

2019 KidsCare CAHPS® Summary Report

Arizona Health Care Cost Containment System

April 2020



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1. Executive Summary

The State of Arizona required the administration of member experience surveys to members enrolled in the Arizona Health Care Cost Containment System (AHCCCS) KidsCare Program (KidsCare). KidsCare is Arizona's Children's Health Insurance Program (CHIP). 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 the AHCCCS KidsCare Program.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 was the CAHPS 5.0 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 Parents/caretakers of child members completed the surveys from June to August 2019.

Report Overview

The results presented in the report represent two populations: general child and CCC. The presented results include:

- Four global ratings:
 - *Rating of Health Plan*
 - *Rating of All Health Care*
 - *Rating of Personal Doctor*
 - *Rating of Specialist Seen Most Often*
- Five composite measures:
 - *Getting Needed Care*
 - *Getting Care Quickly*
 - *How Well Doctors Communicate*
 - *Customer Service*
 - *Shared Decision Making*
- Two individual item measures:
 - *Coordination of Care*
 - *Health Promotion and Education*
- Three CCC composite measures (for the CCC population only):

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).

- Access to Specialized Services
- Family-Centered Care (FCC): Personal Doctor Who Knows Child
- Coordination of Care for Children with Chronic Conditions
- Two CCC items (for the CCC population only):
 - Access to Prescription Medicines
 - FCC: Getting Needed Information

General Child Performance Highlights

The General Child Results section of this report details the CAHPS results for the KidsCare general child population. The general child population consisted of children 18 years or younger when the sample frame was pulled.¹⁻³ The performance highlights are categorized into three areas of analysis performed for the general child population:

- National Committee for Quality Assurance (NCQA) Comparisons
- Trend Analysis
- Key Drivers of Member Experience Analysis

NCQA Comparisons

HSAG compared scores for the CAHPS measures to NCQA's 2018 Quality Compass[®]: Benchmark and Compare Quality Data.^{1-4,1-5,1-6} This comparison resulted in overall member experience ratings (i.e., star ratings) of one star (★) to five stars (★★★★★), where one star is the lowest possible rating and five stars is the highest possible rating. It is important to note that NCQA does not publish separate benchmarks and thresholds for the Children's Health Insurance Program (CHIP) population; therefore, NCQA's benchmarks and thresholds for the child Medicaid population were used to derive the overall member experience ratings. As such, caution should be exercised when interpreting the results of the National Comparisons analysis (i.e., star ratings). The detailed results of this comparative analysis are described in the General Child Results section beginning on page 3-1.

¹⁻³ Some children eligible for the CAHPS survey turned age 19 between April 1, 2019, and the time of survey administration.

¹⁻⁴ National Committee for Quality Assurance. *Quality Compass[®]: Benchmark and Compare Quality Data 2018*. Washington, DC: NCQA, September 2018.

¹⁻⁵ The source for the benchmark and compare quality data used for this comparative analysis is Quality Compass[®] 2018 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass[®] 2018 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.

¹⁻⁶ In 2019, HSAG changed the benchmarking source for the NCQA Comparisons analysis from previous reports; therefore, results may not be comparable to previous years.

The following are highlights from this comparison for the general child population:

- KidsCare’s general child population scored at or above the 90th percentile on two measures: *Rating of Health Plan* and *Rating of All Health Care*.
- KidsCare’s general child population scored below the 25th percentile on four measures: *Getting Needed Care*, *Shared Decision Making*, *Coordination of Care*, and *Health Promotion and Education*.

Trend Analysis

In order to evaluate trends, the 2019 KidsCare general child population results were compared to the 2018 results. In addition, the results were compared to 2018 NCQA child Medicaid Quality Compass data.¹⁻⁷ Quality Compass data contain the latest CAHPS measures and benchmarks (i.e., NCQA averages and percentiles) and are used for benchmarking performance. It is important to note that NCQA Quality Compass national averages for the child Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the CHIP population. Given the potential differences in the demographics of these populations (i.e., child Medicaid and CHIP), caution should be exercised when interpreting these results. The detailed results of these analyses are described in the General Child Results section beginning on page 3-3.

The following are highlights of these comparisons for the general child population:

- KidsCare’s general child population did not score statistically significantly higher or lower in 2019 than in 2018 on any measure.
- KidsCare’s general child population scored at or above the national average on six measures: *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service*.

¹⁻⁷ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2018*. Washington, DC: NCQA, September 2018.

Children with Chronic Conditions (CCC) Performance Highlights

The Children with Chronic Conditions Results section of this report details the CAHPS results for the KidsCare CCC population. The CCC population (i.e., child population with chronic conditions) was identified by those parents/caretakers who responded affirmatively to the CCC survey screener questions. The following is a summary of the CCC CAHPS performance highlights, which are categorized into two areas of analysis:

- NCQA Comparisons
- Trend Analysis

NCQA Comparisons

HSAG compared scores for the CCC CAHPS measures to NCQA's 2018 Quality Compass: Benchmark and Compare Quality Data.^{1-8,1-9} This comparison resulted in overall member experience ratings (i.e., star ratings) of one star (★) to five stars (★★★★★), where one star is the lowest possible rating and five stars is the highest possible rating. It is important to note that NCQA does not publish separate benchmarks and thresholds for the CHIP population; therefore, NCQA's benchmarks and thresholds for the CCC Medicaid population were used to derive the overall member experience ratings. As such, caution should be exercised when interpreting the results of the National Comparisons analysis (i.e., star ratings). The detailed results of this comparative analysis are described in the Children with Chronic Conditions Results section beginning on page 4-2.

The following are highlights from this comparison for the CCC population:

- KidsCare's CCC population scored at or above the 90th percentile on two measures: *Rating of Personal Doctor* and *Coordination of Care for Children with Chronic Conditions*.
- KidsCare's CCC population scored below the 25th percentile on two measures: *Getting Needed Care* and *Health Promotion and Education*.

¹⁻⁸ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2018*. Washington, DC: NCQA, September 2018.

¹⁻⁹ In 2019, HSAG changed the benchmarking source for the NCQA Comparisons analysis from previous reports; therefore, results may not be comparable to previous years.

Trend Analysis

In order to evaluate trends, the 2019 KidsCare CCC population results were compared to the 2018 results. In addition, the results were compared to 2018 NCQA CCC Medicaid Quality Compass data.¹⁻¹⁰ Quality Compass data contain the latest CAHPS measures and benchmarks (i.e., NCQA averages and percentiles) and are used for benchmarking performance. It is important to note that 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 CHIP population. Given the potential differences in the demographics of these populations (i.e., CCC Medicaid and CHIP), caution should be exercised when interpreting these results. The detailed results of this analysis are described in the Children with Chronic Conditions Results section beginning on page 4-5.

The following are highlights of these comparisons for the CCC population:

- KidsCare’s CCC population did not score statistically significantly higher or lower in 2019 than in 2018 on any measure.
- KidsCare’s CCC population scored at or above the national average on 11 measures: *Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Getting Care Quickly, How Well Doctors Communicate, Shared Decision Making, Coordination of Care, Access to Specialized Services, Coordination of Care for Children with Chronic Conditions, FCC: Getting Needed Information, and Access to Prescription Medicines.*

¹⁻¹⁰ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2018*. Washington, DC: NCQA, September 2018.

2. Survey Administration

Survey Administration and Response Rates

Survey Administration

KidsCare members eligible for surveying included those who were enrolled in KidsCare at the time the sample was drawn and who were continuously enrolled in KidsCare for at least five of the six months of the measurement period (October 1, 2018 through March 31, 2019). In addition, child members had to be 18 years of age or younger as of March 31, 2019 to be included in the survey.

All members included in the total eligible population of 19,054 within the CAHPS 5.0 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 1,060 child members with a prescreen status code of 1 and 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 902 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 1,962 child members. Table 2-1 depicts the sample sizes selected for KidsCare.²⁻²

Table 2-1—KidsCare Sample Sizes

Total Sample Size	General Child Sample	General Child Oversample	CCC Supplemental Sample
1,962	901	159	902

²⁻¹ National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2018.

²⁻² HSAG originally surveyed a total of 3,839 sampled members; however, the original eligible population file (i.e., sample frame file) provided by AHCCCS included children 19 years of age who were ineligible for the survey. Per AHCCCS' request, HSAG removed those ineligible records to derive an updated eligible population file after survey administration concluded. The results in this report reflect the updated sample sizes and number of completes using the modified eligible population.

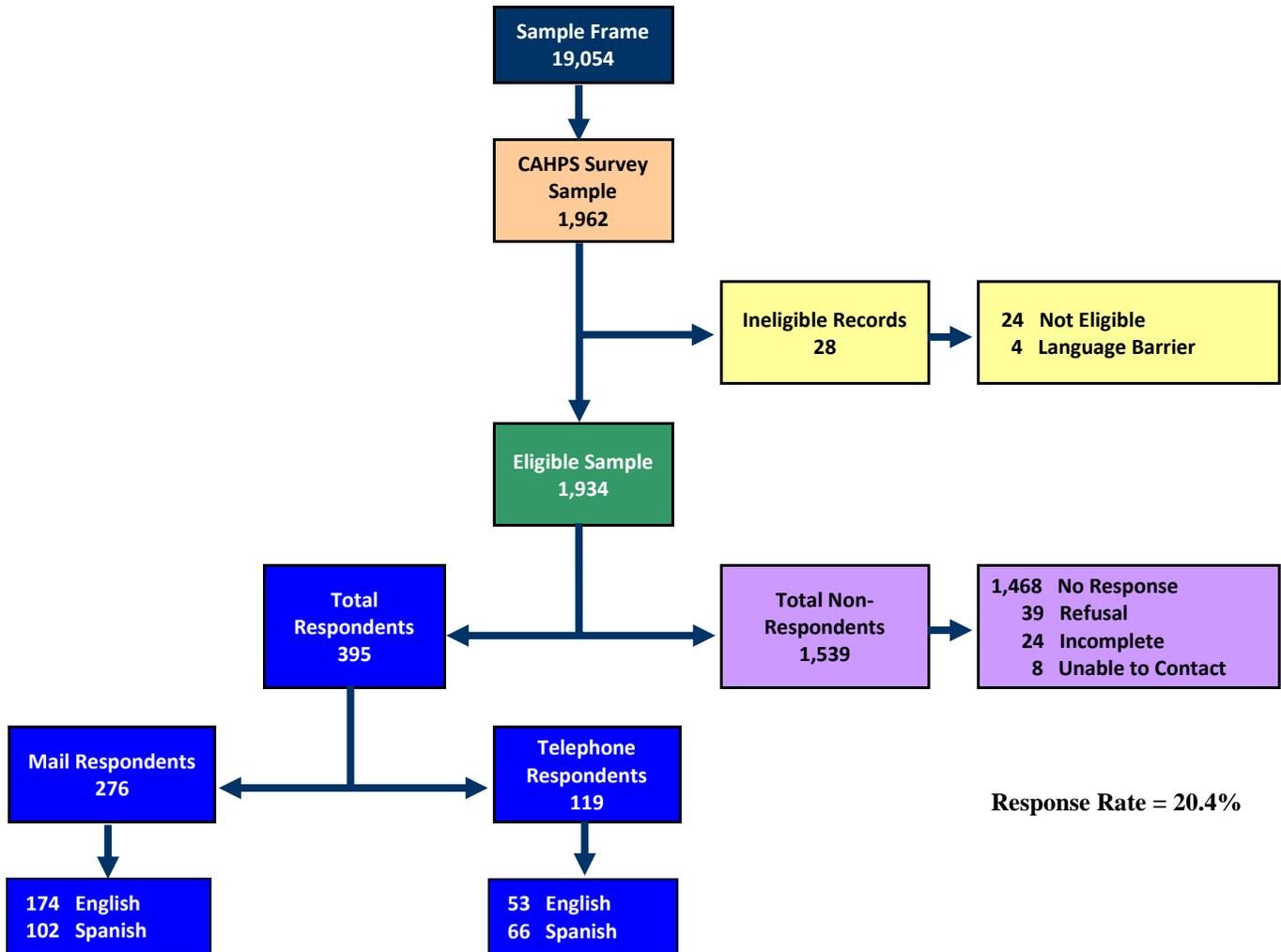
The survey administration protocol was designed to achieve a high response rate, thus minimizing the potential effects of non-response bias. The survey process allowed two methods by which the survey could be completed. The first phase, or mail phase, consisted of a survey being mailed to the sampled members. A reminder postcard was sent to all non-respondents, followed by a second survey mailing and reminder postcard. The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) for sampled members who had not mailed in a completed survey. Up to six CATI calls were made to each non-respondent. Additional information on the survey protocol is included in the Reader's Guide section beginning on page 7-3.

