

**2021 Department of Child Safety
Comprehensive Health Plan CAHPS®
Summary Report**
Arizona Health Care Cost Containment System

January 2022



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1. Executive Summary

The State of Arizona requested the administration of member experience surveys to children and youth in foster care enrolled in the Department of Child Safety Comprehensive Health Plan (DCS CHP). On April 1, 2021, the Comprehensive Medical and Dental Program (CMDP) changed to DCS CHP. Children in foster care can access the same covered services (i.e., medical, dental, and behavioral health) with DCS CHP as they did with CMDP and the Regional Behavioral Health Authorities; however, these services are now received through a statewide, integrated delivery model through Mercy Care DCS CHP. The Arizona Health Care Cost Containment System (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 for DCS CHP.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 child population was the CAHPS 5.1 Child Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS[®]) supplemental item set and the Children with Chronic Conditions (CCC) measurement set.¹⁻² Caretakers of child members completed the surveys from May to August 2021. Due to the timing of the survey, the results may be reflective of services provided both prior to (looking at CMDP provided care and services) and after the April 1, 2021 transition (looking at care and services under DCS CHP). Results presented in this report for the two populations, general child and CCC, include four global ratings, four composite measures, one individual item measure, three CCC composite measures (CCC population only), and two CCC individual item measures (CCC population only).

Survey Administration Overview

The response rate is the total number of completed surveys divided by all eligible members of the sample. A total of 423 surveys were completed on behalf of child members. Figure 1-1 shows the distribution of survey dispositions and response rates for DCS CHP. The survey dispositions and response rate are based on the responses of caretakers of children in the general child and CCC supplemental populations. Results based on fewer than 11 responses were suppressed and noted with an “S.” HSAG did not include the details of incompletes since all results were suppressed.

¹⁻¹ CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

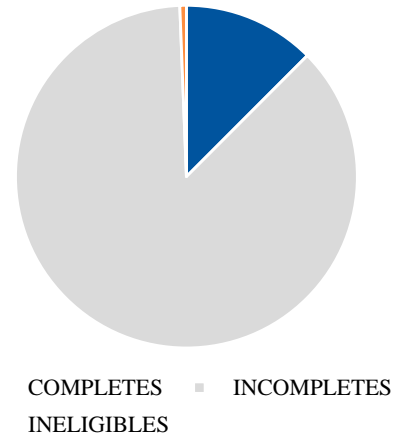
¹⁻² HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).




Figure 1-1—Survey Administration Overview

Survey Start Date: 05.21.21 **Survey End Date:** 08.19.21

TOTAL SAMPLE SIZE 3,381

RESPONSE RATE 12.6%



 COMPLETES	423
 INCOMPLETES	2,937
 INELIGIBLES	21

DETAILS

	Mail 1	Mail 2	Mail 3	Internet
Completes - Mode	49.6%	31.7%	10.9%	7.8%
	Mail English	Mail Spanish	Internet English	Internet Spanish
Completes - Language	91.7%	S	S	S
	Not Eligible	Deceased	Language Barrier	
Ineligibles	100.0%	0.0%	0.0%	

The DCS CHP’s response rate of 12.6 percent was slightly lower than the national CCC Medicaid response rate reported by NCQA for 2020, which was 13.1 percent.¹⁻³

¹⁻³ National Committee for Quality Assurance. *HEDIS Measurement Year 2020 Update Survey Vendor Training*. October 7, 2020.

Performance Highlights

The following performance highlights summarize the general child and CCC results from the CAHPS survey.

NCQA Comparisons

For the general child and CCC populations, HSAG compared 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).^{1-4,1-5,1-6} 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 this analysis are found in the Results section beginning on page 2-7 for the general child population and page 2-15 for the CCC population. The percentages presented in Table 1-1 represent the top-box scores, while the stars represent the overall member experience ratings when the top-box scores were compared to NCQA Quality Compass data.

¹⁻⁴ National Committee for Quality Assurance. *Quality Compass[®]: Benchmark and Compare Quality Data 2020*. Washington, DC: NCQA, September 2020.

¹⁻⁵ 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).

¹⁻⁶ NCQA Quality Compass benchmarks for the general child and CCC Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the population of children in foster care; therefore, caution should be exercised when interpreting the results of the NCQA Comparisons analysis (i.e., overall member experience ratings).

Table 1-1—NCQA Comparisons: DCS CHP

	General Child	CCC Population
Global Ratings		
<i>Rating of Health Plan</i>	★ 61.6%	★ 54.5%
<i>Rating of All Health Care</i>	★★ 70.2%	★ 64.7%
<i>Rating of Personal Doctor</i>	★★ 77.2%	★★ 76.0%
<i>Rating of Specialist Seen Most Often</i>	★ 60.6%	★ 65.2% ⁺
Composite Measures		
<i>Getting Needed Care</i>	★★★★★ 89.3%	★ 85.9%
<i>Getting Care Quickly</i>	★★★ 91.9%	★ 91.2%
<i>How Well Doctors Communicate</i>	★★★ 96.6%	★★ 95.9%
<i>Customer Service</i>	★ 85.7% ⁺	★ 81.1% ⁺
Individual Item Measure		
<i>Coordination of Care</i>	★ 77.7%	★ 71.6% ⁺
CCC Composite Measures and Items		
<i>Access to Specialized Services</i>	NA	★ 70.9% ⁺
<i>Family-Centered Care (FCC): Personal Doctor Who Knows Child</i>	NA	★ 87.4%
<i>Coordination of Care for Children With Chronic Conditions</i>	NA	★★ 75.0% ⁺
<i>Access to Prescription Medicines</i>	NA	★ 83.9%
<i>FCC: Getting Needed Information</i>	NA	★★★ 93.5%
<p><i>Star Assignments Based on Percentiles:</i> ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th NA indicates that this measure is not applicable for the population. Please note: CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.</p>		

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 caretakers’ levels of experience with each of the three measures. The detailed results of this analysis are described in the Results section beginning on page 2-14.

Table 1-2 provides a summary of the survey items identified for each of the three measures as being key drivers of member experience for DCS CHP (indicated by a ✓).

Table 1-2—Key Drivers of Member Experience: DCS CHP

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/Usually vs. Always	✓	✓	✓
Q27. Child’s personal doctor explained things about the child’s health in an understandable way to the caretaker	Never/Sometimes/Usually vs. Always	NS	NS	✓
Q29. Child’s personal doctor showed respect for what the caretaker said	Never/Sometimes/Usually vs. Always	✓	NS	NS
Q35. Child’s personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	Never/Sometimes/Usually vs. Always	✓	NS	✓
Q45. Child’s health plan’s customer service gave the caretaker the information or help needed	Never/Sometimes/Usually vs. Always	✓	NS	NA
<p><i>NA indicates that this question was not evaluated for this measure.</i> <i>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.</i></p>				

The following section presents the results for the DCS CHP general child population. For the general child population, a total of 363 completed surveys were completed on behalf of child members. These completed surveys were used to calculate the 2021 General Child CAHPS results. Based on caretakers’ responses to the CCC screener questions, DCS CHP had 198 completed surveys for the CCC population. These completed surveys were used to calculate the CCC CAHPS results.

Survey Administration

Sample Selection

DCS CHP members eligible for surveying included those who were enrolled in DCS CHP (formerly known as CMDP) at the time the sample was drawn and who were continuously enrolled 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 of 9,996 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.²⁻¹ A sample of 2,807 child members with a prescreen status code of 1 or 2 was selected 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 574 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. This sample was drawn to ensure an adequate number of responses from children with chronic conditions. The total selected sample was 3,381 child members. Table 2-1 depicts the sample sizes selected for DCS CHP.

Table 2-1—DCS CHP Sample Sizes

Total Sample Size	General Child Sample	General Child Oversample	CCC Supplemental Sample
3,381	1,650	1,157	574

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



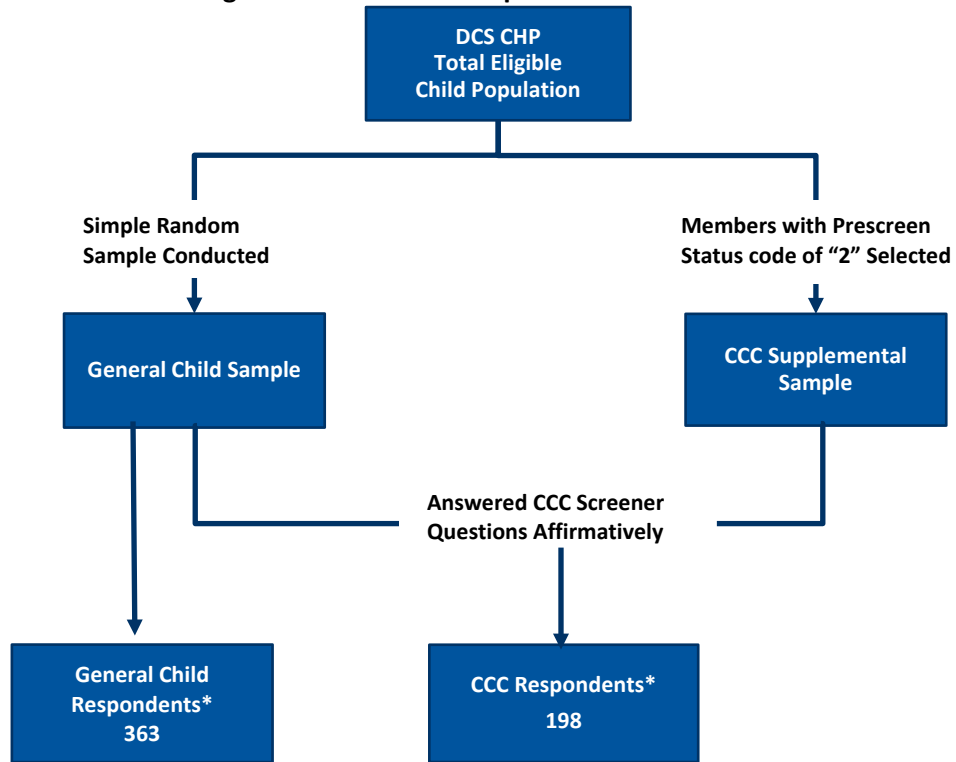
Survey Responses

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 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 3-6.

