

2025 Child Statewide CAHPS® Summary Report

Arizona Health Care Cost Containment System

November 2025



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1. Executive Summary

The State of Arizona required the administration of member experience surveys to Medicaid members enrolled in the Arizona Health Care Cost Containment System (AHCCCS) and the AHCCCS KidsCare program (i.e., KidsCare). KidsCare is Arizona's Children's Health Insurance Program (CHIP). AHCCCS contracts 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 following AHCCCS programs:^{1,2}

- Child Statewide
 - AHCCCS Complete Care (ACC)³
 - Arizona Department of Child Safety Comprehensive Health Plan (DCS CHP)
 - AHCCCS Fee-for-Service (FFS) (i.e., American Indian Health Program [AIHP])
 - Arizona Long Term Care System, Developmental Disabilities (ALTCS-DD)
 - Arizona Long Term Care System, Elderly and/or Physical Disabilities (ALTCS-EPD)
 - Tribal Program Contractors⁴
- KidsCare
 - ACC KidsCare
 - AHCCCS FFS KidsCare

Table 1-1 provides a list of programs and ACC/ACC-Regional Behavioral Health Authority (RBHA) managed care organizations (MCOs) for which CAHPS results are presented.

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

² HSAG conducted a simple random sample from the statewide population of child members; therefore, not all programs that were included in the sample frame file (i.e., Hopi Tribe, Native American Community Health, Navajo Nation, and White Mountain Apache) were selected for sampling and are not included in the results of this report.

³ The ACC Program (i.e., non-serious mental illness [SMI] Designated) is served by ACC and ACC-Regional Behavioral Health Authority (RBHA) contractors.

⁴ Tribal Program Contractors include: Hopi Tribe, Gila River Tribe, Native American Community Health, Navajo Nation, Pasqua Yaqui Tribe, San Carlos Apache, Tohono O'odham, and White Mountain Apache.

Table 1-1—CAHPS Arizona Medicaid Programs and ACC/ACC-RBHA MCOs

Program/Plan Name	Program/Plan Abbreviation
Statewide Populations	
Statewide Population	Statewide Population
ACC Program	ACC/ACC-RBHA Non-SMI-Designated
Arizona Department of Child Safety Comprehensive Health Plan	DCS CHP
FFS Program	FFS
Statewide KidsCare Population	Statewide KidsCare
KidsCare Aggregate	KidsCare MCO Aggregate ⁵
KidsCare ACC/ACC-RBHA MCOs	
Arizona Complete Health – Complete Care Plan	AzCH-CCP ACC-RBHA
Banner-University Family Care	BUFC ACC
Health Choice Arizona	HCA ACC
Mercy Care	Mercy Care ACC-RBHA
Molina Healthcare	Molina ACC
UnitedHealthcare Community Plan	UHCCP ACC

- The Statewide population includes members enrolled within AIHP, ALTCS-DD, ALTCS-EPD, Tribal Program Contractors, DCS CHP, and the six ACC/ACC-RBHA MCOs (see Table 1-1).
 - **AIHP:** The AIHP program is referred to as the AHCCCS Acute FFS Program for American Indians, administered by the State through the Division of FFS Management at AHCCCS. AIHP provides medically necessary services for enrolled American Indians and Alaska Natives members, including preventative and behavioral health care services.
 - **ALTCS-DD:** The ALTCS-DD program provides long-term services and supports (LTSS) as well as integrated physical and behavioral health services to eligible members who have an intellectual/developmental disability (IDD) as outlined under Arizona State law.
 - **ALTCS-EPD:** The ALTCS-EPD program provides LTSS as well as integrated physical and behavioral health services to eligible members who are elderly and/or have a physical disability.
 - **Tribal Program Contractors:** Tribal Program Contractors provide integrated capitated or FFS LTSS services to elderly and/or physically disabled American Indians who are eligible for ALTCS. Members are eligible to receive integrated care through a Tribal Program Contractor if they live on a reservation.
 - **DCS CHP:** The DCS CHP program provides physical health, dental, and behavioral health services for children and youth in foster care throughout the State of Arizona.

⁵ The KidsCare MCO Aggregate results presented in this report are derived from the combined results of the six KidsCare MCOs.

- The ACC Program (i.e., ACC/ACC-RBHA non-SMI-designated) provides integrated care addressing the physical and behavioral health needs for the majority of Medicaid (Title XIX) eligible children and adults as well as addressing the physical and behavioral health needs for the majority of CHIP KidsCare (Title XXI) eligible children (under age 19).⁶
- The Statewide KidsCare population includes members enrolled within FFS KidsCare and the six ACC/ACC-RBHA MCOs (see Table 1-1).

The goal of the CAHPS Health Plan Survey is to provide performance feedback that will aid in improving overall experiences of parents/caretakers of child members. The standardized survey instrument selected for the child population was the CAHPS 5.1 Child Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS[®]) supplemental item set and the Children with Chronic Conditions (CCC) measurement set.⁷ The parents/caretakers of sampled child members completed the surveys from March to June 2025. Results presented in this report 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).

Performance Highlights

The general population consists of all children in the general child sample only (not the CCC supplemental sample). The CCC population consists of children in the general child sample and CCC supplemental sample whose parents/caretakers answered affirmatively to specific survey items (i.e., questions) that were used to determine which members had chronic conditions.

Comparative Analyses

HSAG calculated top-box scores, which represent the percentage of respondents with positive survey responses (i.e., rate the experience of their child's care higher) for each measure. The top-box scores include respondents who:

- Provided a rating of 9 or 10 on the global ratings.
- Usually or always received and/or had access to the care and services their child needed.
- Reported their child's doctor/provider knew their child and coordinated care for this child's chronic conditions.

⁶ Six ACC/ACC-RBHA contractors are responsible for providing services under the ACC Program (see Table 1-1).

⁷ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

National Percentile Comparisons and Trend Analysis

HSAG compared the scores for each measure to the National Committee for Quality Assurance's (NCQA's) 2024 Quality Compass® Benchmark and Compare Quality Data.^{8,9, 10,11} Based on this comparison, HSAG determined overall member experience ratings (i.e., 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).

In addition, HSAG performed a trend analysis that compared the 2025 scores to their corresponding 2024 scores for the child populations.¹² Since the CAHPS Survey was not administered to a separate sample of child members enrolled in FFS in 2024, the 2025 scores were compared to the corresponding 2023 scores.

Table 1-2 through Table 1-5 provide the summary of the national percentile comparisons and trend analysis, where applicable, findings for the Statewide population, ACC/ACC-RBHA non-SMI-designated, DCS CHP, FFS, Statewide KidsCare, and KidsCare MCO Aggregate general child and CCC populations. The percentages presented below the stars in the table represent the scores, while the stars represent the star ratings when the scores were compared to the NCQA Quality Compass Benchmark and Compare Quality Data. For the detailed results of these analyses, please refer to the Child Statewide General Child Results and CCC Results sections beginning on pages 23 and 40, respectively, and to the KidsCare General Child Results and CCC Results sections beginning on pages 63 and 81, respectively.

⁸ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2024*. Washington, DC: NCQA, September 2024.

⁹ The source for the benchmark and compare quality data used for this comparative analysis is Quality Compass® 2024 data and is used with the permission of NCQA. Quality Compass 2024 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.

¹⁰ Since NCQA does not publish separate benchmarking data for children and youth in out-of-home care or in FFS, NCQA's Quality Compass benchmarks for the general child Medicaid population were used for comparative purposes; therefore, caution should be exercised when interpreting these results.

¹¹ Quality Compass 2025 data were not available at the time this report was prepared; therefore, 2024 data were used for comparison.

¹² The 2024 KidsCare general child rates are comparable to 2025 rates due to differing eligibility criteria; therefore, a trend analysis could not be performed and results are not comparable to prior reports.

**Table 1-2—National Percentile Comparisons and Trend Analysis Summary:
Statewide General Child Population**

Measure	Statewide Population		ACC/ACC-RBHA Non-SMI-Designated		DCS CHP		FFS	
	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2023) ¹
Global Ratings								
<i>Rating of Health Plan</i>	★★ 67.9%	—	★★★ 72.8%	—	★★ 70.2%	—	★ 54.1%	—
<i>Rating of All Health Care</i>	★★★ 71.6%	—	★★★★ 73.8%	—	★★★★★ 76.3%	—	★ 45.1%	—
<i>Rating of Personal Doctor</i>	★★★★ 81.1%	—	★★★★ 82.0%	—	★★★★ 81.5%	—	★ 67.7% ⁺	—
<i>Rating of Specialist Seen Most Often</i>	★★ 70.9% ⁺	—	★★ 73.1% ⁺	—	★★ 68.7% ⁺	—	★ 56.5% ⁺	—
Composite Measures								
<i>Getting Needed Care</i>	★★★ 84.7% ⁺	—	★★★★ 87.8% ⁺	—	★★★★ 88.1%	—	★★ 83.4% ⁺	—
<i>Getting Care Quickly</i>	★★★ 89.9% ⁺	—	★★★★ 91.3% ⁺	—	★★★★★ 96.1%	▲	★★ 83.5% ⁺	—
<i>How Well Doctors Communicate</i>	★★★ 95.2%	—	★★★ 95.3%	—	★★★★ 95.8%	—	★★ 93.2% ⁺	—
<i>Customer Service</i>	★★★ 89.0% ⁺	—	★★★ 89.7% ⁺	—	★★★★★ 96.6% ⁺	—	★ 83.3% ⁺	—

Measure	Statewide Population		ACC/ACC-RBHA Non-SMI-Designated		DCS CHP		FFS	
	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2023) ¹
Individual Item Measure								
<i>Coordination of Care</i>	★★ 81.0% ⁺	—	★★ 82.3% ⁺	—	★★ 82.6% ⁺	—	★★★★★ 93.1% ⁺	—

¹ The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023 results.

Star Assignments Based on Percentiles:

★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th

▲ Indicates the 2025 score is statistically significantly higher than the trend year.

▼ Indicates the 2025 score is statistically significantly lower than the trend year.

— Indicates the 2025 score is not statistically significantly higher or lower than the trend year.

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

Table 1-3—National Percentile Comparisons and Trend Analysis Summary: Statewide CCC Population

Measure	Statewide Population		ACC/ACC-RBHA Non-SMI-Designated		DCS CHP		FFS	
	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2023) ¹
Global Ratings								
<i>Rating of Health Plan</i>	★★★ 66.7%	—	★★★ 67.3%	—	★★ 65.5%	—	★ 53.2%	—
<i>Rating of All Health Care</i>	★★★ 68.1%	—	★★ 65.3%	▼	★★★ 68.8%	—	★ 47.3% ⁺	—
<i>Rating of Personal Doctor</i>	★★★ 77.4%	—	★★★ 77.8%	—	★★ 75.3%	—	★ 70.4% ⁺	—
<i>Rating of Specialist Seen Most Often</i>	★★★ 72.4% ⁺	—	★★ 68.8% ⁺	—	★★★ 72.7% ⁺	—	★ 64.4% ⁺	—

Measure	Statewide Population		ACC/ACC-RBHA Non-SMI-Designated		DCS CHP		FFS	
	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2023) ¹
Composite Measures								
<i>Getting Needed Care</i>	★★★ 84.1%	—	★★★ 86.4%	—	★★★ 85.1%	—	★ 80.7% ⁺	—
<i>Getting Care Quickly</i>	★★ 88.5%	—	★★★ 90.4% ⁺	—	★★★★★ 93.9%	▲	★ 83.3% ⁺	—
<i>How Well Doctors Communicate</i>	★★ 94.1%	—	★★★ 95.2%	—	★★★ 95.3%	—	★★★★★ 98.6% ⁺	▲
<i>Customer Service</i>	★★ 87.8% ⁺	—	★★★★★ 93.9% ⁺	▲	★★★★ 92.1% ⁺	—	★ 79.5% ⁺	—
Individual Item Measure								
<i>Coordination of Care</i>	★ 78.9% ⁺	—	★★★ 84.5% ⁺	—	★ 76.0%	—	★★★★★ 94.4% ⁺	—
CCC Composite Measures and Items								
<i>Access to Specialized Services</i>	★ 61.6% ⁺	—	★★ 66.1% ⁺	—	★★★★★ 83.8% ⁺	▲	★★ 69.2% ⁺	—
<i>Family-Centered Care (FCC): Personal Doctor Who Knows Child</i>	★ 86.7%	—	★ 89.3%	—	★ 88.8%	▲	★★ 90.3% ⁺	—
<i>Coordination of Care for Children with Chronic Conditions</i>	★★★★★ 82.1% ⁺	—	★★★★★ 81.9% ⁺	—	★ 72.5% ⁺	—	★★★★★ 88.1% ⁺	—
<i>Access to Prescription Medicines</i>	★★★★★ 93.3%	—	★★★★★ 93.2%	▼	★★★★ 92.9%	▲	★★★ 90.7% ⁺	—

Measure	Statewide Population		ACC/ACC-RBHA Non-SMI-Designated		DCS CHP		FFS	
	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2023) ¹
FCC: Getting Needed Information	★ 86.6%	—	★★ 90.2%	—	★★★★ 94.2%	—	★ 78.3% ⁺	—

¹ The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023 results.

Star Assignments Based on Percentiles:

★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th

▲ Indicates the 2025 score is statistically significantly higher than the trend year.

▼ Indicates the 2025 score is statistically significantly lower than the trend year.

— Indicates the 2025 score is not statistically significantly higher or lower than the trend year.

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

Table 1-4—National Percentile Comparisons Summary: KidsCare General Child Population

Measure	Statewide KidsCare Population	KidsCare MCO Aggregate
Global Ratings		
Rating of Health Plan	★★★ 71.7%	★★★★ 76.7%
Rating of All Health Care	★★★★ 74.8%	★★★★ 73.2%
Rating of Personal Doctor	★★★★ 81.4%	★★★ 78.9%
Rating of Specialist Seen Most Often	★ 58.3% ⁺	★★ 73.3%
Composite Measures		
Getting Needed Care	★★★ 85.6%	★★★ 85.9%
Getting Care Quickly	★★ 86.5%	★★★ 90.0%
How Well Doctors Communicate	★★★★★ 97.0%	★★★ 95.1%
Customer Service	★ 83.3% ⁺	★★★ 89.1%

Measure	Statewide KidsCare Population	KidsCare MCO Aggregate
Individual Item Measure		
<i>Coordination of Care</i>	★★ 83.9% ⁺	★★ 82.4%
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th. + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.		

Table 1-5—National Percentile Comparisons Summary: KidsCare CCC Population

Measure	Statewide KidsCare Population	KidsCare MCO Aggregate
Global Ratings		
<i>Rating of Health Plan</i>	★★★ 70.9%	★★★★ 71.2%
<i>Rating of All Health Care</i>	★★★★ 72.7%	★★ 66.3%
<i>Rating of Personal Doctor</i>	★★★ 78.3%	★★ 75.5%
<i>Rating of Specialist Seen Most Often</i>	★★ 68.2% ⁺	★★ 71.3%
Composite Measures		
<i>Getting Needed Care</i>	★★ 82.9% ⁺	★★★ 84.9%
<i>Getting Care Quickly</i>	★ 83.3% ⁺	★★ 89.2%
<i>How Well Doctors Communicate</i>	★★★ 94.7% ⁺	★★★★ 96.0%
<i>Customer Service</i>	★★ 88.0% ⁺	★★ 88.0%
Individual Item Measure		
<i>Coordination of Care</i>	★★★ 84.1% ⁺	★★ 81.4%

Measure	Statewide KidsCare Population	KidsCare MCO Aggregate
CCC Composite Measures and Items		
<i>Access to Specialized Services</i>	★★★ 72.4% ⁺	★★★ 72.9% ⁺
<i>FCC: Personal Doctor Who Knows Child</i>	★ 89.9% ⁺	★★★ 91.9%
<i>Coordination of Care for Children with Chronic Conditions</i>	★★ 73.9% ⁺	★★★★★ 83.0%
<i>Access to Prescription Medicines</i>	★★★★★ 93.5%	★★★★★ 93.9%
<i>FCC: Getting Needed Information</i>	★★★ 92.6%	★★★ 92.9%
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.		

National Average Comparisons

HSAG compared the Statewide population, ACC/ACC-RBHA non-SMI-designated, DCS CHP, FFS, Statewide KidsCare, KidsCare MCO Aggregate, and each KidsCare ACC/ACC-RBHA MCO to the 2024 NCQA general child and CCC Medicaid national averages to determine if program scores were statistically significantly different.

Table 1-6 and Table 1-7 show the summary of the program and national average comparisons. For detailed results of the national average comparisons, please refer to the Child Statewide General Child Results and CCC Results sections beginning on pages 25 and 42 respectively, and to the KidsCare General Child Results and CCC Results sections beginning on pages 66 and 83, respectively.

**Table 1-6—National Average Comparisons Summary: Statistically Significant Results—
Statewide General Child and CCC Populations**

Measure	Statewide Population		ACC/ACC-RBHA Non-SMI-Designated		DCS CHP		FFS	
	General Child	CCC	General Child	CCC	General Child	CCC	General Child	CCC
Global Ratings								
<i>Rating of Health Plan</i>	—	—	—	—	—	—	↓	↓
<i>Rating of All Health Care</i>	—	—	—	—	—	—	↓	↓
<i>Rating of Personal Doctor</i>	—	—	—	—	—	—	—	—
<i>Rating of Specialist Seen Most Often</i>	—	—	—	—	—	—	—	—
Composite Measures								
<i>Getting Needed Care</i>	—	—	—	—	—	—	—	—
<i>Getting Care Quickly</i>	—	—	↑	—	↑	↑	—	—
<i>How Well Doctors Communicate</i>	—	—	—	—	—	—	—	↑
<i>Customer Service</i>	—	—	—	—	↑	—	—	—
Individual Item Measure								
<i>Coordination of Care</i>	—	—	—	—	—	—	—	↑
CCC Composite Measures and Items								
<i>Access to Specialized Services</i>	NA	—	NA	—	NA	↑	NA	—
<i>Coordination of Care for Children with Chronic Conditions</i>	NA	↑	NA	↑	NA	—	NA	↑
<i>FCC: Getting Needed Information</i>	NA	—	NA	—	NA	—	NA	↓

↑ Indicates the 2025 score is statistically significantly higher than the NCQA national average.

↓ Indicates the 2025 score is statistically significantly lower than the NCQA national average.

— Indicates the 2025 score is not statistically significantly different than the NCQA national average.

NA Indicates that this measure is not applicable for the population.

Table 1-7—National Average Comparisons Summary: Statistically Significant Results—KidsCare General Child and CCC Populations

Measure	Statewide KidsCare Population		KidsCare MCO Aggregate	
	General Child	CCC	General Child	CCC
Global Ratings				
<i>Rating of Health Plan</i>	—	—	↑	↑
<i>Rating of All Health Care</i>	—	—	↑	—
<i>Rating of Personal Doctor</i>	—	—	—	—
<i>Rating of Specialist Seen Most Often</i>	↓	—	—	—
Composite Measures				
<i>Getting Needed Care</i>	—	—	—	—
<i>Getting Care Quickly</i>	—	—	↑	—
<i>How Well Doctors Communicate</i>	↑	—	—	↑
<i>Customer Service</i>	—	—	—	—
Individual Item Measure				
<i>Coordination of Care</i>	—	—	—	—
CCC Composite Measures and Items				
<i>Access to Specialized Services</i>	NA	—	NA	—
<i>FCC: Personal Doctor Who Knows Child</i>	NA	—	NA	—
<i>Coordination of Care for Children with Chronic Conditions</i>	NA	—	NA	↑
<i>Access to Prescription Medicines</i>	NA	—	NA	↑
<i>FCC: Getting Needed Information</i>	NA	—	NA	—

↑ Indicates the 2025 score is statistically significantly higher than the NCQA national average.

↓ Indicates the 2025 score is statistically significantly lower than the NCQA national average.

— Indicates the 2025 score is not statistically significantly different than the NCQA national average.

NA Indicates that this measure is not applicable for the population.

KidsCare Program Comparisons

HSAG compared each KidsCare ACC/ACC-RBHA plan's scores to the KidsCare MCO Aggregate to determine if scores were statistically significantly different.

Molina ACC's 2025 score was statistically significantly higher than the KidsCare MCO Aggregate for the *How Well Doctors Communicate* composite measure. For the detailed results of the program comparison analysis, please refer to the KidsCare General Child Results and CCC Results sections beginning on pages 66 and 83, respectively.

Key Drivers of Member Experience Analysis

To determine potential items for quality improvement (QI) efforts, HSAG conducted a key drivers analysis for the general child Statewide population and KidsCare MCO Aggregate.

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.

Table 1-8 and Table 1-9 provide a summary of the survey items identified for each of the three measures as being key drivers of member experience (indicated by a ✓) for the general child Statewide population and KidsCare MCO Aggregate, respectively. For the detailed results of the key drivers of member experience analysis, please refer to the Child Statewide Key Drivers of Member Experience Analysis section on page 36 and to the KidsCare Key Drivers of Member Experience Analysis section beginning on page 78.

Table 1-8—Key Drivers of Member Experience: Statewide Population—General Child Population

Survey Item	Response Options	Key Drivers		
		Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q10. Ease of getting the care, tests, or treatment the child needed	Never/Sometimes/Usually vs. Always	✓	✓	NS
Q31. Child’s personal doctor explained things in an understandable way for the child	Never/Sometimes/Usually vs. Always	✓	NS	NS
Q46. Parent/caretaker was treated with courtesy and respect by the child’s health plan’s customer service staff	Never/Sometimes/Usually vs. Always	NS	✓	NA
<p>NA Indicates that this question was not evaluated for this measure.</p> <p>NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, improvements of those responses may not significantly affect the rating.</p>				

Table 1-9—Key Drivers of Member Experience: KidsCare MCO Aggregate—General Child Population

Survey Item	Response Options	Key Drivers		
		Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q6. Child received appointment for a checkup or routine care as soon as needed	Never/Sometimes/Usually vs. Always	✓	NS	NS

Survey Item	Response Options	Key Drivers		
		Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q10. Ease of getting the care, tests, or treatment the child needed	Never/Sometimes/Usually vs. Always	✓	✓	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	✓
Q28. Child's personal doctor listened carefully to the parent/caretaker	Never/Sometimes/Usually vs. Always	NS	NS	✓
Q29. Child's personal doctor showed respect for what the parent/caretaker said	Never/Sometimes/Usually vs. Always	NS	✓	✓
Q35. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	Never/Sometimes/Usually vs. Always	NS	✓	✓
Q46. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	Never/Sometimes/Usually vs. Always	NS	✓	NA
Q48. Ease of filling out forms from the child's health plan	Never/Sometimes/Usually vs. Always	✓	NS	NA
<p>NA Indicates that this question was not evaluated for this measure.</p> <p>NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, improvements of those responses may not significantly affect the rating.</p>				

Recommendations

HSAG recommends AHCCCS leverage the CAHPS Health Plan Survey data and report findings to support the development of relevant major initiatives, QI strategies and interventions, and performance monitoring and evaluation activities, in collaboration with its Contractors as applicable.

For the Statewide general child population, HSAG observed the following:

- The scores for the *Rating of Specialist Seen Most Often* global rating were below the 2024 NCQA Medicaid national 50th percentile for all populations.¹³

¹³ Since NCQA does not publish separate benchmarking data for children and youth in out-of-home care or in FFS, NCQA's Quality Compass benchmarks for the general child Medicaid population were used for comparative purposes; therefore, caution should be exercised when interpreting these results.

For the Statewide CCC population, HSAG observed the following:

- The scores for the *FCC: Personal Doctor Who Knows Child* were below the 2024 NCQA Medicaid national 50th percentile for all populations.
- Eight out of 14 measures scored below the 2024 NCQA Medicaid national 25th percentile for FFS.

For the KidsCare general child population, HSAG observed the following:

- The scores for the *Coordination of Care* individual item were below the 2024 NCQA Medicaid national 50th percentile for the Statewide KidsCare population, KidsCare MCO Aggregate, AzCH-CCP ACC-RBHA, BUFC ACC, HCA ACC, Mercy Care ACC-RBHA, and UHCCP ACC.

For the KidsCare CCC population, HSAG observed the following:

- Five out of 14 measures scored below the 2024 NCQA Medicaid national 25th percentile for UHCCP ACC.

These findings may reflect potential issues with the quality and timeliness of, and access to care for child members. AHCCCS and its Contractors may consider the following methods to best target interventions that may improve member experience:

- Conduct focus groups and interviews with parents/caretakers of child members to determine what specific issues are causing them to rate their experiences so low.
- Evaluate the process of care delivery and identify any operational issues contributing to access to care barriers for members.
- Analyze CAHPS data to identify potential health disparities among key demographics. This type of information could inform initiatives aimed at identifying and addressing access to care barriers.
- Utilize the results from the key drivers of member experience analysis to prioritize areas for targeting QI efforts in order to improve CAHPS ratings for the health plan, all health care, and personal doctor.
- Explore ways to direct parents/caretakers of child members to useful and reliable sources of information by expanding websites to include easily accessible health information and relevant tools for obtaining timely care, as well as links to related information.
- Enhance provider inclusion in addressing CAHPS survey results by:
 - Including information about the ratings from the CAHPS survey in provider communications during the year.
 - Including reminders about the importance of handling challenging patient encounters and emphasizing patient-centered communication. Patient-centered communication could have a positive impact on patient experience, adherence to treatments, and self-management of conditions.

- Provide guidelines to doctors and other clinicians for how they can ensure they explain things in a way that is easy to understand and that they spend enough time with the child. This information could also furnish advice concerning the importance of listening carefully to parents/caretakers of child members and how clinicians can show respect for what the parents/caretakers of child members have to say.
- Encourage providers to obtain feedback from parents/caretakers on their child's recent office visit, such as a follow-up call or email, to gather more specific information concerning areas for improvement and implement QI strategies to address these concerns.

In these and other ways, CAHPS data are valuable resources for patient-centered approaches to population health management and improving health outcomes.

2. Child Statewide Results

Survey Administration

Survey Responses

The survey process allowed parents/caretakers of child members two methods by which they could complete the surveys: mail or Internet. All sampled child 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. For more detailed information on the survey protocol, please refer to page 105 of the Reader's Guide section.

Children with chronic conditions were identified by a series of questions in the survey instrument. 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.

The response rate is the total number of completed surveys divided by all eligible members of the sample. Table 2-1 shows the distribution of survey dispositions and the response rates. For additional information on the calculation of response rates, please refer to page 106 of the Reader's Guide section.

Table 2-1—Total Number of Respondents and Response Rates¹⁴

Program/Population Name	Sample Size	Completed Surveys	Response Rate
Statewide Population	4,315	377	8.7%
General Child Statewide Sample	2,475	196	7.9%
CCC Statewide Sample	1,840	181	9.8%

¹⁴ Table 2-1 is reflective of respondents from each population who answered at least three of the following five questions within the survey: questions 3, 25, 40, 44, and 49. These surveys were assigned a disposition code of "completed."

Program/Population Name	Sample Size	Completed Surveys	Response Rate
ACC/ACC-RBHA Non-SMI-Designated	5,282	418	7.9%
ACC/ACC-RBHA Non-SMI-Designated General Oversample	641	43	6.7%
ACC/ACC-RBHA Non-SMI-Designated from Statewide General Sample	2,211	164	7.4%
ACC/ACC-RBHA Non-SMI-Designated CCC Supplemental Oversample	863	77	8.9%
ACC/ACC-RBHA Non-SMI-Designated from Statewide CCC Sample	1,567	134	8.6%
DCS CHP	2,403	290	12.1%
General Child Sample	1,650	197	12.0%
CCC Supplemental Sample	753	93	12.4%
FFS	4,419	438	9.9%
FFS General Oversample	2,333	194	8.3%
FFS from Statewide General Sample	154	18	11.7%
FFS CCC Supplemental Oversample	1,840	215	11.7%
FFS from Statewide CCC Sample	92	11	12.0%

General Child Results

The following section presents the results for the general child population.

Child Member and Respondent Demographics

In general, the demographics of a response group may influence overall member experience scores. For example, parents/caretakers of healthier children tend to report higher levels of member experience; therefore, caution should be exercised when comparing populations that have significantly different demographic characteristics.

Table 2-2 shows the age, gender, race, ethnicity, general health status, and mental or emotional health status of general child members whose parents/caretakers completed the survey.¹⁵ For additional information on the child demographics, please refer to page 107 of the Reader's Guide section.

¹⁵ 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 samples).

Table 2-2—Member Demographics: General Child Population

	Statewide Population	ACC/ACC-RBHA Non-SMI-Designated	DCS CHP	FFS
Age				
0 to 3	11.7%	11.2%	31.3%	7.1%
4 to 7	21.4%	20.4%	21.5%	14.8%
8 to 12	29.6%	30.1%	16.9%	36.7%
13 to 18*	37.2%	38.3%	30.3%	41.4%
Gender				
Male	51.8%	48.3%	52.8%	55.0%
Female	48.2%	51.7%	47.2%	45.0%
Race				
Multiracial	7.4%	8.7%	9.4%	S
White	54.8%	57.9%	57.3%	0.0%
Black	S	S	13.0%	S
Asian	S	S	S	0.0%
Native Hawaiian or other Pacific Islander	S	S	S	S
American Indian or Alaska Native	10.6%	S	S	92.9%
Other	17.6%	20.5%	11.5%	S
Ethnicity				
Hispanic	62.1%	70.2%	41.9%	7.2%
Non-Hispanic	37.9%	29.8%	58.1%	92.8%
General Health Status				
Excellent	33.8%	38.0%	44.1%	42.2%
Very Good	32.8%	33.7%	35.9%	31.3%
Good	25.1%	21.5%	S	S
Fair or Poor	8.2%	6.8%	S	S
Mental or Emotional Health Status				
Excellent	36.7%	38.3%	26.7%	40.0%
Very Good	25.0%	27.2%	24.1%	27.1%
Good	30.1%	27.7%	28.2%	25.7%
Fair or Poor	8.2%	6.8%	21.0%	7.1%
Some percentages may not total 100% due to rounding.				
*Children were eligible for inclusion in the survey if they were 17 years of age or younger (less than 18 years of age) as of December 31, 2024.				
Some children eligible for the CAHPS Survey turned 18 between January 1, 2025, and the time of survey administration.				
S Indicates results have been suppressed in accordance with the Centers for Medicare & Medicaid Services (CMS) cell size suppression policy.				

Table 2-3 shows the self-reported age, gender, education level, and relationship to the child demographic characteristics for parents/caretaker respondents who completed the survey.¹⁶ For additional information on the respondent demographics, please refer to page 107 of the Reader's Guide section.

Table 2-3—Respondent Demographics: General Child Population

	Statewide Population	ACC/ACC-RBHA Non-SMI-Designated	DCS CHP	FFS
Respondent Age				
Under 24	13.3%	13.2%	S	16.3%
25 to 34	16.4%	16.6%	S	18.7%
35 to 44	36.9%	37.6%	16.4%	23.9%
45 to 54	16.9%	17.6%	15.9%	16.3%
55 to 64	9.7%	7.3%	24.6%	12.4%
65 or Older	6.7%	7.8%	26.2%	12.4%
Respondent Gender				
Male	14.3%	14.1%	11.8%	6.6%
Female	85.7%	85.9%	88.2%	93.4%
Respondent Education Level				
8th Grade or Less	S	S	S	6.2%
Some High School	17.6%	18.9%	S	14.3%
High School Graduate	34.7%	32.3%	21.1%	34.3%
Some College	26.9%	27.4%	35.8%	36.7%
College Graduate	S	S	35.8%	8.6%
Respondent Relationship to Child				
Mother or Father	89.8%	91.4%	S	76.3%
Grandparent	S	S	33.3%	15.3%
Legal Guardian	S	S	35.5%	S
Other*	0.0%	0.0%	S	S
<i>Some percentages may not total 100% due to rounding.</i>				
<i>*The "Other" relationship category includes responses of aunt or uncle, older brother or sister, other relative, and someone else.</i>				
<i>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</i>				

¹⁶ 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 general child members whose parents/caretakers responded to the survey (i.e., respondent percentages) to the demographic characteristics of all child members in the sample frame (i.e., sample frame percentages) for statistically significant differences.¹⁷ 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 Statewide population, ACC/ACC-RBHA non-SMI-designated, DCS CHP, and FFS 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. For additional information regarding the respondent analysis, please refer to page 107 of the Reader's Guide section.

Table 2-4—Respondent Analysis: General Child Population

		Statewide Population	ACC/ACC-RBHA Non-SMI-Designated	DCS CHP	FFS
Age					
0 to 3	Respondents	12.2%↓	12.6%↓	34.0%	7.1%↓
	Sample Frame	18.7%	19.2%	28.7%	18.0%
4 to 7	Respondents	22.4%	20.3%	21.3%	18.4%
	Sample Frame	22.5%	22.4%	18.7%	20.9%
8 to 12	Respondents	29.1%	30.4%	15.7%↓	35.4%
	Sample Frame	29.6%	29.3%	21.5%	30.4%
13 to 17	Respondents	36.2%↑	36.7%↑	28.9%	39.2%↑
	Sample Frame	29.2%	29.0%	31.1%	30.7%
Gender					
Male	Respondents	51.5%	47.3%	53.3%	54.7%
	Sample Frame	51.4%	50.7%	49.6%	50.6%
Female	Respondents	48.5%	52.7%	46.7%	45.3%
	Sample Frame	48.6%	49.3%	50.4%	49.4%

¹⁷ The demographic characteristics are presented for child members selected as part of the general child population samples.

		Statewide Population	ACC/ACC-RBHA Non-SMI-Designated	DCS CHP	FFS
Race					
Multiracial	Respondents	0.0%	0.0%	0.0%	0.0%
	Sample Frame	0.0%	0.0%	0.0%	0.0%
White	Respondents	68.3%	76.7%	S	S
	Sample Frame	65.9%	72.1%	69.5%	0.6%
Black	Respondents	S	10.8%↓	S	0.0%
	Sample Frame	16.9%	18.7%	25.1%	0.2%
Asian	Respondents	S	S	0.0%	0.0%
	Sample Frame	2.6%	2.9%	S	0.0%
Native Hawaiian or other Pacific Islander	Respondents	S	S	S	0.0%
	Sample Frame	0.6%	0.7%	S	0.0%
American Indian or Alaska Native	Respondents	17.5%	S	S	S
	Sample Frame	13.9%	5.5%	4.1%	99.1%
Other	Respondents	0.0%	0.0%	0.0%	0.0%
	Sample Frame	0.0%	0.0%	S	0.0%
Ethnicity					
Hispanic	Respondents	78.8%↑	82.6%↑	NA	S
	Sample Frame	69.3%	71.8%	NA	14.9%
Non-Hispanic	Respondents	21.2%↓	17.4%↓	NA	S
	Sample Frame	30.7%	28.2%	NA	85.1%
<i>Some percentages may not total 100% due to rounding.</i> <i>↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.</i> <i>↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.</i> <i>Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.</i> <i>NA Indicates the sample frame data are not available.</i> <i>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</i>					

Comparative Analyses

HSAG calculated scores for each measure.¹⁸ For the trend analysis and national average comparisons, there may be a difference in significance between populations with similar scores since populations with a greater number of respondents are more likely to have statistical significance. For additional information on the calculation of the measures, please refer to page 108 of the Reader's Guide section.

¹⁸ HSAG followed *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures* for calculating scores.

For additional information on the survey language and response options for the measures, please refer to page 97 of the Reader's Guide section.

National Percentile Comparisons

HSAG compared the scores for each measure to NCQA's 2024 Quality Compass Benchmark and Compare Quality Data.^{19,20,21,22} Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent). Table 2-5 and Table 2-6 show the general child populations' scores and star ratings for each measure. The percentages presented below the stars in the table represent the scores, while the stars represent the star ratings when the scores were compared to the NCQA Quality Compass Benchmark and Compare Quality Data. For additional information on the national percentile comparisons, please refer to page 108 of the Reader's Guide section.

Table 2-5—National Percentile Comparisons: Global Ratings—General Child Population

	<i>Rating of Health Plan</i>	<i>Rating of All Health Care</i>	<i>Rating of Personal Doctor</i>	<i>Rating of Specialist Seen Most Often</i>
Statewide Population	★★ 67.9%	★★★ 71.6%	★★★★ 81.1%	★★ 70.9% ⁺
ACC/ACC-RBHA Non-SMI-Designated	★★★ 72.8%	★★★★ 73.8%	★★★★ 82.0%	★★ 73.1% ⁺
DCS CHP	★★ 70.2%	★★★★★ 76.3%	★★★★ 81.5%	★★ 68.7% ⁺
FFS	★ 54.1%	★ 45.1%	★ 67.7% ⁺	★ 56.5% ⁺

Star Assignments Based on Percentiles:
 ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

¹⁹ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2024*. Washington, DC: NCQA, September 2024.

²⁰ Quality Compass® 2024 data are used with the permission of NCQA. Quality Compass 2024 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.

²¹ Since NCQA does not publish separate benchmarking data for children and youth in out-of-home care or in FFS, NCQA's Quality Compass benchmarks for the general child Medicaid population were used for comparative purposes; therefore, caution should be exercised when interpreting these results.

²² Quality Compass 2025 data were not available at the time this report was prepared; therefore, 2024 data were used for comparison.

Table 2-6—National Percentile Comparisons: Composite and Individual Item Measures—General Child Population

	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>	<i>Coordination of Care</i>
Statewide Population	★★★ 84.7% ⁺	★★★ 89.9% ⁺	★★★ 95.2%	★★★ 89.0% ⁺	★★ 81.0% ⁺
ACC/ACC-RBHA Non-SMI-Designated	★★★★★ 87.8% ⁺	★★★★★ 91.3% ⁺	★★★ 95.3%	★★★ 89.7% ⁺	★★ 82.3% ⁺
DCS CHP	★★★★★ 88.1%	★★★★★ 96.1%	★★★★★ 95.8%	★★★★★ 96.6% ⁺	★★ 82.6% ⁺
FFS	★★ 83.4% ⁺	★★ 83.5% ⁺	★★ 93.2% ⁺	★ 83.3% ⁺	★★★★★ 93.1% ⁺

Star Assignments Based on Percentiles:
 ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Trend Analysis

HSAG compared the Statewide population, ACC/ACC-RBHA non-SMI-designated, DCS CHP, and FFS 2025 scores to the trend year scores to determine whether there were statistically significant differences.²³ Statistically significant results are denoted with directional triangles (▲ or ▼). For additional information on the trend analysis, please refer to page 109 of the Reader's Guide section.

National Average Comparisons

HSAG compared the 2025 scores to the 2024 NCQA general child Medicaid national averages to determine whether there were statistically significant differences.^{24,25,26} Statistically significant

²³ Since the CAHPS Survey was not administered to a separate sample of child members enrolled in FFS in 2024, the 2025 scores were compared to the corresponding 2023 scores.

²⁴ For the NCQA general child Medicaid national averages, the data source contained in this publication is Quality Compass® 2024 data. National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2024*. Washington, DC: NCQA, September 2024.

²⁵ Quality Compass® 2024 data are used with the permission of NCQA. Quality Compass 2024 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.

²⁶ NCQA national averages for 2025 were not available at the time this report was prepared; therefore, 2024 NCQA national averages are presented in this section.

differences are denoted with indicators higher (H) or lower (L). For additional information on the national average comparisons, please refer to page 108 of the Reader's Guide section.

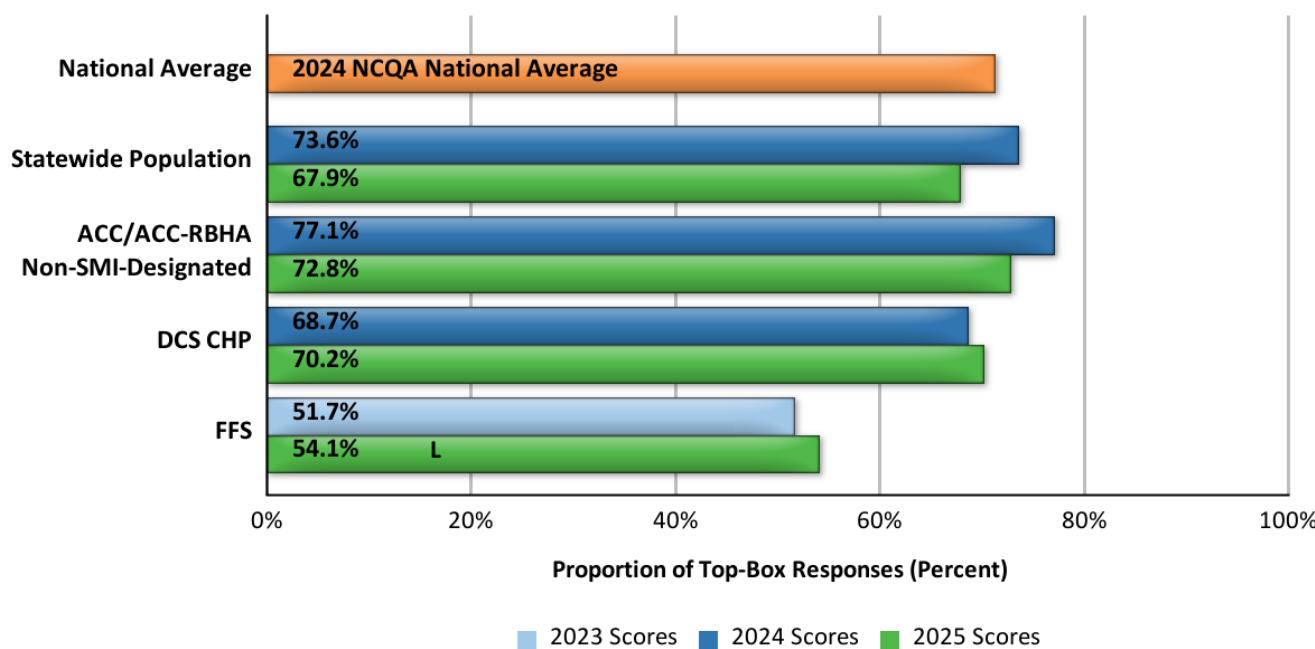
Figure 2-1 through Figure 2-9 show the results of the trend analysis and national average comparisons.