Response Rates

The response rate is the total number of completed surveys divided by all eligible members of the sample. A survey was assigned a disposition code of "completed" if at least three of the following five questions were answered: questions 3, 30, 45, 49, and 54. Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible population criteria), or had a language barrier.

A total of 395 surveys were completed on behalf of child members. Figure 2-1, on the following page, shows the distribution of survey dispositions and response rates for KidsCare. The survey dispositions and response rate are based on the responses of parents/caretakers of children in the general child and CCC supplemental populations.

Figure 2-1—Distribution of Surveys for KidsCare



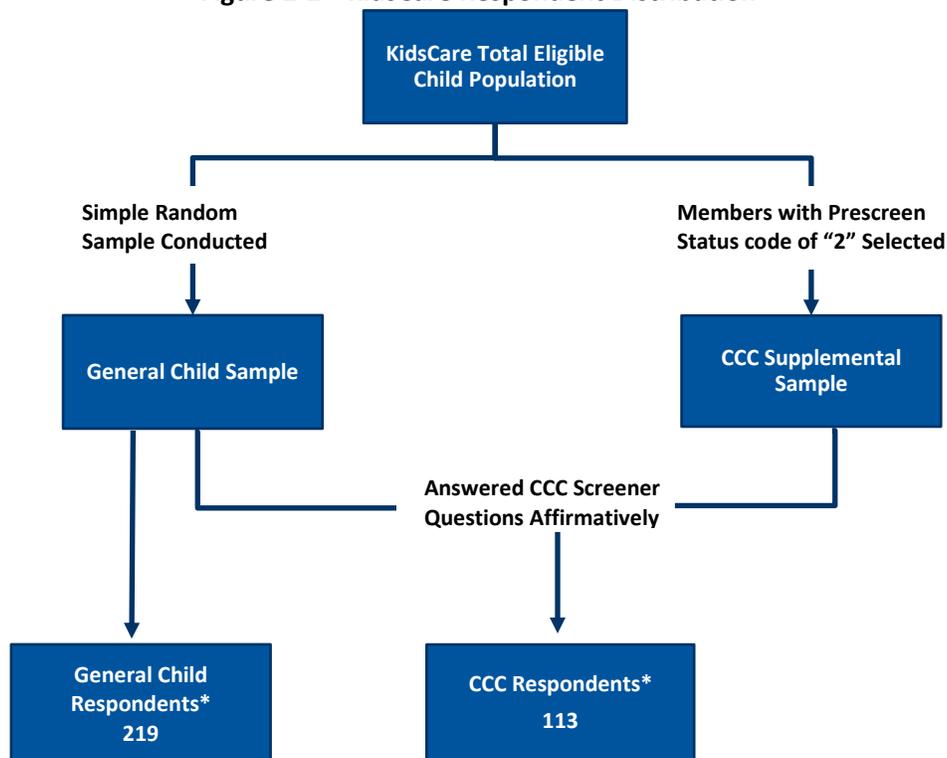
The KidsCare’s response rate of 20.4 percent was slightly lower than the national CCC Medicaid response rate reported by NCQA for 2018, which was 20.8 percent.²⁻³

²⁻³ National Committee for Quality Assurance. *HEDIS 2019 Update Survey Vendor Training*. October 10, 2018.

Children with chronic conditions were identified by a series of questions in the CAHPS 5.0 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 2-2 depicts the general child and CCC respondent distribution for the KidsCare population. Of the 113 CCC responses, 72 were derived from the CCC supplemental sample, and 41 were derived from the general child sample.

Figure 2-2—KidsCare Respondent Distribution



**General child and CCC respondents will not add up to the number of completed surveys (i.e., 395), as only members who answered affirmatively to the CCC screener questions are included in the CCC analysis.*

Child and Respondent Demographics

In general, the demographics of a response group may influence overall member experience scores. For example, older and healthier respondents tend to report higher levels of member experience; therefore, caution should be exercised when comparing populations that have significantly different demographic characteristics.²⁻⁴ Table 2-2 depicts the demographic characteristics of children for whom a parent or caretaker completed a CAHPS survey.²⁻⁵

Table 2-2—KidsCare Child Demographics: Age, Gender, Race, Ethnicity, and General Health Status

Age	
0 to 3	9.3%
4 to 7	15.3%
8 to 11	23.7%
12 to 15	30.7%
16 to 19*	20.9%
Gender	
Male	51.6%
Female	48.4%
Race	
Multi-Racial	6.1%
White	59.1%
Black	3.3%
Asian	2.2%
Native American or Alaska Native	2.2%
Other**	27.1%
Ethnicity	
Hispanic	75.1%
Non-Hispanic	24.9%
General Health Status	
Excellent	47.2%
Very Good	33.8%
Good	16.7%
Fair	2.3%
Poor	0.0%
<i>Please note: Percentages may not total 100% due to rounding.</i> <i>*Children were eligible for inclusion in CAHPS if they were 18 years of age or younger as of March 31, 2019. Some children eligible for the CAHPS Survey turned 19 between April 1, 2019 and the time of survey administration.</i> <i>**The "Other" Race category is based on respondents who answered, "Native Hawaiian or other Pacific Islander" and "Other."</i>	

²⁻⁴ Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: U.S. Department of Health and Human Services, July 2008.

²⁻⁵ The child demographic data presented in Table 2-2 are based on the characteristics of the general child respondent population.

Table 2-3 depicts the self-reported age, gender, level of education, and relationship to the child for the respondents who completed a CAHPS survey.²⁻⁶

Table 2-3—Respondent Demographics: Age, Gender, Education, and Relationship to Child

Respondent Age	
Under 18	6.6%
18 to 24	1.0%
25 to 34	21.8%
35 to 44	49.2%
45 to 54	18.3%
55 to 64	3.0%
65 or Older	0.0%
Respondent Gender	
Male	14.2%
Female	85.8%
Respondent Education	
8th Grade or Less	12.6%
Some High School	18.4%
High School Graduate	30.0%
Some College	28.0%
College Graduate	11.1%
Relationship to Child	
Mother or Father	99.1%
Grandparent	0.5%
Legal Guardian	0.0%
Other*	0.5%
<i>Please note: Percentages may not total 100% due to rounding. *The "Other" category for respondent demographics response options included aunt or uncle, older brother or sister, other relative, or someone else.</i>	

²⁻⁶ The respondent demographic data presented in Table 2-3 are based on the characteristics of the respondents from the general child respondent population.

3. General Child Results

The following section presents the CAHPS results for the KidsCare general child population. For the general child population, a total of 219 completed surveys were completed on behalf of child members. These completed surveys were used to calculate the 2019 General Child CAHPS results presented in this section.

NCQA Comparisons

HSAG compared scores for the CAHPS measures to NCQA’s 2018 Quality Compass Benchmark and Compare Quality Data.^{3-1,3-2} Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars for each CAHPS measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent), as shown in Table 3-1. Although NCQA requires a minimum of at least 100 responses on each item in order to obtain a reportable CAHPS 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 (+).

Table 3-1—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

³⁻¹ In 2019, HSAG changed the benchmarking source for the NCQA Comparisons analysis from previous reports; therefore, results may not be comparable to previous years.

³⁻² National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2018*. Washington, DC: NCQA, September 2018.

Table 3-2 shows the scores and overall member experience ratings on each measure.

Table 3-2—NCQA Comparisons: Overall Member Experience Ratings

Measure	Score	Star Rating
Global Ratings		
<i>Rating of Health Plan</i>	82.6%	★★★★★
<i>Rating of All Health Care</i>	78.4%	★★★★★
<i>Rating of Personal Doctor</i>	80.2%	★★★★
<i>Rating of Specialist Seen Most Often</i>	72.1% ⁺	★★ ⁺
Composite Measures		
<i>Getting Needed Care</i>	80.9%	★
<i>Getting Care Quickly</i>	92.0%	★★★
<i>How Well Doctors Communicate</i>	95.6%	★★★★
<i>Customer Service</i>	91.0% ⁺	★★★★ ⁺
<i>Shared Decision Making</i>	75.8% ⁺	★ ⁺
Individual Item Measure		
<i>Coordination of Care</i>	76.1% ⁺	★ ⁺
<i>Health Promotion and Education</i>	66.9%	★
<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.		

Summary of NCQA Comparisons Results

The NCQA comparisons revealed the following summary results for the general child population:

- KidsCare’s general child population scored at or above the 90th percentile on two measures: *Rating of Health Plan* and *Rating of All Health Care*.
- KidsCare’s general child population scored at or between the 75th and 89th percentiles on three measures: *Rating of Personal Doctor*, *How Well Doctors Communicate*, and *Customer Service*.
- KidsCare’s general child population scored at or between the 50th and 74th percentiles on one measure, *Getting Care Quickly*.
- KidsCare’s general child population scored at or between the 25th and 49th percentiles on one measure, *Rating of Specialist Seen Most Often*.
- KidsCare’s general child population scored below the 25th percentile on four measures: *Getting Needed Care*, *Shared Decision Making*, *Coordination of Care*, and *Health Promotion and Education*.

Trend Analysis

In 2018 and 2019, the KidsCare general child population had 425 and 219 completed surveys, respectively. These completed surveys were used to calculate the 2018 and 2019 CAHPS results presented in this section for trending purposes.

The scoring of the measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-box responses was calculated in order to determine the top-box scores. The 2018 NCQA child Medicaid national averages are provided for comparative purposes.^{3-3,3-4} In addition, responses were classified into response category proportions for each measure. For additional detail, please refer to the *NCQA HEDIS 2019 Specifications for Survey Measures, Volume 3* and the Reader's Guide section on page 7-7.³⁻⁵

The 2019 CAHPS scores were compared to the corresponding 2018 CAHPS scores to determine whether there were statistically significant differences. Statistically significant differences are noted with directional triangles. Scores that were statistically significantly higher in 2019 than in 2018 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2019 than in 2018 are noted with black downward (▼) triangles. Scores in 2019 that were not statistically significantly different from scores in 2018 are not noted with triangles.

For purposes of this report, results are reported for a CAHPS 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. CAHPS scores with fewer than 100 respondents are denoted with a cross (+).

³⁻³ For the NCQA child Medicaid national averages, the source for data contained in this publication is Quality Compass[®] 2018 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2018 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).

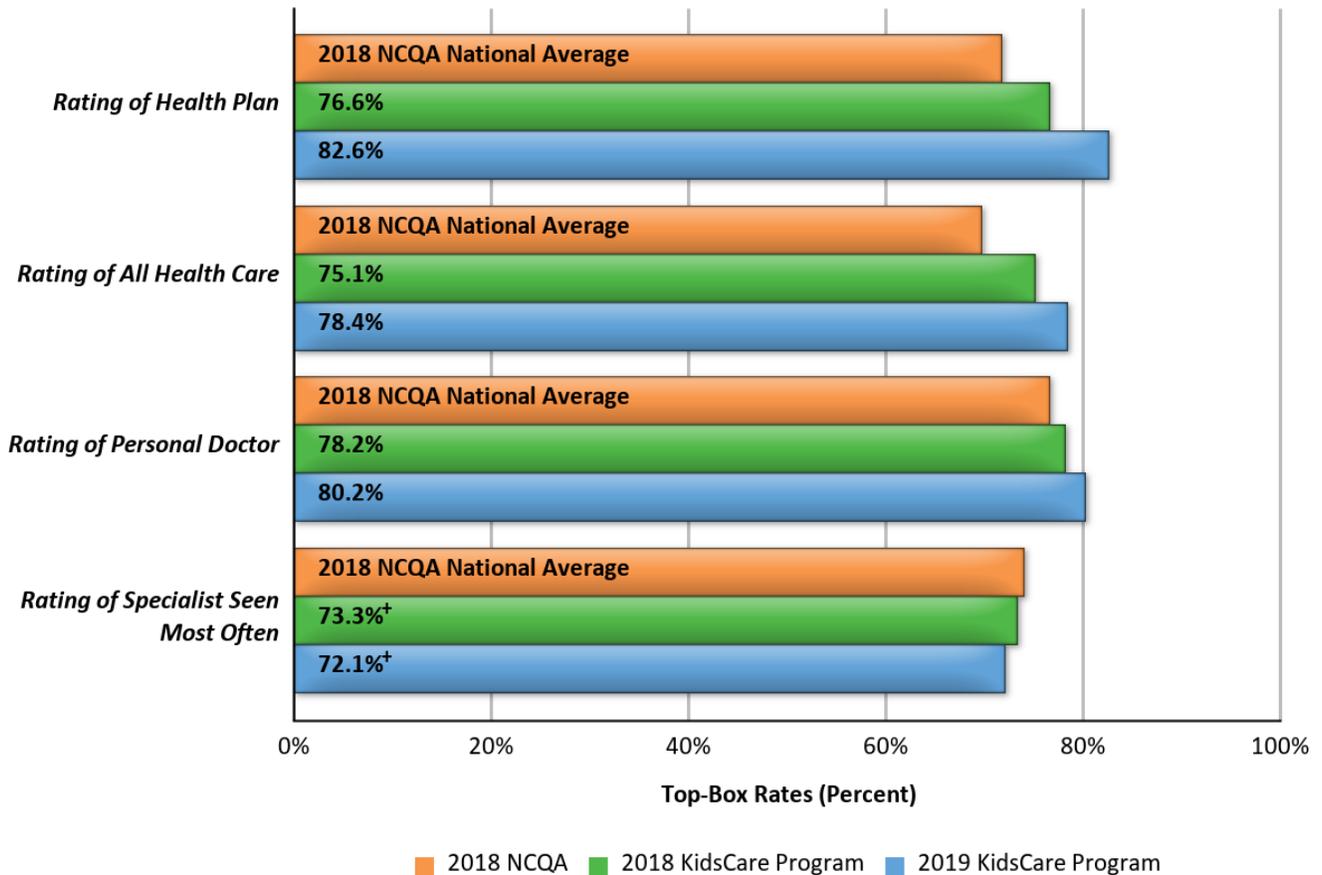
³⁻⁴ NCQA national averages for the child Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the CHIP population.