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 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 caretakers answered affirmatively to the CCC screener questions.

Figure 2-1 depicts the general child and CCC respondent distribution for the DCS CHP population. Of the 198 CCC responses, 37 were derived from the CCC supplemental sample, and 161 were derived from the general child sample.

Figure 2-1—DCS CHP Respondent Distribution



**General child and CCC respondents will not add up to the number of completed surveys (i.e., 423), as members from both the general child and CCC supplemental samples whose caretakers answered affirmatively to the CCC screener questions are included in the CCC results.*

General Child Results

Child and Respondent Demographics

Table 2-2 depicts demographic characteristics of children for whom a caretaker completed a survey for age, gender, race, ethnicity, and general health status.²⁻² Please refer to Appendix A. Additional Data for graphical displays of the demographic results.

Table 2-2—Child Member Demographics

Age	
0 to 1	17.9%
2 to 3	21.8%
4 to 7	24.0%
8 to 12	17.6%
13 to 18*	18.7%
Gender	
Male	47.8%
Female	52.2%
Race	
Multi-Racial	10.3%
White	57.4%
Black	9.1%
American Indian or Alaska Native	6.3%
Other**	16.9%
Ethnicity	
Hispanic	45.2%
Non-Hispanic	54.8%
General Health Status	
Excellent	43.1%
Very Good	36.4%
Good	15.8%
Fair	S
Poor	S
<i>Please note, percentages may not total 100% due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."</i> <i>*Children were eligible for inclusion in CAHPS if they were 17 years of age or younger (less than 18 years of age) as of December 31, 2020. Some children eligible for the CAHPS Survey turned 18 between January 1, 2021 and the time of survey administration.</i> <i>**The "Other" Race category includes responses of Native Hawaiian or Other Pacific Islander, Asian and Other.</i>	

²⁻² The child member demographics are based on responses of caretakers of general child members (i.e., child members selected as part of the general child population sample).

Table 2-3 depicts the demographic characteristics of caretakers who completed a survey on behalf of the child member for age, education level, gender, and relationship to the child.²⁻³ Please refer to Appendix A. Additional Data for graphical displays of the demographic results.

Table 2-3—Respondent Demographics

Respondent Age	
Under 18	11.2%
18 to 24	S
25 to 34	S
35 to 44	14.8%
45 to 54	19.0%
55 to 64	27.9%
65 or Older	19.6%
Respondent Gender	
Male	13.0%
Female	87.0%
Respondent Education	
8th Grade or Less	S
Some High School	S
High School Graduate	20.9%
Some College	39.0%
College Graduate	29.4%
Respondent Relationship	
Mother or Father ²⁻⁴	5.5%
Grandparent	43.1%
Aunt or Uncle	10.4%
Legal Guardian	27.8%
Other*	13.1%
<i>Please note, percentages may not total 100% due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."</i> <i>*The "Other" relationship to the child category includes responses of older brother or sister, other relative, and someone else.</i>	

²⁻³ The respondent demographics are based on responses of caretakers of general child members (i.e., respondents of child members selected as part of the general child population sample).

²⁻⁴ The Mother or Father relationship could also include the Department of Child Safety case manager, foster mother, foster father, or kinship placement.

Respondent Analysis

HSAG compared the demographic characteristics of child members whose caretakers responded to the survey to the demographic characteristics of all child members in the sample frame for statistically significant differences.²⁻⁵ The demographic characteristics evaluated as part of the respondent analysis included age and gender. Table 2-4 presents the results of the respondent analysis for the general child population. Please note that variables from the sample frame were used as the source of data for this analysis; therefore, these results will differ from those presented in the demographics subsection, which uses responses from the survey as the source of data.

Table 2-4—Respondent Analysis

	Respondents	Sample Frame
Age		
0 to 1	25.3% ↑	16.6%
2 to 3	16.5%	14.7%
4 to 7	25.3%	21.7%
8 to 12	15.2% ↓	20.9%
13 to 17	17.6% ↓	26.1%
Gender		
Male	47.1%	50.5%
Female	52.9%	49.5%
↑ 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.		

²⁻⁵ The demographic characteristics are presented for child members selected as part of the general child population sample.

NCQA Comparisons

In order to assess the overall performance of the general child population, HSAG compared scores for each measure to NCQA’s Quality Compass Benchmark and Compare Quality Data.^{2-6,2-7} 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). The percentages presented in Table 2-5 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.

Table 2-5—NCQA Comparisons

Measure	Score	Star Rating
Global Ratings		
<i>Rating of Health Plan</i>	61.6%	★
<i>Rating of All Health Care</i>	70.2%	★★
<i>Rating of Personal Doctor</i>	77.2%	★★
<i>Rating of Specialist Seen Most Often</i>	60.6%	★
Composite Measures		
<i>Getting Needed Care</i>	89.3%	★★★★★
<i>Getting Care Quickly</i>	91.9%	★★★★
<i>How Well Doctors Communicate</i>	96.6%	★★★★
<i>Customer Service</i>	85.7% ⁺	★
Individual Item Measure		
<i>Coordination of Care</i>	77.7%	★
<i>Star Assignments Based on Percentiles:</i> ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★ 50th-74th ★★ 25th-49th ★ Below 25th Please note: CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.		

²⁻⁶ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020*. Washington, DC: NCQA, September 2020.

²⁻⁷ NCQA Quality Compass benchmarks for the general child Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the population of children in foster care. Caution should be exercised when interpreting the results of the NCQA Comparisons analysis (i.e., overall member experience ratings).



National Average Comparisons

For purposes of the National Average Comparisons analysis, HSAG calculated top-box scores for each measure.²⁻⁸ The 2020 NCQA child Medicaid national averages are provided for comparative purposes.^{2-9,2-10,2-11} Figure 2-2 through Figure 2-3, on the following pages, show the results of this comparison. CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents. For information on the survey language and response options for the measures, please refer to the Reader's Guide beginning on page 3-3. For more detailed information regarding the calculation of these measures, please refer to the Reader's Guide section beginning on page 3-8.

²⁻⁸ National Committee for Quality Assurance. *HEDIS® Measurement Year 2020 Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

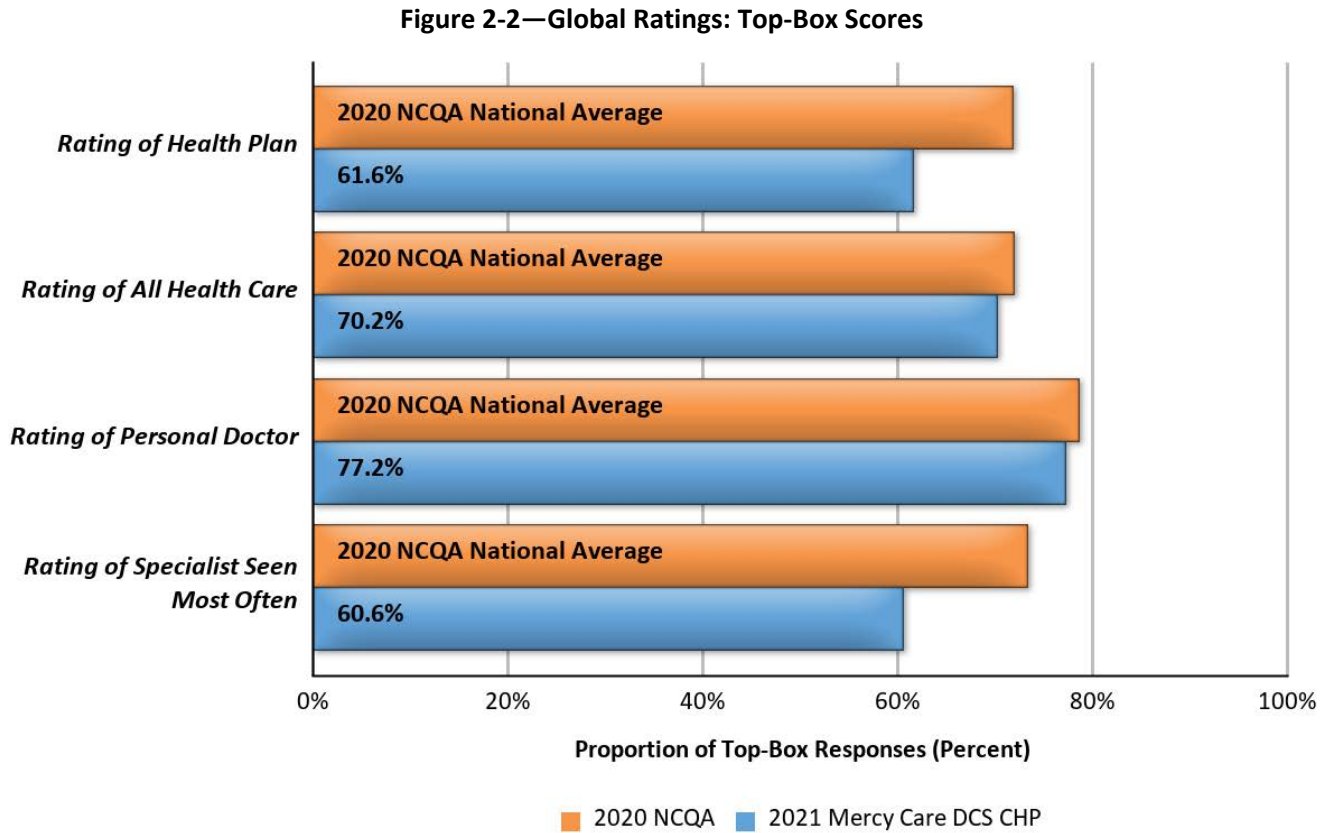
²⁻⁹ The source for the NCQA national averages for the general child population contained in this publication is Quality Compass® 2020 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2020 includes certain CAHPS data. Any data display, analysis, 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).