Global Ratings

Rating of Health Plan

Figure 2-1 shows the general child scores and the 2024 NCQA general child Medicaid national average, including the trend analysis and national average comparisons, for the *Rating of Health Plan* global rating.

Figure 2-1—Comparative Analyses: Rating of Health Plan—General Child Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
 ▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
 H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
 L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

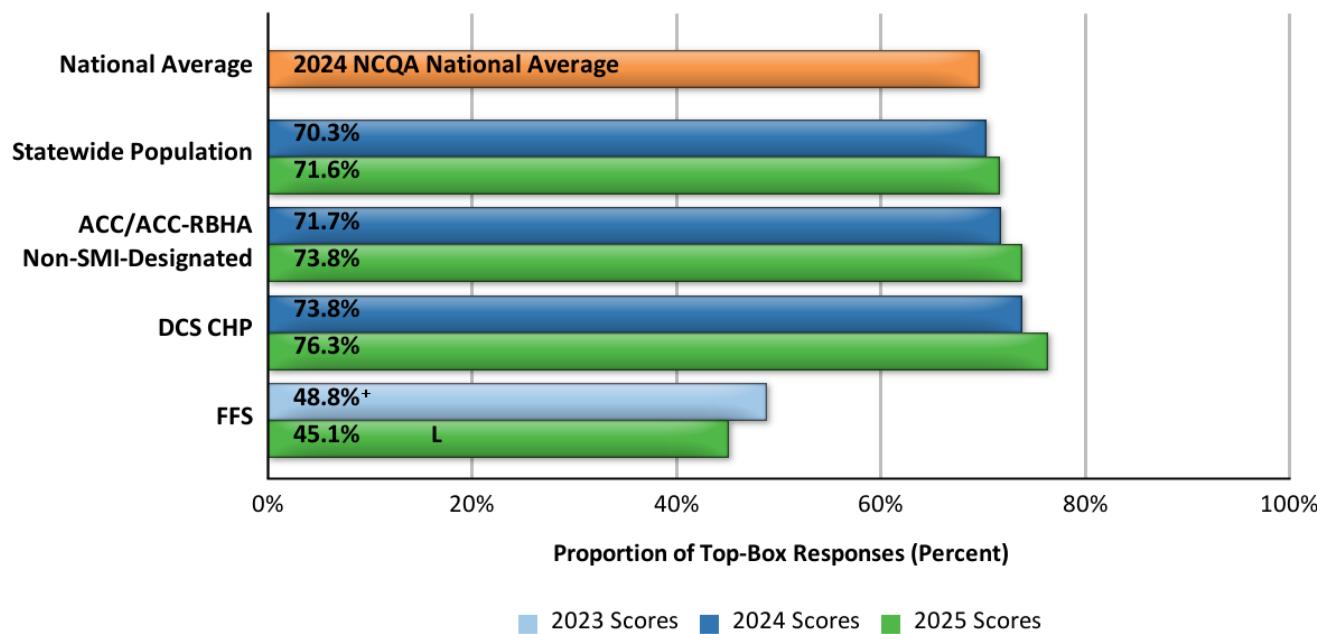
If no statistically significant differences were found, no indicators (▲,▼ or H, L) appear on the figure.

The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Rating of All Health Care

Figure 2-2 shows the general child scores and the 2024 NCQA general child Medicaid national average, including the trend analysis and national average comparisons, for the *Rating of All Health Care* global rating.

Figure 2-2—Comparative Analyses: Rating of All Health Care—General Child Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
 ▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
 H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
 L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) appear on the figure.

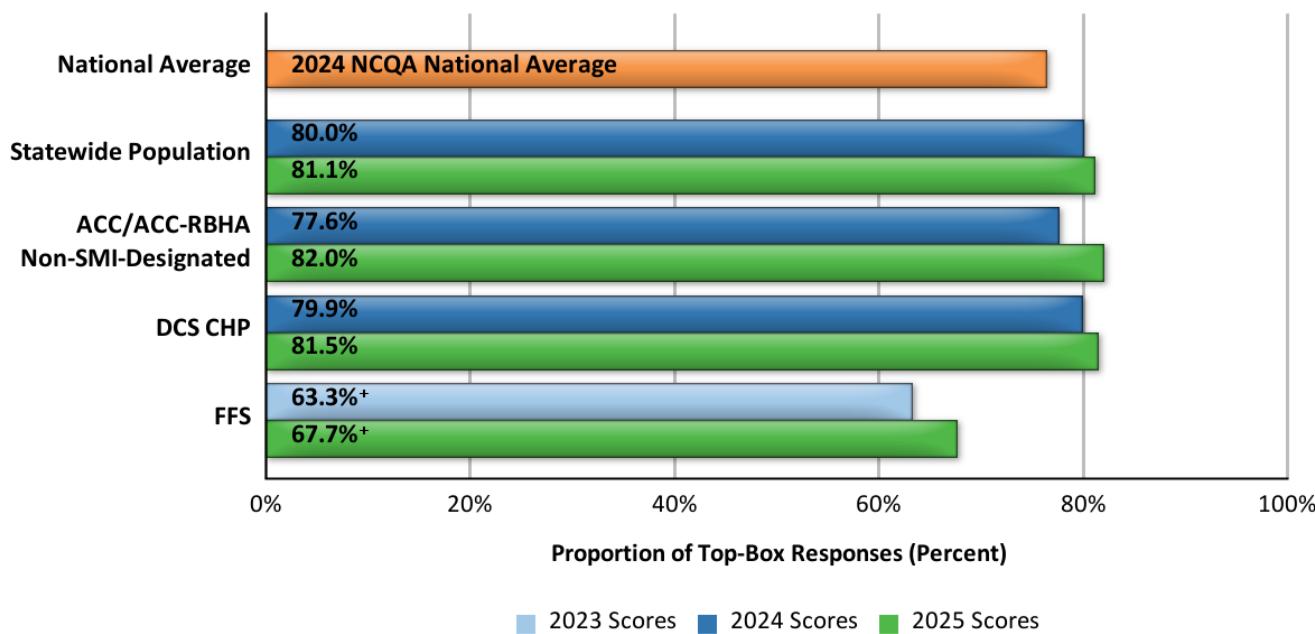
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Rating of Personal Doctor

Figure 2-3 shows the general child scores and the 2024 NCQA general child Medicaid national average, including the trend analysis and national average comparisons, for the *Rating of Personal Doctor* global rating.

Figure 2-3—Comparative Analyses: Rating of Personal Doctor—General Child Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
 ▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
 H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
 L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) appear on the figure.

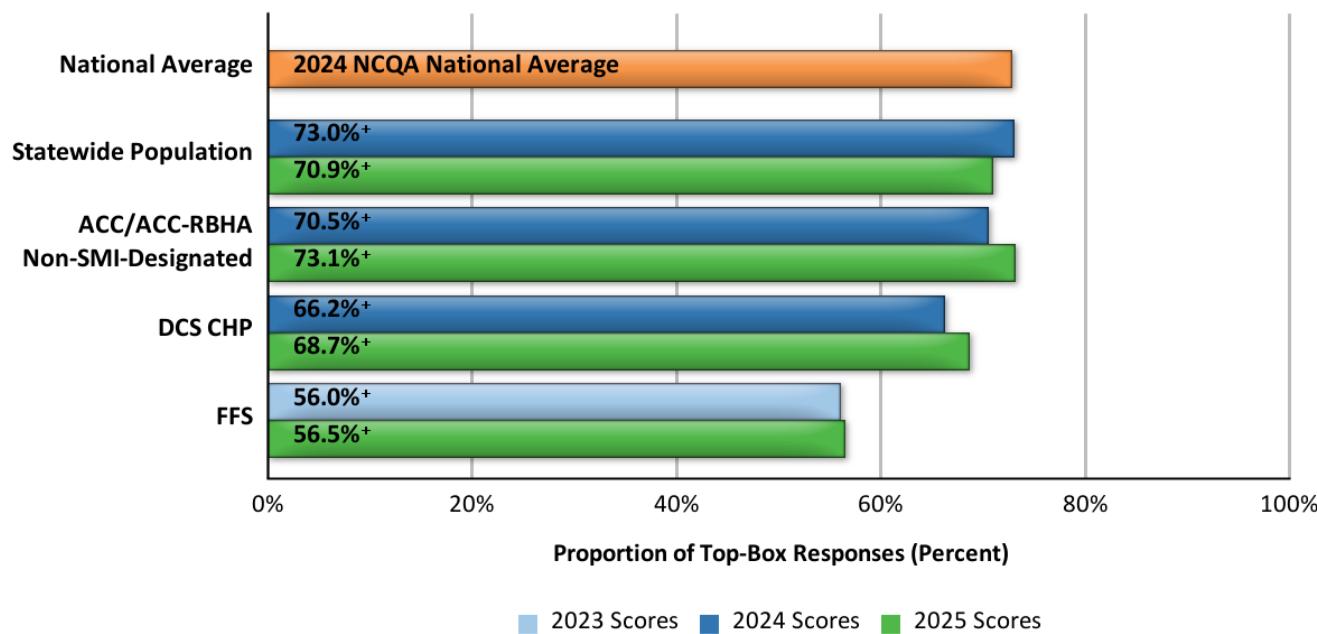
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Rating of Specialist Seen Most Often

Figure 2-4 shows the general child scores and the 2024 NCQA general child Medicaid national average, including the trend analysis and national average comparisons, for the *Rating of Specialist Seen Most Often* global rating.

Figure 2-4—Comparative Analyses: Rating of Specialist Seen Most Often—General Child Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
 ▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
 H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
 L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) appear on the figure.

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

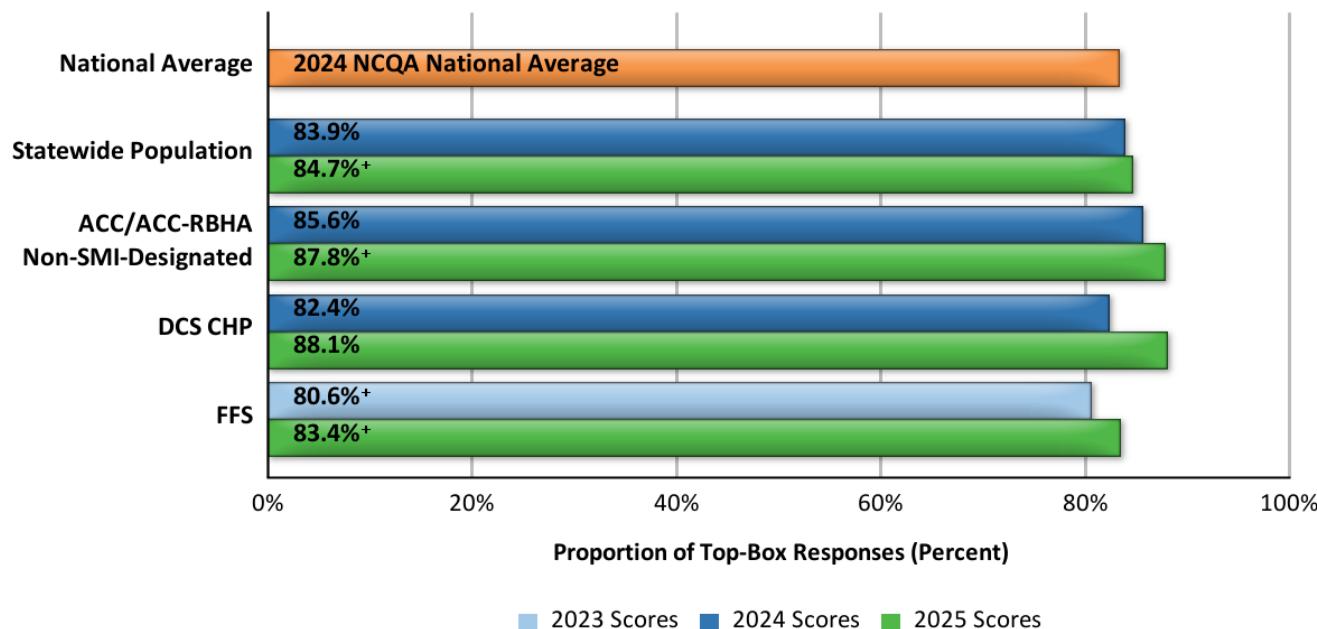
The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Composite and Individual Item Measures

Getting Needed Care

Figure 2-5 shows the general child scores and the 2024 NCQA general child Medicaid national average, including the trend analysis and national average comparisons, for the *Getting Needed Care* composite measure.

Figure 2-5—Comparative Analyses: Getting Needed Care—General Child Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.

▼ Indicates the 2025 score is statistically significantly lower than the trend year score.

H Indicates the 2025 score is statistically significantly higher than the NCQA national average.

L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) appear on the figure.

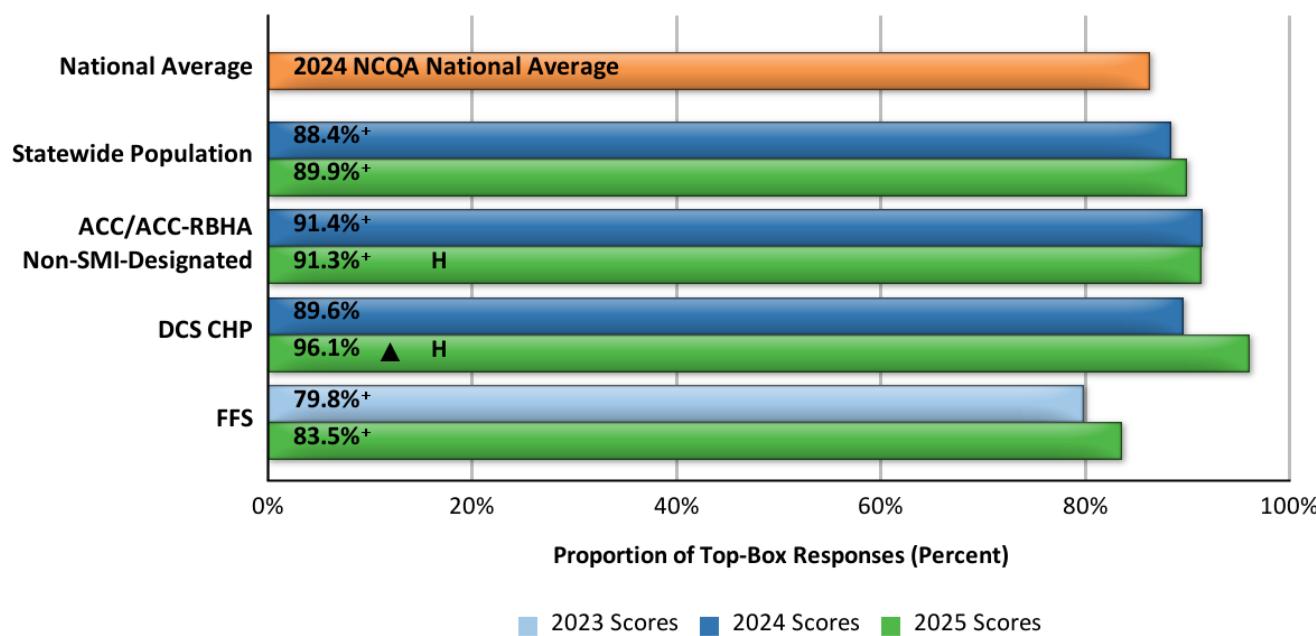
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Getting Care Quickly

Figure 2-6 shows the general child scores and the 2024 NCQA general child Medicaid national average, including the trend analysis and national average comparisons, for the *Getting Care Quickly* composite measure.

Figure 2-6—Comparative Analyses: Getting Care Quickly—General Child Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
 ▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
 H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
 L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) appear on the figure.

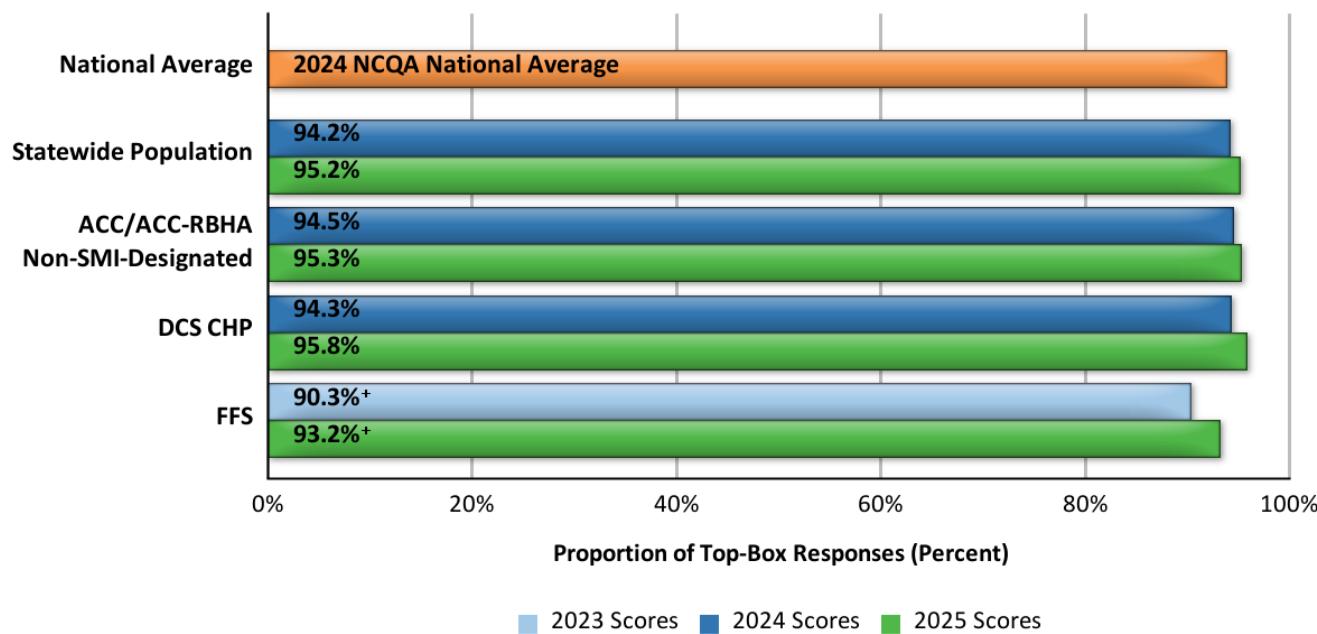
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

How Well Doctors Communicate

Figure 2-7 shows the general child scores and the 2024 NCQA general child Medicaid national average, including the trend analysis and national average comparisons, for the *How Well Doctors Communicate* composite measure.

Figure 2-7—Comparative Analyses: How Well Doctors Communicate—General Child Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
 ▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
 H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
 L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) appear on the figure.

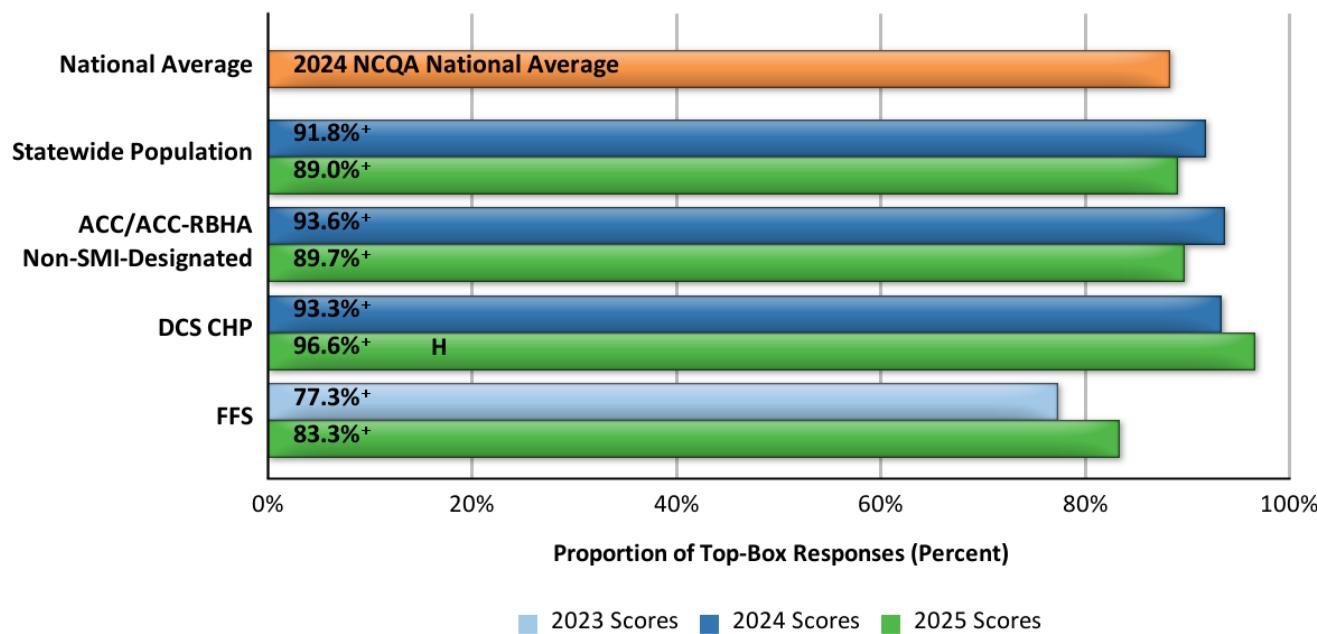
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Customer Service

Figure 2-8 shows the general child scores and the 2024 NCQA general child Medicaid national average, including the trend analysis and national average comparisons, for the *Customer Service* composite measure.

Figure 2-8—Comparative Analyses: Customer Service—General Child Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
 ▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
 H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
 L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) appear on the figure.

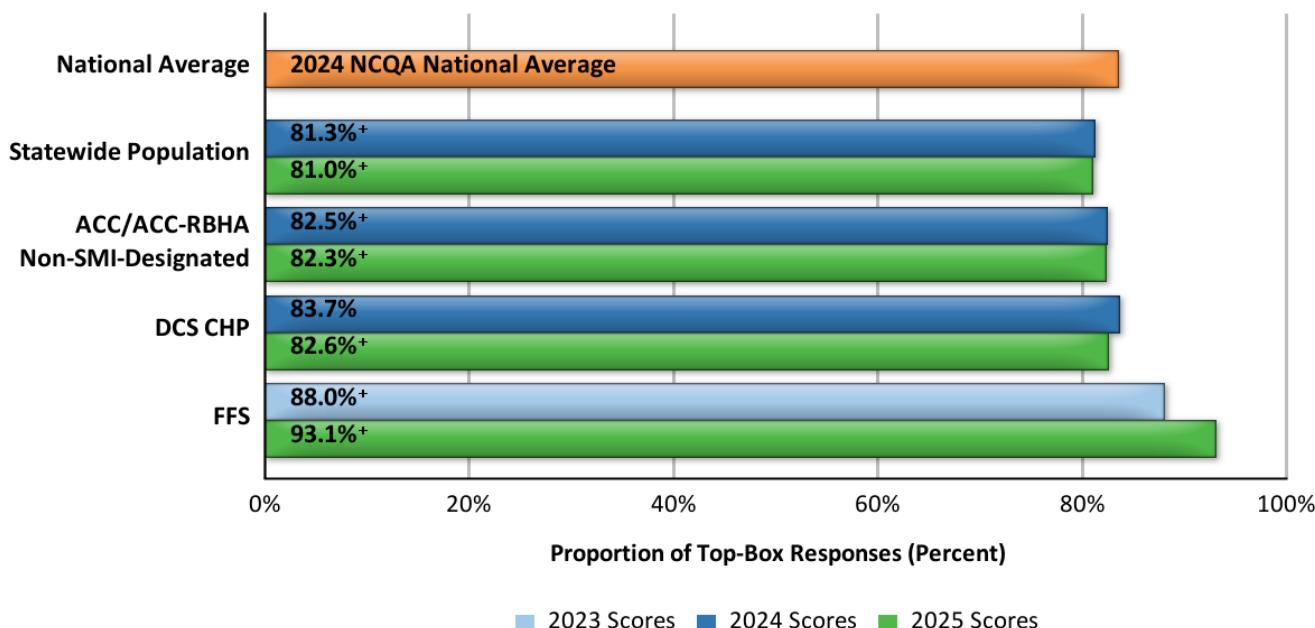
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Coordination of Care

Figure 2-9 shows the general child scores and the 2024 NCQA general child Medicaid national average, including the trend analysis and national average comparisons, for the *Coordination of Care* individual item measure.

Figure 2-9—Comparative Analyses: Coordination of Care—General Child Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
 ▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
 H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
 L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) appear on the figure.

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

The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Supplemental Items

AHCCCS elected to add five supplemental questions to the child survey. These questions focused on timeliness of care. Table 2-7 through Table 2-10 show the number and percentage of responses for each supplemental item for the Statewide, ACC/ACC-RBHA non-SMI-designated, DCS CHP, and FFS general child populations. For additional information on the survey language and response options for the supplemental items, please refer to page 97 of the Reader's Guide section.

Days Waited for Check-Up or Routine Care

Parents/caretakers of child members were asked how many days they usually had to wait for an appointment for a check-up or routine care for their child (Question 77). Table 2-7 shows the results for this question.²⁷

Table 2-7—Days Waited for Check-Up or Routine Care Appointment: General Child Population

Population	Same Day		1 Day		2 to 3 Days		4 to 7 Days	
	N	%	N	%	N	%	N	%
Statewide Population	37	22.3%	27	16.3%	39	23.5%	31	18.7%
ACC/ACC-RBHA Non-SMI-Designated	44	25.1%	29	16.6%	42	24.0%	32	18.3%
DCS CHP	46	25.6%	27	15.0%	38	21.1%	30	16.7%
FFS	44	27.5%	11	6.9%	26	16.3%	37	23.1%
Population	8 to 14 Days		15 to 30 Days		More than 30 Days			
	N	%	N	%	N	%	N	%
Statewide Population	16	9.6%	S	S	S	S	S	S
ACC/ACC-RBHA Non-SMI-Designated	13	7.4%	S	S	S	S	S	S
DCS CHP	21	11.7%	S	S	S	S	S	S
FFS	12	7.5%	15	9.4%	15	9.4%		

Some percentages may not total 100% due to rounding.
 Caution should be exercised when evaluating results with fewer than 100 respondents.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.

²⁷ Respondents who answered, "My child did not receive any health care in the last 6 months" were excluded from the analysis.

Days Waited for Appointment When Care Was Needed Right Away

Parents/caretakers of child members were asked how many days they usually had to wait for an appointment when their child needed care right away (Question 78). Table 2-8 shows the results for this question.

Table 2-8—Days Waited for Appointment When Care Was Needed Right Away: General Child Population

Population	Same Day		1 Day		2 to 3 Days		4 to 7 Days		More than 7 days	
	N	%	N	%	N	%	N	%	N	%
Statewide Population	88	57.9%	28	18.4%	20	13.2%	S	S	S	S
ACC/ACC-RBHA Non-SMI-Designated	98	60.9%	28	17.4%	16	9.9%	S	S	S	S
DCS CHP	127	74.7%	27	15.9%	S	S	S	S	S	S
FFS	90	58.1%	24	15.5%	18	11.6%	S	S	S	S

Some percentages may not total 100% due to rounding.
Caution should be exercised when evaluating results with fewer than 100 respondents.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.

Appointment Wait Time

Parents/caretakers of child members were asked how often their child saw their personal doctor within 15 minutes of their appointment time (Question 79). Table 2-9 shows the results for this question.

Table 2-9—Appointment Wait Time: General Child Population

Population	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
Statewide Population	23	14.3%	45	28.0%	44	27.3%	49	30.4%
ACC/ACC-RBHA Non-SMI-Designated	32	18.8%	45	26.5%	43	25.3%	50	29.4%
DCS CHP	19	10.9%	38	21.8%	49	28.2%	68	39.1%
FFS	28	18.2%	43	27.9%	50	32.5%	33	21.4%

Some percentages may not total 100% due to rounding.
Caution should be exercised when evaluating results with fewer than 100 respondents.

After Hours Visit to Doctor's Office or Clinic

Parents/caretakers of child members were asked if their child needed to visit a doctor's office or clinic after regular office hours (Question 80). Table 2-10 shows the results for this question.

Table 2-10—After Hours Visit to Doctor's Office or Clinic: General Child Population

Population	Yes		No	
	N	%	N	%
Statewide Population	25	13.1%	166	86.9%
ACC/ACC-RBHA Non-SMI-Designated	18	9.0%	183	91.0%
DCS CHP	27	13.9%	167	86.1%
FFS	31	14.7%	180	85.3%

*Some percentages may not total 100% due to rounding.
Caution should be exercised when evaluating results with fewer than 100 respondents.*

Received Care During After Hours Visit to Doctor's Office or Clinic

The majority of parents/caretakers of child members in the Statewide Population reported they were always able to get the care their child needed from a doctor's office or clinic after regular office hours.^{28,29}

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 110 of the Reader's Guide section. Table 2-11 through Table 2-14 provide a summary of the survey items identified for each of the three measures as being key drivers of member experience (indicated by a ✓) for the general child Statewide population, ACC/ACC-RBHA non-SMI-designated, DCS CHP, and FFS. Please refer to Appendix A. Key Drivers of Member Experience Analysis for graphical displays of the key drivers of member experience results.

²⁸ ACC/ACC-RBHA non-SMI-designated, DCS CHP, and FFS results are not included due to a majority of the responses requiring suppression.

²⁹ Results are based on respondents that answered "Yes" to Question 80.

Statewide Population

Table 2-11—Key Drivers of Member Experience: General Child Population

Survey Item	Response Options	Key Drivers		
		Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q10. Ease of getting the care, tests, or treatment the child needed	Never/Sometimes/Usually vs. Always	✓	✓	NS
Q31. Child's personal doctor explained things in an understandable way for the child	Never/Sometimes/Usually vs. Always	✓	NS	NS
Q46. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	Never/Sometimes/Usually vs. Always	NS	✓	NA
<p>NA indicates that this question was not evaluated for this measure.</p> <p>NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, improvements of those responses may not significantly affect the rating.</p>				

ACC/ACC-RBHA Non-SMI-Designated

Table 2-12—Key Drivers of Member Experience: ACC/ACC-RBHA Non-SMI-Designated—General Child Population

Survey Item	Response Options	Key Drivers		
		Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q10. Ease of getting the care, tests, or treatment the child needed	Never/Sometimes/Usually vs. Always	NS	✓	NS
Q29. Child's personal doctor showed respect for what the parent/caretaker said	Never/Sometimes/Usually vs. Always	NS	NS	✓
Q32. Child's personal doctor spent enough time with the child	Never/Sometimes/Usually vs. Always	NS	NS	✓
<p>NA indicates that this question was not evaluated for this measure.</p> <p>NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, improvements of those responses may not significantly affect the rating.</p>				

DCS CHP
Table 2-13—Key Drivers of Member Experience: DCS CHP—General Child Population

Survey Item	Response Options	Key Drivers		
		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
Q32. Child's personal doctor spent enough time with the child	Never/Sometimes/Usually vs. Always	✓	NS	✓
Q35. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	Never/Sometimes/Usually vs. Always	NS	✓	NS
<p>NA indicates that this question was not evaluated for this measure.</p> <p>NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, improvements of those responses may not significantly affect the rating.</p>				

FFS
Table 2-14—Key Drivers of Member Experience: FFS—General Child Population

Survey Item	Response Options	Key Drivers		
		Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q10. Ease of getting the care, tests, or treatment the child needed	Never/Sometimes/Usually vs. Always	✓	✓	NS
Q33. Child's personal doctor discussed how the child is feeling, growing, or behaving	No vs. Yes	NS	✓	✓
Q46. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	Never/Sometimes/Usually vs. Always	✓	NS	NA
<p>NA indicates that this question was not evaluated for this measure.</p> <p>NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, improvements of those responses may not significantly affect the rating.</p>				

CCC Results

The following section presents the results for the CCC population.

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 whose parents/caretakers provided affirmative responses to all 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 (i.e., CCC population). Therefore, part of the general child sample (i.e., the general child population) was identified as children with chronic conditions and part of the CCC supplemental sample was identified as children without chronic conditions based on the responses to the survey questions.

Comparative Analyses

National Percentile Comparisons

Table 2-15 through Table 2-17 show the CCC populations' scores and star ratings for each measure.

Table 2-15—National Percentile Comparisons: Global Ratings—CCC Population

	<i>Rating of Health Plan</i>	<i>Rating of All Health Care</i>	<i>Rating of Personal Doctor</i>	<i>Rating of Specialist Seen Most Often</i>
Statewide Population	★★★ 66.7%	★★★ 68.1%	★★★ 77.4%	★★★ 72.4% ⁺
ACC/ACC-RBHA Non-SMI-Designated	★★★ 67.3%	★★ 65.3%	★★★ 77.8%	★★ 68.8% ⁺
DCS CHP	★★ 65.5%	★★★ 68.8%	★★ 75.3%	★★★ 72.7% ⁺
FFS	★ 53.2%	★ 47.3% ⁺	★ 70.4% ⁺	★ 64.4% ⁺

Star Assignments Based on Percentiles:
 ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Table 2-16—National Percentile Comparisons: Composite and Individual Item Measures—CCC Population

	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>	<i>Coordination of Care</i>
Statewide Population	★★★ 84.1%	★★ 88.5%	★★ 94.1%	★★ 87.8% ⁺	★ 78.9% ⁺
ACC/ACC-RBHA Non-SMI-Designated	★★★ 86.4%	★★★ 90.4% ⁺	★★★ 95.2%	★★★★★ 93.9% ⁺	★★★ 84.5% ⁺
DCS CHP	★★★ 85.1%	★★★★★ 93.9%	★★★ 95.3%	★★★★★ 92.1% ⁺	★ 76.0%
FFS	★ 80.7% ⁺	★ 83.3% ⁺	★★★★★ 98.6% ⁺	★ 79.5% ⁺	★★★★★ 94.4% ⁺

Star Assignments Based on Percentiles:
 ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

**Table 2-17—National Percentile Comparisons: CCC Composite Measures and Items—
CCC Population**

	<i>Access to Specialized Services</i>	<i>FCC: Personal Doctor Who Knows Child</i>	<i>Coordination of Care for Children with Chronic Conditions</i>	<i>Access to Prescription Medicines</i>	<i>FCC: Getting Needed Information</i>
Statewide Population	★ 61.6% ⁺	★ 86.7%	★★★★★ 82.1% ⁺	★★★★★ 93.3%	★ 86.6%
ACC/ACC-RBHA Non-SMI-Designated	★★ 66.1% ⁺	★ 89.3%	★★★★★ 81.9% ⁺	★★★★★ 93.2%	★★ 90.2%
DCS CHP	★★★★★ 83.8% ⁺	★ 88.8%	★ 72.5% ⁺	★★★★ 92.9%	★★★★ 94.2%
FFS	★★ 69.2% ⁺	★★ 90.3% ⁺	★★★★★ 88.1% ⁺	★★★ 90.7% ⁺	★ 78.3% ⁺

Star Assignments Based on Percentiles:
 ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Trend Analysis and National Average Comparisons

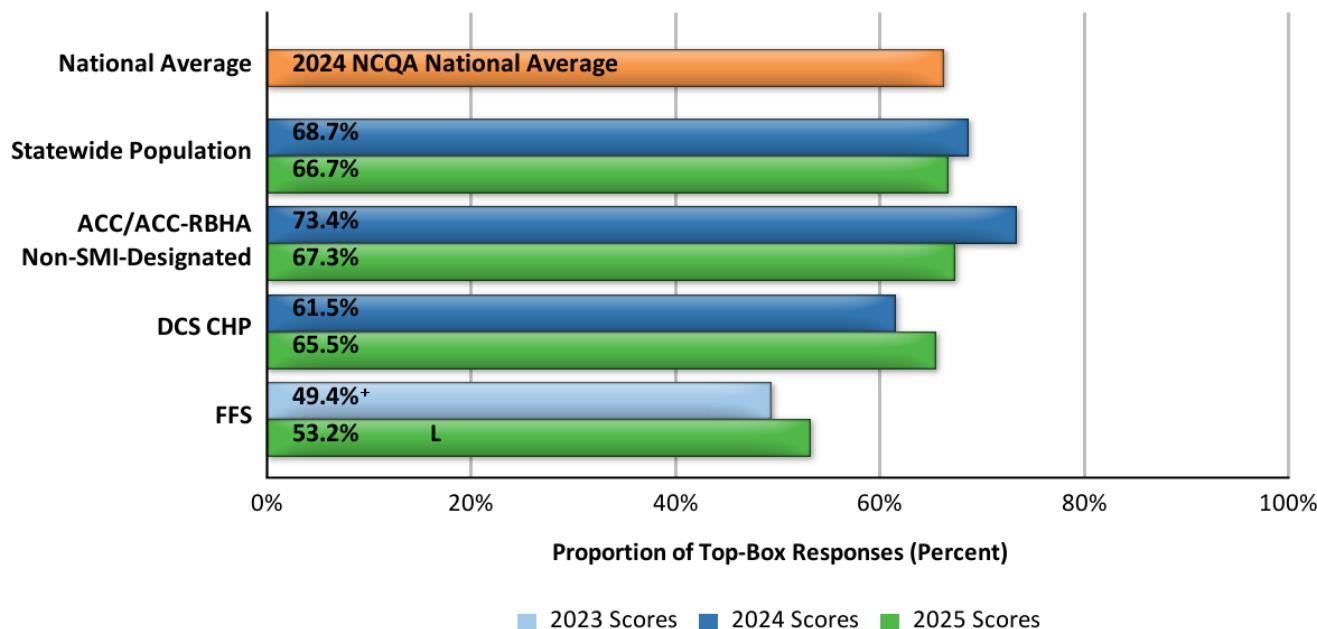
Figure 2-10 through Figure 2-23 show the results of the trend analysis and national average comparisons.

Global Ratings

Rating of Health Plan

Figure 2-10 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the trend analysis and national average comparisons, for the *Rating of Health Plan* global rating.

Figure 2-10—Comparative Analyses: Rating of Health Plan—CCC Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.

▼ Indicates the 2025 score is statistically significantly lower than the trend year score.

H Indicates the 2025 score is statistically significantly higher than the NCQA national average.

L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) appear on the figure.

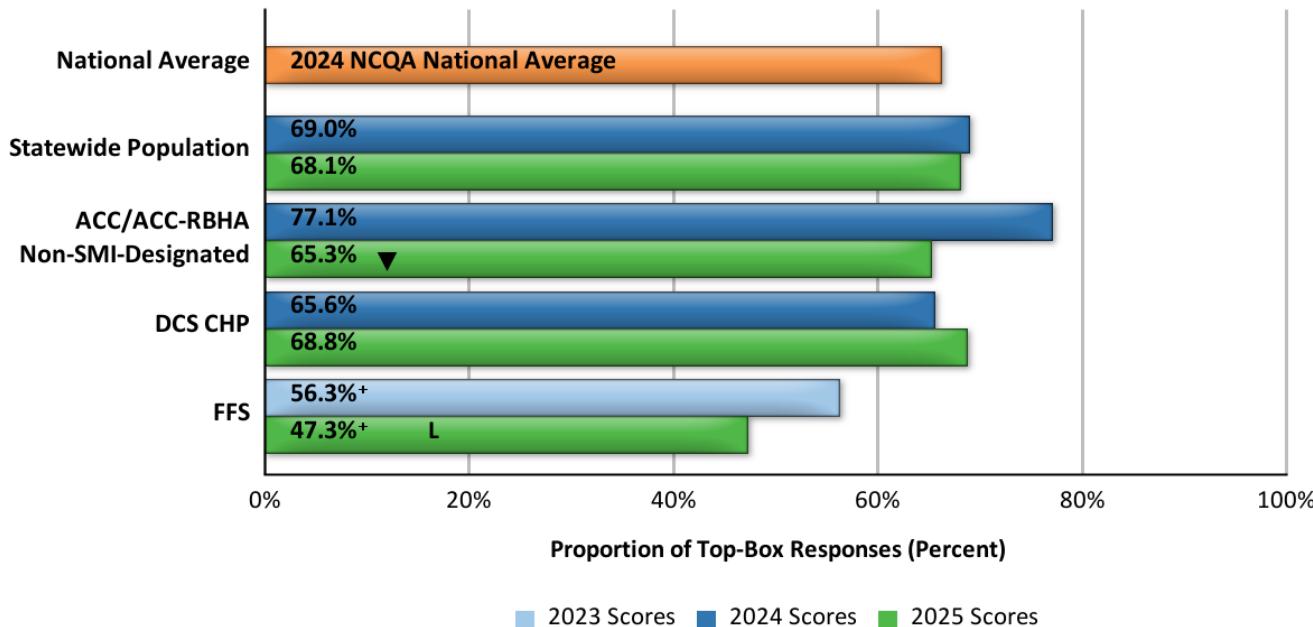
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Rating of All Health Care

Figure 2-11 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the trend analysis and national average comparisons, for the *Rating of All Health Care* global rating.

