

**2022 KidsCare Program CAHPS®**  
**Summary Report**  
*Arizona Health Care Cost Containment System*

*November 2022*



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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. The KidsCare program 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<sup>®</sup>) Health Plan Survey for the KidsCare program.<sup>1-1</sup> 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 5.1 Child Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) supplemental item set and the Children with Chronic Conditions (CCC) measurement set.<sup>1-2</sup> Parents/caretakers of child members completed the surveys from March to June 2022. Results presented in this report for the two populations, general child and CCC, include four global ratings, four composite measures, one individual item measure, three CCC composite measures (CCC population only), and two CCC individual item measures (CCC population only).

### Survey Administration Overview

The response rate is the total number of completed surveys divided by all eligible members of the sample. A total of 567 surveys were completed on behalf of child members. Figure 1-1 shows the distribution of survey dispositions and response rates for the KidsCare program. The survey dispositions and response rate are based on the responses of parents/caretakers of children in the general child and CCC supplemental populations. HSAG did not include the details of incompletes and ineligible since all results were suppressed.

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<sup>1-1</sup> CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

<sup>1-2</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

Figure 1-1—Survey Administration Overview

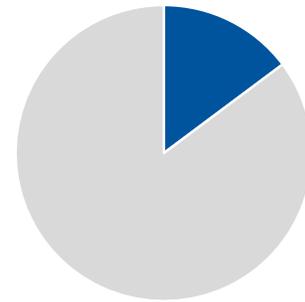
### Survey Administration

**SURVEY START DATE:** 03.15.22      **SURVEY END DATE:** 06.28.22

**TOTAL SAMPLE SIZE** 3,839

**RESPONSE RATE** 14.8%

 <b>COMPLETES</b>	567
 <b>INCOMPLETES</b>	3,270



■ COMPLETES   ■ INCOMPLETES

### DETAILS

	Mail 1	Mail 2	Mail 3	Internet
<b>Completes - Mode</b>	37.9%	29.1%	13.4%	19.6%
	Mail English	Mail Spanish	Internet English	Internet Spanish
<b>Completes - Language</b>	52.0%	28.4%	15.0%	4.6%

The KidsCare program’s response rate of 14.8 percent was less than the national CCC Medicaid response rate reported by NCQA for 2021, which was 16.7 percent.<sup>1-3</sup>

<sup>1-3</sup> National Committee for Quality Assurance. *HEDIS Measurement Year, 2021 Update Survey Vendor Training*. October 6, 2021.

## Performance Highlights

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

### *NCQA Comparisons and Trend Analysis*

For the general child and CCC populations, HSAG compared scores for each measure to the National Committee for Quality Assurance's (NCQA's) 2021 Quality Compass<sup>®</sup> Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings).<sup>1-4,1-5,1-6,1-7</sup> Based on this comparison, HSAG determined star ratings of one (★) to five (★★★★★) stars for each measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent). The detailed results of these analyses are found in the Results section beginning on page 2-7 for the general child population and page 2-15 for the CCC population. In addition, a trend analysis was performed that compared the 2022 CAHPS results to their corresponding 2021 CAHPS results. Table 1-1 provides highlights of the NCQA comparisons and trend analysis findings. The percentages presented in the table represent the top-box scores, while the stars represent the overall member experience ratings when the top-box scores were compared to NCQA Quality Compass data.

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<sup>1-4</sup> National Committee for Quality Assurance. *Quality Compass<sup>®</sup>: Benchmark and Compare Quality Data 2021*. Washington, DC: NCQA, September 2021.

<sup>1-5</sup> The source for the benchmark and compare quality data used for this comparative analysis is Quality Compass<sup>®</sup> 2021 data and is used with the permission of NCQA. Quality Compass 2021 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<sup>®</sup> is a registered trademark of NCQA. CAHPS<sup>®</sup> is a registered trademark of AHRQ.

<sup>1-6</sup> NCQA Quality Compass benchmarks for the general child and CCC Medicaid populations are used for comparative purposes, since NCQA does not publish separate benchmarking data for the CHIP population; therefore, caution should be exercised when interpreting the results of the NCQA Comparisons analysis (i.e., overall member experience ratings).

<sup>1-7</sup> Quality Compass 2022 data were not available at the time this report was prepared; therefore, 2021 data were used for comparison.

**Table 1-1—NCQA Comparisons and Trend Analysis**

Measure	General Child		CCC	
	NCQA Comparisons	Trend Analysis	NCQA Comparisons	Trend Analysis
<b>Global Ratings</b>				
<i>Rating of Health Plan</i>	★★★★★ 77.0%	—	★★★★★ 75.0%	—
<i>Rating of All Health Care</i>	★★★ 72.7%	—	★★★ 63.8%	—
<i>Rating of Personal Doctor</i>	★★★★ 78.5%	—	★★★ 76.0%	—
<i>Rating of Specialist Seen Most Often</i>	★★★★ 76.0% <sup>+</sup>	—	★★★★ 76.6% <sup>+</sup>	—
<b>Composite Measures</b>				
<i>Getting Needed Care</i>	★★★★★ 89.1%	—	★★★★★ 91.0%	—
<i>Getting Care Quickly</i>	★★★★ 89.2%	—	★★★★★ 93.9% <sup>+</sup>	—
<i>How Well Doctors Communicate</i>	★★★★ 94.7%	—	★★★★ 95.3%	—
<i>Customer Service</i>	★★★★ 89.8% <sup>+</sup>	—	★★★ 89.4% <sup>+</sup>	—
<b>Individual Item Measure</b>				
<i>Coordination of Care</i>	★★★★ 88.9% <sup>+</sup>	—	★★★ 81.8% <sup>+</sup>	—
<b>CCC Composite Measures and Items</b>				
<i>Access to Specialized Services</i>	NA	NA	★★★★ 75.4% <sup>+</sup>	—
<i>Family-Centered Care (FCC): Personal Doctor Who Knows Child</i>	NA	NA	★★★ 90.4%	—
<i>Coordination of Care for Children With Chronic Conditions</i>	NA	NA	★★★ 77.2% <sup>+</sup>	—
<i>Access to Prescription Medicines</i>	NA	NA	★★★ 89.8%	—
<i>FCC: Getting Needed Information</i>	NA	NA	★★★★★ 96.9%	—
<p>— Indicates the 2022 score is not statistically significantly higher or lower than the 2021 scores.            + Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.            Star Assignments Based on Percentiles:            ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★★ 50th-74th ★★★★★ 25th-49th ★ Below 25th            NA indicates that this measure is not applicable for the population.</p>				

### Key Drivers of Member Experience Analysis

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

- How well the program is performing on the survey item.
- How important that item is to the respondents’ overall experience.

HSAG focused the key drivers of member experience analysis on three measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. HSAG refers to the individual items (i.e., questions) for which the odds ratio is statistically significantly greater than 1 as “key drivers” since these items are driving parents’/caretakers’ levels of experience with each of the three measures. The detailed results of this analysis are described in the Results section beginning on page 2-14.

Table 1-2 provides a summary of the survey items identified as statistically significant key drivers of at least one of the three measures of member experience (indicated by a ✓).

**Table 1-2—Key Drivers of Member Experience**

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q4. Child received care as soon as needed when care was needed right away	Never/Sometimes/Usually vs. Always	NS	✓	NS
Q10. Ease of getting the care, tests, or treatment the child needed	Never/Sometimes/Usually vs. Always	NS	✓	NS
Q27. Child’s personal doctor explained things about the child’s health in an understandable way to the parent/caretaker	Never/Sometimes/Usually vs. Always	NS	✓	NS
<i>NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents’ answers for those responses do not significantly affect their rating.</i>				

The following section presents the results for the KidsCare program general child and CCC populations. For the general child population, a total of 260 surveys were completed on behalf of child members. These completed surveys were used to calculate the 2022 general child CAHPS results. Based on parents'/caretakers' responses to the CCC screener questions, the KidsCare program had 170 completed surveys for the CCC population. These completed surveys were used to calculate the 2022 CCC CAHPS results.

### Survey Administration

#### Sample Selection

The KidsCare program members eligible for surveying included those who were enrolled in the KidsCare program at the time the sample was drawn and who were continuously enrolled in the KidsCare program for at least five of the six months of the measurement period (July 1 to December 31, 2021). In addition, child members had to be 18 years of age or younger (less than 19 years of age) as of December 31, 2021, to be included in the survey.

All child members included in the total eligible population of 45,143 within the CAHPS 5.1 sample frame file were given a chronic condition prescreen status code of 1 or 2. A prescreen code of 1 indicated that the child member did not have claims or encounters that suggested the child had a greater probability of having a chronic condition. A prescreen code of 2 (also known as a positive prescreen status code) indicated the child member did have claims or encounters that suggested the member had a greater probability of having a chronic condition.<sup>2-1</sup> A sample of 1,999 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 1,840 child members with a prescreen status code of 2, which represents the population of children who are more likely to have a chronic condition (i.e., CCC supplemental sample), was selected. This sample was drawn to ensure an adequate number of responses from children with chronic conditions. The total selected sample was 3,839 child members. Table 2-1 depicts the sample sizes selected for the KidsCare program.

**Table 2-1—Sample Sizes**

Total Sample Size	General Child Sample	General Child Oversample	CCC Supplemental Sample
3,839	1,650	349	1,840

<sup>2-1</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2021, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2021.



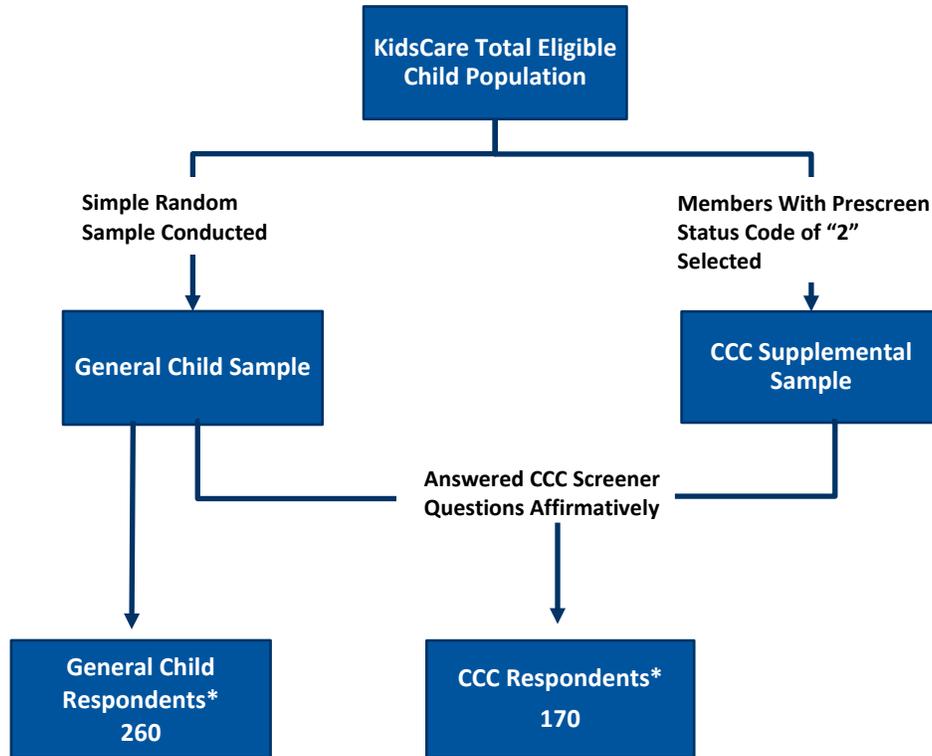
## Survey Responses

The survey administration protocol was designed to achieve a high response rate, thus minimizing the potential effects of non-response bias. The survey process allowed parents/caretakers of child members two methods by which they could complete the surveys: mail or Internet. All sampled members were mailed an English or Spanish survey. A reminder postcard was sent to all non-respondents, followed by a second survey mailing and second reminder postcard, and third survey mailing. Additional information on the survey protocol is included in the Reader's Guide section beginning on page 3-6.