²⁻¹⁰ Quality Compass 2021 data were not available at the time this report was prepared; therefore, 2020 data were used for comparison.

²⁻¹¹ NCQA Quality Compass national averages for the general child Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the population of children in foster care. Caution should be exercised when comparing top-box scores to the national averages.

Global Ratings

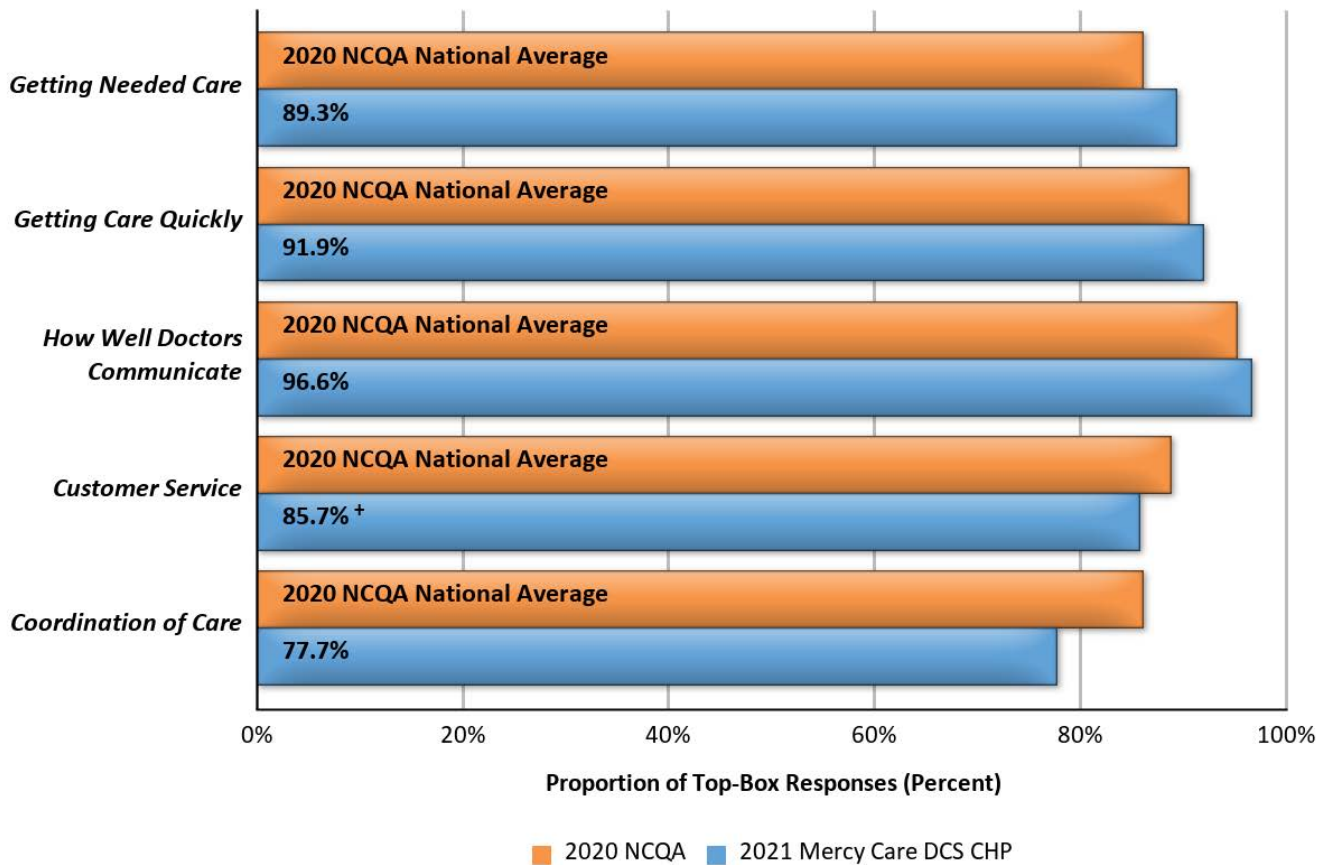
Figure 2-2 shows the top-box scores and 2020 NCQA child Medicaid national averages for the global ratings.



Composite Measures and Individual Item Measure

Figure 2-3 shows the top-box scores and 2020 NCQA child Medicaid national averages for the composite measures and individual item measure.

Figure 2-3—Composite Measures and Individual Item Measure: Top-Box Scores



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

Supplemental Items

AHCCCS elected to add five supplemental questions to the survey. Table 2-6 details the survey language and response options for each of the supplemental items. Table 2-7 through Table 2-10 show the number and percentage of responses for each supplemental item.

Table 2-6—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

Caretakers of child members were asked if their child had a healthcare visit by phone or video (Question 8a). Table 2-7 shows the results for this question.

Table 2-7—Had Telehealth Visits

Response Options	N	%
Yes	77	29.4%
No	185	70.6%
<i>Please note: Percentages may not total 100 percent due to rounding.</i>		

Device Used for Telehealth Visit

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 2-8 shows the results for this question.

Table 2-8—Device Used for Telehealth Visit

Response Options	N	%
Personal computer with video	20	28.6%
Smartphone or tablet with video	40	57.1%
Telephone without video	S	S
Other	S	S
<i>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.”</i>		

Privacy Concerns During Telehealth Visit

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). The results for this question were all suppressed; therefore, HSAG did not include a table.

Ease of Using Technology During Telehealth Visit

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 2-9 shows the results for this question.

Table 2-9—Ease of Using Technology During Telehealth Visit

Response Options	N	%
Very easy	S	S
Easy	31	44.9%
Difficult	S	S
Very Difficult	S	S
<i>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.”</i>		

Quality of Care Received During Telehealth Visit

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 2-10 shows the results for this question.

Table 2-10—Quality of Care Received During Telehealth Visit

Response Options	N	%
Much worse	S	S
Slightly worse	12	17.4%
About the same	45	65.2%
Slightly better	S	S
Much better	S	S
<i>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.”</i>		

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 3-9.

Table 2-11 provides a summary of the survey items identified for each of the three measures as being key drivers of member experience for DCS CHP (indicated by a ✓). Please refer to Appendix A. Additional Data for graphical displays of the key drivers of member experience results.

Table 2-11—Key Drivers of Member Experience: DCS CHP

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/Usually vs. Always	✓	✓	✓
Q27. Child’s personal doctor explained things about the child’s health in an understandable way to the caretaker	Never/Sometimes/Usually vs. Always	NS	NS	✓
Q29. Child’s personal doctor showed respect for what the caretaker said	Never/Sometimes/Usually vs. Always	✓	NS	NS
Q35. Child’s personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	Never/Sometimes/Usually vs. Always	✓	NS	✓
Q45. Child’s health plan’s customer service gave the caretaker the information or help needed	Never/Sometimes/Usually vs. Always	✓	NS	NA
<p><i>NA indicates that this question was not evaluated for this measure.</i></p> <p><i>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.</i></p>				

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 scores for each measure to NCQA's Quality Compass Benchmark and Compare Quality Data.^{2-12,2-13} 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). The percentages presented in Table 2-12 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.

²⁻¹² National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020*. Washington, DC: NCQA, September 2020.

²⁻¹³ NCQA Quality Compass benchmarks for the CCC Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the population of children in foster care. Caution should be exercised when interpreting the results of the NCQA Comparisons analysis (i.e., overall member experience ratings).

Table 2-12—NCQA Comparisons

Measure	Score	Star Rating
Global Ratings		
<i>Rating of Health Plan</i>	54.5%	★
<i>Rating of All Health Care</i>	64.7%	★
<i>Rating of Personal Doctor</i>	76.0%	★★
<i>Rating of Specialist Seen Most Often</i>	65.2% ⁺	★
Composite Measures		
<i>Getting Needed Care</i>	85.9%	★
<i>Getting Care Quickly</i>	91.2%	★
<i>How Well Doctors Communicate</i>	95.9%	★★
<i>Customer Service</i>	81.1% ⁺	★
Individual Item Measure		
<i>Coordination of Care</i>	71.6% ⁺	★
CCC Composite Measures and Items		
<i>Access to Specialized Services</i>	70.9% ⁺	★
<i>FCC: Personal Doctor Who Knows Child</i>	87.4%	★
<i>Coordination of Care for Children With Chronic Conditions</i>	75.0% ⁺	★★
<i>Access to Prescription Medicines</i>	83.9%	★
<i>FCC: Getting Needed Information</i>	93.5%	★★★★
<p><i>Star Assignments Based on Percentiles:</i> ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★★ 50th-74th ★★ 25th-49th ★ Below 25th Please note: CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.</p>		



National Average Comparisons

For purposes of the National Average Comparisons analysis, HSAG calculated top-box scores for each measure.²⁻¹⁴ The 2020 NCQA child Medicaid national averages are provided for comparative purposes.^{2-15,2-16,2-17} Figure 2-4 through Figure 2-7, on the following pages, show the results of this comparison. CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents. For information on the survey language and response options for the measures, please refer to the Reader's Guide beginning on page 3-3. For more detailed information regarding the calculation of these measures, please refer to the Reader's Guide section beginning on page 3-8.

²⁻¹⁴ National Committee for Quality Assurance. *HEDIS® Measurement Year 2020 Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

²⁻¹⁵ The source for the NCQA national averages for the CCC population contained in this publication 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).

