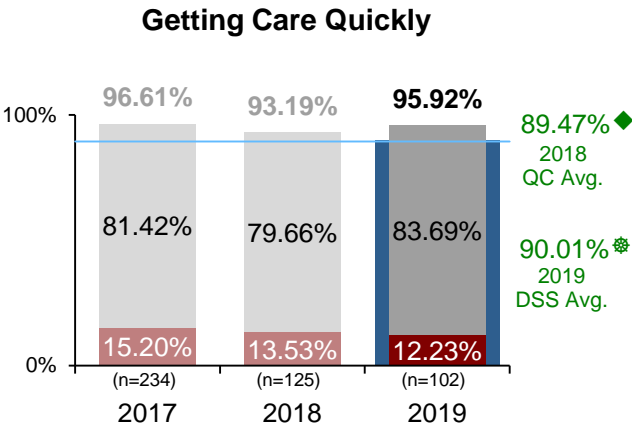
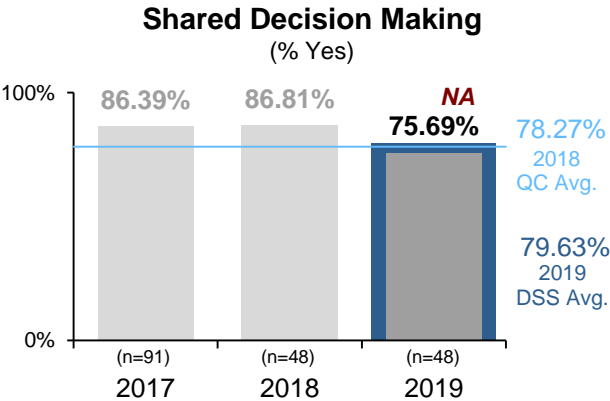
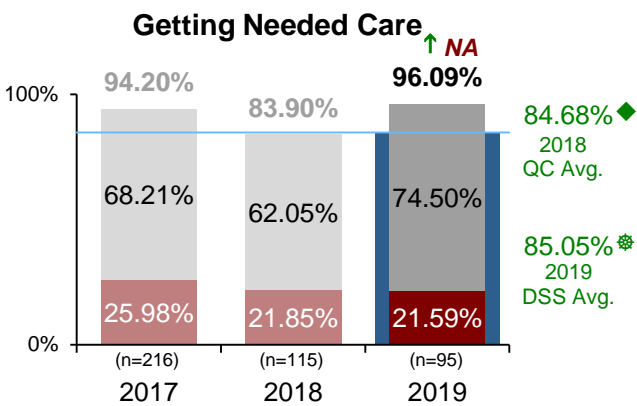
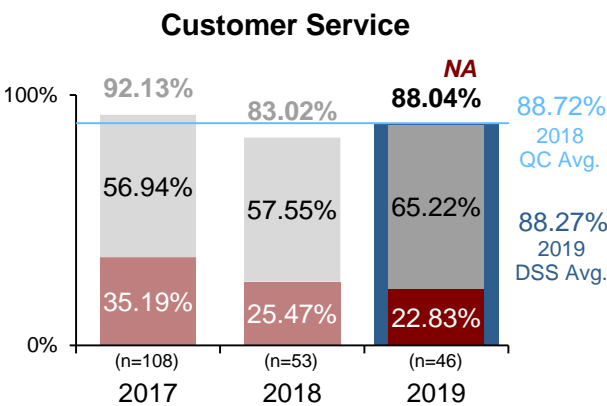
"It's hard for someone that sees a patient for 45 minutes a month to necessarily decide what is best, or at least they should let the parents have some input."

"The doctor who performed my son's follow-up circumcision was very down to earth and did an excellent job."



Selected comments

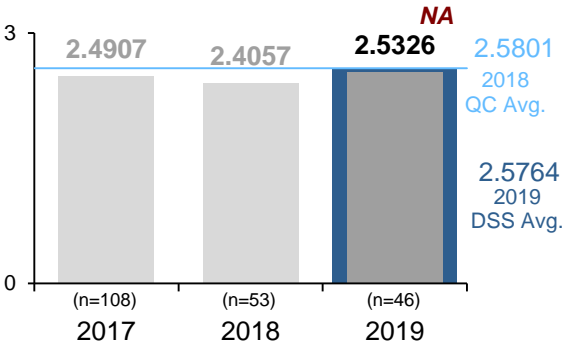
Composite global proportions



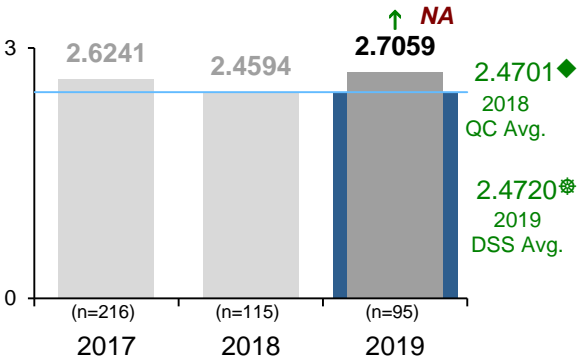
Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Child Medicaid Book of Business.

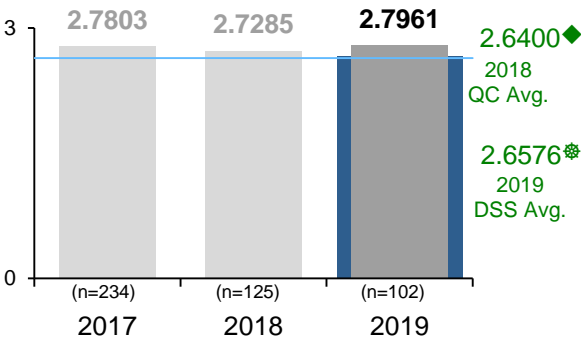
Customer Service



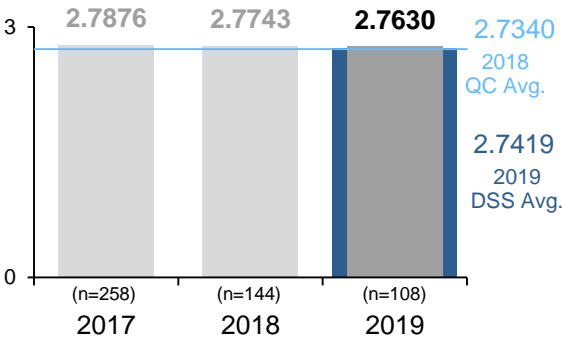
Getting Needed Care



Getting Care Quickly



How Well Doctors Communicate

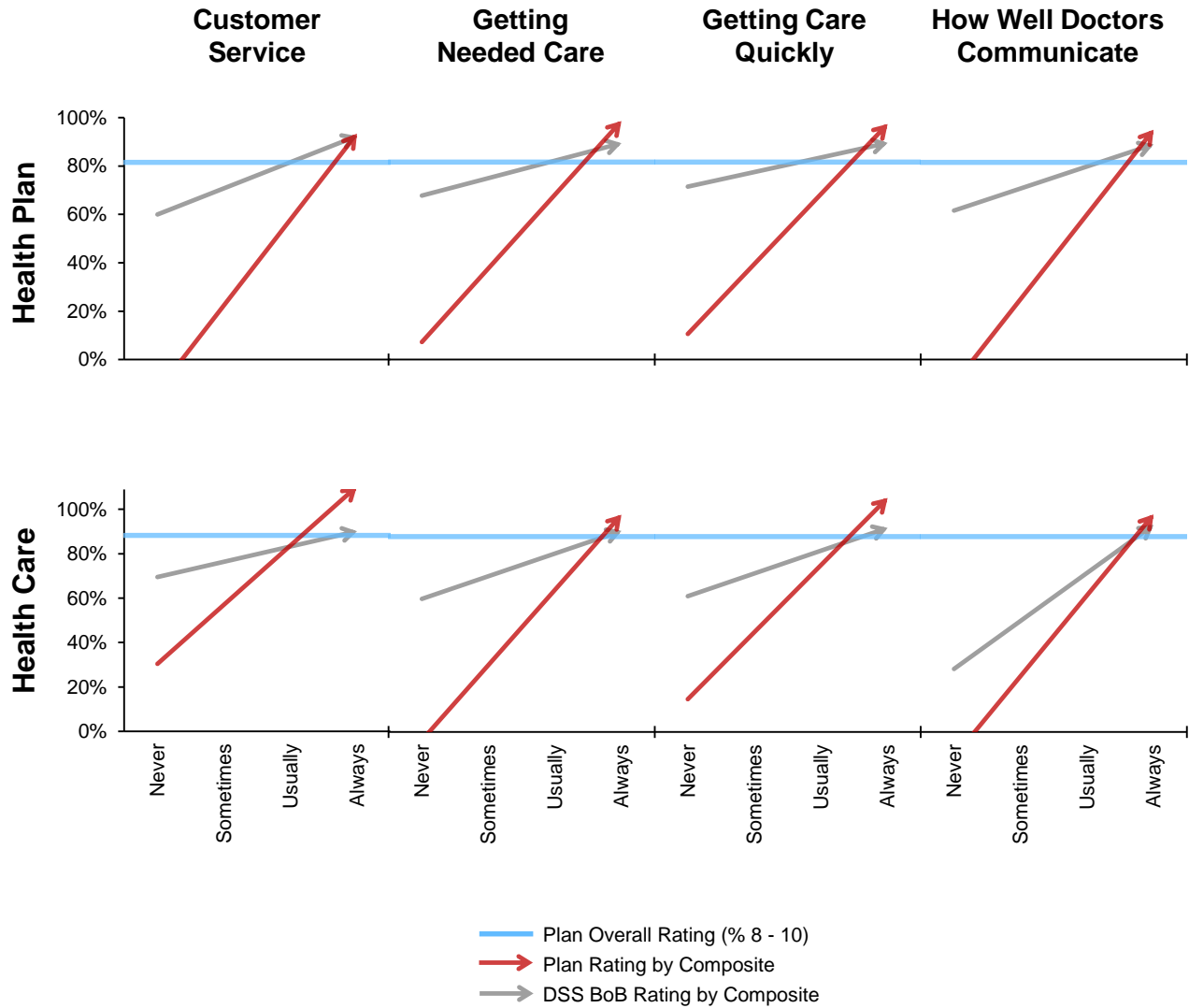


Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Child Medicaid Book of Business.

Overall ratings by composites (plan vs. BoB)

The charts below show the relationships between the two overall ratings and the four composite measures. The steeper the line, the stronger the relationship.



Compared to the 2018 plan result:

- None of the differences are significant.

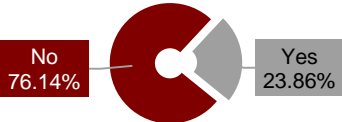
Compared to the 2018 QC Average:

- None of the differences are significant.

Compared to the 2019 DSS Average:

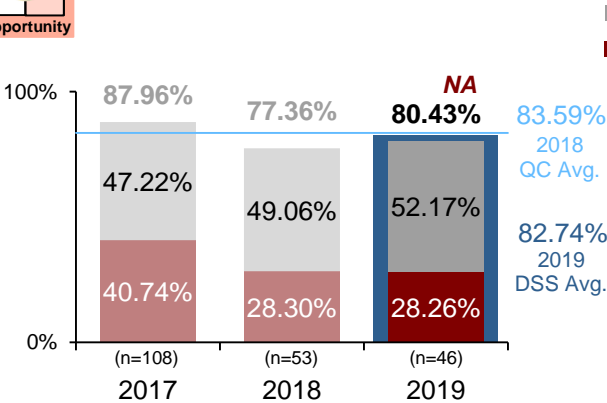
- None of the differences are significant.

Q31. Tried to get information or help from health plan’s customer service

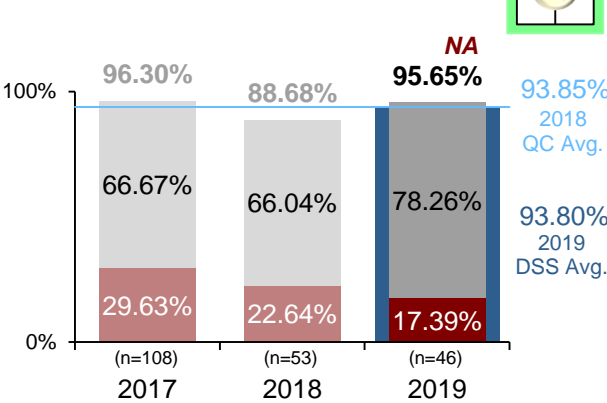
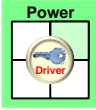


| (% Yes) | | | | |
|---------|--------|--------------|---------------|--|
| 2017 | 2018 | 2018 QC Avg. | 2019 DSS Avg. | |
| 23.44% | 20.07% | 32.09% | 31.63% | |

Q32. Customer service provided needed information or help



Q33. Customer service treated member with courtesy and respect



| Customer Service Composite | | | | | |
|----------------------------|--------|--------|--------|--------------|---------------|
| | 2017 | 2018 | 2019 | 2018 QC Avg. | 2019 DSS Avg. |
| Global proportion | 92.13% | 83.02% | 88.04% | 88.72% | 88.27% |
| Mean score | 2.4907 | 2.4057 | 2.5326 | 2.5801 | 2.5764 |

Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Child Medicaid Book of Business.

