
Provider Forum



Highmark Health Options is an independent licensee of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans.

Forum Agenda



1. HEDIS and Data

Importance

2. CQF Loop

3. Quality Measures

4. Healthy Rewards

5. Women's Day Events

6. CAHPS

7. Medical Record Standards –

New Standard

HEDIS and Data Importance

PRESENTED BY

Ling Lu

Clinical Quality Project Manager



HEDIS

Measures health care performance.

Provides information on health care quality.

Helps HHO deliver highest quality health care.

Identifies gaps in preventive care.

Enables HHO to assess and understand where resources and efforts are needed.

HHealthcare
Effectiveness
Data
Information
Set

Health Care Measures

Just as we work on our HEDIS scores as a health plan, providers also work very hard to improve their health care measures.



How to Improve Health Care Measures

- Provide appropriate care **within the designated timeframes.**
- **Know gaps in care** prior to patient visit.
- Document clearly and completely **ALL** the care provided.
- **Code accurately.** Proper coding allows us to pick up services through claims data.

How to Improve Health Care Measures

- **Understand your health care measures** including documentation requirements and parameters.
- **Make most of telehealth visits.** Prior to telehealth visit, remind patients to take their blood pressure prior to visit, along with temperature, weight, pulse.
- **Data capture is a key component** to health care measure success.

Data is Key for Health Care Measures

How do we capture data for health care measures?

Claims + Provider Data Feeds + Medical Record Review*

*Allowing Remote EMR Access will reduce our requests for medical records.

Remote EMR Access and Data Sharing

- **Frees providers** from manual intervention of providing medical records.
- **Monitors patient journey**, disease landscape, and effectiveness of therapeutic strategies.
- **Identifies gaps** in care and unmet member needs.



Remote EMR Access

HHO + Provider Partnership

- Quality measurement: reporting and improvement
- Risk score accuracy
- Value-based contract



CONTACT

Clinical Quality Improvement

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It's HEDIS Season Right Now!

**HEDIS record requests are done by our vendor,
PalmQuest.**

Thanks for partnering with us!

HEDIS/Health Care Measures

Providers have improved upon health care services delivered!

Health Care Measure Name	MY2020	MY2021	MY2022
HbA1c < 8%	53.3%	55.5%	Coming Soon!
Controlling High Blood Pressure	49.6%	62.5%	Coming Soon!
Cervical Cancer Screening	62.3%	63.5%	Coming Soon!
Breast Cancer Screening	51.8%	52.5%	Prelim. 54.1%
Timeliness of Prenatal Visits	92.2%	93.1%	Coming Soon!

HEDIS/Health Care Measures

Two of the most challenging health care measures for providers in DE are:

- 30-day readmissions
- Asthma medication ratio



Clinical Quality Feedback Loop

PRESENTED BY

Ling Lu

Clinical Quality Project Manager



Clinical Quality Feedback (CQF) Loop

- Access CQF through NaviNet to submit additional clinical data documentation to supplement what does not appear in HHO claim data.
- Quality measures include: BCS, CCS, CDC, COL, and more.
- [Review the Clinical Quality Feedback Loop](#)

Contact your Clinical Transformation Consultant
if you have questions.

Quality Measures Accepted through CQF 2022

Quality Measure	Potential Gap Closure
HbA1c < 8	916
Cervical Cancer Screening	476
Controlling Blood Pressure	918
Breast Cancer Screening	251
Timeliness of Prenatal Care	81

CQF Updates

QN05, QN12, QN13 Adolescent/Child Well Visits

- **Removed** original five elements of well child visits as requirement to close care gap.
- **New guideline** only requires that the visit is a well visit; annual visit; physical exam; annual gynecology visit; or something similar.
- Adolescent well visits have been **removed** from CQF.
 - Submit under well child visits instead.

QN72 Prenatal and Postpartum Care: Timeliness of Prenatal Care

- Added to list of services in CQF under service “Prenatal Care Visit” and “Pregnancy Diagnosis”.
 - Timeliness of Prenatal care gaps can only be closed when both services are submitted .

QN76 Controlling Blood Pressure

- Providers can submit for HHO members through CQF
- Review CBP Update



Quality Measure

Breast Cancer Screening

Breast Cancer Screenings

Measure requirement: Documentation of one or more mammograms in the measurement period or 15 months prior. If patients have had their screenings performed, submit medical records through CQF for gap closure.



Breast Cancer Screenings

Best Practices

- Utilize [internal system](#) or [monthly quality reports](#) to identify patients with gaps in breast cancer screening.
- Provide [outreach](#) and facilitate screening scheduling.
- Refer [patients](#) to Delaware Breast Cancer Coalition at 1-888-672-9647 for assistance with scheduling mammograms including transportation.
 - DBCC will provide Lyft or van service for screening.

Quality Measure

Cervical Cancer Screening

Cervical Cancer Screening

Measure requirement:

- PAP/cervical cytology within the last 3 years (ages 24-64); or
- HPV test within the last 5 years (ages 30-64)
- Exclusion with total abdominal hysterectomy, submit under “Hysterectomy” CQF service drop-down



Cervical Cancer Screening

Best Practices

- Utilize [internal system](#) or [monthly quality reports](#) to identify patients with gaps in cervical cancer screening.
- Provide [outreach](#) and [facilitate](#) screening scheduling.

Tips on Closing CCS Care Gaps

If PAP report is over 3 years but within 5, select HPV test in Service drop-down to close care gap.

Report Information		IGP,CtNgTv,Apt HPV,rfx16/18,45 (LAB)	Status:	Final
Accession#:	008C3421670	Ordered By:	Ordered/Requested On:	2019-01-08 00:00
Result Report/Status Change:	2019-01-14 01:06	Ordered by Physician ID:	Body Site:	
Collected On:		Priority:	Specimen Source:	
Copy To:		Received On:	2019-01-08 00:00	Interpreter:
Observed On:	2019-01-08 16:47			

Test Name	Result	Interpretations	Reference
DIAGNOSIS:	See Attachment	See Attachment	
comment: NEGATIVE FOR INTRAEPITHELIAL LESION AND MALIGNANCY.			
Note:	See Attachment	See Attachment	
comment: The Pap smear is a screening test designed to aid in the detection of premalignant and malignant conditions of the uterine cervix. It is not a diagnostic procedure and should not be used as the sole means of detecting cervical cancer. Both false-positive and false-negative reports do occur.			
HPV Aptima	Negative		
comment: This test detects fourteen high-risk HPV types (16/18/31/33/35/39/45/51/52/56/58/59/66/68) without differentiation.			
Chlamydia, Nuc. Acid Amp	Negative		
Gonococcus, Nuc. Acid Amp	Negative		
Trich vag by NAA	Negative		Negative

Lab report from over 3 years ago, cervical cytology will not close this care gap

HPV test completed on this member who is over 30 years of age will close

QUALITY BLUE

CLINICAL QUALITY FEEDBACK HIGHMARK INSIGHTS NUNA VBP

CLINICAL QUALITY FEEDBACK

BACK TO PREVIOUS

SUBMIT SUPPLEMENTAL DATA

*Asterisk indicates required field

Reminder: If a member used Highmark insurance, Highmark will capture this information from claim.