³⁻⁵ National Committee for Quality Assurance. *HEDIS[®] 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2018.

Global Ratings

Figure 3-1 depicts the 2019 and 2018 top-box scores for each global rating for the KidsCare general child population and the 2018 NCQA child Medicaid national average.

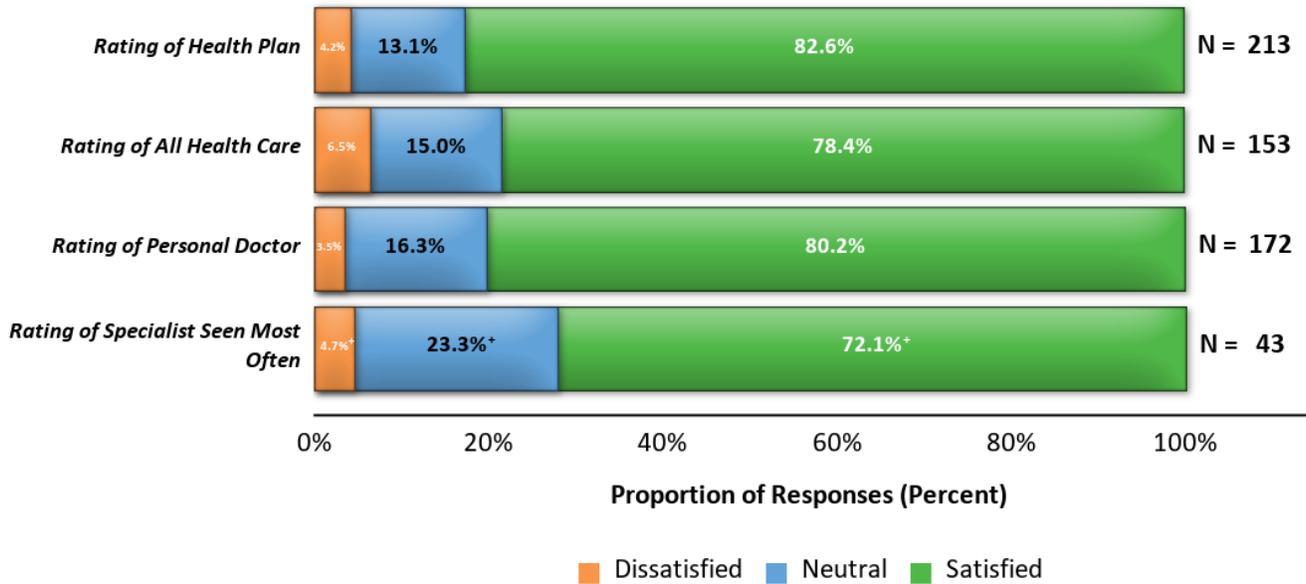
Figure 3-1—Global Ratings: Top-Box Scores



Statistical Significance Note: ▲ Indicates the 2019 score is statistically significantly higher than the 2018 score.
 ▼ Indicates the 2019 score is statistically significantly lower than the 2018 score.
 If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Figure 3-2 depicts the proportion of respondents who fell into each response category for each global rating.

Figure 3-2—Global Ratings: Proportion of Responses

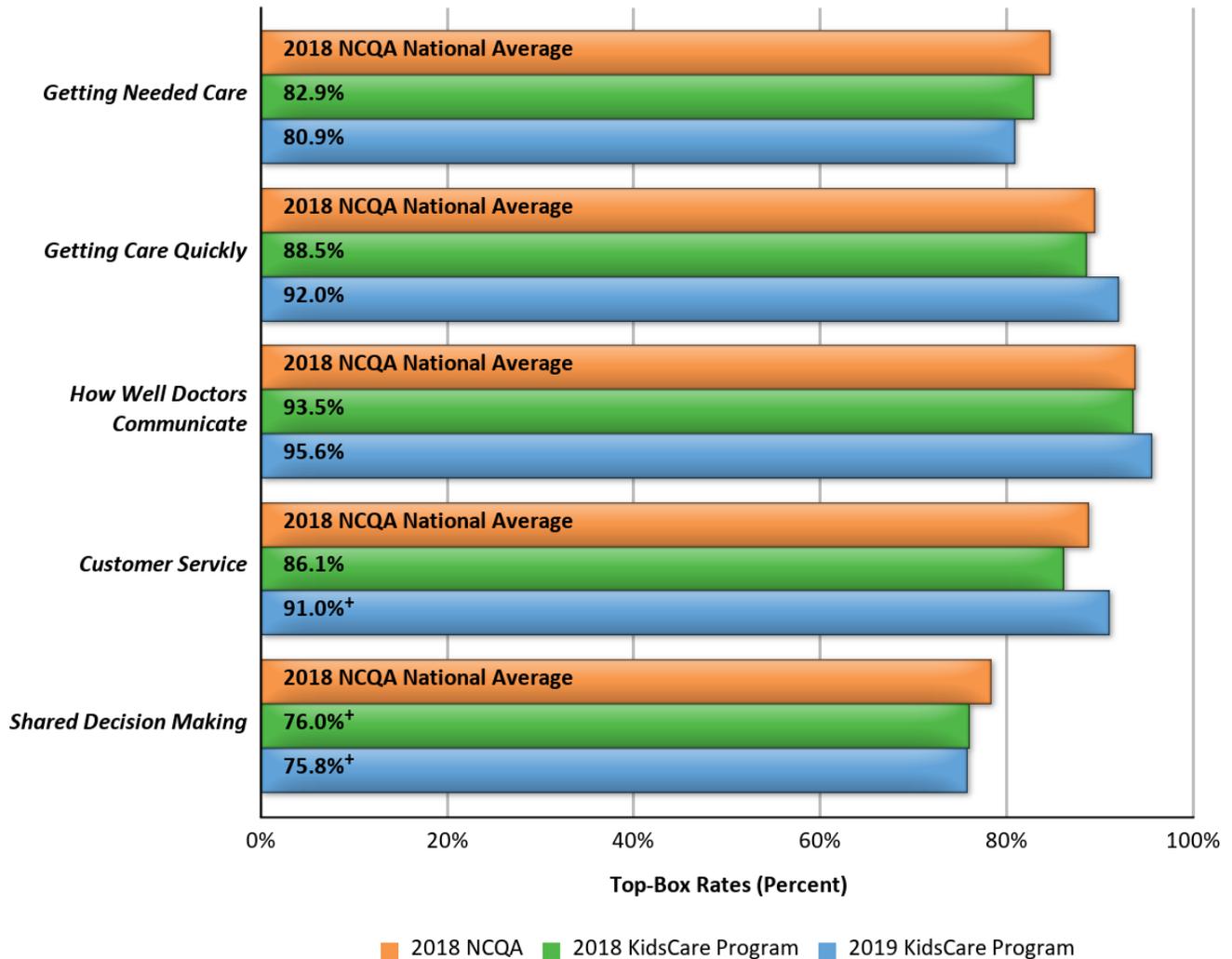


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite Measures

Figure 3-3 depicts the 2019 and 2018 top-box scores for each composite measure for the KidsCare general child population and the 2018 NCQA child Medicaid national average.

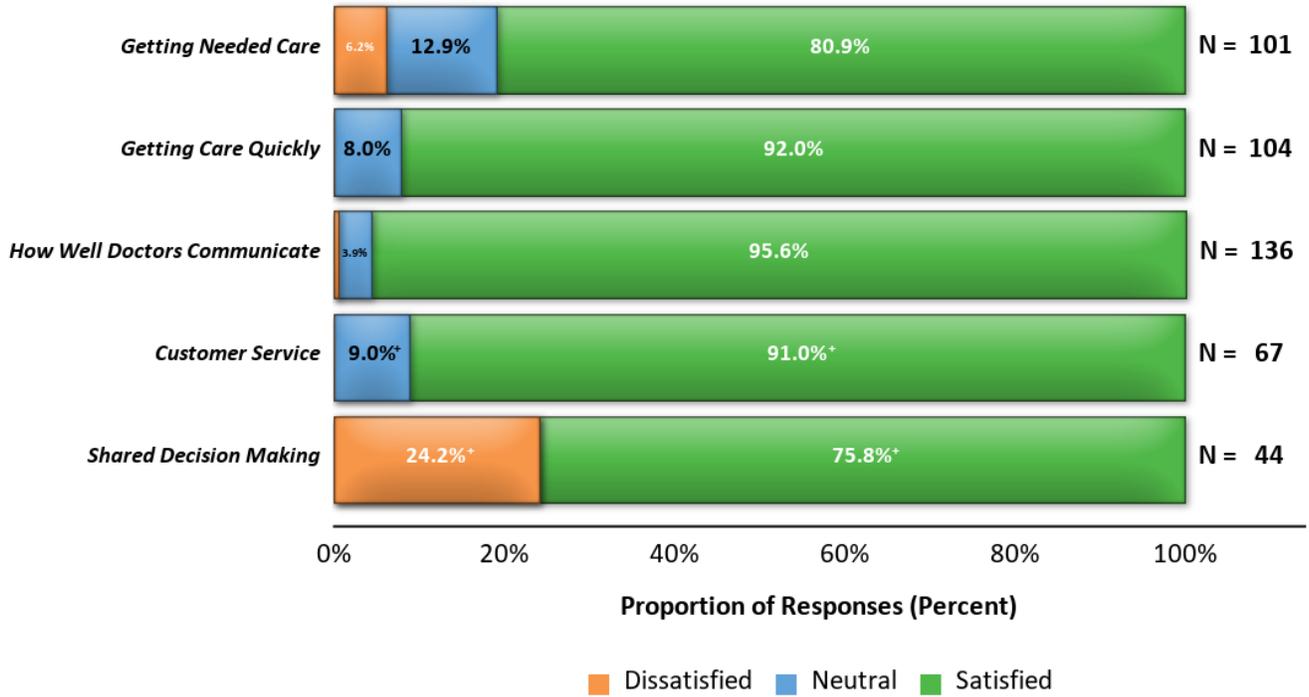
Figure 3-3—Composite Measures: Top-Box Scores



Statistical Significance Note: ▲ Indicates the 2019 score is statistically significantly higher than the 2018 score.
 ▼ Indicates the 2019 score is statistically significantly lower than the 2018 score.
 If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Figure 3-4 depicts the proportion of respondents who fell into each response category for each composite measure.