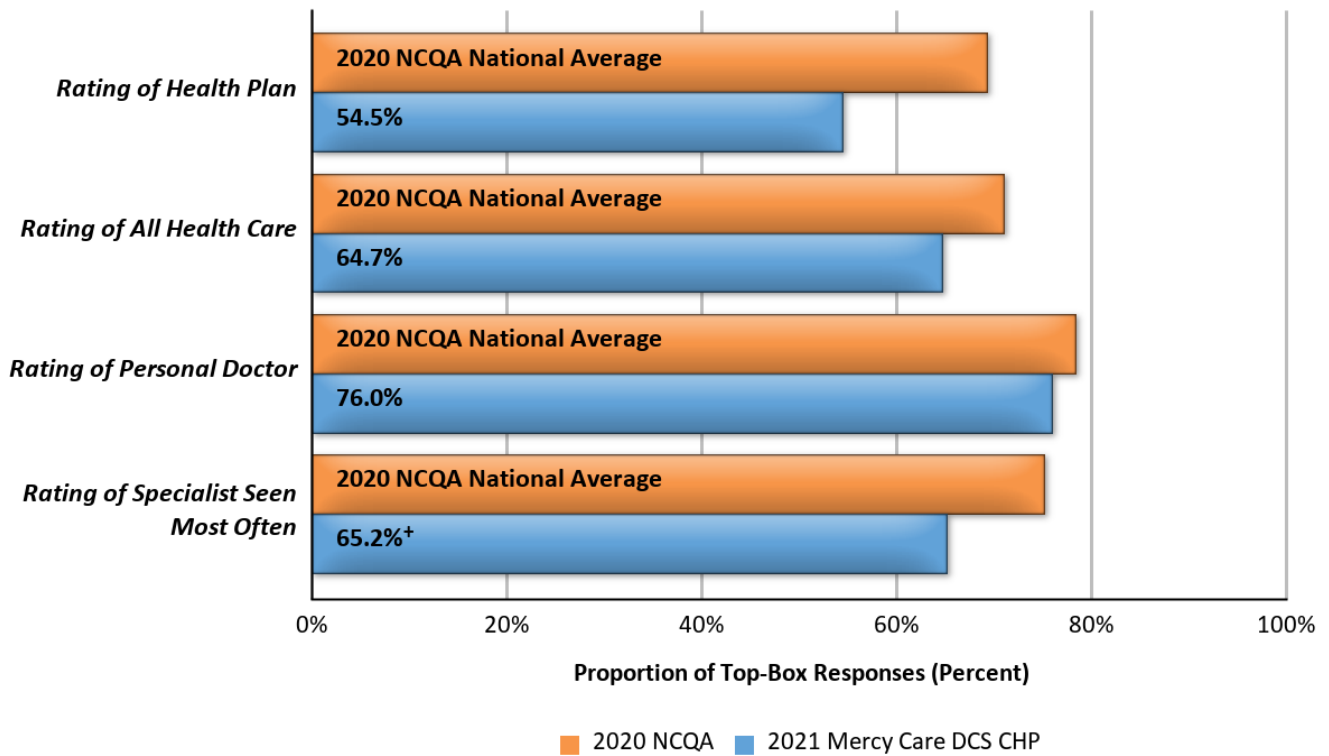
²⁻¹⁶ Quality Compass 2021 data were not available at the time this report was prepared; therefore, 2020 data were used for comparison.

²⁻¹⁷ NCQA Quality Compass national averages for the CCC Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the population of children in foster care. Caution should be exercised when comparing top-box scores to the national averages.

Global Ratings

Figure 2-4 shows the top-box scores and 2020 NCQA CCC Medicaid national averages for the global ratings.

Figure 2-4—Global Ratings: Top-Box Scores

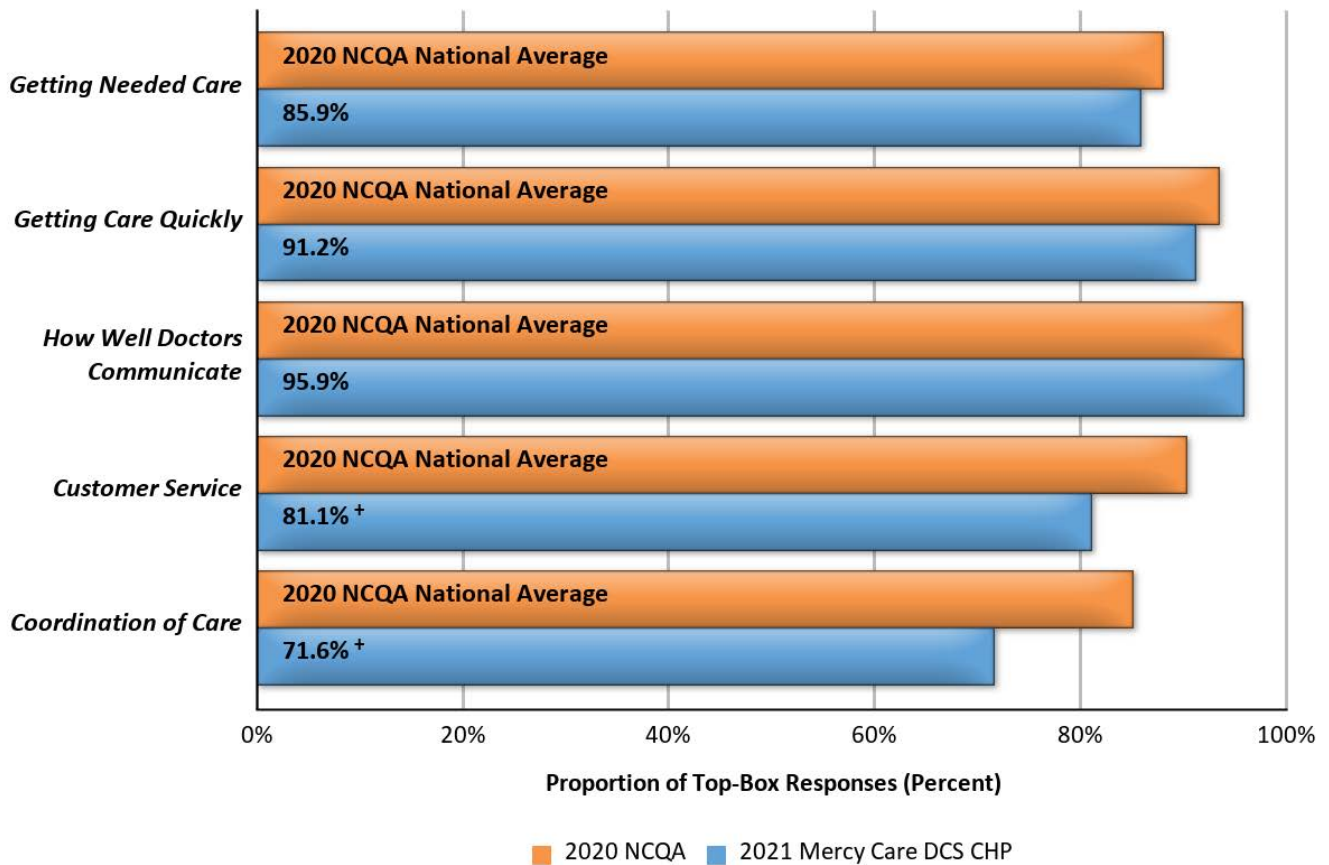


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite Measures and Individual Item Measure

Figure 2-5 shows the top-box scores and 2020 NCQA CCC Medicaid national averages for the composite measures and individual item measure.

Figure 2-5—Composite Measures and Individual Item Measure: Top-Box Scores

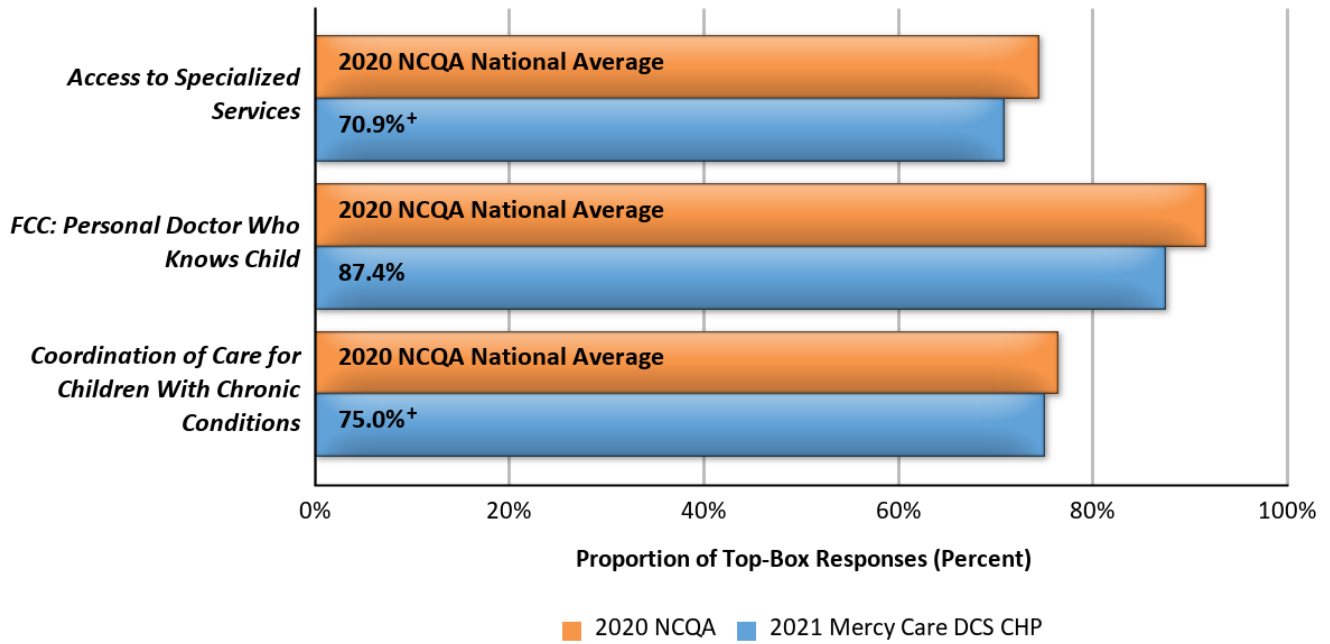


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

CCC Composite Measures

Figure 2-6 shows the top-box scores and 2020 NCQA CCC Medicaid national averages for the CCC composite measures.