Service: *
HPV Test

In service drop-down, select HPV test instead of Cervical Cytology

Quality Measure

HbA1c < 8

HbA1c < 8

Measure requirement: Latest HbA1c < 8 in current measurement year.



HbA1c < 8

Best Practices

- **A1c is one of the main indicators** of how well diabetes is managed.
- Recommend A1c tests at **least every 6 months**.
- Utilize A1c POC in office and **be sure to send results to DHIN**.

Quality Measure

Controlling High Blood Pressure

Controlling High Blood Pressure (CBP)

Measure requirement: Most recent outpatient visit BP <140/90 (can be patient reported for telehealth visit).



Controlling High Blood Pressure (CBP)

Best Practices

- If high, **always take a second time and document both readings.**
- Allow patients to rest at least 5 minutes before re-checking.
- Taking the lowest of systolic and diastolic is allowable.
- Consider manual reading for in-office visits.
- **Remind patients** prior to telehealth visits to take their BP for reporting during provider call.

Best Practices for Accurate BP Reading

Intervention	Potential decrease in mm Hg
No talking during reading	10 mm Hg
Empty bladder first	10 mm Hg
Support back/feet	6.5 mm Hg
Keep legs uncrossed	2–8 mm Hg
Support arm at heart level	10 mm Hg
Place cuff on bare arm	5–50 mm Hg
Use correct cuff size	2–10 mm Hg

(n.d.). American Heart Association | To be a relentless force for a world of longer, healthier lives. https://www.heart.org/-/media/files/professional/million-hearts/success-stories/7-simple-tips-to-get-accurate-blood-pressure-ucm_493556.pdf

Tips on Closing CBP Care Gaps

Always recheck a noncompliant BP reading

Compliant BP taken at second attempt

Physical Examination

Vital Signs

5/2/2022 9:56 AM EDT

Systolic Blood Pressure 132mmHg HI

Diastolic Blood Pressure 86mmHg HI

Mean Arterial Pressure 101 mmHg

5/2/2022 9:44 AM EDT

Temperature Temporal 98.3DegF

Peripheral Pulse Rate 77bpm

Pulse Site Radial Artery

Systolic Blood Pressure 142mmHg HI

Diastolic Blood Pressure 90mmHg HI



Noncompliant BP taken only once

Physical Examination

Vital Signs

7/2/2022 12:42 PM EDT

Apical Heart Rate 64 bpm

Systolic Blood Pressure 142 mmHg HI

Diastolic Blood Pressure 80 mmHg

Mean Arterial Pressure 101 mmHg

Oxygen Saturation 98%



Tips on Closing CBP Care Gaps

Always document all BPs even when multiple noncompliant readings are gathered. The CBP measure specifications allow the lowest of all systolic and diastolic readings to be combined to close the care gap, as long as they are obtained during the same encounter.

Physical Examination

Vital Signs

7/14/2022 5:32 AM EDT	Systolic Blood Pressure	164mmHg HI
	Diastolic Blood Pressure	86mmHg HI
	Mean Arterial Pressure	101 mmHg
7/14/2022 5:30 AM EDT	Temperature Temporal	98.3DegF
	Peripheral Pulse Rate	77bpm
	Pulse Site	Radial Artery
	Systolic Blood Pressure	136mmHg HI
	Diastolic Blood Pressure	95mmHg HI
	Mean Arterial Pressure	107 mmHg
	BP Site	Left arm



Quality Measure

Timeliness of Prenatal Care

Timeliness of Prenatal Care

Measure requirement:

Documentation showing office visit during first trimester where pregnancy was addressed.



Timeliness of Prenatal Care

Best Practices

- Utilize internal system or monthly quality reports to identify members with gaps in timeliness of prenatal care.
- Facilitate scheduling for appointments to accommodate first trimester deadline.
- Pregnancy during first trimester can be addressed at settings outside of OB offices, such as PCP, emergency department, etc.
- Document during visit that pregnancy was addressed.
- Submit first visit addressing pregnancy through CQF for gap closure even if it's not within the first trimester.



Best Practice Reminders

- If HPV result is used to close cervical cancer screening care gap, submit under service “HPV Test” instead of “Cervical Cytology.”
- When lab report is submitted for gap closure, always use “Collection Date” as Date of Service.
- Medical records submitted should be complete visit notes or reports, do not use snippets of a particular section.
- Submit medical record or lab report through CQF for gap closure for patients who have had their screenings performed.
- Encourage patients to visit the [HHO website](#) for additional support and resources.

