

2020 CAHPS Medicaid Adult 5.0 Final Report

Oklahoma Health Care Authority



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SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) certified HEDIS® Survey Vendor, was selected by Oklahoma Health Care Authority to conduct its 2020 CAHPS® 5.0 Medicaid Adult Survey. NCQA requires health plans to submit CAHPS survey results in compliance with HEDIS® accreditation requirements.

SURVEY OBJECTIVE The overall objective of the CAHPS® study is to capture accurate and complete information about consumer-reported experiences with health care. Specifically, the survey aims to measure how well plans are meeting their members' expectations and goals; to determine which areas of service have the greatest effect on members' overall satisfaction; and to identify areas of opportunity for improvement, which could aid plans in increasing the quality of provided care.

NCQA made the following changes to the survey for 2020:

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

- Shared Decision Making
- Health Plan Information
- Health Promotion and Education
- Chronic Conditions
- Proxy Questions

Your Strategic Account Executive for this project is Roseann Carothers (817-665-7031), and your Project Manager is Pam Cunningham (248-737-3239). Should you have any questions or comments regarding any aspect of the survey or reporting process, please feel free to call either your Strategic Account Executive or your Project Manager.

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

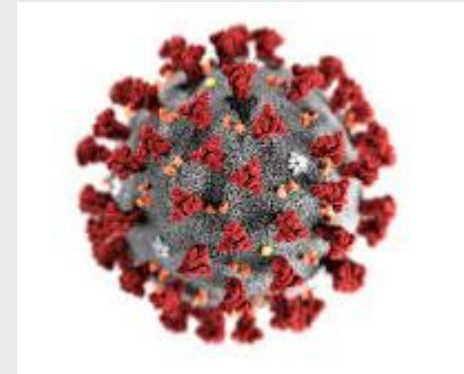
NCQA PROTOCOL MODIFICATIONS AND HEALTH PLAN RATING CHANGES FOR 2020

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

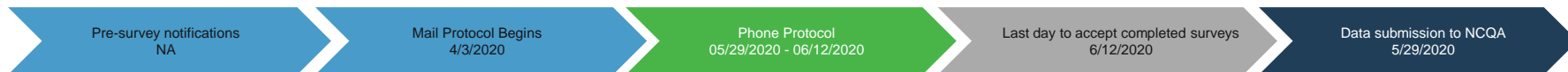
On Thursday, April 2 NCQA released additional [guidance](#) regarding scoring for Health Plan Ratings, with clarification released on April 3. While NCQA required submission of HEDIS and CAHPS data for Commercial and Medicaid plans, they are not scoring plans using Health Plan Ratings in 2020.

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

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



SPH administered the 2020 Medicaid Adult 5.0 CAHPS survey using an NCQA approved methodology. Surveys were collected via a mail, phone, and internet methodology with reminder calls. Members eligible for the survey were those **18 years and older (as of December 31 of the measurement year) who had been continuously enrolled in the plan for at least five of the last six months of the measurement year.** A synopsis of the data collection methodology is outlined below:



VALID SURVEYS

✉ Total Number of Mail Completes = 272 (0 in Spanish)

☎ Total Number of Phone Completes = 86 (1 in Spanish)

💻 Total Number of Internet Completes = 26 (0 in Spanish)

2020 RESPONSE RATE

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

$$\frac{272 \text{ (Mail)} + 86 \text{ (Phone)} + 26 \text{ (Internet)}}{1823 \text{ (Sample)} - 70 \text{ (Ineligible)}} = \frac{384}{1753} = 21.9\%$$

RESPONSE RATE COMPARISON

The 2020 SPH Analytics Book of Business average response rate is **15.5%**.

		2018	2019	2020
Complete	Completed Survey	474	NA	384
	SUBTOTAL	474	NA	384
Ineligible	Does not Meet Eligibility Criteria (01)	12	NA	32
	Language Barrier (03)	19	NA	3
	Mentally/Physically Incapacitated (04)	28	NA	23
	Deceased (05)	8	NA	12
	SUBTOTAL	67	NA	70
Non-Response	Break-off/Incomplete (02)	7	NA	21
	Refusal (06)	94	NA	60
	Maximum Attempts Made (07)	1174	NA	1283
	Added to DNC List (08)	7	NA	5
	SUBTOTAL	1282	NA	1369
TOTAL		1823	NA	1823
RESPONSE RATE		27.0%	NA	21.9%



Executive Summary

- Oklahoma Health Care Authority

Summary Rates are defined by NCQA in its HEDIS 2020 CAHPS® 5.0 guidelines and generally represent the most favorable response percentages. The Summary Rates for Effectiveness of Care Measures, with the exception of the *Flu Vaccinations (Adults 18-64)* measure, are calculated on a two-year rolling average due to anticipated small denominators.

	No	Yes	
Never	Sometimes	Usually	Always

Rating questions are typically displayed with two Summary Rates:

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

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

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

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

NCQA BENCHMARK INFORMATION

The source for data contained in this publication is Quality Compass® All Plans 2019. It is used with the permission of NCQA. Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of NCQA.

LEGACY DSS / MORPACE / SPH

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

Dashboard – 2020 Key Findings

Please see Technical Notes for more information.



TRENDING UP

Key measures that had significant improvements from last year

No key measures improved significantly.



TRENDING DOWN

Key measures that had significantly lower scores than last year

No key measures declined significantly.



384 / 21.9%

Completed surveys / Response Rate

MEASURE NAME	SUMMARY RATE	ESTIMATED NCQA RATING
Rating of Health Plan (% 9 or 10)	56.6%	★★
Rating of Health Care (% 9 or 10)	55.7%	★★★★
Rating of Personal Doctor (% 9 or 10)	69.0%	★★★★
Rating of Specialist (% 9 or 10)	65.0%	★★★★
Getting Needed Care (% Always or Usually)	85.3%	★★★★★
Getting Care Quickly (% Always or Usually)	85.4%	★★★★★
Coordination of Care (% Always or Usually)	84.0%	★★★★
Flu Vaccinations Adults 18-64 (% Yes)	52.0%	★★★★★
Smoking Advice: Rolling average (% Always, Usually or Sometimes)	74.2%	★★

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

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

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

POWER

Promote and leverage strengths

Q24 CS provided info./help

Q20 Got specialist appt.

OPPORTUNITIES

Focus resources on improving processes that underlie these items

Q25 CS courtesy/respect

Q13 Dr. listened carefully

Q14 Dr. showed respect

Q15 Dr. spent enough time

Q12 Dr. explained things

Q17 Dr. informed about care

Please refer to slide 16 for details.



Health Plan Domain Performance

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

MEASURE	SUMMARY RATE		CHANGE	2020 SPH BENCHMARK		2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Plan (% 9 or 10)	NA	56.6%	NA	64.6% ▼	9 th	60.3%	24 th
Rating of Health Plan (% 8, 9 or 10)	NA	72.7%	NA	80.3% ▼	6 th	77.6% ▼	16 th
Getting Needed Care (% Always or Usually)	NA	85.3%	NA	83.5%	68 th	82.5%	74 th
Customer Service (% Always or Usually)	NA	90.2%	NA	89.4%	60 th	88.8%	63 rd
Ease of Filling Out Forms (% Always or Usually)	NA	97.8%	NA	95.6% ▲	91 st	94.4% ▲	100 th

KEY TAKEAWAYS

Your overall Rating of Health Plan (8-10) Summary Rate score is 72.7%.

Note: Please refer to benchmark descriptions on slide 43.

Significance Testing

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

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



Health Care Domain Performance

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

MEASURE	SUMMARY RATE		CHANGE	2020 SPH BENCHMARK		2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Rating of Health Care (% 9 or 10)	NA	55.7%	NA	58.8%	29 th	54.9%	55 th
Rating of Health Care (% 8, 9 or 10)	NA	75.3%	NA	76.9%	33 rd	75.4%	49 th
Getting Care Quickly (% Always or Usually)	NA	85.4%	NA	82.7%	73 rd	82.0%	78 th
How Well Doctors Communicate (% Always or Usually)	NA	90.7%	NA	93.2%	11 th	92.0%	23 rd
Coordination of Care (% Always or Usually)	NA	84.0%	NA	85.9%	38 th	83.6%	46 th
Rating of Personal Doctor (% 9 or 10)	NA	69.0%	NA	70.7%	35 th	67.5%	58 th
Rating of Personal Doctor (% 8, 9 or 10)	NA	80.5%	NA	84.2%	11 th	82.1%	31 st
Rating of Specialist (% 9 or 10)	NA	65.0%	NA	70.9%	15 th	66.9%	35 th
Rating of Specialist (% 8, 9 or 10)	NA	79.8%	NA	84.7%	12 th	82.3%	25 th

Note: Please refer to benchmark descriptions on slide 43.

Significance Testing

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

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

KEY TAKEAWAYS

Your overall Rating of Health Care (8-10) Summary Rate score is 75.3%.



Effectiveness of Care Performance

Your plan's performance on HEDIS measures collected through the CAHPS 5.0H survey.

MEASURE	SUMMARY RATE		CHANGE	2020 SPH BENCHMARK		2019 QC BENCHMARK	
	2019	2020		SUMMARY RATE	PERCENTILE RANK	SUMMARY RATE	PERCENTILE RANK
Flu Vaccinations (Adults 18-64) (% Yes)	NA	52.0%	NA	44.1% ▲	84 th	41.8% ▲	91 st
Advising Smokers and Tobacco Users to Quit: Rolling average (% Always, Usually or Sometimes)	NA	74.2%	NA	77.8%	28 th	76.7%	25 th
Discussing Cessation Medications: Rolling average (% Always, Usually or Sometimes)	NA	44.1%	NA	56.1% ▼	14 th	52.9%	13 th
Discussing Cessation Strategies: Rolling average (% Always, Usually or Sometimes)	NA	38.8%	NA	50.2% ▼	11 th	46.4%	13 th

Note: Please refer to benchmark descriptions on slide 43.

Significance Testing

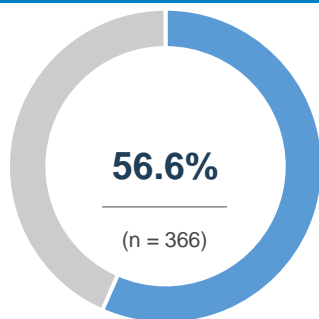
Green – Current year score is significantly higher than the 2019 score (↑) or benchmark (▲) score.

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



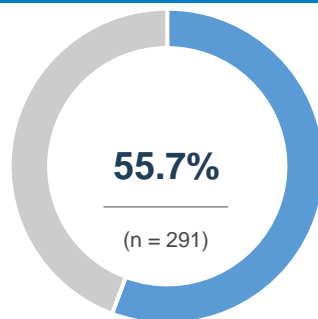
Global Rating Summary Rate Scores (% 9 or 10)

Please see Technical Notes for more information.



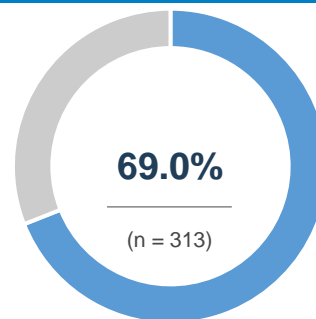
Rating of Health Plan

2020	56.6%
2019	NA
2018	55.0%
SPH	64.6% ▼
QC	60.3%



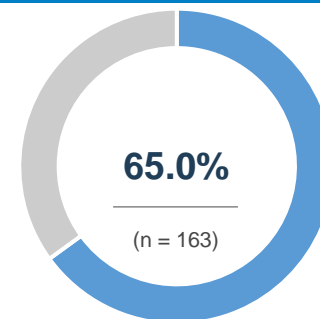
Rating of Health Care

2020	55.7%
2019	NA
2018	54.6%
SPH	58.8%
QC	54.9%



Rating of Personal Doctor

2020	69.0%
2019	NA
2018	68.7%
SPH	70.7%
QC	67.5%



Rating of Specialist

2020	65.0%
2019	NA
2018	68.9%
SPH	70.9%
QC	66.9%

Summary Rate Scores

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

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

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

Significance Testing

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

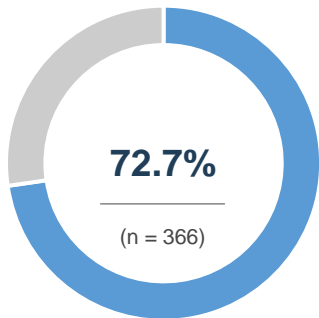
Red – Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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



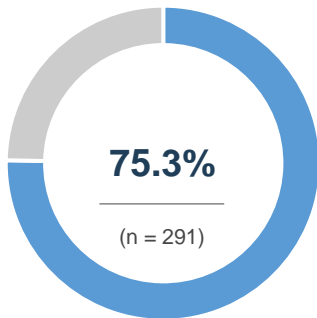
Global Rating Summary Rate Scores (% 8, 9 or 10)

Please see Technical Notes for more information.



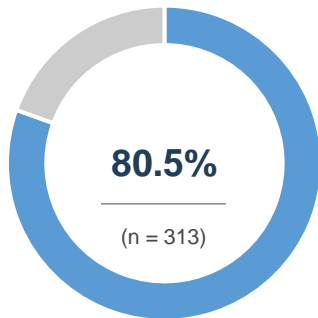
Rating of Health Plan

2020	72.7%
2019	NA
2018	69.7%
SPH	80.3% ▼
QC	77.6% ▼



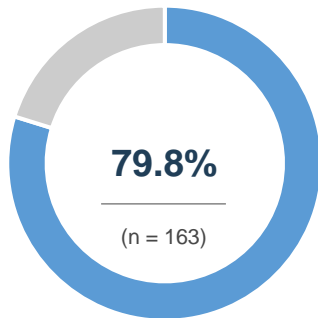
Rating of Health Care

2020	75.3%
2019	NA
2018	73.1%
SPH	76.9%
QC	75.4%



Rating of Personal Doctor

2020	80.5%
2019	NA
2018	81.7%
SPH	84.2%
QC	82.1%



Rating of Specialist

2020	79.8%
2019	NA
2018	82.5%
SPH	84.7%
QC	82.3%

Summary Rate Scores

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

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

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

Significance Testing

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

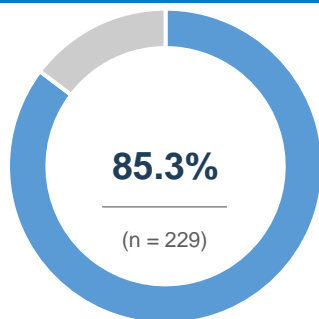
Red – Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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



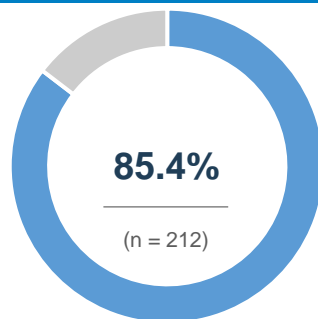
Composite Summary Rate Scores (% Always or Usually)

Please see Technical Notes for more information.



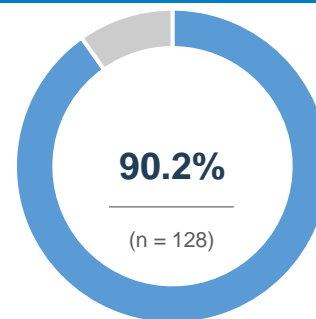
Getting Needed Care

2020	85.3%
2019	NA
2018	85.6%
SPH	83.5%
QC	82.5%



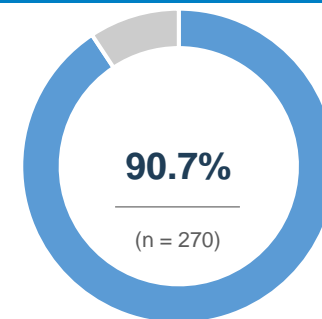
Getting Care Quickly

2020	85.4%
2019	NA
2018	85.6%
SPH	82.7%
QC	82.0%



Customer Service

2020	90.2%
2019	NA
2018	84.8%
SPH	89.4%
QC	88.8%



How Well Doctors Communicate

2020	90.7%
2019	NA
2018	92.0%
SPH	93.2%
QC	92.0%

Summary Rate Scores

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

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

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

Significance Testing

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

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

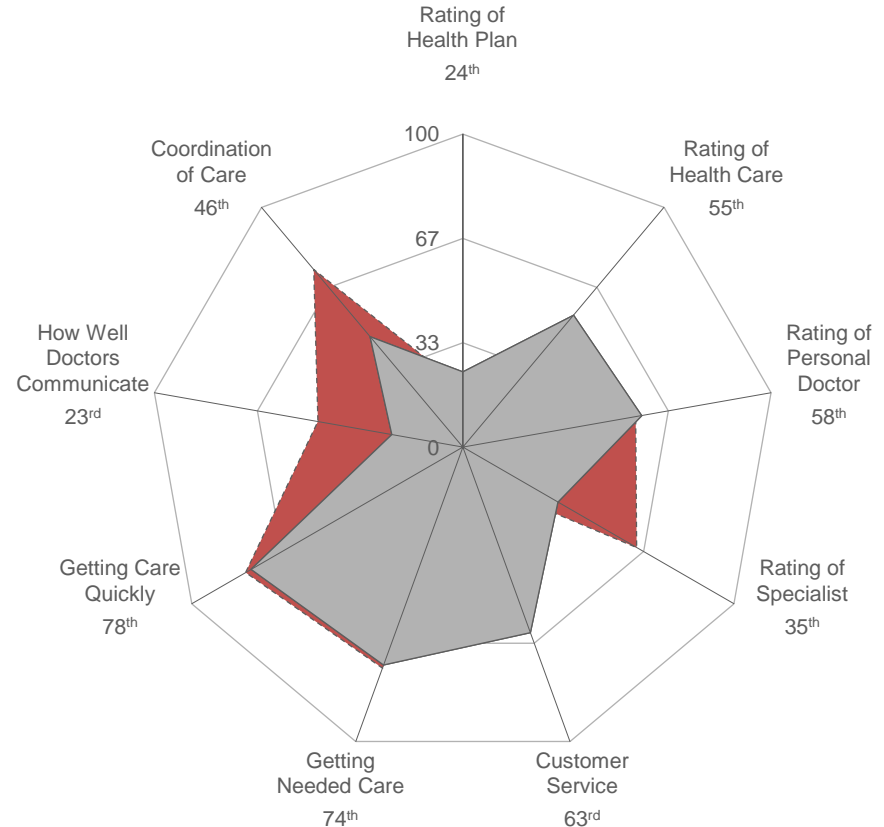
^Denominator less than 100. NCQA will assign an NA to this measure.

