Oregon Health Plan Report of Results for

PacificSource - Central Oregon Adult Population

2020 CAHPS® 5.0H Medicaid Member Experience Survey

Prepared for:

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INTRODUCTION

The Oregon Health Authority (OHA) contracts with managed care organizations, also known as Coordinated Care Organizations (CCOs), to provide health care services. Understanding the experience of people who are Oregon Health Plan (OHP) members is important to clinicians, policy makers, patients and consumers, quality monitors and regulators, provider organizations, health plans, community collaboratives, and those who are responsible for monitoring and evaluating the quality of and access to health care services.

Introduced by the Agency for Healthcare Research and Quality (AHRQ) in the mid-1990s, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program encompasses the full range of standardized surveys that ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers, such as accessibility of services and communication skills of providers.

OHA conducts annual CAHPS surveys asking consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services. The survey results help inform decisions for those involved with providing care to OHP members and to improve the quality of health care services.

The survey measures member satisfaction with the experience of care and gives a general indication of how well the health plan meets members' expectations. Surveyed members are asked to rate various aspects of the health plan based on their experience with the plan during the previous six months. In addition, the survey collects data on Effectiveness of Care measures, including influenza vaccinations and smoking cessation measures.

WHAT'S NEW IN 2020

2020 SURVEY FIELDING UPDATES

SAMPLING METHODOLOGY

The sampling methodology consisted of a primary sample for CCOs as well as oversample segments based on race/ethnicity to capture the experience of these members that might not otherwise be captured in the primary sample. Previously, the oversample was drawn independently from the primary sample. However, members sampled as part of the primary sample were counted towards their respective race/ethnicity segments and therefore, we were able to increase the 2020 target sample sizes based on the re-allocation of the oversample.

Two child Medicaid samples were drawn based on the pre-screen status code that identified children that were likely to have a chronic condition (CCC) based on claim and encounter records in the sample frame. However, all child Medicaid sample members received the Child Medicaid with CCC measures instrument regardless of their pre-screen status code to reduce the variation of survey materials and streamline the data collection process.

SURVEY INSTRUMENTS

The National Committee for Quality Assurance (NCQA) shortened the 2020 HEDIS/CAHPS 5.0H surveys to reduce the burden for health plan members and sponsors. OHA adopted these changes for the surveys administered to OHP members. The following questions were removed from the survey:

- *Shared Decision Making* questions and the associated composite measure
- *Health Promotion and Education* question
- *Written Materials or Internet Provided Needed Information* question (adult only)
- Chronic conditions (adult only) and proxy questions.

To support the Race, Ethnicity, Language, and Disability (REALD) initiative, OHA implemented additional items in the demographics area of the survey to collect these data from OHP members. Kindergarten readiness items were also removed from the child instrument.

IMPACT OF COVID-19 ON OHA REPORTING

The 2020 OHA CAHPS survey fielding timeline overlapped with the COVID-19 outbreak in the United States (US). Survey administration began on January 8, 2020 and data collection closed on April 6, 2020. The pandemic gained more widespread national attention during the second half of survey administration. Oregon's response to the outbreak as outlined in Governor's Executive Order No. 20-12 (https://www.oregon.gov/gov/Documents/executive_orders/eo_20-12.pdf) demonstrates the overlap of the timelines. A multitude of factors, such as COVID-19 infection rates, consumer experience, stay-at-home orders, social distancing guidelines, and "essential business" designations might affect the data collected. It is unclear how all these changes may have impacted CAHPS survey results for 2020 and CCOs should be mindful of this when interpreting results.

UPDATES TO THE 2020 OHA CAHPS SURVEY RESULTS REPORT

CSS has made several updates to the 2020 CAHPS Results Reports:

- The *Member Profile and Analysis of Plan Ratings by Member Segment* section has been updated for revised race and gender survey item. Visiting a dentist's office or clinic for care survey item was also included as a utilization measure.
- The CSS *Key Driver Model* has been updated to reflect the shortened survey instrument. Areas that are no longer being assessed with the survey were removed from consideration as possible key drivers of plan performance.
- An updated and expanded *Health Plan Quality Improvement Resource Guide* is included.

EXECUTIVE SUMMARY

CSS administered the Adult Medicaid version of the 2020 CAHPS Health Plan Survey for the Oregon Health Authority on behalf of PacificSource - Central Oregon between January 8 and April 8, 2020. The final Adult Medicaid survey sample for PacificSource - Central Oregon included 1,150 members. 286 members completed the survey, resulting in a response rate of 25.27 percent.

This section highlights some of the key survey findings for PacificSource - Central Oregon, including trends in CAHPS ratings and composites and comparisons to the State Oregon Health Plan results. Results are based on the rates of members answering *8*, *9*, or *10* for the ratings questions and *Usually* or *Always* for all other measures. Statistical significance tests were conducted at the 95% confidence level. Up to six organizational priorities for quality improvement are also identified based on CSS's *Key Driver Analysis*.

RESULTS ON KEY SURVEY MEASURES

STATISTICALLY SIGNIFICANT IMPROVEMENTS OR DECLINES COMPARED TO 2019

Reportable Rate IMPROVED	Reportable Rate DECLINED
No statistically significant improvements	No statistically significant declines

STATISTICALLY SIGNIFICANT DIFFERENCES FROM STATE OREGON HEALTH PLAN

Reportable Rate ABOVE Benchmark	Reportable Rate BELOW Benchmark
2020 State OHP	
Rating of Personal Doctor (by 8.3 points)	None

TOP PRIORITIES FOR QUALITY IMPROVEMENT

CSS's *Key Driver Analysis* identifies the areas of health plan performance and aspects of member experience that shape members' overall assessment of their health plan. To the extent that these specific areas or experiences can be improved, the overall rating of the plan should reflect these gains. Up to five quality improvement opportunities with the highest return on investment for PacificSource - Central Oregon are identified below. Effective interventions in these areas have the greatest potential impact on the *Rating of Health Plan* score.

Top Priorities for Quality Improvement
1. Improving member access to care (visits to doctor's office or clinic)
2. Improving member access to care (ease of getting needed care, tests, or treatment)
3. Improving member access to care (getting an appointment for urgent care as soon as needed)
4. Improving member access to care (scheduling appointments for routine care)
5. Improving the quality of physicians in health plan network (specialists)

The remainder of this report examines these and other findings in greater detail.

SURVEY RESULTS AT A GLANCE

An overview of summary measures is presented in Exhibit 1. This includes CAHPS ratings and composites and comparisons to the state Oregon Health Plan results, and prior year data (where available).

EXHIBIT 1. 2020 OHA CAHPS SURVEY FOR PACIFICSOURCE - CENTRAL OREGON ADULT MEDICAID SAMPLE: SURVEY RESULTS AT A GLANCE

CAHPS 5.0H Survey Measures		Global Proportions and Question Summary Rates			Valid Responses			2020 State OHP
		2018	2019	2020	2018	2019	2020	
Overall Ratings (% 8, 9, or 10)	Q8. Rating of All Health Care	68.08% ▲	70.59%	**76.78%**	213	170	**211**	71.87%
	Q18. Rating of Personal Doctor	75.22% ▲	84.32%	**89.08%**	226	185	**229**	80.79% ▲
	Q22. Rating of Specialist Seen Most Often	81.20%	85.39%	**84.92%**	117	89	**126**	81.37%
	Q28. Rating of Health Plan	62.31% ▲	72.73%	**74.70%**	260	209	**249**	71.28%
Getting Needed Care (% Always or Usually)	***Getting Needed Care Composite***	73.06%	81.17%	**80.82%**	169	135	**169**	81.90%
	Q9. Easy to get needed care	76.53% ▲	84.80%	**84.54%**	213	171	**207**	85.66%
	Q20. Easy to see specialists	69.60%	77.55%	**77.10%**	125	98	**131**	78.14%
Getting Care Quickly (% Always or Usually)	***Getting Care Quickly Composite***	81.16%	82.42%	**79.33%**	138	119	**151**	82.43%
	Q4. Got urgent care as soon as needed	83.67%	82.95%	**82.11%**	98	88	**123**	83.80%
	Q6. Got routine care as soon as needed	78.65%	81.88%	**76.54%**	178	149	**179**	81.05%
How Well Doctors Communicate* (% Always or Usually)	***How Well Doctors Communicate Composite***	90.03%	90.97%	**94.70%**	176	144	**184**	92.52%
	Q12. Doctor explained things	93.18%	94.44%	**96.20%**	176	144	**184**	93.55%
	Q13. Doctor listened carefully	89.20%	89.58%	**94.02%**	176	144	**184**	92.51%
	Q14. Doctor showed respect	90.86%	89.58% ▲	**95.65%**	175	144	**184**	93.43%
	Q15. Doctor spent enough time	86.86%	90.28%	**92.93%**	175	144	**184**	90.59%
Customer Service (% Always or Usually)	***Customer Service Composite***	92.54%	89.09%	**93.67%**	74	55	**102**	88.16%
	Q24. Provided needed information/help	89.19%	87.27%	**89.32%**	74	55	**103**	82.35%
	Q25. Treated with courtesy/respect	95.89%	90.91%	**98.02%**	73	55	**101**	93.97%
	Q17. Coordination of Care (% Always or Usually)	81.31%	86.73%	**89.34%**	107	98	**122**	82.95%
Effectiveness of Care Measures	Advising Smokers and Tobacco Users to Quit	67.80%	67.21%	**79.17%**	59	61	**72**	72.29%
	Discussing Cessation Medications	52.46%	34.43% ▲	**61.43%**	61	61	**70**	54.79%
	Discussing Cessation Strategies	33.33% ▲	36.07% ▲	**57.14%**	60	61	**70**	47.89%
	Flu Vaccinations for Adults	33.97% ▲	45.97%	**45.53%**	262	211	**235**	39.19%

If n is less than 30, "Low n" is displayed next to score.

Comparisons to prior-year and benchmark rates are reported regardless of whether the rate meets the denominator threshold (n=30). All statistical tests are conducted at the 95% confidence level prior to rounding. Statistically significant differences between your organization's current-year rate and the comparison rate are marked as ▲ when your rate is higher or ▼ when it is lower.

ABOUT THIS REPORT

The key features of this 2020 CAHPS report, prepared by CSS for PacificSource - Central Oregon, are highlighted below.

- Survey results presented in this report were calculated following the NCQA guidelines published in *HEDIS* 2020*, Volume 3: Specifications for Survey Measures* unless otherwise noted. Summary Results are reported regardless of whether the denominator threshold is met, however, any summary measure where the denominator is less than 30 is marked as "Low n".

- Throughout the report, the 2020 PacificSource - Central Oregon survey results are compared to the 2020 State OHP. The 2020 State OHP is calculated by pooling Adult Medicaid survey responses across CCOs surveyed by the Oregon Health Authority.

- *Executive Summary* provides a high-level overview of survey findings. This section highlights the areas where PacificSource - Central Oregon performs significantly above or below the state Oregon Health Plan performance. If prior-year survey results are available, any statistically significant improvements or declines on key survey measures are also noted. Up to five top organizational priorities for quality improvement based on CSS's *Key Driver Analysis* are identified.

- *Summary of Survey Results* presents the 2020 PacificSource - Central Oregon survey scores on key measures, including question summary rates (QSRs), global proportions, and changes in QSR and global proportion scores from the previous year (if applicable); and comparisons to relevant state Oregon Health Plan benchmarks. Statistically significant differences in scores are noted.

- *Detailed Performance Charts* are provided for the rating questions, composite measures, and individual survey items representing the various CAHPS domains of care. The 2020 PacificSource - Central Oregon QSRs and global proportions are compared to the 2020 State OHP on all measures. Where available, a three-year trend in scores is also shown.

- *Member Profile and Analysis of Plan Ratings by Member Segment* compares the 2020 PacificSource - Central Oregon respondent profile to the appropriate reference distribution (i.e., all plans included in the 2020 State OHP) of demographic characteristics and utilization variables. Variation in *Rating of Health Plan* measure by member segment is examined.

- A one-page summary of the *Effectiveness of Care* measures includes comparisons to prior-year results (if available) as well as to the 2020 State OHP rates. All rates are calculated according to the NCQA guidelines, but are presented regardless of their eligibility for NCQA reporting.

- *Key Driver Analysis* identifies those aspects of member experience (key drivers) that are closely related to the overall rating of the plan. The CSS *Key Driver Model* quantifies the contribution of each key driver to the overall evaluation of the plan. The 2020 PacificSource - Central Oregon results on each key driver are compared to the highest score among all the Adult Medicaid plans contributing to the 2020 State OHP, yielding a measure of available room for improvement in each area. The result is then weighted by the key driver's contribution to the overall *Rating of Health Plan* score. Opportunities for improvement are prioritized based on the expected improvement in the PacificSource - Central Oregon *Rating of Health Plan* score due to improved performance on the key driver. A separate section of the report provides some helpful resources for health plan quality improvement.

- The *Appendix* includes:

  - Detailed cross-tabulations of survey responses for every survey question, with additional tables summarizing performance on key survey measures;
  - A copy of the survey instrument;
  - Step-by-step guidelines for calculating composite global proportions; and
  - A glossary of terms.

SURVEY METHODOLOGY

SURVEY PROTOCOL AND TIMELINE

CSS administered the Adult Medicaid version of the 2020 CAHPS Health Plan Survey for the Oregon Health Authority on behalf of PacificSource - Central Oregon using a mixed methodology of internet, mail, and telephone. The Oregon Health Authority's mixed methodology consisted of the following milestones:

- A prenotification letter with an invitation to complete the survey online, which was mailed on January 8;
- An initial questionnaire with cover letter, which was mailed on January 15;
- A replacement questionnaire with cover letter, which was mailed on February 13;
- A telephone follow-up phase targeting non-respondents, with up to four telephone follow-up attempts spaced at different times of the day and on different days of the week, which started on March 9; and
- Close of data collection on April 6, 2020.

SURVEY MATERIALS

The survey instruments (both English and Spanish) used for PacificSource - Central Oregon are provided in the Appendix. CSS designed the survey following instructions from OHA and the NCQA specifications detailed in *HEDIS 2020, Volume 3: Specifications for Survey Measures* and *Quality Assurance Plan for HEDIS 2020 Survey Measures*. The materials referred to Oregon Health Plan and included the Oregon Health Authority logo on all the mailing materials. Each survey package included a postage-paid return envelope. Besides the core CAHPS questions, the survey included 32 additional questions added by OHA. These included questions on mobility impairment, cultural competency, access to dental care, and REALD demographics. All mailings included a duplex English and Spanish cover letter. Members received either an English or Spanish survey based on language information provided by Oregon Health Authority. Members had the option to request the survey in the other language using a telephone request line.

SAMPLE SELECTION

CSS followed Oregon Health Authority's instructions to generate the survey sample for PacificSource - Central Oregon. Sample-eligible members were defined as plan members who were 18 years old or older as of November 30, 2019; were currently enrolled; had been continuously enrolled for six months (with no more than one enrollment break of 45 days or less); and whose primary coverage was through Medicaid. Prior to sampling, CSS carefully inspected the

member file(s) and informed the Oregon Health Authority of any errors or irregularities found (such as missing address elements or subscriber numbers). Once the quality assurance process had been completed, CSS processed member addresses through the USPS National Change of Address (NCOA) service to ensure that the mailing addresses were up-to-date.

The final sample was generated using a random selection methodology, with no more than one member per household selected to receive the survey. The exception to this rule was any CCO that failed to meet the desired sample size in which case more than one member per household could be selected. CSS assigned each sampled member a unique identification number, which was used to track their progress throughout the data collection process.

The Oregon Health Authority chose to oversample for targeted race and ethnicity groups to ensure these groups were appropriately represented in the state sample. Data for those sample members only appear in the State OHP results and not the individual CCO results. Therefore, the final Adult Medicaid survey sample for PacificSource - Central Oregon included 1,150 members.

DATA CAPTURE

Questionnaires returned by mail were recorded using either manual data entry or optical scanning. Responses recorded via manual data entry were keyed by two independent data entry operators, and any discrepancies between the two response records were flagged and reconciled by a supervisor. Individual responses on surveys recorded via optical scanning were sent to data entry operators if the scanning technology was unable to identify the specific response option selected with a pre-defined degree of certainty.

Computer Assisted Telephone Interviewing (CATI) technology was used to electronically capture survey responses obtained during telephone interviews. Members were able to complete the survey in either English or Spanish. On-site CATI supervisors maintained quality control by monitoring the telephone interviews and keyboard entry of interviewers in real time. In addition, CSS research staff remotely monitored interviews on a regular basis. Due to the multiple mailings and varied modes of data collection, multiple survey responses could be received from the same sample member. In those cases, CSS included only one survey response (the most complete survey) in the final analysis dataset.

MEMBER DISPOSITIONS AND RESPONSE RATE

Among the PacificSource - Central Oregon sample members who met final eligibility criteria, 286 completed the survey, resulting in a response rate of 25.27 percent. Additional detail on sample member status at the end of data collection (dispositions) is provided in Exhibit 2.

EXHIBIT 2. 2020 OHA CAHPS SURVEY FOR PACIFICSOURCE - CENTRAL OREGON ADULT MEDICAID SAMPLE: SAMPLE MEMBER DISPOSITIONS AND RESPONSE RATE

Disposition	Total		2020 State OHP
	Number	% Initial Sample	
Initial Sample	1,150	100.00%	---
Disposition			
Complete and Eligible - Mail	196	17.04%	17.50%
Complete and Eligible - Phone	81	7.04%	6.20%
Complete and Eligible - Internet	9	0.78%	1.04%
Complete and Eligible - Total	286	24.87%	24.74%
Does not meet Eligible Population criteria	12	1.04%	1.81%
Incomplete (but Eligible)	24	2.09%	1.78%
Ineligible	6	0.52%	0.17%
- Language barrier	0	0.00%	0.06%
- Mentally or physically incapacitated	5	0.43%	0.75%
- Deceased	1	0.09%	0.19%
Refusal	76	6.61%	5.40%
Nonresponse after maximum attempts	740	64.35%	64.69%
Added to Do Not Call (DNC) list	6	0.52%	0.57%
Response Rate*		**25.27%**	**25.45%**

31530

*Response rate = Complete and Eligible Surveys/[Complete and Eligible + Incomplete (but Eligible) + Refusal + Nonresponse after maximum attempts + Added to Do Not Call (DNC) List]

SATISFACTION WITH THE EXPERIENCE OF CARE

PATIENT EXPERIENCE OF CARE MEASURES

GLOBAL RATINGS

CAHPS Health Plan Survey (version 5.0H) includes four global rating questions that utilize the scale of *0* to *10*, with 0 representing the worst and 10 representing the best possible rating. Results are reported as the proportion of members selecting one of the top three responses (*8*, *9*, or *10*).

- ***Rating of Personal Doctor*** (*0* = worst personal doctor possible; *10* = best personal doctor possible)
- ***Rating of Specialist Seen Most Often*** (*0* = worst specialist possible; *10* = best specialist possible)
- ***Rating of All Health Care*** (*0* = worst health care possible; *10* = best health care possible)
- ***Rating of Health Plan*** (*0* = worst health plan possible; *10* = best health plan possible)

CAHPS COMPOSITES

In addition to the global ratings, the results for several CAHPS composite measures are also reported. CAHPS composites combine results from related survey questions into a single measure to summarize health plan performance in the areas listed below.