Figure 2-11—Comparative Analyses: Rating of All Health Care—CCC Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.

▼ Indicates the 2025 score is statistically significantly lower than the trend year score.

H Indicates the 2025 score is statistically significantly higher than the NCQA national average.

L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) appear on the figure.

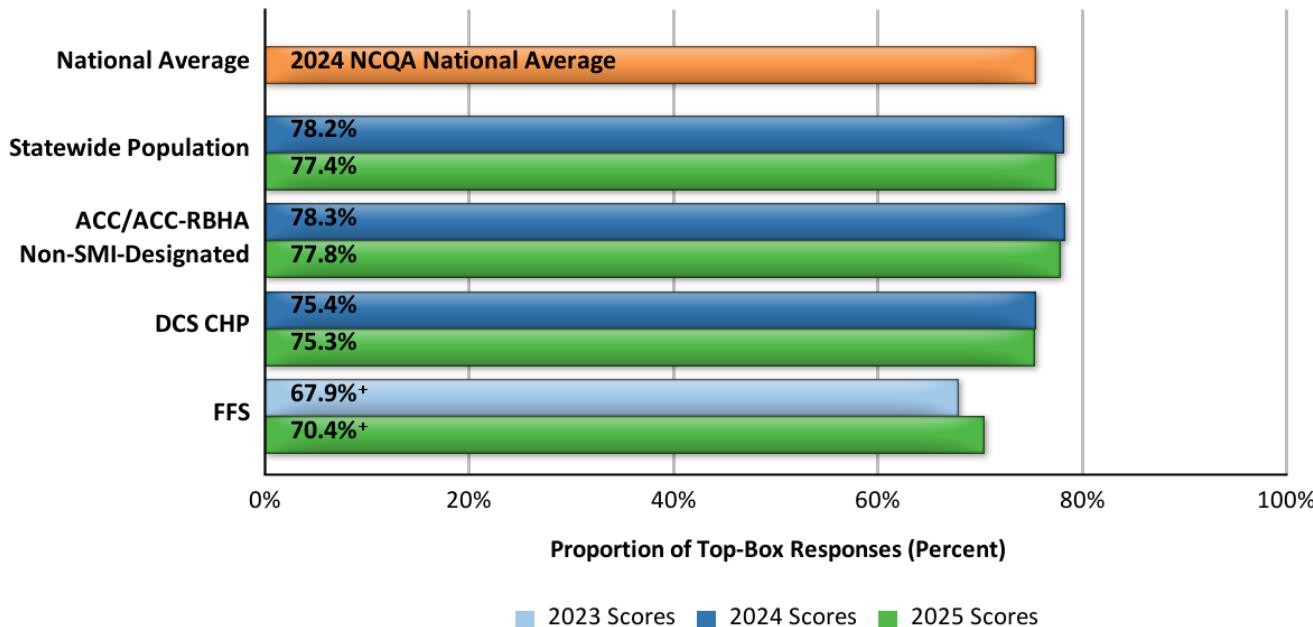
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Rating of Personal Doctor

Figure 2-12 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the trend analysis and national average comparisons, for the *Rating of Personal Doctor* global rating.

Figure 2-12—Comparative Analyses: Rating of Personal Doctor—CCC Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.

▼ Indicates the 2025 score is statistically significantly lower than the trend year score.

H Indicates the 2025 score is statistically significantly higher than the NCQA national average.

L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) appear on the figure.

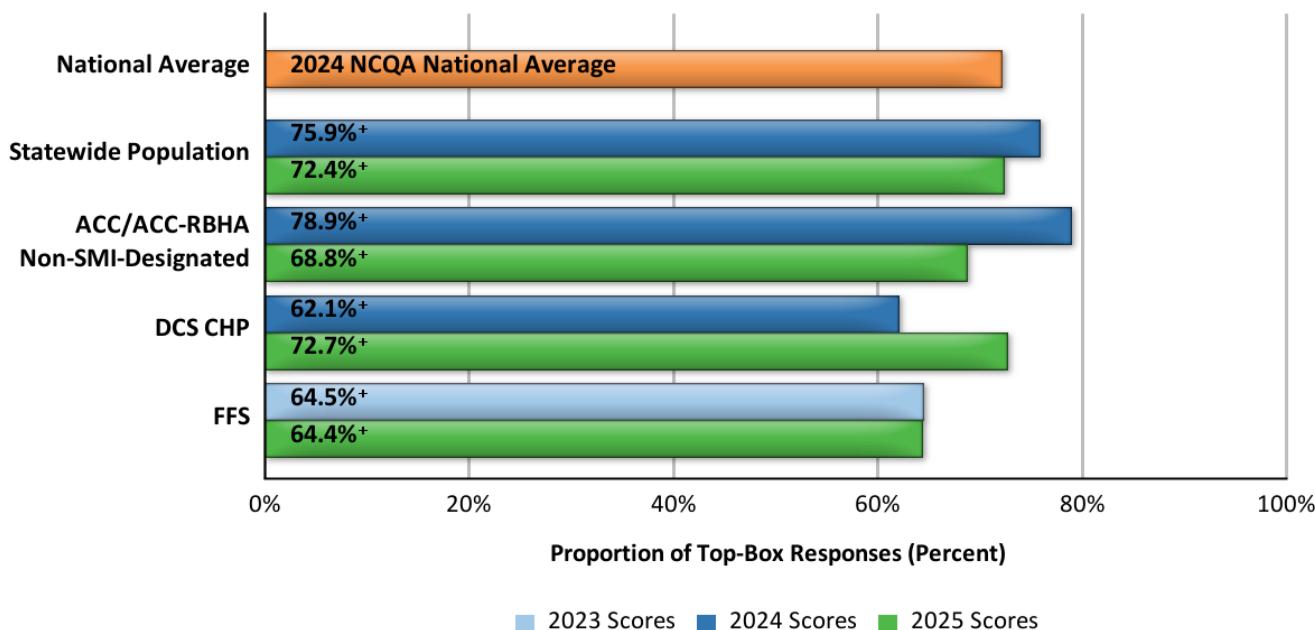
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Rating of Specialist Seen Most Often

Figure 2-13 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the trend analysis and national average comparisons, for the *Rating of Specialist Seen Most Often* global rating.

Figure 2-13—Comparative Analyses: Rating of Specialist Seen Most Often—CCC Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
 ▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
 H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
 L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) appear on the figure.

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

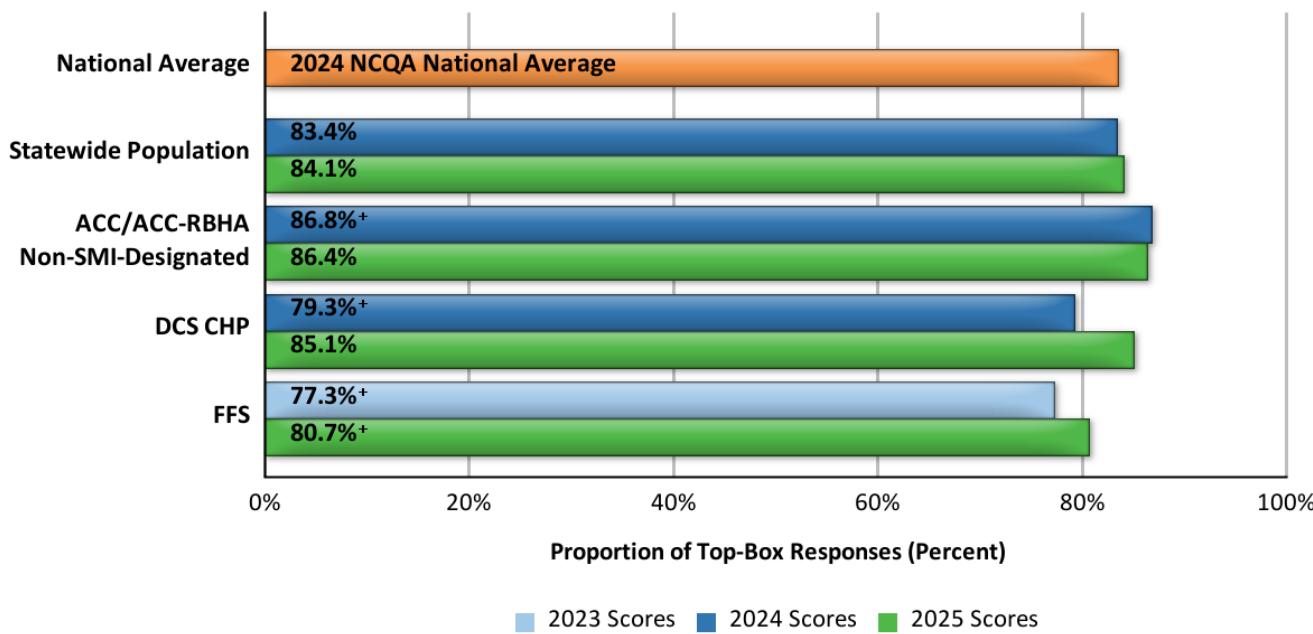
The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Composite and Individual Item Measures

Getting Needed Care

Figure 2-14 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the trend analysis and national average comparisons, for the *Getting Needed Care* composite measure.

Figure 2-14—Comparative Analyses: Getting Needed Care—CCC Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
 ▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
 H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
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If no statistically significant differences were found, no indicators (▲, ▼ or H, L) appear on the figure.

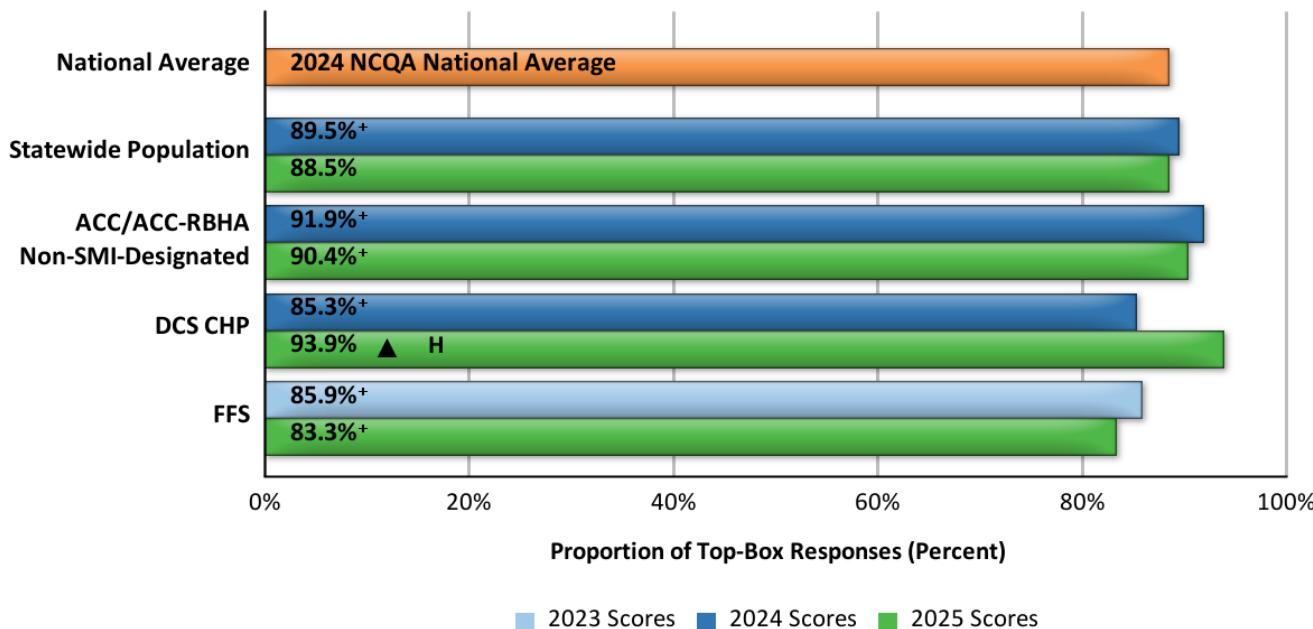
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Getting Care Quickly

Figure 2-15 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the trend analysis and national average comparisons, for the *Getting Care Quickly* composite measure.

Figure 2-15—Comparative Analyses: Getting Care Quickly—CCC Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.

▼ Indicates the 2025 score is statistically significantly lower than the trend year score.

H Indicates the 2025 score is statistically significantly higher than the NCQA national average.

L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) appear on the figure.

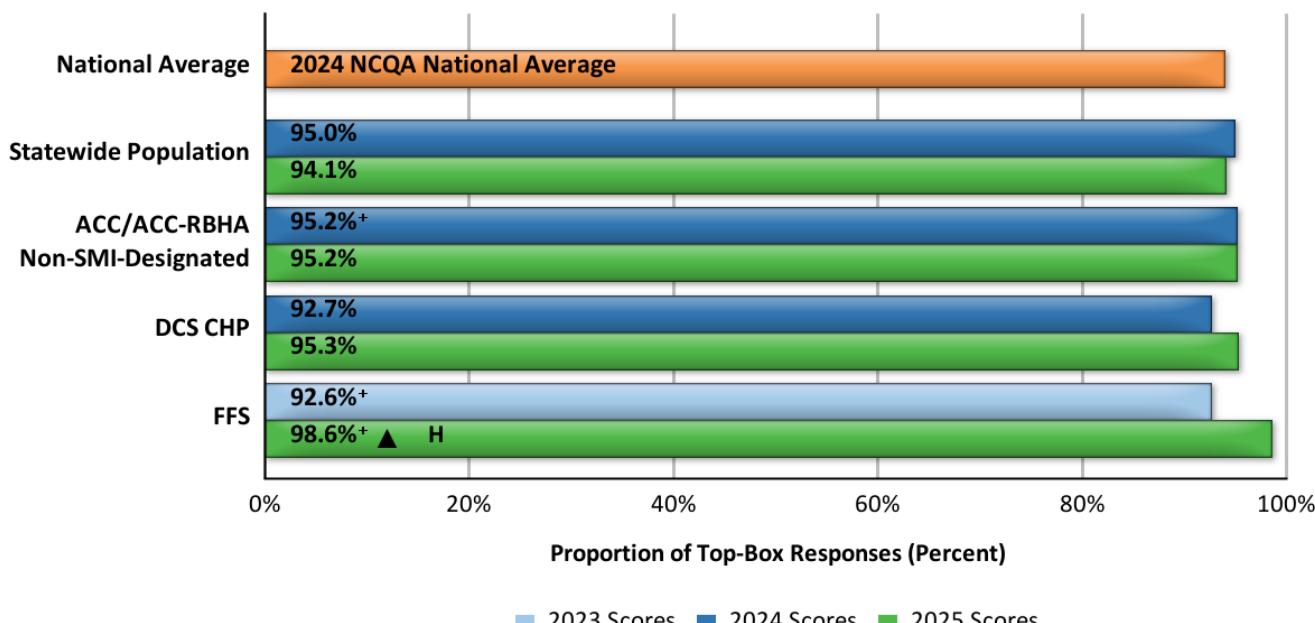
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

How Well Doctors Communicate

Figure 2-16 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the trend analysis and national average comparisons, for the *How Well Doctors Communicate* composite measure.

Figure 2-16—Comparative Analyses: How Well Doctors Communicate—CCC Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.

▼ Indicates the 2025 score is statistically significantly lower than the trend year score.

H Indicates the 2025 score is statistically significantly higher than the NCQA national average.

L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) appear on the figure.

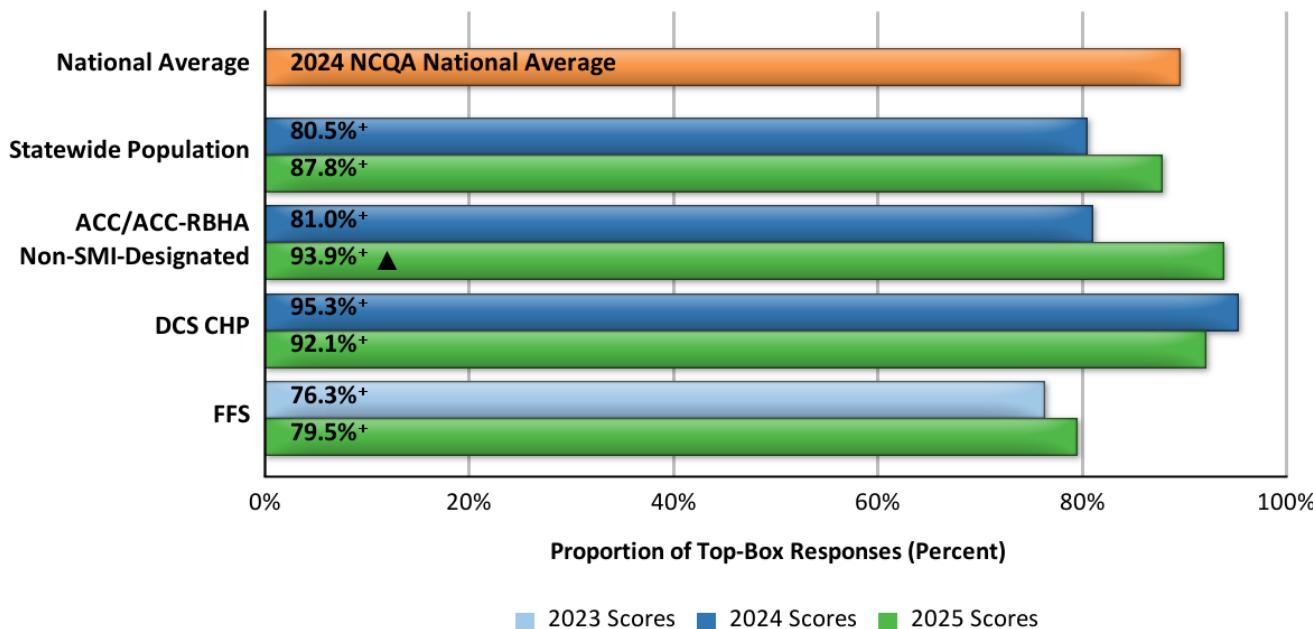
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Customer Service

Figure 2-17 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the trend analysis and national average comparisons, for the *Customer Service* composite measure.

Figure 2-17—Comparative Analyses: Customer Service—CCC Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
 ▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
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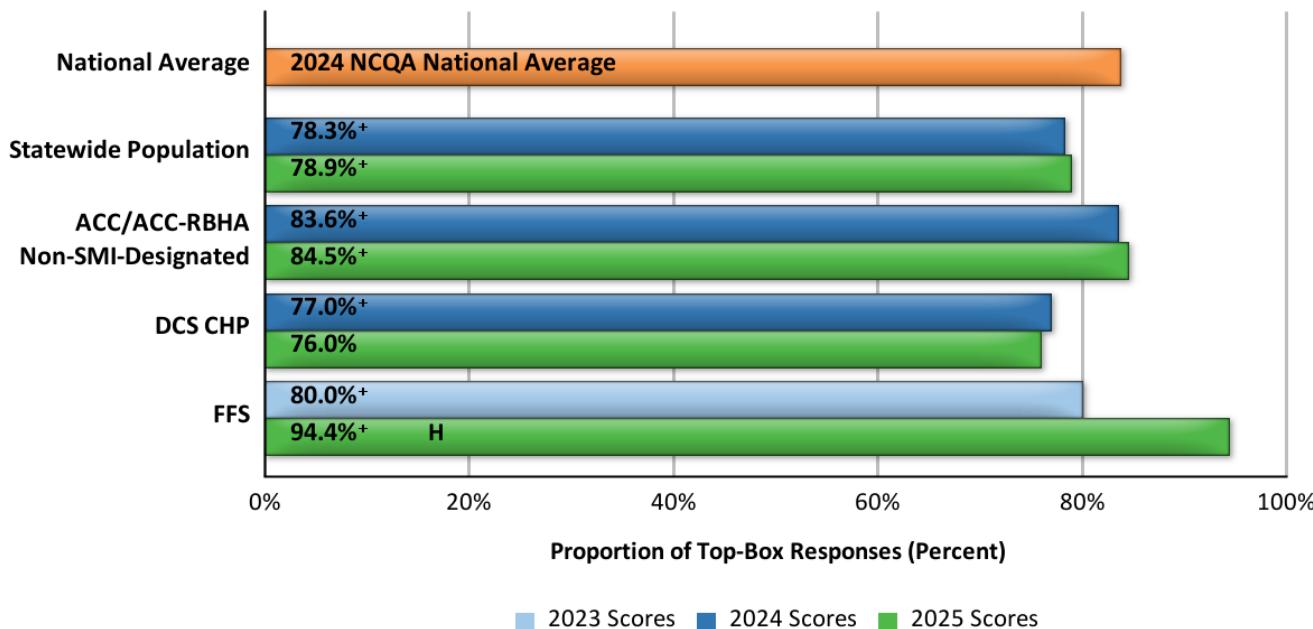
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Coordination of Care

Figure 2-18 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the trend analysis and national average comparisons, for the *Coordination of Care* individual item measure.

Figure 2-18—Comparative Analyses: Coordination of Care—CCC Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.

▼ Indicates the 2025 score is statistically significantly lower than the trend year score.

H Indicates the 2025 score is statistically significantly higher than the NCQA national average.

L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

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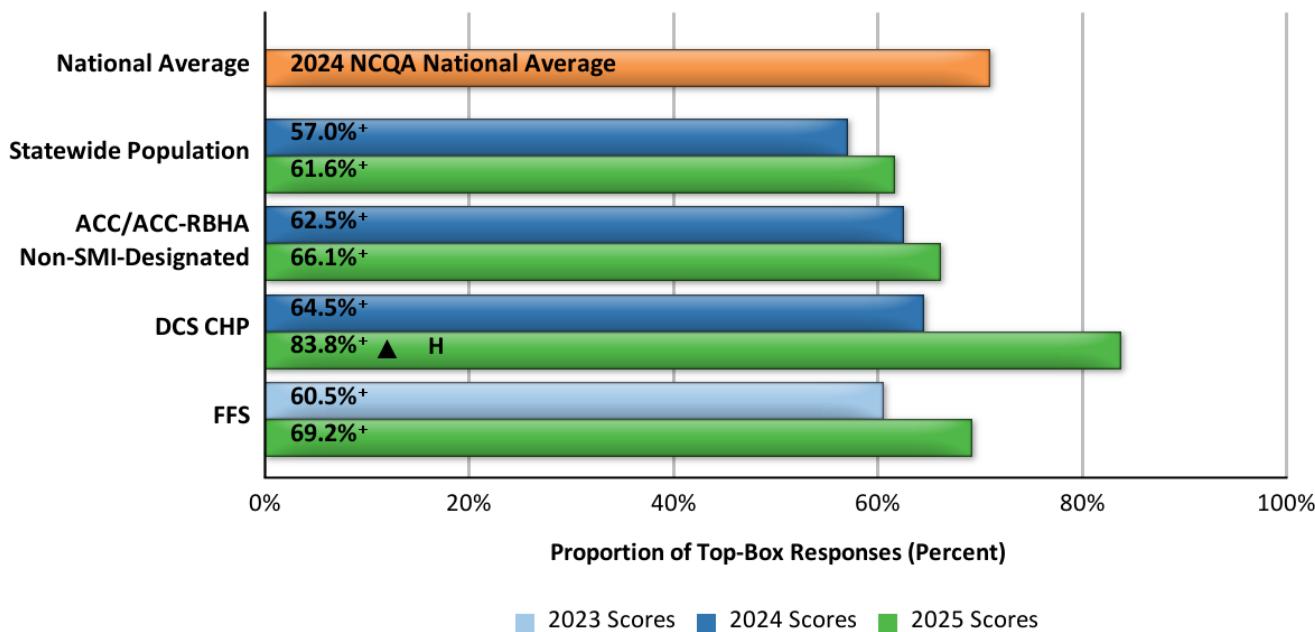
The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

CCC Composite and Item Measures

Access to Specialized Services

Figure 2-19 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the trend analysis and national average comparisons, for the *Access to Specialized Services* CCC composite measure.

Figure 2-19—Comparative Analyses: Access to Specialized Services—CCC Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.

▼ Indicates the 2025 score is statistically significantly lower than the trend year score.

H Indicates the 2025 score is statistically significantly higher than the NCQA national average.

L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) appear on the figure.

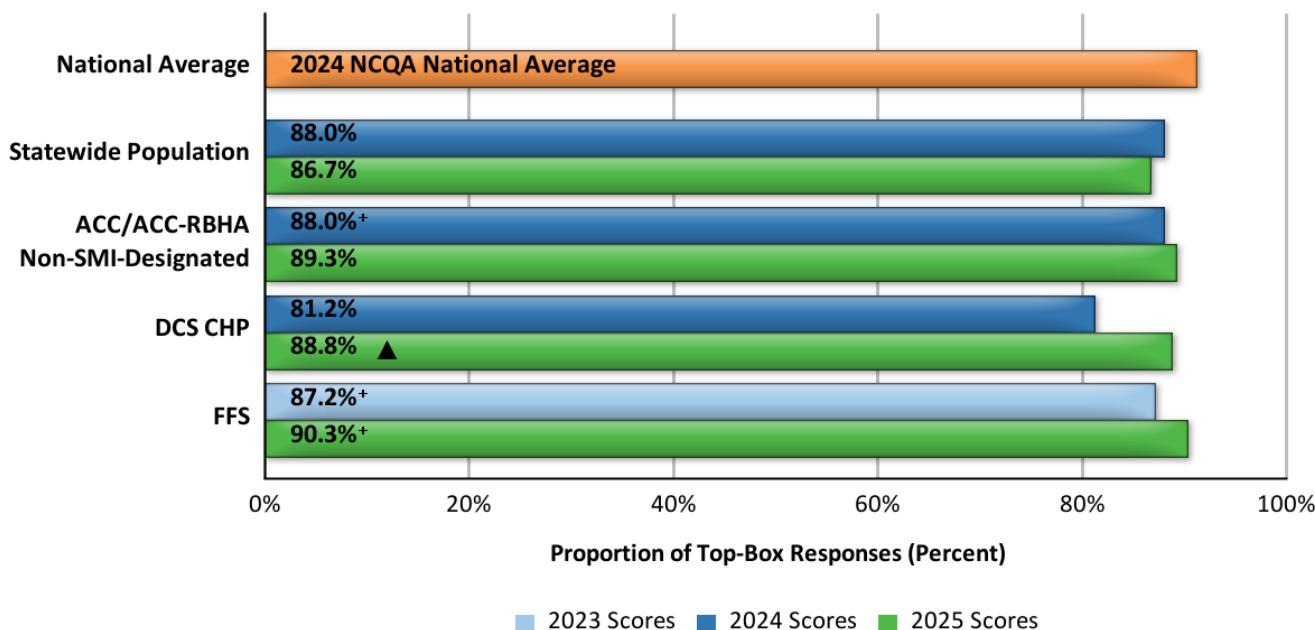
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

FCC: Personal Doctor Who Knows Child

Figure 2-20 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the trend analysis and national average comparisons, for the FCC: *Personal Doctor Who Knows Child* CCC composite measure.

Figure 2-20—Comparative Analyses: FCC: Personal Doctor Who Knows Child—CCC Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
 ▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
 H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
 L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) appear on the figure.

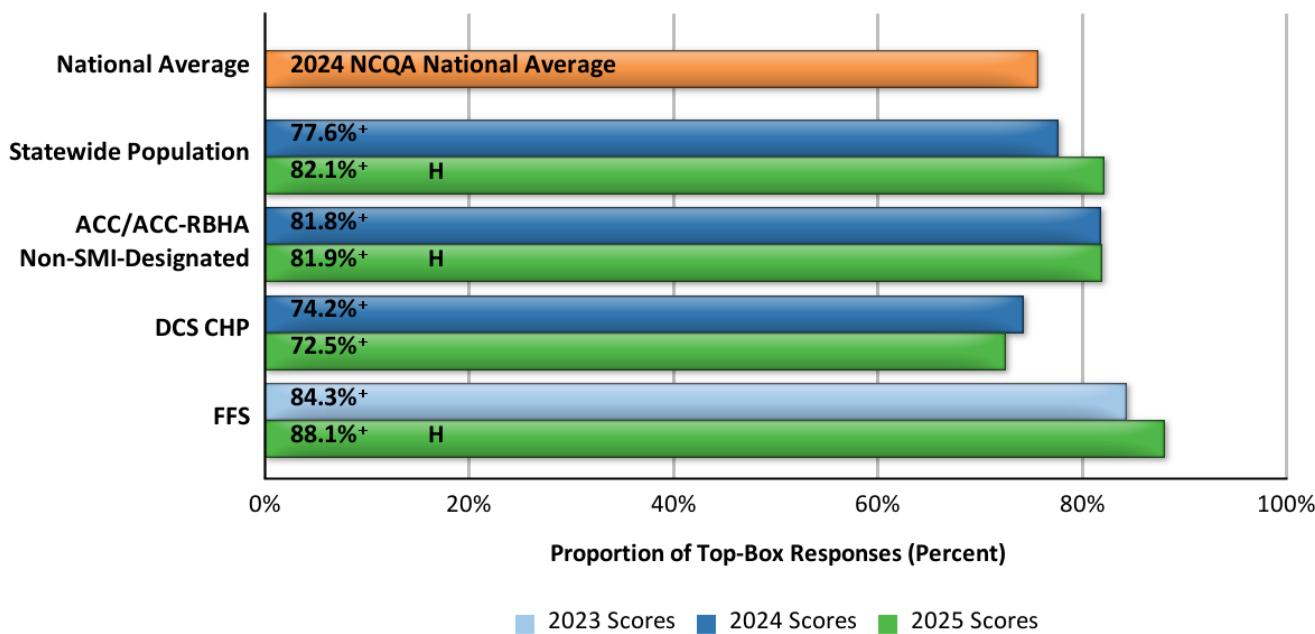
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Coordination of Care for Children with Chronic Conditions

Figure 2-21 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the trend analysis and national average comparisons, for the *Coordination of Care for Children with Chronic Conditions* CCC composite measure.

Figure 2-21—Comparative Analyses: Coordination of Care for Children with Chronic Conditions—CCC Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.

▼ Indicates the 2025 score is statistically significantly lower than the trend year score.

H Indicates the 2025 score is statistically significantly higher than the NCQA national average.

L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) appear on the figure.

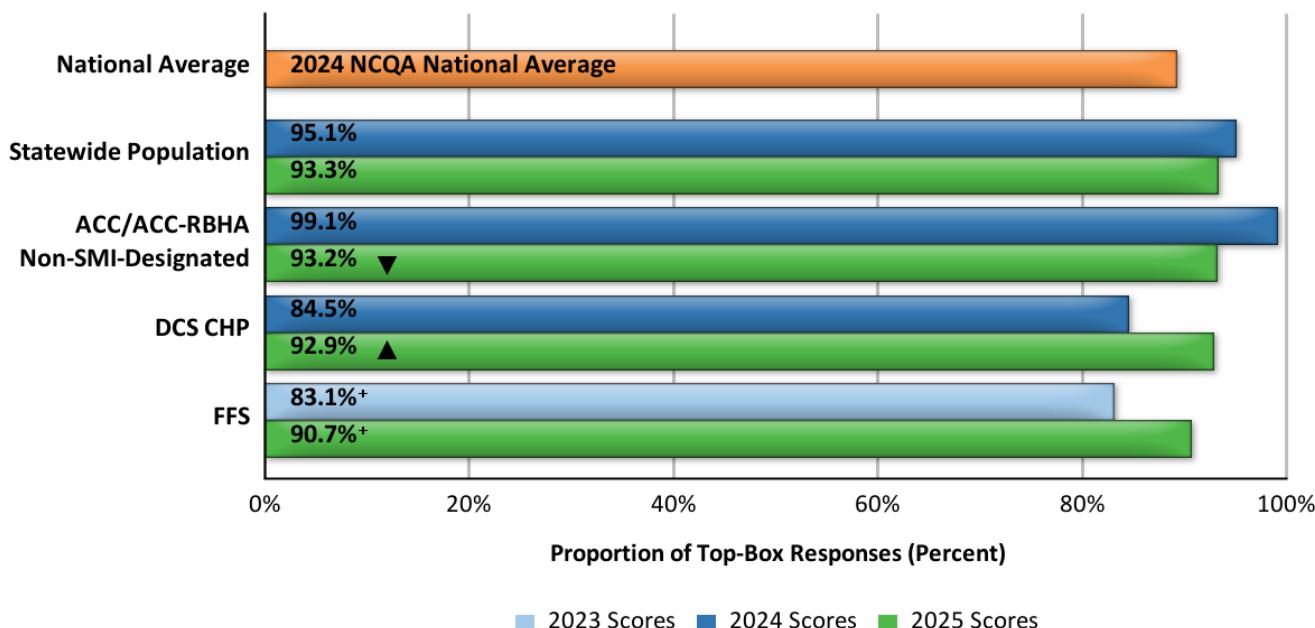
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Access to Prescription Medicines

Figure 2-22 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the trend analysis and national average comparisons, for the *Access to Prescription Medicines* CCC item measure.

Figure 2-22—Comparative Analyses: Access to Prescription Medicines—CCC Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.

▼ Indicates the 2025 score is statistically significantly lower than the trend year score.

H Indicates the 2025 score is statistically significantly higher than the NCQA national average.

L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) appear on the figure.

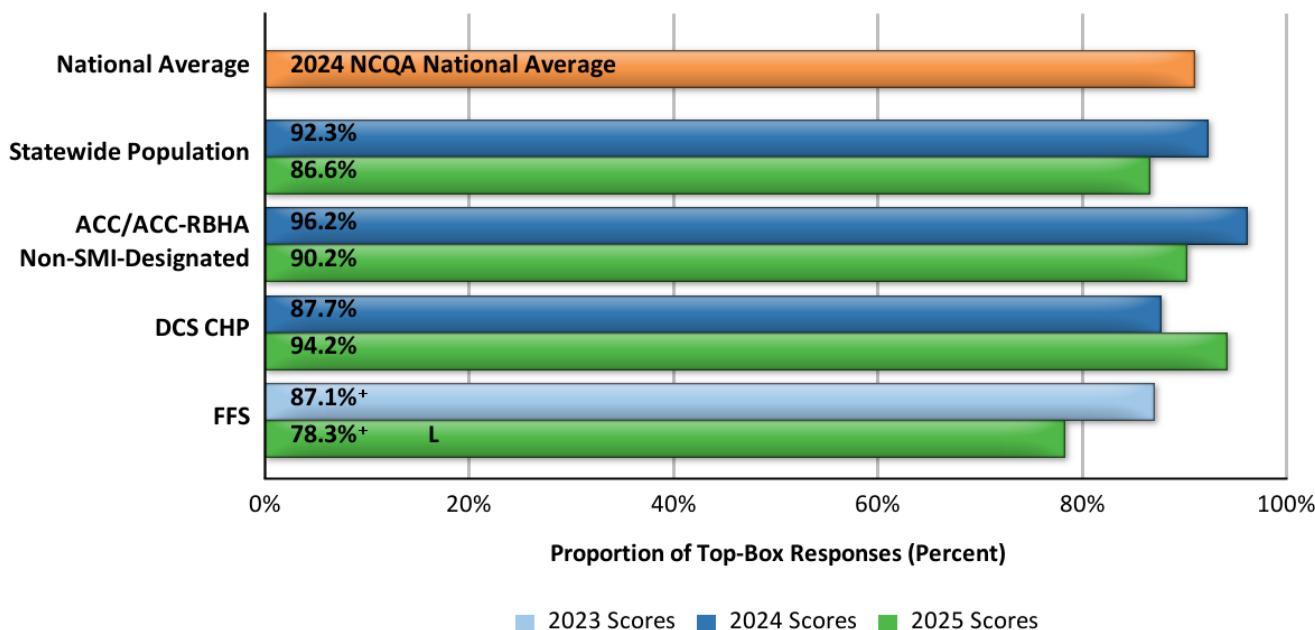
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

FCC: Getting Needed Information

Figure 2-23 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the trend analysis and national average comparisons, for the FCC: *Getting Needed Information* CCC item measure.

Figure 2-23—Comparative Analyses: FCC: Getting Needed Information—CCC Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
 ▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
 H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
 L Indicates the 2025 score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) appear on the figure.

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

The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

3. KidsCare Results

Survey Administration

HSAG administered CAHPS surveys to the Statewide KidsCare population, which included members receiving KidsCare services through the ACC/ACC-RBHA MCOs and FFS. In addition, HSAG performed a separate sample of KidsCare members for each of the six MCOs (see Table 1-1). HSAG grouped respondents surveyed at the MCO level to create the KidsCare MCO Aggregate for comparative purposes.

Survey Responses

The survey process allowed parents/caretakers of child members two methods by which they could complete the surveys: mail or Internet. All sampled child 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. For more detailed information on the survey protocol, please refer to page 105 of the Reader's Guide section.

Children with chronic conditions were identified by a series of questions in the survey instrument. 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.

The response rate is the total number of completed surveys divided by all eligible members of the sample. Table 3-1 shows the distribution of survey dispositions and the response rates. For additional information on the calculation of response rates, please refer to page 106 of the Reader's Guide section.

Table 3-1—Total Number of Respondents and Response Rates³⁰

Program/Population Name	Sample Size	Completed Surveys	Response Rate
KidsCare	17,867	1,568	8.8%
Statewide KidsCare Sample	4,315	397	9.2%
General Child Sample	2,475	207	8.4%
CCC Supplemental Sample	1,840	190	10.4%
AzCH-CCP ACC-RBHA	2,753	261	9.5%
General Child Sample	2,475	222	9.0%
CCC Supplemental Sample	278	39	14.0%
BUFC ACC	2,520	250	9.9%
General Child Sample	2,475	S	S
CCC Supplemental Sample	45	S	S
HCA ACC¹	2,211	178	8.1%
General Child Sample	2,211	178	8.1%
Mercy Care ACC-RBHA	2,719	226	8.3%
General Child Sample	2,475	198	8.0%
CCC Supplemental Sample	244	28	11.5%
Molina ACC²	521	41	7.9%
General Child Sample	521	41	7.9%
UHCCP ACC	2,828	215	7.6%
General Child Sample	2,475	176	7.1%
CCC Supplemental Sample	353	39	11.1%

¹ HCA's entire eligible population was selected for the general child sample. Therefore, the CCC supplemental sample was not selected.

² Molina's entire eligible population was selected for the general child sample. Therefore, the CCC supplemental sample was not selected.

³⁰ Table 3-1 is reflective of respondents from each population who answered at least three of the following five questions within the survey: questions 3, 25, 40, 44, and 49. These surveys were assigned a disposition code of “completed.”

General Child Results

The following section presents the results for the general child population.

Child Member and Respondent Demographics

In general, the demographics of a response group may influence overall member experience scores. For example, parents/caretakers of healthier children tend to report higher levels of member experience; therefore, caution should be exercised when comparing populations that have significantly different demographic characteristics.

Table 3-2 shows the age, gender, race, ethnicity, general health status, and mental or emotional health status of general child members whose parents/caretakers completed the survey.³¹ For additional information on the child demographics, please refer to page 107 of the Reader's Guide section.

Table 3-2—Member Demographics: General Child Population

	KidsCare Statewide Population	KidsCare MCO Aggregate	AzCH- CCP ACC- RBHA	BUFC ACC	HCA ACC	Mercy Care ACC- RBHA	Molina ACC	UHCCP ACC
Age								
0 to 3	8.3%	12.5%	12.6%	15.1%	S	9.7%	S	11.4%
4 to 7	21.6%	19.5%	21.6%	19.2%	19.0%	17.9%	28.9%	17.6%
8 to 12	29.4%	29.6%	28.8%	30.2%	S	34.9%	S	33.5%
13 to 18*	40.7%	38.4%	36.9%	35.5%	45.4%	37.4%	42.1%	37.5%
Gender								
Male	52.9%	53.4%	50.7%	52.5%	56.9%	53.8%	43.6%	56.3%
Female	47.1%	46.6%	49.3%	47.5%	43.1%	46.2%	56.4%	43.8%
Race								
Multiracial	7.0%	7.1%	5.1%	6.3%	11.3%	8.0%	S	S
White	60.3%	62.8%	60.5%	68.1%	61.9%	56.9%	56.8%	67.2%
Black	S	3.9%	S	5.0%	S	S	S	S
Asian	S	3.0%	S	S	S	5.9%	S	S
Native Hawaiian or Other Pacific Islander	S	S	S	S	S	0.0%	0.0%	S

³¹ 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 samples).