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q32. Customer service provided needed information or help

Improvement action

Ensure that representatives treat callers with respect.

Avoid actions or language that may seem condescending.

Reduce hold times.

Ensure that representatives have access to information that is up-to-date and accurate.

Simplify the application and enrollment processes.



Selected comments

"Every time I did indeed call, the staff was very respectful and that made me feel heard and valuable. Even though, essentially, I was, and still am, getting almost free healthcare, I felt like I was indeed paying a premium by how well I was treated."

"The only real issue is when I do call in to renew, I'm often sitting on hold for upwards of 45 minutes before I talk to someone."

"I have found that in the majority of interactions, with any customer service representative that is associated with Medicaid, they tend to look down on you. There have been numerous occasions where we would have to call and change doctors, and we were treated like dirt. It's as if a child is on Medicaid because the parents don't work or whatever."

"I was told that the flu shot was covered under my insurance, but I received a bill months later for the shots."

"I had to call in to recertify my daughter because I was late receiving the paperwork later than I should have. I was able to easily call the number, get someone on the phone and complete the process of recertifying very easily."

Compared to the 2018 plan result:

- None of the differences are significant.

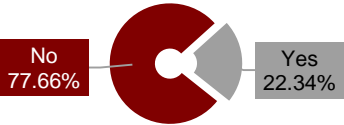
Compared to the 2018 QC Average:

- None of the differences are significant.

Compared to the 2019 DSS Average:

- None of the differences are significant.

Q34. Health plan gave forms to fill out

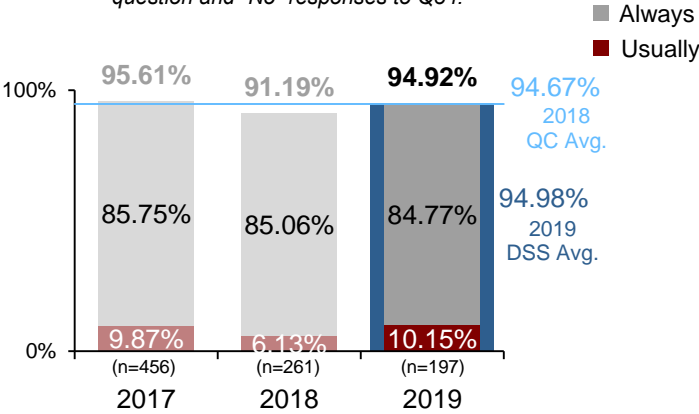


| (% Yes) | | | | |
|---------|--------|--------------|---------------|--|
| 2017 | 2018 | 2018 QC Avg. | 2019 DSS Avg. | |
| 22.39% | 27.00% | 29.38% | 28.67% | |



Q35. Health plan forms were easy to fill out

Note: The rate for this question is calculated using the responses to this question and "No" responses to Q34.



Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Child Medicaid Book of Business.

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

| Q35. Health plan forms were easy to fill out |
|--|
| Improvement action |
| Use concise and unambiguous language. |
| Encourage the Medicaid office to train representatives to be polite and respectful to members. |
| Provide an option to complete forms online. |
| Make sure forms are tracked and filed properly. |
| Reduce redundancy in forms. |
| Simplify sections related to medical and patient history. |
| Address website login issues. |

“When it talks about the household, some say that it means everyone in the household and others say it means only my dependents.”

“I would say the hardest part was the initial application because it was a very long application, a lot to fill out and also having to deal with being at the Medicaid office. The employees are rude and some of them treat you like you are less than.”

“The paperwork isn’t hard, but I find it impossible to log on to the website where I could just do it electronically.”

“The forms can be ridiculous. I just don’t see why there should be four, five or six pages of information for me to fill out. And oftentimes, I am repeating information on the forms over and over again.”

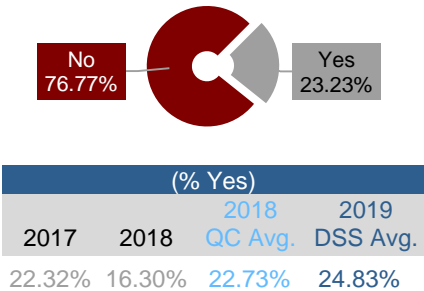
“Maybe have an app for all medical insurance and documentation that needs to be filed and to add on other children as well.”

Selected comments

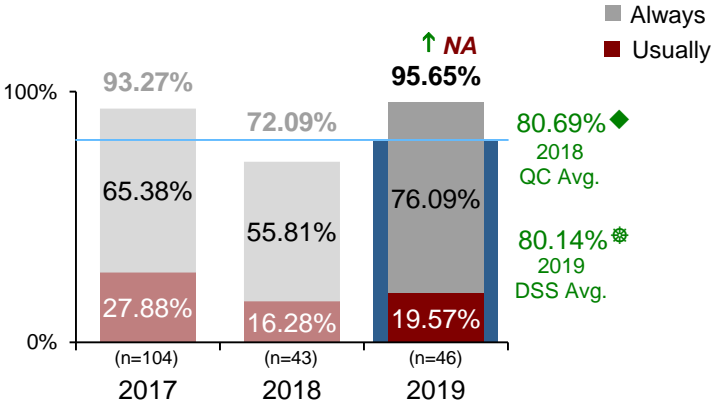
Getting Needed Care

- Compared to the 2018 plan result:
 - Got appointment with specialist is significantly higher.
- Compared to the 2018 QC Average:
 - Got appointment with specialist and got care, tests or treatment are significantly higher.
- Compared to the 2019 DSS Average:
 - Got appointment with specialist and got care, tests or treatment are significantly higher.

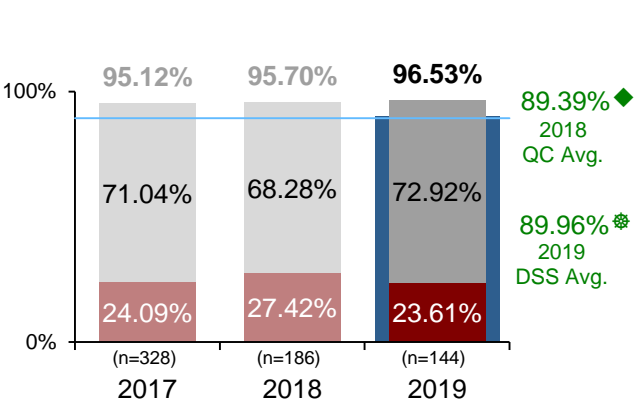
Q27. Made appointment to see a specialist



Q28. Got appointment with specialist as soon as needed



Q14. Ease of getting care, tests or treatment



| Getting Needed Care Composite | | | | | |
|-------------------------------|--------|--------|----------------|--------------|---------------|
| | 2017 | 2018 | 2019 | 2018 QC Avg. | 2019 DSS Avg. |
| Global proportion | 94.20% | 83.90% | 96.09% ↑ NA | 84.68% ◆ | 85.05% ✱ |
| Mean score | 2.6241 | 2.4594 | 2.7059 ↑ | 2.4701 ◆ | 2.4720 ✱ |

Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Child Medicaid Book of Business.

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q28. Got appointment with specialist as soon as needed
(Got urgent care as soon as needed - Specialist)

Member poll

SPECIALIST VISIT

How long do members expect to wait for an URGENT CARE appointment to see a specialist?

Most expect to see a specialist within one to two days for an urgent care issue, but would wait up to two weeks.

Q28. Got appointment with specialist as soon as needed
(Got check-up or routine care as soon as needed - Specialist)

Member poll

SPECIALIST VISIT

How long do members expect to wait for a ROUTINE CARE appointment to see a specialist?

Most expect to see a specialist within two to three months for a routine care appointment, but would wait up to three months.

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

| Q14. Ease of getting care, tests or treatment |
|--|
| Improvement action |
| Listen to the patient's concerns. |
| Provide timely care. |
| Ensure that patients can get appointments quickly. |
| Encourage patients to use urgent care and other resources, when necessary. |



Selected comments

"It may help that their doctor is the guy that runs the place, and he knows if I ask for something fast, it needs to be fast."

"When I first switched to this doctor, I was able to get an appointment as soon as possible."

"Getting tests and services done has been a big issue. They were supposed to observe her for two nights, but the next day they tried kicking her out. Within a day, she exhibited respiratory issues and was transferred to another department. I argued for them to do a blood gas test. It was brushed off, and within a day she was in the ICU. I then cornered the doctor and demanded the blood gas test. As I suspected, she was retaining CO2."

"I used to go to a standalone emergency clinic and they were always able to treat my daughter for everything. I took her there once when she broke her arm and they treated her great, from x-rays to splinting her arm."

Getting Care Quickly

Compared to the 2018 plan result:

- None of the differences are significant.

Compared to the 2018 QC Average:

- Got urgent care and got check-up or routine appointment are significantly higher.

Compared to the 2019 DSS Average:

- Got urgent care and got check-up or routine appointment are significantly higher.

Q3. Had illness/injury/condition that needed care right away



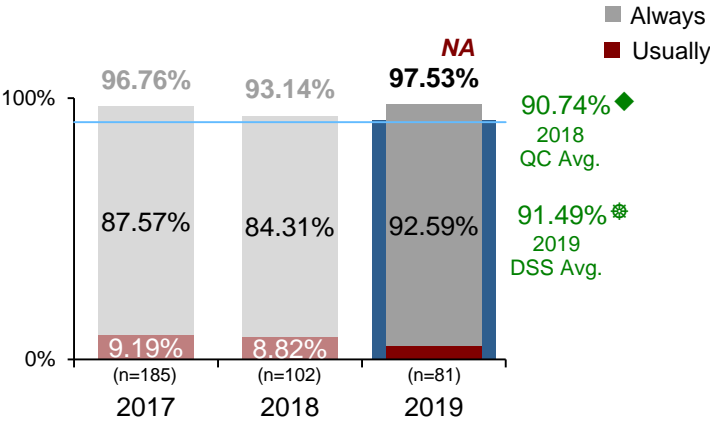
| (% Yes) | | | | |
|---------|--------|--------------|---------------|--|
| 2017 | 2018 | 2018 QC Avg. | 2019 DSS Avg. | |
| 42.15% | 39.03% | 35.74% ♦ | 34.35% ⚙ | |

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

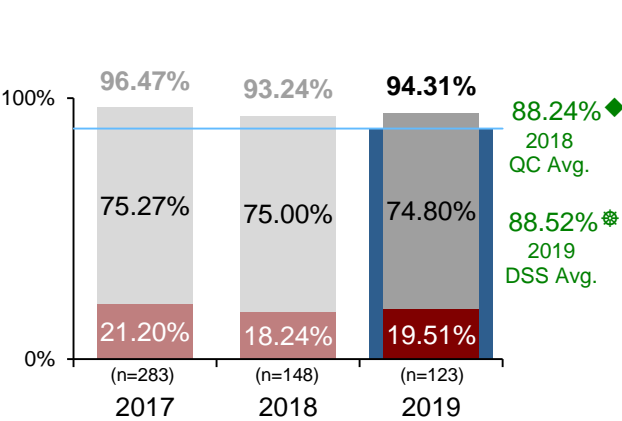


| (% Yes) | | | | |
|---------|--------|--------------|---------------|--|
| 2017 | 2018 | 2018 QC Avg. | 2019 DSS Avg. | |
| 64.63% | 57.46% | 73.07% ♦ | 73.26% ⚙ | |

Q4. Got urgent care as soon as needed



Q6. Got check-up or routine appointment as soon as needed



| Getting Care Quickly Composite | | | | | |
|--------------------------------|--------|--------|--------|--------------|---------------|
| | 2017 | 2018 | 2019 | 2018 QC Avg. | 2019 DSS Avg. |
| Global proportion | 96.61% | 93.19% | 95.92% | 89.47% ♦ | 90.01% ⚙ |
| Mean score | 2.7803 | 2.7285 | 2.7961 | 2.6400 ♦ | 2.6576 ⚙ |

Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Child Medicaid Book of Business.

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q4. Got urgent care as soon as needed

(Got urgent care as soon as needed - PCP)

Member poll

PRIMARY CARE DOCTOR VISIT

How long do members expect to wait for an URGENT CARE appointment to see a primary care doctor?

