

# Appendix E: Managed Care Quality Assurance Reports

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## Quality of Care

The Balanced Budget Act of 1997 (BBA) requires state Medicaid programs to contract with an external quality review organization (EQRO) to help evaluate Medicaid managed care programs. The EQRO produces reports to support HHSC's efforts to ensure managed care clients have access to timely and quality care in each of the managed care programs. The results allow comparison of findings across managed care organizations (MCOs) in each program and are used to develop overarching goals and quality improvement activities for Medicaid and CHIP managed care programs. MCO findings are compared to HHSC standards and national averages, where applicable.

The EQRO assesses care provided by MCOs participating in STAR, STAR+PLUS (including the STAR+PLUS home and community-based services waiver), STAR Health, CHIP, STAR Kids, and the Medicaid and CHIP dental managed care programs. The EQRO conducts ongoing evaluations of quality of care

primarily using MCO administrative data, including claims and encounter data. The EQRO also reviews MCO documents and provider medical records, conducts interviews with MCO administrators, and conducts surveys of Texas Medicaid and CHIP members, caregivers of members, and providers. The Institute for Child Health Policy (ICHP) has been the EQRO for Texas since 2002.

## ***STAR – Significant Quality Findings***

### *Quality of Care*

Statewide performance on measures of access to well-care visits for children and adolescents and prenatal and postpartum care in STAR showed positive findings in 2014. Well-care measures for children and adolescents were above the 50th percentile on the HEDIS® national benchmark percentiles for Medicaid, representing a good standard of care compared to the national Medicaid population. Performance on prenatal and postpartum care access measures was also above the 50th percentile

on the HEDIS® national benchmark percentiles for Medicaid.

In STAR, potentially preventable admissions per 1,000 member months dropped slightly from 0.61 in 2013 to 0.54 in 2014. The most common reasons reported for potentially preventable admissions were:

- Asthma (16 percent).
- Pneumonia (14 percent).
- Cellulitis and other bacterial skin infections (11 percent).

Potentially preventable readmissions per 1,000 member months also dropped slightly from 0.23 in 2013 to 0.20 in 2014.

Potentially preventable emergency department visits per 1,000 member months increased slightly from 9.39 in 2013 to 9.41 in 2014. The most common reason reported for potentially preventable emergency department visits in STAR was upper respiratory tract infections (26 percent).

Statewide, 4,360 unique members experienced 4,999 potentially preventable complications. Potentially preventable complications in STAR were predominantly obstetric and delivery-related events, which together account for 54 percent of events.

Measures of effectiveness of care for asthma showed that members in STAR were prescribed controller medications at a rate exceeding the HEDIS® 90th percentile. However, the percentage of members who remained on an asthma controller medication at least 75 percent of the treatment period was below the HEDIS® 10th percentile. Other key areas for improvement in STAR include appropriate testing for children and adolescents with pharyngitis, eye exams and medical attention for nephropathy as part of comprehensive diabetes care, and follow-up after hospitalization for mental illness.

### *Satisfaction with Care*

The 2014 STAR adult member survey found high levels of satisfaction in regard to communicating with doctors and getting help and information from health plan customer service, as well as generally positive ratings of care that met or exceeded the Consumer Assessment of Healthcare Providers & Systems (CAHPS®) Medicaid national rates. Rates for *Getting Needed Care* (71 percent), *Getting Care Quickly* (76 percent), and *How Well Doctors Communicate* (88 percent), were below the CAHPS® Medicaid national rate. The lower rate for CAHPS® *Getting Needed Care* suggests a need to improve access to specialist care for STAR members.

**Table E.1: STAR Adult Member Satisfaction with Care, 2014**

CAHPS® Measure ("Usually" or "Always")	2014 Rate	HHSC Standard 2014	CAHPS® Adult Medicaid 2014
Getting Needed Care	71.4%	N/A	81%
Getting Care Quickly	76.3%	N/A	82%
How Well Doctors Communicate	88.1%	89%	90%
Health Plan Information and Customer Service	87.4%	N/A	86%
Personal Doctor Rating	66.2%	63%	64%
Specialist Rating	65.4%	N/A	64%
Health Plan Rating	61.3%	60%	57%
Health-care Rating	53.5%	N/A	51%

The survey conducted with caregivers of children and adolescents enrolled in STAR in 2015 found that, overall, the STAR program performed well on measures of caregiver satisfaction with care.

