2021 AHCCCS Complete Care CAHPS® Summary Report

Arizona Health Care Cost Containment System

January 2022

HSAG HEALTH SERVICES ADVISORY GROUP

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The State of Arizona required the administration of member experience surveys to Medicaid members enrolled in Arizona Health Care Cost Containment System (AHCCCS) Complete Care (ACC) health plans. AHCCCS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey.[1-1] The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and will aid in improving overall member experience.

The standardized survey instrument selected for the adult population was the CAHPS 5.1 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set.[1-2] The standardized survey instrument selected for the child population was the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and the Children with Chronic Conditions (CCC) measurement set. Adult members and parents/caretakers of child members completed the surveys from April to June 2021. Results presented in this report for each population include four global ratings, four composite measures, one individual item measure, three Effectiveness of Care measures (adult population only), three CCC composite measures (CCC population only), and two CCC individual item measures (CCC population only). Table 1-1 provides a list of the health plans that participated in the survey.

Table 1-1—Participating Health Plans

Program/Plan Name	Program/Plan Abbreviation
AHCCCS Complete Care Program	**ACC Program**[1-3]
Arizona Complete Health—Complete Care Plan	AzCH-CCP
Banner—University Family Care	BUFC
Care1st Health Plan	Care1st
Health Choice Arizona	HCA
Molina Complete Care[1-4]	MCC
Mercy Care	Mercy Care
UnitedHealthcare Community Plan	UHCCP

[1-1] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[1-2] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[1-3] The ACC Program results presented in this report are derived from the combined results of the seven health plans: Arizona Complete Health—Complete Care Plan, Banner—University Family Care, Care1st Health Plan, Health Choice Arizona, Molina Complete Care, Mercy Care, and UnitedHealthcare Community Plan.
[1-4] Prior to July 1, 2021, Molina Complete Care was formerly known as Magellan Complete Care of Arizona.

Survey Administration Overview

The response rate is the total number of completed surveys divided by all eligible members of the sample. Adult members completed a total of 2,122 surveys and 3,021 surveys were completed on behalf of child members. Figure 1-1 and Figure 1-2 show the distribution of survey dispositions and response rates for the ACC Program (i.e., combined results of the health plans) for the adult and child populations, respectively. The survey dispositions and response rates are based on the responses of adults and parents/caretakers of children in the general child and CCC supplemental populations, respectively. Results based on fewer than 11 responses were suppressed and noted with an "S." HSAG did not include the details of ineligibles for the adult and child populations since all results were suppressed.

Figure 1-1—Survey Administration Overview: ACC Program – Adult Members

Survey Start Date:	Survey End Date:
04.02.21	**06.25.21**

TOTAL SAMPLE SIZE	14,175
RESPONSE RATE	**15.1%**
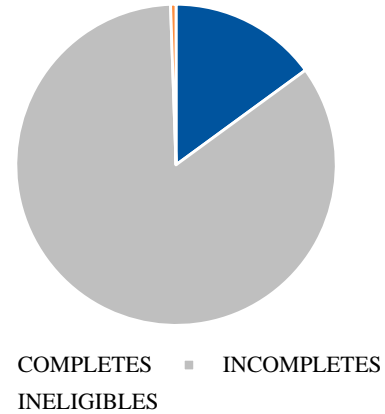
✓ **COMPLETES**	**2,122**
📄 **INCOMPLETES**	**11,975**
⊖ **INELIGIBLES**	**78**

- ■ COMPLETES
- ■ INCOMPLETES
- ■ INELIGIBLES

DETAILS

	Mail 1	Mail 2	Mail 3	Internet
Completes - Mode	**46.3%**	**29.5%**	**15.6%**	**8.6%**

	Mail English	Mail Spanish	Internet English	Internet Spanish
Completes - Language	**75.7%**	**15.7%**	**7.9%**	**0.7%**

	No Response	Refusal	Incomplete	Unable to Contact
Incompletes	**99.5%**	**0.2%**	**0.3%**	**0.0%**

The adult ACC Program's response rate of 15.1 percent was lower than the national adult Medicaid response rate reported by NCQA for 2020, which was 16.3 percent.[1-5]

[1-5] National Committee for Quality Assurance. *HEDIS Measurement Year 2020 Update Survey Vendor Training*. October 7, 2020.

Figure 1-2—Survey Administration Overview: ACC Program – Child Members

Survey Start Date:	Survey End Date:
04.02.21	**06.25.21**

TOTAL SAMPLE SIZE	28,918
RESPONSE RATE	**10.5%**
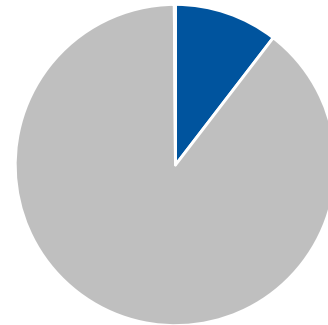
COMPLETES	3,021
INCOMPLETES	25,863
INELIGIBLES	34

- COMPLETES
- INCOMPLETES
- INELIGIBLES

DETAILS

	Mail 1	Mail 2	Mail 3	Internet
Completes - Mode	39.3%	30.7%	16.8%	13.2%

	Mail English	Mail Spanish	Internet English	Internet Spanish
Completes - Language	61.7%	25.1%	9.3%	3.8%

	No Response	Refusal	Incomplete	Unable to Contact
Incompletes	99.9%	S	S	0.0%

The child ACC Program's response rate of 10.5 percent was lower than the national CCC Medicaid response rate reported by NCQA for 2020, which was 13.1 percent.[1-6]

[1-6] National Committee for Quality Assurance. *HEDIS Measurement Year 2020 Update Survey Vendor Training.* October 7, 2020.

Performance Highlights

The following performance highlights summarize the results from the CAHPS surveys.

NCQA Comparisons

HSAG calculated overall scores for the Effectiveness of Care measures and top-box scores (i.e., rates of experience) for the other measures. For each population, HSAG compared these scores for each measure to the National Committee for Quality Assurance's (NCQA's) 2020 Quality Compass® Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings).[1-7,1-8] Based on this comparison, HSAG determined star ratings of one (★) to five (★★★★★) stars for each measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent). The detailed results of these analyses are found in the Adult Results section beginning on page 2-9, the General Child Results section beginning on page 3-12, and the CCC Results section beginning on page 3-31. Table 1-2 provides highlights of the NCQA comparisons findings. The percentages presented in the table represent the scores, while the stars represent the overall member experience ratings when the scores were compared to NCQA Quality Compass data.

[1-7] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020.* Washington, DC: NCQA, September 2020.

[1-8] The source for the benchmark and compare quality data used for this comparative analysis is Quality Compass® 2020 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass® 2020 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Table 1-2—NCQA Comparisons: ACC Program

Measure	Adult	General Child	CCC
Global Ratings			
Rating of Health Plan	★★★ 63.1%	★★★ 74.7%	★★ 68.5%
Rating of All Health Care	★★ 56.1%	★★ 72.2%	★ 62.0%
Rating of Personal Doctor	★★ 68.7%	★★ 78.4%	★★ 75.8%
Rating of Specialist Seen Most Often	★ 65.2%	★★★★★ 77.7%	★★★ 76.5%
Composite Measures			
Getting Needed Care	★★ 81.9%	★★ 85.8%	★ 85.8%
Getting Care Quickly	★★ 82.2%	★★ 90.7%	★ 90.6%
How Well Doctors Communicate	★ 91.5%	★★★ 96.2%	★ 93.9%
Customer Service	★★ 88.2%	★ 85.3%	★★ 88.2%
Individual Item Measure			
Coordination of Care	★ 80.1%	★ 82.4%	★ 80.2%
Effectiveness of Care Measures			
Advising Smokers and Tobacco Users to Quit	★ 68.5%	NA	NA
Discussing Cessation Medications	★ 44.8%	NA	NA
Discussing Cessation Strategies	★ 36.6%	NA	NA
CCC Composite Measures and Items			
Access to Specialized Services	NA	NA	★ 71.2%
Family-Centered Care (FCC): Personal Doctor Who Knows Child	NA	NA	★ 88.9%
Coordination of Care for Children with Chronic Conditions	NA	NA	★★★★★ 81.4%

Measure	Adult	General Child	CCC
Access to Prescription Medicines	NA	NA	★★ 89.1%
FCC: Getting Needed Information	NA	NA	★ 91.6%

Star Assignments Based on Percentiles:
★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th
NA indicates this measure is not applicable for the population.

Statewide Comparisons

HSAG compared the health plan results to the ACC Program to determine if plan results were statistically significantly different than the ACC Program. The detailed results of this analysis are found in the Adult Results section beginning on page 2-13, the General Child Results section beginning on page 3-15, and the CCC Results section beginning on page 3-35. Table 1-3 shows a summary of the statistically significant results of this analysis for the adult, general child, and CCC populations.

Table 1-3—Statewide Comparisons: Statistically Significant Results

Measure	AzCH-CCP	BUFC	Care1st	HCA	MCC	Mercy Care	UHCCP
Adult							
Rating of Health Plan		↑			↓		↑
Rating of Personal Doctor		↑	↓			↑	
General Child							
Rating of Health Plan					↓	↑	
CCC							
Rating of Personal Doctor	↑		↑		↓⁺		↑

+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*

The cells shaded in grey indicate the scores were not statistically significantly higher or lower than the ACC Program for those measures and plans.

↑ *Statistically significantly higher than the ACC Program.*
↓ *Statistically significantly lower than the ACC Program.*

Key Drivers of Member Experience Analysis

In order to determine potential items for quality improvement efforts, HSAG conducted a key drivers analysis. The purpose of the key drivers of member experience analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement activities. The analysis provides information on:

- How well the health plan/program is performing on the survey item.
- How important that item is to the respondents' overall experience.

HSAG focused the key drivers of member experience analysis on three measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. HSAG refers to the individual items (i.e., questions) for which the odds ratio is statistically significantly greater than 1 as "key drivers" since these items are driving adults' and parents'/caretakers' levels of experience with each of the three measures. The detailed results of this analysis in the Adult Results section beginning on page 2-31 and the General Child Results section beginning on page 3-28.

Table 1-4 and Table 1-5 provide a summary of the survey items identified for each of the three measures as being key drivers of member experience (indicated by a ✓) for the ACC Program for the adult and child populations, respectively.

Table 1-4—Key Drivers of Member Experience: ACC Program – Adult Members

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q4. Received care as soon as needed when care was needed right away	(Never + Sometimes) vs. Always	✓	✓	NS
Q9. Ease of getting the care, tests, or treatment needed	(Never + Sometimes) vs. Always	✓	✓	NS
	Usually vs. Always	✓	✓	NS
Q12. Personal doctor explained things in an understandable way	(Never + Sometimes) vs. Always	NS	NS	✓
	Usually vs. Always	NS	NS	✓
Q13. Personal doctor listened carefully	(Never + Sometimes) vs. Always	NS	✓	✓
	Usually vs. Always	NS	NS	✓
Q14. Personal doctor showed respect for what was said	(Never + Sometimes) vs. Always	✓	NS	✓
	Usually vs. Always	✓	NS	✓
Q15. Personal doctor spent enough time	(Never + Sometimes) vs. Always	NS	NS	✓
Q17. Personal doctor seemed informed and up-to-date about care from other doctors or health providers	Usually vs. Always	NS	NS	NS
Q24. Health plan's customer service gave the information or help needed	(Never + Sometimes) vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA
Q27. Ease of filling out forms from health plan	(Never + Sometimes) vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA

NA indicates that this question was not evaluated for this measure.
NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents' answers for those responses do not significantly affect their rating.

Table 1-5—Key Drivers of Member Experience: ACC Program – Child Members

Key Drivers	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q10. Ease of getting the care, tests, or treatment the child needed	(Never + Sometimes) vs. Always	✓	✓	NS
	Usually vs. Always	✓	✓	NS
Q28. Child's personal doctor listened carefully to the parent/caretaker	(Never + Sometimes) vs. Always	NS	✓	✓
	Usually vs. Always	NS	NS	NS
Q29. Child's personal doctor showed respect for what the parent/caretaker said	(Never + Sometimes) vs. Always	NS	NS	✓
	Usually vs. Always	✓	NS	✓
Q32. Child's personal doctor spent enough time with the child	(Never + Sometimes) vs. Always	NS	NS	✓
	Usually vs. Always	NS	NS	✓
Q45. Child's health plan's customer service gave the parent/caretaker the information or help needed	(Never + Sometimes) vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA
Q48. Ease of filling out forms from the child's health plan	(Never + Sometimes) vs. Always	✓	NS	NA
	Usually vs. Always	NS	NS	NA

NA indicates that this question was not evaluated for this measure.
NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents' answers for those responses do not significantly affect their rating.

The following section presents the results for the adult population. For the adult population, a total of 2,122 surveys were completed. These completed surveys were used to calculate the 2021 Adult CAHPS results presented in this section.

Survey Administration

Sample Selection

Adult members eligible for surveying included those who were enrolled in an ACC health plan at the time the sample was drawn and who were continuously enrolled in the plan for at least five of the six months of the measurement period (July 1, 2020 through December 31, 2020). In addition, adult members had to be 18 years of age or older as of December 31, 2020 to be included in the survey.

The standard sample size for the CAHPS 5.1 Adult Medicaid Health Plan Survey is 1,350 members.[2-1] HSAG applied a 50 percent oversample for each health plan; therefore, a sample of 2,025 adult members was selected from the total eligible population of each health plan for a total selected sample of 14,175 adult members.

Survey Responses

The survey administration protocol was designed to achieve a high response rate, thus minimizing the potential effects of non-response bias. The survey process allowed adult members two methods by which they could complete the surveys: mail or Internet. All sampled members were mailed an English or Spanish survey. A reminder postcard was sent to all non-respondents, followed by a second survey mailing and second reminder postcard, and third survey mailing. Additional information on the survey protocol is included in the Reader's Guide section beginning on page 4-8.

[2-1]   National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

A total of 14,175 surveys were mailed to adult members. A total of 2,122 adult surveys were completed. Table 2-1 shows the total number of members sampled, the number of surveys completed, and the response rate for the adult samples.

Table 2-1—Total Number of Respondents and Response Rates: Adult Members

Program/Plan Name	Sample Size	Completes	Response Rate
ACC Program	**14,175**	**2,122**	**15.1%**
AzCH-CCP	2,025	332	16.5%
BUFC	2,025	317	15.7%
Care1st	2,025	317	15.8%
HCA	2,025	318	15.8%
MCC	2,025	225	11.2%
Mercy Care	2,025	279	13.8%
UHCCP	2,025	334	16.6%

Demographics

Table 2-2 through Table 2-7 depict the self-reported demographic characteristics of adult members who completed a survey for age, gender, race, ethnicity, education level, and general health status. Please refer to Appendix A. Additional Data-Adult Results for graphical displays of the demographic results.

Table 2-2—Adult Member Demographics: Age

	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 and older
ACC Program	**7.4%**	**8.4%**	**11.0%**	**15.3%**	**33.2%**	**24.8%**
AzCH-CCP	4.7%	10.6%	12.1%	14.0%	34.3%	24.3%
BUFC	7.3%	8.3%	10.2%	16.9%	31.2%	26.1%
Care1st	7.0%	7.3%	10.9%	15.7%	33.2%	25.9%
HCA	9.1%	7.3%	10.1%	11.4%	38.8%	23.3%
MCC	9.5%	9.5%	12.2%	14.9%	37.8%	16.2%
Mercy Care	9.5%	7.3%	11.7%	20.1%	29.2%	22.3%
UHCCP	5.8%	8.8%	10.0%	14.6%	28.6%	32.2%
Please note, percentages may not total 100% due to rounding.						

Table 2-3—Adult Member Demographics: Gender

	Male	Female
ACC Program	**38.4%**	**61.6%**
AzCH-CCP	38.6%	61.4%
BUFC	35.6%	64.4%
Care1st	37.4%	62.6%
HCA	40.6%	59.4%
MCC	39.7%	60.3%
Mercy Care	42.6%	57.4%
UHCCP	35.0%	65.0%
Please note, percentages may not total 100% due to rounding.		

Table 2-4—Adult Member Demographics: Race

	Multi-Racial	White	Black	Asian	American Indian or Alaska Native	Other*
ACC Program	**2.7%**	**68.6%**	**5.8%**	**4.2%**	**1.6%**	**17.1%**
AzCH-CCP	S	68.2%	4.5%	S	S	20.1%
BUFC	S	67.7%	3.7%	S	S	21.9%
Care1st	S	74.7%	5.6%	S	S	12.5%
HCA	S	75.6%	4.3%	S	S	14.2%
MCC	S	60.2%	11.6%	S	S	14.8%
Mercy Care	S	63.9%	6.8%	6.1%	S	19.0%
UHCCP	S	67.1%	5.6%	6.9%	S	16.9%

Please note, percentages may not total 100% due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."
*The "Other" race category includes responses of Native Hawaiian or other Pacific Islander, and Other.

Table 2-5—Adult Member Demographics: Ethnicity

	Hispanic	Non-Hispanic
ACC Program	**39.9%**	**60.1%**
AzCH-CCP	51.7%	48.3%
BUFC	57.0%	43.0%
Care1st	29.7%	70.3%
HCA	27.4%	72.6%
MCC	27.9%	72.1%
Mercy Care	40.6%	59.4%
UHCCP	40.7%	59.3%
Please note, percentages may not total 100% due to rounding.		

Table 2-6—Adult Member Demographics: Education Level

	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
ACC Program	**11.0%**	**12.9%**	**33.9%**	**29.9%**	**12.2%**
AzCH-CCP	11.8%	12.4%	36.3%	27.3%	12.1%
BUFC	16.3%	13.5%	34.3%	24.4%	11.5%
Care1st	9.6%	10.3%	37.0%	32.5%	10.6%
HCA	7.9%	16.1%	40.2%	26.9%	8.9%
MCC	6.2%	10.2%	30.7%	36.4%	16.4%
Mercy Care	8.4%	17.5%	30.2%	31.3%	12.7%
UHCCP	14.9%	10.4%	27.7%	32.6%	14.3%
Please note, percentages may not total 100% due to rounding.					

Table 2-7—Adult Member Demographics: General Health Status

	Excellent	Very Good	Good	Fair	Poor
ACC Program	**8.1%**	**21.1%**	**37.4%**	**26.3%**	**7.1%**
AzCH-CCP	7.6%	18.4%	37.5%	27.5%	9.1%
BUFC	7.3%	19.2%	38.0%	28.1%	7.3%
Care1st	6.1%	22.4%	34.2%	30.4%	7.0%
HCA	7.4%	23.4%	34.3%	27.2%	7.7%
MCC	8.1%	23.0%	41.4%	22.5%	5.0%
Mercy Care	12.5%	17.6%	37.5%	27.2%	5.1%
UHCCP	8.5%	23.9%	40.2%	20.2%	7.3%
Please note, percentages may not total 100% due to rounding.					

Respondent Analysis

HSAG compared the demographic characteristics of survey respondents to the demographic characteristics of all adult members in the sample frame for statistically significant differences. The demographic characteristics evaluated as part of the respondent analysis included age, gender, race, and ethnicity. Table 2-8 through Table 2-11 present the results of the respondent analysis for the adult population. Please note that variables from the sample frame were used as the data source for this analysis; therefore, these results will differ from those presented in the demographics subsection, which uses responses from the survey as the data source.

Table 2-8—Adult Member Respondent Analysis: Age

Program/Plan Name	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 and Older
ACC Program						
Respondent	**8.2%↓**	**8.7%↓**	**10.8%↓**	**15.8%↑**	**33.1%↑**	**23.4%↑**
Sample Frame	**19.7%**	**24.3%**	**18.3%**	**13.8%**	**14.1%**	**9.8%**
AzCH-CCP						
Respondent	5.7%↓	9.6%↓	11.4%↓	15.4%	34.3%↑	23.5%↑
Sample Frame	18.3%	25.0%	17.8%	13.7%	14.3%	10.8%
BUFC						
Respondent	7.9%↓	8.5%↓	11.0%↓	17.0%	30.6%↑	24.9%↑
Sample Frame	19.2%	24.4%	18.1%	13.8%	14.4%	10.0%
Care1st						
Respondent	7.6%↓	7.6%↓	9.8%↓	16.1%	34.1%↑	24.9%↑
Sample Frame	19.5%	23.5%	17.9%	13.5%	15.2%	10.3%
HCA						
Respondent	9.4%↓	8.5%↓	9.7%↓	12.9%	37.7%↑	21.7%↑
Sample Frame	19.5%	23.6%	18.2%	14.1%	15.4%	9.2%
MCC						
Respondent	10.7%↓	8.9%↓	12.9%↓	15.1%	37.8%↑	14.7%↑
Sample Frame	20.7%	28.2%	19.3%	14.4%	12.3%	5.2%
Mercy Care						
Respondent	10.0%↓	8.2%↓	12.2%↓	20.1%↑	29.0%↑	20.4%↑
Sample Frame	21.5%	24.7%	19.4%	13.9%	12.4%	8.2%
UHCCP						
Respondent	6.9%↓	9.6%↓	9.6%↓	14.4%	29.3%↑	30.2%↑
Sample Frame	19.4%	24.0%	17.8%	13.7%	14.0%	11.1%

↑ *Indicates the respondent percentage is significantly higher than the sample frame percentage.*
↓ *Indicates the respondent percentage is significantly lower than the sample frame percentage.*
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

Table 2-9—Adult Member Respondent Analysis: Gender

Program/Plan Name	Male	Female
ACC Program		
Respondent	**39.2%↓**	**60.8%↑**
Sample Frame	**42.0%**	**58.0%**
AzCH-CCP		
Respondent	39.5%	60.5%
Sample Frame	43.1%	56.9%
BUFC		
Respondent	37.2%↓	62.8%↑
Sample Frame	43.6%	56.4%
Care1st		
Respondent	37.5%	62.5%
Sample Frame	42.2%	57.8%
HCA		
Respondent	41.8%	58.2%
Sample Frame	42.8%	57.2%
MCC		
Respondent	40.9%↓	59.1%↑
Sample Frame	48.8%	51.2%
Mercy Care		
Respondent	43.0%	57.0%
Sample Frame	40.0%	60.0%
UHCCP		
Respondent	35.3%↓	64.7%↑
Sample Frame	40.5%	59.5%

↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

Table 2-10—Adult Member Respondent Analysis: Race

Program/Plan Name	White	Black	Asian	American Indian or Alaska Native	Other
ACC Program					
Respondent **Sample Frame**	**83.1%↑** **77.4%**	**6.6%↓** **12.3%**	**4.3%** **3.4%**	**2.1%↓** **4.4%**	**4.0%↑** **2.5%**
AzCH-CCP					
Respondent Sample Frame	84.1% 80.6%	6.4%↓ 9.9%	S 3.4%	S 3.4%	S 2.6%
BUFC					
Respondent Sample Frame	87.3%↑ 80.9%	S 10.0%	S 2.2%	S 4.2%	S 2.6%
Care1st					
Respondent Sample Frame	86.9%↑ 79.7%	5.7%↓ 9.5%	S 2.4%	S 6.3%	S 2.1%
HCA					
Respondent Sample Frame	88.2%↑ 80.5%	S 7.9%	S 1.9%	S 8.0%	S 1.8%
MCC					
Respondent Sample Frame	76.3% 70.2%	12.2%↓ 18.4%	S 4.1%	S 5.7%	S 1.5%
Mercy Care					
Respondent Sample Frame	76.1% 72.5%	9.0%↓ 16.2%	6.9% 5.4%	S 3.3%	S 2.5%
UHCCP					
Respondent Sample Frame	78.3% 75.0%	7.4%↓ 15.3%	6.9% 3.7%	S 3.0%	S 2.9%

Results based on fewer than 11 responses were suppressed and noted with an "S."
↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

Table 2-11—Adult Member Respondent Analysis: Ethnicity

Program/Plan Name	Hispanic	Non-Hispanic
ACC Program		
Respondent	**71.0%**	**29.0%**
Sample Frame	**68.6%**	**31.4%**
AzCH-CCP		
Respondent	75.0%	25.0%
Sample Frame	71.2%	28.8%
BUFC		
Respondent	81.2%	18.8%
Sample Frame	75.6%	24.4%
Care1st		
Respondent	64.9%	35.1%
Sample Frame	62.0%	38.0%
HCA		
Respondent	62.2%	37.8%
Sample Frame	58.9%	41.1%
MCC		
Respondent	51.1%	48.9%
Sample Frame	52.0%	48.0%
Mercy Care		
Respondent	76.6%↑	23.4%↓
Sample Frame	69.8%	30.2%
UHCCP		
Respondent	73.8%	26.2%
Sample Frame	69.0%	31.0%

↑ *Indicates the respondent percentage is significantly higher than the sample frame percentage.*
↓ *Indicates the respondent percentage is significantly lower than the sample frame percentage.*
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

NCQA Comparisons

In order to assess the overall performance of the adult population, HSAG compared the overall scores for the Effectiveness of Care measures and top-box scores for the other measures to NCQA's Quality Compass Benchmark and Compare Quality Data.[2-2] Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent), as shown in Table 2-12.

Table 2-12—Star Ratings

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★ Very Good	At or between the 75th and 89th percentiles
★★★ Good	At or between the 50th and 74th percentiles
★★ Fair	At or between the 25th and 49th percentiles
★ Poor	Below the 25th percentile

The percentages presented in the following three tables represent the scores, while the stars represent overall member experience ratings for each measure when the scores were compared to NCQA's Quality Compass data.

[2-2]   National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020.* Washington, DC: NCQA, September 2020.

Table 2-13 shows the scores and overall member experience ratings on each of the four global ratings.

Table 2-13—NCQA Comparisons: Global Ratings

	Rating of Health Plan	*Rating of All Health Care*	*Rating of Personal Doctor*	*Rating of Specialist Seen Most Often*
ACC Program	★★★ **63.1%**	★★ **56.1%**	★★ **68.7%**	★ **65.2%**
AzCH-CCP	★★ 60.7%	★ 52.2%	★★ 67.6%	★ 62.0%
BUFC	★★★★ 67.4%	★★ 57.5%	★★★★ 73.7%	★★ 69.6%
Care1st	★★ 59.3%	★ 54.0%	★ 60.2%	★ 60.7%
HCA	★ 57.7%	★ 52.4%	★★ 66.4%	★★ 67.9%
MCC	★ 53.1%	★ 44.4%	★ 63.6%	★ 62.5%
Mercy Care	★★★ 63.9%	★★ 56.3%	★★★★ 73.6%	★ 64.3%
UHCCP	★★★ 66.5%	★★★ 61.3%	★★ 67.2%	★★ 65.8%

Table 2-14 shows the scores and overall member experience ratings on the four composite measures.

Table 2-14—NCQA Comparisons: Composite Measures

	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
ACC Program	★★ 81.9%	★★ 82.2%	★ 91.5%	★★ 88.2%
AzCH-CCP	★ 80.9%	★★★ 84.4%	★★ 92.5%	★★ 87.5%
BUFC	★★ 82.9%	★★ 82.6%	★★ 92.7%	★★★★ 91.7%
Care1st	★ 80.5%	★★ 80.7%	★ 89.9%	★★ 89.0%
HCA	★ 79.6%	★★ 80.5%	★★ 92.3%	★★ 89.5%[+]
MCC	★ 74.8%	★ 74.5%[+]	★ 89.8%	★★ 87.9%[+]
Mercy Care	★★ 82.5%	★ 78.9%	★★★ 93.6%	★ 86.7%[+]
UHCCP	★★★ 84.0%	★★★ 85.7%	★ 88.9%	★ 86.3%
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.				

Table 2-15 shows the scores and overall member experience ratings on the one individual item measure and three Effectiveness of Care measures.

Table 2-15—NCQA Comparisons: Individual Item Measure and Effectiveness of Care Measures

	Coordination of Care	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies
ACC Program	★ 80.1%	★ 68.5%	★ 44.8%	★ 36.6%
AzCH-CCP	★ 80.5%	★ 60.0%[+]	★ 46.7%[+]	★ 41.9%[+]
BUFC	★ 79.3%	★ 72.4%[+]	★ 48.4%[+]	★ 40.3%[+]
Care1st	★ 77.9%	★ 61.7%[+]	★ 40.5%[+]	★ 34.5%[+]
HCA	★ 80.4%[+]	★ 53.6%[+]	★ 30.6%[+]	★ 36.1%[+]
MCC	★ 79.0%[+]	★ 67.4%[+]	★ 42.9%[+]	★ 40.8%[+]
Mercy Care	★★ 83.5%[+]	★★ 76.6%[+]	★★ 50.0%[+]	★ 35.3%[+]
UHCCP	★ 78.6%	★★ 75.0%[+]	★ 46.5%[+]	★ 32.6%[+]
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.				

Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated scores for the Effectiveness of Care measures and top-box scores for the other measures. The 2020 NCQA adult Medicaid national averages are provided for comparative purposes.[2-3,2-4,2-5] For information on the survey language and response options for the measures, please refer to the Reader's Guide beginning on page 4-3. For more detailed information regarding the calculation of these measures, please refer to the Reader's Guide section beginning on page 4-10.

Plan Comparisons

The ACC Program results were weighted based on the eligible population for each health plan. HSAG compared the health plan results to the ACC Program to determine if the results were statistically significantly different than the ACC Program. Statistically significant differences between the health plan and ACC Program scores are noted with arrows.[2-6]

[2-3] NCQA national averages for 2021 were not available at the time this report was prepared; therefore, 2020 NCQA national averages are presented in this section.

[2-4] For the NCQA adult Medicaid national averages, the source for data contained in this publication is Quality Compass® 2020 data.

[2-5] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020.* Washington, DC: NCQA, September 2020.

[2-6] A global *F* test was calculated first, which determined whether the difference between health plans was significant. If the *F* test demonstrated health plan-level differences, then a *t* test was performed for each health plan. The *t* test determined whether each health plan's rate was significantly different from the aggregate rate. This analytic approach follows AHRQ's recommended methodology for identifying statistically significant plan-level performance differences.

Global Ratings

Rating of Health Plan

Figure 2-1 shows the top-box scores and 2020 NCQA adult Medicaid national average for *Rating of Health Plan*.

Figure 2-1—Rating of Health Plan: Top-Box Scores
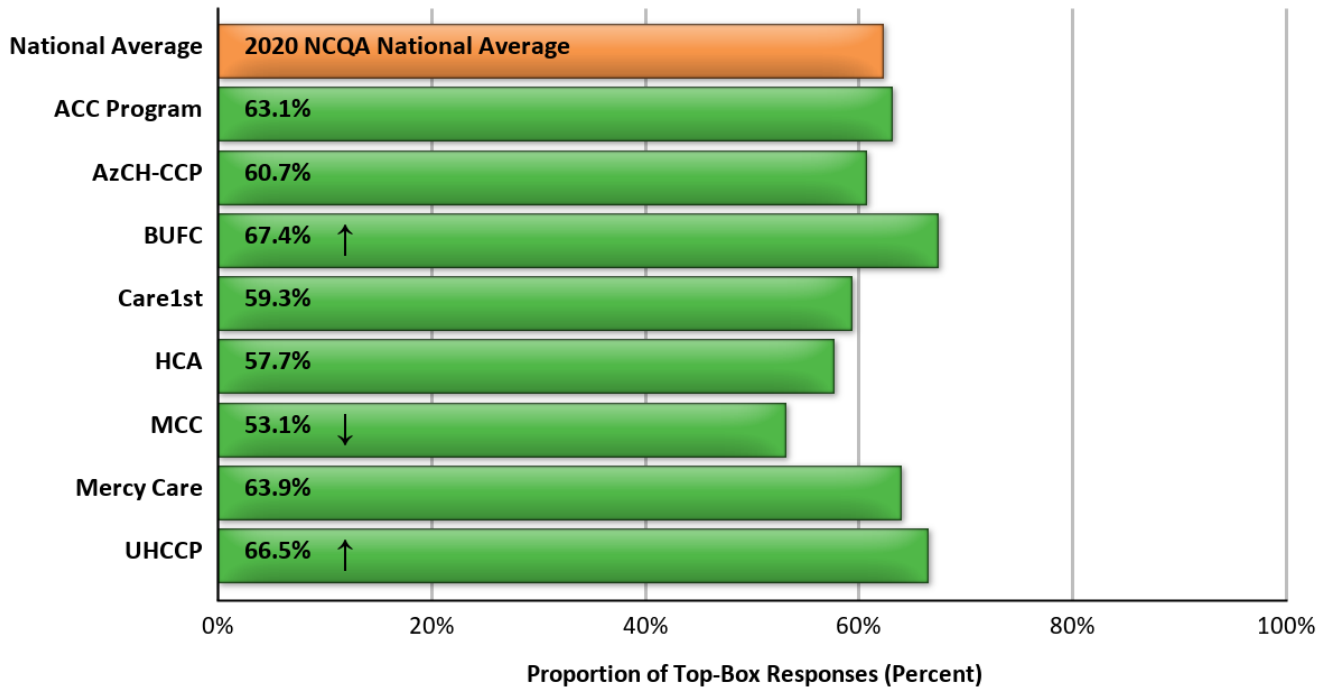
Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Rating of All Health Care

Figure 2-2 shows the top-box scores and 2020 NCQA adult Medicaid national average for *Rating of All Health Care*.

Figure 2-2—Rating of All Health Care: Top-Box Scores

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
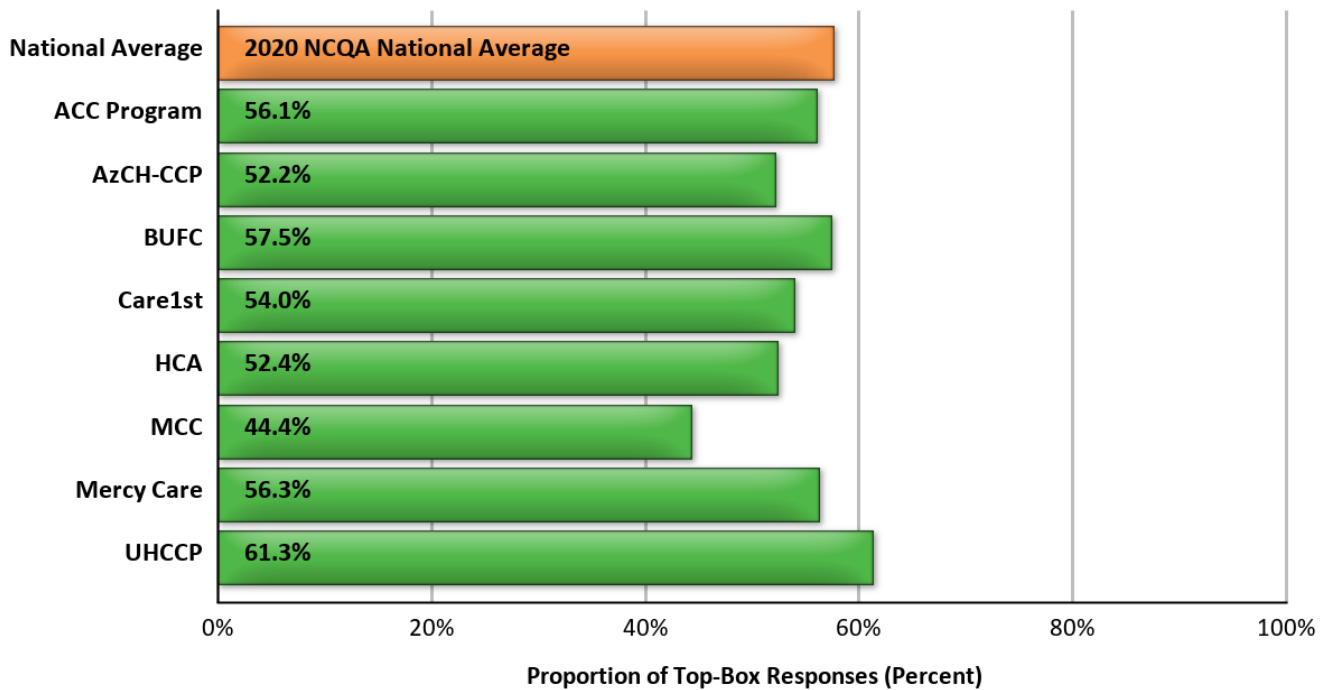↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Rating of Personal Doctor

Figure 2-3 shows the top-box scores and 2020 NCQA adult Medicaid national averages for *Rating of Personal Doctor*.