Figure 3-4—Composite Measures: Proportion of Responses

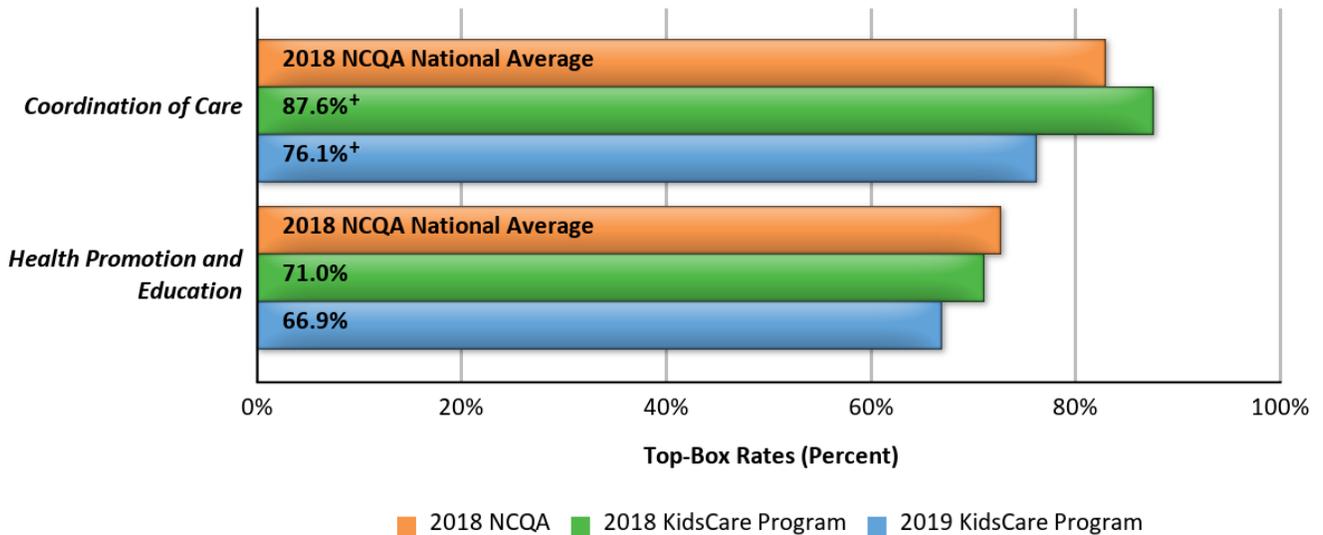


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Individual Item Measures

Figure 3-5 depicts the 2019 and 2018 top-box scores for each individual item measure for the KidsCare general child population and the 2018 NCQA child Medicaid national average.

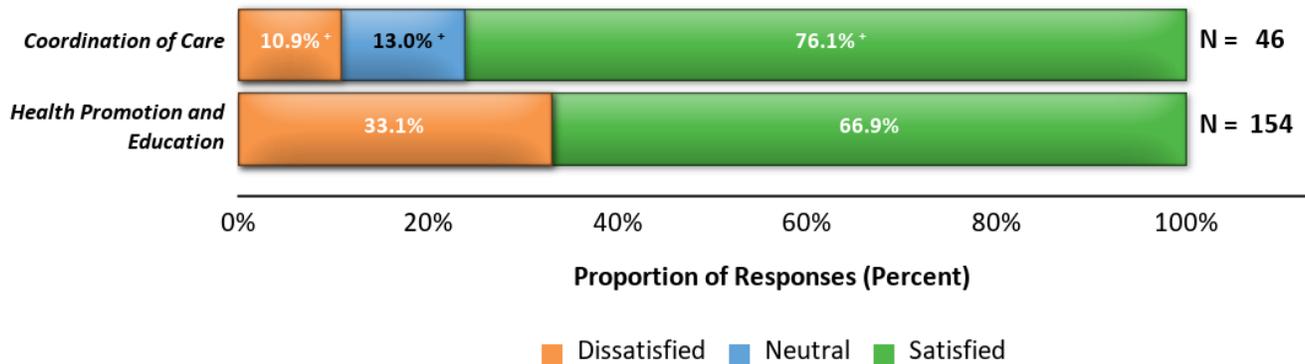
Figure 3-5—Individual Item Measures: Top-Box Scores



Statistical Significance Note: ▲ Indicates the 2019 score is statistically significantly higher than the 2018 score.
 ▼ Indicates the 2019 score is statistically significantly lower than the 2018 score.
 If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Figure 3-6 depicts the proportion of respondents who fell into each response category for each individual item measure.

Figure 3-6—Individual Item Measures: Proportion of Responses



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

Summary of General Child Results

A comparison of the KidsCare general child population’s scores to the 2018 NCQA child Medicaid national averages revealed the following summary results:

- The KidsCare general child population scored at or above the national average on six measures: *Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Getting Care Quickly, How Well Doctors Communicate, and Customer Service.*
- The KidsCare general child population scored below the national average on five measures: *Rating of Specialist Seen Most Often, Getting Needed Care, Shared Decision Making, Coordination of Care, and Health Promotion and Education.*

The trend analysis of the KidsCare general child population’s scores revealed the following summary results:

- The KidsCare general child population did not score statistically significantly higher or lower in 2019 than in 2018 on any measure.

Supplemental Items

AHCCCS elected to add five supplemental questions to the CAHPS survey. Table 3-3 details the survey language and response options for each of the supplemental items. Table 3-4 through Table 3-8 show the number and percentage of responses for each supplemental item.

Table 3-3—Supplemental Items

Question		Response Options
Q6a.	In the last 6 months, not counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment and your child actually seeing a health provider?	Same day 1 day 2 to 3 days 4 to 7 days 8 to 14 days 15 to 30 days 31 to 60 days 61 to 90 days 91 days or longer
Q6b.	In the last 6 months, how many times did your child go to an emergency room for care?	None 1 time 2 3 4 5 to 9 10 or more times
Q8a.	In the last 6 months, how often did you and your child’s doctor or other health provider talk about specific things you could do to prevent illness in your child?	Never Sometimes Usually Always
Q15a.	In the last 6 months, did your child get care from a dentist’s office or dental clinic?	Yes No
Q38a. ³⁻⁶	In the last 6 months, when you phoned after regular office hours, how often did you get the help or advice you needed for your child?	Never Sometimes Usually Always I did not phone my child’s personal doctor’s office after regular office hours to get help or advice

³⁻⁶ Respondents who answered, “I did not phone my child’s personal doctor’s office after regular office hours to get help or advice” for Question 38a were excluded from the analysis.

Number of Days Waiting to See Health Provider

Parents/caretakers of child members were asked, not counting the times their child needed health care right away, how many days they usually had to wait between making an appointment and their child actually seeing a health provider (Question 6a). Table 3-4 displays the responses for this question.

Table 3-4—Number of Days Waiting to See Health Provider

Response Options	Number of Responses	Percent (%) of Responses
Same day	31	21.5%
1 day	28	19.4%
2 to 3 days	25	17.4%
4 to 7 days	29	20.1%
8 to 14 days	13	9.0%
15 to 30 days	13	9.0%
31 to 60 days	4	2.8%
61 to 90 days	0	0.0%
91 days or longer	1	0.7%
<i>Please note: Percentages may not total 100% due to rounding.</i>		

Number of Times Went to Emergency Room

Parents/caretakers of child members were asked how many times their child went to an emergency room for care (Question 6b). Table 3-5 displays the responses for this question.

Table 3-5—Number of Times Went to Emergency Room

Response Options	Number of Responses	Percent (%) of Responses
None	172	79.3%
1 time	32	14.7%
2 times	8	3.7%
3 times	4	1.8%
4 times	1	0.5%
5 to 9 times	0	0.0%
10 or more times	0	0.0%
<i>Please note: Percentages may not total 100% due to rounding.</i>		

How Often Provider Talked About Preventing Illness

Parents/caretakers of child members were asked how often they and their child’s doctor or other health provider talked about specific things they could do to prevent illness in their child (Question 8a). Table 3-6 displays the responses for this question.

Table 3-6—How Often Provider Talked About Preventing Illness

Response Options	Number of Responses	Percent (%) of Responses
Never	3	2.9%
Sometimes	22	21.6%
Usually	26	25.5%
Always	51	50.0%
<i>Please note: Percentages may not total 100% due to rounding.</i>		

Care from Dentist’s Office or Dental Clinic

Parents/caretakers of child members were asked if their child got care from a dentist’s office or dental clinic (Question 15a). Table 3-7 displays the responses for this question.

Table 3-7—Care from Dentist’s Office or Dental Clinic

Response Options	Number of Responses	Percent (%) of Responses
Yes	167	77.3%
No	49	22.7%
<i>Please note: Percentages may not total 100% due to rounding.</i>		

How Often Got Help or Advice When Phoned After Regular Office Hours

Parents/caretakers of child members were asked how often they got the help or advice they needed for their child when they phoned after regular office hours (Question 38a). Table 3-8 displays the responses for this question.

Table 3-8—How Often Got Help or Advice When Phoned After Regular Office Hours

Response Options	Number of Responses	Percent (%) of Responses
Never	7	17.5%
Sometimes	4	10.0%
Usually	11	27.5%
Always	18	45.0%
<i>Please note: Percentages may not total 100% due to rounding.</i>		

4. Children with Chronic Conditions Results

Chronic Conditions Classification

A series of questions included in the CAHPS 5.0 Child Medicaid Health Plan Survey with the CCC measurement set 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.

Based on parents'/caretakers' responses to the CCC screener questions, KidsCare had 113 completed CAHPS Child Medicaid Health Plan Surveys for the CCC population. These completed surveys were used to calculate the 2019 CCC CAHPS results presented in this section.

NCQA Comparisons

HSAG compared scores for CAHPS measures to NCQA’s 2018 Quality Compass Benchmark and Compare Quality Data.^{4-1,4-2} Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars for each CAHPS measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent), as shown in Table 4-1. Although NCQA requires a minimum of at least 100 responses on each item in order to obtain a reportable CAHPS 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 (+).

Table 4-1—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

⁴⁻¹ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2018*. Washington, DC: NCQA, September 2018.

⁴⁻² NCQA national averages for the CCC Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the CHIP population.

Table 4-2 shows the scores and overall member experience ratings on each measure.

Table 4-2—NCQA Comparisons: Overall Member Experience Ratings

Measure	Score	Star Rating
Global Ratings		
<i>Rating of Health Plan</i>	75.0%	★★★★
<i>Rating of All Health Care</i>	69.8% ⁺	★★★ ⁺
<i>Rating of Personal Doctor</i>	84.0%	★★★★★
<i>Rating of Specialist Seen Most Often</i>	71.9% ⁺	★★ ⁺
Composite Measures		
<i>Getting Needed Care</i>	83.2% ⁺	★ ⁺
<i>Getting Care Quickly</i>	93.0% ⁺	★★ ⁺
<i>How Well Doctors Communicate</i>	96.8% ⁺	★★★★★ ⁺
<i>Customer Service</i>	88.4% ⁺	★★ ⁺
<i>Shared Decision Making</i>	85.7% ⁺	★★★ ⁺
Individual Item Measure		
<i>Coordination of Care</i>	86.5% ⁺	★★★ ⁺
<i>Health Promotion and Education</i>	70.1% ⁺	★ ⁺
CCC Composite Measures/Items		
<i>Access to Specialized Services</i>	80.5% ⁺	★★★ ⁺
<i>FCC: Personal Doctor Who Knows Child</i>	91.0% ⁺	★★ ⁺
<i>Coordination of Care for Children with Chronic Conditions</i>	84.2% ⁺	★★★★★ ⁺
<i>FCC: Getting Needed Information</i>	92.8% ⁺	★★★ ⁺
<i>Access to Prescription Medicines</i>	92.0% ⁺	★★★ ⁺
<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>		

Summary of NCQA Comparisons Results

The NCQA comparisons revealed the following summary results for the CCC population:

- KidsCare's CCC population scored at or above the 90th percentile on two measures: *Rating of Personal Doctor* and *Coordination of Care for Children with Chronic Conditions*.
- KidsCare's CCC population scored at or between the 75th and 89th percentiles on two measures: *Rating of Health Plan* and *How Well Doctors Communicate*.
- KidsCare's CCC population scored at or between the 50th and 74th percentiles on six measures: *Rating of All Health Care*, *Shared Decision Making*, *Coordination of Care*, *Access to Specialized Services*, *FCC: Getting Needed Information*, and *Access to Prescription Medicines*.
- KidsCare's CCC population scored at or between the 25th and 49th percentiles on four measures: *Rating of Specialist Seen Most Often*, *Getting Care Quickly*, *Customer Service*, and *FCC: Personal Doctor Who Knows Child*.
- KidsCare's CCC population scored below the 25th percentile on two measures: *Getting Needed Care* and *Health Promotion and Education*.

Trend Analysis

In 2018 and 2019, the KidsCare CCC population had 194 and 113 completed surveys, respectively. These completed surveys were used to calculate the 2018 and 2019 CAHPS results presented in this section for trending purposes.

The scoring of the measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-box responses was calculated in order to determine the top-box scores. The 2018 NCQA CCC Medicaid national averages are provided for comparative purposes.^{4-3,4-4} For additional details, please refer to the *NCQA HEDIS 2019 Specifications for Survey Measures, Volume 3*.⁴⁻⁵

The 2019 CAHPS scores were compared to the corresponding 2018 CAHPS scores to determine whether there were statistically significant differences. Statistically significant differences are noted with directional triangles. Scores that were statistically significantly higher in 2019 than in 2018 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2019 than in 2018 are noted with black downward (▼) triangles. Scores in 2019 that were not statistically significantly different from scores in 2018 are not noted with triangles.