- ***Getting Needed Care*** combines two survey questions that address member access to care. Both questions use a *Never*, *Sometimes*, *Usually*, or *Always* response scale, with *Always* being the most favorable response. Results are based on the proportion of members answering the following questions as *Usually* or *Always*.
  - *In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?*
  - *In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?*

- ***Getting Care Quickly*** combines responses to two survey questions that address timely availability of both urgent and check-up/routine care. The questions use a *Never*, *Sometimes*, *Usually*, or *Always* scale, with *Always* being the most favorable response. Results are based on the proportion of members selecting *Usually* or *Always* in response to the following questions:
  - *In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?*
  - *In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?*
- ***How Well Doctors Communicate*** combines responses to four survey questions that address physician communication. The questions use a *Never*, *Sometimes*, *Usually*, or *Always* scale, with *Always* being the most favorable response. Results are reported as the proportion of members answering the following questions as *Usually* or *Always*:
  - *In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?*
  - *In the last 6 months, how often did your personal doctor listen carefully to you?*
  - *In the last 6 months, how often did your personal doctor show respect for what you had to say?*
  - *In the last 6 months, how often did your personal doctor spend enough time with you?*
- ***Customer Service*** combines responses to two survey questions that ask about member experience with the health plan's customer service. The questions use a *Never*, *Sometimes*, *Usually*, or *Always* scale, with *Always* being the most favorable response. Results are reported as the proportion of members selecting *Usually* or *Always* in response to the following questions:
  - *In the last 6 months, how often did your health plan's customer service staff give you the information or help you needed?*
  - *In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?*
- ***Coordination of Care*** is based on a single survey question, which uses a *Never*, *Sometimes*, *Usually*, or *Always* scale (with *Always* being the most favorable response). Results are based on the proportion of members selecting *Usually* or *Always* in response to the question below:
  - *In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?*

CALCULATION AND REPORTING OF RESULTS

QUESTION SUMMARY RATES AND COMPOSITE GLOBAL PROPORTIONS

Question Summary Rates (QSRs) express the proportion of respondents selecting the response option(s) of interest from a given question on the survey.

Composite Global Proportions express the proportion of respondents selecting the response option(s) of interest from a given group of questions on the survey. They are calculated by first determining the proportion of respondents selecting the reported response(s) on each survey question contributing to the composite and subsequently averaging these proportions across all items in the composite.

Throughout the report, all question summary rates and composite global proportions are rounded to two decimal places for display purposes (e.g., 0.23456 is displayed as 23.46%). However, all calculations involving rates and proportions, including statistical significance testing, are carried out prior to rounding. For more details on the calculations please refer to *HEDIS 2020, Volume 3: Specifications for Survey Measures* or consult the Appendix.

DENOMINATOR THRESHOLD

The denominator for an individual question is the total number of valid responses to that question. The denominator for a composite is the average number of responses across all questions in the composite (note: composite denominators are rounded for display purposes). If the rate denominator is less than 30, a measure result of "Low n" was assigned. This report presents results for all measures, regardless of denominator size. Any result that does not meet the denominator threshold of 30 valid responses is denoted with "Low n" to inform interpretations of results.

COMPARISONS TO BENCHMARKS AND PRIOR-YEAR RESULTS

Throughout the report, the 2020 PacificSource - Central Oregon results are compared to the 2020 State OHP as well as to the highest and lowest performing CCO. The 2020 State OHP is calculated by pooling Adult Medicaid survey responses across CCOs surveyed by the Oregon Health Authority. If available, prior-year survey results are provided for comparison and year-to-year changes in results are tested for statistical significance. All the statistical tests are carried out at the 95% confidence level (i.e., there is a 95% probability that the observed difference is not due to chance).

SUMMARY OF SURVEY RESULTS

Exhibit 3 provides a high-level PacificSource - Central Oregon performance overview on key survey measures. These include overall ratings, composite global proportions, and QSRs for additional content areas. Where applicable, changes in scores over time and comparisons to benchmarks are reported and tested for statistical significance.

EXHIBIT 3. 2020 OHA CAHPS SURVEY FOR PACIFICSOURCE - CENTRAL OREGON ADULT MEDICAID SAMPLE: SUMMARY OF RESULTS ON KEY MEASURES

CAHPS 5.0H Survey Measures*	2020 Rate	Difference** between 2020 Rate and...		
		2019 Rate	2018 Rate	2020 State OHP
Ratings				
Rating of Personal Doctor	89.08%	4.76%	13.86% ▲	8.30% ▲
Rating of Specialist Seen Most Often	84.92%	-0.47%	3.72%	3.55%
Rating of All Health Care	76.78%	6.19%	8.70% ▲	4.91%
Rating of Health Plan	74.70%	1.97%	12.39% ▲	3.41%
Composite Measures				
Getting Needed Care	80.82%	-0.35%	7.76%	-1.08%
Getting Care Quickly	79.33%	-3.09%	-1.84%	-3.10%
How Well Doctors Communicate	94.70%	3.73%	4.68%	2.18%
Customer Service	93.67%	4.58%	1.13%	5.51%
Additional Content Areas				
Coordination of Care	89.34%	2.61%	8.04%	6.39%

* Results were calculated following NCQA specifications and prior year results may differ from those previously reported.

** Comparisons to prior-year and benchmark rates are reported regardless of whether the rate meets the small denominator threshold (n=30). All differences in rates are calculated prior to rounding and are rounded for display purposes only. All statistical tests are conducted at the 95% confidence level. Statistically significant differences between your organization's current-year rate and the comparison rate are marked as ▲ when your current-year rate is higher or ▼ when it is lower.

DETAILED PERFORMANCE CHARTS

This section of the report includes detailed charts for composite global proportions, rating question summary rates (QSRs), as well as additional QSRs for individual survey items. The charts have the following features:

TREND IN RESULTS

- PacificSource - Central Oregon survey scores are trended over three consecutive years of data collection, if available. A result may not be available if the survey was not administered in a given year, if the measure is new, or if the measure is not deemed appropriate for trending. In such cases, "No data" appears in place of the score.

- Where appropriate, changes in the distribution of favorable ratings over time are shown in the *Top Rating Distribution* panel of the chart (i.e., percent responding *8* vs. percent responding *9* or *10*, or percent responding *Usually* vs. percent responding *Always*).

- The number of valid responses (*n*) appears above each bar. If the number of responses is less than 30, "Low n" appears next to the value of *n*, indicating that the result does not meet the denominator threshold. CSS calculates all rates regardless of this threshold.

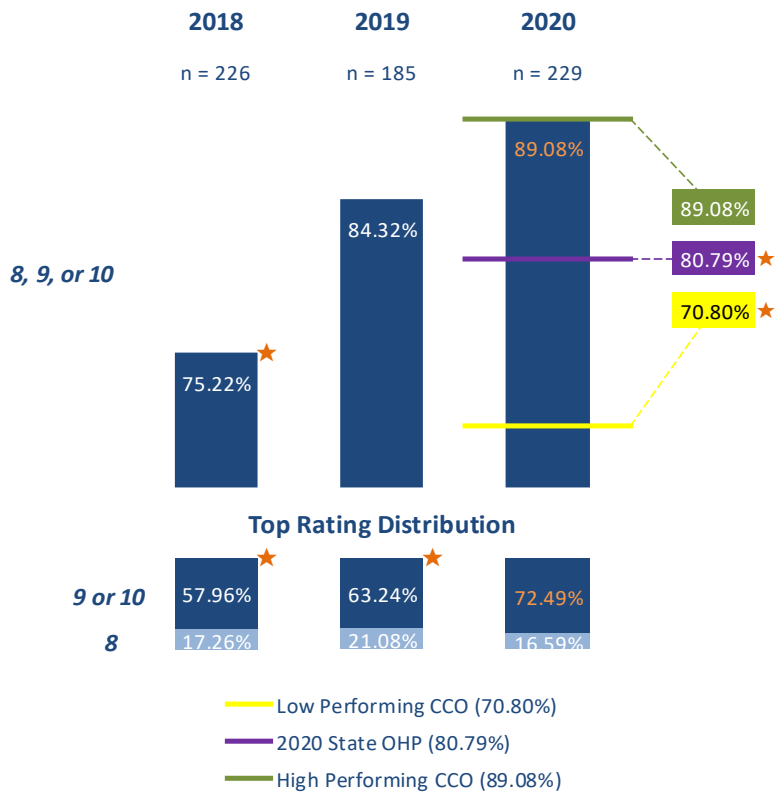
- Statistical comparisons are conducted between the current-year rate and each of the prior-year rates, if available. Where appropriate, differences in both standard (e.g., *8* + *9* + *10* or *Usually* + *Always*) as well as top-box (e.g., *9* + *10* or *Always*) rates are tested for statistical significance at the 95% confidence level. Statistically significant differences are indicated with a ★ symbol next to the comparison score. For example, ★ appearing next to the 2019 rate denotes a statistically significant difference between the 2020 and 2019 rates.

COMPARISONS TO BENCHMARKS

- The horizontal lines displayed on the charts correspond to the 2020 State OHP as well as to the highest and lowest performing CCO. If the 2020 PacificSource - Central Oregon score is significantly different from any of these benchmark scores at the 95% confidence level, ★ appears next to the relevant score.

Rating of Personal Doctor

Percent Responding 8, 9, or 10



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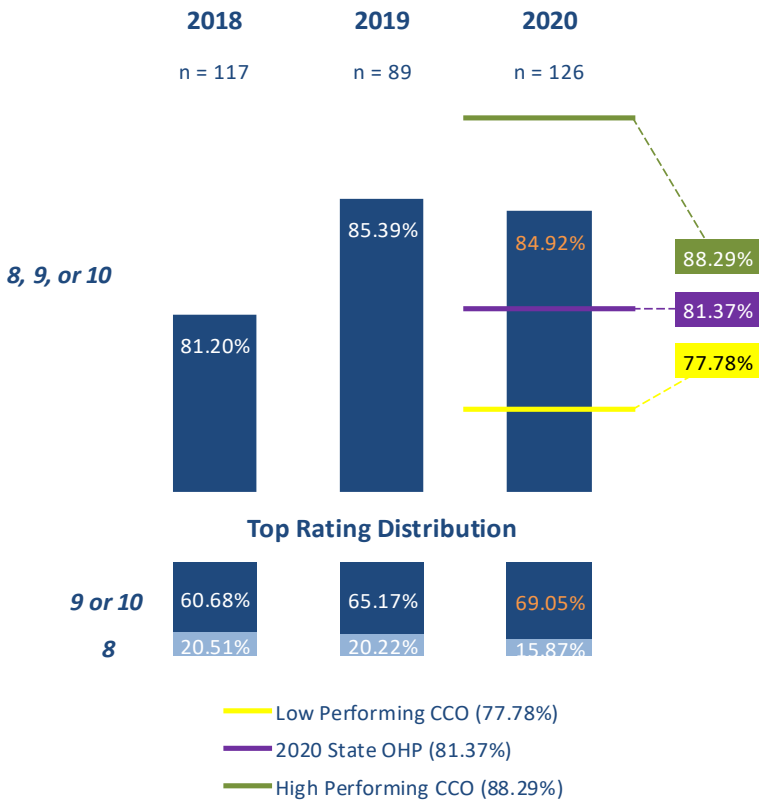
Tests of statistical significance were conducted for the following reportable rates: *(8 + 9 + 10)* and *(9 + 10)*. Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison rate (prior-year, or national rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 30, "Low n" is displayed next to the value of n. If survey data are not available or the measure is not trendable, "No data" appears in place of n.

Rating of Specialist Seen Most Often

Percent Responding 8, 9, or 10



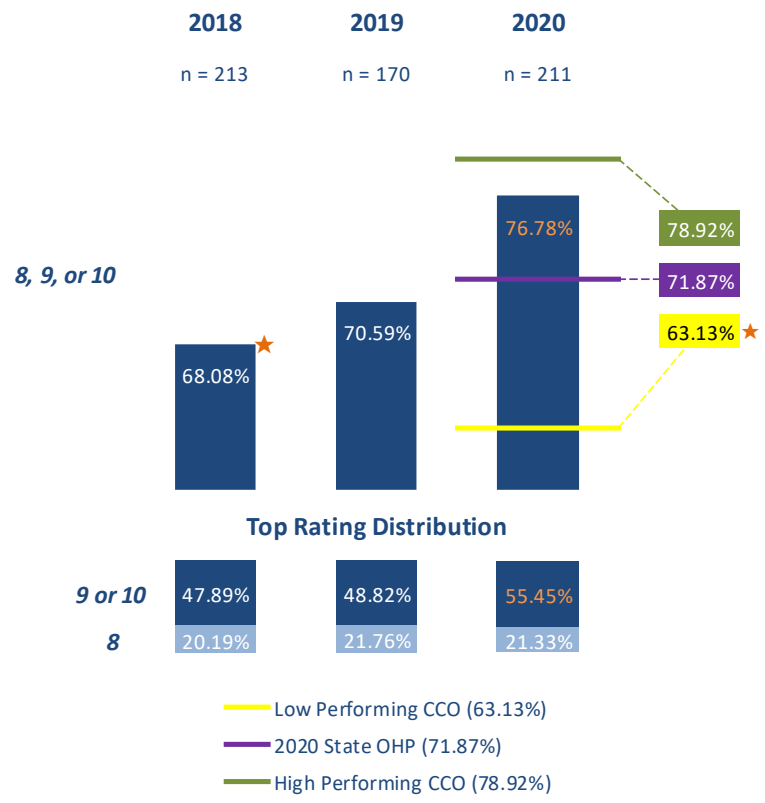
31530

Tests of statistical significance were conducted for the following reportable rates: *(8 + 9 + 10)* and *(9 + 10)*. Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison rate (prior-year, or national rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 30, "Low n" is displayed next to the value of n. If survey data are not available or the measure is not trendable, "No data" appears in place of n.

Rating of All Health Care

Percent Responding 8, 9, or 10



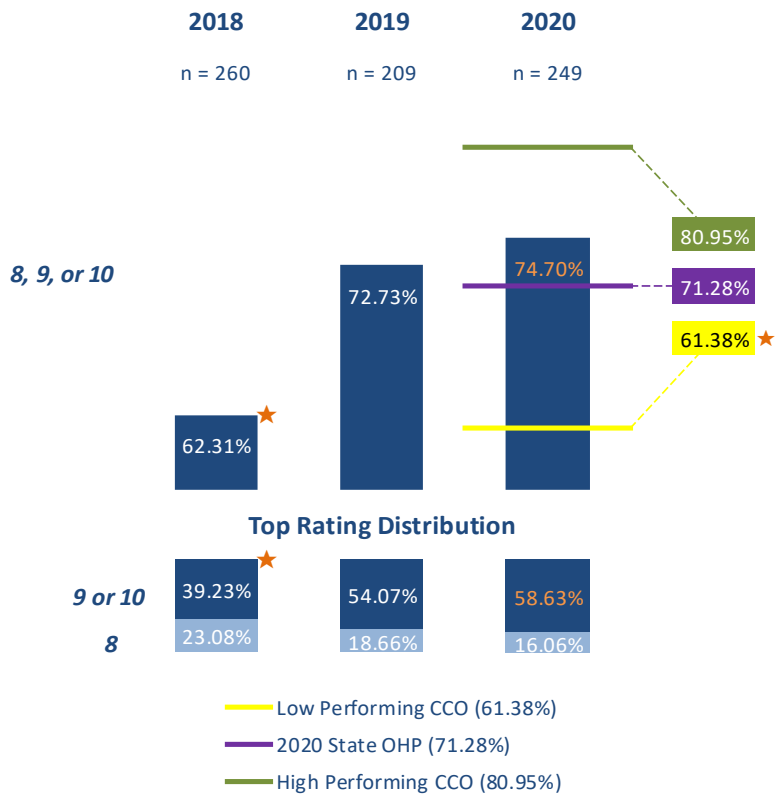
31530

Tests of statistical significance were conducted for the following reportable rates: *(8+9+10)* and *(9+10)*. Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison rate (prior-year, or national rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 30, "Low n" is displayed next to the value of n. If survey data are not available or the measure is not trendable, "No data" appears in place of n.

Rating of Health Plan

Percent Responding 8, 9, or 10



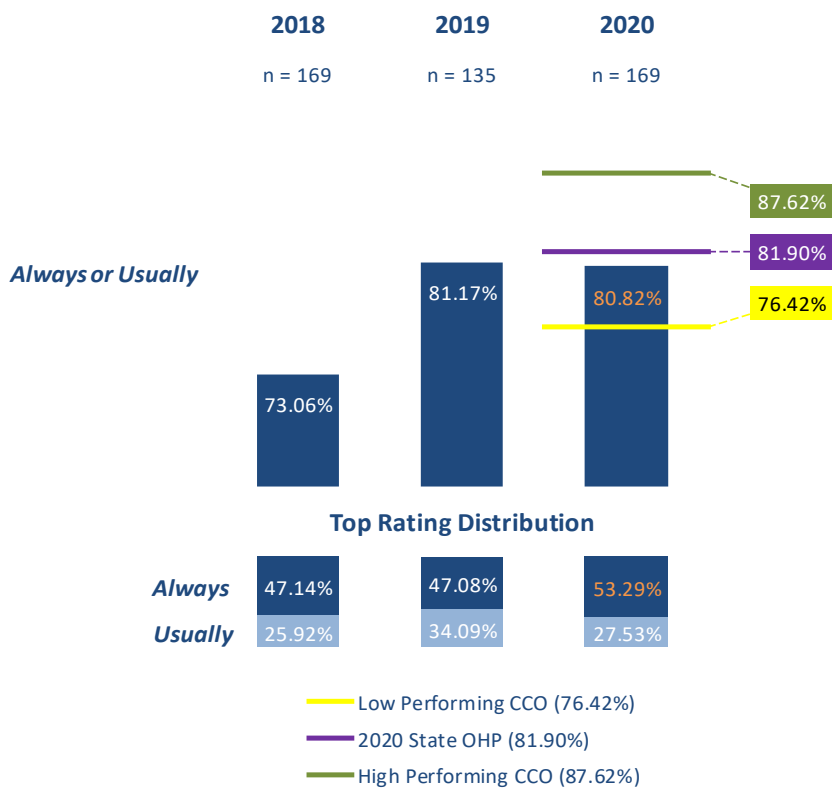
31530

Tests of statistical significance were conducted for the following reportable rates: *(8 + 9 + 10)* and *(9 + 10)*. Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison rate (prior-year, or national rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 30, "Low n" is displayed next to the value of n. If survey data are not available or the measure is not trendable, "No data" appears in place of n.

