

# Annual QI Evaluation 2021

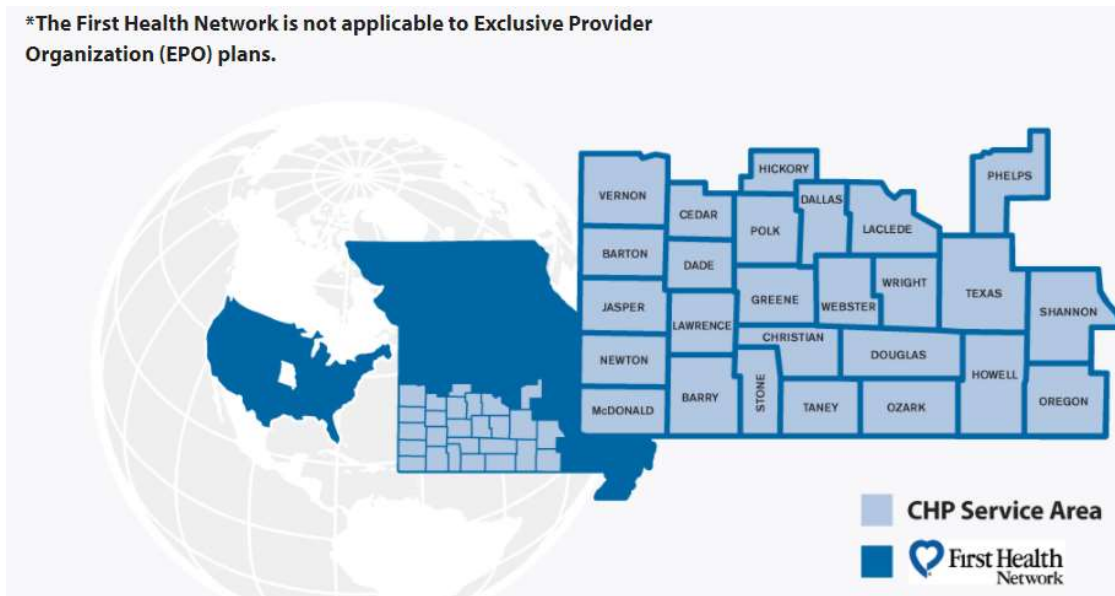
## Introduction

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 achieved AAAHC Accreditation in 2020.

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 2022 QI Program and QI Work Plan were adopted at the January 2022 QIC meeting.

## Service Area



## Membership

Below is a chart that shows CHP's membership trends by line of business for the past 3 years.

Total Membership				
Line of Business	2018	2019	2020	2021
CoxHealth Self-Funded	13,916	14,411	14,473	14,344
Large Group	24,721	23,676	24,146	23,053
Small Group Metal	2,241	1,108	984	887
Individual	2,780	2,273	2,145	1,724
Individual- Metal	3,849	n/a	n/a	n/a
Short Term	29	403	652	1,359
Individual- Marketplace	n/a	n/a	846	453
Total	47,536	41,781	43,324	41,820

## 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.

### Marketplace EPO Network 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

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	91.7	100	100	99.8	100	100	100	99.8	99.1
Barry	100	100	100	100	100	100	100	100	100
Greene	97.9	100	100	100	100	100	100	100	99.7
Lawrence	100	100	100	100	100	100	100	100	100
Stone	100	100	100	100	100	100	100	100	100
Taney	100	100	100	100	100	100	100	100	100
Webster	100	100	100	100	100	100	100	100	100
Shannon	100	100	100	100	100	100	100	100	34.6
Jasper	94.5	100	100	99.6	100	100	100	100	99.9
Newton	100	100	100	100	100	100	100	100	100
Phelps	100	0	4.9	100	100	100	5.3	100	0
Polk	100	100	100	100	100	100	100	100	100
Barton	100	100	100	100	100	100	100	100	100
Cedar	100	100	100	100	100	100	100	100	100
Dade	100	100	100	100	100	100	100	100	100
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 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.

CMS Availability Standards for Individual Marketplace Plans

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

**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.

**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

**PPO Network Compliance**



Percent Compliant by County	Primary Care	Endocrinology	Infectious Diseases	Oncology- Medical/Surgical	Oncology- Radiation/Radiology	Mental Health (Including Substance Use Disorder Treatment)	Rheumatology	Hospitals
Christian	91.7	100	100	99.8	100	100	100	99.8
Barry	100	100	100	100	100	100	100	100
Greene	97.9	100	100	100	100	100	100	100
Lawrence	100	100	100	100	100	100	100	100
Stone	100	100	100	100	100	100	100	100
Taney	100	100	100	100	100	100	100	100
Webster	100	100	100	100	100	100	100	100
Shannon	100	100	100	100	100	100	100	100
Jasper	94.5	100	100	99.6	100	100	100	100
Newton	100	100	100	100	100	100	100	100
Phelps	100	0	4.9	100	100	100	5.3	100
Polk	100	100	100	100	100	100	100	100
Barton	100	100	100	100	100	100	100	100
Cedar	100	100	100	100	100	100	100	100
Dade	100	100	100	100	100	100	100	100
Dallas	100	100	100	100	100	100	100	100
Douglas	100	100	100	100	100	100	100	100
Hickory	100	100	100	100	100	100	100	100
Howell	100	97.9	100	100	100	100	100	100
Laclede	100	100	100	100	100	100	100	100
McDonald	100	100	100	100	100	100	100	100
Oregon	100	2.2	100	100	100	100	100	100
Ozark	100	100	100	100	100	100	100	100
Texas	100	93.9	100	100	100	100	100	100
Vernon	100	100	100	100	100	100	100	100
Wright	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 a CAHPS-like survey to members in July 2022 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. We found gaps regarding information available to members and reaching customer service representatives and have posted to CHP’s blog addressing this. Please see the standards and the results below.