Most expect to see a primary care doctor on the same day or within two days for an urgent care issue, but would wait up to a week.

Q6. Got check-up or routine appointment as soon as

needed (Got check-up or routine care as soon as needed - PCP)

Member poll

PRIMARY CARE DOCTOR VISIT

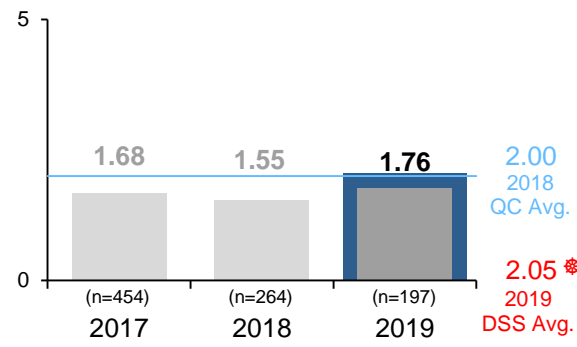
How long do members expect to wait for a ROUTINE CARE appointment to see a primary care doctor?

Most expect to wait one to two weeks for a routine care appointment with a primary care doctor, but would wait up to a month for an appointment.

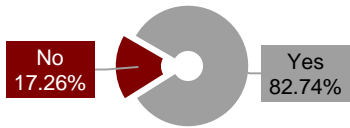
Doctor or specialist visits

- Compared to the 2018 plan result:
 - None of the differences are significant.
- Compared to the 2018 QC Average:
 - Average number of personal doctor visits is significantly lower.
- Compared to the 2019 DSS Average:
 - Average number of office visits, average number of personal doctor visits and average number of specialists seen are significantly lower.

Q7. Average number of visits to doctor's office or clinic

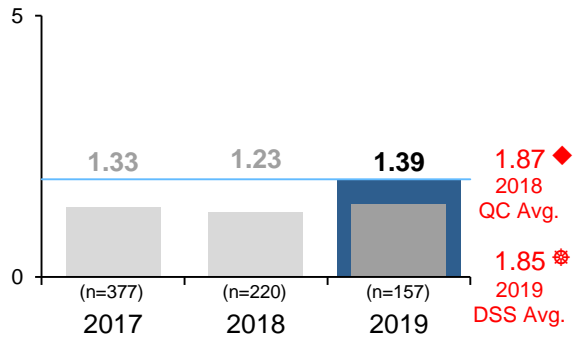


Q15. Have a personal doctor

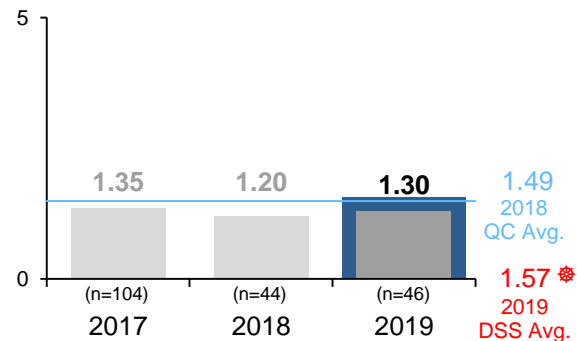


| (% Yes) | | | |
|---------|--------|--------------|---------------|
| 2017 | 2018 | 2018 QC Avg. | 2019 DSS Avg. |
| 83.73% | 83.90% | 87.76% | 88.06% |

Q16. Average number of visits to personal doctor



Q29. Average number of specialists seen



Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Child Medicaid Book of Business.

How Well Doctors Communicate

Compared to the 2018 plan result:

- None of the differences are significant.

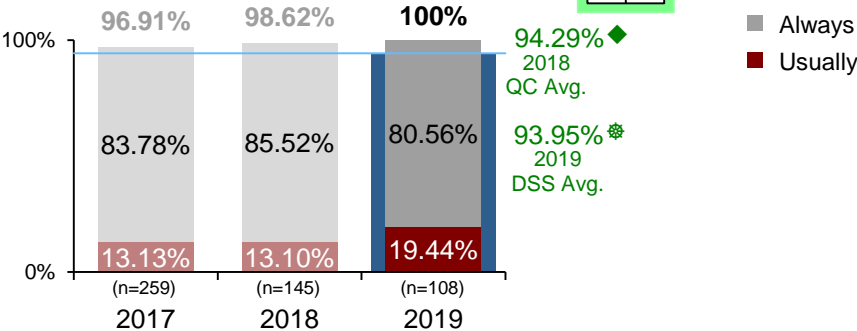
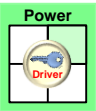
Compared to the 2018 QC Average:

- Doctor explained things and doctor listened carefully are significantly higher.

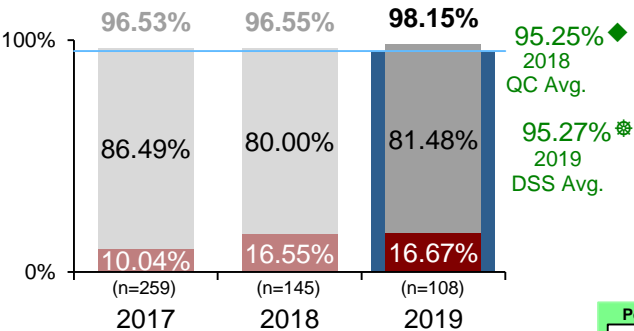
Compared to the 2019 DSS Average:

- Doctor explained things and doctor listened carefully are significantly higher.

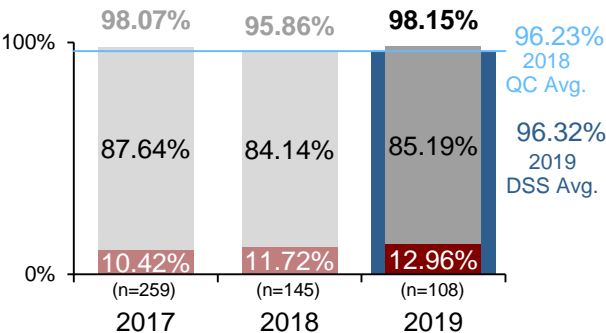
Q17. Personal doctor explained things



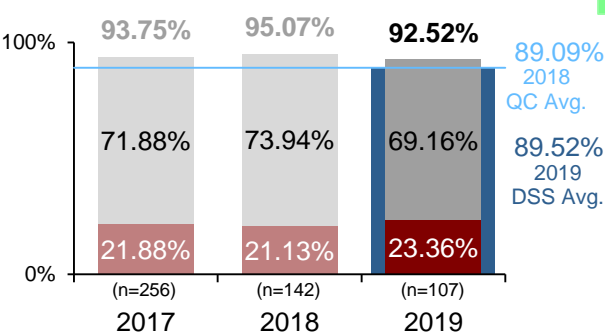
Q18. Personal doctor listened carefully



Q19. Personal doctor showed respect



Q22. Personal doctor spent enough time



How Well Doctors Communicate Composite

| | 2017 | 2018 | 2019 | 2018 QC Avg. | 2019 DSS Avg. |
|-------------------|--------|--------|--------|--------------|---------------|
| Global proportion | 96.31% | 96.53% | 97.20% | 93.72% ♦ | 93.77% ⚙ |
| Mean score | 2.7876 | 2.7743 | 2.7630 | 2.7340 | 2.7419 |

Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Child Medicaid Book of Business.

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q17. Personal doctor explained things

Improvement action

Ensure that all questions and concerns are addressed.

Explain concepts clearly and thoroughly.

Make accommodations to overcome language barriers.

"We typically go to nurse practitioners, which I prefer. They seem more willing to listen and take their time."

"I have never had a situation where her doctor didn't thoroughly explain everything to us in a simple clear way."



Selected comments

"They are thorough every time I take them to the doctor's. They explained everything as to what was or wasn't wrong with my children, how to resolve it and proper education about the reasons."

"The only time I can remember encountering any difficulty was when one of my son's doctors had a heavy accent that sometimes made it difficult for me to understand what he said. At those times, I simply had to take the initiative to ask the doctor to repeat what he had said."

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

| Q18. Personal doctor listened carefully |
|--|
| Improvement action |
| Be engaged in the conversation and ask follow-up questions. |
| Maintain eye contact and use body language to show engagement. |
| Avoid interrupting the patient during the conversation. |
| Avoid interruptions during the visit. |
| Stay engaged with the patient while taking notes or reading the chart. |
| Spend enough time with the patient to address all of their concerns. |



Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q19. Personal doctor showed respect

Improvement action

Greet patients courteously.

Maintain eye contact when talking with the patient or parent.

Involve the parent/child in the treatment selection process.

Avoid language or behavior that can be interpreted as condescending.

Be thorough to avoid the appearance of rushing the visit.

Stay engaged in the conversation while completing computer tasks.

“Shaking my hand, addressing me and my child by name, taking their time and making us feel like we’re a priority.”

“Look at you when you’re talking to them. He is always good about facing us when we are talking to him.”



Selected comments

“Don’t act like things that you say are stupid. When they act like what you say is important and valid, it makes you feel respected.”

“To me, the main thing is taking their time. When they act rushed, it feels like you are unimportant and a bother.”

“I have had doctors spend the entire time typing notes, not cool.”

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q22. Personal doctor spent enough time

Member poll

PRIMARY CARE DOCTOR VISIT

How long do patients expect a ROUTINE CARE visit to last?
Patients expect routine visits to typically last 15 to 25 minutes.

How long do patients expect an URGENT CARE visit to last?
Patients expect urgent visits to typically last longer than routine visits, approximately 30 to 45 minutes.

Q22. Personal doctor spent enough time

Improvement action

Address all questions and concerns before concluding the appointment.

Do a thorough examination and order appropriate tests.

"One of my children fell off the monkey bars at school. The ER doctor spent literally one minute with them and never once touched him to really assess the problem. They said that there was probably nothing broken because they didn't notice swelling. We demanded an x-ray, it turned out he had broken both his tibia and fibula."

"She looked at my child's ears and throat and asked me a couple of questions. Then she left and sent the nurse in for vaccines. She could have just told me that they were really busy or something, instead of rushing us out of the door."



Compared to the 2018 plan result:

- None of the differences are significant.

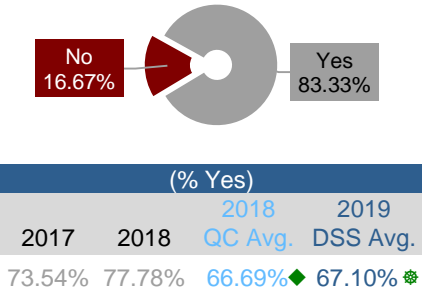
Compared to the 2018 QC Average:

- None of the differences are significant.

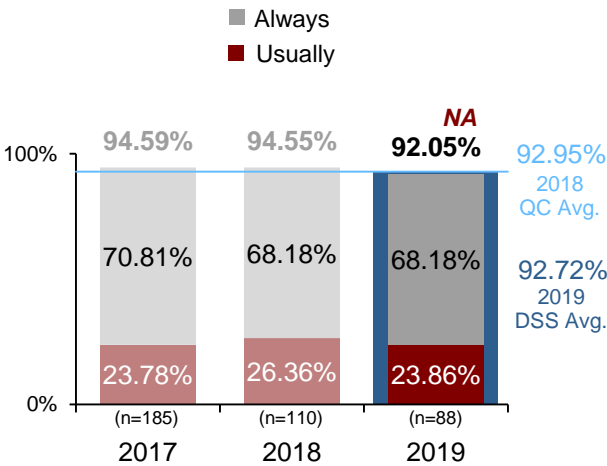
Compared to the 2019 DSS Average:

- None of the differences are significant.

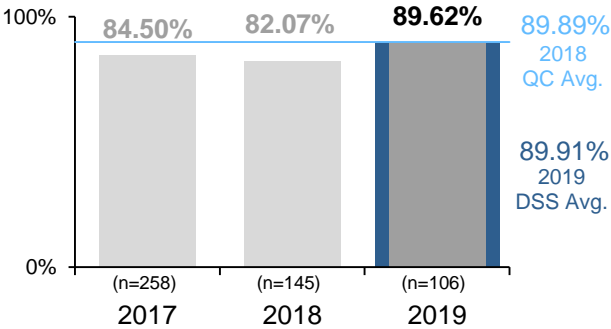
Q20. Child is able to talk with doctors about health care



Q21. Doctor explained things in a way child could understand



Q23. Doctor talked with you about how child is feeling/growing/behaving (% Yes)



Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Child Medicaid Book of Business.

