

Annual QI Evaluation 2020

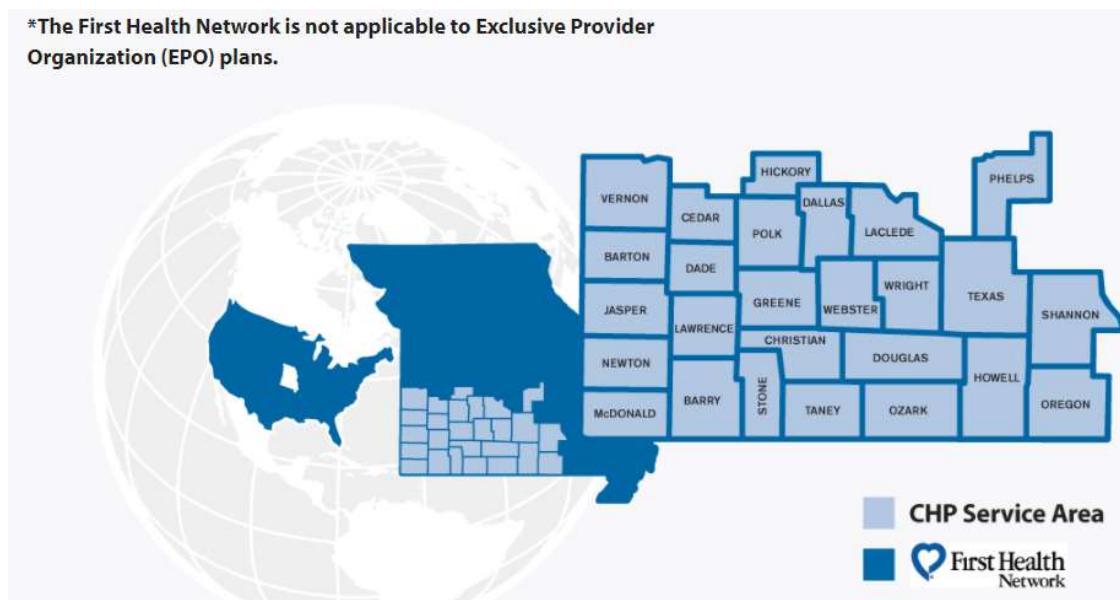
Introduction

Cox HealthPlans (CHP) is a non-profit business that is owned by CoxHealth that provides insurance solutions for members across Southwest Missouri. Started in 1995, CHP is the only locally based health insurance company in the Ozarks. CHP offers health insurance to small and large commercial groups and individuals through a Preferred Provider Organization (PPO) and an Exclusive Provider Organization (EPO). CHP is also a certified Qualified Health Plan (QHP) that began offering products on the Federal Marketplace (“The Exchange”) on 1/1/2020. CHP had the goal of achieving AAAHC Accreditation in 2020, and this goal was met.

The Quality Improvement (QI) Program provides a formal process to objectively and systematically monitor and evaluate the quality, appropriateness, efficiency, safety, and effectiveness of care and service for CHP plan members. The program also sets forth a structured approach for conducting delegation oversight and monitoring compliance with State of Missouri and Federal Marketplace requirements. The program focuses on identifying and implementing opportunities for improving operational processes as well as health outcomes and satisfaction of members and practitioners/providers. Some key factors for CHP’s quality program include collaboration with CoxHealth and working with our PBM, Elixir.

CHP’s Quality Improvement Committee (QIC) was established in January 2020. At the same time, the QI Program and the QI Work Plan were adopted, though we had many of the processes for both in action prior to their official inception. The 2021 QI Program and QI Work Plan were adopted at the January 2021 QIC meeting.

Service Area



Membership

Below is a chart that shows CHP's membership trends by line of business for the past 3 years. The decrease of members is partly due to ending the Individual- Metal line of business going into 2019. This was replaced by the Individual- Marketplace line of business which has membership as of 2020.

Total Membership			
Line of Business	2018	2019	2020
CoxHealth Self-Funded	13,916	14,411	14,473
Large Group	24,721	23,676	24,146
Small Group Metal	2,241	1,108	984
Individual	2,780	2,273	2,145
Individual- Metal	3,849	n/a	n/a
Short Term	29	403	652
Individual- Marketplace	n/a	n/a	846
Total	47,536	41,781	43,324

Provider Network

CHP uses the CMS guidelines for network adequacy for Marketplace plans. As required, we look at the following specialty areas for our network analysis. The EPO network is sold in the 7 counties shown below, the PPO network is sold in the 26 counties shown below.

EPO Network

Specialty Area	Count by County						
	Christian	Barry	Greene	Lawrence	Stone	Taney	Webster
Primary Care	109	119	94	105	122	55	96
Endocrinology	8	8	8	8	8	8	8
Infectious Diseases	3	3	3	3	3	3	3
Oncology- Medical/Surgical	5	5	5	5	5	5	5
Oncology- Radiation/Radiology	3	3	3	3	3	3	3
Mental Health (Including Substance Use Disorder Treatment)	31	31	31	31	31	31	31
Rheumatology	10	11	11	11	11	11	11
Hospitals	5	6	6	6	6	5	6
Outpatient Dialysis	2	3	2	3	3	2	2

PPO Network Compliance

Percent Compliant by County	Specialty Area								
	Primary Care	Endocrinology	Infectious Diseases	Oncology-Medical/Surgical	Oncology-Radiation/Radiology	Mental Health (Including Substance Use Disorder Treatment)	Rheumatology	Hospitals	Outpatient Dialysis
Christian	126	13	8	9	6	46	15	6	2
Barry	197	13	9	14	13	57	17	14	3
Greene	111	13	8	9	6	43	15	8	2
Lawrence	174	13	8	14	6	57	16	14	3
Stone	147	13	9	14	13	52	17	13	3
Taney	64	13	10	7	13	47	16	12	2
Webster	144	13	10	9	14	47	17	12	2
Shannon	101	10	7	11	13	53	13	9	1
Jasper	81	12	7	7	5	22	16	9	2
Newton	88	13	8	10	6	51	16	14	3
Phelps	34	1	5	5	10	12	3	4	0
Polk	158	13	9	14	14	64	17	13	3
Barton	121	13	8	13	6	54	16	13	3
Cedar	93	13	8	13	6	56	16	13	3
Dade	213	13	8	14	6	57	16	14	3
Dallas	143	13	9	15	14	58	17	11	3
Douglas	179	13	10	10	14	55	16	8	2
Hickory	58	13	8	10	7	46	16	7	3
Howell	64	10	7	8	13	24	13	4	1
Laclede	78	13	10	14	14	58	17	9	2
McDonald	90	13	8	10	6	45	16	11	3
Oregon	47	3	3	2	9	14	5	2	0
Ozark	92	12	8	7	13	48	13	6	2
Texas	100	10	7	13	13	55	13	7	1
Vernon	69	13	8	11	6	29	16	11	3
Wright	79	11	8	14	13	59	14	8	2

