Arizona Health Care Cost Containment System (AHCCCS)

2013 Acute Care Program Adult and Child Medicaid Member Satisfaction Report

January 2014

3133 East Camelback Road, Suite 300 ◆ Phoenix, AZ 85016
Phone 602.264.6382 ◆ Fax 602.241.0757

CONTENTS

1. Executive Summary 1-1
Transition from CAHPS 4.0 to 5.0 Survey 1-2
Global Ratings 1-2
Composite Measures 1-2
Individual Items 1-3
Children with Chronic Conditions (CCC) Composites and Items 1-3
Adult Performance Highlights 1-4
NCQA Comparisons 1-5
Rates and Proportions 1-7
Adult Plan Comparisons 1-8
General Child Performance Highlights 1-9
NCQA Comparisons 1-10
Rates and Proportions 1-12
General Child Plan Comparisons 1-13
Children with Chronic Conditions (CCC) Performance Highlights 1-14
Rates and Proportions 1-14
CCC Comparisons 1-15
2. Survey Administration 2-1
Survey Administration and Response Rates 2-1
Survey Administration 2-1
Response Rates 2-3
Demographics 2-7
Adult Demographics 2-7
Child and Respondent Demographics 2-10
3. Adult Results 3-1
NCQA Comparisons 3-1
Summary of NCQA Comparisons Results 3-4
Rates and Proportions 3-5
Global Ratings 3-6
Composite Measures 3-10
Individual Item Measures 3-15
Summary of Rates and Proportions 3-17
Adult Plan Comparisons 3-19
Summary of Adult Plan Comparisons Results 3-21
4. General Child Results 4-1
NCQA Comparisons 4-1
Summary of NCQA Comparisons Results 4-4
Rates and Proportions 4-5
Global Ratings 4-6
Composite Measures 4-10
Individual Item Measures 4-15
Summary of Rates and Proportions 4-17
General Child Plan Comparisons 4-19
Summary of General Child Plan Comparisons Results 4-21
5. CCC Results 5-1
Chronic Conditions Classification 5-1
Rates and Proportions 5-2
Global Ratings 5-3
Composite Measures 5-7

Individual Item Measures 5-12
CCC Composites and Items 5-14
Summary of CCC Rates and Proportions 5-19
CCC Plan Comparisons 5-21
Summary of CCC Comparisons Results 5-24
6. Recommendations 6-1
Recommendations for Quality Improvement 6-1
Priority Assignments 6-2
Global Ratings 6-4
Composite Measures 6-14
Quality Improvement References 6-25
7. Reader's Guide 7-1
Survey Administration 7-1
Survey Overview 7-1
Sampling Procedures 7-2
Survey Protocol 7-3
Methodology 7-5
Response Rates 7-5
Member and Respondent Demographics 7-5
NCQA Comparisons 7-6
Rates and Proportions 7-7
Plan Comparisons 7-8
Limitations and Cautions 7-9
Case-Mix Adjustment 7-9
Non-Response Bias 7-9
Causal Inferences 7-9
Baseline Results 7-9
DES/CMDP 7-9
8. Survey Instrument 8-1
9. CD 9-1
CD Contents 9-1

1. Executive Summary

In 2013, the State of Arizona required the administration of member satisfaction surveys to adult and child Medicaid members enrolled in the Arizona Health Care Cost Containment System (AHCCCS) Acute Care Medicaid managed care program (Acute Care program). 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.[1-1] 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. It is important to note that in 2013 the Acute Care program was surveyed for the first time. The 2013 CAHPS results presented in the report represent a **baseline** assessment of adult members' and parents'/caretakers' of child members satisfaction with the Acute Care program; therefore, caution should be exercised when interpreting these results.

The standardized survey instruments selected were the CAHPS 5.0 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set and the CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and the Children with Chronic Conditions (CCC) measurement set.[1-2] Adult members and parents/caretakers of child members from the Acute Care program completed the surveys from June to August 2013. Table 1-1 provides a list of the Contractors (i.e., health plans) that participated in the CAHPS Adult and Child Medicaid Health Plan Surveys for the Acute Care program.[1-3]

Table 1-1
Acute Care Program Participating Contractors

Contractor Name
Arizona Physicians IPA
Bridgeway Health Solutions
Department of Economic Security/Comprehensive Medical and Dental Program (DES/CMDP)
Care 1st Health Plan of Arizona
Health Choice Arizona
Maricopa Health Plan
Mercy Care Plan
Phoenix Health Plan
University Family Care

[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).
[1-3] Please note, DES/CMDP contracts with AHCCCS to provide services to the child Medicaid population only. As such, DES/CMDP was included in the CAHPS Child Medicaid Health Plan Survey administration only (i.e., adult Medicaid CAHPS results are not available for DES/CMDP).

Transition from CAHPS 4.0 to 5.0 Survey

In 2012, the Agency for Healthcare Research and Quality (AHRQ) released the CAHPS 5.0 Medicaid Health Plan Surveys. Based on the CAHPS 5.0 versions, the National Committee for Quality Assurance (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 Adult and Child Medicaid Health Plan Surveys.[1-4] The following is a summary of the changes resulting from the transition to the CAHPS 5.0 Adult and Child Medicaid Health Plan Surveys.[1-5]

Global Ratings

There were no changes made to the four CAHPS global ratings: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often. The question language, response options, and placement of the global ratings remain the same; therefore, comparisons to national data were performed for all four global ratings.

Composite Measures

Getting Needed Care

For the Getting Needed Care composite measure, changes were made to the question language and placement of questions included in the composite. One question item that addressed “getting care, tests, or treatment” was moved from the section of the survey titled “You/Your Child’s Health Plan” to the section titled “You/Your Child’s Health Care in the Last 6 Months.” While comparisons to national data were performed for this composite measure, the changes to the questions language and reordering of questions may impact survey results; therefore, caution should be exercised when interpreting the results of the Getting Needed Care composite measure.

Getting Care Quickly

For questions included in the Getting Care Quickly composite, changes were made to the question language. However, minimal impact is expected due to these changes; therefore, comparisons to national data were performed for this composite measure.

How Well Doctors Communicate

Minor changes were made to the question language for one question included in the How Well Doctors Communicate composite. Negligible impact is expected due to this change in question language; therefore, comparisons to national data were performed for this composite measure.

[1-4] National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2012.

[1-5] National Committee for Quality Assurance. *HEDIS 2013 Survey Vendor Update Training*. October 25, 2012.

Customer Service

There were no changes to the question language, response options, or placement of the questions included in the Customer Service composite measure; therefore, comparisons to national data were performed for this composite measure.

Shared Decision Making

Changes were made to the question language, response options, and number of questions for the Shared Decision Making composite measure. All items in the composite measure were reworded to ask about "starting or stopping a prescription medicine" whereas previously the items asked about "choices for your/your child's treatment of health care." Response options for these questions were revised from "Definitely yes," "Somewhat yes," "Somewhat no," and "Definitely no" to "Not at all," "A little," "Some," and "A lot" to accommodate the new question language. Also, one question was added to the composite. Due to these changes, comparisons to national data could not be performed for the Shared Decision Making composite measure for 2013.

Individual Items

Coordination of Care

No changes were made to the question language, response options, or placement of the Coordination of Care individual item measure; therefore, comparisons to national data were performed for this measure.

Health Promotion and Education

For the Health Promotion and Education individual item, changes were made to the question language and response options. Response options for this item were revised from "Never," "Sometimes," "Usually," and "Always" to "Yes" and "No." As a result of the change in response options, the Health Promotion and Education individual item measure is not comparable to national data for 2013.

Children with Chronic Conditions (CCC) Composites and Items[1-6]

There were no changes made to the five measures that comprise the CCC measurement set. The question language, response options, and placement of the three CCC composites: Access to Specialized Services, Family Centered Care: Personal Doctor Who Knows Child, and Coordination of Care for Children with Chronic Conditions remain the same. The question language, response options, and placement of the two CCC items: Access to Prescription Medicines and Family Centered Care: Getting Needed Information also remained unchanged. Therefore, comparisons to national data were performed for the three CCC composites and two CCC items.

[1-6] Please note, the Children with Chronic Conditions (CCC) composites and items are not included in the CAHPS Adult Medicaid Health Plan Survey; as such, results for these measures are not available for the adult Medicaid population.

Adult Performance Highlights

The Adult Results Section of this report details the CAHPS results for the adult Medicaid population for the Acute Care program in aggregate and each participating Contractor.[1-7] The following is a summary of the adult CAHPS performance highlights. The performance highlights are categorized into three areas of analysis performed for the adult population:

- NCQA Comparisons
- Rates and Proportions
- Adult Plan Comparisons

[1-7] The Acute Care program CAHPS results presented in this section for the adult population are derived from the combined results of the eight Contractors that participated in the CAHPS Adult Medicaid Health Plan Surveys.

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) and four CAHPS composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service) were compared to NCQA's 2013 HEDIS Benchmarks and Thresholds for Accreditation.[1-8] 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.[1-9] The detailed results of this comparative analysis are described in the Adult Results Section beginning on page 3-1. Table 1-2 and Table 1-3 present the highlights from this comparison.

Table 1-2
Adult NCQA Comparisons Highlights: Global Ratings

Contractor Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Acute Care Program	★★★	★★★	★★	★★★
Arizona Physicians IPA	★★★★★	★★★★★	★★★★	★★★★★
Bridgeway Health Solutions	★	★★	★★★★	★★★
Care 1st Health Plan of Arizona	★★	★★★	★★	★
Health Choice Arizona	★	★★★	★	★
Maricopa Health Plan	★★	★★★	★★	★★★
Mercy Care Plan	★★★	★★★	★★	★★★
Phoenix Health Plan	★★	★	★	★★★★
University Family Care	★★★★	★★★★★	★★★	★★★★★

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

[1-8] National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2013*. Washington, DC: NCQA, July 24, 2013.

[1-9] NCQA does not publish benchmarks and thresholds for the Shared Decision Making composite measure, and Coordination of Care and Health Promotion and Education individual item measures; therefore, overall member satisfaction ratings could not be derived for these CAHPS measures.

Table 1-3
Adult NCQA Comparisons Highlights: Composite Measures

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
Acute Care Program	★★★	★★	★★★	★★★★
Arizona Physicians IPA	★★★★	★★★	★★★★	★★★★
Bridgeway Health Solutions	★★★	★★★	★★★★	★★★
Care 1st Health Plan of Arizona	★★	★★	★★★	★★★★
Health Choice Arizona	★★★	★★	★★	★★★
Maricopa Health Plan	★★★★	★★	★★	★★★★★
Mercy Care Plan	★★★	★	★★	★★★★
Phoenix Health Plan	★★	★★	★★	★★★★★
University Family Care	★★★★	★★	★★★★	★★★★★

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

Rates and Proportions

The rates and proportions for the Acute Care program's adult Medicaid population were compared to NCQA Adult Medicaid Quality Compass® data.[1-10] These comparisons were performed on the four global ratings, four composite measures, and one individual item measure. The detailed results of these analyses are described in the Adults Results Section beginning on page 3-5. The following are highlights of this comparison:

- The Acute Care program scored at or above the national average on seven measures.
- Arizona Physicians IPA scored at or above the national average on nine measures.
- Bridgeway Health Solutions scored at or above the national average on seven measures.
- Care 1st Health Plan of Arizona scored at or above the national average on three measures.
- Health Choice Arizona scored at or above the national average on four measures.
- Maricopa Health Plan scored at or above the national average on three measures.
- Mercy Care Plan scored at or above the national average on three measures.
- Phoenix Health Plan scored at or above the national average on three measures.
- University Family Care scored at or above the national average on seven measures.

[1-10] Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Adult Plan Comparisons

In order to identify performance differences in adult member satisfaction between the eight participating Contractors, the adult population results for each were compared to the overall Acute Care program average for the adult population using standard statistical testing. These comparisons were performed on the four global ratings, five composite measures, and two individual item measures. The detailed results of the comparative analysis are described in the Adult Results Section beginning on page 3-19. Table 1-4 presents the statistically significant results from this comparison.[1-11,1-12]

Table 1-4
Adult Plan Comparisons Highlights

Arizona Physicians IPA	Bridgeway Health Solutions	Care 1st Health Plan of Arizona	Health Choice Arizona	University Family Care
↑ Rating of Health Plan	↓ Rating of Health Plan	↓ Health Promotion and Education	↓ Rating of Health Plan	↑ Rating of Health Plan
↑ Rating of All Health Care	↑ Coordination of Care			↑ Rating of Specialist Seen Most Often
↑ Rating of Personal Doctor				
↑ Health Promotion and Education				

↑ Statistically better than the Acute Care program average
↓ Statistically worse than the Acute Care program average

[1-11] Caution should be exercised when evaluating health plan comparisons, given that population and health plan differences may impact results.

[1-12] The plan comparative analysis revealed that there were no statistically significant differences between Maricopa Health Plan's, Mercy Care Plan's, and Phoenix Health Plan's results, and the Acute Care program average for the adult population.

General Child Performance Highlights

The General Child Results Section of this report details the CAHPS results for the general child population for the Acute Care program in aggregate and each participating Contractor. The following is a summary of the general child CAHPS performance highlights.[1-13] The performance highlights are categorized into three areas of analysis performed for the general child population:

- NCQA Comparisons
- Rates and Proportions
- General Child Plan Comparisons

[1-13] The Acute Care program CAHPS results presented in this section for the general child population are derived from the combined results of the nine Contractors that participated in the CAHPS Child Medicaid Health Plan Surveys.

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) and four CAHPS composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service) were compared to NCQA's 2013 HEDIS Benchmarks and Thresholds for Accreditation.[1-14] 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.[1-15] The detailed results of this comparative analysis are described in the General Child Results Section beginning on page 4-1. Table 1-5 and Table 1-6 present the highlights from this comparison.