Figure 2-3—Rating of Personal Doctor: Top-Box Scores
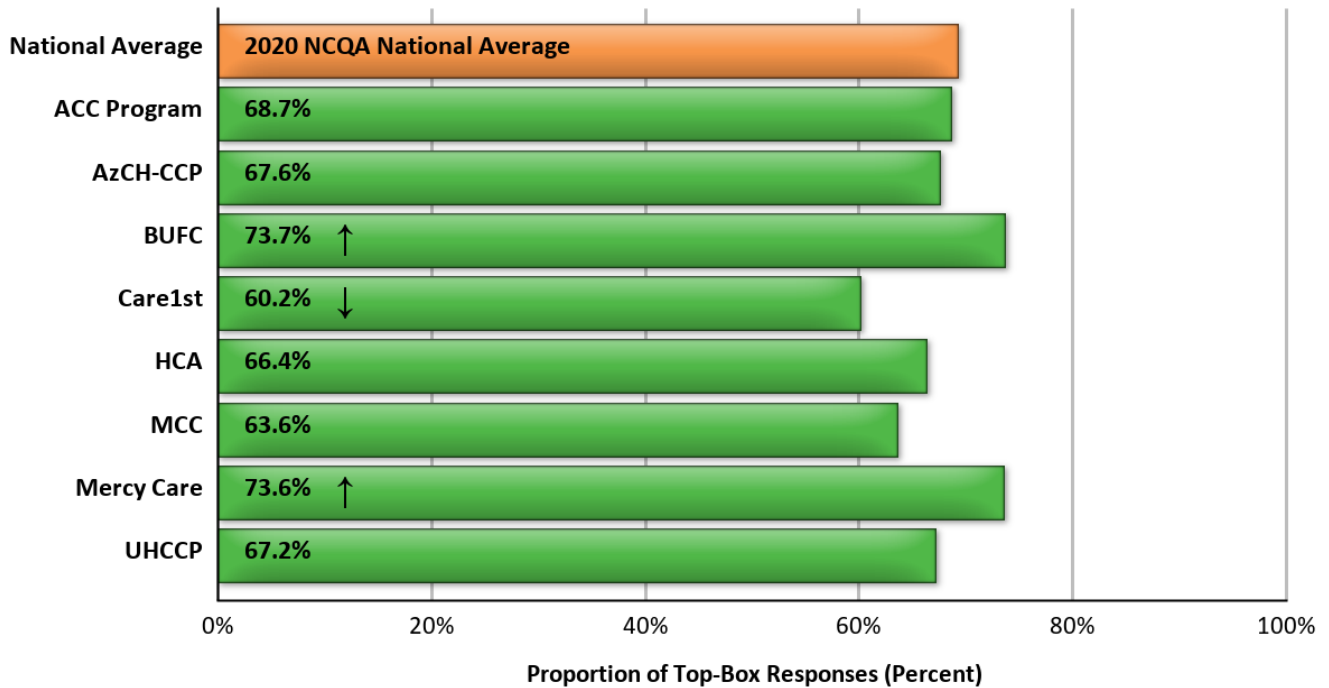

Proportion of Top-Box Responses (Percent)

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Rating of Specialist Seen Most Often

Figure 2-4 shows the top-box scores and 2020 NCQA adult Medicaid national averages for *Rating of Specialist Seen Most Often*.

Figure 2-4—Rating of Specialist Seen Most Often: Top-Box Scores

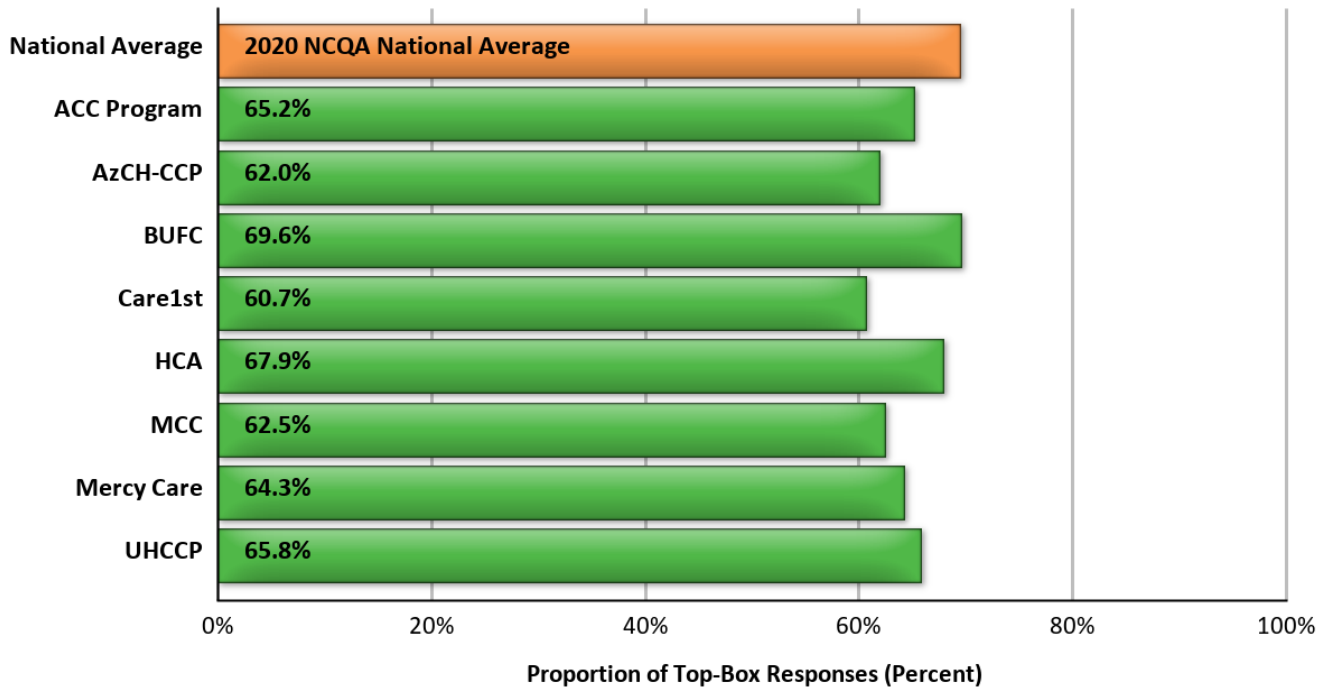|	Top-Box Score
National Average	2020 NCQA National Average
ACC Program	65.2%
AzCH-CCP	62.0%
BUFC	69.6%
Care1st	60.7%
HCA	67.9%
MCC	62.5%
Mercy Care	64.3%
UHCCP	65.8%

Proportion of Top-Box Responses (Percent)

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Composite Measures

Getting Needed Care

Figure 2-5 shows the top-box scores and 2020 NCQA adult Medicaid national average for *Getting Needed Care*.

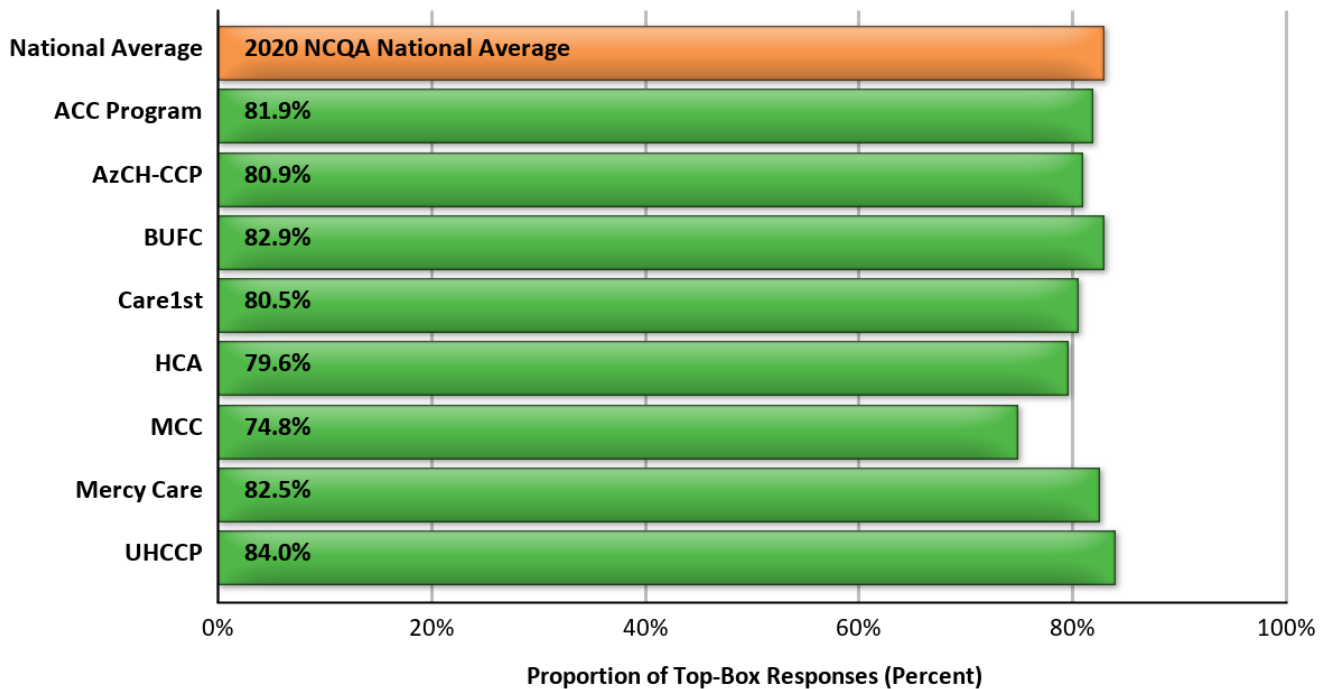**Figure 2-5—Getting Needed Care: Top-Box Scores**

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Getting Care Quickly

Figure 2-6 shows the top-box scores and 2020 NCQA adult Medicaid national average for *Getting Care Quickly*.

Figure 2-6—Getting Care Quickly: Top-Box Scores

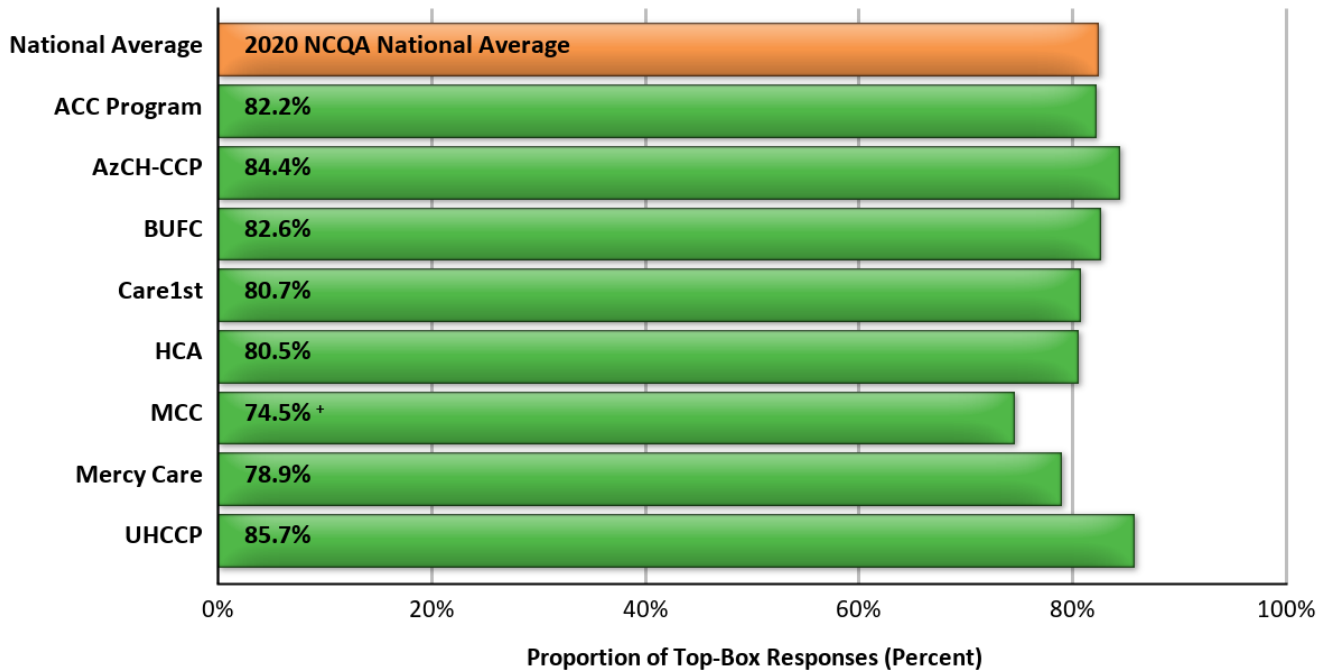|	
National Average	2020 NCQA National Average
ACC Program	82.2%
AzCH-CCP	84.4%
BUFC	82.6%
Care1st	80.7%
HCA	80.5%
MCC	74.5% +
Mercy Care	78.9%
UHCCP	85.7%

Proportion of Top-Box Responses (Percent)

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

How Well Doctors Communicate

Figure 2-7 shows the top-box scores and 2020 NCQA adult Medicaid national averages for *How Well Doctors Communicate*.

Figure 2-7—How Well Doctors Communicate: Top-Box Scores

National Average	2020 NCQA National Average
ACC Program	91.5%
AzCH-CCP	92.5%
BUFC	92.7%
Care1st	89.9%
HCA	92.3%
MCC	89.8%
Mercy Care	93.6%
UHCCP	88.9%

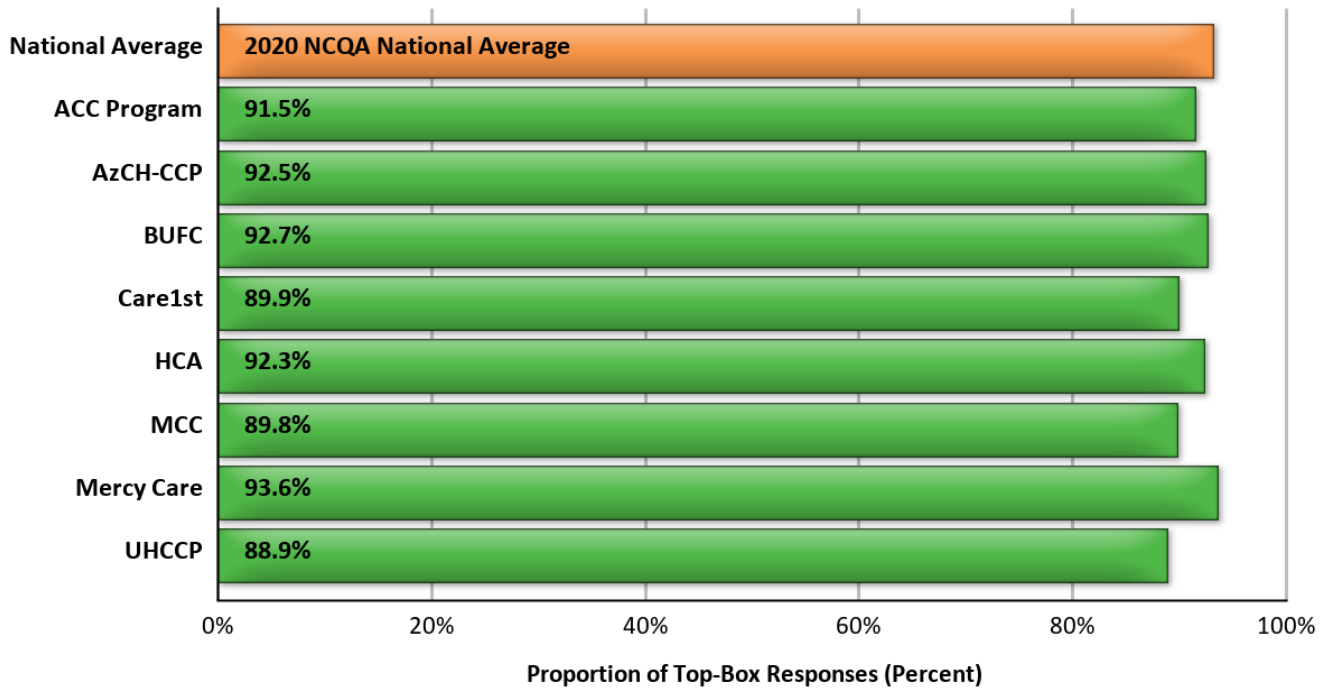**Proportion of Top-Box Responses (Percent)**

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Customer Service

Figure 2-8 shows the top-box scores and 2020 NCQA adult Medicaid national averages for *Customer Service*.

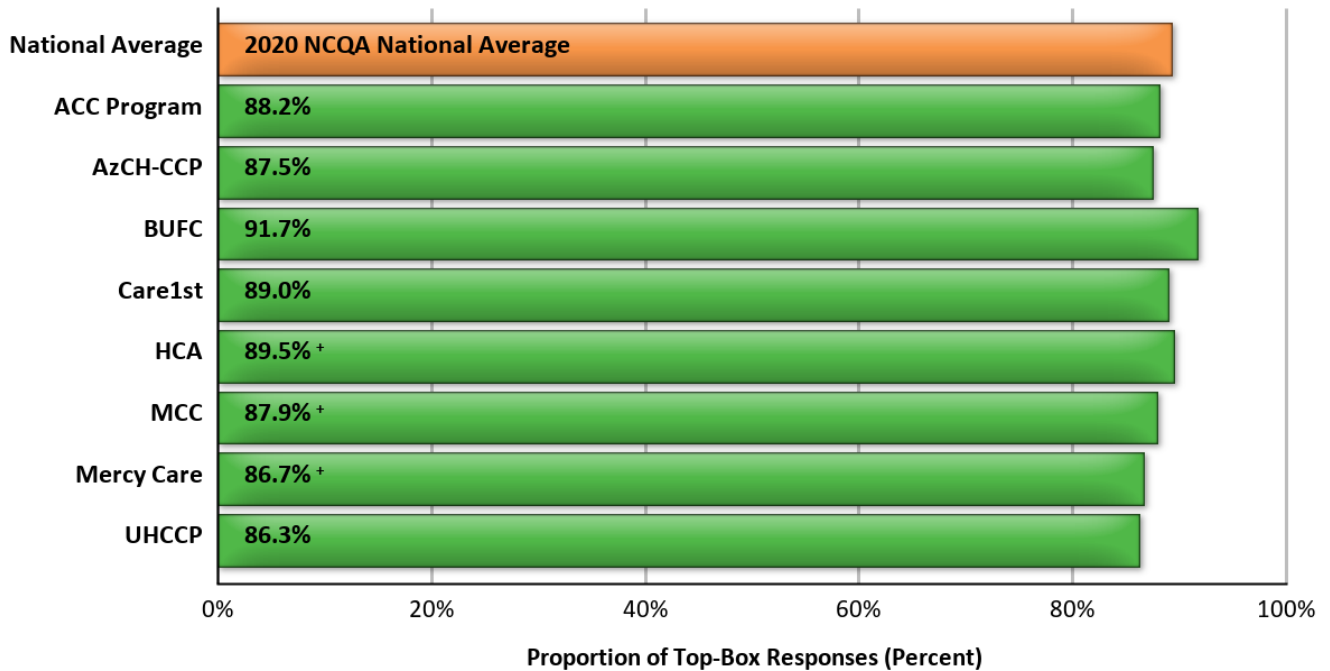**Figure 2-8—Customer Service: Top-Box Scores**

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Individual Item Measure

Coordination of Care

Figure 2-9 shows the top-box scores and 2020 NCQA adult Medicaid national average for *Coordination of Care*.

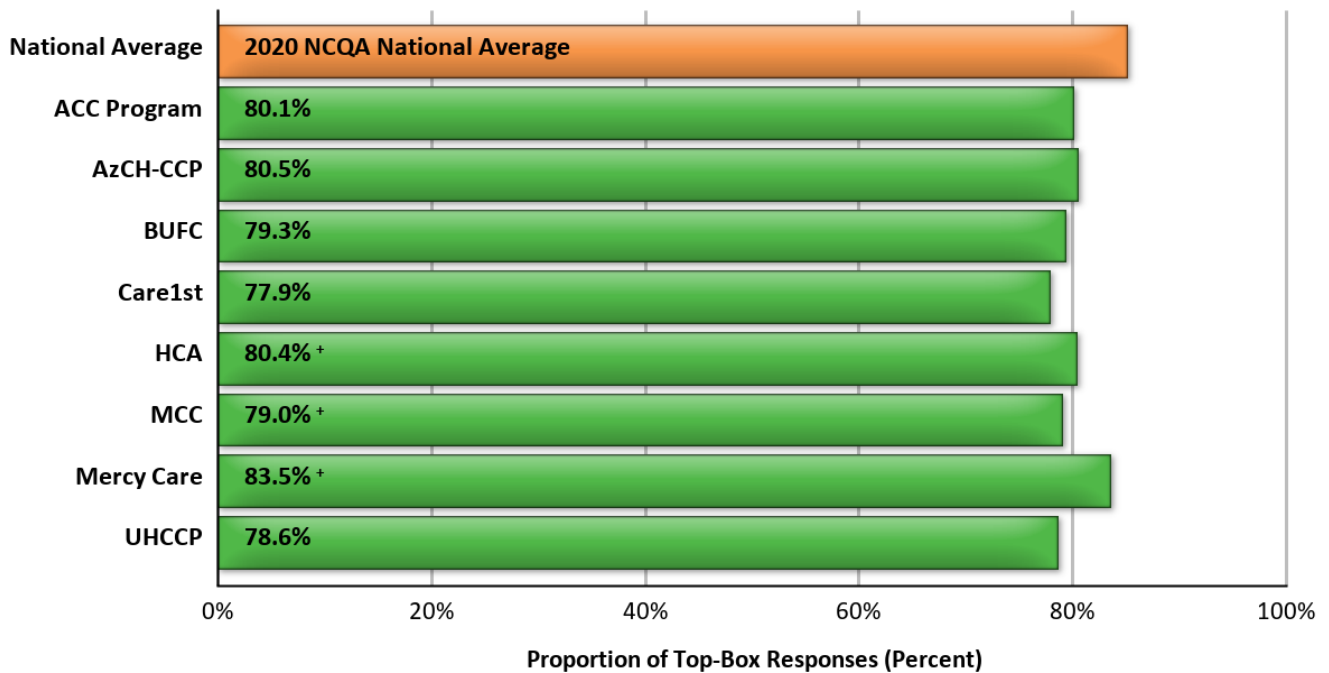**Figure 2-9—Coordination of Care: Top-Box Scores**

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Effectiveness of Care Measures

Advising Smokers and Tobacco Users to Quit

Figure 2-10 shows the overall scores and 2020 NCQA adult Medicaid national average for *Advising Smokers and Tobacco Users to Quit*.

Figure 2-10—Advising Smokers and Tobacco Users to Quit: Overall Scores
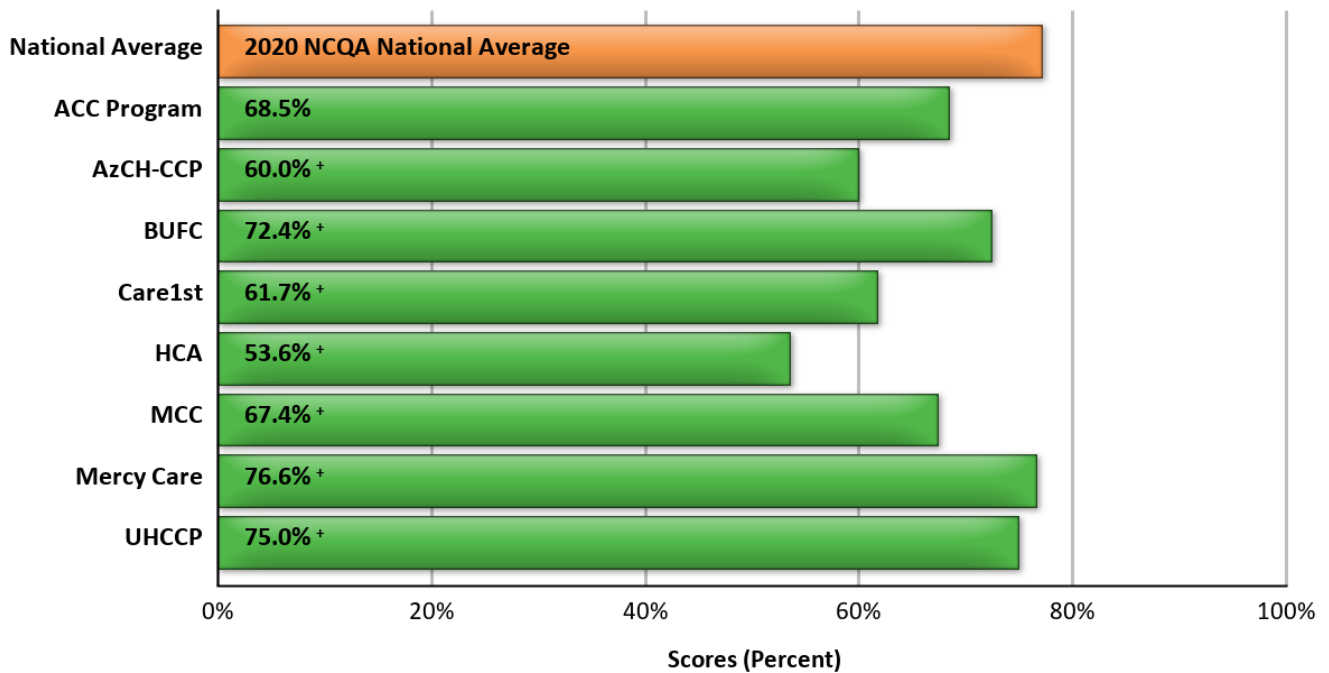

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Discussing Cessation Medications

Figure 2-11 shows the overall scores and 2020 NCQA adult Medicaid national average for *Discussing Cessation Medications*.

Figure 2-11—Discussing Cessation Medications: Overall Scores

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Discussing Cessation Strategies

Figure 2-12 shows the overall scores and 2020 NCQA adult Medicaid national averages for *Discussing Cessation Strategies*.

Figure 2-12—Discussing Cessation Strategies: Overall Scores

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
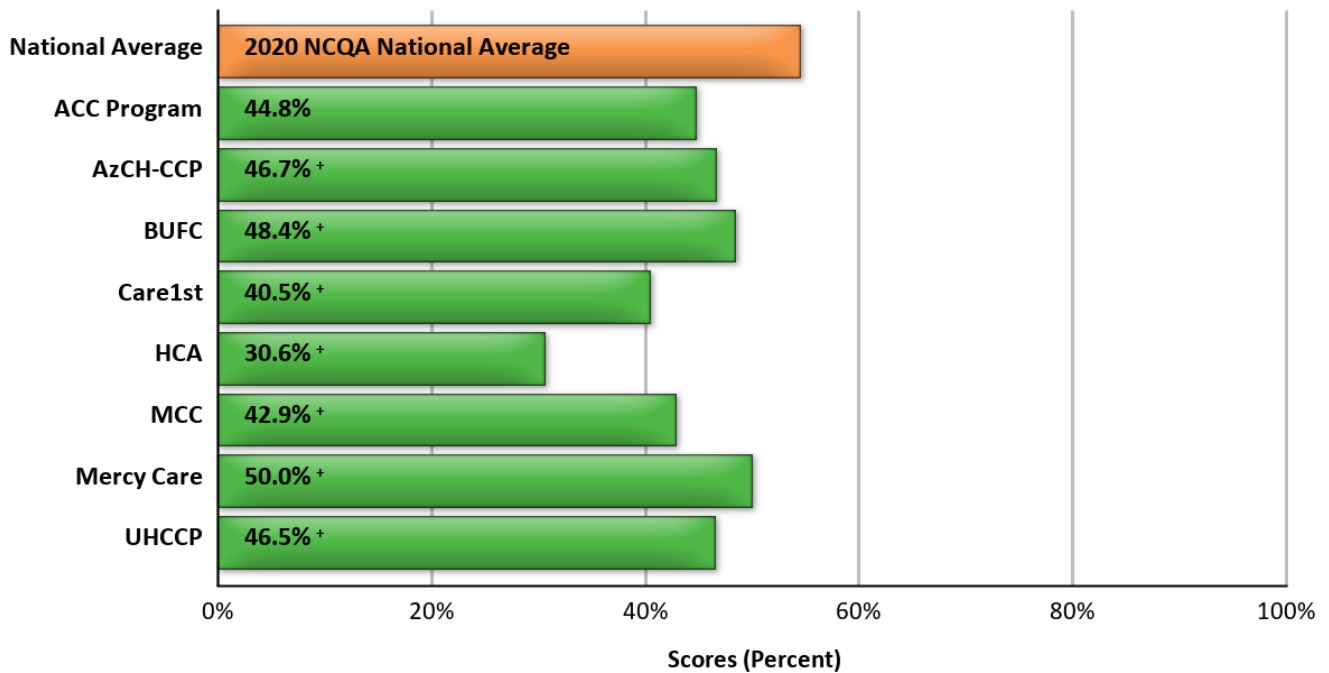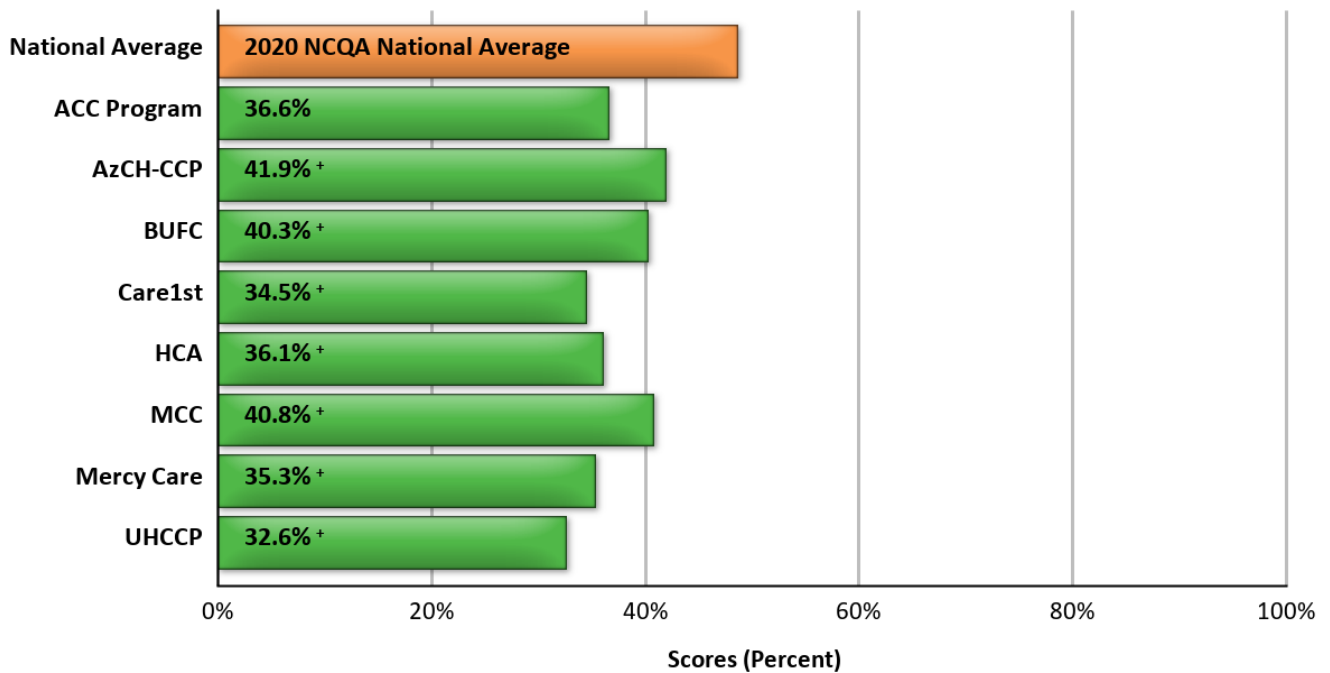↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Supplemental Items

AHCCCS elected to add nine supplemental questions to the adult survey. Table 2-16 details the survey language and response options for each of the supplemental items. Table 2-17 through Table 2-25 show the number and percentage of responses for each supplemental item.

Table 2-16—Supplemental Items

	Question	Response Options
Q7a.	In the last 6 months, did you have a healthcare visit by phone or video?	Yes No
Q7b.	What type of device did you use for a healthcare visit by phone or video? (Choose one or more)	Personal computer with video Smartphone or tablet with video Telephone without video Other
Q7c.	In the last 6 months, how often were you concerned about privacy during a healthcare visit by phone or video?	Never Sometimes Usually Always
Q7d.	How easy or difficult has it been to use technology during a healthcare visit by phone or video?	Very easy Easy Difficult Very difficult
Q7e.	In the last 6 months, was the quality of care you received during phone or video visits better or worse than the care you received during in-person visits?	Much worse Slightly worse About the same Slightly better Much better
Q40a.	In the last 6 months, how many times did you go to an emergency room to get care for yourself?	None 1 time 2 3 4 5 to 9 10 or more times
Q40b.	In the last 6 months, have you been a patient in a hospital overnight or longer?	Yes No
Q40c.	In the last 6 months, did you get health care 3 or more times for the same condition or problem?	Yes No
Q40d.	Do you currently have any health care bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year. Health care bills can include medical, dental, physical therapy and/or chiropractic cost.	Yes No Don't know

Had Telehealth Visit

Members were asked if they had a healthcare visit by phone or video (Question 7a). Table 2-17 shows the results for this question.

Table 2-17—Had Telehealth Visit

Program/Plan Name	Yes		No	
	N	%	N	%
ACC Program	**732**	**57.3%**	**546**	**42.7%**
AzCH-CCP	116	56.0%	91	44.0%
BUFC	98	53.6%	85	46.4%
Care1st	109	54.2%	92	45.8%
HCA	101	54.6%	84	45.4%
MCC	79	54.9%	65	45.1%
Mercy Care	106	65.4%	56	34.6%
UHCCP	123	62.8%	73	37.2%
Please note: Percentages may not total 100 percent due to rounding.				

Device Used for Telehealth Visit

Members were asked what type of device was used for a healthcare visit by phone or video (Question 7b). Table 2-18 shows the results for this question.

Table 2-18—Device Used for Telehealth Visit

Program/Plan Name	Personal computer with video		Smartphone or tablet with video		Telephone without video		Other	
	N	%	N	%	N	%	N	%
ACC Program	**80**	**11.6%**	**354**	**51.4%**	**279**	**40.5%**	**24**	**3.5%**
AzCH-CCP	S	S	49	44.1%	52	46.8%	S	S
BUFC	S	S	43	46.7%	45	48.9%	S	S
Care1st	S	S	54	53.5%	38	37.6%	S	S
HCA	S	S	54	56.8%	S	S	S	S
MCC	S	S	37	48.7%	S	S	S	S
Mercy Care	S	S	54	54.0%	38	38.0%	S	S
UHCCP	S	S	63	55.3%	42	36.8%	S	S
Please note: Results presented in this table are based on respondents that answered "Yes" to Question 7a. Respondents may choose more than one response; therefore, percentages will not total 100 percent. Results based on fewer than 11 responses were suppressed and noted with an "S."								

Privacy Concerns During Telehealth Visit

Members were asked how often they were concerned about privacy during a healthcare visit by phone or video (Question 7c). Table 2-19 shows the results for this question.

Table 2-19—Privacy Concerns During Telehealth Visit

Program/Plan Name	Never N	Never %	Sometimes N	Sometimes %	Usually N	Usually %	Always N	Always %
ACC Program	**544**	**78.7%**	**91**	**13.2%**	**19**	**2.7%**	**37**	**5.4%**
AzCH-CCP	90	81.1%	S	S	S	S	S	S
BUFC	71	76.3%	S	S	S	S	S	S
Care1st	88	86.3%	S	S	S	S	S	S
HCA	73	76.8%	S	S	S	S	S	S
MCC	61	80.3%	S	S	0	0.0%	S	S
Mercy Care	76	75.2%	S	S	S	S	S	S
UHCCP	85	75.2%	16	14.2%	S	S	S	S
Please note: Results presented in this table are based on respondents that answered "Yes" to Question 7a. Percentages may not total 100 percent due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."								

Ease of Using Technology During Telehealth Visit

Members were asked how easy or difficult it was to use technology during a healthcare visit by phone or video (Question 7d). Table 2-20 shows the results for this question.

Table 2-20—Ease of Using Technology During Telehealth Visit

Program/Plan Name	Very easy N	Very easy %	Easy N	Easy %	Difficult N	Difficult %	Very difficult N	Very difficult %
ACC Program	**234**	**33.9%**	**334**	**48.3%**	**97**	**14.0%**	**26**	**3.8%**
AzCH-CCP	35	31.5%	56	50.5%	S	S	S	S
BUFC	30	32.3%	46	49.5%	S	S	S	S
Care1st	40	39.2%	41	40.2%	S	S	S	S
HCA	31	32.6%	51	53.7%	S	S	S	S
MCC	23	30.3%	38	50.0%	S	S	S	S
Mercy Care	40	40.0%	45	45.0%	S	S	S	S
UHCCP	35	30.7%	57	50.0%	S	S	S	S
Please note: Results presented in this table are based on respondents that answered "Yes" to Question 7a. Percentages may not total 100 percent due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."								

Quality of Care Received During Telehealth Visit

Members were asked if the quality of care they received during phone or video visits was better or worse than care they received during in-person visits (Question 7e). Table 2-21 shows the results for this question.

Table 2-21—Quality of Care Received During Telehealth Visit

Program/Plan Name	Much worse		Slightly worse		About the same		Slightly better		Much better	
	N	%	N	%	N	%	N	%	N	%
ACC Program	**36**	**5.2%**	**109**	**15.8%**	**429**	**62.4%**	**56**	**8.1%**	**58**	**8.4%**
AzCH-CCP	S	S	18	16.5%	67	61.5%	S	S	S	S
BUFC	S	S	11	11.8%	63	67.7%	S	S	S	S
Care1st	S	S	16	15.8%	60	59.4%	S	S	11	10.9%
HCA	S	S	17	17.7%	58	60.4%	S	S	S	S
MCC	S	S	13	17.6%	46	62.2%	S	S	S	S
Mercy Care	S	S	19	18.8%	56	55.4%	S	S	14	13.9%
UHCCP	S	S	15	13.2%	79	69.3%	S	S	S	S

Please note: Results presented in this table are based on respondents that answered "Yes" to Question 7a. Percentages may not total 100 percent due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."

Emergency Room Care

Members were asked how many times they went to an emergency room to get care for themselves (Question 40a). Table 2-22 shows the results for this question.

Table 2-22—Emergency Room Care

Program/Plan Name	None		1 time		2 to 4 times		5 to 9 times		10 or more times	
	N	%	N	%	N	%	N	%	N	%
ACC Program	**1,630**	**77.4%**	**312**	**14.8%**	**147**	**7.0%**	**S**	**S**	**S**	**S**
AzCH-CCP	259	78.7%	45	13.7%	S	S	S	S	0	0.0%
BUFC	257	81.3%	36	11.4%	S	S	S	S	S	S
Care1st	226	72.0%	62	19.7%	S	S	S	S	S	S
HCA	247	78.4%	46	14.6%	S	S	S	S	S	S
MCC	166	74.8%	37	16.7%	S	S	S	S	S	S
Mercy Care	208	74.8%	45	16.2%	25	9.0%	0	0.0%	0	0.0%
UHCCP	267	80.2%	41	12.3%	S	S	S	S	0	0.0%

Please note: Percentages may not total 100 percent due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."