Network Adequacy

We require that each of the counties be at a 90% compliance level with the required Network Adequacy standards set by CMS. Below are the CMS Network Adequacy standards and our analysis results for each of the counties. To evaluate network adequacy Cox HealthPlans conducted a geo-access analysis using the PPO and EPO provider network compared to national census data. Both the geo-access report and

national census data were provided by a vendor. Cox HealthPlans Marketplace plan provider network met geo-access network adequacy standards for all CMS specialty areas in all service area counties.

Specialty Area	Maximum Time and Distance Standards (Minutes/Miles)				
	Large	Metro	Micro	Rural	Counties with Extreme Access Considerations
Primary Care	10/5	15/10	30/20	40/30	70/60
Endocrinology	30/15	60/40	100/75	110/90	145/130
Infectious Diseases	30/15	60/40	100/75	110/90	145/130
Oncology- Medical/Surgical	20/10	45/30	60/45	75/60	110/100
Oncology- Radiation/Radiology	30/15	60/40	100/75	110/90	145/130
Mental Health (Including Substance Use Disorder Treatment)	20/10	45/30	60/45	75/60	110/100
Rheumatology	30/15	60/40	100/75	110/90	145/130
Hospitals	20/10	45/30	80/60	75/60	110/100
Outpatient Dialysis	30/15	45/30	80/60	90/75	125/110

Standards for Marketplace EPO

County	Size Designation	Performance Goal to Time and Distance Standards
Christian	Metro	90%
Barry	Rural	90%
Greene	Metro	90%
Lawrence	Micro	90%
Stone	Micro	90%
Taney	Micro	90%
Webster	Micro	90%

Standards for PPO network

County	Size Designation	Performance Goal to Time and Distance Standards
Christian	Metro	90%
Barry	Rural	90%
Greene	Metro	90%
Lawrence	Micro	90%
Stone	Micro	90%
Taney	Micro	90%

Webster	Micro	90%
Shannon	CEAC	90%
Jasper	Metro	90%
Newton	Micro	90%
Phelps	Micro	90%
Polk	Micro	90%
Barton	Rural	90%
Cedar	Rural	90%
Dade	Rural	90%
Dallas	Rural	90%
Douglas	Rural	90%
Hickory	Rural	90%
Howell	Rural	90%
Laclede	Rural	90%
McDonald	Rural	90%
Oregon	Rural	90%
Ozark	Rural	90%
Texas	Rural	90%
Vernon	Rural	90%
Wright	Rural	90%

Results by County:

CHP met availability standards across all specialty areas in all service area counties for its Individual Marketplace EPO network. There were several gaps identified in the PPO network:

- Shannon county
 - o Outpatient dialysis doesn't meet access requirement (34%)
- Phelps county
 - o Endocrinology doesn't meet access requirement (0%)
 - o Infectious disease doesn't meet access requirement (4.9%)
 - o Rheumatology doesn't meet access requirement (5.3%)
 - o Outpatient dialysis doesn't meet access requirement (0%) nor provider requirement (0)
- Howell county
 - o Outpatient dialysis doesn't meet access requirement (4.6%)
- Oregon county
 - o Endocrinology doesn't meet access requirement (2.2%)
 - o Outpatient dialysis doesn't meet access requirement (0%) nor provider requirement (0)
- Ozark county
 - o Outpatient dialysis doesn't meet access requirement (73%)
- Texas county
 - o Outpatient dialysis doesn't meet access requirement (44.2%)

To evaluate and address these gaps, CHP looked at complaints and claims data for the past 6 months. There were no complaints from members in the counties with identified gaps regarding the availability or access to the specialties. In the claims analysis, CHP found 6 out of network claims in the counties and

specialties identified as gaps, but all of the claims were with First Health providers, CHP's wrap network. Because there were no complaints and no claims truly out of network, CHP has found the PPO network to meet availability standards

Marketplace EPO Compliance

Specialty Area	Percent Compliant by County						
	Christian	Barry	Greene	Lawrence	Stone	Taney	Webster
Primary Care	90.9	100	95.9	99.6	100	100	100
Endocrinology	100	100	100	100	100	100	100
Infectious Diseases	100	100	100	100	100	100	100
Oncology- Medical/Surgical	99.8	100	99.7	100	100	100	98.4
Oncology- Radiation/Radiology	100	100	100	100	100	100	100
Mental Health (Including Substance Use Disorder Treatment)	100	100	100	100	100	100	100
Rheumatology	100	100	100	100	100	100	100
Hospitals	99.8	100	100	100	100	100	100
Outpatient Dialysis	99.1	100	99.7	100	100	100	100

PPO Network Compliance

[illegible]

Dallas	100	100	100	100	100	100	100	100	100
Douglas	100	100	100	100	100	100	100	100	100
Hickory	100	100	100	100	100	100	100	100	100
Howell	100	97.9	100	100	100	100	100	100	4.6
Laclede	100	100	100	100	100	100	100	100	99.1
McDonald	100	100	100	100	100	100	100	100	100
Oregon	100	2.2	100	100	100	100	100	100	0
Ozark	100	100	100	100	100	100	100	100	73
Texas	100	93.9	100	100	100	100	100	100	44.2
Vernon	100	100	100	100	100	100	100	100	100
Wright	100	100	100	100	100	100	100	100	100

Network Access

The availability analysis was completed internally by various methods, which included member satisfaction survey results, review of member complaints, and member services reporting. Cox HealthPlans administered the QHP Enrollee Survey and a CAHPS-like survey to members during the second quarter of 2021 to evaluate member satisfaction. The CAHPS-like survey was not formal CAHPS, and was not completed through typical CAHPS methodology, but had CAHPS-like questions. The membership that took the QHP Enrollee Survey was Marketplace and Small Group Metal plan members, all other lines of business took the CAHPS-like survey. We found gaps in information available regarding how members access care and have posted to CHP's blog addressing this. Please see the standards and the results below.

