2018 Arizona Health Care Cost Containment System

KidsCare CAHPS® Summary Report

December 2018
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1. Executive Summary

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

The CAHPS results presented in the report represent a baseline assessment of parents’/caretakers’ of child members satisfaction with KidsCare; therefore, caution should be exercised when interpreting these results. A sample of 3,017 child members was selected from KidsCare. Parents/caretakers of child members completed the surveys from July to September 2018. The standardized survey instrument selected was the CAHPS 5.0 Child Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set and the Children with Chronic Conditions (CCC) measurement set.

Report Overview

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

- **Four global ratings:**
  - Rating of Health Plan
  - Rating of All Health Care
  - Rating of Personal Doctor
  - Rating of Specialist Seen Most Often

- **Five composite measures:**
  - Getting Needed Care
  - Getting Care Quickly
  - How Well Doctors Communicate
  - Customer Service
  - Shared Decision Making

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1-1 CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
1-2 HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
• Two individual item measures:
  – Coordination of Care
  – Health Promotion and Education.

• Three CCC composite measures (for the CCC population only):
  – Access to Specialized Services
  – Family-Centered Care (FCC): Personal Doctor Who Knows Child
  – Coordination of Care for Children with Chronic Conditions
  – FCC: Getting Needed Information
  – Access to Prescriptions

• Two CCC items (for the CCC population only):
  – Access to Prescription Medicines
  – FCC: Getting Needed Information
General Child Performance Highlights

The General Child Results section of this report details the CAHPS results for the KidsCare general child population. The general child population consisted of children 19 years or younger when the sample frame was pulled.\textsuperscript{1-3} The following is a summary of the general child CAHPS performance highlights. The performance highlights are categorized into three areas of analysis performed for the general child population:

- National Committee for Quality Assurance (NCQA) Comparisons
- Rates and Proportions
- Key Drivers of Satisfaction

NCQA Comparisons

Overall member satisfaction ratings for four CAHPS global ratings (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often), four CAHPS composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service), and one individual item measure (Coordination of Care) from the 2018 CAHPS survey results were compared to NCQA’s 2018 HEDIS Benchmarks and Thresholds for Accreditation.\textsuperscript{1-4} This comparison resulted in ratings of one (★) to five (★★★★★) stars on these CAHPS measures, where one is the lowest possible rating and five is the highest possible rating.\textsuperscript{1-5} It is important to note that NCQA does not publish separate benchmarks and thresholds for the Children’s Health Insurance Program (CHIP) population; therefore, NCQA’s benchmarks and thresholds for the child Medicaid population were used to derive the overall member satisfaction ratings. As such, caution should be exercised when interpreting the results of the National Comparisons analysis (i.e., star ratings). The detailed results of this comparative analysis are described in the General Child Results section beginning on page 3-1. Table 1-1, on the following page, presents the highlights from this comparison.

\textsuperscript{1-3} Some children eligible for the CAHPS survey turned age 20 between April 1, 2018, and the time of survey administration.


\textsuperscript{1-4} NCQA does not publish benchmarks and thresholds for the Shared Decision Making composite measure, and the Health Promotion and Education individual item measure; therefore, these CAHPS measures were excluded from the National Comparisons analysis.
Table 1-1—General Child NCQA Comparisons Highlights

<table>
<thead>
<tr>
<th>Measure</th>
<th>Three-Point Mean</th>
<th>Star Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Global Ratings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rating of Health Plan</td>
<td>2.71</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Rating of All Health Care</td>
<td>2.67</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Rating of Personal Doctor</td>
<td>2.73</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Rating of Specialist Seen Most Often</td>
<td>2.64</td>
<td>★★★★</td>
</tr>
<tr>
<td><strong>Composite Measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting Needed Care</td>
<td>2.37</td>
<td>★</td>
</tr>
<tr>
<td>Getting Care Quickly</td>
<td>2.54</td>
<td>★★</td>
</tr>
<tr>
<td>How Well Doctors Communicate</td>
<td>2.70</td>
<td>★★★</td>
</tr>
<tr>
<td>Customer Service</td>
<td>2.51</td>
<td>★★</td>
</tr>
<tr>
<td><strong>Individual Item Measure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordination of Care</td>
<td>2.47</td>
<td>★★★★</td>
</tr>
</tbody>
</table>

**Star Assignments Based on Percentiles**
- ★★★★★ 90th or Above
- ★★★★ 75th–89th
- ★★★ 50th–74th
- ★★ 25th–49th
- ★ Below 25th

Please note: CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.

The NCQA comparisons revealed the following summary results:

- KidsCare scored at or above the 90th percentile on three measures:
  - Rating of Health Plan
  - Rating of All Health Care
  - Rating of Personal Doctor
- KidsCare scored at or between the 75th and 89th percentiles on one measure:
  - Rating of Specialist Seen Most Often
- KidsCare scored at or between the 50th and 74th percentiles on two measures:
  - How Well Doctors Communicate
  - Coordination of Care
- KidsCare scored at or between the 25th and 49th percentiles on two measures:
  - Getting Care Quickly
  - Customer Service
- KidsCare scored below the 25th percentile on one measure:
  - Getting Needed Care
Rates and Proportions

The question summary rates and global proportions for the KidsCare general child population were compared to 2018 NCQA Child Medicaid Quality Compass® data.\textsuperscript{1-6} Quality Compass data contain the latest CAHPS measures and benchmarks (i.e., NCQA averages and percentiles) and are used for benchmarking performance. It is important to note that NCQA Quality Compass national averages for the child Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the CHIP population. Given the potential differences in the demographics of these populations (i.e., child Medicaid and CHIP), caution should be exercised when interpreting these results. These comparisons were performed on the four global ratings, five composite measures, and two individual item measures. The detailed results of these analyses are described in the General Child Results section beginning on page 3-3. The following is a highlight of this comparison:

- KidsCare scored at or above the national average on four measures:
  - Rating of Health Plan
  - Rating of All Health Care
  - Rating of Personal Doctor
  - Coordination of Care

Key Drivers of Satisfaction

HSAG focused the key drivers of satisfaction analysis on the following three global ratings: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. HSAG evaluated these global ratings to determine if particular CAHPS items (i.e., questions) are strongly correlated with one or more of these measures. These individual CAHPS items, which HSAG refers to as “key drivers,” are driving levels of satisfaction with each of the three measures. Table 1-2, on the following page, provides a summary of the key drivers identified for KidsCare.

\textsuperscript{1-6} Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).
Table 1-2—KidsCare Key Drivers of Satisfaction

<table>
<thead>
<tr>
<th>Rating of Health Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents reported that when they talked about their child starting or stopping a prescription medicine, a doctor or other health provider did not talk about the reasons they might not want their child to take a medicine.</td>
</tr>
<tr>
<td>Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.</td>
</tr>
<tr>
<td>Respondents reported that it was often not easy for their child to obtain appointments with specialists.</td>
</tr>
<tr>
<td>Respondents reported that their child’s health plan’s customer service did not always give them the information or help they needed.</td>
</tr>
<tr>
<td>Respondents reported that forms from their child’s health plan were often not easy to fill out.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating of All Health Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents reported that when they talked about their child starting or stopping a prescription medicine, a doctor or other health provider did not talk about the reasons they might not want their child to take a medicine.</td>
</tr>
<tr>
<td>Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.</td>
</tr>
<tr>
<td>Respondents reported that it was often not easy for their child to obtain appointments with specialists.</td>
</tr>
<tr>
<td>Respondents reported that forms from their child’s health plan were often not easy to fill out.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating of Personal Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.</td>
</tr>
<tr>
<td>Respondents reported that when their child did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed.</td>
</tr>
<tr>
<td>Respondents reported that their child’s personal doctor did not always spend enough time with them.</td>
</tr>
<tr>
<td>Respondents reported that their child’s personal doctor did not talk with them about how their child is feeling, growing, or behaving.</td>
</tr>
</tbody>
</table>
Children with Chronic Conditions (CCC) Performance Highlights

The CCC Results section of this report details the CAHPS results for the KidsCare CCC population. The CCC population consisted of children 19 years or younger when the sample frame was pulled and those parents or caretakers who responded affirmatively to the CCC survey screener questions (i.e., child population with chronic conditions). The following is a summary of the Rates and Proportions performance highlights. The detailed results of this analysis are described in the CCC Results section beginning on page 4-1.