In particular, the percentage of caregivers who rated their child or adolescent's STAR health plan a "9" or "10" (81 percent) exceeded the national Medicaid rate by more than ten percentage points.

**Table E.2: STAR Caregiver Satisfaction with Child Health Care, 2015**

CAHPS® Measure ("Always")	2015 Rate	HHSC Dashboard Standard 2015	CAHPS® Child Medicaid National Rate 2015
Getting Needed Care	61.7%	N/A	60%
Getting Care Quickly	76.5%	N/A	72%
How Well Doctors Communicate	79.2%	80%	77%
Health Plan Information and Customer Service	78.3%	N/A	66%
Personal Doctor Rating	76.1%	77%	73%
Specialist Rating	77.9%	N/A	70%
Health Plan Rating	81.3%	81%	67%
Health-care Rating	72.7%	N/A	65%

The most common special health-care need among children and adolescents in STAR was dependence on prescription medications (18 percent). Almost three-quarters of child and adolescent STAR members were in “excellent” or “very good” overall health (73 percent) and mental health (72 percent). More than one-quarter of children and adolescents in STAR were obese (29 percent), as calculated using caregiver-reported height and weight.

The 2015 survey with caregivers of children and adolescents in STAR who need behavioral health services shows generally positive experiences with clinician communication, getting treatment and information from the health plan, and perceived improvement. Lower scores were observed for the timeliness of behavioral health care and getting information about treatment options.

Similar to the child and adolescent results, adult members needing behavioral health services reported positive experiences for the *How Well Clinicians Communicate* and *Getting Treatment and Information from the Plan* when surveyed in 2015. Although STAR adult members generally were satisfied with their behavioral health care, the measures with the most room for improvement were *Information about Treatment Options* and *Getting Treatment and*

*Information from the Behavioral Health Organization.*

## **STAR+PLUS – Significant Quality Findings**

### *Quality of Care*

Utilization of care generally was high in 2014 for STAR+PLUS Medicaid-only members, as expected for the more complex health conditions seen in the population. Statewide, the program had 581.1 outpatient visits per 1,000 member months.

Between 2013 and 2014, there were modest decreases in rates of potentially preventable admissions and readmissions within 30 days, while the rate of potentially preventable emergency department visits remained constant. The rate of potentially preventable admissions in 2014 was 7.80 per 1,000 member-months. The most common reasons for potentially preventable admissions were chronic obstructive pulmonary disease (COPD) (11 percent) and heart failure (ten percent). Long-term complications for diabetes, as measured by the AHRQ PQI, were 59.8 per 100,000 member months.

The rate of potentially preventable readmissions in 2014 was 4.22 per 1,000 member months. The most common reasons for potentially preventable readmissions were:

- Mental health or substance abuse readmission following an initial admission for a substance abuse or mental health diagnosis (33 percent).
- Medical readmission for acute medical condition or complication that may be related to or may have resulted from care during initial admission or in post-discharge period after initial admission (26 percent).
- Medical readmission for a continuation or recurrence of the reason for the initial admission, or for a closely related condition (21 percent).

The rate of potentially preventable emergency department visits in 2014 was 24.0 per 1,000 member months. The most common reasons for potentially preventable emergency department visits were chest or abdominal pain (14 percent), level II musculoskeletal system and connective tissue diagnoses (nine percent), and upper respiratory tract infections (eight percent).

Statewide, in 2014, 1,843 unique members experienced 2,767 potentially preventable complications. The two most frequently observed categories, renal failure without dialysis and urinary tract infection, accounted for more than one-quarter of potentially preventable complications.

Adults' access to preventive and ambulatory health services in STAR+PLUS in 2014 was above the 50th percentile on the HEDIS® national benchmark percentiles for Medicaid. Performance on the rate of assessing adult body mass index was between the 10th and 32nd percentiles on the HEDIS® national benchmark percentiles for Medicaid but exceeded the HHSC Performance Indicator Dashboard standard. The rate of screening for breast cancer was between the 10th and 32nd percentiles nationally but exceeded the HHSC Performance Indicator Dashboard standard. The statewide rate of screening for cervical cancer was in the bottom tenth nationally and did not meet the HHSC Performance Indicator Dashboard standard.