Practitioner Type	Goal	Result
<b>Medical Care</b>		
Regular and routine care	<p><b>CAHPS-like survey Q5 “getting needed care”</b>: 75% of members reported “yes” they get an appointment for a check-up or routine care at a doctor’s office or clinic as soon as they needed it.</p> <p>Review of Member Complaints</p>	<p>CAHPS-like: 80% of members reported “yes”</p> <p>0 member complaints</p>
Routine, symptomatic care	<p><b>CAHPS-like survey Q3 “getting care quickly”</b>: 75% of members reported “yes” they get an appointment for health care at a doctor’s office or clinic as soon as they needed it.</p> <p>Review of Member Complaints</p>	<p>CAHPS-like: 77% of members reported “yes”</p> <p>0 member complaints</p>
Urgent care	<p><b>CAHPS-like survey Q3 “getting care quickly”</b>: 75% of members reported “yes” they get an appointment for health care at a doctor’s office or clinic as soon as they needed it.</p> <p>Review of Member Complaints</p>	<p>CAHPS-like: 77% of members reported “yes”</p> <p>0 member complaints</p>
Obstetrical care	Review of member complaints	0 member complaints
After-hours care	<p>90% on after-hours call audit</p> <p>Review of member complaints</p>	100% through walk-in clinics and through CoxHealth Virtual Visits, No member complaints
<b>Behavioral Health</b>		
Routine care	Review of hours for behavioral health, review of member complaints	0 member complaints
Screening / Triage	Review of member complaints	100% through same day screening at Burrell Access Center, 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% though 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 77 seconds for Marketplace and 56 seconds for Commercial; Abandonment Rate 2.05%

## 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 2022, 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	2021
Primary Care	128,745	129,862	117,374	118,250	121,177
Emergency Room	16,138	15,630	13,077	11,744	11,617
Inpatient Admits	1,381	1,368	1,062	1,030	1,127

### 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
2021	ER Utilization	11,617	41,843	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	2.80	N/A



2020	Primary Care Utilization	118,250	42,243	2.80	2.94
2021	Primary Care Utilization	121,177	41,843	2.90	2.94

Date	Intervention	Barrier Addressed
2016	Opened Walmart and Hy-Vee walk-in clinics	<ul style="list-style-type: none"> <li>○ Remove barriers to accessing services such as: <ul style="list-style-type: none"> <li>○ Long waits for members to access services.</li> <li>○ Limited options for members to access services</li> </ul> </li> </ul>
Ongoing	Added new primary care providers	<ul style="list-style-type: none"> <li>○ Remove barriers to new members finding a primary care provider</li> <li>○ Remove barriers to long wait times for new patient appointments</li> </ul>
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"> <li>○ Remove barriers to accessing services such as: <ul style="list-style-type: none"> <li>○ Long waits for members to access services.</li> <li>○ Limited options for members to access services.</li> </ul> </li> </ul>
7/2017	Implemented 269-INFO line to assist patients in finding a new provider and scheduling an appointment.	<ul style="list-style-type: none"> <li>○ Remove barriers to finding a provider open to new members</li> <li>○ Remove barriers to scheduling initial appointment</li> </ul>
2019	Added walk-in times to existing provider clinics.	<ul style="list-style-type: none"> <li>○ Remove barriers to accessing services such as: <ul style="list-style-type: none"> <li>● Long waits for members to access services.</li> <li>● Limited options for members to access services.</li> </ul> </li> </ul>
2020	Made telehealth visits more accessible, broader hours and more providers at clinics offering telehealth	<ul style="list-style-type: none"> <li>○ Remove barriers to accessing services in-person due to COVID-19</li> </ul>
2021	Sent flyer explaining PCP importance to groups/members	<ul style="list-style-type: none"> <li>○ Provide information about how to get set up quickly and easily with a PCP and why it is important</li> </ul>
2022	Promote virtual visits for care in place of UC/ED	<ul style="list-style-type: none"> <li>○ Remove barriers to accessing services such as: <ul style="list-style-type: none"> <li>● Members unsure where to get appropriate care for needs</li> <li>● Timeliness of appointment</li> </ul> </li> </ul>

### Clinical Practice Guidelines

Linked below are the 2022 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, therefore CHP did not officially report to CMS) as well as annualized prospective HEDIS measures for all other lines of business. CHP determined that member and provider education was needed to boost scores.

[Preventive Health and Clinical Practice Guideline Results 2022](#)

**Prior authorizations, grievances, appeals, and denials for 2021**

Below describes the grievance and appeals CHP received in 2021 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 2021 was 4,050, which excludes only maternity admissions.

Type	# Upheld or Partially Upheld	# Overturned	Notes
1 <sup>st</sup> Level Member	48	8	86% Medical & 14% Contractual
2 <sup>nd</sup> Level Member	11	2	85% Medical & 15% Contractual
Provider Appeals	376	83	56% Contractual & 44% Medical
Complaints Filed with DCI	9	0	100% Medical & 0% 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 2021 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	2022
Q4 How do you rate Cox HealthPlans' procedures for obtaining prior authorizations and referrals? (Average, Somewhat above average, and Well above average)	67%	74%	80%
Q5 How do you rate Cox HealthPlans' turnaround time for prior authorizations? (Average, Somewhat above average, and Well above average)	67%	76%	85%

**Pharmacy Utilization and External Benchmarking**

Cox HealthPlans delegates pharmacy services to Pharmacy Benefit Manager Elixir. Elixir reported the following data for year end 2021 performance reporting. CHP's data is being benchmarked against data from Excelsior 2021 for similar plan.