Rates and Proportions

The question summary rates and global proportions for the KidsCare CCC population were compared to 2018 NCQA CCC Medicaid Quality Compass data.1-7 These comparisons were performed on the four global ratings, five composite measures, two individual item measures, three CCC composite measures, and two CCC items. The detailed results of this analysis are described in the CCC Results section beginning on page 4-2. The following is a highlight of this comparison:

- KidsCare scored at or above the national average on six measures:
  - Rating of Health Plan
  - Rating of All Health Care
  - Rating of Specialist Seen Most Often
  - How Well Doctors Communicate
  - Coordination of Care for Children with Chronic Conditions
  - FCC: Getting Needed Information

1-7 NCQA Quality Compass national averages for the CCC Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the CHIP population. Given the potential differences in the demographics of these populations (i.e., CCC Medicaid and KidsCare), caution should be exercised when interpreting these results.
2. Survey Administration

Survey Administration and Response Rates

Survey Administration

KidsCare members eligible for surveying included those who were enrolled in KidsCare at the time the sample was drawn and who were continuously enrolled in KidsCare for at least five of the last six months of the measurement period (October 1, 2017 through March 31, 2018). In addition, child members had to be 19 years of age or younger as of March 31, 2018 to be included in the survey.

For the CAHPS 5.0 Child Medicaid Health Plan Survey with the CCC measurement set, the standard NCQA HEDIS Specifications for Survey Measures require a sample size of 3,490 members. All members included in the total eligible population of 20,233 within the CAHPS 5.0 sample frame file were given a chronic condition prescreen status code of 1 or 2. A prescreen code of 1 indicated that the child member did not have claims or encounters that suggested the child had a greater probability of having a chronic condition. A prescreen code of 2 (also known as a positive prescreen status code) indicated the child member did have claims or encounters that suggested the member had a greater probability of having a chronic condition. A sample of 1,650 child members with a prescreen status code of 1 and 2 was selected for the general child sample, which represents the general population of children. After selecting child members for the general child sample, a supplemental sample of up to 1,840 child members with a prescreen status code of 2, which represents the population of children who are more likely to have a chronic condition (i.e., children with chronic conditions supplemental sample), was attempted to be selected. This sample was drawn to ensure an adequate number of responses from children with chronic conditions. However, the CCC supplemental sample of 1,367 fell short and did not meet the targeted goal of 1,840 child members; therefore, HSAG included all these child members in the CCC supplemental sample for a total selected sample of 3,017 child members. Table 2-1 depicts the sample sizes selected for KidsCare.

<table>
<thead>
<tr>
<th>Total Sample Size</th>
<th>General Child Sample</th>
<th>CCC Supplemental Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,017</td>
<td>1,650</td>
<td>1,367</td>
</tr>
</tbody>
</table>


2-2 ibid.
The survey administration protocol was designed to achieve a high response rate, thus minimizing the potential effects of non-response bias. The survey process allowed two methods by which the survey could be completed. The first phase, or mail phase, consisted of a survey being mailed to the sampled members. Those members who identified as Spanish-speaking through administrative data were mailed a Spanish version of the survey. Members that were not identified as Spanish-speaking received an English version of the survey. The cover letter included with the English version of the survey had a Spanish cover letter on the back side informing members that they could call the toll-free number to request a Spanish version of the CAHPS questionnaire. A reminder postcard was sent to all non-respondents, followed by a second survey mailing and reminder postcard. The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) for sampled members who had not mailed in a completed survey. Up to six CATI calls were made to each non-respondent. Additional information on the survey protocol is included in the Reader’s Guide section beginning on page 7-1.

**Response Rates**

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

A total of 726 surveys were completed on behalf of child members. Figure 2-1, on the following page, shows the distribution of survey dispositions and response rates for KidsCare. The survey dispositions and response rate are based on the responses of parents/caretakers of children in the general child and CCC supplemental populations.
The KidsCare’s response rate of 24.5 percent was higher than the national CCC Medicaid response rate reported by NCQA for 2018, which was 20.8 percent.\textsuperscript{2-3}

Children with chronic conditions were identified by a series of questions in the CAHPS 5.0 Child Medicaid Health Plan Survey (with the CCC measurement set). This series contains five sets of survey questions that focus on specific health care needs and conditions that constitute a CCC screener. The survey responses for child members in the general child sample and the CCC supplemental sample were analyzed to determine which child members had chronic conditions (those in the CCC population) and which did not. Therefore, the general population of children (i.e., those in the general child sample) could have included children with chronic conditions if parents or caretakers answered the CCC survey screener questions affirmatively (i.e., a positive CCC screener).

Figure 2-2 depicts the general child and CCC respondent distribution for the KidsCare population. The CCC responses were composed of child members within both the general child sample and the CCC supplemental sample who had a prescreen status code of 2 and answered affirmatively to the CCC screener questions. Of the 194 CCC responses, 132 were derived from the CCC supplemental sample, and 62 were derived from the general child sample.

*General child and CCC respondents will not add up to the number of completes, as only members who answered affirmatively to the CCC screener questions are included in the CCC analysis.
Child and Respondent Demographics

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

<table>
<thead>
<tr>
<th>Table 2-2—KidsCare Child Demographics: Age, Gender, Race, Ethnicity, and General Health Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
</tr>
<tr>
<td>0 to 3</td>
</tr>
<tr>
<td>4 to 7</td>
</tr>
<tr>
<td>8 to 12</td>
</tr>
<tr>
<td>13 to 17</td>
</tr>
<tr>
<td>18 to 20*</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td><strong>Race</strong></td>
</tr>
<tr>
<td>Multi-Racial</td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>Black</td>
</tr>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
</tr>
<tr>
<td>Other(^2\text{-}^6)</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>Non-Hispanic</td>
</tr>
<tr>
<td><strong>General Health Status</strong></td>
</tr>
<tr>
<td>Excellent</td>
</tr>
<tr>
<td>Very Good</td>
</tr>
<tr>
<td>Good</td>
</tr>
<tr>
<td>Fair</td>
</tr>
<tr>
<td>Poor</td>
</tr>
</tbody>
</table>

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

\(^*\)Children were eligible for inclusion in CAHPS if they were 19 years of age or younger as of March 31, 2018. Some children eligible for the CAHPS Survey turned 20 between April 1, 2018 and the time of survey administration.


\(^2\text{-}^5\) The child demographic data presented in Table 2-2 are based on the characteristics of the general child population.