GAP ANALYSIS

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

The following measures are listed from smallest to largest gap:

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



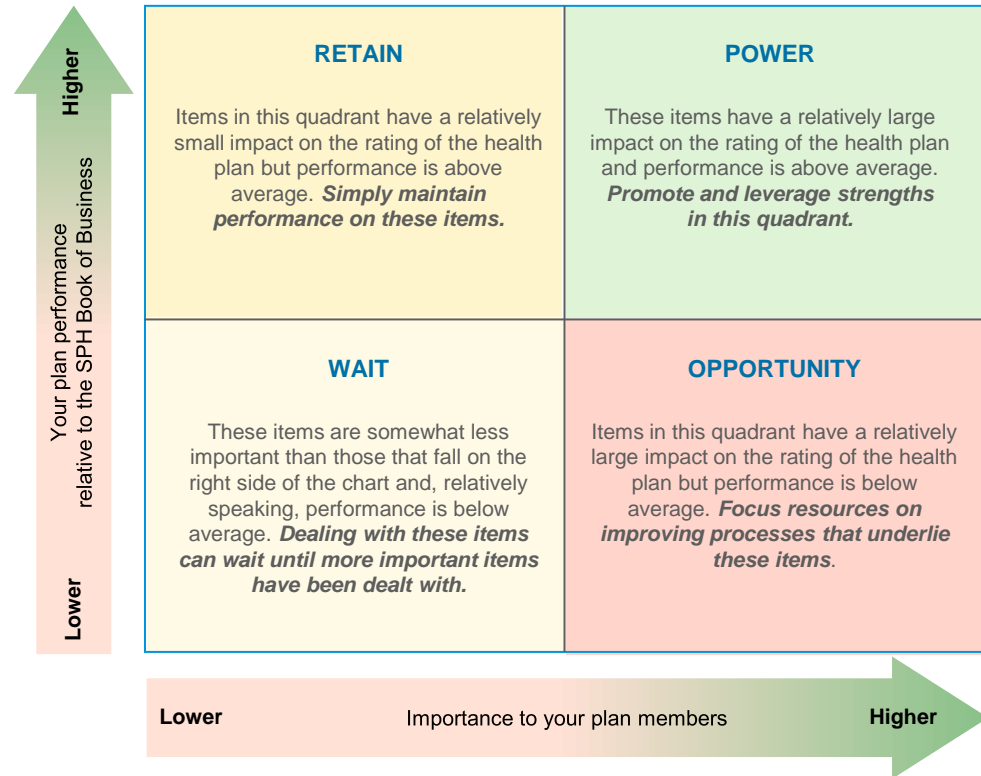
POWeR™ CHART CLASSIFICATION MATRIX

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

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

The model provides the following:

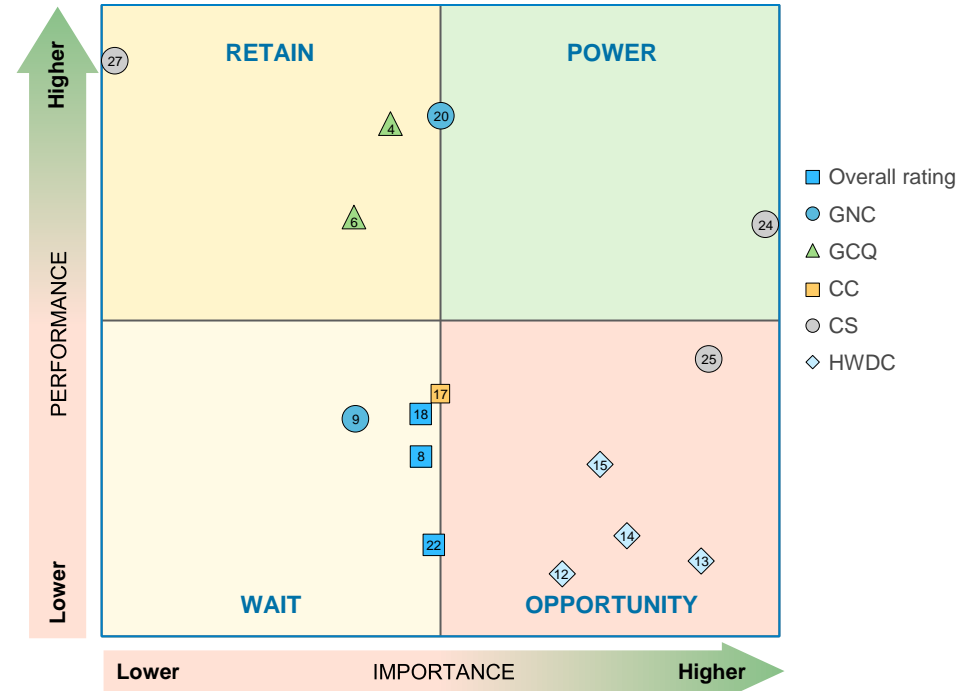
- Identification of the elements that are important in driving of the rating of the health plan.
- Measurement of the relative importance of each of these elements.
- Measurement of how well members think the plan performed on those important elements.
- Presentation of the importance/performance results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



SURVEY MEASURE		SUMMARY RATE*	SPH ESTIMATED PERCENTILE	SPH ESTIMATED RATING
POWER				
Q24	CS provided info./help	85.7%	65 th	3
Q20	Got specialist appt.	85.8%	82 nd	4
OPPORTUNITY				
Q25	CS courtesy/respect	94.6%	44 th	3
Q13	Dr. listened carefully	90.4%	12 th	2
Q14	Dr. showed respect	92.6%	16 th	2
Q15	Dr. spent enough time	89.6%	27 th	2
Q12	Dr. explained things	90.3%	10 th	1
Q17	Dr. informed about care	84.0%	38 th	3
WAIT				
Q22	Specialist overall	65.0%	15 th	2
Q8	Health care overall	55.7%	29 th	2
Q18	Personal doctor overall	69.0%	35 th	3
Q9	Got care/tests/treatment	84.8%	34 th	3
RETAIN				
Q4	Got urgent care	88.6%	81 st	4
Q6	Got routine care	82.1%	66 th	3
Q27	Easy to fill out forms	97.8%	91 st	5

KEY DRIVERS, SUMMARY RATES AND PERCENTILES

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



Overall Rating of Health Plan

Please see Technical Notes for more information.

Your plan scored in the **9th percentile** when compared to the SPH Book of Business benchmark

56.6%

 Typical of industry drivers  Different from industry drivers

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

INDUSTRY KEY DRIVERS

High impact on Rating of Health Plan

KEY DRIVER	2020 SPH BoB
Q8 Health care overall	58.8%
Q18 Personal doctor overall	70.7%
Q22 Specialist overall	70.9%
Q25 CS courtesy/respect	94.6%
Q13 Dr. listened carefully	93.5%
Q14 Dr. showed respect	94.6%
Q24 CS provided info./help	84.3%
Q9 Got care/tests/treatment	86.3%

ALIGNMENT

Are your key drivers typical of the industry?



These items have a relatively large impact on the Rating of Health Plan. **Leverage** these questions since they are important to your members and the Rating of Health Plan score for this plan.








YOUR KEY DRIVERS

High impact on Rating of Health Plan

KEY DRIVER	SUMMARY RATE*	SPH BoB PERCENTILE	CLASSIFICATION
Q24 CS provided info./help	85.7%	65 th	POWER
Q25 CS courtesy/respect	94.6%	44 th	OPPORT
Q13 Dr. listened carefully	90.4%	12 th	OPPORT
Q14 Dr. showed respect	92.6%	16 th	OPPORT
Q15 Dr. spent enough time	89.6%	27 th	OPPORT
Q12 Dr. explained things	90.3%	10 th	OPPORT
Q20 Got specialist appt.	85.8%	82 nd	POWER
Q17 Dr. informed about care	84.0%	38 th	OPPORT

Demographic Comparisons

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

<div></div> <div>Gender</div>	<div><div><div>8 - 10</div><div>9 - 10</div></div><div><div>MALE (n=113)</div><div>72.6%</div><div>57.5%</div></div><div><div>FEMALE (n=244)</div><div>73.4%</div><div>57.0%</div></div></div>	<div></div> <div>Age</div>	<div><div><div>8 - 10</div><div>9 - 10</div></div><div><div>18 – 34 (n=47)</div><div>78.7%</div><div>66.0%</div></div><div><div>35 – 65 (n=184)</div><div>69.0%</div><div>51.6%</div></div><div><div>65 or older (n=123)</div><div>76.4%</div><div>59.3%</div></div></div>	<div><div></div><div>Education</div></div>	<div><div><div>8 - 10</div><div>9 - 10</div></div><div><div>HS GRAD OR LESS (n=254)</div><div>75.2%</div><div>58.7%</div></div><div><div>SOME COLLEGE OR MORE (n=96)</div><div>71.9%</div><div>56.3%</div></div></div>
<div></div> <div>Health Status</div>	<div><div><div>8 - 10</div><div>9 - 10</div></div><div><div>EXCELLENT/ VERY GOOD (n=74)</div><div>85.1%</div><div>77.0%</div></div><div><div>GOOD (n=122)</div><div>71.3%</div><div>55.7%</div></div><div><div>FAIR/POOR (n=166)</div><div>68.1%</div><div>48.2%</div></div></div>	<div><div></div><div>Mental/Emotional Health Status</div></div>	<div><div><div>8 - 10</div><div>9 - 10</div></div><div><div>EXCELLENT/ VERY GOOD (n=114)</div><div>85.1%</div><div>70.2%</div></div><div><div>GOOD (n=129)</div><div>76.7%</div><div>59.7%</div></div><div><div>FAIR/POOR (n=115)</div><div>58.3%</div><div>41.7%</div></div></div>	<div><div></div><div>Data Collection</div></div>	<div><div><div>8 - 10</div><div>9 - 10</div></div><div><div>MAIL (n=261)</div><div>73.6%</div><div>57.9%</div></div><div><div>PHONE (n=82)</div><div>74.4%</div><div>56.1%</div></div><div><div>INTERNET (n=23)</div><div>56.5%</div><div>43.5%</div></div></div>
<div><div></div><div>Ethnicity & Race</div></div>	<div><div><div>8 - 10</div><div>9 - 10</div></div><div><div>HISPANIC/ LATINO (n=25)</div><div>76.0%</div><div>64.0%</div></div><div><div>NOT HISPANIC/ LATINO (n=312)</div><div>73.7%</div><div>56.7%</div></div></div>	<div><div><div>8 - 10</div><div>9 - 10</div></div><div><div>WHITE (n=260)</div><div>74.2%</div><div>58.5%</div></div><div><div>BLACK/AFRICAN AMERICAN (n=54)</div><div>70.4%</div><div>51.9%</div></div><div><div>OTHER* (n=42)</div><div>66.7%</div><div>50.0%</div></div></div>	<div>▲ Indicates a base size smaller than 20. Interpret results with caution.</div>		

2020 Medicaid Adult Survey

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



Estimated NCQA Health Insurance Plan Ratings

Please see Technical Notes for more information.

	2020 SUMMARY RATE	SUMMARY RATE DEFINITION	PERCENTILE RANK	ESTIMATED RATING
CONSUMER SATISFACTION				3.0
GETTING CARE				4.0
Getting Needed Care	85.3%	Usually + Always	74 th	4.0
Getting Care Quickly	85.4%	Usually + Always	78 th	4.0
SATISFACTION WITH PLAN PHYSICIANS				3.0
Rating of Personal Doctor	69.0%	9 + 10	58 th	3.0
Rating of Specialist	65.0%	9 + 10	35 th	3.0
Rating of Health Care	55.7%	9 + 10	55 th	3.0
Coordination of Care	84.0%	Usually + Always	46 th	3.0
SATISFACTION WITH PLAN SERVICES				2.0
Rating of Health Plan	56.6%	9 + 10	24 th	2.0
PREVENTION				
Flu Vaccinations Adults Ages 18-64	52.0%	% Yes	91 st	5.0
TREATMENT				
Smoking Advice: Rolling Average	74.2%	Usually + Always + Sometimes	25 th	2.0

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

EXPLANATION

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

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

The CAHPS measures are classified based on their national percentile (10th, 33.33rd, 66.67th and 90th) into scores ranging from 1 to 5 (in increments of 0.5), where 5 is the highest score and 1 is the lowest.

Results are summarized in the table to the left. **Percentiles and ratings are estimated by SPH** based on the 2019 NCQA data and benchmarks.

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

Notes:

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

OVERSAMPLING SCENARIO EXPLANATION

Scenarios were tested to determine what oversampling rate could potentially impact the ratings assigned to this plan. **This plan currently oversamples at the rate of 35%. SPH does not recommend additional oversampling.**

Based on the scenarios tested, holding everything else constant, an oversampling rate of 5% and above yields all reportable measures and no change on measure scores. **This is an estimate only and cannot be used to predict NCQA star ratings.**

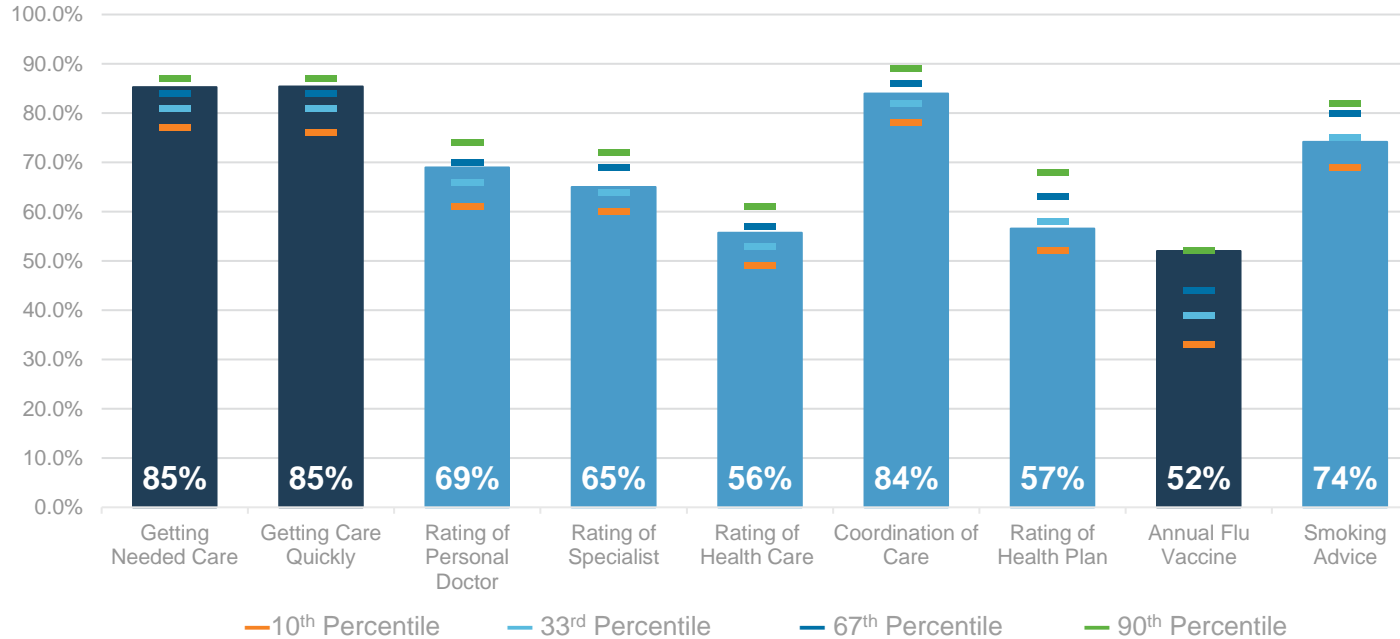
In response to the COVID-19 pandemic, NCQA is not publishing Health Plan Ratings in 2020. These estimates are for informational purposes only.