Practitioner Type	Goal	Result
Medical Care		
Regular and routine care	CAHPS-like survey Q5, QHP Enrollee Survey “getting needed care”: 75% of members reported that they “always” or “usually” get an appointment for a check-up or routine care at a doctor’s office or clinic as soon as they needed it, mean score above 75 for QHP survey. Review of Member Complaints	CAHPS-like: 80% of members reported that they “always” or “usually” QHP Enrollee Survey: 74.1 No member complaints
Routine, symptomatic care	CAHPS Q3, QHP Enrollee Survey “getting care quickly”: 75% of members reported they “always” or “usually” get an appointment for health care at a doctor’s office or clinic as soon as they needed it, mean score above 75 for QHP survey.	CAHPS-like: 73% of members reported “always” or “usually” QHP Enrollee Survey: 79.2 No member complaints

	Review of Member Complaints	
Urgent care	CAHPS Q3, QHP Enrollee Survey “getting care quickly”: 75% of members reported they “always” or “usually” get an appointment for health care at a doctor’s office or clinic as soon as they needed it, mean score above 75 for QHP survey. Review of Member Complaints	CAHPS-like: 73% of members reported “always” or “usually” QHP Enrollee Survey: 79.2 No member complaints
Obstetrical care	Review of member complaints	No member complaints
After-hours care	90% on after-hours call audit Review of member complaints	100% through walk-in clinics and through CoxHealth Virtual Visits, No member complaints
Behavioral Health		
Routine care	Review of hours for behavioral health, review of member complaints	100% through same day new patient at Burrell, no member complaints
Urgent care	Review of hours for behavioral health and urgent care, review of member complaints	100% through urgent care open 24/7, no member complaints
Non-life-threatening emergency care	Immediate ER Access, review of member complaints	100% through any ED
Life-threatening emergency care	Immediate ER access	Yes, available through any ED
CHP Member Services		
Telephone access to member services	Call answered within 60 seconds; Call abandonment less than 5%	Average calls answered within 46 seconds for Marketplace and 28 seconds for Commercial; Abandonment Rate 0.77%

Medical/ Utilization Management

Below is a chart of member utilization data. The data has been collected for all lines of business that had membership for these time periods. CHP will continue to monitor utilization in 2020, including the marketplace membership. Utilization data for this report was completed using data from all lines of business, unless otherwise specified, due to no membership on the Marketplace line of business.

Number of Claims per Year

	2017	2018	2019	2020
Primary Care	128,745	129,862	117,374	118,250
Emergency Room	16,138	15,630	13,077	11,744
Inpatient Admits	1,381	1,368	1,062	1,030

Over and Under Utilization

Cox HealthPlans monitors ED utilization for over-utilization and Primary Care Provider (PCP) utilization for under-utilization. The charts below show tracking for these items as well as the actions that have been taken to decrease utilization for ED usage and increase utilization for PCP usage. In addition to the interventions shown in the chart, CHP partners with CoxHealth's Center for Health Improvement to target and provide outreach to members that are identified to over-utilize the ED.

Year	Measure	Numerator (Total # ER claims)	Denominator (Total # members)	Rate
2016	ER Utilization	15,234	48,640	0.313
2017	ER Utilization	16,138	48,385	0.334
2018	ER Utilization	15,630	47,623	0.328
2019	ER Utilization	13,077	41,946	0.312
2020	ER Utilization	11,744	42,243	0.28

Year	Measure	Numerator (Total # PCP claims)	Denominator (Total # members)	Rate	Goal
2016	Primary Care Utilization	124,147	48,640	2.55	N/A
2017	Primary Care Utilization	128,745	48,385	2.66	N/A
2018	Primary Care Utilization	129,862	47,623	2.73	N/A
2019	Primary Care Utilization	117,374	41,946	2.8	N/A
2020	Primary Care Utilization	118,250	42,243	2.8	2.94

Date	Intervention	Barrier Addressed
2016	Opened Walmart and Hy-Vee walk-in clinics	<ul style="list-style-type: none"> Remove barriers to accessing services such as: <ul style="list-style-type: none"> Long waits for members to access services. Limited options for members to access services
Ongoing	Added new primary care providers	<ul style="list-style-type: none"> Remove barriers to new members finding a primary care provider Remove barriers to long wait times for new patient appointments
7/2017	Expanded some provider clinics to "super clinics" that offer primary care alongside services ranging from physical therapy to urgent care.	<ul style="list-style-type: none"> Remove barriers to accessing services such as: <ul style="list-style-type: none"> Long waits for members to access services. Limited options for members to access services.
7/2017	Implemented 269-INFO line to assist patients in finding a new provider and scheduling an appointment.	<ul style="list-style-type: none"> Remove barriers to finding a provider open to new members Remove barriers to scheduling initial appointment
2019	Added walk-in times to existing provider clinics.	<ul style="list-style-type: none"> Remove barriers to accessing services such as: <ul style="list-style-type: none"> Long waits for members to access services. Limited options for members to access services.
2020	Made telehealth visits more accessible,	<ul style="list-style-type: none"> Remove barriers to accessing services in-

	broader hours and more providers at clinics offering telehealth	person due to COVID-19
2021	Sent flyer explaining PCP importance to groups/members	<ul style="list-style-type: none"> ○ Provide information about how to get set up quickly and easily with a PCP and why it is important

Clinical Practice Guidelines

Linked below are the 2021 results for our Preventive Health and Clinical Practice Guidelines. HEDIS measures for the Marketplace line of business were used (note: the enrollment was below 500 so CPH did not officially report to CMS) as well as annualized prospective HEDIS measures for all other lines of business. CHP found that 3 new formal QI Initiatives were needed based on the results; Depression Screening, Colorectal Cancer Screening, and Diabetes A1C control. The other categories had member and provider education to boost scores.