For purposes of this report, results are reported for a CAHPS 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. CAHPS scores with fewer than 100 respondents are denoted with a cross (+).

⁴⁻³ For the NCQA CCC Medicaid national averages, the source for data contained in this publication is Quality Compass[®] 2018 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2018 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).

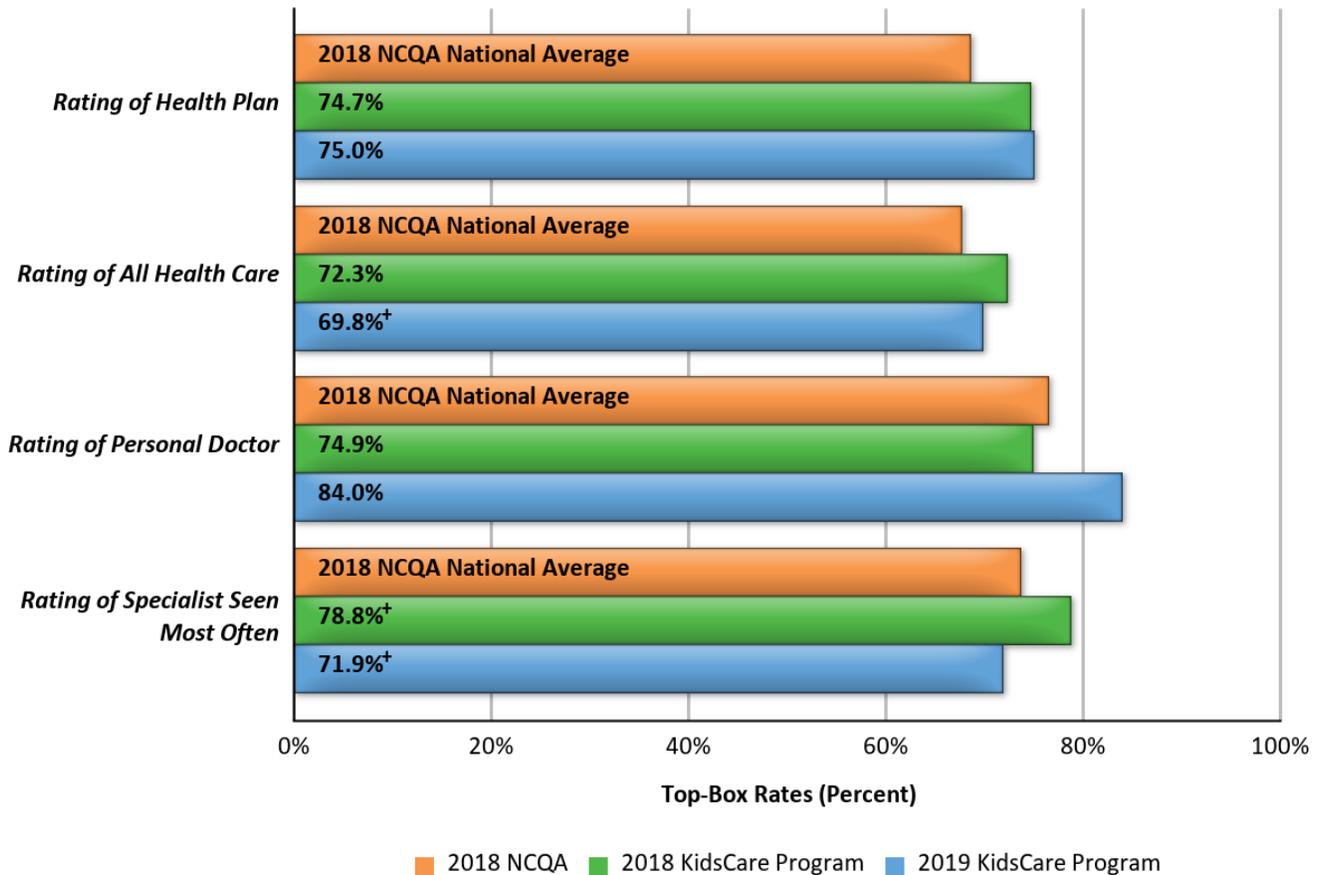
⁴⁻⁴ NCQA national averages for the CCC Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the CHIP population.

⁴⁻⁵ National Committee for Quality Assurance. *HEDIS[®] 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2018.

Global Ratings

Figure 4-1 depicts the 2019 and 2018 top-box scores for each global rating for the KidsCare CCC population and the 2018 NCQA CCC Medicaid national average.

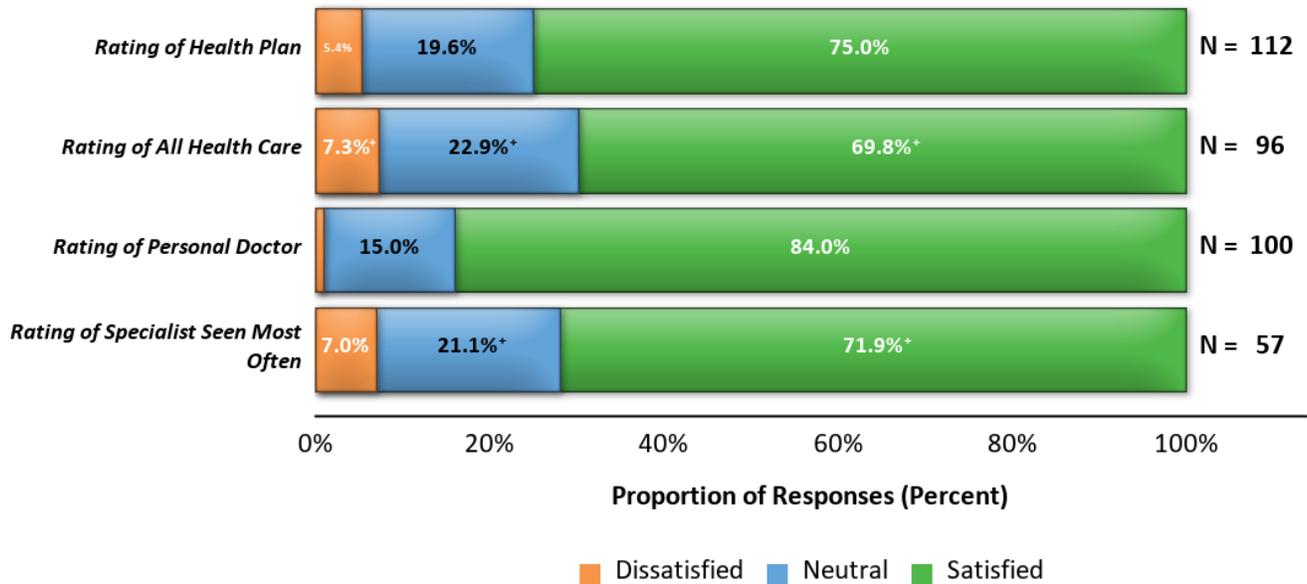
Figure 4-1—Global Ratings: Top-Box Scores



Statistical Significance Note: ▲ Indicates the 2019 score is statistically significantly higher than the 2018 score.
 ▼ Indicates the 2019 score is statistically significantly lower than the 2018 score.
 If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Figure 4-2 depicts the proportion of respondents who fell into each response category for each global rating.

Figure 4-2—Global Ratings: Proportion of Responses

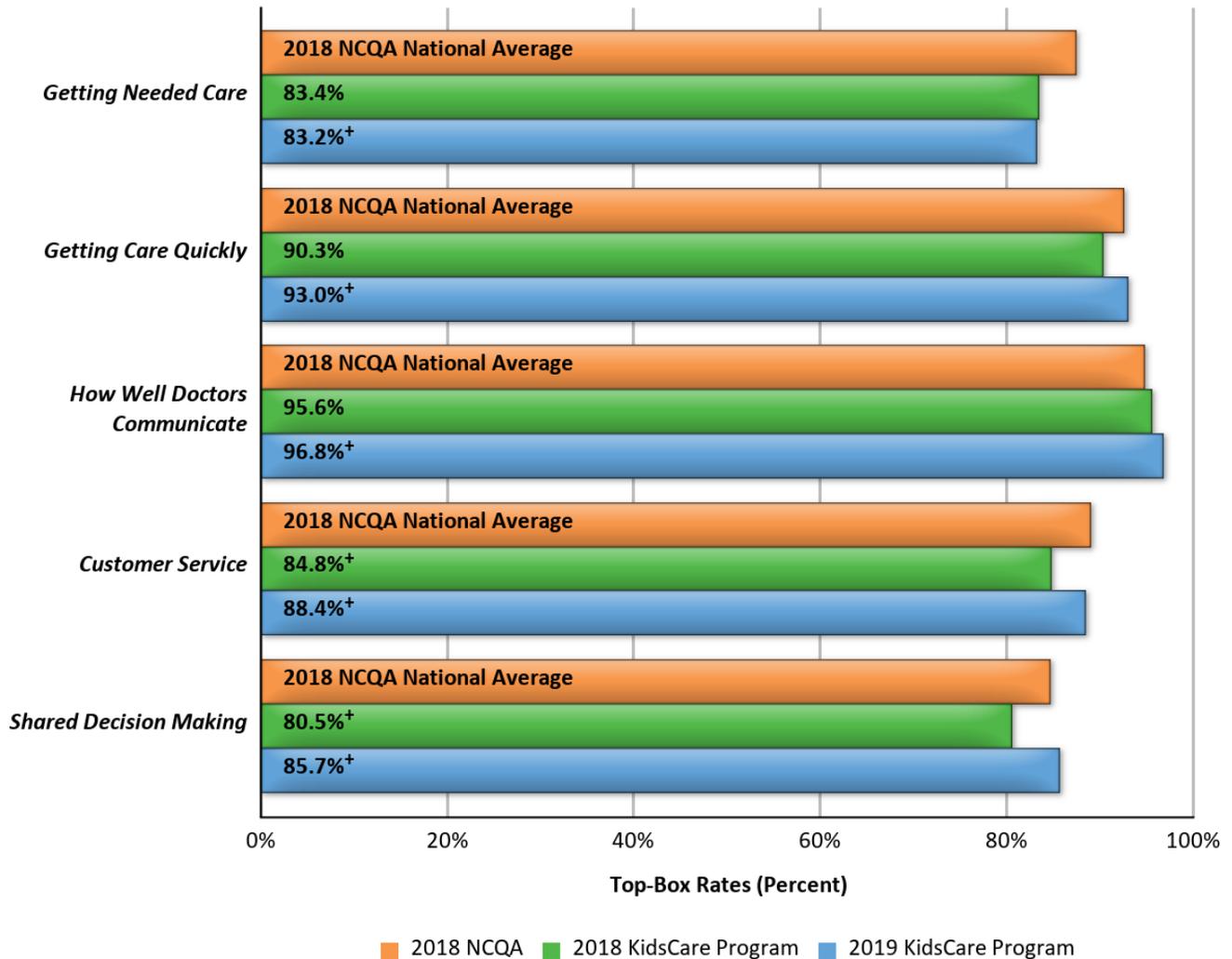


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite Measures

Figure 4-3 depicts the 2019 and 2018 top-box scores for each composite measure for the KidsCare CCC population and the 2018 NCQA CCC Medicaid national average.