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

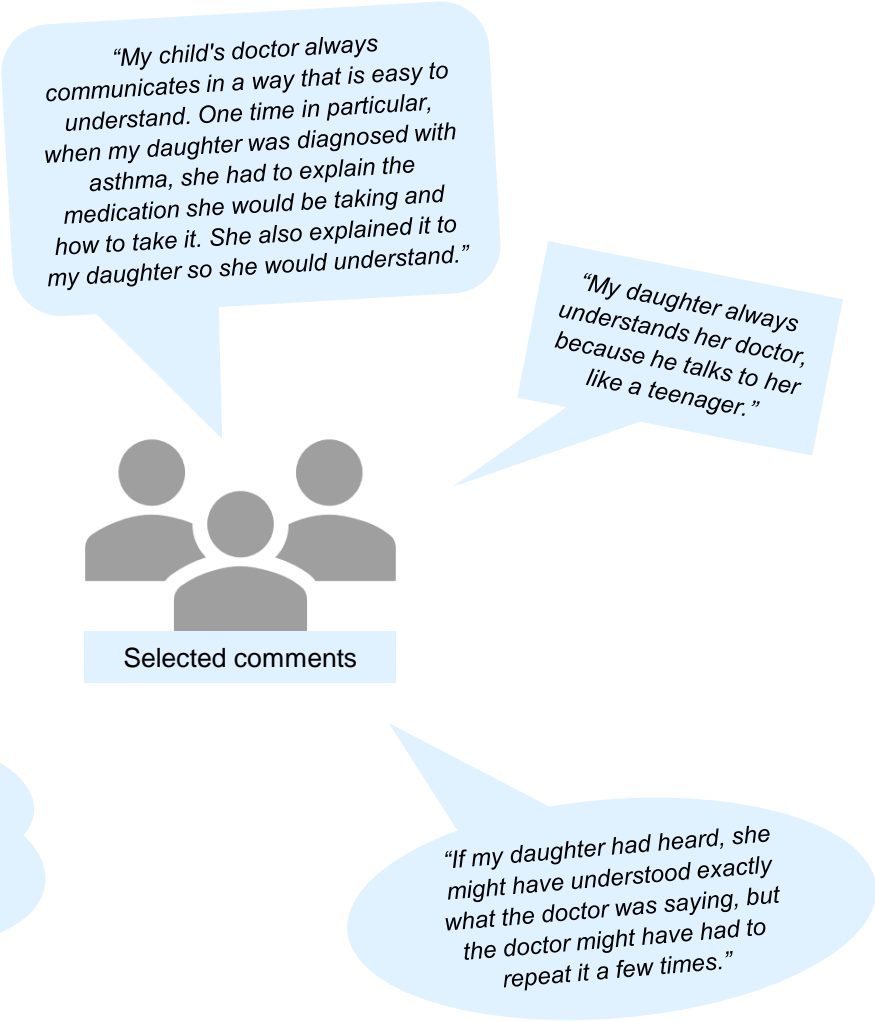
Q21. Doctor explained things in a way child could understand

Improvement action

When explaining concepts to children, use simple terms that are easy to understand.

Talk slowly and repeat statements if necessary.

Speak directly to older children when discussing matters related to their health.



Shared Decision Making

Compared to the 2018 plan result:

- Doctor discussed what was best for patient is significantly lower.

Compared to the 2018 QC Average:

- Doctor discussed reasons to take a medicine is significantly higher.

Compared to the 2019 DSS Average:

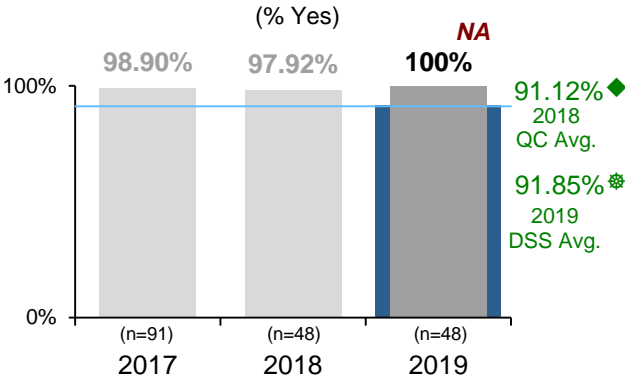
- Doctor discussed reasons to take a medicine is significantly higher.

Q9. Doctor discussed starting or stopping a prescription medicine

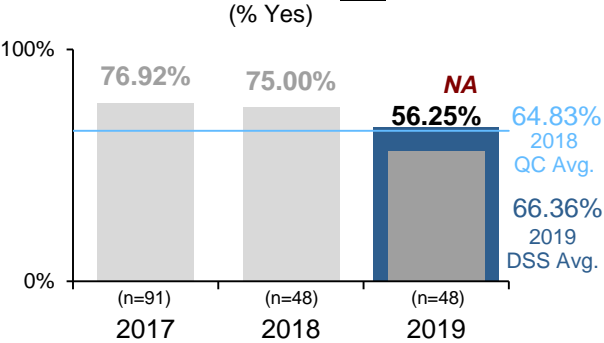


| (% Yes) | | | | |
|---------|--------|--------------|---------------|--|
| 2017 | 2018 | 2018 QC Avg. | 2019 DSS Avg. | |
| 27.88% | 26.63% | 31.03% | 31.74% | |

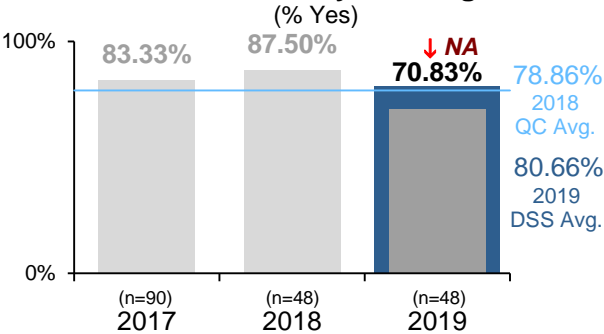
Q10. Doctor discussed reasons to take a medicine



Q11. Doctor discussed reasons not to take a medicine



Q12. Doctor asked what you thought was best



| Shared Decision Making Composite* | | | | | |
|-----------------------------------|--------|--------|--------|--------------|---------------|
| | 2017 | 2018 | 2019 | 2018 QC Avg. | 2019 DSS Avg. |
| Global proportion | 86.39% | 86.81% | 75.69% | 78.27% | 79.63% |

Please refer to page 14 for statistical references and footnotes.

*Composite mean scores are not calculated for Yes/No composites.
Note: The DSS Average is the 2019 DSS Child Medicaid Book of Business.

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

- Q10. Doctor discussed reasons to take a medicine
- Q11. Doctor discussed reasons not to take a medicine

Improvement action

Discuss possible side effects of all medications.

Partner with the parent and encourage their involvement when selecting medications.

Listen when parents voice their concerns and take them seriously.

Provide multiple treatment options.



Selected comments

"This should not be a blind, one-sided decision. If any medication was added or the doctor felt one was needed, I'd want to know why, as well as what the side effects may be."

"Doctors that listen and understand are amazing! Some doctors have a 'God complex' and tend to think they know exactly what is best for your child. And yes, most doctors know a lot about medications. However, it is the parents that are with the children every day. We are able to tell what works and what doesn't."

"I wouldn't want the doctor to just tell me 'Here, this is what she has to take,' and not give me a choice in the matter."

"The one thing she can do better is to offer options for us to look at, so we can find the right medicines."

Voice of the Member (DSS National Sample)

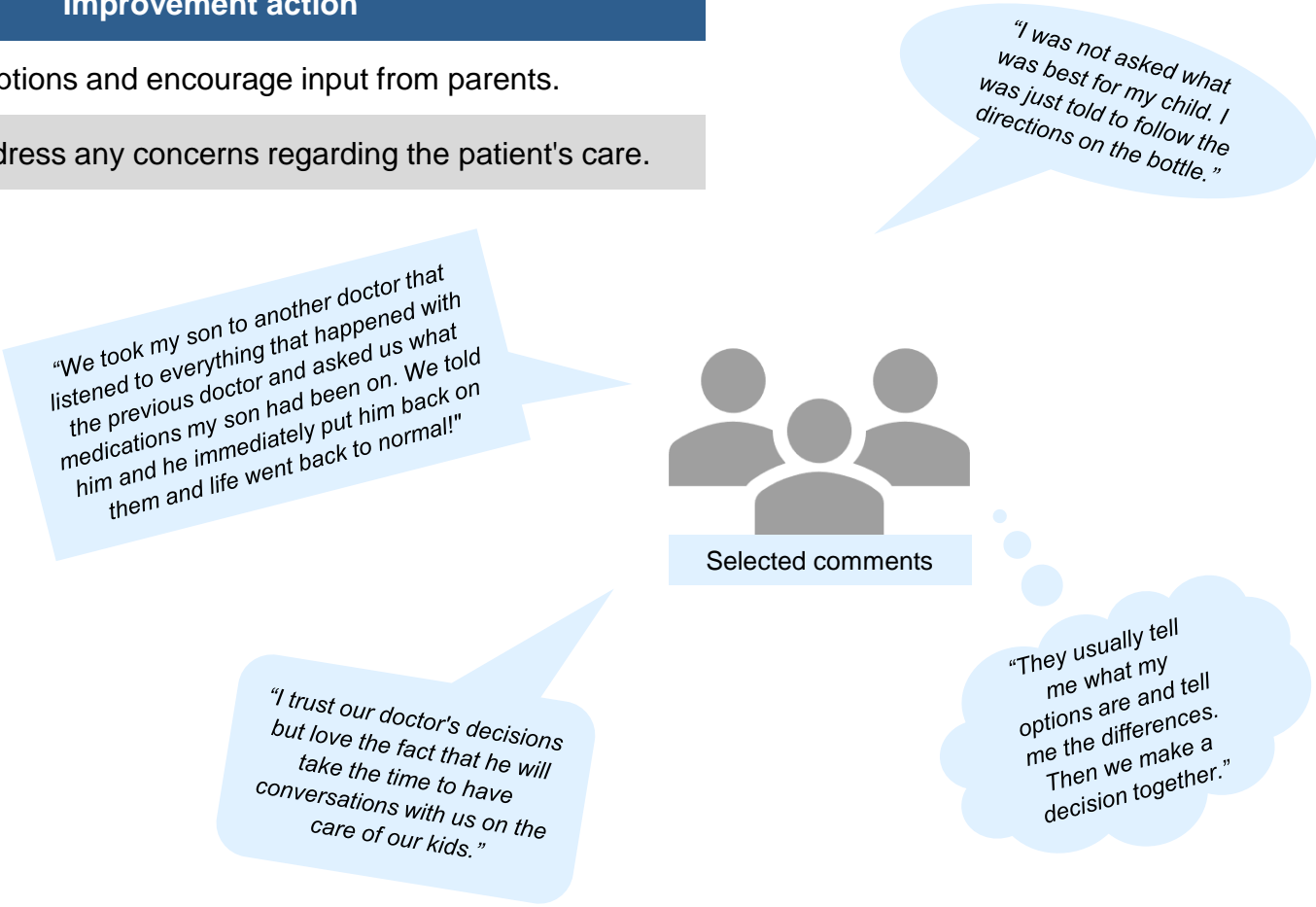
Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q12. Doctor asked what you thought was best

Improvement action

Discuss options and encourage input from parents.

Listen to and address any concerns regarding the patient's care.



Compared to the 2018 plan result:

- The difference is not significant.

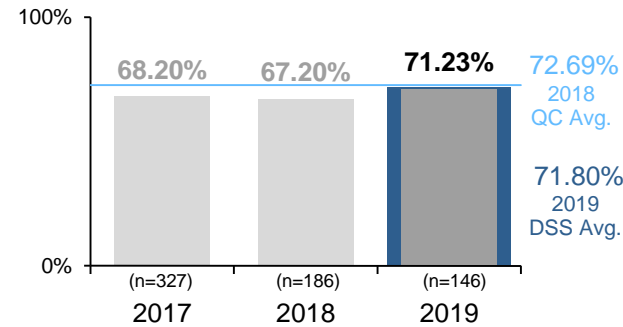
Compared to the 2018 QC Average:

- The difference is not significant.

Compared to the 2019 DSS Average:

- The difference is not significant.

Q8. Doctor discussed ways to prevent illness
(% Yes)



Please refer to page 14 for statistical references and footnotes.

Note: The [DSS Average](#) is the 2019 DSS Child Medicaid Book of Business.

Coordination of Care

Compared to the 2018 plan result:

- The difference is not significant.

Compared to the 2018 QC Average:

- The difference is not significant.

Compared to the 2019 DSS Average:

- The difference is not significant.