	CHP	Benchmark
<b>PMPM</b>	\$120.39	\$116.29
<b>Generic Dispense Rate</b>	85.5%	87.17%
<b>Member Cost Share</b>	11.80%	11.59%
<b>Specialty Spend</b>	48.50%	55.40%

<b>Specialty Spend PMPM</b>	\$58.44	\$61.25
<b>Non-Specialty Spend PMPM</b>	\$61.95	\$55.04

## **Disease and Case Management and External Benchmarking**

CHP collaborates with CoxHealth’s Population Health Services Organization (PHSO) 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:

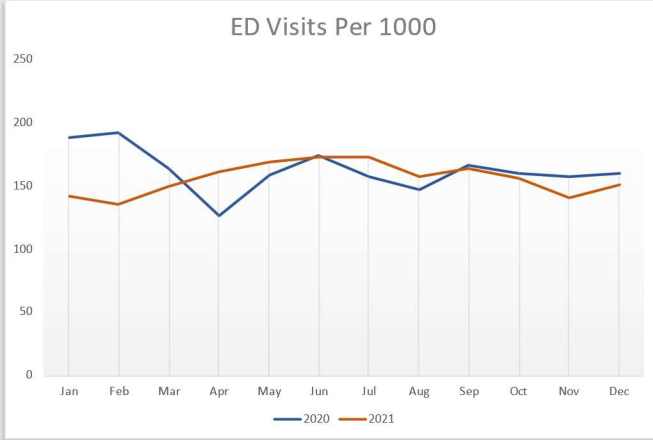
- communicate their current health issues
- address physical, social, and emotional well-being
- discuss personal health goals
- create a care plan with specific actions to help meet those goals

**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.

Population Health Services Organization Reporting

## 2020-2021 ED Utilization



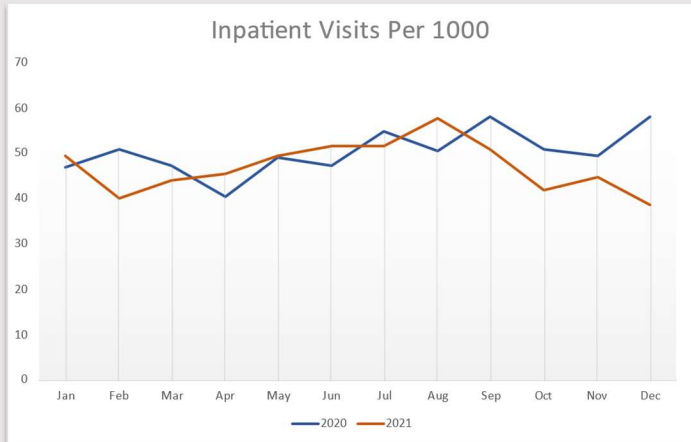
### Most Costly ED Diagnoses

Principal Diagnosis	CUA Amount	ED Visit Count
COVID-19	\$3,132,187	778
Chest pain, unspecified	\$1,383,999	886
Other chest pain	\$800,231	426
Syncope and collapse	\$647,644	238
Unspecified abdominal pain	\$561,993	322
Noninfective gastroenteritis and colitis	\$511,211	149
Unspecified acute appendicitis	\$452,677	55
NSTEMI myocardial infarction	\$452,656	33
UTI, site not specified	\$408,231	141
Pneumonia, unspecified organism	\$406,519	142



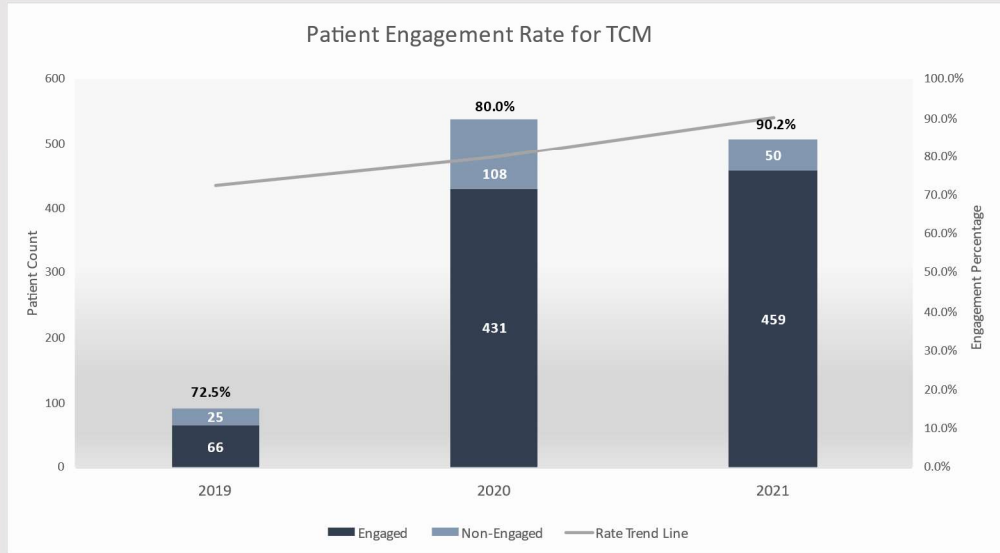
Source: Executive Summary  
Emergency Department Utilization Discovery  
1/2020 -12/2021