Getting Needed Care (Composite)

Percent Responding Always or Usually



31530

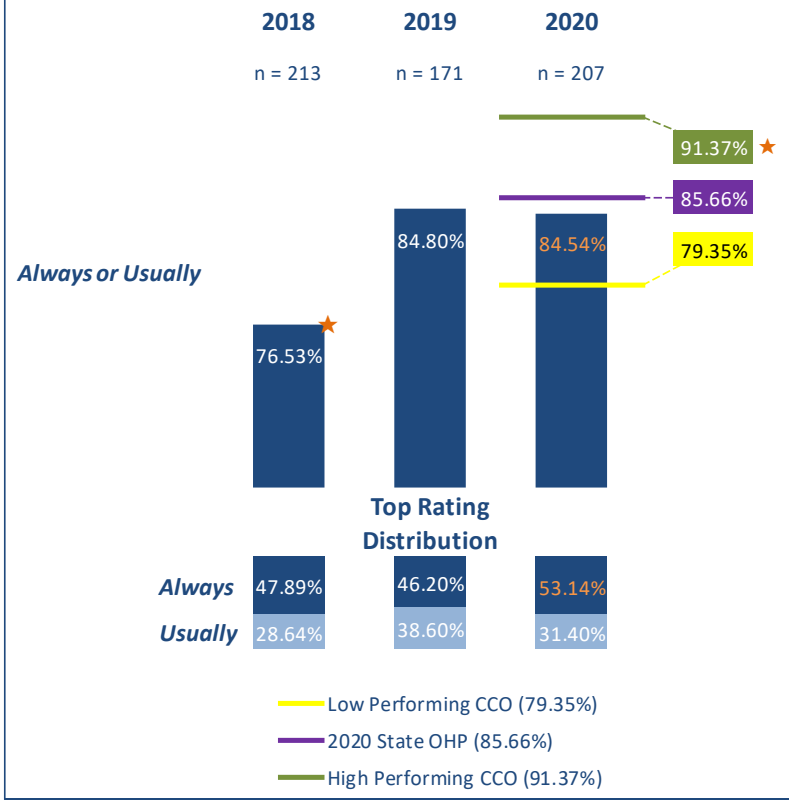
Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always.* Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison rate (prior-year, or national rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 30, "Low n" is displayed next to the value of n. If survey data are not available or the measure is not trendable, "No data" appears in place of n.

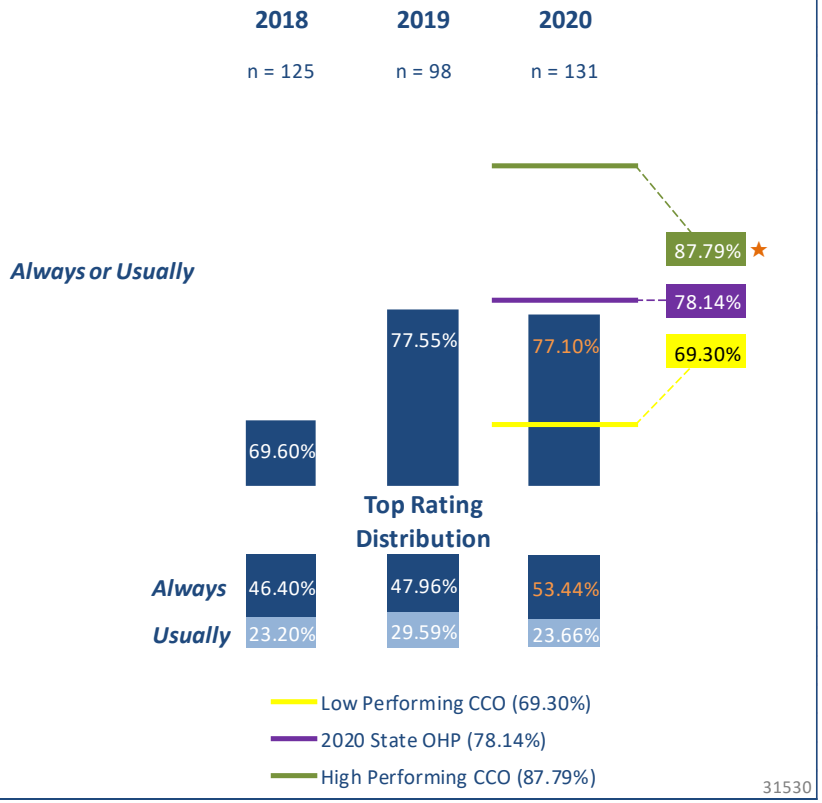
Getting Needed Care (Contributing Items)

Percent Responding Always or Usually

Q9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?



Q20. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?



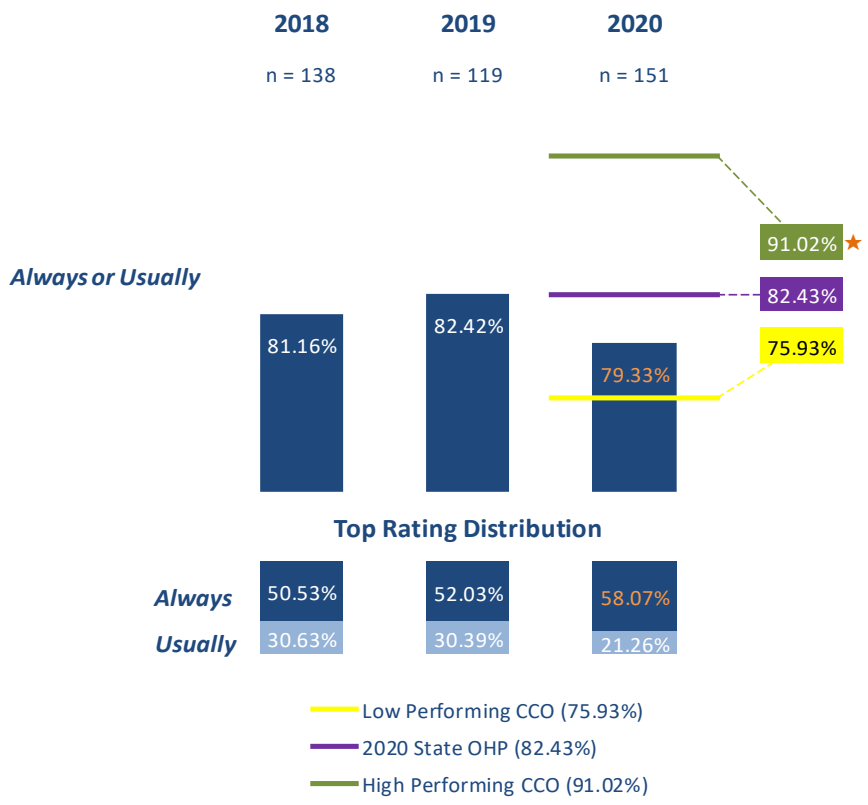
31530

Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always.* Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison rate (prior-year, or national rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 30, "Low n" is displayed next to the value of n. If survey data are not available or the measure is not trendable, "No data" appears in place of n.

Getting Care Quickly (Composite)

Percent Responding Always or Usually



31530

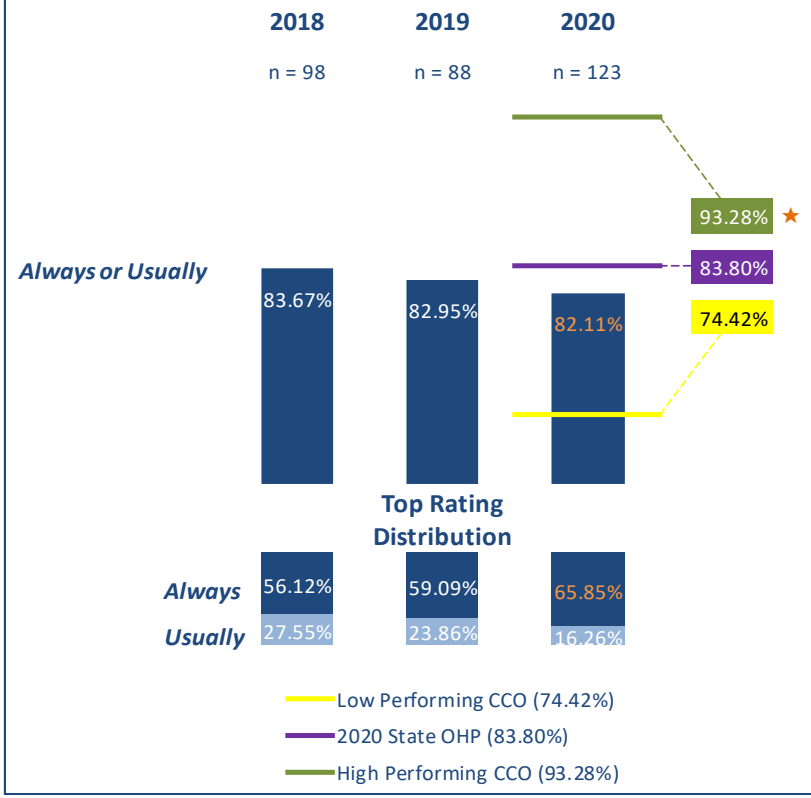
Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always*. Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison rate (prior-year, or national rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 30, "Low n" is displayed next to the value of n. If survey data are not available or the measure is not trendable, "No data" appears in place of n.

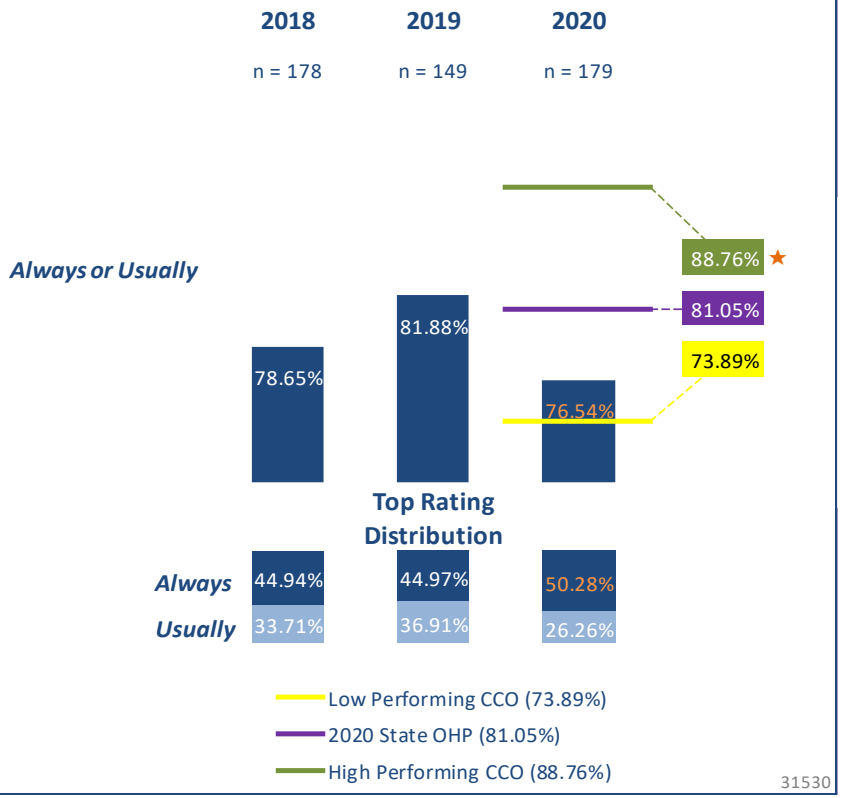
Getting Care Quickly (Contributing Items)

Percent Responding Always or Usually

Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?



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

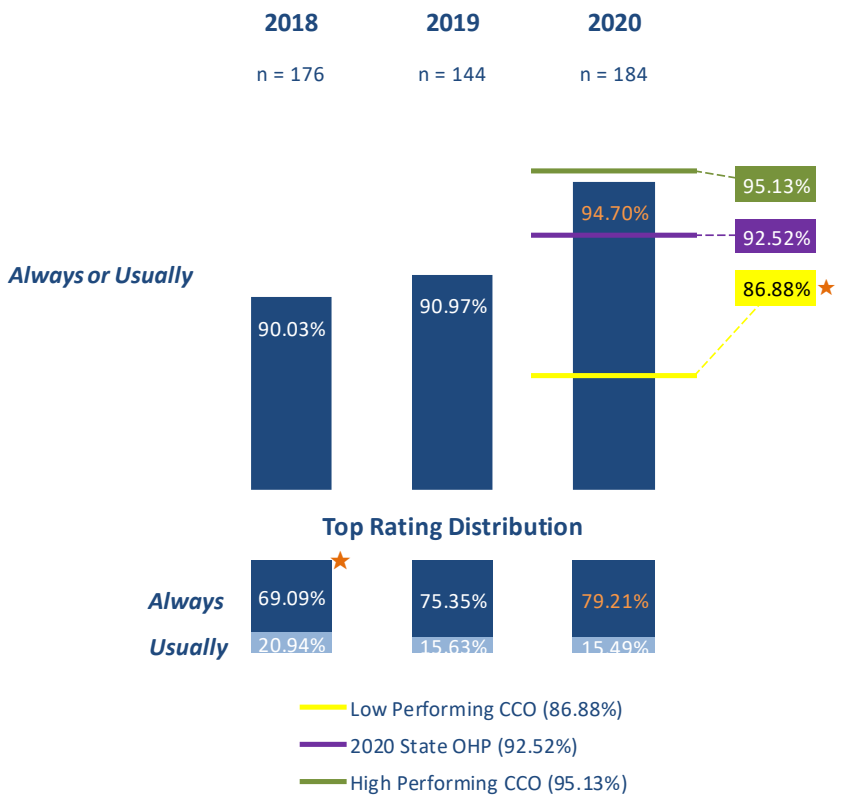


Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always.* Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison rate (prior-year, or national rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 30, "Low n" is displayed next to the value of n. If survey data are not available or the measure is not trendable, "No data" appears in place of n.

How Well Doctors Communicate (Composite)

Percent Responding Always or Usually



31530

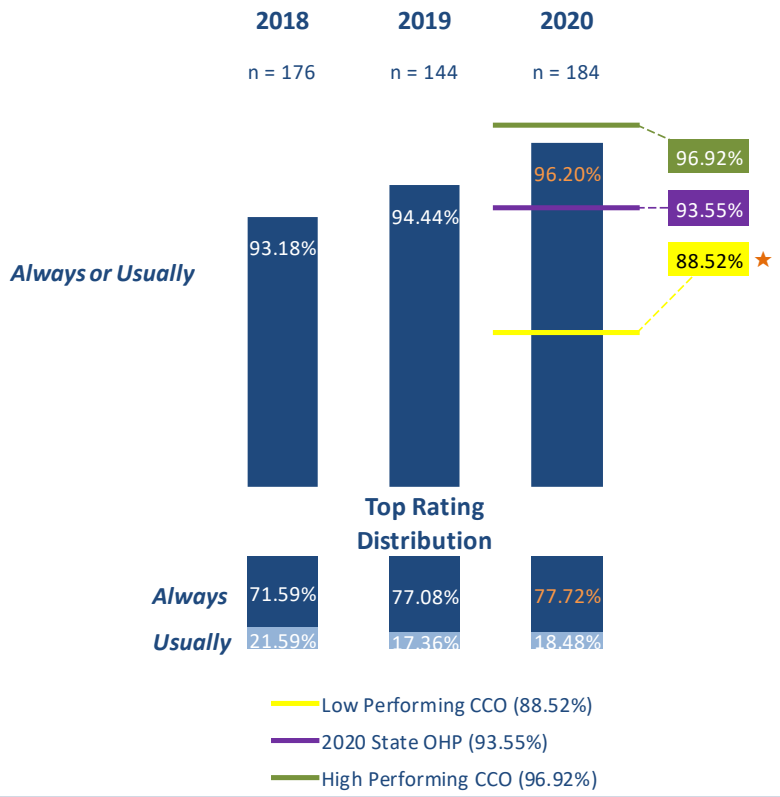
Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always*. Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison rate (prior-year, or national rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 30, "Low n" is displayed next to the value of n. If survey data are not available or the measure is not trendable, "No data" appears in place of n.

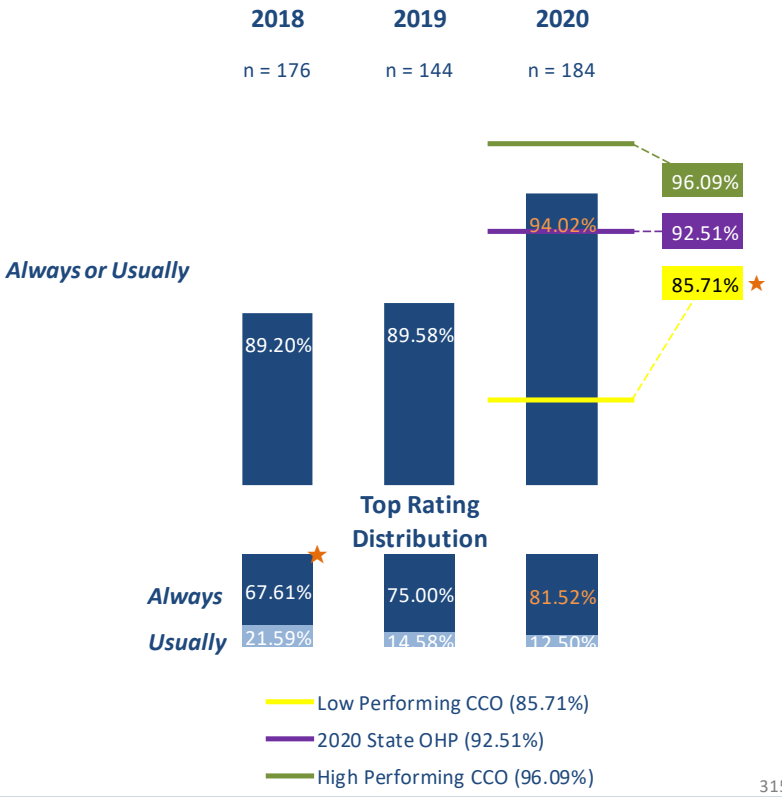
How Well Doctors Communicate (Contributing Items)

Percent Responding Always or Usually

Q12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?



Q13. In the last 6 months, how often did your personal doctor listen carefully to you?



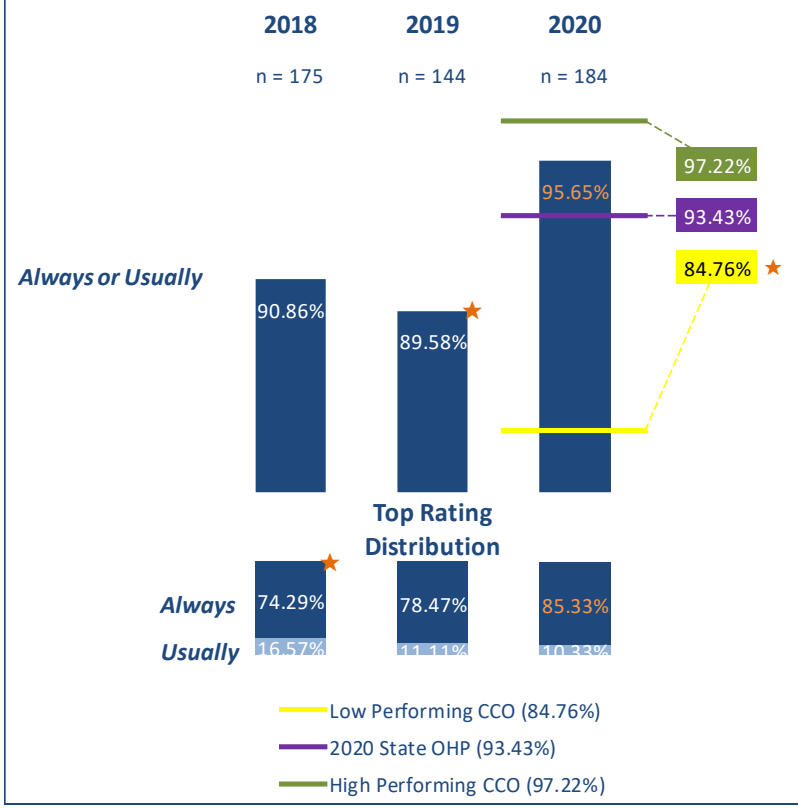
Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always*. Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison rate (prior-year, or national rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 30, "Low n" is displayed next to the value of n. If survey data are not available or the measure is not trendable, "No data" appears in place of n.

