



Quality Improvement Program

How we measure up

At Simply Healthcare Plans, Inc., your health is important to us — and our experienced team can help you stay focused on it. To help us serve you the best we can, we closely look at the access to medical care and programs we give you each year. We measure the quality and safety of them. The results tell us what works the best and what needs to be improved. The Quality Improvement program is the process of finding how we can improve your care.

What tells us how we're doing?

We've helped members get access to health care services since 2010. We've made many changes since then. We get feedback throughout the year. Our Quality Management (QM) department reviews it all and makes changes to our services and benefits to help you.

Who gives the feedback?

Each year, the National Committee of Quality Assurance (NCQA) tests and measures results from every health plan across the country. They get data from two sources:

1. Healthcare Effectiveness Data and Information Set (HEDIS®)
2. Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

Every health care plan is tested on the same items. The results show progress and areas that need to get better. The results also show you how Simply is doing compared to other plans.

Healthcare Effectiveness Data and Information Set (HEDIS®)

The NCQA creates a yearly report on how well we help you access services. They create this report using the HEDIS. HEDIS measures over 50 health care items and tells us things like:

- If adult members got preventive care (wellness checkups).
- If members with diabetes got certain tests or exams.
- If women ages 16-24 got certain tests.
- If members ages 12-18 years old got teenage wellness checkups.
- If children got well-child checkups and immunizations (shots).

The NCQA also looks at claims data and medical record reviews, then gives us a score on how well we handled your care. The HEDIS score helps us make sure you're able to get the preventive care you need. Preventive screenings can help your doctors catch signs of more serious issues.

We have made improvements in 15 measures that address diabetes, behavioral health, dental health, nutrition, physical activity, weight management and others. We make changes to our plan based on our scores, such as:

1. Working side-by-side with your providers to help *them* make changes for the better.
2. Connecting with you by mail, phone, and in person at events.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

Each February, we work with a private company that sends out the CAHPS survey. Members like you fill it out to tell us how we did the previous year. The company who sends the survey isn’t connected to us at all. The CAHPS survey asks questions like:

1. Did your provider(s) take the time to tell you about the services they want you to get?
2. Are you happy with the services you get from your provider(s)?

In 2019, our members gave us good ratings for customer service and getting care quickly for adult members. Our members were also happy with their primary care provider (PCP) visits for both adult and child members.

The CAHPS Health Plan's score is the percent of respondents that answered “Always,” “Usually” or “Yes.” For CAHPS, our goal is to score in the 50 percentile or better. For CAHPS measures not part of the National Quality Compass benchmark, our goal is to score 80% or above.

Adult member experience	2019	Child* member experience	2019
Getting care quickly	83%	Getting care quickly	91%
How well doctors communicate	94%	How well doctors communicate	93%
Getting needed care	82%	Getting needed care	83%
Customer service	88%	Customer service	87%
Overall satisfaction with your personal doctor	89%	Overall satisfaction with your personal doctor	90%
Overall satisfaction with your specialist	87%	Overall satisfaction with your specialist	84%
Overall satisfaction with health care	77%	Overall satisfaction with health care	91%
Overall satisfaction with health plan	80%	Overall satisfaction with health plan	89%

*These scores apply to both children with and without chronic conditions.

What does Simply do with the results?

Our Quality Management department reviews the HEDIS and CAHPS scores to find out what we do well and what we need to improve. Sometimes it means adding, removing or changing our services. This year, we're going to work on:

1. Helping you get the right care when you need it.
2. Sharing information between members and providers.
3. Improving your overall satisfaction with our benefits and services.

We care. We listen.

We're here to serve you and we want to know what you think. Do you have feedback? Call us at 1-844-406-2396 for Florida Medicaid, 1-877-440-3738 for Long-Term Care or TTY 711 Monday through Friday from 8 a.m. to 7 p.m. Eastern time. Or write us at:

**Quality Management Department
Simply Healthcare Plans, Inc.
9250 W. Flagler St. Ste. 601
Miami, FL 33174-3460**

Join us!

The Enrollee Advisory Committee meets four times a year. This group of members meets with us to share ideas on how to improve the services, and learn about their rights and responsibilities. It's a great time to meet with your Case Manager and other members, as well as to talk to people from the plan. If you want to join, please call Member Services at 1-844-406-2396 for Florida Medicaid, 1-877-440-3738 for Long-Term Care or TTY 711. We're here Monday through Friday from 8 a.m. to 7 p.m. Eastern time.

Learn more about Quality Improvement

Have questions about the Quality Improvement program? Call us or write to us. We can talk to you about:

- What quality improvement is
- How we are doing and what our goals are
- How we are working to make things better for you

We can also send you information on our Quality Improvement program. Call Member Services at 1-844-406-2396 for Florida Medicaid, 1-877-440-3738 for Long-Term Care or TTY 711. We're here Monday through Friday from 8 a.m. to 7 p.m. Eastern time.

Ask us to mail you a copy of the program with goals, process and results. We can also tell you more about how we make sure you get quality care.

Simply Healthcare Plans, Inc. follows Federal civil rights laws. We don't discriminate against people because of their:

- Race
- National origin
- Disability
- Color
- Age
- Sex or gender identity

Do you need help with your health care, talking with us, or reading what we send you? Call us toll free at 1-844-406-2396 for Florida Medicaid, 1-877-440-3738 for Long-Term Care or TTY 711 to get this for free in other languages or formats.

¿Necesita ayuda con su cuidado de la salud, para hablar con nosotros o leer lo que le enviamos? Llámenos a la línea gratuita al 1-844-406-2396 para Florida Medicaid, 1-877-440-3738 para Long-Term Care o TTY 711 para recibir esto gratuitamente en otros idiomas o formatos.

Èske ou bezwen èd ak swen sante ou, èd pou pale ak nou, oswa pou li sa nou voye ba ou? Rele nou gratis nan 1-844-406-2396 pou Florida Medicaid, 1-877-440-3738 pou Long-Term Care oswa TTY 711 pou w jwenn sa gratis nan lòt lang oswa nan lòt fòm.