Table 1-5
General Child NCQA Comparisons Highlights: Global Ratings

Contractor Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Acute Care Program	★★★★	★★★★★	★★★★	★★★★
Arizona Physicians IPA	★★★★★	★★★★★	★★★★★	★★★★★
Bridgeway Health Solutions	★★	★★★★★	★★★★	★*
Care 1st Health Plan of Arizona	★★★★	★★★★★	★★★★	★★★★★*
DES/CMDP	★	★★★★★	★★★★	★★*
Health Choice Arizona	★★★	★★★	★★★★	★★★★*
Maricopa Health Plan	★★★★	★★★★★	★★★★	★★★★*
Mercy Care Plan	★★★★★	★★★★★	★★★★★	★★★★*
Phoenix Health Plan	★★★★	★★★★★	★★★★	★★★★★
University Family Care	★★★★	★★★★★	★★★★★	★★★*

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 an asterisk (*). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.

[1-14] National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2013.* Washington, DC: NCQA, July 24, 2013.
[1-15] NCQA does not publish benchmarks and thresholds for the Shared Decision Making composite measure, and Coordination of Care and Health Promotion and Education individual item measures; therefore, overall member satisfaction ratings could not be derived for these CAHPS measures.

Table 1-6
General Child NCQA Comparisons Highlights: Composite Measures

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
Acute Care Program	★★★	★★	★★	★★★★
Arizona Physicians IPA	★★★★★	★★	★★★	★★★★
Bridgeway Health Solutions	★★★	★★★	★★★	★★★★
Care 1st Health Plan of Arizona	★★★	★	★	★★★★
DES/CMDP	★★★★★	★★★★★	★★★★	★★★★★*
Health Choice Arizona	★★★	★★	★	★★★
Maricopa Health Plan	★★★★	★	★	★★★★
Mercy Care Plan	★★★	★★	★★★	★★★★
Phoenix Health Plan	★★★	★★★	★★	★★★★★
University Family Care	★★★★	★★★	★★★	★★★★

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 an asterisk (*). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.

Rates and Proportions

The rates and proportions for the Acute Care program's general child population were compared to NCQA Child Medicaid Quality Compass data. These comparisons were performed on the four global ratings, four composite measures, and one individual item measure. The detailed results of these analyses are described in the General Child Results Section beginning on page 4-5. The following are highlights of this comparison:

- The Acute Care program scored at or above the national average on eight measures.
- Arizona Physicians IPA scored at or above the national average on eight measures.
- Bridgeway Health Solutions scored at or above the national average on eight measures.
- Care 1st Health Plan Arizona scored at or above the national average on six measures.
- DES/CMDP scored at or above the national average on six measures.
- Health Choice Arizona scored at or above the national average on six measures.
- Maricopa Health Plan scored at or above the national average on six measures.
- Mercy Care Plan scored at or above the national average on eight measures.
- Phoenix Health Plan scored at or above the national average on nine measures.
- University Family Care scored at or above the national average on eight measures.

General Child Plan Comparisons

In order to identify performance differences in member satisfaction between the nine participating Contractors, the general child population results for each were compared to the overall Acute Care program average for the general child population using standard statistical testing. These comparisons were performed on the four global ratings, five composite measures, and two individual item measures. The detailed results of the comparative analysis are described in the General Child Results Section beginning on page 4-19. Table 1-7 presents the statistically significant results from this comparison.[1-16,1-17]

Table 1-7
General Child Plan Comparisons Highlights

Arizona Physicians IPA	Bridgeway Health Solutions	Care 1st Health Plan of Arizona	DES/CMDP
↑ Rating of Health Plan	↓ Rating of Health Plan	↓ Getting Care Quickly	↓ Rating of Health Plan
↑ Rating of All Health Care	↑ Getting Care Quickly		↑ Getting Care Quickly
	↑ How Well Doctors Communicate		↑ Customer Service
Health Choice Arizona	**Maricopa Health Plan**	**Mercy Care Plan**	**Phoenix Health Plan**
↓ Rating of All Health Care	↓ Getting Care Quickly	↑ Rating of Health Plan	↑ Customer Service
↓ Shared Decision Making	↓ How Well Doctors Communicate		

↑ Statistically better than the Acute Care program average
↓ Statistically worse than the Acute Care program average

[1-16] Caution should be exercised when evaluating health plan comparisons, given that population and health plan differences may impact results.

[1-17] The plan comparative analysis revealed that there were no statistically significant differences between University Family Care's results and the Acute Care program average for the general child population.

Children with Chronic Conditions (CCC) Performance Highlights

The CCC Results Section of this report details the CAHPS results for the CCC population for the Acute Care program in aggregate and each participating Contractor. The following is a summary of the CCC CAHPS performance highlights. The performance highlights are categorized into two areas of analysis performed for the CCC population:

- Rates and Proportions
- CCC Comparisons

Rates and Proportions

The rates and proportions for the Acute Care program's CCC population were compared to NCQA Child Medicaid Quality Compass data. These comparisons were performed on the four global ratings, four composite measures, one individual item measure, and CCC composites and items. The detailed results of this analysis are described in the CCC Results Section beginning on page 5-2. The following are highlights of this comparison:

- The Acute Care program scored at or above the national average on five measures.
- Arizona Physicians IPA scored at or above the national average on seven measures.
- Bridgeway Health Solutions scored at or above the national average on seven measures.
- Care 1st Health Plan of Arizona scored at or above the national average on two measures.
- DES/CMDP scored at or above the national average on six measures.
- Health Choice Arizona scored at or above the national average on six measures.
- Maricopa Health Plan scored at or above the national average on six measures.
- Mercy Care Plan scored at or above the national average on six measures.
- Phoenix Health Plan scored at or above the national average on six measures.
- University Family Care scored at or above the national average on 10 measures.

CCC Comparisons

In order to identify performance differences in the satisfaction of parents/caretakers of children with chronic conditions between the nine participating Contractors, the CCC population results for each were compared the overall Acute Care program average for the CCC population using standard statistical testing. These comparisons were performed on the four global ratings, five composite measures, two individual item measures, and the CCC composites and items. The detailed results of the comparative analysis are described in the CCC Results Section beginning on page 5-21. Table 1-8 presents the statistically significant results from this comparison.[1-18,1-19]

Table 1-8
CCC Comparisons Highlights

Arizona Physicians IPA	Bridgeway Health Solutions	DES/CMDP	Maricopa Health Plan	Phoenix Health Plan	University Family Care
↑ Getting Needed Care	↑ Access to Prescription Medicines	↓ Rating of Health Plan	↓ Getting Care Quickly	↑ Getting Care Quickly	↑ Coordination of Care for Children with Chronic Conditions
		↑ Getting Care Quickly			
		↓ Coordination of Care for Children with Chronic Conditions			
↑ Statistically better than the Acute Care program CCC average ↓ Statistically worse than the Acute Care program CCC average					

[1-18] Caution should be exercised when evaluating health plan comparisons, given that population and health plan differences may impact results.

[1-19] The plan comparative analysis revealed that there were no statistically significant differences between Care 1st Health Plan of Arizona's, Health Choice Arizona's, and Mercy Care Plan's CCC results, and the Acute Care program CCC average.

Survey Administration and Response Rates

Survey Administration

Acute Care members eligible for surveying included those who were enrolled in the Acute Care program at the time the sample was drawn and who were continuously enrolled in Acute Care for at least five of the last six months (July through December) of 2012. In addition, adult members had to be 18 years of age or older and child members had to be 17 years of age or younger as of December 31, 2012 to be included in the survey.[2-1]

The standard NCQA HEDIS Specifications for Survey Measures require a sample size of 1,350 members for the CAHPS 5.0 Adult Medicaid Health Plan Survey. For the Acute Care program's adult Medicaid population, a 30 percent oversample was performed for each participating Contractor. Based on this percentage, a random sample of 1,755 adult members was selected from each Contractor for a total aggregate sample size of 14,040 adult members selected for surveying from the Acute Care program.

For the CAHPS 5.0 Child Medicaid Health Plan Survey with CCC measurement set, the standard NCQA HEDIS Specifications for Survey Measures require a sample size of 3,490 members.[2-2] A random sample of at least 1,650 child members from each participating Contractor was selected for the CAHPS 5.0 general child sample, which represents the general population of children. Child members in the CAHPS 5.0 child sample were given a chronic condition prescreen status code of 1 or 2. A prescreen code of 1 indicated that the child member had claims or encounters that did not suggest the child member had a greater probability of having a chronic condition. A prescreen code of 2 (also known as a positive prescreen status code) indicated the child member had claims or encounters that suggested the member had a greater probability of having a chronic condition.[2-3] After selecting child members for the CAHPS 5.0 general child sample, a random sample of up to 1,840 child members from each Contractor 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. All Contractors participating in the CAHPS Child Medicaid Health Plan Survey met the general child sample size requirement of 1,650 child members; however, not all met the CCC supplemental sample size requirement of 1,840 CCC members.

[2-1] For purposes of this report, the age criteria for DES/CMDP child members eligible for inclusion in the CAHPS Child Medicaid Health Plan Survey was modified to include members up to 21 years of age or younger as of December 31, 2012. Please note, this deviates from standard NCQA HEDIS specifications, which define eligible child members as 17 years of age or younger as of December 31 of the measurement year.

[2-2] National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2012.

[2-3] Ibid.

Table 2-1 depicts the total, general child, and CCC supplemental sample sizes selected for the CAHPS Child Medicaid Health Plan Survey for each participating Contractor and the Acute Care child Medicaid program in aggregate.

Table 2-1
Child Medicaid
General Child and CCC Supplemental Sample Sizes

Contractor Name	Total Sample Size	General Child Sample	CCC Supplemental Sample
Acute Care Program	**26,765**	**14,850**	**11,915**
Arizona Physicians IPA	3,490	1,650	1,840
Bridgeway Health Solutions	1,697	1,650	47
Care 1st Health Plan of Arizona	2,675	1,650	1,025
DES/CMDP	2,317	1,650	667
Health Choice Arizona	3,490	1,650	1,840
Maricopa Health Plan	2,864	1,650	1,214
Mercy Care Plan	3,490	1,650	1,840
Phoenix Health Plan	3,490	1,650	1,840
University Family Care	3,252	1,650	1,602

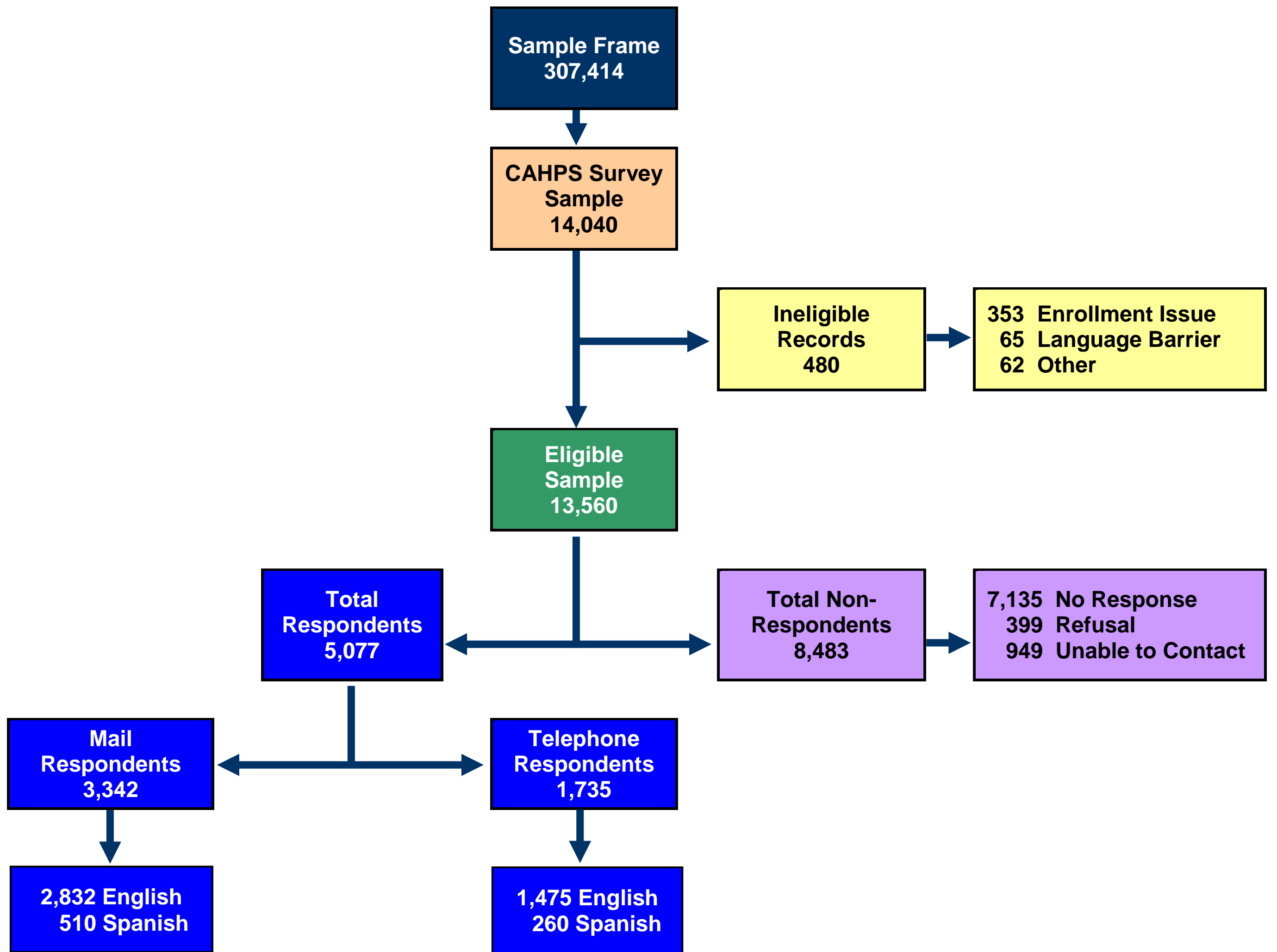
The survey administration protocol was designed to achieve a high response rate from members, thus minimizing the potential effects of non-response bias. The survey process allowed members two methods by which they could complete the surveys. The first, or mail phase, consisted of a survey being mailed to the sampled members. For the Acute Care program, 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 members that they could call the toll-free number to request a Spanish version of the CAHPS questionnaire. The cover letter provided with the Spanish version of the CAHPS questionnaire included a text box with a toll-free number that members could call to request a survey in another language (i.e., English). A reminder postcard was sent to all non-respondents, followed by a second survey mailing and reminder postcard. The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) for sampled members who had not mailed in a completed survey. Up to six CATI calls were made to each non-respondent. Additional information on the survey protocol is included in the Reader's Guide Section beginning on page 7-3.