	KidsCare Statewide Population	KidsCare MCO Aggregate	AzCH- CCP ACC- RBHA	BUFC ACC	HCA ACC	Mercy Care ACC- RBHA	Molina ACC	UHCCP ACC
American Indian or Alaska Native	6.5%	S	S	S	S	S	0.0%	S
Other	19.1%	19.8%	25.1%	15.1%	17.3%	23.4%	S	S
Ethnicity								
Hispanic	66.0%	68.5%	72.1%	75.8%	52.6%	70.9%	61.5%	68.6%
Non-Hispanic	34.0%	31.5%	27.9%	24.2%	47.4%	29.1%	38.5%	31.4%
General Health Status								
Excellent	35.8%	38.9%	41.0%	37.8%	40.1%	36.5%	42.5%	38.6%
Very Good	43.1%	37.0%	34.7%	37.8%	S	37.1%	S	38.1%
Good	16.7%	20.1%	19.4%	S	18.0%	20.8%	S	S
Fair or Poor	4.4%	3.9%	5.0%	S	S	5.6%	S	S
Mental or Emotional Health Status								
Excellent	40.8%	40.1%	42.3%	37.4%	42.5%	39.8%	47.5%	37.5%
Very Good	30.6%	30.4%	26.1%	34.6%	S	25.5%	S	36.4%
Good	22.8%	20.3%	19.8%	19.5%	S	25.5%	S	18.8%
Fair or Poor	5.8%	9.2%	11.7%	8.5%	S	9.2%	S	7.4%
<i>Some percentages may not total 100% due to rounding.</i> <i>*Children were eligible for inclusion in the survey if they were 17 years of age or younger (less than 18 years of age) as of December 31, 2024. Some children eligible for the CAHPS Survey turned 18 between January 1, 2025, and the time of survey administration.</i> <i>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</i>								

Table 3-3 shows the self-reported age, gender, education level, and relationship to the child demographic characteristics for parents/caretaker respondents who completed the survey.³² For additional information on the respondent demographics, please refer to page 107 of the Reader's Guide section.

³² The respondent demographics are based on responses of parents/caretakers of general child members (i.e., respondents of child members selected as part of the general child population sample).

Table 3-3—Respondent Demographics: General Child Population

	KidsCare Statewide Population	KidsCare MCO Aggregate	AzCH- CCP ACC- RBHA	BUFC ACC	HCA ACC	Mercy Care ACC- RBHA	Molina ACC	UHCCP ACC
Respondent Age								
Under 24	10.3%	9.8%	10.9%	9.4%	10.3%	12.4%	S	S
25 to 34	20.1%	21.1%	22.6%	23.0%	20.1%	19.2%	S	S
35 to 44	36.3%	36.5%	36.2%	37.7%	31.6%	35.8%	30.8%	42.0%
45 to 54	26.5%	25.8%	24.4%	24.2%	29.9%	26.9%	S	S
55 to 64	S	4.6%	S	S	S	S	S	S
65 or Older	S	2.2%	S	S	S	S	S	6.3%
Respondent Gender								
Male	10.2%	10.9%	10.4%	11.4%	S	11.9%	S	9.7%
Female	89.8%	89.1%	89.6%	88.6%	S	88.1%	S	90.3%
Respondent Education Level								
8th Grade or Less	6.8%	5.9%	5.4%	5.7%	7.0%	6.8%	S	S
Some High School	9.7%	10.3%	11.3%	9.0%	7.0%	11.5%	S	S
High School Graduate	36.4%	33.1%	33.0%	32.0%	27.9%	39.1%	S	S
Some College	28.2%	31.2%	29.9%	27.9%	43.6%	27.1%	S	S
College Graduate	18.9%	19.6%	20.4%	25.4%	14.5%	15.6%	S	S
Respondent Relationship to the Child								
Mother or Father	S	97.8%	S	S	S	S	S	S
Grandparent	S	S	S	0.0%	S	S	S	S
Legal Guardian	S	S	S	S	0.0%	S	0.0%	S
Other*	0.0%	S	S	0.0%	0.0%	S	0.0%	S
Some percentages may not total 100% due to rounding.								
*The "Other" relationship category includes responses of aunt or uncle, older brother or sister, other relative, and someone else..								
S Indicates results have been suppressed in accordance with CMS cell size suppression policy.								

Respondent Analysis

HSAG compared the demographic characteristics of general child members whose parents/caretakers responded to the survey (i.e., respondent percentages) to the demographic characteristics of all child members in the sample frame (i.e., sample frame percentages) for statistically significant differences.³³ The demographic characteristics evaluated as part of the respondent analysis included age, gender, race, and ethnicity. Table 3-4 presents the results of the respondent analysis for the KidsCare 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. For additional information regarding the respondent analysis, please refer to page 107 of the Reader's Guide section.

Table 3-4—Respondent Analysis: General Child Population

		KidsCare Statewide	KidsCare MCO Aggregate	AzCH-CCP ACC-RBHA	BUFC ACC	HCA ACC	Mercy Care ACC-RBHA	Molina ACC	UHCCP ACC
Age									
0 to 3	Respondents	12.1%	13.9%	14.0%	16.6%	S	10.6%	S	12.5%
	Sample Frame	13.1%	13.2%	14.4%	14.3%	12.1%	12.0%	18.4%	12.6%
4 to 7	Respondents	18.4%	20.0%↓	20.7%	18.6%	S	20.2%	S	19.3%
	Sample Frame	22.7%	22.8%	23.2%	22.9%	22.5%	22.1%	25.1%	22.8%
8 to 12	Respondents	32.9%	29.5%	29.7%	30.8%	S	33.8%	S	33.0%
	Sample Frame	31.7%	31.7%	32.0%	31.2%	32.9%	32.4%	28.0%	30.8%
13 to 17	Respondents	36.7%	36.6%↑	35.6%	34.0%	44.4%↑	35.4%	36.6%	35.2%
	Sample Frame	32.5%	32.4%	30.4%	31.6%	32.4%	33.6%	28.5%	33.8%
Gender									
Male	Respondents	53.6%	53.6%	50.5%	53.0%	56.2%	54.0%	46.3%	56.8%
	Sample Frame	51.0%	51.1%	50.2%	50.7%	52.1%	51.0%	49.1%	52.0%
Female	Respondents	46.4%	46.4%	49.5%	47.0%	43.8%	46.0%	53.7%	43.2%
	Sample Frame	49.0%	48.9%	49.8%	49.3%	47.9%	49.0%	50.9%	48.0%

³³ The demographic characteristics are presented for child members selected as part of the general child population samples.

		KidsCare Statewide	KidsCare MCO Aggregate	AzCH- CCP ACC- RBHA	BUFC ACC	HCA ACC	Mercy Care ACC- RBHA	Molina ACC	UHCCP ACC
Race									
Multiracial	Respondents	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Sample Frame	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
White	Respondents	74.8%	82.3%↑	86.2%↑	83.4%	S	79.5%	S	83.3%↑
	Sample Frame	72.9%	76.3%	77.6%	79.8%	76.6%	74.9%	69.4%	74.9%
Black	Respondents	S	7.1%↓	S	6.7%↓	S	S	S	S
	Sample Frame	14.3%	15.0%	13.5%	13.4%	10.4%	17.0%	23.1%	17.3%
Other*	Respondents	S	10.7%	S	9.8%	S	S	S	S
	Sample Frame	12.8%	8.6%	8.9%	6.8%	13.0%	8.2%	7.5%	7.8%
Ethnicity									
Hispanic	Respondents	69.1%	75.4%↑	77.7%↑	85.2%↑	58.8%	75.7%	62.1%	76.0%
	Sample Frame	68.9%	70.2%	68.1%	76.3%	56.9%	74.3%	63.5%	70.9%
Non- Hispanic	Respondents	30.9%	24.6%↓	22.3%↓	14.8%↓	41.2%	24.3%	37.9%	24.0%
	Sample Frame	31.1%	29.8%	31.9%	23.7%	43.1%	25.7%	36.5%	29.1%
<p>* The “Other” race category includes responses of Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, or Other.</p> <p>Some percentages may not total 100% due to rounding.</p> <p>↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.</p> <p>↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.</p> <p>Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.</p> <p>S Indicates results have been suppressed in accordance with CMS cell size suppression policy.</p>									

Comparative Analyses

HSAG calculated scores for each measure.³⁴ For purposes of the program comparisons and national average comparisons, there may be a difference in significance between populations with similar scores since populations with a greater number of respondents are more likely to have statistical significance. For additional information on the calculation of the measures, please refer to page 108 of the Reader’s

³⁴ HSAG followed HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures for calculating scores.

Guide section. For additional information on the survey language and response options for the measures, please refer to page 97 of the Reader's Guide section.

National Percentile Comparisons

HSAG compared the scores for each measure to NCQA's 2024 Quality Compass Benchmark and Compare Quality Data.^{35,36,37,38} Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent). Table 3-5 and Table 3-6 show the general child populations' scores and star ratings for each measure. The percentages presented below the stars in the table represent the scores, while the stars represent the star ratings when the scores were compared to the NCQA Quality Compass Benchmark and Compare Quality Data. For additional information on the national percentile comparisons, please refer to page 108 of the Reader's Guide section.

Table 3-5—National Percentile Comparisons: Global Ratings—General Child Population

	<i>Rating of Health Plan</i>	<i>Rating of All Health Care</i>	<i>Rating of Personal Doctor</i>	<i>Rating of Specialist Seen Most Often</i>
Statewide KidsCare	★★★ 71.7%	★★★★ 74.8%	★★★★ 81.4%	★ 58.3% ⁺
KidsCare MCO Aggregate	★★★★ 76.7%	★★★★ 73.2%	★★★ 78.9%	★★ 73.3%
AzCH-CCP ACC-RBHA	★★★★★ 79.0%	★★★ 71.4%	★★ 76.0%	★★★ 74.1% ⁺
BUFC ACC	★★★★ 76.9%	★★★ 70.7%	★★★ 79.1%	★★★ 77.0% ⁺
HCA ACC	★★★ 71.7%	★★★ 70.7%	★★★ 79.4%	★★★ 74.4% ⁺

³⁵ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2024*. Washington, DC: NCQA, September 2024.

³⁶ Quality Compass® 2024 data are used with the permission of NCQA. Quality Compass 2024 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.

³⁷ NCQA's Quality Compass benchmarks for the general child Medicaid population were used for comparative purposes, since NCQA does not publish separate benchmarking data for CHIP; therefore, caution should be exercised when interpreting these results.

³⁸ Quality Compass 2025 data were not available at the time this report was prepared; therefore, 2024 data were used for comparison.

	<i>Rating of Health Plan</i>	<i>Rating of All Health Care</i>	<i>Rating of Personal Doctor</i>	<i>Rating of Specialist Seen Most Often</i>
Mercy Care ACC-RBHA	★★★★ 77.4%	★★★★★ 77.9%	★★★★★ 83.2%	★★ 69.4% ⁺
Molina ACC	★ 65.0% ⁺	★★★★★ 80.0% ⁺	★★★★★ 82.8% ⁺	S
UHCCP ACC	★★★★ 77.3%	★★★ 72.3%	★★★ 76.9%	★★ 72.3% ⁺

Star Assignments Based on Percentiles:
 ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.

Table 3-6—National Percentile Comparisons: Composite and Individual Item Measures—General Child Population

	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>	<i>Coordination of Care</i>
Statewide KidsCare	★★★ 85.6%	★★ 86.5%	★★★★★ 97.0%	★ 83.3% ⁺	★★ 83.9% ⁺
KidsCare MCO Aggregate	★★★ 85.9%	★★★ 90.0%	★★★ 95.1%	★★★ 89.1%	★★ 82.4%
AzCH-CCP ACC-RBHA	★ 79.8%	★★★★ 91.9% ⁺	★★ 94.1%	★★★ 89.0% ⁺	★★ 83.8% ⁺
BUFC ACC	★★★ 84.1%	★★★★ 90.5%	★★★ 94.9%	★★★ 90.6% ⁺	★★ 83.8% ⁺
HCA ACC	★★★★ 88.1% ⁺	★★★ 88.2% ⁺	★★★★★ 97.5%	★★★ 90.5% ⁺	★★ 83.0% ⁺
Mercy Care ACC-RBHA	★★★★ 87.5% ⁺	★★★★ 91.1% ⁺	★★★★★ 96.8%	★ 85.5% ⁺	★★ 82.0% ⁺
Molina ACC	★★ 83.5% ⁺	★★ 87.0% ⁺	★★★★★ 98.9% ⁺	★★★★★ 92.9% ⁺	S
UHCCP ACC	★★★★★ 90.3% ⁺	★★★ 87.9% ⁺	★★ 93.0%	★★★★ 90.7% ⁺	★ 79.6% ⁺

Star Assignments Based on Percentiles:
 ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.

Program Comparisons

HSAG compared the KidsCare ACC/ACC-RBHA MCOs' scores to the KidsCare MCO Aggregate's scores to determine whether there were statistically significant differences. Statistically significant differences are noted with directional arrows (↑ or ↓). For additional information on the program comparisons, please refer to page 110 of the Reader's Guide section.

National Average Comparisons

HSAG compared the 2025 scores to the 2024 NCQA general child Medicaid national averages to determine whether there were statistically significant differences.^{39,40,41} Statistically significant differences are denoted with indicators higher (H) or lower (L). For additional information on the national average comparisons, please refer to page 108 of the Reader's Guide section.

Figure 3-1 through Figure 3-9 show the results of the program comparisons and national average comparisons.

³⁹ For the NCQA general child Medicaid national averages, the data source contained in this publication is Quality Compass® 2024 data. National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2024*. Washington, DC: NCQA, September 2024.

⁴⁰ Quality Compass® 2024 data are used with the permission of NCQA. Quality Compass 2024 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.

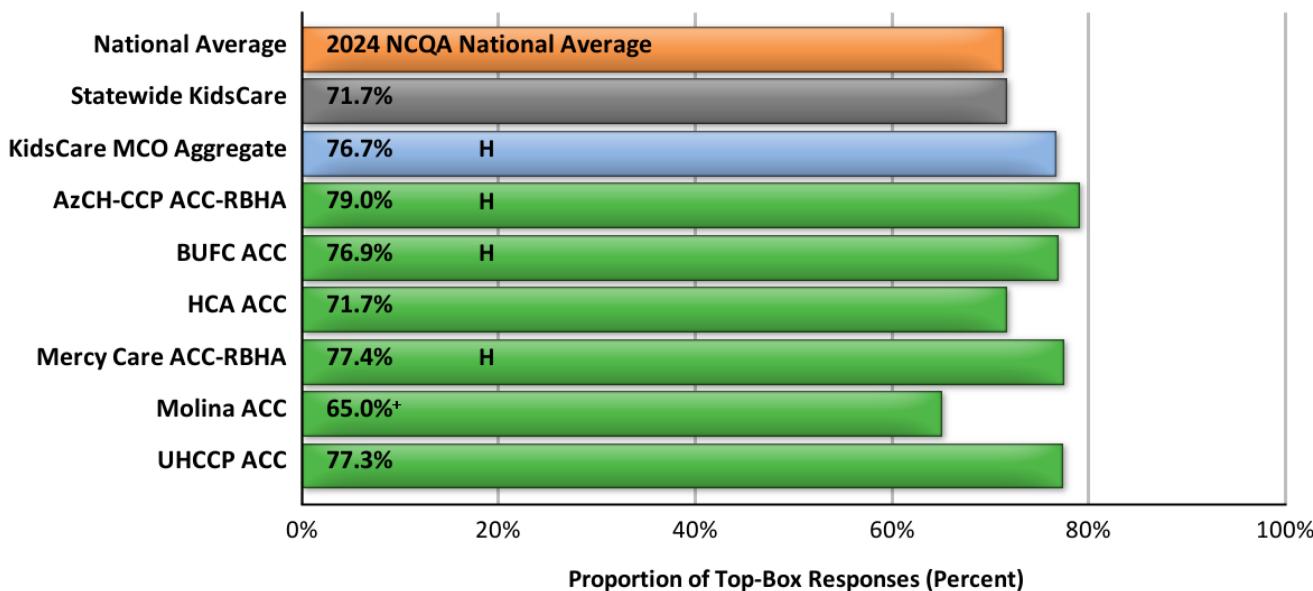
⁴¹ NCQA national averages for 2025 were not available at the time this report was prepared; therefore, 2024 NCQA national averages are presented in this section.

Global Ratings

Rating of Health Plan

Figure 3-1 shows the general child scores and the 2024 NCQA general child Medicaid national average, including the program comparisons and national average comparisons, for the *Rating of Health Plan* global rating.

Figure 3-1—Comparative Analyses: Rating of Health Plan—General Child Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.

↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

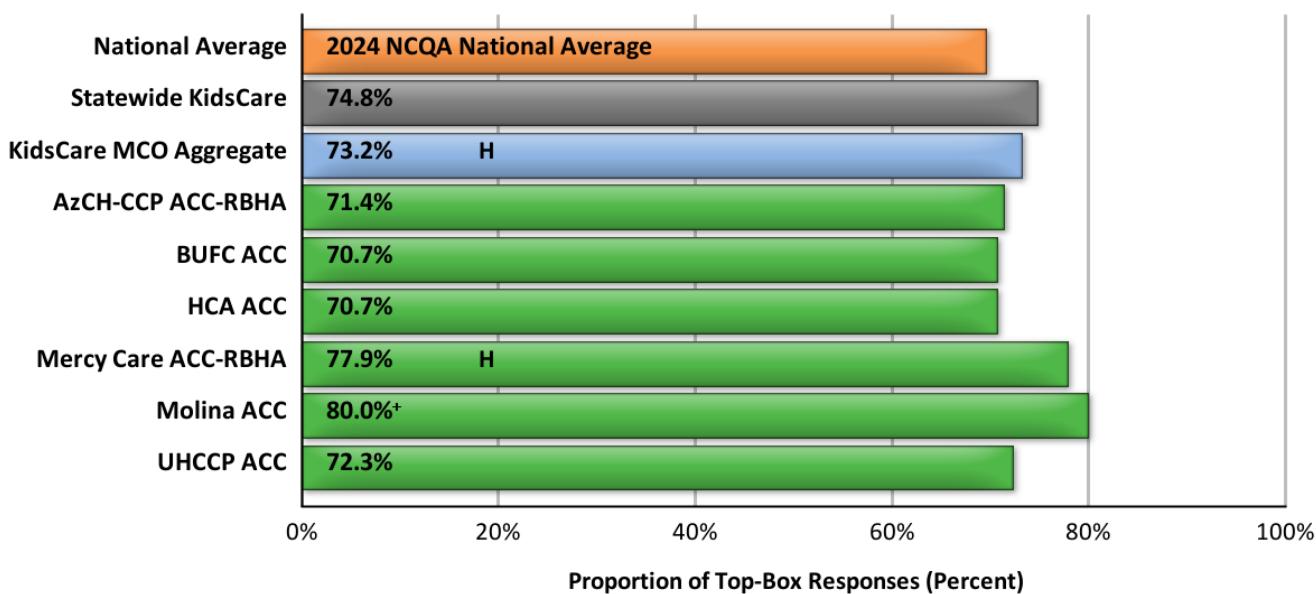
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

Rating of All Health Care

Figure 3-2 shows the general child scores and the 2024 NCQA general child Medicaid national average, including the program comparisons and national average comparisons, for the *Rating of All Health Care* global rating.

Figure 3-2—Comparative Analyses: Rating of All Health Care—General Child Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.

↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

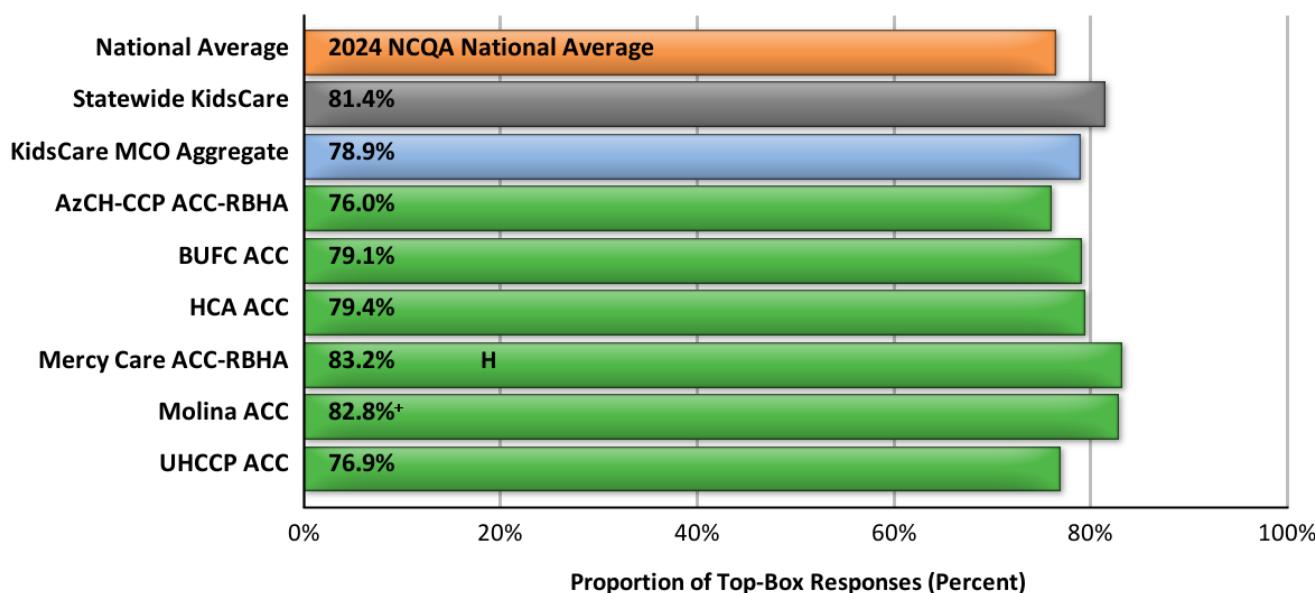
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

Rating of Personal Doctor

Figure 3-3 shows the general child scores and the 2024 NCQA general child Medicaid national average, including the program comparisons and national average comparisons, for the *Rating of Personal Doctor* global rating.

Figure 3-3—Comparative Analyses: Rating of Personal Doctor—General Child Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.
 ↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.
 H Indicates the score is statistically significantly higher than the NCQA national average.
 L Indicates the score is statistically significantly lower than the NCQA national average.

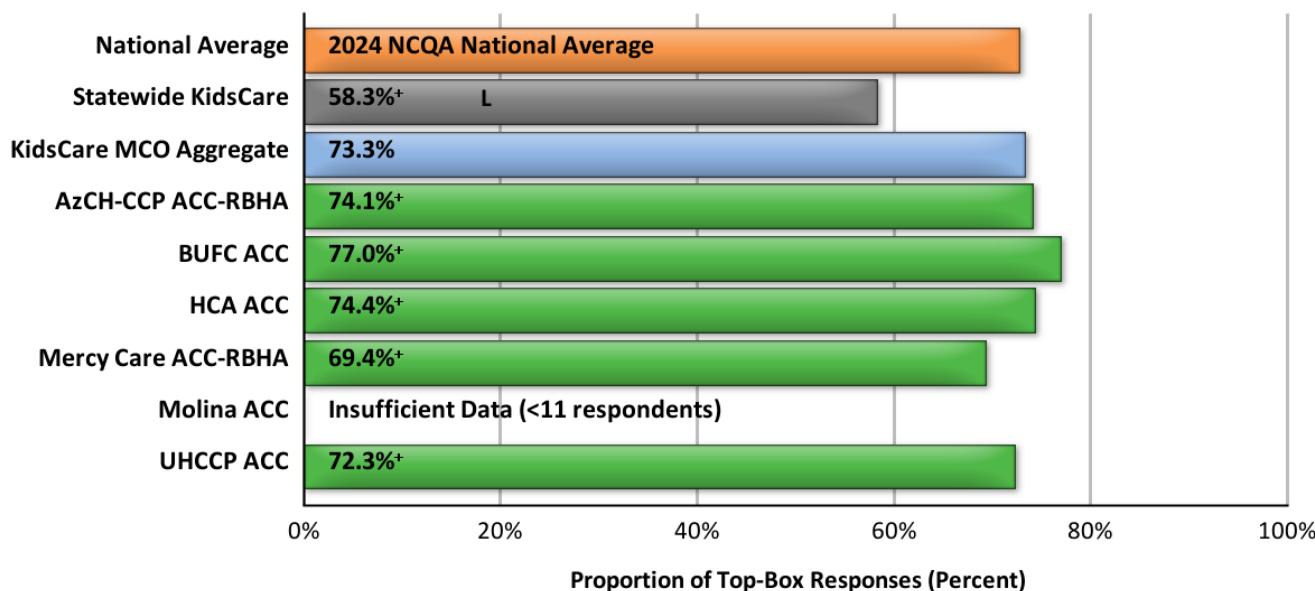
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

Rating of Specialist Seen Most Often

Figure 3-4 shows the general child scores and the 2024 NCQA general child Medicaid national average, including the program comparisons and national average comparisons, for the *Rating of Specialist Seen Most Often* global rating.

Figure 3-4—Comparative Analyses: Rating of Specialist Seen Most Often—General Child Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.
 ↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.
 H Indicates the score is statistically significantly higher than the NCQA national average.
 L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

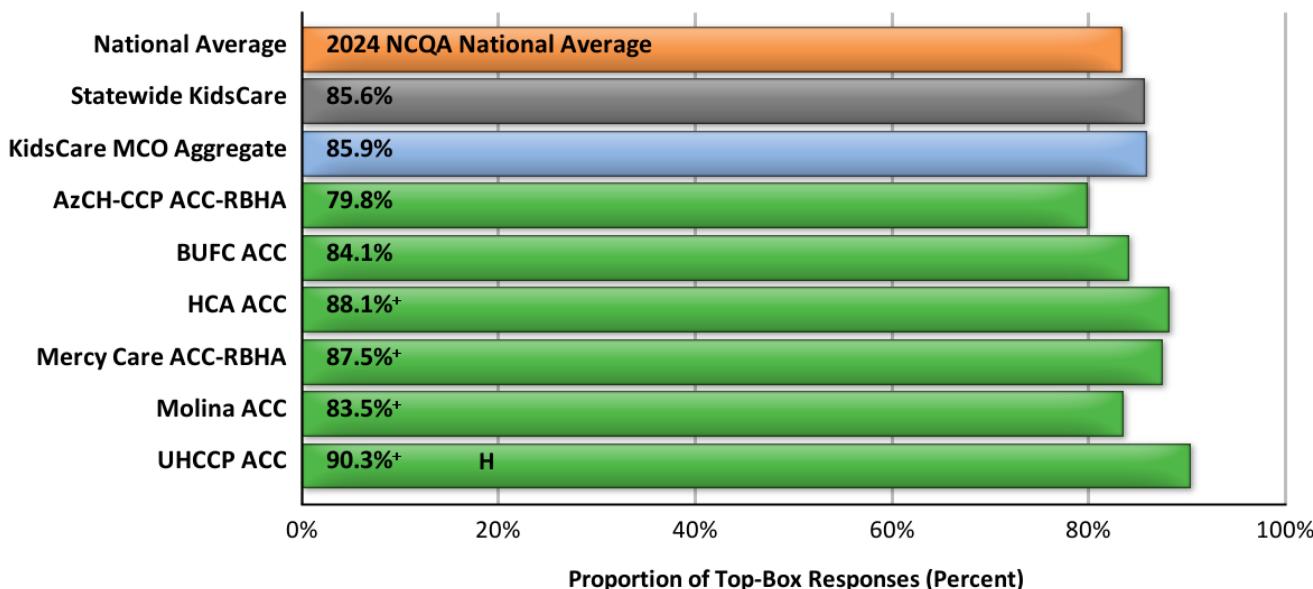
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite and Individual Item Measures

Getting Needed Care

Figure 3-5 shows the general child scores and the 2024 NCQA general child Medicaid national average, including the program comparisons and national average comparisons, for the *Getting Needed Care* composite measure.

Figure 3-5—Comparative Analyses: Getting Needed Care—General Child Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.

↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

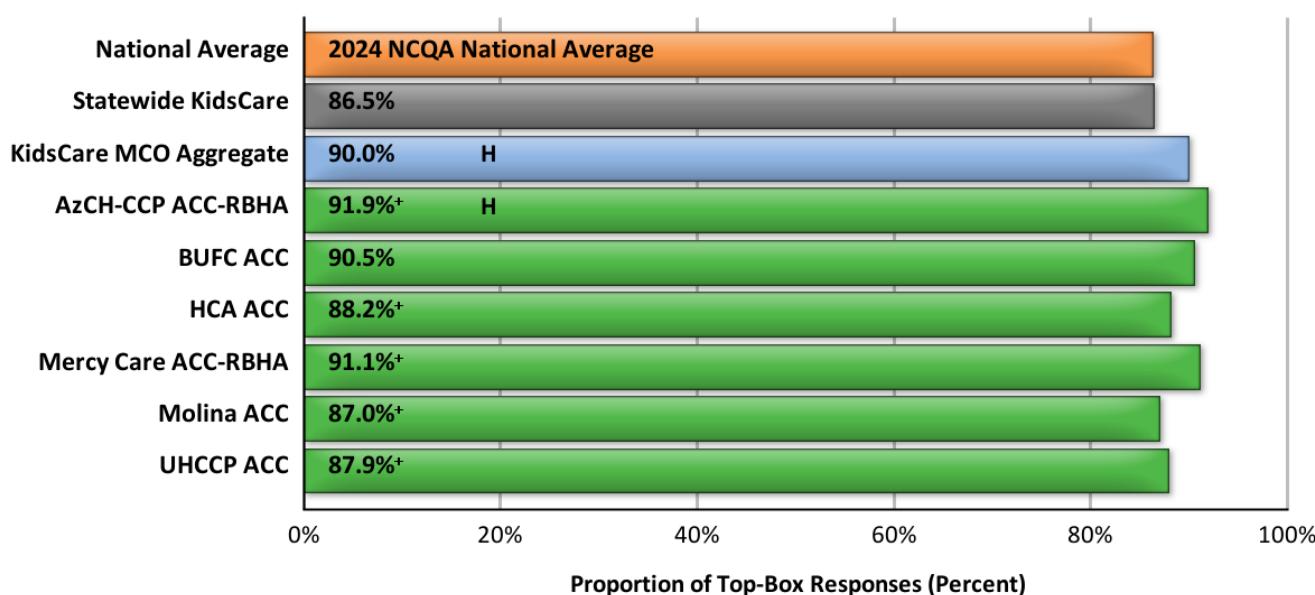
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

Getting Care Quickly

Figure 3-6 shows the general child scores and the 2024 NCQA general child Medicaid national average, including the program comparisons and national average comparisons, for the *Getting Care Quickly* composite measure.

Figure 3-6—Comparative Analyses: Getting Care Quickly—General Child Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.

↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

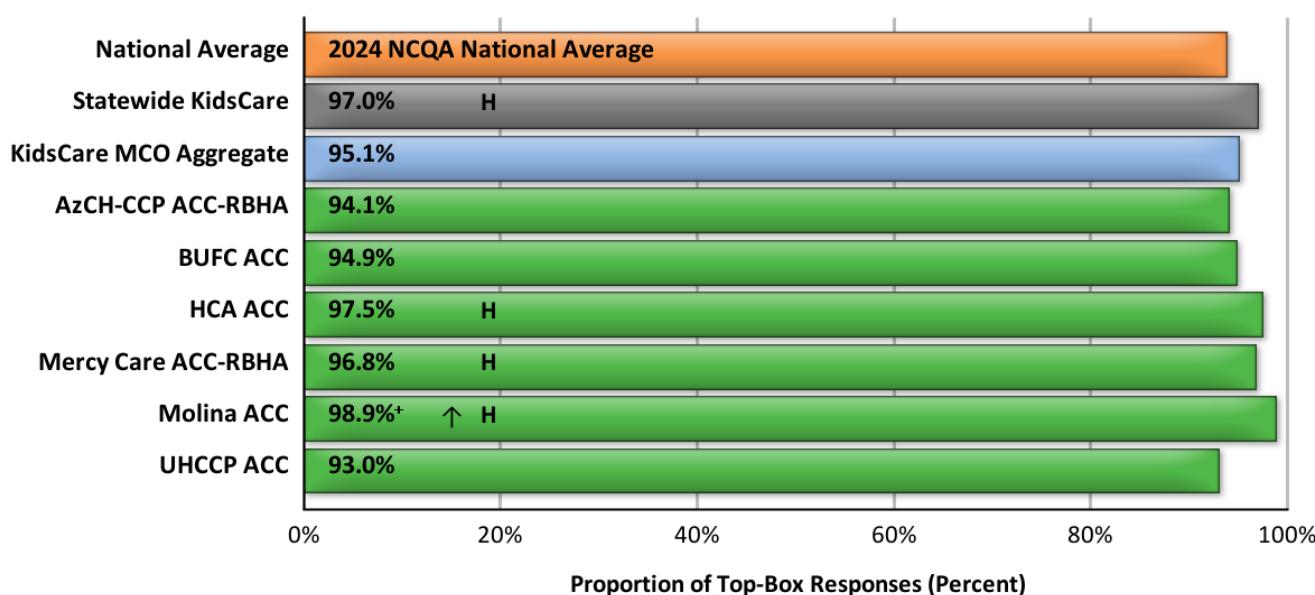
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

How Well Doctors Communicate

Figure 3-7 shows the general child scores and the 2024 NCQA general child Medicaid national average, including the program comparisons and national average comparisons, for the *How Well Doctors Communicate* composite measure.

Figure 3-7—Comparative Analyses: How Well Doctors Communicate—General Child Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.
 ↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.
 H Indicates the score is statistically higher than the NCQA national average.
 L Indicates the score is statistically lower than the NCQA national average.

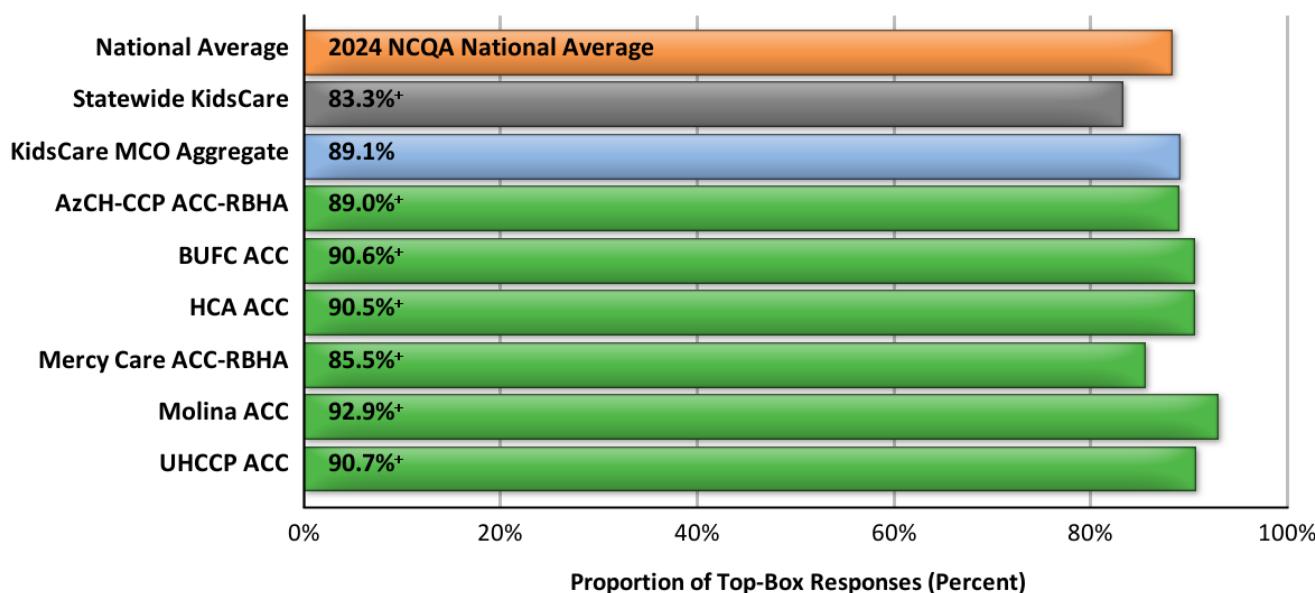
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

Customer Service

Figure 3-8 shows the general child scores and the 2024 NCQA general child Medicaid national average, including the program comparisons and national average comparisons, for the *Customer Service* composite measure.

Figure 3-8—Comparative Analyses: Customer Service—General Child Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.
 ↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.
 H Indicates the score is statistically significantly higher than the NCQA national average.
 L Indicates the score is statistically significantly lower than the NCQA national average.

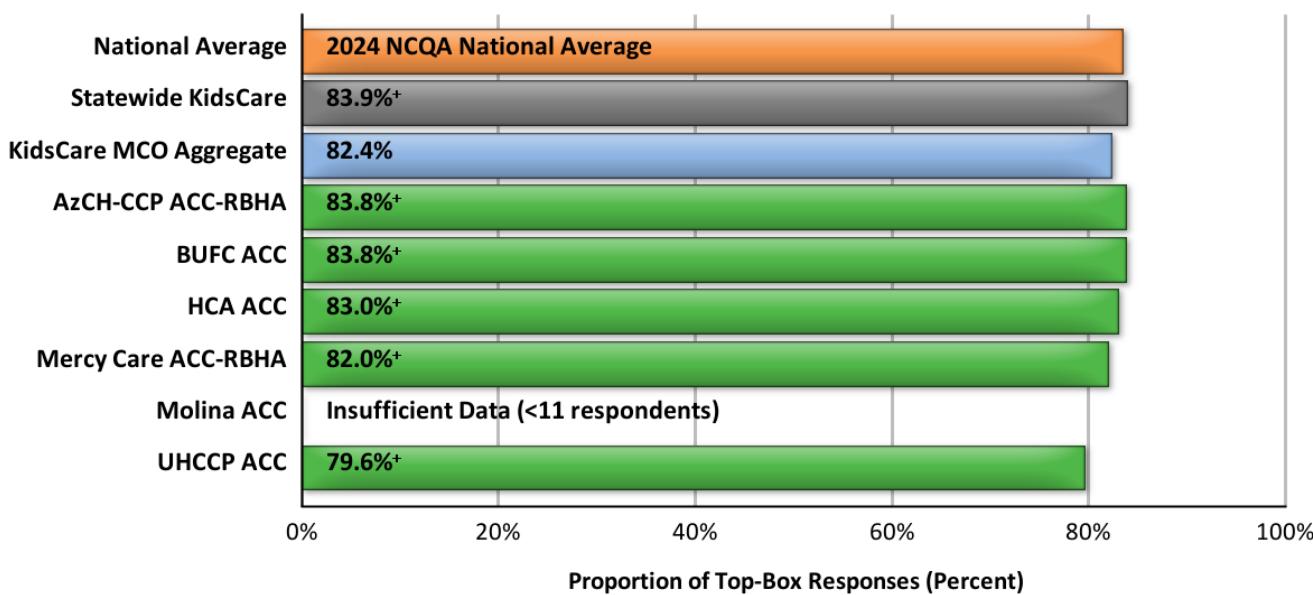
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

Coordination of Care

Figure 3-9 shows the general child scores and the 2024 NCQA general child Medicaid national average, including the program comparisons and national average comparisons, for the *Coordination of Care* individual item measure.

Figure 3-9—Comparative Analyses: Coordination of Care—General Child Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.

↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

Supplemental Items

AHCCCS elected to add five supplemental questions to the child survey. These questions focused on timeliness of care. Table 3-7 through Table 3-10 show the number and percentage of responses for each supplemental item for the KidsCare general child populations. For additional information on the survey language and response options for the supplemental items, please refer to page 97 of the Reader's Guide section.

Days Waited for Check-Up or Routine Care

Parents/caretakers of child members were asked how many days they usually had to wait for an appointment for a check-up or routine care for their child (Question 77). Table 3-7 shows the results for this question.⁴²

Table 3-7—Days Waited for Check-Up or Routine Care Appointment: General Child Population

Population	Same Day		1 Day		2 to 3 Days		4 to 7 Days	
	N	%	N	%	N	%	N	%
Statewide KidsCare	47	26.0%	24	13.3%	35	19.3%	32	17.7%
KidsCare MCO Aggregate	203	23.3%	133	15.3%	181	20.8%	154	17.7%
AzCH-CCP ACC-RBHA	41	22.3%	S	S	51	27.7%	28	15.2%
BUFC ACC	46	22.1%	30	14.4%	41	19.7%	36	17.3%
HCA ACC	S	S	27	18.6%	S	S	32	22.1%
Mercy Care ACC-RBHA	49	30.4%	23	14.3%	32	19.9%	30	18.6%
Molina ACC	S	S	S	S	S	S	S	S
UHCCP ACC	34	23.9%	24	16.9%	26	18.3%	S	S
Population	8 to 14 Days		15 to 30 Days		More than 30 Days			
	N	%	N	%	N	%	N	%
Statewide KidsCare	19	10.5%	S	S	S	S	S	S
KidsCare MCO Aggregate	84	9.7%	71	8.2%	44	5.1%		
AzCH-CCP ACC-RBHA	20	10.9%	S	S	S	S	S	S

⁴² Respondents who answered, “My child did not receive any health care in the last 6 months” were excluded from the analysis.