\(^2\text{-}^6\) The “Other” Race category is based on respondents who answered, “Native Hawaiian or other Pacific Islander” and “Other.”
Table 2-3 depicts the self-reported age, gender, level of education, and relationship to the child for the respondents who completed a CAHPS survey.²⁻⁷

<table>
<thead>
<tr>
<th>Respondent Age</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>4.3%</td>
</tr>
<tr>
<td>18 to 24</td>
<td>1.9%</td>
</tr>
<tr>
<td>25 to 34</td>
<td>31.3%</td>
</tr>
<tr>
<td>35 to 44</td>
<td>40.0%</td>
</tr>
<tr>
<td>45 to 54</td>
<td>19.6%</td>
</tr>
<tr>
<td>55 to 64</td>
<td>2.2%</td>
</tr>
<tr>
<td>65 or Older</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respondent Gender</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>9.7%</td>
</tr>
<tr>
<td>Female</td>
<td>90.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respondent Education</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8th Grade or Less</td>
<td>9.7%</td>
</tr>
<tr>
<td>Some High School</td>
<td>15.1%</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>31.1%</td>
</tr>
<tr>
<td>Some College</td>
<td>28.7%</td>
</tr>
<tr>
<td>College Graduate</td>
<td>15.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship to Child</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother or Father</td>
<td>98.6%</td>
</tr>
<tr>
<td>Grandparent</td>
<td>0.5%</td>
</tr>
<tr>
<td>Legal Guardian</td>
<td>0.2%</td>
</tr>
<tr>
<td>Other²⁻⁷</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

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

²⁻⁷ The respondent demographic data presented in Table 2-3 are based on the characteristics of the respondents from the general child population.

²⁻⁷ The “Other” category for respondent demographics response options included aunt or uncle, older brother or sister, other relative, or someone else.
3. General Child Results

The following section presents the CAHPS results for the KidsCare general child population. For the general child population, a total of 425 completed surveys were completed on behalf of child members. These completed surveys were used to calculate the 2018 General Child CAHPS results presented in this section.

NCQA Comparisons

In order to assess the overall performance of the KidsCare population, four global ratings, four composite measures, and one individual item measure were scored on a three-point scale using the scoring methodology detailed in NCQA’s HEDIS Specifications for Survey Measures. The resulting three-point mean scores were compared to NCQA’s HEDIS Benchmarks and Thresholds for Accreditation. Based on this comparison, ratings of one (☆) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating and five is the highest possible rating, as shown in Table 3-1. Although NCQA requires a minimum of at least 100 responses on each item in order to obtain a reportable CAHPS Survey result, HSAG presented results with fewer than 100 responses. Therefore, caution should be exercised when evaluating measures’ results with fewer than 100 responses, which are denoted with a cross (+).

Table 3-1—Star Ratings

<table>
<thead>
<tr>
<th>Stars</th>
<th>Percentiles</th>
</tr>
</thead>
<tbody>
<tr>
<td>★★★★★</td>
<td>Excellent at or above the 90th percentile</td>
</tr>
<tr>
<td>★★★★</td>
<td>Very Good at or between the 75th and 89th percentiles</td>
</tr>
<tr>
<td>★★★</td>
<td>Good at or between the 50th and 74th percentiles</td>
</tr>
<tr>
<td>★★</td>
<td>Fair at or between the 25th and 49th percentiles</td>
</tr>
<tr>
<td>★</td>
<td>Poor Below the 25th percentile</td>
</tr>
</tbody>
</table>

3-3 NCQA does not publish national benchmarks and thresholds for the Shared Decision Making composite measure, and the Health Promotion and Education individual item measure; therefore, these CAHPS measures were excluded from the National Comparisons analysis.
Table 3-2 shows the three-point mean scores and overall member satisfaction ratings on each of the four global ratings, four composite measures, and one individual item measure.

**Table 3-2—NCQA Comparisons: Overall Member Satisfaction Ratings**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Three-Point Mean</th>
<th>Star Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Global Ratings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rating of Health Plan</td>
<td>2.71</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Rating of All Health Care</td>
<td>2.67</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Rating of Personal Doctor</td>
<td>2.73</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Rating of Specialist Seen Most Often</td>
<td>2.64+</td>
<td>★★★★+</td>
</tr>
<tr>
<td><strong>Composite Measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting Needed Care</td>
<td>2.37</td>
<td>★</td>
</tr>
<tr>
<td>Getting Care Quickly</td>
<td>2.54</td>
<td>★★</td>
</tr>
<tr>
<td>How Well Doctors Communicate</td>
<td>2.70</td>
<td>★★★</td>
</tr>
<tr>
<td>Customer Service</td>
<td>2.51</td>
<td>★★</td>
</tr>
<tr>
<td><strong>Individual Item Measure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordination of Care</td>
<td>2.47+</td>
<td>★★★★+</td>
</tr>
</tbody>
</table>

*Star Assignments Based on Percentiles*

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

Please note: CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.

**Summary of NCQA Comparisons Results**

The NCQA comparisons revealed the following summary results:

- KidsCare scored at or above the 90th percentile on three measures:
  - Rating of Health Plan
  - Rating of All Health Care
  - Rating of Personal Doctor
- KidsCare scored at or between the 75th and 89th percentiles on one measure:
  - Rating of Specialist Seen Most Often
- KidsCare scored at or between the 50th and 74th percentiles on two measures:
  - How Well Doctors Communicate
  - Coordination of Care
- KidsCare scored at or between the 25th and 49th percentiles on two measures:
  - Getting Care Quickly
  - Customer Service
- KidsCare scored below the 25th percentile on one measure:
  - Getting Needed Care
Rates and Proportions

For purposes of calculating the results, question summary rates were calculated for each global rating and individual item measure, and global proportions were calculated for each composite measure. Both the question summary rates and global proportions were calculated in accordance with NCQA HEDIS Specifications for Survey Measures. The scoring of the global ratings, composite measures, and individual item measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-box responses was calculated in order to determine the question summary rates and global proportions. For additional detail, please refer to the NCQA HEDIS 2018 Specifications for Survey Measures, Volume 3.

A “top-box” response was defined as follows:

- “9” or “10” for global ratings.
- “Usually” or “Always” for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composite measures, and the Coordination of Care individual item measure.
- “Yes” for the Shared Decision Making composite measure, and the Health Promotion and Education individual item measure.

---

Global Ratings

Figure 3-1 depicts the top-box question summary rates for each global rating for KidsCare’s general child population and the 2018 NCQA child Medicaid national average.  

Figure 3-1—Global Ratings: Question Summary Rates

Proportion of Top-Box Responses (Percent)

- Rating of Health Plan: NCQA 76.6%
- Rating of All Health Care: NCQA 75.1%
- Rating of Personal Doctor: NCQA 78.2%
- Rating of Specialist Seen Most Often: NCQA 73.3%

2018 National Average  KidsCare Program

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

---

3-5 For the NCQA child Medicaid national averages, the source for data contained in this publication is Quality Compass® 2018 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2018 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
For each global rating question, responses were classified into one of three response categories: “0 to 6 (Dissatisfied),” “7 to 8 (Neutral),” and “9 to 10 (Satisfied).” Figure 3-2 depicts the proportion of respondents who fell into each response category for each global rating.

**Figure 3-2—Global Ratings: Proportion of Responses**

![Figure 3-2](image)

- **Rating of Health Plan**
  - Dissatisfied: 5.7%
  - Neutral: 17.7%
  - Satisfied: 76.6%
  - N = 418

- **Rating of All Health Care**
  - Dissatisfied: 8.1%
  - Neutral: 16.8%
  - Satisfied: 75.1%
  - N = 273

- **Rating of Personal Doctor**
  - Dissatisfied: 5.4%
  - Neutral: 16.4%
  - Satisfied: 78.2%
  - N = 354

- **Rating of Specialist Seen Most Often**
  - Dissatisfied: 9.3%
  - Neutral: 17.4%
  - Satisfied: 73.3%
  - N = 86

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

Figure 3-3 depicts the top-box global proportions for each composite measure for KidsCare’s general child population and the 2018 NCQA child Medicaid national average.