## 2020-2021 Inpatient Utilization



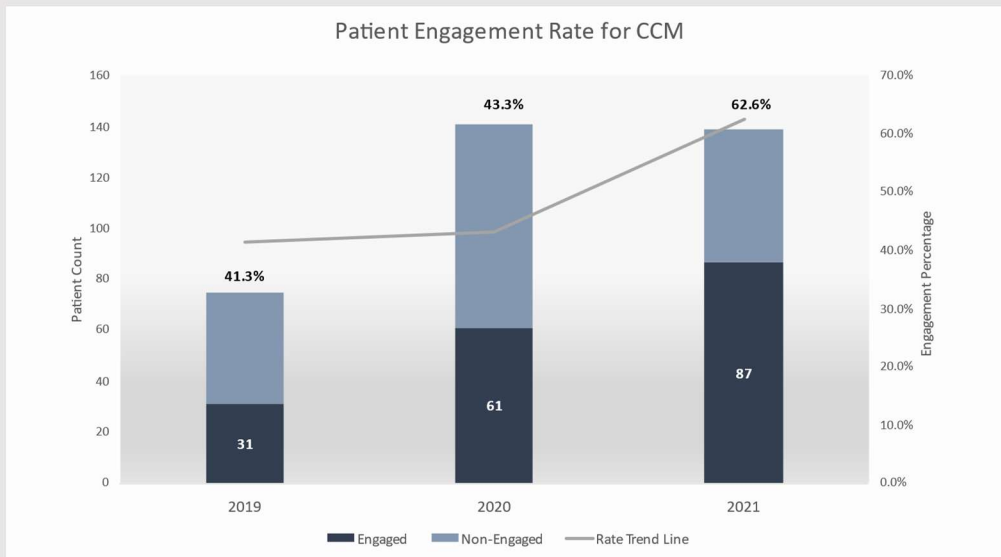
Source: Executive Summary  
1/2020 -12/2021

# 2019-2021 Transition Care Management



Source: HealthAnalytics, Care Management Monitoring Dashboard.  
Date Range: Jan, 2019 – Feb, 2022

# 2019-2021 Complex Care Management



Source: HealthAnalytics, Care Management Monitoring Dashboard.  
Date Range: Jan, 2019 – Feb, 2022

## **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, 22% of the Marketplace measures met their goal and 42% 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**

- 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 2021. The survey link was sent out to Marketplace, Individual, Group, and CoxHealth Employee Plan members through Constant Contact email invitations. A reminder email was sent to recipients who did not open the email after one week. For CHEP members, a reminder and link to take the survey was also made available in the Connect Daily system-wide email newsletter. A total of 41,776 member responses was possible. The survey was available for one month and 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 1,060 responses for a 2.5% response rate, compared to last year's response rate of 1%.

### **Review of Findings**

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

<b>Access to Care</b>	<b>%</b>
Q3. Getting care right away (Yes)	77.24%
Q5. Getting routine appointment when needed (Yes)	80.28%
Q7. Rating of health care (4 or 5)	70.50%
Q9. Getting care, tests or treatment (Yes)	74.97%
<b>Personal Doctor</b>	
Q10. Have a personal doctor (Yes)	90.82%
Q12. Doctor explained things in a way that was easy to understand (Yes)	97.22%
Q14. Doctor listened to concerns (Yes)	95.47%
Q16. Doctor showed respect (Yes)	96.57%
Q18. Doctor spent enough time with you (Yes)	93.75%
Q19. Rating of personal doctor (4 or 5)	83.31%
<b>Specialist Doctor</b>	
Q22. Getting an appointment with specialist when needed (Yes)	64.08%
Q24. Rating of specialist (4 or 5)	80.00%
<b>Health Plan</b>	
Q25. Contacted health plan customer service for information or help (Yes)	28.04%
Q26. Getting information needed from plan's customer service (Yes)	61.65%
Q28. Treated with courtesy and respect (Yes)	88.51%
Q31. Health plan forms easy to fill out (Yes)	91.03%
Q33. Rating of health plan (4 or 5)	29.65%

The survey results identified many areas of strengths:

- Rating of personal doctor, how well they communicate and their attentiveness
- Rating of specialist
- Being treated with courtesy and respect from the health plan
- Health plan forms easy to fill out

Survey results indicate weaknesses in the following areas:

- Access to information
- Reaching customer service for answers to questions

#### **Opportunities for Improvement**

- Educational opportunities for members regarding access to information
- Educational opportunities for members on how to contact customer service

#### **Action Taken**

- Blog post educating members about how to access information
- Blog post educating members about how to contact customer service

## Provider Satisfaction Results

CHP has completed its annual Provider Satisfaction Survey for 2022. The survey invitation was sent out via Survey Monkey to providers in our PPO network directory, which included physicians and APPs, for a total of 2700 possible provider responses. The survey was available for one month, from 4/4 to 5/4, and consisted of questions developed around AAAHC accreditation standards and other areas determined by CHP to gain feedback. Reminders to complete the survey were posted on the DocXchange application and sent via email on four occasions over the course of the open response period. Respondents had the option to click a link or to scan a QR code to access the survey. We received a total of 75 responses for a 3% response rate, yielding a 1% decrease from the 4% response rate for the 2021 survey.

### Review of Findings

Below is a summary of the survey results. Out of the 16 questions asked, **14** received improved scoring compared to 2021 (indicated in green), and **2** slightly decreased in scoring compared to 2021 (indicated in red).