Performance on effectiveness of care measures generally was low for STAR+PLUS Medicaid-only members compared to the national Medicaid population. However, it is important to note that the STAR+PLUS program is designed to serve a population with generally greater health-care needs, and the population is not necessarily comparable to the national Medicaid population. The HEDIS® measures for appropriate medication for asthma, asthma medication ratio, avoidance of antibiotic therapy for adults with acute bronchitis, HbA1c (blood sugar) control for individuals living with diabetes,

eye exams for individuals with diabetes, controlling blood pressure for individuals with hypertension, and use of spirometry testing in the assessment and diagnosis of COPD all performed below the HEDIS® 33rd percentile. All four diabetes care measures showed improvement from 2013. The HEDIS® measure for management of asthma medications performed between the 66th and 89th percentiles, as did provision of bronchodilators following COPD exacerbation.

### Satisfaction with Care

The 2014 member survey showed that STAR+PLUS members have more complex health conditions than members in STAR or in the general Medicaid population. Member-reported health status

was generally low, with 62 percent reporting “fair” or “poor” overall health and 48 percent reporting “fair” or “poor” mental health. Over half (51 percent) of members were obese, as measured from member-reported height and weight, and 24 percent were overweight. Health-related limitations to quality of life were common, with 66 percent of Medicaid-only members and 68 percent of dual-eligible members reporting they have a condition that interferes with independence, participation in the community, or quality of life.

Survey results suggested that members were in most ways satisfied with their experience of care in STAR+PLUS, with some room for improvement in access to care.

**Table E.3: STAR+PLUS Medicaid-only Member Satisfaction with Care, 2014**

CAHPS® Measure (“Usually” or “Always”)	STAR+PLUS Medicaid-only 2014 Rates	HHSC Dashboard Standard 2014 Rates	National CAHPS® Adult Medicaid 2014 Rates
Getting Needed Care	65.7%	N/A	81%
Getting Care Quickly	78.7%	N/A	82%
How Well Doctors Communicate	86.2%	89%	90%
Health Plan Information and Customer Service	82.3%	N/A	86%
Personal Doctor Rating	66.7%	64%	64%
Specialist Rating	70.2%	N/A	64%
Health Plan Rating	56.5%	56%	57%
Health-care Rating	52.4%	N/A	51%

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Results from the 2015 behavioral health survey conducted with adults in STAR+PLUS showed satisfaction with *How Well Clinicians Communicate and Getting Treatment and Information from the Plan*. The measures with the greatest room for improvement were *Information about Treatment Options and Getting Treatment* and *Information from the Behavioral Health Organization*.

Similar to the Medicaid-only STAR+PLUS behavioral health survey results, results from the 2015 behavioral health survey conducted with dual eligible members in STAR+PLUS showed positive experiences with clinician communication and getting treatment and information from the health plan. Dual eligible members reported lower satisfaction with getting information about treatment options. It is important to note that for dual eligible members, Medicare is the primary insurer and behavioral health services are generally provided through Medicare.

### **NorthSTAR – Significant Quality Findings**

#### *Quality of Care*

In 2014, performance on the following HEDIS measures decreased from the prior year:

- Effective Acute Phase Treatment for Antidepressant Medication Management.

- Effective Continuation Phase Treatment for Antidepressant Medication Management.
- Initiation of Alcohol and Other Drug Dependence Treatment.
- Engagement of Alcohol and Other Drug Dependence Treatment.

In 2014, performance on the following HEDIS measures increased from the prior year:

- Follow-Up Care for Children Prescribed attention deficit hyperactivity disorder (ADHD) Medication - Initiation Phase.
- Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase.
- Follow-Up after Hospitalization for Mental Illness Within Seven Days.
- Follow-Up after Hospitalization for Mental Illness Within 30 Days.

NorthSTAR 2014 performance was below the HEDIS 50th percentile on all measures except *Follow-Up Care for Children Prescribed ADHD Medication* (both initiation and continuation and maintenance phases), *Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia*, and *Diabetes Monitoring for People with Diabetes and Schizophrenia*. For people with Schizophrenia in NorthSTAR, 72 percent of adults had an LDL-C test and 90 percent had

an LDL-C and HbA1c test during the measurement year.