Hospital Patient

Members were asked if they had been a patient in a hospital overnight or longer (Question 40b). Table 2-23 shows the results for this question.

Table 2-23—Hospital Patient

Program/Plan Name	Yes		No	
	N	%	N	%
ACC Program	**222**	**10.5%**	**1,883**	**89.5%**
AzCH-CCP	40	12.2%	288	87.8%
BUFC	29	9.2%	287	90.8%
Care1st	34	10.8%	280	89.2%
HCA	30	9.5%	286	90.5%
MCC	25	11.3%	197	88.7%
Mercy Care	31	11.2%	246	88.8%
UHCCP	33	9.9%	299	90.1%
Please note: Percentages may not total 100 percent due to rounding.				

Health Care for Same Condition

Members were asked if they got health care three or more times for the same condition or problem (Question 40c). Table 2-24 shows the results for this question.

Table 2-24—Health Care for Same Condition

Program/Plan Name	Yes		No	
	N	%	N	%
ACC Program	**609**	**29.0%**	**1,488**	**71.0%**
AzCH-CCP	91	27.8%	236	72.2%
BUFC	89	28.3%	226	71.7%
Care1st	93	29.7%	220	70.3%
HCA	91	28.8%	225	71.2%
MCC	66	29.7%	156	70.3%
Mercy Care	87	31.5%	189	68.5%
UHCCP	92	28.0%	236	72.0%
Please note: Percentages may not total 100 percent due to rounding.				

Health Care Bills

Members were asked if they currently had any health care bills that were being paid off over time (Question 40d). Table 2-25 shows the results for this question.[2-7]

Table 2-25—Health Care Bills

Program/Plan Name	Yes		No	
	N	%	N	%
ACC Program	**206**	**11.0%**	**1,674**	**89.0%**
AzCH-CCP	32	11.0%	259	89.0%
BUFC	23	8.0%	264	92.0%
Care1st	24	8.6%	255	91.4%
HCA	23	8.1%	262	91.9%
MCC	43	22.6%	147	77.4%
Mercy Care	32	12.7%	220	87.3%
UHCCP	29	9.8%	267	90.2%
Please note: Percentages may not total 100 percent due to rounding.				

Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the following measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. Key drivers of member experience are defined as those items for which the odds ratio is statistically significantly greater than 1. For additional information on the statistical calculation, please refer to the Reader's Guide section on page 4-14.

Table 2-26 depict the results of the analysis for the ACC Program for the adult population. The table provides a summary of the survey items identified for each of the three measures as being key drivers of member experience (indicated by a ✓). Please refer to Appendix A. Additional Data-Adult Results for graphical displays of the key drivers of member experience results.

[2-7] Respondents who answered, "Don't know" to Question 40d were excluded from the analysis.

Table 2-26—Key Drivers of Member Experience: ACC Program – Adult Members

Key Drivers	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q4. Received care as soon as needed when care was needed right away	(Never + Sometimes) vs. Always	✓	✓	NS
Q9. Ease of getting the care, tests, or treatment needed	(Never + Sometimes) vs. Always	✓	✓	NS
	Usually vs. Always	✓	✓	NS
Q12. Personal doctor explained things in an understandable way	(Never + Sometimes) vs. Always	NS	NS	✓
	Usually vs. Always	NS	NS	✓
Q13. Personal doctor listened carefully	(Never + Sometimes) vs. Always	NS	✓	✓
	Usually vs. Always	NS	NS	✓
Q14. Personal doctor showed respect for what was said	(Never + Sometimes) vs. Always	✓	NS	✓
	Usually vs. Always	✓	NS	✓
Q15. Personal doctor spent enough time	(Never + Sometimes) vs. Always	NS	NS	✓
Q17. Personal doctor seemed informed and up-to-date about care from other doctors or health providers	Usually vs. Always	NS	NS	NS
Q24. Health plan's customer service gave the information or help needed	(Never + Sometimes) vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA
Q27. Ease of filling out forms from health plan	(Never + Sometimes) vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA

NA indicates that this question was not evaluated for this measure.
NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents' answers for those responses do not significantly affect their rating.

The following section presents the results for the general child and CCC populations. For the general child population, a total of 1,740 surveys were completed on behalf of child members. These completed surveys were used to calculate the 2021 General Child CAHPS results. Based on parents'/caretakers' responses to the CCC screener questions, there were 1,055 completed surveys for the CCC population. These completed surveys were used to calculate the 2021 CCC CAHPS results.

Survey Administration

Sample Selection

Child members eligible for surveying included those who were enrolled in an ACC health plan at the time the sample was drawn and who were continuously enrolled in the plan for at least five of the six months of the measurement period (July 1, 2020 through December 31, 2020). In addition, child members had to be 17 years of age or younger (less than 18 years of age) as of December 31, 2020 to be included in the survey.

All child members included in the total eligible population within the CAHPS 5.1 sample frame file were given a chronic condition prescreen status code of 1 or 2. A prescreen code of 1 indicated that the child member did not have claims or encounters that suggested the child had a greater probability of having a chronic condition. A prescreen code of 2 (also known as a positive prescreen status code) indicated the child member did have claims or encounters that suggested the member had a greater probability of having a chronic condition.[3-1]

The standard sample size for the CAHPS 5.1 Child Medicaid Health Plan Survey is 1,650 members.[3-2] HSAG applied a 50 percent oversample for each health plan; therefore, a sample of 2,475 child members with a prescreen status code of 1 or 2 was selected from each health plan for the general child sample, which represents the general population of children. After selecting child members for the general child sample, a supplemental sample of up to 1,840 child members with a prescreen status code of 2, which represents the population of children who are more likely to have a chronic condition (i.e., CCC supplemental sample), was selected from each health plan. Since MCC did not meet the minimum CCC sample size criteria, 553 child members were selected from the eligible CCC population. The CCC sample was drawn to ensure an adequate number of responses from children with chronic conditions. The total selected sample was 28,918 child members.

[3-1] National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

[3-2] Ibid.

Survey Responses

The survey administration protocol was designed to achieve a high response rate, thus minimizing the potential effects of non-response bias. The survey process allowed parents/caretakers of child members two methods by which they could complete the surveys: mail or Internet. All sampled members were mailed an English or Spanish survey. A reminder postcard was sent to all non-respondents, followed by a second survey mailing and second reminder postcard, and third survey mailing. Additional information on the survey protocol is included in the Reader's Guide section beginning on page 4-8.

Children with chronic conditions were identified by a series of questions in the CAHPS 5.1 Child Medicaid Health Plan Survey (with the CCC measurement set). This series contains five sets of survey questions that focus on specific health care needs and conditions that constitute a CCC screener. The survey responses for child members in the general child sample and the CCC supplemental sample were analyzed to determine which child members had chronic conditions (those in the CCC population) and which did not. The general population of children (i.e., those in the general child sample) could have included children with chronic conditions if parents/caretakers answered the CCC survey screener questions affirmatively (i.e., a positive CCC screener). Therefore, the results of the CCC population are composed of child members within both the general child sample and the CCC supplemental sample whose parents/caretakers answered affirmatively to the CCC screener questions.

Figure 3-1 depicts the general child and CCC respondent distribution for the ACC population. Of the 1,055 CCC responses, 678 were derived from the CCC supplemental sample, and 377 were derived from the general child sample.

Figure 3-1—ACC Child Member Respondent Distribution
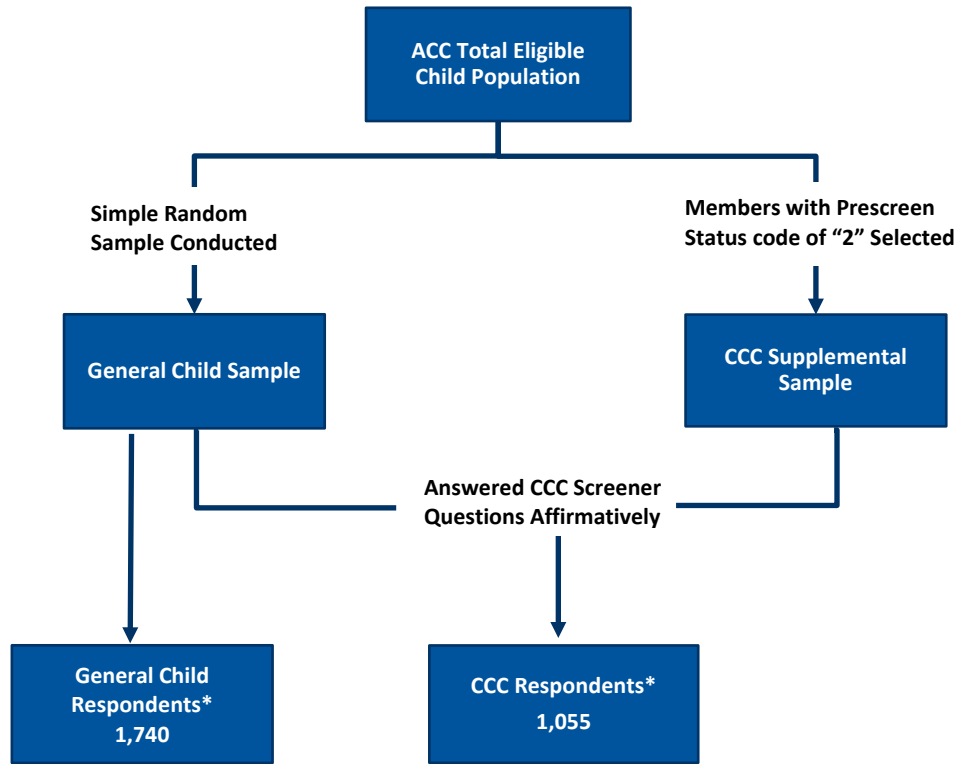
General child and CCC respondents will not add up to the total number of completed surveys for the child population (i.e., 3,021), as only members from the CCC Supplemental Sample who answered affirmatively to the CCC screener questions are included in the CCC results.

A total of 28,918 surveys were mailed to parents/caretakers of child members. A total of 3,021 child surveys were completed.

Table 3-1 shows the total number of members sampled, the number of surveys completed, and the response rate for the general child and CCC supplemental samples.

Table 3-1—Total Number of Respondents and Response Rates: Child Members

Program/Plan Name	Sample Size	Completes	Response Rate
ACC Program	**28,918**	**3,021**	**10.5%**
AzCH-CCP	4,315	495	11.5%
BUFC	4,315	467	10.8%
Care1st	4,315	522	12.1%
HCA	4,315	432	10.0%
MCC	3,028	242	8.0%
Mercy Care	4,315	439	10.2%
UHCCP	4,315	424	9.8%

General Child Results

Demographics

Child Members

Table 3-2 through Table 3-6 depict the demographic characteristics of child members whose parents/caretakers completed a survey for age, gender, race, ethnicity, and general health status.[3-3] Please refer to Appendix B. Additional Data-Child Results for graphical displays of the demographic results.

Table 3-2—Child Member Demographics: Age

	Less than 1	1 to 3	4 to 7	8 to 12	13 to 18*
ACC Program	**1.9%**	**13.7%**	**19.7%**	**27.7%**	**37.0%**
AzCH-CCP	S	S	23.6%	25.5%	33.5%
BUFC	S	S	18.4%	28.9%	34.0%
Care1st	S	S	19.4%	28.6%	37.5%
HCA	S	S	21.1%	25.1%	39.8%
MCC	S	S	20.1%	26.1%	33.7%
Mercy Care	S	S	17.3%	29.6%	39.8%
UHCCP	S	S	17.6%	30.1%	40.6%
Please note, percentages may not total 100% due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."					
*Children were eligible for inclusion in CAHPS if they were 17 years of age or younger as of December 31, 2020. Some children eligible for the CAHPS Survey turned 18 between January 1, 2021 and the time of survey administration.					

[3-3] The child member demographics are based on responses of parents/caretakers of general child members (i.e., child members selected as part of the general child population sample).

Table 3-3—Child Member Demographics: Gender

	Male	Female
ACC Program	**48.7%**	**51.3%**
AzCH-CCP	50.7%	49.3%
BUFC	48.0%	52.0%
Care1st	47.7%	52.3%
HCA	47.6%	52.4%
MCC	54.6%	45.4%
Mercy Care	51.3%	48.7%
UHCCP	42.1%	57.9%
Please note, percentages may not total 100% due to rounding.		

Table 3-4—Child Member Demographics: Race

	Multi-Racial	White	Black	Asian	American Indian or Alaska Native	Other*
ACC Program	**7.7%**	**60.7%**	**5.1%**	**3.1%**	**3.1%**	**20.3%**
AzCH-CCP	7.5%	65.7%	S	S	S	18.5%
BUFC	8.5%	66.1%	S	S	S	16.1%
Care1st	6.6%	63.1%	S	S	4.7%	20.4%
HCA	9.6%	61.9%	S	S	S	19.2%
MCC	11.1%	47.8%	11.7%	S	S	21.7%
Mercy Care	S	57.5%	5.9%	5.9%	S	25.3%
UHCCP	7.4%	57.8%	6.5%	S	S	22.2%
Please note, percentages may not total 100% due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."						
*The "Other" race category includes responses of Native Hawaiian or other Pacific Islander, and Other.						

Table 3-5—Child Member Demographics: Ethnicity

	Hispanic	Non-Hispanic
ACC Program	**61.9%**	**38.1%**
AzCH-CCP	70.7%	29.3%
BUFC	66.1%	33.9%
Care1st	62.6%	37.4%
HCA	50.8%	49.2%
MCC	51.4%	48.6%
Mercy Care	64.3%	35.7%
UHCCP	64.3%	35.7%
Please note, percentages may not total 100% due to rounding.		

Table 3-6—Child Member Demographics: General Health Status

	Excellent	Very Good	Good	Fair	Poor
ACC Program	**48.0%**	**33.4%**	**15.8%**	**S**	**S**
AzCH-CCP	46.9%	35.3%	S	S	0.0%
BUFC	47.8%	32.2%	S	S	0.0%
Care1st	45.5%	36.0%	S	S	0.0%
HCA	51.4%	34.4%	S	S	0.0%
MCC	49.7%	33.5%	S	S	0.0%
Mercy Care	49.3%	31.0%	S	S	0.0%
UHCCP	46.3%	30.6%	17.4%	S	S
Please note, percentages may not total 100% due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."					

Child Member Respondents

Table 3-7 through Table 3-10 present the self-reported demographic characteristics of parents/caretakers who completed a survey on behalf of child members for age, gender, education level, and relationship to the child.[3-4]

Table 3-7—Child Member Respondent Demographics: Age

	Under 18	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or Older
ACC Program	**6.7%**	**3.2%**	**19.8%**	**36.4%**	**18.7%**	**9.9%**	**5.3%**
AzCH-CCP	6.9%	S	24.5%	32.1%	19.5%	9.4%	S
BUFC	6.3%	4.7%	20.0%	35.7%	15.3%	12.9%	5.1%
Care1st	6.7%	S	20.2%	40.8%	14.9%	10.6%	S
HCA	6.7%	S	19.8%	36.0%	19.0%	8.3%	S
MCC	7.0%	S	21.1%	31.9%	20.0%	11.4%	S
Mercy Care	7.0%	S	16.2%	40.8%	18.9%	8.8%	S
UHCCP	6.6%	S	15.8%	36.5%	24.5%	7.9%	S
Please note, percentages may not total 100% due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."							

[3-4] The respondent demographics are based on responses of parents/caretakers of general child members (i.e., respondents of child members selected as part of the general child population sample).

Table 3-8—Child Member Respondent Demographics: Gender

	Male	Female
ACC Program	**12.0%**	**88.0%**
AzCH-CCP	11.2%	88.8%
BUFC	13.2%	86.8%
Care1st	9.9%	90.1%
HCA	13.8%	86.2%
MCC	14.1%	85.9%
Mercy Care	9.2%	90.8%
UHCCP	13.2%	86.8%
Please note, percentages may not total 100% due to rounding.		

Table 3-9—Child Member Respondent Demographics: Education Level

	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
ACC Program	**7.9%**	**16.0%**	**30.7%**	**30.4%**	**15.0%**
AzCH-CCP	5.8%	14.5%	32.2%	31.5%	15.9%
BUFC	7.1%	13.4%	31.6%	32.4%	15.4%
Care1st	9.0%	17.9%	32.6%	28.7%	11.8%
HCA	6.0%	14.8%	32.8%	36.8%	9.6%
MCC	8.2%	14.8%	29.5%	27.3%	20.2%
Mercy Care	11.1%	19.5%	32.3%	24.3%	12.8%
UHCCP	8.4%	17.2%	23.0%	30.5%	20.9%
Please note, percentages may not total 100% due to rounding.					

Table 3-10—Child Member Respondent Demographics: Relationship to the Child

	Mother or Father	Grandparent	Legal Guardian	Other*
ACC Program	**91.0%**	**6.3%**	**1.7%**	**1.0%**
AzCH-CCP	89.5%	6.0%	S	S
BUFC	92.4%	S	S	S
Care1st	91.5%	S	S	S
HCA	89.4%	S	S	S
MCC	90.8%	S	S	0.0%
Mercy Care	91.7%	S	S	S
UHCCP	91.9%	S	S	S
Please note, percentages may not total 100% due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S." *The "Other" relationship to child category includes responses of aunt or uncle, older brother or sister, other relative, and someone else.*				

Respondent Analysis

HSAG compared the demographic characteristics of child members whose parents/caretakers responded to the survey to the demographic characteristics of all child members in the sample frame for statistically significant differences.[3-5] The demographic characteristics evaluated as part of the respondent analysis included age, gender, race, and ethnicity. Table 3-11 through Table 3-14 present the results of the respondent analysis for the general child population. Please note that variables from the sample frame were used as the data source for this analysis; therefore, these results will differ from those presented in the demographics subsection, which uses responses from the survey as the data source.

Table 3-11—Child Member Respondent Analysis: Age

Program/Plan Name	Less than 1	1 to 3	4 to 7	8 to 12	13 to 17
ACC Program					
Respondent	**3.4%**	**14.3%↓**	**20.0%↓**	**28.4%**	**33.9%↑**
Sample Frame	**3.7%**	**17.3%**	**23.0%**	**28.3%**	**27.7%**
AzCH-CCP					
Respondent	4.0%	16.2%	23.1%	26.7%	30.0%
Sample Frame	4.0%	19.1%	23.7%	26.9%	26.3%
BUFC					
Respondent	S	S	21.3%	27.5%	31.8%
Sample Frame	4.4%	17.6%	22.9%	27.9%	27.2%
Care1st					
Respondent	S	S	19.7%	30.4%	33.9%↑
Sample Frame	3.0%	15.6%	23.6%	29.7%	28.1%
HCA					
Respondent	S	S	21.5%	26.2%	35.9%↑
Sample Frame	3.1%	16.9%	23.0%	28.5%	28.5%
MCC					
Respondent	7.5%	14.0%	19.9%	28.0%	30.6%
Sample Frame	8.4%	17.6%	22.7%	26.3%	24.9%
Mercy Care					
Respondent	S	S	16.9%↓	30.3%	36.4%↑
Sample Frame	3.6%	17.4%	22.6%	28.3%	28.1%
UHCCP					
Respondent	S	S	16.9%↓	30.0%	38.3%↑
Sample Frame	3.5%	17.2%	23.0%	28.4%	27.9%

Results based on fewer than 11 responses were suppressed and noted with an "S."
↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

3-5   The demographic characteristics of child members are presented for child members selected as part of the general child population sample.

Table 3-12—Child Member Respondent Analysis: Gender

Program/Plan Name	Male	Female
ACC Program		
Respondent	**49.0%**	**51.0%**
Sample Frame	**50.7%**	**49.3%**
AzCH-CCP		
Respondent	50.5%	49.5%
Sample Frame	50.7%	49.3%
BUFC		
Respondent	48.4%	51.6%
Sample Frame	50.6%	49.4%
Care1st		
Respondent	48.4%	51.6%
Sample Frame	50.8%	49.2%
HCA		
Respondent	48.8%	51.2%
Sample Frame	50.9%	49.1%
MCC		
Respondent	54.3%	45.7%
Sample Frame	50.8%	49.2%
Mercy Care		
Respondent	51.5%	48.5%
Sample Frame	50.6%	49.4%
UHCCP		
Respondent	42.4%↓	57.6%↑
Sample Frame	50.8%	49.2%

↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

Table 3-13—Child Member Respondent Analysis: Race

Program/Plan Name	White	Black	Asian	American Indian or Alaska Native	Other
ACC Program					
Respondent	**81.0%↑**	**8.6%↓**	**4.5%↑**	**4.5%↓**	**1.4%**
Sample Frame	**73.9%**	**16.1%**	**2.7%**	**6.1%**	**1.1%**
AzCH-CCP					
Respondent	87.1%↑	S	S	S	S
Sample Frame	77.9%	13.6%	2.7%	4.6%	1.1%
BUFC					
Respondent	85.6%↑	6.6%↓	S	S	0.0%↓
Sample Frame	78.1%	13.3%	2.1%	5.7%	0.9%
Care1st					
Respondent	83.1%↑	S	S	6.2%	S
Sample Frame	74.0%	13.2%	2.0%	9.7%	1.1%
HCA					
Respondent	82.6%↑	S	S	8.4%	S
Sample Frame	74.2%	11.6%	1.7%	11.5%	0.9%
MCC					
Respondent	61.7%	25.5%	S	S	0.0%↓
Sample Frame	63.6%	23.9%	3.7%	7.9%	0.9%
Mercy Care					
Respondent	79.2%↑	9.0%↓	S	S	S
Sample Frame	71.0%	19.4%	4.2%	4.2%	1.2%
UHCCP					
Respondent	78.3%	8.1%↓	6.8%↑	S	S
Sample Frame	72.8%	19.5%	2.6%	3.9%	1.2%

Results based on fewer than 11 responses were suppressed and noted with an "S."
↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

Table 3-14—Child Member Respondent Analysis: Ethnicity

Program/Plan Name	Hispanic	Non-Hispanic
ACC Program		
Respondent	**79.3%**	**20.7%**
Sample Frame	**77.7%**	**22.3%**
AzCH-CCP		
Respondent	80.9%	19.1%
Sample Frame	79.6%	20.4%
BUFC		
Respondent	84.0%	16.0%
Sample Frame	81.2%	18.8%
Care1st		
Respondent	83.2%↑	16.8%↓
Sample Frame	75.6%	24.4%
HCA		
Respondent	71.7%	28.3%
Sample Frame	70.2%	29.8%
MCC		
Respondent	65.5%	34.5%
Sample Frame	63.6%	36.4%
Mercy Care		
Respondent	84.5%	15.5%
Sample Frame	79.4%	20.6%
UHCCP		
Respondent	77.8%	22.2%
Sample Frame	78.4%	21.6%

↑ *Indicates the respondent percentage is significantly higher than the sample frame percentage.*
↓ *Indicates the respondent percentage is significantly lower than the sample frame percentage.*
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

NCQA Comparisons

In order to assess the overall performance of the general child population, HSAG compared top-box scores for each measure to NCQA's Quality Compass Benchmark and Compare Quality Data.[3-6] Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent), as shown in Table 3-15.

Table 3-15—Star Ratings

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★ Very Good	At or between the 75th and 89th percentiles
★★★ Good	At or between the 50th and 74th percentiles
★★ Fair	At or between the 25th and 49th percentiles
★ Poor	Below the 25th percentile

The percentages presented in the following two tables represent the top-box scores, while the stars represent overall member experience ratings for each measure when the top-box scores were compared to NCQA's Quality Compass data.

[3-6] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020.* Washington, DC: NCQA, September 2020.

Table 3-16 shows the top-box scores and overall member experience ratings on each of the four global ratings.

Table 3-16—NCQA Comparisons: Global Ratings

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
ACC Program	★★★ 74.7%	★★ 72.2%	★★ 78.4%	★★★★★ 77.7%
AzCH-CCP	★★ 72.0%	★★★★ 76.6%	★★★ 80.8%	★★★★★ 82.5%⁺
BUFC	★★★ 74.1%	★ 66.9%	★ 73.5%	★★★★★ 81.0%⁺
Care1st	★★★ 73.9%	★★★ 75.4%	★★ 76.1%	★ 70.8%⁺
HCA	★★ 70.2%	★★★ 74.3%	★ 75.0%	★★★★★ 87.5%⁺
MCC	★ 63.3%	★ 64.9%	★ 71.9%	★★ 72.2%⁺
Mercy Care	★★★★★ 80.4%	★★★ 74.0%	★★★★★ 84.5%	★★★★★ 77.4%⁺
UHCCP	★★★ 74.2%	★ 68.9%	★★ 77.4%	★★ 72.2%⁺
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.				

Table 3-17 shows the top-box scores and overall member experience ratings on the four composite measures and one individual item measure.

Table 3-17—NCQA Comparisons: Composite Measures and Individual Item Measure

	Getting Needed Care	*Getting Care Quickly*	*How Well Doctors Communicate*	*Customer Service*	*Coordination of Care*
ACC Program	★★ 85.8%	★★ 90.7%	★★★ 96.2%	★ 85.3%	★ 82.4%
AzCH-CCP	★★★★★ 91.3%[+]	★★ 91.4%[+]	★★★ 96.5%	★ 85.7%[+]	★ 78.7%[+]
BUFC	★★ 84.7%[+]	★★★ 92.3%[+]	★★ 94.4%	★★ 88.4%[+]	★ 80.0%[+]
Care1st	★★★★ 90.1%	★★ 91.3%	★★★ 95.7%	★ 83.3%[+]	★ 80.0%[+]
HCA	★ 80.5%[+]	★★ 90.9%[+]	★★★ 95.6%	★ 83.0%[+]	★ 76.7%[+]
MCC	★★ 84.7%[+]	★★★ 93.1%[+]	★★ 94.7%[+]	★ 77.8%[+]	★★★ 89.2%[+]
Mercy Care	★★★ 87.8%[+]	★★ 91.4%[+]	★★★★★ 97.7%	★ 83.0%[+]	★★ 86.0%[+]
UHCCP	★ 82.2%[+]	★ 88.2%[+]	★★★ 96.1%	★★ 88.5%[+]	★★ 85.7%[+]
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.					

Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box scores for each measure. The 2020 NCQA child Medicaid national averages are provided for comparative purposes.[3-7,3-8,3-9] For information on the survey language and response options for the measures, please refer to the Reader's Guide beginning on page 4-6. For more detailed information regarding the calculation of these measures, please refer to the Reader's Guide section beginning on page 4-10.

Plan Comparisons

The ACC Program results were weighted based on the eligible population for each health plan. HSAG compared the health plan results to the ACC Program to determine if the results were statistically significantly different than the ACC Program. Statistically significant differences between the health plan and ACC Program top-box scores are noted with arrows.[3-10]

[3-7] NCQA national averages for 2021 were not available at the time this report was prepared; therefore, 2020 NCQA national averages are presented in this section.

[3-8] For the NCQA child Medicaid national averages, the source for data contained in this publication is Quality Compass® 2020 data.

[3-9] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020.* Washington, DC: NCQA, September 2020.

[3-10] A global F test was calculated first, which determined whether the difference between health plans was significant. If the F test demonstrated health plan-level differences, then a t test was performed for each health plan. The t test determined whether each health plan's rate was significantly different from the aggregate rate. This analytic approach follows AHRQ's recommended methodology for identifying statistically significant plan-level performance differences.

Global Ratings

Rating of Health Plan

Figure 3-2 shows the top-box scores and 2020 NCQA child Medicaid national average for *Rating of Health Plan*.

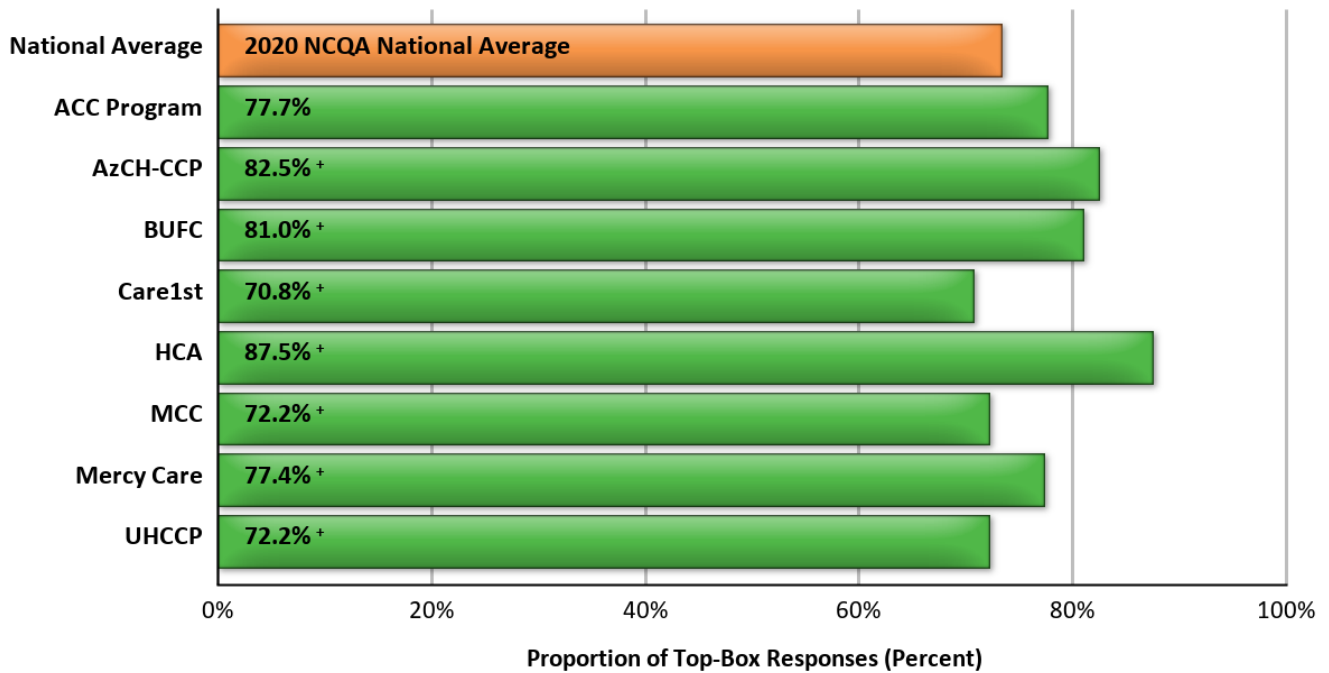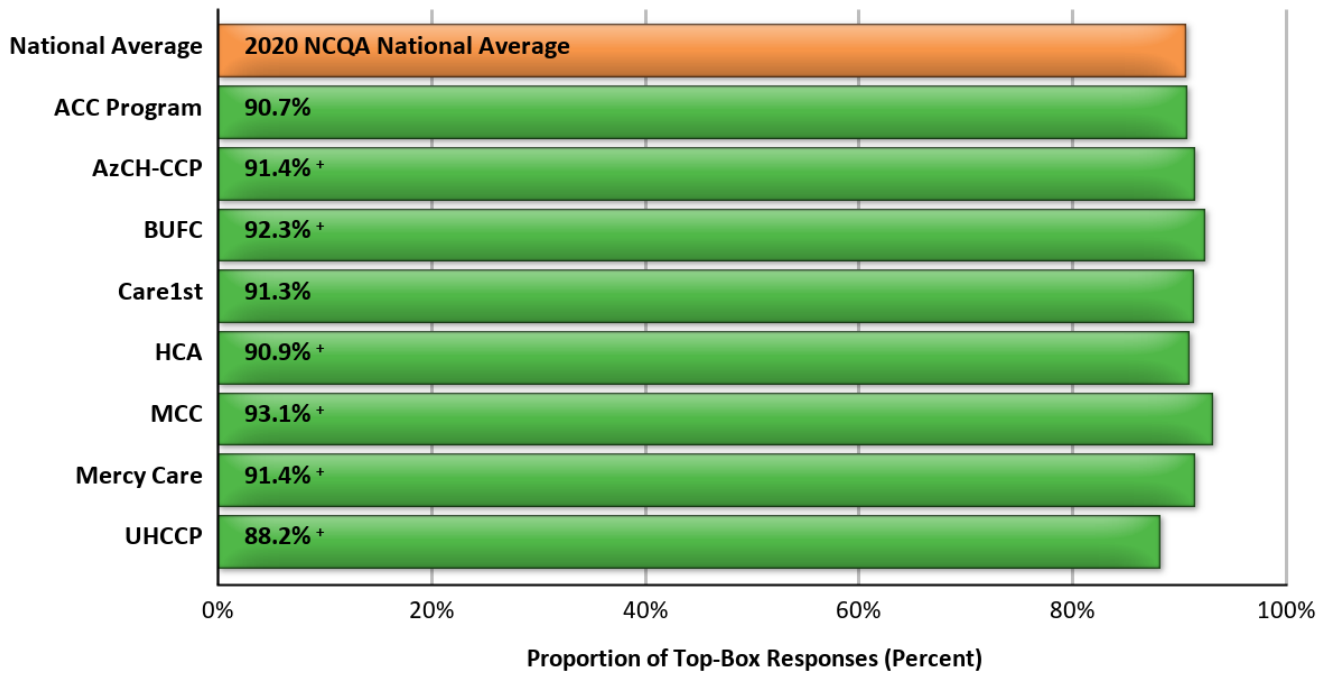**Figure 3-2—Rating of Health Plan: Top-Box Scores**
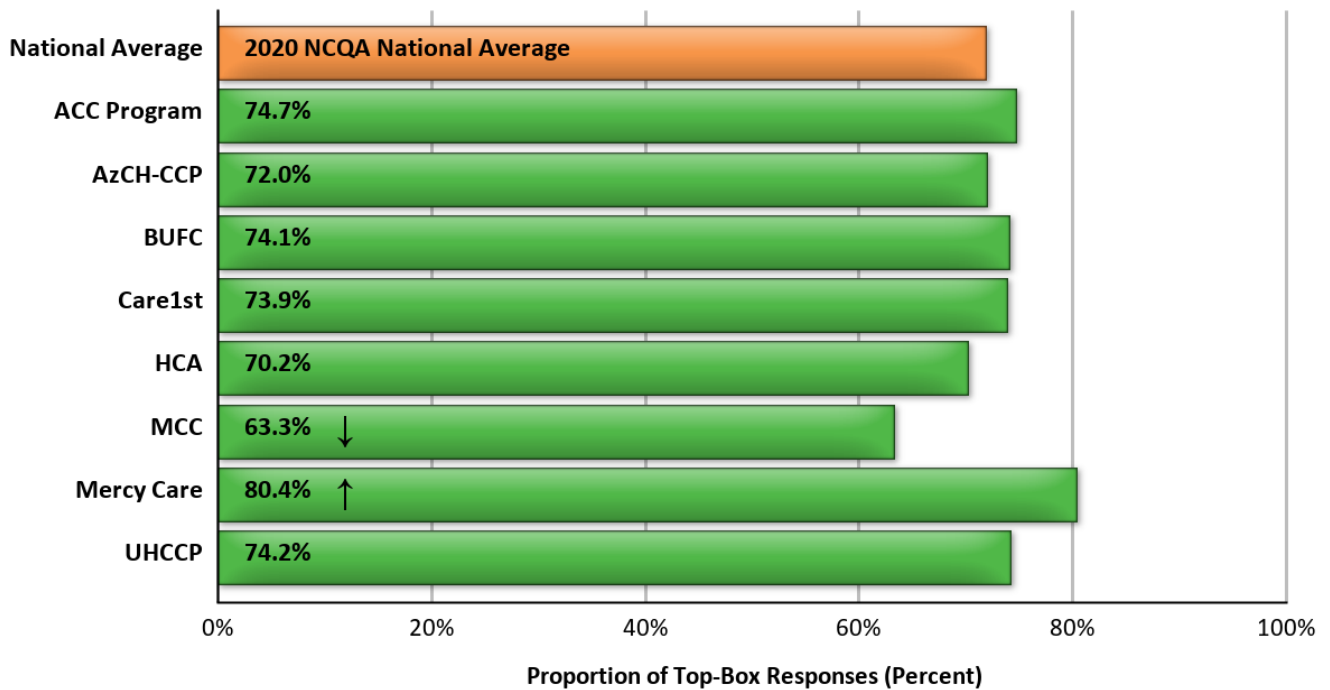
Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Rating of All Health Care

Figure 3-3 shows the top-box scores and 2020 NCQA child Medicaid national average for *Rating of All Health Care*.