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)	81%
Q2 How do you rate Cox HealthPlans' claim processing turnaround time? (Average, Somewhat above average, and Well above average)	81%
Q3 How do you rate Cox HealthPlans' claim processing accuracy? (Average, Somewhat above average, and Well above average)	83%
Q4 How do you rate Cox HealthPlans' procedures for obtaining prior authorizations and referrals? (Average, Somewhat above average, and Well above average)	80%
Q5 How do you rate Cox HealthPlans' turnaround time for prior authorizations? (Average, Somewhat above average, and Well above average)	85%
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)	86%
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)	82%
Q9 How do you rate the availability of specialists in Cox HealthPlans' provider network? (Average, Somewhat above average, and Well above average)	79%
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)	69%
Q12 How do you rate Cox HealthPlans' formulary as it pertains to availability of comparable drugs to substitute those not included in the formulary? (Average, Somewhat above average, and Well above average)	75%
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)	85%



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)	88%
Q15 Are you aware the CHP website/Provider Portal includes resources such as clinical practice guidelines for select disease states? (Yes)	36%
Q16 Have you utilized Cox HealthPlans' website or provider portal? (Yes)	59%

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

- Education for providers about how to reach representatives
- Education for providers about prior authorization (PA) process
- Education for providers about specialist referral process

The survey results identified many areas of strength:

- Communication and problem resolution via Provider Portal and Chat feature
- Facilitation and support of appropriate patient care

Survey results indicate weaknesses in the following areas:

- Lack of education about formulary and how to access it
- Lack of education about specialist referral process

**Opportunities for Improvement**

- Improved education about Provider Portal and Chat feature availability
- Improved education about referral and PA processes
- Improved education about formulary and other resources
- Participation rate

**Action Items**

- Provide education for providers about how to reach a representative through email and Provider Newsletter
- Provide education for providers about referral and PA processes through email and Provider Newsletter
- Provider education about the formulary and other resources available online through email and Provider Newsletter
- Continue targeted outreach to increase participation in 2023's survey

## Health Education and Wellness

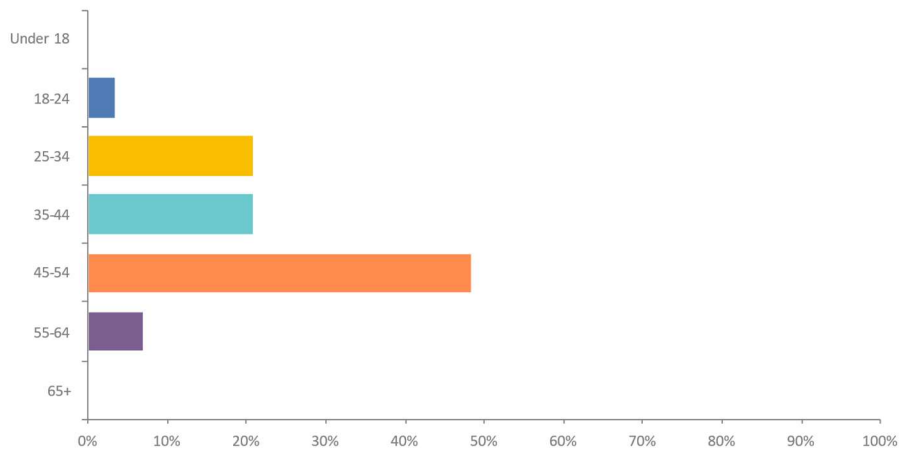
CHP works in collaboration with CoxHealth Population Health Services Organization (PHSO), Wellness team and the Pharmacy Benefit Manager (PBM), Elixir, to make available health education and health promotion services to meet the needs of its population. The program is broad in scope and considers the 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)

In 2021, CHP implemented an internal HRA survey (available via Survey Monkey) to be used for tracking HRA completion rates, to replace the reporting of external HRA rates from CoxHealth. Below are key questions and results from the internal HRA survey. The full results analysis can be found [here](#).

### Q6: How old are you?

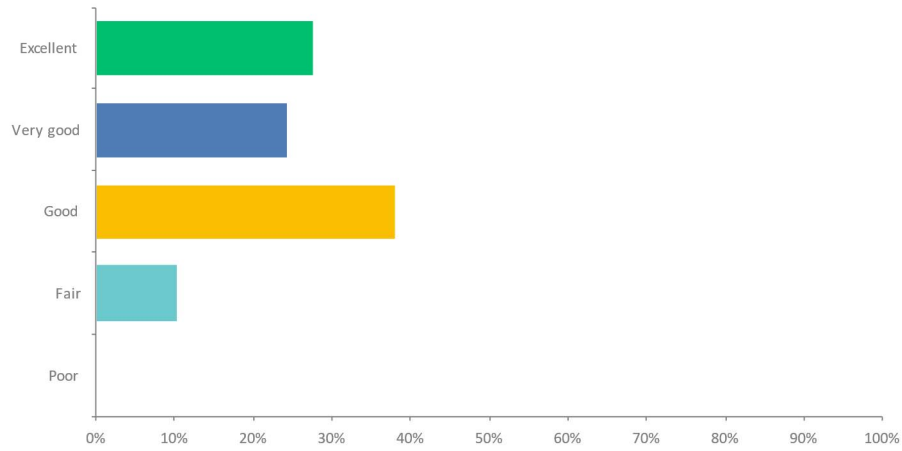
Answered: 29 Skipped: 0



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### Q8: In general, how would you rate your overall health?

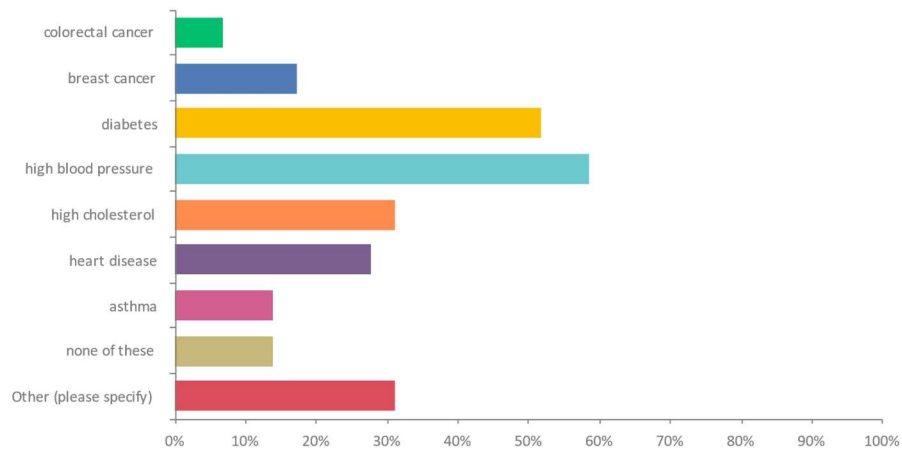
Answered: 29 Skipped: 0



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### Q11: Family Health History: Select any of the following health problems found in your family (parents, siblings).