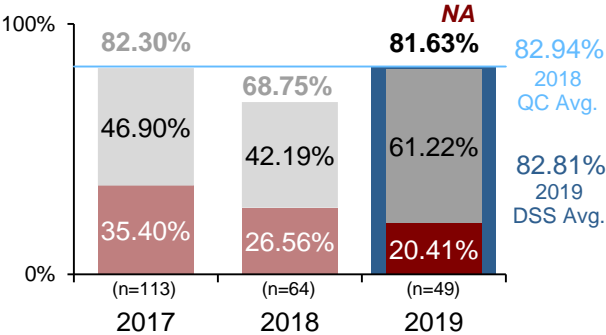
Q24. Received care from doctor or health provider besides personal doctor



| (% Yes) | | | |
|---------|--------|--------------|---------------|
| 2017 | 2018 | 2018 QC Avg. | 2019 DSS Avg. |
| 44.36% | 44.76% | 44.50% | 45.17% |

Q25. Personal doctor seemed informed about care from other providers

- Always
- Usually



Please refer to page 14 for statistical references and footnotes.

Note: The DSS Average is the 2019 DSS Child Medicaid Book of Business.

Voice of the Member (DSS National Sample)

Recommended actions for improvement based on comments from consumers across the country with Medicaid coverage for their child

Q25. Personal doctor seemed informed about care from other providers

Improvement action

Spend enough time reviewing medical records of new patients to fully understand their needs.

Thoroughly listen to the parent's/patient's concerns.

Demonstrate familiarity by commenting on interests and concerns mentioned during prior visits.

Obtain and review records from hospitals and other providers.



Selected comments

"When we switched her primary doctor, the new doctor knew my child's medical history. She was right on top of it. I was surprised and impressed."

"I've had to answer the same questions a lot! But our doctor has a plan in place to always know what the other doctors are doing."

"The only time I felt he was out of the loop was back before my son was diagnosed with autism. I asked him about it and he said no, he couldn't be autistic because he was too cuddly. I told him he needed to do some research on autism and we'd talk about it again the next time. Basically, I told him my son was autistic before he even sent him to the specialist."

"The doctor knew our son's medical history, asked him about how school was going at every visit, and engaged with him about his interests and hobbies. It almost felt like he was a part of the family."

Appendix A

Member profile

Member profile

| | 2017 | 2018 | 2019 | 2018 QC Avg. | 2019 DSS Avg. |
|---|--------|--------|--------|-----------------|------------------|
| Child's profile | | | | | |
| Overall health (Q37) | | | | | |
| Excellent/Very good | 84.02% | 87.36% | 85.28% | 74.97% | 73.42% |
| Good | 15.12% | 10.41% | 13.71% | 19.74% | 20.75% |
| Fair/Poor | 0.86% | 2.23% | 1.02% | 5.29% | 5.83% |
| Overall mental/emotional health (Q38) | | | | | |
| Excellent/Very good | 80.91% | 82.90% | 77.39% | 72.50% | 69.83% |
| Good | 13.23% | 14.87% | 18.09% | 18.42% | 19.87% |
| Fair/Poor | 5.86% | 2.23% | 4.52% | 9.08% | 10.31% |
| Age (Q39) | | | | | |
| Less than 1 | 0.45% | 0.00% | 0.00% | 2.35% | 2.06% |
| 1-5 | 20.95% | 19.62% | 18.97% | --- | 27.30% |
| 6-10 | 34.68% | 34.34% | 37.44% | --- | 27.50% |
| 11-15 | 31.53% | 33.21% | 30.77% | --- | 30.03% |
| 16 or older | 12.39% | 12.83% | 12.82% | --- | 13.12% |
| Gender (Q40) | | | | | |
| Male | 52.53% | 53.01% | 47.69% | 52.05% | 52.90% |
| Female | 47.47% | 46.99% | 52.31% | 47.95% | 47.10% |
| Race/ethnicity (Q41/Q42) | | | | | |
| White | 88.20% | 90.60% | 87.18% | 52.36% | 63.93% |
| Hispanic or Latino | 20.96% | 18.66% | 20.41% | 34.81% | 35.26% |
| Black or African-American | 3.34% | 3.38% | 4.10% | 21.72% | 23.36% |
| Asian | 2.67% | 2.26% | 2.56% | 5.71% | 6.37% |
| Native Hawaiian or other Pacific Islander | 0.89% | 1.50% | 1.54% | 1.57% | 1.57% |
| American Indian or Alaska Native | 2.90% | 1.88% | 5.64% | 3.12% | 3.60% |
| Other | 8.24% | 8.65% | 7.18% | 15.52% | 18.59% |
| Parent's/Adult respondent's profile | | | | | |
| Age (Q43) | | | | | |
| Under 18 | 8.44% | 7.04% | 6.53% | 6.65% | 5.95% |
| 18-34 | 37.01% | 34.81% | 32.66% | 35.85% | 32.68% |
| 35-44 | 37.45% | 40.37% | 40.70% | 31.90% | 33.92% |
| 45-54 | 14.07% | 13.70% | 15.58% | 15.85% | 17.19% |
| 55 or older | 3.03% | 4.07% | 4.52% | 9.75% | 10.26% |
| Gender (Q44) | | | | | |
| Male | 13.02% | 10.33% | 7.54% | 12.47% | 13.56% |
| Female | 86.98% | 89.67% | 92.46% | 87.53% | 86.44% |
| Education (Q45) | | | | | |
| High school or less | 37.45% | 33.58% | 37.06% | 54.09% | 52.29% |
| Some college | 47.40% | 50.18% | 44.16% | 31.37% | 30.78% |
| College graduate or more | 15.15% | 16.24% | 18.78% | 14.54% | 16.93% |
| Relationship to child (Q46) | | | | | |
| Mother or Father | 98.25% | 98.15% | 98.98% | 90.28% | 91.00% |
| Grandparent | 1.09% | 0.74% | 0.51% | 6.53% | 5.99% |
| Other | 0.66% | 1.11% | 0.51% | 3.19% | 3.01% |

Please refer to page 14 for statistical references and footnotes.

Note: The **DSS Average** is the 2019 DSS Child Medicaid Book of Business.

Appendix B

Overall ratings and composite score summary tables

Overall ratings and composites – global proportions and summary rates

| | 2017 | 2018 | 2019 | 2018 QC Avg. | 2019 DSS Avg. |
|--|--------|--------|--------|-----------------|------------------|
| Overall ratings | | | | | |
| Rating of Health Plan (Q36) (% 8, 9 or 10) | 84.48% | 86.69% | 81.54% | 86.32% | 86.93% |
| Rating of Health Care (Q13) (% 8, 9 or 10) | 87.42% | 85.03% | 88.28% | 87.02% | 88.48% |
| Rating of Personal Doctor (Q26) (% 8, 9 or 10) | 86.70% | 87.95% | 91.08% | 89.47% | 90.50% |
| Rating of Specialist (Q30) (% 8, 9 or 10) | 88.35% | 88.64% | 95.35% | 87.03% | 87.39% |
| Overall ratings and composite scores | | | | | |
| Rating of Health Plan (Q36) (% 9 or 10) | 66.30% | 71.48% | 60.51% | 71.72% | 72.17% |
| Rating of Health Care (Q13) (% 9 or 10) | 66.26% | 64.71% | 64.14% | 69.76% | 71.14% |
| Rating of Personal Doctor (Q26) (% 9 or 10) | 73.40% | 70.98% | 73.25% | 76.67% | 77.64% |
| Rating of Specialist (Q30) (% 9 or 10) | 74.76% | 72.73% | 76.74% | 73.96% | 73.17% |
| Customer Service (% Always or Usually) | 92.13% | 83.02% | 88.04% | 88.72% | 88.27% |
| Getting Needed Care (% Always or Usually) | 94.20% | 83.90% | 96.09% | 84.68% | 85.05% |
| Getting Care Quickly (% Always or Usually) | 96.61% | 93.19% | 95.92% | 89.47% | 90.01% |
| How Well Doctors Communicate (% Always or Usually) | 96.31% | 96.53% | 97.20% | 93.72% | 93.77% |
| Shared Decision Making (% Yes) | 86.39% | 86.81% | 75.69% | 78.27% | 79.63% |
| Health Promotion and Education (Q8) (% Yes) | 68.20% | 67.20% | 71.23% | 72.69% | 71.80% |
| Coordination of Care (Q25) (% Always or Usually) | 82.30% | 68.75% | 81.63% | 82.94% | 82.81% |

Please refer to page 14 for statistical references and footnotes.

Note: The [DSS Average](#) is the 2019 DSS Child Medicaid Book of Business.

Overall ratings and composites – mean scores

| | 2017 | 2018 | 2019 | 2018 QC Avg. | 2019 DSS Avg. |
|---|--------|--------|----------|-----------------|------------------|
| Overall mean ratings: 0 - 10 scale | | | | | |
| Rating of Health Plan (Q36) | 8.8448 | 8.8973 | 8.5385 ↓ | 8.9469 ◆ | 8.9786 ⚡ |
| Rating of Health Care (Q13) | 8.8681 | 8.8289 | 8.8345 | 8.9300 | 8.9917 |
| Rating of Personal Doctor (Q26) | 8.9894 | 8.9688 | 9.0064 | 9.1253 | 9.1711 |
| Rating of Specialist (Q30) | 8.9612 | 8.7727 | 9.0465 | 8.9726 | 8.9803 |
| Overall ratings and composite scores: Three-point mean scores | | | | | |
| Rating of Health Plan (Q36) | 2.5831 | 2.6502 | 2.4923 ↓ | 2.6400 ◆ | 2.6508 ⚡ |
| Rating of Health Care (Q13) | 2.6166 | 2.5882 | 2.6069 | 2.6299 | 2.6544 |
| Rating of Personal Doctor (Q26) | 2.6729 | 2.6518 | 2.6879 | 2.7100 | 2.7260 |
| Rating of Specialist (Q30) | 2.6699 | 2.6364 | 2.7209 | 2.6599 | 2.6633 |
| Customer Service | 2.4907 | 2.4057 | 2.5326 | 2.5801 | 2.5764 |
| Getting Needed Care | 2.6241 | 2.4594 | 2.7059 ↑ | 2.4701 ◆ | 2.4720 ⚡ |
| Getting Care Quickly | 2.7803 | 2.7285 | 2.7961 | 2.6400 ◆ | 2.6576 ⚡ |
| How Well Doctors Communicate | 2.7876 | 2.7743 | 2.7630 | 2.7340 | 2.7419 |
| Health Promotion and Education (Q8) | 2.3639 | 2.3441 | 2.4247 | 2.4539 | 2.4361 |
| Coordination of Care (Q25) | 2.2920 | 2.1094 | 2.4286 ↑ | 2.4301 | 2.4234 |

Please refer to page 14 for statistical references and footnotes.

Note: The [DSS Average](#) is the 2019 DSS Child Medicaid Book of Business.

Key measures – global proportions and summary rates

| | 2017 | 2018 | 2019 | 2019 Num. | 2019 Den. | 2018 QC Avg. | 2019 DSS Avg. |
|---|--------|--------|--------|--------------|--------------|-----------------|------------------|
| Rating of Health Plan (Q36) (% 8, 9 or 10) | 84.48% | 86.69% | 81.54% | 159 | 195 | 86.32% | 86.93% |
| Rating of Health Care (Q13) (% 8, 9 or 10) | 87.42% | 85.03% | 88.28% | 128 | 145 | 87.02% | 88.48% |
| Rating of Personal Doctor (Q26) (% 8, 9 or 10) | 86.70% | 87.95% | 91.08% | 143 | 157 | 89.47% | 90.50% |
| Rating of Specialist (Q30) (% 8, 9 or 10) | 88.35% | 88.64% | 95.35% | 41 | 43 | 87.03% | 87.39% |
| Customer Service (% Always or Usually) | 92.13% | 83.02% | 88.04% | --- | 46 | 88.72% | 88.27% |
| Q32. CS provided needed information or help | 87.96% | 77.36% | 80.43% | 37 | 46 | 83.59% | 82.74% |
| Q33. CS treated member with courtesy and respect | 96.30% | 88.68% | 95.65% | 44 | 46 | 93.85% | 93.80% |
| Getting Needed Care (% Always or Usually) | 94.20% | 83.90% | 96.09% | --- | 95 | 84.68% | 85.05% |
| Q28. Got appointment with specialist as soon as needed | 93.27% | 72.09% | 95.65% | 44 | 46 | 80.69% | 80.14% |
| Q14. Ease of getting care, tests or treatment | 95.12% | 95.70% | 96.53% | 139 | 144 | 89.39% | 89.96% |
| Getting Care Quickly (% Always or Usually) | 96.61% | 93.19% | 95.92% | --- | 102 | 89.47% | 90.01% |
| Q4. Got urgent care as soon as needed | 96.76% | 93.14% | 97.53% | 79 | 81 | 90.74% | 91.49% |
| Q6. Got check-up or routine appointment as soon as needed | 96.47% | 93.24% | 94.31% | 116 | 123 | 88.24% | 88.52% |
| How Well Doctors Communicate (% Always or Usually) | 96.31% | 96.53% | 97.20% | --- | 108 | 93.72% | 93.77% |
| Q17. Personal doctor explained things | 96.91% | 98.62% | 100% | 108 | 108 | 94.29% | 93.95% |
| Q18. Personal doctor listened carefully | 96.53% | 96.55% | 98.15% | 106 | 108 | 95.25% | 95.27% |
| Q19. Personal doctor showed respect | 98.07% | 95.86% | 98.15% | 106 | 108 | 96.23% | 96.32% |
| Q22. Personal doctor spent enough time | 93.75% | 95.07% | 92.52% | 99 | 107 | 89.09% | 89.52% |
| Shared Decision Making (% Yes) | 86.39% | 86.81% | 75.69% | --- | 48 | 78.27% | 79.63% |
| Q10. Doctor discussed reasons to take a medicine | 98.90% | 97.92% | 100% | 48 | 48 | 91.12% | 91.85% |
| Q11. Doctor discussed reasons not to take a medicine | 76.92% | 75.00% | 56.25% | 27 | 48 | 64.83% | 66.36% |
| Q12. Doctor asked what you thought was best | 83.33% | 87.50% | 70.83% | 34 | 48 | 78.86% | 80.66% |
| Health Promotion and Education (Q8) (% Yes) | 68.20% | 67.20% | 71.23% | 104 | 146 | 72.69% | 71.80% |
| Coordination of Care (Q25) (% Always or Usually) | 82.30% | 68.75% | 81.63% | 40 | 49 | 82.94% | 82.81% |

Please refer to page 14 for statistical references and footnotes.