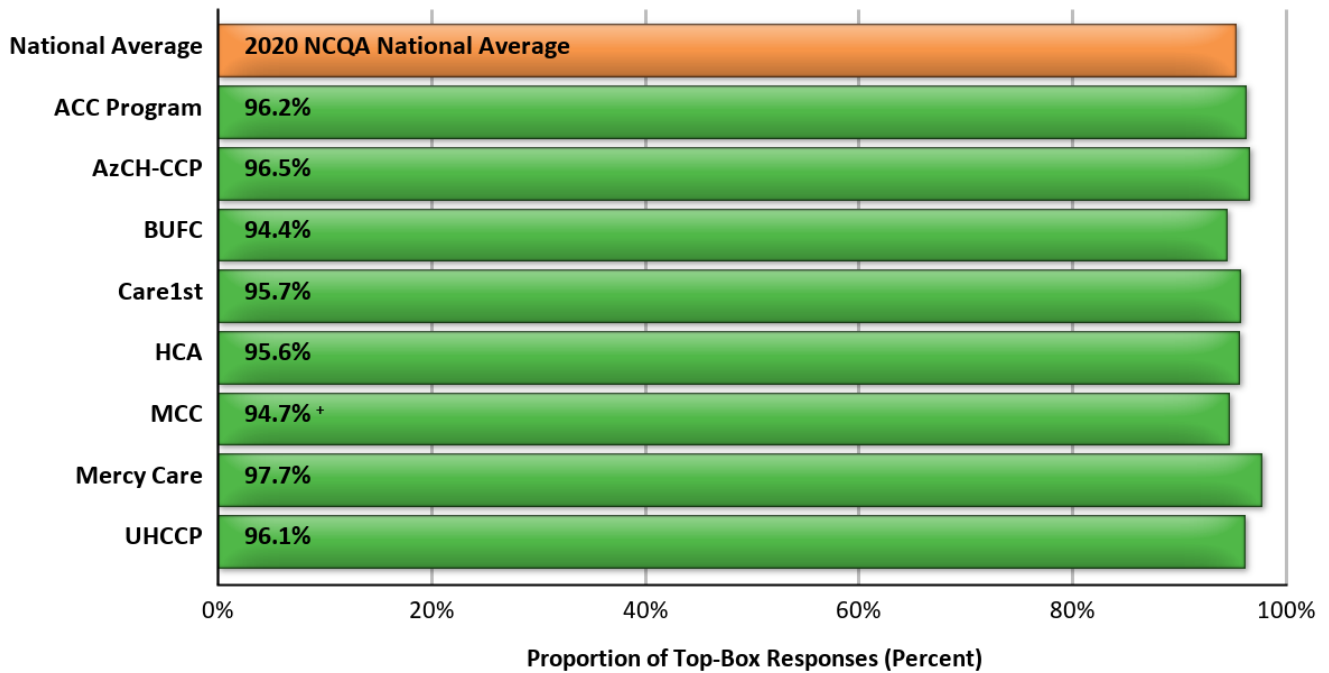**Figure 3-3—Rating of All Health Care: Top-Box Scores**
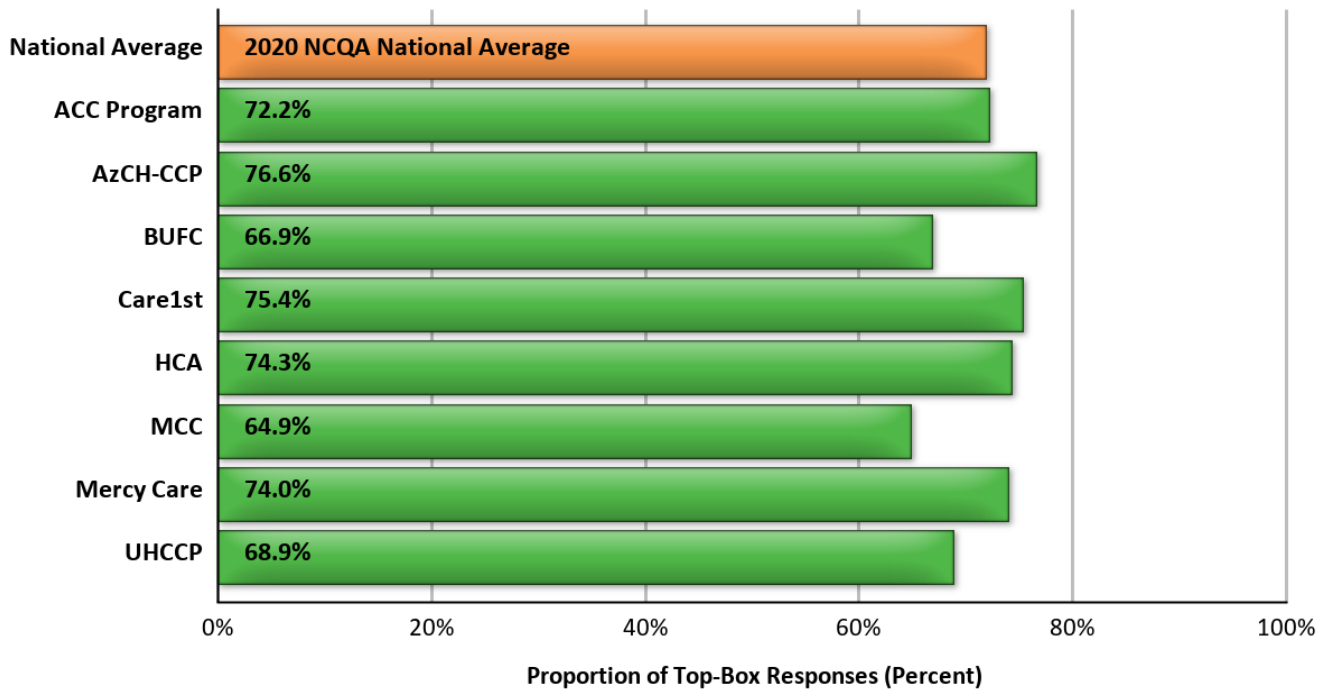
Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Rating of Personal Doctor

Figure 3-4 shows the top-box scores and 2020 NCQA child Medicaid national averages for *Rating of Personal Doctor*.

Figure 3-4—Rating of Personal Doctor: Top-Box Scores
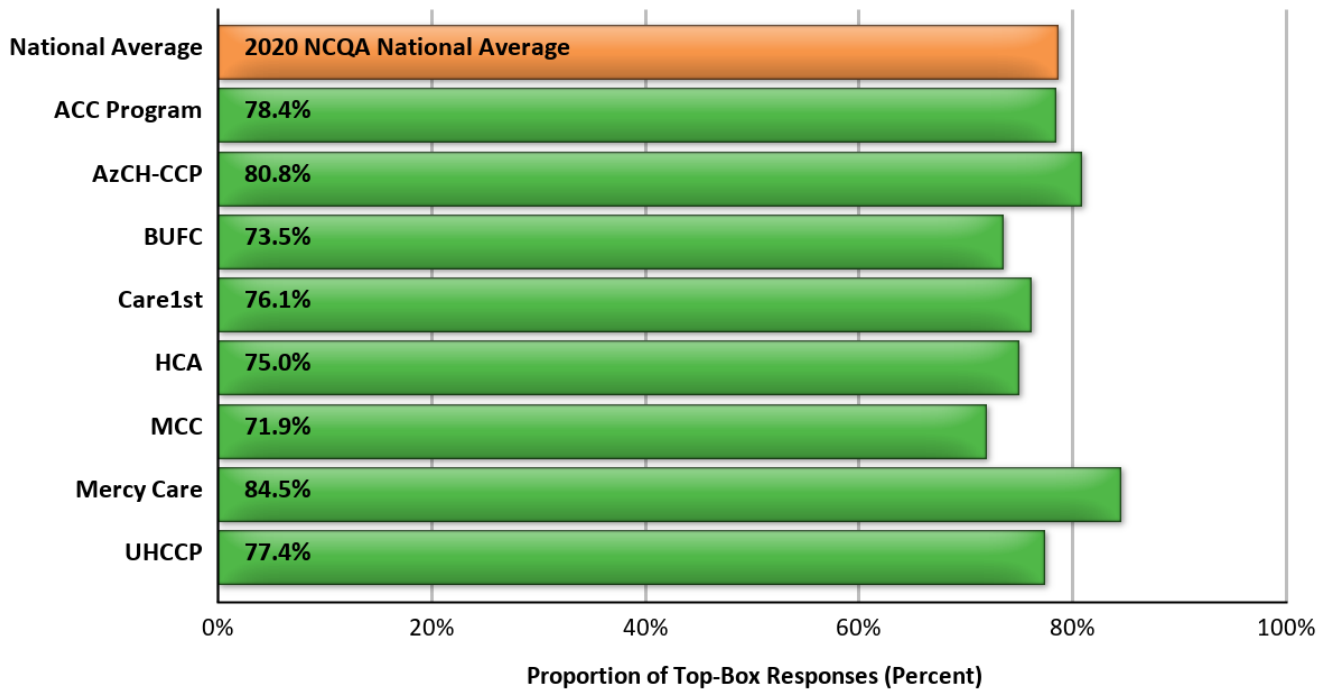
Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Rating of Specialist Seen Most Often

Figure 3-5 shows the top-box scores and 2020 NCQA child Medicaid national averages for *Rating of Specialist Seen Most Often*.

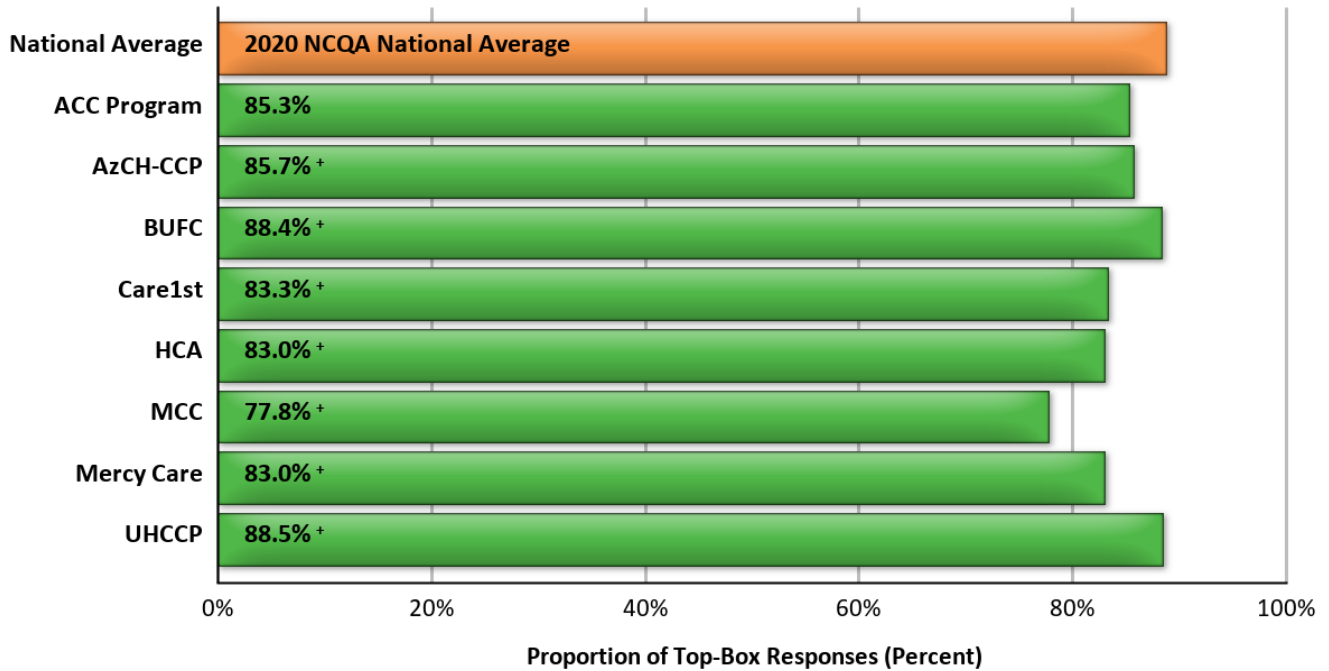**Figure 3-5—Rating of Specialist Seen Most Often: Top-Box Scores**

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite Measures

Getting Needed Care

Figure 3-6 shows the top-box scores and 2020 NCQA child Medicaid national average for *Getting Needed Care*.

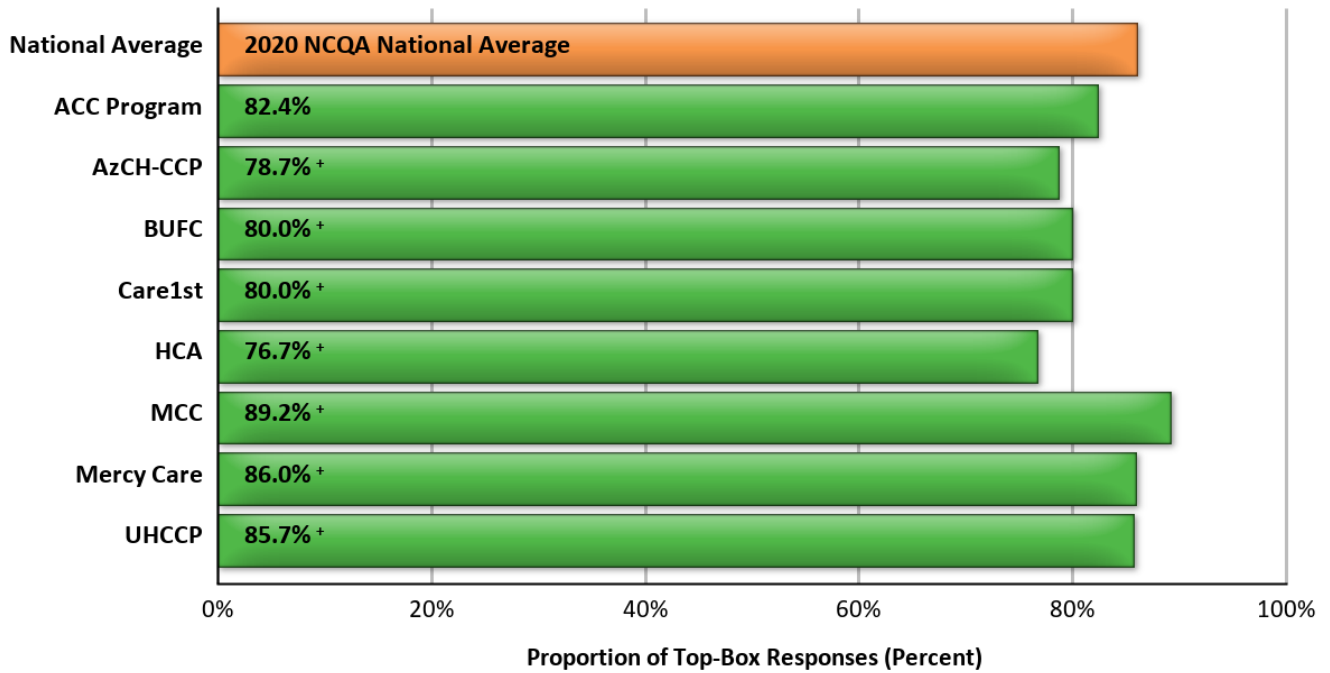**Figure 3-6—Getting Needed Care: Top-Box Scores**
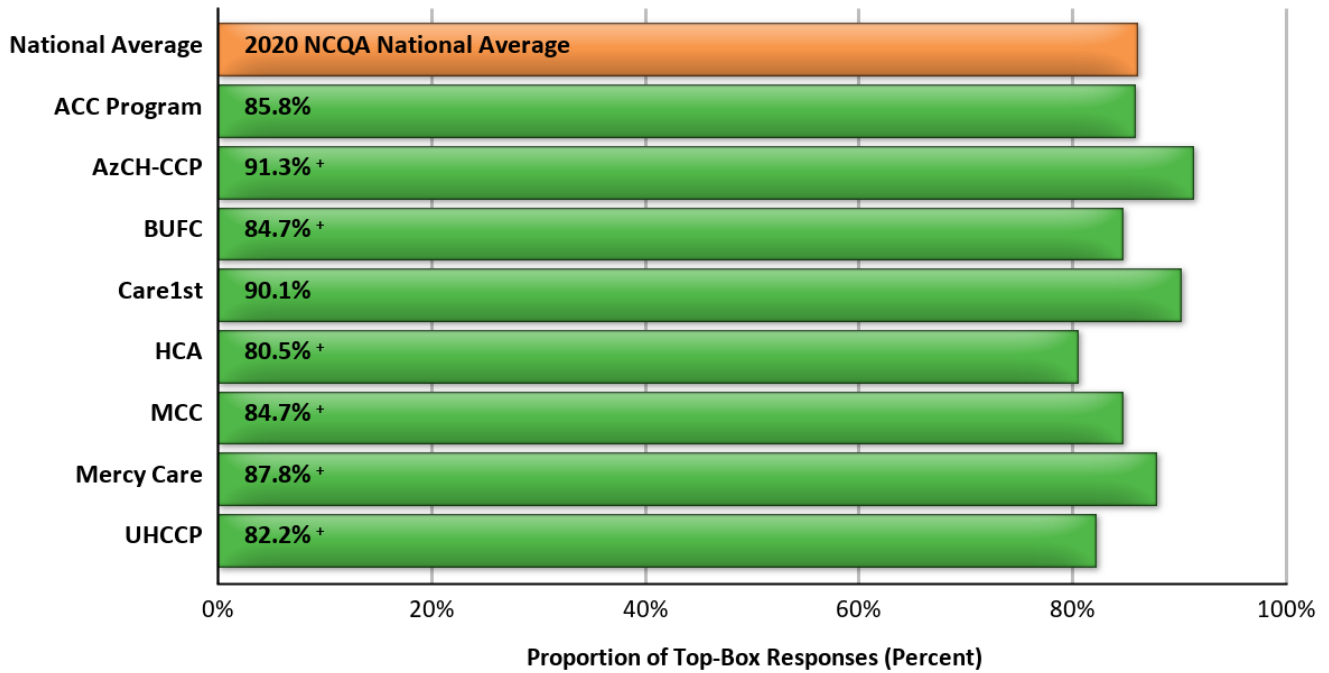
Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Getting Care Quickly

Figure 3-7 shows the top-box scores and 2020 NCQA child Medicaid national average for *Getting Care Quickly*.

Figure 3-7—Getting Care Quickly: Top-Box Scores

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

How Well Doctors Communicate

Figure 3-8 shows the top-box scores and 2020 NCQA child Medicaid national averages for *How Well Doctors Communicate*.

Figure 3-8—How Well Doctors Communicate: Top-Box Scores

National Average	2020 NCQA National Average
ACC Program	96.2%
AzCH-CCP	96.5%
BUFC	94.4%
Care1st	95.7%
HCA	95.6%
MCC	94.7% +
Mercy Care	97.7%
UHCCP	96.1%

Proportion of Top-Box Responses (Percent)

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Customer Service

Figure 3-9 shows the top-box scores and 2020 NCQA child Medicaid national averages for *Customer Service*.

Figure 3-9—Customer Service: Top-Box Scores

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Individual Item Measure

Coordination of Care

Figure 3-10 shows the top-box scores and 2020 NCQA child Medicaid national average for *Coordination of Care*.

Figure 3-10—Coordination of Care: Top-Box Scores

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Supplemental Items

AHCCCS elected to add five supplemental questions to the child survey. Table 3-18 details the survey language and response options for each of the supplemental items. Table 3-19 through Table 3-23 show the number and percentage of responses for each supplemental item.

Table 3-18—Supplemental Items

	Question	Response Options
Q8a.	In the last 6 months, did your child have a healthcare visit by phone or video?	Yes No
Q8b.	What type of device was used for your child's healthcare visit by phone or video? (Choose one or more)	Personal computer with video Smartphone or tablet with video Telephone without video Other
Q8c.	In the last 6 months, how often were you concerned about privacy during your child's healthcare visit by phone or video?	Never Sometimes Usually Always
Q8d.	How easy or difficult has it been to use technology during your child's healthcare visit by phone or video?	Very easy Easy Difficult Very difficult
Q8e.	In the last 6 months, was the quality of care your child received during phone or video visits better or worse than the care your child received during in-person visits?	Much worse Slightly worse About the same Slightly better Much better

Had Telehealth Visit

Parents/caretakers of child members were asked if their child had a healthcare visit by phone or video (Question 8a). Table 3-19 shows the results for this question.

Table 3-19—Had Telehealth Visit

Program/Plan Name	Yes		No	
	N	%	N	%
ACC Program	**252**	**27.1%**	**677**	**72.9%**
AzCH-CCP	36	25.9%	103	74.1%
BUFC	34	26.0%	97	74.0%
Care1st	39	22.4%	135	77.6%
HCA	30	27.0%	81	73.0%
MCC	32	28.1%	82	71.9%
Mercy Care	34	27.2%	91	72.8%
UHCCP	47	34.8%	88	65.2%
Please note: Percentages may not total 100 percent due to rounding.				

Device Used for Telehealth Visit

Parents/caretakers of child members were asked what type of device was used for their child's healthcare visit by phone or video (Question 8b). Table 3-20 shows the results for this question.

Table 3-20—Device Used for Telehealth Visit

Program/Plan Name	Personal computer with video		Smartphone or tablet with video		Telephone without video		Other	
	N	%	N	%	N	%	N	%
ACC Program	**48**	**20.1%**	**121**	**50.6%**	**77**	**32.2%**	**20**	**8.4%**
AzCH-CCP	S	S	17	53.1%	S	S	0	0.0%
BUFC	S	S	S	S	S	S	S	S
Care1st	S	S	21	55.3%	S	S	S	S
HCA	S	S	14	50.0%	S	S	S	S
MCC	S	S	S	S	16	50.0%	S	S
Mercy Care	S	S	23	71.9%	S	S	S	S
UHCCP	S	S	25	56.8%	15	34.1%	S	S
Please note: Results presented in this table are based on respondents that answered "Yes" to Question 8a. Respondents may choose more than one response; therefore, percentages will not total 100 percent. Results based on fewer than 11 responses were suppressed and noted with an "S."								

Privacy Concerns During Telehealth Visit

Parents/caretakers of child members were asked how often they were concerned about privacy during their child's healthcare visit by phone or video (Question 8c). Table 3-21 shows the results for this question.

Table 3-21—Privacy Concerns During Telehealth Visit

Program/Plan Name	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
ACC Program	**198**	**82.2%**	**S**	**S**	**S**	**S**	**17**	**7.1%**
AzCH-CCP	S	S	S	S	S	S	S	S
BUFC	S	S	S	S	S	S	S	S
Care1st	S	S	S	S	S	S	S	S
HCA	S	S	S	S	S	S	S	S
MCC	S	S	S	S	S	S	S	S
Mercy Care	S	S	0	0.0%	S	S	S	S
UHCCP	S	S	S	S	S	S	S	S
Please note: Results presented in this table are based on respondents that answered "Yes" to Question 8a. Percentages may not total 100 percent due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."								

Ease of Using Technology During Telehealth Visit

Parents/caretakers of child members were asked how easy or difficult it was to use technology during their child's healthcare visit by phone or video (Question 8d). Table 3-22 shows the results for this question.

Table 3-22—Ease of Using Technology During Telehealth Visit

Program/Plan Name	Very easy		Easy		Difficult		Very difficult	
	N	%	N	%	N	%	N	%
ACC Program	**110**	**45.6%**	**112**	**46.5%**	**S**	**S**	**S**	**S**
AzCH-CCP	S	S	16	50.0%	S	S	0	0.0%
BUFC	S	S	17	51.5%	S	S	S	S
Care1st	S	S	20	52.6%	S	S	S	S
HCA	S	S	14	48.3%	S	S	0	0.0%
MCC	15	48.4%	S	S	S	S	0	0.0%
Mercy Care	19	57.6%	S	S	S	S	S	S
UHCCP	22	48.9%	S	S	S	S	0	0.0%
Please note: Results presented in this table are based on respondents that answered "Yes" to Question 8a. Percentages may not total 100 percent due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."								

Quality of Care Received During Telehealth Visit

Parents/caretakers of child members were asked if the quality of care their child received during phone or video visits was better or worse than care their child received during in-person visits (Question 8e). Table 3-23 shows the results for this question.

Table 3-23—Quality of Care Received During Telehealth Visit

Program/Plan Name	Much worse N	Much worse %	Slightly worse N	Slightly worse %	About the same N	About the same %	Slightly better N	Slightly better %	Much better N	Much better %
ACC Program	**S**	**S**	**37**	**15.3%**	**139**	**57.4%**	**S**	**S**	**40**	**16.5%**
AzCH-CCP	S	S	S	S	18	56.3%	0	0.0%	S	S
BUFC	S	S	S	S	19	57.6%	S	S	S	S
Care1st	0	0.0%	S	S	24	63.2%	S	S	S	S
HCA	0	0.0%	S	S	S	S	S	S	S	S
MCC	S	S	S	S	S	S	S	S	S	S
Mercy Care	S	S	S	S	16	50.0%	S	S	S	S
UHCCP	S	S	S	S	29	63.0%	S	S	S	S

Please note: Results presented in this table are based on respondents that answered "Yes" to Question 8a. Percentages may not total 100 percent due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."

Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the following measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. Key drivers of member experience are defined as those items for which the odds ratio is statistically significantly greater than 1. For additional information on the statistical calculation, please refer to the Reader's Guide section on page 4-14.

Table 3-24 depicts the results of the analysis for the ACC Program for the child population. The table provides a summary of the survey items identified for each of the three measures as being key drivers of member experience (indicated by a ✓). Please refer to Appendix B. Additional Data-Child Results for graphical displays of the key drivers of member experience results.

Table 3-24—Key Drivers of Member Experience: ACC Program – Child Members

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q10. Ease of getting the care, tests, or treatment the child needed	(Never + Sometimes) vs. Always	✓	✓	NS
	Usually vs. Always	✓	✓	NS
Q28. Child's personal doctor listened carefully to the parent/caretaker	(Never + Sometimes) vs. Always	NS	✓	✓
	Usually vs. Always	NS	NS	NS
Q29. Child's personal doctor showed respect for what the parent/caretaker said	(Never + Sometimes) vs. Always	NS	NS	✓
	Usually vs. Always	✓	NS	✓
Q32. Child's personal doctor spent enough time with the child	(Never + Sometimes) vs. Always	NS	NS	✓
	Usually vs. Always	NS	NS	✓
Q45. Child's health plan's customer service gave the parent/caretaker the information or help needed	(Never + Sometimes) vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA
Q48. Ease of filling out forms from the child's health plan	(Never + Sometimes) vs. Always	✓	NS	NA
	Usually vs. Always	NS	NS	NA

NA indicates that this question was not evaluated for this measure.
NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents' answers for those responses do not significantly affect their rating.

CCC Results

Chronic Conditions Classification

A series of questions included in the survey was used to identify children with chronic conditions (i.e., CCC screener questions). This series contains five sets of survey questions that focus on specific health care needs and conditions. Child members with affirmative responses to all of the questions in at least one of the following five categories were considered to have a chronic condition:

- Child needed or used prescription medicine.
- Child needed or used more medical care, mental health services, or educational services than other children of the same age need or use.
- Child had limitations in the ability to do what other children of the same age do.
- Child needed or used special therapy.
- Child needed or used mental health treatment or counseling.

The survey responses from both the general child sample and the CCC supplemental sample were analyzed to determine which child members had chronic conditions. Therefore, the general population of children (i.e., the general child sample) included children with and without chronic conditions based on the responses to the survey questions.

NCQA Comparisons

In order to assess the overall performance of the CCC population, HSAG compared top-box scores for each measure to NCQA's Quality Compass Benchmark and Compare Quality Data.[3-11] Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent) as shown in Table 3-25.

Table 3-25—Star Ratings

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★ Very Good	At or between the 75th and 89th percentiles
★★★ Good	At or between the 50th and 74th percentiles
★★ Fair	At or between the 25th and 49th percentiles
★ Poor	Below the 25th percentile

The percentages presented in the following three tables represent the top-box scores, while the stars represent overall member experience ratings for each measure when the top-box scores were compared to NCQA's Quality Compass data.

[3-11] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020.* Washington, DC: NCQA, September 2020.

Table 3-26 shows the top-box scores and overall member experience ratings on each of the four global ratings.

Table 3-26—NCQA Comparisons: Global Ratings

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
ACC Program	★★ 68.5%	★ 62.0%	★★ 75.8%	★★★ 76.5%
AzCH-CCP	★ 63.5%	★ 63.0%	★★★ 80.6%	★★ 72.9%+
BUFC	★★★★ 75.0%	★ 58.5%	★ 69.2%	★★★ 78.7%+
Care1st	★★ 69.6%	★ 64.5%	★★★ 80.9%	★★★ 76.5%+
HCA	★ 65.8%	★ 59.1%	★★ 77.3%	★★★★★ 86.2%+
MCC	★ 58.3%+	★ 55.8%+	★ 55.8%+	★ 57.6%+
Mercy Care	★★★★ 74.5%	★★ 69.3%	★ 73.7%	★★★ 77.5%+
UHCCP	★★ 66.5%	★ 60.2%	★★★ 80.5%	★★★ 76.8%+
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.				

Table 3-27 shows the top-box scores and overall member experience ratings on the four composite measures and one individual item measure.

Table 3-27—NCQA Comparisons: Composite Measures and Individual Item Measure

	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Coordination of Care
ACC Program	★ 85.8%	★ 90.6%	★ 93.9%	★★ 88.2%	★ 80.2%
AzCH-CCP	★★ 86.3%	★★ 92.4%+	★ 93.8%	★ 86.2%+	★ 83.1%+
BUFC	★★ 87.7%	★ 89.1%+	★ 92.9%	★ 84.4%+	★ 75.9%+
Care1st	★★★ 90.1%	★ 91.2%+	★ 94.0%	★★ 90.7%+	★★★★ 87.7%+
HCA	★ 82.6%+	★★ 93.7%+	★ 90.2%+	★ 85.7%+	★ 78.0%+
MCC	★ 83.9%+	★★★ 94.4%+	★ 93.1%+	★★ 90.5%+	★ 63.6%+
Mercy Care	★★ 87.0%+	★ 90.7%+	★★★ 96.6%	★★★ 92.1%+	★ 77.6%+
UHCCP	★ 81.6%	★ 85.1%+	★★ 95.6%	★★ 89.8%+	★ 83.8%+
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.					

Table 3-28 shows the top-box scores and overall member experience ratings on the three CCC composite measures and two CCC items.

Table 3-28—NCQA Comparisons: CCC Composite Measures and Items

	Access to Specialized Services	*FCC: Personal Doctor Who Knows Child*	*Coordination of Care for Children with Chronic Conditions*	*Access to Prescription Medicines*	*FCC: Getting Needed Information*
ACC Program	★ **71.2%**	★ **88.9%**	★★★★★ **81.4%**	★★ **89.1%**	★ **91.6%**
AzCH-CCP	★ 65.3%+	★★★ 92.1%	★★★★★ 84.5%+	★★ 90.1%	★★ 92.2%
BUFC	★ 68.3%+	★ 86.9%	★★★★★ 88.2%+	★★★ 91.9%	★★ 93.1%
Care1st	★★ 72.8%+	★ 86.5%	★★★★★ 81.6%+	★ 88.7%	★★★ 94.3%
HCA	★★★★ 79.5%+	★ 86.7%+	★★ 74.7%+	★★ 89.2%	★ 87.3%
MCC	★★★★ 78.0%+	★ 88.9%+	★★★ 78.8%+	★ 80.6%+	★★★★★ 96.1%+
Mercy Care	★★ 72.0%+	★★ 90.6%+	★ 70.3%+	★★ 90.3%	★★★ 93.9%
UHCCP	★ 70.1%+	★★ 90.9%	★★★★★ 85.1%+	★ 87.6%	★ 86.6%
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.					

Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated top-box scores for each measure. The 2020 NCQA CCC Medicaid national averages are provided for comparative purposes.[3-12,3-13,3-14] For information on the survey language and response options for the measures, please refer to the Reader's Guide beginning on page 4-6. For more detailed information regarding the calculation of these measures, please refer to the Reader's Guide section beginning on page 4-10.

Plan Comparisons

HSAG compared the health plan results to the ACC Program to determine if the results were statistically significantly different than the ACC Program. Statistically significant differences between the health plan and ACC Program top-box scores are noted with arrows.[3-15]

[3-12] NCQA national averages for 2021 were not available at the time this report was prepared; therefore, 2020 NCQA national averages are presented in this section.

[3-13] For the NCQA CCC Medicaid national averages, the source for data contained in this publication is Quality Compass® 2020 data.

[3-14] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020*. Washington, DC: NCQA, September 2020.

[3-15] A global *F* test was calculated first, which determined whether the difference between health plans was significant. If the *F* test demonstrated health plan-level differences, then a *t* test was performed for each health plan. The *t* test determined whether each health plan's rate was significantly different from the aggregate rate. This analytic approach follows AHRQ's recommended methodology for identifying statistically significant plan-level performance differences.

Global Ratings

Rating of Health Plan

Figure 3-11 shows the top-box scores and 2020 NCQA CCC Medicaid national average for *Rating of Health Plan*.

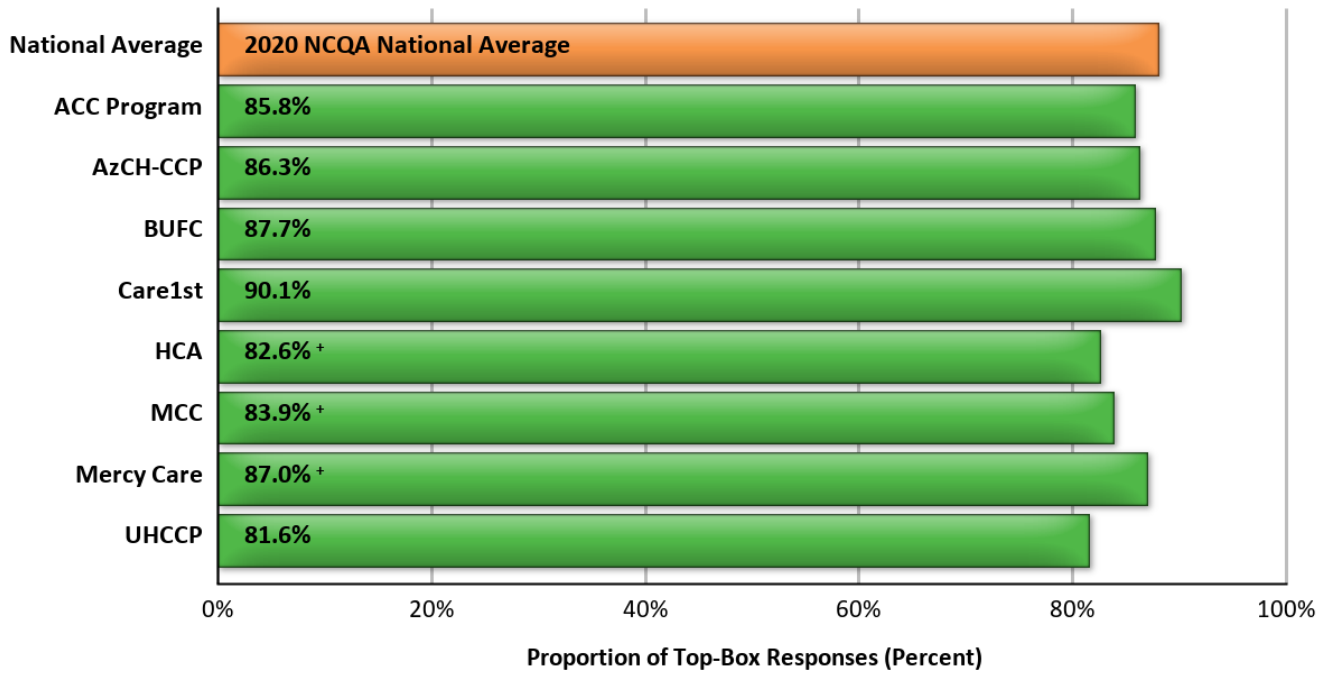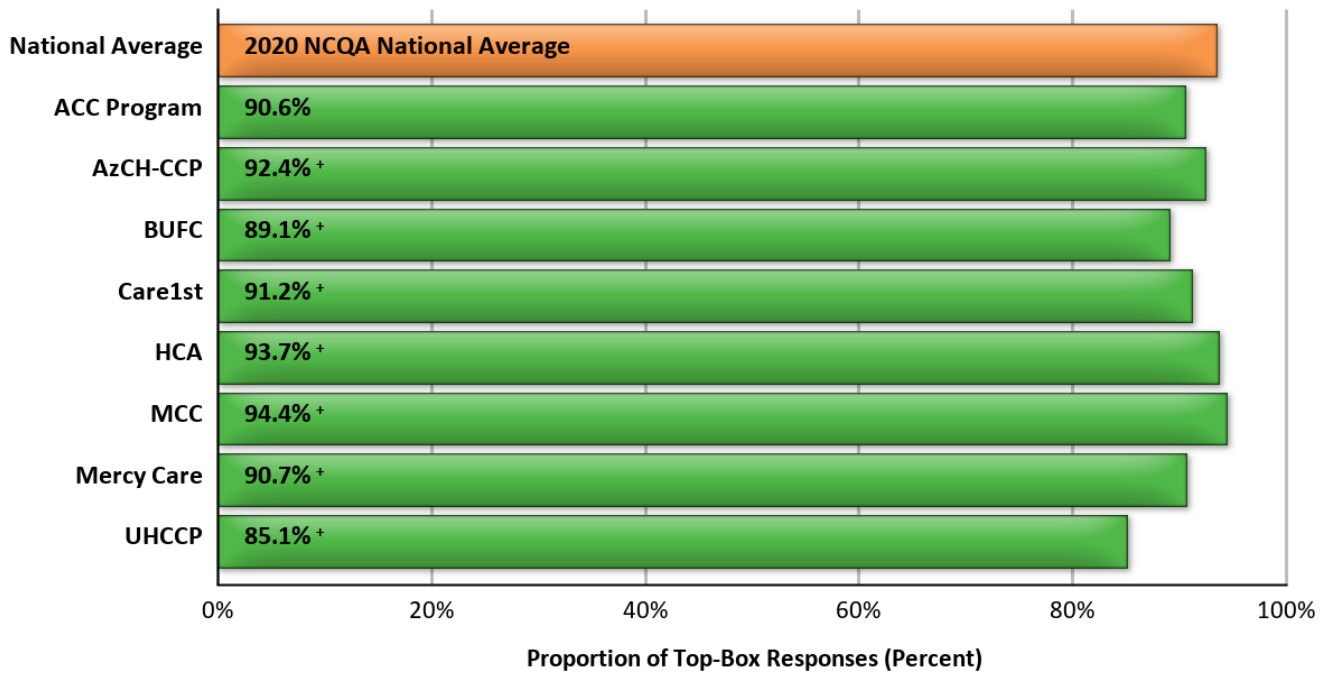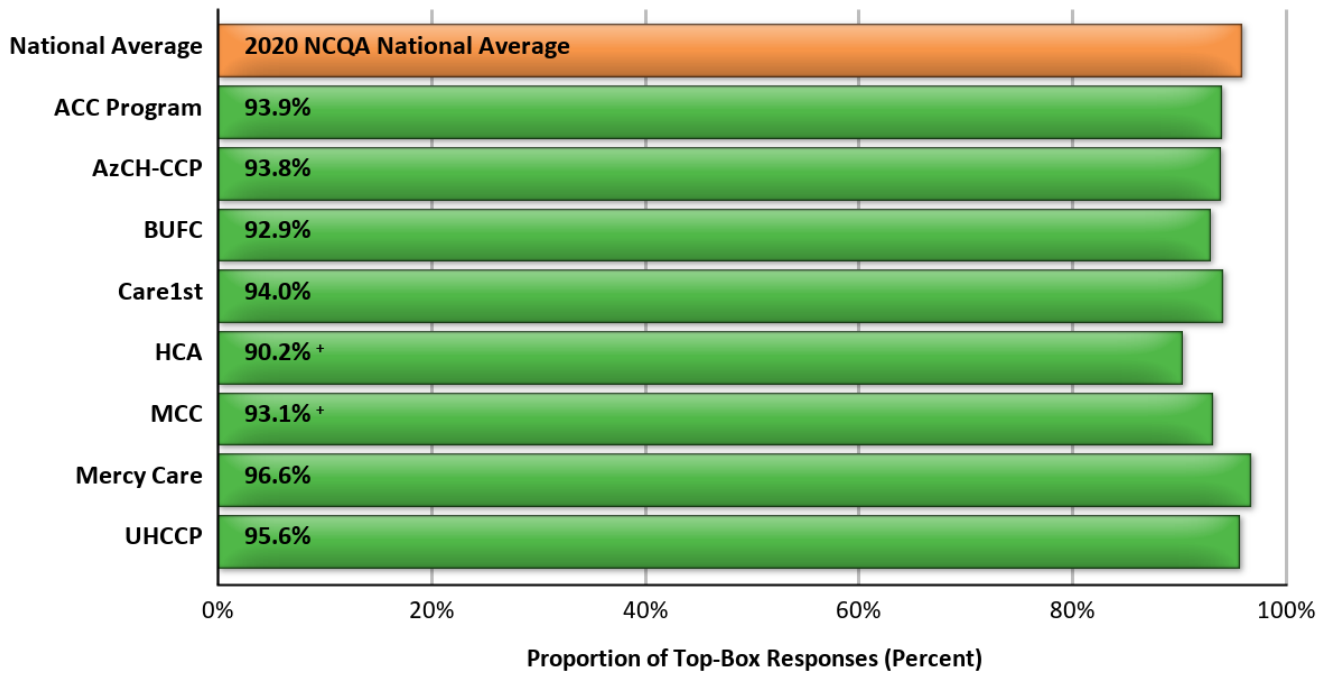**Figure 3-11—Rating of Health Plan: Top-Box Scores**
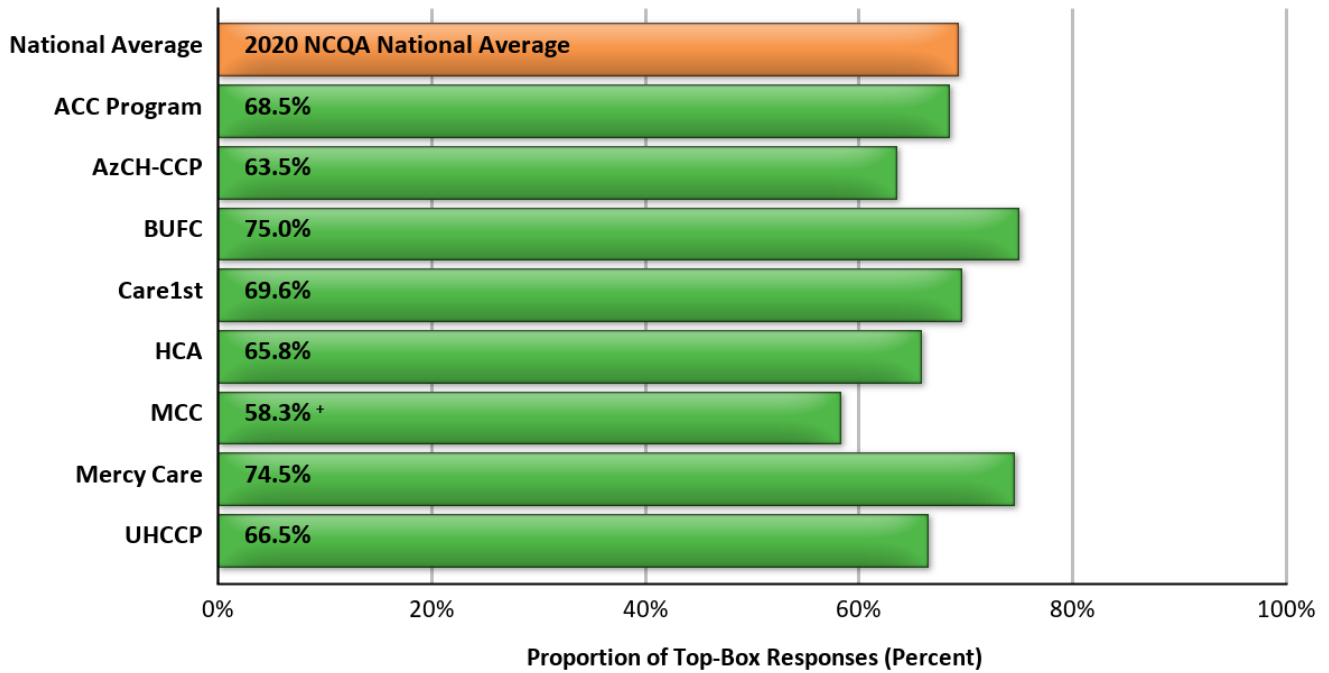
Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Rating of All Health Care