Children with chronic conditions were identified by a series of questions in the CAHPS 5.1 Child Medicaid Health Plan Survey (with the CCC measurement set). This series contains five sets of survey questions that focus on specific health care needs and conditions that constitute a CCC screener. The survey responses for child members in the general child sample and the CCC supplemental sample were analyzed to determine which child members had chronic conditions (those in the CCC population) and which did not. The general population of children (i.e., those in the general child sample) could have included children with chronic conditions if 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 2-1 depicts the general child and CCC respondent distribution for the KidsCare program population. Of the 170 CCC responses, 118 were derived from the CCC supplemental sample, and 52 were derived from the general child sample.

**Figure 2-1—Respondent Distribution**



*\*General child and CCC respondents will not add up to the number of completed surveys (i.e., 567), as only members from the CCC supplemental sample who answered affirmatively to the CCC screener questions are included in the CCC results.*

## General Child Results

### *Child and Respondent Demographics*

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

<sup>2-2</sup> The child member demographics are based on responses of parents/caretakers of general child members (i.e., child members selected as part of the general child population sample).

**Table 2-2—Child Member Demographics**

<b>Age</b>	
0 to 3	7.7%
4 to 7	22.0%
8 to 11	22.4%
12 to 15	23.2%
16 to 19*	24.7%
<b>Gender</b>	
Male	50.2%
Female	49.8%
<b>Race</b>	
Multi-Racial	4.8%
White	64.7%
Other**	30.5%
<b>Ethnicity</b>	
Hispanic	67.6%
Non-Hispanic	32.4%
<b>General Health Status</b>	
Excellent	37.7%
Very Good	38.1%
Good	17.7%
Fair or Poor	6.5%
<b>Mental Health Status</b>	
Excellent	46.9%
Very Good	29.8%
Good	15.9%
Fair or Poor	7.4%
<p><i>Please note, percentages may not total 100 percent due to rounding.</i></p> <p><i>*Children were eligible for inclusion in the survey if they were 18 years of age or younger (less than 19 years of age) as of December 31, 2021. Some children eligible for the CAHPS Survey turned 19 between January 1, 2022, and the time of survey administration.</i></p> <p><i>**The "Other" Race category includes responses of Black, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and Other.</i></p>	

Table 2-3 depicts the demographic characteristics of parents/caretakers who completed a survey on behalf of the child member for age, gender, and education level.<sup>2-3</sup> HSAG did not include the respondent’s relationship to the child since all results were suppressed.

**Table 2-3—Respondent Demographics**

<b>Respondent Age</b>	
Under 24	10.0%
25 to 34	22.4%
35 to 44	38.6%
45 to 54	23.2%
55 or Older	5.8%
<b>Respondent Gender</b>	
Male	15.0%
Female	85.0%
<b>Respondent Education Level</b>	
8th Grade or Less	6.3%
Some High School	10.2%
High School Graduate	35.5%
Some College	32.0%
College Graduate	16.0%
<i>Please note, percentages may not total 100 percent due to rounding.</i>	

<sup>2-3</sup> The respondent demographics are based on responses of parents/caretakers of general child members (i.e., respondents of child members selected as part of the general child population sample).

### Respondent Analysis

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

**Table 2-4—Respondent Analysis**

	Respondents	Sample Frame
<b>Age</b>		
0 to 3	8.5%	11.4%
4 to 7	23.1%	22.9%
8 to 11	21.9%	23.9%
12 to 15	24.2%	25.2%
16 to 18	22.3%↑	16.6%
<b>Gender</b>		
Male	49.6%	50.9%
Female	50.4%	49.1%
<b>Race</b>		
White	84.4%	78.7%
Other	15.6%	21.3%
<b>Ethnicity</b>		
Hispanic	78.9%	73.7%
Non-Hispanic	21.1%	26.3%
↑ Indicates the respondent percentage is significantly higher than the sample frame percentage. ↓ Indicates the respondent percentage is significantly lower than the sample frame percentage. Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.		

<sup>2-4</sup> The demographic characteristics are presented for child members selected as part of the general child population sample.

## NCQA Comparisons

In order to assess the overall performance of the general child population, HSAG compared scores for each measure to NCQA’s Quality Compass Benchmark and Compare Quality Data.<sup>2-5</sup> Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent). The percentages presented in Table 2-5 represent the top-box scores, while the stars represent overall member experience ratings for each measure when the top-box scores were compared to NCQA’s Quality Compass data.<sup>2-6</sup>

**Table 2-5—NCQA Comparisons**

Measure	Score	Star Rating
<b>Global Ratings</b>		
<i>Rating of Health Plan</i>	77.0%	★★★★★
<i>Rating of All Health Care</i>	72.7%	★★
<i>Rating of Personal Doctor</i>	78.5%	★★★★
<i>Rating of Specialist Seen Most Often</i>	76.0% <sup>+</sup>	★★★★
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	89.1%	★★★★★
<i>Getting Care Quickly</i>	89.2%	★★★★
<i>How Well Doctors Communicate</i>	94.7%	★★★★
<i>Customer Service</i>	89.8% <sup>+</sup>	★★★★
<b>Individual Item Measure</b>		
<i>Coordination of Care</i>	88.9% <sup>+</sup>	★★★★
<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.		

<sup>2-5</sup> National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2021*. Washington, DC: NCQA, September 2021.

<sup>2-6</sup> NCQA Quality Compass benchmarks for the general child Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the CHIP population. Caution should be exercised when interpreting the results of the NCQA Comparisons analysis (i.e., overall member experience ratings).

## Trend Analysis

In 2021 and 2022, the KidsCare program general child population had 336 and 260 completed surveys, respectively. These completed surveys were used to calculate the 2021 and 2022 CAHPS results presented in this section for trending purposes.

For purposes of the trend analysis, top-box scores were calculated for each measure in accordance with NCQA HEDIS Specifications for Survey Measures.<sup>2-7</sup> Each 2022 score was compared to the 2021 NCQA child Medicaid national averages.<sup>2-8,2-9,2-10</sup> For additional details and information on the survey language and response options for the measures, please refer to the Reader's Guide section beginning on page 3-3. For more detailed information regarding the calculation of these measures, please refer to the Reader's Guide beginning on page 3-8.

In order to evaluate trends, HSAG compared the 2022 scores to the corresponding 2021 scores. Figure 2-2 and Figure 2-3 show the results of this trend analysis. Statistically significant differences are noted with directional triangles. CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

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<sup>2-7</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year, 2021 Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2021.

<sup>2-8</sup> The source for the NCQA national averages for the general child population contained in this publication is Quality Compass® 2021 data and is used with the permission of NCQA. Quality Compass 2021 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 AHRQ.

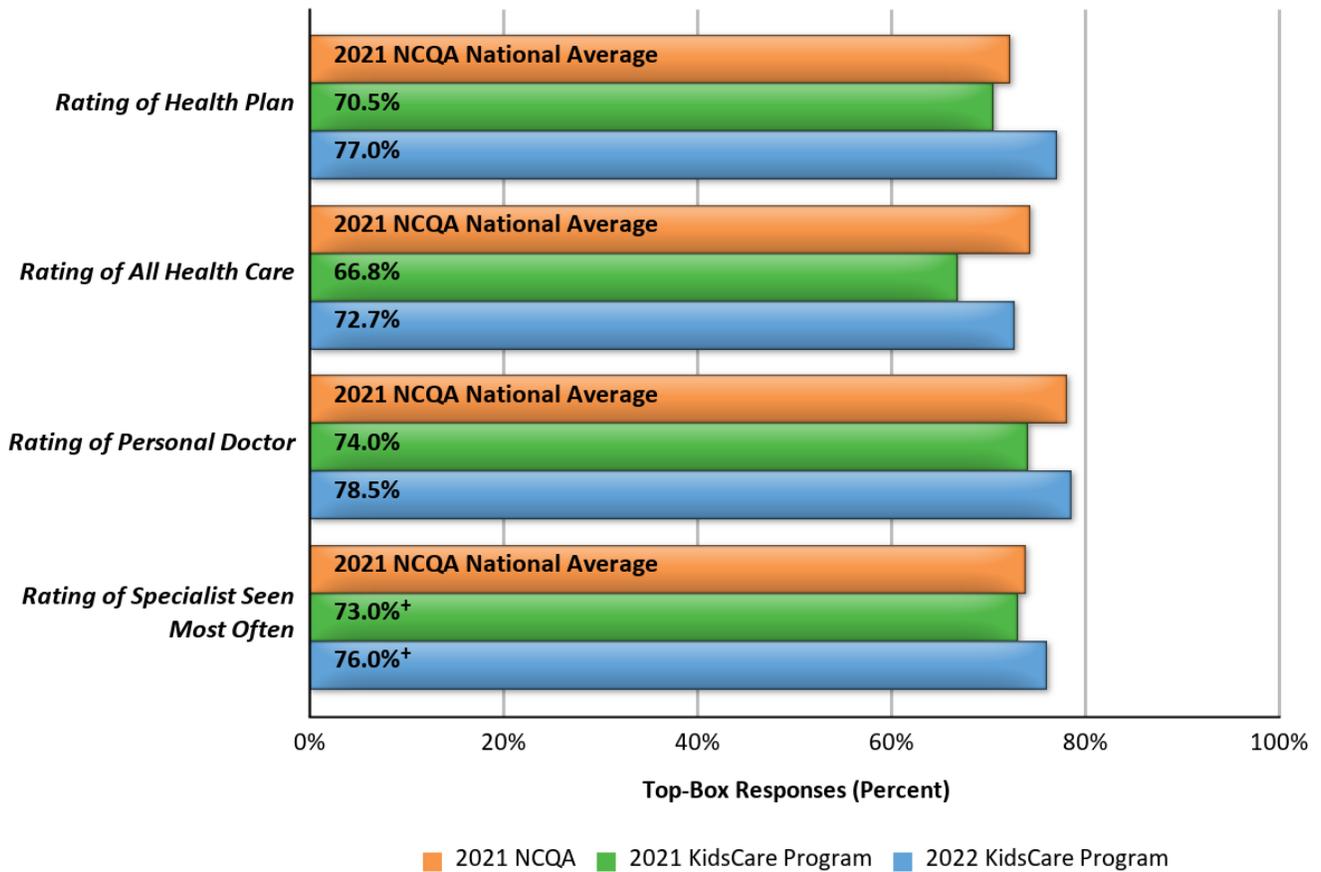
<sup>2-9</sup> Quality Compass 2022 data were not available at the time this report was prepared; therefore, 2021 data were used for comparison.