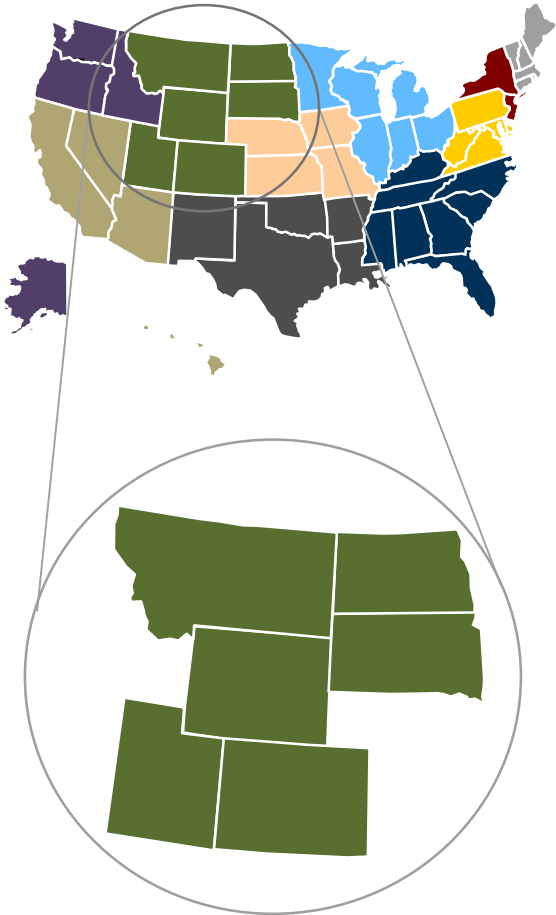
Note: The [DSS Average](#) is the 2019 DSS Child Medicaid Book of Business.

Key measures – global proportions and summary rates

| | 2019 | 2019 Region Avg. |
|---|--------|-----------------------|
| Rating of Health Plan (Q36) (% 8, 9 or 10) | 81.54% | 83.27% |
| Rating of Health Care (Q13) (% 8, 9 or 10) | 88.28% | 88.60% |
| Rating of Personal Doctor (Q26) (% 8, 9 or 10) | 91.08% | 90.95% |
| Rating of Specialist (Q30) (% 8, 9 or 10) | 95.35% | 95.77% |
| Customer Service (% Always or Usually) | 88.04% | 87.50% |
| Q32. CS provided needed information or help | 80.43% | 80.00% |
| Q33. CS treated member with courtesy and respect | 95.65% | 95.00% |
| Getting Needed Care (% Always or Usually) | 96.09% | 94.76% |
| Q28. Got appointment with specialist as soon as needed | 95.65% | 94.74% |
| Q14. Ease of getting care, tests or treatment | 96.53% | 94.79% |
| Getting Care Quickly (% Always or Usually) | 95.92% | 93.98% |
| Q4. Got urgent care as soon as needed | 97.53% | 96.15% |
| Q6. Got check-up or routine appointment as soon as needed | 94.31% | 91.81% |
| How Well Doctors Communicate (% Always or Usually) | 97.20% | 94.86% |
| Q17. Personal doctor explained things | 100% | 96.79% ❖ |
| Q18. Personal doctor listened carefully | 98.15% | 96.15% |
| Q19. Personal doctor showed respect | 98.15% | 96.15% |
| Q22. Personal doctor spent enough time | 92.52% | 90.32% |
| Shared Decision Making (% Yes) | 75.69% | 81.59% |
| Q10. Doctor discussed reasons to take a medicine | 100% | 100% |
| Q11. Doctor discussed reasons not to take a medicine | 56.25% | 68.06% |
| Q12. Doctor asked what you thought was best | 70.83% | 76.71% |
| Health Promotion and Education (Q8) (% Yes) | 71.23% | 74.48% |
| Coordination of Care (Q25) (% Always or Usually) | 81.63% | 82.93% |

Region 8: Denver


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



Please refer to page 14 for statistical references and footnotes. HHS Regions: The regions used align with the U.S. Department of Health and Human Services regions.

Overall ratings and composites – percentiles

| | 2019 Plan | | National Percentiles from 2018 Quality Compass (Child Medicaid) | | | | | | | | |
|---|-----------|------------------|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | Score | Percentile | 5 th | 10 th | 25 th | 33 rd | 50 th | 67 th | 75 th | 90 th | 95 th |
| Rating of Health Plan (Q36) (% 8, 9 or 10) | 81.54% | 5 th | 80.58 | 82.08 | 84.10 | 85.15 | 86.63 | 88.08 | 89.06 | 90.77 | 91.49 |
| Rating of Health Care (Q13) (% 8, 9 or 10) | 88.28% | 50 th | 82.31 | 83.20 | 85.23 | 85.78 | 87.27 | 88.52 | 89.25 | 90.64 | 91.54 |
| Rating of Personal Doctor (Q26) (% 8, 9 or 10) | 91.08% | 67 th | 84.52 | 86.14 | 88.01 | 88.52 | 89.64 | 90.72 | 91.28 | 92.59 | 93.26 |
| Rating of Specialist (Q30) (% 8, 9 or 10) | 95.35% | 95 th | 81.46 | 82.26 | 84.75 | 85.81 | 86.94 | 88.41 | 89.30 | 91.87 | 92.25 |
| Customer Service (% Always or Usually) | 88.04% | 33 rd | 84.60 | 85.48 | 87.22 | 87.56 | 88.50 | 89.95 | 90.58 | 92.01 | 93.07 |
| Q32. CS provided needed information or help | 80.43% | 10 th | 78.18 | 79.13 | 80.91 | 82.09 | 83.64 | 85.22 | 86.25 | 87.92 | 89.68 |
| Q33. CS treated member with courtesy and respect | 95.65% | 75 th | 90.37 | 91.35 | 92.66 | 93.05 | 93.94 | 94.85 | 95.22 | 96.39 | 97.18 |
| Getting Needed Care (% Always or Usually) | 96.09% | 95 th | 78.11 | 79.28 | 81.67 | 82.79 | 84.41 | 87.20 | 87.94 | 90.26 | 91.35 |
| Q28. Got appointment with specialist as soon as needed | 95.65% | 95 th | 69.72 | 72.82 | 77.10 | 78.57 | 80.90 | 84.21 | 85.26 | 86.89 | 88.49 |
| Q14. Ease of getting care, tests or treatment | 96.53% | 95 th | 82.70 | 83.98 | 87.01 | 88.09 | 89.85 | 91.59 | 92.31 | 93.91 | 94.44 |
| Getting Care Quickly (% Always or Usually) | 95.92% | 95 th | 82.18 | 83.90 | 86.81 | 87.96 | 89.96 | 91.68 | 92.56 | 94.52 | 95.06 |
| Q4. Got urgent care as soon as needed | 97.53% | 95 th | 83.18 | 85.45 | 87.79 | 89.22 | 91.33 | 92.89 | 93.88 | 95.79 | 96.76 |
| Q6. Got check-up or routine appointment as soon as needed | 94.31% | 90 th | 79.82 | 81.21 | 85.59 | 86.67 | 89.01 | 90.48 | 91.68 | 93.60 | 94.82 |
| How Well Doctors Communicate (% Always or Usually) | 97.20% | 95 th | 89.39 | 91.10 | 92.46 | 92.89 | 94.05 | 94.86 | 95.40 | 96.36 | 96.81 |
| Q17. Personal doctor explained things | 100% | 95 th | 88.98 | 91.03 | 93.03 | 93.47 | 94.49 | 95.74 | 96.28 | 97.00 | 97.66 |
| Q18. Personal doctor listened carefully | 98.15% | 95 th | 91.72 | 92.67 | 94.32 | 94.78 | 95.61 | 96.15 | 96.47 | 97.32 | 97.94 |
| Q19. Personal doctor showed respect | 98.15% | 90 th | 93.20 | 93.89 | 95.50 | 95.93 | 96.50 | 97.03 | 97.26 | 98.03 | 98.75 |
| Q22. Personal doctor spent enough time | 92.52% | 75 th | 82.11 | 83.30 | 86.92 | 88.03 | 89.73 | 91.40 | 91.91 | 93.70 | 94.25 |
| Shared Decision Making (% Yes) | 75.69% | 10 th | 69.87 | 72.18 | 75.81 | 76.79 | 79.31 | 80.26 | 80.95 | 83.06 | 83.56 |
| Q10. Doctor discussed reasons to take a medicine | 100% | 95 th | 81.82 | 84.83 | 88.97 | 91.00 | 92.24 | 93.33 | 94.08 | 95.56 | 95.93 |
| Q11. Doctor discussed reasons not to take a medicine | 56.25% | 5 th | 54.13 | 56.46 | 60.61 | 62.80 | 65.84 | 67.29 | 68.66 | 72.65 | 74.04 |
| Q12. Doctor asked what you thought was best | 70.83% | <5 th | 71.43 | 74.07 | 76.27 | 77.05 | 79.01 | 80.89 | 81.75 | 83.94 | 84.68 |
| Health Promotion and Education (Q8) (% Yes) | 71.23% | 25 th | 65.97 | 67.35 | 70.44 | 71.43 | 72.79 | 74.32 | 75.00 | 77.35 | 79.67 |
| Coordination of Care (Q25) (% Always or Usually) | 81.63% | 33 rd | 75.00 | 76.85 | 80.21 | 81.40 | 82.94 | 85.31 | 86.54 | 88.24 | 89.29 |
| Other reported measures (% Always or Usually) | | | | | | | | | | | |
| Q35. Health plan forms were easy to fill out | 94.92% | 33 rd | 91.54 | 92.11 | 93.48 | 94.12 | 94.94 | 95.55 | 95.90 | 97.19 | 97.38 |