Additional information on various quality and performance measures that are tracked by DSHS can be found in the NorthSTAR data book and trending reports at <http://www.dshs.state.tx.us/mhsa/northstar/databook.shtm> (July 2014).

## **STAR Health – Significant Quality Findings**

### *Quality of Care*

In 2014, members in STAR Health utilized the emergency department at a rate of 62.1 visits per 1,000 member months, and outpatient care at a rate of 485.8 visits per 1,000 member-months. The STAR Health population is not necessarily comparable to the national Medicaid population; however, performance on well-care measures for children (89 percent) and adolescents (70 percent) in STAR Health exceeded their respective HEDIS® 90th percentiles in 2014.

Potentially preventable admissions increased from 3.35 visits per 1,000 member months in 2013 to 3.79 visits per 1,000 member months in 2014. The most common reasons for these inpatient admissions were bipolar disorders (68 percent) and major depressive

disorders and other psychoses (13 percent).

Potentially preventable readmissions increased slightly from 1.43 readmissions per 1,000 member-months in 2013 to 1.62 readmissions per 1,000 member months in 2014. The most common type of readmission was mental health or substance abuse readmission (90 percent).

Emergency department visits that were potentially preventable remained steady between 2013 and 2014. The most common condition associated with these emergency department visits was upper respiratory tract infection (25 percent).

Statewide, in 2014, 12 unique members experienced 13 potentially preventable complications. Obstetrical hemorrhage without transfusion accounted for nearly half (46 percent) of events.

Children and adolescents in STAR Health generally had excellent access to care in 2014 compared to the national Medicaid population and to Texas standards. The rate of members receiving at least six well-child visits in the first 15 months of life was in the middle third of the HEDIS® national benchmark percentiles for Medicaid and exceeded the HHSC Performance Indicator Dashboard standard. Performance on the other two

measures of well-care visits for children and adolescents were in the top ten percent nationally, with well-care visits for three- to six-year-olds exceeding the HHSC Performance Indicator Dashboard standard and well-care visits for adolescents performing below the standard. Access to PCPs for members in STAR Health was in the top decile nationally and met or exceeded the HHSC Performance Indicator Dashboard standard for all age bands.

Six in ten children and adolescents in STAR Health in 2014 (58 percent) were appropriately tested for streptococcal pharyngitis when presenting with pharyngitis, between the 10th and 32nd HEDIS® percentiles. Children and adolescents in STAR Health were very likely relative to the national Medicaid population to be prescribed an appropriate medication, to use more asthma controller medications than quick-relief medications, and to be dispensed controller medications covering at least 75 percent of days in the measurement year; the rate of being prescribed an appropriate medication and the rate of being dispensed controller medications did not meet the HHSC Performance Indicator Dashboard standards.

### *Satisfaction with Care*

According to the 2014 STAR Health Caregiver Survey, half of all STAR Health members have special health

care needs (51 percent). The most common types of special health-care needs among children and adolescents in STAR Health were problems that require counseling (36 percent) and dependence on medications (35 percent). Nearly one-third of children and adolescents in STAR Health were obese (30 percent), as measured from caregiver-reported height and weight.

Caregivers of children and adolescents in STAR Health generally reported high satisfaction with care on the CAHPS® measures *Getting Needed Care* (72 percent), *Getting Care Quickly* (89 percent), and *How Well Doctors Communicate* (91 percent). However, all four CAHPS® ratings for STAR Health members performed below the national CAHPS® Child Medicaid rates for 2014. The widest gap in these ratings was observed for the CAHPS® specialist rating, with 61 percent of STAR Health caregivers rating their child and adolescent's specialist a "9" or "10", compared to 70 percent in the national Medicaid population.

Rates on measures of getting timely care, doctors' communication, and personal doctor rating were similar to those observed in the national Medicaid population. As with the other Texas Medicaid programs, the rate for *Getting Needed Care* was below the national average, with 72 percent of STAR Health caregivers having positive experiences with

access to care, tests, treatment, and specialists. Ratings of specialist seen most often, health plan, and all

health care were lower than those observed in the national Medicaid population.