Figure 3-3—Composite Measures: Global Proportions

- Getting Needed Care
  - NCQA: 82.9%
- Getting Care Quickly
  - NCQA: 88.5%
- How Well Doctors Communicate
  - NCQA: 93.5%
- Customer Service
  - NCQA: 86.1%
- Shared Decision Making
  - NCQA: 76.0%+

Proportion of Top-Box Responses (Percent)

- 2018 National Average
- KidsCare Program

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
For Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service, responses were classified into one of three response categories as follows: “Never (Dissatisfied),” “Sometimes (Neutral),” and “Usually/Always (Satisfied).” For Shared Decision Making, responses were classified into one of two response categories as follows: “No (Dissatisfied)” and “Yes (Satisfied).” Figure 3-4 depicts the proportion of respondents who fell into each response category for each composite measure.

Figure 3-4—Composite Measures: Proportion of Responses

<table>
<thead>
<tr>
<th>Measure</th>
<th>Dissatisfied</th>
<th>Neutral</th>
<th>Satisfied</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Needed Care</td>
<td>5.1%</td>
<td>13.8%</td>
<td>82.9%</td>
<td>185</td>
</tr>
<tr>
<td>Getting Care Quickly</td>
<td>10.8%</td>
<td></td>
<td>88.5%</td>
<td>186</td>
</tr>
<tr>
<td>How Well Doctors Communicate</td>
<td>5.9%</td>
<td>93.5%</td>
<td></td>
<td>255</td>
</tr>
<tr>
<td>Customer Service</td>
<td>11.9%</td>
<td></td>
<td>86.1%</td>
<td>122</td>
</tr>
<tr>
<td>Shared Decision Making</td>
<td>24.0% *</td>
<td></td>
<td>76.0% *</td>
<td>69</td>
</tr>
</tbody>
</table>
**Individual Item Measures**

Figure 3-5 depicts the top-box question summary rates for each individual item measure for KidsCare’s general child population and the 2018 NCQA child Medicaid national average.

![Figure 3-5—Individual Item Measures: Question Summary Rates](chart)

For Coordination of Care, responses were classified into one of three response categories: “Never (Dissatisfied),” “Sometimes (Neutral),” and “Usually/Always (Satisfied).” For Health Promotion and Education, responses were classified into one of two response categories: “No (Dissatisfied)” and “Yes (Satisfied).” Figure 3-6 depicts the proportion of respondents who fell into each response category for each individual item measure.

![Figure 3-6—Individual Item Measures: Proportion of Responses](chart)

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
Summary of Rates and Proportions

The following is a summary of the rates and proportion results for the KidsCare general child population:

- KidsCare scored at or above the national average on four measures:
  - Rating of Health Plan
  - Rating of All Health Care
  - Rating of Personal Doctor
  - Coordination of Care

- KidsCare scored below the national average on seven measures:
  - Rating of Specialist Seen Most Often
  - Getting Needed Care
  - Getting Care Quickly
  - How Well Doctors Communicate
  - Customer Service
  - Shared Decision Making
  - Health Promotion and Education
4. Children with Chronic Conditions Results

Chronic Conditions Classification

A series of questions included in the CAHPS 5.0 Child Medicaid Health Plan Survey with the CCC measurement set was used to identify children with chronic conditions (i.e., CCC screener questions). This series contains five sets of survey questions that focus on specific healthcare needs and conditions. Child members with affirmative responses to all of the questions in at least one of the following five categories were considered to have a chronic condition:

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

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

Based on parents’/caretakers’ responses to the CCC screener questions, KidsCare had 194 completed CAHPS Child Medicaid Health Plan Surveys for the CCC population. These completed surveys were used to calculate the 2018 CCC CAHPS results presented in this section. The CCC CAHPS results presented in this section represent a baseline assessment of the parents’/caretakers’ satisfaction with the care and services provided by KidsCare.
Rates and Proportions

Question summary rates were calculated for each global rating, individual item measure, and CCC item, and global proportions were calculated for each composite measure and CCC composite measure. Both the question summary rates and global proportions were calculated in accordance with NCQA HEDIS Specifications for Survey Measures. The scoring of the global ratings, composite measures, individual item measures, and CCC composites and items involved assigning top-box responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-box responses was calculated in order to determine the question summary rates and global proportions. For additional details, please refer to the NCQA HEDIS 2018 Specifications for Survey Measures, Volume 3.

A “top-box” response was defined as follows:

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

Global Ratings

Figure 4-1 depicts the top-box question summary rates for each global rating for KidsCare’s CCC population and the 2018 NCQA CCC Medicaid national average.4-2

Figure 4-1—Global Ratings: Question Summary Rates

<table>
<thead>
<tr>
<th>Rating of Health Plan</th>
<th>NCQA</th>
<th>74.7%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating of All Health Care</td>
<td>NCQA</td>
<td>72.3%</td>
</tr>
<tr>
<td>Rating of Personal Doctor</td>
<td>NCQA</td>
<td>74.9%</td>
</tr>
<tr>
<td>Rating of Specialist Seen Most Often</td>
<td>NCQA</td>
<td>78.8%*</td>
</tr>
</tbody>
</table>

Proportion of Top-Box Responses (Percent)

- 2018 National Average
- KidsCare Program

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

---

4-2 For the NCQA CCC Medicaid national averages, the source for data contained in this publication is Quality Compass®, 2018 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2018 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
For each global rating question, responses were classified into one of three response categories: “0 to 6 (Dissatisfied),” “7 to 8 (Neutral),” and “9 to 10 (Satisfied).” Figure 4-2 depicts the proportion of respondents who fell into each response category for each global rating.

**Figure 4-2—Global Ratings: Proportion of Responses**

For each global rating question, responses were classified into one of three response categories: “0 to 6 (Dissatisfied),” “7 to 8 (Neutral),” and “9 to 10 (Satisfied).” Figure 4-2 depicts the proportion of respondents who fell into each response category for each global rating.

- **Rating of Health Plan**: 8.4% Dissatisfied, 16.8% Neutral, 74.7% Satisfied
- **Rating of All Health Care**: 7.1% Dissatisfied, 20.6% Neutral, 72.3% Satisfied
- **Rating of Personal Doctor**: 5.5% Dissatisfied, 19.8% Neutral, 74.9% Satisfied
- **Rating of Specialist Seen Most Often**: 17.2% Dissatisfied, 78.8% Satisfied

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

Figure 4-3 depicts the top-box global proportions for each composite measure for KidsCare’s CCC population and the 2018 NCQA CCC Medicaid national average.

Figure 4-3—Composite Measures: Global Proportions

- Getting Needed Care:
  - NCQA: 83.4%
- Getting Care Quickly:
  - NCQA: 90.3%
- How Well Doctors Communicate:
  - NCQA: 95.6%
- Customer Service:
  - NCQA: 84.8% *
- Shared Decision Making:
  - NCQA: 80.5% *

Proportion of Top-Box Responses (Percent)

- 2018 National Average
- KidsCare Program

* Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
For the Getting Care Quickly, Getting Needed Care, How Well Doctors Communicate, and Customer Service composite measure questions, responses were classified into one of three response categories as follows: “Never (Dissatisfied),” “Sometimes (Neutral),” and “Usually/Always (Satisfied).” For Shared Decision Making, responses were classified into one of two response categories: “No (Dissatisfied)” and “Yes (Satisfied).” Figure 4-4 depicts the proportion of respondents who fell into each response category for each composite measure.

**Figure 4-4—Composite Measures: Proportion of Responses**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Dissatisfied</th>
<th>Neutral</th>
<th>Satisfied</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Needed Care</td>
<td>2.4%</td>
<td>13.6%</td>
<td>83.4%</td>
<td>129</td>
</tr>
<tr>
<td>Getting Care Quickly</td>
<td>8.1%</td>
<td></td>
<td>90.3%</td>
<td>115</td>
</tr>
<tr>
<td>How Well Doctors Communicate</td>
<td>3.3%</td>
<td></td>
<td>95.6%</td>
<td>142</td>
</tr>
<tr>
<td>Customer Service</td>
<td>13.3%</td>
<td></td>
<td>84.8%</td>
<td>75</td>
</tr>
<tr>
<td>Shared Decision Making</td>
<td>19.5%</td>
<td></td>
<td>80.5%</td>
<td>70</td>
</tr>
</tbody>
</table>

* Proportion of Responses (Percent)

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
**Individual Item Measures**

Figure 4-5 depicts the top-box question summary rates for each individual item measure for KidsCare’s CCC population and the 2018 NCQA CCC Medicaid national average.