[Preventive Health and Clinical Practice Guideline Results 2021](#)

Prior authorizations, grievances, appeals, and denials for 2020

Below describes the grievance and appeals CHP received in 2020 for all lines of business. A contractual grievance and appeal would include covered benefits per plan documents, in-network vs out-of-network, benefit levels, etc. The most common medical adversity grievances and appeals are adverse determinations, or denials, for experimental/investigational services and genetic testing. The total number of prior authorizations entered for 2020 was 4343, which excludes only maternity admissions.

Type	# Upheld or Partially Upheld	# Overturned	Notes
1 st Level Member	28	4	84% Medical & 16% Contractual
2 nd Level Member	5	3	100% Medical
Provider Appeals	368	77	51% Contractual & 49% Medical
Complaints Filed with DCI	9	1	99% Medical & 1% Contractual

Provider Satisfaction with Medical/ Utilization Management

Cox HealthPlans evaluates provider satisfaction with Medical/Utilization Management through its provider survey as indicated below. The satisfaction rate went up compared to the 2020 survey as shown below. To improve satisfaction with these areas, CHP will continue to monitor prior authorization turnaround times to ensure that they remain within the timeframes required by our policy and by applicable state and federal regulations.

Question	2020 %	2021 %
Q4 How do you rate Cox HealthPlans' procedures for obtaining prior	67%	74%

authorizations and referrals? (Average, Somewhat above average, and Well above average)		
Q5 How do you rate Cox HealthPlans' turnaround time for prior authorizations? (Average, Somewhat above average, and Well above average)	67%	76%

Pharmacy Utilization and External Benchmarking

Cox HealthPlans delegates pharmacy services to Pharmacy Benefit Manager Elixir. Elixir reported the following data for January through December 2020. Envision recognized some utilization trends and have some up with action steps to address them for 2021, including savings opportunities and opioid usage. CHP's data is being benchmarked against Elixir's average, which is an average taken from their whole book of business.

	CHP	Benchmark
PMPM	\$91.13	\$71.00
Utilization PMPM	32.89	29.20
Generic Dispense Rate	85.31%	87.30%
Member Cost Share	13.39%	12.70%
Specialty Spend	51.91%	45.30%
Specialty Spend PMPM	\$47.30	\$32.16
Non-Specialty Spend PMPM	\$43.83	\$38.84

Disease and Case Management and External Benchmarking

CHP collaborates with CoxHealth's Center for Health Improvement to offer disease and care management to members. There are 3 categories of services that members can receive through for care and disease management:

Transition Care: This service helps members safely transition out of the hospital and avoid complications that could cause a readmission. Many members and their families need and want extra support in this time surrounding a hospital stay. Transition Care includes access to a team of health care professionals who help members navigate health decisions and make the next steps on their PATH a little easier.

Complex Care: Many members living with chronic health conditions have difficulty managing the complexity of the health care system and often lack the skills to effectively self-manage their conditions. Complex Care Management is a service that helps members:

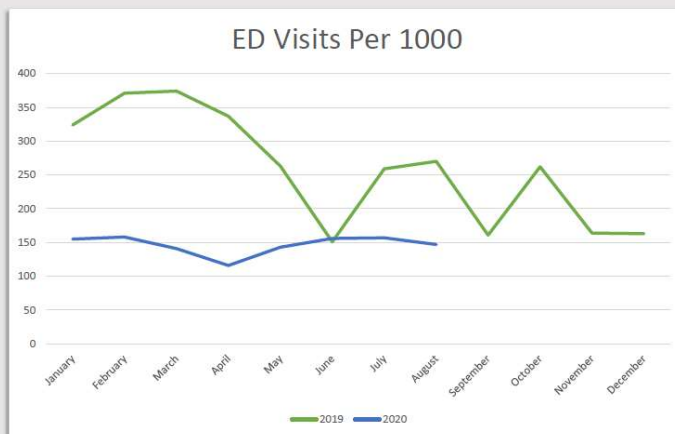
- communicate their current health issues
- address physical, social, and emotional well-being
- discuss personal health goals
- create a care plan with specific actions to help meet those goals

Advanced Illness Care: — Living with a serious or advancing illness can be difficult and stressful for members and their loved ones or caregivers. As an extension of care received from their physician, an advanced illness nurse Care Advisor is available to help members make important decisions about their health and future.

Members can work with Care Advisors to learn ways to better manage current symptoms, identify personal goals for care, address emotional and spiritual concerns, reduce unwanted or unnecessary care, and improve quality of life whenever possible.

Center for Health Improvement Reporting

2019-2020 ED Utilization

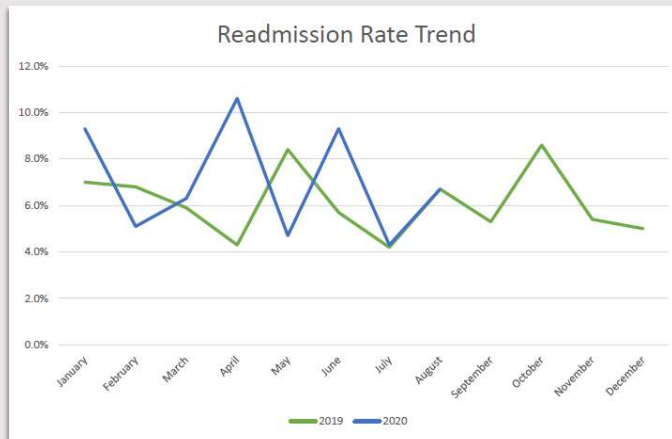


43%
decrease in
ED Visits per
1000 in 2020



Source: PHSO Cost & Utilization Overview Dashboard
Paid through 8/2020

2019-2020 Readmissions



Overall Readmission
for 2019

6.1%

Overall Readmission
for 2020

6.9%

Net Readmission Increase of .8%
Between 2019 and 2020



Source: PHSO Cost & Utilization Overview Dashboard
Paid through 8/2020

2019-2020 Transition Care Management

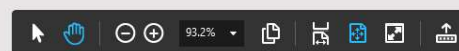
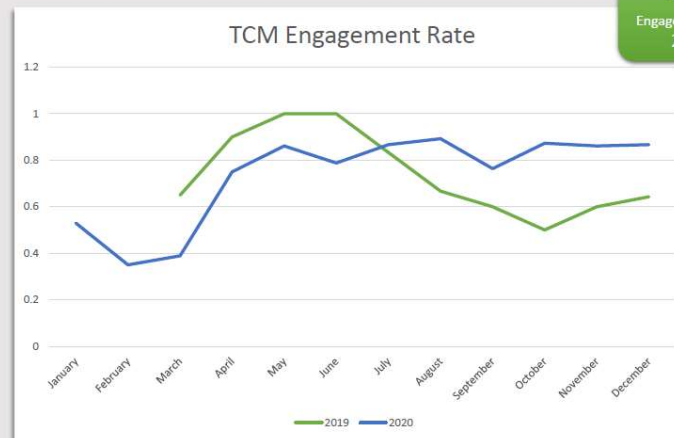
Patients who achieved
outcomes in TCM had a