**Table E.4: STAR Health Caregiver Satisfaction with Care, 2014**

CAHPS® Measure ("Usually" or "Always")	2014 Rate	HHSC Dashboard Standard 2014	CAHPS® Child Medicaid 2014
Getting Needed Care	72.3%	N/A	85%
Getting Care Quickly	89.4%	N/A	90%
How Well Doctors Communicate	91.4%	94%	93%
Health Plan Information and Customer Service	LD <sup>1</sup>	N/A	87%
Personal Doctor Rating	71.3%	74%	73%
Specialist Rating	61.2%	N/A	70%
Health Plan Rating	60.2%	71%	67%
Health-care Rating	61.2%	N/A	66%

<sup>1</sup>Low Denominator.

## **CHIP – Significant Quality Findings**

### *Quality of Care*

In 2014, adolescents in CHIP received a high standard of well-care compared with the national Medicaid population, with statewide performance falling between the 66th and 89th percentiles on the HEDIS® national benchmark percentiles for Medicaid and exceeding the HHSC Performance Indicator Dashboard standard. Children in CHIP were largely up-to-date on recommended vaccinations on their second birthday, as measured by the Combination 4 list for HEDIS® Childhood Immunization

Status (CIS), Combination 4; performance statewide fell between the 66th and 89th percentiles on the HEDIS® national benchmark percentiles for Medicaid and exceeded the HHSC Performance Indicator Dashboard standard.

One-third of sexually active female adolescents ages 16 to 19 (34 percent) received a screening test for chlamydia, in the bottom decile on the HEDIS® national benchmark percentiles for Medicaid and below the HHSC Performance Indicator Dashboard standard.

An overwhelming majority (94 percent) of children ages one

to two had a visit with a PCP in the measurement year, a rate falling between the 10th and 32nd percentiles on the HEDIS® national benchmark percentiles for Medicaid and lower than the HHSC Performance Indicator Dashboard standard. Performance in each of the other three age bands of access to PCPs was between the 66th and 89th percentiles on the HEDIS® national benchmark percentiles for Medicaid and was also lower than the HHSC Performance Indicator Dashboard standard. Across all age bands, 92 percent of children and adolescents in CHIP had had a visit with a PCP within the past one year for children up to age six or within the past two years for children and adolescents up to age 19.

HEDIS® Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34) measures the percentage of children ages three to six in CHIP who received at least one well-child visit in the measurement year. Three of 17 health plans performed in the top decile on the HEDIS® national benchmark percentiles for Medicaid. Six health plans performed between the 66th and 89th percentiles. Seven health plans performed in the middle tertile. One health plan had too few events to report (fewer than 30).

Potentially preventable admissions per 1,000 member-months increased slightly from 0.25 in 2013 to 0.28 in 2014. The most common reasons for

potentially preventable admissions were:

- Asthma (20 percent).
- Other pneumonia (11 percent).
- Major depressive disorders and other/unspecified psychoses (10 percent).

Potentially preventable readmissions per 1,000 member months decreased slightly from 0.07 in 2013 to 0.06 in 2014. The most common reason for potentially preventable readmissions was mental health or substance abuse readmission following an initial admission for a substance abuse or mental health diagnosis, accounting for just over 67 percent of potentially preventable readmissions.

Potentially preventable emergency department visits per 1,000 member months increased slightly from 3.95 in 2013 to 4.02 in 2014. The most common reason for potentially preventable emergency department visits was infection of the upper respiratory tract which accounted for 22 percent of potentially emergency department visits.

Effectiveness of care measures in 2014 in CHIP showed mixed performance. Statewide, the program performed well on HEDIS® Use of Appropriate Medications for People with Asthma (ASM), All Ages, with an overall rate of 95 percent, which meets the HHSC Dashboard

standard of 95 percent and exceeds the HEDIS® 90th percentile. However, as in STAR, the rate of HEDIS® Medication Management for People with Asthma was below the HEDIS® 10th percentile.

### *Satisfaction with Care*

The member survey conducted with caregivers of children and adolescents enrolled in CHIP in 2015 found high levels of caregiver satisfaction in regard to communicating with doctors and health plan information and

customer service. Caregiver ratings of their child or adolescent’s personal doctor were approximately equal to those reported in the national CHIP population, while all other ratings exceeding the national rates.

The percentage of caregivers in CHIP who “always” had positive experiences with Getting Needed Care (55 percent) was lower than reported nationally (62 percent), which highlights access to care, tests, treatment, and specialists as areas for improvement.