MEASURE NAME	ESTIMATED RATING	OVERSAMPLING SCENARIOS		
		0%	35% (Current)	≥ 5%
CONSUMER SATISFACTION	3.0	3.0	3.0	3.0
GETTING CARE	4.0	4.0	4.0	4.0
Getting Needed Care	4.0	4.0	4.0	4.0
Getting Care Quickly	4.0	4.0	4.0	4.0
SATISFACTION WITH PLAN PHYSICIANS	3.0	3.0	3.0	3.0
Rating of Personal Doctor	3.0	3.0	3.0	3.0
Rating of Specialist	3.0	3.0	3.0	3.0
Rating of Health Care	3.0	3.0	3.0	3.0
Coordination of Care	3.0	3.0	3.0	3.0
SATISFACTION WITH PLAN SERVICES	2.0	2.0	2.0	2.0
Rating of Health Plan	2.0	2.0	2.0	2.0
PREVENTION				
Flu Vaccinations Adults Ages 18-64	5.0	5.0	5.0	5.0
TREATMENT				
Smoking Advice: Rolling Average	2.0	NA	2.0	2.0

■ Higher Rating
■ Lower Rating
■ Reportable

COMPARISON TO QUALITY COMPASS PERCENTILE THRESHOLDS

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



Dark Blue bar = Performing at or above 67th percentile

Light Blue bar = Performance below 67th percentile



Top Three Measures

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

MEASURE	2020 VALID N	SUMMARY RATE		CHANGE	2019 QC BENCHMARK		GAP
		2019	2020		SUMMARY RATE	PERCENTILE RANK	
Getting Care Quickly (% Always or Usually)	212	NA	85.4%	NA	82.0%	78 th	3.4%
Getting Needed Care (% Always or Usually)	229	NA	85.3%	NA	82.5%	74 th	2.8%
Customer Service (% Always or Usually)	128	NA	90.2%	NA	88.8%	63 rd	1.4%

Bottom Three Measures

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

MEASURE	2020 VALID N	SUMMARY RATE		CHANGE	2019 QC BENCHMARK		GAP
		2019	2020		SUMMARY RATE	PERCENTILE RANK	
Rating of Specialist (% 9 or 10)	163	NA	65.0%	NA	66.9%	35 th	-1.9%
Rating of Health Plan (% 9 or 10)	366	NA	56.6%	NA	60.3%	24 th	-3.7%
How Well Doctors Communicate (% Always or Usually)	270	NA	90.7%	NA	92.0%	23 rd	-1.3%

Significance Testing

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

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

Improving Performance

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

Improvement Strategies – Rating of Specialist

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

Improvement Strategies – Rating of Health Plan

- Analyze, investigate, probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with Rating of the Plan (i.e., CS, Claims, GNC, GCQ, HWDC). Review QI recommendations/actions of these CAHPS composite measures.
- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.
- Analyze satisfaction levels and loyalty ratings based on member profile/segmentation data (health system, age, length of membership, have PCP, etc.).
- Set S.M.A.R.T. goals Specific, Measurable, Attainable, Realistic, and Timely for all identified activities. Assess all relevant internal data. Conduct additional surveys, data analyses as needed.
- Consider opportunities for positive and strategic messaging about the plan or health care reminders to adult members. Use technology to provide more effective and efficient care.
- Consider the value of a SPH CAHPS Drill-Down, Simulation Survey or CG-CAHPS to probe key CAHPS measures and/or target segments of the population.
- Explore opportunity to continually monitor rating of the plan using targeted follow-up surveys, e.g., call satisfaction, care management, etcetera.
- Develop online videos (vs. excessive reading) explaining key terms and activities members need to know, e.g., how much you have to pay, or Understanding Your Health Insurance Costs. Evaluate and implement complementing, consistent, simple and clear communications.
- Explore or enhance potential of a mobile app providing member immediate access to secure accurate, up-to-date information about their Plan, benefits, coverage, copays, cost, claims, etc.

Improvement Strategies – How Well Doctors Communicate

- Cultivate a patient-centered care philosophy and programs across the provider network.
- Support, communicate and educate providers about the vital medical importance of effective doctor-patient communication (i.e., reduced hospitalizations & ER visits, improved adherence).
- Provide readily available recommendations, tools and guidance to all providers to support and enhance communication skills and effective conversation skills with patients. Providers need to: Provide thorough explanations, provide written materials, illustrations and/or examples to help patient's understand, repeat the patient's concern and then address the topic, ask clarifying questions, make eye contact, avoid medical jargon and technical language, avoid multi-tasking, avoid rushing the patient, use constructive verbal responses and non-verbal cues, apply empathy and interest in response to concerns, by kind, avoid condescending language or actions, address questions and concerns-as much time as necessary, schedule adequate time for each visit, and follow-up after tests or procedures.
- Collaborate and share with providers tools, resources, and best practices to support, or reinforce, a complete and effective information exchange with all patients (e.g., a summary of medical record or health assessment to facilitate an effective health or wellness discussion, patient testimonials - perhaps from focus groups - of effective and ineffective communication techniques, provide tips and/or testimonials in provider newsletters).
- Develop tools and guidance for patients to optimize appointment time and specific topic-based conversation guides or question checklists with providers (e.g., Doc Talk).
- Support patients with chronic illnesses/conditions and their providers with up-to-date tools, resources and conversation guides that address common clinical needs, continual review, modification and update of progress, next steps and self-management topics.

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

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



Measure Analyses

Measure Details and Scoring

- Oklahoma Health Care Authority

Measure Analyses: Section Information

Please see Technical Notes for more information.

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

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



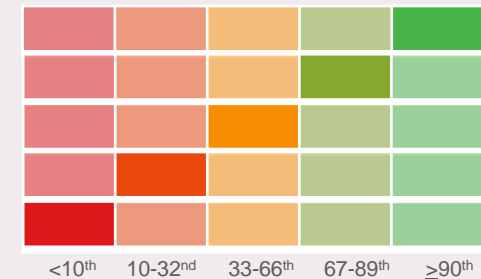
Analyses presented in this section include:

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

Measures Included in Analyses

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

Percentile Rankings



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

PERCENTILE RANKING 2019 QC ALL PLANS



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

POWER

Promote and Leverage Strengths

Q24 CS provided info./help

Q20 Got specialist appt.

OPPORTUNITIES

Focus Resources on Improving Processes That Underlie These Items

Q25 CS courtesy/respect

Q13 Dr. listened carefully

Q14 Dr. showed respect

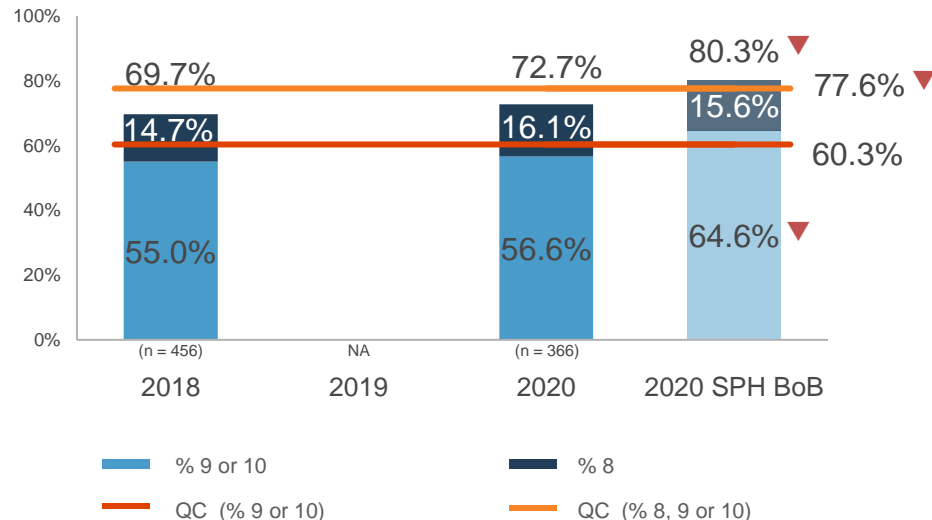
Q15 Dr. spent enough time

Q12 Dr. explained things

Q17 Dr. informed about care

RATING OF HEALTH PLAN

% 8, 9 or 10



Significance Testing

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

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

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

PERCENTILE RANKING 2019 QC ALL PLANS

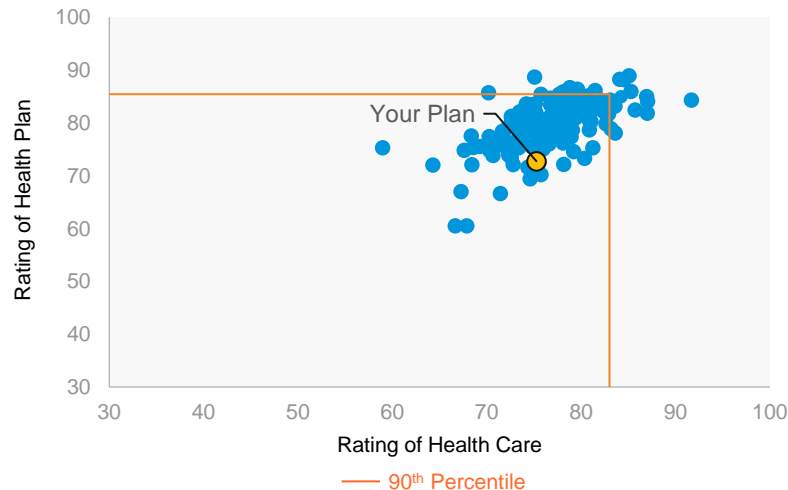
(% 8, 9 or 10)

49th

(% 9 or 10)

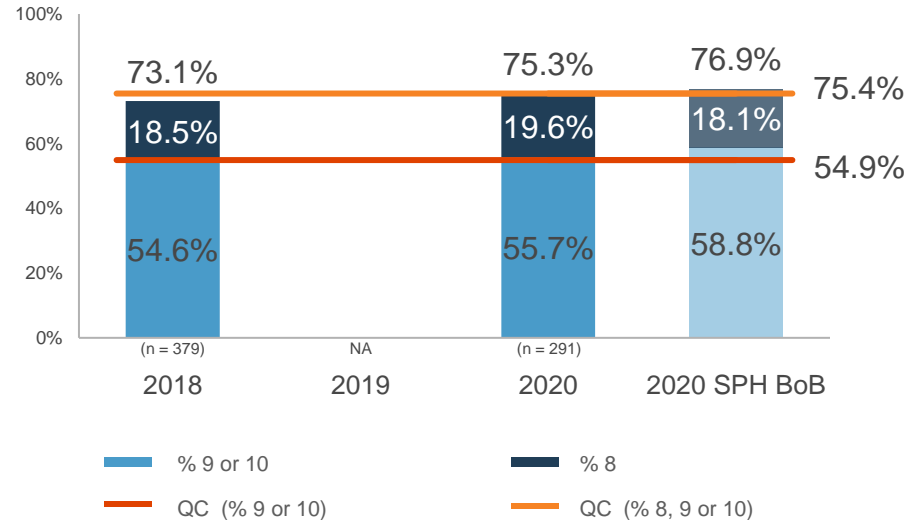
55th

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RATING OF HEALTH CARE

% 8, 9 or 10



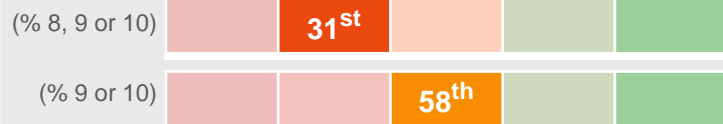
Significance Testing

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

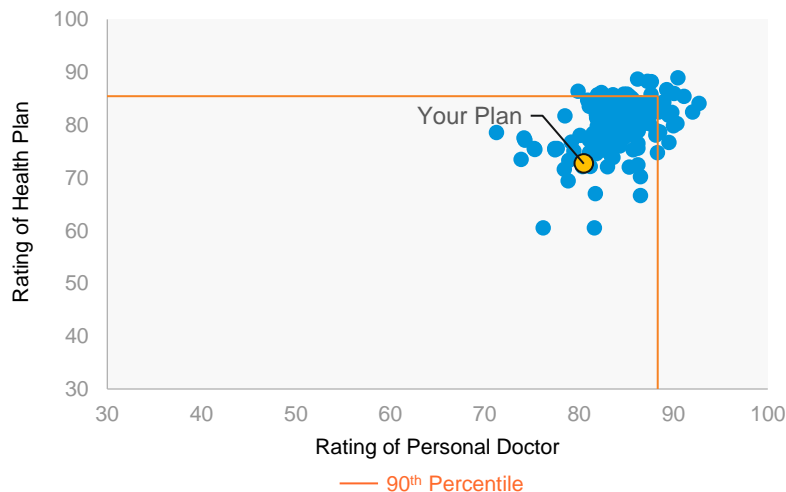
Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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

PERCENTILE RANKING 2019 QC ALL PLANS

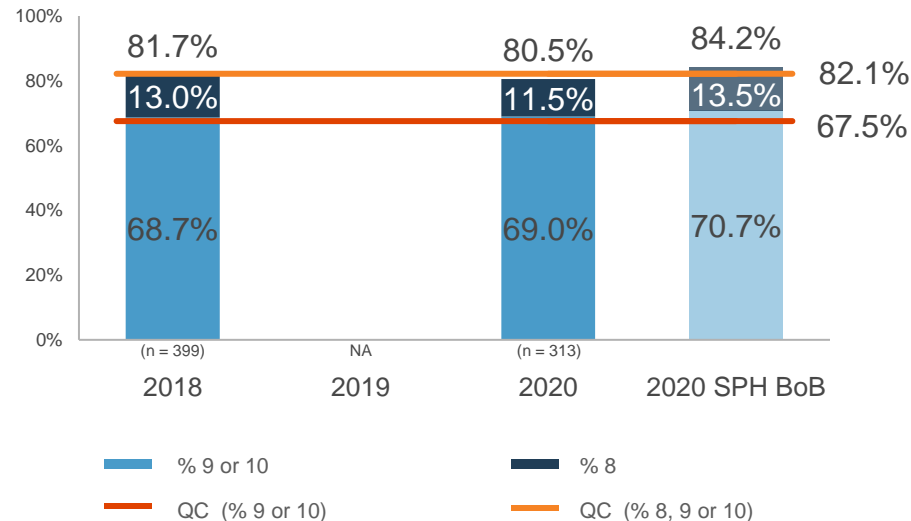


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RATING OF PERSONAL DOCTOR

% 8, 9 or 10



Significance Testing

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

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

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

PERCENTILE RANKING 2019 QC ALL PLANS

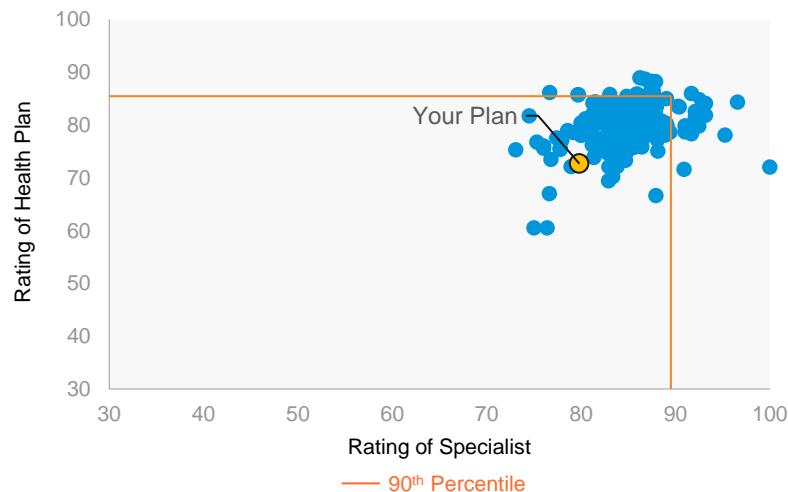
(% 8, 9 or 10)

25th

(% 9 or 10)

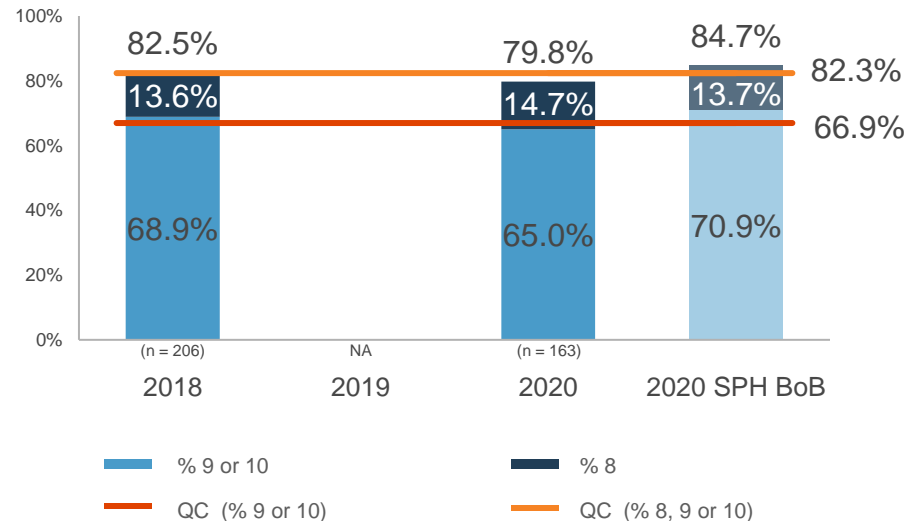
35th

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RATING OF SPECIALIST

% 8, 9 or 10



Significance Testing

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

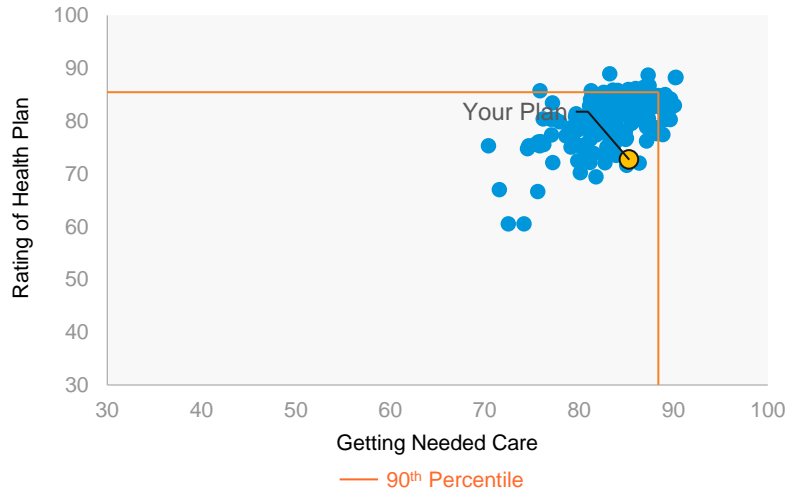
Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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