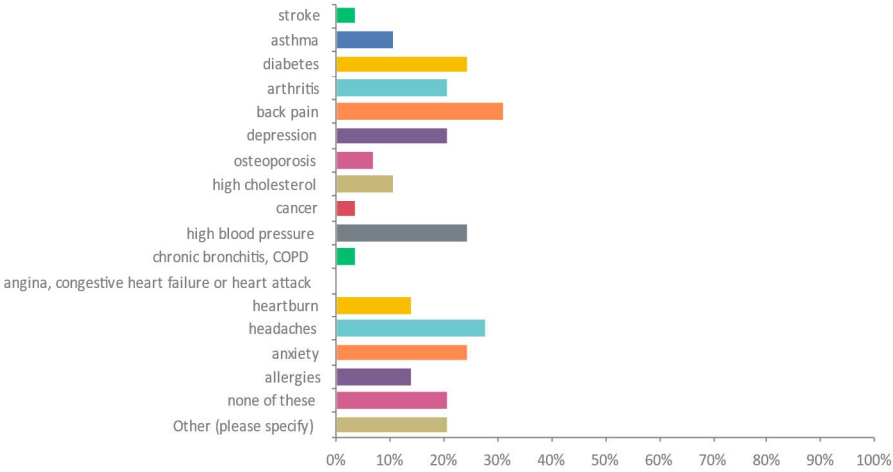
Answered: 29 Skipped: 0



Powered by SurveyMonkey

### Q12: Your current health: do you have or have you been told you have any of the following health conditions?

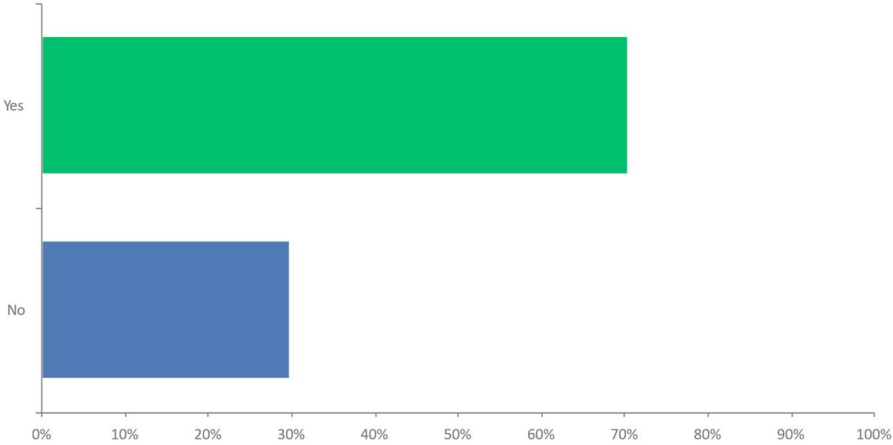
Answered: 29 Skipped: 0



Powered by SurveyMonkey

### Q13: Have you had an annual wellness exam or health status check in the past 12 months?

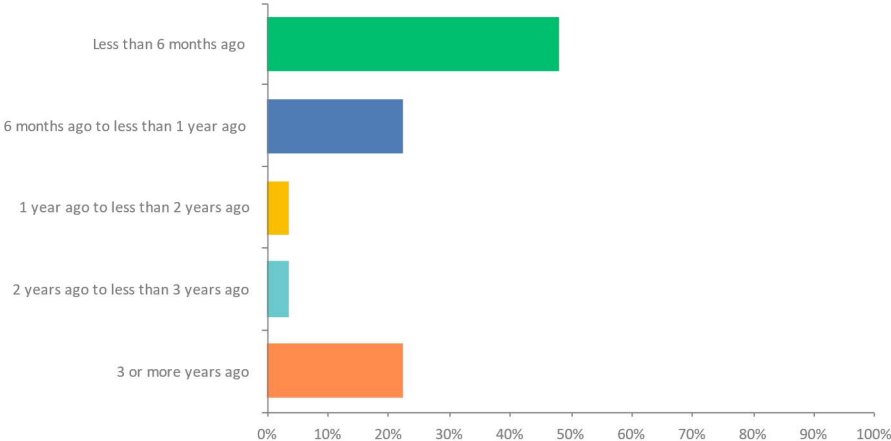
Answered: 27 Skipped: 2



Powered by SurveyMonkey

**Q14: When is the last time that you saw a primary care provider?**

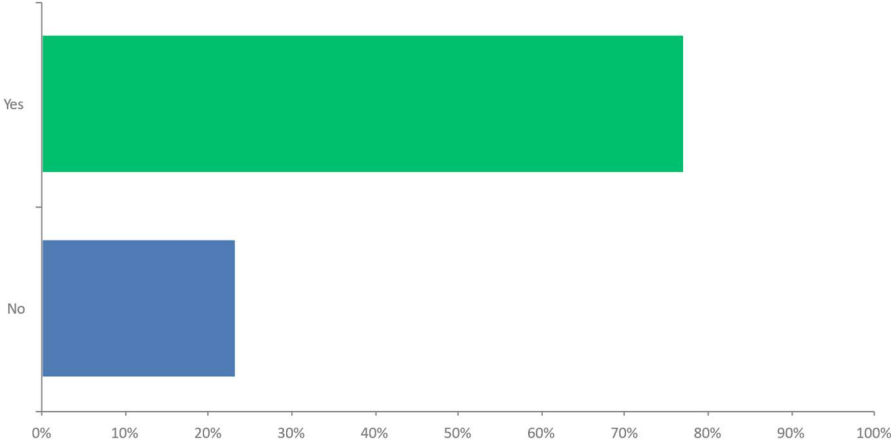
Answered: 27 Skipped: 2