Population	8 to 14 Days		15 to 30 Days		More than 30 Days	
	N	%	N	%	N	%
BUFC ACC	25	12.0%	16	7.7%	14	6.7%
HCA ACC	12	8.3%	17	11.7%	S	S
Mercy Care ACC-RBHA	S	S	13	8.1%	S	S
Molina ACC	S	S	S	S	S	S
UHCCP ACC	16	11.3%	S	S	S	S

Some percentages may not total 100% due to rounding.
Caution should be exercised when evaluating results with fewer than 100 respondents.
S Indicates results have been suppressed in accordance with CMS cell size suppression policy.

Days Waited for Appointment When Care Was Needed Right Away

Parents/caretakers of child members were asked how many days they usually had to wait for an appointment when their child needed care right away (Question 78). Table 3-8 shows the results for this question.

Table 3-8—Days Waited for Appointment When Care Was Needed Right Away: General Child Population

Population	Same Day		1 Day		2 to 3 Days		4 to 7 Days		More than 7 days	
	N	%	N	%	N	%	N	%	N	%
Statewide KidsCare	103	58.5%	28	15.9%	25	14.2%	S	S	S	S
KidsCare MCO Aggregate	498	59.0%	156	18.5%	103	12.2%	44	5.2%	43	5.1%
AzCH-CCP ACC-RBHA	98	55.1%	36	20.2%	30	16.9%	S	S	S	S
BUFC ACC	120	59.4%	35	17.3%	19	9.4%	S	S	S	S
HCA ACC	86	60.6%	25	17.6%	19	13.4%	S	S	S	S
Mercy Care ACC-RBHA	91	58.3%	33	21.2%	18	11.5%	S	S	S	S
Molina ACC	S	S	S	S	S	S	S	S	S	S
UHCCP ACC	S	S	S	S	S	S	S	S	S	S

Some percentages may not total 100% due to rounding.
Caution should be exercised when evaluating results with fewer than 100 respondents.
S Indicates results have been suppressed in accordance with CMS cell size suppression policy.

Appointment Wait Time

Parents/caretakers of child members were asked how often their child saw their personal doctor within 15 minutes of their appointment time (Question 79). Table 3-9 shows the results for this question.

Table 3-9—Appointment Wait Time: General Child Population

Population	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
Statewide KidsCare	27	15.3%	41	23.3%	63	35.8%	45	25.6%
KidsCare MCO Aggregate	125	14.7%	264	31.1%	273	32.1%	188	22.1%
AzCH-CCP ACC-RBHA	28	15.5%	60	33.1%	51	28.2%	42	23.2%
BUFC ACC	27	13.3%	63	31.0%	69	34.0%	44	21.7%
HCA ACC	S	S	S	S	45	31.9%	S	S
Mercy Care ACC-RBHA	32	20.1%	43	27.0%	44	27.7%	40	25.2%
Molina ACC	S	S	S	S	12	41.4%	S	S
UHCCP ACC	19	13.9%	36	26.3%	52	38.0%	30	21.9%

Some percentages may not total 100% due to rounding.

Caution should be exercised when evaluating results with fewer than 100 respondents.

S Indicates results have been suppressed in accordance with CMS cell size suppression policy.

After Hours Visit to Doctor's Office or Clinic

Parents/caretakers of child members were asked if their child needed to visit a doctor's office or clinic after regular office hours (Question 80). Table 3-10 shows the results for this question.

Table 3-10—After Hours Visit to Doctor's Office or Clinic: General Child Population

Population	Yes		No	
	N	%	N	%
Statewide KidsCare	19	9.3%	185	90.7%
KidsCare MCO Aggregate	99	9.5%	941	90.5%
AzCH-CCP ACC-RBHA	21	9.5%	199	90.5%
BUFC ACC	23	9.4%	221	90.6%
HCA ACC	S	S	S	S

Population	Yes		No	
	N	%	N	%
Mercy Care ACC-RBHA	20	10.5%	171	89.5%
Molina ACC	S	S	S	S
UHCCP ACC	20	11.6%	153	88.4%

Some percentages may not total 100% due to rounding.
 Caution should be exercised when evaluating results with fewer than 100 respondents.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.

Received Care During After Hours Visit to Doctor's Office or Clinic

For the KidsCare MCO Aggregate, the majority of parents/caretakers of KidsCare members reported they were usually or always able to get the care their child needed from a doctor's office or clinic after regular office hours.^{43,44}

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 page 110 of the Reader's Guide section. Table 3-11 provides a summary of the survey items identified for each of the three measures as being key drivers of member experience (indicated by a ✓) for the KidsCare MCO Aggregate. Please refer to Appendix A. Key Drivers of Member Experience Analysis for graphical displays of the key drivers of member experience results.

⁴³ Statewide KidsCare, AzCH-CCH ACC-RBHA, BUFC ACC, HCA ACC, Mercy Care ACC-RBHA, Molina ACC, UHCCP ACC results are not included due to a majority of the responses requiring suppression.

⁴⁴ Results are based on respondents that answered "Yes" to Question 80.

Table 3-11—Key Drivers of Member Experience: KidsCare MCO Aggregate—General Child Population

Survey Item	Response Options	Key Drivers		
		Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q6. Child received appointment for a checkup or routine care as soon as needed	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
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	✓
Q28. Child's personal doctor listened carefully to the parent/caretaker	Never/Sometimes/Usually vs. Always	NS	NS	✓
Q29. Child's personal doctor showed respect for what the parent/caretaker said	Never/Sometimes/Usually vs. Always	NS	✓	✓
Q35. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	Never/Sometimes/Usually vs. Always	NS	✓	✓
Q46. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	Never/Sometimes/Usually vs. Always	NS	✓	NA
Q48. Ease of filling out forms from the child's health plan	Never/Sometimes/Usually vs. Always	✓	NS	NA
NA Indicates that this question was not evaluated for this measure. NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, improvements of those responses may not significantly affect the rating.				

CCC Results

The following section presents the results for the CCC population.

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 whose parents/caretakers provided affirmative responses to all 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 (i.e., CCC population). Therefore, part of the general child sample (i.e., the general child population) was identified as children with chronic conditions and part of the CCC supplemental sample was identified as children without chronic conditions based on the responses to the survey questions.

Comparative Analyses

National Percentile Comparisons

Table 3-12 through Table 3-14 show the CCC populations' scores and star ratings for each measure.

Table 3-12—National Percentile Comparisons: Global Ratings—CCC Population

	<i>Rating of Health Plan</i>	<i>Rating of All Health Care</i>	<i>Rating of Personal Doctor</i>	<i>Rating of Specialist Seen Most Often</i>
Statewide KidsCare	★★★ 70.9%	★★★★ 72.7%	★★★ 78.3%	★★ 68.2% ⁺
KidsCare MCO Aggregate	★★★★ 71.2%	★★ 66.3%	★★ 75.5%	★★ 71.3%
AzCH-CCP ACC-RBHA	★★★★ 72.6% ⁺	★★ 63.6% ⁺	★ 67.2% ⁺	★★ 70.3% ⁺
BUFC ACC	★★★ 68.3% ⁺	★ 60.3% ⁺	★★ 73.1% ⁺	★★★★ 79.4% ⁺
HCA ACC	★★ 64.3% ⁺	★★★ 67.5% ⁺	★★★★★ 89.5% ⁺	★★★ 72.7% ⁺
Mercy Care ACC-RBHA	★★★★★ 75.3% ⁺	★★★★★ 77.0% ⁺	★★★★ 79.4% ⁺	★ 61.0% ⁺
Molina ACC	S	S	S	S
UHCCP ACC	★★★★ 72.9% ⁺	★★ 61.9% ⁺	★★ 71.6% ⁺	★★ 71.4% ⁺

Star Assignments Based on Percentiles:
 ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.

Table 3-13—National Percentile Comparisons: Composite and Individual Item Measures—CCC Population

	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>	<i>Coordination of Care</i>
Statewide KidsCare	★★ 82.9% ⁺	★ 83.3% ⁺	★★★ 94.7% ⁺	★★ 88.0% ⁺	★★★ 84.1% ⁺
KidsCare MCO Aggregate	★★★ 84.9%	★★ 89.2%	★★★★ 96.0%	★★ 88.0%	★★ 81.4%
AzCH-CCP ACC-RBHA	★ 77.4% ⁺	★★★★ 92.5% ⁺	★★★ 95.2% ⁺	★ 82.8% ⁺	★ 79.5% ⁺

	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Coordination of Care
BUFC ACC	★★★ 84.4% ⁺	★★★ 91.6% ⁺	★★★★★ 97.8% ⁺	★★ 88.2% ⁺	★ 75.0% ⁺
HCA ACC	★★★ 86.3% ⁺	★ 85.5% ⁺	★★★★★ 99.3% ⁺	★★★★ 92.9% ⁺	★★★★★ 88.9% ⁺
Mercy Care ACC-RBHA	★★★ 86.2% ⁺	★★★ 91.2% ⁺	★★★★★ 97.1% ⁺	★★★ 92.0% ⁺	★★ 82.9% ⁺
Molina ACC	S	S	S	S	S
UHCCP ACC	★★★★★ 90.1% ⁺	★ 84.0% ⁺	★ 91.8% ⁺	★★ 89.1% ⁺	★ 79.5% ⁺

Star Assignments Based on Percentiles:
 ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.

Table 3-14—National Percentile Comparisons: CCC Composite Measures and Items—CCC Population

	Access to Specialized Services	FCC: Personal Doctor Who Knows Child	Coordination of Care for Children with Chronic Conditions	Access to Prescription Medicines	FCC: Getting Needed Information
Statewide KidsCare	★★★ 72.4% ⁺	★ 89.9% ⁺	★★ 73.9% ⁺	★★★★★ 93.5%	★★★ 92.6%
KidsCare MCO Aggregate	★★★ 72.9% ⁺	★★★ 91.9%	★★★★★ 83.0%	★★★★★ 93.9%	★★★ 92.9%
AzCH-CCP ACC-RBHA	★★★★★ 81.8% ⁺	★★★ 92.4% ⁺	★★★★★ 83.3% ⁺	★★★★★ 97.9% ⁺	★★★★★ 96.9% ⁺
BUFC ACC	★★ 69.2% ⁺	★★★★★ 95.0% ⁺	★★★★★ 82.3% ⁺	★★★★★ 94.3% ⁺	★ 88.1% ⁺
HCA ACC	S	★★★ 92.2% ⁺	★★★★★ 87.0% ⁺	★★★ 90.3% ⁺	★★★★★ 95.0% ⁺
Mercy Care ACC-RBHA	★★★ 74.0% ⁺	★★★ 92.1% ⁺	★★★★★ 84.8% ⁺	★★★★ 92.5% ⁺	★★★★ 93.4% ⁺
Molina ACC	S	S	S	S	S
UHCCP ACC	★ 59.5% ⁺	★ 88.4% ⁺	★★★★ 78.8% ⁺	★★★★ 92.9% ⁺	★★ 90.5% ⁺

Star Assignments Based on Percentiles:
 ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
 S Indicates results have been suppressed in accordance with CMS cell size suppression policy.

Program Comparisons and National Average Comparisons

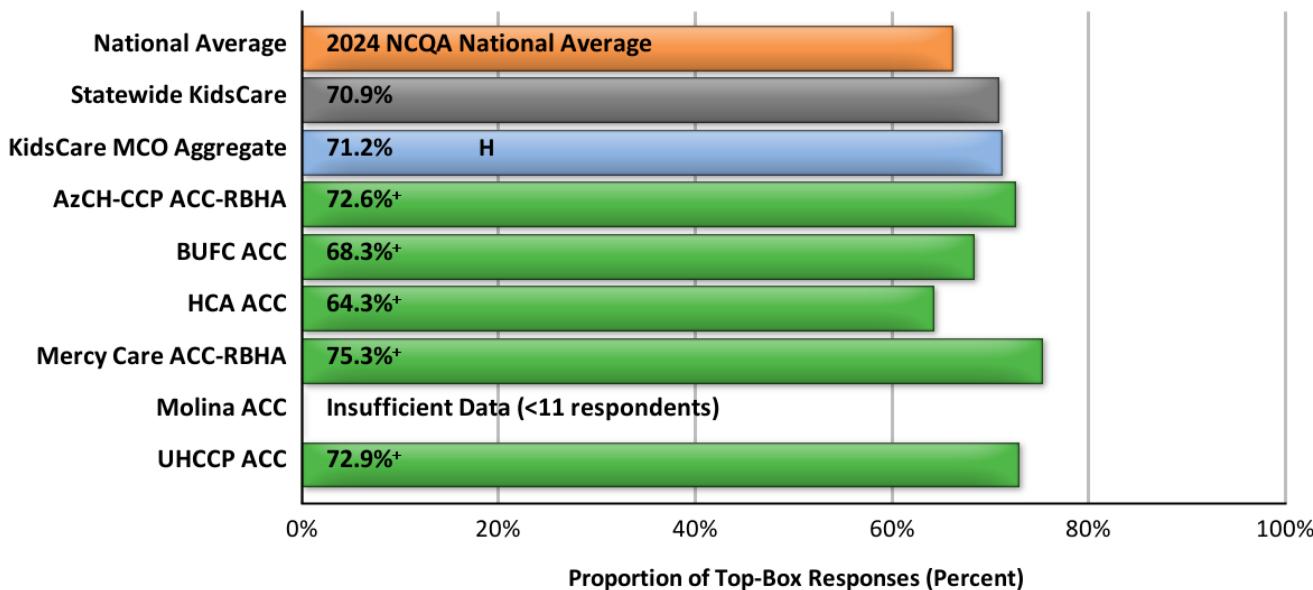
Figure 3-10 through Figure 3-23 show the results of the program comparisons and national average comparisons.

Global Ratings

Rating of Health Plan

Figure 3-10 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the program comparisons and national average comparisons, for the *Rating of Health Plan* global rating.

Figure 3-10—Comparative Analyses: Rating of Health Plan—CCC Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.

↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

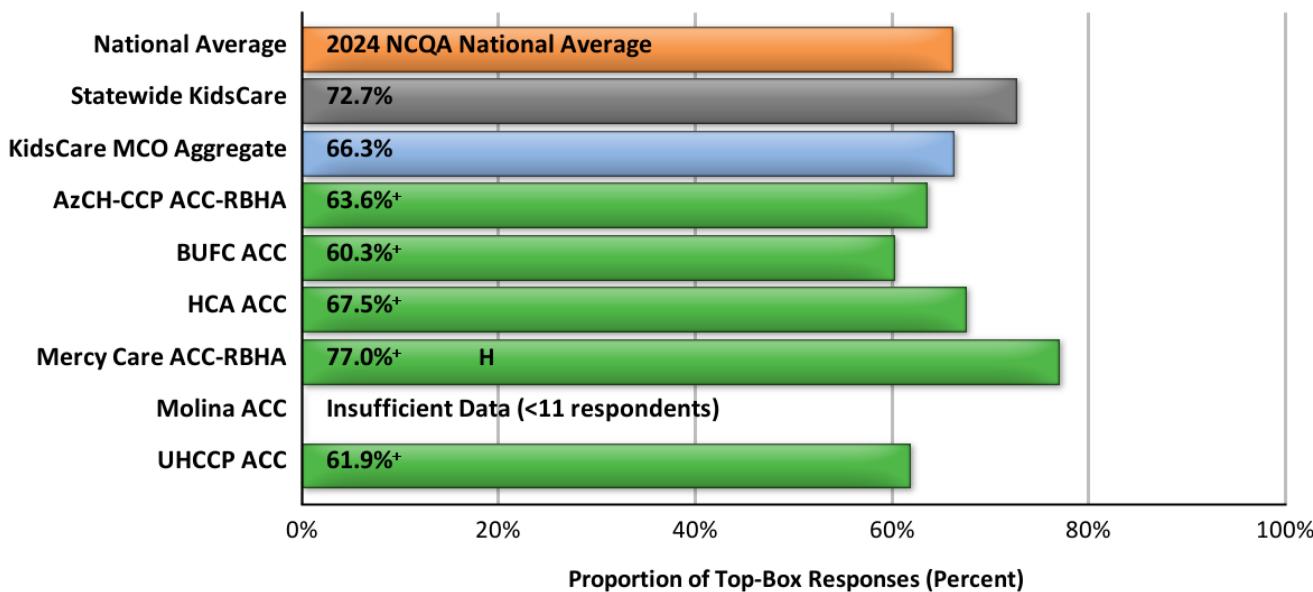
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

Rating of All Health Care

Figure 3-11 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the program comparisons and national average comparisons, for the *Rating of All Health Care* global rating.

Figure 3-11—Comparative Analyses: Rating of All Health Care—CCC Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.

↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

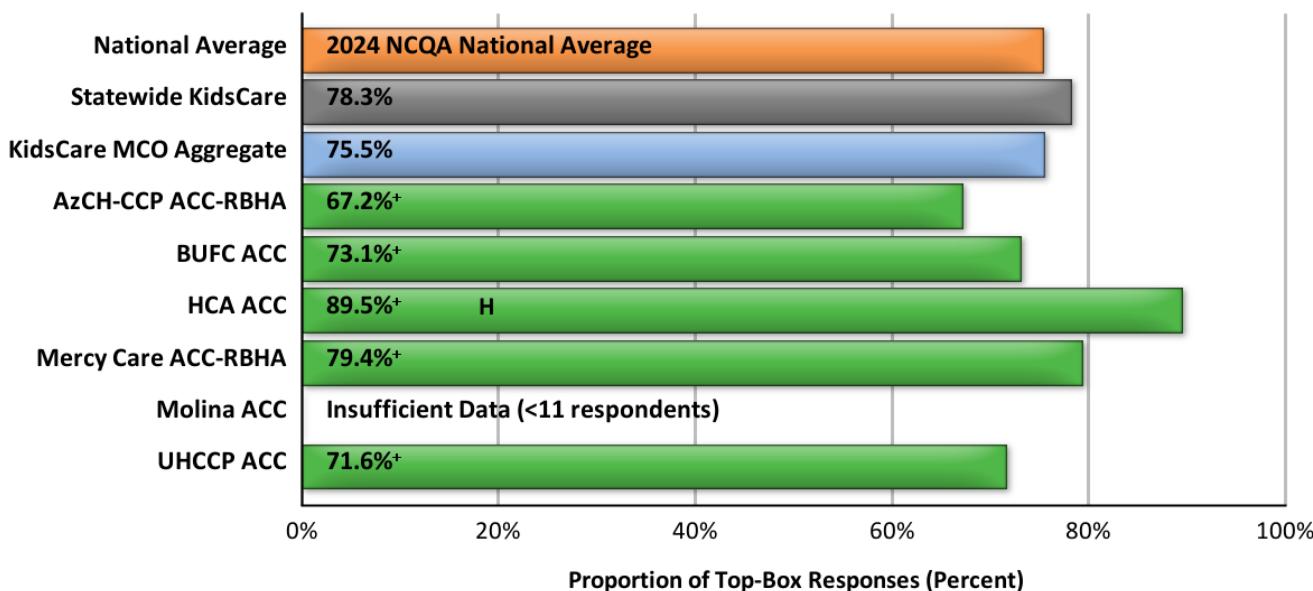
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

Rating of Personal Doctor

Figure 3-12 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the program comparisons and national average comparisons, for the *Rating of Personal Doctor* global rating.

Figure 3-12—Comparative Analyses: Rating of Personal Doctor—CCC Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.
 ↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.
 H Indicates the score is statistically significantly higher than the NCQA national average.
 L Indicates the score is statistically significantly lower than the NCQA national average.

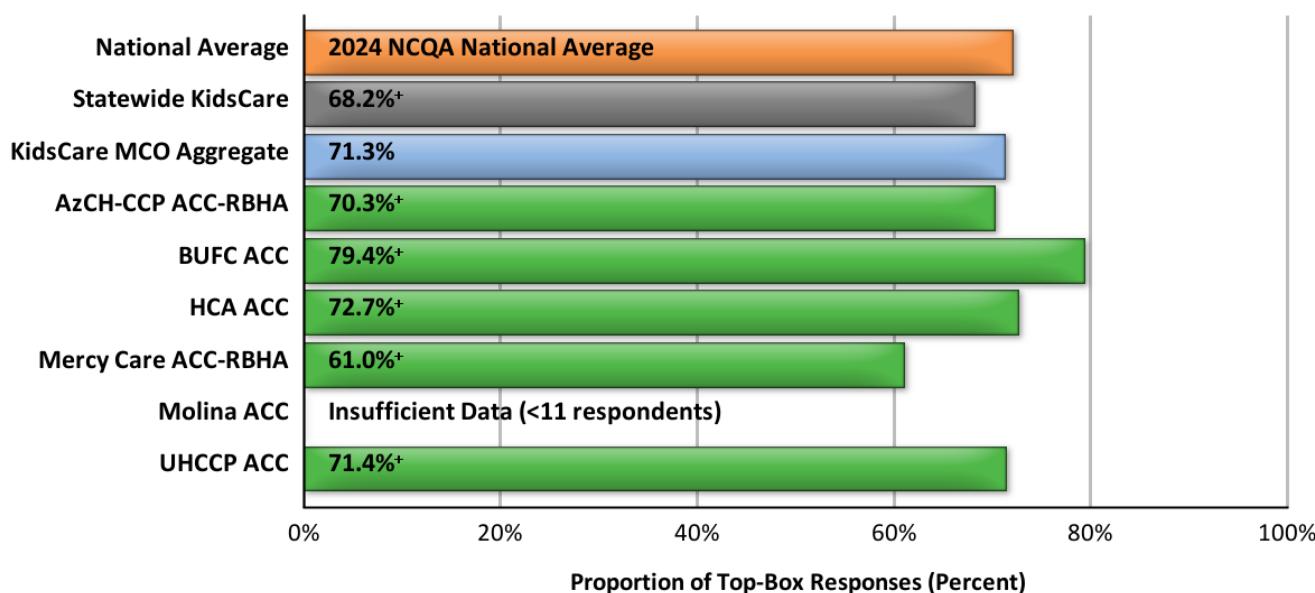
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

Rating of Specialist Seen Most Often

Figure 3-13 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the program comparisons and national average comparisons, for the *Rating of Specialist Seen Most Often* global rating.

Figure 3-13—Comparative Analyses: Rating of Specialist Seen Most Often—CCC Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.
 ↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.
 H Indicates the score is statistically significantly higher than the NCQA national average.
 L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

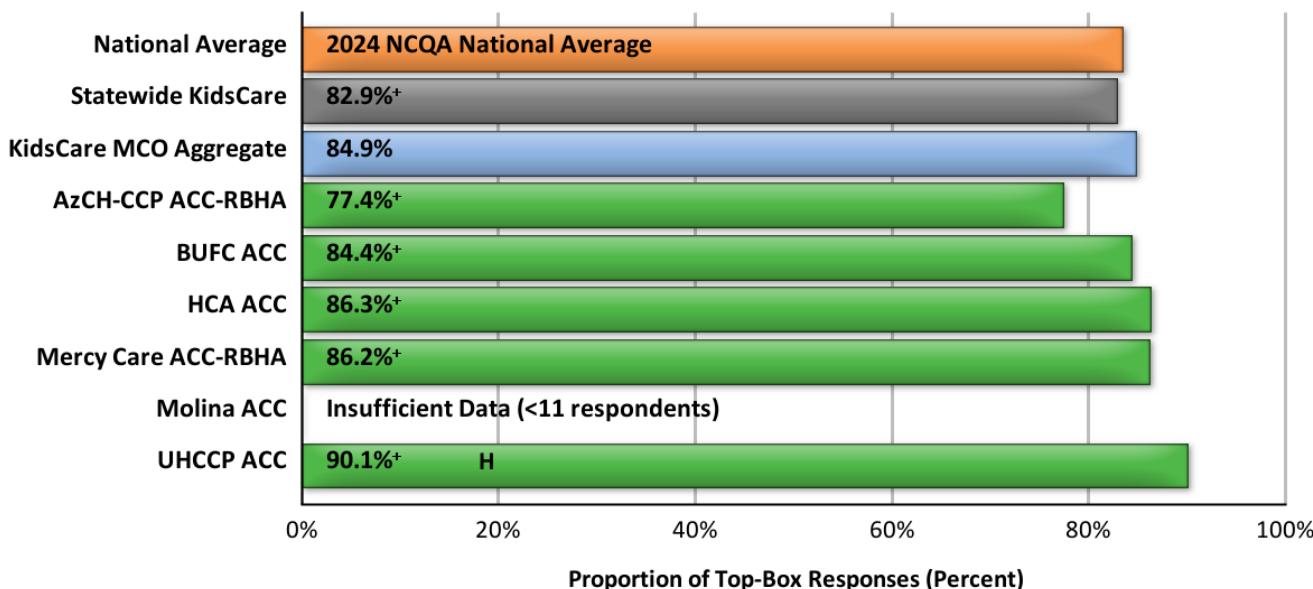
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite and Individual Item Measures

Getting Needed Care

Figure 3-14 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the program comparisons and national average comparisons, for the *Getting Needed Care* composite measure.

Figure 3-14—Comparative Analyses: Getting Needed Care—CCC Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.

↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

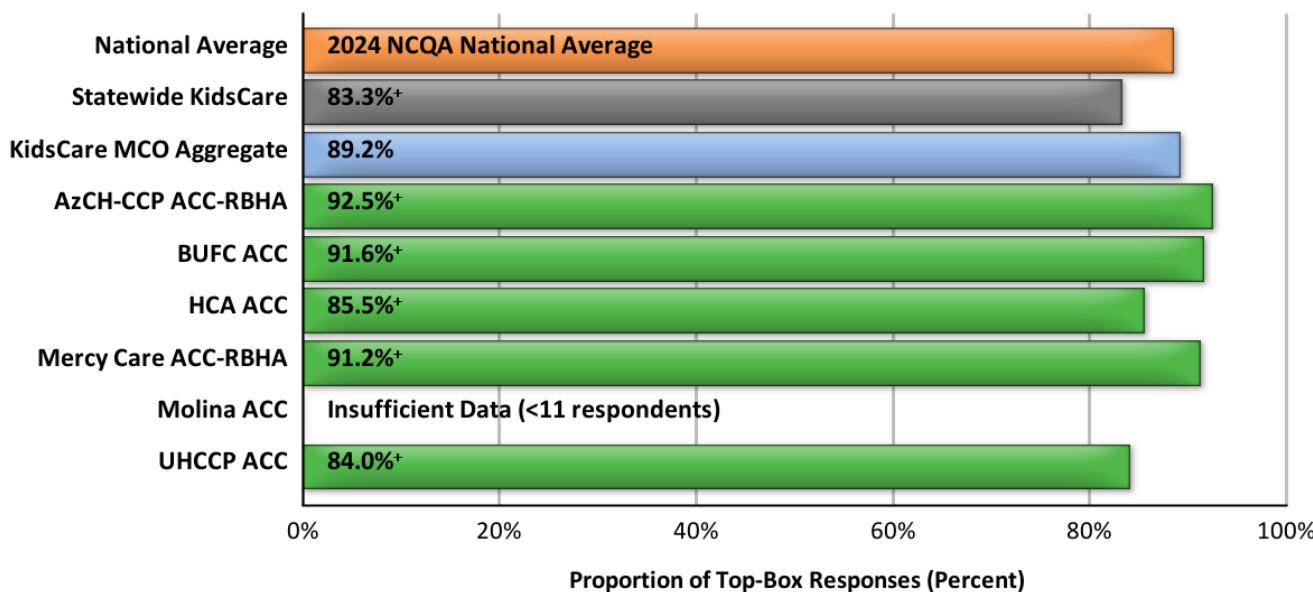
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

Getting Care Quickly

Figure 3-15 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the program comparisons and national average comparisons, for the *Getting Care Quickly* composite measure.

Figure 3-15—Comparative Analyses: Getting Care Quickly—CCC Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.

↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

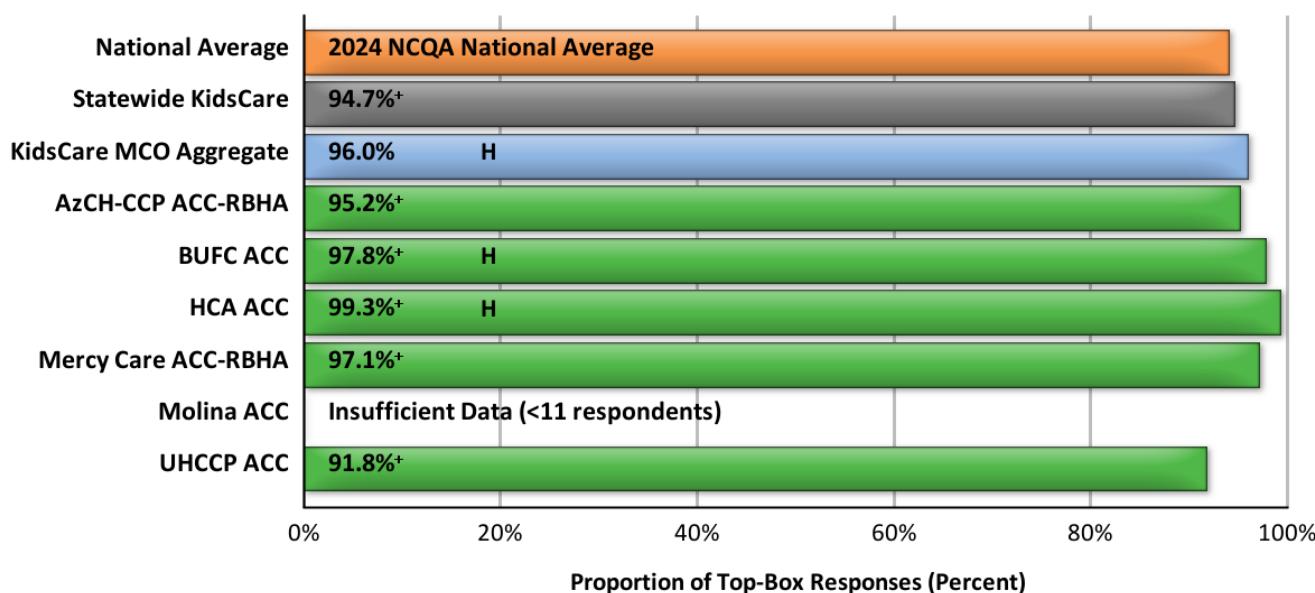
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

How Well Doctors Communicate

Figure 3-16 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the program comparisons and national average comparisons, for the *How Well Doctors Communicate* composite measure.

Figure 3-16—Comparative Analyses: How Well Doctors Communicate—CCC Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.
 ↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.
 H Indicates the score is statistically significantly higher than the NCQA national average.
 L Indicates the score is statistically significantly lower than the NCQA national average.

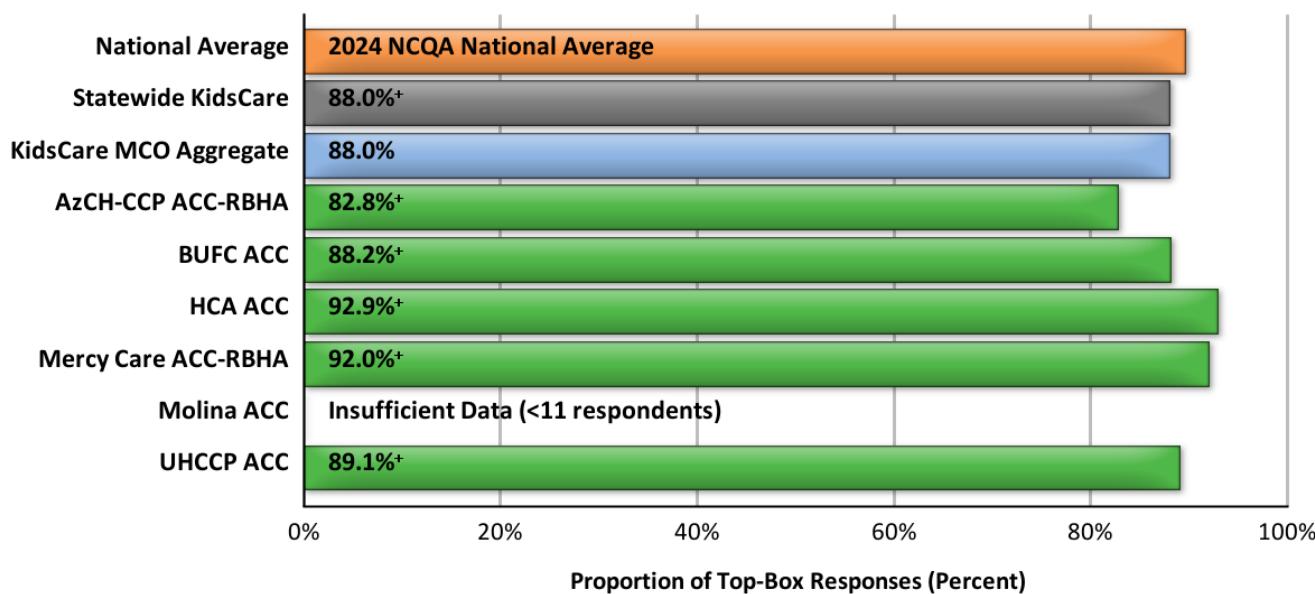
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

Customer Service

Figure 3-17 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the program comparisons and national average comparisons, for the *Customer Service* composite measure.

Figure 3-17—Comparative Analyses: Customer Service—CCC Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.

↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

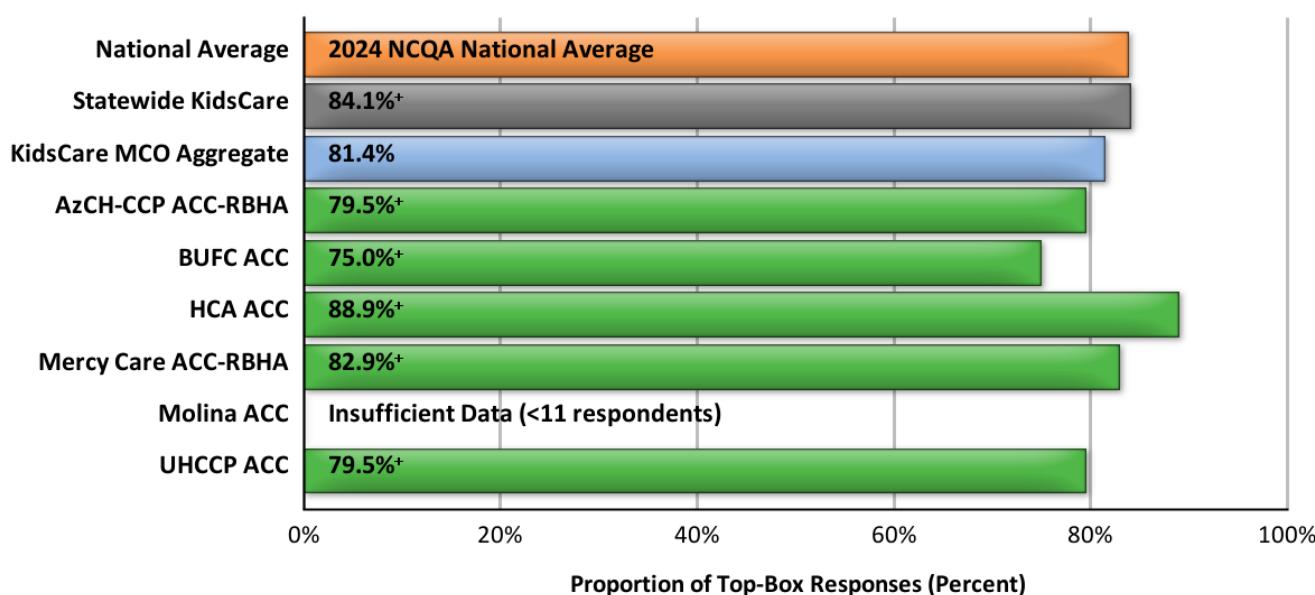
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

Coordination of Care

Figure 3-18 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the program comparisons and national average comparisons, for the *Coordination of Care* individual item measure.

Figure 3-18—Comparative Analyses: Coordination of Care—CCC Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.
 ↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.
 H Indicates the score is statistically significantly higher than the NCQA national average.
 L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

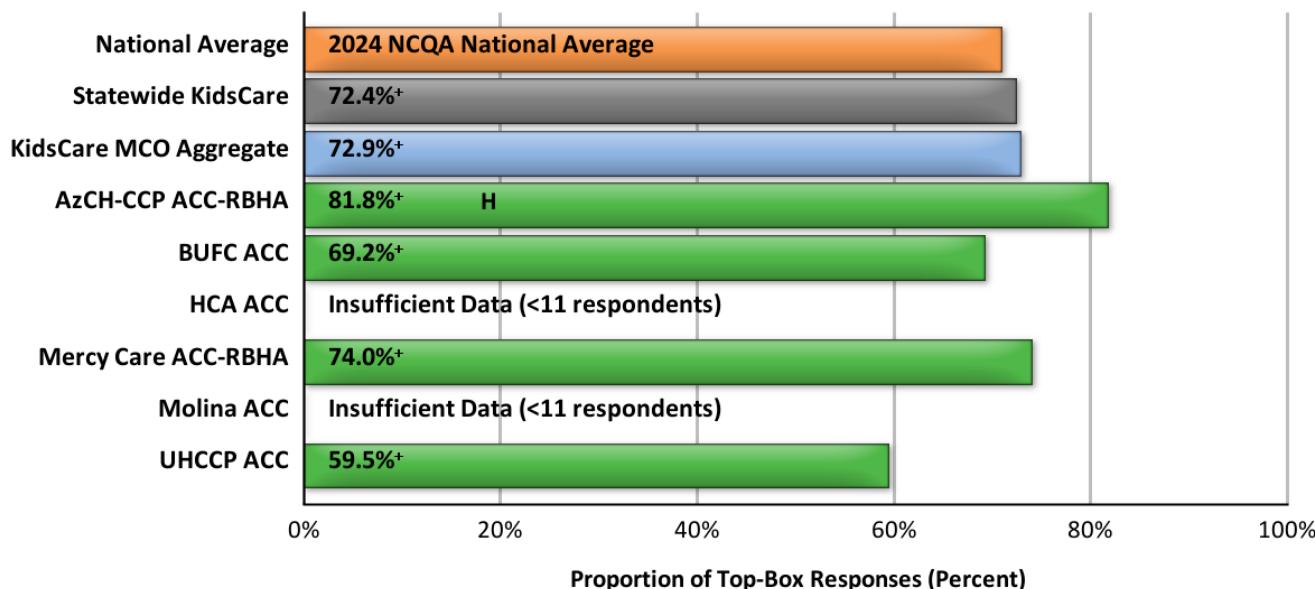
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

CCC Composite and Item Measures

Access to Specialized Services

Figure 3-19 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the program comparisons and national average comparisons, for the *Access to Specialized Services* CCC composite measure.

Figure 3-19—Comparative Analyses: Access to Specialized Services—CCC Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.

↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

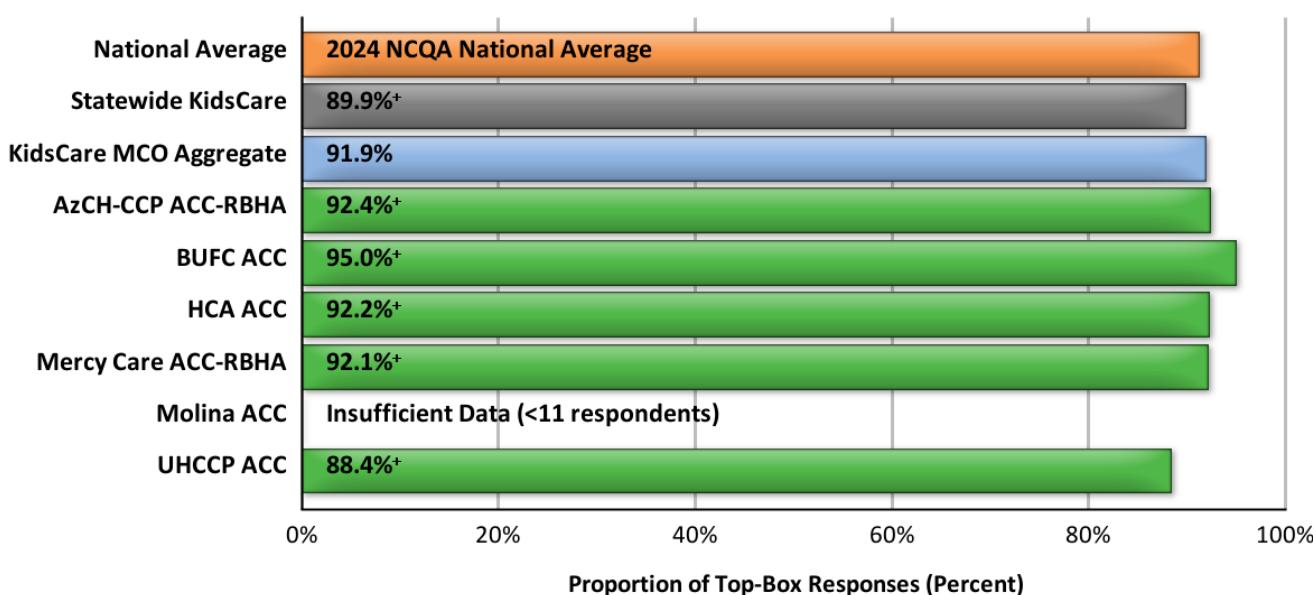
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

FCC: Personal Doctor Who Knows Child

Figure 3-20 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the program comparisons and national average comparisons, for the *FCC: Personal Doctor Who Knows Child* CCC composite measure.