Response Rates

The Acute Care program CAHPS 5.0 Adult and Child Medicaid Health Plan Survey administration was designed to achieve the highest possible response rate. The CAHPS Survey 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 one question was answered. Eligible members included the entire random 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), had a language barrier, or were mentally or physically incapacitated (adult population only).

For the adult Medicaid population, a total of 5,077 adult members returned a completed survey. For the child Medicaid population, a total of 10,302 completed surveys were returned on behalf of child members. Figure 2-1 and Figure 2-2, on the following pages, show the distribution of survey dispositions and response rates for the Acute Care program’s adult and child Medicaid populations, respectively. The survey dispositions and response rate for the Acute Care child Medicaid population are based on the responses of parents/caretakers of children in the general child and CCC supplemental populations.

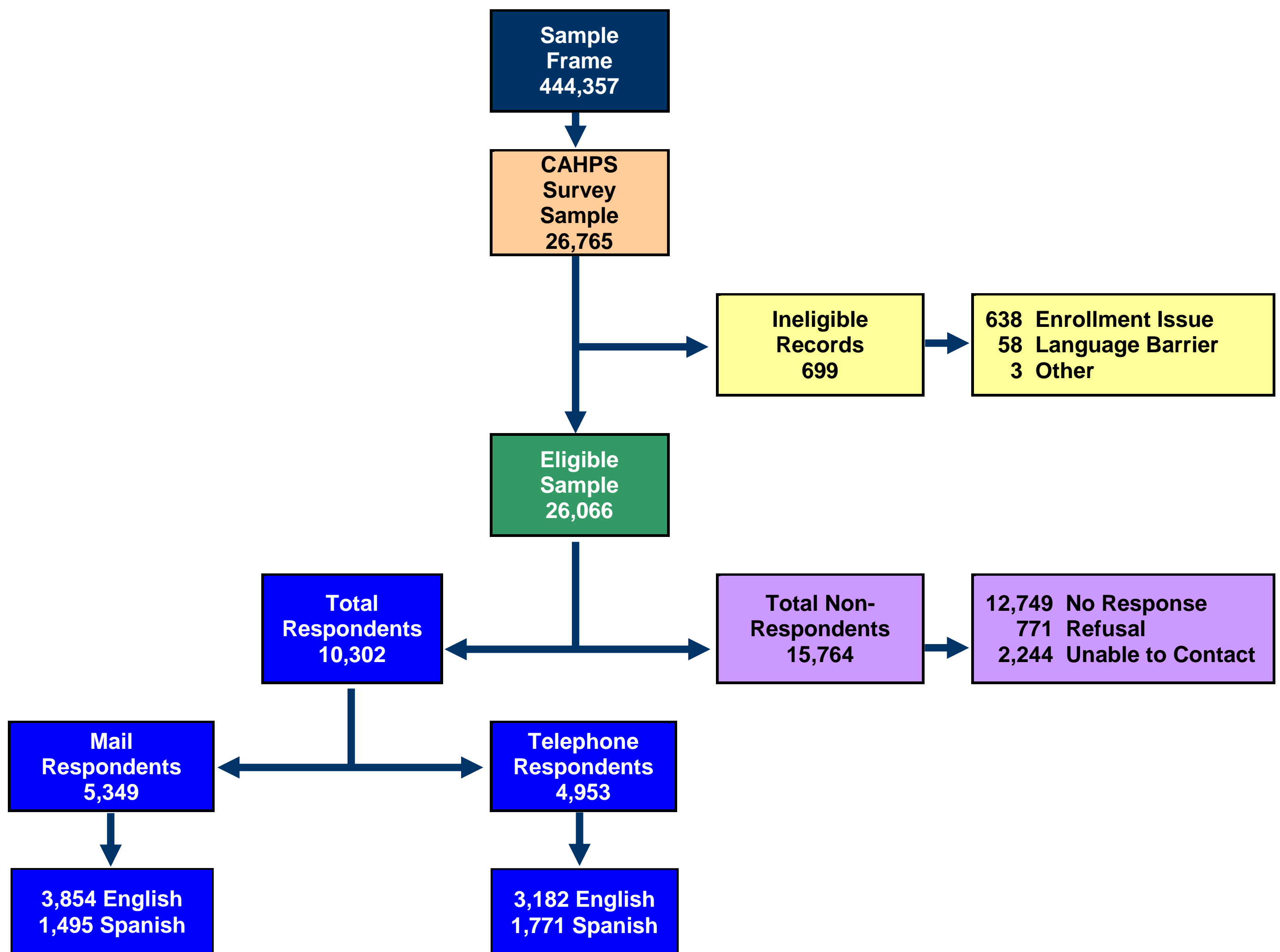
Figure 2-1 Distribution of Surveys for Acute Care Program's Adult Medicaid Population



The Acute Care program response rate of 37.4 percent for the adult Medicaid population was higher the national adult Medicaid response rate reported by NCQA for 2013, which was 28.4 percent.[2-4]

[2-4] National Committee for Quality Assurance. *HEDIS 2013 Survey Vendor Update Training*. October 24, 2013.

Figure 2-2 Distribution of Surveys for Acute Care Program's Child Medicaid Population



The Acute Care program's response rate of 39.5 percent for the child Medicaid population was higher the national child Medicaid response rate reported by NCQA for 2013, which was 26.9 percent.[2-5]

[2-5] National Committee for Quality Assurance. *HEDIS 2013 Survey Vendor Update Training*. October 24, 2013.

Table 2-1 and Table 2-2 depict the sample distribution and response rates for each participating Contractor and the Acute Care program for the adult and child Medicaid populations, respectively.

Table 2-1
Adult Medicaid
Sample Distribution and Response Rate

Contractor Name	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Acute Care Program	**14,040**	**480**	**13,560**	**5,077**	**37.44%**
Arizona Physicians IPA	1,755	60	1,695	672	39.65%
Bridgeway Health Solutions	1,755	56	1,699	648	38.14%
Care 1st Health Plan of Arizona	1,755	62	1,693	605	35.74%
Health Choice Arizona	1,755	68	1,687	689	40.84%
Maricopa Health Plan	1,755	69	1,686	551	32.68%
Mercy Care Plan	1,755	66	1,689	644	38.13%
Phoenix Health Plan	1,755	54	1,701	623	36.63%
University Family Care	1,755	45	1,710	645	37.72%

Table 2-2
Child Medicaid
Sample Distribution and Response Rate

Contractor Name	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Acute Care Program	**26,765**	**699**	**26,066**	**10,302**	**39.52%**
Arizona Physicians IPA	3,490	72	3,418	1,324	38.74%
Bridgeway Health Solutions	1,697	63	1,634	696	42.59%
Care 1st Health Plan of Arizona	2,675	78	2,597	1,090	41.97%
DES/CMDP	2,317	76	2,241	597	26.64%
Health Choice Arizona	3,490	89	3,401	1,426	41.93%
Maricopa Health Plan	2,864	79	2,785	1,122	40.29%
Mercy Care Plan	3,490	69	3,421	1,456	42.56%
Phoenix Health Plan	3,490	94	3,396	1,397	41.14%
University Family Care	3,252	79	3,173	1,194	37.63%

Demographics

Adult 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 properties.[2-6] Currently, NCQA does not recommend case-mix adjusting CAHPS results to account for these differences.

Table 2-3 through Table 2-7 show CAHPS 5.0 Adult Medicaid Health Plan Survey respondents' self-reported age, gender, race/ethnicity, education, and general health status.

Table 2-3
Adult Demographics—Age

Contractor Name	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or older
Acute Care Program	**14.3%**	**22.5%**	**20.8%**	**20.8%**	**19.1%**	**2.4%**
Arizona Physicians IPA	15.2%	24.6%	22.5%	20.6%	15.5%	1.8%
Bridgeway Health Solutions	10.9%	19.8%	18.3%	23.9%	25.8%	1.3%
Care 1st Health Plan of Arizona	15.6%	25.7%	21.5%	18.0%	16.4%	2.8%
Health Choice Arizona	15.4%	23.3%	21.6%	20.2%	18.2%	1.4%
Maricopa Health Plan	15.7%	18.7%	17.9%	22.8%	20.9%	3.9%
Mercy Care Plan	14.1%	25.3%	21.5%	19.0%	17.5%	2.7%
Phoenix Health Plan	13.6%	23.7%	22.3%	21.2%	17.4%	1.7%
University Family Care	14.2%	18.8%	20.8%	20.6%	21.4%	4.2%

Table 2-4
Adult Demographics—Gender

Contractor Name	Male	Female
Acute Care Program	**33.5%**	**66.5%**
Arizona Physicians IPA	30.6%	69.4%
Bridgeway Health Solutions	35.7%	64.3%
Care 1st Health Plan of Arizona	32.8%	67.2%
Health Choice Arizona	32.9%	67.1%
Maricopa Health Plan	35.4%	64.6%
Mercy Care Plan	32.7%	67.3%
Phoenix Health Plan	34.1%	65.9%
University Family Care	33.9%	66.1%

[2-6] Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008.* Rockville, MD: U.S. Department of Health and Human Services, July 2008.

Table 2-5
Adult Demographics—Race/Ethnicity

Contractor Name	Multi-Racial	White	Black	Asian	Hawaiian/ Pacific Islander	Other
Acute Care Program	**7.5%**	**63.3%**	**6.3%**	**3.0%**	**0.3%**	**19.6%**
Arizona Physicians IPA	7.7%	58.0%	7.0%	2.6%	0.4%	24.3%
Bridgeway Health Solutions	7.3%	83.8%	0.5%	1.2%	0.2%	7.0%
Care 1st Health Plan of Arizona	7.6%	54.1%	10.5%	5.1%	0.8%	21.8%
Health Choice Arizona	6.8%	65.9%	4.3%	0.7%	0.2%	22.2%
Maricopa Health Plan	8.4%	51.6%	13.9%	2.3%	0.5%	23.4%
Mercy Care Plan	5.8%	58.6%	8.6%	6.9%	0.0%	20.0%
Phoenix Health Plan	8.5%	64.5%	4.7%	3.6%	0.2%	18.5%
University Family Care	8.2%	64.6%	3.2%	1.9%	0.4%	21.8%

Table 2-6
Adult Demographics—Education

Contractor Name	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
Acute Care Program	**8.9%**	**18.4%**	**32.4%**	**32.9%**	**7.4%**
Arizona Physicians IPA	8.9%	15.9%	34.5%	33.0%	7.7%
Bridgeway Health Solutions	4.4%	18.0%	29.7%	41.2%	6.7%
Care 1st Health Plan of Arizona	10.6%	18.1%	31.5%	31.5%	8.2%
Health Choice Arizona	9.1%	19.7%	31.6%	33.8%	5.9%
Maricopa Health Plan	12.8%	22.2%	31.9%	26.7%	6.4%
Mercy Care Plan	9.0%	19.8%	33.4%	29.8%	7.9%
Phoenix Health Plan	6.8%	17.6%	32.9%	34.3%	8.5%
University Family Care	10.8%	16.4%	33.4%	31.2%	8.1%

Table 2-7
Adult Demographics—General Health Status

Contractor Name	Excellent	Very Good	Good	Fair	Poor
Acute Care Program	**11.3%**	**23.2%**	**33.2%**	**24.6%**	**7.7%**
Arizona Physicians IPA	11.0%	21.7%	36.1%	24.1%	7.0%
Bridgeway Health Solutions	9.6%	25.0%	30.7%	23.2%	11.6%
Care 1st Health Plan of Arizona	13.2%	22.5%	30.1%	27.2%	7.1%
Health Choice Arizona	10.7%	23.3%	34.4%	24.2%	7.4%
Maricopa Health Plan	12.3%	20.3%	33.4%	27.8%	6.2%
Mercy Care Plan	12.3%	24.7%	30.1%	23.8%	9.1%
Phoenix Health Plan	9.6%	23.5%	37.2%	23.5%	6.3%
University Family Care	12.3%	23.9%	33.2%	23.9%	6.6%

For additional demographic information, please refer to the cross-tabulations (Tab and Banner Book) provided on the accompanying CD.