<sup>2-10</sup> NCQA Quality Compass national averages for the general child Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the CHIP population. Caution should be exercised when comparing top-box scores to the national averages.

**Global Ratings**

Figure 2-2 shows the top-box scores and 2021 NCQA child Medicaid national averages for the global ratings.

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

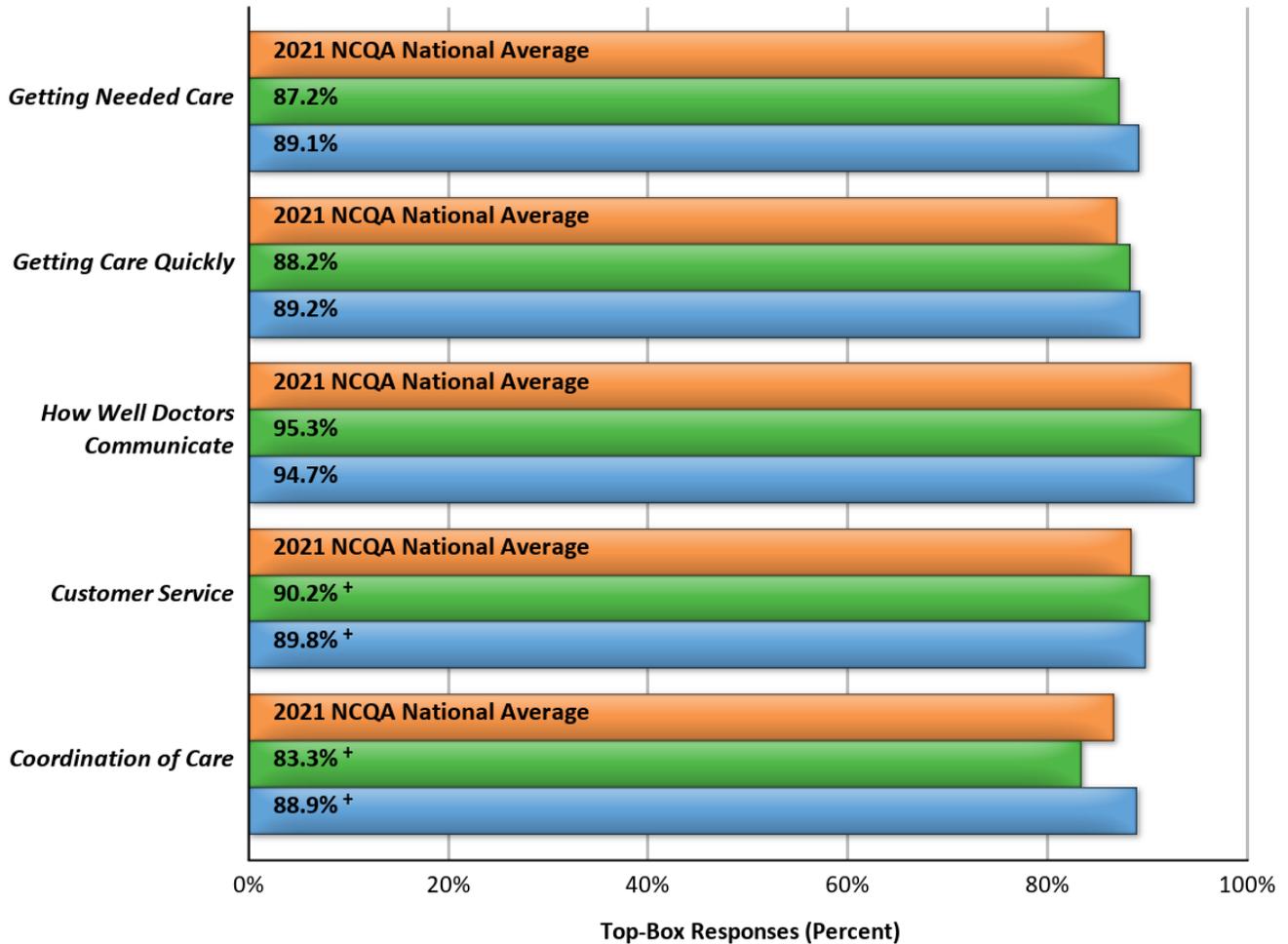


Statistical Significance Note: ▲ Indicates the 2022 score is statistically significantly higher than the 2021 score.  
 ▼ Indicates the 2022 score is statistically significantly lower than the 2021 score.  
 If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

### Composite Measures and Individual Item Measure

Figure 2-3 shows the top-box scores and 2021 NCQA child Medicaid national averages for the composite measures and individual item measure.

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



■ 2021 NCQA   
 ■ 2021 KidsCare Program   
 ■ 2022 KidsCare Program

Statistical Significance Note: ▲ Indicates the 2022 score is statistically significantly higher than the 2021 score.

▼ Indicates the 2022 score is statistically significantly lower than the 2021 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.

### Supplemental Items

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

**Table 2-6—Supplemental Items**

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

### Had Telehealth Visit

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

**Table 2-7—Had Telehealth Visit**

Response Options	N	%
<b>Yes</b>	32	20.1%
<b>No</b>	127	79.9%
<i>Percentages may not total 100 percent due to rounding. Caution should be exercised when evaluating results with fewer than 100 responses.</i>		

### Device Used for Telehealth Visit

Parents/caretakers of child members were asked what type of device was used for their child’s healthcare visit by phone or video (Question 8b). Table 2-8 shows the results for this question.

**Table 2-8—Device Used for Telehealth Visit**

Response Options	N	%
<b>Personal computer with video</b>	S	S
<b>Smartphone or tablet with video</b>	14	45.2%
<b>Telephone without video</b>	S	S
<b>Other</b>	S	S
<i>Please note: Results presented in this table are based on respondents that answered “Yes” to Question 8a. Respondents may choose more than one response; therefore, percentages will not total 100 percent. Results based on fewer than 11 responses were suppressed and noted with an “S.” Caution should be exercised when evaluating results with fewer than 100 responses.</i>		

### Privacy Concerns During Telehealth Visit

Parents/caretakers of child members were asked how often they were concerned about privacy during their child’s healthcare visit by phone or video (Question 8c). All results for privacy concerns during telehealth visit were suppressed; therefore, HSAG did not include a table.

### Ease of Using Technology During Telehealth Visit

Parents/caretakers of child members were asked how easy or difficult it was to use technology during their child’s healthcare visit by phone or video (Question 8d). Table 2-9 shows the results for this question.

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

Response Options	N	%
Very easy	S	S
Easy	18	56.3%
Difficult	S	S
Very difficult	S	S
<i>Please note: Results presented in this table are based on respondents that answered “Yes” to Question 8a. Percentages may not total 100 percent due to rounding. Results based on fewer than 11 responses were suppressed and noted with an “S.” Caution should be exercised when evaluating results with fewer than 100 responses.</i>		

### Quality of Care Received During Telehealth Visit

Parents/caretakers of child members were asked if the quality of care their child received during phone or video visits was better or worse than care their child received during in-person visits (Question 8e). Table 2-10 shows the results for this question.

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

Response Options	N	%
Much worse	S	S
Slightly worse	S	S
About the same	18	58.1%
Slightly better	S	S
Much better	S	S
<i>Please note: Results presented in this table are based on respondents that answered “Yes” to Question 8a. Percentages may not total 100 percent due to rounding. Results based on fewer than 11 responses were suppressed and noted with an “S.” Caution should be exercised when evaluating results with fewer than 100 responses.</i>		

### Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the following measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. Key drivers of member experience are defined as those items for which the odds ratio is statistically significantly greater than 1. For additional information on the statistical calculation, please refer to the Reader’s Guide section on page 3-10.

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

**Table 2-11—Key Drivers of Member Experience**

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q4. Child received care as soon as needed when care was needed right away	Never/Sometimes/Usually vs. Always	NS	✓	NS
Q10. Ease of getting the care, tests, or treatment the child needed	Never/Sometimes/Usually vs. Always	NS	✓	NS
Q27. Child’s personal doctor explained things about the child’s health in an understandable way to the parent/caretaker	Never/Sometimes/Usually vs. Always	NS	✓	NS
<i>NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents’ answers for those responses do not significantly affect their rating.</i>				

## CCC Results

### *Chronic Conditions Classification*

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

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

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

### *NCQA Comparisons*

In order to assess the overall performance of the CCC population, HSAG compared scores for each measure to NCQA's Quality Compass Benchmark and Compare Quality Data.<sup>2-11,2-12</sup> Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent). The percentages presented in Table 2-12 represent the top-box scores, while the stars represent overall member experience ratings for each measure when the top-box scores were compared to NCQA's Quality Compass data.

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<sup>2-11</sup> National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2021*. Washington, DC: NCQA, September 2021.

<sup>2-12</sup> NCQA Quality Compass benchmarks for the CCC Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the CHIP population; therefore, caution should be exercised when interpreting the results of the NCQA Comparisons analysis (i.e., overall member experience ratings).

**Table 2-12—NCQA Comparisons**

Measure	Score	Star Rating
<b>Global Ratings</b>		
<i>Rating of Health Plan</i>	75.0%	★★★★★
<i>Rating of All Health Care</i>	63.8%	★
<i>Rating of Personal Doctor</i>	76.0%	★★
<i>Rating of Specialist Seen Most Often</i>	76.6% <sup>+</sup>	★★★★
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	91.0%	★★★★★
<i>Getting Care Quickly</i>	93.9% <sup>+</sup>	★★★★★
<i>How Well Doctors Communicate</i>	95.3%	★★★★
<i>Customer Service</i>	89.4% <sup>+</sup>	★
<b>Individual Item Measure</b>		
<i>Coordination of Care</i>	81.8% <sup>+</sup>	★
<b>CCC Composite Measures and Items</b>		
<i>Access to Specialized Services</i>	75.4% <sup>+</sup>	★★★★
<i>FCC: Personal Doctor Who Knows Child</i>	90.4%	★★
<i>Coordination of Care for Children With Chronic Conditions</i>	77.2% <sup>+</sup>	★★
<i>Access to Prescription Medicines</i>	89.8%	★★
<i>FCC: Getting Needed Information</i>	96.9%	★★★★★
<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>		

## Trend Analysis

In 2021 and 2022, the KidsCare program CCC population had 249 and 170 completed surveys, respectively. For trending purposes, these completed surveys were used to calculate the 2021 and 2022 CAHPS results presented in this section.

For purposes of the trend analysis, top-box scores were calculated in accordance with NCQA HEDIS Specifications for Survey Measures.<sup>2-13</sup> Each 2022 score was compared to the 2021 NCQA CCC Medicaid national averages.<sup>2-14,2-15,2-16</sup> For additional details and information on the survey language and response options for the measures, please refer to the Reader's Guide section beginning on page 3-3. For more detailed information regarding the calculation of these measures, please refer to the Reader's Guide beginning on page 3-8.

In order to evaluate trends in parents'/caretakers' experiences of children in the CCC population, HSAG compared the 2022 scores to the corresponding 2021 scores. Figure 2-4 through Figure 2-7 show the results of this trend analysis. Statistically significant differences are noted with directional triangles. CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

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<sup>2-13</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year, 2021 Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2021.