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

Overall ratings and composites – demographic analysis

| Child | Rating of Health Plan | | Rating of Health Care | | Health Status | | Mental Health Status | | Survey Type | |
|---|-----------------------|--------|-----------------------|--------|------------------------|--------------------|------------------------|--------------------|-------------|-------|
| | 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 |
| | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) |
| Total respondents | 159 | 36 | 128 | 17^ | 168 | 29 | 154 | 45 | 197 | 2^ |
| Rating of Health Plan (Q36) (% 8, 9 or 10) | 100% B | 0.00% | 89.60% | 52.94% | 81.21% | 82.14% | 79.61% | 88.37% | 81.87% | NR |
| Rating of Health Care (Q13) (% 8, 9 or 10) | 92.56% | 61.90% | 100% | 0.00% | 87.50% | 91.30% | 88.18% | 88.57% | 88.11% | NR |
| Rating of Personal Doctor (Q26) (% 8, 9 or 10) | 92.86% | 82.14% | 95.50% | 46.15% | 91.85% | 85.00% | 91.80% | 88.57% | 90.97% | NR |
| Rating of Specialist (Q30) (% 8, 9 or 10) | 97.22% | NR | 100% | NR | 96.97% | NR | 96.88% | 90.91% | 95.35% | NR |
| Customer Service (% Always or Usually) | 94.87% | NR | 89.71% | NR | 86.49% | NR | 85.53% | NR | 87.78% | NR |
| Q32. CS provided needed information or help | 89.74% | NR | 82.35% | NR | 78.38% | NR | 76.32% | NR | 80.00% | NR |
| Q33. CS treated member with courtesy and respect | 100% | NR | 97.06% | NR | 94.59% | NR | 94.74% | NR | 95.56% | NR |
| Getting Needed Care (% Always or Usually) | 97.89% | 85.36% | 99.61% | 88.24% | 98.32% | 89.49% | 98.17% | 90.88% | 96.07% | NR |
| Q28. Got appointment with specialist as soon as needed | 97.44% | NR | 100% | NR | 100% | 83.33% | 100% | 84.62% | 95.65% | NR |
| Q14. Ease of getting care, tests or treatment | 98.35% | 85.00% | 99.21% | 76.47% | 96.64% | 95.65% | 96.33% | 97.14% | 96.48% | NR |
| Getting Care Quickly (% Always or Usually) | 97.30% | 87.11% | 97.18% | 84.44% | 97.22% | 93.48% | 97.56% | 90.97% | 96.31% | NR |
| Q4. Got urgent care as soon as needed | 98.55% | NR | 98.44% | NR | 98.44% | 100% | 98.41% | 94.44% | 97.53% | NR |
| Q6. Got check-up or routine appointment as soon as needed | 96.04% | 84.21% | 95.92% | NR | 96.00% | 86.96% | 96.70% | 87.50% | 95.08% | NR |
| How Well Doctors Communicate (% Always or Usually) | 97.56% | 94.23% | 98.41% | NR | 97.26% | 96.88% | 98.16% | 94.23% | 97.15% | NR |
| Q17. Personal doctor explained things | 100% | 100% | 100% | NR | 100% | 100% | 100% | 100% | 100% | NR |
| Q18. Personal doctor listened carefully | 98.92% | 92.31% | 98.95% | NR | 97.83% | 100% | 98.78% | 96.15% | 98.11% | NR |
| Q19. Personal doctor showed respect | 98.92% | 92.31% | 100% | NR | 97.83% | 100% | 98.78% | 96.15% | 98.11% | NR |
| Q22. Personal doctor spent enough time | 92.39% | 92.31% | 94.68% | NR | 93.41% | 87.50% | 95.06% | 84.62% | 92.38% | NR |
| Shared Decision Making (% Yes) | 77.04% | NR | 76.98% | NR | 76.58% | 72.73% | 75.49% | 76.19% | 75.69% | NR |
| Q10. Doctor discussed reasons to take a medicine | 100% | NR | 100% | NR | 100% | 100% | 100% | 100% | 100% | NR |
| Q11. Doctor discussed reasons not to take a medicine | 57.78% | NR | 57.14% | NR | 59.46% | 45.45% | 61.76% | 42.86% | 56.25% | NR |
| Q12. Doctor asked what you thought was best | 73.33% | NR | 73.81% | NR | 70.27% | 72.73% | 64.71% | 85.71% | 70.83% | NR |
| Health Promotion and Education (Q8) (% Yes) | 71.90% | 72.73% | 71.88% | 64.71% | 71.67% | 70.83% | 69.09% | 77.78% | 71.53% | NR |
| Coordination of Care (Q25) (% Always or Usually) | 82.22% | NR | 81.25% | NR | 84.62% | NR | 88.57% | 64.29% | 81.63% | NR |

Please refer to page 14 for statistical references and footnotes.

Overall ratings and composites – demographic analysis

| Child | Age | | | | Gender | | Race | | | Ethnicity |
|---|-------------|--------|--------|--------|--------|--------|--------|---------------------------|--------|-----------|
| | Less than 1 | 1 – 5 | 6 – 10 | 11+ | Male | Female | White | Black or African-American | Other | Hispanic |
| | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) |
| Total respondents | 0^ | 37 | 73 | 85 | 93 | 102 | 170 | 8^ | 23 | 40 |
| Rating of Health Plan (Q36) (% 8, 9 or 10) | NR | 75.68% | 83.10% | 84.34% | 81.52% | 81.82% | 80.12% | NR | 91.30% | 84.62% |
| Rating of Health Care (Q13) (% 8, 9 or 10) | NR | 93.33% | 86.54% | 87.10% | 84.62% | 91.14% | 87.60% | NR | 100% | 88.89% |
| Rating of Personal Doctor (Q26) (% 8, 9 or 10) | NR | 96.97% | 86.67% | 91.94% | 91.55% | 90.36% | 91.97% | NR | 83.33% | 90.00% |
| Rating of Specialist (Q30) (% 8, 9 or 10) | NR | NR | 92.86% | 95.00% | 93.75% | 96.15% | 94.44% | NR | NR | NR |
| Customer Service (% Always or Usually) | NR | NR | 90.63% | 84.09% | 92.11% | 84.62% | 88.16% | NR | NR | 100% |
| Q32. CS provided needed information or help | NR | NR | 81.25% | 77.27% | 89.47% | 73.08% | 81.58% | NR | NR | 100% |
| Q33. CS treated member with courtesy and respect | NR | NR | 100% | 90.91% | 94.74% | 96.15% | 94.74% | NR | NR | 100% |
| Getting Needed Care (% Always or Usually) | NR | 93.33% | 98.04% | 96.11% | 94.91% | 96.87% | 96.73% | NR | 92.86% | 93.15% |
| Q28. Got appointment with specialist as soon as needed | NR | NR | 100% | 95.45% | 94.44% | 96.30% | 97.37% | NR | NR | NR |
| Q14. Ease of getting care, tests or treatment | NR | 96.67% | 96.08% | 96.77% | 95.38% | 97.44% | 96.09% | NR | 100% | 96.30% |
| Getting Care Quickly (% Always or Usually) | NR | 100% | 95.42% | 94.00% | 98.11% | 94.05% | 95.29% | NR | 100% | 97.62% |
| Q4. Got urgent care as soon as needed | NR | 100% | 93.10% | 100% | 100% | 95.45% | 97.18% | NR | NR | 100% |
| Q6. Got check-up or routine appointment as soon as needed | NR | 100% | 97.73% | 88.00% | 96.23% | 92.65% | 93.40% | NR | 100% | 95.24% |
| How Well Doctors Communicate (% Always or Usually) | NR | 97.83% | 95.73% | 98.80% | 96.88% | 97.79% | 97.05% | NR | 97.73% | 98.86% |
| Q17. Personal doctor explained things | NR | 100% | 100% | 100% | 100% | 100% | 100% | NR | 100% | 100% |
| Q18. Personal doctor listened carefully | NR | 100% | 97.56% | 97.62% | 100% | 96.49% | 97.87% | NR | 100% | 100% |
| Q19. Personal doctor showed respect | NR | 100% | 95.12% | 100% | 97.92% | 98.25% | 97.87% | NR | 100% | 100% |
| Q22. Personal doctor spent enough time | NR | 91.30% | 90.24% | 97.56% | 89.58% | 96.43% | 92.47% | NR | 90.91% | 95.45% |
| Shared Decision Making (% Yes) | NR | 72.73% | 76.92% | 76.39% | 82.46% | 71.26% | 78.29% | NR | NR | NR |
| Q10. Doctor discussed reasons to take a medicine | NR | 100% | 100% | 100% | 100% | 100% | 100% | NR | NR | NR |
| Q11. Doctor discussed reasons not to take a medicine | NR | 72.73% | 53.85% | 50.00% | 68.42% | 48.28% | 60.47% | NR | NR | NR |
| Q12. Doctor asked what you thought was best | NR | 45.45% | 76.92% | 79.17% | 78.95% | 65.52% | 74.42% | NR | NR | NR |
| Health Promotion and Education (Q8) (% Yes) | NR | 76.67% | 73.08% | 68.25% | 66.15% | 76.25% | 73.08% | NR | 58.33% | 62.96% |
| Coordination of Care (Q25) (% Always or Usually) | NR | NR | 77.78% | 80.00% | 77.78% | 83.33% | 81.40% | NR | NR | NR |

Please refer to page 14 for statistical references and footnotes.

Overall ratings and composites – demographic analysis

| Parent/Adult respondent | Age | | | | Gender | | Education | |
|---|--------|--------|--------|-----|--------|--------|---------------------|----------------------|
| | 18-34 | 35-44 | 45-54 | 55+ | Male | Female | High school or less | Some college or more |
| | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) |
| Total respondents | 65 | 81 | 31 | 9^ | 15^ | 184 | 73 | 124 |
| Rating of Health Plan (Q36) (% 8, 9 or 10) | 75.38% | 84.62% | 80.00% | NR | 86.67% | 81.11% | 85.92% | 78.86% |
| Rating of Health Care (Q13) (% 8, 9 or 10) | 88.00% | 88.33% | 95.45% | NR | NR | 87.59% | 95.83% H | 84.21% |
| Rating of Personal Doctor (Q26) (% 8, 9 or 10) | 91.53% | 91.38% | 96.15% | NR | NR | 90.67% | 98.11% H | 87.25% |
| Rating of Specialist (Q30) (% 8, 9 or 10) | 100% | 93.75% | NR | NR | NR | 95.00% | 100% | 93.33% |
| Customer Service (% Always or Usually) | 92.31% | 83.33% | 86.36% | NR | NR | 87.80% | 100% | 82.26% |
| Q32. CS provided needed information or help | 84.62% | 73.33% | 81.82% | NR | NR | 80.49% | 100% | 70.97% |
| Q33. CS treated member with courtesy and respect | 100% | 93.33% | 90.91% | NR | NR | 95.12% | 100% | 93.55% |
| Getting Needed Care (% Always or Usually) | 93.67% | 97.06% | 97.73% | NR | NR | 96.94% | 100% | 94.84% |
| Q28. Got appointment with specialist as soon as needed | 93.33% | 94.12% | NR | NR | NR | 97.56% | 100% | 93.94% |
| Q14. Ease of getting care, tests or treatment | 94.00% | 100% | 95.45% | NR | NR | 96.32% | 100% H | 95.74% |
| Getting Care Quickly (% Always or Usually) | 95.69% | 96.67% | 94.44% | NR | NR | 95.68% | 98.57% | 95.09% |
| Q4. Got urgent care as soon as needed | 93.55% | 100% | 100% | NR | NR | 97.40% | 100% | 96.00% |
| Q6. Got check-up or routine appointment as soon as needed | 97.83% | 93.33% | 88.89% | NR | NR | 93.97% | 97.14% | 94.19% |
| How Well Doctors Communicate (% Always or Usually) | 95.24% | 98.13% | 98.44% | NR | NR | 97.10% | 97.73% | 96.88% |
| Q17. Personal doctor explained things | 100% | 100% | 100% | NR | NR | 100% | 100% | 100% |
| Q18. Personal doctor listened carefully | 97.62% | 100% | 93.75% | NR | NR | 98.08% | 100% | 97.22% |
| Q19. Personal doctor showed respect | 95.24% | 100% | 100% | NR | NR | 98.08% | 100% | 97.22% |
| Q22. Personal doctor spent enough time | 88.10% | 92.50% | 100% | NR | NR | 92.23% | 90.91% | 93.06% |
| Shared Decision Making (% Yes) | 75.56% | 74.07% | NR | NR | NR | 77.27% | 84.21% | 69.14% |
| Q10. Doctor discussed reasons to take a medicine | 100% | 100% | NR | NR | NR | 100% | 100% | 100% |
| Q11. Doctor discussed reasons not to take a medicine | 66.67% | 50.00% | NR | NR | NR | 59.09% | 68.42% | 48.15% |
| Q12. Doctor asked what you thought was best | 60.00% | 72.22% | NR | NR | NR | 72.73% | 84.21% | 59.26% |
| Health Promotion and Education (Q8) (% Yes) | 68.00% | 70.49% | 81.82% | NR | NR | 71.74% | 60.42% | 77.08% G |
| Coordination of Care (Q25) (% Always or Usually) | 73.33% | 85.71% | NR | NR | NR | 80.85% | 88.89% | 80.00% |

Please refer to page 14 for statistical references and footnotes.

Appendix C

SatisAction™ key driver statistical model

POWeR™ Chart shown in the executive summary on [Page 7](#).

Instructions to access trAction™ Decision (Impact Analysis) Tool:

1. Log on to <https://client.dssresearch.com> using your current User Name and Password.
2. Contact DSS Research at 1-800-989-5150 if you do not have a User Name and Password.
3. Once on the portal, select Reporting and then Tools.
4. Select the trAction™ Decision Tool for access to the Impact Analysis Tool and to run “what if” scenarios.

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. DSS Research has been successfully using this approach since 1997.

The model provides the following:

- Identification of the elements that are important in driving 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.

Importance analysis. The importance analysis involves a multi-step process:

- Factor analysis is used to summarize the predictor set into a more manageable number of composite variables.
- Regression Model I is used to make preliminary estimates and identify leverage points and outliers.
- Leverage points and outliers are eliminated.
- Regression Model II is run on the remaining data to derive final estimates of the importance of the various satisfaction elements.