Figure 3-20—Comparative Analyses: FCC: Personal Doctor Who Knows Child—CCC Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.
 ↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.
 H Indicates the score is statistically significantly higher than the NCQA national average.
 L Indicates the score is statistically significantly lower than the NCQA national average.

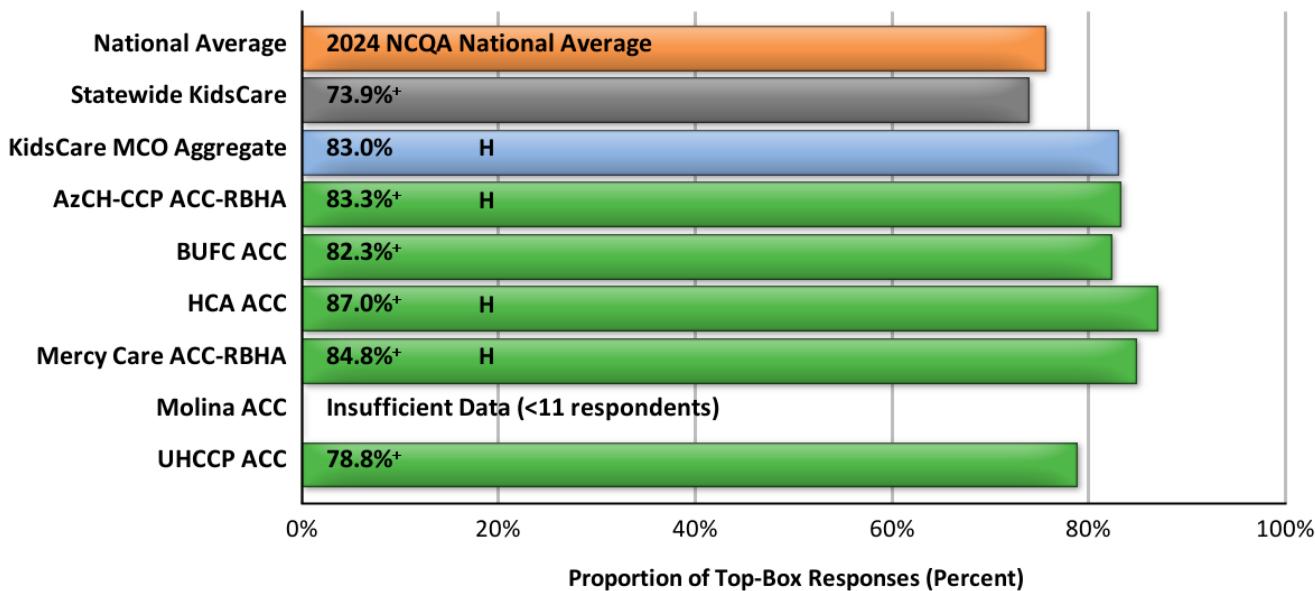
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

Coordination of Care for Children with Chronic Conditions

Figure 3-21 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the program comparisons and national average comparisons, for the *Coordination of Care for Children with Chronic Conditions* CCC composite measure.

Figure 3-21—Comparative Analyses: Coordination of Care for Children with Chronic Conditions—CCC Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.

↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

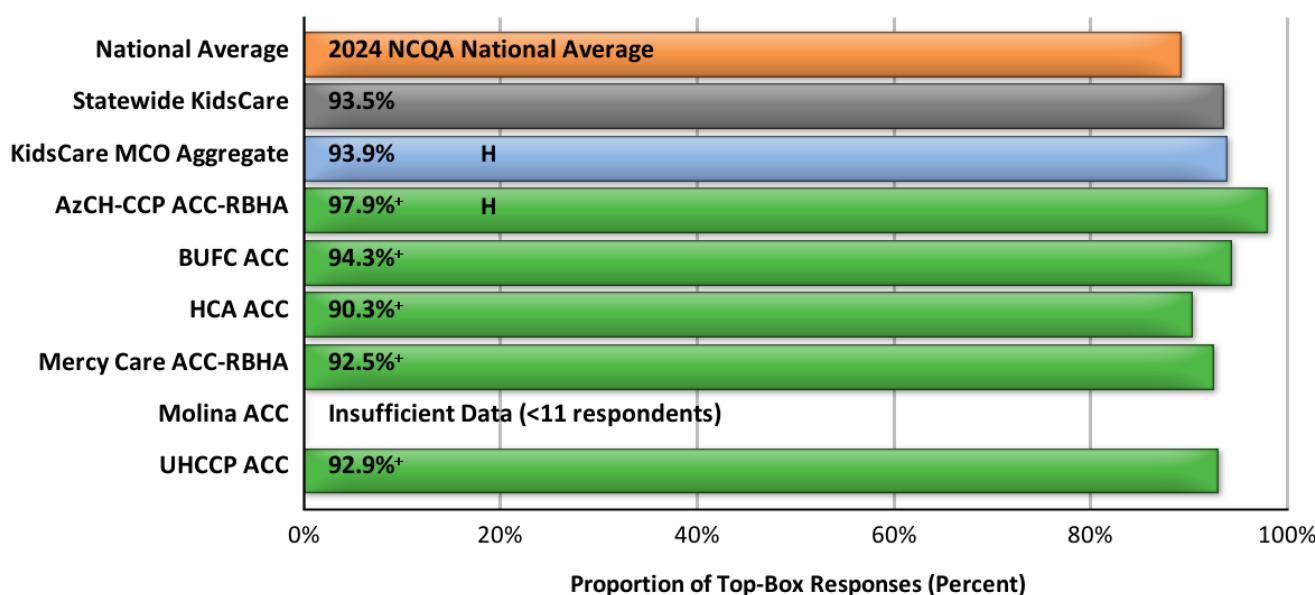
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

Access to Prescription Medicines

Figure 3-22 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the program comparisons and national average comparisons, for the *Access to Prescription Medicines* CCC item measure.

Figure 3-22—Comparative Analyses: Access to Prescription Medicines—CCC Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.
 ↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.
 H Indicates the score is statistically significantly higher than the NCQA national average.
 L Indicates the score is statistically significantly lower than the NCQA national average.

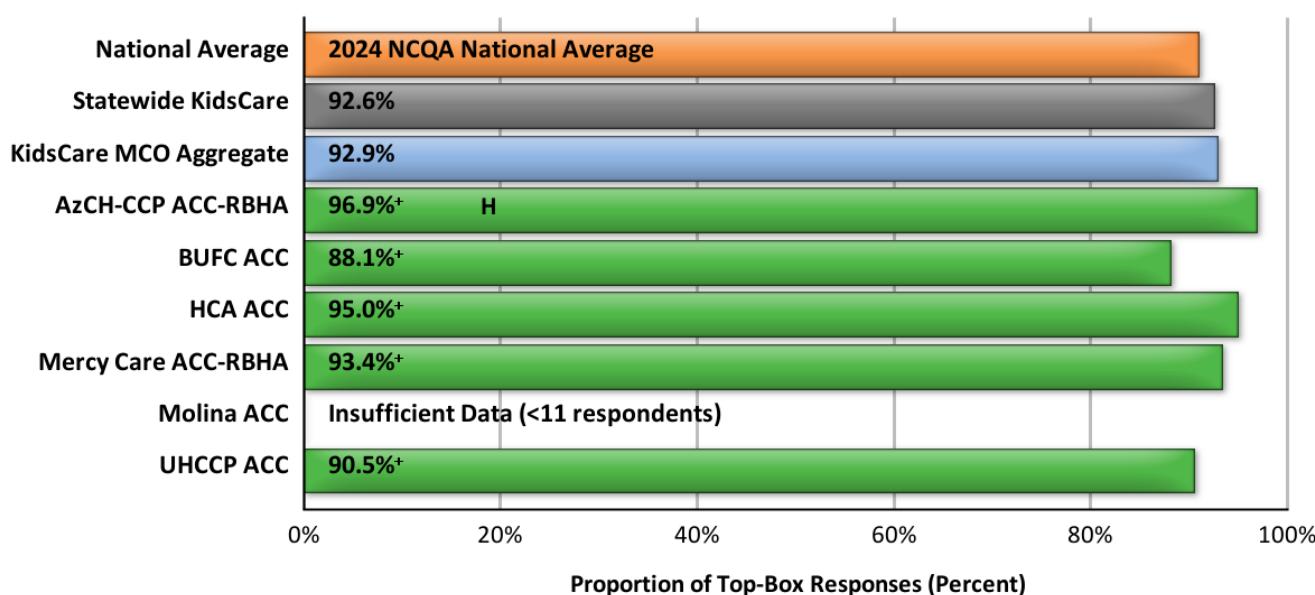
If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

FCC: Getting Needed Information

Figure 3-23 shows the CCC scores and the 2024 NCQA CCC Medicaid national average, including the program comparisons and national average comparisons, for the *FCC: Getting Needed Information* CCC item measure.

Figure 3-23—Comparative Analyses: FCC: Getting Needed Information—CCC Population



Statistical Significance Note: ↑ Indicates the MCO score is statistically significantly higher than the KidsCare MCO Aggregate.
 ↓ Indicates the MCO score is statistically significantly lower than the KidsCare MCO Aggregate.
 H Indicates the score is statistically significantly higher than the NCQA national average.
 L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (↑, ↓ or H, L) appear on the figure.

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

4. Reader's Guide

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 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 October 2020, AHRQ released the 5.1 versions of the Adult and Child 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.⁴⁵

The sampling and data collection procedures for the 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.

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.⁴⁶ These measures include four global rating questions, four composite measures, one individual item measure, and five CCC composites/items (CCC population only). The global measures (also referred to as global ratings) reflect parents'/caretakers' overall experience with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different

⁴⁵ National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

⁴⁶ AHCCCS elected to add five supplemental questions to the child survey.

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*). Figure 4-1 lists the measures included in the child survey.

Figure 4-1—CAHPS Measures: Child Survey

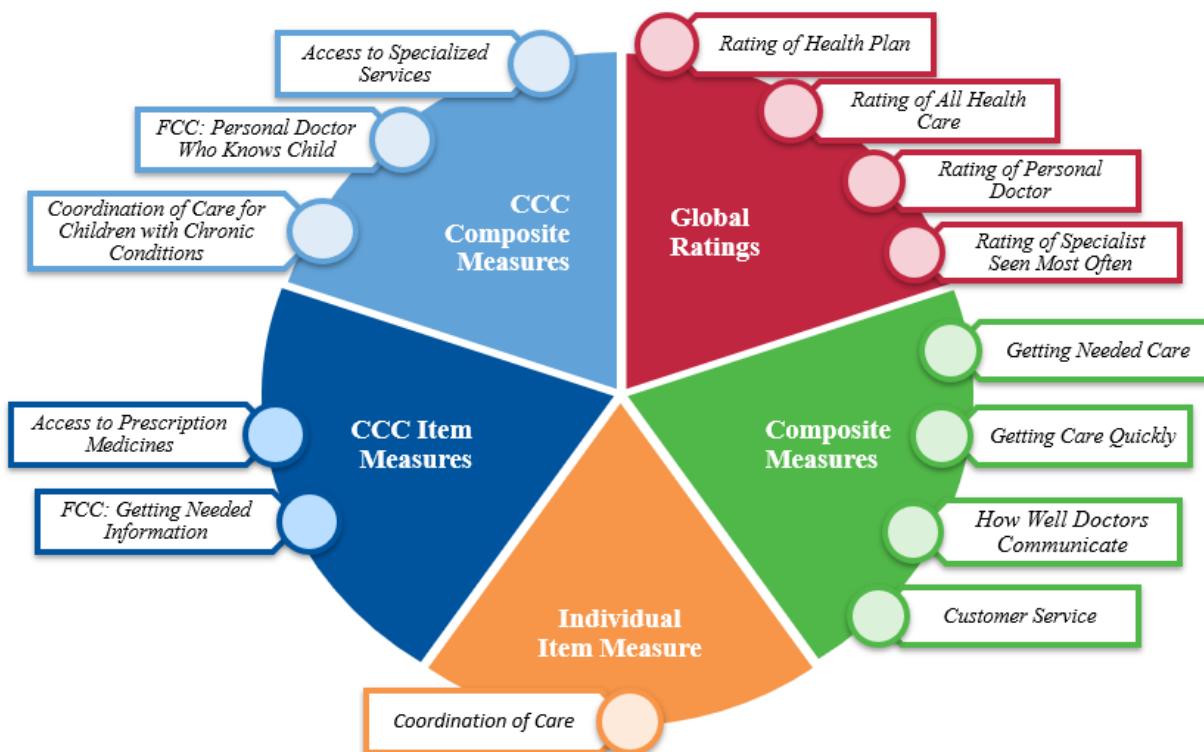


Table 4-1 shows the survey language and response options for each measure for the child survey and supplemental items. The CAHPS survey includes gate items that instruct respondents to skip specific questions if they are not receiving certain services, which results in fewer responses. The measures that are affected by these gate items are noted within footnotes in Table 4-1.

Table 4-1—Question Language and Response Options: Child Survey with CCC

Question Language	Response Options
Global Ratings	
Rating of Health Plan	
49. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?	0–10 Scale
Rating of All Health Care⁴⁷	
9. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?	0–10 Scale
Rating of Personal Doctor⁴⁸	
36. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?	0–10 Scale
Rating of Specialist Seen Most Often⁴⁹	
43. We want to know your rating of the specialist your child talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	0–10 Scale
Composite Measures	
Getting Needed Care⁵⁰	
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

⁴⁷ For *Rating of All Health Care*, the gate question asks respondents how many times they received health care in person, by phone, or by video, not counting the times they went to the emergency room in the last six months. If respondents answer “None” to this question, they are directed to skip the question that comprises the *Rating of All Health Care* measure.

⁴⁸ For *Rating of Personal Doctor*, the gate question asks respondents if their child has a personal doctor. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Rating of Personal Doctor* measure.

⁴⁹ For *Rating of Specialist Seen Most Often*, the gate question asks respondents if they made any appointments for their child with a specialist in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Rating of Specialist Seen Most Often* measure.

⁵⁰ For *Getting Need Care*, the gate questions ask respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months and did they make any appointments for their child with a specialist in the last six months. If respondents answer “None” or “No” to these questions, they are directed to skip the questions that collectively comprise the *Getting Needed Care* measure.

Question Language	Response Options
Getting Care Quickly⁵¹	
4. In the last 6 months, when your child <u>needed care right away</u> , how often did your child get care as soon as he or she needed?	Never, Sometimes, Usually, Always
6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> for your child as soon as your child needed?	Never, Sometimes, Usually, Always
How Well Doctors Communicate⁵²	
27. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?	Never, Sometimes, Usually, Always
28. In the last 6 months, how often did your child's personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
29. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
32. In the last 6 months, how often did your child's personal doctor spend enough time with your child?	Never, Sometimes, Usually, Always
Customer Service⁵³	
45. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?	Never, Sometimes, Usually, Always
46. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?	Never, Sometimes, Usually, Always
Individual Item Measure	
Coordination of Care⁵⁴	
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

⁵¹ For *Getting Care Quickly*, the gate questions ask respondents if their child had an illness, injury, or condition that needed care right away and did they make any in person, phone, or video appointments for a check-up or routine care for their child. If respondents answer “No” to these questions, they are directed to skip the questions that collectively comprise the *Getting Care Quickly* measure.

⁵² For *How Well Doctors Communicate*, the gate question asks respondents if their child has a personal doctor. If respondents answer “No” to this question, they are directed to skip the questions that collectively comprise the *How Well Doctors Communicate* measure.

⁵³ For *Customer Service*, the gate question asks respondents if they received information or help from customer service at their child's health plan in the last six months. If respondents answer “No” to this question, they are directed to skip the questions that collectively comprise the *Customer Service* measure.

⁵⁴ For *Coordination of Care*, the gate question asks respondents if their child has a personal doctor. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Coordination of Care* measure.

Question Language	Response Options
CCC Composite Measures	
Access to Specialized Services⁵⁵	
15. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?	Never, Sometimes, Usually, Always
18. In the last 6 months, how often was it easy to get this therapy for your child?	Never, Sometimes, Usually, Always
21. In the last 6 months, how often was it easy to get this treatment or counseling for your child?	Never, Sometimes, Usually, Always
FCC: Personal Doctor Who Knows Child⁵⁶	
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</u> 's day-to-day life?	Yes, No
Coordination of Care for Children with Chronic Conditions⁵⁷	
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

⁵⁵ For *Access to Specialized Services*, the gate questions ask respondents if they got or tried to get any special medical equipment or devices for their child; if they got or tried to get special therapy such as physical, occupational, or speech therapy for their child; and if they got or tried to get treatment or counseling for their child for an emotional, developmental, or behavioral problem in the last six months. If respondents answer "No" to these questions, they are directed to skip the questions that collectively comprise the *Access to Specialized Services* measure.

⁵⁶ For *FCC: Personal Doctor Who Knows Child*, the gate question asks respondents if their child has a personal doctor. If respondents answer "No" to this question, they are directed to skip the questions that collectively comprise the *FCC: Personal Doctor Who Knows Child* measure.

⁵⁷ For *Coordination of Care for Children with Chronic Conditions*, the gate questions ask respondents if their child is enrolled in any kind of school or daycare, if they needed their child's doctors or other health providers to contact a school or daycare center about their child's health or health care, and if their child received care from more than one kind of health care provider or used more than one kind of health care service in the last 6 months. If respondents answer "No" to these questions, they are directed to skip the questions that collectively comprise the *Coordination of Care for Children with Chronic Conditions* measure.

Question Language	Response Options
CCC Item Measures	
Access to Prescription Medicines⁵⁸	
51. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?	Never, Sometimes, Usually, Always
FCC: Getting Needed Information⁵⁹	
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
Supplemental Items	
77. In the last 6 months, how many days did you usually have to wait for an appointment for a <u>check-up or routine care</u> for your child?	Same day, 1 day, 2 to 3 days, 4 to 7 days, 8 to 14 days, 15 to 30 days, More than 30 days, My child did not receive any health care in the last 6 months
78. In the last 6 months, how many days did you usually have to wait for an appointment when your child <u>needed care right away</u> ?	Same day, 1 day, 2 to 3 days, 4 to 7 days, More than 7 days
79. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did your child see his or her personal doctor <u>within 15 minutes</u> of your child's appointment time?	Never, Sometimes, Usually, Always
80. In the last 6 months, did your child need to visit a doctor's office or clinic after regular office hours?	Yes, No
81. In the last 6 months, how often were you able to get the care your child needed from a doctor's office or clinic <u>after regular office hours</u> ?	Never, Sometimes, Usually, Always

⁵⁸ For *Access to Prescription Medicines*, the gate question asks respondents if they received or refilled any prescription medicines for their child in the last six months. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Access to Prescription Medicines* measure.

⁵⁹ For *FCC: Getting Needed Information*, the gate question asks respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months. If respondents answer "None" to this question, they are directed to skip the question that comprises the *FCC: Getting Needed Information* measure.

How CAHPS Results Were Collected

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

Sampling Procedures

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

- Were 17 years of age or younger as of December 31, 2024.
- Were currently enrolled in an MCO/program (for any given business line).
- Were continuously enrolled in the MCO/program during the measurement period (July 1 to December 31, 2024).⁶⁰

The standard sample size for the CAHPS 5.1 Child Medicaid Health Plan Survey is 1,650 members.⁶¹ HSAG applied a 50 percent oversample; therefore, a total of 2,475 child members were selected for the Child Statewide sample. A sample of up to 7,099 child members with a prescreen status code of 1 or 2 was selected for the Child Statewide, ACC/ACC-RBHA non-SMI-designated, FFS, and DCS CHP populations. For the Statewide KidsCare population, a total of 1,650 members were selected for the general population sample and 825 members were selected for the general population oversample.

All child members included in the total eligible population within the 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 had claims or encounters that suggested the member had a greater probability of having a chronic condition.⁶² After selecting the general child sample, a supplemental sample up to 1,840 child members with a prescreen code of 2, which represents the population of children who are more likely to have a chronic condition (i.e., CCC supplemental sample), was selected for each population, where possible. This sample was drawn to ensure an adequate number of responses from children with chronic conditions. No more than one member per household was selected as part of the child survey samples.

⁶⁰ 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 (i.e., a member whose coverage lapsed for two months [60 days] was not considered continuously enrolled).

⁶¹ National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2024.

⁶² Ibid.

Table 4-2 shows the total number of child members by sample (i.e., Statewide Sample, ACC/ACC-RBHA non-SMI-designated oversample, ACC/ACC-RBHA non-SMI-designated from Statewide Sample, DCS CHP, FFS designated oversample, and FFS from Statewide Sample) for analysis purposes.^{63,64}

Table 4-3 shows the total number of child members by sample for KidsCare (i.e., Statewide KidsCare, AzCH-CCP ACC-RBHA, BUFC ACC, HCA ACC, Mercy Care ACC-RBHA, Molina ACC, and UHCCP ACC) for analysis purposes.

Table 4-2—Sample Distribution: Child Statewide

Program	Total Sample Size	Sample	Total Count by Sample
General Child Samples			
Statewide Population	2,475	Statewide Sample	2,475
ACC/ACC-RBHA Non-SMI-Designated	2,852	ACC/ACC-RBHA Non-SMI-Designated Oversample	641
		ACC/ACC-RBHA Non-SMI-Designated from Statewide Sample	2,211
FFS	2,487	FFS Oversample	2,333
		FFS from Statewide Sample	154
DCS CHP	1,650	DCS CHP Oversample	1,650
CCC Oversamples			
Statewide Population	1,840	Statewide CCC Oversample	1,840
ACC/ACC-RBHA Non-SMI-Designated	2,430	ACC/ACC-RBHA Non-SMI-Designated CCC Oversample	863
		ACC/ACC-RBHA Non-SMI-Designated from Statewide CCC Oversample	1,567
FFS	1,932	FFS CCC Oversample	1,840
		FFS from Statewide CCC Oversample	92
DCS CHP	753	DCS CHP CCC Oversample	753

⁶³ The Statewide results presented in this report are derived from the combined results of DCS CHP, ALTCS-EPD, ALTCS-DD, AIHP, Tribal Program Contractors, and the six ACC/ACC-RBHA MCOs.

⁶⁴ The ACC/ACC-RBHA non-SMI-designated results presented in this report are derived from the combined results of six ACC/ACC-RBHA MCOs: AzCH-CCP ACC-RBHA, BUFC ACC, HCA ACC, Molina ACC, Mercy Care ACC-RBHA, and UHCCP ACC. Members in an ACC/ACC-RBHA MCO could have been sampled as part of the Statewide sample or the ACC/ACC-RBHA non-SMI-designated oversample.

Table 4-3—Sample Distribution: KidsCare

Program	Sample	Total Count by Sample
General Child Samples		
Statewide KidsCare	Statewide KidsCare General Child Sample	2,475
AzCH-CCP ACC-RBHA	AzCH-CCP ACC-RBHA General Child Sample	2,475
BUFC ACC	BUFC ACC General Child Sample	2,475
HCA ACC	HCA ACC General Child Sample	2,211
Mercy Care ACC-RBHA	Mercy Care ACC-RBHA General Child Sample	2,475
Molina ACC	Molina ACC General Child Sample	521
UHCCP ACC	UHCCP ACC General Child Sample	2,475
CCC Oversamples		
Statewide KidsCare	Statewide KidsCare CCC Oversample	1,840
AzCH-CCP ACC-RBHA	AzCH-CCP ACC-RBHA CCC Oversample	278
BUFC ACC	BUFC ACC CCC Oversample	45
Mercy Care ACC-RBHA	Mercy Care ACC-RBHA CCC Oversample	244
UHCCP ACC	UHCCP ACC CCC Oversample	353
<i>Note: HCA ACC's and Molina ACC's entire eligible population was selected prior to selecting the CCC oversample</i>		

Survey Protocol

The survey process allowed two methods by which a survey could be completed 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, with an English backside, and survey. Members who were not identified as Spanish speaking received an English version of the cover letter, with a Spanish backside, 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. The MCO/program name was included in the questionnaires and letters; 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. The survey administration started in March 2025, and the survey field remained open until closing in June 2025. Table 4-4 shows the timeline used in the survey administration.

Table 4-4—Survey Timeline

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

Methodology

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of HEDIS Specifications for Survey Measures. This section provides an overview of the analyses. In compliance with CMS requirements, a minimum of 11 respondents in a cell is required for the results to be reported.⁶⁵ Cells with fewer than 11 respondents are suppressed and noted with an “S” or “Insufficient Data.” If only one stratification or population results need to be suppressed and a total is presented, HSAG suppressed one more stratification or population even if the number of responses was large enough not to be suppressed.

Response Rates

NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.⁶⁶ A survey is assigned a disposition code of “completed” if parents/caretakers of eligible child members answered at least three of the following five questions: 3, 25, 40, 44, and 49.⁶⁷ Eligible members include the entire sample (including any oversample) 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 103), or the parent/caretaker had a language barrier (the survey was made available in English and Spanish).

$$\text{Response Rate} = \frac{\text{Number of Completed Surveys}}{\text{Sample Size} - \text{Number of Ineligible Members}}$$

⁶⁵ A cell is an individual unit that contains specific pieces of data, such as text, numbers, dates, or formulas.

⁶⁶ National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2024.

⁶⁷ Please refer to Appendix C of this report (“Survey Instrument”) for a copy of the survey instrument to see the survey question language.

Child Member and Respondent Demographics

The demographics analysis evaluated demographic information of general child members and respondents based on parents'/caretakers' responses to the survey. Table 4-5 shows the survey question numbers that are associated with the respective demographic categories that were analyzed.

Table 4-5—Child and Respondent Demographic Items Analyzed

Demographic Category	Survey Question Number
Child Member Demographics	
Age	69
Gender	70
Race	72
Ethnicity	71
General Health Status	53
Mental or Emotional Health Status	54
Respondent Demographics	
Respondent Age	73
Respondent Gender	74
Respondent Education Level	75
Respondent Relationship to the Child	76

Respondent Analysis

HSAG evaluated the demographic characteristics (i.e., age, gender, race, and ethnicity) of members as part of the respondent analysis. HSAG performed a *t* test to determine whether the demographic characteristics of general 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). 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 section, which uses responses from the survey as the data source. A difference was considered statistically significant if the two-sided *p* value of the *t* test is less than 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Respondent percentages within a particular demographic category that were statistically significantly higher or lower than the sample frame percentages are noted with black arrows (↑ or ↓) in the table. Respondent percentages that were not statistically significantly higher or lower are not denoted with arrows. Caution should be exercised when extrapolating the results to the entire population if the respondent population differs significantly from the actual population of child members.

Scoring Calculations

Global Ratings, Composite Measures, and Individual Item Measure

HSAG calculated top-box scores for each measure following NCQA HEDIS Specifications for Survey Measures.⁶⁸ For purposes of calculating the top-box results, top-box responses were assigned a score value of one, and all other responses were assigned a score value of zero. A “top-box” response was defined as follows:

- “9” or “10” for the global ratings.
- “Usually” or “Always” for the *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service* composite measures; *Coordination of Care* individual item measure; *Access to Specialized Services* CCC composite measure; 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 to determine the top-box scores. For the global ratings and the individual item, 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 2024 Specifications for Survey Measures, Volume 3*.

Weighting

HSAG calculated a weighted KidsCare MCO Aggregate general child population score based on the total eligible population for each MCO’s KidsCare population. The KidsCare MCO Aggregate is limited to the results of the MCOs.

National Percentile and Average Comparisons

HSAG compared the scores to NCQA’s 2024 Quality Compass Benchmark and Compare Quality Data to derive overall member experience ratings and to determine if the scores were statistically significantly

⁶⁸ National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2024.

different than the national average.^{69,70} For the national percentile comparisons, ratings of one (★) to five (★★★★★) stars were determined for each measure using the percentile distributions shown in Table 4-6.

Table 4-6—Star Rating 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

For the national average comparisons, HSAG performed a *t* test to determine whether the 2025 scores were statistically significantly different from the 2024 NCQA general child Medicaid and CCC Medicaid national averages. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than 0.05. An (H) indicates a 2025 score that was statistically significantly higher than the 2024 national average. An (L) indicates a 2025 score that was statistically significantly lower than the 2024 national average. Scores in 2025 that were not statistically significantly higher or lower than the 2024 national averages are not denoted.

Trend Analysis

HSAG performed a *t* test to determine whether Child scores in 2025 were statistically significantly different (i.e., *p* value < 0.05) from the Child trend year scores.⁷¹ Scores that were statistically significantly higher in 2025 than the trend year are denoted with black upward triangles (▲). Scores that were statistically significantly lower in 2025 than the trend year are denoted with black downward

⁶⁹ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2024*. Washington, DC: NCQA, September 2024.

⁷⁰ The source for the national data contained in this publication is Quality Compass® 2024 and is used with the permission of NCQA. Quality Compass 2024 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.

⁷¹ The 2024 KidsCare general child rates are comparable to 2025 rates due to differing eligibility criteria; therefore, a trend analysis could not be performed and results are not comparable to prior reports.

triangles (▼). Scores in 2025 that were not statistically significantly different from the trend year scores are not denoted with triangles.

KidsCare Program Comparisons

For purposes of the program comparisons, HSAG applied two types of hypothesis tests to the scores. First, HSAG calculated a global *F* test, which determined whether the difference between the KidsCare ACC/ACC-RBHA MCO scores was significant. If the *F* test demonstrated MCO-level differences (i.e., $p < 0.05$), then HSAG performed a *t* test for each health plan. The *t* test determined whether each MCO's score was statistically significantly different from the KidsCare MCO Aggregate. MCO scores that were statistically significantly higher than the KidsCare MCO Aggregate are denoted with black upward arrows (↑). MCO scores that were statistically significantly lower than the KidsCare MCO Aggregate are denoted with black downward arrows (↓). MCO scores that were not statistically significantly different than the KidsCare MCO Aggregate are not denoted with arrows.

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 4-7 depicts the survey items (i.e., questions) that were analyzed for each measure in the key drivers of member experience analysis (indicated by a ✓), as well as each survey item's baseline response.

Table 4-7—Potential Key Drivers

Survey Item	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

Survey Item	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
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	✓	✓	✓	Yes
Q35. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	✓	✓	✓	Always
Q41. Child received appointment with a specialist as soon as needed	✓	✓		Always
Q45. Child's health plan's customer service gave the parent/caretaker the information or help needed	✓	✓		Always
Q46. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	✓	✓		Always
Q48. Ease of filling out forms from the child's health plan	✓	✓		Always

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

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

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

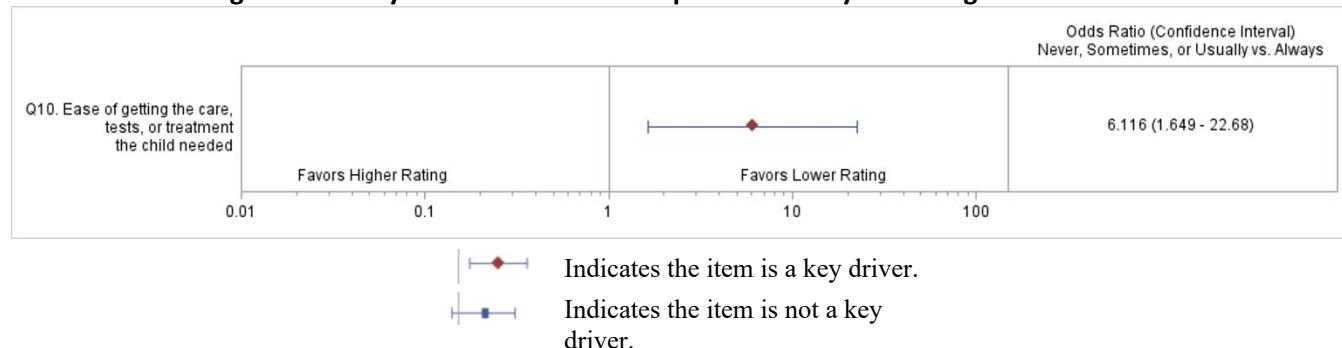
The correlation can range from -1 to 1, with negative values indicating an inverse relationship between overall member experience and a particular survey item. However, the correlation analysis conducted is not focused on the direction of the correlation, but rather on the degree of correlation. Therefore, the absolute value of 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. Additionally, HSAG calculated 95 percent confidence intervals for each odds ratio.

In Figure 4-2, which includes an example, the results indicate that respondents who answered "Never," "Sometimes," or "Usually" to Question 10 are 6.116 times more likely to provide a lower rating for their child's health plan than respondents who answered "Always." Please refer to Appendix A. Key Drivers of Member Experience Analysis for the figures showing the detailed results of the key drivers of member experience analysis.

Figure 4-2—Key Drivers of Member Experience Analysis: 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.

Population Considerations

It is important to note that the Statewide population is primarily made up of child ACC/ACC-RBHA non-SMI-designated members. Therefore, caution should be exercised when interpreting the Statewide population results compared to the ACC/ACC-RBHA non-SMI-designated, given the Statewide

population is derived from a simple random sample of all child Medicaid members as opposed to an equal distribution of ACC/ACC-RBHA non-SMI-designated, DCS CHP, and FFS child members.

DCS CHP has more members who are 0 to 3 years of age compared to the Statewide population, ACC/ACC-RBHA non-SMI-designated, and FFS. Therefore, caution should be exercised when interpreting or generalizing DCS CHP's results in comparisons to the Statewide population, ACC/ACC-RBHA non-SMI-designated, and FFS populations, which includes more members 13 to 17 years of age.

Additionally, caution should be exercised when interpreting the 2025 Statewide KidsCare results compared to the 2024 Statewide KidsCare results given that the 2024 Statewide KidsCare surveys were administered to KidsCare members ages 18 years and younger while the 2025 KidsCare surveys were administered to KidsCare members ages 17 years and younger. Due to the change in eligible population criteria, trending is not presented within this report.

Baseline Results

It is important to note that in 2025, the sampling approach selected by AHCCCS differed from the sampling approach utilized in 2024. The KidsCare sample was not selected at the MCO level in 2024; therefore, the 2025 KidsCare results at the MCO level represent a baseline assessment of respondents' experiences of the care and services received for their child members through the MCOs.

Causal Inferences

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

National Data for Comparisons

Since NCQA does not publish separate benchmarking data for CHIP, children and youth in out-of-home care, or FFS, data for the general child and CCC Medicaid populations from NCQA's Quality Compass benchmarks are used for the national percentiles and national averages for comparison in this report. Therefore, caution should be exercised when interpreting DCS CHP, FFS, and KidsCare population results.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to health care services and may vary by plan or program. 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. To identify potential non-response bias, HSAG compared the scores from late respondents to early respondents (i.e., respondents who submitted a survey during the first mailing/round) for each measure. Table 4-8 and Table 4-9 present the results of the non-response bias analysis. AHCCCS should consider that potential non-response bias may exist when interpreting CAHPS results.

Table 4-8—Non-Response Bias Analysis: Child Statewide

Measure	General Child	CCC
Statewide Population		
<i>Rating of Health Plan</i>	↓	—
<i>Rating of All Health Care</i>	↓	—
<i>Rating of Personal Doctor</i>	—	—
<i>Rating of Specialist Seen Most Often</i>	—	—
<i>Getting Needed Care</i>	—	—
<i>Getting Care Quickly</i>	—	—
<i>How Well Doctors Communicate</i>	—	—
<i>Customer Service</i>	—	—
<i>Coordination of Care</i>	—	—
<i>Access to Specialized Services</i>	NA	—
<i>Family-Centered Care (FCC): Personal Doctor Who Knows Child</i>	NA	—
<i>Coordination of Care for Children with Chronic Conditions</i>	NA	—
<i>Access to Prescription Medicines</i>	NA	—
<i>FCC: Getting Needed Information</i>	NA	—
ACC/ACC-RBHA Non-SMI-Designated		
<i>Rating of Health Plan</i>	↓	—
<i>Rating of All Health Care</i>	↓	—
<i>Rating of Personal Doctor</i>	↓	—
<i>Rating of Specialist Seen Most Often</i>	—	—
<i>Getting Needed Care</i>	—	—
<i>Getting Care Quickly</i>	—	—
<i>How Well Doctors Communicate</i>	—	—
<i>Customer Service</i>	—	—
<i>Coordination of Care</i>	—	—
<i>Access to Specialized Services</i>	NA	—
<i>Family-Centered Care (FCC): Personal Doctor Who Knows Child</i>	NA	—

Measure	General Child	CCC
<i>Coordination of Care for Children with Chronic Conditions</i>	NA	—
<i>Access to Prescription Medicines</i>	NA	—
<i>FCC: Getting Needed Information</i>	NA	—
DCS CHP		
<i>Rating of Health Plan</i>	—	—
<i>Rating of All Health Care</i>	—	—
<i>Rating of Personal Doctor</i>	—	—
<i>Rating of Specialist Seen Most Often</i>	—	—
<i>Getting Needed Care</i>	—	—
<i>Getting Care Quickly</i>	—	—
<i>How Well Doctors Communicate</i>	—	—
<i>Customer Service</i>	—	—
<i>Coordination of Care</i>	—	—
<i>Access to Specialized Services</i>	NA	—
<i>Family-Centered Care (FCC): Personal Doctor Who Knows Child</i>	NA	—
<i>Coordination of Care for Children with Chronic Conditions</i>	NA	↓
<i>Access to Prescription Medicines</i>	NA	—
<i>FCC: Getting Needed Information</i>	NA	—
FFS		
<i>Rating of Health Plan</i>	—	—
<i>Rating of All Health Care</i>	—	—
<i>Rating of Personal Doctor</i>	—	—
<i>Rating of Specialist Seen Most Often</i>	—	—
<i>Getting Needed Care</i>	—	—
<i>Getting Care Quickly</i>	—	—
<i>How Well Doctors Communicate</i>	—	—
<i>Customer Service</i>	—	—
<i>Coordination of Care</i>	—	—
<i>Access to Specialized Services</i>	NA	—
<i>Family-Centered Care (FCC): Personal Doctor Who Knows Child</i>	NA	—
<i>Coordination of Care for Children with Chronic Conditions</i>	NA	—
<i>Access to Prescription Medicines</i>	NA	—

Measure	General Child	CCC
<i>FCC: Getting Needed Information</i>	NA	—
↑ Indicates that early respondents are statistically significantly more likely to provide a higher response for the measure (i.e., potential non-response bias).		
↓ Indicates that early respondents are statistically significantly more likely to provide a lower response for the measure (i.e., potential non-response bias).		
— Indicates that early respondents are not statistically significantly more likely to provide a higher or lower response for the measure.		
NA Indicates that this measure is not applicable.		

Table 4-9—Non-Response Bias Analysis: KidsCare

Measure	General Child	CCC
Statewide KidsCare		
<i>Rating of Health Plan</i>	—	—
<i>Rating of All Health Care</i>	—	—
<i>Rating of Personal Doctor</i>	—	—
<i>Rating of Specialist Seen Most Often</i>	—	—
<i>Getting Needed Care</i>	—	—
<i>Getting Care Quickly</i>	—	—
<i>How Well Doctors Communicate</i>	—	—
<i>Customer Service</i>	—	—
<i>Coordination of Care</i>	—	—
<i>Access to Specialized Services</i>	NA	↓
<i>FCC: Personal Doctor Who Knows Child</i>	NA	—
<i>Coordination of Care for Children with Chronic Conditions</i>	NA	—
<i>Access to Prescription Medicines</i>	NA	—
<i>FCC: Getting Needed Information</i>	NA	—
KidsCare MCO Aggregate		
<i>Rating of Health Plan</i>	—	—
<i>Rating of All Health Care</i>	—	—
<i>Rating of Personal Doctor</i>	—	—
<i>Rating of Specialist Seen Most Often</i>	—	—
<i>Getting Needed Care</i>	—	—
<i>Getting Care Quickly</i>	—	—
<i>How Well Doctors Communicate</i>	—	—
<i>Customer Service</i>	—	—
<i>Coordination of Care</i>	—	↑
<i>Access to Specialized Services</i>	NA	—
<i>FCC: Personal Doctor Who Knows Child</i>	NA	—

Measure	General Child	CCC
<i>Coordination of Care for Children with Chronic Conditions</i>	NA	—
<i>Access to Prescription Medicines</i>	NA	—
<i>FCC: Getting Needed Information</i>	NA	—

↑ Indicates that early respondents are statistically significantly more likely to provide a higher response for the measure (i.e., potential non-response bias).
 ↓ Indicates that early respondents are statistically significantly more likely to provide a lower response for the measure (i.e., potential non-response bias).
 — Indicates that early respondents are not statistically significantly more likely to provide a higher or lower response for the measure.
 NA Indicates that this measure is not applicable.

Appendix A. Key Drivers of Member Experience Analysis

Key Drivers of Member Experience Analysis

Figure A-1 through Figure A-18 depict the results of the key driver of member experience analysis for the general child Statewide population, ACC/ACC-RBHA non-SMI-designated, DCS CHP, FFS, statewide KidsCare, and KidsCare MCO Aggregate. The items identified as key drivers are indicated with a red diamond.