Healthy Rewards

PRESENTED BY

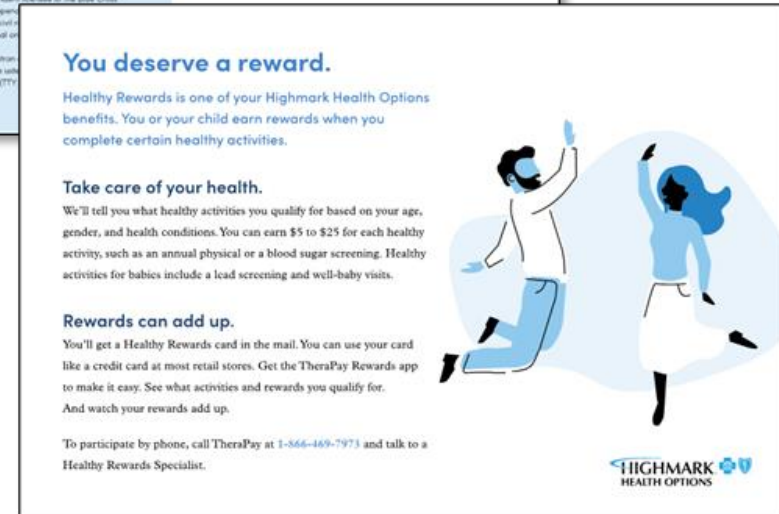
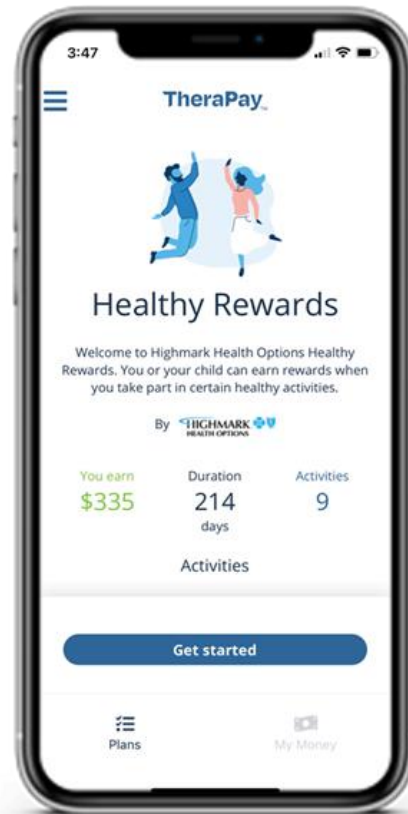
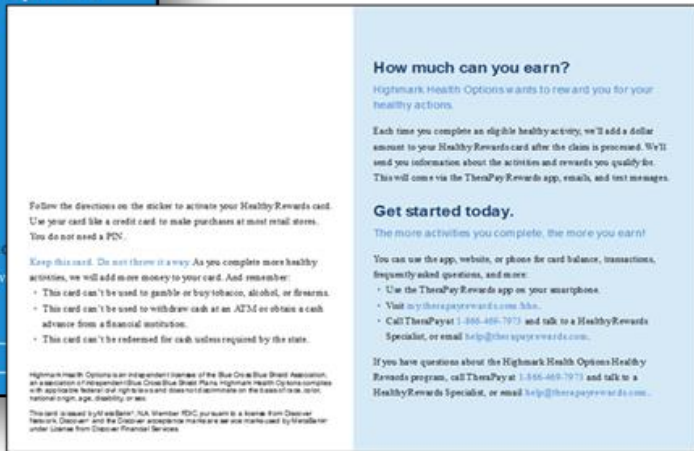
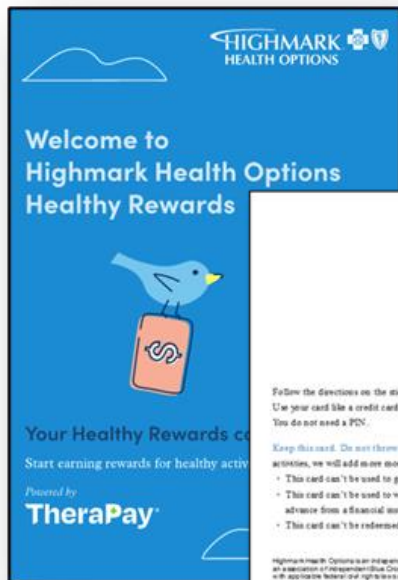
Lauren Bear

Clinical Quality Management Analyst



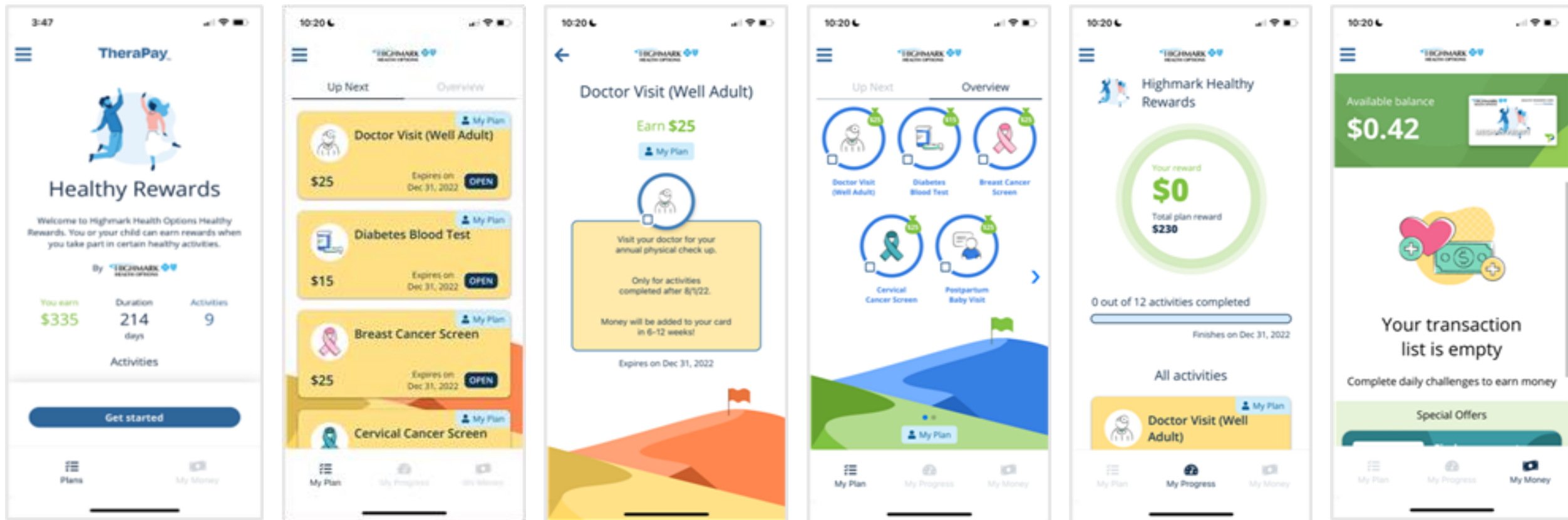
Healthy Rewards Program Material

Collateral includes an introductory postcard, debit card carrier, app, emails, and texts



Healthy Rewards App Powered by TheraPay

By downloading the TheraPay app, members can have real time access to what tasks are up next, details of what they need to do to earn, and a view of what rewards are on their card



IVR, Email, SMS+

Make a call



Complete Survey



Watch a Video



Set a Reminder



Complete a Form



Visit Website



Take a Photo



2023 Healthy Rewards

Reward activities can include:

\$15 Blood sugar screening	\$150 Asthma controller prescription (6 refills/\$25 each)	\$25 Adult wellness visit	\$30 Breast cancer screening
\$25 Diabetic retinal eye exam	\$25 Blood pressure controller prescription	\$25 Child wellness visit	\$30 Cervical cancer screening
\$25 Lead screening	\$10 per call Care manager call about asthma medicine	\$80 Baby/toddler wellness visits (8 visits/\$10 per visit)	\$25 Colonoscopy
	\$5 Completed surveys	\$25 Doctor visit after giving birth	