31%
Reduction
in PMPM

64%
Reduction
in ED
Visits

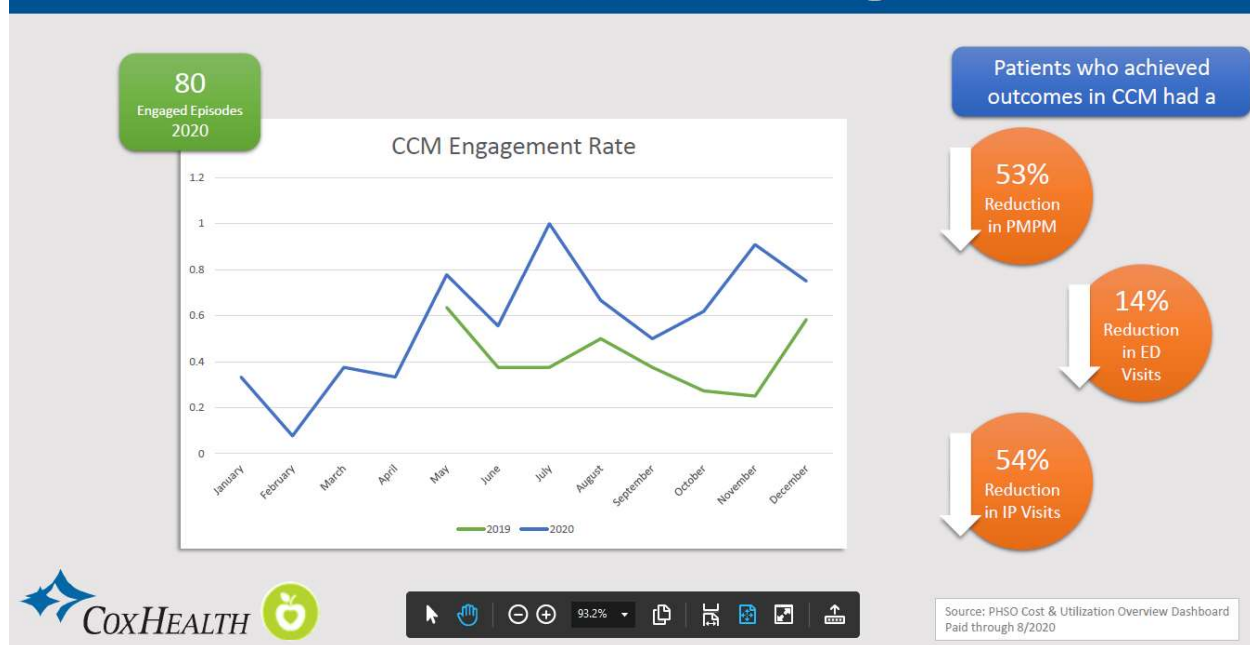
80%
Reduction
in IP Visits

457
Engaged Episodes
2020



Source: PHSO Cost & Utilization Overview Dashboard
Paid through 8/2020

2019-2020 Complex Care Management



HEDIS Results and Benchmarking

Introduction

Cox HealthPlans (CHP) has completed HEDIS for its Marketplace plan for all of 2020 and completed prospective HEDIS results for all other lines of business for the first two quarters of 2021. CHP utilizes NCQA's benchmarks and our HEDIS results to assess the utilization and quality of care for members. Actions are implemented to improve quality of care and close care gaps for those measures coming in lower than the benchmark.

HEDIS Results

The results of the record review are shown in the [linked spreadsheet](#). To summarize, 15% of the Marketplace measures met their goal and 29% of the Commercial measures met their goal. It is important to note that the Marketplace line of business did not meet the minimum threshold membership of 500 to officially report HEDIS to CMS, so the data should not be considered reliable. It should also be noted that the Commercial data is prospective and annualized to be more comparable to NCQA's benchmark.

Opportunities for Improvement

- Providing education and closing care gaps for all measures that came in lower than their benchmark

Action Taken

- Formal QI Initiative for Depression Screening
- Formal QI Initiative for Asthma Management
- Formal QI Initiative for Diabetes Care
- Education through member blogs and provider newsletters for all other measures that were lower than their benchmark

Member Satisfaction Results

Cox HealthPlans (CHP) has completed its annual Member Satisfaction Survey for benefit plan year 2020. The survey was sent out in two ways; Marketplace members and small group metal plan members received their survey via approved QHP Enrollee Survey vendor and all others, including large group and transitional plan individuals, received a CAHPS-like survey through Survey Monkey. There were a total of 31,000 possible member responses. The vended survey was available for 60 days, while the CAHPS-like survey was available for one month. The CAHPS-like survey consisted of standard CAHPS questions, with a few additional questions that touched on behavioral health services and health education, wellness activities, and racial, ethnical, cultural, and spiritual needs. CHP received a total of 320 responses for a 1% response rate. Last year's response rate was 2% with a targeted membership and far fewer possible survey responses.

Review of Findings

Below is a summary of survey results. See the PDF full analysis of the survey also attached.