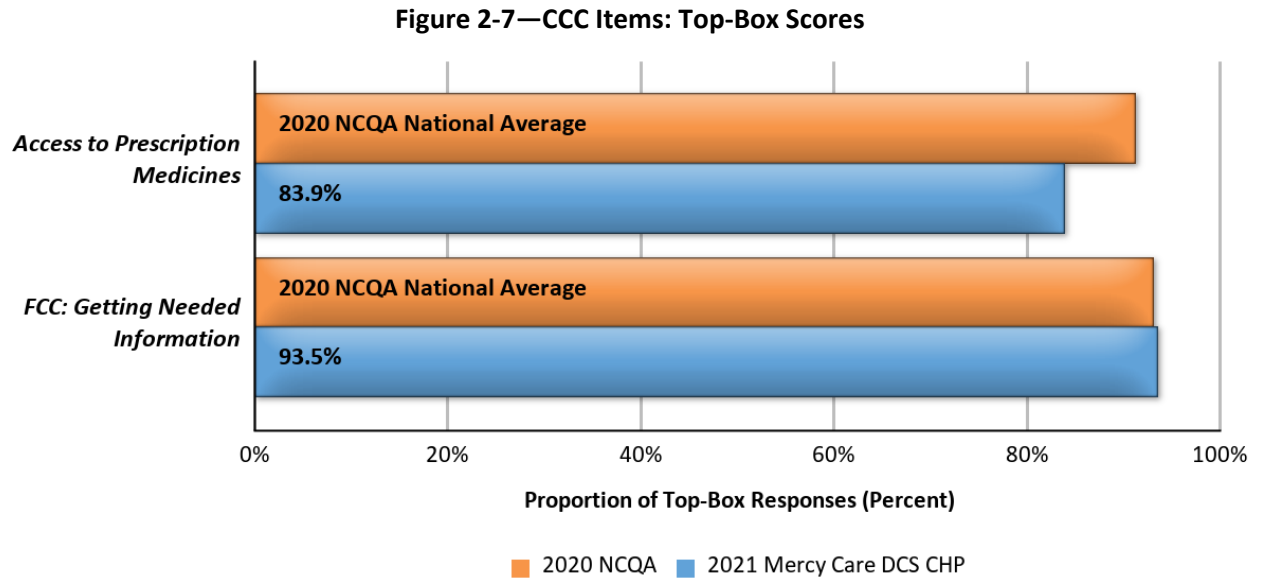
Figure 2-6—CCC Composite Measures: Top-Box Scores



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

CCC Items

Figure 2-7 shows the top-box scores and 2020 NCQA CCC Medicaid national averages for the CCC items.



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 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.³⁻¹ 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.³⁻² 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.^{3-3,3-4} 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.³⁻⁵

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

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

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

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

³⁻⁵ 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.³⁻⁶ 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.³⁻⁷

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 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set includes 76 core questions that yield 14 measures of member experience.³⁻⁸ These measures include four global rating questions, four composite measures, one individual item measure, and five CCC composites/items. The global measures (also referred to as global ratings) reflect caretakers' overall experience with their child's 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 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*).³⁻⁹ Figure 3-1 lists the measures included in the survey.

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

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

³⁻⁸ AHCCCS elected to add 5 supplemental questions to the survey.

³⁻⁹ The CCC composites and items are only calculated for the CCC population. They are not calculated for the general child population.

Figure 3-1—CAHPS Measures

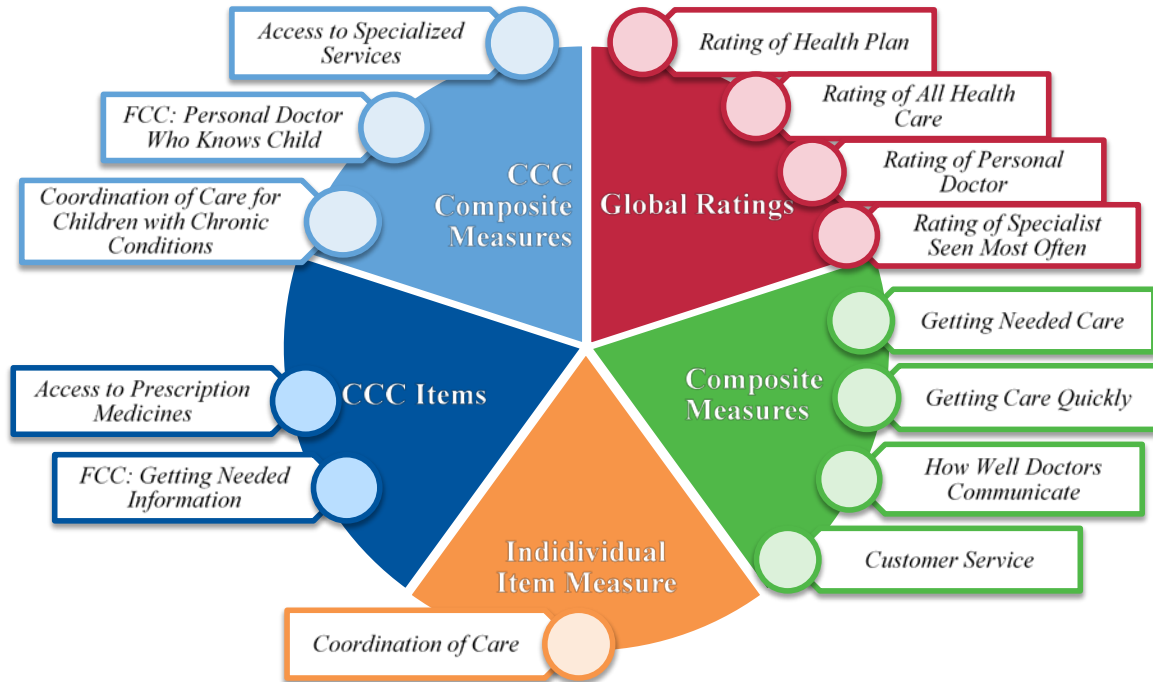


Table 3-1 presents the question language and response options for each measure.

Table 3-1—Question Language and Response Options

Question Language	Response Options
Global Ratings	
<i>Rating of Health Plan</i>	
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
<i>Rating of All Health Care</i>	
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
<i>Rating of Personal Doctor</i>	
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

Question Language	Response Options
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 <u>needed care right away</u> , 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 <u>check-up or routine care</u> 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
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

Question Language	Response Options
21. In the last 6 months, how often was it easy to get this treatment or counseling for your child?	Never, Sometimes, Usually, Always
<i>FCC: Personal Doctor Who Knows Child</i>	
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 <u>family's</u> day-to-day life?	Yes, No
<i>Coordination of Care for Children with Chronic Conditions</i>	
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	
<i>Access to Prescription Medicines</i>	
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
<i>FCC: Getting Needed Information</i>	
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 17 years of age or younger (less than 18 years of age) as of December 31, 2020.
- Were currently enrolled in DCS CHP.
- Had been continuously enrolled in the program during the measurement period (July 1, 2020 to December 31, 2020) with no more than one gap in enrollment of up to 45 days.³⁻¹⁰

³⁻¹⁰ To determine continuous enrollment, no more than one gap in the enrollment period of up to 45 days, or for a child member for whom enrollment is verified monthly, up to a one-month gap in the enrollment period was allowed.

For DCS CHP, a sample of 2,807 child members was selected for the CAHPS 5.1 general child sample (1,650 child members plus an oversample of 1,157 child members), which represents the general population of children. After selecting the general child sample, a sample of 574 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 a total of 3,381 child members).

Survey Protocol

A cover letter was mailed to caretakers of sampled child members and 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 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 reminder postcard. Finally, a third survey mailing was sent to all non-respondents.

Table 3-2 shows the mixed mode (i.e., mail and Internet) timeline used in the administration of the survey.

Table 3-2—Survey Timeline

Task	Timeline
Send first questionnaires with cover letter to parents/caretakers of child 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 caretakers' experience with DCS CHP. 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.³⁻¹¹ A 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 3-5), or had a language barrier.

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

Child and Respondent Demographics

The demographics analysis evaluated demographic information of child members and respondents based on caretakers' responses to the survey. The demographic characteristics of children included age, gender, race, ethnicity, and general health status. Self-reported respondent demographic information included age, education level, gender, and relationship to the child.

Respondent Analysis

HSAG evaluated the demographic characteristics of general child members (i.e., age and gender) as part of the respondent analysis. HSAG performed a *t* test to determine whether the demographic characteristics of child members whose caretakers responded to the survey (i.e., respondent percentages) were statistically significantly different from the demographic characteristics of all 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

³⁻¹¹ National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

all results in the context of the actual respondent population. If the respondent population differs significantly from the actual population of the program, then caution must be exercised when extrapolating the results to the entire population.

General Child and CCC Results

For purposes of calculating the general child and CCC results, HSAG calculated top-box scores for each measure following NCQA HEDIS Specifications for Survey Measures.³⁻¹² The scoring of each measure involved assigning 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 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.

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

For purposes of this report, HSAG presented results for a measure even when the NCQA minimum reporting threshold of 100 respondents was not met. Therefore, caution should be exercised when interpreting results for those measures with fewer than 100 respondents, which are denoted with a cross (+).

NCQA Comparisons

In order to perform the NCQA Comparisons, HSAG compared the top-box scores to NCQA's Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings.³⁻¹³ Ratings of one (★) to five (★★★★★) stars were determined for each measure using the percentile distributions shown in Table 3-3.

Table 3-3—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

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 3-4 depicts the survey items (i.e., questions) that were analyzed for each measure in the key drivers of member experience analysis as indicated by a checkmark (✓), as well as each survey item's baseline response that was used in the statistical calculation.

³⁻¹³ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020*. Washington, DC: NCQA, September 2020.