4,354
Enrolled

+600
Waiting

59%
New

5,281
Gaps Closed

PPOUD
Fit Kit
A1C Home Kit
LEAN & DPP
Ivira CBP
Ivira AMR

Women's Day Events

PRESENTED BY

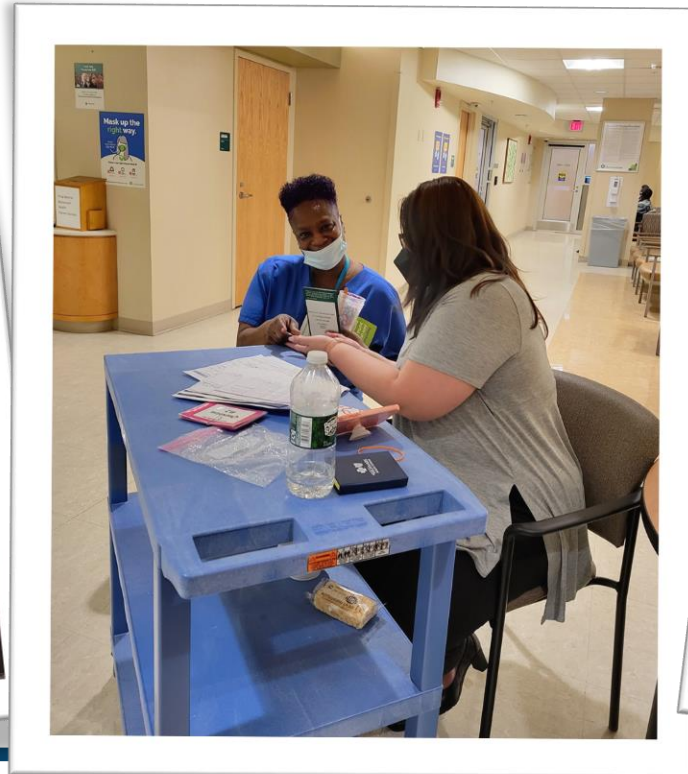
Daria Prizzi Kellar

Strategy Program Manager



Women's Day

HHO is inviting YOU to help women get important preventive screenings – join us in hosting Women's Day events!



How It Works

The HHO Quality team will...

- Assist in determining open BCS and/or CCS care gaps for your patients
- Work with your imaging/screening center (or connect you with one of our partners) to schedule members
- Perform outreach to schedule screening(s)
- Provide members with giveaways and gift cards
- Connect members with our Healthy Rewards vendor to earn rewards for completing screening(s)

Women's Day Partners

Beebe

BCS events scheduled through 2023

CCHS

Monthly events scheduled for BCS/CCS gap closure

Bayhealth

BCS events scheduled through 2023

Tidal Health

Actively planning events, none scheduled yet

St. Francis

BCS events scheduled through 2023

Westside

Using DIN facilities to hold events; event dates TBD

Aledade

Using DIN facilities to hold events; event dates TBD

DBCC

Scheduling members/event outreach

HM Enterprise Outreach Team

Meeting in March to discuss outreach campaign for 2023

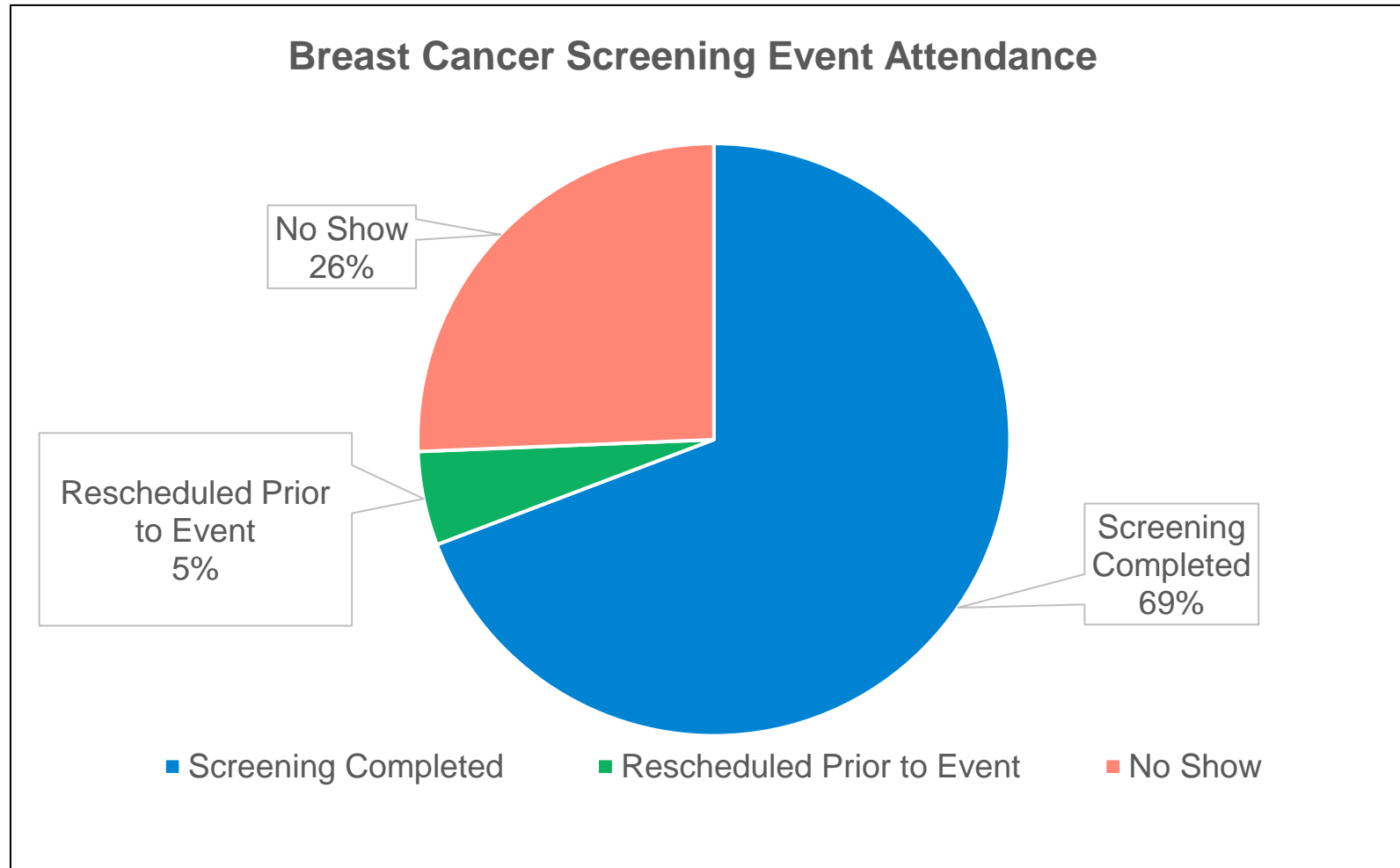
Delaware Imaging Network

Will schedule and hold events for ACO partners

HM Medicare

Exploring opportunity to work across LOBs

Event Results



How You Can Help

- Provider encouragement and knowledge of our program can...
 - Help members understand the importance of BCS and CCS
 - Decrease no-show, cancellation, and reschedule rates
 - Give members options of how and when to receive their screenings
 - Encourage members to be proactive in their health care
 - Lead to other care cap closures
 - Close care gaps – for you and the member!
- Our success rate would increase if providers and office staff help with...
 - Obtaining screening scripts
 - Reviewing care gaps lists
 - Member outreach/scheduling

Creating a Positive Member Experience

- For our members, the cons often outweigh the pros when it comes to preventive care – together, we can change their minds!