![Figure 4-5—Individual Item Measures: Question Summary Rates](image)

For Coordination of Care, responses were classified into one of three response categories: “Never (Dissatisfied),” “Sometimes (Neutral),” and “Usually/Always (Satisfied).” For Health Promotion and Education, responses were classified into one of two response categories: “No (Dissatisfied)” and “Yes (Satisfied).” Figure 4-6 depicts the proportion of respondents who fell into each response category for each individual item measure.

![Figure 4-6—Individual Item Measures: Proportion of Responses](image)

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
Children with Chronic Conditions (CCC) Composite Measures

Figure 4-7 depicts the top-box global proportions for each CCC composite measure for KidsCare’s CCC population and the 2018 NCQA CCC Medicaid national average.

Figure 4-7—CCC Composite Measures: Global Proportions

- Access to Specialized Services: NCQA 77.0%
- FCC: Personal Doctor Who Knows Child: NCQA 89.9%
- Coordination of Care for Children with Chronic Conditions: NCQA 82.4%

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
For Access to Specialized Services, responses were classified into one of three response categories as follows: “Never (Dissatisfied),” “Sometimes (Neutral),” and “Usually/Always (Satisfied).” For FCC: Personal Doctor Who Knows Child and Coordination of Care for Children with Chronic Conditions, responses were classified into one of two response categories: “No (Dissatisfied)” and “Yes (Satisfied).” Figure 4-8 depicts the proportion of respondents who fell into each response category for each CCC composite measure.

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

- **Access to Specialized Services:**
  - Dissatisfied: 7.8%
  - Neutral: 15.2%
  - Satisfied: 77.0%
  - N = 42

- **FCC: Personal Doctor Who Knows Child:**
  - Dissatisfied: 10.1%
  - Satisfied: 89.9%
  - N = 125

- **Coordination of Care for Children with Chronic Conditions:**
  - Dissatisfied: 17.6%
  - Satisfied: 82.4%
  - N = 55

Proportion of Responses (Percent)

- Orange: Dissatisfied
- Blue: Neutral
- Green: Satisfied

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
Children with Chronic Conditions (CCC) Items

Figure 4-9 depicts the top-box question summary rates for each CCC item for KidsCare’s CCC population and the 2018 NCQA CCC Medicaid national average.

![Figure 4-9—CCC Items: Question Summary Rates](image)

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

For FCC: Getting Needed Information and Access to Prescription Medicines, responses were classified into one of three response categories as follows: “Never (Dissatisfied),” “Sometimes (Neutral),” and “Usually/Always (Satisfied).” Figure 4-10 depicts the proportion of respondents who fell into each response category for each CCC item.

![Figure 4-10—CCC Items: Proportion of Responses](image)

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
Summary of Children with Chronic Conditions Rates and Proportions

The following is a summary of the rates and proportion results for the KidsCare CCC population:

• KidsCare scored at or above the national average on six measures:
  – Rating of Health Plan
  – Rating of All Health Care
  – Rating of Specialist Seen Most Often
  – How Well Doctors Communicate
  – Coordination of Care for Children with Chronic Conditions
  – FCC: Getting Needed Information

• KidsCare scored below the national average on 10 measures:
  – Rating of Personal Doctor
  – Getting Needed Care
  – Getting Care Quickly
  – Customer Service
  – Shared Decision Making
  – Coordination of Care
  – Health Promotion and Education
  – Access to Specialized Services
  – FCC: Personal Doctor Who Knows Child
  – Access to Prescription Medicines
5. Key Drivers of Satisfaction

HSAG performed an analysis of key drivers for three measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. The analysis provides information on (1) how well KidsCare is performing on the survey item (i.e., question), and (2) how important the item is to overall satisfaction.

Key drivers of satisfaction are defined as those items that (1) have a problem score that is greater than or equal to the program’s median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program’s median correlation for all items examined. For additional information on the assignment of problem scores, please refer to the Reader’s Guide section. Table 5-1 lists those items identified for each of the three measures as being key drivers of satisfaction for KidsCare’s general child population.

Table 5-1—KidsCare Key Drivers of Satisfaction

<table>
<thead>
<tr>
<th>Rating of Health Plan</th>
<th>Respondents reported that when they talked about their child starting or stopping a prescription medicine, a doctor or other health provider did not talk about the reasons they might not want their child to take a medicine.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.</td>
</tr>
<tr>
<td></td>
<td>Respondents reported that it was often not easy for their child to obtain appointments with specialists.</td>
</tr>
<tr>
<td></td>
<td>Respondents reported that their child’s health plan’s customer service did not always give them the information or help they needed.</td>
</tr>
<tr>
<td></td>
<td>Respondents reported that forms from their child’s health plan were often not easy to fill out.</td>
</tr>
<tr>
<td>Rating of All Health Care</td>
<td>Respondents reported that when they talked about their child starting or stopping a prescription medicine, a doctor or other health provider did not talk about the reasons they might not want their child to take a medicine.</td>
</tr>
<tr>
<td></td>
<td>Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.</td>
</tr>
<tr>
<td></td>
<td>Respondents reported that it was often not easy for their child to obtain appointments with specialists.</td>
</tr>
<tr>
<td></td>
<td>Respondents reported that forms from their child’s health plan were often not easy to fill out.</td>
</tr>
<tr>
<td>Rating of Personal Doctor</td>
<td>Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.</td>
</tr>
<tr>
<td></td>
<td>Respondents reported that when their child did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed.</td>
</tr>
<tr>
<td></td>
<td>Respondents reported that their child’s personal doctor did not always spend enough time with them.</td>
</tr>
<tr>
<td></td>
<td>Respondents reported that their child’s personal doctor did not talk with them about how their child is feeling, growing, or behaving.</td>
</tr>
</tbody>
</table>

5-1 The Key Drivers of Satisfaction analysis was limited to the responses of parents/caretakers of child members selected from the general child population (i.e., responses from the general child sample).
The following key driver was identified for all three global ratings:

- Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.

Additionally, the following key drivers were identified for the Rating of Health Plan and Rating of All Health Care global ratings:

- Respondents reported that when they talked about their child starting or stopping a prescription medicine, a doctor or other health provider did not talk about the reasons they might not want their child to take a medicine.
- Respondents reported that it was often not easy for their child to obtain appointments with specialists.
- Respondents reported that forms from their child’s health plan were often not easy to fill out.
6. Recommendations

Effective October 1, 2018, AHCCCS implemented a delivery system reform that allows members to access physical and behavioral healthcare services through a single integrated health plan, AHCCCS Complete Care (ACC). AHCCCS anticipates that with one plan, one provider network and one payer, health care providers will be better able to coordinate care and members will more easily navigate the system. As a result, AHCCCS expects member health outcomes and satisfaction to improve.

This section presents recommendations for KidsCare based on the results of the CAHPS survey. The recommendations presented in this section should be viewed as potential suggestions for quality improvement (QI). Additional sources of QI information, such as other performance measure results, should be incorporated into a comprehensive QI plan. Several resources are available to assist state Medicaid agencies and programs with the implementation of CAHPS-based QI initiatives. A comprehensive list of these resources is included on page 6-4.