Table 3-4—Potential Key Drivers

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 caretaker	✓	✓	✓	Always
Q28. Child's personal doctor listened carefully to the caretaker	✓	✓	✓	Always
Q29. Child's personal doctor showed respect for what the caretaker said	✓	✓	✓	Always
Q31. Child's personal doctor explained things in an understandable way for the child	✓	✓	✓	Always
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 caretaker the information or help needed	✓	✓		Always
Q46. 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)

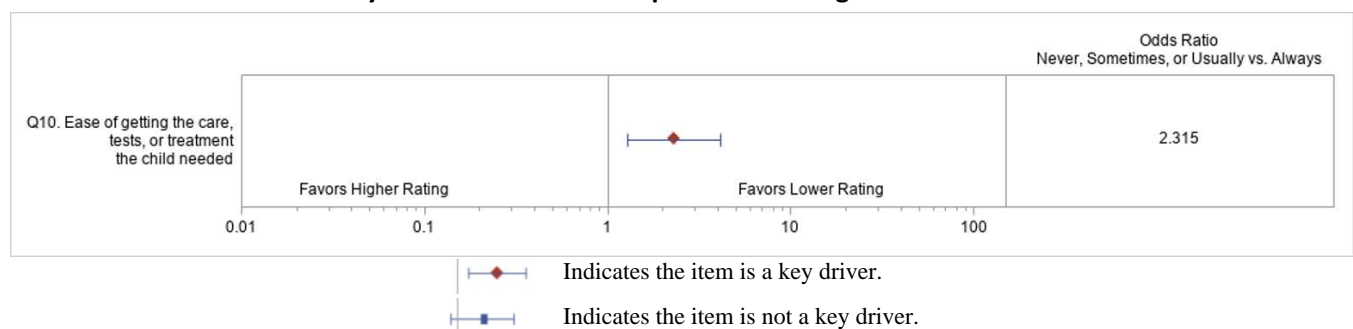
For each item evaluated, HSAG calculated the relationship between the item's response and performance on each of the three measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal 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 the 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, the results indicate that respondents who answered "Never," "Sometimes," or "Usually" to Question 10 are 2.315 times more likely to provide a lower rating for the 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 for the figures showing the detailed results of the key drivers of member experience analysis.

Key Drivers of Member Experience: Rating of Health Plan



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 children and youth in foster care enrolled in DCS CHP was assessed for the first time. On April 1, 2021, CMDP changed to DCS CHP. Children in foster care can access the same covered services (i.e., medical, dental, and behavioral health) with DCS CHP as they did with CMDP and the Regional Behavioral Health Authorities; however, these services are now received through a statewide, integrated delivery model through Mercy Care DCS CHP. Due to the timing of the survey, the results may be reflective of services provided both prior to (looking at CMDP provided care and services) and after the April 1, 2021 transition (looking at care and services under DCS CHP).

Contact Information

The placement of children and youth in foster care may change frequently; therefore, contact information (i.e., mailing addresses) received through the sample frame file represented the most recent addresses for the caretakers of child members when the data were received from AHCCCS. This represents a change from previously conducted CAHPS surveys for the CMDP population that included Department of Child Safety case managers as respondents.

Causal Inferences

Although this report examines whether caretakers report different experiences with various aspects of the child member's health care, these differences may not be completely attributable to CMDP and/or DCS CHP. 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 caretakers' 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 their child's 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.³⁻¹⁴ 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. HSAG did not find that early respondents were more likely to provide a higher or lower top-box response for any measure; however, AHCCCS should consider that potential non-response bias may exist when interpreting CAHPS results.

³⁻¹⁴ Korkeila, K., et al. "Non-response and related factors in a nation-wide health survey." *European Journal of Epidemiology* 17.11 (2001): 991-999.

4. Survey Instrument

The survey instrument selected was the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set. This section provides a copy of the survey instrument.

Your privacy is protected. The research staff will not share your personal information with anyone without your OK. Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

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

If you want to know more about this study, please call 1-877-455-9246.

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 Mercy Care Department of Child Safety Comprehensive Health Plan (Mercy Care DCS CHP) [formerly known as Comprehensive Medical and Dental Program (CMDP)]. 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 Health Care Possible Best Health Care 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 Specialist Possible Best Specialist 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 Health Plan Possible Best Health Plan 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 mental or emotional 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 your child's 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 your 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:

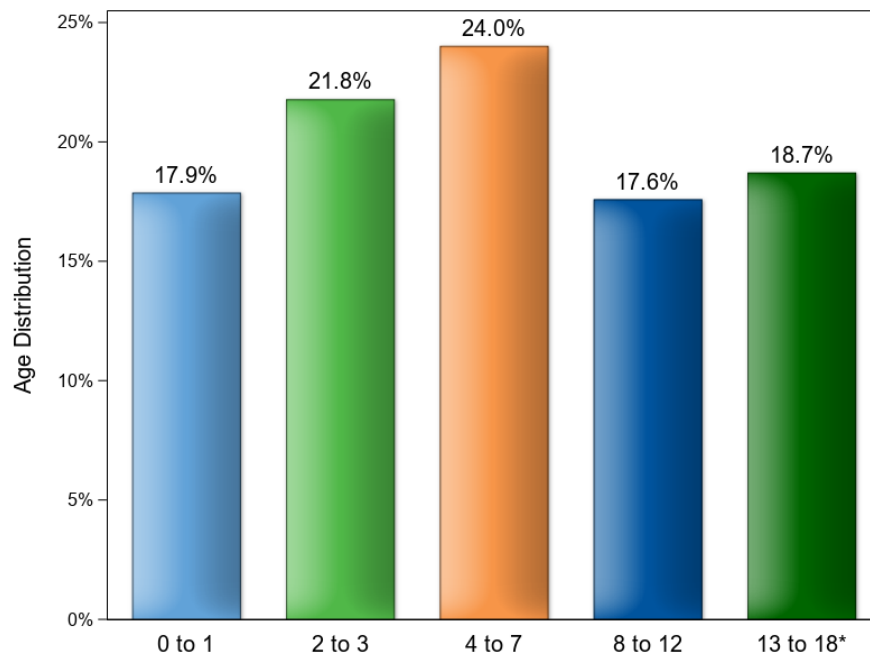
DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108



Child and Respondent Demographics

Figure A-1 through Figure A-5 depict the demographic characteristics of children for whom a caretaker completed a survey for age, gender, race, ethnicity, and general health status.^{A-1}

Figure A-1—Child Member Demographics: Age

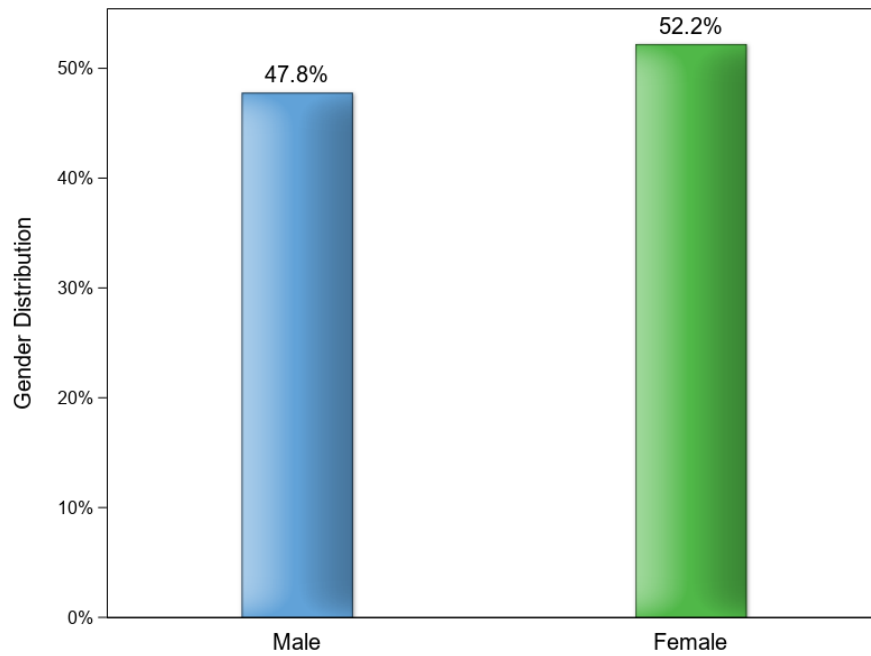


Please note, some percentages may not total 100 percent due to rounding.

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

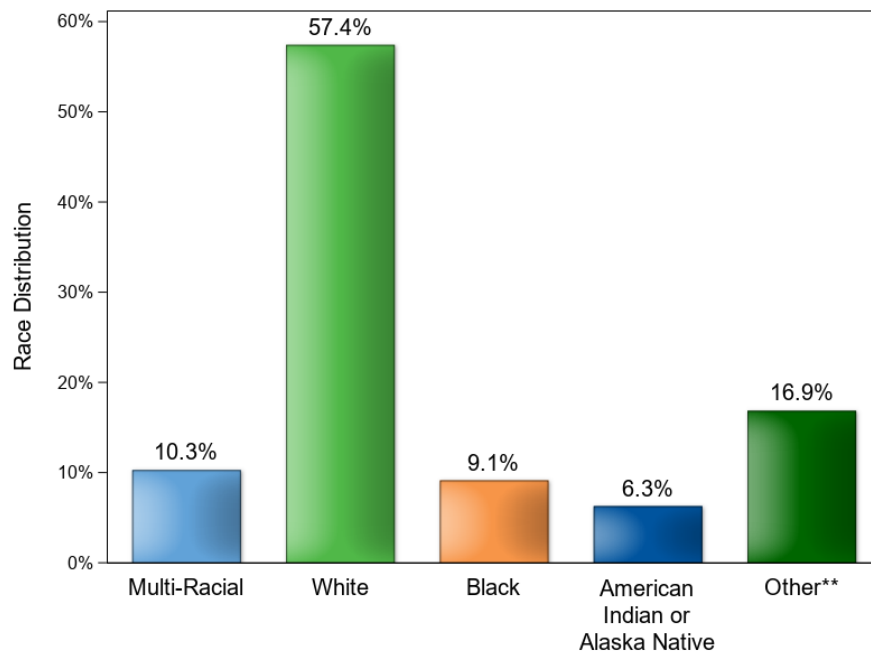
^{A-1} The child member demographics are based on responses of caretakers of general child members (i.e., child members selected as part of the general child population sample).