PERCENTILE RANKING 2019 QC ALL PLANS

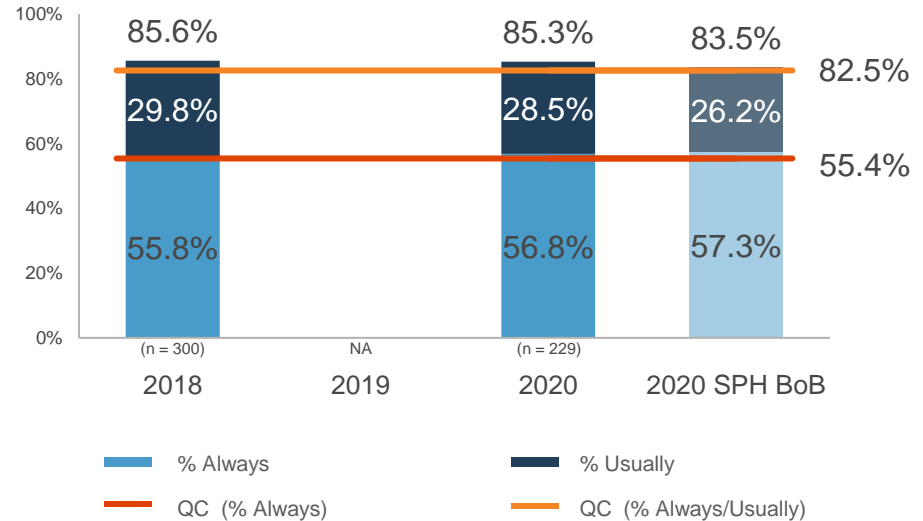


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GETTING NEEDED CARE

% Always or Usually



Significance Testing

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

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

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

GETTING NEEDED CARE QUESTIONS

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

- Q9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- Q20. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

2020 GETTING NEEDED CARE COMPOSITE SUMMARY RATE SCORE

85.3%

Gate Questions

Q19. Made appointments to see a specialist in the last 6 months

Valid n	Yes
377	47.2%

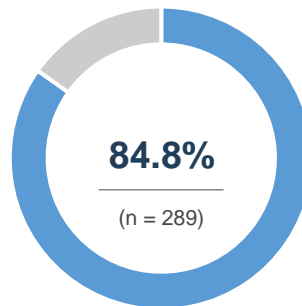
Significance Testing

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

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

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

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

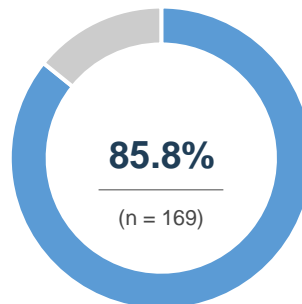


2020	84.8%
2019	NA
2018	89.5%
SPH	86.3%
QC	84.8%

Percentile Ranking 2019 QC All Plans



Q20. GETTING SPECIALIST APPOINTMENT % Always or Usually



2020	85.8%
2019	NA
2018	81.7%
SPH	80.7%
QC	80.3% ▲

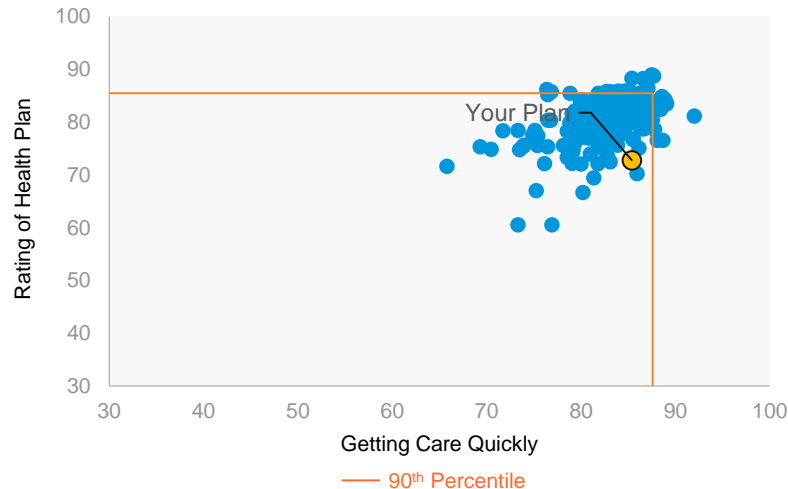
Percentile Ranking 2019 QC All Plans



PERCENTILE RANKING 2019 QC ALL PLANS

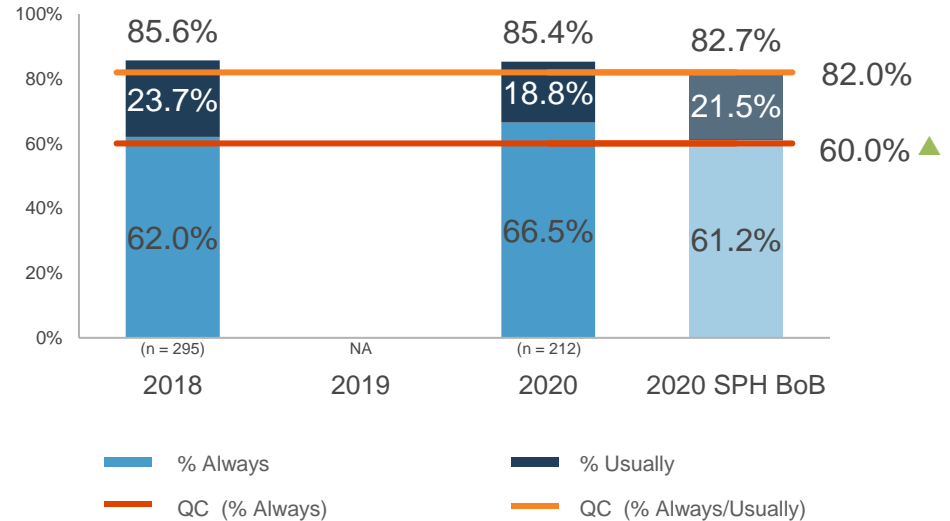


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GETTING CARE QUICKLY

% Always or Usually



Significance Testing

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

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

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

GETTING CARE QUICKLY QUESTIONS

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

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

2020 GETTING CARE QUICKLY COMPOSITE SUMMARY RATE SCORE

85.4%

Gate Questions

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

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

Valid n	Yes
376	42.6%
379	76.0%

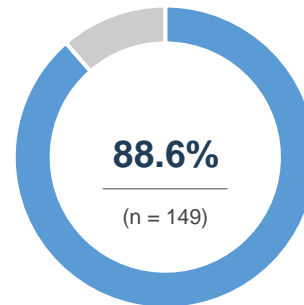
Significance Testing

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

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

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

Q4. GETTING URGENT CARE % Always or Usually

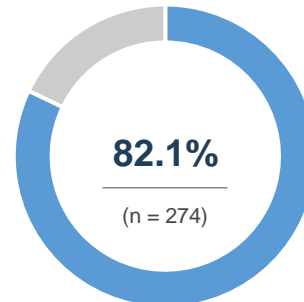


2020	88.6%
2019	NA
2018	83.2%
SPH	85.0%
QC	85.1%

Percentile Ranking 2019 QC All Plans



Q6. GETTING ROUTINE CARE % Always or Usually



2020	82.1%	↓
2019	NA	
2018	88.1%	
SPH	80.4%	
QC	79.3%	

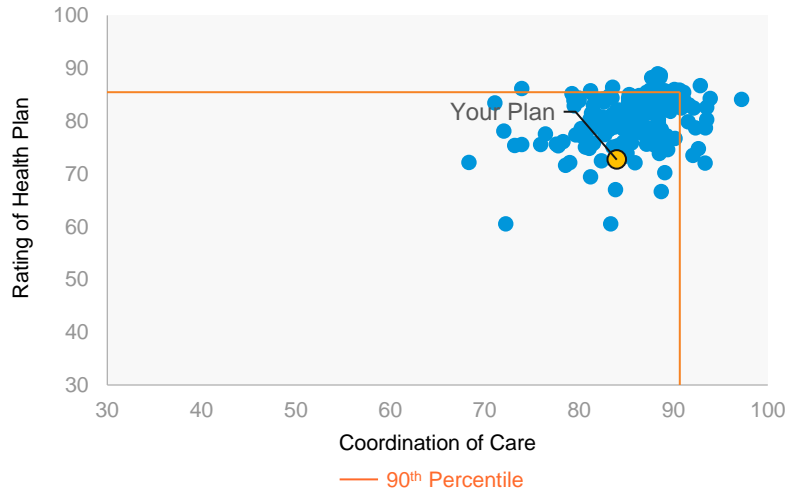
Percentile Ranking 2019 QC All Plans



PERCENTILE RANKING 2019 QC ALL PLANS

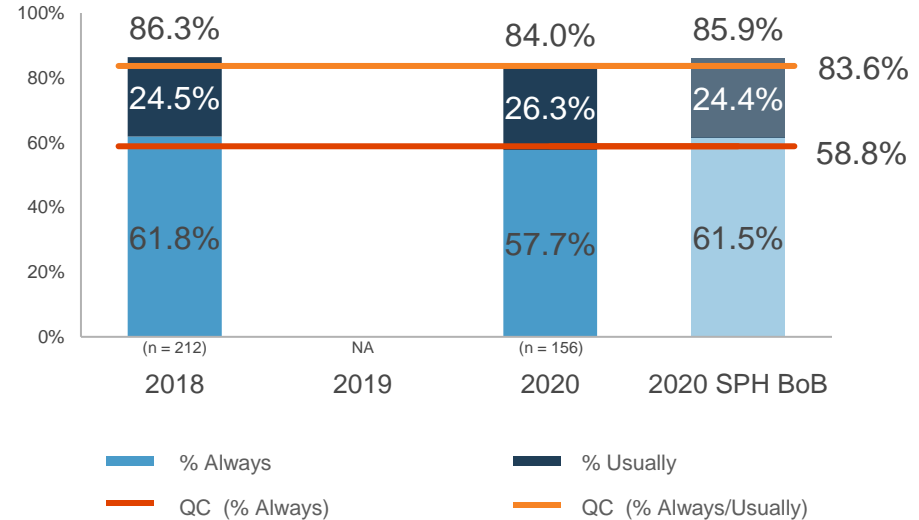


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COORDINATION OF CARE

% Always or Usually



Significance Testing

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

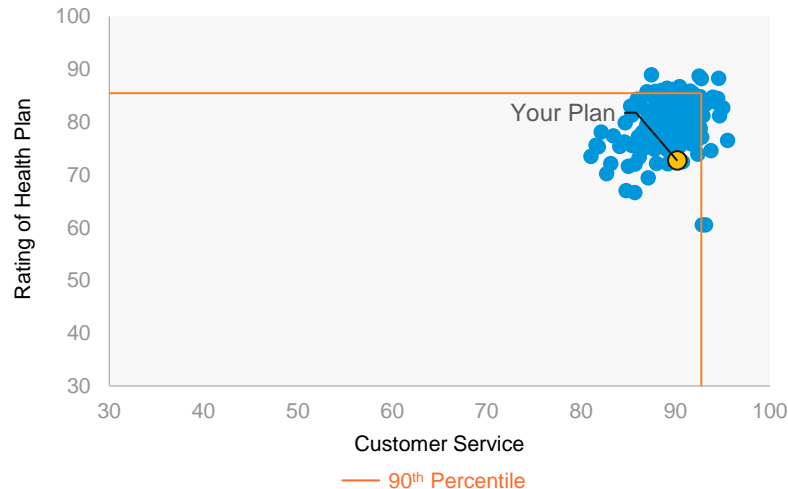
Current year score is significantly lower than the 2019 score (↓), the 2018 score (↘) or benchmark (▼) score.

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

PERCENTILE RANKING 2019 QC ALL PLANS

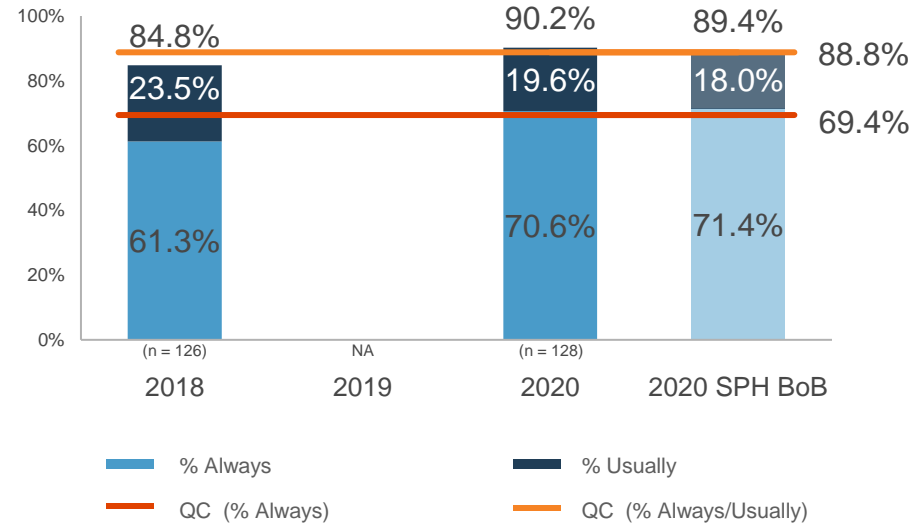


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CUSTOMER SERVICE

% Always or Usually



Significance Testing

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

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

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

CUSTOMER SERVICE QUESTIONS

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

- Q24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
- Q25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

2020 CUSTOMER SERVICE COMPOSITE SUMMARY RATE SCORE

90.2%

Gate Questions

Q23. Tried to get information or help from health plan's customer service

Valid n	Yes
360	36.7%

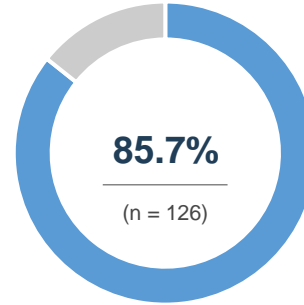
Significance Testing

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

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

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

Q24. PROVIDED INFORMATION OR HELP % Always or Usually

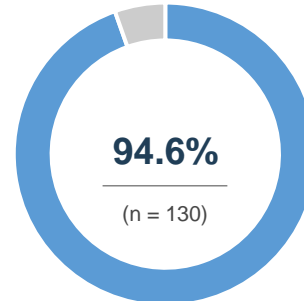


2020	85.7%
2019	NA
2018	79.2%
SPH	84.3%
QC	83.3%

Percentile Ranking 2019 QC All Plans



Q25. TREATED WITH COURTESY AND RESPECT % Always or Usually



2020	94.6%
2019	NA
2018	90.5%
SPH	94.6%
QC	94.3%

Percentile Ranking 2019 QC All Plans





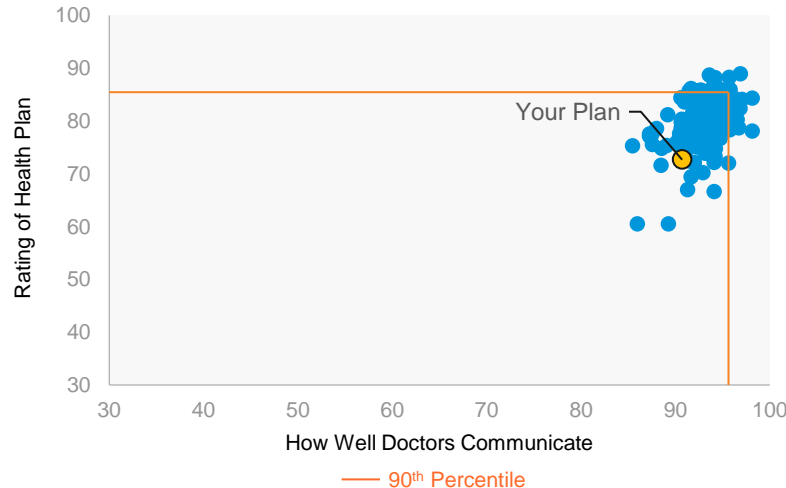
How Well Doctors Communicate: Composite*

Please see Technical Notes for more information.

PERCENTILE RANKING 2019 QC ALL PLANS

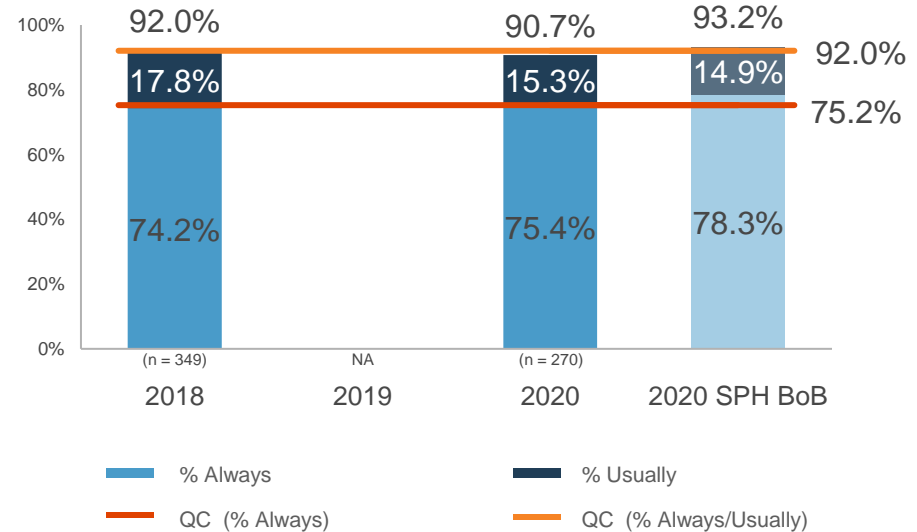


SPH BOOK OF BUSINESS DISTRIBUTION



HOW WELL DOCTORS COMMUNICATE

% Always or Usually



Significance Testing

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

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

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



How Well Doctors Communicate: Attribute Questions

Please see Technical Notes for more information.