Access to Care

Health plans should identify potential barriers for child members receiving appropriate access to care. Access to care issues include obtaining the care that the parent/caretaker and/or physician deemed necessary, obtaining timely urgent care, locating a personal doctor, or receiving adequate assistance when calling a physician office. The health plan should attempt to reduce any hindrances a parent/caretaker might encounter while seeking care for their child. Standard practices and established protocols can assist in this process by ensuring access to care issues are handled consistently across all practices. For example, health plans can develop standardized protocols and scripts for common occurrences within the provider office setting, such as late appointments. With proactive policies and scripts in place, the late parent/caretaker can be notified the provider has moved onto the next patient and will work their child member into the rotation as time permits. This type of structure allows the child member of the late parent/caretaker to still receive care without causing delay in the appointments of other patients. Additionally, having a well-written script prepared in the event of an uncommon but expected situation, allows staff to work quickly in providing timely access to care while following protocol.

Direct Parent/Caretaker Feedback

Health plans can explore additional methods for obtaining direct parent/caretaker feedback to improve parent/caretaker of child member satisfaction, such as comment cards. Comment cards have been utilized and found to be a simple method for engaging parents/caretakers of child members and obtaining rapid feedback on their recent physician office visit experiences. Health plans can assist in this process by developing comment cards that physician office staff can provide to parents/caretakers following their visit. Comment cards can be provided to parents/caretakers with their office visit discharge paperwork or via postal mail or email. Asking parents/caretakers to describe what they liked most about the care their child received during their recent office visit, what they liked least, and one
thing they would like to see changed can be an effective means for gathering feedback (both positive and negative). Comment card questions may also prompt feedback regarding other topics, such as providers’ listening skills, wait time to obtaining an appointment, customer service, and other items of interest. Research suggests the addition of the question, “Would you recommend this physician’s office to a friend?” greatly predicts overall parent/caretaker satisfaction. This direct feedback can be helpful in gaining a better understanding of the specific areas that are working well and areas which can be targeted for improvement.

**Physician-Parent/Caretaker Communication**

Health plans should encourage physician-parent/caretaker communication to improve parent/caretaker of child member satisfaction and outcomes. Indicators of good physician-parent/caretaker communication include providing clear explanations, listening carefully, and being understanding of parents/caretakers’ perspectives. Health plans can also create specialized workshops focused on enhancing physicians’ communication skills, relationship building, and the importance of physician-parent/caretaker communication. Training sessions can include topics such as improving listening techniques, parent/caretaker-centered interviewing skills, collaborative communication which involves allowing the parent/caretaker to discuss and share in the decision-making process for their child, as well as effectively communicating expectations and goals of health care treatment. In addition, workshops can include training on the use of tools that improve physician-parent/caretaker communication. Examples of effective tools include visual medication schedules and the “Teach Back” method, which has parents/caretakers communicate back the information the physician has provided.

**Referral Process**

Streamlining the referral process allows parents/caretakers of child members to more readily obtain the care they need. A referral expert can assist with this process and expedite the time from physician referral to the child member receiving needed care. A referral expert can be either a person and/or electronic system that is responsible for tracking and managing each health plan’s referral requirements. An electronic referral system, such as a Web-based system, can improve the communication mechanisms between primary care physicians (PCPs) and specialists to determine which clinical conditions require a referral. An electronic referral process also allows providers to have access to a standardized referral form to ensure that all necessary information is collected from the parties involved (e.g., plans, parents/caretakers of child members, and providers) in a timely manner.

**Internet Access for Health Information and Advice**

In order to supplement clinician information in a more accessible, convenient, and immediate manner for parents/caretakers of child members, health plans can provide useful and reliable sources on the Internet. This can be accomplished by including relevant health information and tools on their website or directing parents/caretakers to specific external sites during office visits, in printed materials, or in emails. It is also helpful to inform parents/caretakers of child members of specific places to obtain this
Developing Physician Communication Skills for Patient-Centered Care

Communication skills are an important component of the patient-centered care approach. Patient-centered communication can have a positive impact on parents/caretakers’ satisfaction and adherence to their child’s treatments. Indicators of good physician communication skills include providing clear explanations, listening carefully, checking for understanding, and being considerate of parents/caretakers’ perspectives of their child’s care. Physicians should ask questions about parents/caretakers’ concerns, priorities, and values of their child and listen to their answers. Also, physicians should check for understanding by allowing parents/caretakers of child members to repeat back what they understand about their child’s conditions and the actions they will take to monitor/manage their child’s conditions while reinforcing key messages.

Health plans can provide specialized training for staff in this area that impart effective communication skills and strategies, focus on relationship building, and stress the importance of physician-parent/caretaker communication. Training can also include the following fundamental functions of physician-parent/caretaker communication: fostering healing relationships, exchanging information, responding to parents/caretakers’ emotions, managing uncertainty, making informed decisions, enabling parents/caretakers’ management of the child member’s care, and written communication. Training physicians in the communication skills they need can be done through in-house programs or through communications programs offered by outside organizations including workshops and seminars.

Creating an Effective Customer Service Training Program

Health plan efforts to improve customer service should include implementing a training program to meet the needs of their unique work environment. Direct feedback should be disclosed to employees to emphasize why certain changes need to be made. Additional recommendations from employees, managers, and business administrators should be provided to serve as guidance when constructing the training program. It is important that employees receive direction and feel comfortable putting new skills to use before applying them within the work place.

The customer service training should be geared toward teaching the fundamentals of effective communication. By reiterating basic communication techniques, employees will have the skills to communicate in a professional and friendly manner. How to appropriately deal with difficult interactions with parents/caretakers of child members is another crucial concern to address. Employees should feel competent in resolving conflicts and service recovery.

The key to ensuring that employees carry out the skills they learned in training is to not only provide motivation but implement a support structure when they are back on the job so that they are held responsible. It is advised that all employees sign a commitment statement to affirm the course of action agreed upon. Health plans should ensure leadership is involved in the training process to help establish camaraderie between managers and employees and to help employees realize the impact of their role in making change.
Quality Improvement References

The CAHPS surveys were originally developed to meet the need of consumers for usable, relevant information on quality of care from the members’ perspective. However, they also play an important role as a QI tool for health care organizations, which can use the standardized data and results to identify relative strengths and weaknesses in their performance, determine where they need to improve, and track their progress over time. The following references offer guidance on possible approaches to CAHPS-related QI activities.


7. Reader’s Guide

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

Survey Administration

Survey Overview

The survey instrument selected was the CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item and CCC measurement sets. The CAHPS Health Plan Surveys are a set of standardized surveys that assess patient perspectives on care. Originally, CAHPS was a five-year collaborative project sponsored by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). In 1997, NCQA, in conjunction with AHRQ, created the CAHPS 2.0H Survey measure as part of NCQA’s HEDIS measure set.\(^7\)\(^-\)\(^1\) In 2002, AHRQ convened the CAHPS Instrument Panel to re-evaluate and update the CAHPS Health Plan Surveys and to improve the state-of-the-art methods for assessing members’ experiences with care.\(^7\)\(^-\)\(^2\) The result of this re-evaluation and update process was the development of the CAHPS 3.0H Health Plan Surveys.

The goal of the CAHPS 3.0H Health Plan Surveys was to effectively and efficiently obtain information from the person receiving care. In 2006, AHRQ released the CAHPS 4.0 Health Plan Surveys. Based on the CAHPS 4.0 versions, NCQA introduced new HEDIS versions of the Adult Health Plan Survey in 2007 and the Child Health Plan Survey in 2009, which are referred to as the CAHPS 4.0H Health Plan Surveys.\(^7\)\(^-\)\(^3\)\(^-\)\(^4\) In 2012, AHRQ released the CAHPS 5.0 Health Plan Surveys. Based on the CAHPS 5.0 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys in August 2012, which are referred to as the CAHPS 5.0H Health Plan Surveys.\(^7\)\(^-\)\(^5\)


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

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

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

<table>
<thead>
<tr>
<th>Table 7-1—CAHPS Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Global Ratings</strong></td>
</tr>
<tr>
<td>Rating of Health Plan</td>
</tr>
<tr>
<td>Rating of All Health Care</td>
</tr>
<tr>
<td>Rating of Personal Doctor</td>
</tr>
<tr>
<td>Rating of Specialist Seen Most Often</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Sampling Procedures

The members eligible for sampling included those who were KidsCare members at the time the sample was drawn and who were continuously enrolled for at least five of the last six months of the measurement period (October 1, 2017 through March 31, 2018). The child members eligible for sampling included those who were 19 years of age or younger (as of March 31, 2018).