Statewide Population

Figure A-1—Key Drivers of Member Experience: Rating of Health Plan—Statewide General Child Population

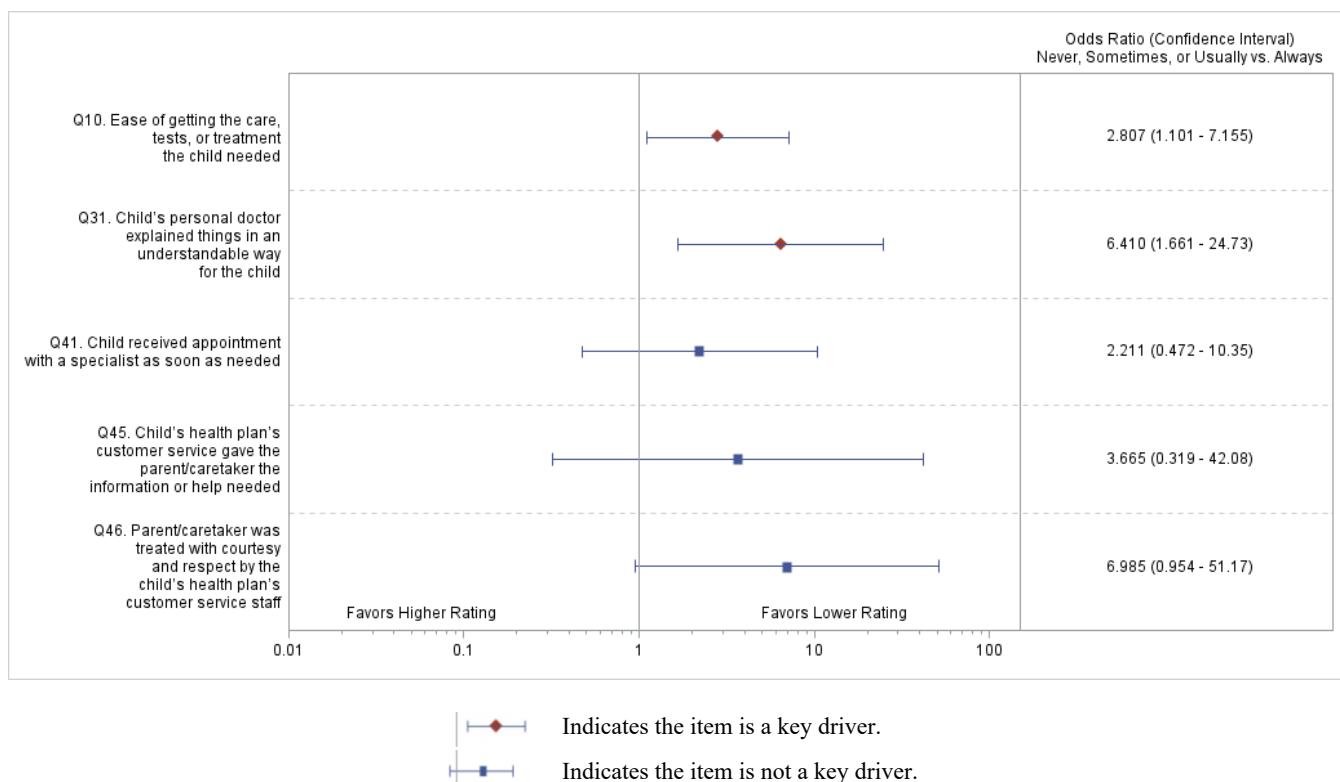


Figure A-2—Key Drivers of Member Experience: Rating of All Health Care—Statewide General Child Population

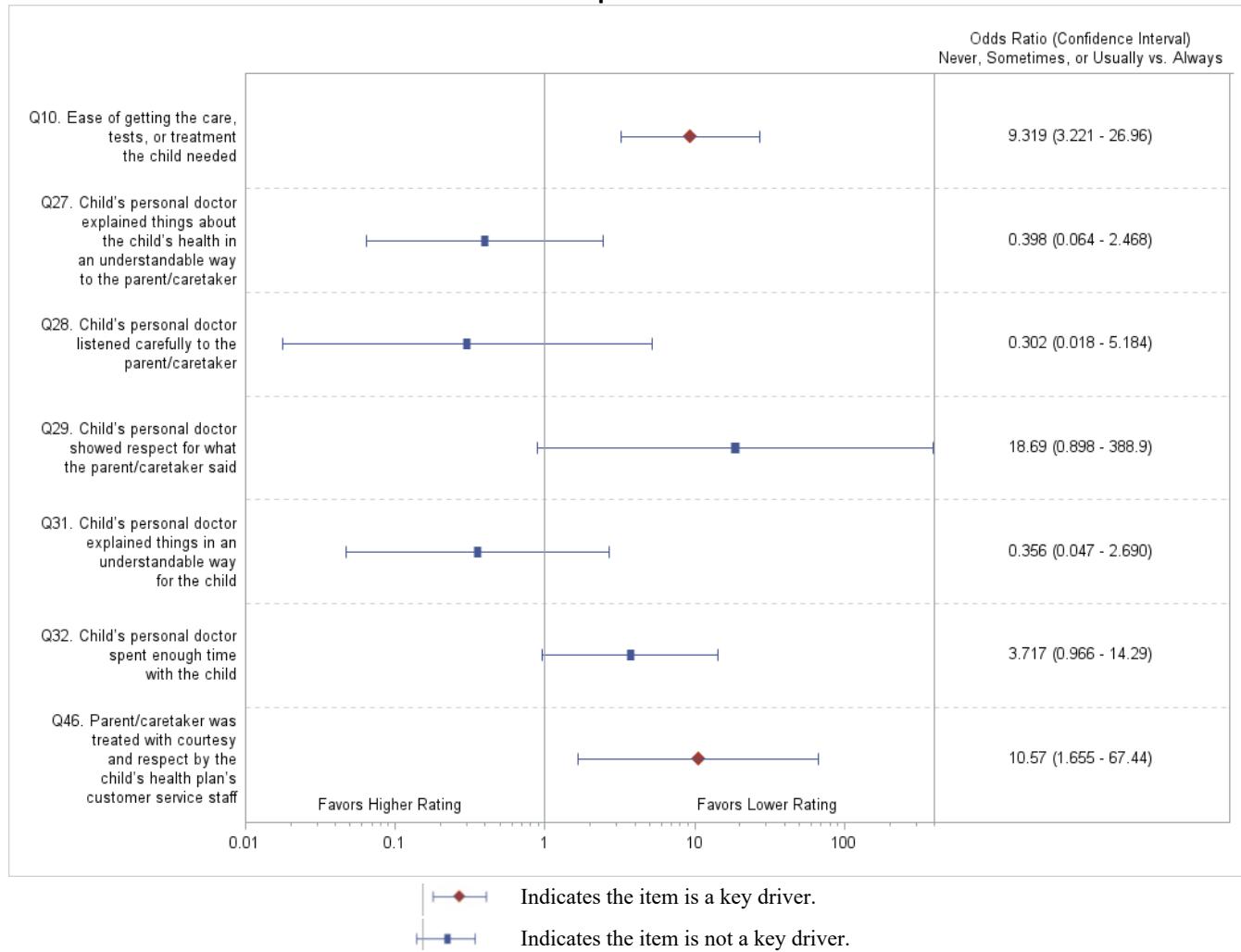
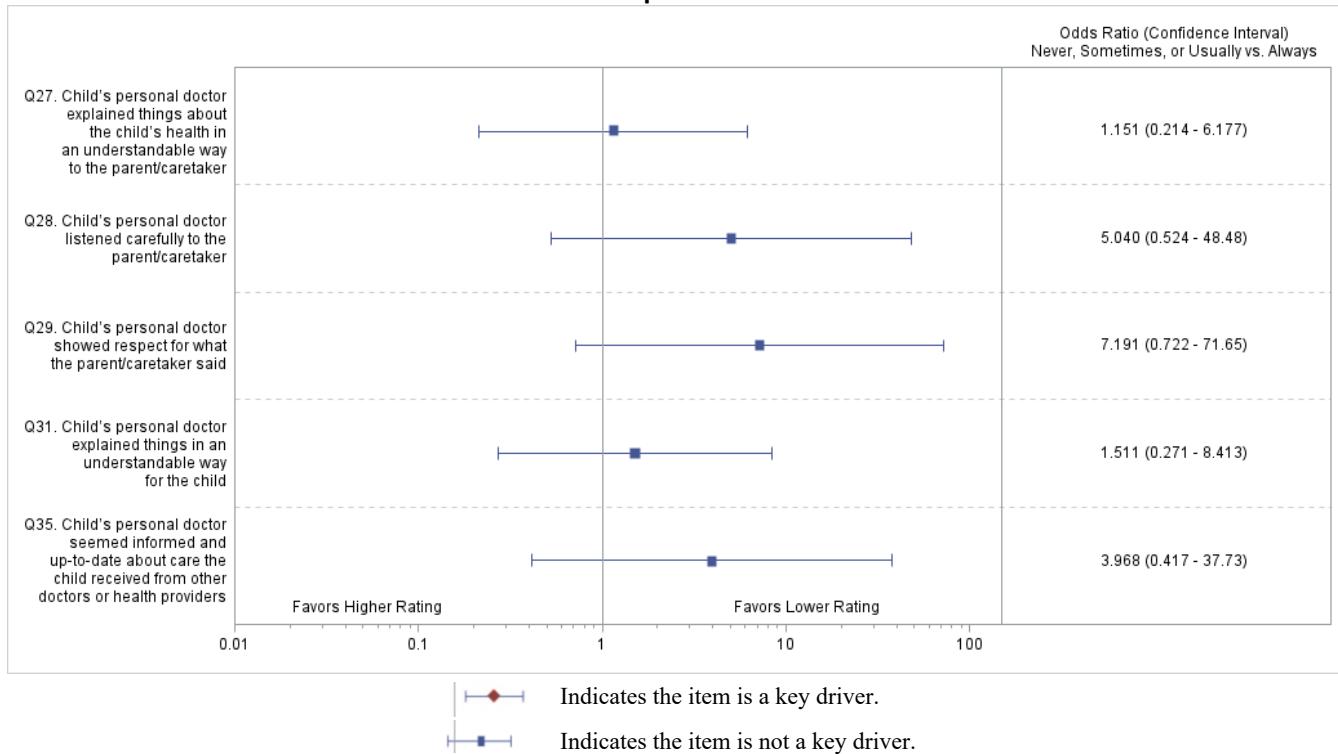


Figure A-3—Key Drivers of Member Experience: Rating of Personal Doctor—Statewide General Child Population



ACC/ACC-RBHA Non-SMI-Designated

Figure A-4—Key Drivers of Member Experience: Rating of Health Plan—ACC/ACC-RBHA Non-SMI-Designated General Child Population

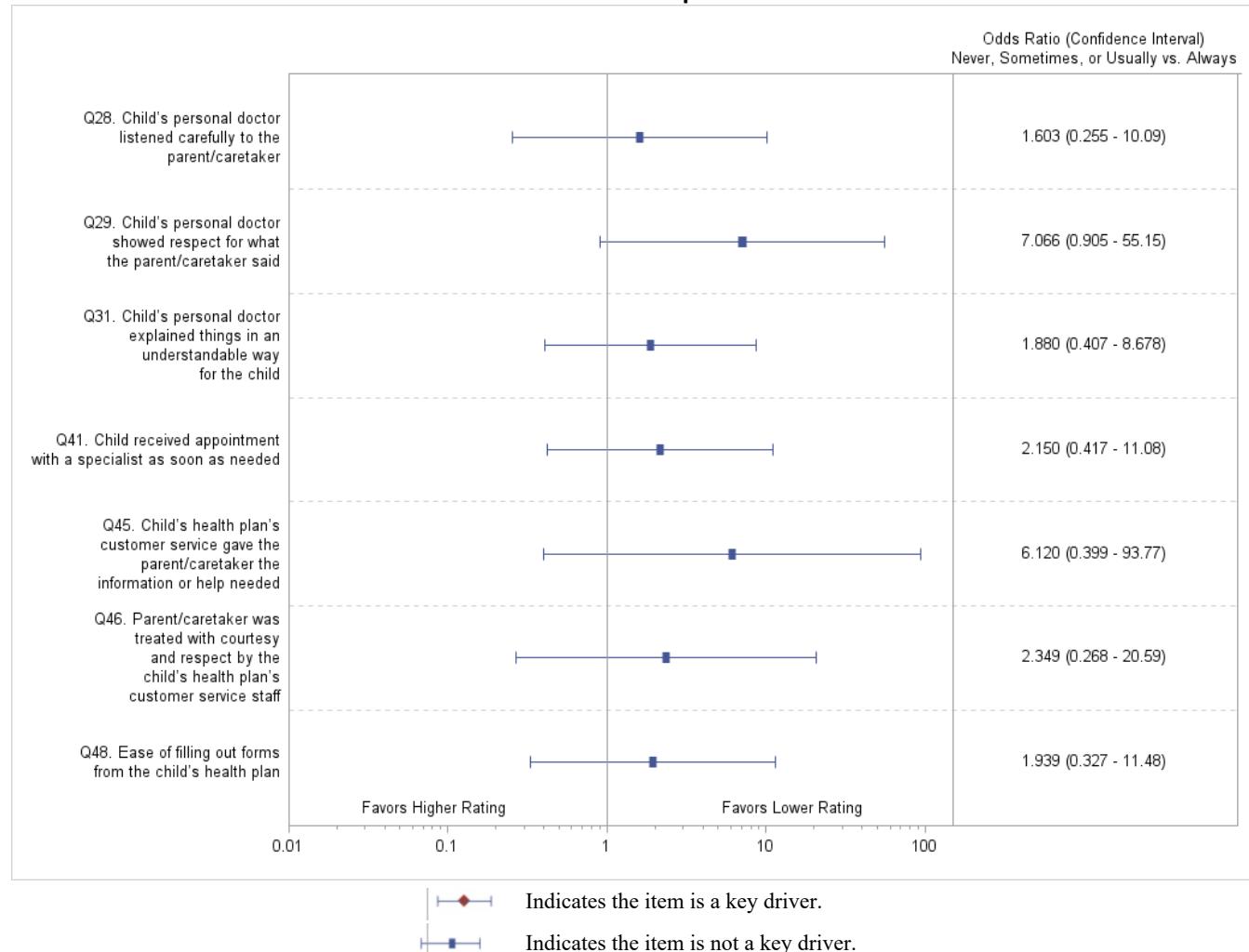


Figure A-5—Key Drivers of Member Experience: Rating of All Health Care—ACC/ACC-RBHA Non-SMI-Designated General Child Population

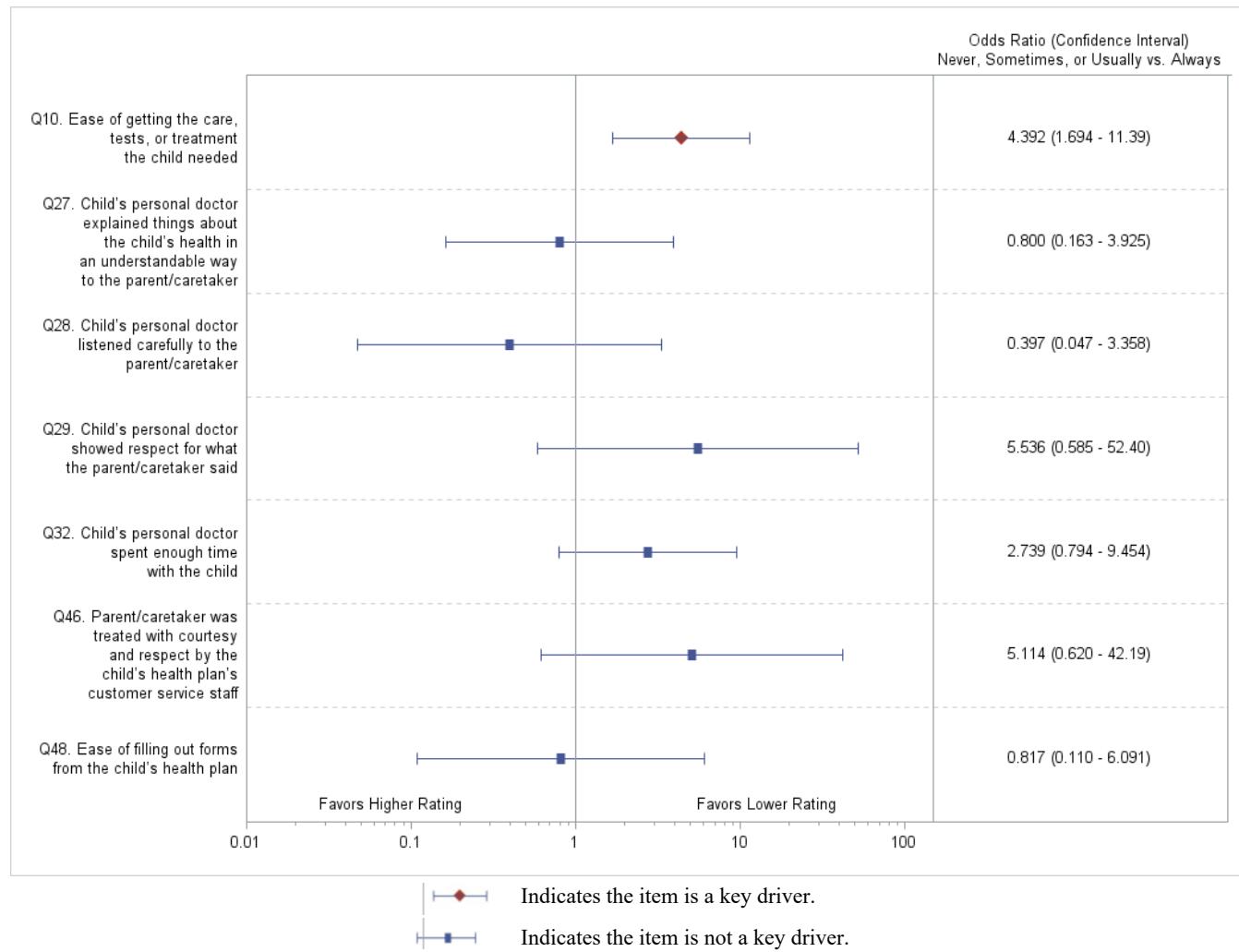
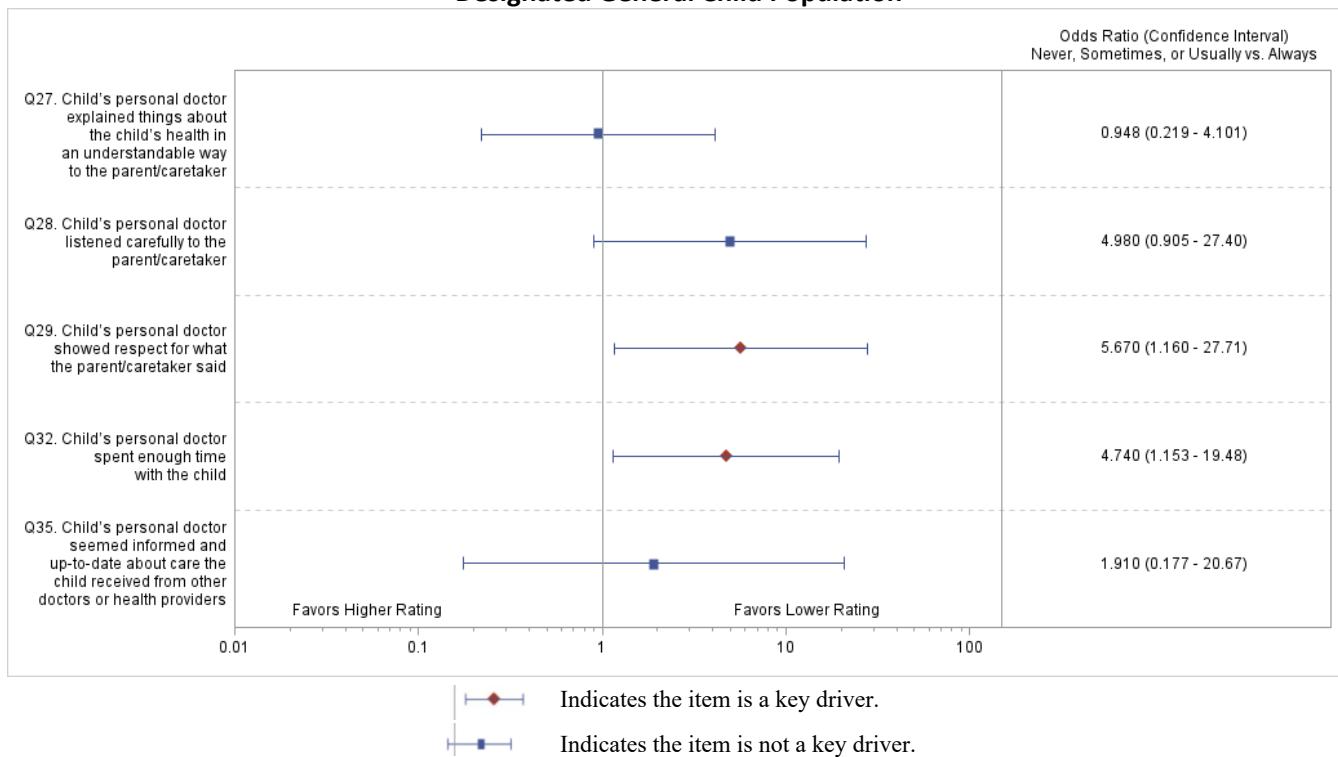


Figure A-6—Key Drivers of Member Experience: Rating of Personal Doctor—ACC/ACC-RBHA Non-SMI-Designated General Child Population



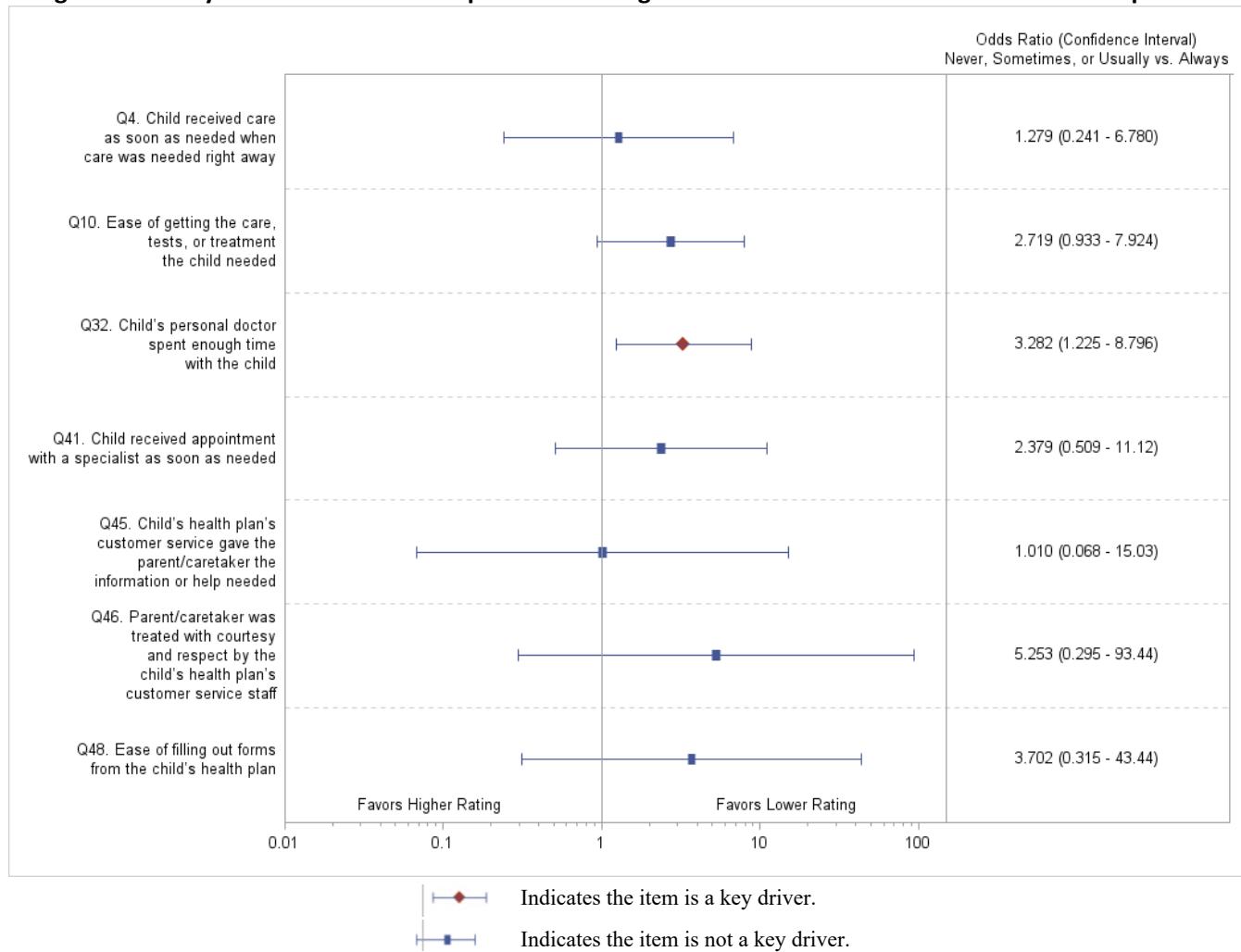
DCS CHP
Figure A-7—Key Drivers of Member Experience: Rating of Health Plan—DCS CHP General Child Population


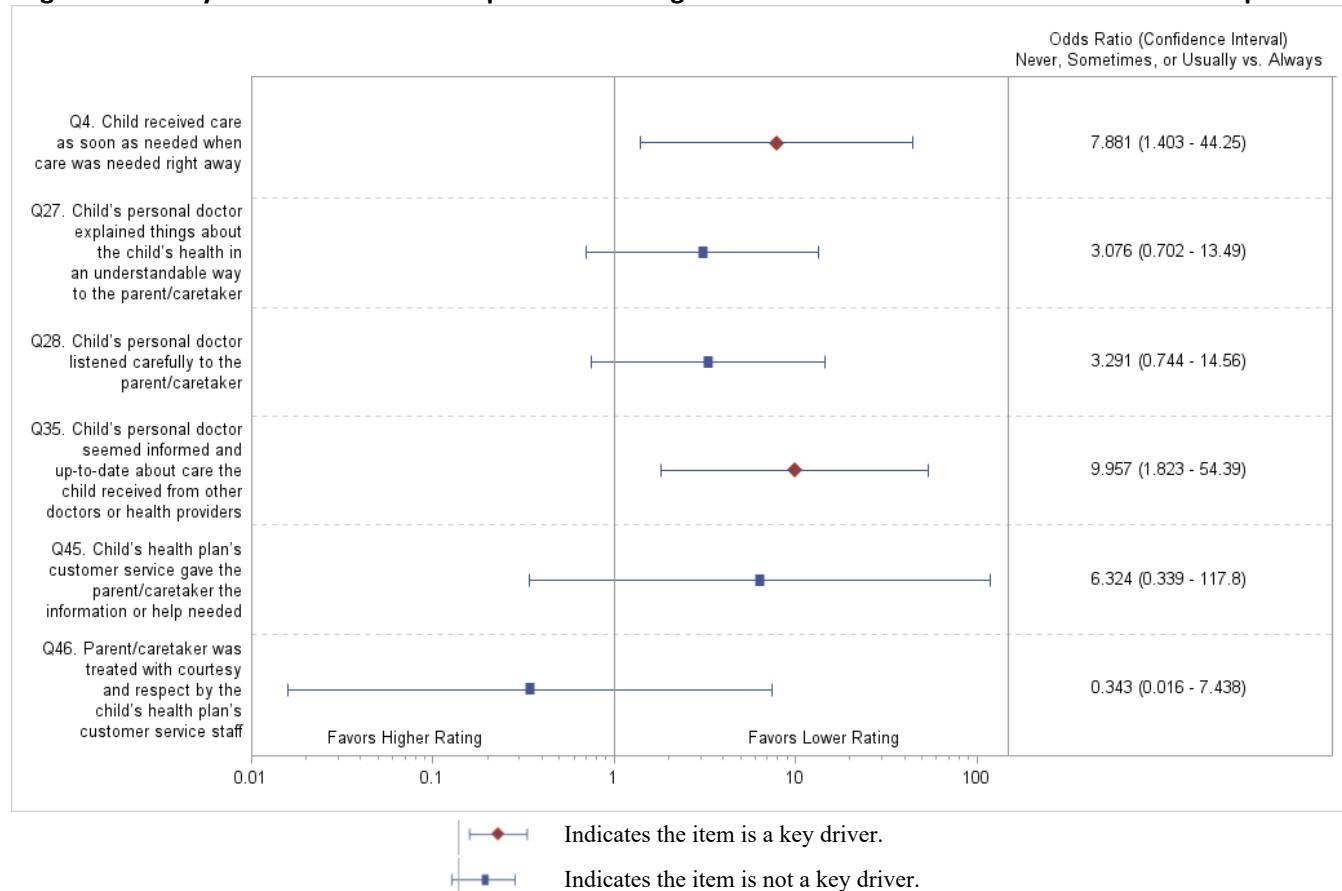
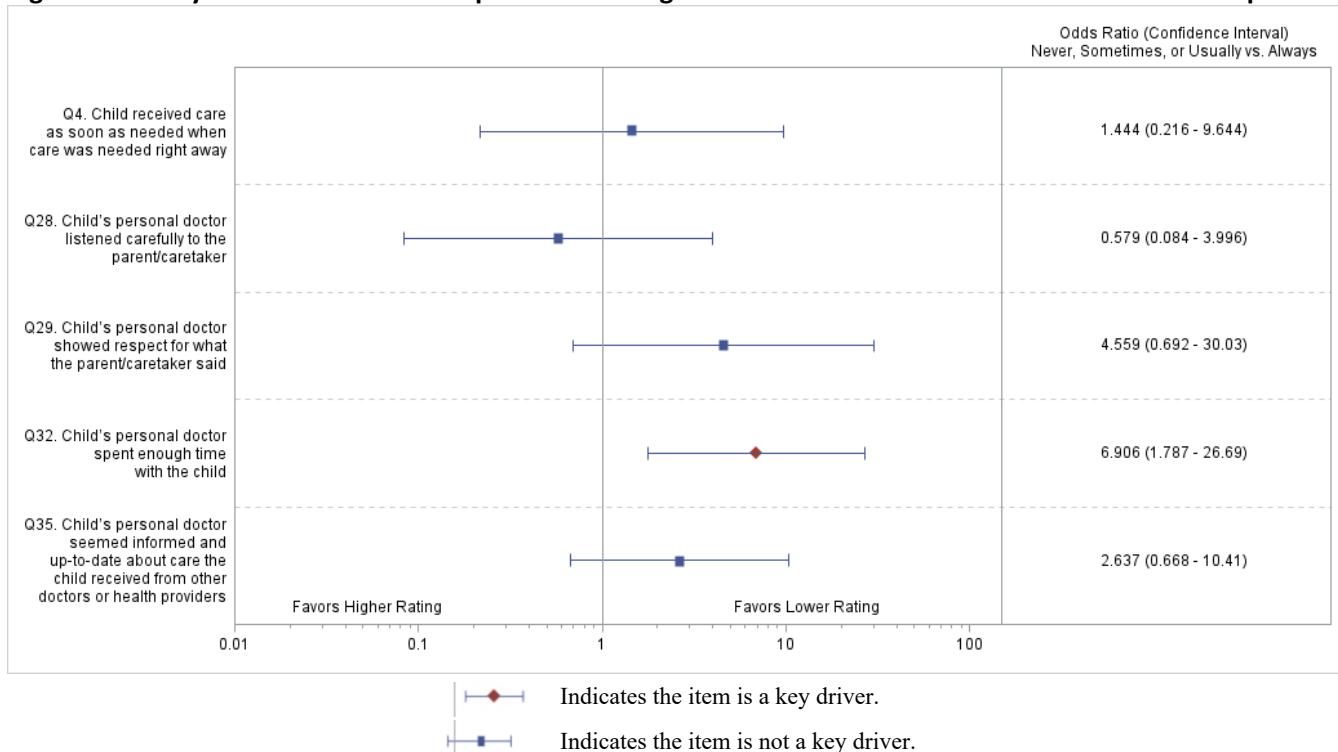
Figure A-8—Key Drivers of Member Experience: Rating of All Health Care—DCS CHP General Child Population


Figure A-9—Key Drivers of Member Experience: Rating of Personal Doctor—DCS CHP General Child Population


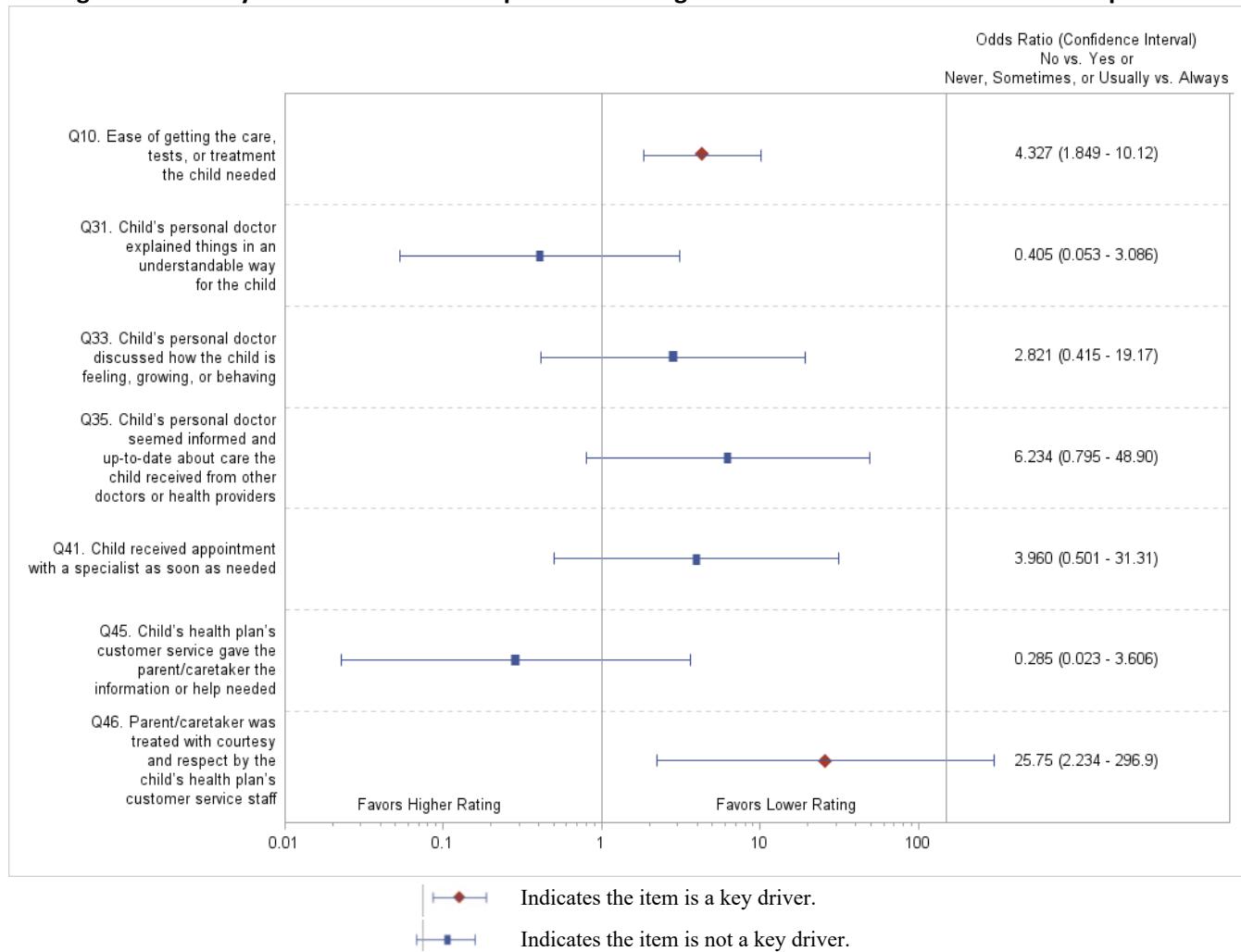
FFS
Figure A-10—Key Drivers of Member Experience: Rating of Health Plan—FFS General Child Population


Figure A-11—Key Drivers of Member Experience: Rating of All Health Care—FFS General Child Population