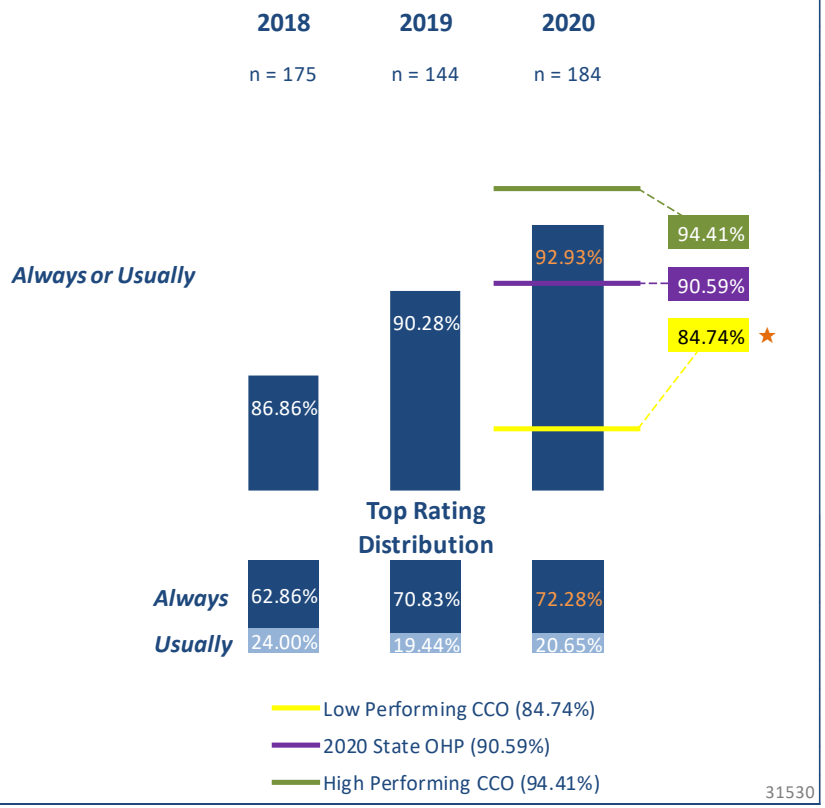
How Well Doctors Communicate (Contributing Items)

Percent Responding Always or Usually

Q14. In the last 6 months, how often did your personal doctor show respect for what you had to say?



Q15. In the last 6 months, how often did your personal doctor spend enough time with you?

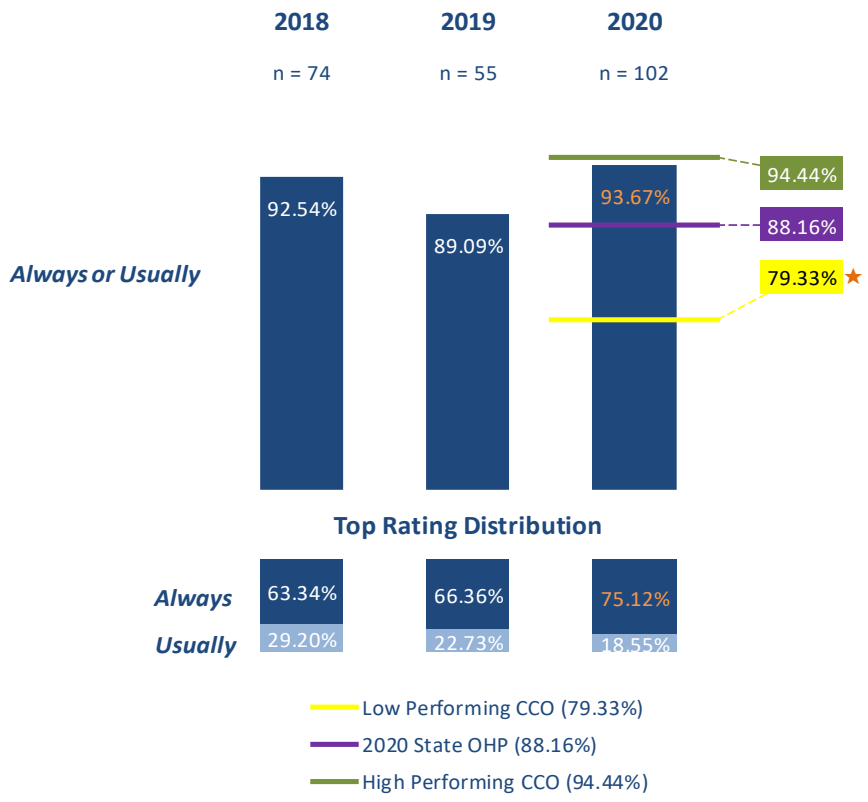


Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always*. Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison rate (prior-year, or national rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 30, "Low n" is displayed next to the value of n. If survey data are not available or the measure is not trendable, "No data" appears in place of n.

Customer Service (Composite)

Percent Responding Always or Usually



31530

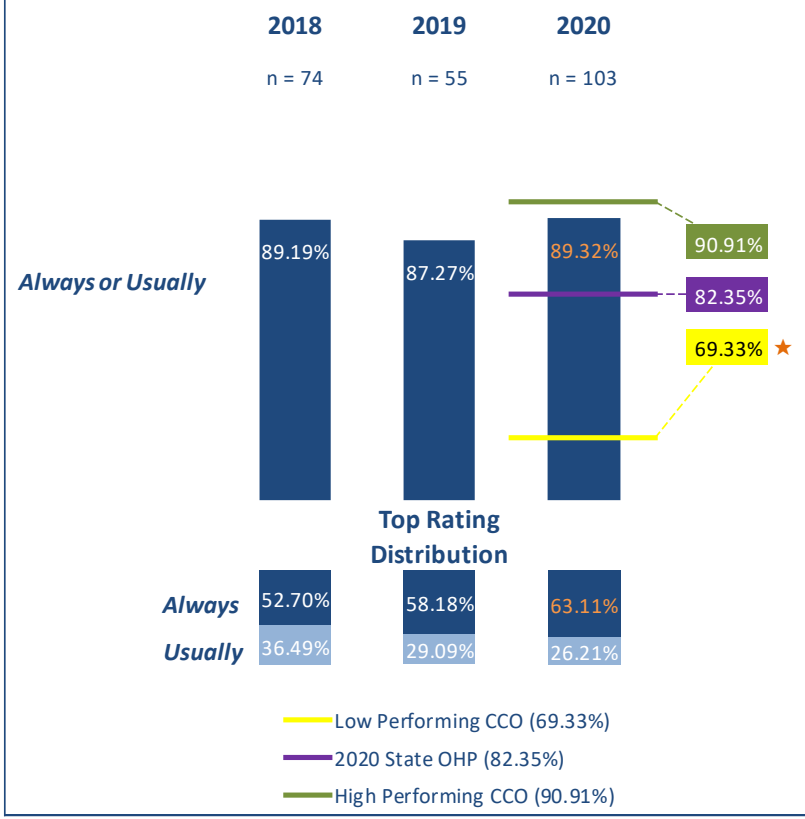
Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always*. Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison rate (prior-year, or national rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 30, "Low n" is displayed next to the value of n. If survey data are not available or the measure is not trendable, "No data" appears in place of n.

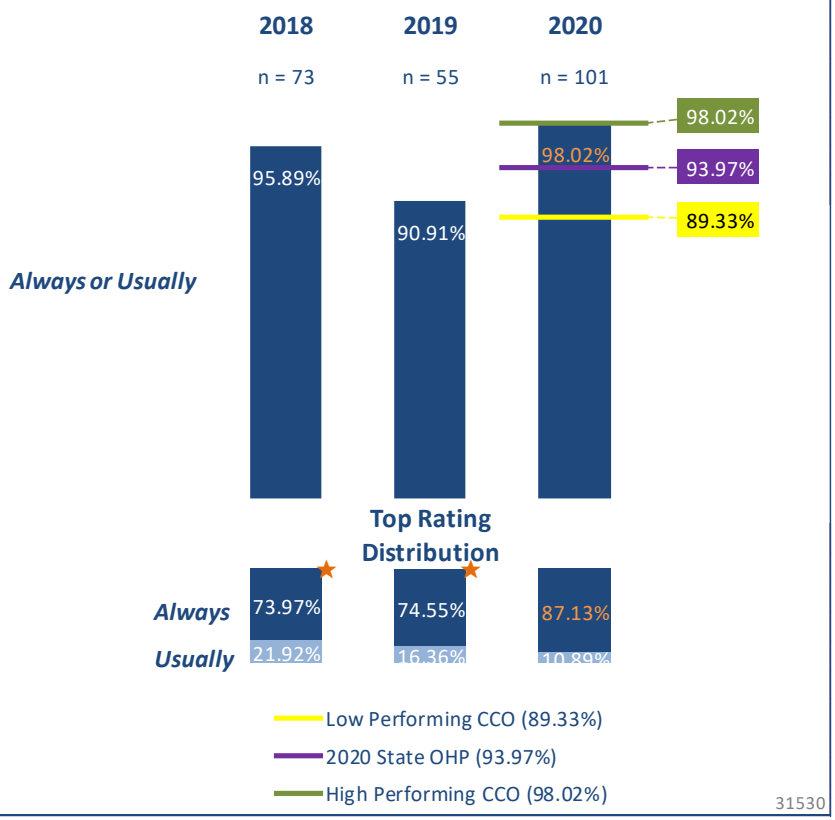
Customer Service (Contributing Items)

Percent Responding Always or Usually

Q24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?



Q25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

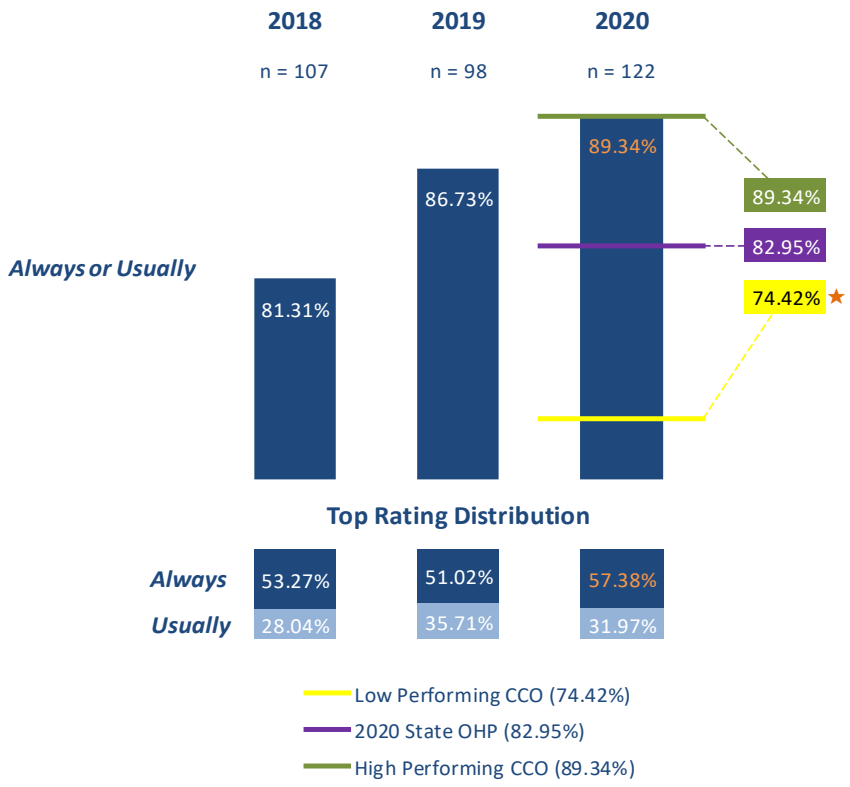


Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always.* Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison rate (prior-year, or national rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 30, "Low n" is displayed next to the value of n. If survey data are not available or the measure is not trendable, "No data" appears in place of n.

Coordination of Care (Single Item)

Percent Responding Always or Usually



31530

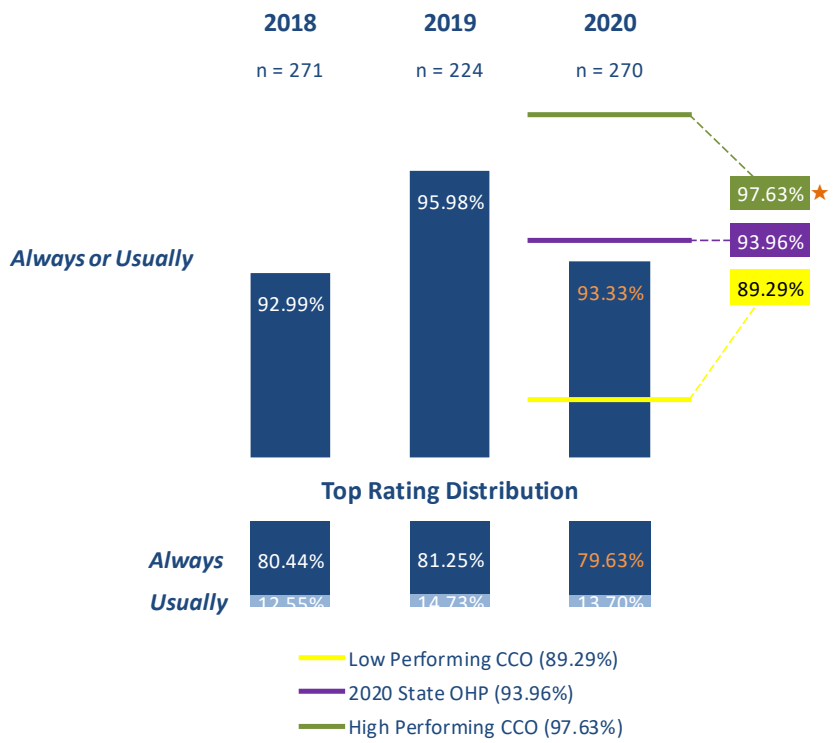
Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always.* Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison rate (prior-year, or national rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 30, "Low n" is displayed next to the value of n. If survey data are not available or the measure is not trendable, "No data" appears in place of n.

Forms from Plan Were Easy to Fill Out (Single Item)

Percent Responding Always or Usually

Q27. In the last 6 months, how often were the forms from your health plan easy to fill out? (Note: Respondents who did not have to fill out any forms from the health plan are counted as answering "Always".)



31530

Tests of statistical significance were conducted for the following reportable rates: *(Always + Usually)* and *Always*. Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison rate (prior-year, or national rate) are marked with a ★ symbol next to the comparison rate.

The denominator (n) represents the number of valid responses collected for the measure. If n is less than 30, "Low n" is displayed next to the value of n. If survey data are not available or the measure is not trendable, "No data" appears in place of n.

EFFECTIVENESS OF CARE

The *Effectiveness of Care* domain for the AdultMedicaid product line includes the following measures: *Flu Vaccinations for Adults Ages 18–64 (FVA)* and *Medical Assistance with Smoking and Tobacco Use Cessation (MSC)*. The *FVA* measure is a single-year rate. The *MSC* measure is typically based on two years of data collection and is calculated using the NCQA rolling average methodology. For OHP, the *MSC* measure is calculated using a single-year rate. A brief description of each measure, as it appears in *HEDIS 2020, Volume 3: Specifications for Survey Measures, Section 2: Effectiveness of Care*, is reproduced below. Please refer to *Volume 3* for additional information on the measures, including rolling average calculation methodology and NCQA reporting rules.

EFFECTIVENESS OF CARE MEASURES

FLU VACCINATIONS FOR ADULTS AGES 18–64 (FVA)

This measure represents the percentage of members 18–64 years of age who received a flu vaccination between July 1 of the measurement year and the date when the survey was completed.

MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION (MSC)

The following components of the *MSC* measure assess different facets of providing medical assistance with smoking and tobacco use cessation:

- *Advising Smokers and Tobacco Users to Quit* –the percentage of current smokers or tobacco users who received advice to quit during the measurement year.
- *Discussing Cessation Medications* –the percentage of current smokers or tobacco users who discussed or were recommended cessation medications during the measurement year.
- *Discussing Cessation Strategies* –the percentage of current smokers or tobacco users who discussed or were provided cessation methods or strategies during the measurement year.

EFFECTIVENESS OF CARE RESULTS

Exhibit 4 provides a summary of PacificSource - Central Oregon results on HEDIS *Effectiveness of Care* measures. Comparisons to prior-year rates (if available) as well as to the 2020 State OHP rates with statistical significance tests are included.

EXHIBIT 4. 2020 OHA CAHPS SURVEY FOR PACIFICSOURCE - CENTRAL OREGON ADULT MEDICAID SAMPLE: EFFECTIVENESS OF CARE RESULTS

Effectiveness of Care Measures*	2020 Rate	Difference** between 2020 Rate and...	
		2019 Rate	2020 State OHP
Flu Vaccinations for Adults (FVA)			
Flu Vaccinations for Adults	45.53%	-0.44%	6.34%
Medical Assistance with Smoking and Tobacco Use Cessation (MSC)			
Advising Smokers and Tobacco Users to Quit	79.17%	11.95%	6.87%
Discussing Cessation Medications	61.43%	27.00% ▲	6.64%
Discussing Cessation Strategies	57.14%	21.08% ▲	9.25%

31530

* *Effectiveness of Care* results were calculated by CSS following NCQA specifications with the exception that rates for the MSC measure were calculated using a single year rate methodology.

** Comparisons to prior-year and benchmark rates are reported regardless of whether the rate meets the denominator threshold (n=30). All differences in rates are calculated prior to rounding and are rounded for display purposes only. All statistical tests are conducted at the 95% confidence level. Statistically significant differences between your organization's current-year rate and the comparison rate are marked as ▲ when your rate is higher or ▼ when it is lower.

MEMBER PROFILE AND ANALYSIS OF PLAN RATINGS BY MEMBER SEGMENT

This section of the report presents a detailed profile of the PacificSource - Central Oregon membership. In addition to member demographics and health status, responses to survey items that assess utilization of healthcare services are included.

A health plan's membership mix is shaped by multiple factors, most of which are beyond the scope of this survey. These include benefit design, geography, availability of health plan choices, and member self-selection into products that best meet their needs. CSS's analysis of industry data suggests that there is considerable variation in member demographic makeup and utilization patterns across plans. To the extent that various member segments have distinct healthcare needs, utilization patterns, expectations, experiences, as well as attitudes and perceptions, their ratings of the *same* health plan will likely differ.

Certain member characteristics (e.g., health status) appear to be directly related to differences in healthcare needs and utilization levels. For example, some plans have predominantly healthy members, whose interactions with care providers and the plan tend to be limited. By contrast, other plans serve populations with higher rates of illness. These members tend to have more frequent encounters with the healthcare system and as a result may become more experienced users of health plans. The ways in which members use the plan, the frequency of their interactions with providers and staff, and their overall level of familiarity with how the plan works may affect ratings.