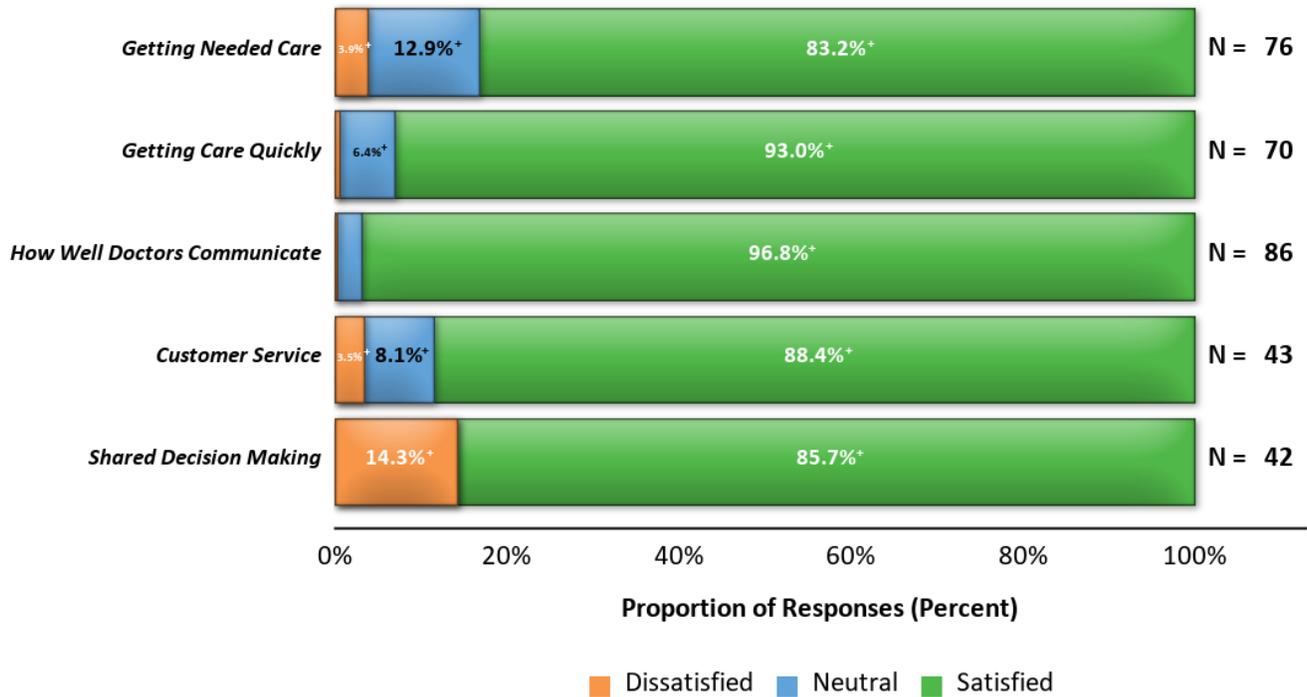
Figure 4-3—Composite Measures: Top-Box Scores



Statistical Significance Note: ▲ Indicates the 2019 score is statistically significantly higher than the 2018 score.
 ▼ Indicates the 2019 score is statistically significantly lower than the 2018 score.
 If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Figure 4-4 depicts the proportion of respondents who fell into each response category for each composite measure.

Figure 4-4—Composite Measures: Proportion of Responses

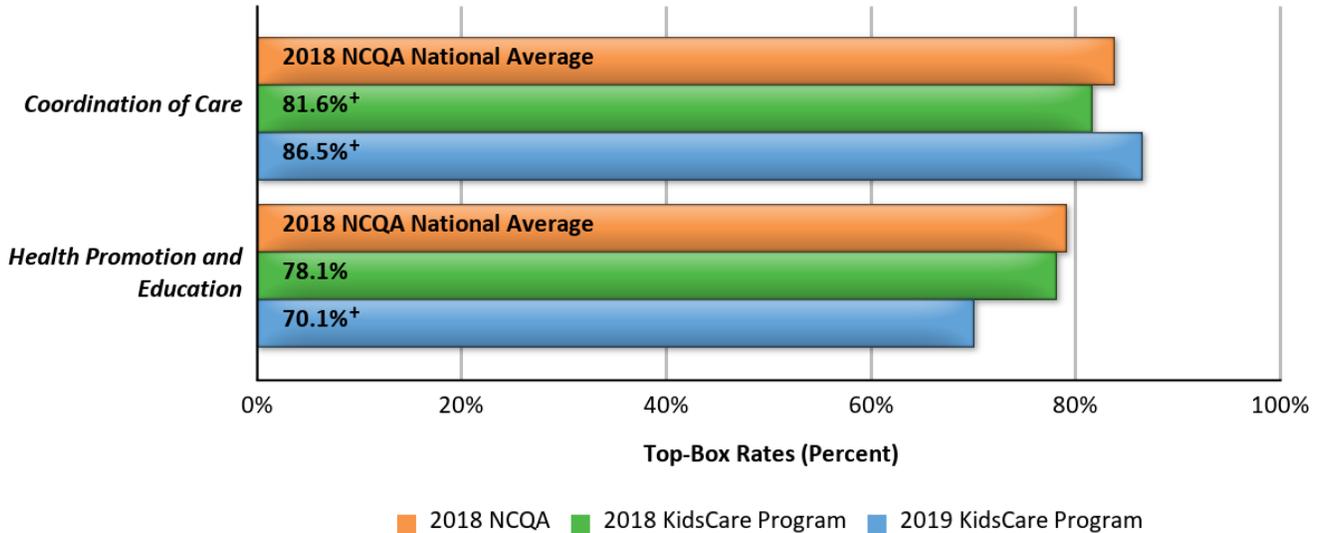


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Individual Item Measures

Figure 4-5 depicts the 2019 and 2018 top-box scores for each individual item measure for the KidsCare CCC population and the 2018 NCQA CCC Medicaid national average.

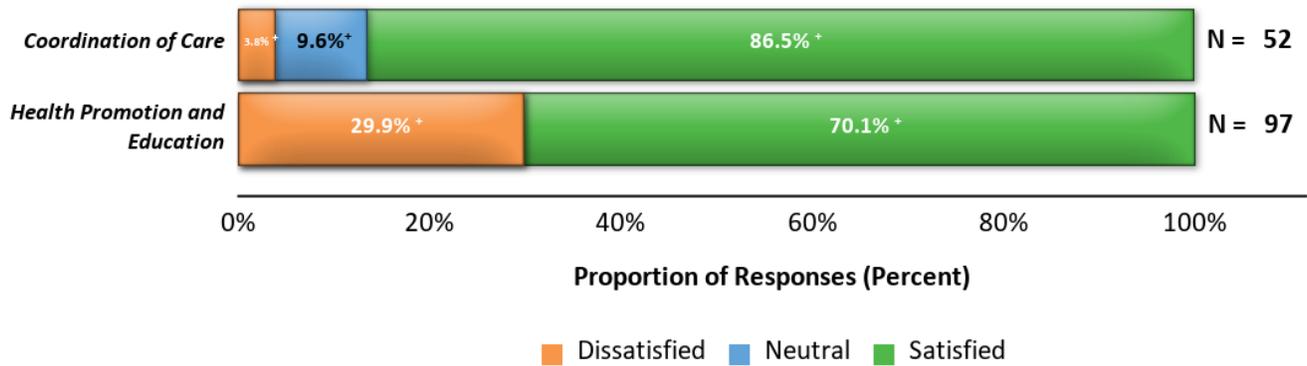
Figure 4-5—Individual Item Measures: Top-Box Scores



Statistical Significance Note: ▲ Indicates the 2019 score is statistically significantly higher than the 2018 score.
 ▼ Indicates the 2019 score is statistically significantly lower than the 2018 score.
 If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Figure 4-6 depicts the proportion of respondents who fell into each response category for each individual item measure.

Figure 4-6—Individual Item Measures: Proportion of Responses

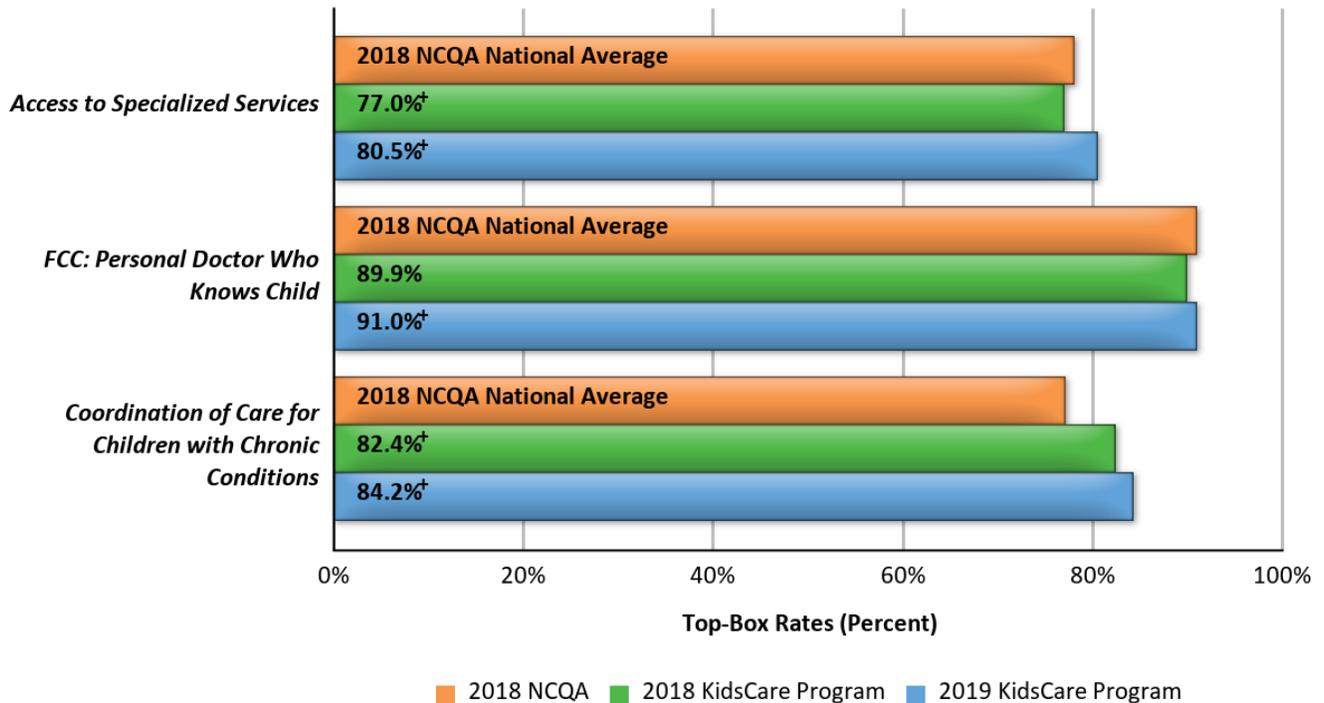


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Children with Chronic Conditions (CCC) Composite Measures

Figure 4-7 depicts the 2019 and 2018 top-box scores for each CCC composite measure for the KidsCare CCC population and the 2018 NCQA CCC Medicaid national average.

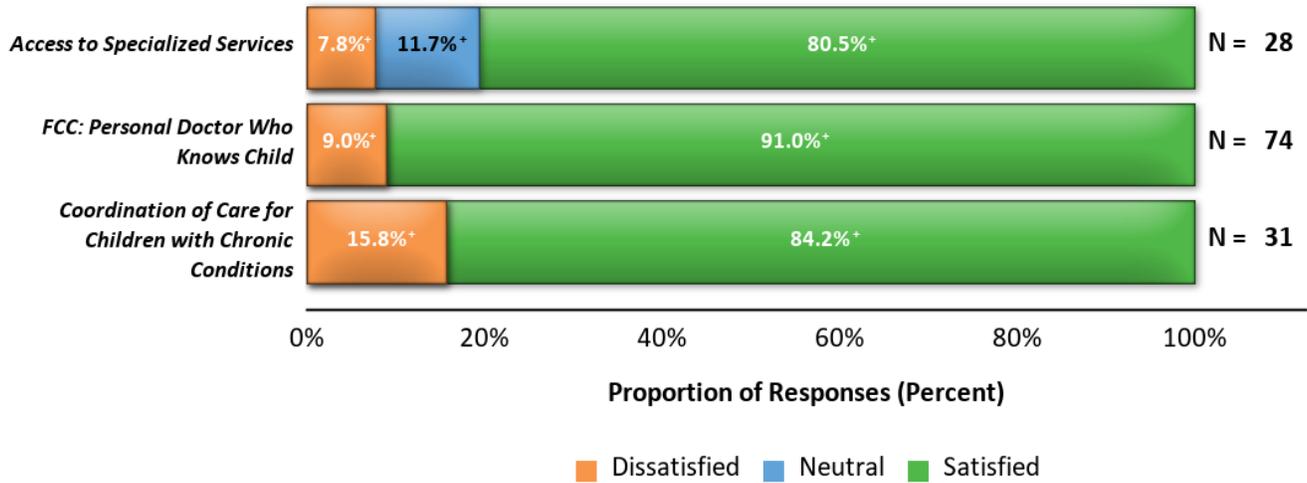
Figure 4-7—CCC Composite Measures: Top-Box Scores



Statistical Significance Note: ▲ Indicates the 2019 score is statistically significantly higher than the 2018 score.
 ▼ Indicates the 2019 score is statistically significantly lower than the 2018 score.
 If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Figure 4-8 depicts the proportion of respondents who fell into each response category for each CCC composite measure.