Child and Respondent Demographics

Table 2-8 through Table 2-11 show the demographic characteristics of children for whom a parent or caretaker completed a CAHPS 5.0 Child Medicaid Health Plan Survey.[2-7]

Table 2-8
Child Demographics—Age

Contractor Name	Less than 1	1 to 3	4 to 7	8 to 12	13 to 18[2-8]
Acute Care Program	**0.9%**	**18.0%**	**28.2%**	**28.6%**	**24.4%**
Arizona Physicians IPA	1.1%	17.2%	27.0%	29.1%	25.7%
Bridgeway Health Solutions	0.8%	13.3%	28.5%	27.8%	29.6%
Care 1st Health Plan of Arizona	1.7%	19.2%	34.3%	27.0%	17.8%
DES/CMDP	0.8%	28.8%	27.2%	20.8%	22.4%
Health Choice Arizona	0.5%	17.0%	25.3%	33.0%	24.2%
Maricopa Health Plan	0.4%	20.0%	27.2%	29.3%	23.1%
Mercy Care Plan	0.6%	16.7%	28.6%	29.6%	24.5%
Phoenix Health Plan	1.3%	16.3%	28.0%	30.8%	23.6%
University Family Care	0.6%	17.4%	26.7%	27.3%	28.0%

Please note: Children were eligible for inclusion in CAHPS if they were 17 years of age or younger as of December 31, 2012. Some children eligible for the CAHPS Survey turned 18 between January 1, 2013 and the time of survey administration.

Table 2-9
Child Demographics—Gender

Contractor Name	Male	Female
Acute Care Program	**51.0%**	**49.0%**
Arizona Physicians IPA	52.1%	47.9%
Bridgeway Health Solutions	51.0%	49.0%
Care 1st Health Plan of Arizona	46.8%	53.2%
DES/CMDP	51.9%	48.1%
Health Choice Arizona	51.1%	48.9%
Maricopa Health Plan	51.0%	49.0%
Mercy Care Plan	52.0%	48.0%
Phoenix Health Plan	50.6%	49.4%
University Family Care	53.1%	46.9%

[2-7] The child demographic data presented in Tables 2-8 through Table 2-11 are based on the characteristics of the general child population.

[2-8] As previously noted, for purposes of this report, the age criteria for DES/CMDP child members eligible for inclusion in the CAHPS Survey was modified to include members up to 21 years of age as of December 31, 2012. The child demographic age characteristics presented for DES/CMDP includes members up to 21 years of age.

Table 2-10
Child Demographics—Race/Ethnicity

Contractor Name	Multi-Racial	White	Black	Asian	Hawaiian/ Pacific Islander	Other
Acute Care Program	**10.9%**	**58.3%**	**5.2%**	**1.6%**	**0.3%**	**23.7%**
Arizona Physicians IPA	10.1%	56.5%	4.9%	1.4%	0.6%	26.5%
Bridgeway Health Solutions	11.4%	75.8%	0.5%	0.7%	0.3%	11.4%
Care 1st Health Plan of Arizona	11.9%	47.5%	7.3%	2.0%	0.2%	31.1%
DES/CMDP	12.1%	59.2%	9.5%	0.3%	0.3%	18.7%
Health Choice Arizona	11.0%	59.5%	3.4%	0.9%	0.0%	25.2%
Maricopa Health Plan	8.2%	53.3%	6.1%	1.8%	0.2%	30.4%
Mercy Care Plan	12.4%	51.4%	6.5%	3.3%	0.0%	26.4%
Phoenix Health Plan	8.8%	57.3%	5.3%	1.4%	0.6%	26.7%
University Family Care	12.6%	60.3%	5.6%	2.3%	0.8%	18.4%

Table 2-11
Child Demographics—General Health Status

Contractor Name	Excellent	Very Good	Good	Fair	Poor
Acute Care Program	**41.9%**	**31.5%**	**21.4%**	**4.9%**	**0.3%**
Arizona Physicians IPA	42.7%	30.6%	21.5%	4.7%	0.4%
Bridgeway Health Solutions	41.7%	34.0%	20.2%	3.9%	0.2%
Care 1st Health Plan of Arizona	42.8%	28.9%	23.2%	4.7%	0.3%
DES/CMDP	36.7%	37.2%	20.9%	4.5%	0.8%
Health Choice Arizona	44.0%	34.6%	17.8%	3.4%	0.2%
Maricopa Health Plan	39.6%	26.0%	27.7%	6.5%	0.2%
Mercy Care Plan	41.0%	30.9%	22.2%	5.7%	0.2%
Phoenix Health Plan	39.3%	30.9%	23.6%	5.7%	0.5%
University Family Care	47.6%	32.3%	15.3%	4.6%	0.2%

Table 2-12 through Table 2-14 show the self-reported age, level of education, and relationship to the child for the respondents who completed the CAHPS 5.0 Child Medicaid Survey.[2-9]

Table 2-12
Respondent Demographics—Age

Contractor Name	Under 18	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or older
Acute Care Program	**5.2%**	**5.7%**	**35.2%**	**33.1%**	**12.7%**	**5.8%**	**2.1%**
Arizona Physicians IPA	4.8%	5.9%	39.2%	33.3%	11.1%	4.3%	1.4%
Bridgeway Health Solutions	6.1%	4.9%	32.9%	27.3%	16.1%	8.9%	3.8%
Care 1st Health Plan of Arizona	3.3%	7.5%	45.3%	31.6%	8.7%	3.0%	0.7%
DES/CMDP	7.8%	0.8%	10.6%	19.2%	30.9%	21.8%	8.9%
Health Choice Arizona	5.4%	5.4%	37.7%	36.4%	10.2%	3.9%	1.0%
Maricopa Health Plan	2.5%	6.8%	35.7%	40.9%	11.5%	1.6%	1.1%
Mercy Care Plan	6.4%	5.4%	35.3%	37.0%	11.0%	3.7%	1.3%
Phoenix Health Plan	7.1%	5.1%	36.7%	35.4%	10.2%	4.0%	1.5%
University Family Care	4.1%	8.6%	35.6%	32.8%	10.8%	6.2%	1.9%

Table 2-13
Respondent Demographics—Education

Contractor Name	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
Acute Care Program	**12.5%**	**17.4%**	**31.7%**	**30.1%**	**8.4%**
Arizona Physicians IPA	9.7%	18.1%	33.2%	30.7%	8.3%
Bridgeway Health Solutions	9.3%	12.1%	31.4%	38.4%	8.8%
Care 1st Health Plan of Arizona	12.5%	20.7%	34.1%	25.3%	7.4%
DES/CMDP	3.1%	9.7%	20.9%	44.1%	22.2%
Health Choice Arizona	12.3%	19.3%	33.0%	29.5%	5.9%
Maricopa Health Plan	24.1%	20.8%	32.5%	17.4%	5.1%
Mercy Care Plan	16.4%	18.7%	31.5%	26.3%	7.1%
Phoenix Health Plan	14.6%	17.4%	34.4%	27.0%	6.6%
University Family Care	7.5%	17.6%	30.5%	36.1%	8.2%

[2-9] The respondent demographic data presented in Table 2-12 through Table 2-14 are based on the characteristics of the general child population.

Table 2-14
Respondent Demographics—Relationship to Child

Contractor Name	Mother or Father	Grandparent	Other Relationship	Legal Guardian
Acute Care Program	**87.1%**	**6.5%**	**3.6%**	**2.8%**
Arizona Physicians IPA	93.4%	4.8%	0.9%	0.9%
Bridgeway Health Solutions	88.0%	8.8%	2.3%	1.0%
Care 1st Health Plan of Arizona	95.7%	2.3%	0.8%	1.2%
DES/CMDP	11.2%	31.9%	31.9%	25.0%
Health Choice Arizona	95.0%	3.3%	1.0%	0.7%
Maricopa Health Plan	94.2%	3.8%	1.3%	0.7%
Mercy Care Plan	93.1%	4.5%	1.1%	1.3%
Phoenix Health Plan	93.6%	4.4%	1.0%	1.0%
University Family Care	93.0%	3.8%	2.3%	1.0%

For additional demographic information, please refer to the cross-tabulations (Tab and Banner Book) provided on the accompanying CD.

3. Adult Results

The following presents the CAHPS results for the adult population for the Acute Care program. It is important to note that 2013 represents the first year adult members in the Acute Care program were surveyed. Therefore, the CAHPS results presented in this section represent a **baseline** assessment of the adult members' satisfaction with the Acute Care program.

NCQA Comparisons

In order to assess the overall performance of the Acute Care program's adult Medicaid population, each of the CAHPS global ratings (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often) and four of the CAHPS composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service) were scored on a three-point scale using the scoring methodology detailed in NCQA's HEDIS Specifications for Survey Measures.[3-1] The resulting three-point mean scores were compared to NCQA's HEDIS Benchmarks and Thresholds for Accreditation.[3-2] 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.[3-3]

★★★★★	indicates a score at or above the 90th percentile
★★★★	indicates a score at or between the 75th and 89th percentiles
★★★	indicates a score at or between the 50th and 74th percentiles
★★	indicates a score at or between the 25th and 49th percentiles
★	indicates a score below the 25th percentile

[3-1] National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2012.

[3-2] National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2013*. Washington, DC: NCQA, July 24, 2013.

[3-3] NCQA does not provide benchmarks and thresholds for the Shared Decision Making composite measure, and Coordination of Care and Health Promotion and Education individual measures; therefore, overall member satisfaction ratings could not be determined for these CAHPS measures.

Table 3-1 shows the Acute Care program's and participating Contractors' three-point mean scores and overall adult member satisfaction ratings on each of the four global ratings.

Table 3-1
NCQA Comparisons: Global Ratings

Contractor Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Acute Care Program	★★★ **2.402**	★★★ **2.347**	★★ **2.454**	★★★ **2.504**
Arizona Physicians IPA	★★★★★ 2.562	★★★★★ 2.472	★★★★ 2.548	★★★★★ 2.574
Bridgeway Health Solutions	★ 2.311	★★ 2.295	★★★★ 2.511	★★★ 2.477
Care 1st Health Plan of Arizona	★★ 2.389	★★★ 2.320	★★ 2.423	★ 2.391
Health Choice Arizona	★ 2.309	★★★ 2.331	★ 2.405	★ 2.408
Maricopa Health Plan	★★ 2.392	★★★ 2.347	★★ 2.453	★★★ 2.510
Mercy Care Plan	★★★ 2.437	★★★ 2.330	★★ 2.422	★★★ 2.494
Phoenix Health Plan	★★ 2.344	★ 2.248	★ 2.385	★★★★ 2.553
University Family Care	★★★★ 2.468	★★★★★ 2.423	★★★ 2.473	★★★★★ 2.622

Table 3-2 shows the Acute Care program's and participating Contractors' three-point mean scores and overall adult member satisfaction ratings on the four composite measures.[3-4]

Table 3-2
NCQA Comparisons: Composite Measures

Contractor Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
Acute Care Program	★★★ **2.325**	★★ **2.370**	★★★ **2.553**	★★★★ **2.510**
Arizona Physicians IPA	★★★★ 2.401	★★★ 2.403	★★★★ 2.599	★★★★ 2.486
Bridgeway Health Solutions	★★★ 2.320	★★★ 2.437	★★★★ 2.611	★★★ 2.459
Care 1st Health Plan of Arizona	★★ 2.268	★★ 2.376	★★★ 2.574	★★★★ 2.480
Health Choice Arizona	★★★ 2.296	★★ 2.392	★★ 2.516	★★★ 2.450
Maricopa Health Plan	★★★★ 2.389	★★ 2.355	★★ 2.524	★★★★★ 2.569
Mercy Care Plan	★★★ 2.306	★ 2.312	★★ 2.509	★★★★ 2.484
Phoenix Health Plan	★★ 2.264	★★ 2.342	★★ 2.491	★★★★★ 2.573
University Family Care	★★★★ 2.360	★★ 2.333	★★★★ 2.589	★★★★★ 2.564

[3-4] Due to the changes to the Getting Needed Care composite measure, caution should be exercised when interpreting the results of the NCQA comparisons and overall member satisfaction ratings for this measure. For detailed information on the changes to the composite measure, please refer to the Executive Summary Section of this report.

Summary of NCQA Comparisons Results

The NCQA comparisons revealed the following summary results for the adult population.

- The Acute Care program scored at or between the 75th and 89th percentiles on one measure, Customer Service. The Acute Care program did not score below the 25th percentile on any of the measures.
- Arizona Physicians IPA scored at or above the 90th percentile on three measures: Rating of Health Plan, Rating of All Health Care, and Rating of Specialist Seen Most Often. Arizona Physicians IPA did not score below the 25th percentile on any of the measures.
- Bridgeway Health Solutions scored at or between the 75th and 89th percentiles on two measures: Rating of Personal Doctor and How Well Doctors Communicate. Bridgeway Health Solutions scored below the 25th percentile on one measure, Rating of Health Plan.
- Care 1st Health Plan of Arizona scored at or between the 75th and 89th percentiles on one measure, Customer Service. Care 1st Health Plan of Arizona scored below the 25th percentile on one measure, Rating of Specialist Seen Most Often.
- Health Choice Arizona scored at or between the 50th and 74th percentiles on three measures: Rating of All Health Care, Getting Needed Care, and Customer Service. Health Choice Arizona scored below the 25th percentile on three measures: Rating of Health Plan, Rating of Personal Doctor, and Rating of Specialist Seen Most Often.
- Maricopa Health Plan scored at or above the 90th percentile on one measure, Customer Service. Maricopa Health Plan did not score below the 25th percentile on any of the measures.
- Mercy Care Plan scored at or between the 75th and 89th percentiles on one measure, Customer Service. Mercy Care Plan scored below the 25th percentile on one measure, Getting Care Quickly.
- Phoenix Health Plan scored at or above the 90th percentile on one measure, Customer Service. Phoenix Health Plan scored below the 25th percentile on two measures: Rating of All Health Care and Rating of Personal Doctor.
- University Family Care scored at or above the 90th percentile on three measures: Rating of All Health Care, Rating of Specialist Seen Most Often, and Customer Service. University Family Care did not score below the 25th percentile on any of the measures.