Question	Vended Survey (scaled mean score)	SPH Benchmark	2019 CMS National Benchmark
Access to Care			
Getting care quickly	79.2	75.8	76
Getting needed care	74.1	74.8	73.1
Care Coordination			
Care Coordination	84.8	82.9	82.7
Doctors had medical records or care information	90.9	91	90.5
Doctor's office followed up with test results & got test results as soon as needed	82.8	84.1	86.3
Doctors were informed and up-to-date about specialist care	79.5	74.2	72.6
Discussed prescription medicines	89.2	85.6	84.8
Obtained help needed from doctor's office to manage care	81.8	79.5	79.2
Global Measures			
Rating of all health care	78.4	80.2	78
Rating of personal doctor	87.7	88.2	87
Rating of specialist	88	85.7	84.5
Smoking Use and Tobacco Use Cessation			
Medical Assistance with Smoking and Tobacco Use Cessation	60.6%	53.6%	55.2%

Advising Smokers and Tobacco Users to Quit	72.7%	68.6%	70.8%
Discussing Cessation Medications	54.5%	48.3%	50%
Discussing Cessation Strategies	54.5%	44%	44.8%
Flu			
Flu Vaccinations for Adults Ages 18-64	57.3%	53.1%	47.7%
Access to Information			
Access to Information	38.6	51.1	50.1
Providing needed information	34.6	58.4	56.8
Able to find out from health plan cost of health care service or equipment	39.3	48.2	47.1
Able to find out from health plan cost of prescription medicines	41.9	46.7	46.3
Plan Administration			
Plan Administration	69.1	71.4	69.9
Getting information/help from customer service	59	66.7	66.1
Treated with courtesy and respect by customer service staff	75	85.3	85.2
Longer than expected wait time to speak with customer service staff	65.8	70.2	68.5
Ease of filling out forms	74.6	68.9	66.5
Explanation of forms	70.9	65.7	63
Rating of Health Plan			
Rating of Health Plan	63.6	70.5	70.5
How Well Doctors Communicate			
How Well Doctors Communicate	90.1	89.8	88.8
Doctors explained things in an understandable way	90	90.1	89.1
Doctors listened carefully to you	90.4	89.6	89
Doctors showed respect for what you had to say	92	92	91.4
Doctors spent enough time with you	87.9	87.4	85.8
Cost			
Cost	80.2	79.8	78.1
Health plan did not pay for needed care	75.2	79.4	77.7
Paid out of own pocket for care you thought would be covered	77.8	76.2	75.4
Delayed or did not visit doctor because you were worried about cost	76.7	75.2	73.9
Delayed or did not fill prescriptions because you were worried about cost	91.1	88.2	85.4
Cultural Competence			
Cultural Competence	53.9	63	63.6
Obtained interpreter when needed	0	28.7	35.8
Forms available in preferred language	92.7	87.5	84.4
Forms available in needed format	69	72.8	70.7

*plan values shown in green are significantly higher than the SHP/CMS benchmark, plan values shown in red are significantly lower than the SPH/CMS benchmark

Question	CAHPS-like Survey
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Access to Care	%
Q3. Getting care quickly (Always/usually)	73%
Q5. Getting routine appointment when needed (Always/usually)	80%
Q7. Rating of health care (8, 9 or 10)	71%
Q8. Getting care, tests or treatment (Always or usually)	80%
Personal Doctor	
Q9. Have a personal doctor (Yes)	90%
Q11. Doctor explained things in a way that was easy to understand (Always/usually)	96%
Q12. Doctor listened carefully to you (Always/usually)	95%
Q13. Doctor showed respect (Always/usually)	96%
Q14. Doctor spend enough time with you (Always/usually)	95%
Q15. Rating of personal doctor (9 or 10)	77%
Specialist Doctor	
Q17. Ease of getting an appointment to see a specialist (Always/usually)	67%
Q19. Rating of specialist (9 or 10)	67%
Health Plan	
Q21. Getting information needed from plan's customer service (Always/usually)	56%
Q22. Treated with courtesy and respect (Always/usually)	90%
Q24. Ease of filling out forms from health plan (Always/usually)	82%
Q25. Rating of Health Plan (6, 7, 8, 9 or 10)	41%

The survey results identified many areas of strengths:

- Rating of health care
- Rating of personal doctor and how well they communicate
- Being treated with courtesy and respect from the health plan
- Forms being available in preferred language

Survey results indicate weaknesses in the following areas:

- Obtaining an interpreter when needed
- Access to information

Opportunities for Improvement

- Increase member participation
- Eliciting more specific feedback around areas of opportunity
- Educational opportunities for members regarding obtaining an interpreter
- Educational opportunities for members regarding access to information

Action Taken

- Blog post educating members about obtaining an interpreter
- Blog post educating members about how to access information

- Update CAHPS-like survey for 2022 to include follow up questions for questions marked with a low score to get more specific areas to improve
- Send follow up emails for those taking the CAHPS-like survey to encourage more participation

Provider Satisfaction Results

CHP has completed its annual Provider Satisfaction Survey for 2021. The survey was sent out via Survey Monkey to providers in our PPO (which includes the EPO network) directory, which included physicians and APPs, for a total of 2900 possible provider responses. The survey was available for a month, from 3/15 to 4/15, and consisted of questions developed around AAAHC accreditation standards and other areas CHP wanted to gain feedback. We received a total of 119 responses for a 4% response rate. This response rate can accurately be compared to 2020's survey response rate in terms of per 1,000 providers because the 2020 survey was sent to significantly less providers. The 2020 survey response rate was 12 per 1,000 providers and the 2021 survey response rate was also 12 per 1,000 providers.

Review of Findings

Below is a summary of survey results. Out of the 16 questions asked, 12 improved their scoring compared to 2020, 2 slightly decreased compared to 2020, and 2 questions were new this year.

Question	%
Q1 How would you rate Cox HealthPlans compared to all other health plans you interact with? (Average, Somewhat above average, and Well above average)	72%
Q2 How do you rate Cox HealthPlans' claim processing turnaround time? (Average, Somewhat above average, and Well above average)	77%
Q3 How do you rate Cox HealthPlans' claim processing accuracy? (Average, Somewhat above average, and Well above average)	82%
Q4 How do you rate Cox HealthPlans' procedures for obtaining prior authorizations and referrals? (Average, Somewhat above average, and Well above average)	74%
Q5 How do you rate Cox HealthPlans' turnaround time for prior authorizations? (Average, Somewhat above average, and Well above average)	76%
Q6 How do you rate CHP's ability to improve the continuity and coordination of care for members (patients)? (Average, Somewhat above average, and Well above average)	85%
Q7 How do you rate Cox HealthPlans' facilitation/support of appropriate clinical care for patients? (Average, Somewhat above average, and Well above average)	81%
Q8 How do you rate the ease of access/ease to refer to health education and wellness programs offered through CoxHealth System's Wellness program and the Center for Health Improvement? (Average, Somewhat above average, and Well above average)	76%
Q9 How do you rate the availability of specialists in Cox HealthPlans' provider network? (Average, Somewhat above average, and Well above average)	84%
Q10 When a Cox HealthPlans patient is referred to a specialist or a mental health provider, would you say the ability to obtain the care needed is: (Average, Somewhat above average, and Well above average)	76%
Q11 How do you rate your confidence that mental health needs are identified and triaged accurately in your area? (Extremely confident, Very confident, Somewhat confident)	56%
Q12 How do you rate Cox HealthPlans' formulary as it pertains to availability of comparable	77%