Factor Analysis. Factor analysis is used to reduce the number of items in the predictor set to a smaller set of underlying constructs or factors. It is necessary to go through this process because of the high degree of collinearity in the original data. This is a problem for the regression analysis to follow because regression assumes non-collinearity between predictor variables.

Regression Analysis. Regression analysis is then used to predict the rating of the health plan on the factors created in the previous step. As noted above, regression analysis is run in two steps. The first step is used to derive preliminary estimates of the importance of the various satisfaction elements and to identify outliers and leverage points. Those outliers and leverage points are eliminated before running the second regression model which produces final estimates of the importance of each satisfaction element.

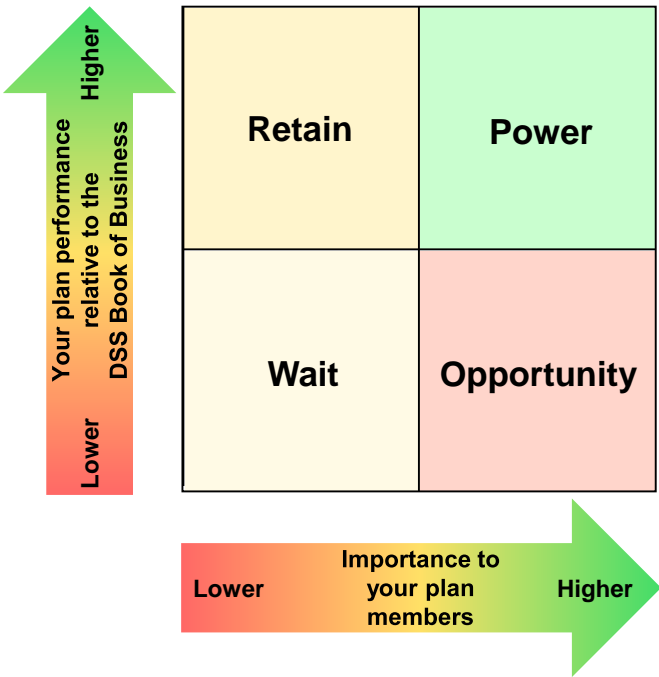
Derived Importance. The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor are squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum is then rescaled so that the largest value (most important item) is 100 points, the smallest value is 0 points and the median value is 50 points.

Performance analysis. To develop the performance scores, raw performance ratings for the plan are compared to the DSS Book of Business and a relative percentile for each item in the model is computed for the plan.

Classification matrix. Results of the modeling are presented in a classification matrix. The importance and performance results for each item in the model are plotted in a matrix like the one shown below. This matrix provides a quick summary of what is most important to your members and how your plan is doing on those items. The matrix is divided into four quadrants. The quadrants are defined by the point where the medians of the importance and performance scales intersect. The four quadrants can be interpreted as follows:

- *Power.* These items have a relatively large impact on the rating of the health plan and your performance levels on these items are high. **Promote and leverage strengths in this quadrant.**
- *Opportunity.* Items in this quadrant also have a relatively large impact on the rating of the health plan but your performance is below average. **Focus resources on improving processes that underlie these items and look for a significant improvement in the rating of the health plan.**
- *Wait.* Though these items still impact the rating of the health plan, they are somewhat less important than those that fall on the right hand side of the chart. Relatively speaking, your performance is low on these items. **Dealing with these items can wait until more important items have been dealt with.**
- *Retain.* Items in this quadrant also have a relatively small impact on the rating of the health plan but your performance is above average. **Simply maintain performance on these items.**

POWeR™ Chart classification matrix



Variables in the model

Variables from the CAHPS 5.0 survey that are important in determining member satisfaction are summarized below. This table also identifies the dependent variable (Q36 – Rating of health plan) and the independent or predictor variables. Finally, it shows how the variables are coded for the importance and the performance analyses.

| Variables Used in the Model | | Coding for Regression (Importance) |
|------------------------------|--------------------------------|---|
| <i>Dependent Variable</i> | | |
| Q36 | Rating of heath care | 0 through 10, All other = missing |
| <i>Independent Variables</i> | | |
| Q4 | Got urgent care | Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing |
| Q6 | Got routine care | |
| Q13 | Health care overall | 0 through 10, All other = missing |
| Q14 | Got care/tests/treatment | Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing |
| Q17 | Dr. explained things | |
| Q18 | Dr. listened carefully | |
| Q19 | Dr. showed respect | |
| Q21 | Dr. explained things for child | |
| Q22 | Dr. spent enough time | |
| Q25 | Dr. informed about care | |
| Q26 | Personal doctor overall | 0 through 10, All other = missing |
| Q28 | Got specialist appt. | Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing |
| Q30 | Specialist overall | 0 through 10, All other = missing |
| Q32 | CS provided info./help | Always = 4, Usually = 3, Sometimes = 2, Never = 1, All other = missing |
| Q33 | CS courtesy/respect | |
| Q35 | Easy to fill out forms | |

Factor analysis. Factor analysis reduced the 16 highly-correlated model variables to 5 orthogonal (uncorrelated) factors that explain 66.2% of the variation in the original variables. This is necessary due to the strong relationships or correlation between certain variables. The table below shows the factor correlations or loadings. For readability, only those variables with correlations greater than 0.250 are displayed.

Factor Correlations with Survey Variables

| Question | | Survey Items | | | | | Factors | | | | |
|----------|--------------------------------|--------------|--|--|--|--|---------|-------|-------|-------|--------|
| | | | | | | | 1 | 2 | 3 | 4 | 5 |
| Q21 | Dr. explained things for child | | | | | | 0.851 | | | | |
| Q22 | Dr. spent enough time | | | | | | 0.832 | | | | |
| Q17 | Dr. explained things | | | | | | 0.677 | 0.300 | | 0.295 | |
| Q18 | Dr. listened carefully | | | | | | 0.622 | | | 0.284 | 0.381 |
| Q19 | Dr. showed respect | | | | | | 0.578 | | | | 0.538 |
| Q25 | Dr. informed about care | | | | | | 0.533 | 0.271 | | | |
| Q33 | CS courtesy/respect | | | | | | | 0.866 | | | |
| Q32 | CS provided info./help | | | | | | | 0.752 | | | |
| Q35 | Easy to fill out forms | | | | | | | 0.656 | | | |
| Q26 | Personal doctor overall | | | | | | | | 0.772 | | 0.287 |
| Q30 | Specialist overall | | | | | | | | 0.755 | | |
| Q13 | Health care overall | | | | | | | | 0.704 | | 0.419 |
| Q6 | Got routine care | | | | | | | | | 0.874 | |
| Q14 | Got care/tests/treatment | | | | | | | | | 0.714 | 0.412 |
| Q28 | Got specialist appt. | | | | | | | | 0.265 | 0.648 | -0.291 |
| Q4 | Got urgent care | | | | | | | | | | 0.743 |

Regression analysis. The 5 factors identified in the previous step were used as predictors in a regression model with Q36, rating of the health plan, as the dependent variable. Regression was first run to test the model and identify any observations that have a high degree of leverage on the regression coefficients (disproportionately high degree of influence relative to others) as well as observations that can be considered outliers because of inconsistent responses.

The high leverage cases and outliers were removed and the regression model was rerun. The regression coefficients for each factor provide the second set of inputs necessary to determine the key drivers of the rating of the health plan. These coefficients provide estimates of the relative importance of each factor in determining the rating of the health plan. The table below shows the raw regression coefficients, beta coefficients (standardized regression coefficients) and the statistical significance of those coefficients. This model explains 33.1% of the variation in the dependent variable ($R^2 = 0.331$).

Regression Coefficients

| Variable | Unstandardized Coefficients | Standardized (Beta) Coefficients | Significance Level |
|--|-----------------------------|----------------------------------|--------------------|
| Constant | 8.7762 | 0.0000 | 0.0000 |
| Factor 1 -- Q21, Q22, Q17, Q18, Q19, Q25 | 0.2138 | 0.1523 | 0.0134 |
| Factor 2 -- Q33, Q32, Q35 | 0.5963 | 0.4323 | 0.0000 |
| Factor 3 -- Q26, Q30, Q13 | 0.3508 | 0.2522 | 0.0001 |
| Factor 4 -- Q6, Q14, Q28 | 0.2228 | 0.1592 | 0.0098 |
| Factor 5 -- Q4 | 0.2461 | 0.1765 | 0.0043 |


Derived importance. The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor were squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum was then rescaled so that the largest value (most important item) is 100 points, the smallest value is 0 points and the median value is 50 points.

Plan performance. To develop the performance scores, raw performance ratings for the plan are compared to the DSS Book of Business and a relative percentile for each item in the model is computed for the plan.

| Question | | Survey Items | Importance | Performance |
|----------|----|--------------------------------|------------|-------------|
| Q33 | CS | courtesy/respect | 100 | 77 |
| Q32 | CS | provided info./help | 80 | 26 |
| Q35 | | Easy to fill out forms | 68 | 45 |
| Q26 | | Personal doctor overall | 63 | 62 |
| Q13 | | Health care overall | 59 | 39 |
| Q30 | | Specialist overall | 58 | 99 |
| Q17 | | Dr. explained things | 51 | 100 |
| Q22 | | Dr. spent enough time | 50 | 74 |
| Q21 | | Dr. explained things for child | 49 | 40 |
| Q6 | | Got routine care | 49 | 93 |
| Q14 | | Got care/tests/treatment | 47 | 100 |
| Q28 | | Got specialist appt. | 34 | 100 |
| Q19 | | Dr. showed respect | 32 | 92 |
| Q4 | | Got urgent care | 27 | 95 |
| Q18 | | Dr. listened carefully | 20 | 98 |
| Q25 | | Dr. informed about care | 0 | 44 |

Appendix D

Gap analysis

The flowchart on  shows how the items used in the calculation of the plan's 2019 estimated accreditation score perform relative to each other. When considering the flowchart, the following points should be noted:

- Overall ratings are shown in **blue text**.
- Composite scores are shown in **red text**.
- Estimated percentiles are shown first.
- Estimated accreditation points are shown in the middle.
- Potential points remaining to receive the maximum accreditation points for each measure are shown third.
- A **green box** around an overall rating or composite indicates performance at or above the 90th percentile, receiving all accreditation points.
- Composite score components are shown in the black and red flowchart boxes.
- For each flowchart box:
 - The actual percent contributing is shown first. This is the percentage that a given question is actually contributing to the composite mean score. Each question in composite scores with two component questions can contribute a maximum of 50.0% to the composite mean score. Similarly, each question in composite scores with four component questions can contribute a maximum of 25.0% to the composite mean score.
 - The gap between the percent actually contributing and the maximum possible contribution percentage is shown second.
- A **red box** is around the component with the largest gap indicating the most potential to improve that composite. This displays what to focus on to increase a given composite mean score and, in turn, increase the plan's accreditation score.

Appendix E

Questionnaire

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 you get. 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 15*
☐ 1 time
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more times

8. In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?

- ☐ Yes
☐ No

9. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?

- ☐ Yes
☐ No → *If No, Go to Question 13*

10. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?

- ☐ Yes
☐ No

11. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?

- ☐ Yes
☐ No

12. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

- ☐ Yes
☐ No

13. 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

14. 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

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

- ☐ Yes
☐ No → *If No, Go to Question 27*

16. 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 26*
☐ 1 time
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more times

17. 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

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

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

19. 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

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

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

21. 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

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

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

23. 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

24. 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 26*

25. 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

26. 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.

27. 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 31*

28. 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

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

- ☐ None → *If None, Go to Question 31*
☐ 1 specialist
☐ 2
☐ 3
☐ 4
☐ 5 or more specialists

30. 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.

31. 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 34*

32. 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

33. 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

34. 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 36*

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

- ☐ Never
☐ Sometimes
☐ Usually
☐ Always

36. 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

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

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

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

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

39. What is your child's age?

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

40. Is your child male or female?

- ☐ Male
☐ Female

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

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

**42. 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

43. 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

44. Are you male or female?

- ☐ Male
☐ Female

45. 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

46. How are you related to the child?

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

47. Did someone help you complete this survey?

- ☐ Yes → *If Yes, Go to Question 48*
- ☐ No → *Thank you. Please return the completed survey in the postage-paid envelope.*

**48. How did that person help you?
Mark one or more.**

- ☐ Read the questions to me
- ☐ Wrote down the answers I gave
- ☐ Answered the questions for me
- ☐ Translated the questions into my language
- ☐ Helped in some other way

Thank You
Please return the completed survey
in the postage-paid envelope or send to:
DSS Research • P.O. Box 985009
Ft. Worth, TX 76185-5009

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