In addition to health care needs and utilization patterns, demographic characteristics have been shown to influence survey responses. For example, all else being equal, older respondents and members of certain ethnic groups (e.g., Hispanic or Latino respondents) tend to rate their health care providers and plans more positively. By contrast, more educated members rate more critically, regardless of age or ethnicity.

While the interplay between these membership variables (often referred to as the plan's "case mix") and health plan ratings is complex, health plan ratings clearly vary across demographic groups and user segments. Understanding the plan's case mix can help managers to gain insight into possible sources of this variation.

The charts on the following pages compare the PacificSource - Central Oregon membership profile to the relevant state Oregon Health Plan benchmark distribution on demographic characteristics and utilization patterns. The pie chart in the upper half of each panel contrasts the distribution of the PacificSource - Central Oregon membership on a given member attribute (e.g., gender, education level, number of doctor visits, etc.) with the 2020 state Oregon Health Plan distribution on the same attribute. The bar chart in the lower half of each panel shows how the overall rating of the plan varies by member segment.

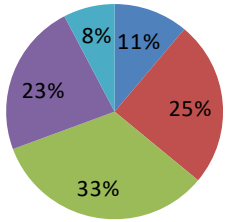
HEALTH STATUS AND DEMOGRAPHICS

The following characteristics are profiled in this section:

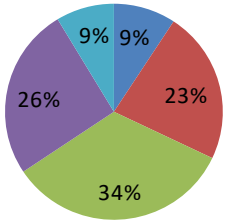
- Respondent's self-reported health status
- Respondent's self-reported mental or emotional health status
- Respondent's age
- Respondent's current gender identity
- Respondent's education level
- Respondent's racial or ethnic identity

Q29. In general, how would you rate your overall health?

Your Organization

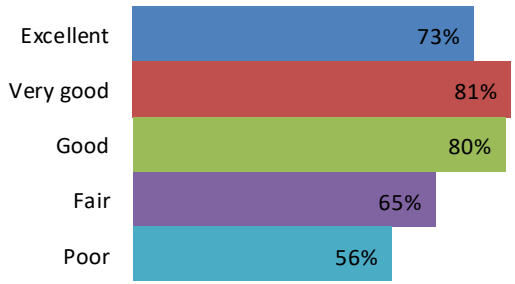


State OHP*



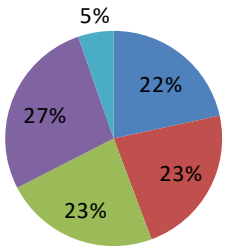
Excellent | Very good | Good | Fair | Poor

Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q29**

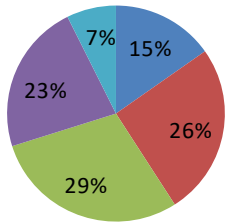


Q30. In general, how would you rate your overall mental or emotional health?

Your Organization

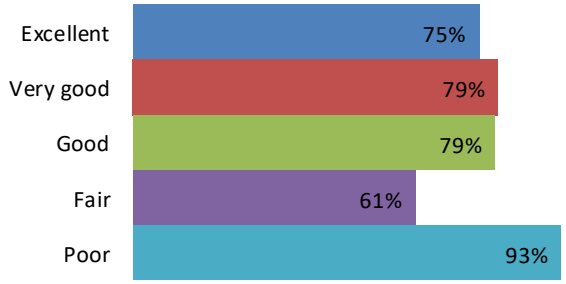


State OHP*



Excellent | Very good | Good | Fair | Poor

Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q30**



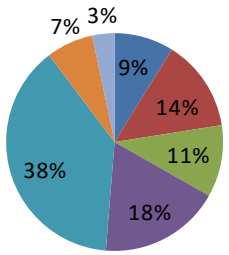
Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 31530

* Represents the combined distribution of responses to this question for all plans included in the 2020 State OHP.

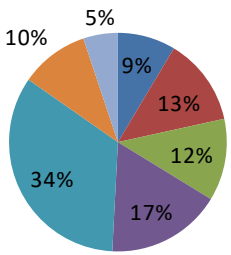
** Includes members who answered the question and provided a valid response to Q28 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q28 or if no one rated the plan as 8, 9, or 10.

Q36. What is your age?

Your Organization

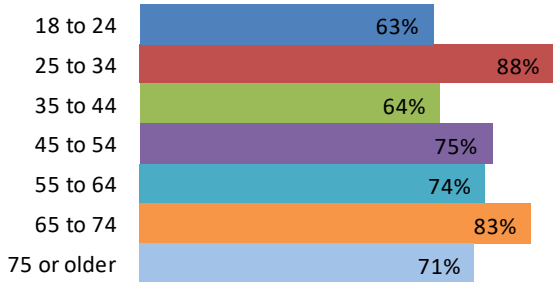


State OHP*



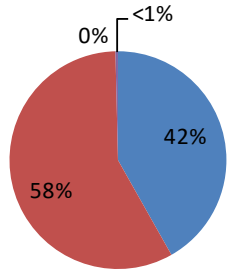
18 to 24 | 25 to 34 | 35 to 44 | 45 to 54 | 55 to 64 | 65 to 74 | 75 or older

Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q36**

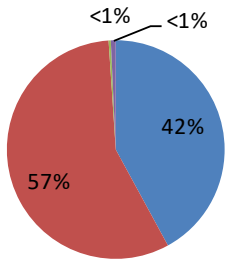


Q38. What is your current gender identity?

Your Organization

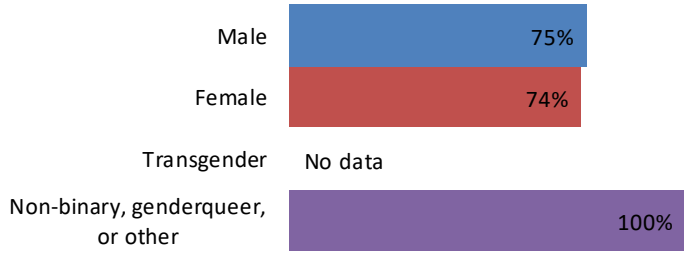


State OHP*



Male | Female | Transgender | Non-binary, genderqueer, or other

Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q38**

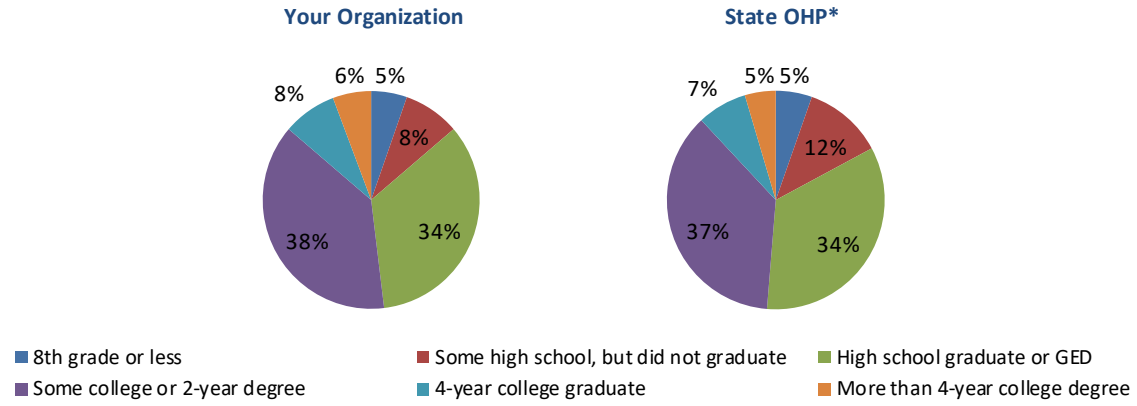


Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 31530

* Represents the combined distribution of responses to this question for all plans included in the 2020 State OHP.

** Includes members who answered the question and provided a valid response to Q28 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q28 or if no one rated the plan as 8, 9, or 10.

Q39. What is the highest grade or level of school that you have completed?



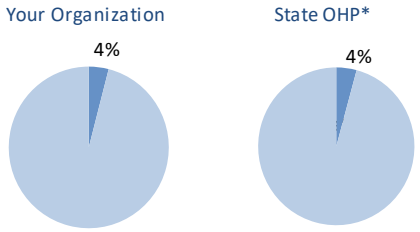
Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 31530

* Represents the combined distribution of responses to this question for all plans included in the 2020 State OHP.

** Includes members who answered the question and provided a valid response to Q28 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q28 or if no one rated the plan as 8, 9, or 10.

Q40. Which of the following describes your racial or ethnic identity? Please check ALL that apply.

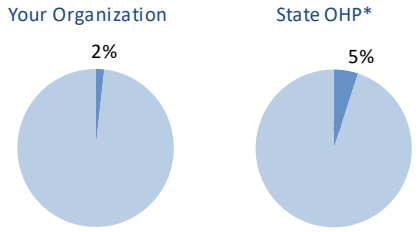
% American Indian or Alaska Native†



Percent of American Indian or Alaska Native† Members Rating Their Plan as 8, 9, or 10** 88%

Q40. Which of the following describes your racial or ethnic identity? Please check ALL that apply.

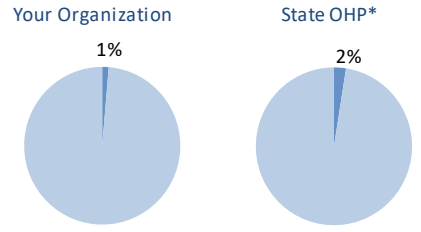
% Asian†



Percent of Asian† Members Rating Their Plan as 8, 9, or 10** 75%

Q40. Which of the following describes your racial or ethnic identity? Please check ALL that apply.

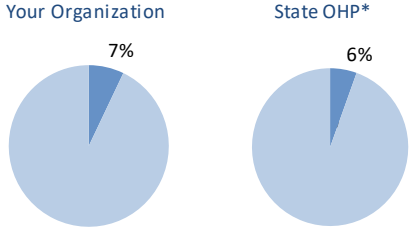
% Black or African American†



Percent of Black or African American† Members Rating Their Plan as 8, 9, or 10** 67%

Q40. Which of the following describes your racial or ethnic identity? Please check ALL that apply.

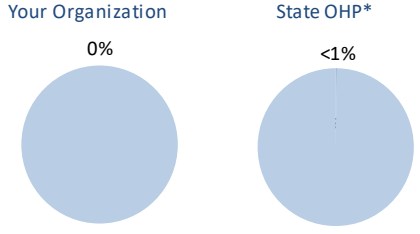
% Hispanic or Latino/a†



Percent of Hispanic or Latino/a† Members Rating Their Plan as 8, 9, or 10** 73%

Q40. Which of the following describes your racial or ethnic identity? Please check ALL that apply.

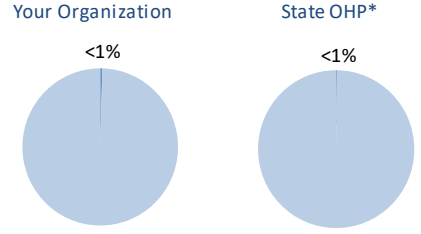
% Middle Eastern/Northern African†



Percent of Middle Eastern/Northern African† Members Rating Their Plan as 8, 9, or 10** No data

Q40. Which of the following describes your racial or ethnic identity? Please check ALL that apply.

% Native Hawaiian or Pacific Islander†



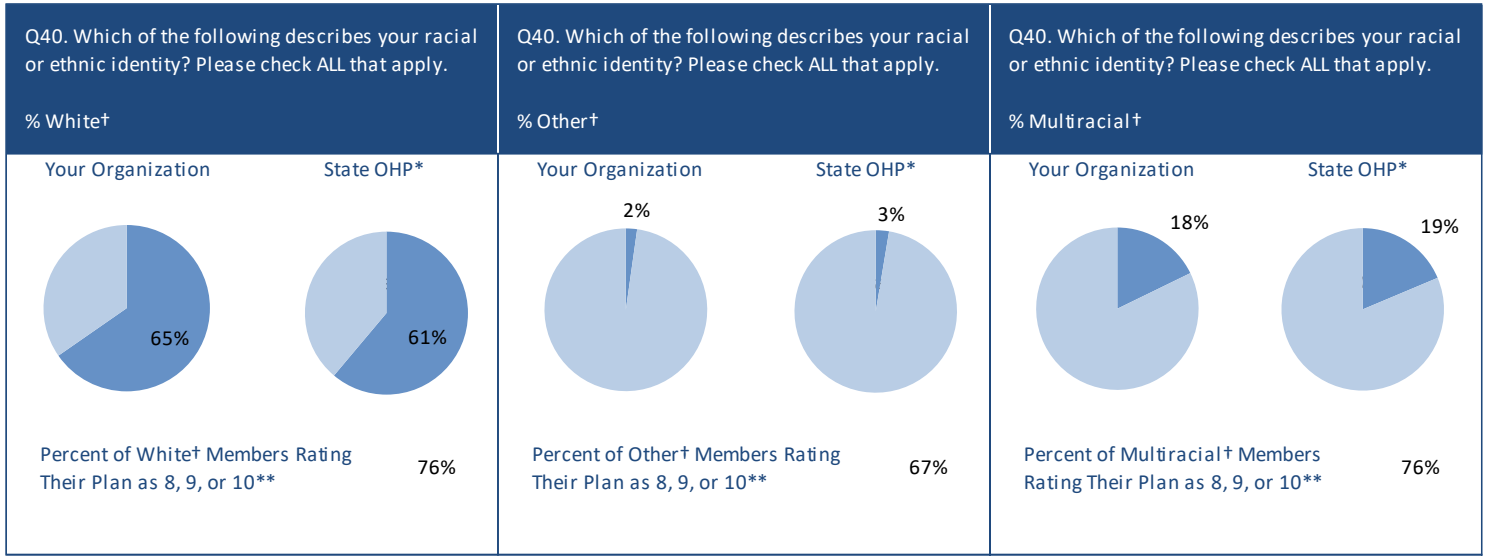
Percent of Native Hawaiian or Pacific Islander† Members Rating Their Plan as 8, 9, or 10** 100%

Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 31530

† The self-reported race and ethnicity responses were aggregated into broader race and ethnic categories to help summarize for reporting purposes.

* Represents the combined distribution of responses to this question for all plans included in the 2020 State OHP.

** Includes members who answered the question and provided a valid response to Q28 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q28 or if no one rated the plan as 8, 9, or 10.



Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 31530

† The self-reported race and ethnicity responses were aggregated into broader race and ethnic categories to help summarize for reporting purposes.

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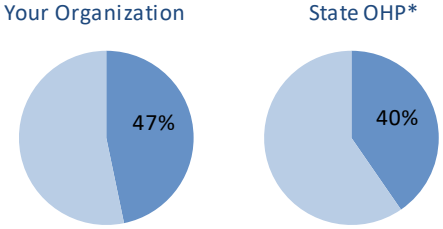
** Includes members who answered the question and provided a valid response to Q28 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q28 or if no one rated the plan as 8, 9, or 10.

USE OF SERVICES

The following utilization measures are included in this section:

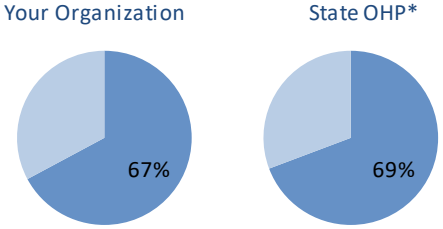
- Seeking urgent care
- Making appointments for routine care
- Having a personal doctor
- Receiving care from a provider other than personal doctor
- Making an appointment to see a specialist
- Having a regular dentist
- Number of visits to a doctor's office or clinic
- Number of specialists seen

Q3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office? (% Yes)



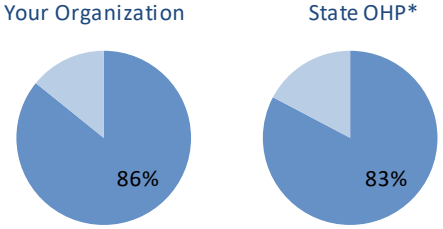
Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Q3 (Yes/No)**

Q5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic? (% Yes)



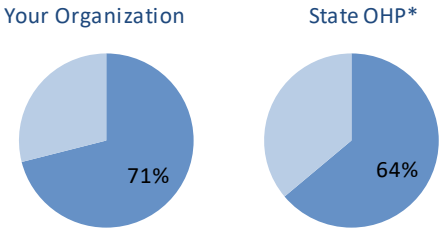
Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Q5 (Yes/No)**

Q10. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor? (% Yes)



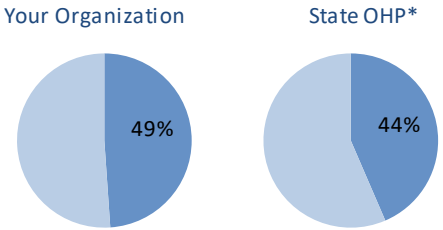
Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Q10 (Yes/No)**

Q16. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor? (% Yes)



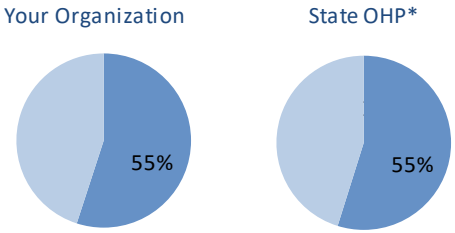
Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Q16 (Yes/No)**

Q19. In the last 6 months, did you make any appointments to see a specialist? (% Yes)



Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Q19 (Yes/No)**

Q28i. A regular dentist is one you would go to for check-ups and cleanings or when you have a cavity or tooth pain. Do you have a regular dentist? (% Yes)



Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Q28i (Yes/No)**

Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 31530

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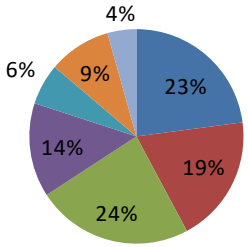
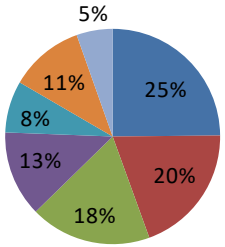
** Includes members who answered the question and provided a valid response to Q28 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q28 or if no one rated the plan as 8, 9, or 10.

Q7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

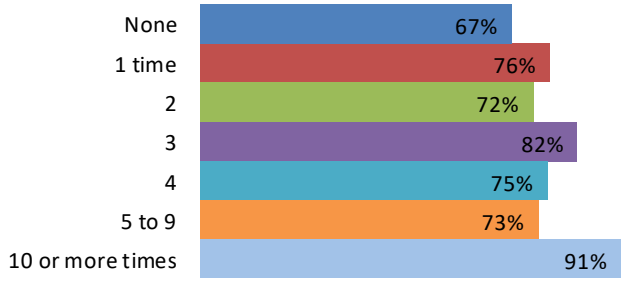
Your Organization



State OHP*

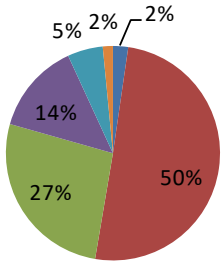


Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q7**

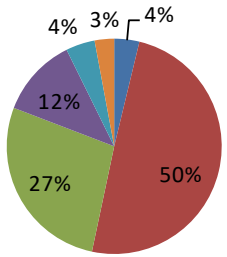


Q21. How many specialists have you seen in the last 6 months? (Note: the question applies only to those respondents who had appointments with specialists.)