Reassurance & Encouragement

- Opinion of friends/family/health care provider
- Receptive to new information
- Positive health care experiences
- Understanding that early detection is key
- Convenient date/time/location
- Clarity surrounding procedure
- Knowledge of procedure importance or risk factors

Concern & Refusal

- Opinion of friends/family/health care provider
- Fear of pain or discomfort
- No symptoms or concerns
- Anxiety about results or waiting for results
- Worries about treatment
- Poor past health care experience
- Shame or embarrassment
- Problematic date/time/ location
- Confusion about procedure, results, or risk factors
- Transportation concerns
- Lack of trust



Incentive via Healthy Rewards Program

You deserve a reward.

Healthy Rewards is one of your Highmark Health Options benefits. You or your child can earn rewards when you complete certain healthy activities.



To sign up and see the rewards you can earn, go online or call:
my.therapayrewards.com/hho
1-866-469-7973



**\$30 each
for BCS &
CCS!**

Member Incentives

- Members who attend Women's Day events will receive:
 - \$30 for BCS
 - \$30 for CCS
 - \$25 instant gratification gift card*
- A potential to reward members a total of \$85 or more** for attending one event!

* TheraPay rewards come to the member through the mail on a reloadable credit card after signup, so a waiting period applies.

** Care gap closure for rewards other than BCS or CCS may apply if the facility can accommodate other healthy activities.

Reward activities can include:			
\$15 Blood sugar screening	\$150 Asthma controller prescription (6 refills/\$25 each)	\$25 Adult wellness visit	\$30 Breast cancer screening
\$25 Diabetic retinal eye exam	\$25 Blood pressure controller prescription	\$25 Child wellness visit	\$30 Cervical cancer screening
\$25 Lead screening	\$10 per call Care manager call about asthma medicine	\$80 Baby/toddler wellness visits (8 visits/\$10 per visit)	\$25 Colonoscopy
	\$5 Completed surveys	\$25 Doctor visit after giving birth	

CAHPS

PRESENTED BY

Daria Prizzi Kellar
Strategy Program Manager



Member Experience is Important to Us

Quality Matters!

Our plan prides itself on members getting the right care when they need it, and in a safe manner.

Our annual CAHPS Member Experience Survey allows us to advance our understanding of our members' experiences with their health care providers.

Our child members are very important to us. Slightly over half of Highmark Health Options members are children.

We are responsible for the health care needs of nearly 70,000 children in the state. We value what their parents have to say so we can strive for excellent health care experiences.

2023 HHO CAHPS Interventions

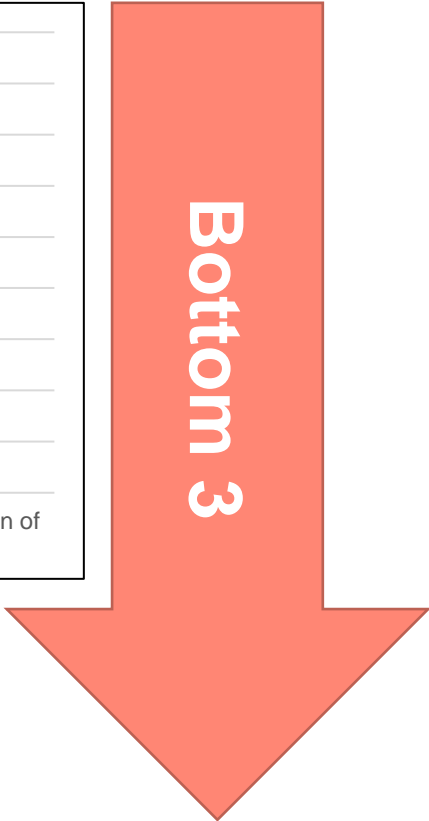
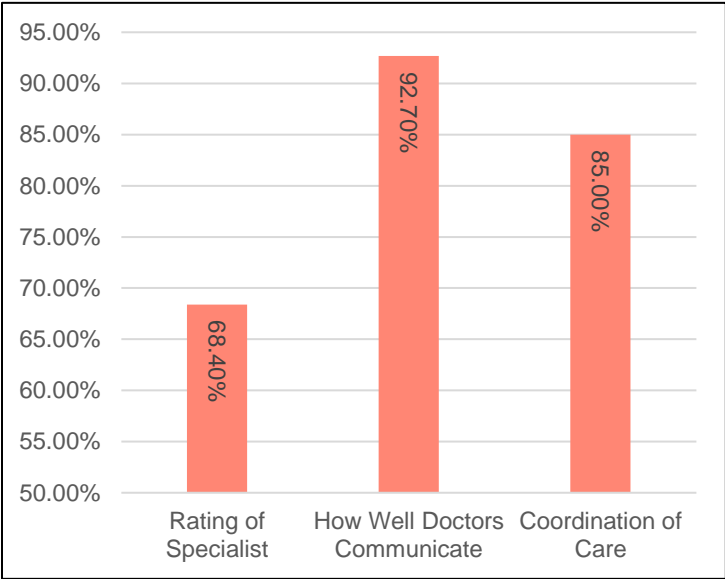
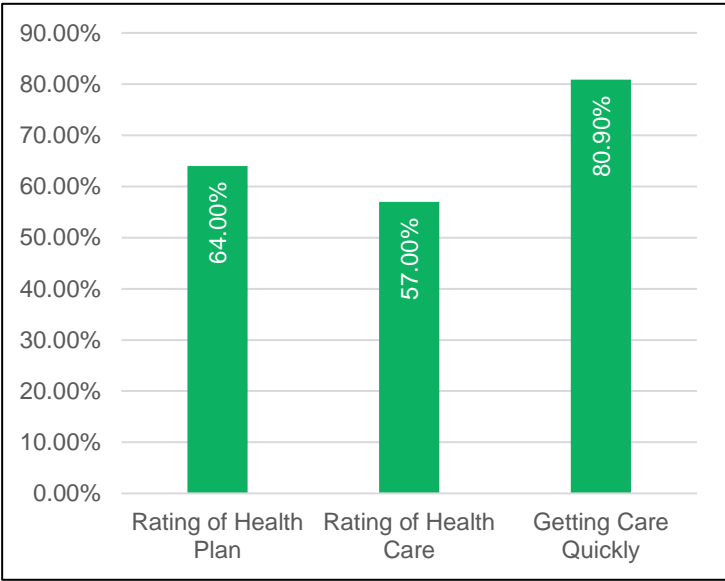
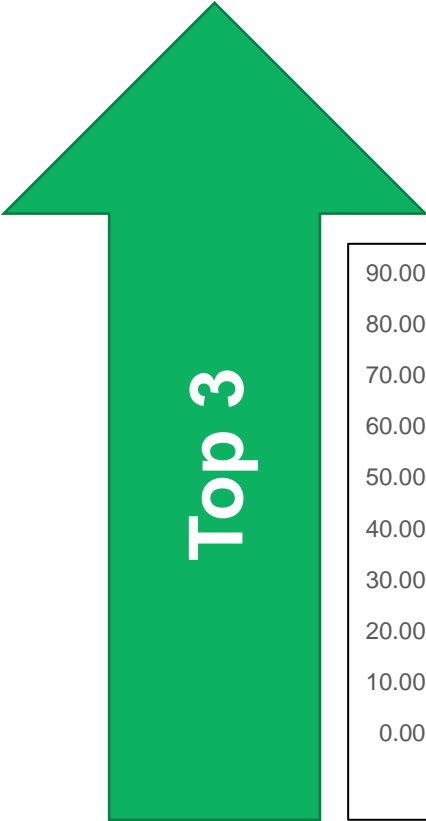
Three major CAHPS interventions are in place to prepare for the 2023 survey:

- Simulation survey performed by SPH Analytics will be administered to 1,350 members, and will include 8 custom questions
- Service recovery for members who have filed a grievance within the past year
 - Process began in 2022 and is performed by Member Advocates
 - Ongoing process
- Reminder Mailing

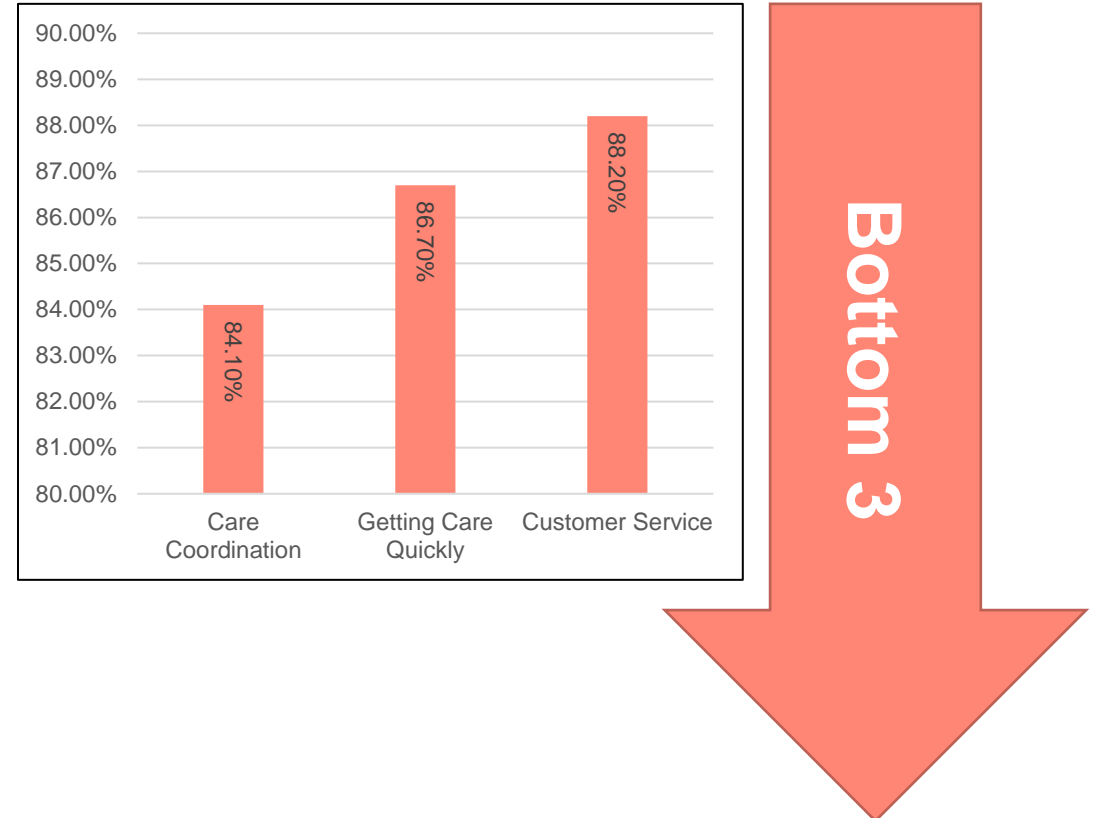
Key Results

- COVID-19 has had a significant impact on members' perception of the care they receive
- Response rates have been decreasing since COVID-19
- Overall scores are good, but year-to-year improvement of each question is low

Adult CAHPS Results



Child CAHPS Results



How Can You Help?

- Remind your patients...
 - That the survey is upcoming
 - The survey is the best way to give feedback on health care delivery
- Review with staff and understand the provider-related results
- Consider the patient's care experience with every interaction
- Ensure staff awareness of the survey

2022 CAHPS Results – Adult

Reporting Period: Q3 2022

RESPONSE RATE TRENDING				
		2020	2021	2022
Completed	SUBTOTAL	256	225	193
	Does not Meet Eligibility Criteria (01)	11	9	8
Ineligible	Language Barrier (03)	0	2	1
	Mentally/Physically Incapacitated (04)	8	5	4
	Deceased (05)	3	2	2
	SUBTOTAL	22	18	15
Non-response	Break-off/Incomplete (02)	2	18	17
	Refusal (06)	82	43	37
	Maximum Attempts Made (07)	1393	1450	1493
	Added to DNC List (08)	0	1	0
	SUBTOTAL	1477	1512	1547
Total Sample		1755	1755	1755
Oversampling%		30.0%	30.0%	30.0%
Response Rate		14.8%	13.0%	11.1%
SPH Response Rate		15.5%	14.8%	12.2%