Figure 4-8—CCC Composite Measures: Proportion of Responses

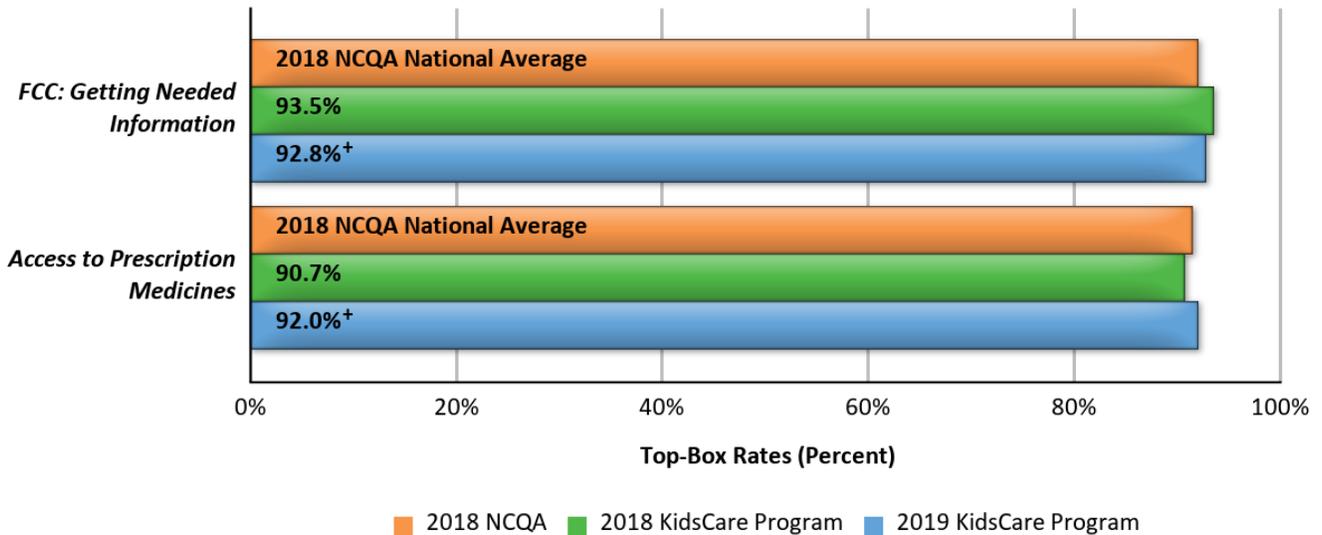


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Children with Chronic Conditions (CCC) Items

Figure 4-9 depicts the 2019 and 2018 top-box scores for each CCC item for the KidsCare CCC population and the 2018 NCQA CCC Medicaid national average.

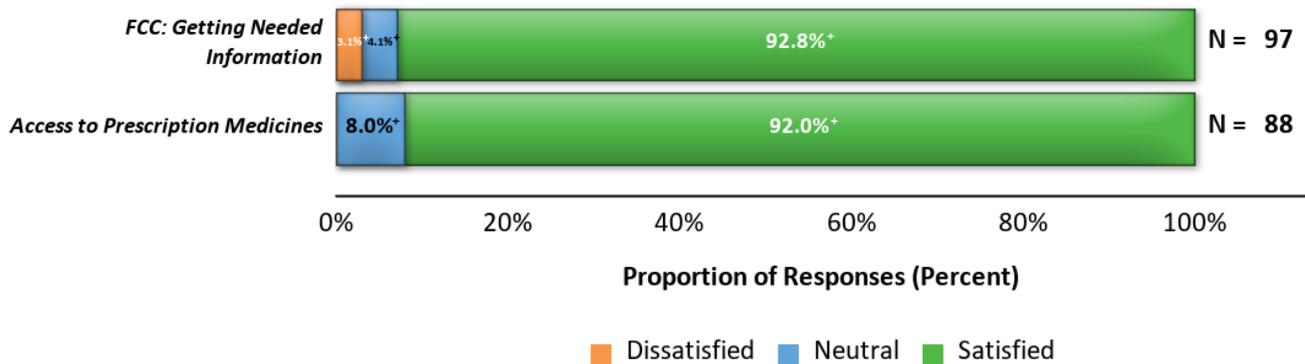
Figure 4-9—CCC Items: Top-Box Scores



Statistical Significance Note: ▲ Indicates the 2019 score is statistically significantly higher than the 2018 score.
 ▼ Indicates the 2019 score is statistically significantly lower than the 2018 score.
 If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Figure 4-10 depicts the proportion of respondents who fell into each response category for each CCC item.

Figure 4-10—CCC Items: Proportion of Responses



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

Summary of Children with Chronic Conditions (CCC) Results

A comparison of the KidsCare CCC population’s scores to the 2018 NCQA CCC Medicaid national averages revealed the following summary results:

- The KidsCare CCC population scored at or above the national average on 11 measures: *Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Getting Care Quickly, How Well Doctors Communicate, Shared Decision Making, Coordination of Care, Access to Specialized Services, Coordination of Care for Children with Chronic Conditions, FCC: Getting Needed Information, and Access to Prescription Medicines.*
- The KidsCare CCC population scored below the national average on five measures: *Rating of Specialist Seen Most Often, Getting Needed Care, Customer Service, Health Promotion and Education, and FCC: Personal Doctor Who Knows Child.*

The trend analysis of the KidsCare CCC population’s scores revealed the following summary results:

- The KidsCare CCC population did not score statistically significantly higher or lower in 2019 than in 2018 on any measure.

5. Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers for three 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 that (1) have a problem score that is greater than or equal to the program’s median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program’s median correlation for all items examined. For additional information on the assignment of problem scores, please refer to the Reader’s Guide section beginning on page 7-8. Table 5-1 lists those survey items identified for each of the three measures as being key drivers of member experience for the KidsCare general child population (as indicated by a ✓).⁵⁻¹

Table 5-1—KidsCare Key Drivers of Member Experience

Key Drivers	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Respondents reported that a doctor or other health provider did not talk about starting or stopping a prescription for their child.	✓	✓	
Respondents reported that it was not always easy to get the care, tests, or treatment they thought their child needed through their health plan.	✓	✓	
Respondents reported that their child’s personal doctor did not talk with them about how their child is feeling, growing, or behaving.		✓	✓
Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.	✓		✓
Respondents reported that it was often not easy for their child to obtain appointments with specialists.	✓	✓	
Respondents reported that their child’s health plan’s customer service did not always give them the information or help they needed.	✓	✓	
Respondents reported that forms from their child’s health plan were often not easy to fill out.	✓		

⁵⁻¹ The Key Drivers of Member Experience analysis was limited to the responses of parents/caretakers of child members selected from the general child population (i.e., responses from the general child sample).

6. Recommendations

This section presents recommendations for KidsCare based on the results of the CAHPS survey. The recommendations presented in this section should be viewed as potential suggestions for quality improvement (QI). Additional sources of QI information, such as other performance measure results, should be incorporated into a comprehensive QI plan.

Access to Care

Health plans should identify potential barriers for child members receiving appropriate access to care. Access to care issues include obtaining the care that the parent/caretaker and/or physician deemed necessary, obtaining timely urgent care, locating a personal doctor, or receiving adequate assistance when calling a physician office. The health plan should attempt to reduce any hindrances a parent/caretaker might encounter while seeking care for their child. Standard practices and established protocols can assist in this process by ensuring access to care issues are handled consistently across all practices. Additionally, having a well-written script prepared in the event of an uncommon but expected situation, allows staff to work quickly in providing timely access to care while following protocol.

Perform Root Cause Analyses

The health plans could conduct root cause analyses of study indicators that have been identified as areas of low performance, such as the ease of getting prescription medicines for the child member through the KidsCare Program. This type of analysis is typically conducted to investigate process deficiencies and unexplained outcomes to identify causes and devise potential improvement strategies. If used to study deficiencies in care or services provided to members, root cause analyses would enable the health plans to better understand the nature and scope of problems, identify causes and their interrelationships, identify specific populations for targeted interventions, and establish potential performance improvement strategies and solutions. Methods commonly used to conduct root cause analyses include process flow mapping, which is used to define and analyze processes and identify opportunities for process improvement, and the four-stage Plan-Do-Study-Act (PDSA) problem-solving model used for continuous process improvement.⁶⁻¹

⁶⁻¹ Plan-Do-Study-Act (PDSA) Worksheet. *Institute for Healthcare Improvement*. Available at: <http://www.ihl.org/knowledge/Pages/Tools/PlanDoStudyActWorksheet.aspx>. Accessed on: February 20, 2020.

Conduct Frequent Assessments of Targeted Interventions

Continuous quality improvement (CQI) is a cyclical, data-driven process in which small-scale, incremental changes are identified, implemented, and measured to improve a process or system, similar to the PDSA problem-solving model. Changes that demonstrate improvement can then be standardized and implemented on a broader scale. To support continuous, cyclical improvement, the health plans should frequently measure and monitor targeted interventions. Key data should be collected and reviewed regularly to provide timely, ongoing feedback regarding the effectiveness of interventions in achieving desired results. A variety of methods can be used for CQI data collection and analysis, including surveys, interviews, focus groups, “round table” sessions, document reviews, and benchmarking.

This section provides a comprehensive overview of CAHPS, including the CAHPS 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 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item and CCC measurement sets. The CAHPS 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.⁷⁻¹ 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.⁷⁻² 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.^{7-3,7-4} 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.⁷⁻⁵

⁷⁻¹ National Committee for Quality Assurance. *HEDIS® 2002, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2001.

⁷⁻² National Committee for Quality Assurance. *HEDIS® 2003, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2002.

⁷⁻³ National Committee for Quality Assurance. *HEDIS® 2007, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2006.

⁷⁻⁴ National Committee for Quality Assurance. *HEDIS® 2009, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2008.

⁷⁻⁵ National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2012.

The sampling and data collection procedures for the CAHPS 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 the resulting data.

The CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental and CCC measurement sets includes 83 core questions that yield 16 measures of experience. These measures include four global rating questions, five composite measures, two individual item measures, and five CCC composite measures/items. The global measures (also referred to as global ratings) reflect 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 measures are individual questions that look at a specific area of care (i.e., “Coordination of Care” and “Health Promotion and Education”). The CCC composite measures/items are a set of questions focused on specific health care needs and domains (e.g., “Access to Prescription Medicines” or “Coordination of Care for Children with Chronic Conditions”).

Table 7-1 lists the global ratings, composite measures, individual item measures, and CCC composites/items included in the CAHPS 5.0 Child Medicaid Health Plan Survey with the CCC measurement set and HEDIS supplemental item set.

Table 7-1—CAHPS Measures

Global Ratings	Composite Measures	Individual Item Measures	CCC Composite Measures	CCC Items
<i>Rating of Health Plan</i>	<i>Getting Needed Care</i>	<i>Coordination of Care</i>	<i>Access to Specialized Services</i>	<i>FCC: Getting Needed Information</i>
<i>Rating of All Health Care</i>	<i>Getting Care Quickly</i>	<i>Health Promotion and Education</i>	<i>FCC: Personal Doctor Who Knows Child</i>	<i>Access to Prescription Medicines</i>
<i>Rating of Personal Doctor</i>	<i>How Well Doctors Communicate</i>		<i>Coordination of Care for Children with Chronic Conditions</i>	
<i>Rating of Specialist Seen Most Often</i>	<i>Customer Service</i>			
	<i>Shared Decision Making</i>			

Sampling Procedures

The members eligible for sampling included those who were KidsCare members at the time the sample was drawn and who were continuously enrolled for at least five of the last six months of the measurement period (October 1, 2018 through March 31, 2019). The child members eligible for sampling included those who were 18 years of age or younger (as of March 31, 2019).

For KidsCare, a sample of 1,060 child members was selected for the CAHPS 5.0 general child sample (901 child members plus an oversample of 159 child members), which represents the general population of children. After selecting the general child sample, a sample of 902 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 1,962 child members).⁷⁻⁶

Survey Protocol

The CAHPS Health Plan Survey process allows for two methods by which respondents can complete a survey. The first phase, or mail phase, consisted of a survey being mailed to all sampled members. For KidsCare, those members who were identified as Spanish speaking through administrative data were mailed a Spanish version of the survey. Members that were not identified as Spanish speaking received an English version of the survey. The cover letter included with the English version of the survey had a Spanish cover letter on the back side informing respondents that they could call the toll-free number to request a Spanish version of the CAHPS questionnaire. A reminder postcard was sent to all non-respondents, followed by a second survey mailing and reminder postcard. The second phase, or telephone phase, consisted of CATI of sampled members who had not mailed in a completed survey. A series of up to six CATI calls was made to each non-respondent. It has been shown that the addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a program's population.⁷⁻⁷

HSAG was provided a list of all eligible members for the sampling frame. HSAG sampled members who met the following criteria:

- Members who were 18 years of age or younger as of March 31, 2019.
- Were currently enrolled in KidsCare.
- Had been continuously enrolled for at least five of the six months of the measurement period (i.e., October 1, 2018 to March 31, 2019).