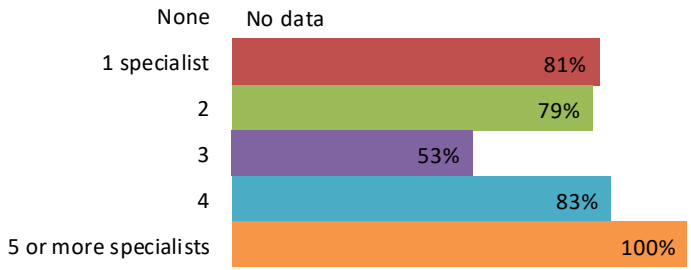
Your Organization



State OHP*



Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q21**



Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 31530

* Represents the combined distribution of responses to this question for all plans included in the 2020 State OHP.

** Includes members who answered the question and provided a valid response to Q28 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q28 or if no one rated the plan as 8, 9, or 10.

KEY DRIVER ANALYSIS

OBJECTIVES

CSS's *Key Driver Analysis (KDA)* highlights some of the key differences between high- and low-rated health plans at the industry level. The principal objectives of the KDA are:

- To isolate a set of plan attributes, or key drivers, that distinguish high-rated plans from low-rated plans;
- To highlight industry best practices on the key driver measures;
- To compare the current performance of PacificSource - Central Oregon to industry best practices in these areas; and
- To estimate the impact of improving performance on these measures on the *Rating of Health Plan* measure.

TECHNICAL APPROACH

INDUSTRY VIEW

Industry-level analysis, which uses health plans as units of analysis, has several important advantages compared to the alternative approach, which focuses on member experiences *within* a single plan. Certain plan attributes are strongly related to member satisfaction *at the industry level*. However, these relationships may be missed if we focus on only one plan at a time. For example, it has been shown that plans that are rated highly on measures of access and availability of care tend to have high overall ratings. Conversely, poor access scores are associated with low overall plan scores. This relationship is clear when ratings are compared *across* plans. However, *within* a specific plan, member experiences may not be sufficiently varied to reveal the underlying relationship. That is, if all members are equally dissatisfied with access to care, this measure will show a misleadingly low correlation with the overall rating of the plan. As a result, the plan may underestimate the key role of access to care as a driver of member satisfaction and miss a critical opportunity for improvement.

In addition, expressing every CAHPS survey variable as a plan-level rate yields a complete and rich information set on each plan. This effectively eliminates any "gaps" in respondent-level data from a single plan caused by survey skip patterns and allows every response to be used in the analysis.

Finally, in addition to the standard CAHPS performance measures, other sources of differences between health plans can be explored, increasing the explanatory power of the model and allowing for more precise estimation of the individual key driver effects. These include experience rates, which are based on responses to the CAHPS screener questions. Screeners establish whether a member had a particular type of experience or interaction with the plan (e.g.,

contacted customer service, searched for information in the plan's written materials, etc.) CSS's analysis shows that these experience variables explain a significant portion of the plan's overall satisfaction score. Additional components of the overall score include utilization rates and demographic characteristics of the plan's membership, addressed in more detail in the *Member Profile and Analysis of Plan Ratings by Member Segment* section of this report. Clearly, from the plan's perspective, some of these factors are more actionable than others. However, to yield an accurate model of key drivers of member satisfaction, the analysis must consider any and all measurable influences on the overall rating of the plan.

KEY DRIVER MODEL DEVELOPMENT

The CSS *Key Driver Model* was developed using a national plan-level dataset of Adult Medicaid CAHPS survey results. The analysis was based on 299 plans included in the 2018 and 2019 NCQA Quality Compass dataset. CSS performed regression analysis of health plan ratings to identify the sources of variation in overall scores across the industry spectrum, using individual health plans as units of analysis. Regression analysis expresses mathematically the relationship between plan attributes (predictors) and the global *Rating of Health Plan* score, controlling for interdependencies among the predictors and other factors that may influence ratings (e.g., member demographics, utilization patterns, etc.) Predictors were chosen carefully to yield a model that is both meaningful and actionable from the health plan's point of view.

All of the plan variables, including potential drivers of satisfaction (i.e., variables that the plan may consider actionable) and control variables (member demographics, health status, utilization rates, product type, and year of data collection) were entered into the regression model, and the independent contribution of each variable was estimated. As in the past, CSS excluded *Rating of All Health Care* from the list of predictors both because of its high correlation with *Rating of Health Plan* and the presence of other survey items that measure more specific aspects of member experience. If included, *Rating of all Health Care* would account for a large portion of the variance and confound coefficient estimates for the remaining variables in the model.

INDUSTRY KEY DRIVER MODEL

The table below lists seven key drivers of Adult Medicaid member experience in order of importance, from highest to lowest, based on their relative contribution to the *Rating of Health Plan* score. These variables have statistically significant coefficients in the regression model (p-value < 0.05). Performance on these variables, together with the control variables, explains 54 percent of the industry variation in Adult Medicaid health plan ratings. Note that this ordering reflects *only* the strength of the overall relationship between each key driver and the health plan score at the industry level. It does not take into account how PacificSource - Central Oregon is currently performing on these measures. Improvement targets identified specifically for PacificSource - Central Oregon, which consider both the strength of the key driver and the current level of performance in the area, are presented graphically in the next section.

Member ratings of the plan are strongly related to their ability to get the care they need when they need it (Q9). Being able to obtain needed information from customer service (Q24), access to highly rated providers (Q22 and Q18), and availability of various types of care (Q4, Q5, and Q7) are all significant drivers of member experience.

Key Driver	Interpretation
Q9. Ease of getting needed care, tests, or treatment (percent *Always* or *Usually*)	The higher the proportion of plan members reporting that the necessary care, tests, or treatment were easy to get, the higher the overall plan score
Q24. Health plan customer service provided needed information or help (percent *Always* or *Usually*)	The higher the proportion of members who were able to get the information or help they needed from customer service, the higher the overall plan score
Q22. Rating of Specialist Seen Most Often (percent *9* or *10*)	The higher the proportion of members rating their specialist as *9* or *10*, the higher the overall plan score
Q7. Visits to doctor's office or clinic (percent *5 or more*)	The higher the proportion of members who visited a provider 5 or more times, the higher the overall plan score
Q18. Rating of Personal Doctor (percent *9* or *10*)	The higher the proportion of members rating their personal doctor as *9* or *10*, the higher the overall plan score
Q5. Made appointments for routine care at a doctor's office or clinic (percent *Yes*)	The higher the proportion of members who made appointments for check-up or routine care at a doctor's office or clinic during the past 6 months, the higher the overall plan score
Q4. Got an appointment for urgent care as soon as needed (percent *Always* or *Usually*)	The higher the proportion of members reporting favorably on their experience getting urgent care, the higher the overall plan score

OPPORTUNITIES FOR PLAN QUALITY IMPROVEMENT

Specific improvement opportunities for PacificSource - Central Oregon are presented in Exhibit 5. The ordering reflects both the strength of each key driver in the broad industry context and how PacificSource - Central Oregon is currently performing on the measure.

The middle panel of the chart compares how PacificSource - Central Oregon is performing compared to the *best practice* score on each key driver. CSS defined the best practice score as the highest score among all the Adult Medicaid plans contributing to the 2020 State OHP. Room for improvement, represented by the green arrows on the chart, is the difference between the current level of PacificSource - Central Oregon performance and the best practice score.

The bar chart on the right displays the expected improvement in the overall *Rating of Health Plan* score PacificSource - Central Oregon could achieve if it performed on par with the best practice plan on each of the key driver measures. Each bar represents room for improvement on the key driver weighted by its contribution to the *Rating of Health Plan* score.

EXHIBIT 5. 2020 OHA CAHPS SURVEY FOR PACIFICSOURCE - CENTRAL OREGON ADULT MEDICAID SAMPLE: KEY AREAS AND PRIORITIES FOR IMPROVEMENT

Current Key Driver Performance		Room for Improvement on Key Driver		Overall Improvement Opportunity
2020 Rate		Percentage Point Difference Between Current Key Driver Score and the **Best Practice Score***		Expected Percentage Point **Improvement** in **Rating of Health Plan** score (percent *9* or *10*) if Key Driver Performs at Best Practice Level
Q7. Visits to doctor's office or clinic (percent *5* or *more*)	**13.82%**	+9.99% →	**23.81%**	**+2.40%**
Q9. Ease of getting needed care, tests, or treatment (percent *Usually* or *Always*)	**84.54%**	+6.83% →	**91.37%**	**+2.25%**
Q4. Got an appointment for urgent care as soon as needed (percent *Usually* or *Always*)	**82.11%**	+11.16% →	**93.28%**	**+2.07%**
Q5. Made appointments for routine care at a doctor's office or clinic (percent *Yes*)	**67.15%**	+9.56% →	**76.71%**	**+1.63%**
Q22. Rating of Specialist Seen Most Often (percent *9* or *10*)	**69.05%**	+5.73% →	**74.77%**	**+1.30%**
Q24. Customer service provided needed information or help (percent *Usually* or *Always*)	**89.32%**	+1.59% →	**90.91%**	**+0.47%**
Q18. Rating of Personal Doctor (percent *9* or *10*)	**72.49%**	Current Key Driver performance is at or above the Best Practice level	**72.49%**	**None**

* Best score on the key driver measure among all plans included in the 2020 State OHP

31530

HEALTH PLAN QUALITY IMPROVEMENT RESOURCES FOR KEY DRIVERS

CSS's Industry *Key Driver Analysis* lists improvement opportunities and priorities for PacificSource - Central Oregon. The following is a list of possible interventions and resources related to each of the key drivers. This section is included as a guide to assist you in your quality improvement efforts. Some of these resources may be more applicable to PacificSource - Central Oregon than others, especially because many of the cited interventions are intended to be implemented at the practice or provider level. For a useful introduction to quality improvement (QI), refer to the Agency for Health Care Research and Quality's (AHRQ) reference guide that includes descriptions of QI strategies in health delivery systems (https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/quality-improvement/improvement-guide/4-approach-qi-process/cahps-section-4-ways-to-approach-qi-process.pdf).

IMPROVING MEMBER ACCESS TO CARE

Removing barriers to care is central to improving the health care experience of plan members. The following resources suggest ways to improve patient access to care, tests, and treatment.

- *Same-Day Appointment Scheduling* – The Agency for Healthcare Research and Quality (AHRQ) recommends a method of scheduling that leaves part of each physician's day open for same-day appointments, rather than a traditional scheduling model that books appointments weeks or months in advance. Because the method does not differentiate between urgent and routine care, patients with non-urgent concerns are able to schedule appointments sooner than under traditional scheduling methods. For more information, see http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/access/strategy6a-openaccess.html.

- *Implement Process Improvements to Streamline Patient Flow* – Delays experienced by patients while waiting for care, tests, or treatment can be minimized through a variety of mechanisms. For example, reallocating tasks such as physical exams and ordering x-rays to physician's assistants and nurse practitioners frees up physicians' time to attend to more pressing patient concerns. The exact form of these improvements will vary widely by practice. See http://www.ahrq.gov/research/findings/final-reports/ptflow/index.html for AHRQ's guide to plan and implement patient flow improvement strategies.

- *Patient-Centered Medical Homes (PCMH)* – This model increases patient access to physicians, reducing barriers to receiving care (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2869425/). There are many valuable sources of information on the medical home model of care and health equity. To start, see this Institute of Medicine report: https://nam.edu/wp-content/uploads/2015/06/PatientCenteredMedicalHome.pdf. Family Medicine for America's Health is a collaboration of family medicine organizations dedicated to improving health care by expanding and emphasizing primary care, particularly through the use of patient-centered medical homes. For AHRQ's resources detailing transitioning a practice to a patient-centered medical home model, see http://www.pcmh.ahrq.gov/.

- *Alternative Access Centers* – This brief (http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2015/rwjf419415) from the Robert Wood Johnson Foundation highlights the growing capacity of retail clinics and telemedicine to meet patient medical needs, particularly in rural and underserved communities and for patients with acute but non-serious conditions who need care quickly. Providing patients with alternative venues to access health care, rather than the traditional doctor's office or hospital, lowers barriers to care (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4795318/).

IMPROVING QUALITY OF PHYSICIANS IN HEALTH PLAN NETWORK

These resources concentrate on improving the physician-patient relationship, with a focus on communication. Implementing the solutions proposed here may result in patients' increased rating of doctors.

- *Improve Physician Communication* – Much of patient dissatisfaction stems from a failure of effective physician communication (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3096184/). Seminars and workshops for physicians serve as a resource for physicians to learn and practice patient-centered communication techniques. For example, The California Quality Collaborative has identified nine effective strategies for improving patient experience with health care providers in their *Improving the Patient Experience Change Package* (see http://www.calquality.org/storage/Improving_Pt_Experience_Spread_Change_Pkg_UpdatedMay2011.pdf). For general recommendations related to physician communication, see https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/communication/strategy6gtraining.html.

- *Help Patients Communicate* – Patients who can effectively communicate their needs tend to have higher satisfaction with their care. AHRQ recommends four interventions that prepare patients to better communicate with their providers, including record sharing, writing down talking points prior to visits, and "coached care" programs. See http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/communication/strategy6i-shared-decisionmaking.html and http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/communication/strategy6htools.html. For a sample communication document that providers can distribute to patients before or during visits, see http://www.rwjf.org/content/dam/farm/toolkits/toolkits/2013/rwjf404048.

- *Build Physician-Patient Relationships* – An article published in the British Journal of General Practice found that patients seeing their preferred doctor rated their satisfaction with visits significantly higher than patients who did not have a doctor preference or those who would have preferred to see a different doctor. A study of English National Health Service data found that confidence and trust in a doctor is an important predictor of overall patient satisfaction (http://www.ncbi.nlm.nih.gov/pubmed/18416910/), while a Harvard study found that a positive physician-patient relationship correlates with better healthcare outcomes (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3981763/).

- *Improve Referral Communication* – The coordination of care between primary and specialist providers can be a challenge and may affect patient perceptions of their specialist care. Improving the coordination of care and case management can increase patient satisfaction with their specialist. For examples of interventions that improve care coordination efficiency and quality, see https://innovations.ahrq.gov/profiles/electronic-referrals-and-communications-reduce-wait-times-specialty-appointments-and as well as https://innovations.ahrq.gov/profiles/referring-physicians-send-electronic-handoff-note-pertinent-patient-information-emergency.

IMPROVING CUSTOMER SERVICE AND HEALTH PLAN-RELATED INFORMATION

It is important that health plan information be provided to members and that the information addresses member concerns. As representatives of the plan, customer service staff must ensure that members have confidence and trust in their ability to address their concerns. The following resources contain recommendations for improving customer service.

- *Develop Customer Service Standards* – To improve customer service, the Agency for Healthcare Research and Quality suggests first articulating which aspects of customer service are most important to your organization. After developing these standards, monitor performance and promote accountability among staff. For more information, see http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/customer-service/strategy6q-custservice-standards.html.

- *Iterative Improvement for Member Services* – This RAND paper details a case study in which a health plan used additional surveys to supplement CAHPS results and thoroughly assess member dissatisfaction with customer service. Throughout the process, plan leadership continually examined and adjusted improvement goals. The intervention resulted in a reduction of wait time for customer service calls and increased member satisfaction with customer service, as measured on the CAHPS survey. See http://www.rand.org/pubs/working_papers/WR517.html.

- *Implement Service Recovery Procedures* – When customers have a complaint, service recovery programs support customer service personnel in identifying and remedying the problem. While complaints may be inevitable, proper handling of complaints can reassure patients and restore loyalty to the health plan. For more information, see http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/customer-service/strategy6p-service-recovery.html.

- *Make Plan Information Accessible to All Members* – A Health Research and Educational Trust study found that demographic characteristics, including education, age, gender, and income, significantly impacted use of an Internet-based decision tool. The tool provided cost information as well as a health and wellness assessment. The study suggests that effort beyond Internet-based tools is necessary to reach certain demographics. For further information, see http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3447236/.

- *Increase Access to Trusted Health Information* – Many people look to their health plan for information not only on how the health plan works, but also on resources to help them improve their health, particularly when dealing with chronic illnesses. A recent meta-analysis confirmed that improved access to trusted health information leads to improved outcomes (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5818676/). Also, the Office of the National Coordinator for Health Information Technology (ONC) created the ONC Patient Engagement (PE) Playbook (https://www.healthit.gov/playbook/pe/) to help healthcare providers use health information technology (health IT) to provide better care to patients by specifically focusing on electronic health record (EHR) patient portals. This tool would allow both patients and healthcare teams, concurrent with patients' privacy preferences, to easily access patient health information — which may lead to increased benefits for healthcare, such as improved health outcomes and lower costs.

- Evaluate the Organization's Health Literacy Programs – The CDC has developed guidance on evaluating an organization's health literacy program, including recommended sources of communication and health literacy measures. See http://www.cdc.gov/healthliteracy/researchevaluate/program-evaluation.html. The CDC's National Prevention Information Network also offers tools to create health materials in plain language to reduce health disparities (https://npin.cdc.gov/pages/health-communication-language-and-literacy).

- Improve Patient Health Literacy – This guide by the Office of Disease Prevention and Health Promotion outlines steps to improve health literacy, which may help patients to better absorb the information they obtain from written materials or the Internet. For detailed steps, see https://health.gov/our-work/health-literacy/resources. AHRQ has also developed its own health literacy toolkit to support physicians (https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2.html).

APPENDIX

CROSS-TABULATIONS OF SURVEY RESPONSES

SURVEY INSTRUMENT

Oregon Health Authority

2020

OHP3E

Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☑ 1 Yes → ***If Yes, Go to Question 1***
☐ 2 No

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-833-257-1377. For the hearing or speech impaired, call 711 to use the Telecommunications Relay Service (TRS).

1. Our records show that you are now in Oregon Health Plan. Is that right?

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

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

_____

Your Health Care in the Last 6 Months

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

3. In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?

☐ 1 Yes
☐ 2 No → ***If No, Go to Question 5***

Please continue inside →

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
   - ☐ 1 Never
   - ☐ 2 Sometimes
   - ☐ 3 Usually
   - ☐ 4 Always

5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?
   - ☐ 1 Yes
   - ☐ 2 No → ***If No, Go to Question 7***

6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
   - ☐ 1 Never
   - ☐ 2 Sometimes
   - ☐ 3 Usually
   - ☐ 4 Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?
   - ☐ 0 None → ***If None, Go to Question 10***
   - ☐ 1 1 time
   - ☐ 2 2
   - ☐ 3 3
   - ☐ 4 4
   - ☐ 5 5 to 9
   - ☐ 6 10 or more times

8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?
   - ☐ 0 0 Worst health care possible
   - ☐ 1 1
   - ☐ 2 2
   - ☐ 3 3
   - ☐ 4 4
   - ☐ 5 5
   - ☐ 6 6
   - ☐ 7 7
   - ☐ 8 8
   - ☐ 9 9
   - ☐ 10 10 Best health care possible

9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
   - ☐ 1 Never
   - ☐ 2 Sometimes
   - ☐ 3 Usually
   - ☐ 4 Always

Your Personal Doctor

10. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?
    - ☐ 1 Yes
    - ☐ 2 No → ***If No, Go to Question 19***

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

- ☐ 0 None → ***If None, Go to Question 18***
- ☐ 1 1 time
- ☐ 2 2
- ☐ 3 3
- ☐ 4 4
- ☐ 5 5 to 9
- ☐ 6 10 or more times

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

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

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

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

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

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

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

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

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

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

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

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

18. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

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

Please continue on next page →

Getting Health Care From Specialists

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

19. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments to see a specialist?