Figure A-2—Child Member Demographics: Gender



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

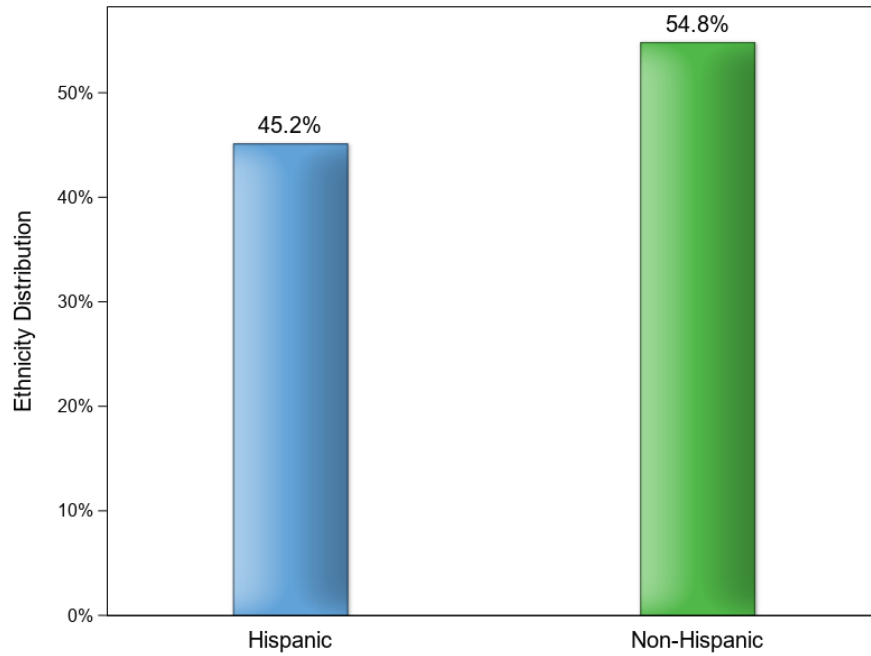
Figure A-3—Child Member Demographics: Race



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

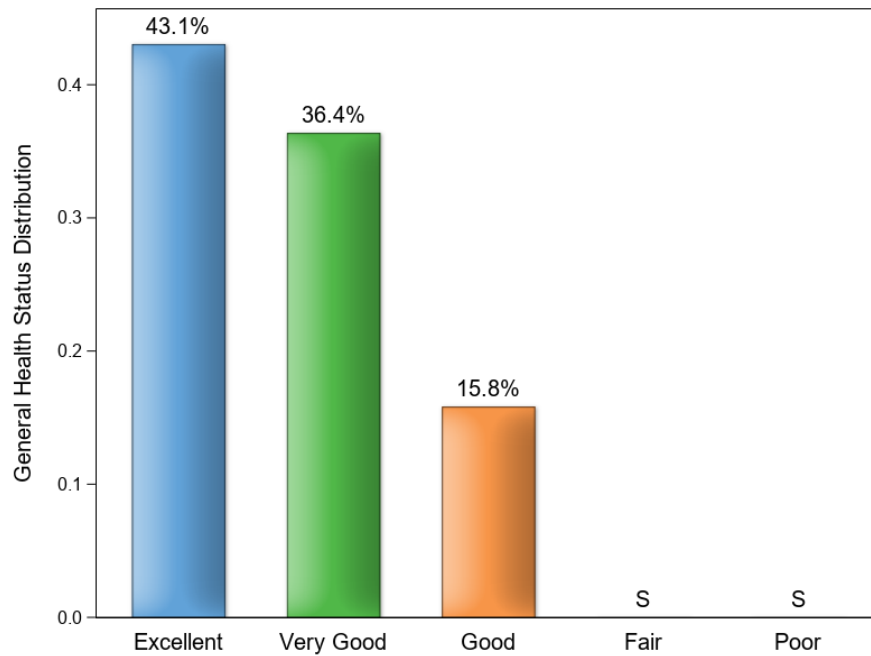
*** The "Other" race category includes responses of Native Hawaiian or Other Pacific Islander, Asian, and Other.*

Figure A-4—Child Member Demographics: Ethnicity



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

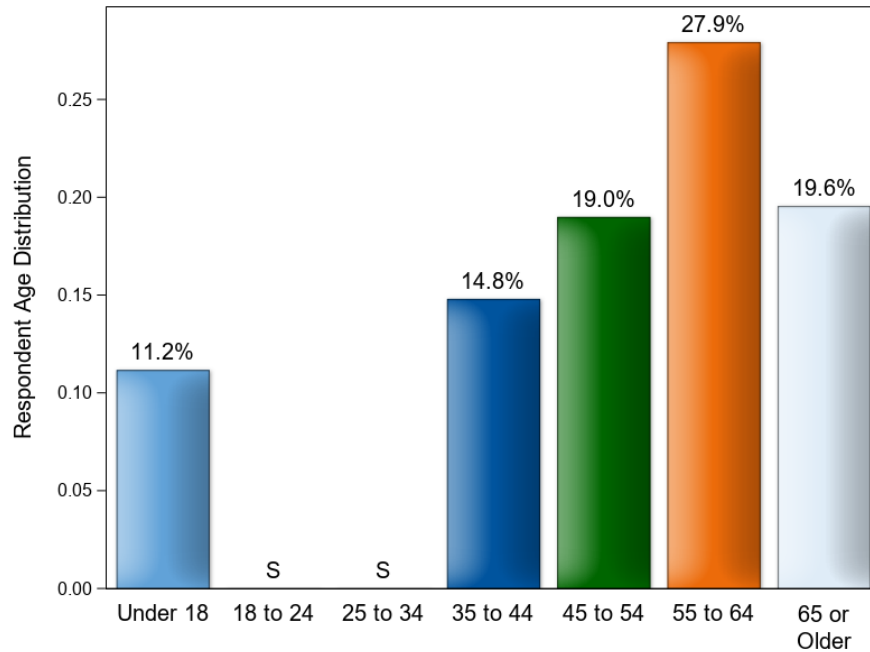
Figure A-5—Child Member Demographics: General Health Status



*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."*

Figure A-6 through Figure A-9 depict the demographic characteristics of caretakers who completed a survey on behalf of the child member for age, education level, gender, and relationship to the child.^{A-2}

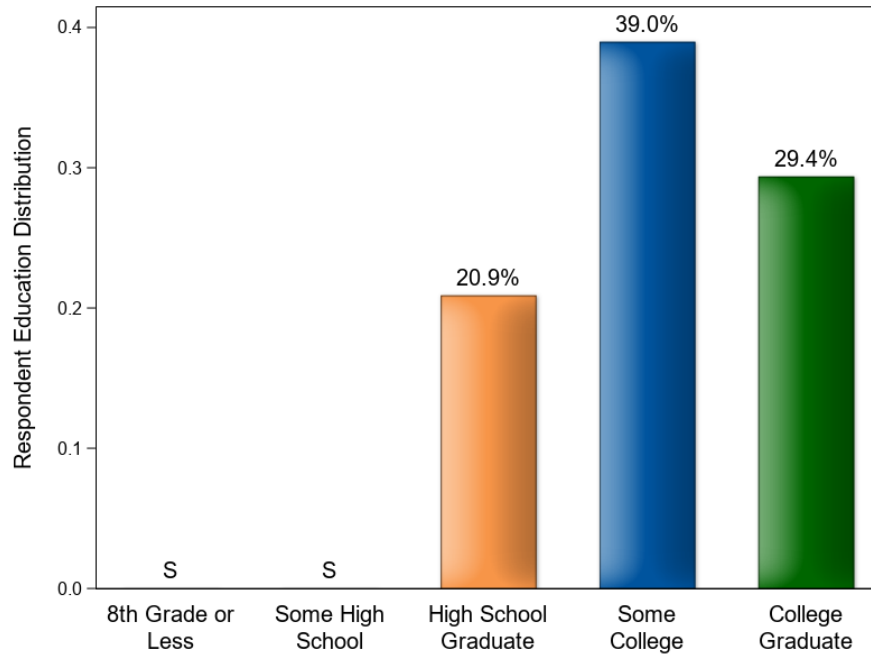
Figure A-6—Respondent Demographics: Age



*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."*

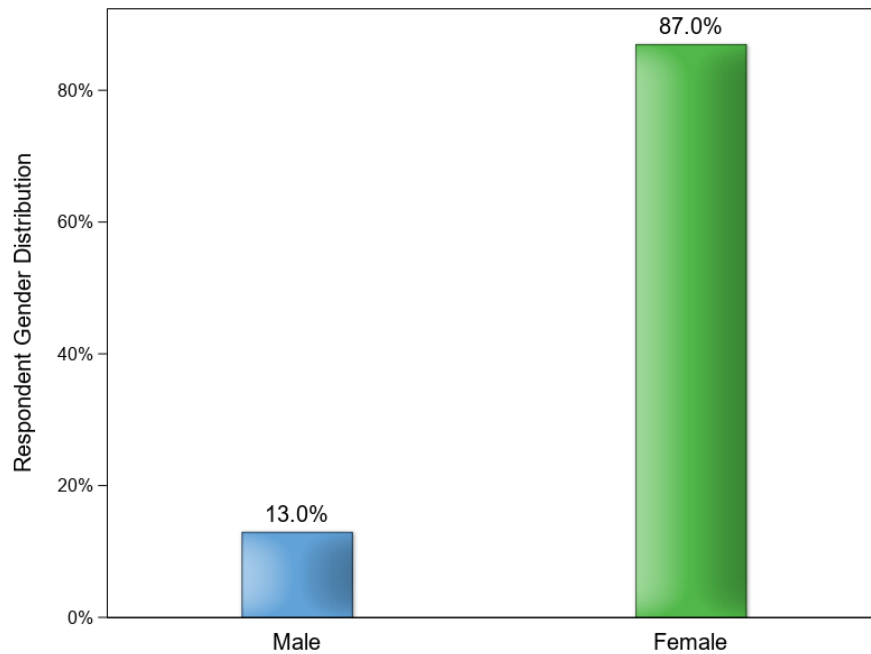
^{A-2} The respondent demographics are based on responses of caretakers of general child members (i.e., respondents of child members selected as part of the general child population sample).