drugs to substitute those not included in the formulary? (Average, Somewhat above average, and Well above average)	
Q13 How do you rate Cox Healthplans' Provider Services representative's ability to answer questions and resolve problems via phone call? (Average, Somewhat above average, and Well above average)	73%
Q14 How do you rate Cox Healthplans' Provider Services representative's ability to answer questions and resolve problems via Provider Portal or chat feature? (Average, Somewhat above average, and Well above average)	54%
Q15 Are you aware the CHP website/Provider Portal includes resources such as clinical practice guidelines for select disease states? (Yes)	28%
Q16 Have you utilized Cox HealthPlans' website or provider portal? (Yes)	40%

Key Trends from Q17 “what can Cox HealthPlans do to improve its service to your practice?”, which was open-ended:

- Education for providers about formulary, including location, search function, and drug inclusion compared to other plans
- Education for providers about mental/behavioral health providers in-network to our members

The survey results identified many areas of strength:

- Claims processing turnaround time and accuracy
- Continuity and coordination of care
- Availability of in-network specialists

Survey results indicate weaknesses in the following areas:

- Lack of awareness of all in-network mental and behavioral health providers
- Lack of education about health plan resources available to providers through CHP

Opportunities for Improvement

- Participation rate
- Improved education for resources available to providers through health plan
- Improved education about in-network options for mental health providers
- Better survey introduction to better portray where in CoxHealth System the survey is intended
- Better survey structure to elicit more specific feedback from providers

Action Taken

- Reword survey introduction and questions for 2022's survey
- Provide education for providers about all in-network mental health providers through email and Provider Newsletter
- Provider education about the formulary and other resources available online through email and Provider Newsletter
- More targeted outreach to increase participation in 2022's survey

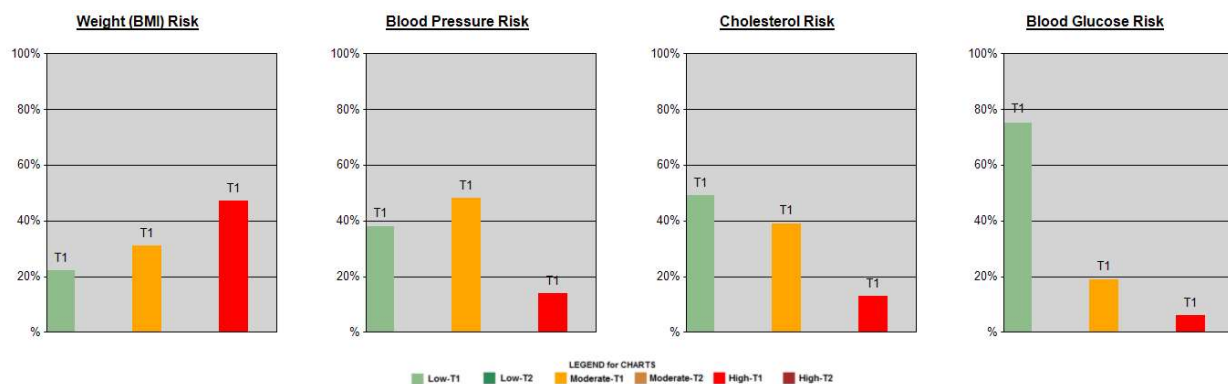
Health Education and Wellness

CHP works in collaboration with CoxHealth's Center for Health Improvement (CHI), Wellness team, and the Pharmacy Benefit Manager (PBM), Elixir, to make available health education and health promotion services to meet the needs of its population. The program is broad in scope and considers the medical, psychological, social, and cultural needs of plan members. These services are provided in accordance with ethical and professional practices and legal requirements. Health education and wellness promotion services are offered by personnel that have the necessary and appropriate training, education, credentials, skills and continuing education to carry out their responsibilities. To improve program performance, collaborative processes and outcomes are developed, measured and assessed in a timely manner.

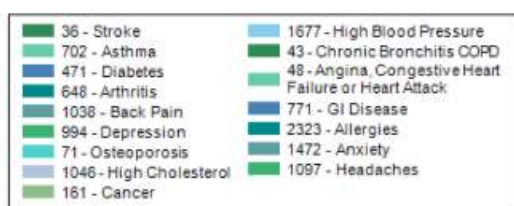
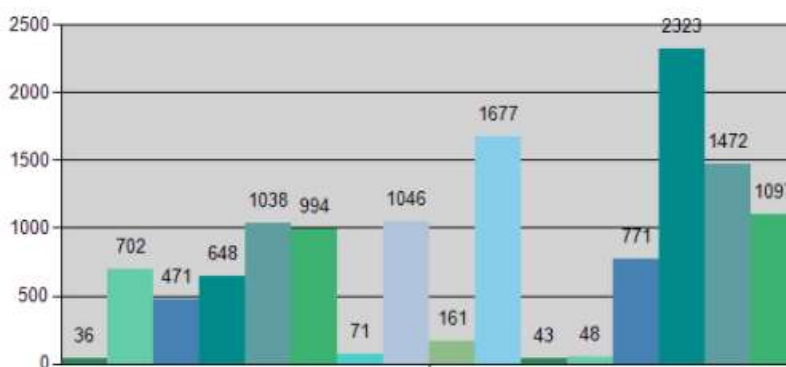
HRA (Data from all lines of business)

The HRA used to capture the data below is developed by Cerner. The HRA is through the online questionnaire through a member's Cerner portal. The bio-metric screening data is gathered through in-person visits. The total number of members that took the HRA in 2020 is 9,271.