**Table E.5: CHIP Caregiver Satisfaction with Care, 2015**

<b>CAHPS® Measure (“Always”)</b>	<b>2015 Rate</b>	<b>HHSC Dashboard Standard 2015</b>	<b>CAHPS® CHIP 2015</b>
Getting Needed Care	55.4%	N/A	62%
Getting Care Quickly	72.7%	N/A	74%
How Well Doctors Communicate	78.2%	78%	78%
Health Plan Information and Customer Service	74.6%	N/A	65%
Personal Doctor Rating	73.3%	72%	73%
Specialist Rating	72.0%	N/A	70%
Health Plan Rating	73.3%	72%	68%
Health Care Rating	69.8%	B/A	66%

## **Medicaid and CHIP Dental Programs**

### *Quality of Care*

In 2014, the EQRO evaluated access to dental care and services among members enrolled in Medicaid Dental and CHIP Dental using the HEDIS®

Annual Dental Visit (ADV) measure, Dental Quality Alliance measures, and dental prevention and treatment measures developed by the ICHIP in collaboration with HHSC.

Medicaid Dental members had higher rates than CHIP Dental members

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on all measures of dental program access and utilization. Both Medicaid Dental and CHIP Dental members had rates of HEDIS® ADV lower than HHSC Dashboard standards for most individual age bands. However, both programs performed in the top ten percent on the HEDIS® national benchmark percentiles for Medicaid on all components of HEDIS® ADV except CHIP Dental for the seven to ten age band, which performed between the 66th and 89th percentiles.

The rates for use of dental sealants among children and adolescents in Medicaid Dental and CHIP Dental were higher than the HHSC Dashboard standards for three of the four age groups.

*Satisfaction with Care*

A 2015 survey of caregivers of members in the Medicaid and

CHIP dental programs showed that, overall, caregivers had good experiences with care their child received from dentists and staff. In particular, 92 percent of Medicaid and CHIP Dental caregivers said their child’s regular dentist “always” treated them with courtesy and respect. About one eighth of caregivers reported that they had to spend more than 15 minutes in the waiting room for their child’s dental appointment. However, among those who reported a delay, about one-quarter said they were informed of the reasons for the delay or the expected length of the delay.

Caregivers of children in Medicaid Dental generally reported better experiences than caregivers of children in CHIP Dental, particularly in regard to access to dental care, coverage, and satisfaction with plan and care.

**Table E.6: Medicaid Dental and CHIP Dental Caregiver Satisfaction with Care, 2015**

Measure	Medicaid	CHIP
<b>Care from Dentists and Staff – Responses of “Always”</b>		
Regular dentist explained things in a way that was easy to understand.	84.9%	83.1%
Regular dentist listened carefully.	86.6%	84.5%
Regular dentist treated patient with courtesy and respect.	92.2%	92.5%
Regular dentist spent enough time with patient.	79.9%	79.0%
Dentists or dental staff did everything they could to help patient feel as comfortable as possible during dental work.	82.8%	80.5%



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<b>Measure</b>	<b>Medicaid</b>	<b>CHIP</b>
Dentists or dental staff explained what they were doing during treatment.	86.0%	81.5%
<b>Access to Dental Care – Responses of “Always”</b>		
Member able to get a dental appointment as soon as needed.	76.5%	73.0%
Member waited more than 15 minutes in waiting room for a dental appointment.	12.8%	14.2%
Member was informed of reason for delay or length of delay if wait was longer than 15 minutes.	24.9%	27.0%
<b>Dental Plan Costs and Services – Responses of “Usually” or “Always”</b>		
Dental plan covered all services caregiver thought were covered.	85.6%	64.4%
The toll-free telephone number, written materials or website provided all information caregiver wanted.	58.0%	48.8%
Dental plan’s customer service gave caregiver all information or help needed.	72.3%	65.8%
Dental plan’s customer service staff treated caregiver with courtesy and respect.	92.8%	85.0%
Dental plan covered needed services for member and family.	84.6%	62.6%
Information from dental plan helped caregiver find a dentist they were happy with.	80.8%	74.1%
<b>Caregiver Ratings</b>		
Dentist Rating (9 or 10)	77.5%	72.2%
Dental Care Rating (9 or 10)	79.4%	70.1%
Access to Dental Care Rating (9 or 10)	76.0%	70.0%
Dental Plan Rating (9 or 10)	82.2%	69.1%