Figure 3-12 shows the top-box scores and 2020 NCQA CCC Medicaid national average for *Rating of All Health Care*.

Figure 3-12—Rating of All Health Care: Top-Box Scores
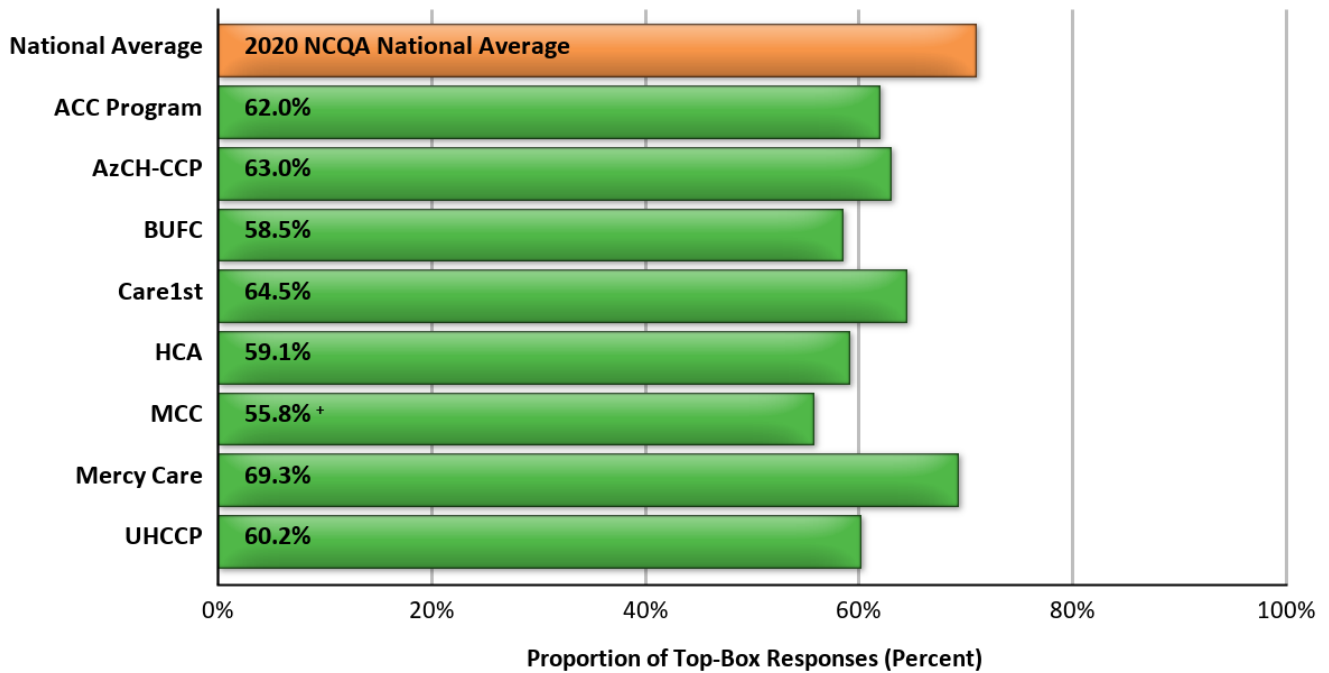
Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Rating of Personal Doctor

Figure 3-13 shows the top-box scores and 2020 NCQA CCC Medicaid national averages for *Rating of Personal Doctor*.

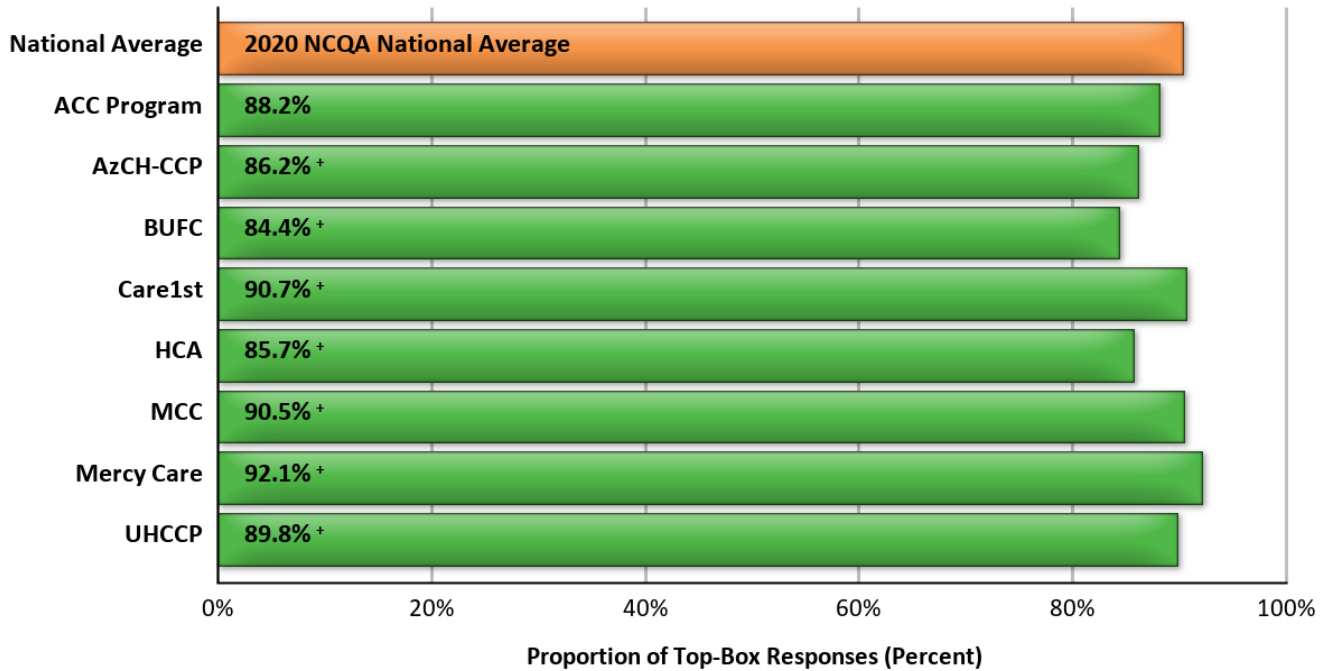**Figure 3-13—Rating of Personal Doctor: Top-Box Scores**
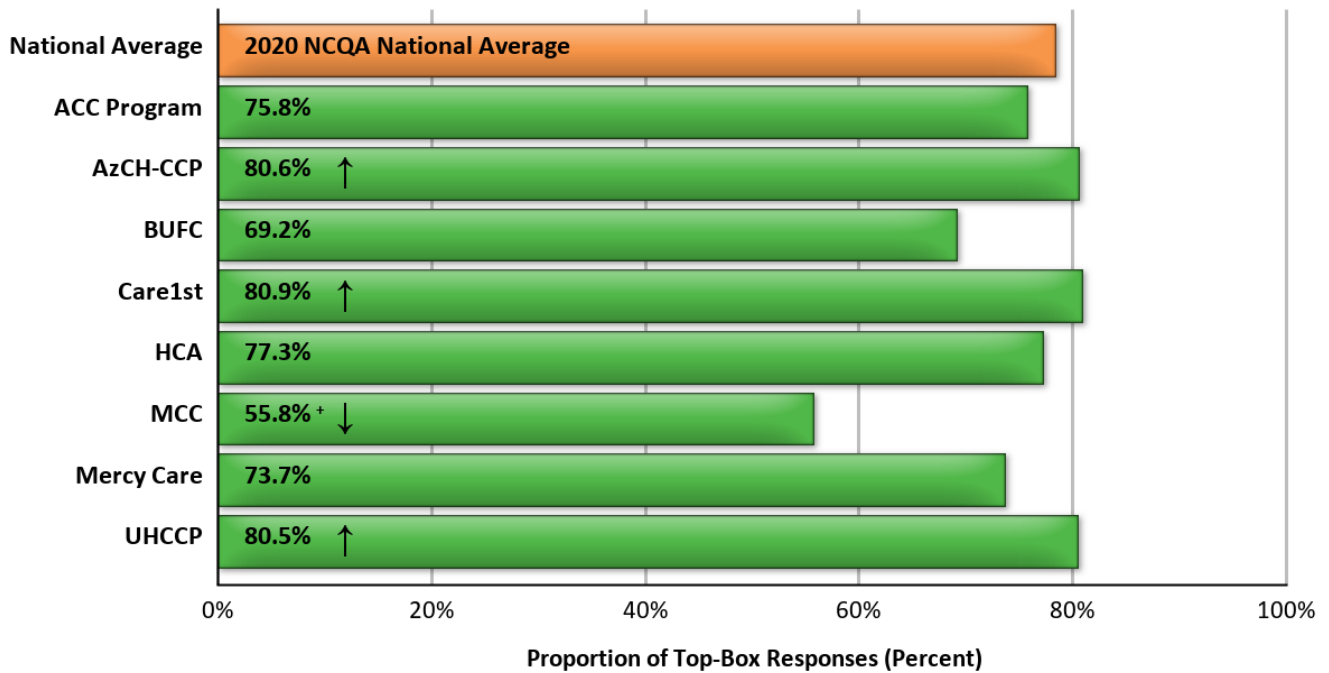
Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Rating of Specialist Seen Most Often

Figure 3-14 shows the top-box scores and 2020 NCQA CCC Medicaid national averages for *Rating of Specialist Seen Most Often*.

Figure 3-14—Rating of Specialist Seen Most Often: Top-Box Scores
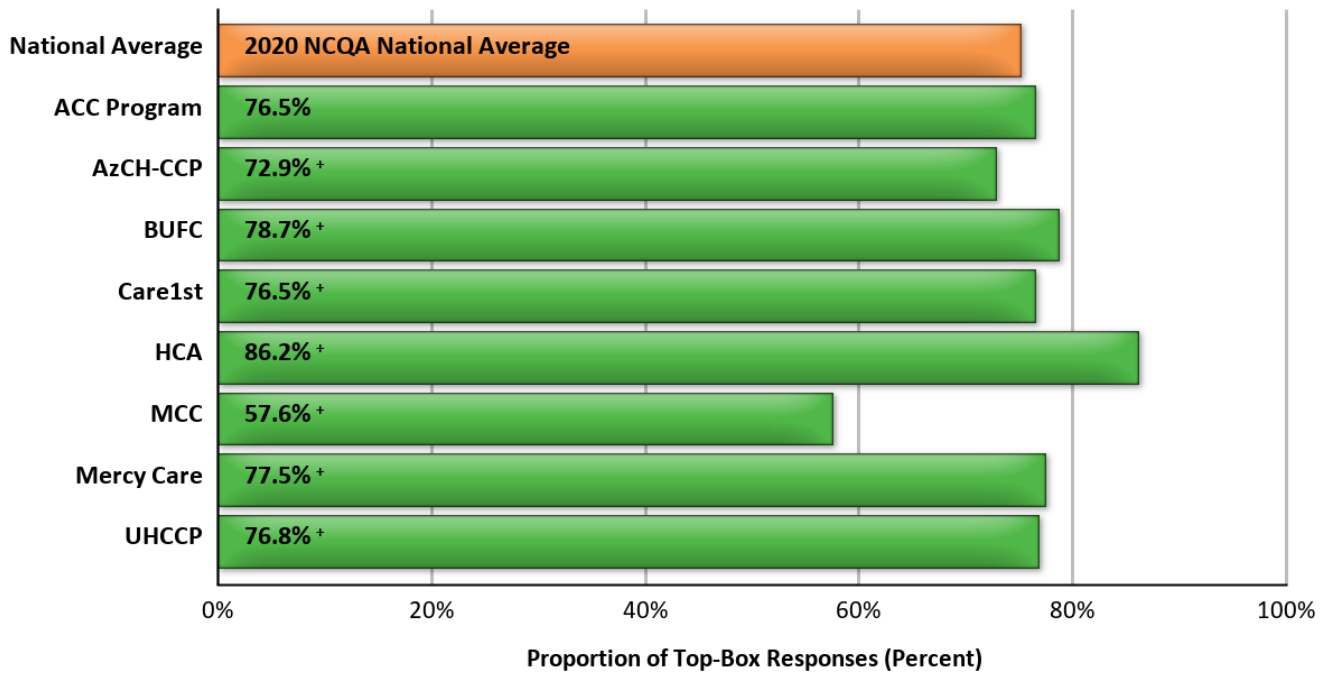
Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
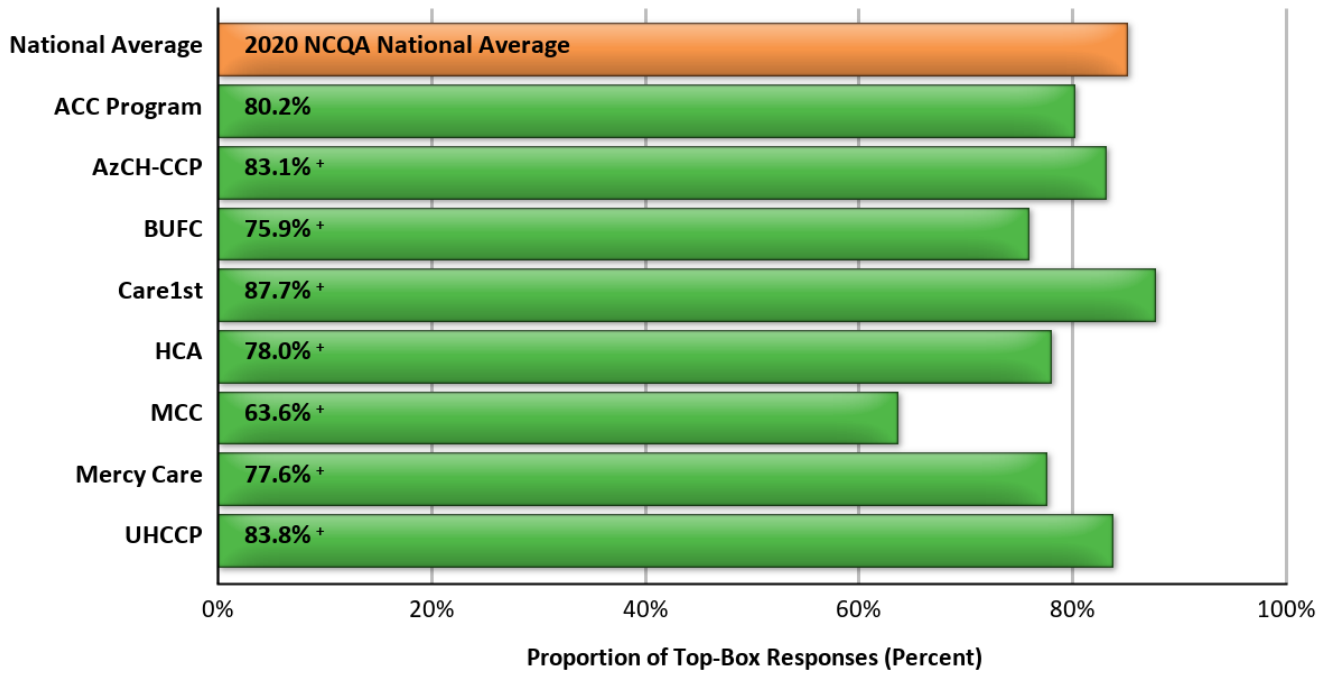
Composite Measures

Getting Needed Care

Figure 3-15 shows the top-box scores and 2020 NCQA CCC Medicaid national average for *Getting Needed Care*.

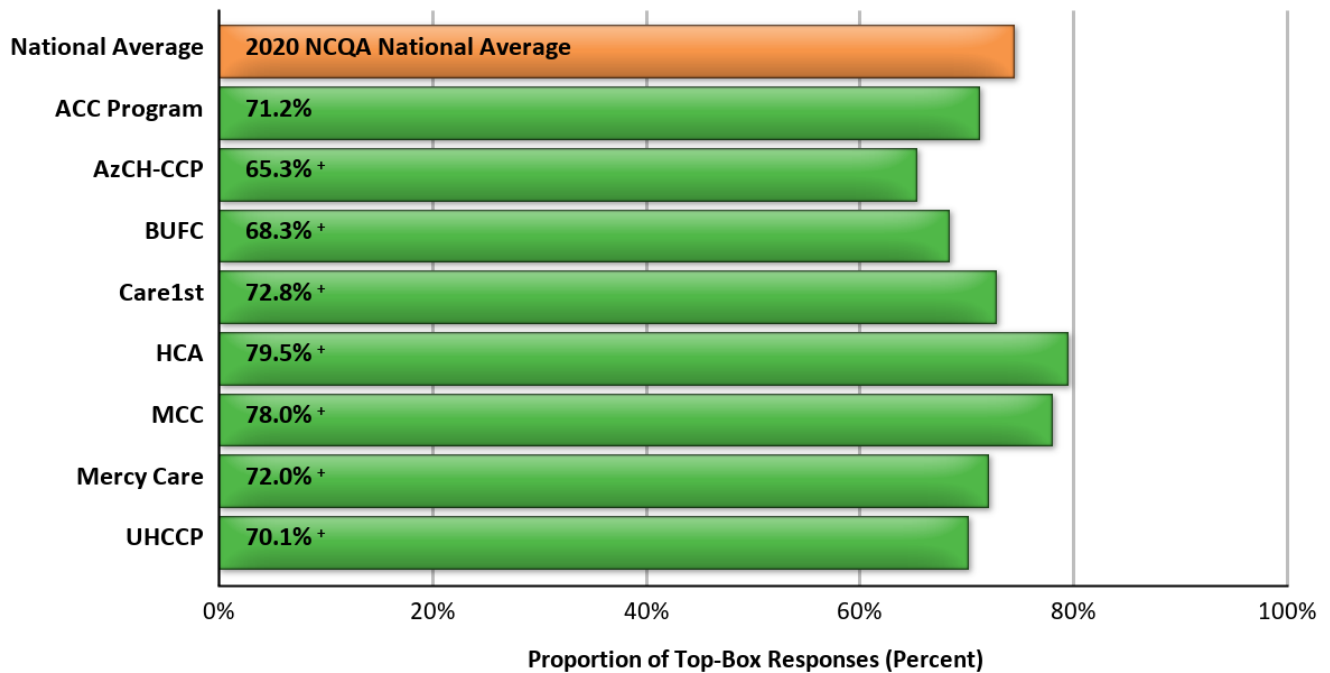**Figure 3-15—Getting Needed Care: Top-Box Scores**

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Getting Care Quickly

Figure 3-16 shows the top-box scores and 2020 NCQA CCC Medicaid national average for *Getting Care Quickly*.

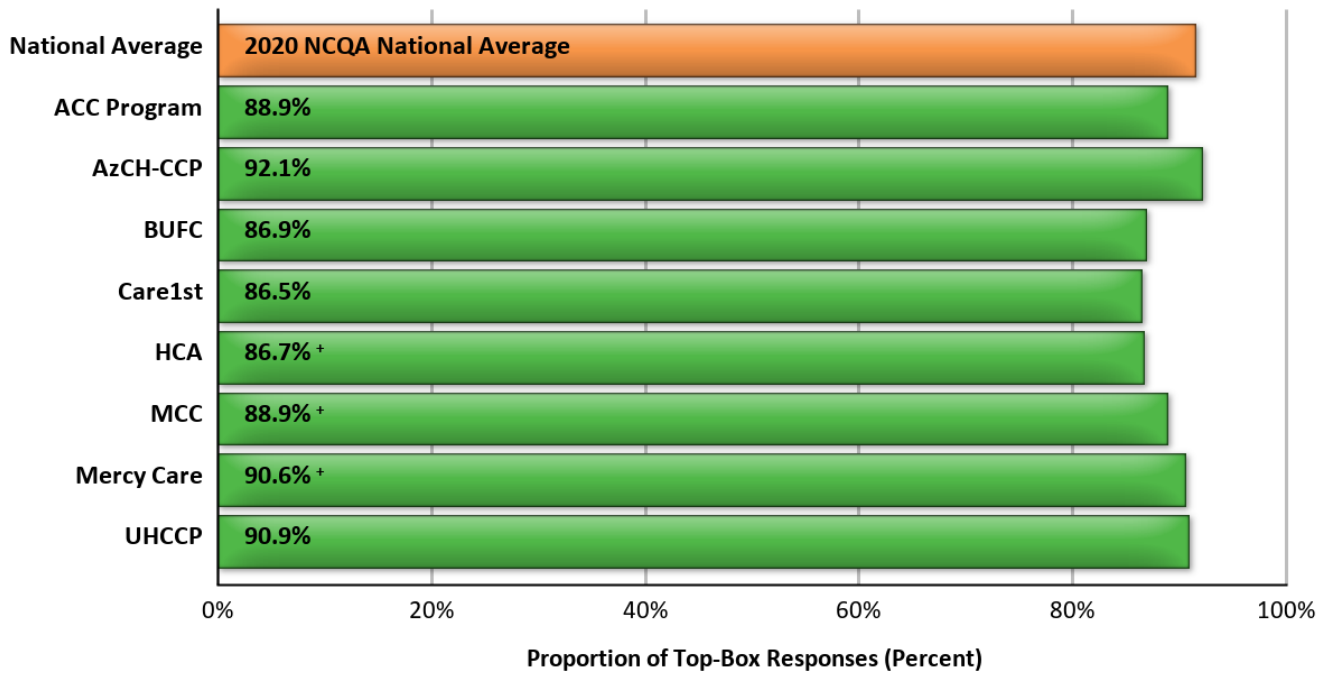**Figure 3-16—Getting Care Quickly: Top-Box Scores**

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

How Well Doctors Communicate

Figure 3-17 shows the top-box scores and 2020 NCQA CCC Medicaid national averages for *How Well Doctors Communicate*.

Figure 3-17—How Well Doctors Communicate: Top-Box Scores

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Customer Service

Figure 3-18 shows the top-box scores and 2020 NCQA CCC Medicaid national averages for *Customer Service*.

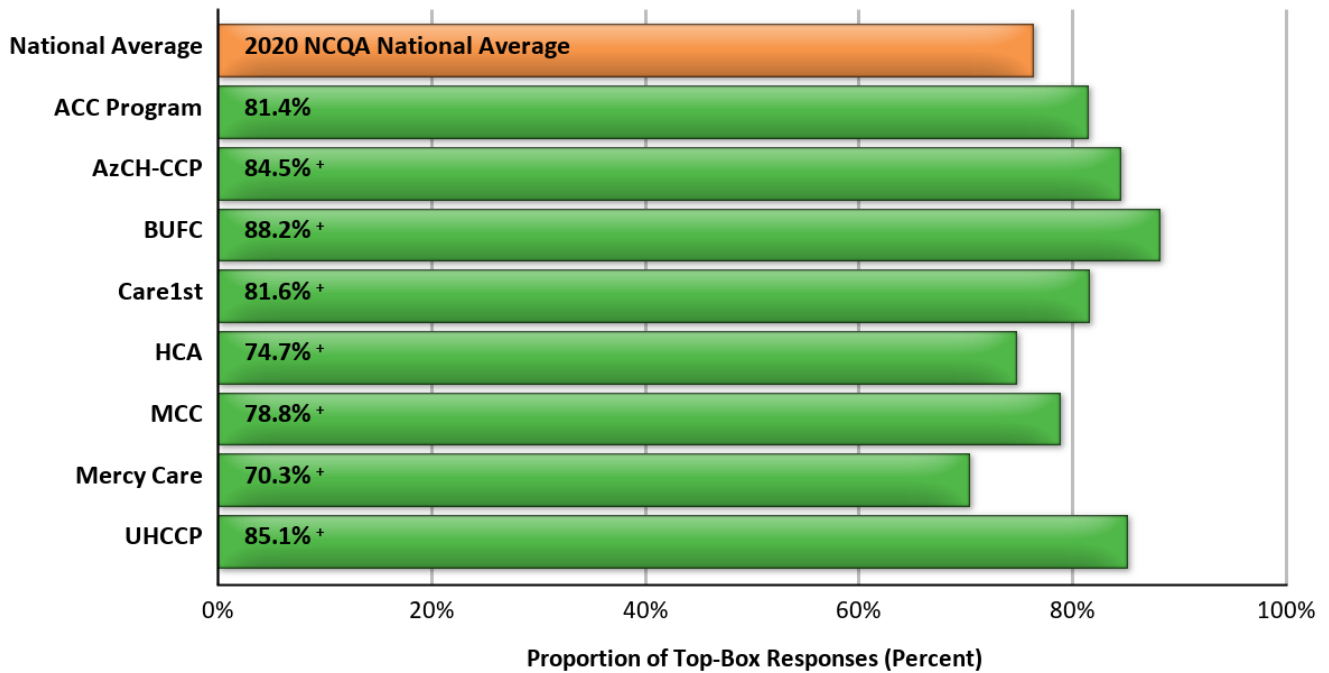**Figure 3-18—Customer Service: Top-Box Scores**

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Individual Item Measure

Coordination of Care

Figure 3-19 shows the top-box scores and 2020 NCQA CCC Medicaid national average for *Coordination of Care*.

Figure 3-19—Coordination of Care: Top-Box Scores

National Average	2020 NCQA National Average
ACC Program	80.2%
AzCH-CCP	83.1% +
BUFC	75.9% +
Care1st	87.7% +
HCA	78.0% +
MCC	63.6% +
Mercy Care	77.6% +
UHCCP	83.8% +

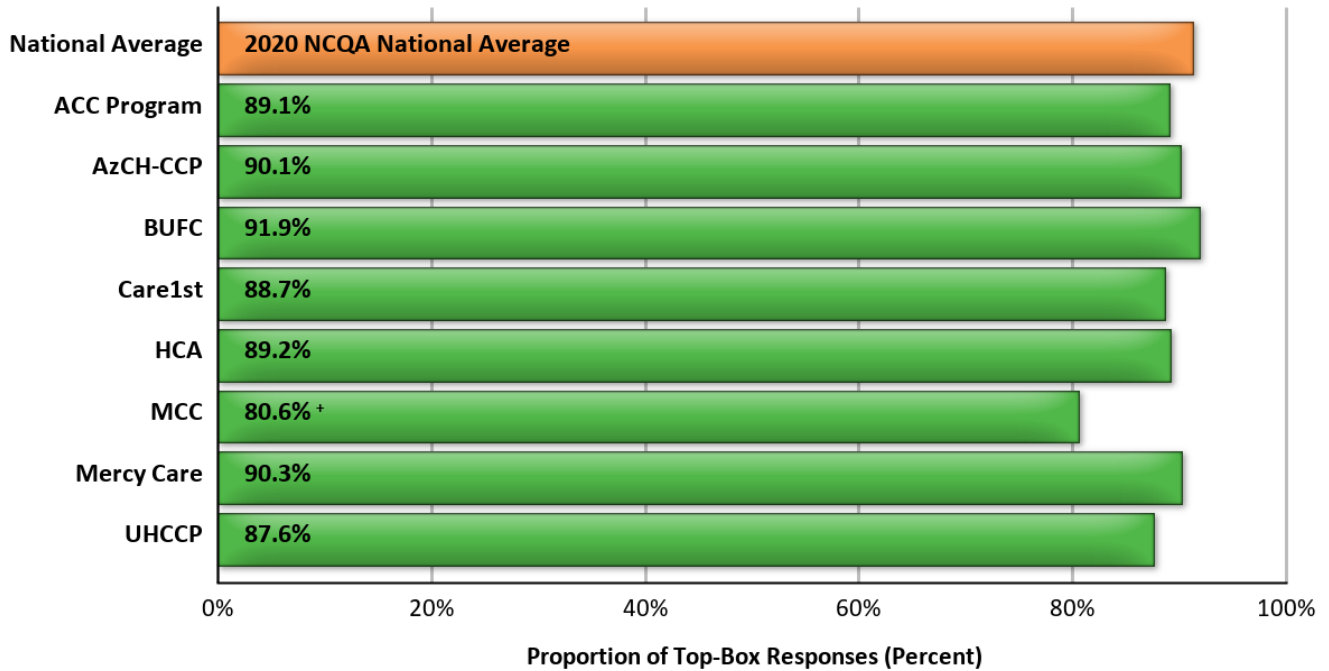**Proportion of Top-Box Responses (Percent)**

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

CCC Composites and Items

Access to Specialized Services

Figure 3-20 shows the top-box scores and 2020 NCQA CCC Medicaid national average for *Access to Specialized Services*.

Figure 3-20—Access to Specialized Services: Top-Box Scores
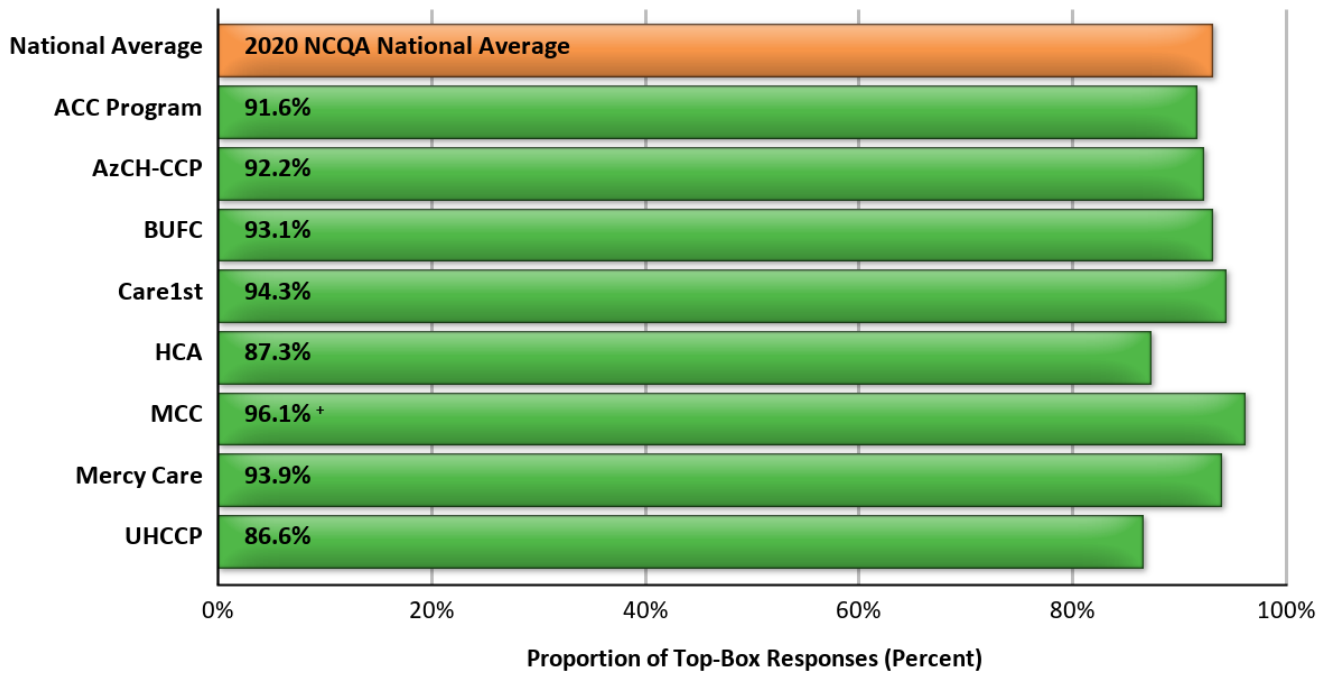

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
                                 ↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

FCC: Personal Doctor Who Knows Child

Figure 3-21 shows the top-box scores and 2020 NCQA CCC Medicaid national average for *FCC: Personal Doctor Who Knows Child*.

Figure 3-21—FCC: Personal Doctor Who Knows Child: Top-Box Scores

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Coordination of Care for Children with Chronic Conditions

Figure 3-22 shows the top-box scores and 2020 NCQA CCC Medicaid national averages for *Coordination of Care for Children with Chronic Conditions*.

Figure 3-22—Coordination of Care for Children with Chronic Conditions: Top-Box Scores

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
                                  ↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Access to Prescription Medicines

Figure 3-23 shows the top-box scores and 2020 NCQA CCC Medicaid national average for *Access to Prescription Medicines*.

Figure 3-23—Access to Prescription Medicines: Top-Box Scores

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

FCC: Getting Needed Information

Figure 3-24 shows the top-box scores and 2020 NCQA CCC Medicaid national average for *FCC: Getting Needed Information*.