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.[3-5] The scoring of the global ratings, composite measures, and individual item measures involved assigning top-level responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-level responses was calculated in order to determine the question summary rates and global proportions. For additional detail, please refer to the *NCQA HEDIS 2013 Specifications for Survey Measures*, *Volume 3*.

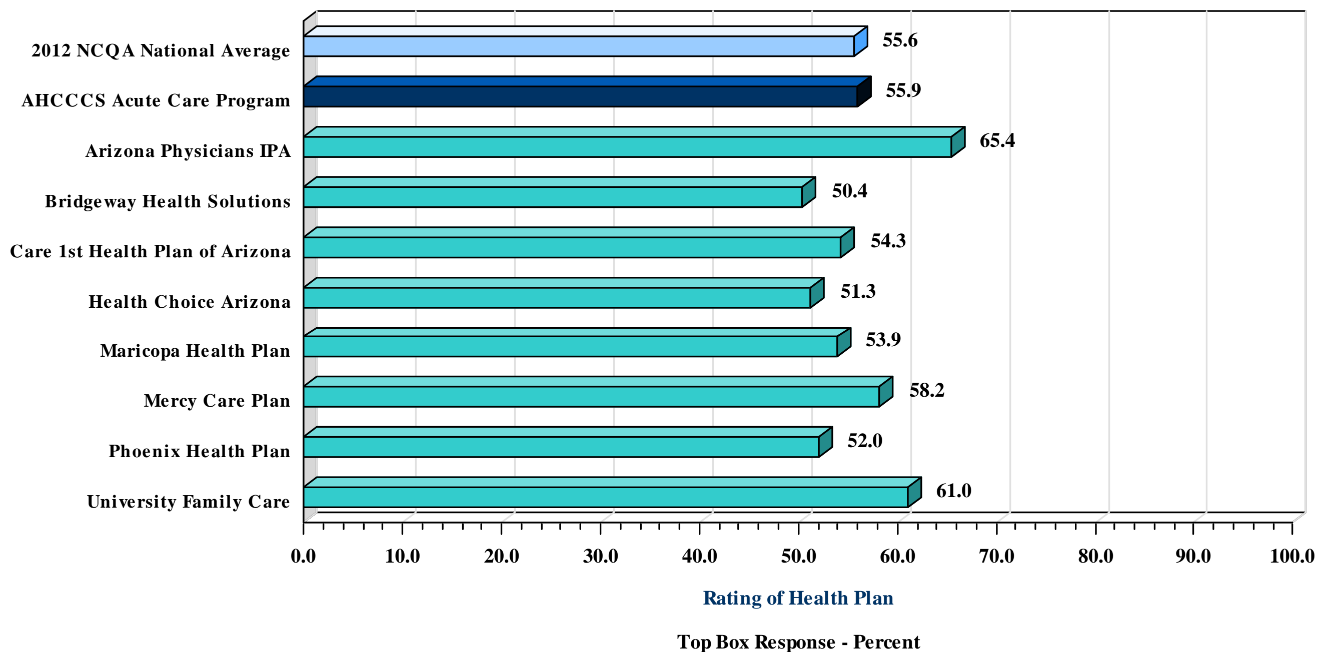
[3-5] National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2012.

Global Ratings

Rating of Health Plan

Adult members were asked to rate their health plan on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible." Top-level responses were defined as those responses with a rating of 9 or 10. Figure 3-1 shows the 2012 NCQA National Adult Medicaid average using responses of 9 or 10 for top-box scoring and the 2013 Rating of Health Plan question summary rates for the Acute Care program and the eight participating Contractors.[3-6,3-7]

Figure 3-1—Rating of Health Plan



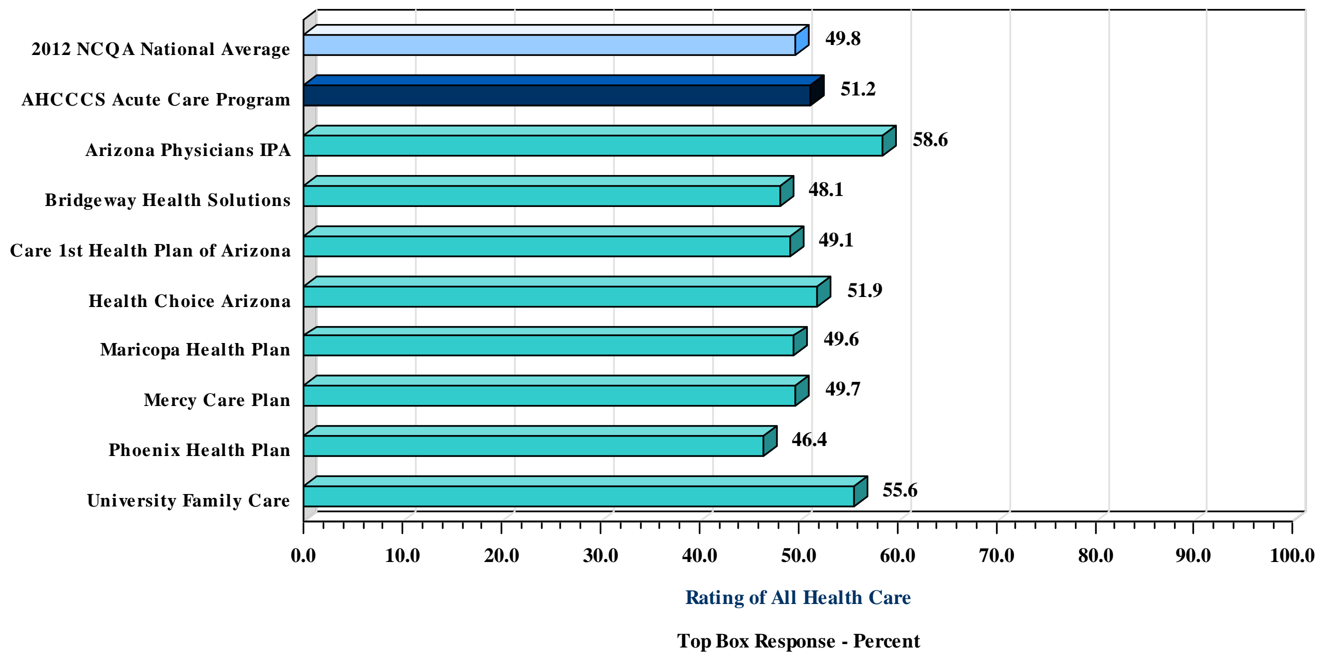
[3-6] For the NCQA national adult Medicaid averages, the source for data contained in this publication is Quality Compass® 2012 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2012 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

[3-7] The AHCCCS Acute Care Program scores presented in this section are derived from the combined results of the eight Contractors that participated in the CAHPS Adult Medicaid Health Plan Surveys.

Rating of All Health Care

Adult members were asked to rate all their health care on a scale of 0 to 10, with 0 being the "worst health care possible" and 10 being the "best health care possible." Top-level responses were defined as those responses with a rating of 9 or 10. Figure 3-2 shows the 2012 NCQA National Adult Medicaid average and the 2013 Rating of All Health Care question summary rates for the Acute Care program and the eight participating Contractors.

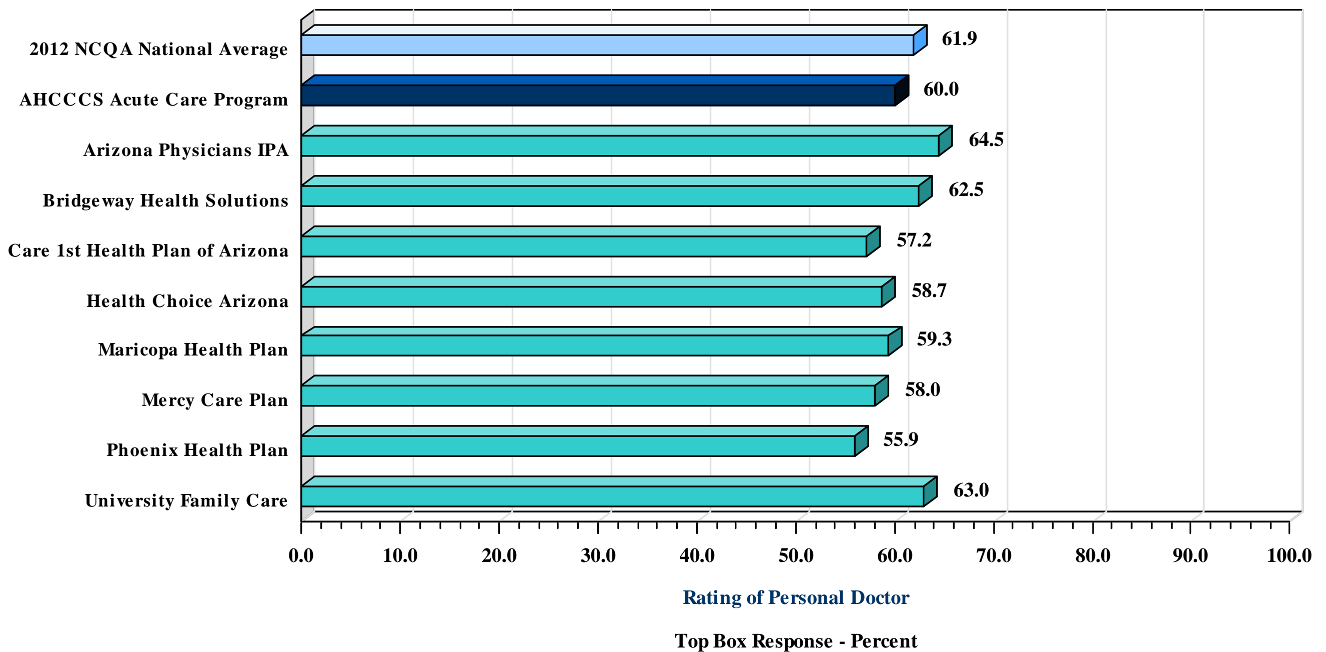
Figure 3-2—Rating of All Health Care



Rating of Personal Doctor

Adult members were asked to rate their personal doctor on a scale of 0 to 10, with 0 being the "worst personal doctor possible" and 10 being the "best personal doctor possible." Top-level responses were defined as those responses with a rating of 9 or 10. Figure 3-3 shows the 2012 NCQA National Adult Medicaid average and the 2013 Rating of Personal Doctor question summary rates for the Acute Care program and the eight participating Contractors.

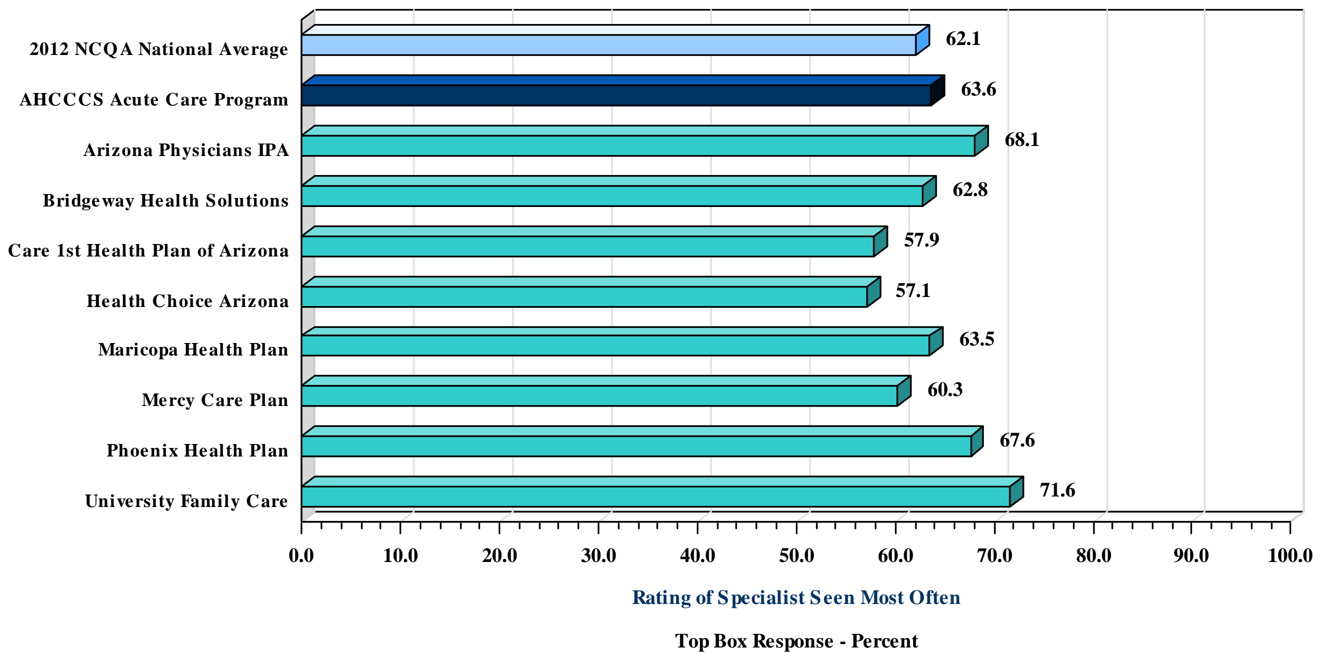
Figure 3-3—Rating of Personal Doctor



Rating of Specialist Seen Most Often

Adult members were asked to rate the specialist they saw most often on a scale of 0 to 10, with 0 being the "worst specialist possible" and 10 being the "best specialist possible." Top-level responses were defined as those responses with a rating of 9 or 10. Figure 3-4 shows the 2012 NCQA National Adult Medicaid average and the 2013 Rating of Specialists Seen Most Often question summary rates for the Acute Care program and the eight participating Contractors.