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

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

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

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

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

22. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

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

Your Health Plan

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

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

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

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

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

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

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

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

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

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

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

28. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

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

28a. In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, or oxygen equipment?

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

28b. In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

28c. In the last 6 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy?

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

28d. In the last 6 months, how often was it easy to get the special therapy you needed through your health plan?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

Please continue on next page →

Additional Questions

The following questions ask about how much you think your doctor or other health provider respects your beliefs, attitudes, language and behavior.

28e. In the last 6 months, how often did a doctor or other health provider talk too fast when talking to you?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

28f. In the last 6 months, how often did a doctor or other health provider interrupt you when you were talking?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

28g. In the last 6 months, how often did a doctor or other health provider use a condescending, sarcastic or rude tone or manner with you?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

28h. In the last 6 months, did you feel you could trust a doctor or other health provider with your medical care?

- ☐ 1 Yes, definitely
- ☐ 2 Yes, somewhat
- ☐ 3 No

Access to Dental Care

28i. A regular dentist is one you would go to for check-ups and cleanings or when you have a cavity or tooth pain. Do you have a regular dentist?

- ☐ 1 Yes
- ☐ 2 No

28j. In the last 6 months, did you go to a dentist's office or clinic for care?

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

28k. In the last 6 months, how often did the dentists or dental staff explain what they were doing while treating you?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

28l. If you tried to get an appointment for yourself with a dentist who specializes in a particular type of dental care (such as root canals or gum disease) in the last 6 months, how often did you get an appointment as soon as you wanted?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always
- ☐ 5 I did not try to get an appointment with a specialist dentist for myself in the last 6 months

28m. In the last 6 months, if you needed to see a dentist right away because of a dental emergency, how often did you get to see a dentist as soon as you wanted?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always
- ☐ 5 I did not have a dental emergency in the last 6 months

28n. Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist?

- ☐ 0 0 Extremely difficult
- ☐ 1 1
- ☐ 2 2
- ☐ 3 3
- ☐ 4 4
- ☐ 5 5
- ☐ 6 6
- ☐ 7 7
- ☐ 8 8
- ☐ 9 9
- ☐ 10 10 Extremely easy

About You

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

- ☐ 1 Excellent
- ☐ 2 Very Good
- ☐ 3 Good
- ☐ 4 Fair
- ☐ 5 Poor

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

- ☐ 1 Excellent
- ☐ 2 Very Good
- ☐ 3 Good
- ☐ 4 Fair
- ☐ 5 Poor

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

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't know

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

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

Please continue on next page →

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

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

34. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

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

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

36. What is your age?

- ☐ 1 18 to 24
- ☐ 2 25 to 34
- ☐ 3 35 to 44
- ☐ 4 45 to 54
- ☐ 5 55 to 64
- ☐ 6 65 to 74
- ☐ 7 75 or older

37. What was your biological sex at birth?

- ☐ 1 Male
- ☐ 2 Female

38. What is your current gender identity?

- ☐ 1 Male
- ☐ 2 Female
- ☐ 3 Transgender
- ☐ 4 Non-binary, genderqueer, or other

39. What is the highest grade or level of school that you have completed?

- ☐ 1 8th grade or less
- ☐ 2 Some high school, but did not graduate
- ☐ 3 High school graduate or GED
- ☐ 4 Some college or 2-year degree
- ☐ 5 4-year college graduate
- ☐ 6 More than 4-year college degree

40. Which of the following describes your racial or ethnic identity? Please check ALL that apply.

American Indian or Alaska Native

- ☐ A American Indian
- ☐ B Alaska Native
- ☐ C Canadian Inuit, Metis, or First Nation
- ☐ D Indigenous Mexican, Central American, or South American

Asian

- ☐ E Asian Indian
- ☐ F Chinese
- ☐ G Filipino/a
- ☐ H Hmong
- ☐ I Japanese
- ☐ J Korean
- ☐ K Laotian
- ☐ L South Asia
- ☐ M Vietnamese
- ☐ N Other Asian

Black or African American

- ☐ O African American
- ☐ P African (Black)
- ☐ Q Caribbean (Black)
- ☐ R Other Black

Hispanic or Latino/a

- ☐ S Hispanic or Latino/a Central American
- ☐ T Hispanic or Latino/a Mexican
- ☐ U Hispanic or Latino/a South American
- ☐ V Other Hispanic or Latino/a

Middle Eastern/Northern African

- ☐ W Middle Eastern
- ☐ X Northern African

Native Hawaiian or Pacific Islander

- ☐ Y Guamanian or Chamorro
- ☐ Z Micronesian
- ☐ AA Native Hawaiian
- ☐ AB Samoan
- ☐ AC Tongan
- ☐ AD Other Pacific Islander

White

- ☐ AE Eastern European
- ☐ AF Slavic
- ☐ AG Western European
- ☐ AH Other White

Other Categories

- ☐ AI Other

41. Regardless of your response to the previous question, how do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?
(Please print)

_____

Please continue on next page →

42. How well do you speak English?

- ☐ 1 Very well
- ☐ 2 Well
- ☐ 3 Not well
- ☐ 4 Not at all

43. What language do you mainly speak at home?

- ☐ 1 English
- ☐ 2 Spanish
- ☐ 3 Other *(Please print)*

_____

44. Do you need an interpreter for us to communicate with you?

- ☐ 1 Yes
- ☐ 2 No

45. Do you need a sign language interpreter for us to communicate with you?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 46***

45a. Which type of sign language interpreter do you need us to communicate with you? (ASL, PSE, tactile interpreting, etc.)
(Please print)

_____

46. Do you need written materials in an alternate format (Braille, large print, audio recordings, etc.)?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 47***

46a. Which alternate format do you need?
(Please print)

_____

47. Are you deaf or do you have serious difficulty hearing?

- ☐ 1 Yes
- ☐ 2 No

48. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- ☐ 1 Yes
- ☐ 2 No

49. Does a physical, mental, or emotional condition limit your activities in any way?

- ☐ 1 Yes
- ☐ 2 No

50. Do you have serious difficulty walking or climbing stairs?

- ☐ 1 Yes
- ☐ 2 No

51. Do you have difficulty dressing or bathing?

- ☐ 1 Yes
- ☐ 2 No

52. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

- ☐ 1 Yes
- ☐ 2 No

53. Because of a physical, mental, or emotional condition, do you have serious difficulty doing errands alone such as visiting a doctor's office or shopping?

- ☐ 1 Yes
- ☐ 2 No

Thank You

Please return the completed survey in the postage-paid envelope to:

Center for the Study of Services
PO Box 10820
Herndon, VA 20172

Please do not include any other correspondence.

Oregon Health Authority

2020

OHP3S

Instrucciones para el cuestionario

Conteste cada pregunta marcando el cuadro que aparece a la izquierda de su respuesta.

A veces hay que saltarse alguna pregunta del cuestionario. Cuando esto ocurra, verá una flecha con una nota que le indicará cuál es la siguiente pregunta a la que tiene que pasar. Por ejemplo:

☑ 1 Sí → ***Si contestó "Sí", pase a la pregunta 1***
☐ 2 No

La información personal identificable no se hará pública y solo se dará a conocer de conformidad con las leyes y reglamentos federales.

Usted puede optar por responder a esta encuesta o no. Si decide no participar, esto no afectará los beneficios que obtenga. Usted notará un número en la portada de esta encuesta. Este número se utiliza SOLO para hacernos saber si usted ya envió su encuesta para que no tengamos que enviarle recordatorios.

Si quiere informarse más sobre este estudio, llame al 1-833-257-1377. Las personas con problemas de audición o del habla pueden llamar al 711 para usar el Servicio de Retransmisión de Telecomunicaciones (TRS).

1. Nuestros registros muestran que usted actualmente está inscrito en Oregon Health Plan. ¿Es correcta esta información?

   ☐ 1 Sí → ***Si contestó "Sí", pase a la pregunta 3***
   ☐ 2 No

2. ¿Cómo se llama su plan de salud? *(Escriba en letra imprenta)*

   _____

La atención médica que usted recibió en los últimos 6 meses

Estas preguntas son acerca de la atención médica que usted ha recibido. No incluya la atención que recibió cuando pasó la noche hospitalizado. No incluya las consultas al dentista.

3. En los últimos 6 meses, ¿tuvo usted una enfermedad, lesión o problema de salud para el cual necesitó atención inmediata en una clínica, en una sala de emergencia o en un consultorio médico?

   ☐ 1 Sí
   ☐ 2 No → ***Si contestó "No", pase a la pregunta 5***

Por favor continuar en la parte interior →

4. En los últimos 6 meses, cuando usted necesitó atención inmediata, ¿con qué frecuencia lo atendieron tan pronto como lo necesitaba?
   - ☐ 1 Nunca
   - ☐ 2 A veces
   - ☐ 3 La mayoría de las veces
   - ☐ 4 Siempre

5. En los últimos 6 meses, ¿hizo alguna cita para un chequeo o una consulta de rutina en un consultorio médico o en una clínica?
   - ☐ 1 Sí
   - ☐ 2 No → ***Si contestó "No", pase a la pregunta 7***

6. En los últimos 6 meses, ¿con qué frecuencia consiguió una cita para un chequeo o una consulta de rutina en un consultorio médico o en una clínica tan pronto como la necesitaba?
   - ☐ 1 Nunca
   - ☐ 2 A veces
   - ☐ 3 La mayoría de las veces
   - ☐ 4 Siempre

7. En los últimos 6 meses, sin contar las veces que fue a una sala de emergencia, ¿cuántas veces fue a un consultorio médico o a una clínica para recibir atención médica para usted mismo?
   - ☐ 0 Ninguna vez → ***Si contestó "Ninguna vez", pase a la pregunta 10***
   - ☐ 1 1 vez
   - ☐ 2 2
   - ☐ 3 3
   - ☐ 4 4
   - ☐ 5 5 a 9
   - ☐ 6 10 veces o más

8. Usando un número del 0 al 10, siendo 0 la peor atención médica posible y 10 la mejor atención médica posible, ¿qué número usaría para calificar toda la atención médica que ha recibido en los últimos 6 meses?
   - ☐ 0 0 La peor atención médica posible
   - ☐ 1 1
   - ☐ 2 2
   - ☐ 3 3
   - ☐ 4 4
   - ☐ 5 5
   - ☐ 6 6
   - ☐ 7 7
   - ☐ 8 8
   - ☐ 9 9
   - ☐ 10 10 La mejor atención médica posible

9. En los últimos 6 meses, ¿con qué frecuencia le fue fácil conseguir la atención médica, los exámenes o el tratamiento que usted necesitaba?
   - ☐ 1 Nunca
   - ☐ 2 A veces
   - ☐ 3 La mayoría de las veces
   - ☐ 4 Siempre

Su doctor personal

10. El doctor personal es aquel a quien usted acude si necesita un chequeo, quiere pedir consejo sobre un problema de salud o si se enferma o lastima. ¿Tiene usted un doctor personal?
    - ☐ 1 Sí
    - ☐ 2 No → ***Si contestó "No", pase a la pregunta 19***

11. En los últimos 6 meses, ¿cuántas veces fue a ver a su doctor personal para recibir atención médica para usted mismo?
    - ☐ 0 Ninguna vez → ***Si contestó "Ninguna vez", pase a la pregunta 18***
    - ☐ 1 1 vez
    - ☐ 2 2
    - ☐ 3 3
    - ☐ 4 4
    - ☐ 5 5 a 9
    - ☐ 6 10 veces o más

12. En los últimos 6 meses, ¿con qué frecuencia su doctor personal le explicó las cosas de una manera fácil de entender?
    - ☐ 1 Nunca
    - ☐ 2 A veces
    - ☐ 3 La mayoría de las veces
    - ☐ 4 Siempre

13. En los últimos 6 meses, ¿con qué frecuencia su doctor personal le escuchó con atención?
    - ☐ 1 Nunca
    - ☐ 2 A veces
    - ☐ 3 La mayoría de las veces
    - ☐ 4 Siempre

14. En los últimos 6 meses, ¿con qué frecuencia su doctor personal demostró respeto por lo que usted tenía que decir?
    - ☐ 1 Nunca
    - ☐ 2 A veces
    - ☐ 3 La mayoría de las veces
    - ☐ 4 Siempre

15. En los últimos 6 meses, ¿con qué frecuencia su doctor personal pasó suficiente tiempo con usted?
    - ☐ 1 Nunca
    - ☐ 2 A veces
    - ☐ 3 La mayoría de las veces
    - ☐ 4 Siempre

16. En los últimos 6 meses, ¿lo atendió algún doctor u otro profesional médico además de su doctor personal?
    - ☐ 1 Sí
    - ☐ 2 No → ***Si contestó "No", pase a la pregunta 18***

17. En los últimos 6 meses, ¿con qué frecuencia parecía su doctor personal estar informado y al día acerca de la atención que usted había recibido de estos doctores u otros profesionales médicos?
    - ☐ 1 Nunca
    - ☐ 2 A veces
    - ☐ 3 La mayoría de las veces
    - ☐ 4 Siempre

18. Usando un número del 0 al 10, siendo 0 el peor doctor personal posible y 10 el mejor doctor personal posible, ¿qué número usaría para calificar a su doctor personal?
    - ☐ 0 0 El peor doctor personal posible
    - ☐ 1 1
    - ☐ 2 2
    - ☐ 3 3
    - ☐ 4 4
    - ☐ 5 5
    - ☐ 6 6
    - ☐ 7 7
    - ☐ 8 8
    - ☐ 9 9
    - ☐ 10 10 El mejor doctor personal posible

Por favor continuar en la página siguiente →

La atención médica que recibió de especialistas

Al contestar las siguientes preguntas no incluya las consultas al dentista ni la atención que recibió cuando pasó la noche hospitalizado.

19. Los especialistas son doctores que se especializan en un área de la medicina. Pueden ser cirujanos, doctores especialistas en el corazón, las alergias, la piel y otras áreas. En los últimos 6 meses, ¿hizo alguna cita con un especialista?
    - ☐ 1 Sí
    - ☐ 2 No → ***Si contestó "No", pase a la pregunta 23***

20. En los últimos 6 meses, ¿con qué frecuencia consiguió una cita con un especialista tan pronto como usted la necesitaba?
    - ☐ 1 Nunca
    - ☐ 2 A veces
    - ☐ 3 La mayoría de las veces
    - ☐ 4 Siempre

21. ¿Cuántos especialistas ha visto en los últimos 6 meses?
    - ☐ 0 Ninguno → ***Si contestó "Ninguno", pase a la pregunta 23***
    - ☐ 1 1 especialista
    - ☐ 2 2
    - ☐ 3 3
    - ☐ 4 4
    - ☐ 5 5 especialistas o más

22. Queremos saber cómo califica al especialista al que visitó con más frecuencia en los últimos 6 meses. Usando un número del 0 al 10, siendo 0 el peor especialista posible y 10 el mejor especialista posible, ¿qué número usaría para calificar al especialista?
    - ☐ 0 0 El peor especialista posible
    - ☐ 1 1
    - ☐ 2 2
    - ☐ 3 3
    - ☐ 4 4
    - ☐ 5 5
    - ☐ 6 6
    - ☐ 7 7
    - ☐ 8 8
    - ☐ 9 9
    - ☐ 10 10 El mejor especialista posible

Su plan de salud

Las siguientes preguntas son acerca de su experiencia con su plan de salud.

23. En los últimos 6 meses, ¿recibió información o ayuda por parte del servicio al cliente de su plan de salud?
    - ☐ 1 Sí
    - ☐ 2 No → ***Si contestó "No", pase a la pregunta 26***

24. En los últimos 6 meses, ¿con qué frecuencia el servicio al cliente de su plan de salud le dio la información o ayuda que usted necesitaba?
    - ☐ 1 Nunca
    - ☐ 2 A veces
    - ☐ 3 La mayoría de las veces
    - ☐ 4 Siempre

25. En los últimos 6 meses, ¿con qué frecuencia el personal de servicio al cliente de su plan de salud le trató con cortesía y respeto?
    - ☐ 1 Nunca
    - ☐ 2 A veces
    - ☐ 3 La mayoría de las veces
    - ☐ 4 Siempre

26. En los últimos 6 meses, ¿le dio su plan de salud algún formulario para completar?
    - ☐ 1 Sí
    - ☐ 2 No → ***Si contestó "No", pase a la pregunta 28***

27. En los últimos 6 meses, ¿con qué frecuencia fueron fáciles de completar los formularios de su plan de salud?
    - ☐ 1 Nunca
    - ☐ 2 A veces
    - ☐ 3 La mayoría de las veces
    - ☐ 4 Siempre

28. Usando un número del 0 al 10, siendo 0 el peor plan de salud posible y 10 el mejor plan de salud posible, ¿qué número usaría para calificar su plan de salud?
    - ☐ 0 0 El peor plan de salud posible
    - ☐ 1 1
    - ☐ 2 2
    - ☐ 3 3
    - ☐ 4 4
    - ☐ 5 5
    - ☐ 6 6
    - ☐ 7 7
    - ☐ 8 8
    - ☐ 9 9
    - ☐ 10 10 El mejor plan de salud posible

28a. En los últimos 6 meses, ¿tuvo usted un problema de salud para el cual necesitó equipo especial, tal como un bastón, silla de rueda, o equipo de oxígeno?
    - ☐ 1 Sí
    - ☐ 2 No → ***Si contestó "No", pase a la pregunta 28c***

28b. En los últimos 6 meses, ¿con qué frecuencia fue fácil para usted conseguir el equipo médico que usted necesitaba a través de su plan de salud?
    - ☐ 1 Nunca
    - ☐ 2 A veces
    - ☐ 3 La mayoría de las veces
    - ☐ 4 Siempre

28c. En los últimos 6 meses, ¿tuvo usted un problema de salud para el cual necesitó terapia especial, tal como terapia física, ocupacional o terapia del habla?
    - ☐ 1 Sí
    - ☐ 2 No → ***Si contestó "No", pase a la pregunta 28e***

28d. En los últimos 6 meses, ¿con qué frecuencia fue fácil para usted conseguir la terapia especial que usted necesitaba a través de su plan de salud?
    - ☐ 1 Nunca
    - ☐ 2 A veces
    - ☐ 3 La mayoría de las veces
    - ☐ 4 Siempre

Por favor continuar en la página siguiente →

Preguntas adicionales

Las siguientes preguntas son sobre cuánto usted piensa que su doctor u otro proveedor de salud respeta sus creencias, actitudes, lenguaje y comportamiento.

28e. En los últimos 6 meses, ¿con qué frecuencia un doctor u otro proveedor de salud le habló muy rápido?

- ☐ 1 Nunca
- ☐ 2 A veces
- ☐ 3 La mayoría de las veces
- ☐ 4 Siempre

28f. En los últimos 6 meses, ¿con qué frecuencia un doctor u otro proveedor de salud le interumpió cuando usted estaba hablando?

- ☐ 1 Nunca
- ☐ 2 A veces
- ☐ 3 La mayoría de las veces
- ☐ 4 Siempre

28g. En los últimos 6 meses, ¿con qué frecuencia un doctor u otro proveedor de salud uso un tono condescendiente, sarcástico o grosero con usted?