<sup>2-14</sup> The source for the NCQA national averages for the CCC population contained in this publication is Quality Compass® 2021 data and is used with the permission of NCQA. Quality Compass 2021 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 AHRQ.

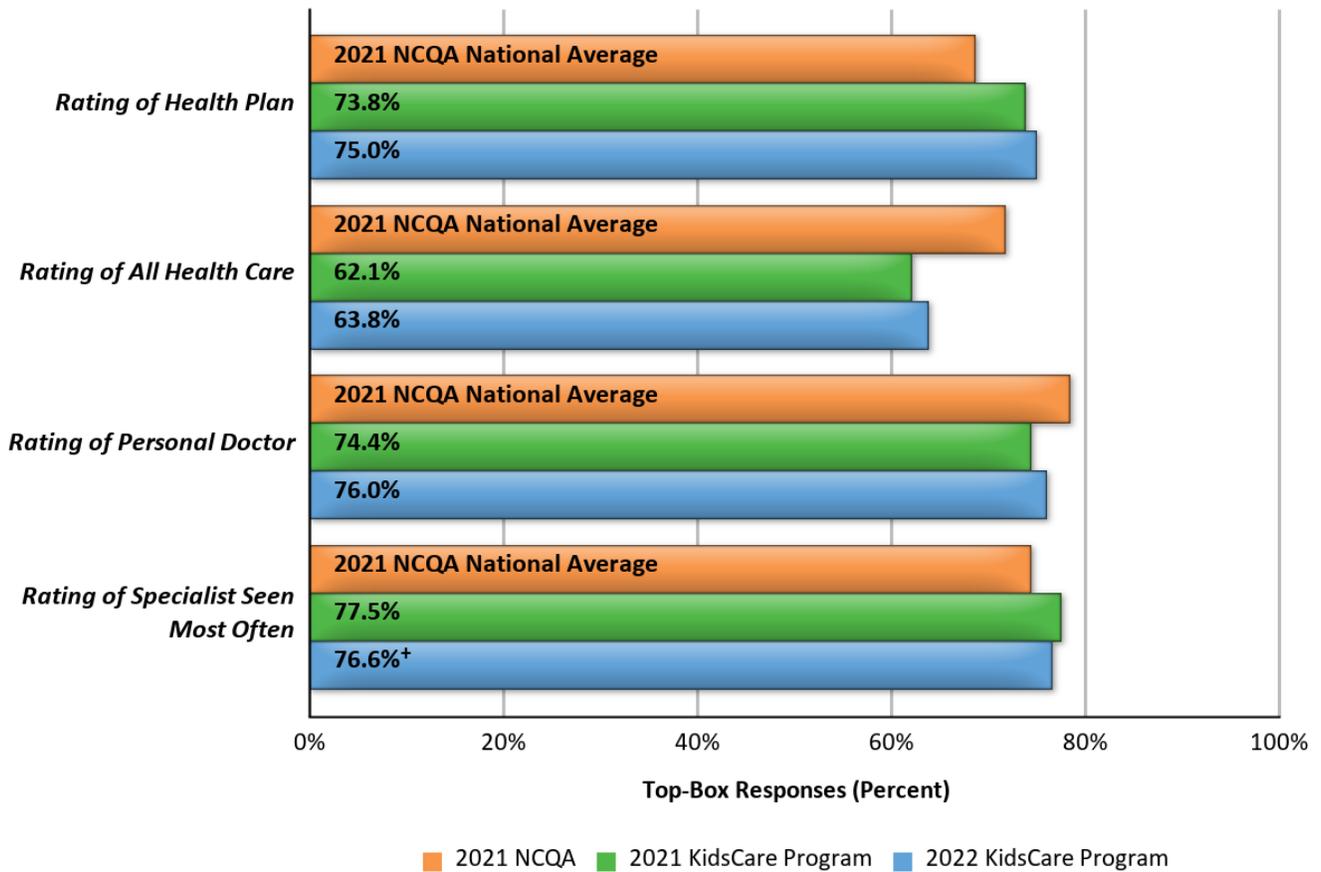
<sup>2-15</sup> Quality Compass 2022 data were not available at the time this report was prepared; therefore, 2021 data were used for comparison.

<sup>2-16</sup> 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. Caution should be exercised when comparing top-box scores to the national averages.

**Global Ratings**

Figure 2-4 shows the top-box scores and 2021 NCQA CCC Medicaid national averages for the global ratings.

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

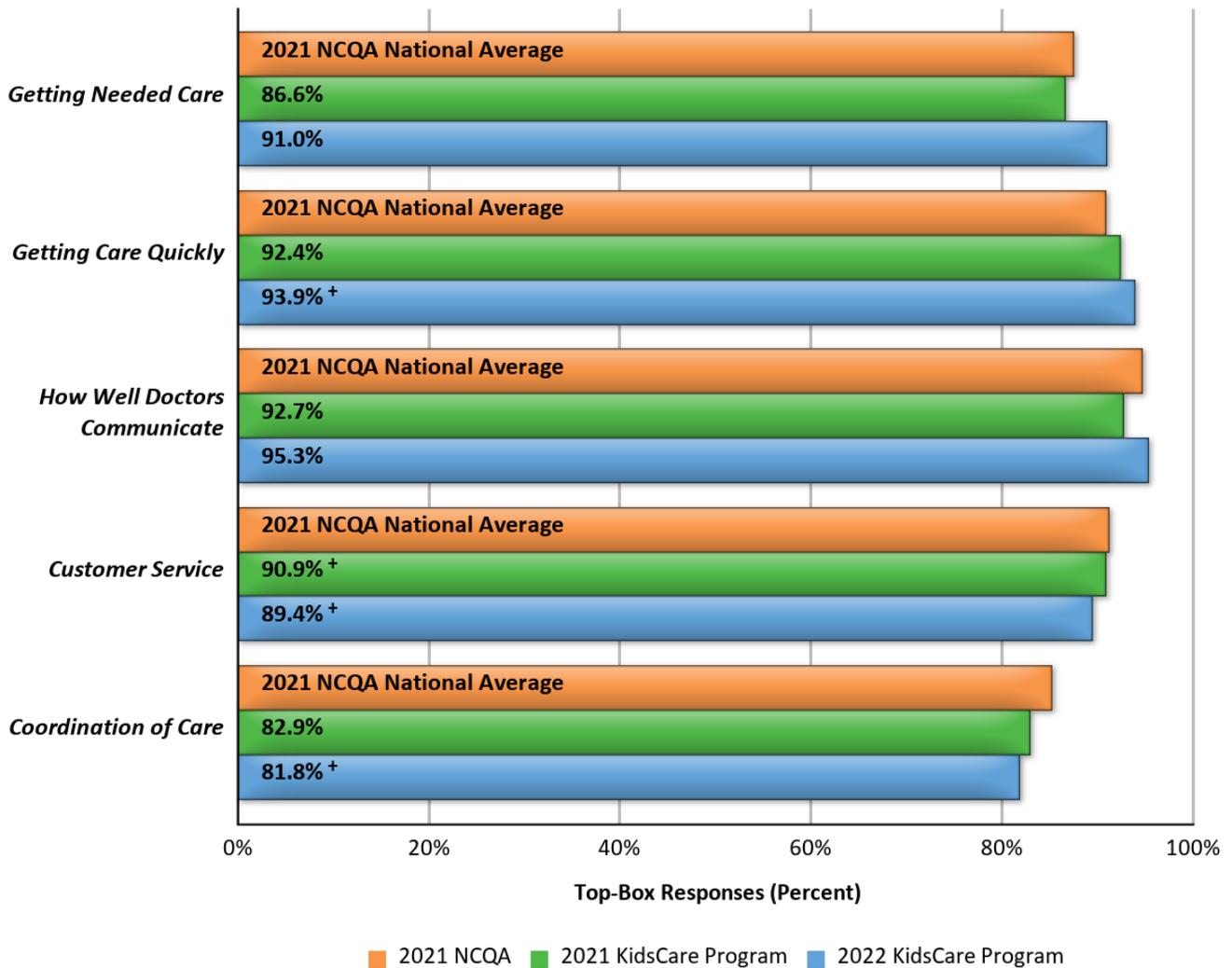


Statistical Significance Note: ▲ Indicates the 2022 score is statistically significantly higher than the 2021 score.  
 ▼ Indicates the 2022 score is statistically significantly lower than the 2021 score.  
 If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

### Composite Measures and Individual Item Measure

Figure 2-5 shows the top-box scores and 2021 NCQA CCC Medicaid national averages for the composite measures and individual item measure.

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

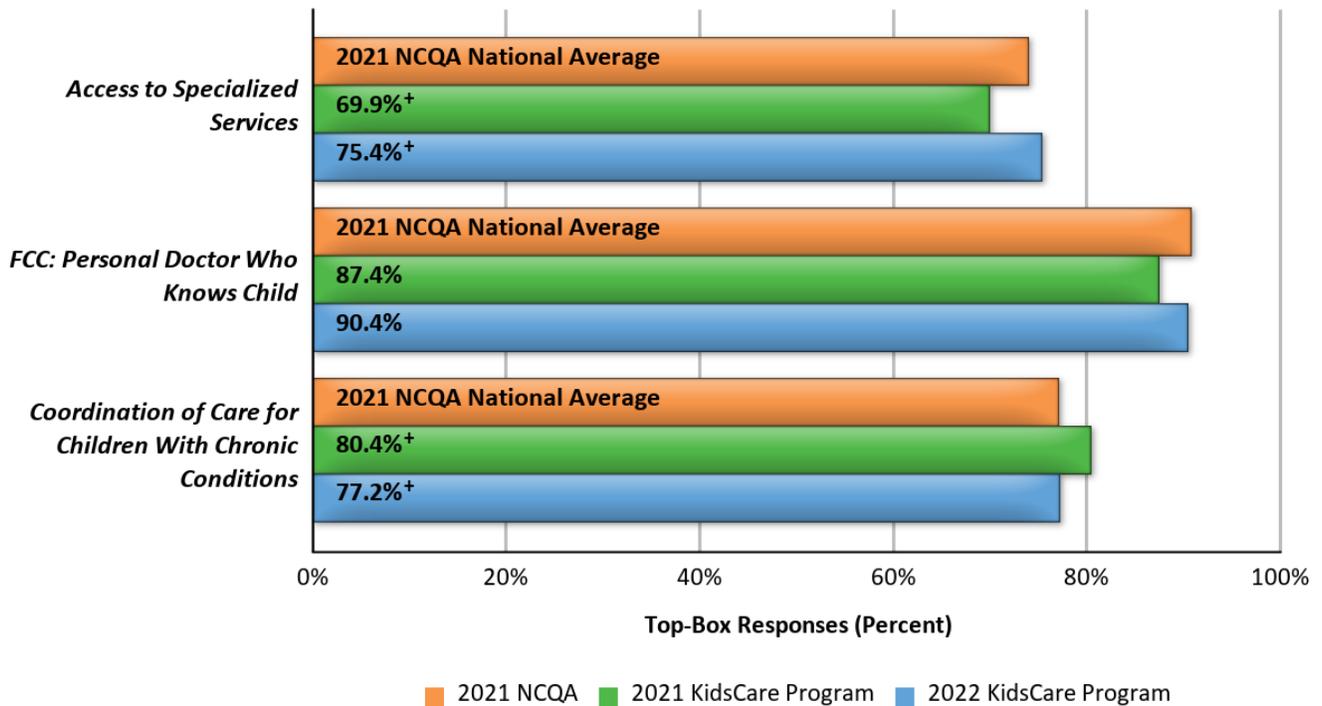


Statistical Significance Note: ▲ Indicates the 2022 score is statistically significantly higher than the 2021 score.  
 ▼ Indicates the 2022 score is statistically significantly lower than the 2021 score.  
 If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

**CCC Composite Measures**

Figure 2-6 shows the top-box scores and 2021 NCQA CCC Medicaid national averages for the CCC composite measures.