HOW WELL DOCTORS COMMUNICATE QUESTIONS

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

- Q12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- Q13. In the last 6 months, how often did your personal doctor listen carefully to you?
- Q14. In the last 6 months, how often did your personal doctor show respect for what you had to say?
- Q15. In the last 6 months, how often did your personal doctor spend enough time with you?

2020 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE

90.7%

Gate Questions

	Valid n	Yes
Q10. Have a personal doctor	378	85.7%

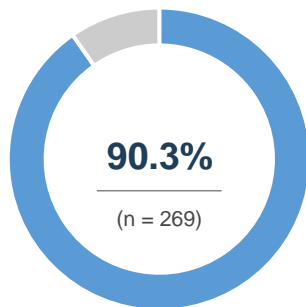
Significance Testing

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

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

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

Q12. PERSONAL DOCTOR EXPLAINED THINGS % Always or Usually

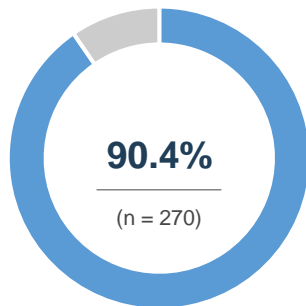


2020	90.3%
2019	NA
2018	92.6%
SPH	93.5%
QC	92.2%

Percentile Ranking 2019 QC All Plans



Q13. PERSONAL DOCTOR LISTENED CAREFULLY % Always or Usually



2020	90.4%
2019	NA
2018	93.1%
SPH	93.5%
QC	92.3%

Percentile Ranking 2019 QC All Plans





How Well Doctors Communicate: Attribute Questions (Continued)

Please see Technical Notes for more information.

HOW WELL DOCTORS COMMUNICATE QUESTIONS

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

- Q12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- Q13. In the last 6 months, how often did your personal doctor listen carefully to you?
- Q14. In the last 6 months, how often did your personal doctor show respect for what you had to say?
- Q15. In the last 6 months, how often did your personal doctor spend enough time with you?

2020 HOW WELL DOCTORS COMMUNICATE COMPOSITE SUMMARY RATE SCORE



90.7%

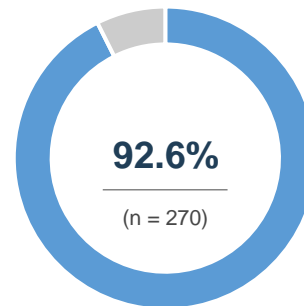
Significance Testing

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

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

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

Q14. PERSONAL DOCTOR SHOWED RESPECT % Always or Usually

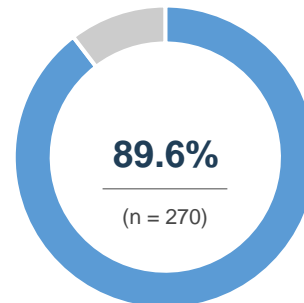


2020	92.6%
2019	NA
2018	93.7%
SPH	94.6%
QC	93.6%

Percentile Ranking 2019 QC All Plans



Q15. PERSONAL DOCTOR SPENT ENOUGH TIME % Always or Usually



2020	89.6%
2019	NA
2018	88.5%
SPH	91.5%
QC	89.9%

Percentile Ranking 2019 QC All Plans





Summary of Trend and Benchmarks

Summary Rate Scores and Percentile Rankings

- Oklahoma Health Care Authority



Summary of Trend and Benchmarks: Section Information

Please see Technical Notes for more information.

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

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

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

Significance Testing

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

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

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

Available Benchmarks

The following benchmarks are used throughout the report.

	2019 Quality Compass® All Plans	2019 NCQA 1-100 Benchmark	2020 SPH Analytics Book of Business
	Includes all Medicaid Adult samples that submitted data to NCQA in 2019.	A percentile benchmark (with values ranging from the first through the one hundredth percentile) calculated by NCQA and derived from Medicaid Adult data collected by NCQA in 2019.	Includes all Medicaid samples that contracted with SPH Analytics to administer the 2020 CAHPS 5.0H survey and submitted data to NCQA.
PROS	<ul style="list-style-type: none"> Contains more plans than Public Report Is presented in NCQA's The State of Health Care Quality 	<ul style="list-style-type: none"> Utilized by SPH Analytics to calculate approximate percentile ranking of plan scores in relation to the Quality Compass® All Plans benchmark 	<ul style="list-style-type: none"> Provides a benchmark for each question from the survey Permits precise percentile ranking of plan compared to benchmark Historically, the SPH BoB has varied by less than 1% from the Public Report benchmark
CONS	<ul style="list-style-type: none"> Only contains benchmarks for certain key questions, composites, and rating questions 	<ul style="list-style-type: none"> Only contains benchmarks for certain key questions, composites, and rating questions 	<ul style="list-style-type: none"> Contains fewer plans than the Public Report and the Quality Compass® All Plans Benchmarks
SIZE	165 Plans / 57,645 Respondents	165 Plans	152 Plans / 43,902 Respondents

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK
Rating Questions (% 9 or 10)						
★ Q28. Rating of Health Plan	366	55.0%	NA	56.6%	64.6% ▼	60.3%
★ Q8. Rating of Health Care	291	54.6%	NA	55.7%	58.8%	54.9%
★ Q18. Rating of Personal Doctor	313	68.7%	NA	69.0%	70.7%	67.5%
★ Q22. Rating of Specialist	163	68.9%	NA	65.0%	70.9%	66.9%
Rating Questions (% 8, 9 or 10)						
Q28. Rating of Health Plan	366	69.7%	NA	72.7%	80.3% ▼	77.6% ▼
Q8. Rating of Health Care	291	73.1%	NA	75.3%	76.9%	75.4%
Q18. Rating of Personal Doctor	313	81.7%	NA	80.5%	84.2%	82.1%
Q22. Rating of Specialist	163	82.5%	NA	79.8%	84.7%	82.3%
Effectiveness of Care Measures						
★ Q31. Flu Vaccinations (Adults 18-64) (% Yes)	367	50.5%	NA	52.0%	44.1% ▲	41.8% ▲
★ Q33. Advising Smokers and Tobacco Users to Quit: Rolling Average	128	81.6%	NA	74.2%	77.8%	76.7%
Q34. Discussing Cessation Medications: Rolling Average	127	52.0%	NA	44.1%	56.1% ▼	52.9%
Q35. Discussing Cessation Strategies: Rolling Average	129	48.7%	NA	38.8%	50.2% ▼	46.4%

9

Total Star
Rating


Measures

6

Above QC
Benchmark

3

At or Below
QC
Benchmark

COMPOSITES, ATTRIBUTES, AND KEY QUESTIONS

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK
★ Getting Needed Care (% Always or Usually)	229	85.6%	NA	85.3%	83.5%	82.5%
Q9. Getting care, tests, or treatment	289	89.5%	NA	84.8%	86.3%	84.8%
Q20. Getting specialist appointment	169	81.7%	NA	85.8%	80.7%	80.3% ▲
★ Getting Care Quickly (% Always or Usually)	212	85.6%	NA	85.4%	82.7%	82.0%
Q4. Getting urgent care	149	83.2%	NA	88.6%	85.0%	85.1%
Q6. Getting routine care	274	88.1%	NA	82.1% †	80.4%	79.3%
Other Measure (% Always or Usually)						
★ Q17. Coordination of Care	156	86.3%	NA	84.0%	85.9%	83.6%

9

Total Star
Rating


Measures

6

Above QC
Benchmark

3

At or Below
QC
Benchmark

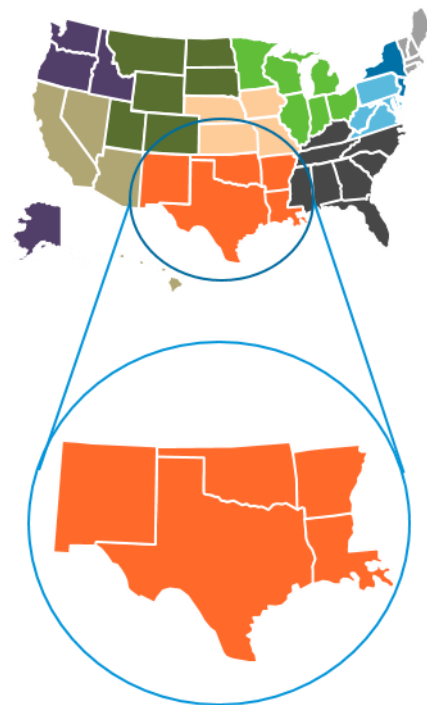
OTHER MEASURES

(Not used for accreditation/ratings)

	2020 Valid n	2018	2019	2020	2020 SPH BENCHMARK	2019 QC BENCHMARK
Other Measure (% Always or Usually)						
Q27. Ease of filling out forms	358	94.1%	NA	97.8% [‡]	95.6% [▲]	94.4% [▲]
Health Plan Customer Service (% Always or Usually)	128	84.8%	NA	90.2%	89.4%	88.8%
Q24. Provided information or help	126	79.2%	NA	85.7%	84.3%	83.3%
Q25. Treated with courtesy and respect	130	90.5%	NA	94.6%	94.6%	94.3%
How Well Doctors Communicate (% Always or Usually)	270	92.0%	NA	90.7%	93.2%	92.0%
Q12. Personal doctors explained things	269	92.6%	NA	90.3%	93.5%	92.2%
Q13. Personal doctors listened carefully	270	93.1%	NA	90.4%	93.5%	92.3%
Q14. Personal doctors showed respect	270	93.7%	NA	92.6%	94.6%	93.6%
Q15. Personal doctors spent enough time	270	88.5%	NA	89.6%	91.5%	89.9%

	SUMMARY RATE	2020 SPH BoB REGION
Rating Questions (% 9 or 10)		
Q28. Rating of Health Plan	56.6% ❖	67.5%
Q8. Rating of Health Care	55.7%	61.2%
Q18. Rating of Personal Doctor	69.0%	69.0%
Q22. Rating of Specialist	65.0%	72.4%
Rating Questions (% 8, 9 or 10)		
Q28. Rating of Health Plan	72.7% ❖	81.2%
Q8. Rating of Health Care	75.3%	77.3%
Q18. Rating of Personal Doctor	80.5%	83.2%
Q22. Rating of Specialist	79.8%	85.3%
Getting Needed Care (% Always or Usually)		
Q9. Getting care, tests, or treatment	84.8%	84.7%
Q20. Getting specialist appointment	85.8%	81.2%
Getting Care Quickly (% Always or Usually)		
Q4. Getting urgent care	88.6%	84.1%
Q6. Getting routine care	82.1%	79.4%
Coordination of Care (Q17) (% Always or Usually)		
Q17. Coordination of care	84.0%	83.4%
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)		
Q31. Flu vaccinations for adults ages 18-64	52.0%	47.4%
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)		
Q33. Advising Smokers and Tobacco Users to Quit	74.2%	72.6%
Q34. Discussing Cessation Medications	44.1%	50.6%
Q35. Discussing Cessation Strategies	38.8%	46.0%

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



Region 6: Dallas

- Arkansas
- New Mexico
- Texas
- Louisiana
- Oklahoma

Significance Testing

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



Percentile Rankings – Quality Compass (MAS)

Please see Technical Notes for more information.

	2020 Plan		National Percentiles from 2019 Quality Compass (MAS)								
	Score	Percentile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Rating Questions (% 9 or 10)											
Q28. Rating of Health Plan	56.6%	24 th	49.51	51.93	56.67	58.05	61.38	63.29	64.34	67.66	69.37
Q8. Rating of Health Care	55.7%	55 th	45.42	48.54	51.64	52.79	54.96	56.93	58.37	60.82	64.19
Q18. Rating of Personal Doctor	69.0%	58 th	58.15	60.78	64.66	65.96	67.75	69.86	70.55	74.42	75.45
Q22. Rating of Specialist	65.0%	35 th	58.68	60.32	63.30	64.49	67.73	69.18	70.45	71.76	73.50
Rating Questions (% 8, 9 or 10)											
Q28. Rating of Health Plan	72.7%	16 th	68.24	70.87	74.31	76.34	78.45	80.00	80.92	83.00	84.13
Q8. Rating of Health Care	75.3%	49 th	67.84	70.19	72.83	73.54	75.43	77.10	78.11	81.29	82.12
Q18. Rating of Personal Doctor	80.5%	31 st	76.29	77.53	79.78	80.62	82.34	83.78	84.62	86.54	88.08
Q22. Rating of Specialist	79.8%	25 th	75.66	77.00	79.40	80.87	82.62	84.41	85.22	86.67	87.59
Getting Needed Care (% Always or Usually)	85.3%	74th	73.96	76.88	80.53	81.27	83.06	84.48	85.47	86.84	88.18
Q9. Getting care, tests, or treatment	84.8%	44 th	76.80	79.40	82.44	83.33	85.35	87.05	87.61	90.00	91.26
Q20. Getting specialist appointment	85.8%	89 th	71.70	73.33	77.94	79.41	80.88	82.41	83.26	85.95	86.78
Getting Care Quickly (% Always or Usually)	85.4%	78th	73.66	76.06	80.02	80.95	82.34	84.26	85.08	86.74	87.89
Q4. Getting urgent care	88.6%	80 th	77.87	80.00	83.10	83.76	85.33	87.04	87.69	89.83	90.74
Q6. Getting routine care	82.1%	67 th	67.90	70.49	76.67	78.67	80.10	82.05	83.33	85.78	86.73
Coordination of Care (Q17) (% Always or Usually)	84.0%	46th	75.33	78.02	81.46	82.24	84.15	85.61	86.36	88.89	90.08
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	52.0%	91st	28.10	33.25	36.94	39.41	42.16	44.27	45.41	51.64	54.34
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)											
Q33. Advising Smokers and Tobacco Users to Quit	74.2%	25 th	66.09	68.80	74.02	75.25	77.84	79.56	80.20	82.01	84.33
Q34. Discussing Cessation Medications	44.1%	13 th	38.07	42.47	49.05	50.86	53.45	56.25	58.21	62.74	63.92
Q35. Discussing Cessation Strategies	38.8%	13 th	34.52	36.52	42.83	44.35	46.35	49.35	51.05	55.01	57.47

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



Percentile Rankings – SPH Book of Business (MAS)

Please see Technical Notes for more information.

	2020 Plan		National Percentiles from 2020 SPH Book of Business (MAS)								
	Score	Percentile	5 th	10 th	25 th	33 rd	50 th	67 th	75 th	90 th	95 th
Rating Questions (% 9 or 10)											
Q28. Rating of Health Plan	56.6%	9 th	54.12	57.62	61.50	62.42	64.67	66.94	68.05	70.76	72.87
Q8. Rating of Health Care	55.7%	29 th	49.44	51.93	55.34	56.89	58.92	61.31	62.30	64.68	67.39
Q18. Rating of Personal Doctor	69.0%	35 th	62.66	64.76	68.12	68.69	70.31	72.05	73.21	76.52	78.37
Q22. Rating of Specialist	65.0%	15 th	61.37	63.30	67.42	68.35	71.23	73.38	74.22	77.52	78.66
Rating Questions (% 8, 9 or 10)											
Q28. Rating of Health Plan	72.7%	6 th	72.13	74.82	77.14	78.40	80.42	82.58	83.60	85.36	85.92
Q8. Rating of Health Care	75.3%	33 rd	68.74	71.11	74.19	75.20	77.30	78.80	79.89	82.86	84.46
Q18. Rating of Personal Doctor	80.5%	11 th	77.50	79.96	81.93	82.71	84.03	85.39	86.49	88.37	89.76
Q22. Rating of Specialist	79.8%	12 th	76.67	78.72	82.26	83.08	84.85	86.36	87.26	89.92	92.08
Getting Needed Care (% Always or Usually)	85.3%	68th	75.70	77.11	81.00	81.44	82.92	85.07	86.80	88.35	89.29
Q9. Getting care, tests, or treatment	84.8%	34 th	78.88	80.81	83.74	84.60	86.67	87.92	88.65	90.57	91.31
Q20. Getting specialist appointment	85.8%	82 nd	70.51	73.62	76.34	77.49	80.00	82.61	84.47	87.37	87.97
Getting Care Quickly (% Always or Usually)	85.4%	73rd	74.91	76.47	79.69	80.67	82.71	84.44	85.64	87.52	88.42
Q4. Getting urgent care	88.6%	81 st	76.85	79.30	82.28	83.06	84.69	86.94	87.93	90.50	91.96
Q6. Getting routine care	82.1%	66 th	71.29	73.18	76.34	77.96	80.65	82.26	83.61	86.00	87.66
Coordination of Care (Q17) (% Always or Usually)	84.0%	38th	77.62	79.78	82.64	83.55	85.71	87.84	88.50	90.73	92.27
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	52.0%	84th	27.73	34.56	39.40	40.69	43.58	46.40	47.85	55.16	59.68
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)											
Q33. Advising Smokers and Tobacco Users to Quit	74.2%	28 th	65.12	69.08	72.80	74.72	77.66	80.31	81.04	84.60	85.67
Q34. Discussing Cessation Medications	44.1%	14 th	38.03	40.38	48.32	49.74	53.93	56.79	58.96	65.11	67.95
Q35. Discussing Cessation Strategies	38.8%	11 th	36.18	38.30	43.52	45.17	47.19	50.23	52.97	56.57	60.21

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



Profile of Survey Respondents

Demographic Composition

- Oklahoma Health Care Authority



Profile of Survey Respondents: Section Information

Please see Technical Notes for more information.