MEASURE	SUMMARY RATE		CHANGE	2022 SPH BOOK OF BUSINESS BENCHMARK					PERCENTILE RANK	BoB SRS
	2021	2022		0	20	40	60	80		
Health Plan Domain										
Rating of Health Plan <small>% 9 or 10</small>	62.7%	69.1%	6.4						82 nd	64.0%
Getting Needed Care <small>% Usually or Always</small>	83.8%	82.5%	-1.3						45 th	82.3%
Customer Service + <small>% Usually or Always</small>	91.6%	90.8%	-0.8						63 rd	89.7%
Ease of Filling Out Forms + <small>% Usually or Always</small>	96.7%	96.8%	0.1						71 st	95.6%
Health Care Domain										
Rating of Health Care <small>% 9 or 10</small>	62.3%	60.3%	-2.0						72 nd	57.0%
Getting Care Quickly <small>% Usually or Always</small>	82.8%	82.8%	0.0						64 th	80.9%
How Well Doctors Communicate + <small>% Usually or Always</small>	93.2%	92.2%	-1.0						40 th	92.7%
Coordination of Care <small>% Usually or Always</small>	85.4%	82.1%	-3.3						29 th	85.0%
Rating of Personal Doctor <small>% 9 or 10</small>	75.0%	68.8%	-6.2						44 th	69.5%
Rating of Specialist <small>% 9 or 10</small>	76.7%	67.4%	-9.3						43 rd	68.4%
Effectiveness of Care										
Flu Vaccine: 18-64 <small>% Yes</small>	52.4%	45.7%	-6.7						73 rd	41.2%
Advised to Quit Smoking: 2YR <small>% Sometimes, Usually, or Always</small>	83.2%	76.9%	-6.3						69 th	74.1%
Discussing Cessation Meds: 2YR + <small>% Sometimes, Usually, or Always</small>	60.0%	57.1%	-2.9						74 th	51.9%
Discussing Cessation Strategies: 2YR + <small>% Sometimes, Usually, or Always</small>	58.2%	51.9%	-6.3						75 th	46.4%

2022 CAHPS Results – Adult

Reporting Period: Q3 2022

Rating of Health Plan ★★★★★			
Rating of Health Plan	69.1%	82 nd	—

Rating of Health Care ★★★★★			
Rating of Health Care	60.3%	72 nd	Power

Rating of Personal Doctor ★★★★★			
Rating of Personal Doctor	68.8%	44 th	Opportunity

Rating of Specialist (NA)			
Rating of Specialist	67.4%	43 rd	Opportunity

Flu Vaccine: 18-64 ★★★★★			
Flu Vaccine: 18-64	45.7%	73 rd	—

Advised to Quit Smoking: 2YR ★★★★★			
Advised to Quit Smoking: 2YR	76.9%	69 th	—

Customer Service +			
Composite	90.8%	63 rd	—
Q24. Provided information or help	88.2%	78 th	Retain
Q25. Treated with courtesy and respect	93.5%	24 th	Wait

Ease of Filling Out Forms +			
Ease of Filling Out Forms +	96.8%	71 st	Retain

Coordination of Care (NA)			
Coordination of Care	82.1%	29 th	Opportunity

Getting Needed Care ★★			
Composite	82.5%	45 th	—
Q9. Getting care, tests, or treatment	86.2%	59 th	Retain
Q20. Getting specialist appointment	78.8%	42 nd	Wait

Getting Care Quickly (NA)			
Composite	82.8%	64 th	—
Q4. Getting urgent care	85.5%	73 rd	Retain
Q6. Getting routine care	80.2%	47 th	Wait

How Well Doctors Communicate +			
Composite	92.2%	40 th	—
Q12. Dr. explained things	94.9%	85 th	Power
Q13. Dr. listened carefully	94.0%	67 th	Power
Q14. Dr. showed respect	94.9%	54 th	Power
Q15. Dr. spent enough time	85.2%	8 th	Opportunity

TOP THREE Performing Measures

Your plan's percentile rankings for these measures were the highest compared to the 2022 SPH Book of Business.

MEASURE	2022 Valid n	PLAN SUMMARY RATE SCORE			2021 QC			2022 SPH BoB		
		2021	2022	CHANGE	SCORE	GAP	PERCENTILE	SCORE	GAP	PERCENTILE
Rating of Health Plan (% 9 or 10)	188	62.7%	69.1%	6.4	62.3%	▲ 6.8	87 th	64.0%	5.1	82 nd
Rating of Health Care (% 9 or 10)	131	62.3%	60.3%	-2.0	58.7%	▲ 1.6	63 rd	57.0%	3.3	72 nd
Getting Care Quickly (% Usually or Always)	97 ^A	82.8%	82.8%	0.0	81.8%	▲ 1.0	58 th	80.9%	1.9	64 th

BOTTOM THREE Performing Measures

Your plan's percentile rankings for these measures were the lowest compared to the 2022 SPH Book of Business.

MEASURE	2022 Valid n	PLAN SUMMARY RATE SCORE			2021 QC			2022 SPH BoB		
		2021	2022	CHANGE	SCORE	GAP	PERCENTILE	SCORE	GAP	PERCENTILE
Rating of Specialist (% 9 or 10)	92 ^A	76.7%	67.4%	-9.3	69.0%	-1.6	39 th	68.4%	-1.0	43 rd
How Well Doctors Communicate + (% Usually or Always)	116	93.2%	92.2%	-1.0	92.2%	0.0	47 th	92.7%	-0.5	40 th
Coordination of Care (% Usually or Always)	84 ^A	85.4%	82.1%	-3.3	85.4%	-3.3	16 th	85.0%	-2.9	29 th

Significance Testing: Current score is significantly higher/lower than the 2021 score (↑/↓), the 2020 score (↑/↓) or benchmark score (▲/▼). ^ADenominator less than 100. NQQA will assign an NA to this measure.

2022 CAHPS Results – Child

Reporting Period: Q3 2022

RESPONSE RATE TRENDING				
		2020	2021	2022
Completed	SUBTOTAL	260	215	172
	Does not Meet Eligibility Criteria (01)	6	9	3
Ineligible	Language Barrier (03)	11	11	15
	Mentally/Physically Incapacitated (04)	0	0	0
	Deceased (05)	1	0	0
	SUBTOTAL	18	20	18
Non-response	Break-off/Incomplete (02)	5	24	15
	Refusal (06)	119	44	49
	Maximum Attempts Made (07)	1743	1842	1891
	Added to DNC List (08)	0	0	0
	SUBTOTAL	1867	1910	1955
Total Sample		2145	2145	2145
Oversampling %		30.0%	30.0%	30.0%
Response Rate		12.2%	10.1%	8.1%
<i>SPH Response Rate</i>		<i>12.6%</i>	<i>12.8%</i>	<i>10.2%</i>