For the CAHPS Child Medicaid Health Plan Survey with the CCC measurement set, the standard NCQA specifications for survey measures require a sample size of 1,650 for the general population and a sample size of 1,840 for the CCC supplemental population (for a total 3,490 child members). For KidsCare, a sample of 1,650 child members was selected for the CAHPS 5.0 general child sample, which represents the general population of children. After selecting the general child sample, a sample of 1,367 child members with a prescreen code of 2, which represents the population of children who are more likely to have a chronic condition (i.e., CCC supplemental sample), was selected (for a total 3,017 child members).

Survey Protocol

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

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

- Members who were 19 years of age or younger as of March 31, 2018.
- Were currently enrolled in KidsCare.

7-6 The targeted CCC supplemental sample was 1,840 child members; however, only 1,367 child members in the sample frame file were identified as more likely to have a chronic condition. Therefore, HSAG included all these child members in the CCC supplemental sample.

• Had been continuously enrolled for at least five of the six months of the measurement period (i.e., October 1, 2017 to March 31, 2018).

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

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

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

<table>
<thead>
<tr>
<th>Task</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Send first questionnaire with cover letter to the parent or caretaker of child member.</td>
<td>0 days</td>
</tr>
<tr>
<td>Send a postcard reminder to non-respondents 4–10 days after mailing the first questionnaire.</td>
<td>4–10 days</td>
</tr>
<tr>
<td>Send a second questionnaire (and letter) to non-respondents approximately 35 days after mailing the first questionnaire.</td>
<td>35 days</td>
</tr>
<tr>
<td>Send a second postcard reminder to non-respondents 4–10 days after mailing the second questionnaire.</td>
<td>39–45 days</td>
</tr>
<tr>
<td>Initiate CATI interviews for non-respondents approximately 21 days after mailing the second questionnaire.</td>
<td>56 days</td>
</tr>
<tr>
<td>Initiate systematic contact for all non-respondents such that at least six telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.</td>
<td>56–70 days</td>
</tr>
<tr>
<td>Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 14 days after initiation.</td>
<td>70 days</td>
</tr>
</tbody>
</table>

Methodology

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

Response Rates

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

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

Child and Respondent Demographics

The demographic analysis evaluated child and self-reported demographic information from survey respondents. Given that the demographics of a response group may influence overall member satisfaction scores, it is important to evaluate all CAHPS results in the context of the actual respondent population. If the respondent population differs significantly from the actual population of the program, then caution must be exercised when extrapolating the CAHPS results to the entire population.

NCQA Comparisons

HSAG conducted an analysis of the CAHPS survey results using NCQA HEDIS Specifications for Survey Measures. Although NCQA requires a minimum of at least 100 responses on each item in order to obtain a reportable CAHPS Survey result, HSAG presented results with fewer than 100 responses. Therefore, caution should be exercised when evaluating measures’ results with fewer than 100 responses, which are denoted with a cross (+). Table 7-3 shows the percentiles that were used to determine star ratings for each CAHPS measure.

<table>
<thead>
<tr>
<th>Stars</th>
<th>Percentiles</th>
</tr>
</thead>
<tbody>
<tr>
<td>★★★★★</td>
<td>Excellent at or above the 90th percentile</td>
</tr>
<tr>
<td>★★★★</td>
<td>Very Good at or between the 75th and 89th percentiles</td>
</tr>
<tr>
<td>★★★</td>
<td>Good at or between the 50th and 74th percentiles</td>
</tr>
<tr>
<td>★★</td>
<td>Fair at or between the 25th and 49th percentiles</td>
</tr>
<tr>
<td>★</td>
<td>Poor Below the 25th percentile</td>
</tr>
</tbody>
</table>

In order to perform the National Comparisons, a three-point mean score was determined for each CAHPS measure. HSAG compared the resulting three-point mean scores to published NCQA HEDIS Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings for each CAHPS measure.\(^\text{7-10}\)

Table 7-4, on the following page, shows the NCQA HEDIS Benchmarks and Thresholds for Accreditation used to derive the overall child member satisfaction ratings on each CAHPS measure.\(^\text{7-11}\) NCQA does not publish national benchmarks and thresholds for the Shared Decision Making composite, and Health Promotion and Education individual item measures; therefore, star ratings could not be assigned for these measures.

\(^\text{7-10}\) For detailed information on the derivation of three-point mean scores, please refer to *HEDIS® 2018, Volume 3: Specifications for Survey Measures*.

Table 7-4—Overall Child Member Satisfaction Ratings Crosswalk

<table>
<thead>
<tr>
<th>Measure</th>
<th>90th Percentile</th>
<th>75th Percentile</th>
<th>50th Percentile</th>
<th>25th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating of Health Plan</td>
<td>2.67</td>
<td>2.62</td>
<td>2.57</td>
<td>2.51</td>
</tr>
<tr>
<td>Rating of All Health Care</td>
<td>2.59</td>
<td>2.57</td>
<td>2.52</td>
<td>2.49</td>
</tr>
<tr>
<td>Rating of Personal Doctor</td>
<td>2.69</td>
<td>2.65</td>
<td>2.62</td>
<td>2.58</td>
</tr>
<tr>
<td>Rating of Specialist Seen Most Often</td>
<td>2.66</td>
<td>2.62</td>
<td>2.59</td>
<td>2.53</td>
</tr>
<tr>
<td>Getting Needed Care</td>
<td>2.60</td>
<td>2.55</td>
<td>2.47</td>
<td>2.38</td>
</tr>
<tr>
<td>Getting Care Quickly</td>
<td>2.69</td>
<td>2.66</td>
<td>2.61</td>
<td>2.54</td>
</tr>
<tr>
<td>How Well Doctors Communicate</td>
<td>2.75</td>
<td>2.72</td>
<td>2.68</td>
<td>2.63</td>
</tr>
<tr>
<td>Customer Service</td>
<td>2.63</td>
<td>2.58</td>
<td>2.53</td>
<td>2.50</td>
</tr>
<tr>
<td>Coordination of Care</td>
<td>2.53</td>
<td>2.50</td>
<td>2.42</td>
<td>2.35</td>
</tr>
</tbody>
</table>

Rates and Proportions

Rates and proportions were presented that compared member satisfaction performance between KidsCare and the 2018 NCQA child Medicaid national average for the general child population and the 2018 NCQA CCC Medicaid national average for the CCC population. For purposes of this analysis, question summary rates were calculated for each global rating, individual item measure, and CCC item, and global proportions were calculated for each composite measure and CCC composite measure. Both the question summary rates and global proportions were calculated in accordance with NCQA HEDIS Specifications for Survey Measures. The scoring of the global ratings, composite measures, individual item measures, and CCC composites and items involved assigning top-box responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-box responses was calculated in order to determine the question summary rates and global proportions. For additional detail, please refer to the NCQA HEDIS 2018 Specifications for Survey Measures, Volume 3.

Key Drivers of Satisfaction Analysis

HSAG performed an analysis of key drivers of satisfaction for the following measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. The purpose of the key drivers of satisfaction analysis is to help decision makers identify specific aspects of care that will most benefit from QI activities. The analysis provides information on: 1) how well KidsCare is performing on the survey item and 2) how important that item is to overall satisfaction.