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

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

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

Significance Testing

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

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

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

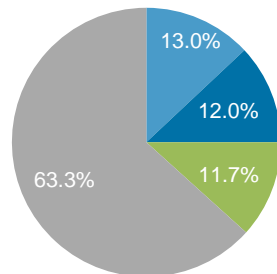
QC refers to the 2019 Quality Compass® All Plans benchmark.

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

Survey Demographics

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

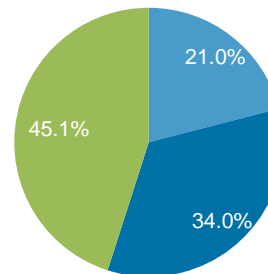
Age



■ 18-34 ■ 35-44 ■ 45-54 ■ 55 or older

	18 - 34	35 - 44	45 - 54	55 or older
2020	13.0%	12.0%	11.7%	63.3% ⬆
2019	NA	NA	NA	NA
2018	16.9%	11.3%	16.2%	55.6%
SPH	23.3% ⬇	13.1%	17.4% ⬇	46.2% ⬆
QC	28.4% ⬇	14.2%	18.2% ⬇	39.2% ⬆

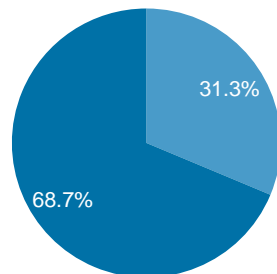
Health Status



■ Excellent/Very Good ■ Good ■ Fair/Poor

	Excellent/ Very Good	Good	Fair/Poor
2020	21.0%	34.0%	45.1% ⬆
2019	NA	NA	NA
2018	18.2%	28.5%	53.3%
SPH	31.4% ⬇	33.7%	34.8% ⬆
QC	32.5% ⬇	33.7%	33.8% ⬆

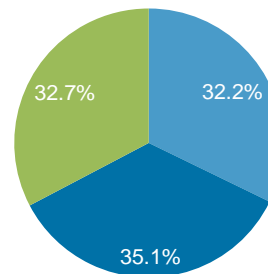
Gender



■ Male ■ Female

	Male	Female
2020	31.3%	68.7%
2019	NA	NA
2018	31.7%	68.3%
SPH	39.2% ⬇	60.8% ⬆
QC	39.3% ⬇	60.7% ⬆

Mental/Emotional Health Status



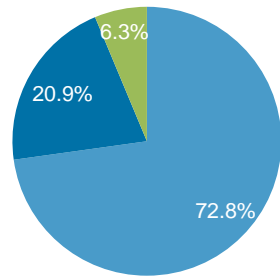
■ Excellent/Very Good ■ Good ■ Fair/Poor

	Excellent/ Very Good	Good	Fair/Poor
2020	32.2%	35.1%	32.7%
2019	NA	NA	NA
2018	31.7%	29.8%	38.5%
SPH	39.5% ⬇	30.4%	30.1%
QC	41.4% ⬇	29.7% ⬆	28.8%

Survey Demographics

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

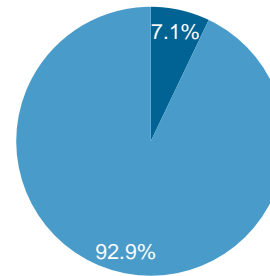
Education



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

	HS Graduate or Less	Some College	College Graduate or More
2020	72.8%	20.9%	6.3%
2019	NA	NA	NA
2018	69.5%	26.0%	4.5%
SPH	64.3% ▲	25.7% ▼	10.0% ▼
QC	61.9% ▲	27.1% ▼	11.0% ▼

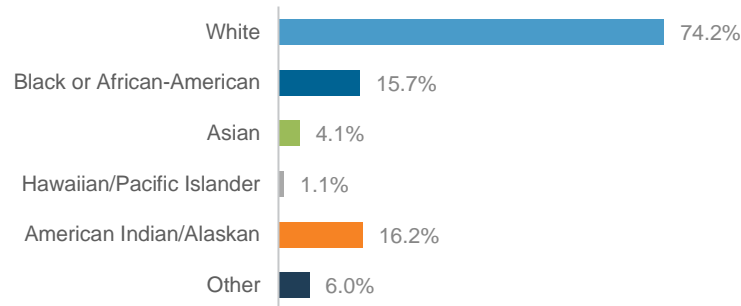
Ethnicity



■ Hispanic/Latino ■ Not Hispanic/Latino

	Hispanic/Latino	Not Hispanic/Latino
2020	7.1%	92.9%
2019	NA	NA
2018	4.0%	96.0%
SPH	16.0% ▼	84.0% ▲
QC	19.2% ▼	80.8% ▲

Race



	White	Black or African-American	Asian	Hawaiian/Pacific Islander	American Indian/Alaskan	Other
2020	74.2%	15.7%	4.1%	1.1%	16.2%	6.0%
2019	NA	NA	NA	NA	NA	NA
2018	71.0%	16.8%	1.9%	1.1%	16.2%	6.2%
SPH	63.8% ▲	24.9% ▼	5.7%	1.3%	3.8% ▲	9.6% ▼
QC	54.9% ▲	22.8% ▼	5.9%	1.5%	3.6% ▲	11.3% ▼



Demographic Segment Analyses

Subgroup Analysis

- Oklahoma Health Care Authority



Demographic Analyses: Section Information

Please see Technical Notes for more information.

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

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

- Segment Groups**
- Rating of Health Plan (Q28)
 - Rating of Health Care (Q8)
 - Respondent’s Health Status (Q29)
 - Respondent’s Mental/Emotional Health Status (Q30)
 - Survey Type
 - Respondent’s Age (Q36)
 - Respondent’s Gender (Q37)
 - Respondent’s Education (Q38)
 - Respondent’s Ethnicity (Q39)
 - Respondent’s Race (Q40)

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

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

Please see Technical Notes for more information.

	<u>Rating of Health Plan</u>		<u>Rating of Health Care</u>		<u>Health Status</u>			<u>Mental Health Status</u>			<u>Survey Type</u>		
	8-10	0-7	8-10	0-7	Excellent or Very good	Good	Fair or Poor	Excellent or Very good	Good	Fair or Poor	Mail	Phone	Internet
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
<i>Total respondents</i>	266	100	219	72	79	128	170	120	131	122	272	86	26
Rating Questions (% 9 or 10)													
Q28. Rating of Health Plan	77.8% B	0.0%	69.0% D	20.3%	77.0% FG	55.7%	48.2%	70.2% J	59.7% J	41.7%	57.9%	56.1%	43.5%
Q8. Rating of Health Care	67.1% B	25.0%	74.0% D	0.0%	79.6% FG	45.2%	54.5%	71.9% IJ	49.0%	48.9%	59.1% L	44.1%	52.9%
Q18. Rating of Personal Doctor	79.7% B	32.8%	80.9% D	25.0%	88.7% FG	59.1%	67.4%	77.8% J	72.2% J	58.2%	71.4%	66.2%	54.5%
Q22. Rating of Specialist	72.0% B	45.0%	71.3% D	38.2%	73.9%	70.8%	59.1%	72.0%	61.0%	64.0%	63.6%	65.1%	76.9%
Rating Questions (% 8, 9 or 10)													
Q28. Rating of Health Plan	100% B	0.0%	85.0% D	42.0%	85.1% FG	71.3%	68.1%	85.1% J	76.7% J	58.3%	73.6%	74.4%	56.5%
Q8. Rating of Health Care	86.2% B	44.4%	100% D	0.0%	95.9% FG	72.1%	69.4%	93.3% IJ	68.6%	63.8%	75.8%	71.2%	82.4%
Q18. Rating of Personal Doctor	89.9% B	48.4%	91.7% D	44.6%	90.3% FG	75.5%	80.0%	87.9% J	83.3% J	71.4%	81.8%	80.3%	68.2%
Q22. Rating of Specialist	88.1% B	57.5%	87.0% D	52.9%	78.3%	85.4%	76.1%	82.0%	78.0%	82.0%	79.4%	76.7%	92.3%
Getting Needed Care (% Always or Usually)													
Q9. Getting care, tests, or treatment	88.2% B	76.5%	92.1% D	62.9%	82.0%	92.3% G	80.2%	86.5%	85.1%	81.9%	86.9%	76.3%	87.5%
Q20. Getting specialist appointment	87.4%	80.0%	87.4%	76.3%	87.0%	87.8%	83.9%	87.8%	82.3%	87.3%	88.8%	77.5%	84.6%
Getting Care Quickly (% Always or Usually)													
Q4. Getting urgent care	89.7%	83.7%	91.0%	80.6%	90.9%	95.3% G	85.0%	90.0%	84.3%	90.6%	91.7%	81.3%	75.0%
Q6. Getting routine care	84.2%	73.0%	87.6% D	69.6%	75.6%	82.4%	84.8%	82.5%	78.6%	84.4%	87.8% L	64.4%	77.8%
Coordination of Care (Q17) (% Always or Usually)													
Q17. Coordination of care	87.9% B	70.6%	87.0%	67.9%	80.8%	85.4%	83.3%	85.7%	75.0%	89.8% I	87.2%	77.1%	75.0%
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)													
Q31. Flu vaccination	54.2%	45.7%	61.2% D	45.6%	48.1%	55.7%	51.5%	55.5%	45.2%	56.9%	56.1% L	36.3%	60.0%
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)													
Q33. Advising Smokers and Tobacco Users to Quit	75.6%	72.7%	81.2%	82.1%	54.5%	84.2%	75.8%	80.0%	78.7%	64.4%	70.7%	87.9% K	33.3%
Q34. Discussing Cessation Medications	46.7%	39.4%	49.3%	55.6%	28.6%	44.7%	48.5%	41.2%	48.9%	43.2%	45.6%	41.2%	33.3%
Q35. Discussing Cessation Strategies	40.0%	36.4%	43.5%	42.9%	40.9%	39.5%	38.8%	48.6%	40.4%	30.4%	38.7%	42.4%	0.0%

Please see Technical Notes for more information.

	<u>Rating of Health Plan</u>		<u>Rating of Health Care</u>		<u>Health Status</u>			<u>Mental Health Status</u>			<u>Survey Type</u>		
	8-10	0-7	8-10	0-7	Excellent or Very good	Good	Fair or Poor	Excellent or Very good	Good	Fair or Poor	Mail	Phone	Internet
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
<i>Total respondents</i>	266	100	219	72	79	128	170	120	131	122	272	86	26
Health Plan Customer Service (% Always or Usually)	93.6%	79.0%	93.3%	87.5%	91.9%	90.9%	88.5%	92.7%	92.6%	83.6%	89.4%	90.4%	100%
Q24. Provided information or help	89.1%	73.9%	88.9%	85.0%	90.3%	86.8%	82.1%	90.2%	89.4%	75.0%	84.3%	87.1%	100%
Q25. Treated with courtesy and respect	98.1%	84.0%	97.6%	90.0%	93.5%	94.9%	94.9%	95.2%	95.7%	92.1%	94.5%	93.8%	100%
How Well Doctors Communicate (% Always or Usually)	93.9% B	79.6%	95.0% D	75.9%	94.2%	91.5%	88.1%	97.0% J	90.2%	84.4%	92.5%	89.1%	77.6%
Q12. Personal doctors explained things	93.2% B	81.5%	94.2% D	79.2%	92.3%	89.7%	89.6%	95.2%	88.3%	87.1%	92.1%	88.1%	78.9%
Q13. Personal doctors listened carefully	93.7% B	79.6%	94.8% D	73.6%	94.2%	90.7%	87.9%	96.4% J	90.5%	83.5%	92.1%	90.0%	73.7%
Q14. Personal doctors showed respect	94.7%	85.2%	95.8% D	83.0%	94.2%	92.8%	91.4%	97.6% J	91.6%	88.2%	94.2%	91.7%	78.9%
Q15. Personal doctors spent enough time	94.2% B	72.2%	95.3% D	67.9%	96.2% G	92.8% G	83.6%	98.8% J	90.5% J	78.8%	91.6%	86.7%	78.9%
Other Measures													
Q27. Ease of filling out forms (% Always or Usually)	98.8%	94.6%	97.5%	97.1%	97.3%	98.4%	97.5%	98.3%	99.2%	95.6%	98.4%	96.2%	95.8%
Q7. Average number of visits to doctor's office or clinic	2.93	3.31	3.51	4.38 C	1.76	3.06 E	3.50 E	2.41	2.82	3.82 HI	2.96	3.18	2.65
Q11. Average number of visits to personal doctor	2.56	3.18	2.66	3.73 C	1.59	2.57 E	3.33 EF	1.96	2.75 H	3.46 H	2.65	2.95	2.57
Q21. Average number of specialists seen	1.67	1.75	1.61	1.87	1.71	1.49	1.80	1.60	1.67	1.81	1.59	1.75	2.23

Please see Technical Notes for more information.

	<u>Age</u>			<u>Gender</u>		<u>Education</u>		<u>Race</u>			<u>Ethnicity</u>	
	18-34	35-64	65+	Male	Female	High school or less (F)	Some college or more (G)	White (H)	Black or African-American (I)	Other* (J)	Hispanic (K)	Not Hispanic (L)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
<i>Total respondents</i>	48	190	130	116	255	265	99	270	57	44	25	327
Rating Questions (% 9 or 10)												
Q28. Rating of Health Plan	66.0%	51.6%	59.3%	57.5%	57.0%	58.7%	56.3%	58.5%	51.9%	50.0%	64.0%	56.7%
Q8. Rating of Health Care	52.9%	54.3%	57.9%	43.7%	60.8% D	52.6%	65.9% F	58.7%	52.3%	44.4%	50.0%	56.1%
Q18. Rating of Personal Doctor	73.0%	64.3%	73.6%	63.2%	70.8%	68.1%	73.3%	73.3% J	66.0%	50.0%	64.7%	69.4%
Q22. Rating of Specialist	61.5%	65.9%	63.0%	65.9%	63.8%	65.0%	67.2%	67.2%	58.8%	57.1%	40.0%	66.9%
Rating Questions (% 8, 9 or 10)												
Q28. Rating of Health Plan	78.7%	69.0%	76.4%	72.6%	73.4%	75.2%	71.9%	74.2%	70.4%	66.7%	76.0%	73.7%
Q8. Rating of Health Care	73.5%	74.2%	77.9%	71.3%	77.3%	70.8%	87.1% F	77.1%	79.5%	61.1%	60.0%	76.7%
Q18. Rating of Personal Doctor	81.1%	79.2%	81.8%	81.6%	80.1%	80.8%	81.4%	82.8% J	83.0%	63.9%	82.4%	80.8%
Q22. Rating of Specialist	84.6%	79.1%	79.6%	84.1%	77.6%	81.0%	81.0%	82.0%	70.6%	64.3%	60.0%	80.7%
Getting Needed Care (% Always or Usually)	88.0%	84.0%	85.2%	84.9%	85.2%	84.1%	88.5%	87.3% J	89.9% J	70.5%	75.0%	85.8%
Q9. Getting care, tests, or treatment	91.4%	81.1%	87.4%	82.8%	85.4%	84.5%	86.9%	87.0%	90.9% J	72.2%	70.0%	85.7%
Q20. Getting specialist appointment	84.6%	87.0%	83.1%	87.0%	85.0%	83.8%	90.0%	87.7%	88.9%	68.8%	80.0%	85.8%
Getting Care Quickly (% Always or Usually)	85.0%	83.7%	85.7%	87.7%	84.1%	83.7%	87.2%	85.9%	85.2%	78.1%	79.2%	85.3%
Q4. Getting urgent care	95.0%	85.9%	88.5%	91.2%	87.3%	86.6%	90.9%	88.5%	87.5%	81.8%	83.3%	88.5%
Q6. Getting routine care	75.0%	81.6%	83.0%	84.2%	81.0%	80.9%	83.5%	83.2%	82.9%	74.3%	75.0%	82.1%
Coordination of Care (Q17) (% Always or Usually)	90.9%	79.0%	91.1% B	88.4%	82.2%	80.0%	93.6% F	87.0%	66.7%	75.0%	70.0%	84.3%
Flu Vaccinations for Adults Ages 18-64 (Q31) (% Yes)	27.7%	49.2% A	65.6% AB	51.7%	51.8%	49.2%	58.8%	51.7%	57.4%	57.1%	34.8%	52.7%
Medical Assistance with Smoking and Tobacco Use Cessation (% Always, Usually or Sometimes) (Rolling average)												
Q33. Advising Smokers and Tobacco Users to Quit	58.3%	74.7%	80.6%	67.9%	78.4%	71.7%	84.0%	72.0%	85.7%	73.3%	50.0%	76.1%
Q34. Discussing Cessation Medications	25.0%	47.4%	44.4%	40.7%	45.8%	41.0%	54.2%	44.4%	57.1%	40.0%	25.0%	45.3%
Q35. Discussing Cessation Strategies	25.0%	46.8% C	25.0%	37.7%	37.8%	34.3%	52.0%	39.0%	46.7%	33.3%	25.0%	39.8%

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

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

Please see Technical Notes for more information.