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

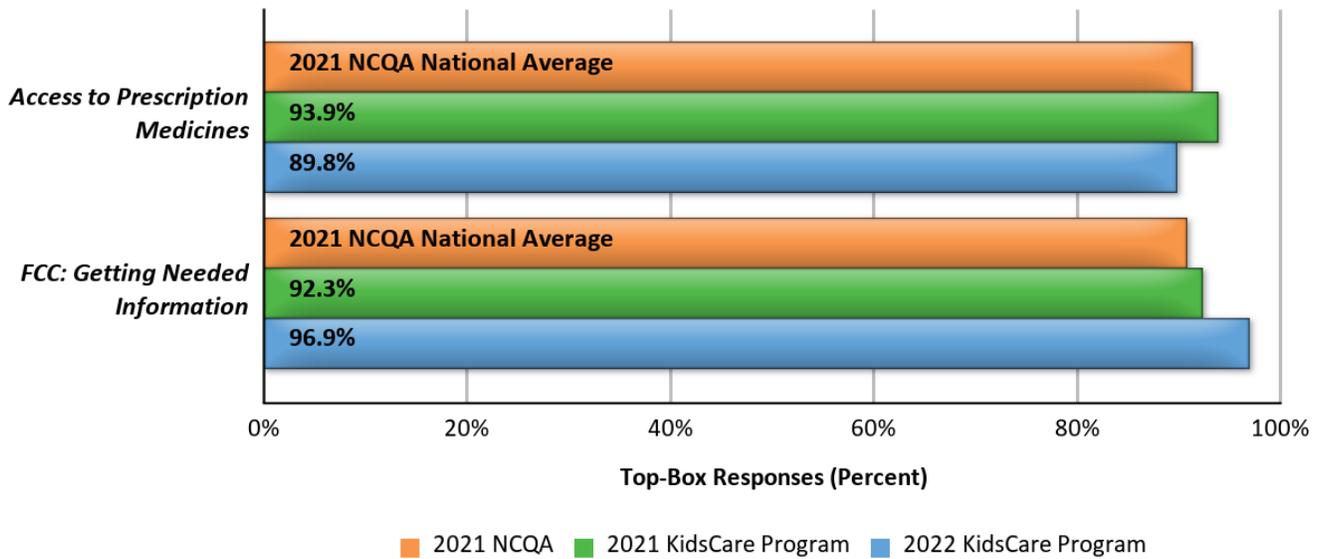


Statistical Significance Note: ▲ Indicates the 2022 score is statistically significantly higher than the 2021 score.  
 ▼ Indicates the 2022 score is statistically significantly lower than the 2021 score.  
 If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

**CCC Items**

Figure 2-7 shows the top-box scores and 2021 NCQA CCC Medicaid national averages for the CCC items.

**Figure 2-7—CCC Items: Top-Box Scores**



Statistical Significance Note: ▲ Indicates the 2022 score is statistically significantly higher than the 2021 score.  
▼ Indicates the 2022 score is statistically significantly lower than the 2021 score.  
If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.

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

### Survey Administration

#### Survey Overview

The survey instrument selected was the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set. The CAHPS 5.1 Health Plan Surveys are a set of standardized surveys that assess patient perspectives on care. Originally, CAHPS was a five-year collaborative project sponsored by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). In 1997, NCQA, in conjunction with AHRQ, created the CAHPS 2.0H Survey measure as part of NCQA's HEDIS measure set.<sup>3-1</sup> 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.<sup>3-2</sup> 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.<sup>3-3,3-4</sup> 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.<sup>3-5</sup>

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<sup>3-1</sup> National Committee for Quality Assurance. *HEDIS® 2002, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2001.

<sup>3-2</sup> National Committee for Quality Assurance. *HEDIS® 2003, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2002.

<sup>3-3</sup> National Committee for Quality Assurance. *HEDIS® 2007, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2006.

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

<sup>3-5</sup> National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2012.

In October 2019, NCQA updated the CAHPS 5.0H Medicaid Health Plan Surveys by eliminating some items from the surveys.<sup>3-6</sup> In October 2020, AHRQ released the CAHPS 5.1 Health Plan Surveys to acknowledge that members may receive care in person, by phone, or by video. Based on the CAHPS 5.1 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys, which are referred to as the CAHPS 5.1H Health Plan Surveys.<sup>3-7</sup>

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

## CAHPS Performance Measures

The CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set includes 76 core questions that yield 14 measures of member experience.<sup>3-8</sup> These measures include four global rating questions, four composite measures, one individual item measure, and five CCC composites/items. The global measures (also referred to as global ratings) reflect parents'/caretakers' overall experience with their child's health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., *Getting Needed Care* or *Getting Care Quickly*). The individual item measure is an individual question that looks at coordination of care. The CCC composites and items are sets of questions and individual questions that look at different aspects of care for the CCC population (e.g., *Access to Prescription Medicines* or *Access to Specialized Services*).<sup>3-9</sup> Figure 3-1 lists the measures included in the survey.

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<sup>3-6</sup> National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2019.

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

<sup>3-8</sup> AHCCCS elected to add five supplemental questions to the survey.

<sup>3-9</sup> The CCC composites and items are only calculated for the CCC population. They are not calculated for the general child population.

**Figure 3-1—CAHPS Measures**

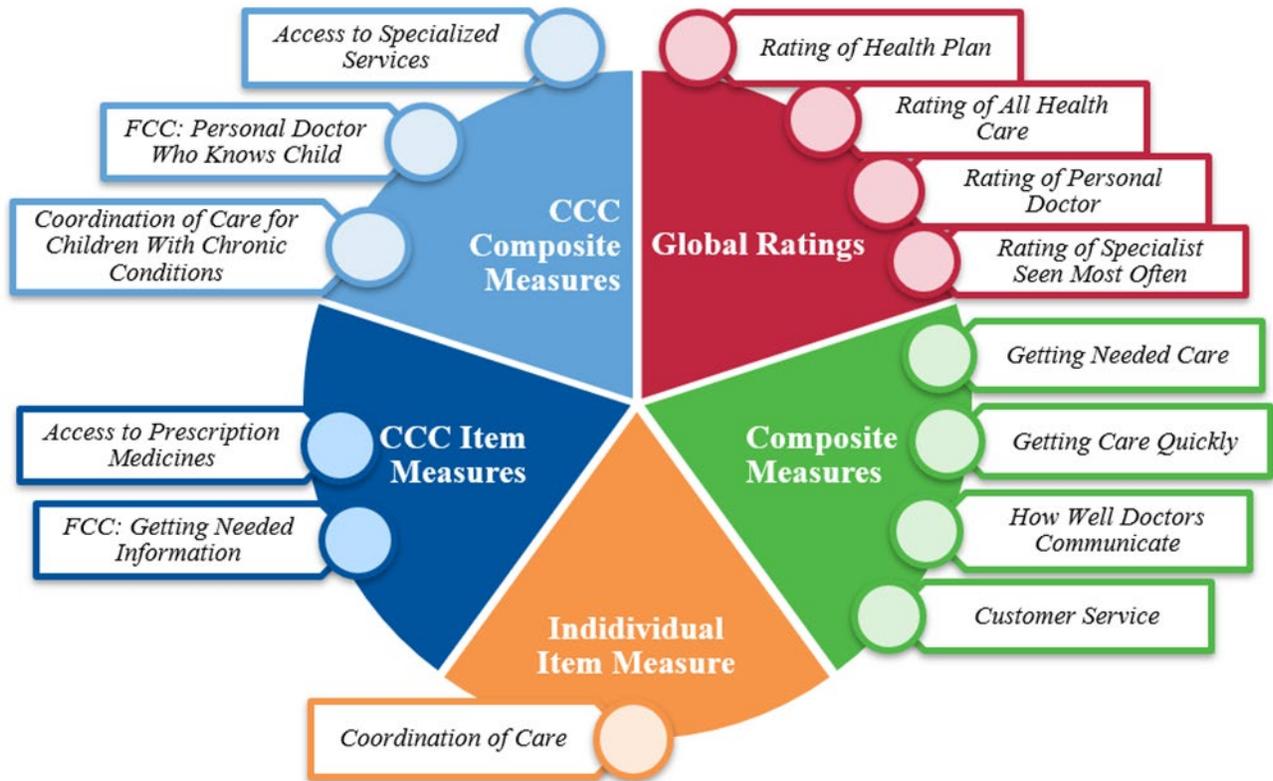


Table 3-1 presents the question language and response options for each measure.

**Table 3-1—Question Language and Response Options**

Question Language	Response Options
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	
49. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child’s health plan?	0–10 Scale
<i>Rating of All Health Care</i>	
9. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child’s health care in the last 6 months?	0–10 Scale
<i>Rating of Personal Doctor</i>	
36. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child’s personal doctor?	0–10 Scale

Question Language	Response Options
<b>Rating of Specialist Seen Most Often</b>	
43. We want to know your rating of the specialist your child talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	0–10 Scale
<b>Composite Measures</b>	
<b>Getting Needed Care</b>	
10. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	Never, Sometimes, Usually, Always
41. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?	Never, Sometimes, Usually, Always
<b>Getting Care Quickly</b>	
4. In the last 6 months, when your child <u>needed care right away</u> , how often did your child get care as soon as he or she needed?	Never, Sometimes, Usually, Always
6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> for your child as soon as your child needed?	Never, Sometimes, Usually, Always
<b>How Well Doctors Communicate</b>	
27. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?	Never, Sometimes, Usually, Always
28. In the last 6 months, how often did your child's personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
29. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
32. In the last 6 months, how often did your child's personal doctor spend enough time with your child?	Never, Sometimes, Usually, Always
<b>Customer Service</b>	
45. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?	Never, Sometimes, Usually, Always
46. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?	Never, Sometimes, Usually, Always
<b>Individual Item Measure</b>	
<b>Coordination of Care</b>	
35. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?	Never, Sometimes, Usually, Always
<b>CCC Composites</b>	
<b>Access to Specialized Services</b>	
15. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?	Never, Sometimes, Usually, Always
18. In the last 6 months, how often was it easy to get this therapy for your child?	Never, Sometimes, Usually, Always

Question Language	Response Options
21. In the last 6 months, how often was it easy to get this treatment or counseling for your child?	Never, Sometimes, Usually, Always
<b>FCC: Personal Doctor Who Knows Child</b>	
33. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?	Yes, No
38. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?	Yes, No
39. Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your <u>family's</u> day-to-day life?	Yes, No
<b>Coordination of Care for Children With Chronic Conditions</b>	
13. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?	Yes, No
24. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?	Yes, No
<b>CCC Items</b>	
<b>Access to Prescription Medicines</b>	
51. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?	Never, Sometimes, Usually, Always
<b>FCC: Getting Needed Information</b>	
8. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?	Never, Sometimes, Usually, Always

## How CAHPS Results Were Collected

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

### Sampling Procedures

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

- Were 18 years of age or younger (less than 19 years of age) as of December 31, 2021.
- Were currently enrolled in the KidsCare program.
- Had been continuously enrolled in the program during the measurement period (July 1 to December 31, 2021) with no more than one gap in enrollment of up to 45 days.<sup>3-10</sup>

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

For the KidsCare program, a sample of 1,999 child members was selected for the CAHPS 5.1 general child sample (1,650 child members plus an oversample of 349 child members), which represents the general population of children. After selecting the general child sample, a sample of 1,840 child members with a prescreen code of 2, which represents the population of children who are more likely to have a chronic condition (i.e., CCC supplemental sample), was selected (for a total of 3,839 child members).