Figure 3-24—FCC: Getting Needed Information: Top-Box Scores

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the ACC Program.
                                 ↓ Indicates the score is statistically significantly lower than the ACC Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

This section provides a comprehensive overview of CAHPS, including the survey administration protocol and analytic methodology. It is designed to provide supplemental information to the reader that may aid in the interpretation and use of the CAHPS results presented in this report.

Survey Administration

Survey Overview

The survey instrument selected for the adult population was the CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set. The survey instrument selected for the child population was the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set. The CAHPS 5.1 Health Plan Surveys are a set of standardized surveys that assess patient perspectives on care. Originally, CAHPS was a five-year collaborative project sponsored by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). In 1997, NCQA, in conjunction with AHRQ, created the CAHPS 2.0H Survey measure as part of NCQA's HEDIS measure set.[4-1] In 2002, AHRQ convened the CAHPS Instrument Panel to re-evaluate and update the CAHPS Health Plan Surveys and to improve the state-of-the-art methods for assessing members' experiences with care.[4-2] The result of this re-evaluation and update process was the development of the CAHPS 3.0H Health Plan Surveys.

The goal of the CAHPS 3.0H Health Plan Surveys was to effectively and efficiently obtain information from the person receiving care. In 2006, AHRQ released the CAHPS 4.0 Health Plan Surveys. Based on the CAHPS 4.0 versions, NCQA introduced new HEDIS versions of the Adult Health Plan Survey in 2007 and the Child Health Plan Survey in 2009, which are referred to as the CAHPS 4.0H Health Plan Surveys.[4-3,4-4] In 2012, AHRQ released the CAHPS 5.0 Health Plan Surveys. Based on the CAHPS 5.0 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys in August 2012, which are referred to as the CAHPS 5.0H Health Plan Surveys.[4-5]

[4-1] National Committee for Quality Assurance. *HEDIS® 2002*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2001.

[4-2] National Committee for Quality Assurance. *HEDIS® 2003*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2002.

[4-3] National Committee for Quality Assurance. *HEDIS® 2007*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2006.

[4-4] National Committee for Quality Assurance. *HEDIS® 2009*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2008.

[4-5] National Committee for Quality Assurance. *HEDIS® 2013*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2012.

In October 2019, NCQA updated the CAHPS 5.0H Medicaid Health Plan Surveys by eliminating some items from the surveys.[4-6] In October 2020, AHRQ released the CAHPS 5.1 Health Plan Surveys to acknowledge that members may receive care in person, by phone, or by video. Based on the CAHPS 5.1 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys, which are referred to as the CAHPS 5.1H Health Plan Surveys.[4-7]

The sampling and data collection procedures for the CAHPS 5.1 Health Plan Surveys are designed to capture accurate and complete information about consumer-reported experiences with health care. The sampling and data collection procedures promote both the standardized administration of survey instruments and the comparability of results.

CAHPS Performance Measures

The CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 40 core questions that yield 12 measures.[4-8] The CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set includes 76 core questions that yield 14 measures.[4-9] These measures include four global rating questions, four composite measures, one individual item measure, three Effectiveness of Care measures (adult population only), and five CCC composites/items (CCC population only). The global measures (also referred to as global ratings) reflect respondents' overall experience with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., *Getting Needed Care* or *Getting Care Quickly*). The individual item measure is an individual question that looks at coordination of care. The Effectiveness of Care measures assess the various aspects of providing medical assistance with smoking and tobacco use cessation. The CCC composites and items are sets of questions and individual questions that look at different aspects of care for the CCC population (e.g., *Access to Prescription Medicines* or *Access to Specialized Services*).

Adult

Figure 4-1 lists the measures included in the adult survey.

[4-6] National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2019.

[4-7] National Committee for Quality Assurance. *HEDIS® Measurement Year 2020 Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2020.

[4-8] AHCCCS elected to add 9 supplemental questions to the adult survey.

[4-9] AHCCCS elected to add 5 supplemental questions to the child survey.

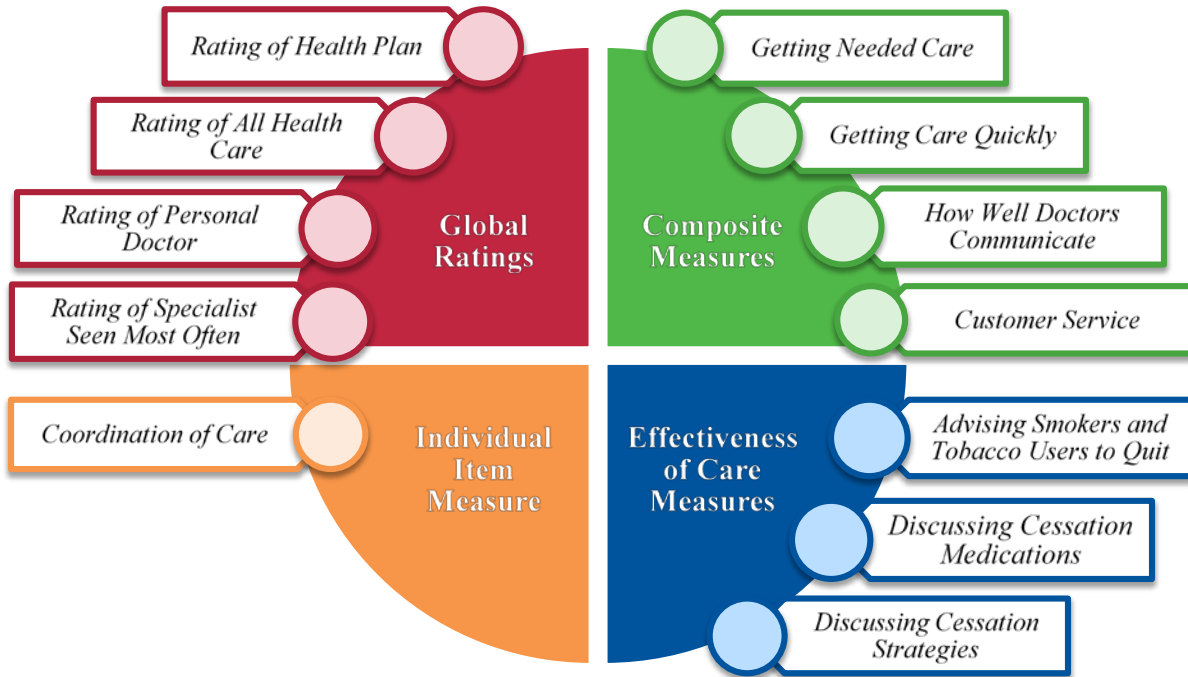**Figure 4-1—CAHPS Measures: Adult Survey**

Table 4-1 presents the question language and response options for each measure from the adult survey.

Table 4-1—Question Language and Response Options: Adult Survey

Question Language	Response Options
Global Ratings	
Rating of Health Plan	
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?	0–10 Scale
Rating of All Health Care	
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?	0–10 Scale
Rating of Personal Doctor	
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?	0–10 Scale

Question Language	Response Options
Rating of Specialist Seen Most Often	
22. We want to know your rating of the specialist you talked to 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?	0–10 Scale
Composite Measures	
Getting Needed Care	
9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	Never, Sometimes, Usually, Always
20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?	Never, Sometimes, Usually, Always
Getting Care Quickly	
4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?	Never, Sometimes, Usually, Always
6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?	Never, Sometimes, Usually, Always
How Well Doctors Communicate	
12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	Never, Sometimes, Usually, Always
13. In the last 6 months, how often did your personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
14. In the last 6 months, how often did your personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
15. In the last 6 months, how often did your personal doctor spend enough time with you?	Never, Sometimes, Usually, Always
Customer Service	
24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	Never, Sometimes, Usually, Always
25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	Never, Sometimes, Usually, Always
Individual Item Measure	
Coordination of Care	
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?	Never, Sometimes, Usually, Always
Effectiveness of Care Measures	
Advising Smokers and Tobacco Users to Quit	
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?	Never, Sometimes, Usually, Always

Question Language	Response Options
Discussing Cessation Medications	
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.	Never, Sometimes, Usually, Always
Discussing Cessation Strategies	
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.	Never, Sometimes, Usually, Always

Child

Figure 4-2 lists the measures included in the child survey.[4-10]

Figure 4-2—CAHPS Measures: Child Survey
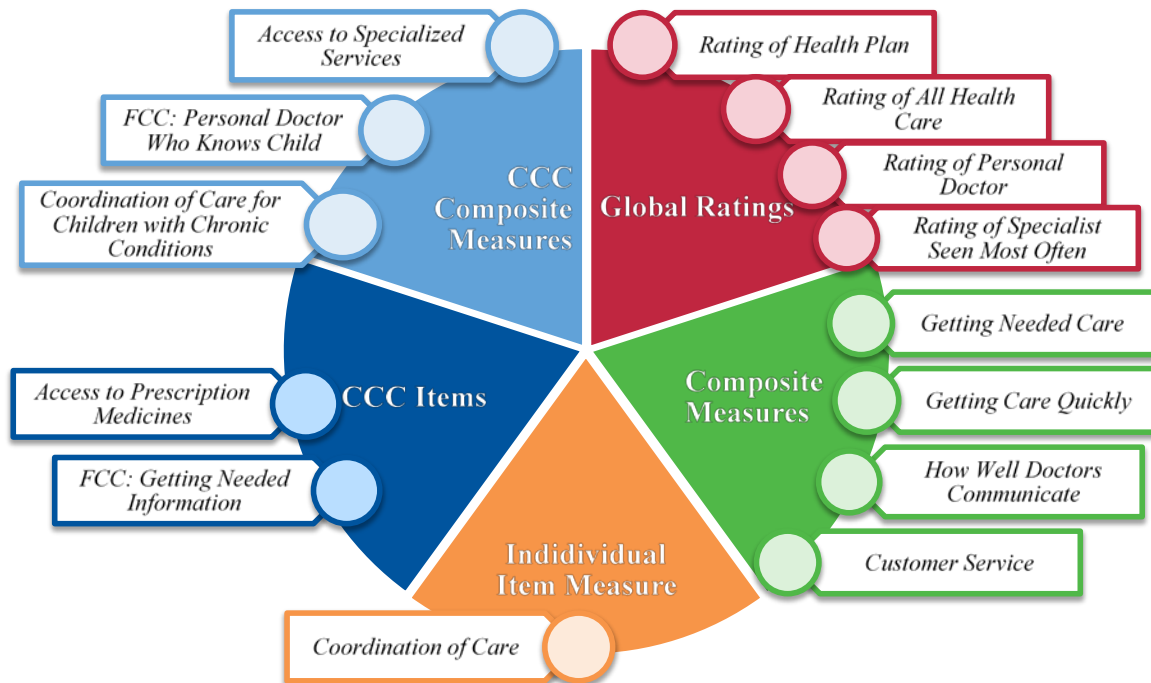
[4-10] The CCC composites and items are only calculated for the CCC population. They are not calculated for the general child population.

Table 4-2 presents the question language and response options for each measure from the child survey.

Table 4-2—Question Language and Response Options: Child Survey

Question Language	Response Options
Global Ratings	
Rating of Health Plan	
49. 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 child's health plan?	0–10 Scale
Rating of All Health Care	
9. 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 child's health care in the last 6 months?	0–10 Scale
Rating of Personal Doctor	
36. 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 child's personal doctor?	0–10 Scale
Rating of Specialist Seen Most Often	
43. We want to know your rating of the specialist your child talked to 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?	0–10 Scale
Composite Measures	
Getting Needed Care	
10. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	Never, Sometimes, Usually, Always
41. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?	Never, Sometimes, Usually, Always
Getting Care Quickly	
4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?	Never, Sometimes, Usually, Always
6. In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?	Never, Sometimes, Usually, Always
How Well Doctors Communicate	
27. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?	Never, Sometimes, Usually, Always
28. In the last 6 months, how often did your child's personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
29. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
32. In the last 6 months, how often did your child's personal doctor spend enough time with your child?	Never, Sometimes, Usually, Always

Question Language	Response Options
Customer Service	
45. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?	Never, Sometimes, Usually, Always
46. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?	Never, Sometimes, Usually, Always
Individual Item Measure	
Coordination of Care	
35. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?	Never, Sometimes, Usually, Always
CCC Composites	
Access to Specialized Services	
15. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?	Never, Sometimes, Usually, Always
18. In the last 6 months, how often was it easy to get this therapy for your child?	Never, Sometimes, Usually, Always
21. In the last 6 months, how often was it easy to get this treatment or counseling for your child?	Never, Sometimes, Usually, Always
FCC: Personal Doctor Who Knows Child	
33. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?	Yes, No
38. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?	Yes, No
39. Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life?	Yes, No
Coordination of Care for Children with Chronic Conditions	
13. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?	Yes, No
24. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?	Yes, No
CCC Items	
Access to Prescription Medicines	
51. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?	Never, Sometimes, Usually, Always
FCC: Getting Needed Information	
8. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?	Never, Sometimes, Usually, Always

How CAHPS Results Were Collected

The sampling procedures and survey protocol that HSAG adhered to are described below.

Sampling Procedures

AHCCCS provided HSAG with a list of eligible members in the sampling frame. HSAG reviewed the file records to check for any apparent problems with the files, such as missing address elements. HSAG sampled members who met the following criteria:

- Were 18 years of age or older for the adult population or 17 years of age or younger (less than 18 years of age) for the child population as of December 31, 2020.
- Were currently enrolled in an ACC health plan.
- Had been continuously enrolled in the ACC health plan during the measurement period (July 1, 2020 to December 31, 2020) with no more than one gap in enrollment of up to 45 days.[4-11]

For the adult population, a sample of 2,025 adult members was selected from the total eligible population of each health plan for a total selected sample of 14,175 adult members. For the child population, a sample of 2,475 child members was selected from the total eligible population of each health plan for the CAHPS 5.1 general child sample, which represents the general population of children. After selecting the general child sample, a sample up to 1,840 child members with a prescreen code of 2, which represents the population of children who are more likely to have a chronic condition (i.e., CCC supplemental sample), was selected for each health plan (for a total of 28,918 child members). No more than one member per household was selected as part of the adult and child survey samples.

Survey Protocol

A cover letter was mailed to sampled adults or parents/caretakers of sampled child members that provided them two methods by which they could complete the survey in English or Spanish: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey through the survey website with a designated login. Members who were identified as Spanish speaking through administrative data were mailed a Spanish version of the cover letter and survey. Members who were not identified as Spanish speaking received an English version of the cover letter and survey. The English and Spanish versions of the survey included a toll-free number that adult members or parents/caretakers of child members could call to request a survey in another language (i.e., English or Spanish). The first survey mailing was followed by a reminder postcard. A second survey mailing was sent to all non-respondents, which was followed by a second

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[4-11] To determine continuous enrollment, no more than one gap in the enrollment period of up to 45 days, or for a member for whom enrollment is verified monthly, up to a one-month gap in the enrollment period was allowed.

reminder postcard. Finally, a third survey mailing was sent to all non-respondents. Table 4-3 shows the mixed mode (i.e., mail and Internet) timeline used in the administration of the survey.

Table 4-3—Survey Timeline

Task	Timeline
Send first questionnaires with cover letter to members.	0 days
Make website available to complete the survey online.	0 days
Send first postcard reminders to non-respondents.	7 days
Send second questionnaires with cover letters to non-respondents.	28 days
Send second postcard reminders to non-respondents.	35 days
Send third questionnaires with cover letters to non-respondents.	56 days
Close survey field.	84 days

Methodology

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of HEDIS Specifications for Survey Measures. Based on NCQA's recommendations and HSAG's extensive experience evaluating CAHPS data, a number of analyses were performed to comprehensively assess respondents' experience. This section provides an overview of the analyses.

Response Rates

The response rate is defined as the total number of completed surveys divided by all eligible members of the sample.[4-12] An adult survey is assigned a disposition code of "completed" if at least three of the following questions were answered within the survey: questions 3, 10, 19, 23, and 28. A child survey is assigned a disposition code of "completed" if at least three of the following questions were answered within the survey: questions 3, 25, 40, 44, and 49. Eligible members include the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: were deceased, were invalid (did not meet criteria described on page 4-8), were mentally or physically incapacitated (adult population only), or had a language barrier.

$$Response\ Rate = \frac{Number\ of\ Completed\ Surveys}{Sample\ -\ Ineligibles}$$

[4-12] National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2020.

Demographics

The demographics analysis evaluated demographic information of adult members, child members, and parent/caretakers based on responses to the survey. The demographic characteristics included age, gender, race, ethnicity, education level (adult members and parents/caretakers only), general health status, and relationship to the child (parents/caretakers only).

Respondent Analysis

HSAG evaluated the demographic characteristics of members (i.e., age, gender, race, and ethnicity) as part of the respondent analysis. HSAG performed a *t* test to determine whether the demographic characteristics of adult members who responded to the survey or child members whose parents/caretakers responded to the survey (i.e., respondent percentages) were statistically significantly different from the demographic characteristics of all adult/child members in the sample frame (i.e., sample frame percentages). A difference was considered statistically significant if the two-sided *p* value of the *t* test is less than 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Respondent percentages within a particular demographic category that were statistically significantly higher or lower than the sample frame percentages are noted with black arrows in the tables. Given that the demographics of a response group can influence overall experience scores, it is important to evaluate all results in the context of the actual respondent population. If the respondent population differs significantly from the actual population of the plan or program, then caution must be exercised when extrapolating the results to the entire population.

Results

For purposes of the NCQA Comparisons and Statewide Comparisons, HSAG calculated overall scores for the Effectiveness of Care measures and top-box scores for the other measures following NCQA HEDIS Specifications for Survey Measures.[4-13]

Although NCQA requires a minimum of at least 100 responses on each item in order to obtain a reportable survey result, HSAG presented results with fewer than 100 responses. Therefore, caution should be exercised when evaluating measures' results with fewer than 100 responses, which are denoted with a cross (+).

[4-13] National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2020.

Global Ratings, Composite Measures, and Individual Item Measure

HSAG assigned top-box responses a score of one, with all other responses receiving a score of zero. A "top-box" response was defined as follows:

- "9" or "10" for the global ratings.
- "Usually" or "Always" for the *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service* composite measures; *Coordination of Care* individual item measure; *Access to Specialized Services* CCC composite measure; *FCC: Getting Needed Information* and *Access to Prescription Medicines* CCC items.
- "Yes" for the *FCC: Personal Doctor Who Knows Child* and *Coordination of Care for Children with Chronic Conditions* CCC composite measures.

After applying this scoring methodology, the proportion (i.e., percentage) of top-box responses was calculated in order to determine the top-box scores. For the global ratings and individual items, top-box scores were defined as the proportion of responses with a score value of one over all responses. For the composite measures, first a separate top-box score was calculated for each question within the composite measure. The final composite measure top-box score was determined by calculating the average score across all questions within the composite measure (i.e., mean of the composite items' top-box scores). For additional details, please refer to the *NCQA HEDIS Measurement Year 2020 Specifications for Survey Measures, Volume 3*.

For each measure, responses were also classified into response categories (i.e., proportions), as follows:

- "0 to 6 (Dissatisfied)," "7 to 8 (Neutral)," and "9 to 10 (Satisfied)" for the global ratings.
- "Never (Dissatisfied)," "Sometimes (Neutral)," and "Usually/Always (Satisfied)" for the *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service* composite measures, the *Coordination of Care* individual item measure, *Access to Specialized Services* CCC composite measure, and *FCC: Getting Needed Information* and *Access to Prescription Medicines* CCC items.
- "No (Dissatisfied)" and "Yes (Satisfied)" for the *FCC: Personal Doctor Who Knows Child* and *Coordination of Care for Children with Chronic Conditions* CCC composite measures.

Effectiveness of Care Measures: Medical Assistance with Smoking and Tobacco Use Cessation

HSAG calculated three overall scores that assess different facets of providing medical assistance with smoking and tobacco use cessation for the adult population:

- *Advising Smokers and Tobacco Users to Quit*
- *Discussing Cessation Medications*
- *Discussing Cessation Strategies*

These scores assess the percentage of smokers or tobacco users who were advised to quit, were recommended cessation medications, and were provided cessation methods or strategies, respectively. Responses of "Sometimes," "Usually," and "Always" were used to determine if the member qualified for inclusion in the numerator. The scores presented deviate from NCQA's methodology of calculating a rolling average using the current and prior years' results, since only the current year's results were available.

NCQA Comparisons

In order to perform the NCQA Comparisons, HSAG compared the resulting overall scores for the Effectiveness of Care measures and top-box scores for the other measures to NCQA's Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings.[4-14] Ratings of one (★) to five (★★★★★) stars were determined for each measure using the percentile distributions shown in Table 4-4.

Table 4-4—Percentile Distributions

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★ Very Good	At or between the 75th and 89th percentiles
★★★ Good	At or between the 50th and 74th percentiles
★★ Fair	At or between the 25th and 49th percentiles
★ Poor	Below the 25th percentile

[4-14] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020.* Washington, DC: NCQA, September 2020.

Statewide Comparisons

Plan Comparisons

The overall scores of the health plans for the Effectiveness of Care measures and top-box scores for the other measures were compared to the ACC Program to determine if the results were statistically significantly different. First, a global *F* test was calculated, which determined whether the difference between health plans was significant. If the *F* test demonstrated health plan-level differences, then a *t* test was performed for each health plan. The *t* test determined whether each health plan's score was significantly different from the aggregate score. This analytic approach follows AHRQ's recommended methodology for identifying statistically significant plan-level performance differences.

Statistically significant differences between the health plan and ACC Program scores are noted with arrows in the figures. Health plan scores that were statistically significantly higher than the ACC Program are noted with upward arrows (↑). Health plan scores that were statistically significantly lower than the ACC Program are noted with downward arrows (↓). Health plan scores that were not statistically significantly different than the ACC Program are not noted with arrows. Also, the NCQA adult Medicaid, child Medicaid, and CCC Medicaid national averages are presented in the figures for comparison.[4-15]

Weighting

For the adult and general child populations, HSAG calculated a weighted score for the ACC Program based on each health plan's total eligible population.

The weighted score was:

$$\mu = \frac{\sum_p w_p \mu_p}{\sum_p w_p}$$

Where w_p is the eligible population size for the health plan p and μ_p is the score for the health plan p. Since the CCC eligible population size is unknown for each health plan, an un-weighted ACC Program aggregate (seven health plans combined) is included.

[4-15] The source for the national data contained in this publication is Quality Compass® 2020 and is used with the permission of NCQA. Quality Compass 2020 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA.

Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the following three global ratings: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. The purpose of the key drivers of member experience analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement activities.

Table 4-5 and Table 4-6 depict the survey items (i.e., questions) that were analyzed for each measure in the key drivers of member experience analysis from the adult and child surveys, respectively, as indicated by a checkmark (✔), as well as each survey item's baseline response that was used in the statistical calculation.

Table 4-5—Potential Key Drivers: Adult Survey

Question Number	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*	Baseline Response
Q4. Received care as soon as needed when care was needed right away	✔	✔	✔	Always
Q6. Received appointment for a checkup or routine care as soon as needed	✔	✔	✔	Always
Q9. Ease of getting the care, tests, or treatment needed	✔	✔	✔	Always
Q12. Personal doctor explained things in an understandable way	✔	✔	✔	Always
Q13. Personal doctor listened carefully	✔	✔	✔	Always
Q14. Personal doctor showed respect for what was said	✔	✔	✔	Always
Q15. Personal doctor spent enough time	✔	✔	✔	Always
Q17. Personal doctor seemed informed and up-to-date about care from other doctors or health providers	✔	✔	✔	Always
Q20. Received appointment with a specialist as soon as needed	✔	✔		Always

Question Number	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
Q24. Health plan's customer service gave the information or help needed	✓	✓		Always
Q25. Treated with courtesy and respect by health plan's customer service staff	✓	✓		Always
Q27. Ease of filling out forms from health plan	✓	✓		Always

Table 4-6—Potential Key Drivers: Child Survey

Question Number	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
Q4. Child received care as soon as needed when care was needed right away	✓	✓	✓	Always
Q6. Child received appointment for a checkup or routine care as soon as needed	✓	✓	✓	Always
Q10. Ease of getting the care, tests, or treatment the child needed	✓	✓	✓	Always
Q27. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	✓	✓	✓	Always
Q28. Child's personal doctor listened carefully to the parent/caretaker	✓	✓	✓	Always
Q29. Child's personal doctor showed respect for what the parent/caretaker said	✓	✓	✓	Always
Q31. Child's personal doctor explained things in an	✓	✓	✓	Always

Question Number	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
understandable way for the child				
Q32. Child's personal doctor spent enough time with the child	✓	✓	✓	Always
Q33. Child's personal doctor discussed how the child is feeling, growing, or behaving	✓	✓	✓	Always
Q35. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	✓	✓	✓	Always
Q41. Child received appointment with a specialist as soon as needed	✓	✓		Always
Q45. Child's health plan's customer service gave the parent/caretaker the information or help needed	✓	✓		Always
Q46. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	✓	✓		Always
Q48. Ease of filling out forms from the child's health plan	✓	✓		Always

HSAG measured each global rating's performance by assigning the responses into a three-point scale as follows:

- 0 to 6 = 1 (Dissatisfied)
- 7 to 8 = 2 (Neutral)
- 9 to 10 = 3 (Satisfied)

For each item evaluated, HSAG calculated the relationship between the item's response and performance on each of the three measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal variables. HSAG then prioritized items based on their correlation to each measure.

The correlation can range from -1 to 1, with negative values indicating an inverse relationship between overall member experience and a particular survey item. However, the correlation analysis conducted is not focused on the direction of the correlation, but rather on the degree of correlation. Therefore, the absolute value of correlation is used in the analysis, and the range is 0 to 1. A zero indicates no relationship between the response to a question and the member's experience. As the value of correlation increases, the importance of the question to the respondent's overall experience increases.

After prioritizing items based on their correlation to each measure, HSAG estimated the odds ratio, which is used to quantify respondents' tendency to choose a lower rating over a higher rating based on their responses to the evaluated items. The odds ratio can range from 0 to infinity. Key drivers are those items for which the odds ratio is statistically significantly greater than 1. If a response to an item has an odds ratio value that is statistically significantly greater than 1, then a respondent who provides a response other than the baseline (i.e., "Always") is more likely to provide a lower rating on the measure than respondents who provide the baseline response. As the odds ratio value increases, the tendency for a respondent who provides a non-baseline response to choose a lower rating increases.

In the example figure below for the child population, the results indicate that respondents who answered "Never" or "Sometimes" and "Usually" to Question 48 are 4.026 and 0.808 times, respectively, more likely to provide a lower rating for their child's health plan than respondents who answered "Always." The items identified as key drivers are indicated with a red diamond. Please refer to Appendix A. Additional Data-Adult Results and Appendix B. Additional Data-Child Results for the figures showing the detailed results of the key drivers of member experience analysis.

Key Drivers of Member Experience: Rating of Health Plan – Child Members
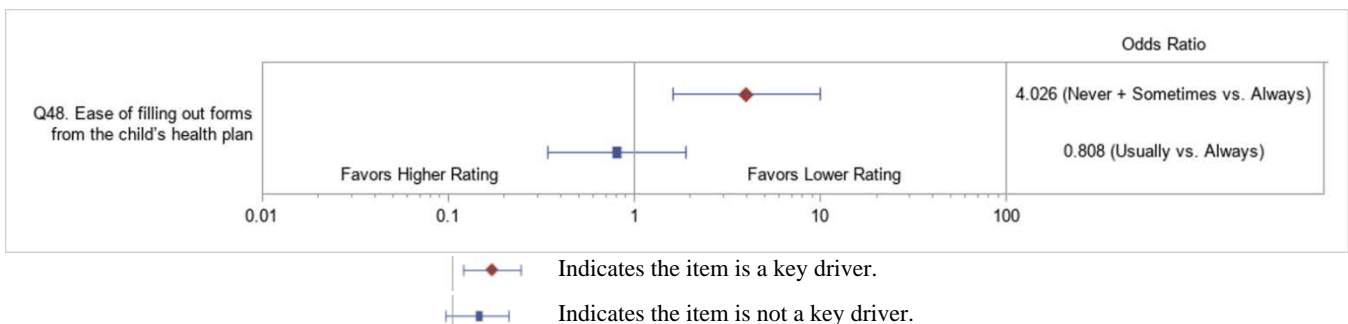
Limitations and Cautions

The findings presented in this report are subject to some limitations in the survey design, analysis, and interpretation. These limitations should be considered carefully when interpreting or generalizing the findings. These limitations are discussed below.

Baseline Results

It is important to note that in 2021, the experience of care for members enrolled in the ACC health plans was assessed for the first time. The 2021 results presented in this report represent a baseline assessment of the experiences of services members received through the ACC health plans.

Causal Inferences

Although this report examines whether respondents report different experiences with various aspects of health care, these differences may not be completely attributable to the ACC health plans. The survey by itself does not necessarily reveal the exact cause of these differences. As such, caution should be exercised when interpreting these results.

Coronavirus Disease 2019 (COVID-19) Impact

Caution should be exercised when evaluating the results as the number of completed surveys may have been impacted by COVID-19, as well as respondents' perceptions of and experiences with the health care system.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to health care services and may vary by plan or program. According to research, late respondents (i.e., respondents who submitted a survey later than the first mailing/round) could potentially be non-respondents if the survey had ended earlier.[4-16] To identify potential non-response bias, HSAG compared the top-box scores from late respondents to early respondents (i.e., respondents who submitted a survey during the first mailing/round) for each measure. Results from the adult survey indicate that members are statistically significantly more likely to provide a higher top-box response for *Rating of Personal Doctor* during the first round, while members are statistically significantly more likely to provide a higher top-box response for *Coordination of Care* during the later round. Results from the child survey indicate that parents/caretakers of child members are statistically significantly more likely to provide a higher top-box response for *Coordination of Care* during the later round. While the first-

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[4-16] Korkeila, K., et al. "Non-response and related factors in a nation-wide health survey." European journal of epidemiology 17.11 (2001): 991-999.

year findings of the non-response bias analysis can only serve as a potential baseline for evaluating if there are similar trends over the years, AHCCCS should consider that potential non-response bias does exist when interpreting CAHPS results for these measures.

The survey instrument selected for the adult population was the CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set. The survey instrument selected for the child population was the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set. This section provides copies of the survey instruments.

SURVEY INSTRUCTIONS

➤ **Please be sure to fill the response circle <u>completely</u>. Use only <u>black or blue ink</u> or <u>dark pencil</u> to complete the survey.**

Correct Mark ●   **Incorrect Marks**

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

● **Yes** ➔ *Go to Question 1*
○ **No**

⬇ **START HERE** ⬇

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1. **Our records show that you are now in [HEALTH PLAN NAME]. Is that right?**

   ○ Yes ➔ *Go to Question 3*
   ○ 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 from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. 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>?**

   ○ Yes
   ○ No ➔ *Go to Question 5*

4. **In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you needed?**

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

5. **In the last 6 months, did you make any in person, phone, or video appointments for a <u>check-up or routine care</u>?**

   ○ Yes
   ○ No ➔ *Go to Question 7*

6. **In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> as soon as you needed?**

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

7. **In the last 6 months, <u>not</u> counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video?**

   ○ None ➔ *Go to Question 10*
   ○ 1 time
   ○ 2
   ○ 3
   ○ 4
   ○ 5 to 9
   ○ 10 or more times

7a. **In the last 6 months, did you have a healthcare visit by phone or video?**

   ○ Yes
   ○ No ➔ *Go to Question 8*

7b. **What type of device did you use for a healthcare visit by phone or video? (Choose one or more)**

   ○ Personal computer with video
   ○ Smartphone or tablet with video
   ○ Telephone without video
   ○ Other

7c. **In the last 6 months, how often were you concerned about privacy during a healthcare visit by phone or video?**

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

7d. **How easy or difficult has it been to use technology during a healthcare visit by phone or video?**

   ○ Very easy
   ○ Easy
   ○ Difficult
   ○ Very difficult

7e. In the last 6 months, was the quality of care you received during phone or video visits better or worse than the care you received during in-person visits?

○ Much worse
○ Slightly worse
○ About the same
○ Slightly better
○ Much better

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   1   2   3   4   5   6   7   8   9   10
Worst   Best
Health Care   Health Care
Possible   Possible

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

○ Never
○ Sometimes
○ Usually
○ Always

YOUR PERSONAL DOCTOR

10. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

○ Yes
○ No ➜ *Go to Question 19*

11. In the last 6 months, how many times did you have an in person, phone, or video visit with your personal doctor about your health?

○ None ➜ *Go to Question 18*
○ 1 time
○ 2
○ 3
○ 4
○ 5 to 9
○ 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?

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Yes
○ 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?

○ Never
○ Sometimes
○ Usually
○ 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 1 2 3 4 5 6 7 8 9 10
Worst   Best
Personal Doctor   Personal Doctor
Possible   Possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care you got in person, by phone, or by video. Do <u>not</u> 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 with a specialist?

○ Yes
○ No ➜ *Go to Question 23*

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ None ➜ *Go to Question 23*
○ 1 specialist
○ 2
○ 3
○ 4
○ 5 or more specialists

22. We want to know your rating of the specialist you talked to 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 1 2 3 4 5 6 7 8 9 10
Worst   Best
Specialist   Specialist
Possible   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?

○ Yes
○ 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?

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Yes
○ No ➜ *Go to Question 28*

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

○ Never
○ Sometimes
○ Usually
○ 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 1 2 3 4 5 6 7 8 9 10
Worst   Best
Health Plan   Health Plan
Possible   Possible

ABOUT YOU

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

○ Excellent
○ Very Good
○ Good
○ Fair
○ Poor

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

○ Excellent
○ Very Good
○ Good
○ Fair
○ Poor

31. Have you had either a flu shot or flu spray in the nose since July 1, 2020?

○ Yes
○ No
○ Don't know

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

○ Every day
○ Some days
○ Not at all ➔ *Go to Question 36*
○ Don't know ➔ *Go to Question 36*

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?

○ Never
○ Sometimes
○ Usually
○ 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.

○ Never
○ Sometimes
○ Usually
○ 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.

○ Never
○ Sometimes
○ Usually
○ Always

36. What is your age?

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

37. Are you male or female?

○ Male
○ Female

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

○ 8th grade or less
○ Some high school, but did not graduate
○ High school graduate or GED
○ Some college or 2-year degree
○ 4-year college graduate
○ More than 4-year college degree

39. Are you of Hispanic or Latino origin or descent?

○ Yes, Hispanic or Latino
○ No, Not Hispanic or Latino

40. What is your race? Mark one or more.

- ○ White
- ○ Black or African-American
- ○ Asian
- ○ Native Hawaiian or other Pacific Islander
- ○ American Indian or Alaska Native
- ○ Other

ADDITIONAL QUESTIONS

40a. In the last 6 months, how many times did you go to an emergency room to get care for yourself?

- ○ None
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

40b. In the last 6 months, have you been a patient in a hospital overnight or longer?

- ○ Yes
- ○ No

40c. In the last 6 months, did you get health care 3 or more times for the same condition or problem?

- ○ Yes
- ○ No

40d. Do you currently have any health care bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year. Health care bills can include medical, dental, physical therapy and/or chiropractic cost.

- ○ Yes
- ○ No
- ○ Don't know

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

**DataStat,
3975 Research Park Drive,
Ann Arbor, MI 48108**

SURVEY INSTRUCTIONS

➤ **Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.**

Correct Mark ● **Incorrect Marks** ⊘ ⊘ ⊘

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

● **Yes** ➜ *Go to Question 1*
○ **No**

⬇ **START HERE** ⬇

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. **Our records show that your child is now in [HEALTH PLAN NAME/STATE MEDICAID PROGRAM NAME]. Is that right?**

    ○ Yes ➜ *Go to Question 3*
    ○ No

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

    _____

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your child's health care from a clinic, emergency room, or doctor's office. This includes care your child got in person, by phone, or by video. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

3. **In the last 6 months, did your child have an illness, injury, or condition that needed care right away?**

   ○ Yes
   ○ No ➜ *Go to Question 5*

4. **In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?**

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

5. **In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care for your child?**

   ○ Yes
   ○ 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 for your child as soon as your child needed?**

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

7. **In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she get health care in person, by phone, or by video?**

   ○ None ➜ *Go to Question 11*
   ○ 1 time
   ○ 2
   ○ 3
   ○ 4
   ○ 5 to 9
   ○ 10 or more times

8. **In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?**

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

8a. **In the last 6 months, did your child have a healthcare visit by phone or video?**

   ○ Yes
   ○ No ➜ *Go to Question 9*

8b. **What type of device was used for your child's healthcare visit by phone or video? (Choose one or more)**

   ○ Personal computer with video
   ○ Smartphone or tablet with video
   ○ Telephone without video
   ○ Other

8c. **In the last 6 months, how often were you concerned about privacy during your child's healthcare visit by phone or video?**

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

8d. **How easy or difficult has it been to use technology during your child's healthcare visit by phone or video?**

   ○ Very easy
   ○ Easy
   ○ Difficult
   ○ Very difficult

8e. **In the last 6 months, was the quality of care your child received during phone or video visits better or worse than the care your child received during in-person visits?**

   ○ Much worse
   ○ Slightly worse
   ○ About the same
   ○ Slightly better
   ○ Much better

9. **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 child's health care in the last 6 months?**

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
0   1   2   3   4   5   6   7   8   9   10
Worst   Best
Health Care   Health Care
Possible   Possible

10. **In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?**

○ Never
○ Sometimes
○ Usually
○ Always

11. **Is your child now enrolled in any kind of school or daycare?**

○ Yes
○ No ➜ *Go to Question 14*

12. **In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?**

○ Yes
○ No ➜ *Go to Question 14*

13. **In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?**

○ Yes
○ No

SPECIALIZED SERVICES

14. **Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?**

○ Yes
○ No ➜ *Go to Question 17*

15. **In the last 6 months, how often was it easy to get special medical equipment or devices for your child?**

○ Never
○ Sometimes
○ Usually
○ Always

16. **Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?**

○ Yes
○ No

17. **In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?**

○ Yes
○ No ➜ *Go to Question 20*

18. **In the last 6 months, how often was it easy to get this therapy for your child?**

○ Never
○ Sometimes
○ Usually
○ Always

19. **Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?**

○ Yes
○ No

20. **In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?**

○ Yes
○ No ➜ *Go to Question 23*

21. **In the last 6 months, how often was it easy to get this treatment or counseling for your child?**

○ Never
○ Sometimes
○ Usually
○ Always

22. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?