Figure A-7—Respondent Demographics: Education Level



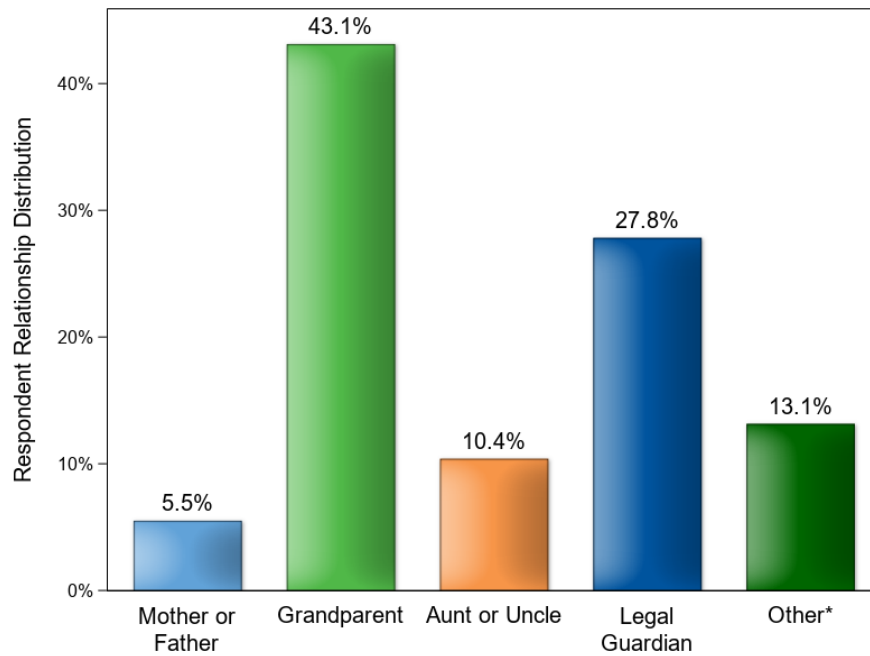
*Please note, some percentages may not total 100 percent due to rounding.
Results based on fewer than 11 responses were suppressed and noted with an "S."*

Figure A-8—Respondent Demographics: Gender



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

Figure A-9—Respondent Demographics: Relationship to the Child^{A-3}



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

** The "Other" relationship to the child category includes responses of older brother or sister, other relative, and someone else.*

^{A-3} The Mother or Father relationship could also include the Department of Child Safety case manager, foster mother, foster father, or kinship placement.

Key Drivers of Member Experience Analysis

Figure A-10 through Figure A-12 depict the results of the key drivers of member experience analysis for DCS CHP. The items identified as key drivers are indicated with a red diamond.

Figure A-10—Key Drivers of Member Experience: Rating of Health Plan

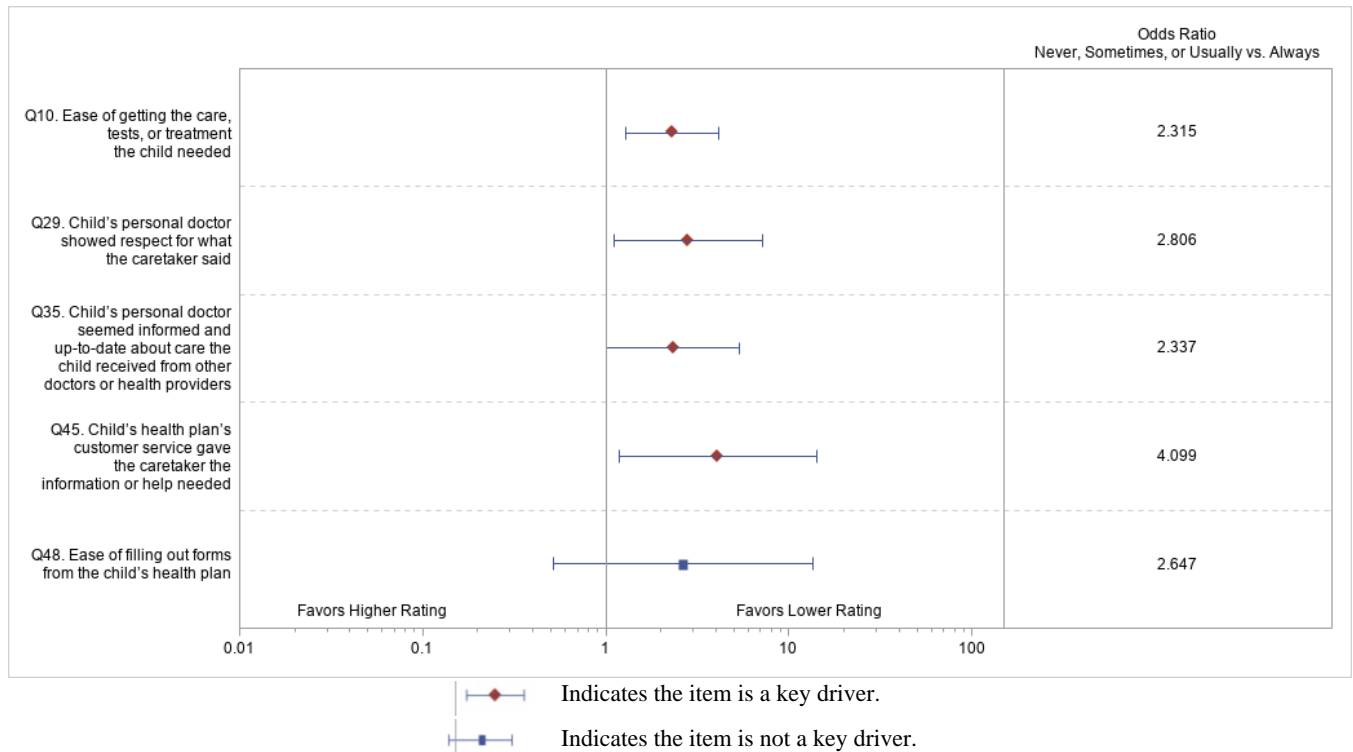


Figure A-11—Key Drivers of Member Experience: Rating of All Health Care

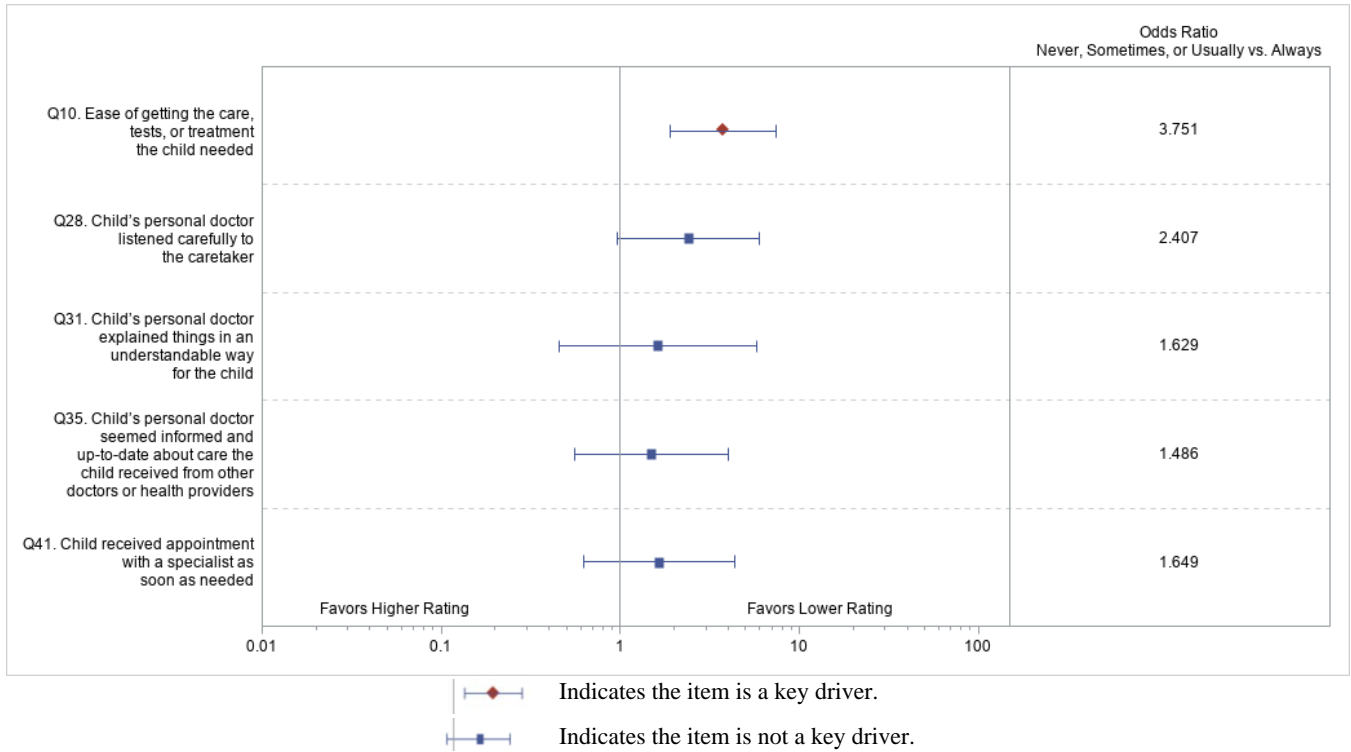


Figure A-12—Key Drivers of Member Experience: Rating of Personal Doctor