### Survey Protocol

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

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

**Table 3-2—Survey Timeline**

Task	Timeline
Send first questionnaires with cover letter to parents/caretakers of child members.	0 days
Make website available to complete the survey online.	0 days
Send first postcard reminders to non-respondents.	7 days
Send second questionnaires with cover letters to non-respondents.	35 days
Send second postcard reminders to non-respondents.	42 days
Send third questionnaires with cover letters to non-respondents.	70 days
Close survey field.	105 days

## Methodology

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

### Response Rates

The response rate is defined as the total number of completed surveys divided by all eligible members of the sample.<sup>3-11</sup> A survey is assigned a disposition code of "completed" if at least three of the following questions were answered within the survey: questions 3, 25, 40, 44, and 49. Eligible members include the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: were deceased, were invalid (did not meet criteria described on page 3-5), or had a language barrier.

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

### Child and Respondent Demographics

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

### Respondent Analysis

HSAG evaluated the demographic characteristics of child members (i.e., age, gender, race, and ethnicity) as part of the respondent analysis. HSAG performed a *t* test to determine whether the demographic characteristics of child members whose parents/caretakers responded to the survey (i.e., respondent percentages) were statistically significantly different from the demographic characteristics of all child members in the sample frame (i.e., sample frame percentages). A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Respondent percentages within a particular demographic category that were statistically significantly higher or lower than the sample frame percentages are noted with arrows

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<sup>3-11</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2021, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2021.

in the tables. Given that the demographics of a response group can influence overall experience scores, it is important to evaluate all results in the context of the actual respondent population. If the respondent population differs significantly from the actual population of the program, then caution must be exercised when extrapolating the results to the entire population.

### General Child and CCC Results

For purposes of calculating the general child and CCC results, HSAG calculated top-box scores for each measure following NCQA HEDIS Specifications for Survey Measures.<sup>3-12</sup> The scoring of each measure involved assigning top-box responses a score of 1, with all other responses receiving a score of 0. A “top-box” response was defined as follows:

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

After applying this scoring methodology, the proportion (i.e., percentage) of top-box responses was calculated in order to determine the top-box scores. For the global ratings and individual items, top-box scores were defined as the proportion of responses with a score value of one over all responses. For the composite measures, first a separate top-box score was calculated for each question within the composite measure. The final composite measure score was determined by calculating the average score across all questions within the composite measure (i.e., mean of the composite items’ top-box scores). For additional details, please refer to the *NCQA HEDIS Measurement Year 2021 Specifications for Survey Measures, Volume 3*.

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

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<sup>3-12</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2021, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2021.

## NCQA Comparisons

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

**Table 3-3—Percentile Distributions**

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

## Trend Analysis

A trend analysis was performed that compared the 2022 general child and CCC scores to their corresponding 2021 scores to determine whether there were statistically significant differences. A *t* test was performed to determine whether results in 2022 were statistically significantly different from results in 2021. 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. Scores that were statistically significantly higher in 2022 than in 2021 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2022 than in 2021 are noted with black downward (▼) triangles. Scores in 2022 that were not statistically significantly different from scores in 2021 are not noted with triangles.

<sup>3-13</sup> National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2021*. Washington, DC: NCQA, September 2021.

### Key Drivers of Member Experience Analysis

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

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

**Table 3-4—Potential Key Drivers**

Question Number	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
Q4. Child received care as soon as needed when care was needed right away	✓	✓	✓	Always
Q6. Child received appointment for a checkup or routine care as soon as needed	✓	✓	✓	Always
Q10. Ease of getting the care, tests, or treatment the child needed	✓	✓	✓	Always
Q27. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	✓	✓	✓	Always
Q28. Child's personal doctor listened carefully to the parent/caretaker	✓	✓	✓	Always
Q29. Child's personal doctor showed respect for what the parent/caretaker said	✓	✓	✓	Always
Q31. Child's personal doctor explained things in an understandable way for the child	✓	✓	✓	Always
Q32. Child's personal doctor spent enough time with the child	✓	✓	✓	Always
Q33. Child's personal doctor discussed how the child is feeling, growing, or behaving	✓	✓	✓	Always
Q35. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	✓	✓	✓	Always

Question Number	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
Q41. Child received appointment with a specialist as soon as needed	✓	✓		Always
Q45. Child's health plan's customer service gave the parent/caretaker the information or help needed	✓	✓		Always
Q46. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	✓	✓		Always
Q48. Ease of filling out forms from the child's health plan	✓	✓		Always

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

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

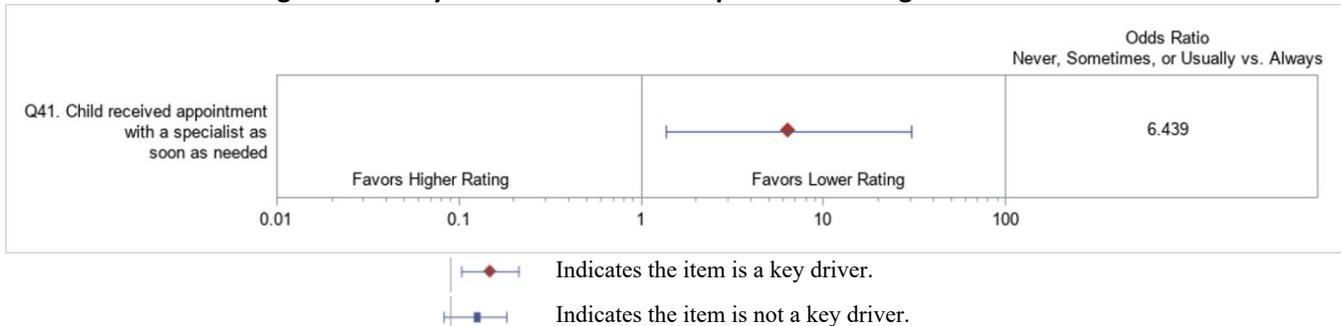
For each item evaluated, HSAG calculated the relationship between the item's response and performance on each of the three measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal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

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

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

In Figure 3-2, the results indicate that respondents who answered “Never,” “Sometimes,” or “Usually” to Question 41 are 6.439 times more likely to provide a lower rating for their child’s health plan than respondents who answered “Always.” The items identified as key drivers are indicated with a red diamond. Please refer to Appendix A. Additional Data for the figures showing the detailed results of the key drivers of member experience analysis.

**Figure 3-2—Key Drivers of Member Experience: Rating of Health Plan**



## Limitations and Cautions

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

### Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their child’s health care services. According to research, late respondents (i.e., respondents who submitted a survey later than the first mailing/round) could potentially be non-respondents if the survey had ended earlier.<sup>3-14</sup> Similarly, respondents who submitted a survey by Web could potentially be non-respondents if the survey mode was mail only. To identify potential non-response bias, HSAG compared the top-box scores from late respondents to early respondents (i.e., respondents who submitted a survey during the first mailing/round) for each measure. Results indicate that early respondents are not statistically significantly more likely to provide a higher or lower top-box response than late respondents for any measure; however, AHCCCS should consider that potential non-response bias may exist when interpreting CAHPS results.

<sup>3-14</sup> Korkeila, K., et al. “Non-response and related factors in a nation-wide health survey.” *European journal of epidemiology* 17.11 (2001): 991-999.

## *Causal Inferences*

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

## 4. Survey Instrument

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

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

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

If you want to know more about this study, please call 1-800-838-2994.

### SURVEY INSTRUCTIONS

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

Correct  
Mark



Incorrect  
Marks



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

- Yes → *Go to Question 1*
- No



START HERE



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

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

- Yes → *Go to Question 3*
- No

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

\_\_\_\_\_

**YOUR CHILD'S HEALTH CARE  
IN THE LAST 6 MONTHS**

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

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

- Yes
- No → *Go to Question 5*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 7*

6. In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?

- Never
- Sometimes
- Usually
- Always

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 9*

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Very easy
- Easy
- Difficult
- Very difficult





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

- Yes
- No → **Go to Question 23**

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → **Go to Question 25**

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

- Yes
- No

### YOUR CHILD'S PERSONAL DOCTOR

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

- Yes
- No → **Go to Question 40**

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

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

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **Go to Question 32**

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

- Never
- Sometimes
- Usually
- Always



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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 36*

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

- Never
- Sometimes
- Usually
- Always

36. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

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

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

- Yes
- No → *Go to Question 40*

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

- Yes
- No

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

- Yes
- No

**GETTING HEALTH CARE FROM SPECIALISTS**

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

40. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child with a specialist?