○ Yes
○ No

23. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

○ Yes
○ No ➜ *Go to Question 25*

24. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?

○ Yes
○ No

YOUR CHILD'S PERSONAL DOCTOR

25. A personal doctor is the one your child would talk to if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?

○ Yes
○ No ➜ *Go to Question 40*

26. In the last 6 months, how many times did your child have an in person, phone, or video visit with his or her personal doctor?

○ None ➜ *Go to Question 36*
○ 1 time
○ 2
○ 3
○ 4
○ 5 to 9
○ 10 or more times

27. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

○ Never
○ Sometimes
○ Usually
○ Always

28. In the last 6 months, how often did your child's personal doctor listen carefully to you?

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Never
○ Sometimes
○ Usually
○ Always

30. Is your child able to talk with doctors about his or her health care?

○ Yes
○ No ➜ *Go to Question 32*

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

○ Never
○ Sometimes
○ Usually
○ Always

32. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

○ Never
○ Sometimes
○ Usually
○ Always

33. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

○ Yes
○ No

34. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

○ Yes
○ No ➜ *Go to Question 36*

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

○ Never
○ Sometimes
○ Usually
○ Always

36. 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 child's personal doctor?

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
0   1   2   3   4   5   6   7   8   9   10
Worst   Best
Personal Doctor   Personal Doctor
Possible   Possible

37. Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?

○ Yes
○ No ➔ *Go to Question 40*

38. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?

○ Yes
○ No

39. Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life?

○ Yes
○ No

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care your child got in person, by phone, or by video. Do not include dental visits or care your child got when he or she stayed overnight in a hospital.

40. 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 for your child with a specialist?

○ Yes
○ No ➔ *Go to Question 44*

41. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?

○ Never
○ Sometimes
○ Usually
○ Always

42. How many specialists has your child talked to in the last 6 months?

○ None ➔ *Go to Question 44*
○ 1 specialist
○ 2
○ 3
○ 4
○ 5 or more specialists

43. We want to know your rating of the specialist your child talked to 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   1   2   3   4   5   6   7   8   9   10
Worst   Best
Specialist   Specialist
Possible   Possible

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

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

    ○ Yes
    ○ No ➔ *Go to Question 47*

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

    ○ Never
    ○ Sometimes
    ○ Usually
    ○ Always

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

    ○ Never
    ○ Sometimes
    ○ Usually
    ○ Always

47. **In the last 6 months, did your child's health plan give you any forms to fill out?**

    ○ Yes
    ○ No ➔ *Go to Question 49*

48. **In the last 6 months, how often were the forms from your child's health plan easy to fill out?**

    ○ Never
    ○ Sometimes
    ○ Usually
    ○ Always

49. **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 child's health plan?**

    ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
    0 1 2 3 4 5 6 7 8 9 10
    Worst   Best
    Health Plan   Health Plan
    Possible   Possible

PRESCRIPTION MEDICINES

50. **In the last 6 months, did you get or refill any prescription medicines for your child?**

    ○ Yes
    ○ No ➔ *Go to Question 53*

51. **In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?**

    ○ Never
    ○ Sometimes
    ○ Usually
    ○ Always

52. **Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?**

    ○ Yes
    ○ No

ABOUT YOUR CHILD AND YOU

53. **In general, how would you rate your child's overall health?**

    ○ Excellent
    ○ Very good
    ○ Good
    ○ Fair
    ○ Poor

54. **In general, how would you rate your child's overall <u>mental or emotional</u> health?**

    ○ Excellent
    ○ Very good
    ○ Good
    ○ Fair
    ○ Poor

55. **Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?**

    ○ Yes
    ○ No ➔ *Go to Question 58*

56. Is this because of any medical, behavioral, or other health condition?

○ Yes
○ No ➜ *Go to Question 58*

57. Is this a condition that has lasted or is expected to last for at least 12 months?

○ Yes
○ No

58. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

○ Yes
○ No ➜ *Go to Question 61*

59. Is this because of any medical, behavioral, or other health condition?

○ Yes
○ No ➜ *Go to Question 61*

60. Is this a condition that has lasted or is expected to last for at least 12 months?

○ Yes
○ No

61. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

○ Yes
○ No ➜ *Go to Question 64*

62. Is this because of any medical, behavioral, or other health condition?

○ Yes
○ No ➜ *Go to Question 64*

63. Is this a condition that has lasted or is expected to last for at least 12 months?

○ Yes
○ No

64. Does your child need or get special therapy such as physical, occupational, or speech therapy?

○ Yes
○ No ➜ *Go to Question 67*

65. Is this because of any medical, behavioral, or other health condition?

○ Yes
○ No ➜ *Go to Question 67*

66. Is this a condition that has lasted or is expected to last for at least 12 months?

○ Yes
○ No

67. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?

○ Yes
○ No ➜ *Go to Question 69*

68. Has this problem lasted or is it expected to last for at least 12 months?

○ Yes
○ No

69. What is <u>your child's</u> age?

○ Less than 1 year old

☐☐ YEARS OLD (write in)

70. Is your child male or female?

○ Male
○ Female

71. Is your child of Hispanic or Latino origin or descent?

○ Yes, Hispanic or Latino
○ No, not Hispanic or Latino

72. What is your child's race? Mark one or more.

○ White
○ Black or African-American
○ Asian
○ Native Hawaiian or other Pacific Islander
○ American Indian or Alaska Native
○ Other

73. What is <u>your</u> age?

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

74. Are you male or female?

○ Male
○ Female

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

○ 8th grade or less
○ Some high school, but did not graduate
○ High school graduate or GED
○ Some college or 2-year degree
○ 4-year college graduate
○ More than 4-year college degree

76. How are you related to the child?

○ Mother or father
○ Grandparent
○ Aunt or uncle
○ Older brother or sister
○ Other relative
○ Legal guardian
○ Someone else

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

**DataStat,
3975 Research Park Drive,
Ann Arbor, MI 48108**

Demographics

Figure A-1 through Figure A-6 depict the self-reported demographic characteristics of adult members who completed a survey for age, gender, race, ethnicity, education level, and general health status.

Figure A-1—Adult Member Demographics: Age

	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 and older
ACC Program	7.4%	8.4%	11.0%	15.3%	33.2%	24.8%
AzCH-CCP	4.7%	10.6%	12.1%	14.0%	34.3%	24.3%
BUFC	7.3%	8.3%	10.2%	16.9%	31.2%	26.1%
Care1st	7.0%	7.3%	10.9%	15.7%	33.2%	25.9%
HCA	9.1%	7.3%	10.1%	11.4%	38.8%	23.3%
MCC	9.5%	9.5%	12.2%	14.9%	37.8%	16.2%
Mercy Care	9.5%	7.3%	11.7%	20.1%	29.2%	22.3%
UHCCP	5.8%	8.8%	10.0%	14.6%	28.6%	32.2%

Age Distribution
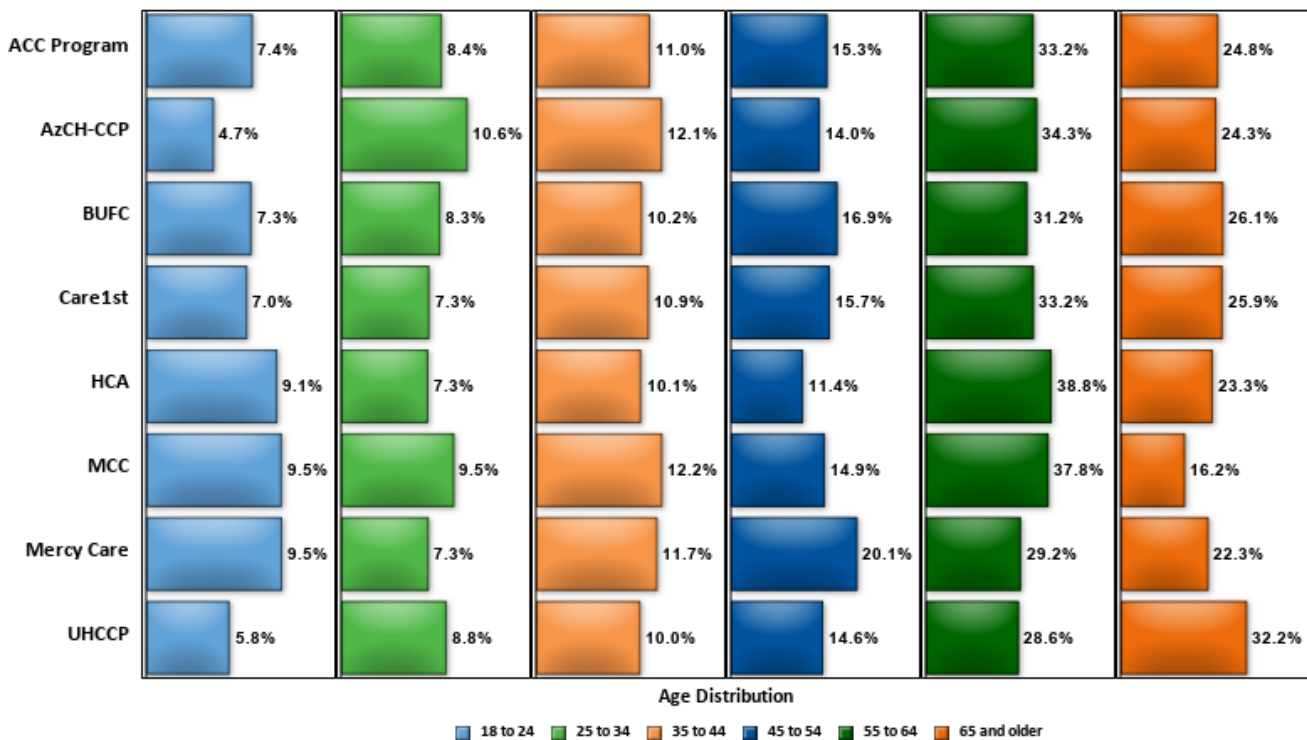
Please note, some percentages may not total 100 percent due to rounding.

Figure A-2—Adult Member Demographics: Gender

Gender Distribution

■ Male ■ Female
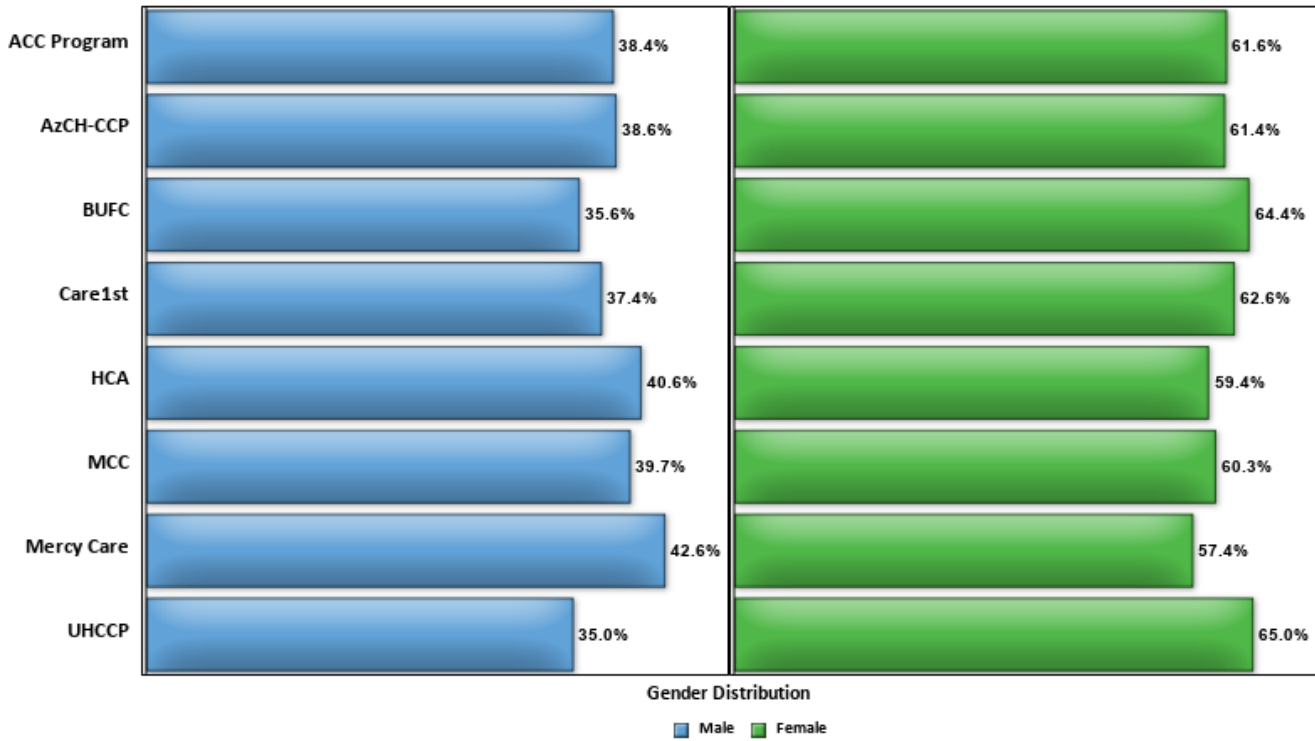
Please note, some percentages may not total 100 percent due to rounding.

Figure A-3—Adult Member Demographics: Race

Race Distribution

Legend: ■ Multi-Racial ■ White ■ Black ■ Asian ■ American Indian or Alaska Native ■ Other*

	Multi-Racial	White	Black	Asian	American Indian or Alaska Native	Other*
ACC Program	2.7%	68.6%	5.8%	4.2%	1.6%	17.1%
AzCH-CCP	S	68.2%	4.5%	S	S	20.1%
BUFC	S	67.7%	3.7%	S	S	21.9%
Care1st	S	74.7%	5.6%	S	S	12.5%
HCA	S	75.6%	4.3%	S	S	14.2%
MCC	S	60.2%	11.6%	S	S	14.8%
Mercy Care	S	63.9%	6.8%	6.1%	S	19.0%
UHCCP	S	67.1%	5.6%	6.9%	S	16.9%

Please note, some percentages may not total 100 percent due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."
*The "Other" Race category includes responses of Native Hawaiian or Other Pacific Islander, and Other.

Figure A-4—Adult Member Demographics: Ethnicity

Ethnicity Distribution

■ Hispanic ■ Non-Hispanic

Please note, some percentages may not total 100 percent due to rounding.

Figure A-5—Adult Member Demographics: Education Level

	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
ACC Program	11.0%	12.9%	33.9%	29.9%	12.2%
AzCH-CCP	11.8%	12.4%	36.3%	27.3%	12.1%
BUFC	16.3%	13.5%	34.3%	24.4%	11.5%
Care1st	9.6%	10.3%	37.0%	32.5%	10.6%
HCA	7.9%	16.1%	40.2%	26.9%	8.9%
MCC	6.2%	10.2%	30.7%	36.4%	16.4%
Mercy Care	8.4%	17.5%	30.2%	31.3%	12.7%
UHCCP	14.9%	10.4%	27.7%	32.6%	14.3%

Education Distribution

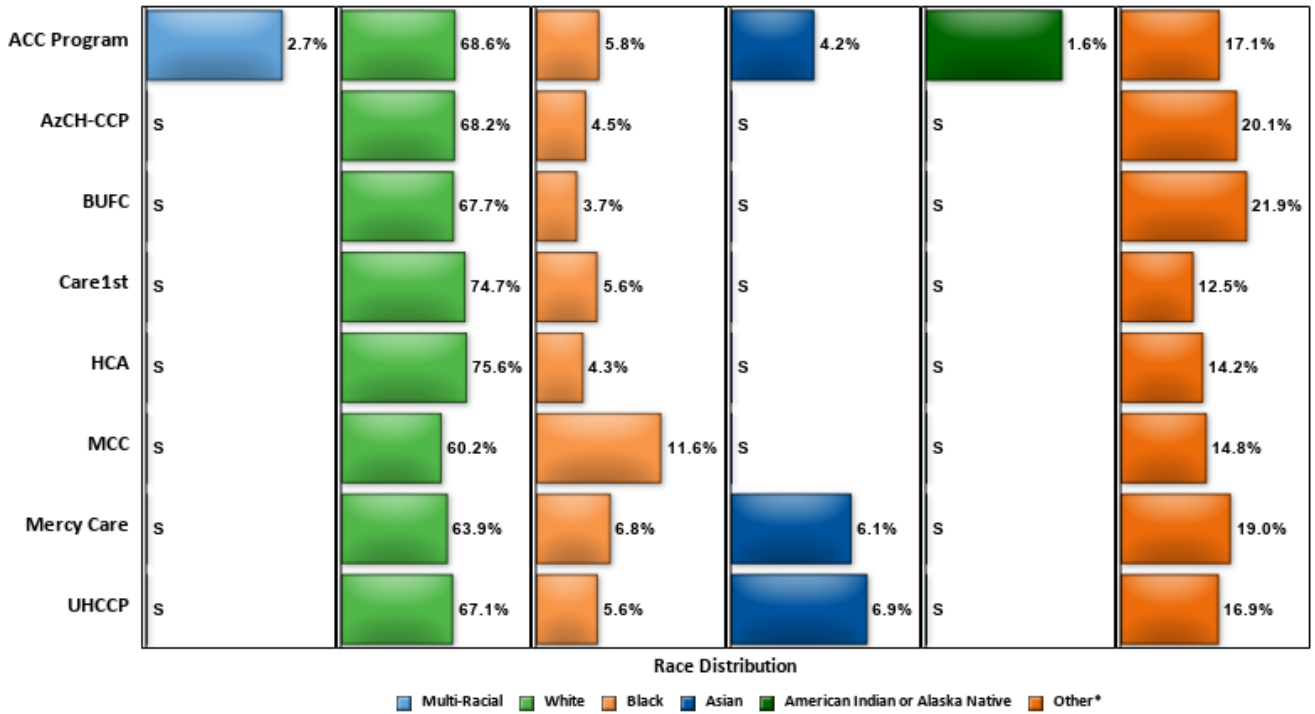■ 8th Grade or Less ■ Some High School ■ High School Graduate ■ Some College ■ College Graduate

Please note, some percentages may not total 100 percent due to rounding.
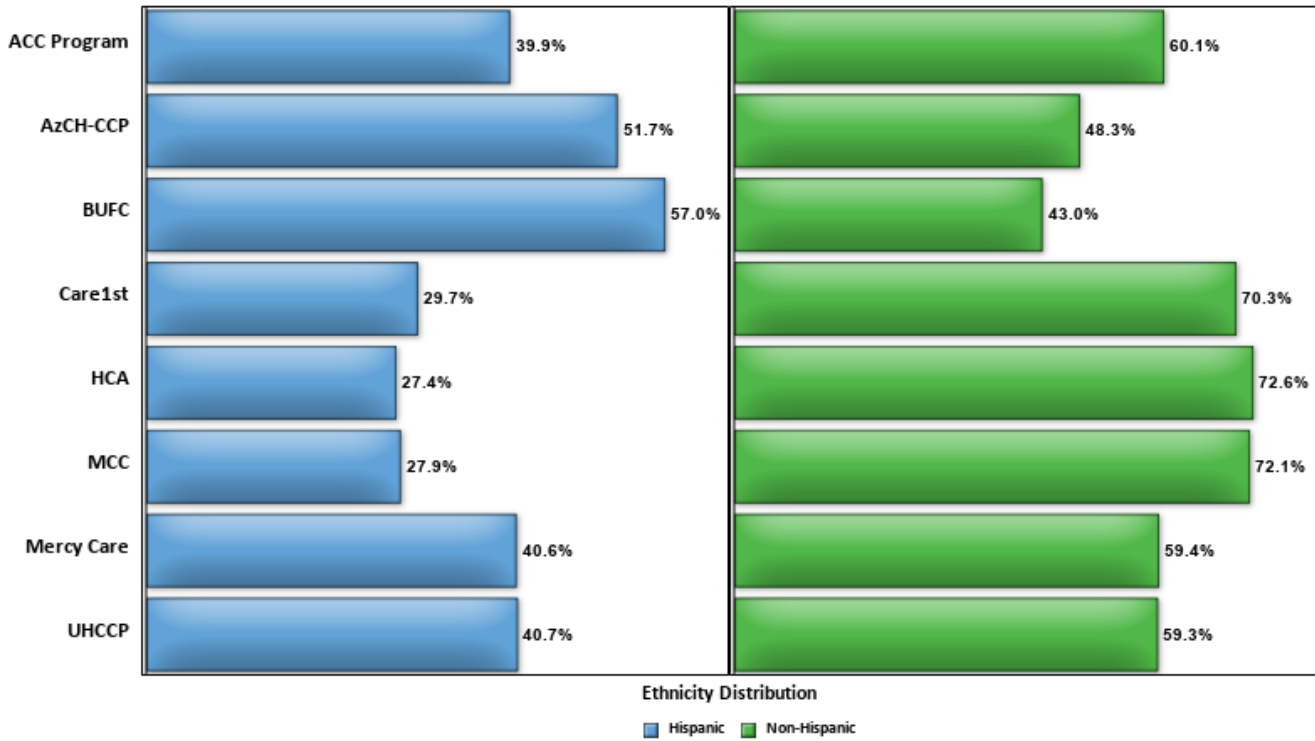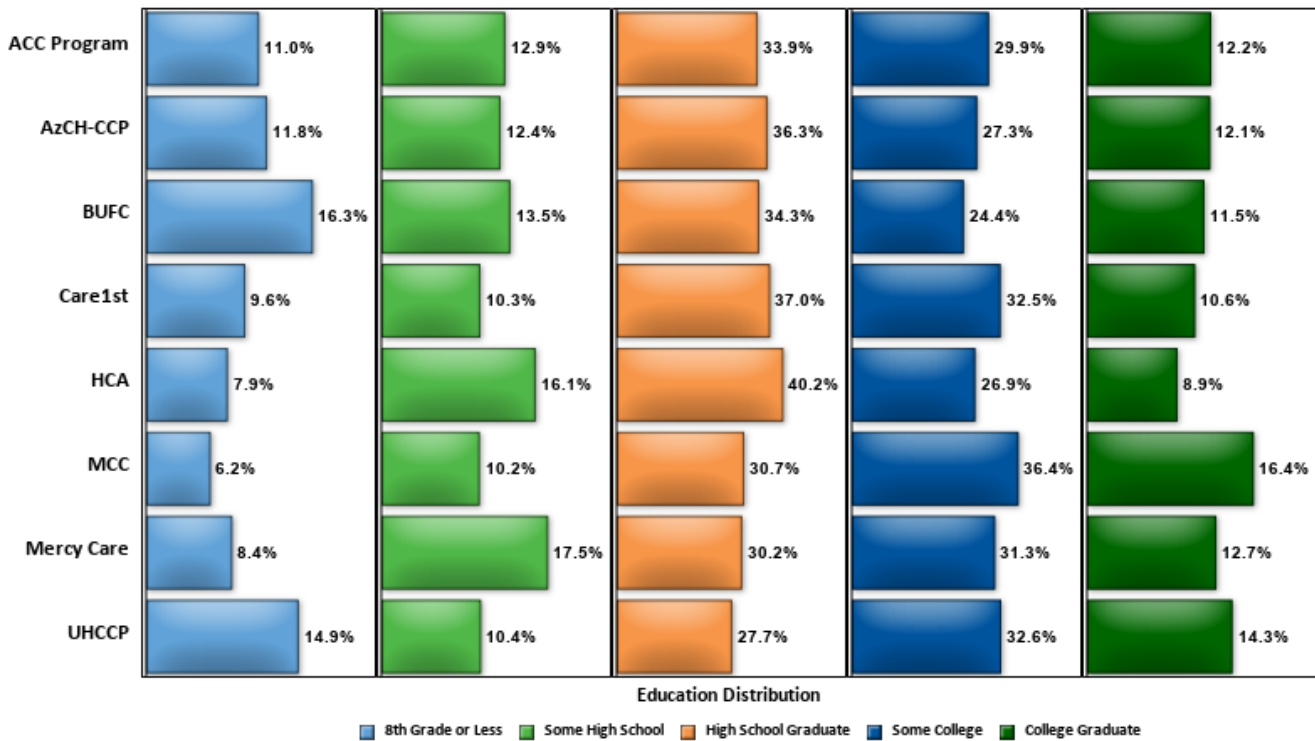
Figure A-6—Adult Member Demographics: General Health Status
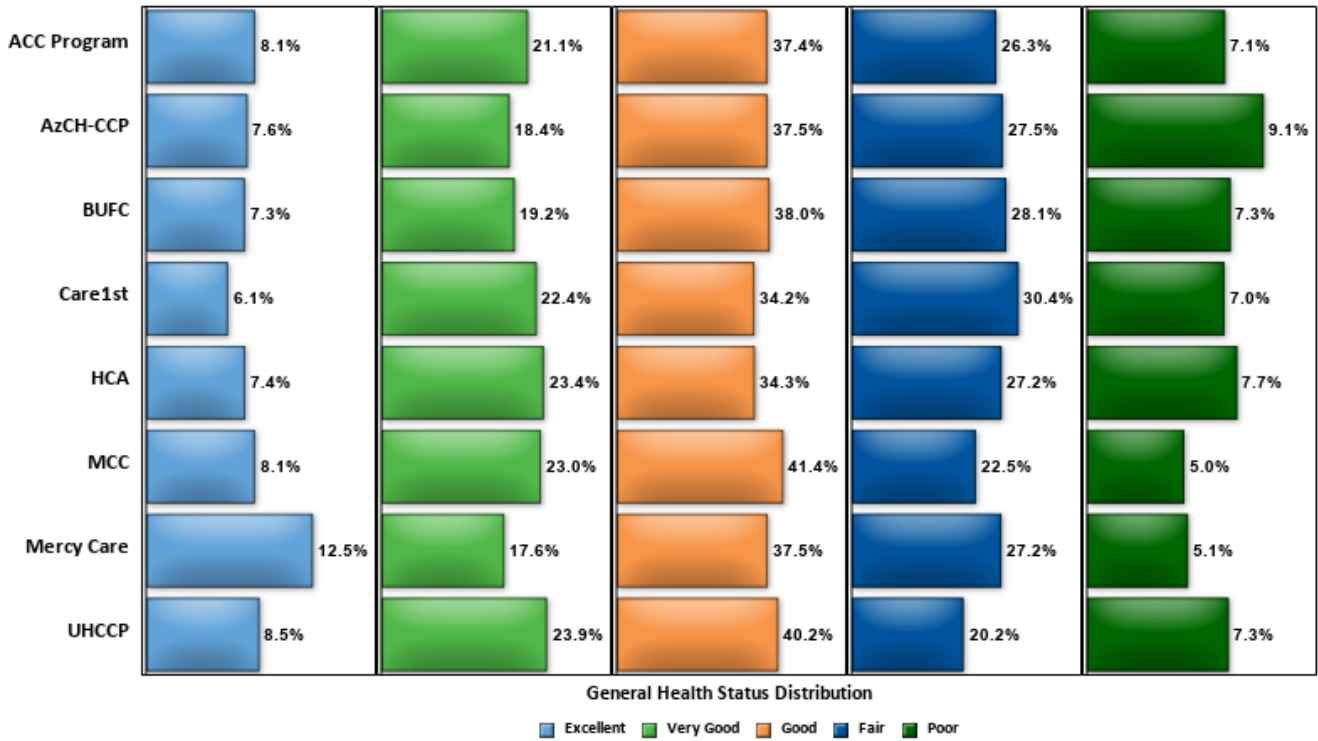
General Health Status Distribution

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Please note, some percentages may not total 100 percent due to rounding.

Key Drivers of Member Experience Analysis

Figure A-7 through Figure A-9 depict the results of the key drivers of member experience analysis for the ACC Program for the adult population. The items identified as key drivers are indicated with a red diamond.

Figure A-7—Key Drivers of Member Experience: Rating of Health Plan – Adult Members

Indicates the item is a key driver.

Indicates the item is not a key driver.

Figure A-8—Key Drivers of Member Experience: Rating of All Health Care – Adult Members
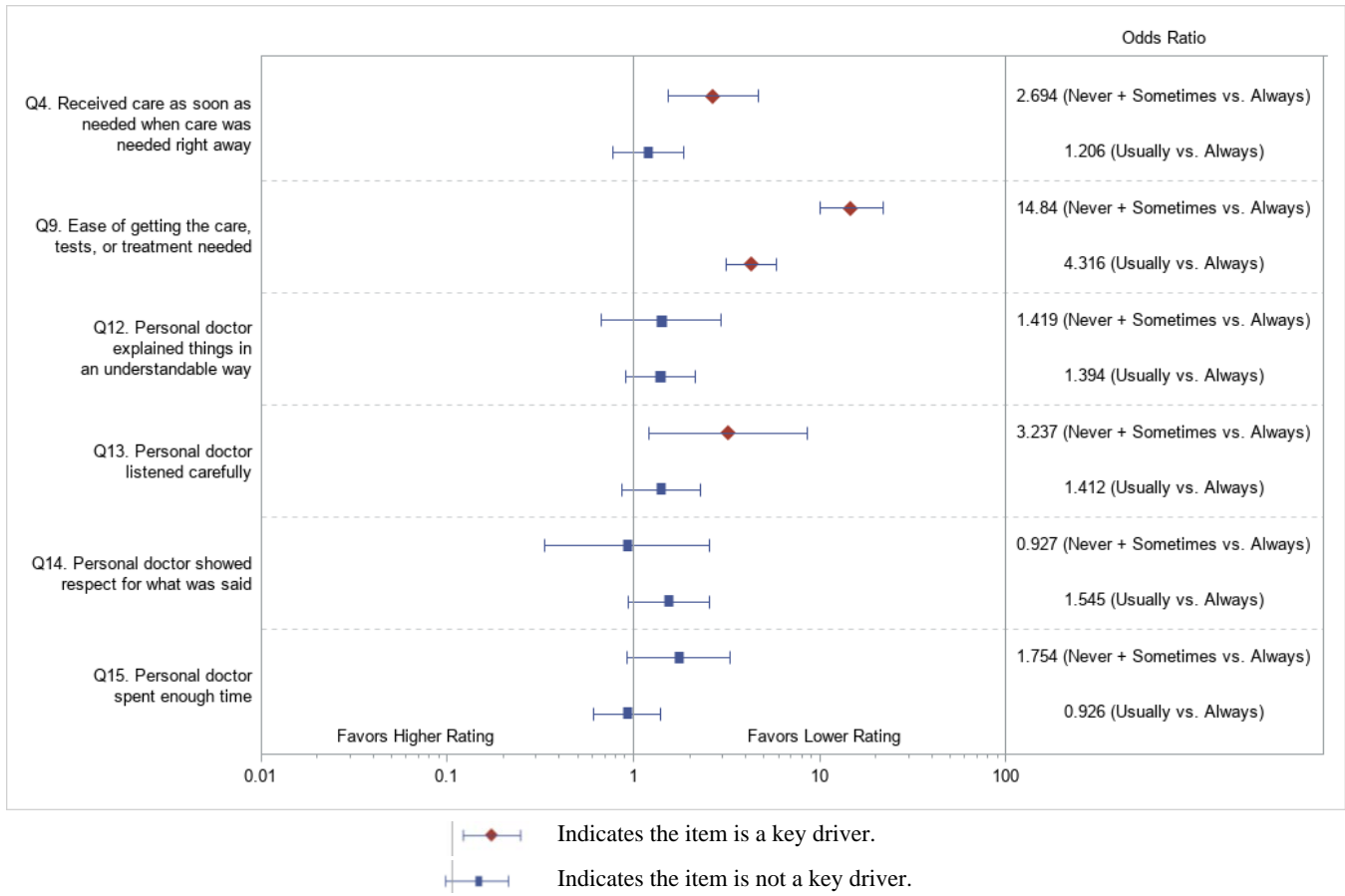
Figure A-9—Key Drivers of Member Experience: Rating of Personal Doctor – Adult Members
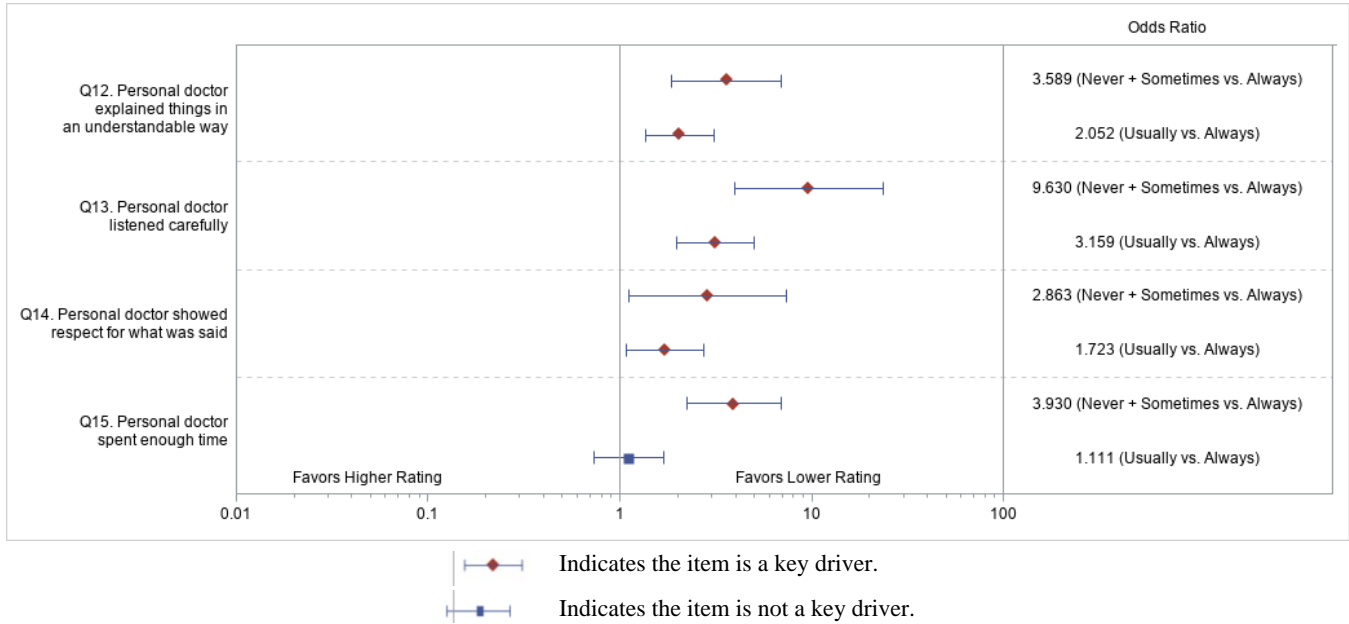
Demographics

Child Members

Figure B-1 through Figure B-5 depict the demographic characteristics of child members whose parents/caretakers completed a survey for age, gender, race, ethnicity, and general health status.[B-1]

Figure B-1—Child Member Demographics: Age
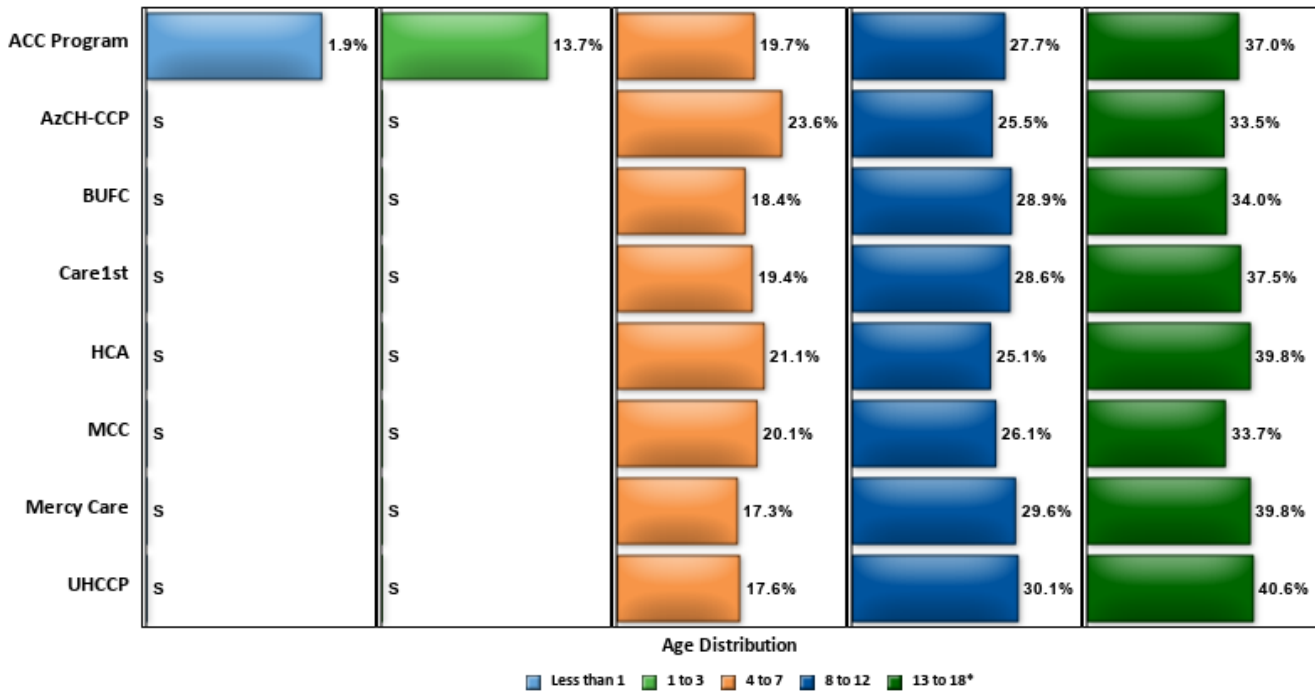
Please note, some percentages may not total 100 percent due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."