⁷⁻⁶ HSAG originally surveyed a total of 3,839 sampled members; however, the original eligible population file (i.e., sample frame file) provided by AHCCCS included children 19 years of age who were ineligible for the survey. Per AHCCCS' request, HSAG removed those ineligible records to derive an updated eligible population file after survey administration concluded. The results in this report reflect the updated sample sizes and number of completes using the modified eligible population.

⁷⁻⁷ Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. "Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members." *Medical Care*. 2002; 40(3): 190-200.

HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. After the sample was selected, records from each population were passed through the United States Postal Service's National Change of Address (NCOA) system to obtain new addresses for members who had moved (if they had given the Postal Service a new address). Prior to initiating CATI, HSAG employed the Telematch telephone number verification service to locate and/or update telephone numbers for all non-respondents. The survey samples were random samples with no more than one member being selected per household.

The program name was included in the questionnaires, letters, and postcards; the letters bore the signature of a high-ranking state official; and the questionnaire packages included a postage-paid reply envelope addressed to the organization conducting the surveys.

Table 7-2 shows the timeline used in the administration of the CAHPS Survey. The timeline is based on NCQA HEDIS Specifications for Survey Measures.⁷⁻⁸

Table 7-2—CAHPS Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to the parent or caretaker of child member.	0 days
Send a postcard reminder to non-respondents seven days after mailing the first questionnaire.	7 days
Send a second questionnaire (and letter) to non-respondents 28 days after mailing the first questionnaire.	28 days
Send a second postcard reminder to non-respondents 7 days after mailing the second questionnaire.	35 days
Initiate CATI interviews for non-respondents 21 days after mailing the second questionnaire.	49 days
Initiate systematic contact for all non-respondents such that up to six telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	49–70 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) 21 days after initiation.	70 days

⁷⁻⁸ National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2018.

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 parents/caretakers' experience with KidsCare. This section provides an overview of each analysis.

Response Rates

The administration of the CAHPS Survey is comprehensive and designed to achieve the highest possible response rate. NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.⁷⁻⁹ A survey is assigned a disposition code of "completed" if at least three of the following questions were answered within the survey: questions 3, 30, 45, 49, and 54. Eligible members include the entire sample minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were deceased, were invalid (did not meet criteria described on page 7-3), or had a language barrier.

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

Child and Respondent Demographics

The demographic analysis evaluated child and self-reported demographic information from survey respondents. Given that the demographics of a response group may influence overall member experience scores, it is important to evaluate all CAHPS 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 CAHPS results to the entire population.

⁷⁻⁹ National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2018.

NCQA Comparisons

An analysis of the KidsCare general child population's and CCC population's results was conducted using NCQA's 2018 Quality Compass Benchmark and Compare Quality Data.⁷⁻¹⁰ Although NCQA requires a minimum of at least 100 responses on each item in order to obtain a reportable CAHPS Survey result, HSAG presented results with fewer than 100 responses. Therefore, caution should be exercised when interpreting results for those measures with fewer than 100 respondents. CAHPS scores with fewer than 100 respondents are denoted with a cross (+).

In order to perform the NCQA comparisons, HSAG calculated top-box scores in accordance with NCQA HEDIS Specifications for Survey Measures.⁷⁻¹¹ HSAG compared the resulting top-box scores to NCQA Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings). Ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure using the percentile distributions shown in Table 7-3.

Table 7-3—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

⁷⁻¹⁰ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2018*. Washington, DC: NCQA, September 2018.

⁷⁻¹¹ National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2018.

Trend Analysis

The measures were calculated in accordance with NCQA HEDIS Specifications for Survey Measures.⁷⁻¹² The scoring of the measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero. A “top-box” response for the CAHPS survey measures 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; the *Coordination of Care* individual item measure; the *Access to Specialized Services* CCC composite measure; and the *FCC: Getting Needed Information* and *Access to Prescription Medicines* CCC items.
- “Yes” for the *Shared Decision Making* composite measure; the *Health Promotion and Education* individual item measure; and 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 percentage of top-box responses was calculated in order to determine the top-box scores. Top-box scores and proportions for KidsCare and the 2018 NCQA child Medicaid national average were presented for the general child and CCC populations.⁷⁻¹³ For additional detail, please refer to the *NCQA HEDIS Specifications for Survey Measures, Volume 3*.

A trend analysis was performed using a *t* test to determine whether top-box results in 2019 were statistically significantly different from results in 2018. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than or equal to 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. Statistically significant differences are noted with triangles. Scores that were statistically significantly higher in 2019 than in 2018 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2019 than in 2018 are noted with downward triangles (▼). Scores in 2019 that were not statistically significantly different from scores in 2018 are not noted with triangles.

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*

⁷⁻¹² National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2018.

⁷⁻¹³ As previously noted, NCQA national averages for the child and CCC Medicaid populations were used for comparative purposes, since NCQA does not provide separate benchmarking data for the CHIP population. Therefore, caution should be exercised when interpreting these results.

Services CCC composite measure, and FCC: *Getting Needed Information and Access to Prescription Medicines* CCC items;

- “No (Dissatisfied)” and “Yes (Satisfied)” for the *Shared Decision Making* composite measure, the *Health Promotion and Education* individual item measure, and FCC: *Personal Doctor Who Knows Child and Coordination of Care for Children with Chronic Conditions* CCC composite measures.

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*. 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 QI activities. The analysis provides information on: 1) how *well* KidsCare is performing on the survey item and 2) how *important* that item is to overall experience.

HSAG evaluated these global ratings to determine if particular CAHPS items (i.e., questions) have a high problem score (i.e., CHIP has demonstrated poor performance) and are strongly correlated with one or more of these measures. These individual CAHPS items, which HSAG refers to as “key drivers,” have the greatest potential to affect change in overall member experience with the global ratings, and therefore are areas of focus for possible QI efforts.

HSAG measured each survey item’s performance by calculating a problem score, in which a negative experience with care was defined as a problem and assigned a “1,” and a positive experience with care (i.e., non-negative) was assigned a “0.” The higher the problem score, the lower the member’s experience with the aspect of service measured by that question. The problem score could range from 0 to 1. Table 7-4 depicts the problem score assignments for the different response categories.

Table 7-4—Problem Score Assignment

Never/Sometimes/Usually/Always Format		
Response Category	Classification	Code
Never	Problem	1
Sometimes	Problem	1
Usually	Not a Problem	0
Always	Not a Problem	0
No Answer	Not classified	Missing
No/Yes Format		
Response Category	Classification	Code
No	Problem	1
Yes	Not a Problem	0
No Answer	Not classified	Missing

For each item evaluated, HSAG calculated the relationship between the item's problem score 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 overall problem score and their correlation to each measure. The correlation can range from -1 to 1, with negative values indicating a negative 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 the correlation is used in the analysis, and the range for the absolute value of the correlation is 0 to 1. An absolute value of zero indicates no relationship between the response to a question and the parents/caretakers' experience with the child member's health care. As the absolute value of the correlation increases, the importance of the question to the respondent's overall experience increases.

The median, rather than the mean, is used to ensure that extreme problem scores and correlations do not have disproportionate influence in prioritizing individual questions. Key drivers of member experience are defined as those items that:

- Have a problem score that is greater than or equal to the median problem score for all items examined.
- Have a correlation that is greater than or equal to the median correlation for all items examined.

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.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services. Therefore, the potential for non-response bias should be considered when interpreting CAHPS results.

Causal Inferences

Although this report examines whether parents/caretakers report different experiences with various aspects of the child member's health care, these differences may not be completely attributable to KidsCare. The survey by itself does not necessarily reveal the exact cause of these differences. As such, caution should be exercised when interpreting these results.

Revised Sample Frame File

After survey administration concluded, AHCCCS informed HSAG that they inappropriately included members 19 years of age in the sample frame file. Since these members are ineligible for the survey, AHCCCS provided HSAG with a file including the correct member IDs that should have been included in the original sample frame file. HSAG removed those records that should have been excluded to derive an updated sample frame file. HSAG compared the raw data from the survey to the updated sample frame file and only kept the appropriate completed surveys for survey analysis. Since the results in this report reflect the reduced sample size using the updated sample frame file, the sample sizes and number of responses decreased compared to the original numbers.

8. Survey Instrument

The survey instrument administered in 2019 was the CAHPS 5.0 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 gets. 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 1-877-455-9242.

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 the [HEALTH PLAN NAME] KidsCare Program. 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. 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 in a clinic, emergency room, or doctor's office?

- 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 appointments for a check-up or routine care for your child at a doctor's office or clinic?

- Yes
- No → *Go to Question 6b*

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

- Never
- Sometimes
- Usually
- Always

6a. In the last 6 months, not counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment and your child actually seeing a health provider?

- Same day
- 1 day
- 2 to 3 days
- 4 to 7 days
- 8 to 14 days
- 15 to 30 days
- 31 to 60 days
- 61 to 90 days
- 91 days or longer

6b. In the last 6 months, how many times did your child go to an emergency room for care?

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

7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?

- None → *Go to Question 15a*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

8. In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?

- Yes
- No → *Go to Question 9*

8a. In the last 6 months, how often did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?

- Never
- Sometimes
- Usually
- Always

9. 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

10. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?

- Yes
- No → *Go to Question 14*



11. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?

- Yes
- No

12. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?

- Yes
- No

13. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

- Yes
- No

14. 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?

- | | | | | | | | | | | |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst Health Care Possible | | | | | Best Health Care Possible | | | | | |

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

- Never
- Sometimes
- Usually
- Always

15a. In the last 6 months, did your child get care from a dentist's office or dental clinic?

- Yes
- No

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

- Yes
- No → *Go to Question 19*

17. 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 19*

18. 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

19. 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 22*

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

- Never
- Sometimes
- Usually
- Always

21. 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

22. 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 25*

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

- Never
- Sometimes
- Usually
- Always



24. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?
- Yes
 - No
25. 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 28*
26. In the last 6 months, how often was it easy to get this treatment or counseling for your child?
- Never
 - Sometimes
 - Usually
 - Always
27. 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
28. 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 30*
29. 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

30. A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?
- Yes
 - No → *Go to Question 45*

31. In the last 6 months, how many times did your child visit his or her personal doctor for care?
- None → *Go to Question 41*
 - 1 time
 - 2
 - 3
 - 4
 - 5 to 9
 - 10 or more times
32. 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
33. In the last 6 months, how often did your child's personal doctor listen carefully to you?
- Never
 - Sometimes
 - Usually
 - Always
34. 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
35. Is your child able to talk with doctors about his or her health care?
- Yes
 - No → *Go to Question 37*
36. 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

47. How many specialists has your child seen in the last 6 months?

- None → Go to Question 49
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

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

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| 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.

49. 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 52

50. 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

51. 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

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

- Yes
- No → Go to Question 54

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

- Never
- Sometimes
- Usually
- Always

54. 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?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Health Plan | | | | | Health Plan | | | | | |
| Possible | | | | | Possible | | | | | |

PRESCRIPTION MEDICINES

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

- Yes
- No → Go to Question 58

56. 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

57. 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

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

- Excellent
- Very good
- Good
- Fair
- Poor



59. In general, how would you rate your child's overall mental or emotional health?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
60. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?
- Yes
 - No → *Go to Question 63*
61. Is this because of any medical, behavioral, or other health condition?
- Yes
 - No → *Go to Question 63*
62. Is this a condition that has lasted or is expected to last for at least 12 months?
- Yes
 - No
63. 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 66*
64. Is this because of any medical, behavioral, or other health condition?
- Yes
 - No → *Go to Question 66*
65. Is this a condition that has lasted or is expected to last for at least 12 months?
- Yes
 - No
66. 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 69*
67. Is this because of any medical, behavioral, or other health condition?
- Yes
 - No → *Go to Question 69*

68. Is this a condition that has lasted or is expected to last for at least 12 months?
- Yes
 - No
69. Does your child need or get special therapy such as physical, occupational, or speech therapy?
- Yes
 - No → *Go to Question 72*
70. Is this because of any medical, behavioral, or other health condition?
- Yes
 - No → *Go to Question 72*
71. Is this a condition that has lasted or is expected to last for at least 12 months?
- Yes
 - No
72. 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 74*
73. Has this problem lasted or is it expected to last for at least 12 months?
- Yes
 - No
74. What is your child's age?
- Less than 1 year old
 - YEARS OLD (write in)
75. Is your child male or female?
- Male
 - Female
76. Is your child of Hispanic or Latino origin or descent?
- Yes, Hispanic or Latino
 - No, Not Hispanic or Latino



77. 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

78. 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

79. Are you male or female?

- Male
- Female

80. 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

81. How are you related to the child?

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

82. Did someone help you complete this survey?

- Yes → **Go to Question 83**
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

83. How did that person help you? Mark one or more.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

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**