- Yes
- No → *Go to Question 44*

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

- Never
- Sometimes
- Usually
- Always

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

- None → *Go to Question 44*
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists





**ABOUT YOUR CHILD AND YOU**

- 53. In general, how would you rate your child's overall health?
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor
- 54. In general, how would you rate your child's overall mental or emotional health?
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor
- 55. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?
  - Yes
  - No → *Go to Question 58*
- 56. Is this because of any medical, behavioral, or other health condition?
  - Yes
  - No → *Go to Question 58*
- 57. Is this a condition that has lasted or is expected to last for at least 12 months?
  - Yes
  - No
- 58. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?
  - Yes
  - No → *Go to Question 61*
- 59. Is this because of any medical, behavioral, or other health condition?
  - Yes
  - No → *Go to Question 61*

- 60. Is this a condition that has lasted or is expected to last for at least 12 months?
  - Yes
  - No
- 61. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?
  - Yes
  - No → *Go to Question 64*
- 62. Is this because of any medical, behavioral, or other health condition?
  - Yes
  - No → *Go to Question 64*
- 63. Is this a condition that has lasted or is expected to last for at least 12 months?
  - Yes
  - No
- 64. Does your child need or get special therapy such as physical, occupational, or speech therapy?
  - Yes
  - No → *Go to Question 67*
- 65. Is this because of any medical, behavioral, or other health condition?
  - Yes
  - No → *Go to Question 67*
- 66. Is this a condition that has lasted or is expected to last for at least 12 months?
  - Yes
  - No
- 67. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?
  - Yes
  - No → *Go to Question 69*
- 68. Has this problem lasted or is it expected to last for at least 12 months?
  - Yes
  - No



69. What is your child's age?

Less than 1 year old

YEARS OLD (write in)

70. Is your child male or female?

- Male
- Female

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

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

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

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

73. What is your age?

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

74. Are you male or female?

- Male
- Female

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

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

76. How are you related to the child?

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

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

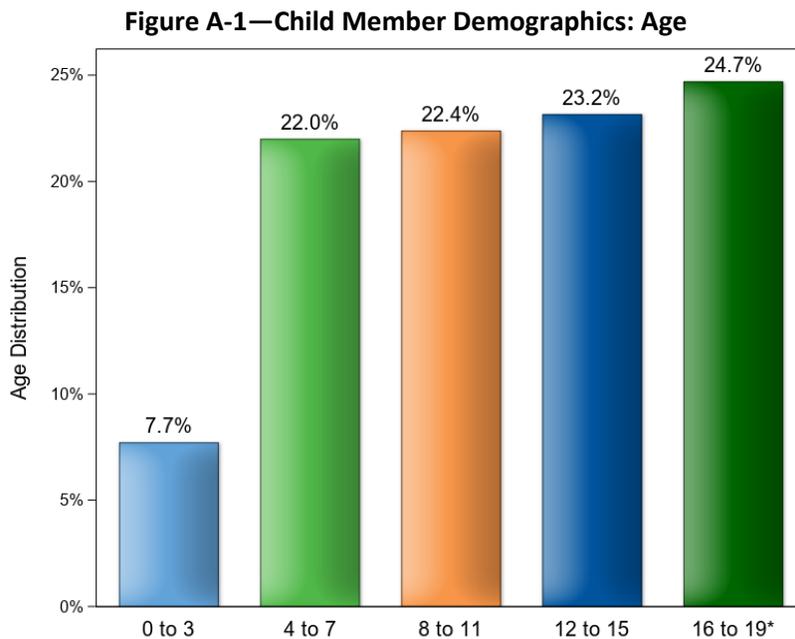
When you are done, please use the enclosed prepaid envelope to mail the survey to:

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



## Child and Respondent Demographics

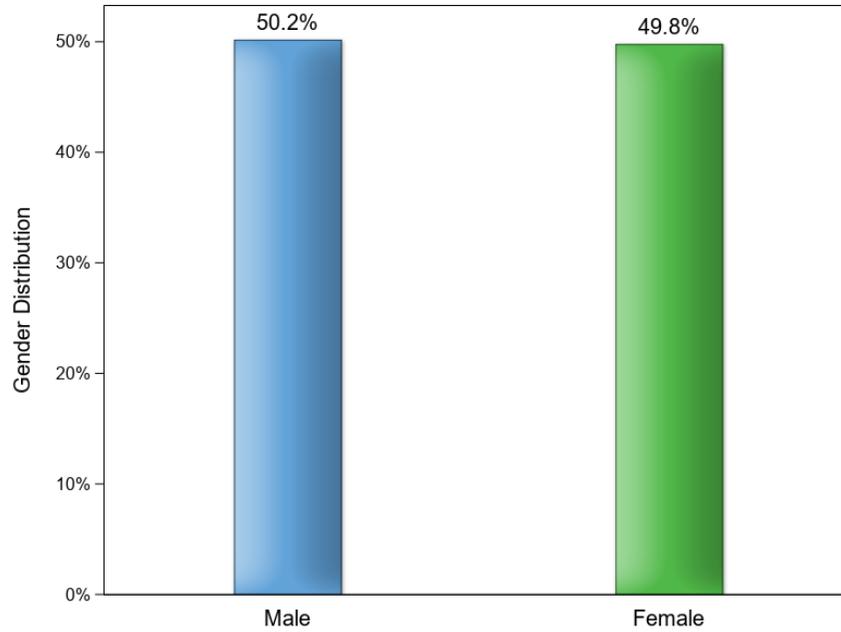
Figure A-1 through Figure A-6 depict the demographic characteristics of children for whom a parent/caretaker completed a survey for age, gender, race, ethnicity, general health status, and mental health status.<sup>A-1</sup>



*Please note, some percentages may not total 100 percent due to rounding.  
 \* Children were eligible for inclusion in CAHPS if they were 18 years of age or younger (less than 19 years of age) as of December 31, 2021. Some children eligible for the CAHPS Survey turned 19 between January 1, 2022, and the time of survey administration.*

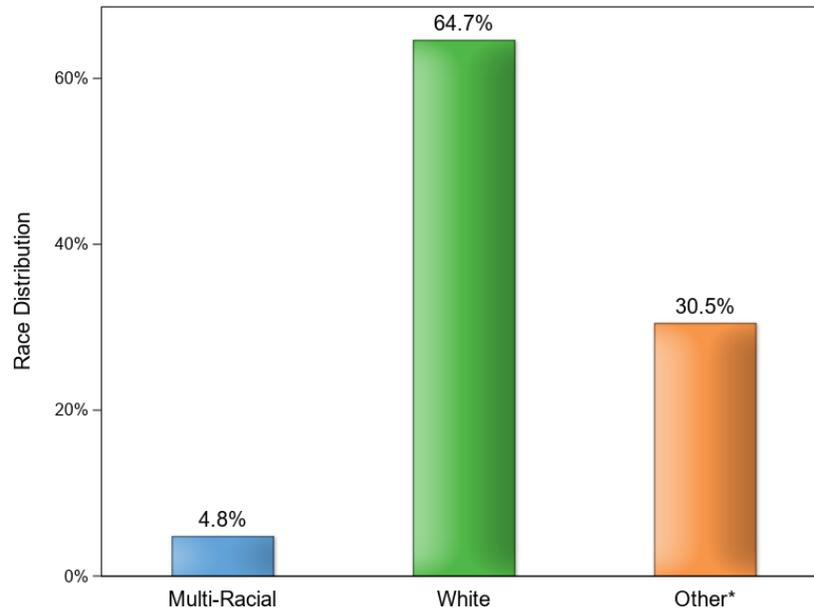
<sup>A-1</sup> The child member demographics are based on responses of parents/caretakers of general child members (i.e., child members selected as part of the general child population sample).

**Figure A-2—Child Member Demographics: Gender**



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

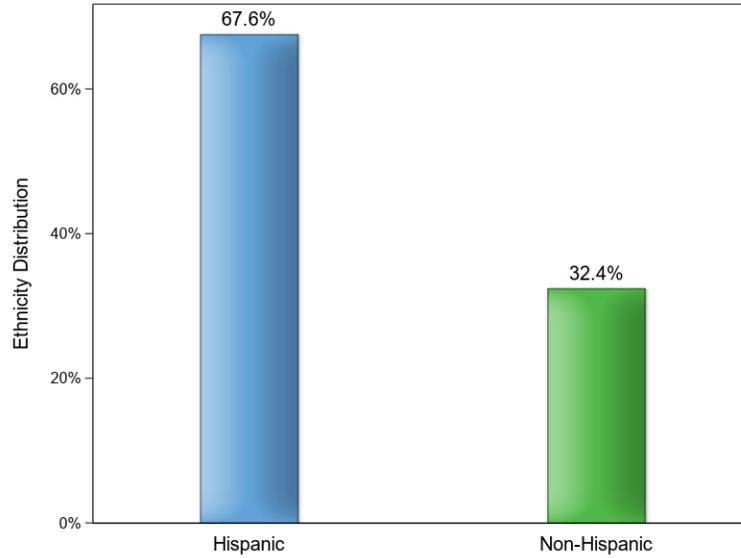
**Figure A-3—Child Member Demographics: Race**



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

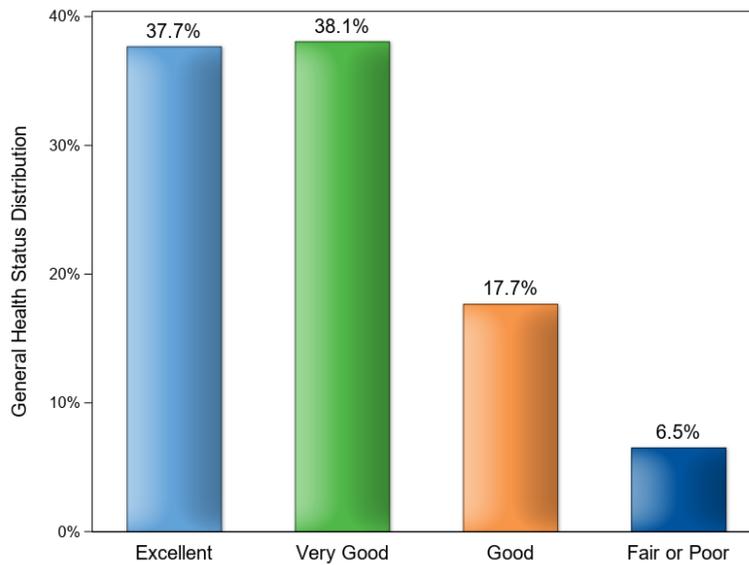
\* The "Other" race category includes responses of Black, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and Other.

**Figure A-4—Child Member Demographics: Ethnicity**



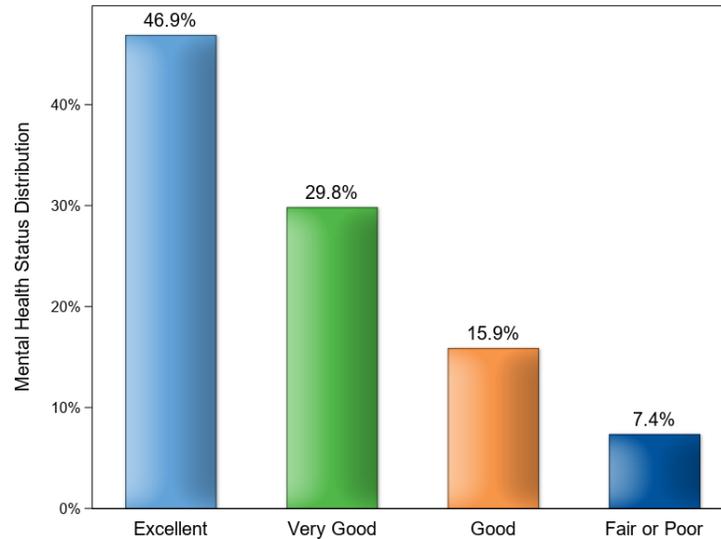
*Please note, some percentages may not total 100 percent due to rounding.*

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



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

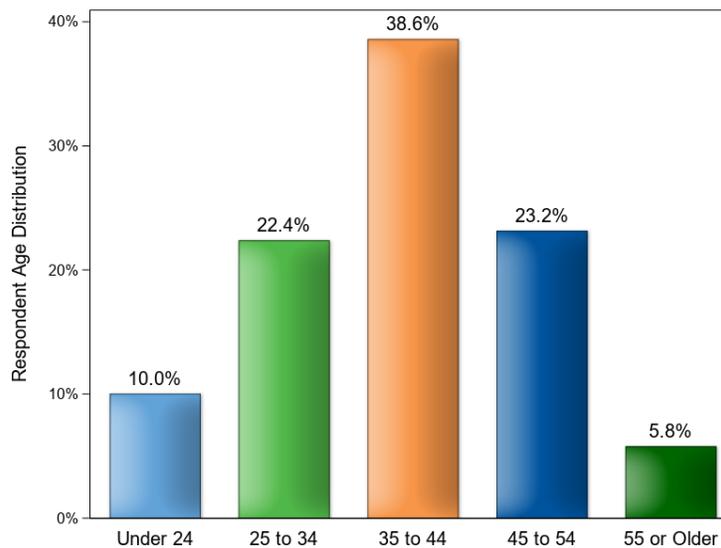
**Figure A-6—Child Member Demographics: Mental Health Status**



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

Figure A-7 through Figure A-9 depict the demographic characteristics of parents/caretakers who completed a survey on behalf of the child member for age, gender, and education level.<sup>A-2</sup> All respondent demographic results for relationship to the child were suppressed; therefore, HSAG did not include a figure.