MEASURE	SUMMARY RATE		CHANGE	2022 SPH BOOK OF BUSINESS BENCHMARK					PERCENTILE RANK	BoB SRS	
	2021	2022		PERCENTILE DISTRIBUTION							
				0	20	40	60	80	100		
Health Plan Domain											
Rating of Health Plan % 9 or 10	82.1%	85.1%	3.0						100 th	72.5% ▲	
Getting Needed Care % Usually or Always	87.4%	86.5%	-0.9						68 th	84.4%	
Customer Service + % Usually or Always	90.4%	87.2%	-3.2						41 st	88.2%	
Ease of Filling Out Forms + % Usually or Always	96.2%	97.6%	1.4						86 th	96.1%	
Health Care Domain											
Rating of Health Care % 9 or 10	80.6%	79.8%	-0.8						97 th	71.2% ▲	
Getting Care Quickly % Usually or Always	87.6%	87.3%	-0.3						53 rd	86.7%	
How Well Doctors Communicate + % Usually or Always	94.1%	95.9%	1.8						73 rd	94.4%	
Care Coordination % Usually or Always	91.7%	85.2%	-6.5						55 th	84.1%	
Rating of Personal Doctor % 9 or 10	83.1%	82.1%	-1.0						87 th	77.4%	
Rating of Specialist % 9 or 10	74.6%	82.5%	7.9						89 th	73.9%	

2022 CAHPS Results – Child

Reporting Period: Q3 2022

Rating of Health Plan ★★★★★			
Rating of Health Plan	85.1%	100 th	—
Rating of Health Care (NA) ★★★★★			
Rating of Health Care	79.8%	97 th	Power
Rating of Personal Doctor ★★★★★			
Rating of Personal Doctor	82.1%	87 th	Power
Rating of Specialist (NA) ★★★★★			
Rating of Specialist	82.5%	89 th	Power
Care Coordination (NA)			
Care Coordination	85.2%	55 th	Retain
Getting Needed Care (NA)			
Composite	86.5%	68 th	—
Q9. Getting care, tests, or treatment	94.9%	94 th	Retain
Q23. Getting specialist appointment	78.0%	44 th	Wait
Getting Care Quickly (NA)			
Composite	87.3%	53 rd	—
Q4. Getting urgent care	87.2%	29 th	Wait
Q6. Getting routine care	87.5%	77 th	Retain
Customer Service +			
Composite	87.2%	41 st	—
Q27. Provided information or help	79.1%	28 th	Wait
Q28. Treated with courtesy and respect	95.3%	65 th	Retain
Ease of Filling Out Forms +			
Ease of Filling Out Forms +	97.6%	86 th	Power
How Well Doctors Communicate +			
Composite	95.9%	73 rd	—
Q12. Dr. explained things	95.7%	55 th	Retain
Q13. Dr. listened carefully	97.4%	82 nd	Power
Q14. Dr. showed respect	99.1%	93 rd	Power
Q17. Dr. spent enough time	91.3%	53 rd	Power

TOP THREE Performing Measures

Your plan's percentile rankings for these measures were the highest compared to the 2022 SPH Book of Business.

MEASURE	2022 Valid n	PLAN SUMMARY RATE SCORE			2021 QC			2022 SPH BoB		
		2021	2022	CHANGE	SCORE	GAP	PERCENTILE	SCORE	GAP	PERCENTILE
Rating of Health Plan (% 9 or 10)	168	82.1%	85.1%	3.0%	72.2%	▲ 12.9%	99 th	72.5%	▲ 12.6%	100 th
Rating of Health Care (% 9 or 10)	99 ^A	80.6%	79.8%	-0.8%	74.3%	5.5%	89 th	71.2%	▲ 8.6%	97 th
Rating of Specialist (% 9 or 10)	40 ^A	74.6%	82.5%	7.9%	73.8%	8.7%	100 th	73.9%	8.6%	89 th

BOTTOM THREE Performing Measures

Your plan's percentile rankings for these measures were the lowest compared to the 2022 SPH Book of Business.

MEASURE	2022 Valid n	PLAN SUMMARY RATE SCORE			2021 QC			2022 SPH BoB		
		2021	2022	CHANGE	SCORE	GAP	PERCENTILE	SCORE	GAP	PERCENTILE
Care Coordination (% Usually or Always)	54 ^A	91.7%	85.2%	-6.5%	86.6%	-1.4%	34 th	84.1%	1.1%	55 th
Getting Care Quickly (% Usually or Always)	67 ^A	87.6%	87.3%	-0.3%	86.9%	0.4%	45 th	86.7%	0.6%	53 rd
Customer Service + (% Usually or Always)	43 ^A	90.4%	87.2%	-3.2%	88.3%	-1.1%	38 th	88.2%	-1.0%	41 st

Significance Testing: Current score is significantly higher/lower than the 2021 score (†), the 2020 score (††) or benchmark score (▲/▼). *Denominator less than 100. NCQA will assign a NA to this measure.

Medical Record Standards – New Standard

PRESENTED BY

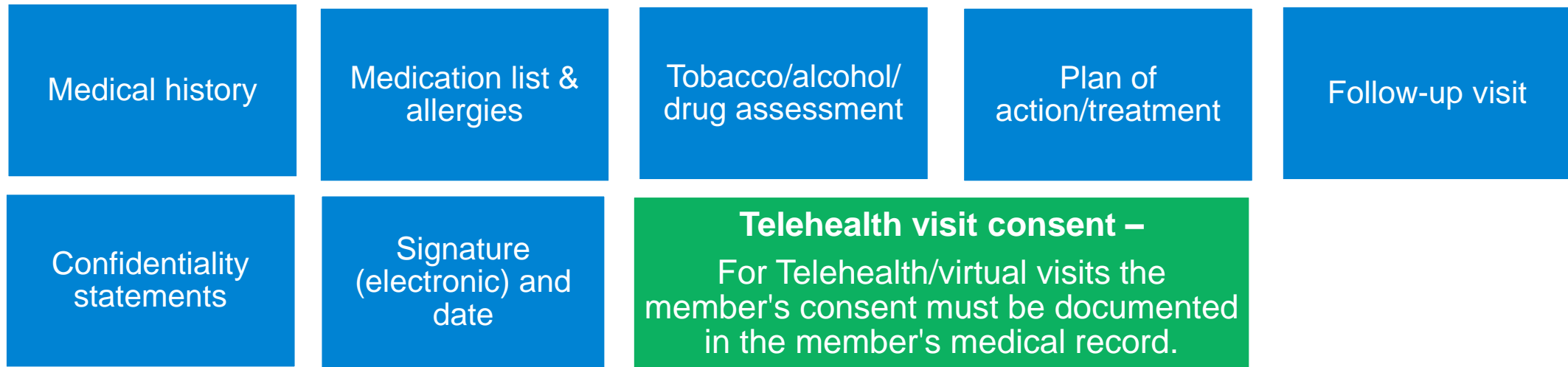
Ling Lu

Clinical Quality Project Manager



Provider Medical Record Standards

- Required to ensure quality and completeness of medical records for our members.
- Medical record standards maintained/used to conduct reviews each year on a sample of our providers. An example of some of the elements every visit should address:



[Find Medical Record Standards on HHO website](#)