Children were eligible for inclusion in CAHPS if they were 17 years of age or younger as of December 31, 2020. Some children eligible for the CAHPS Survey turned 18 between January 1, 2021 and the time of survey administration.

[B-1]   The child member demographics are based on responses of parents/caretakers of general child members (i.e., child members selected as part of the general child population sample).

Figure B-2—Child Member Demographics: Gender

Gender Distribution

■ Male ■ Female

Please note, some percentages may not total 100 percent due to rounding.
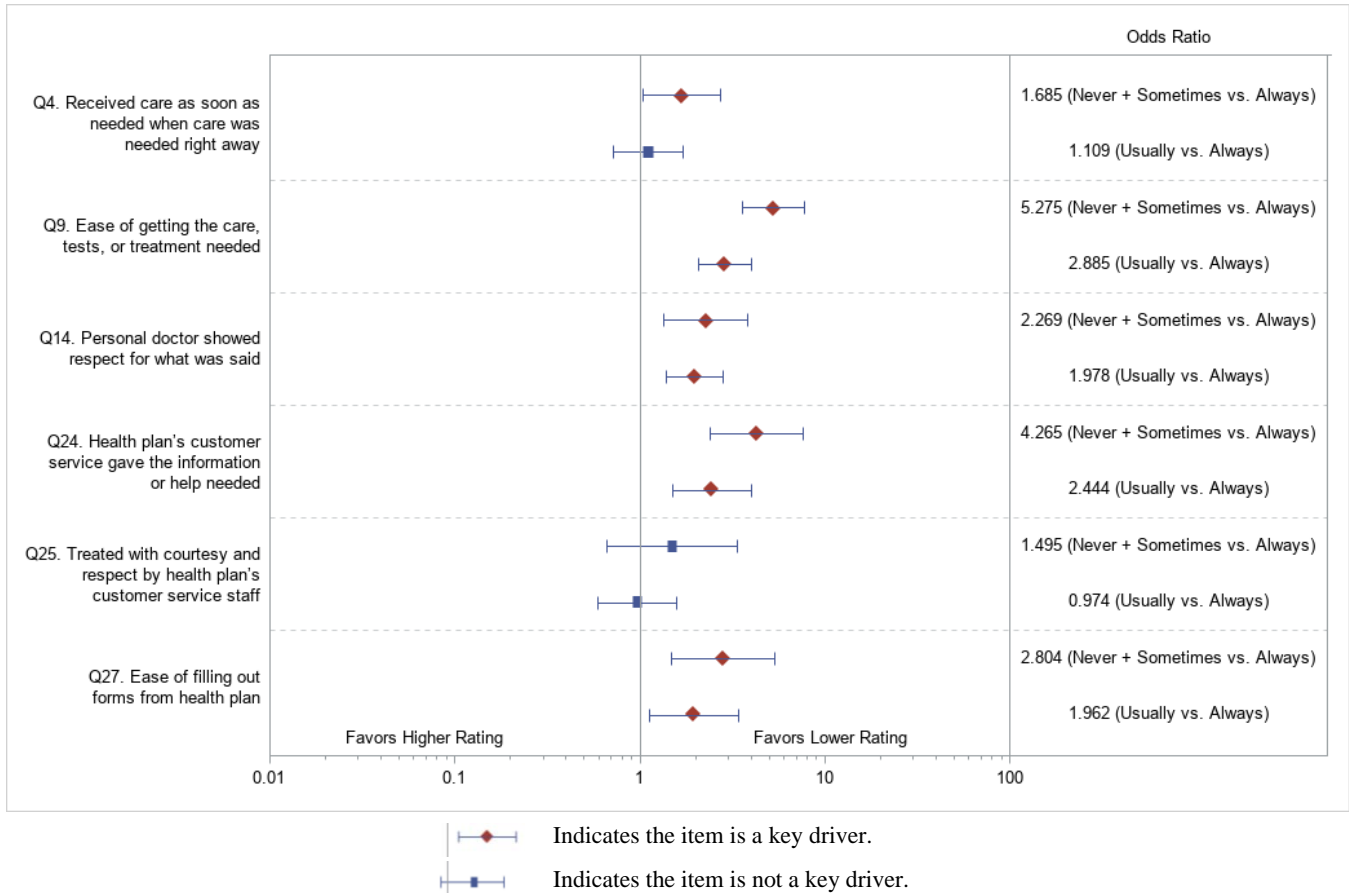
Figure B-3—Child Member Demographics: Race

	Multi-Racial	White	Black	Asian	American Indian or Alaska Native	Other*
ACC Program	7.7%	60.7%	5.1%	3.1%	3.1%	20.3%
AzCH-CCP	7.5%	65.7%	S	S	S	18.5%
BUFC	8.5%	66.1%	S	S	S	16.1%
Care1st	6.6%	63.1%	S	S	4.7%	20.4%
HCA	9.6%	61.9%	S	S	S	19.2%
MCC	11.1%	47.8%	11.7%	S	S	21.7%
Mercy Care	S	57.5%	5.9%	5.9%	S	25.3%
UHCCP	7.4%	57.8%	6.5%	S	S	22.2%

Race Distribution

Please note, some percentages may not total 100 percent due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."
*The "Other" Race category includes responses of Native Hawaiian or Other Pacific Islander, and Other.

Figure B-4—Child Member Demographics: Ethnicity

Please note, some percentages may not total 100 percent due to rounding.

Figure B-5—Child Member Demographics: General Health Status

General Health Status Distribution

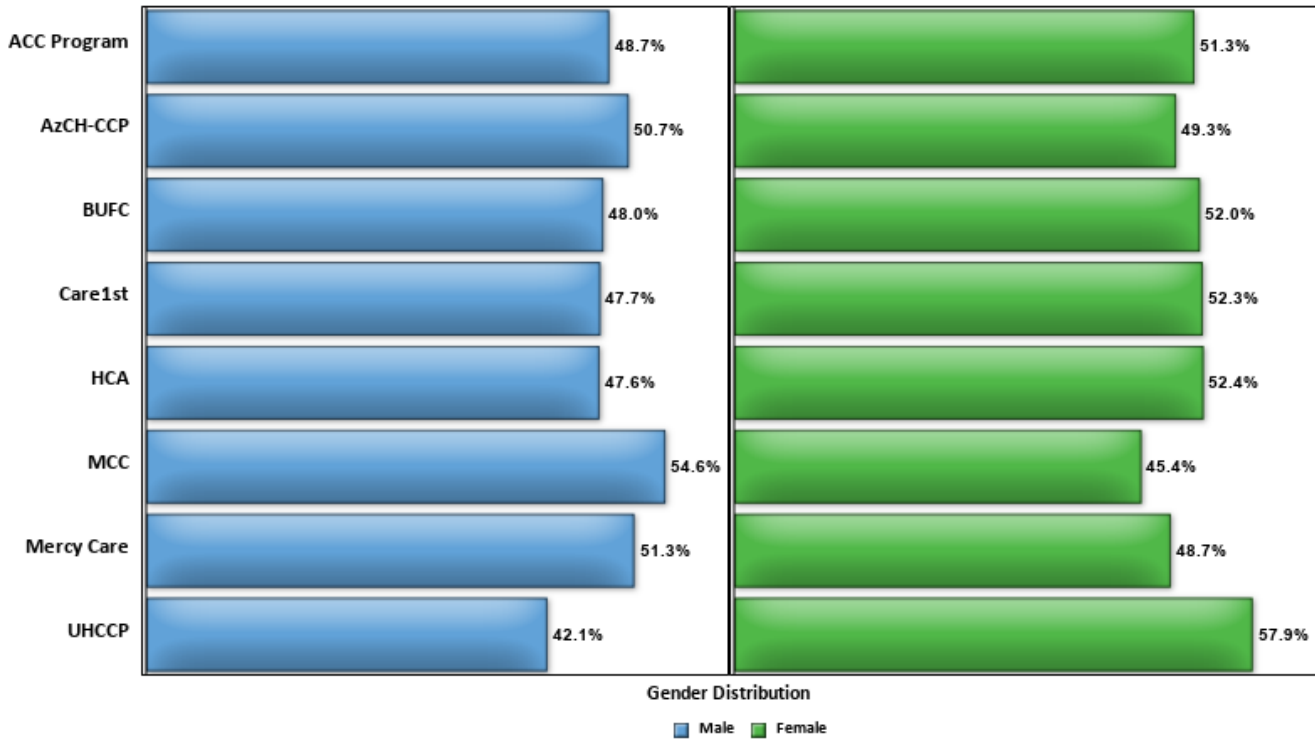☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Please note, some percentages may not total 100 percent due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."

Child Member Respondents

Figure B-6 through Figure B-9 present the self-reported demographic characteristics of parents/caretakers who completed a survey on behalf of child members for age, gender, education level, and relationship to the child.[B-2]

Figure B-6—Child Member Respondent Demographics: Age

Please note, some percentages may not total 100 percent due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."
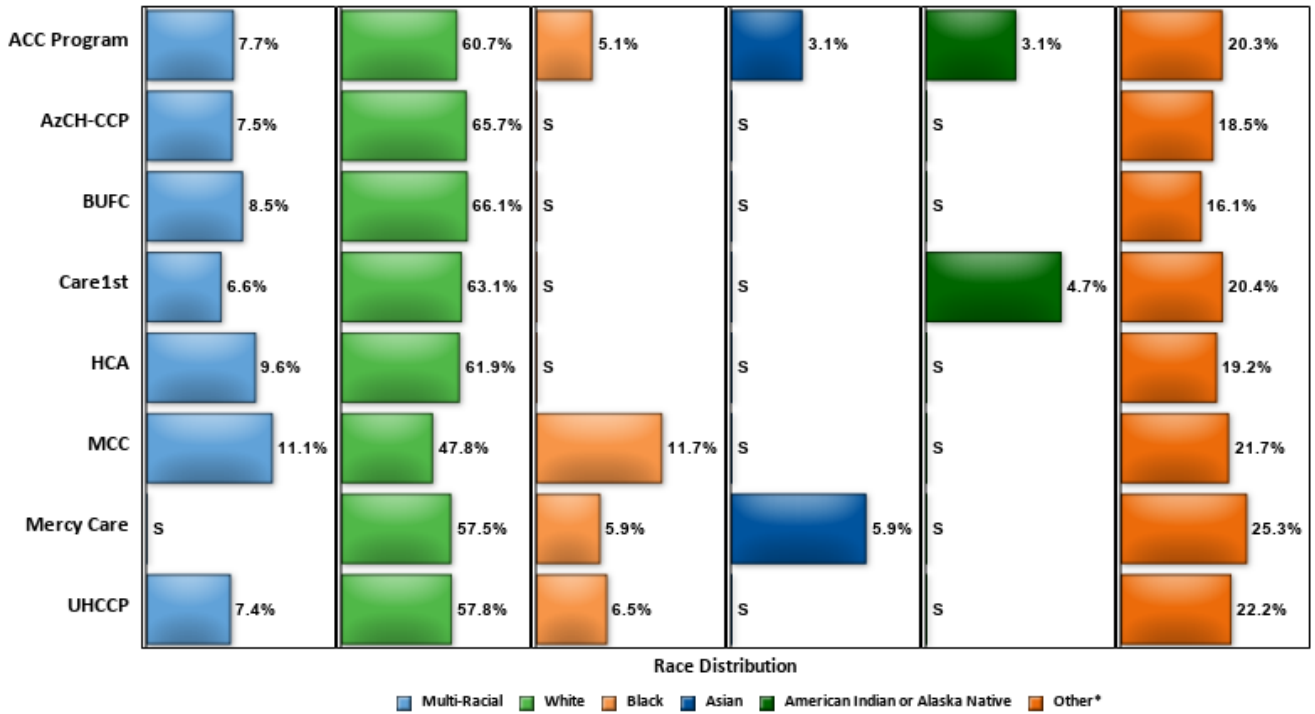

[B-2] The respondent demographics are based on responses of parents/caretakers of general child members (i.e., respondents of child members selected as part of the general child population sample).
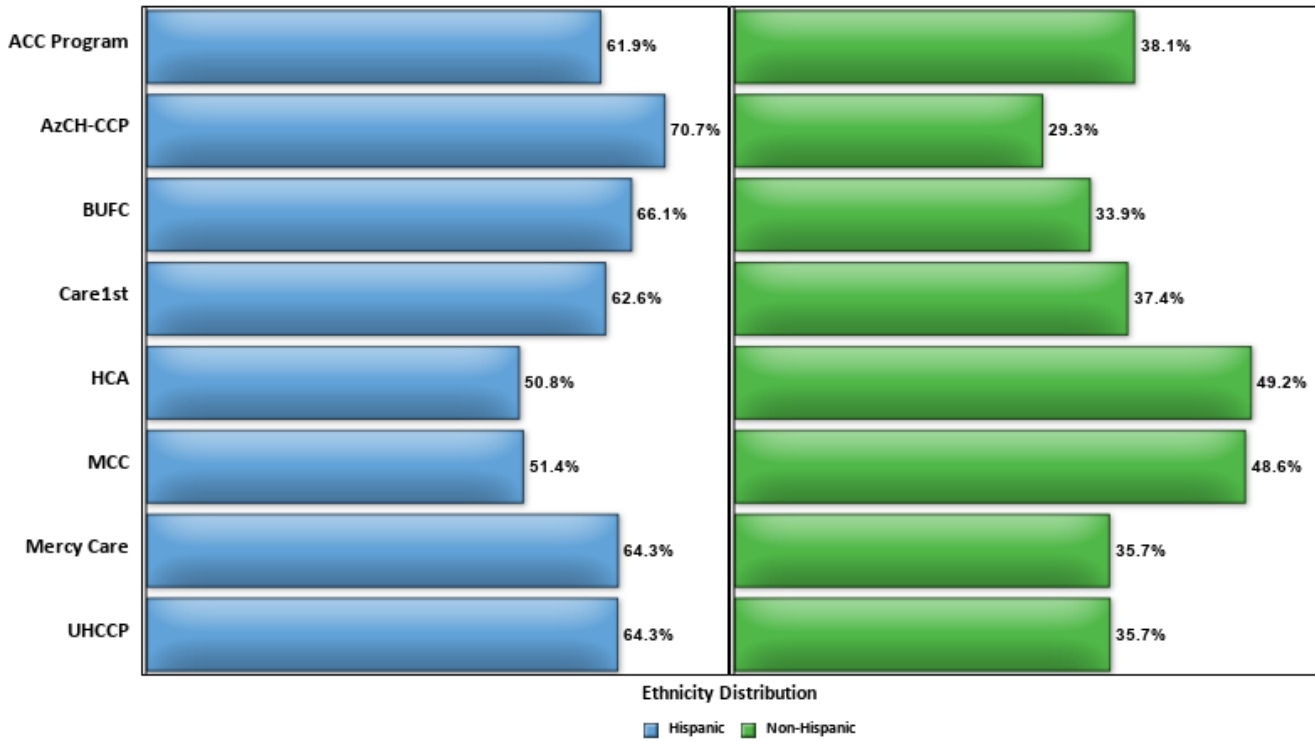
Figure B-7—Child Member Respondent Demographics: Gender

Respondent Gender Distribution

■ Male ■ Female

Please note, some percentages may not total 100 percent due to rounding.

Figure B-8—Child Member Respondent Demographics: Education Level

	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
ACC Program	7.9%	16.0%	30.7%	30.4%	15.0%
AzCH-CCP	5.8%	14.5%	32.2%	31.5%	15.9%
BUFC	7.1%	13.4%	31.6%	32.4%	15.4%
Care1st	9.0%	17.9%	32.6%	28.7%	11.8%
HCA	6.0%	14.8%	32.8%	36.8%	9.6%
MCC	8.2%	14.8%	29.5%	27.3%	20.2%
Mercy Care	11.1%	19.5%	32.3%	24.3%	12.8%
UHCCP	8.4%	17.2%	23.0%	30.5%	20.9%

Respondent Education Distribution

■ 8th Grade or Less ■ Some High School ■ High School Graduate ■ Some College ■ College Graduate
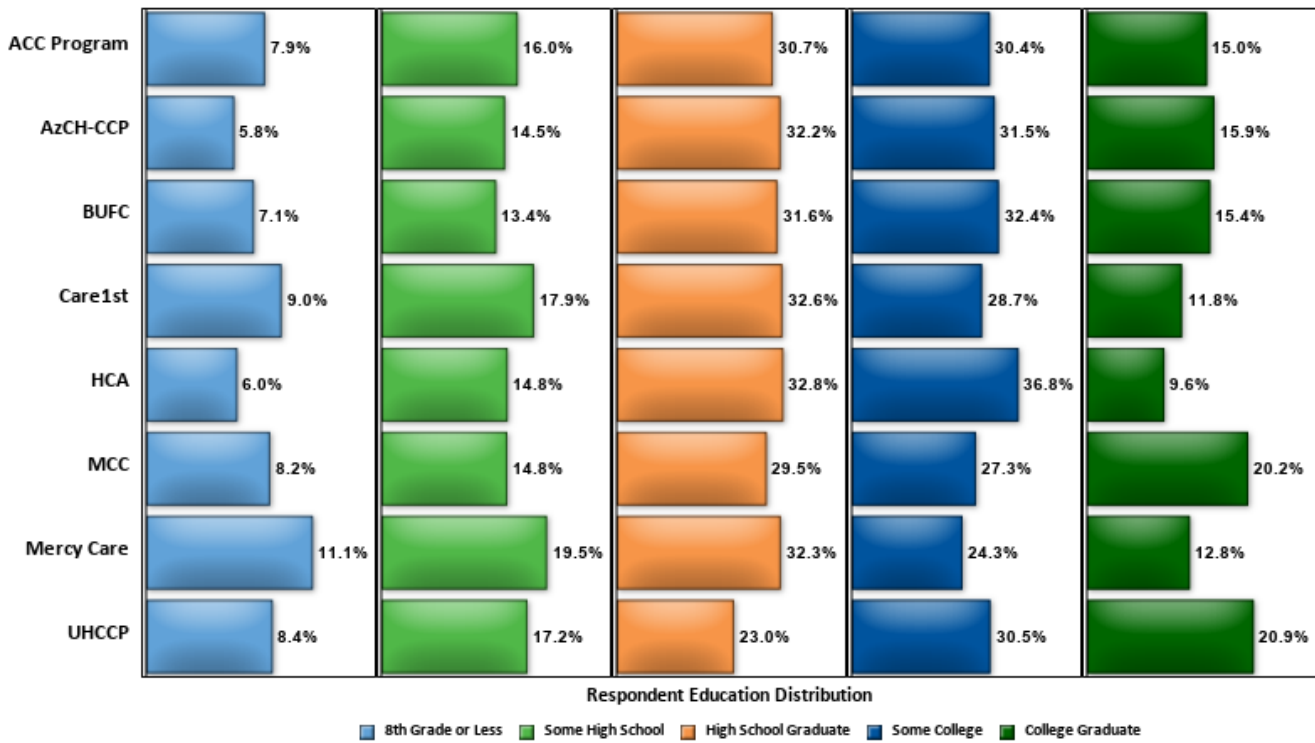
Please note, some percentages may not total 100 percent due to rounding.

Figure B-9—Child Member Respondent Demographics: Relationship to the Child
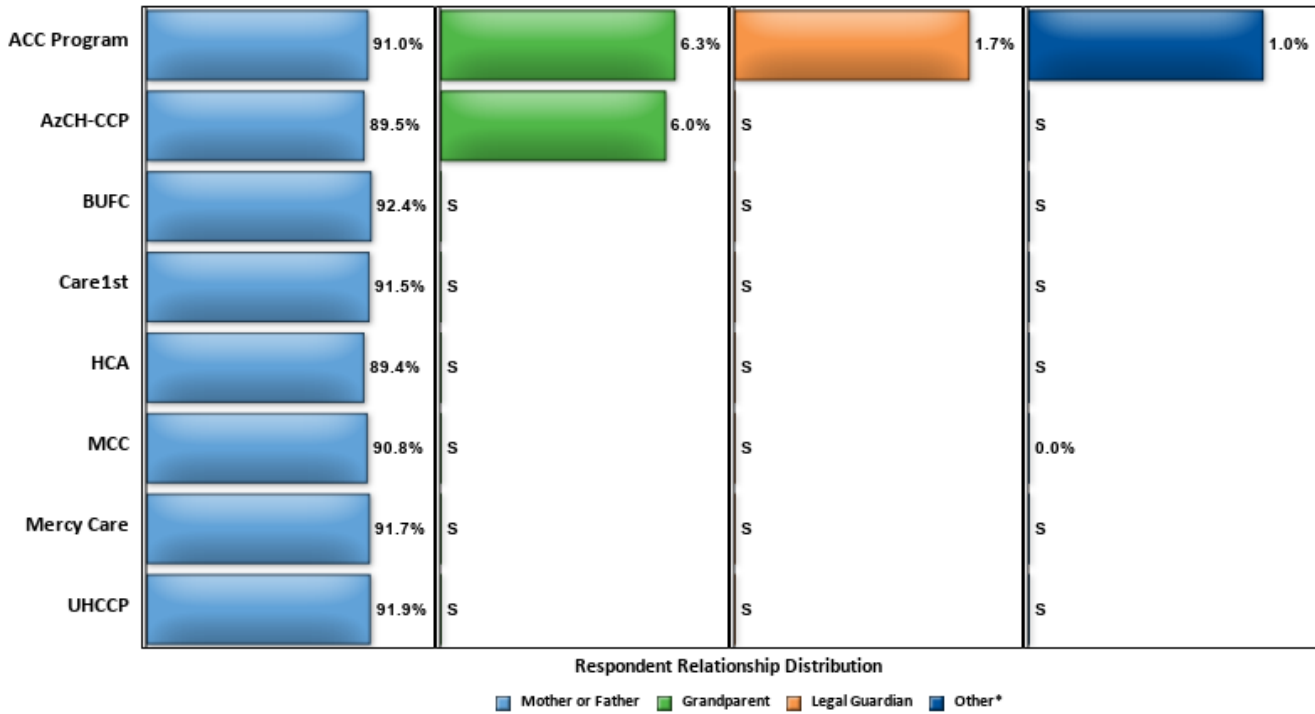
Respondent Relationship Distribution

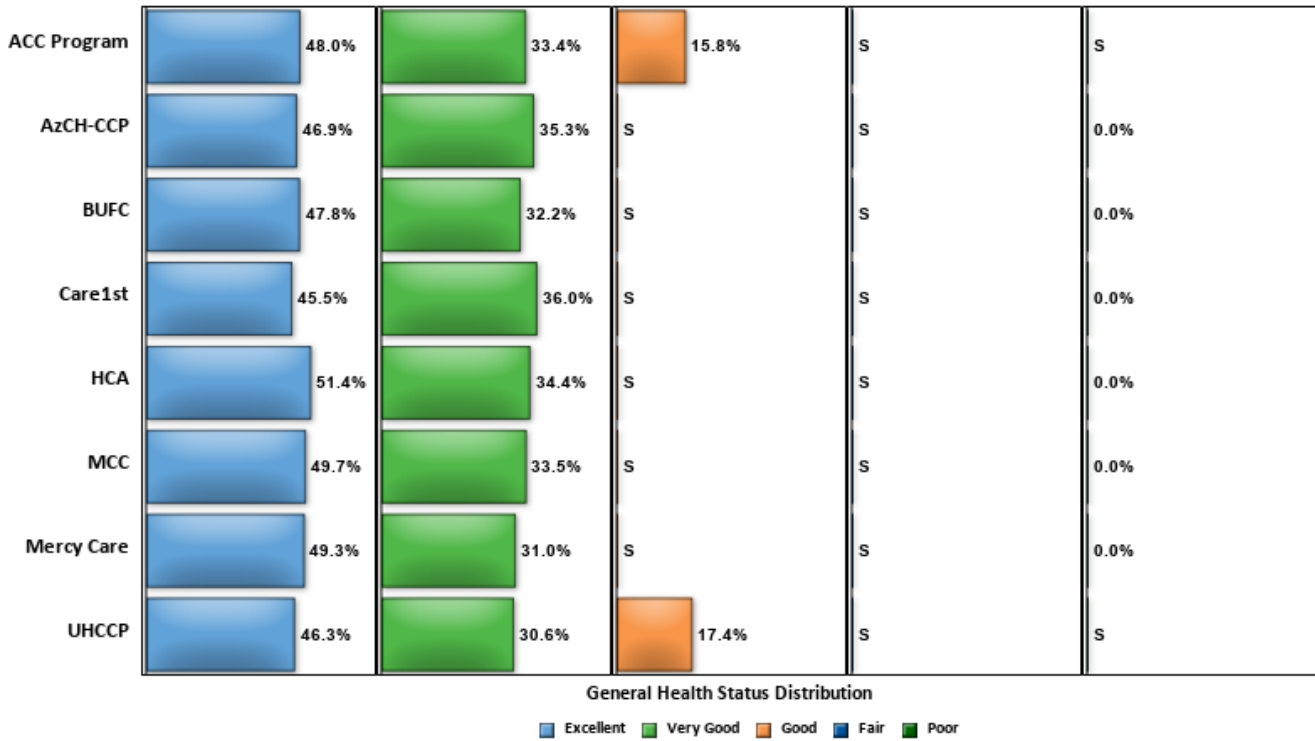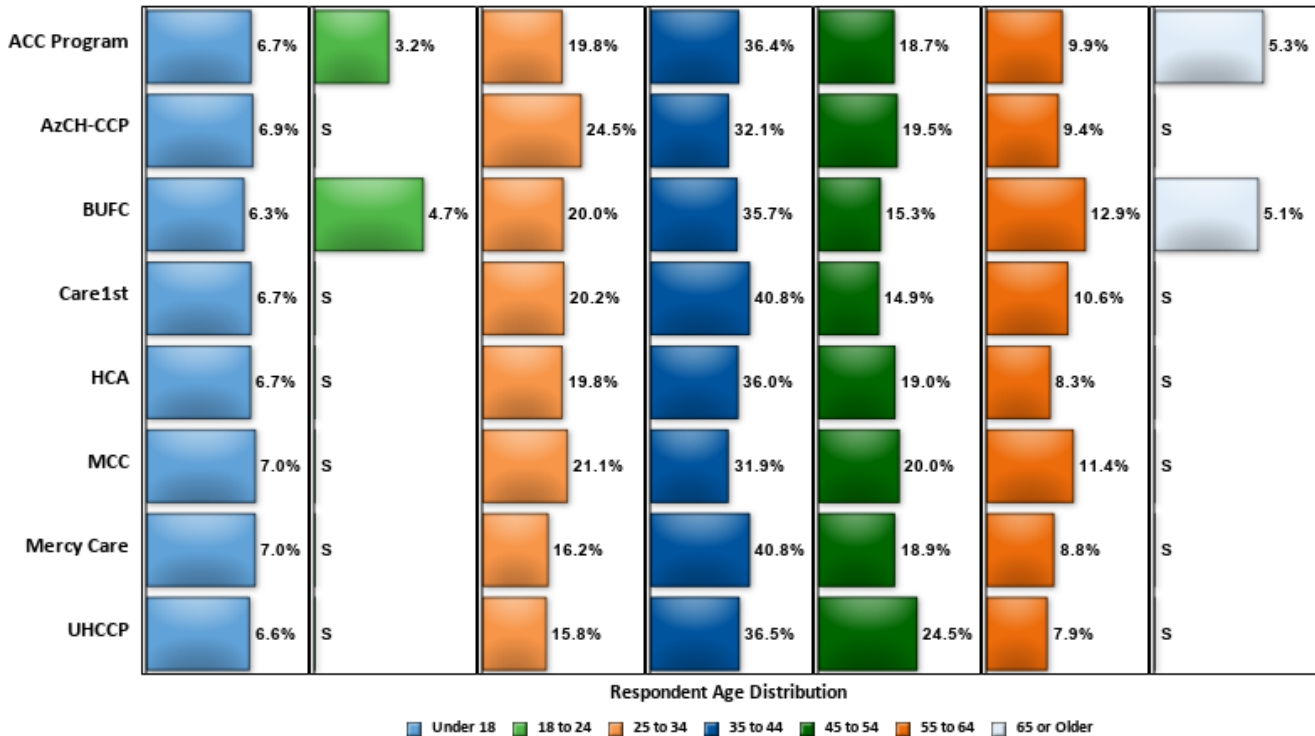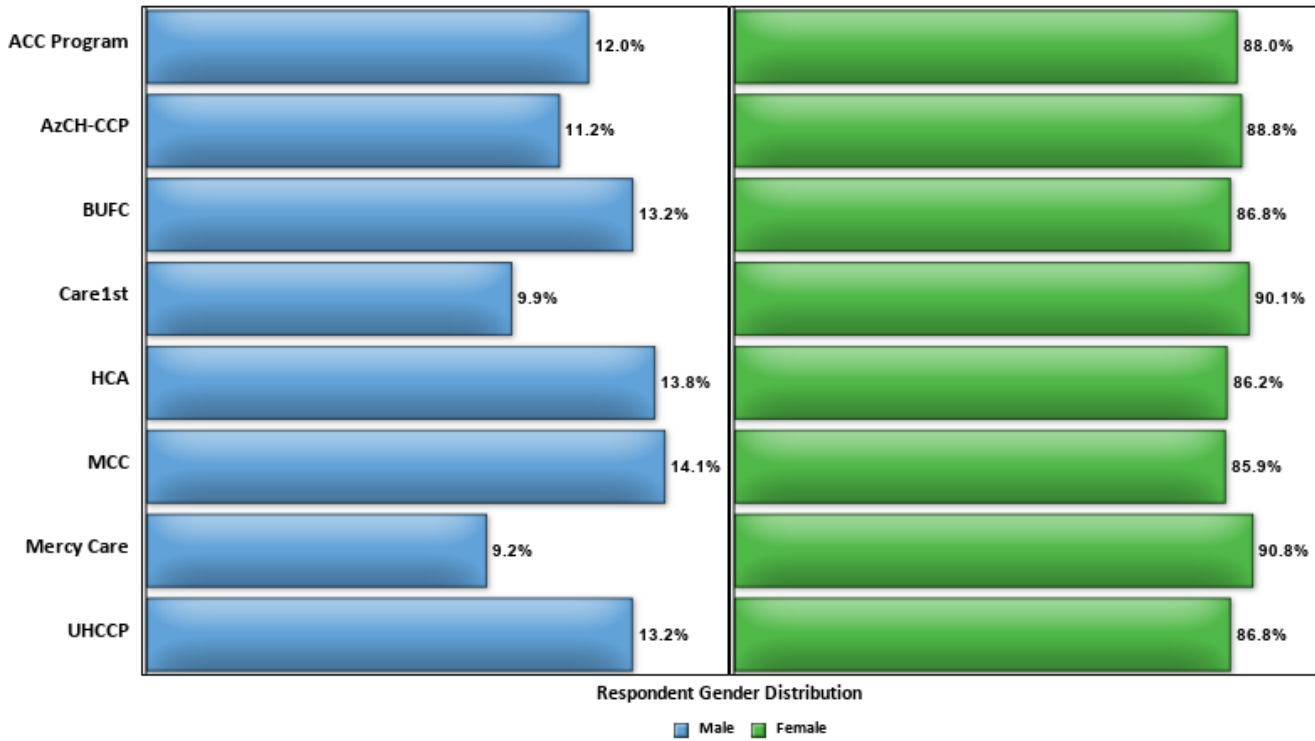☐ Mother or Father ☐ Grandparent ☐ Legal Guardian ☐ Other*

Please note, some percentages may not total 100 percent due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."

*The "Other" Relationship to the Child category includes responses of aunt or uncle, older brother or sister, other relative, or someone else.

Key Drivers of Member Experience Analysis

Figure B-10 through Figure B-12 depict the results of the key driver of member experience analysis for the ACC Program for the general child population. The items identified as key drivers are indicated with a red diamond.

Figure B-10—Key Drivers of Member Experience: Rating of Health Plan – Child Members
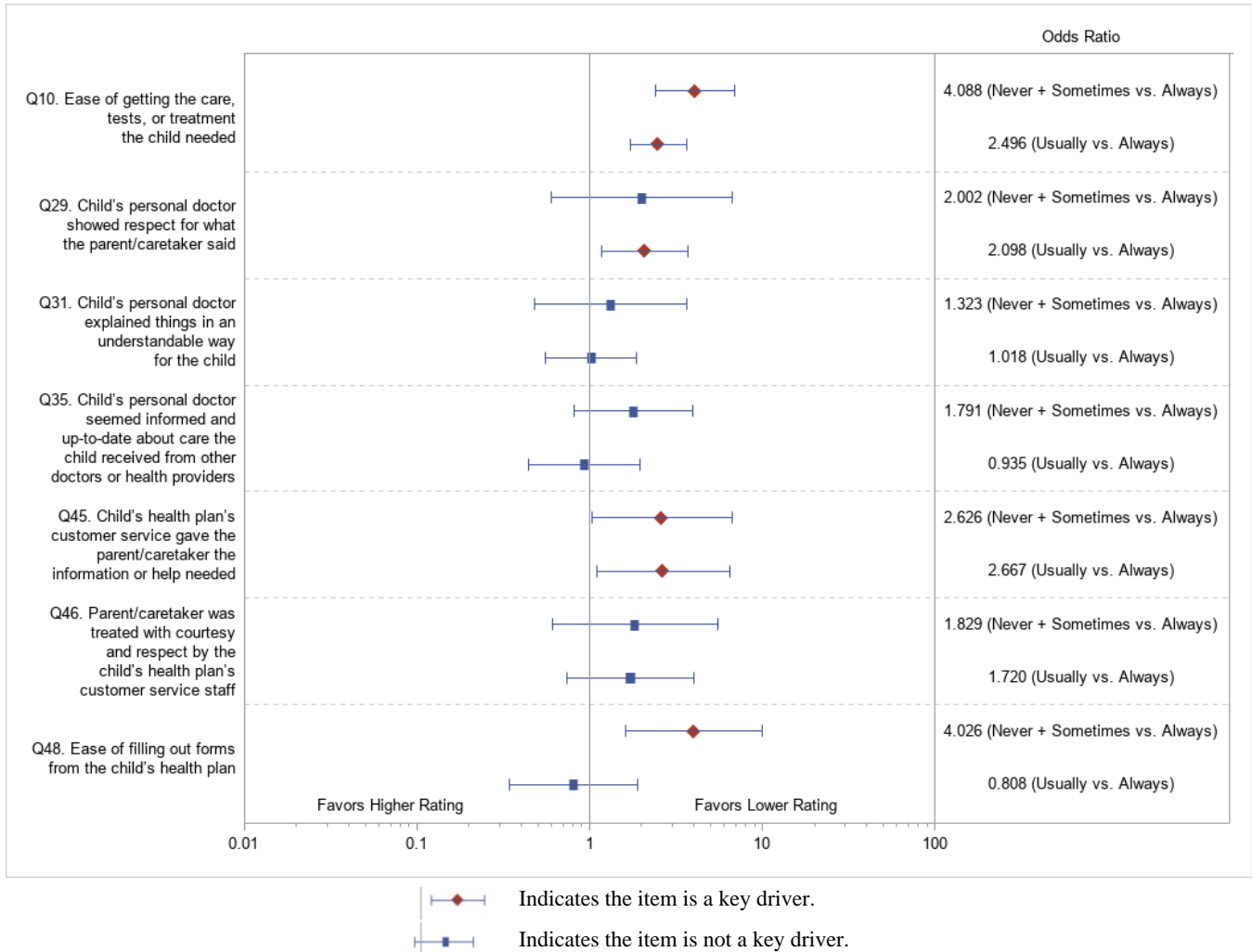
Figure B-11—Key Drivers of Member Experience: Rating of All Health Care – Child Members

	Odds Ratio
Q4. Child received care as soon as needed when care was needed right away	2.341 (Never + Sometimes vs. Always)
	1.926 (Usually vs. Always)
Q10. Ease of getting the care, tests, or treatment the child needed	8.381 (Never + Sometimes vs. Always)
	5.414 (Usually vs. Always)
Q27. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	2.033 (Never + Sometimes vs. Always)
	1.022 (Usually vs. Always)
Q28. Child's personal doctor listened carefully to the parent/caretaker	5.347 (Never + Sometimes vs. Always)
	1.243 (Usually vs. Always)
Q29. Child's personal doctor showed respect for what the parent/caretaker said	1.363 (Never + Sometimes vs. Always)
	1.594 (Usually vs. Always)
Q31. Child's personal doctor explained things in an understandable way for the child	0.657 (Never + Sometimes vs. Always)
	1.040 (Usually vs. Always)
Q32. Child's personal doctor spent enough time with the child	1.616 (Never + Sometimes vs. Always)
	1.309 (Usually vs. Always)

Favors Higher Rating   Favors Lower Rating

0.01   0.1   1   10   100

◆ Indicates the item is a key driver.

■ Indicates the item is not a key driver.

Figure B-12—Key Drivers of Member Experience: Rating of Personal Doctor – Child Members

	Odds Ratio
Q27. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	1.822 (Never + Sometimes vs. Always)
	1.736 (Usually vs. Always)
Q28. Child's personal doctor listened carefully to the parent/caretaker	4.600 (Never + Sometimes vs. Always)
	1.861 (Usually vs. Always)
Q29. Child's personal doctor showed respect for what the parent/caretaker said	13.07 (Never + Sometimes vs. Always)
	2.510 (Usually vs. Always)
Q31. Child's personal doctor explained things in an understandable way for the child	2.258 (Never + Sometimes vs. Always)
	1.277 (Usually vs. Always)
Q32. Child's personal doctor spent enough time with the child	4.488 (Never + Sometimes vs. Always)
	2.561 (Usually vs. Always)

Indicates the item is a key driver.

Indicates the item is not a key driver.