Powered by SurveyMonkey

**Q16: Have you had a flu vaccine in the last 12 months?**

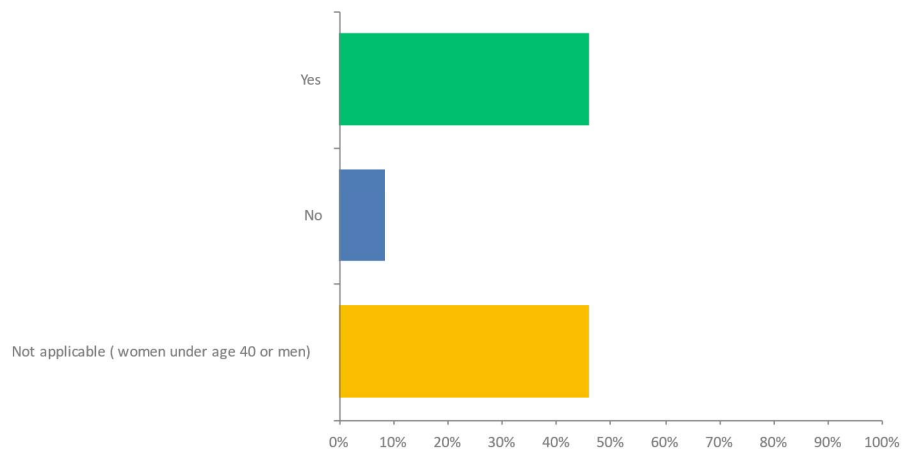
Answered: 26 Skipped: 3



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### Q18: Have you ever had a mammogram?

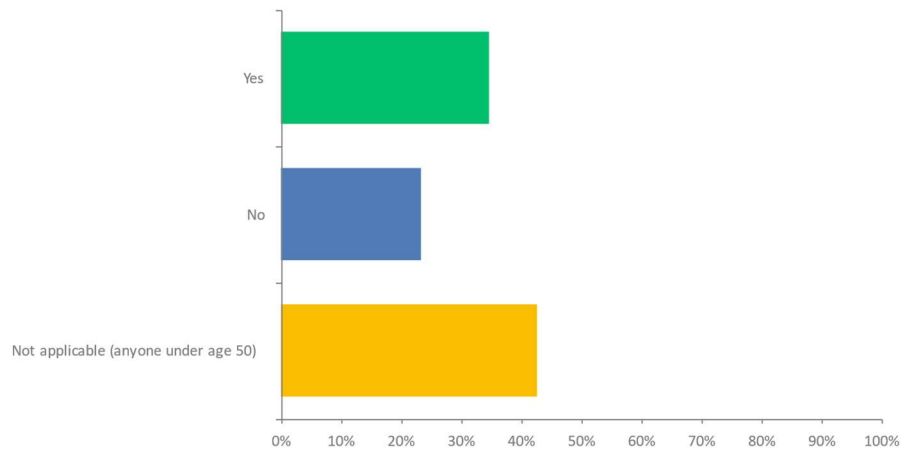
Answered: 24 Skipped: 5



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### Q21: Have you ever had a colonoscopy or other colon cancer screening?

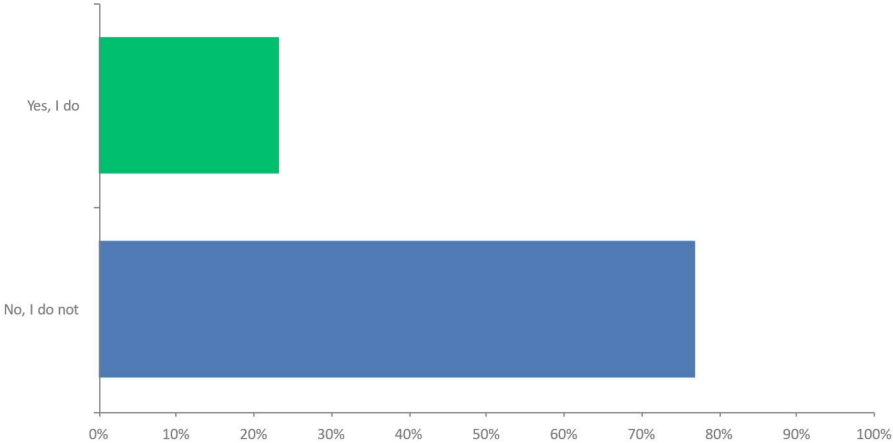
Answered: 26 Skipped: 3



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**Q22: Do you currently use tobacco? This includes smoking and smokeless tobacco.**