	<u>Age</u>			<u>Gender</u>		<u>Education</u>		<u>Race</u>			<u>Ethnicity</u>	
	18-34	35-64	65+	Male	Female	High school or less (F)	Some college or more (G)	White	Black or African-American (I)	Other*	Hispanic	Not Hispanic
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
<i>Total respondents</i>	48	190	130	116	255	265	99	270	57	44	25	327
Health Plan Customer Service (% Always or Usually)	96.9%	89.0%	88.6%	89.7%	89.9%	90.8%	89.5%	91.3%	90.9%	84.9%	91.6%	91.4%
Q24. Provided information or help	93.8%	82.5%	86.0%	82.4%	86.4%	86.4%	84.2%	89.5%	81.8%	76.9%	90.9%	86.7%
Q25. Treated with courtesy and respect	100%	95.4%	91.1%	97.1%	93.5%	95.2%	94.9%	93.1%	100%	92.9%	92.3%	96.2%
How Well Doctors Communicate (% Always or Usually)	87.5%	89.4%	92.9%	90.0%	90.7%	89.3%	94.4%	91.6%	92.5%	83.3%	93.8%	90.3%
Q12. Personal doctors explained things	90.0%	89.6%	91.6%	86.3%	92.2%	88.7%	97.2% F	92.1%	90.0%	81.8%	93.8%	89.7%
Q13. Personal doctors listened carefully	86.7%	88.9%	92.6%	90.0%	90.1%	88.8%	94.4%	90.6%	92.5%	81.8%	93.8%	89.4%
Q14. Personal doctors showed respect	86.7%	91.9%	94.7%	92.5%	92.3%	91.4%	94.4%	93.2%	95.0%	87.9%	93.8%	92.8%
Q15. Personal doctors spent enough time	86.7%	87.4%	92.6%	91.3%	88.4%	88.2%	91.5%	90.6%	92.5%	81.8%	93.8%	89.4%
Other Measures												
Q27. Ease of filling out forms (% Always or Usually)	97.8%	97.2%	98.3%	100% E	96.7%	98.4%	96.8%	98.4%	94.2%	95.1%	100%	98.1%
Q7. Average number of visits to doctor's office or clinic	2.35	3.64 AC	2.32	2.63	3.19	2.95	3.11	3.11	2.59	2.85	2.90	3.05
Q11. Average number of visits to personal doctor	1.89	3.21 AC	2.29	3.07	2.58	2.87	2.38	2.76	2.79	2.74	3.53	2.70
Q21. Average number of specialists seen	1.23	1.78	1.67	1.63	1.71	1.57	1.88	1.71	1.59	1.80	1.55	1.69

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

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



Appendix: Correlation Analyses

Plan Specific Correlations

- Oklahoma Health Care Authority

Highest Correlations

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

With Health Care Rating			With Personal Doctor Rating			With Specialist Rating		
Q28	Health plan overall	0.5965	Q15	Dr. spent enough time	0.6841	Q8	Health care overall	0.4563
Q18	Personal doctor overall	0.5731	Q13	Dr. listened carefully	0.6340	Q9	Got care/tests/treatment	0.4489
Q9	Got care/tests/treatment	0.5097	Q14	Dr. showed respect	0.5961	Q28	Health plan overall	0.4162
Q22	Specialist overall	0.4563	Q12	Dr. explained things	0.5832	Q17	Dr. informed about care	0.4076
Q15	Dr. spent enough time	0.4507	Q8	Health care overall	0.5731	Q20	Got specialist appt.	0.3580
Q17	Dr. informed about care	0.4171	Q17	Dr. informed about care	0.4757	Q18	Personal doctor overall	0.3025
Q13	Dr. listened carefully	0.4116	Q28	Health plan overall	0.4382	Q15	Dr. spent enough time	0.2753
Q24	CS provided info./help	0.3781	Q9	Got care/tests/treatment	0.3766	Q4	Got urgent care	0.2642
Q25	CS courtesy/respect	0.3553	Q22	Specialist overall	0.3025	Q12	Dr. explained things	0.2341
Q6	Got routine care	0.3521	Q20	Got specialist appt.	0.2753	Q13	Dr. listened carefully	0.1974



Appendix: Flowchart

Understanding Relative Performance of Composite Measures

- Oklahoma Health Care Authority



Flowchart – Understanding Relative Performance

Please see Technical Notes for more information.

How composite questions perform relative to each other

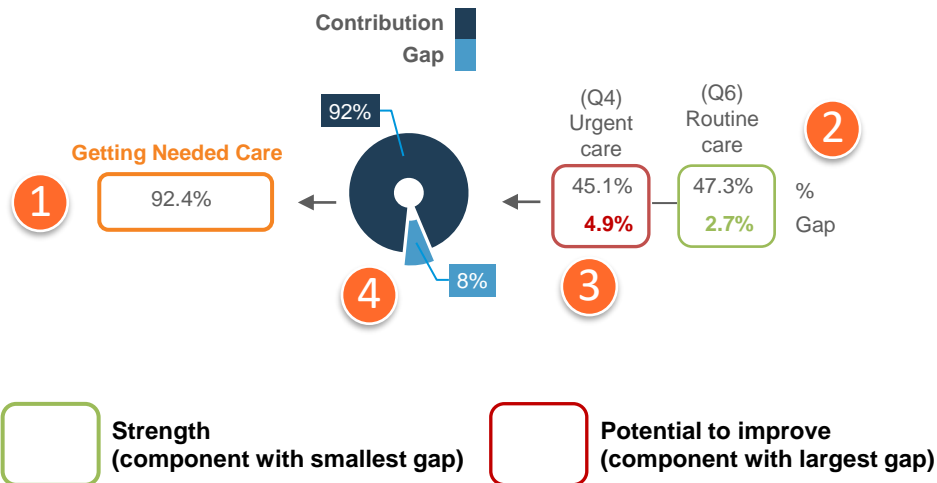
- 1 Composite summary rate scores are displayed in the orange box.
- 2 Next to the composite score are the questions included in the composite.
- 3 There are two numbers in the boxes under the questions. The top number is how much that question contributes to the composite score (Actual Contribution).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

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

Q6 Example:

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

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





Flowchart – Understanding Relative Performance

Please see Technical Notes for more information.



Strength
(component with smallest gap)



Potential to improve
(component with largest gap)



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



Appendix: Accreditation

Estimated NCQA Plan Ratings and Frequency Distributions

- Oklahoma Health Care Authority



Estimated NCQA Health Insurance Plan Ratings

Please see Technical Notes for more information.

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

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

Please note the following:

- NCQA calculates health plan ratings (HPR) by evaluating plans in three categories: consumer satisfaction, clinical quality (includes prevention and treatment) and NCQA Accreditation Standards score. The overall NCQA star rating is the weighted average of an organization's HEDIS and CAHPS measure ratings, plus Accreditation bonus points (if the organization has NCQA Accreditation), rounded to the nearest half point.
- The CAHPS measures are classified based on their national percentile (10th, 33.33rd, 66.67th and 90th) into scores ranging from 1 to 5 (in increments of 0.5), where 5 is the highest score and 1 is the lowest. Percentiles and ratings are estimated based on the 2019 NCQA data and benchmarks.

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

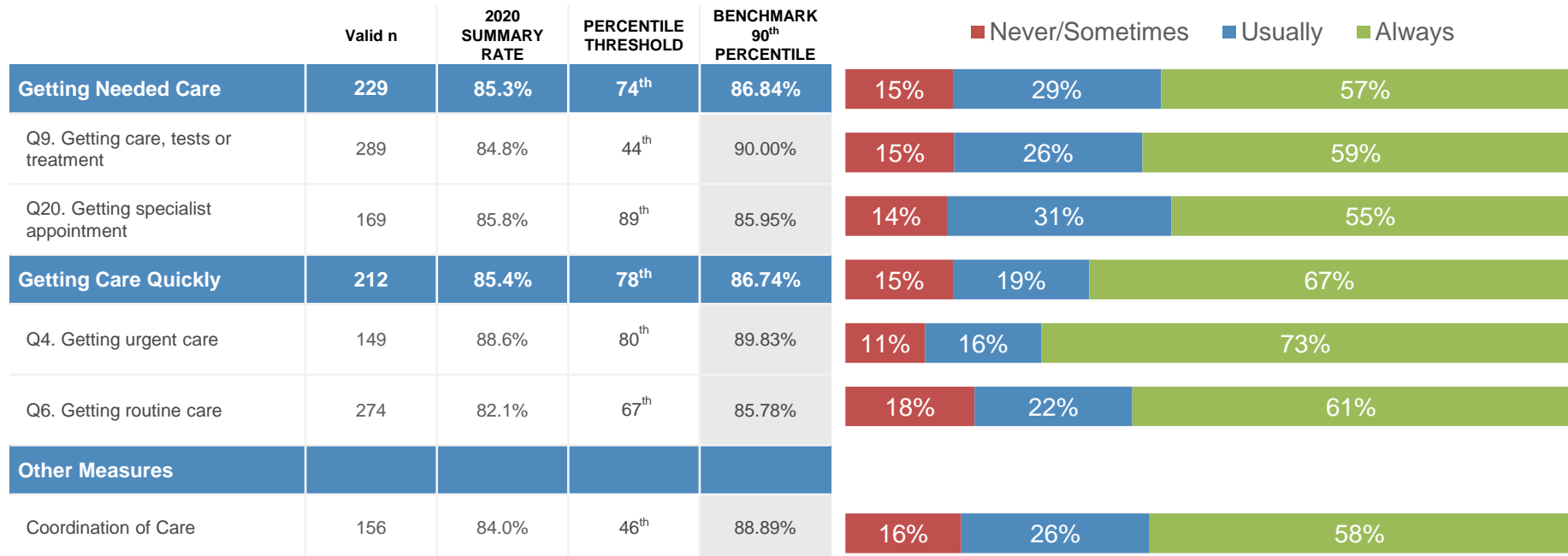
	2020 SUMMARY RATE	SUMMARY RATE DEFINITION	PERCENTILE RANK	SPH ESTIMATED RATING	WEIGHT
CONSUMER SATISFACTION				3.0	
GETTING CARE				4.0	
Getting Needed Care	85.3%	Usually + Always	74 th	4.0	1.5
Getting Care Quickly	85.4%	Usually + Always	78 th	4.0	1.5
SATISFACTION WITH PLAN PHYSICIANS				3.0	
Rating of Personal Doctor	69.0%	9 + 10	58 th	3.0	1.5
Rating of Specialist	65.0%	9 + 10	35 th	3.0	1.5
Rating of Health Care	55.7%	9 + 10	55 th	3.0	1.5
Coordination of Care	84.0%	Usually + Always	46 th	3.0	1.5
SATISFACTION WITH PLAN SERVICES				2.0	
Rating of Health Plan	56.6%	9 + 10	24 th	2.0	1.5
PREVENTION					
Flu Vaccinations Adults Ages 18-64	52.0%	% Yes	91 st	5.0	1.0
TREATMENT					
Smoking Advice	74.2%	Usually + Always + Sometimes	25 th	2.0	1.0

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

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

GLOBAL PROPORTIONS SCORING AND ACCREDITATION

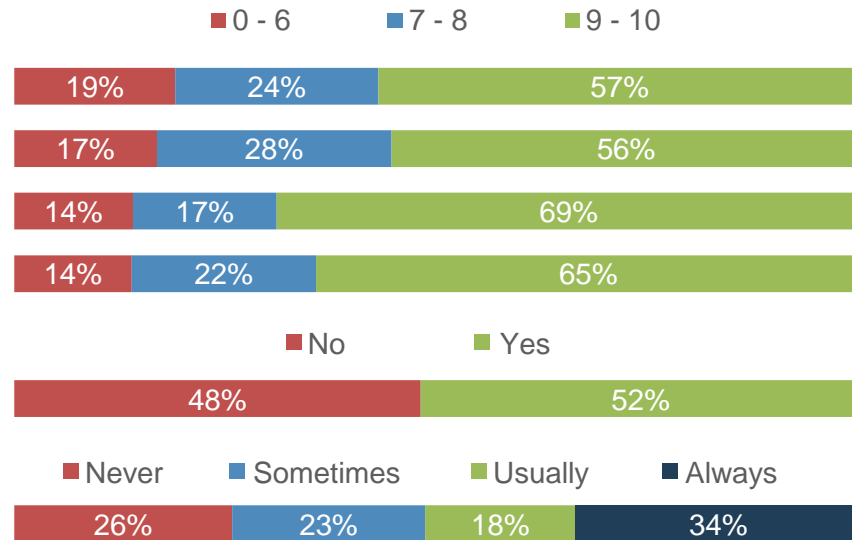
The graphical presentation of frequency distributions, including Summary Rates for composites and rating questions are shown on these pages. In addition, the measure's percentile threshold when compared to the 2019 NCQA 90th percentile benchmark is shown. The 90th percentile is the standard for achieving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



GLOBAL PROPORTIONS SCORING AND ACCREDITATION

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

	Valid n	2020 SUMMARY RATE	PERCENTILE THRESHOLD	BENCHMARK 90 th PERCENTILE
Rating Questions				
Rating of Health Plan	366	56.6%	24 th	67.66%
Rating of Health Care	291	55.7%	55 th	60.82%
Rating of Personal Doctor	313	69.0%	58 th	74.42%
Rating of Specialist	163	65.0%	35 th	71.76%
Prevention				
Flu Vaccinations Adults Ages 18-64	367	52.0%	91 st	51.64%
Treatment				
Smoking Advice	128	74.2%	25 th	82.01%





Appendix: Improvement Strategies and Voice of the Member

- Oklahoma Health Care Authority



Rating of Health Plan

Please see Technical Notes for more information.

Improvement Strategies – Rating of Health Plan

- Analyze, investigate, probe for weakness or QI opportunities among those measures or composites that are Key Drivers (or highly correlated) with Rating of the Plan (i.e., CS, Claims, GNC, GCQ, HWDG). Review QI recommendations/actions of these CAHPS composite measures.
- Communicate and educate all areas of the Plan on CAHPS, sharing findings, initiatives and outcomes. Seek input and observations. Engage relevant contributors into QI design/activities.
- Analyze satisfaction levels and loyalty ratings based on member profile/segmentation data (health system, age, length of membership, have PCP, etc.).
- Set S.M.A.R.T. goals Specific, Measurable, Attainable, Realistic, and Timely for all identified activities. Assess all relevant internal data. Conduct additional surveys, data analyses as needed.
- Consider opportunities for positive and strategic messaging about the plan or health care reminders to adult members. Use technology to provide more effective and efficient care.
- Consider the value of a SPH CAHPS Drill-Down, Simulation Survey or CG-CAHPS to probe key CAHPS measures and/or target segments of the population.
- Explore opportunity to continually monitor rating of the plan using targeted follow-up surveys, e.g., call satisfaction, care management, etcetera.
- Develop online videos (vs. excessive reading) explaining key terms and activities members need to know, e.g., how much you have to pay, or Understanding Your Health Insurance Costs. Evaluate and implement complementing, consistent, simple and clear communications.
- Explore or enhance potential of a mobile app providing member immediate access to secure accurate, up-to-date information about their Plan, benefits, coverage, copays, cost, claims, etc.