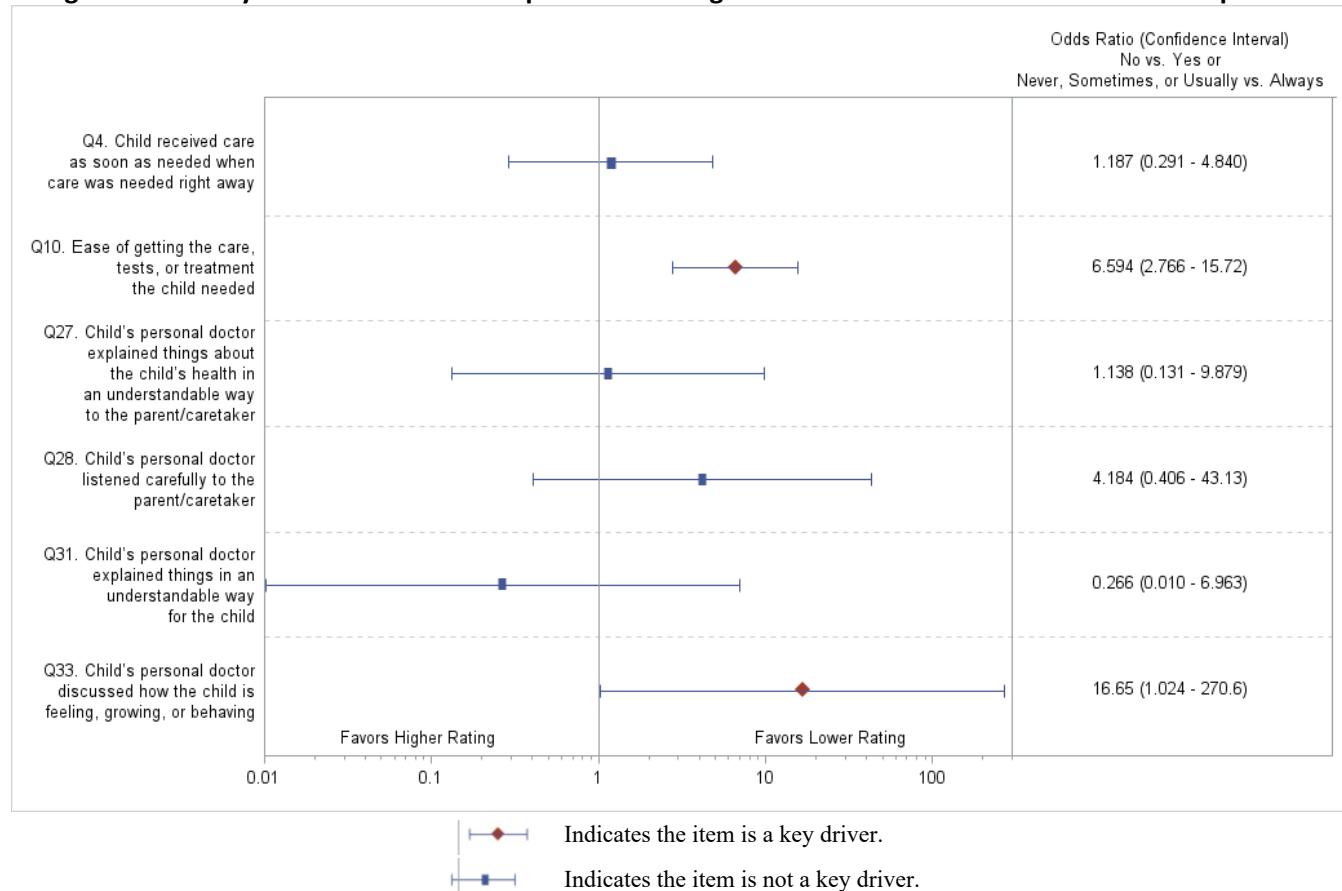
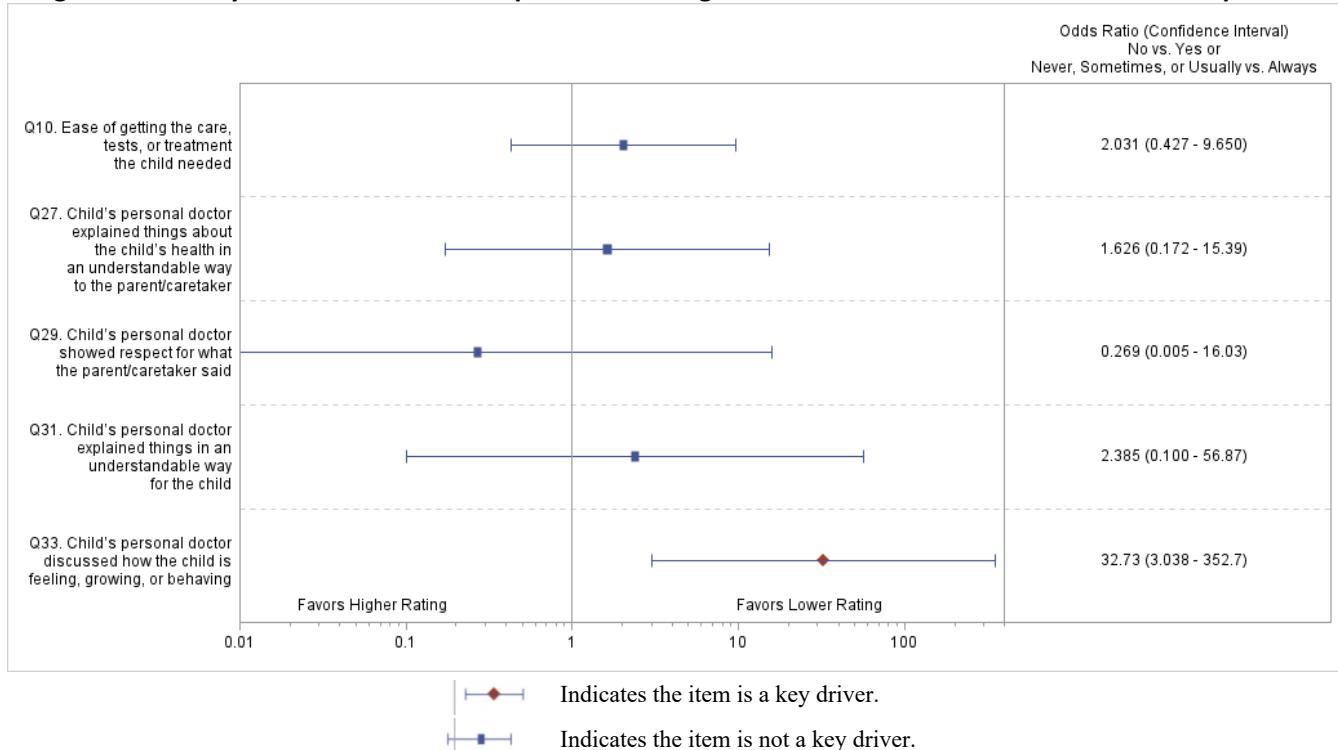
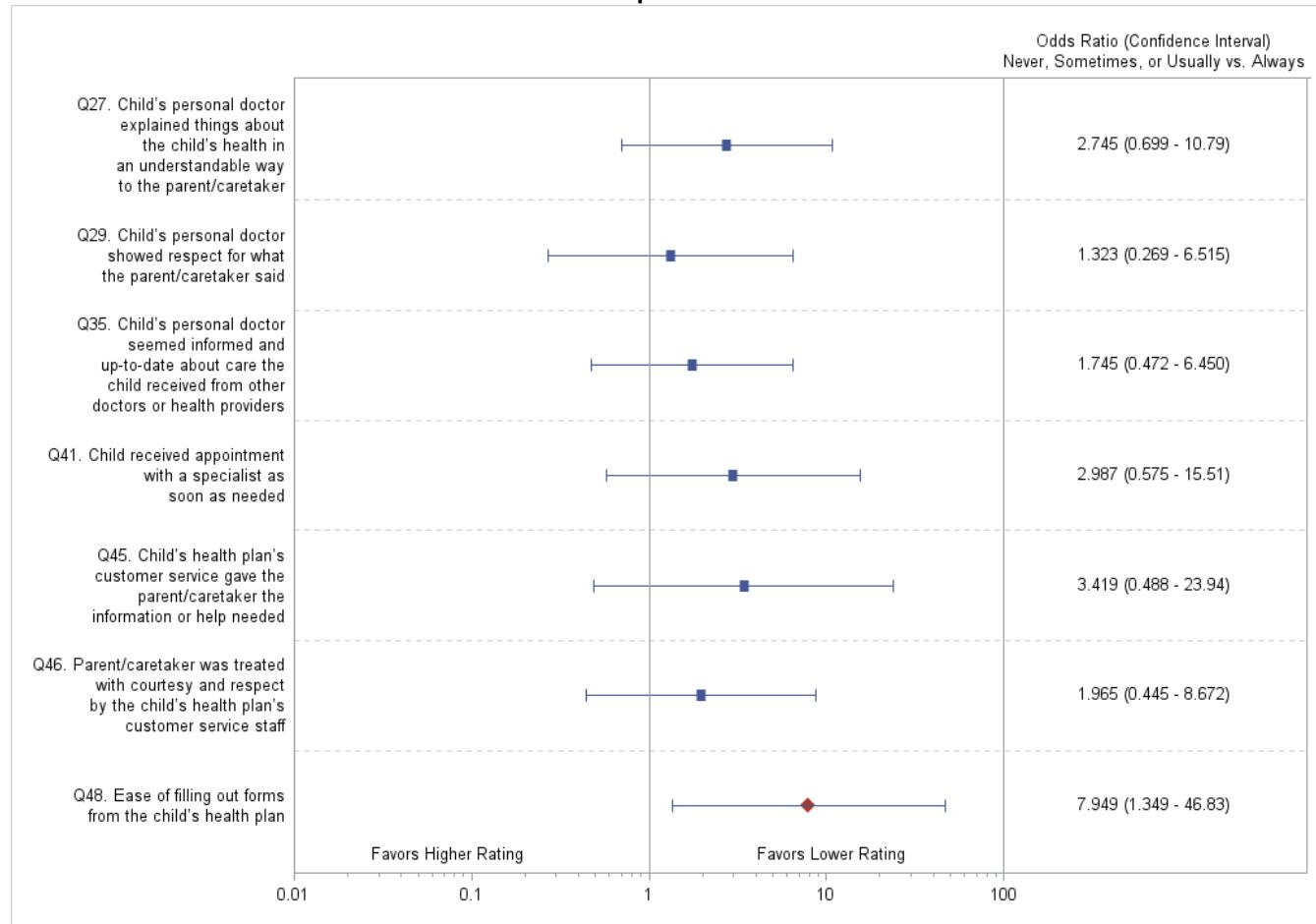


Figure A-12—Key Drivers of Member Experience: Rating of Personal Doctor—FFS General Child Population



Statewide KidsCare

Figure A-13—Key Drivers of Member Experience: Rating of Health Plan—Statewide KidsCare General Child Population



 Indicates the item is a key driver.
 Indicates the item is not a key driver.

Figure A-14—Key Drivers of Member Experience: Rating of All Health Care—Statewide KidsCare General Child Population

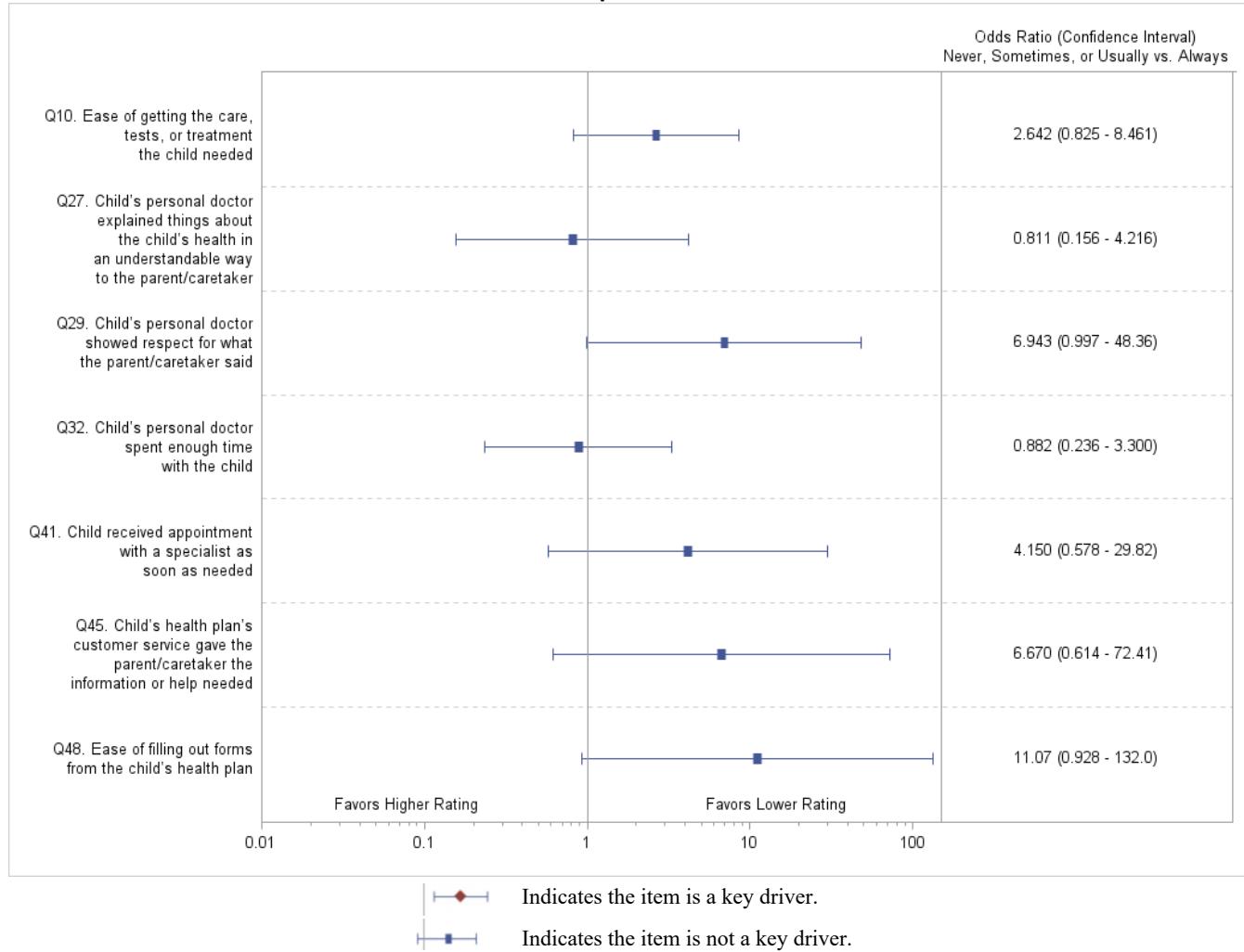
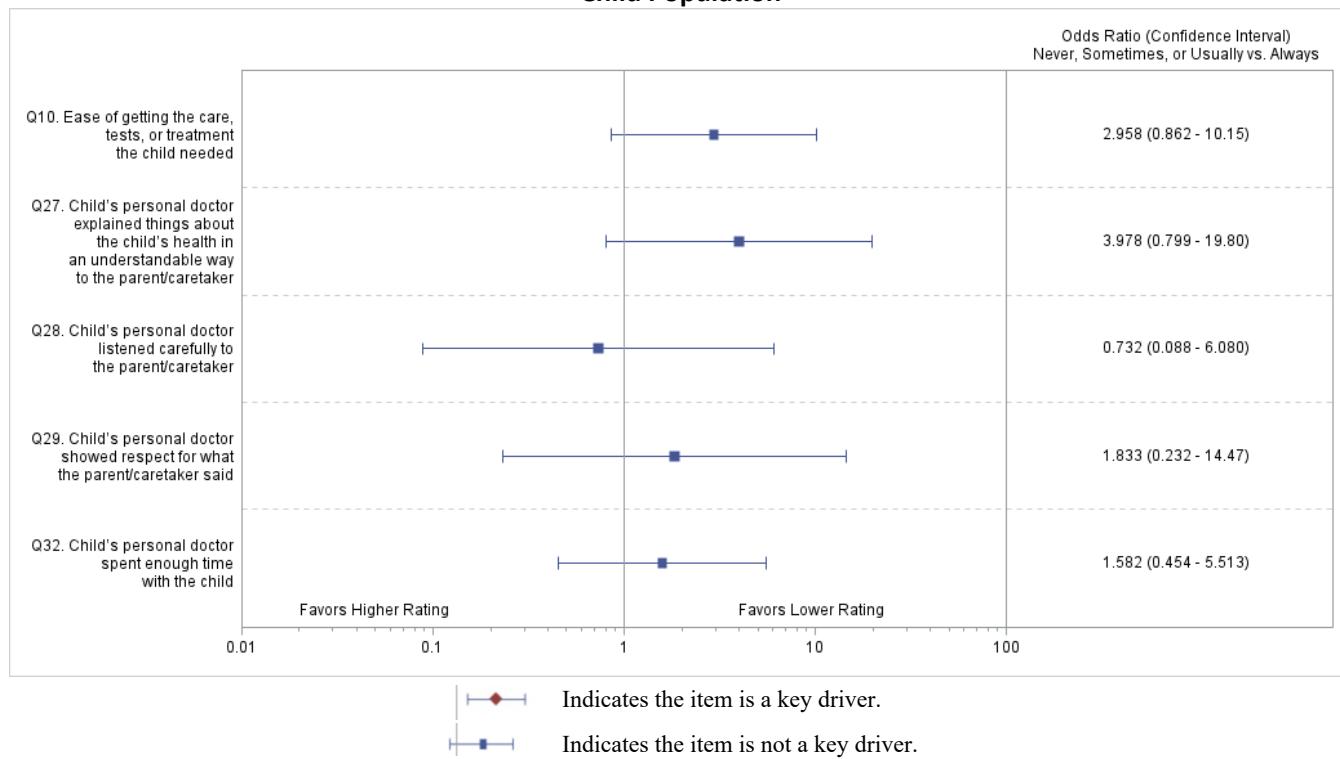


Figure A-15—Key Drivers of Member Experience: Rating of Personal Doctor—Statewide KidsCare General Child Population



KidsCare MCO Aggregate

Figure A-16—Key Drivers of Member Experience: Rating of Health Plan—KidsCare MCO Aggregate General Child Population

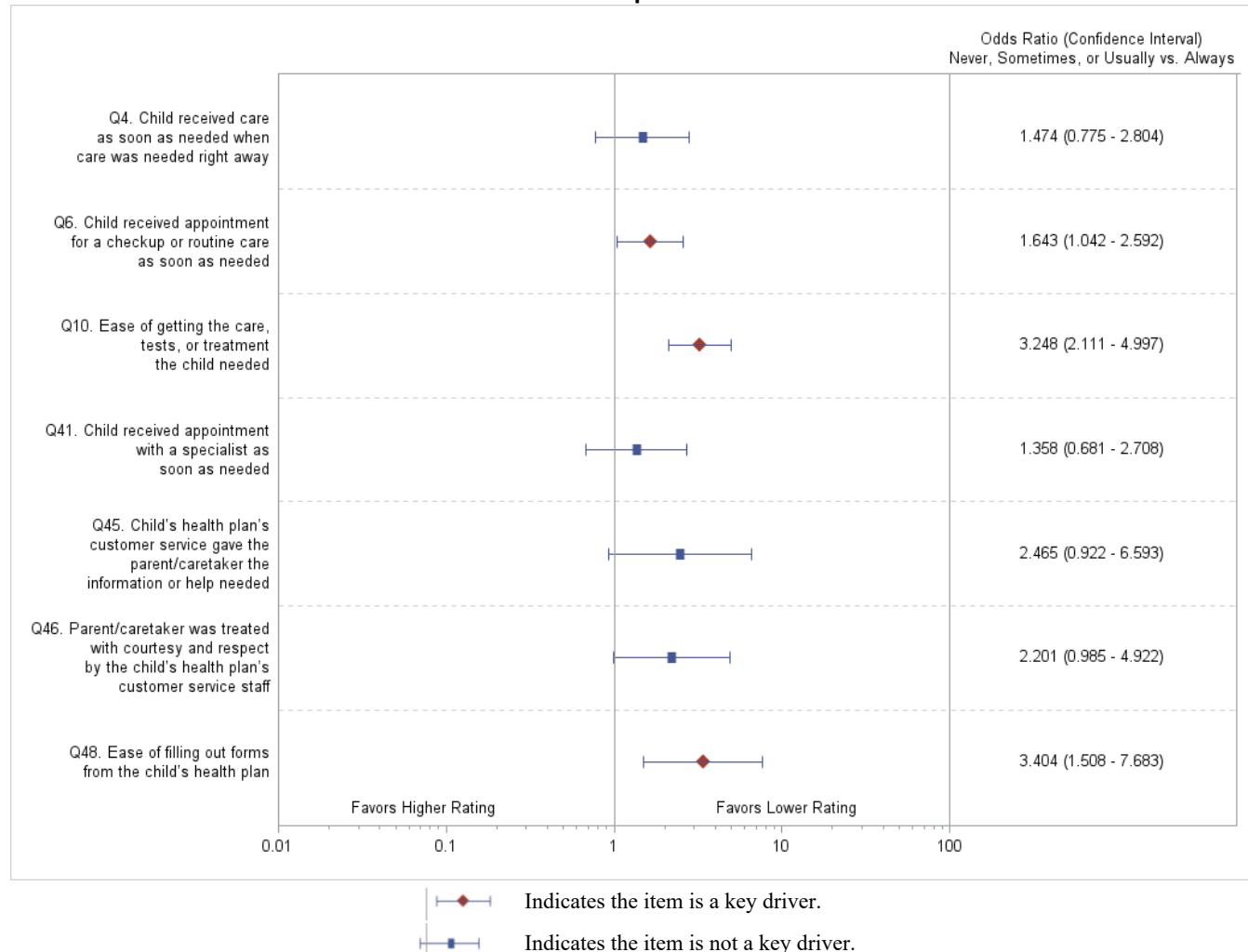


Figure A-17—Key Drivers of Member Experience: Rating of All Health Care—KidsCare MCO Aggregate General Child Population

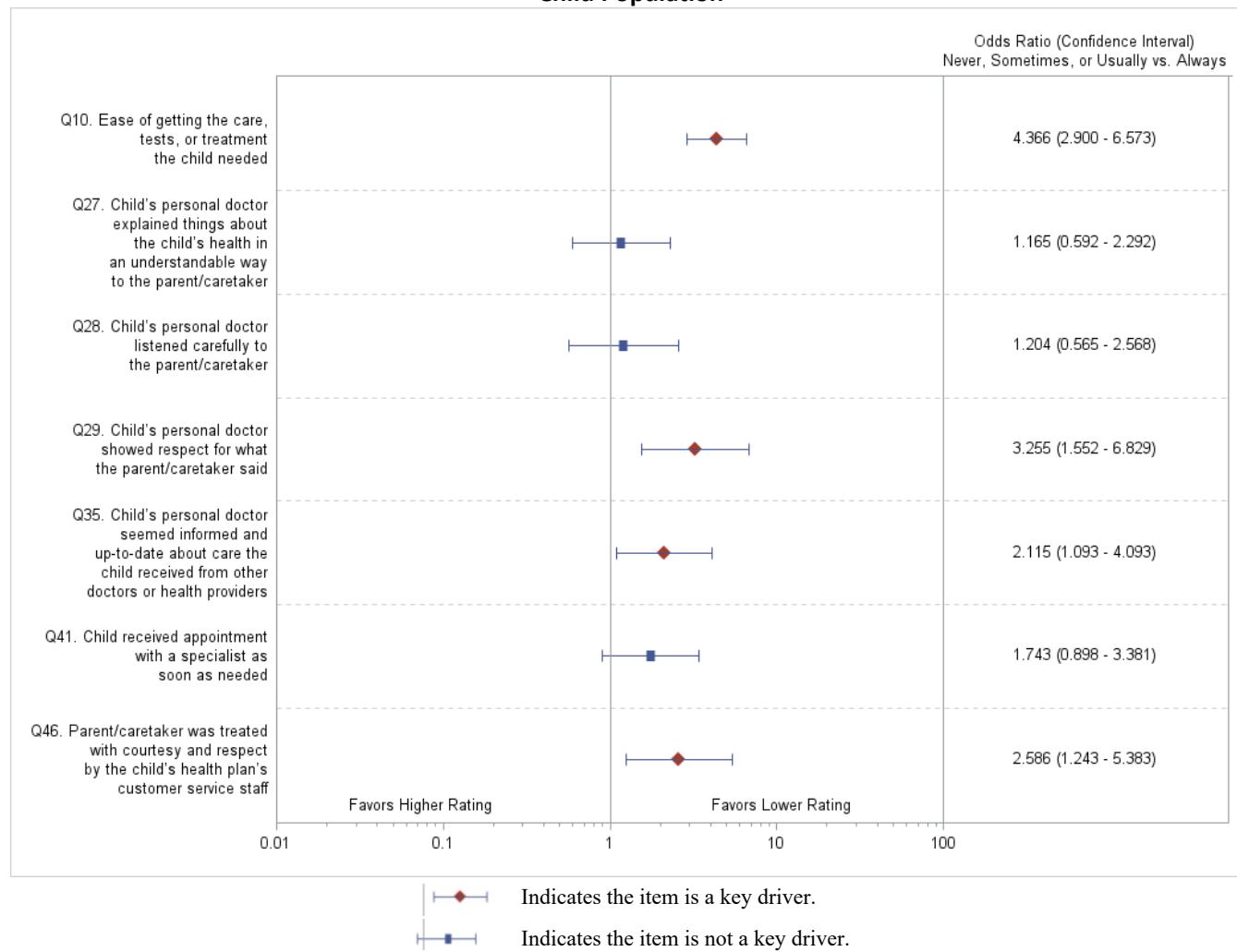
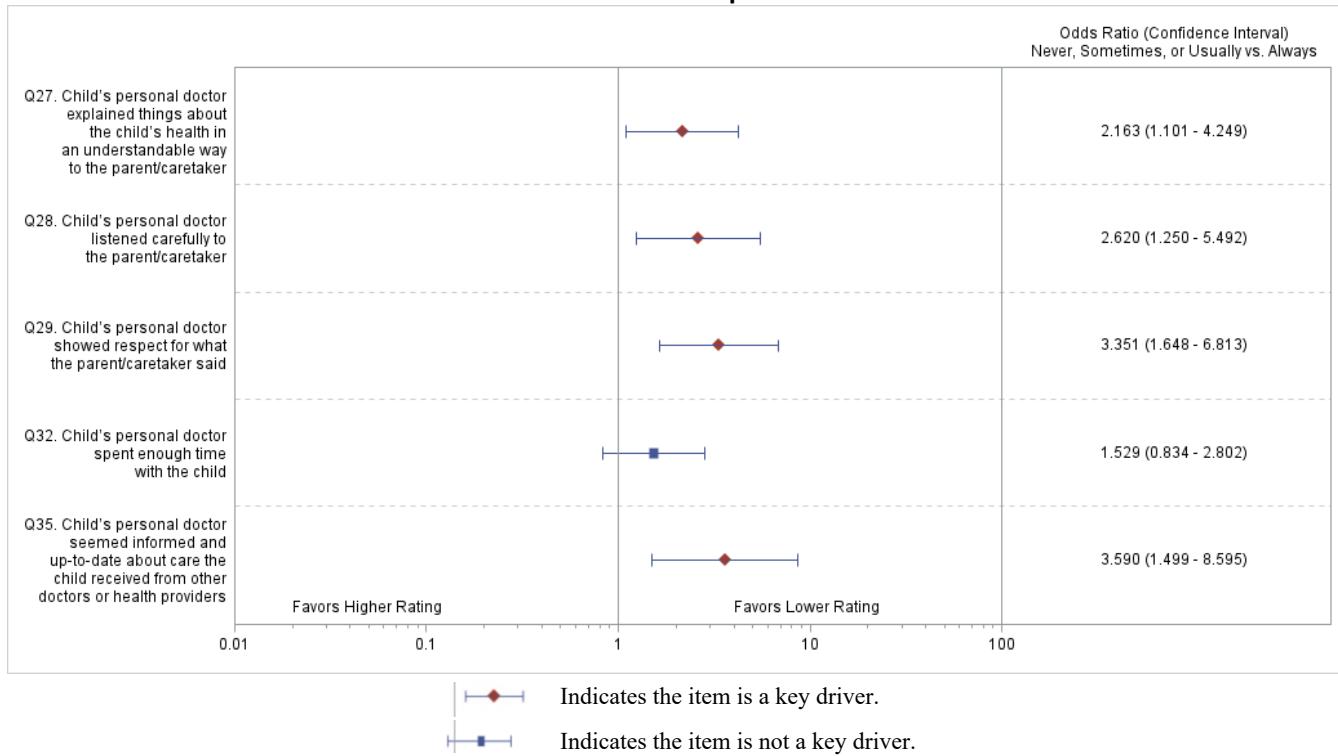


Figure A-18—Key Drivers of Member Experience: Rating of Personal Doctor—KidsCare MCO Aggregate General Child Population

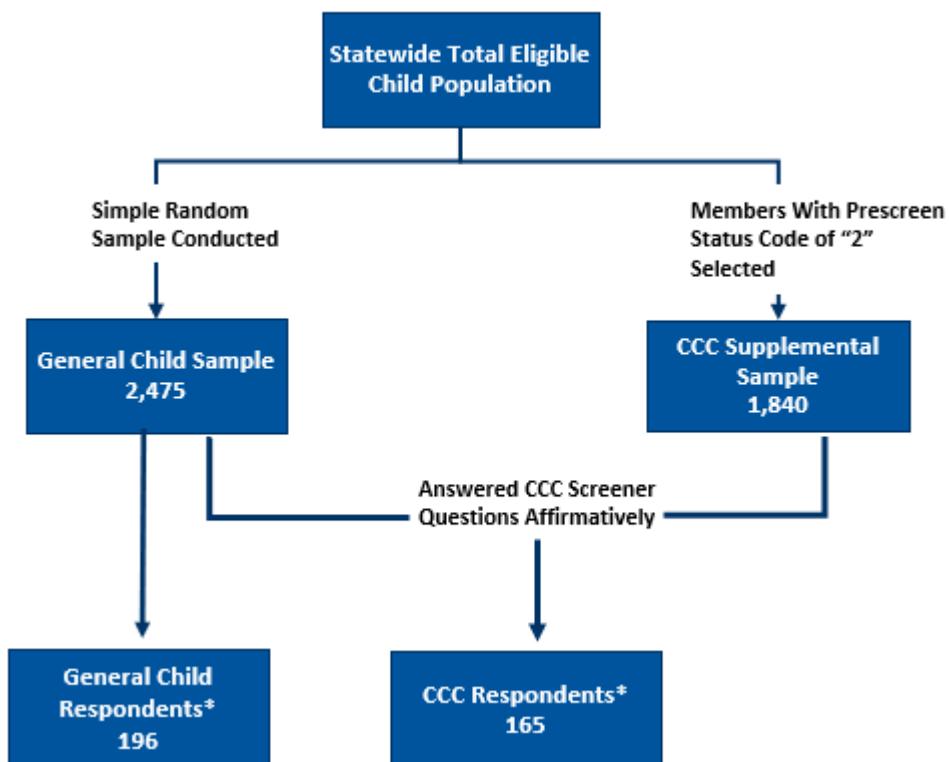


Appendix B. Respondent Distributions

Figure B-1 through Figure B-5 depict the general child and CCC respondent distribution for the Statewide, ACC/ACC-RBHA Non-SMI-Designated, DCS CHP, FFS, and KidsCare populations.

Statewide Population

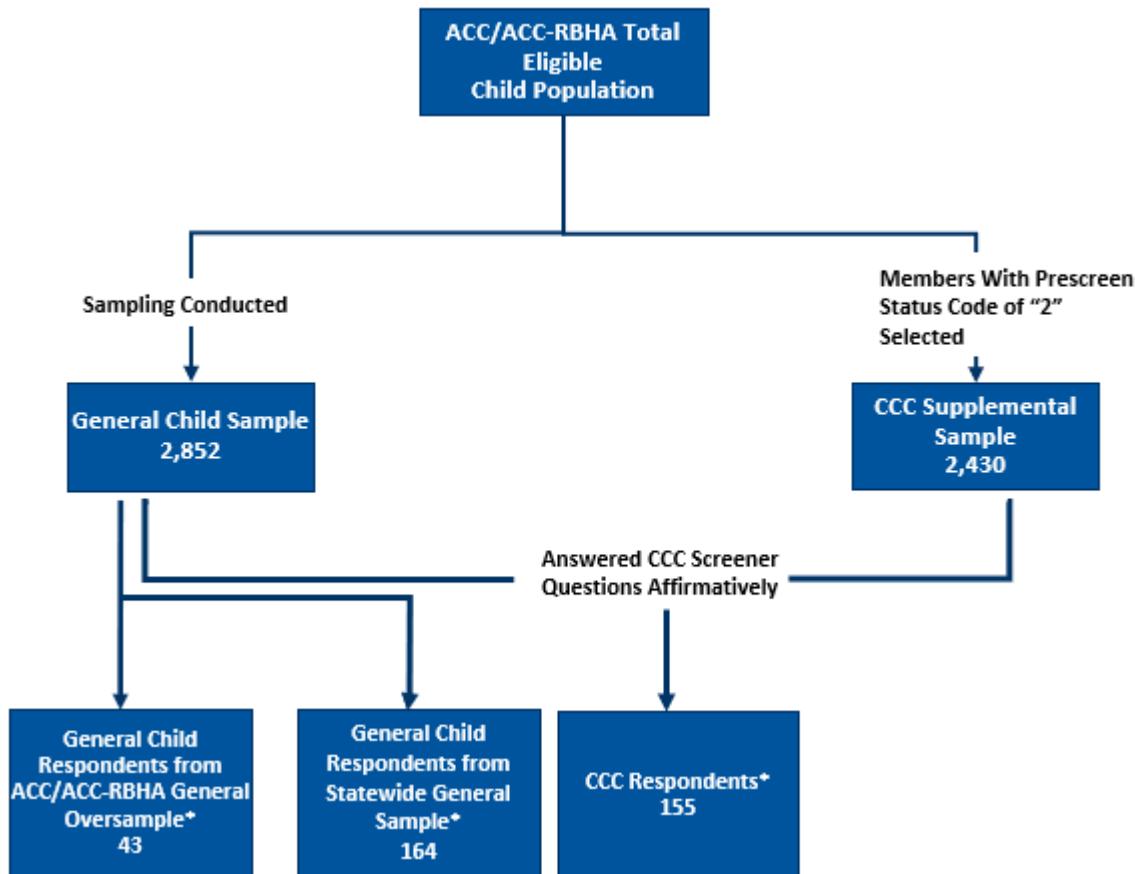
Figure B-1—Respondent Distribution : Statewide Population



**General child and CCC respondents will not add up to the number of completed surveys (i.e., 377), as only members from the general sample and CCC supplemental sample who answered affirmatively to the CCC screener questions are included in the CCC results.*

ACC/ACC-RBHA Non-SMI-Designated

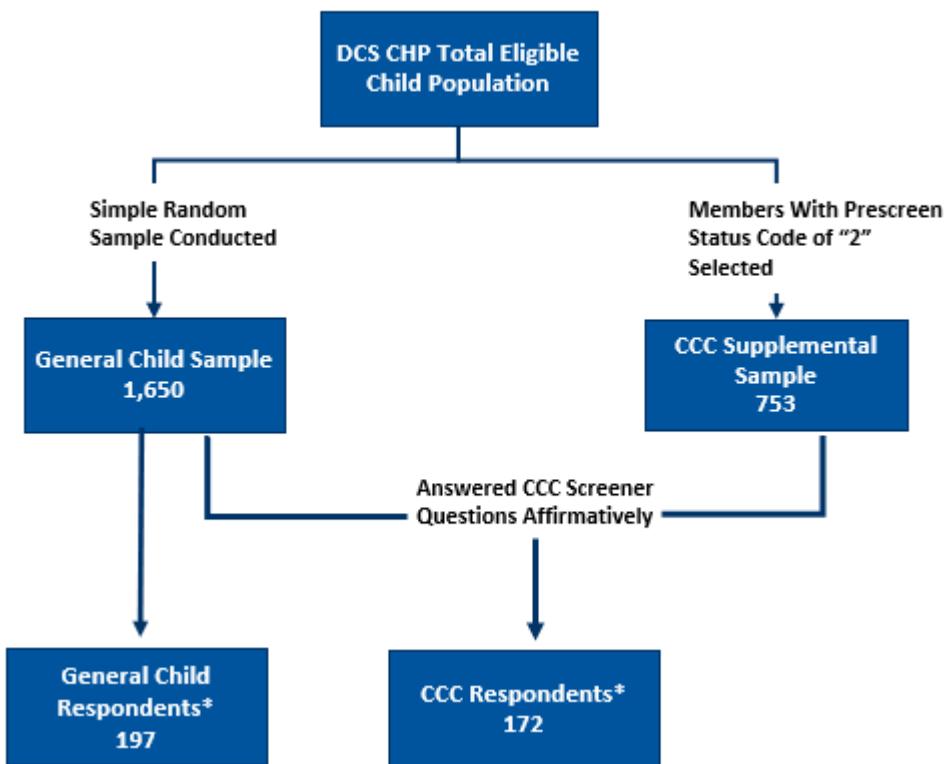
Figure B-2—Respondent Distribution: ACC/ACC-RBHA Non-SMI-Designated



*General child and CCC respondents will not add up to the number of completed surveys (i.e., 418), as only members from the general sample and CCC supplemental sample who answered affirmatively to the CCC screener questions are included in the CCC results.

DCS CHP

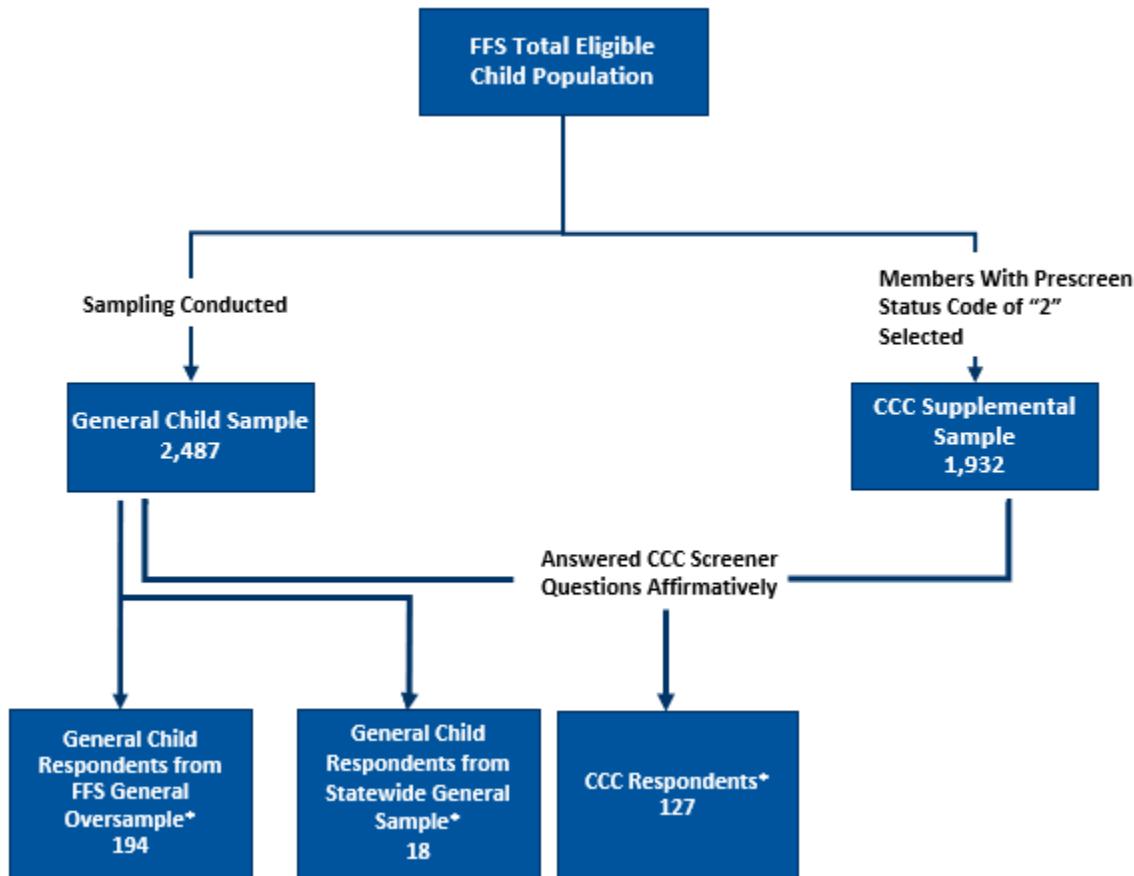
Figure B-3—Respondent Distribution: DCS CHP



*General child and CCC respondents will not add up to the number of completed surveys (i.e., 290), as only members from the general sample and CCC supplemental sample who answered affirmatively to the CCC screener questions are included in the CCC results.

FFS

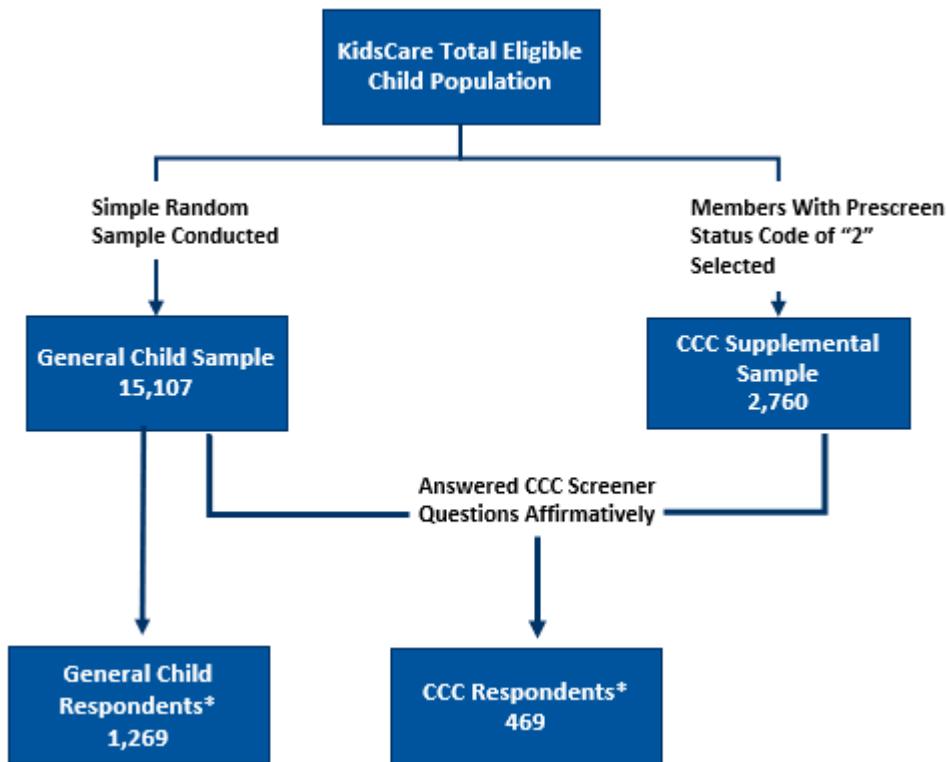
Figure B-4—Respondent Distribution: FFS



*General child and CCC respondents will not add up to the number of completed surveys (i.e., 438), as only members from the general sample and CCC supplemental sample who answered affirmatively to the CCC screener questions are included in the CCC results.

KidsCare

Figure B-5—Respondent Distribution: KidsCare



*General child and CCC respondents will not add up to the number of completed surveys (i.e., 1,568), as only members from the CCC supplemental sample who answered affirmatively to the CCC screener questions are included in the CCC results.



Appendix C. Survey Instrument

The survey instrument administered in 2025 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 1-888-248-3344.

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 named in the letter that was sent with this survey. 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

9. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

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

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

Never
 Sometimes
 Usually
 Always

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

Yes
 No → **Go to Question 14**

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

Yes
 No → **Go to Question 14**

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

Yes
 No

SPECIALIZED SERVICES

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

Yes
 No → **Go to Question 17**

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

Never
 Sometimes
 Usually
 Always

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

Yes
 No

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

Yes
 No → **Go to Question 20**

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

Never
 Sometimes
 Usually
 Always

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

Yes
 No

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

Yes
 No → **Go to Question 23**

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

Never
 Sometimes
 Usually
 Always

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

Yes
 No

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

Yes
 No → **Go to Question 25**

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

Yes
 No

YOUR CHILD'S PERSONAL DOCTOR

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

Yes
 No → **Go to Question 40**

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

ADDITIONAL QUESTIONS

77. In the last 6 months, how many days did you usually have to wait for an appointment for a check-up or routine care for your child?

- Same day
- 1 day
- 2 to 3 days
- 4 to 7 days
- 8 to 14 days
- 15 to 30 days
- More than 30 days
- My child did not receive any health care in the last 6 months → **Go to Question 80**

78. In the last 6 months, how many days did you usually have to wait for an appointment when your child needed care right away?

- Same day
- 1 day
- 2 to 3 days
- 4 to 7 days
- More than 7 days

79. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did your child see his or her personal doctor within 15 minutes of your child's appointment time?

- Never
- Sometimes
- Usually
- Always

80. In the last 6 months, did your child need to visit a doctor's office or clinic after regular office hours?

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

81. In the last 6 months, how often were you able to get the care your child needed from a doctor's office or clinic after regular office hours?

- Never
- Sometimes
- Usually
- Always

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**