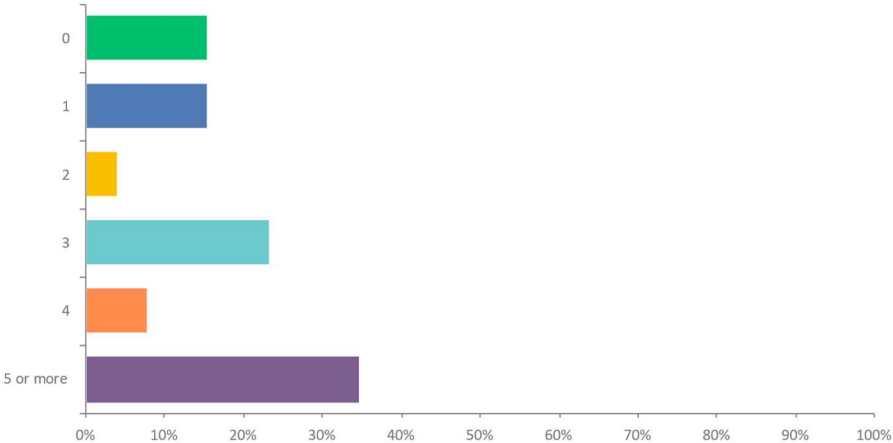
Answered: 26 Skipped: 3



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**Q26: About how many times in the average week do you engage in 30 minutes of light activity (i.e. leisurely walking, gardening, cleaning around the house)?**

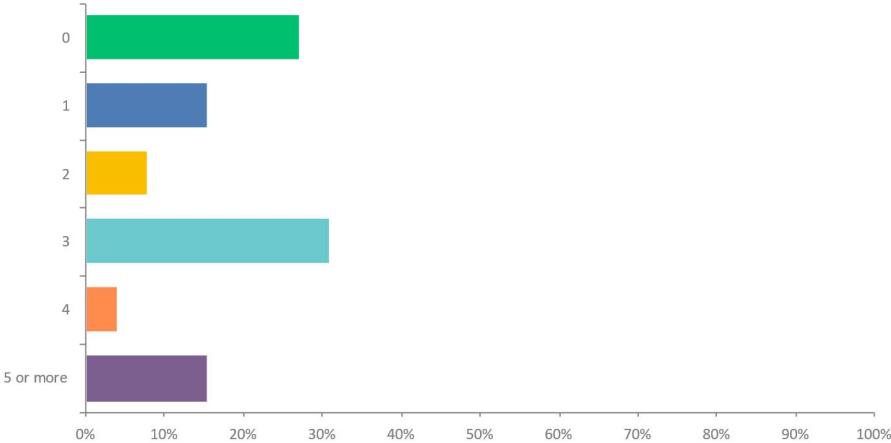
Answered: 26 Skipped: 3



Powered by SurveyMonkey

**Q27: About how many times in the average week do you engage in 30 minutes of moderate activity (i.e. brisk walking, light bicycling)?**

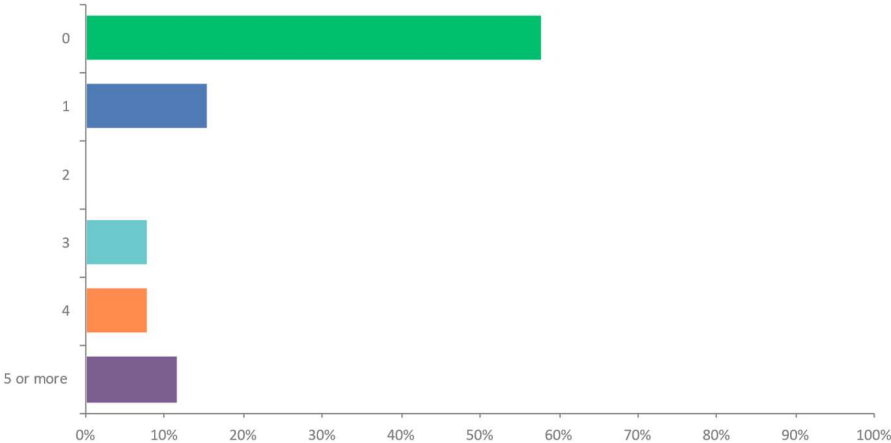
Answered: 26 Skipped: 3



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**Q28: About how many times in the average week do you engage in 30 minutes of strenuous activity (i.e. running or jogging)?**

Answered: 26 Skipped: 3

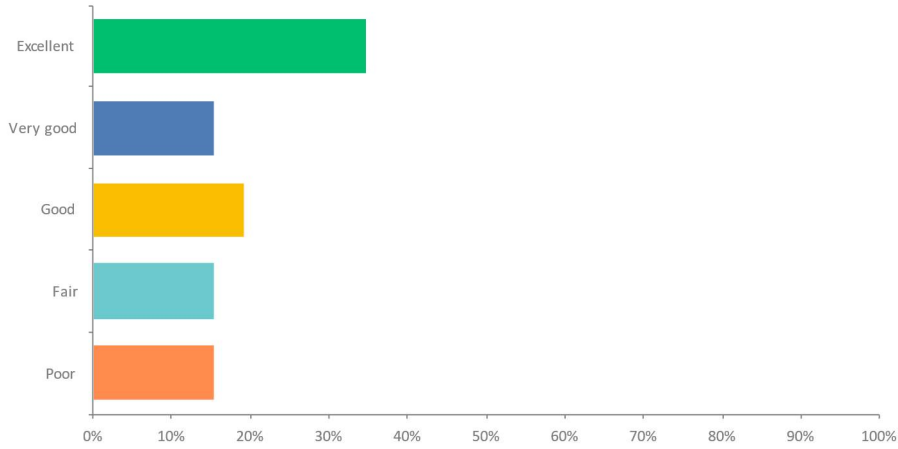


Powered by  SurveyMonkey



### Q34: In general, how would you rate your overall mental health?

Answered: 26 Skipped: 3



Powered by SurveyMonkey

### 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. Because less than 1% of the member population indicates a non-English language preference, specific language needs will be met on an individual basis. Translation of documents, as well as live verbal interpretation electronically,

is available upon request. The education level for our population is 90.6% high school graduate or higher, therefore a reading level of materials at a high school grade level will effectively communicate with the most members possible.