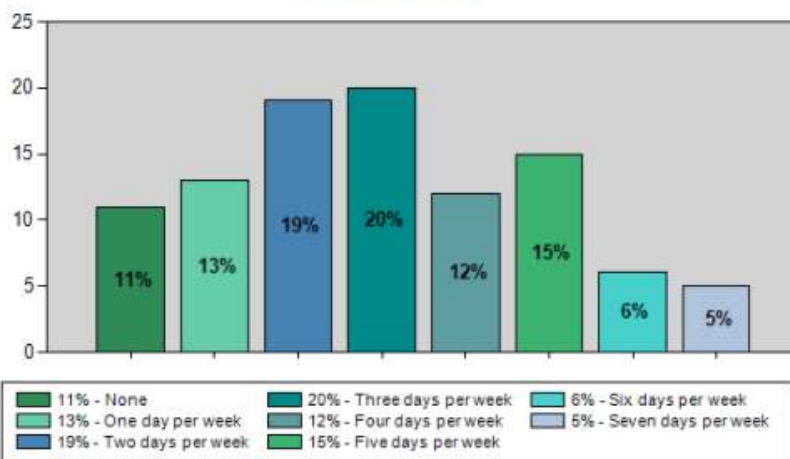
Date Range 1 [or T1 in Charts]: 1/1/2020 - 12/31/2020							
Risk Factor	Total	Low Risk	Moderate Risk	High Risk	Low %	Moderate %	High %
Weight (BMI)	6700	1473	2080	3147	22%	31%	47%
Blood Pressure	5865	2227	2793	845	38%	48%	14%
Cholesterol	5793	2815	2244	734	49%	39%	13%
Blood Glucose	5757	4310	1111	336	75%	19%	6%



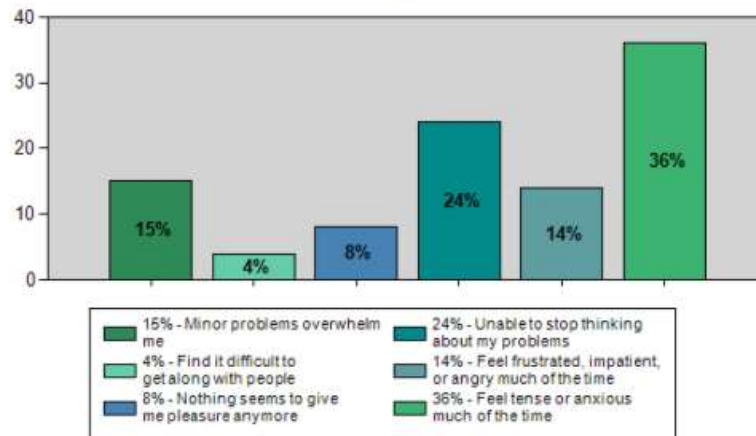
Current Health Condition Counts



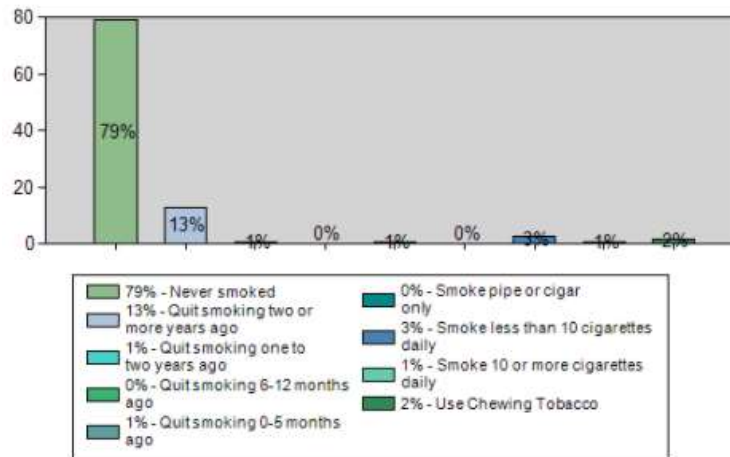
Physical Activity



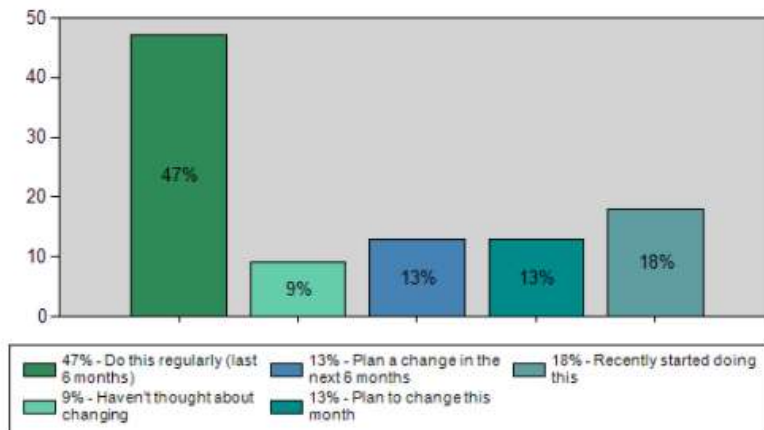
Stress Signals



Tobacco Use



Thought about Living a Healthier Lifestyle



Satisfaction with Health Education & Wellness

Satisfaction data is collected through the CAHPS-like survey member satisfaction survey.

Question	Score
In the last 6 months, how often did you use any of the Health Education and Wellness services offered through Cox HealthPlans and CoxHealth? (Such as HRA, classes, coaching, etc.) (usually, always)	27%
Thinking of those Health Education and Wellness services, using any number from 0 to 10, where 0 is the worst experience possibly and 10 is the best experience possible, what number would you use to rate those services? (8-10)	60%

Analysis/ Implications

HRA data is valuable information to take into account when thinking about program design, and is used to help tailor specific education and program referrals for members. The current offerings for health education and wellness programs are meeting the needs of our population; they are offering classes and workshops for those chronic illnesses and diagnoses that will be most meaningful. Due to no language preference, aside from English, over 10%, specific language needs will be met on an individual basis. Translation of documents, as well as live verbal interpretation electronically, is available at request. The education level for our population is 89.9% high school or higher, so we should reading level of materials at a high school grade level to communicate effectively with the most members as possible.