Figure 3-4—Rating of Specialist Seen Most Often

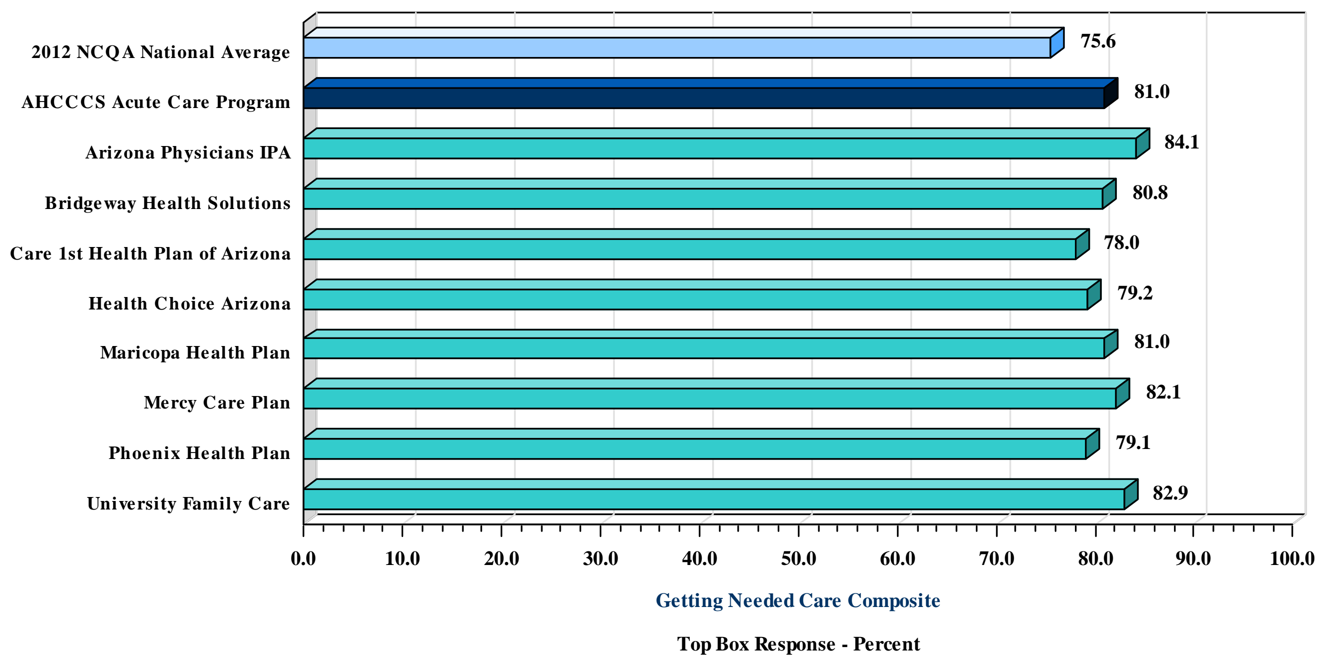


Composite Measures

Getting Needed Care

Adult members were asked two questions to assess how often it was easy to get needed care. For each of these questions (Questions 14 and 25), a top-level response was defined as a response of "Usually" or "Always." Figure 3-5 shows the 2012 NCQA National Adult Medicaid average and the 2013 Getting Needed Care global proportions for the Acute Care program and the eight participating Contractors.[3-8]

Figure 3-5—Getting Needed Care

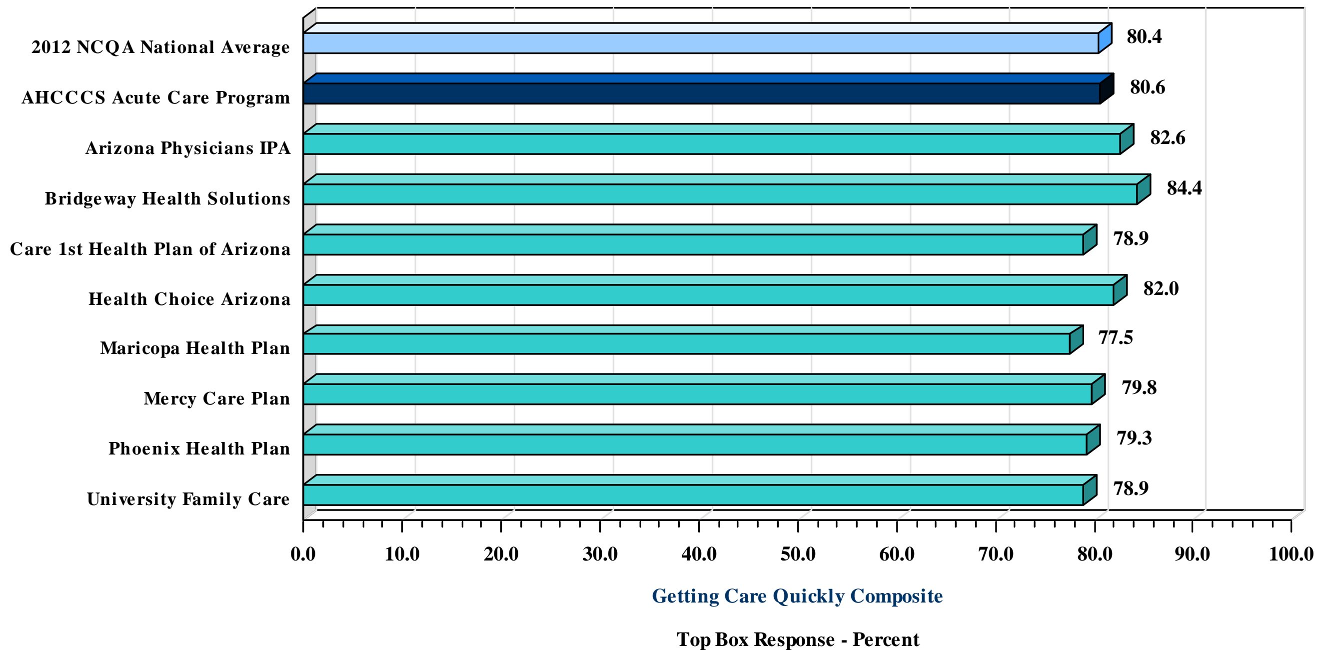


[3-8] Due to changes to the Getting Needed Care composite measure, caution should be exercised when interpreting the comparisons to NCQA national averages. For detailed information on the changes to the composite measure, please refer to the Executive Summary Section of this report.

Getting Care Quickly

Adult members were asked two questions to assess how often they received care quickly. For each of these questions (Questions 4 and 6), a top-level response was defined as a response of "Usually" or "Always." Figure 3-6 shows the 2012 NCQA National Adult Medicaid average and the 2013 Getting Care Quickly global proportions for the Acute Care program and the eight participating Contractors.

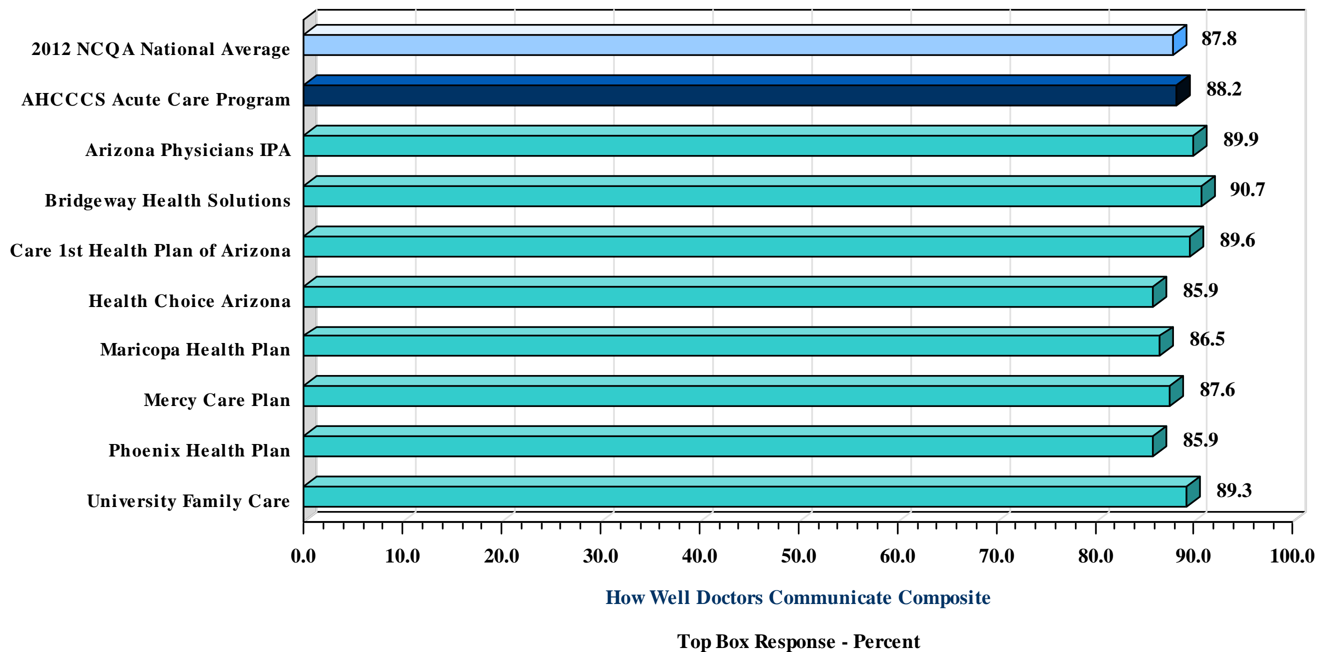
Figure 3-6—Getting Care Quickly



How Well Doctors Communicate

Adult members were asked four questions to assess how often doctors communicated well. For each of these questions (Questions 17, 18, 19, and 20), a top-level response was defined as a response of "Usually" or "Always." Figure 3-7 shows the 2012 NCQA National Adult Medicaid average and the 2013 How Well Doctors Communicate global proportions for the Acute Care program and the eight participating Contractors.

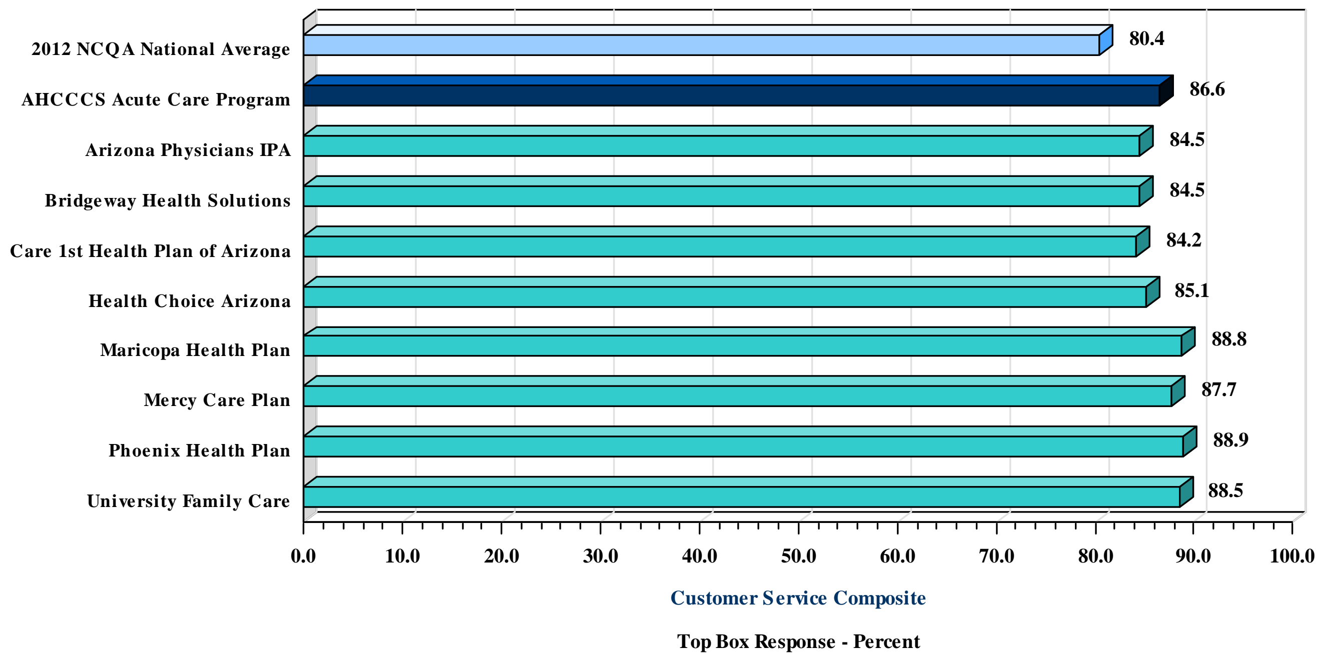
Figure 3-7—How Well Doctors Communicate



Customer Service

Adult members were asked two questions to assess how they obtained needed help/information from customer service. For each of these questions (Questions 31 and 32), a top-level response was defined as a response of "Usually" or "Always." Figure 3-8 shows the 2012 NCQA National Adult Medicaid average and the 2013 Customer Service global proportions for the Acute Care program and the eight participating Contractors.