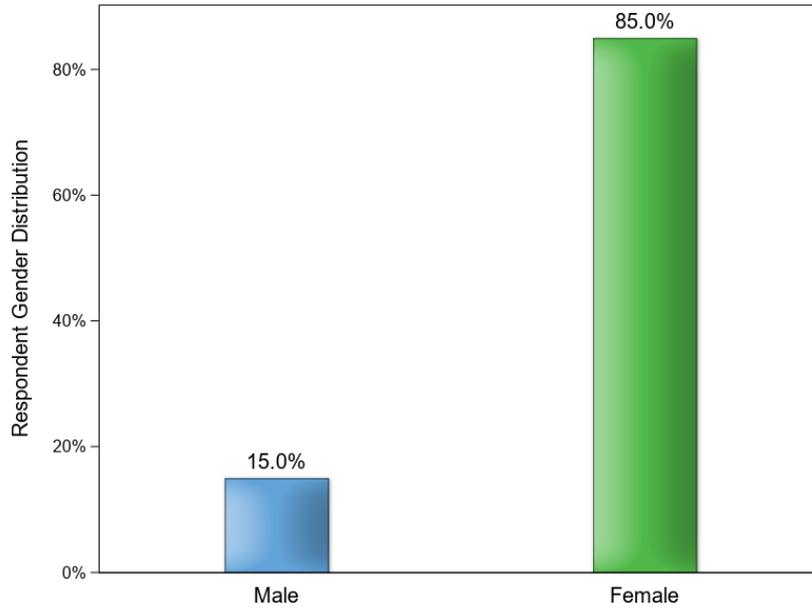
**Figure A-7—Respondent Demographics: Age**



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

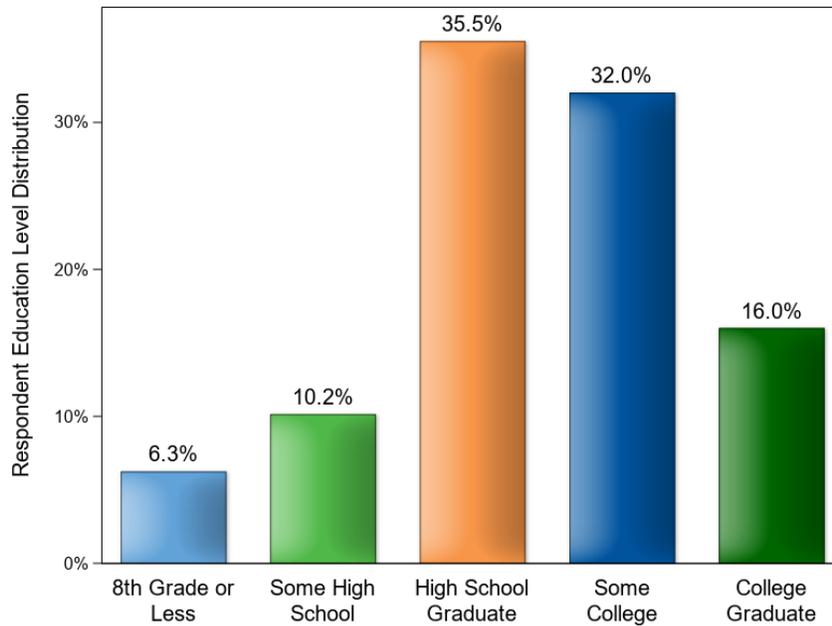
<sup>A-2</sup> The respondent demographics are based on responses of parents/caretakers of general child members (i.e., respondents of child members selected as part of the general child population sample).

**Figure A-8—Respondent Demographics: Gender**



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

**Figure A-9—Respondent Demographics: Education Level**

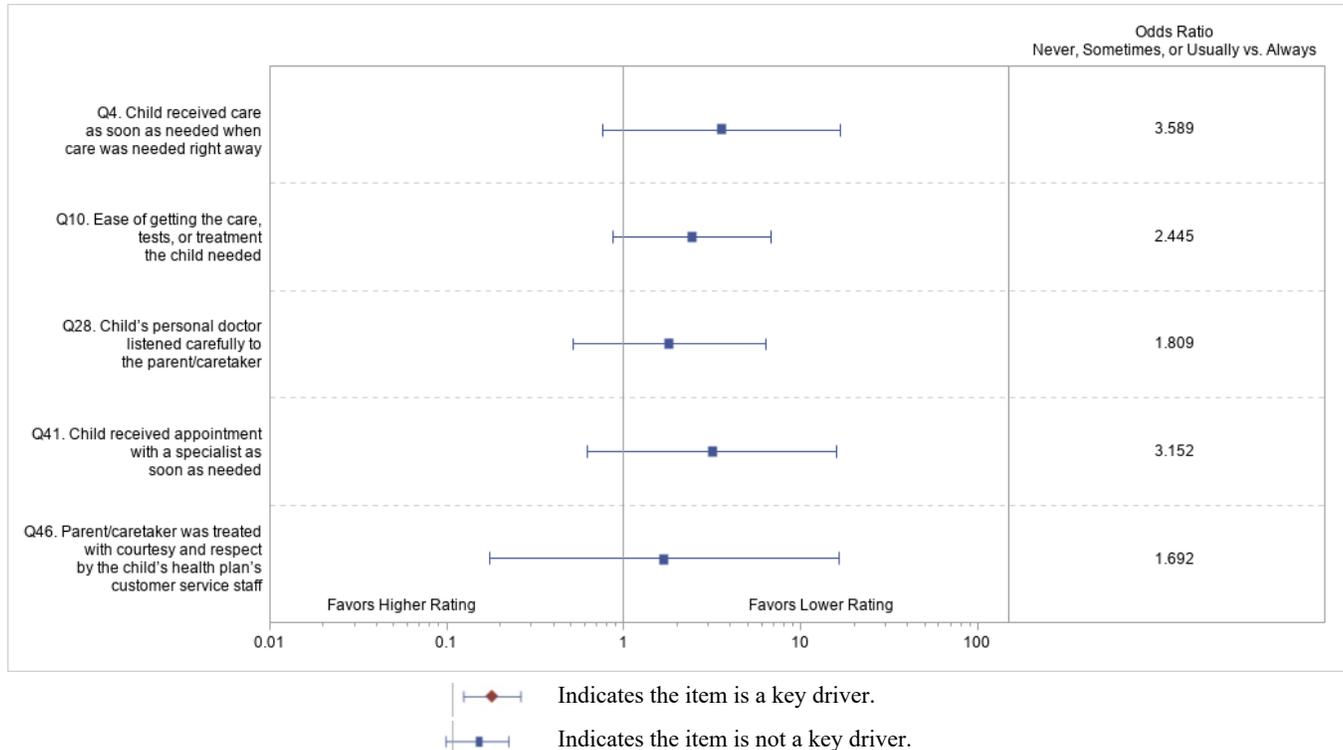


*Please note, some percentages may not total 100 percent due to rounding.*

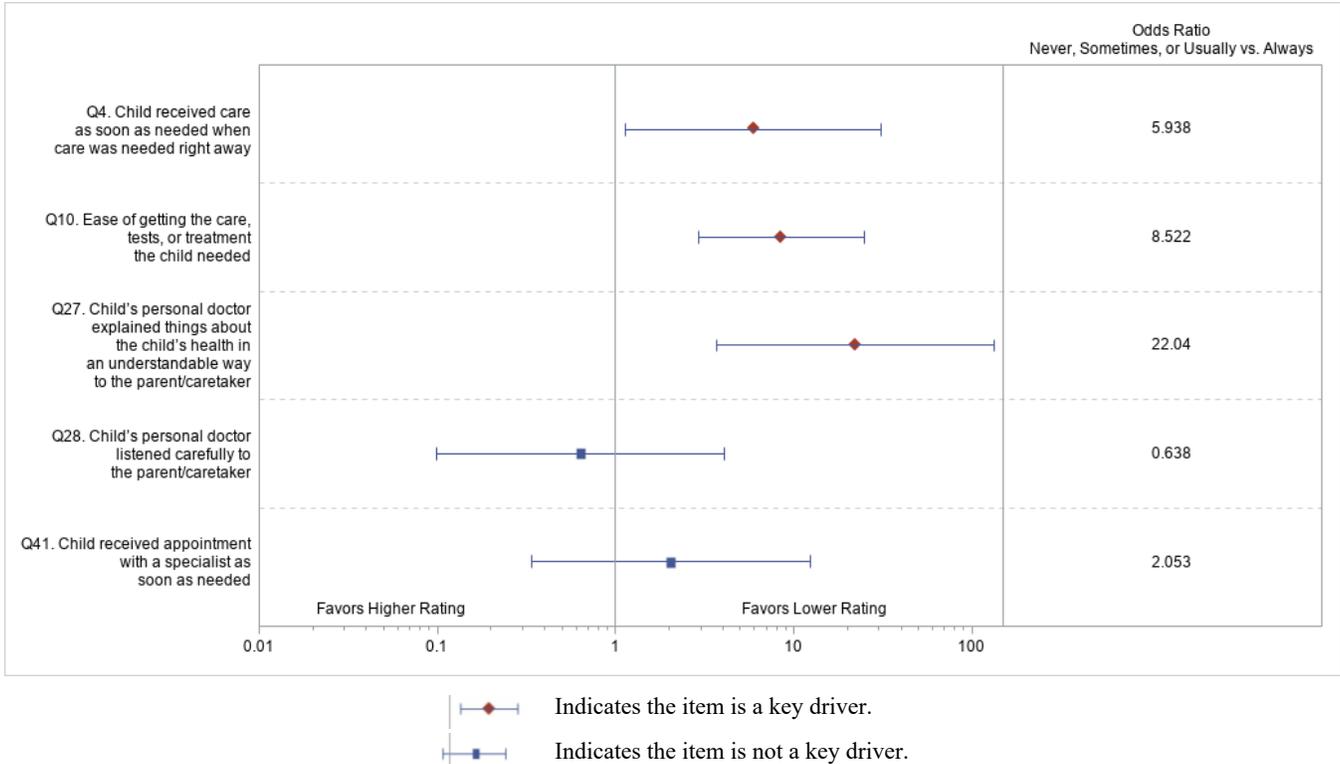
## Key Drivers of Member Experience Analysis

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

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



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



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