Additional resource for improvement: AHRQ best practices

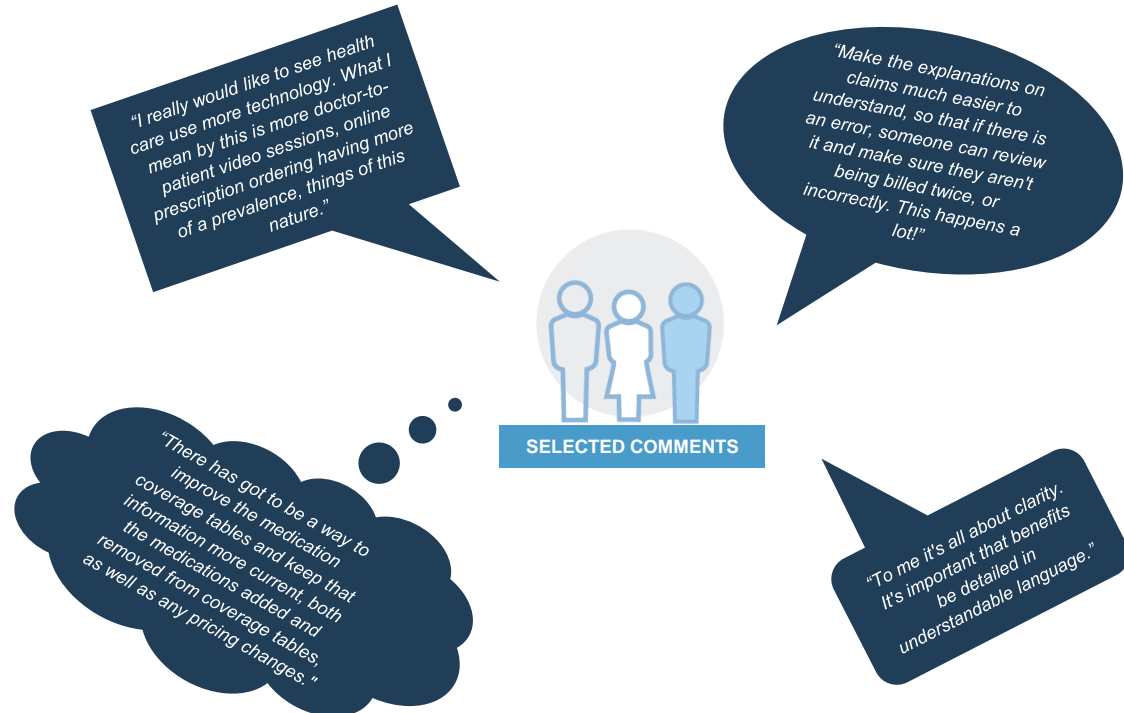
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Voice of the Member (SPH National Sample)

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



Improvement Strategies – Rating of Health Care

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

Additional resource for improvement: AHRQ best practices

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Voice of the Member (SPH National Sample)

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



Improvement Strategies – Rating of Personal Doctor

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

Additional resource for improvement: AHRQ best practices

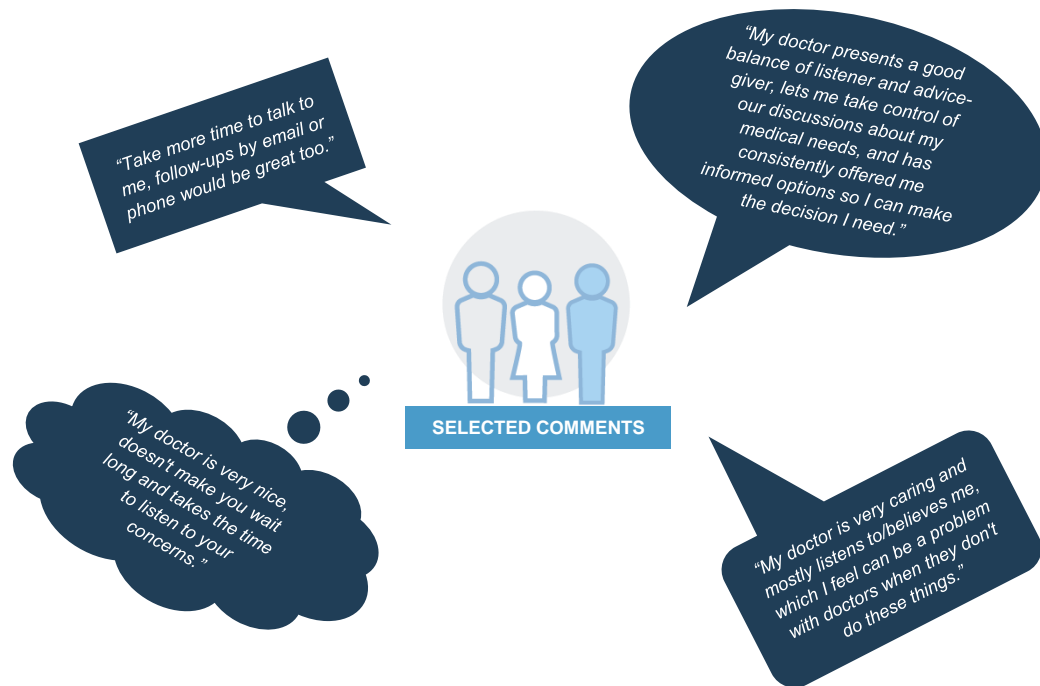
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Voice of the Member (SPH National Sample)

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





Improvement Strategies – Rating of Specialist

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

Additional resource for improvement: AHRQ best practices

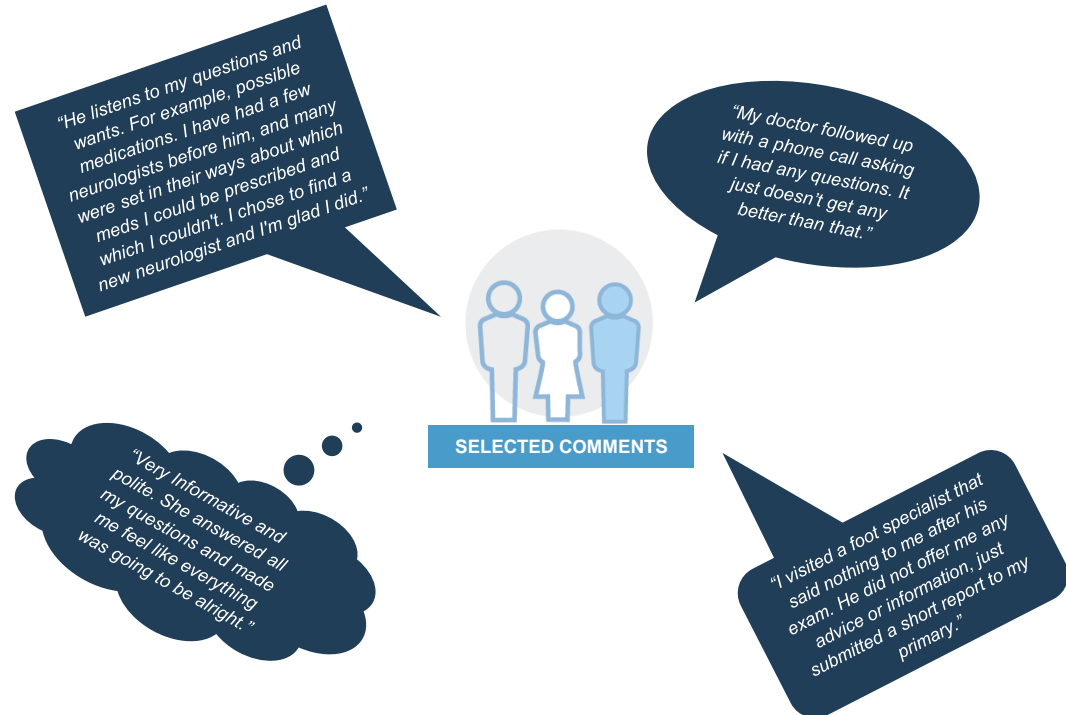
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Voice of the Member (SPH National Sample)

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



Improvement Strategies – Getting Needed Care

- Assess CAHPS data by health system, PO, and/or network. Communicate results and identify outliers. Evaluate with HEDIS data, complaints, appeals and/or quality of care concerns, and communicate. Identify issues, prioritize and implement improvement activities.
- Work with providers to support patients in navigating health care and remove obstacles. Support and encourage providers to take innovative action to improve access. Examples include: Serve patients quickly, treat urgent issues promptly, minimize wait times, follow-up about appointment times and test results. Another is to develop an in-depth referral/decision-making guide for PCP's to prepare for/with patients explaining need, urgency, patient expectations and responsibilities, and preparations for seeing a specialist.
- Support members and collaborate with providers to enhance access to care through innovative, proactive approaches within Care Management, Chronic Care, and Quality Management. Work with providers to identify and resolve opportunities.
- Continually assess, revisit and simplify plan requirements/processes (i.e., UM) impacting access to care, tests, or treatment. Seek opportunities to improve processes and procedures.
- Review and simplify precertification/auth/referral policies/procedures for both member and provider, including messages and communications. Cross-reference with complaints, concerns, and quality of care issues. Improve and clarify processes and communications.
- Evaluate and simplify member communications, assuring that members are clearly told why something is not approved. When appropriate, offer suggestions for next steps or alternatives.
- Ensure Customer Service representatives are able to accurately advise members of available alternatives for care, such as walk-in clinics, urgent care, specialists, labs, etc.
- Establish a specialist referral hotline for providers and members.

Additional resource for improvement: AHRQ best practices

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Voice of the Member (SPH National Sample)

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

"The first visit, I was just given a recommendation of how to feel better faster. The second visit, I was given lab work, a prescription for an antibiotic and soon after, relief from my suffering. The third doctor's visit gave me the treatment that I needed all in one day. This is a memorable experience because of how quickly the doctor and nurses worked together to get me healed once they found out what the problem was and the relief I felt because of the treatment."

"I felt that the doctor could have done a little bit more when it came to finding a way to fund the lab test, since doctors are more informed about ways to help their patients in this department."



SELECTED COMMENTS

"You simply go online to schedule an appointment at one of the many locations in your area and you are set."

"I had an MRI on my knee last October. The doctor had the results the next morning but didn't call me back for over a week. I was angry. The doctor should have been more timely."

Improvement Strategies – Getting Care Quickly

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

Additional resource for improvement: AHRQ best practices

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Voice of the Member (SPH National Sample)

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



Improvement Strategies – How Well Doctors Communicate

- Cultivate a patient-centered care philosophy and programs across the provider network.
- Support, communicate and educate providers about the vital medical importance of effective doctor-patient communication (i.e., reduced hospitalizations & ER visits, improved adherence).
- Provide readily available recommendations, tools and guidance to all providers to support and enhance communication skills and effective conversation skills with patients. Providers need to: Provide thorough explanations, provide written materials, illustrations and/or examples to help patient's understand, repeat the patient's concern and then address the topic, ask clarifying questions, make eye contact, avoid medical jargon and technical language, avoid multi-tasking, avoid rushing the patient, use constructive verbal responses and non-verbal cues, apply empathy and interest in response to concerns, by kind, avoid condescending language or actions, address questions and concerns as much time as necessary, schedule adequate time for each visit, and follow-up after tests or procedures.
- Collaborate and share with providers tools, resources, and best practices to support, or reinforce, a complete and effective information exchange with all patients (e.g., a summary of medical record or health assessment to facilitate an effective health or wellness discussion, patient testimonials - perhaps from focus groups - of effective and ineffective communication techniques, provide tips and/or testimonials in provider newsletters).
- Develop tools and guidance for patients to optimize appointment time and specific topic-based conversation guides or question checklists with providers (e.g., Doc Talk).
- Support patients with chronic illnesses/conditions and their providers with up-to-date tools, resources and conversation guides that address common clinical needs, continual review, modification and update of progress, next steps and self-management topics.

Additional resource for improvement: AHRQ best practices

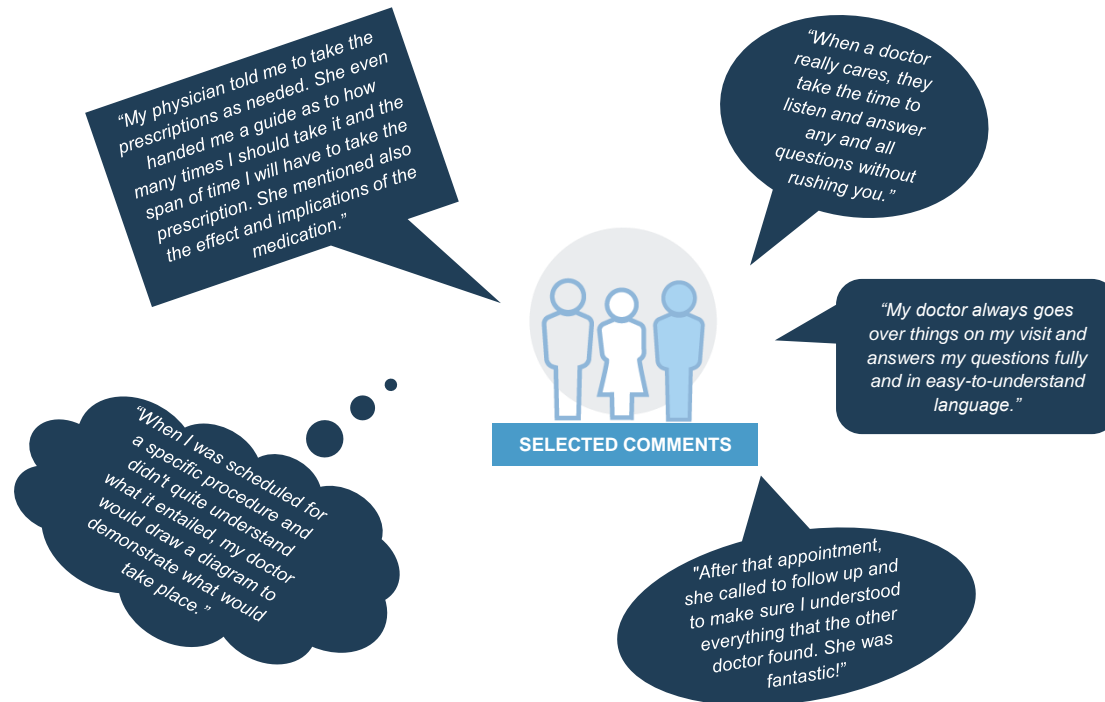
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Voice of the Member (SPH National Sample)

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



Improvement Strategies – Customer Service

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

Additional resource for improvement: AHRQ best practices

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Voice of the Member (SPH National Sample)

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



Improvement Strategies – Coordination of Care

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

Additional resource for improvement: AHRQ best practices

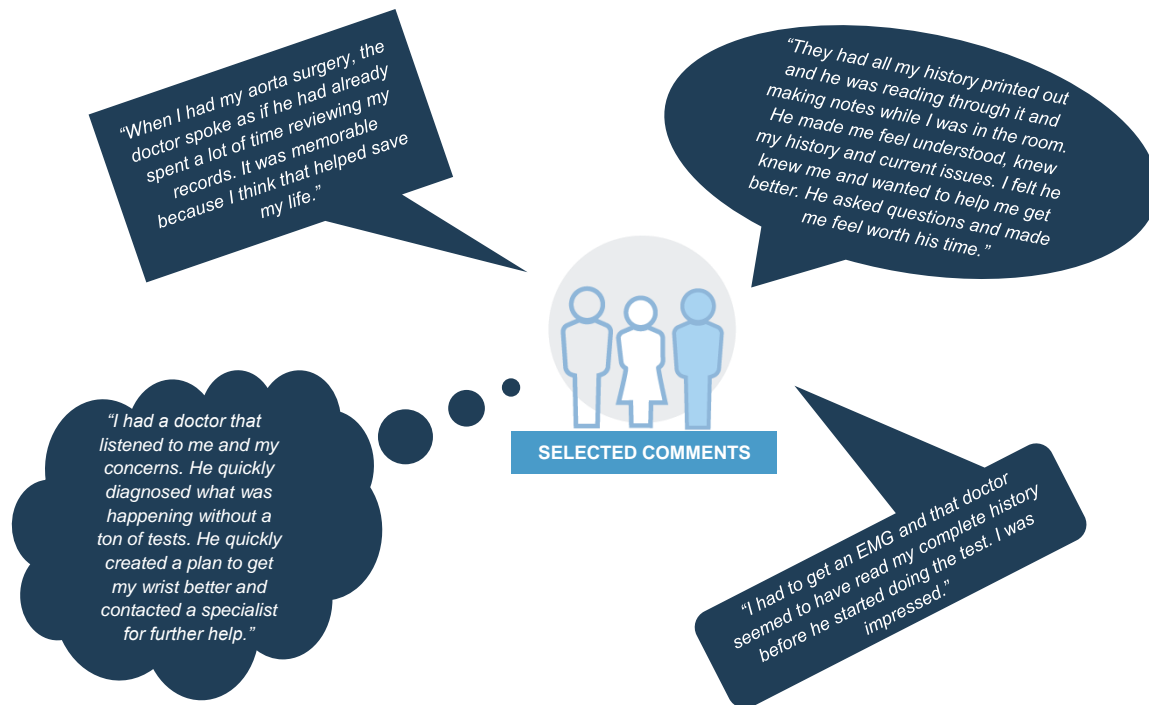
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Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage





Appendix: Questionnaire

- Oklahoma Health Care Authority

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.

1. Our records show that you are now in Oklahoma Health Care Authority. Is that right?

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

2. What is the name of your health plan?
(Please print)

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you 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 you needed care right away, how often did you get care as soon as you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

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

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

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

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

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

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



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

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

YOUR PERSONAL DOCTOR

10. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt.

Do you have a personal doctor?

- ☐ Yes
- ☐ No → *If No, Go to Question 19*

11. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- ☐ None → *If None, Go to Question 18*
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

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

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

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

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

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

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

15. In the last 6 months, how often did your personal doctor spend enough time with you?

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

16. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- ☐ Yes
- ☐ No → *If No, Go to Question 18*

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

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

18. 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 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 you got when you stayed overnight in a hospital.

19. 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 to see a specialist?

- ☐ Yes
- ☐ No → *If No, Go to Question 23*

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

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

21. How many specialists have you seen in the last 6 months?

- ☐ None → *If None, Go to Question 23*
- ☐ 1 specialist
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more specialists

22. We want to know your rating of the specialist you 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 HEALTH PLAN

The next questions ask about your experience with your health plan.

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

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

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

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

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

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

26. In the last 6 months, did your health plan give you any forms to fill out?

- ☐ Yes
- ☐ No → *If No, Go to Question 28*

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

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

28. 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 health plan?

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

ABOUT YOU

29. In general, how would you rate your overall health?

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

30. In general, how would you rate your overall mental or emotional health?

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

31. Have you had either a flu shot or flu spray in the nose since July 1, 2019?

- ☐ Yes
- ☐ No
- ☐ Don't know

32. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- ☐ Every day
- ☐ Some days
- ☐ Not at all → *If Not at all, Go to Question 36*
- ☐ Don't know → *If Don't know, Go to Question 36*

33. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

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

34. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?

Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

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

35. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

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

36. What is your age?

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

37. Are you male or female?

- ☐ Male
- ☐ Female

38. 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

39. Are you of Hispanic or Latino origin or descent?

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

40. What is your race? Mark one or more.

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

Thank You

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

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



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

Smart Member Engagement™ Platform

WHY?

Address Health Plan Challenges

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

WHO?

Stratify and Build Cohorts

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



Each option can be implemented stand-alone

WHAT?

Message Design

Variations on core message for each identified cohort group



HOW?

Omnichannel Outreach

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



REFINE?

Measure & Analyze

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



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



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

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



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

Step 1: Identify the Care Gaps

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

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

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

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

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

Step 4: Close the Loop

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