- ☐ 1 Nunca
- ☐ 2 A veces
- ☐ 3 La mayoría de las veces
- ☐ 4 Siempre

28h. En los últimos 6 meses, ¿sintió usted que podía confiarle su atención médica al doctor u otro proveedor de salud?

- ☐ 1 Sí, definitivamente
- ☐ 2 Sí, algo
- ☐ 3 No

Acceso a atención dental

28i. Un dentista regular es a quien usted va a ver para un chequeo y limpieza o cuando tiene una carie o un dolor de diente. ¿Usted tiene un dentista regular?

- ☐ 1 Sí
- ☐ 2 No

28j. En los últimos 6 meses, ¿fue usted al consultorio de un dentista o a una clínica dental para recibir atención?

- ☐ 1 Sí
- ☐ 2 No → ***Si contestó "No", pase a la pregunta 28l***

28k. En los últimos 6 meses, ¿con qué frecuencia el personal dental o el dentista le explicaron lo que le hacian durante el tratamiento?

- ☐ 1 Nunca
- ☐ 2 A veces
- ☐ 3 La mayoría de las veces
- ☐ 4 Siempre

28l. Si usted trató de conseguir una cita para usted con un dentista que se especializaba en un tipo de atención dental en particular (como una endodoncia (root canal) o enfermedad de las encias) en los últimos 6 meses, ¿con qué frecuencia le dieron una cita tan pronto como la quería?

- ☐ 1 Nunca
- ☐ 2 A veces
- ☐ 3 La mayoría de las veces
- ☐ 4 Siempre
- ☐ 5 No traté de conseguir una cita con un especialista dental para mí en los últimos 6 meses

28m. En los últimos 6 meses, si usted necesitó ver a un dentista de inmediato por una emergencia dental, ¿con qué frecuencia pudo ver usted a un dentista tan pronto como quería?

- ☐ 1 Nunca
- ☐ 2 A veces
- ☐ 3 La mayoría de las veces
- ☐ 4 Siempre
- ☐ 5 No tuve una emergencia dental en los últimos 6 meses

28n. Usando un número del 0 al 10, el 0 siendo extremadamente difícil y el 10 extremadamente fácil, ¿qué número usaría para calificar cuán fácil le fue encontrar un dentista?

- ☐ 0 0 Extremadamente difícil
- ☐ 1 1
- ☐ 2 2
- ☐ 3 3
- ☐ 4 4
- ☐ 5 5
- ☐ 6 6
- ☐ 7 7
- ☐ 8 8
- ☐ 9 9
- ☐ 10 10 Extremadamente fácil

Acerca de usted

29. En general, ¿cómo calificaría toda su salud?

- ☐ 1 Excelente
- ☐ 2 Muy buena
- ☐ 3 Buena
- ☐ 4 Regular
- ☐ 5 Mala

30. En general, ¿cómo calificaría toda su salud mental o emocional?

- ☐ 1 Excelente
- ☐ 2 Muy buena
- ☐ 3 Buena
- ☐ 4 Regular
- ☐ 5 Mala

31. Desde el 1 de julio de 2019, ¿le han puesto una vacuna para la gripe o aplicado un aerosol nasal?

- ☐ 1 Sí
- ☐ 2 No
- ☐ 3 No sé

32. Actualmente, ¿fuma cigarrillos o usa tabaco todos los días, algunos días o nunca?

- ☐ 1 Todos los días
- ☐ 2 Algunos días
- ☐ 3 No fumo en absoluto → ***Si contestó "No fumo en absoluto", pase a la pregunta 36***
- ☐ 4 No sé → ***Si contestó "No sé", pase a la pregunta 36***

Por favor continuar en la página siguiente →

33. En los últimos 6 meses, ¿qué tan seguido le aconsejó un doctor u otro profesional médico de su plan de salud que dejara de fumar o usar tabaco?
    - ☐ 1 Nunca
    - ☐ 2 A veces
    - ☐ 3 La mayoría de las veces
    - ☐ 4 Siempre

34. En los últimos 6 meses, ¿qué tan seguido le recomendó, o habló un doctor o profesional médico sobre medicamentos para ayudarlo a dejar de fumar o usar tabaco? Ejemplos de medicamentos son: chicle o goma de mascar con nicotina, parche, rociador o aerosol nasal, inhalador o medicamentos con receta.
    - ☐ 1 Nunca
    - ☐ 2 A veces
    - ☐ 3 La mayoría de las veces
    - ☐ 4 Siempre

35. En los últimos 6 meses, ¿qué tan seguido le ofreció o habló su doctor o profesional médico sobre métodos y estrategias, aparte de medicamentos, para ayudarlo a dejar de fumar o usar tabaco? Ejemplos de métodos y estrategias son: una línea telefónica de ayuda, consejería individual o terapia de grupo o un programa para dejar de fumar.
    - ☐ 1 Nunca
    - ☐ 2 A veces
    - ☐ 3 La mayoría de las veces
    - ☐ 4 Siempre

36. ¿Qué edad tiene?
    - ☐ 1 18 a 24 años
    - ☐ 2 25 a 34
    - ☐ 3 35 a 44
    - ☐ 4 45 a 54
    - ☐ 5 55 a 64
    - ☐ 6 65 a 74
    - ☐ 7 75 años o más

37. ¿Cuál es su sexo biológico?
    - ☐ 1 Masculino
    - ☐ 2 Femenino

38. ¿Cuál es su identidad de género actual?
    - ☐ 1 Masculino
    - ☐ 2 Femenino
    - ☐ 3 Transgénero
    - ☐ 4 No binario, intergénero, u otra

39. ¿Cuál es el grado o nivel escolar más alto que ha completado?
    - ☐ 1 8 años de escuela o menos
    - ☐ 2 9 a 12 años de escuela, pero sin graduarse
    - ☐ 3 Graduado de la escuela secundaria *(high school)*, Diploma de escuela secundaria, preparatoria o su equivalente (o GED)
    - ☐ 4 Algunos cursos universitarios o un título universitario de un programa de 2 años
    - ☐ 5 Título universitario de 4 años
    - ☐ 6 Título universitario de más de 4 años

40. ¿Cuál de las siguientes opciones describe su identidad racial o étnica? Marque TODAS las opciones que correspondan.

Indígena estadounidense o nativo de Alaska

- ☐ A Indígena norteamericano/a
- ☐ B Indígena de Alaska
- ☐ C Inuit canadiense, métis o indígena canadiense (First Nation)
- ☐ D Indígena mexicano/a, centroamericano/a o sudamericano/a

Asiático/a

- ☐ E Indio/a asiático/a
- ☐ F Chino/a
- ☐ G Filipino/a
- ☐ H Hmong
- ☐ I Japonés/a
- ☐ J Coreano/a
- ☐ K Laociano/a
- ☐ L Sudasiático/a
- ☐ M Vietnamita
- ☐ N Asiático/a de otro tipo

Negro/a o afroamericano/a

- ☐ O Afroamericano/a
- ☐ P Africano/a (negro/a)
- ☐ Q Caribeño/a (negro/a)
- ☐ R Negro/a de otro tipo

Hispano/a o latino/a

- ☐ S Centroamericano/a, hispano/a o latino/a
- ☐ T Mexicano/a hispano/a o latino/a
- ☐ U Sudamericano/a, hispano/a o latino/a
- ☐ V Hispano/a o latino/a de otro tipo

Medio oriental/norteafricano

- ☐ W Del oriente medio
- ☐ X Norafricano/a

Nativo/a de Hawái o de las Islas del Pacífico

- ☐ Y Guameño/a o chamorro/a
- ☐ Z Micronesio/a
- ☐ AA Indígena de Hawái
- ☐ AB Samoano/a
- ☐ AC Tongano/a
- ☐ AD De otras islas del Pacífico

Blanco/a

- ☐ AE Europeo/a oriental
- ☐ AF Eslavo/a
- ☐ AG Europeo/a occidental
- ☐ AH Blanco/a de otro tipo

Otras categorías

- ☐ AI Otra

41. Independientemente de su respuesta anterior, ¿cómo identifica usted su raza, grupo étnico, origen tribal, país de origen o ascendencia? *(Escriba en letra imprenta)*

_____

Por favor continuar en la página siguiente →

42. ¿Qué tan bien habla inglés?

- ☐ 1 Muy bien
- ☐ 2 Bien
- ☐ 3 No bien
- ☐ 4 Para nada

43. ¿Qué idioma habla usted principalmente en el hogar?

- ☐ 1 Inglés
- ☐ 2 Español
- ☐ 3 Otra *(Escriba en letra imprenta)*

_____

44. ¿Necesita un intérprete para que nos podamos comunicar con usted?

- ☐ 1 Sí
- ☐ 2 No

45. ¿Necesita usted un intérprete de lenguaje de señas para que nosotros podamos comunicarnos con usted?

- ☐ 1 Sí
- ☐ 2 No → ***Si contestó "No", pase a la pregunta 46***

45a. ¿Qué tipo de intérprete necesita para que nosotros podamos comunicarnos con usted? (Intérprete ASL, inglés Pidgin por señas [PSE, por sus siglas en inglés], interpretación táctil, etc.) *(Escriba en letra imprenta)*

_____

46. ¿Necesita materiales escritos en un formato alternativo (Braille, letra grande, grabaciones de audio, etc.)?

- ☐ 1 Sí
- ☐ 2 No → ***Si contestó "No", pase a la pregunta 47***

46a. ¿Qué formato alternativo necesita? *(Escriba en letra imprenta)*

_____

47. ¿Es usted sordo/a o tiene dificultad seria para oír?

- ☐ 1 Sí
- ☐ 2 No

48. ¿Es usted ciego/a o tiene dificultad seria para ver, aunque lleve puestos lentes?

- ☐ 1 Sí
- ☐ 2 No

49. ¿Alguna condición física, mental o emocional limita sus actividades de alguna manera?

- ☐ 1 Sí
- ☐ 2 No

50. ¿Tiene dificultad seria para caminar o subir escaleras?

- ☐ 1 Sí
- ☐ 2 No

51. ¿Tiene dificultad para vestirse o bañarse?

- ☐ 1 Sí
- ☐ 2 No

52. Debido a una condición física, mental o emocional, ¿tiene dificultad seria para concentrarse, recordar o tomar decisiones?

- ☐ 1 Sí
- ☐ 2 No

53. Debido a una condición física, mental o emocional, ¿tiene dificultad seria para hacer los mandados solo/a, por ejemplo, ir a ver al médico o ir de compras?

- ☐ 1 Sí
- ☐ 2 No

Gracias

Por favor devuelva esta encuesta en el sobre con el porte o franqueo pagado a:

Center for the Study of Services
PO Box 10820
Herndon, VA 20172

Por favor no incluya cualquier otra correspondencia.

CALCULATION GUIDELINES FOR GLOBAL PROPORTIONS

NCQA's *HEDIS 2020, Volume 3: Specifications for Survey Measures* contains detailed guidelines for calculation of survey results. These guidelines include:

- Criteria for including a survey in the results calculation. A questionnaire must have the final disposition code of *Complete and Valid Survey* to be included in the calculation of plan-level scores.
- Rules for handling appropriately answered questions (i.e., questions that comply with survey skip-pattern instructions).
- Rules for handling inappropriately answered questions (e.g., unanswered questions, multiple-mark questions, questions that should have been skipped, and questions within a skip pattern of an inappropriately answered or skipped gate item).
- Rules for calculating denominators for questions and composites. The denominator for a question is equal to the total number of responses to that question. The denominator for a composite is the average number of responses across all questions in the composite.
- Rules for calculating rolling average composites and question summary rates. *For OHA analysis, rolling average measures were calculated using single year rates.*
- Rules for handling changes in submission entity (i.e., if a health plan changes how it reports CAHPS results from one year to the next.)

COMPOSITE GLOBAL PROPORTIONS

Global Proportions are *average* proportions of respondents who gave the plan a favorable rating on each question in a composite. There are three steps needed to calculate the composite global proportion:

Step 1

For each question in a composite, count the number of members who selected a favorable response option (i.e., *Usually/Always* or *Yes*).

Step 2

For each question, determine the proportion of respondents rating favorably (i.e., *Usually/Always* or *Yes*).

Step 3

Calculate the average proportion rating favorably across all the questions in the composite. These are the composite global proportions. Note: each question in a composite is weighted equally, regardless of how many members respond.

Using the example above, here is an illustration of the step-by-step calculation of the *Getting Care Quickly* composite global proportion. Missing responses are not included in the denominator.

Response option	Q4	Q6	Global Proportion
Never or *Sometimes*	1 / 5 = 0.20	1 / 4 = 0.25	(0.20 + 0.25) / 2 = 0.2250
Usually	2 / 5 = 0.40	1 / 4 = 0.25	(0.40 + 0.25) / 2 = 0.3250
Always	2 / 5 = 0.40	2 / 4 = 0.50	(0.40 + 0.50) / 2 = 0.4500
Always or *Usually*	4 / 5 = 0.80	3 / 4 = 0.75	(0.80 + 0.75) / 2 = 0.7750

Therefore, 80.00 percent and 75.00 percent of members respectively provided favorable responses to the *Getting Care Quickly* questions Q4 and Q6. Averaging these two proportions yields the global proportion score of 77.50 percent for the *Getting Care Quickly* composite.

GLOSSARY OF TERMS

Attributes	Areas of health plan performance and member experience assessed with the CAHPS survey
Benchmark	A reference score (e.g., the State Oregon Health Plan, the CSS Average, the highest or lowest performing CCO, or the CCO's own prior-year rate) against which performance on the measure is assessed. See *Comparisons to Benchmarks and Prior-Year Results*.
CAHPS 5.0H Surveys	Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a series of surveys designed to collect consumer feedback on their health care experiences. The CAHPS 5.0H Health Plan Survey asks members to report on their experiences with access to appointments and care through their health plan, communication with doctors available through the plan, and customer service. The Commercial plan version asks about member experiences in the previous 12 months, whereas the Medicaid version refers to the previous six (6) months. The Medicaid version is available for adults and children; the Commercial version is for adults only. The Adult survey is intended for respondents who are 18 and older; the Child survey asks parents or guardians about the experiences of children 17 and younger. Health plans report survey results as part of HEDIS data collection. NCQA uses survey results in health plan performance reports, to inform accreditation decisions, and to create national benchmarks for care. Health plans might also collect CAHPS survey data for internal quality improvement purposes.
Composite Measures	Composite measures combine results from related survey questions into a single score to summarize health plan performance in a specific area of care or service. The set of applicable composites varies slightly by survey version. See *Patient Experience of Care* Measures.
Confidence Level	A confidence level is associated with tests of statistical significance of observed differences in survey scores. It is expressed as a percentage and represents how often the observed difference (e.g., between the plan's current-year rate and the relevant benchmark rate) is real and not simply due to chance. A 95% confidence level associated with a statistical test means that if repeated samples were surveyed, in 95 out of 100 samples the observed measure score would be truly different from the comparison score.
Correlation	A degree of association between two variables, or attributes, typically measured by the *Pearson correlation coefficient*. The coefficient value of 1 indicates a strong positive relationship; -1 indicates a strong negative relationship; zero indicates no relationship at all.
Denominator (*n*, or Usable Responses)	Number of valid (appropriately answered) responses available to calculate a measure result. Examples of inappropriately answered questions include ambiguously marked answers, multiple marks when a single answer choice is expected, and responses that violate survey skip patterns. The denominator for an individual question is the total number of valid responses to that question. The denominator for a composite is the average number of responses across all questions in the composite. If the denominator is less than 30 responses, a measure result of "Low n" was assigned.

Disposition	The final status given to a member record in the survey sample at the end of the study (e.g., completed survey, refusal, non-response, etc.) See *Member Dispositions and Response Rate*.
Effectiveness of Care	Effectiveness of Care measures are relevant to Adult surveys only and include *Flu Vaccinations for Adults Ages 18–64 (FVA)* and *Medical Assistance with Smoking and Tobacco Use Cessation (MSC)*.
Eligible Population	Members who are eligible to participate in the survey based on the following criteria: - Current enrollment (as of the date the sample frame is generated). Some members may no longer be enrolled by the time they complete the survey. They become ineligible and will be excluded from survey results based on their responses to the first two questions on the survey, which confirm membership. - Continuous enrollment (six months for Medicaid, with no more than one enrollment break of 45 days or less); - Member age (18 years old or older for the Adult survey and 17 years old or younger for the Child survey as of November 30 of the measurement year); - Primary coverage (through Medicaid or a commercial product line for Medicaid and Commercial surveys, respectively).
Global proportions	Applies to composite measures. The proportion of respondents selecting the favorable response(s) (e.g., *Always* or *Usually*) averaged across the questions that make up the composite. See *Question Summary Rates and Composite Global Proportions*.
HEDIS	The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of performance measures in the managed care industry, developed and maintained by NCQA. HEDIS was designed to allow consumers to compare health plan performance to other plans and to national or regional benchmarks as well as to track year-to-year performance. HEDIS is one component of NCQA's accreditation process, although some plans submit HEDIS data without seeking accreditation. CAHPS measures are a subset of HEDIS.
Key Drivers and Priorities for Improvement	Key Drivers are plan attributes that have been shown to be closely related to members' overall assessment of the plan. Performance on these attributes predicts how the plan is rated overall and, viewed from the industry perspective, helps to distinguish high-rated plans from poorly rated plans. Specific priorities for improvement for *your organization* are identified based on how it is currently performing on the key driver attributes compared to industry best practices.
NCQA	The National Committee for Quality Assurance (NCQA) is an independent non-profit organization that works to improve health care quality through the administration of evidence-based standards, measures, programs, and accreditation. NCQA manages voluntary accreditation programs for individual physicians, health plans, and medical groups. Health plans seek accreditation and measure performance through the administration and submission of the Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

Question Summary Rate	Question Summary Rates (QSRs) express the proportion of respondents selecting the response option(s) of interest (typically representing the most favorable outcome(s) from a given question on the survey). Many survey items use a *Never*, *Sometimes*, *Usually*, or *Always* response scale, with *Always* being the most favorable outcome. Results are typically reported as the proportion of members selecting *Usually* or *Always*. See *Question Summary Rates and Composite Global Proportions*.
Response Rate	Survey response rate is calculated using the following formula: $\text{Response Rate} = \frac{\text{Complete and Eligible Surveys}}{\text{[Complete and Eligible + Incomplete (but Eligible) + Refusal + Nonresponse after maximum attempts + Added to Do Not Call (DNC) List]}}$
Sample size	OHA's methodology used a sample size of 1,125 for Adult Medicaid samples, 925 for Child Medicaid samples, and 575 for Child Medicaid with Chronic Conditions samples.
Statistically Significant Difference	When survey results are calculated based on sample data and compared to a benchmark score (e.g., State Oregon Health Plan, the highest or lowest performing CCO, or the CCO's own prior-year rate), the question is whether the observed difference is real or due to chance. A difference is said to be statistically significant at a given confidence level (e.g., 95%) if it has a 95% chance of being true.
Trending	Comparison of survey results over time
Usable Responses (*n*)	See *Denominator*
Valid Response	Any acceptable (falling within a pre-defined set) response to a survey question that follows the NCQA skip pattern rules and data cleaning guidelines.