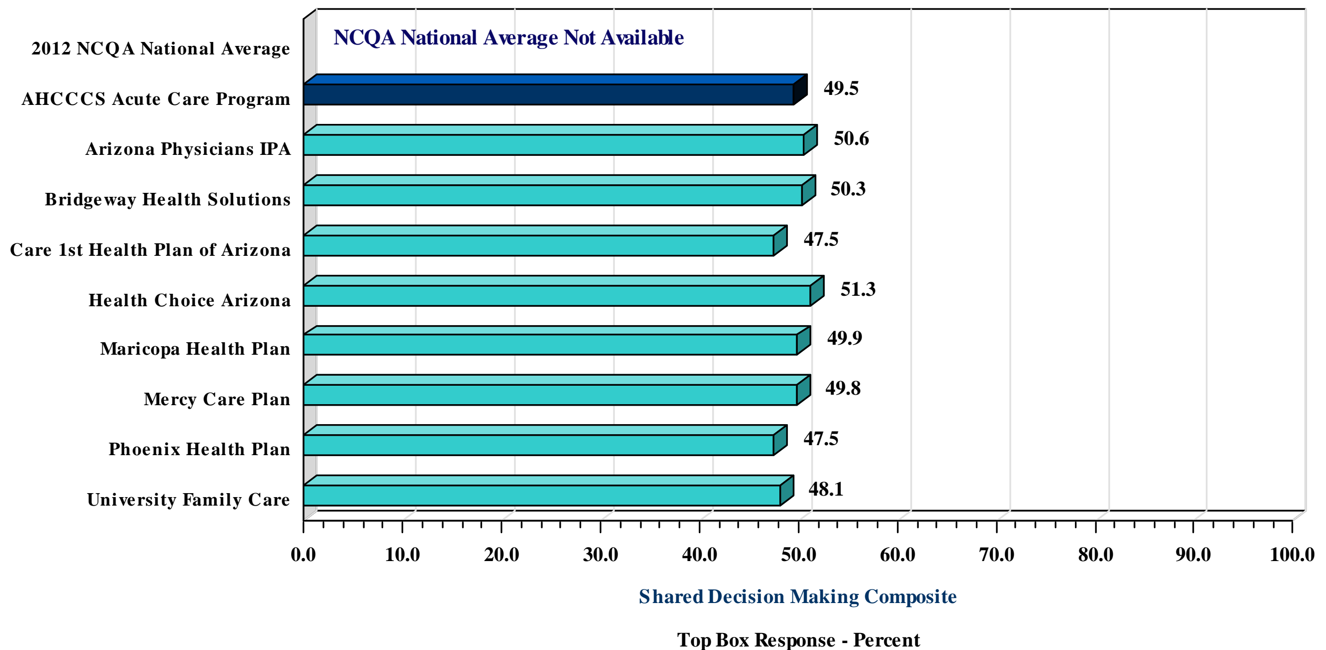
Figure 3-8—Customer Service



Shared Decision Making

Adult members were asked three questions to assess if doctors discussed starting or stopping medication with them. For each of these questions (Questions 10, 11, and 12), a top-level response was defined as a response of "A lot" or "Yes." Figure 3-9 shows the 2013 Shared Decision Making global proportions for the Acute Care program and the eight participating Contractors.[3-9]

Figure 3-9—Shared Decision Making



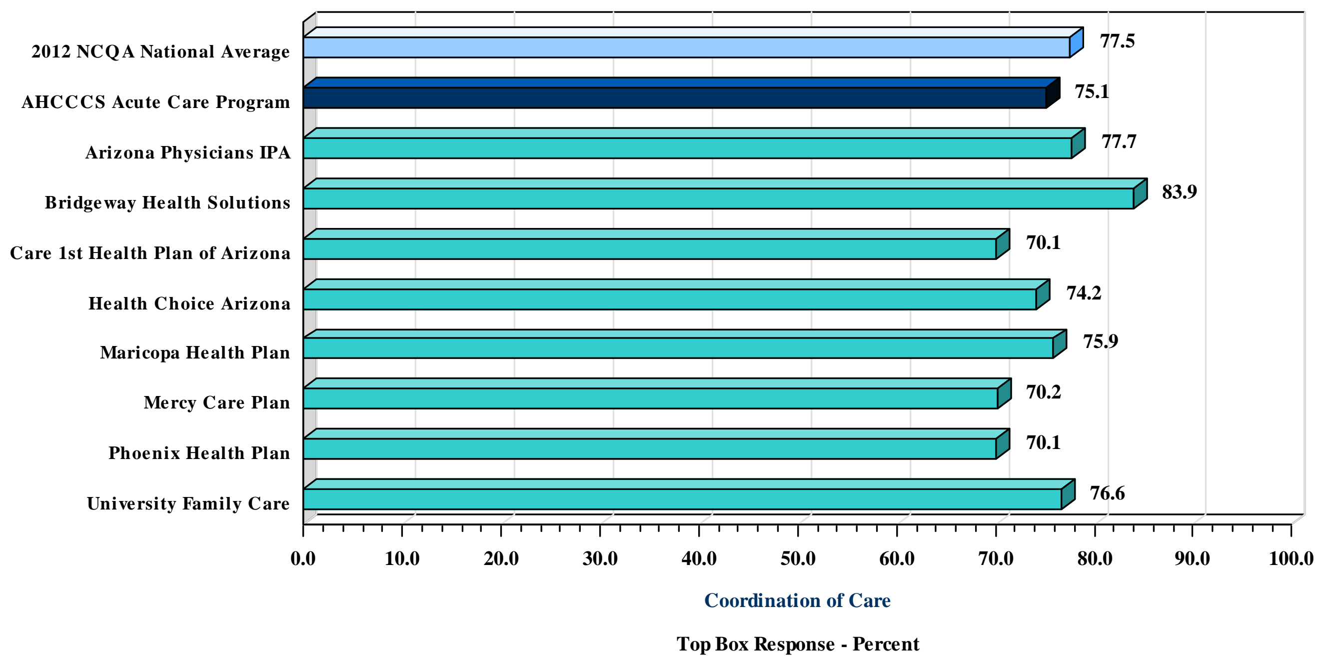
[3-9] Due to changes to the Shared Decision Making composite measure, comparisons to NCQA national averages could not be performed for 2013. For detailed information on the changes to the composite measure, please refer to the Executive Summary section of this report.

Individual Item Measures

Coordination of Care

Adult members were asked a question to assess how often their personal doctor seemed informed and up-to-date about care they had received from another doctor. For this question (Question 22), a top-level response was defined as a response of “Usually” or “Always.” Figure 3-10 shows the 2012 NCQA National Adult Medicaid average and the 2013 Coordination of Care question summary rates for the Acute Care program and the eight participating Contractors.

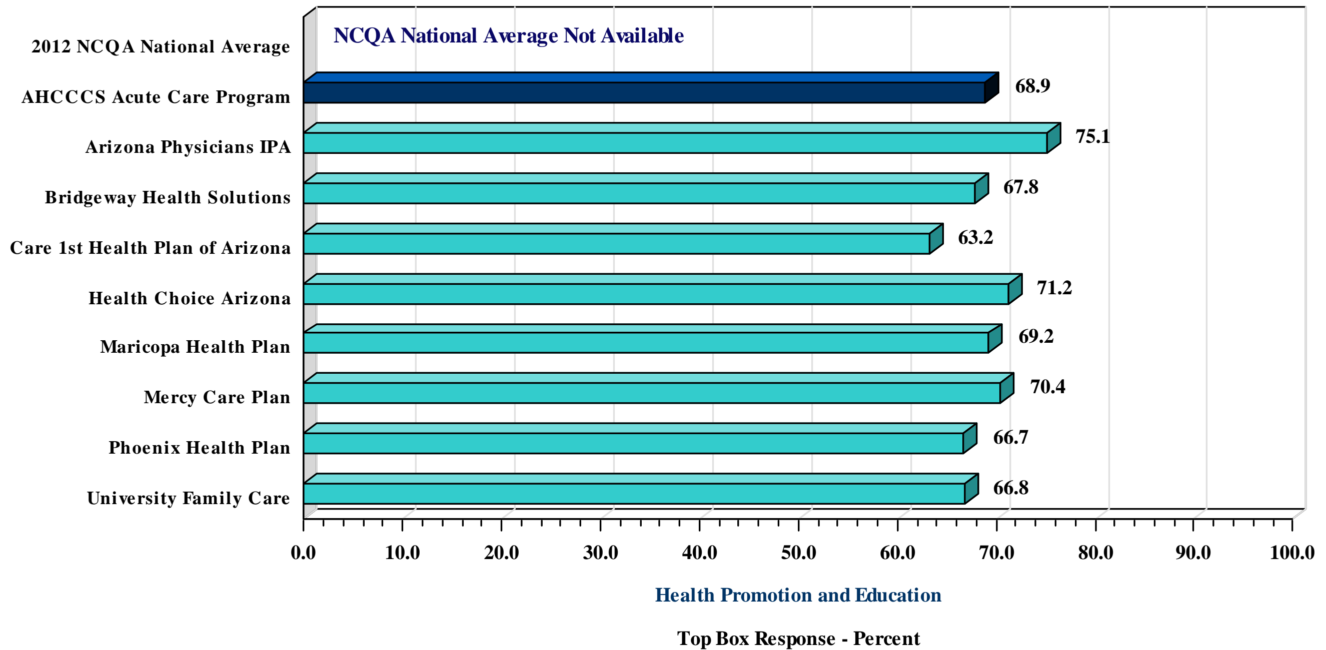
Figure 3-10—Coordination of Care



Health Promotion and Education

Adult members were asked a question to assess if their doctor talked with them about specific things they could do to prevent illness. For this question (Question 8), a top-level response was defined as a response of "Yes." Figure 3-11 shows the 2013 Health Promotion and Education question summary rates for the Acute Care program and the eight participating Contractors.[3-10]

Figure 3-11—Health Promotion and Education



[3-10] Due to changes to the Health Promotion and Education individual item measure, comparisons to NCQA national averages could not be performed for 2013. For detailed information on the changes to this individual measure, please refer to the Executive Summary section of this report.

Summary of Rates and Proportions

Evaluation of rates and proportions for the Acute Care adult population revealed the following summary results.

- The Acute Care program scored at or above the national average on seven measures: Rating of Health Plan, Rating of All Health Care, Rating of Specialist Seen Most Often, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service. The Acute Care program scored below the national average on two measures: Rating of Personal Doctor and Coordination of Care.

- Arizona Physicians IPA scored at or above the national average on nine measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Coordination of Care. Arizona Physicians IPA did not score below the national average on any of the measures.

- Bridgeway Health Solutions scored at or above the national average on seven measures: Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Coordination of Care. Bridgeway Health Solutions scored below the national average on two measures: Rating of Health Plan and Rating of All Health Care.

- Care 1st Health Plan of Arizona scored at or above the national average on three measures: Getting Needed Care, How Well Doctors Communicate, and Customer Service. Care 1st Health Plan of Arizona scored below the national average on six measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Care Quickly, and Coordination of Care.

- Health Choice Arizona scored at or above the national average on four measures: Rating of All Health Care, Getting Needed Care, Getting Care Quickly, and Customer Service. Health Choice Arizona scored below the national average on five measures: Rating of Health Plan, Rating of Personal Doctor, Rating of Specialist Seen Most Often, How Well Doctors Communicate, and Coordination of Care.

- Maricopa Health Plan scored at or above the national average on three measures: Rating of Specialist Seen Most Often, Getting Needed Care, and Customer Service. Maricopa Health Plan scored below the national average on six measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Getting Care Quickly, How Well Doctors Communicate, and Coordination of Care.

- Mercy Care Plan scored at or above the national average on three measures: Rating of Health Plan, Getting Needed Care, and Customer Service. Mercy Care Plan scored below the national average on six measures: Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Care Quickly, How Well Doctors Communicate, and Coordination of Care.

- Phoenix Health Plan scored at or above the national average on three measures: Rating of Specialist Seen Most Often, Getting Needed Care, and Customer Service. Phoenix Health Plan scored below the national average on six measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Getting Care Quickly, How Well Doctors Communicate, and Coordination of Care.

- University Family Care scored at or above the national average on seven measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care, How Well Doctors Communicate, and Customer Service. University Family Care scored below the national average on two measures: Getting Care Quickly and Coordination of Care.

Adult Plan Comparisons

In order to identify performance differences in adult member satisfaction between the eight participating Contractors, the adult CAHPS results for each were compared to the overall Acute Care program average for the adult population (i.e., Acute Care program average) to determine if there were any statistically significant differences.[3-11] Statistically significant differences are noted in the tables by arrows. A Contractor that performed statistically better than the Acute Care program average is denoted with an upward (↑) arrow. Conversely, a Contractor that performed statistically worse than the Acute Care program average is denoted with a downward (↓) arrow. A Contractor's score that is not statistically different than the Acute Care program average is denoted with a horizontal (↔) arrow.[3-12]

Table 3-3 through Table 3-5, on the following page, show the results of the adult plan comparisons analysis for the global ratings, composite measures, and individual items measures, respectively.

[3-11] Caution should be exercised when evaluating health plan comparisons, given that population and health plan differences may impact results.

[3-12] A global *F* test was calculated first, which determined whether the difference between Contractors was significant. If the *F* test demonstrated Contractor-level differences, then a *t*-test was performed for each Contractor. The *t*-test determined whether each Contractor's rate was significantly different from the aggregate rate.