The performance on a survey item was measured by calculating a problem score, in which a negative experience with care was defined as a problem and assigned a “1,” and a positive experience with care (i.e., non-negative) was assigned a “0.” The higher the problem score, the lower the member satisfaction with the aspect of service measured by that question. The problem score could range from 0 to 1.

For each item evaluated, the relationship between the item’s problem score and performance on each of the three measures was calculated using a Pearson product moment correlation, which is defined as the covariance of the two scores divided by the product of their standard deviations. Items were then prioritized based on their overall problem score and their correlation to each measure. Key drivers of satisfaction were defined as those items that:

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

**Limitations and Cautions**

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

**Non-Response Bias**

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

**Causal Inferences**

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

**Baseline Results**

The 2018 CAHPS results presented in the report represent a baseline assessment of parents’/caretakers’ satisfaction with KidsCare; therefore, caution should be exercised when interpreting results.
8. Survey Instrument

The survey instrument administered in 2018 was the CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set. This section provides a copy of the survey instrument.
Your privacy is protected. The research staff will not share your personal information with anyone without your OK. Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

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

If you want to know more about this study, please call 1-877-455-9242.

SURVEY INSTRUCTIONS

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

Correct Mark  Incorrect Marks

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

  ● Yes  ➔ Go to Question 1
  ○ No

START HERE

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

1. Our records show that your child is now in [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. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
   ○ Yes
   ○ No ➔ Go to Question 5

4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?
   ○ Yes
   ○ No ➔ Go to Question 7

6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?
   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?
   ○ None ➔ Go to Question 16
   ○ 1 time
   ○ 2
   ○ 3
   ○ 4
   ○ 5 to 9
   ○ 10 or more times

8. In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?
   ○ Yes
   ○ No

9. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?
   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

10. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?
    ○ Yes
    ○ No ➔ Go to Question 14

11. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?
    ○ Yes
    ○ No

12. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?
    ○ Yes
    ○ No
13. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

Go to Question 22

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No

Go to Question 25

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No
25. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?
   ○ Yes
   ○ No  ➔  Go to Question 28

26. In the last 6 months, how often was it easy to get this treatment or counseling for your child?
   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

27. Did anyone from your child’s health plan, doctor’s office, or clinic help you get this treatment or counseling for your child?
   ○ Yes
   ○ No

28. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?
   ○ Yes
   ○ No  ➔  Go to Question 30

29. In the last 6 months, did anyone from your child’s health plan, doctor’s office, or clinic help coordinate your child’s care among these different providers or services?
   ○ Yes
   ○ No

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

31. In the last 6 months, how many times did your child visit his or her personal doctor for care?
   ○ None  ➔  Go to Question 41
   ○ 1 time
   ○ 2
   ○ 3
   ○ 4
   ○ 5 to 9
   ○ 10 or more times

32. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?
   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

33. In the last 6 months, how often did your child's personal doctor listen carefully to you?
   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

34. In the last 6 months, how often did your child’s personal doctor show respect for what you had to say?
   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

35. Is your child able to talk with doctors about his or her health care?
   ○ Yes
   ○ No  ➔  Go to Question 37
36. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?
   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

37. In the last 6 months, how often did your child's personal doctor spend enough time with your child?
   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

38. 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

39. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?
   ○ Yes
   ○ No

40. 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

41. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?
   ○ ○ ○ ○ ○ ○ ○ ○ ○
   0 1 2 3 4 5 6 7 8 9 10
   Worst  Best
   Personal Doctor  Personal Doctor
   Possible  Possible

42. Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?
   ○ Yes
   ○ No

43. 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

44. Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life?
   ○ Yes
   ○ No

GETTING HEALTH CARE FROM SPECIALISTS

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

45. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

   In the last 6 months, did you make any appointments for your child to see a specialist?
   ○ Yes
   ○ No

   Go to Question 49
46. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

- Never
- Sometimes
- Usually
- Always

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

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

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

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Worst Specialist Possible

Best Specialist Possible

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No ➔ Go to Question 54

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

- Never
- Sometimes
- Usually
- Always

54. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child’s health plan?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Worst Health Plan Possible

Best Health Plan Possible

YOUR CHILD’S HEALTH PLAN

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

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

- Yes
- No ➔ Go to Question 52
55. In the last 6 months, did you get or refill any prescription medicines for your child?
   ○ Yes
   ○ No ➔ Go to Question 58

56. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?
   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

57. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?
   ○ Yes
   ○ No

58. In general, how would you rate your child's overall health?
   ○ Excellent
   ○ Very good
   ○ Good
   ○ Fair
   ○ Poor

59. In general, how would you rate your child's overall mental or emotional health?
   ○ Excellent
   ○ Very good
   ○ Good
   ○ Fair
   ○ Poor

60. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?
   ○ Yes
   ○ No ➔ Go to Question 63

61. Is this because of any medical, behavioral, or other health condition?
   ○ Yes
   ○ No ➔ Go to Question 63

62. Is this a condition that has lasted or is expected to last for at least 12 months?
   ○ Yes
   ○ No

63. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?
   ○ Yes
   ○ No ➔ Go to Question 66

64. Is this because of any medical, behavioral, or other health condition?
   ○ Yes
   ○ No ➔ Go to Question 66

65. Is this a condition that has lasted or is expected to last for at least 12 months?
   ○ Yes
   ○ No

66. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?
   ○ Yes
   ○ No ➔ Go to Question 69

67. Is this because of any medical, behavioral, or other health condition?
   ○ Yes
   ○ No ➔ Go to Question 69

68. Is this a condition that has lasted or is expected to last for at least 12 months?
   ○ Yes
   ○ No
69. Does your child need or get special therapy such as physical, occupational, or speech therapy?
   ○ Yes
   ○ No ➔ Go to Question 72

70. Is this because of any medical, behavioral, or other health condition?
   ○ Yes
   ○ No ➔ Go to Question 72

71. Is this a condition that has lasted or is expected to last for at least 12 months?
   ○ Yes
   ○ No

72. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?
   ○ Yes
   ○ No ➔ Go to Question 74

73. Has this problem lasted or is it expected to last for at least 12 months?
   ○ Yes
   ○ No

74. What is your child’s age?
   ○ Less than 1 year old
   ○ □ □ YEARS OLD (write in)

75. Is your child male or female?
   ○ Male
   ○ Female

76. Is your child of Hispanic or Latino origin or descent?
   ○ Yes, Hispanic or Latino
   ○ No, Not Hispanic or Latino

77. What is your child’s race? Mark one or more.
   ○ White
   ○ Black or African-American
   ○ Asian
   ○ Native Hawaiian or other Pacific Islander
   ○ American Indian or Alaska Native
   ○ Other

78. What is your age?
   ○ Under 18
   ○ 18 to 24
   ○ 25 to 34
   ○ 35 to 44
   ○ 45 to 54
   ○ 55 to 64
   ○ 65 to 74
   ○ 75 or older

79. Are you male or female?
   ○ Male
   ○ Female

80. What is the highest grade or level of school that you have completed?
   ○ 8th grade or less
   ○ Some high school, but did not graduate
   ○ High school graduate or GED
   ○ Some college or 2-year degree
   ○ 4-year college graduate
   ○ More than 4-year college degree

81. How are you related to the child?
   ○ Mother or father
   ○ Grandparent
   ○ Aunt or uncle
   ○ Older brother or sister
   ○ Other relative
   ○ Legal guardian
   ○ Someone else

82. Did someone help you complete this survey?
   ○ Yes ➔ Go to Question 83
   ○ No ➔ Thank you. Please return the completed survey in the postage-paid envelope.
83. How did that person help you? Mark one or more.

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

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

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

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