Table 3-3
Adult Plan Comparisons: Global Ratings

Contractor Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Arizona Physicians IPA	65.4% ↑	58.6% ↑	64.5% ↑	68.1% ⇔
Bridgeway Health Solutions	50.4% ↓	48.1% ⇔	62.5% ⇔	62.8% ⇔
Care 1st Health Plan of Arizona	54.3% ⇔	49.1% ⇔	57.2% ⇔	57.9% ⇔
Health Choice Arizona	51.3% ↓	51.9% ⇔	58.7% ⇔	57.1% ⇔
Maricopa Health Plan	53.9% ⇔	49.6% ⇔	59.3% ⇔	63.5% ⇔
Mercy Care Plan	58.2% ⇔	49.7% ⇔	58.0% ⇔	60.3% ⇔
Phoenix Health Plan	52.0% ⇔	46.4% ⇔	55.9% ⇔	67.6% ⇔
University Family Care	61.0% ↑	55.6% ⇔	63.0% ⇔	71.6% ↑

Table 3-4
Adult Plan Comparisons: Composite Measures

Contractor Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
Arizona Physicians IPA	84.1% ⇔	82.6% ⇔	89.9% ⇔	84.5% ⇔	50.6% ⇔
Bridgeway Health Solutions	80.8% ⇔	84.4% ⇔	90.7% ⇔	84.5% ⇔	50.3% ⇔
Care 1st Health Plan of Arizona	78.0% ⇔	78.9% ⇔	89.6% ⇔	84.2% ⇔	47.5% ⇔
Health Choice Arizona	79.2% ⇔	82.0% ⇔	85.9% ⇔	85.1% ⇔	51.3% ⇔
Maricopa Health Plan	81.0% ⇔	77.5% ⇔	86.5% ⇔	88.8% ⇔	49.9% ⇔
Mercy Care Plan	82.1% ⇔	79.8% ⇔	87.6% ⇔	87.7% ⇔	49.8% ⇔
Phoenix Health Plan	79.1% ⇔	79.3% ⇔	85.9% ⇔	88.9% ⇔	47.5% ⇔
University Family Care	82.9% ⇔	78.9% ⇔	89.3% ⇔	88.5% ⇔	48.1% ⇔

Table 3-5
Adult Plan Comparisons: Individual Item Measures

Contractor Name	Coordination of Care	Health Promotion and Education
Arizona Physicians IPA	77.7% ⇔	75.1% ↑
Bridgeway Health Solutions	83.9% ↑	67.8% ⇔
Care 1st Health Plan of Arizona	70.1% ⇔	63.2% ↓
Health Choice Arizona	74.2% ⇔	71.2% ⇔
Maricopa Health Plan	75.9% ⇔	69.2% ⇔
Mercy Care Plan	70.2% ⇔	70.4% ⇔
Phoenix Health Plan	70.1% ⇔	66.7% ⇔
University Family Care	76.6% ⇔	66.8% ⇔

Summary of Adult Plan Comparisons Results

The plan comparisons for the adult population revealed the following summary results.

- Arizona Physicians IPA performed significantly better than the Acute Care program average on four measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Health Promotion and Education.
- Bridgeway Health Solutions performed significantly better than the Acute Care program average on one measure, Coordination of Care. Bridgeway Health Solutions performed significantly worse than the Acute Care program average on one measure, Rating of Health Plan.
- Care 1st Health Plan of Arizona performed significantly worse than the Acute Care program average on one measure, Health Promotion and Education.
- Health Choice Arizona performed significantly worse than the Acute Care program average on one measure, Rating of Health Plan.
- Maricopa Health Plan did not perform significantly better or worse than the Acute Care program average on any of the measures.
- Mercy Care Plan did not perform significantly better or worse than the Acute Care program average on any of the measures.
- Phoenix Health Plan did not perform significantly better or worse than the Acute Care program average on any of the measures.
- University Family Care performed significantly better than the Acute Care program average on two measures: Rating of Health Plan and Rating of Specialist Seen Most Often.

4. General Child Results

The following section presents the CAHPS results for the general child population for the Acute Care program. For the general child population, a total of 5,680 completed surveys were returned on behalf of child members. These completed surveys were used to calculate the 2013 General Child CAHPS results presented in this section. It is important to note that 2013 represents the first year parents/caretakers of child members in the Acute Care program were surveyed. Therefore, the CAHPS results presented in this section represent a **baseline** assessment of the parents'/caretakers' satisfaction with the Acute Care program.

NCQA Comparisons

In order to assess the overall performance of the Acute Care general child population, each of the CAHPS global ratings (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often) and four of the CAHPS composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service) were scored on a three-point scale using the scoring methodology detailed in NCQA's HEDIS Specifications for Survey Measures.[4-1] The resulting three-point mean scores were compared to NCQA's HEDIS Benchmarks and Thresholds for Accreditation.[4-2] 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.[4-3]

★★★★★	indicates a score at or above the 90th percentile
★★★★	indicates a score at or between the 75th and 89th percentiles
★★★	indicates a score at or between the 50th and 74th percentiles
★★	indicates a score at or between the 25th and 49th percentiles
★	indicates a score below the 25th percentile

[4-1] National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2012.

[4-2] National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2013.* Washington, DC: NCQA, July 24, 2013.

[4-3] NCQA does not provide benchmarks and thresholds for the Shared Decision Making composite measure, and Coordination of Care and Health Promotion and Education individual measures; therefore, overall member satisfaction ratings could not be determined for these CAHPS measures.

Table 4-1 shows the Acute Care program's and participating Contractors' three-point mean scores and overall general child member satisfaction ratings on each of the four global ratings.

Table 4-1
NCQA Comparisons: Global Ratings

Contractor Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Acute Care Program	★★★★ **2.627**	★★★★★ **2.624**	★★★★ **2.680**	★★★★ **2.642**
Arizona Physicians IPA	★★★★★ 2.694	★★★★★ 2.699	★★★★★ 2.706	★★★★★ 2.736
Bridgeway Health Solutions	★★ 2.565	★★★★★ 2.591	★★★★ 2.680	★* 2.516
Care 1st Health Plan of Arizona	★★★★ 2.620	★★★★★ 2.636	★★★★ 2.673	★★★★★* 2.776
DES/CMDP	★ 2.499	★★★★★ 2.625	★★★★ 2.650	★★* 2.542
Health Choice Arizona	★★★ 2.602	★★★ 2.541	★★★★ 2.667	★★★★* 2.622
Maricopa Health Plan	★★★★ 2.665	★★★★★ 2.597	★★★★ 2.655	★★★★* 2.653
Mercy Care Plan	★★★★★ 2.683	★★★★★ 2.646	★★★★★ 2.705	★★★★* 2.642
Phoenix Health Plan	★★★★ 2.628	★★★★★ 2.635	★★★★ 2.672	★★★★★ 2.673
University Family Care	★★★★ 2.653	★★★★★ 2.646	★★★★★ 2.698	★★★* 2.593

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

Table 4-2 shows the Acute Care program's and participating Contractors' three-point mean scores and overall general child member satisfaction ratings on the four composite measures.[4-4]

Table 4-2
NCQA Comparisons: Composite Measures

Contractor Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
Acute Care Program	★★★ **2.444**	★★ **2.599**	★★ **2.671**	★★★★ **2.546**
Arizona Physicians IPA	★★★★★ 2.525	★★ 2.592	★★★ 2.710	★★★★ 2.529
Bridgeway Health Solutions	★★★ 2.393	★★★ 2.642	★★★ 2.717	★★★★ 2.554
Care 1st Health Plan of Arizona	★★★ 2.360	★ 2.523	★ 2.601	★★★★ 2.527
DES/CMDP	★★★★★ 2.562	★★★★★ 2.810	★★★★ 2.747	★★★★★* 2.641
Health Choice Arizona	★★★ 2.373	★★ 2.573	★ 2.623	★★★ 2.493
Maricopa Health Plan	★★★★ 2.469	★ 2.442	★ 2.551	★★★★ 2.514
Mercy Care Plan	★★★ 2.416	★★ 2.585	★★★ 2.697	★★★★ 2.516
Phoenix Health Plan	★★★ 2.443	★★★ 2.623	★★ 2.671	★★★★★ 2.649
University Family Care	★★★★ 2.484	★★★ 2.633	★★★ 2.719	★★★★ 2.544

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

[4-4] Due to the changes to the Getting Needed Care composite measure, caution should be exercised when interpreting the results of the NCQA comparisons and overall member satisfaction ratings for this measure. For detailed information on the changes to the composite measure, please refer to the Executive Summary Section of this report.

Summary of NCQA Comparisons Results

The NCQA comparisons revealed the following summary results for the Acute Care general child population.

- The Acute Care program scored at or above the 90th percentile on one measure, Rating of All Health Care. The Acute Care program did not score below the 25th percentile on any of the measures.
- Arizona Physicians IPA scored at or above the 90th percentile on five measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, and Getting Needed Care. Arizona Physicians IPA did not score below the 25th percentile on any of the measures.
- Bridgeway Health Solutions scored at or above the 90th percentile on one measure, Rating of All Health Care. Bridgeway Health Solutions scored below the 25th percentile on one measure, Rating of Specialist Seen Most Often.
- Care 1st Health Plan of Arizona scored at or above the 90th percentile on two measures: Rating of All Health Care and Rating of Specialist Seen Most Often. Care 1st Health Plan of Arizona scored below the 25th percentile on two measures: Getting Care Quickly and How Well Doctors Communicate.
- DES/CMDP scored at or above the 90th percentile on four measures: Rating of All Health Care, Getting Needed Care, Getting Care Quickly, and Customer Service. DES/CMDP scored below the 25th percentile on one measure, Rating of Health Plan.
- Health Choice Arizona scored at or between the 75th and 89th percentiles on two measures: Rating of Personal Doctor and Rating of Specialist Seen Most Often. Health Choice Arizona scored below the 25th percentile on one measure, How Well Doctors Communicate.
- Maricopa Health Plan scored at or above the 90th percentile on one measure, Rating of All Health Care. Maricopa Health Plan scored below the 25th percentile on two measures: Getting Care Quickly and How Well Doctors Communicate.
- Mercy Care Plan scored at or above the 90th percentile on three measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. Mercy Care Plan did not score below the 25th percentile on any of the measures.
- Phoenix Health Plan scored at or above the 90th percentile on three measures: Rating of All Health Care, Rating of Specialist Seen Most Often, and Customer Service. Phoenix Health Plan did not score below the 25th percentile on any of the measures.
- University Family Care scored at or above the 90th percentile on two measures: Rating of All Health Care and Rating of Personal Doctor. University Family Care did not score below the 25th percentile on any of the measures.

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.[4-5] The scoring of the global ratings, composite measures, and individual item measures involved assigning top-level responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-level responses was calculated in order to determine the question summary rates and global proportions. For additional detail, please refer to the *NCQA HEDIS 2013 Specifications for Survey Measures*, *Volume 3*.

For purposes of this report, a Contractor's results are reported for a CAHPS measure even when the NCQA minimum reporting threshold of 100 respondents was not met. Therefore, caution should be exercised when interpreting results for those measures with less than 100 respondents. CAHPS scores with fewer than 100 respondents are denoted with an asterisk (*).

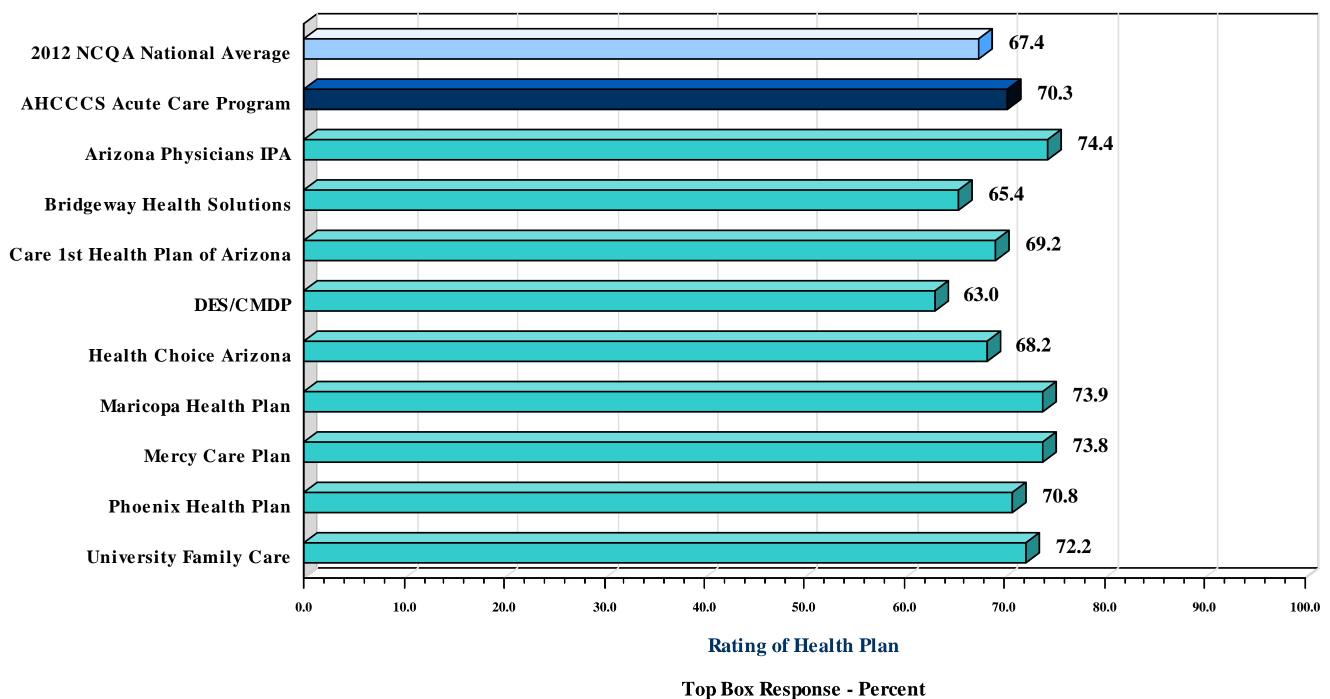
[4-5] National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2012.

Global Ratings

Rating of Health Plan

Parents/caretakers of child members were asked to rate their child's health plan on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible." Top-level responses were defined as those responses with a rating of 9 or 10. Figure 4-1 shows the 2012 NCQA National Child Medicaid average using responses of 9 or 10 for top-box scoring and the 2013 Rating of Health Plan question summary rates for the Acute Care program and the nine participating Contractors.[4-6,4-7]

Figure 4-1—Rating of Health Plan



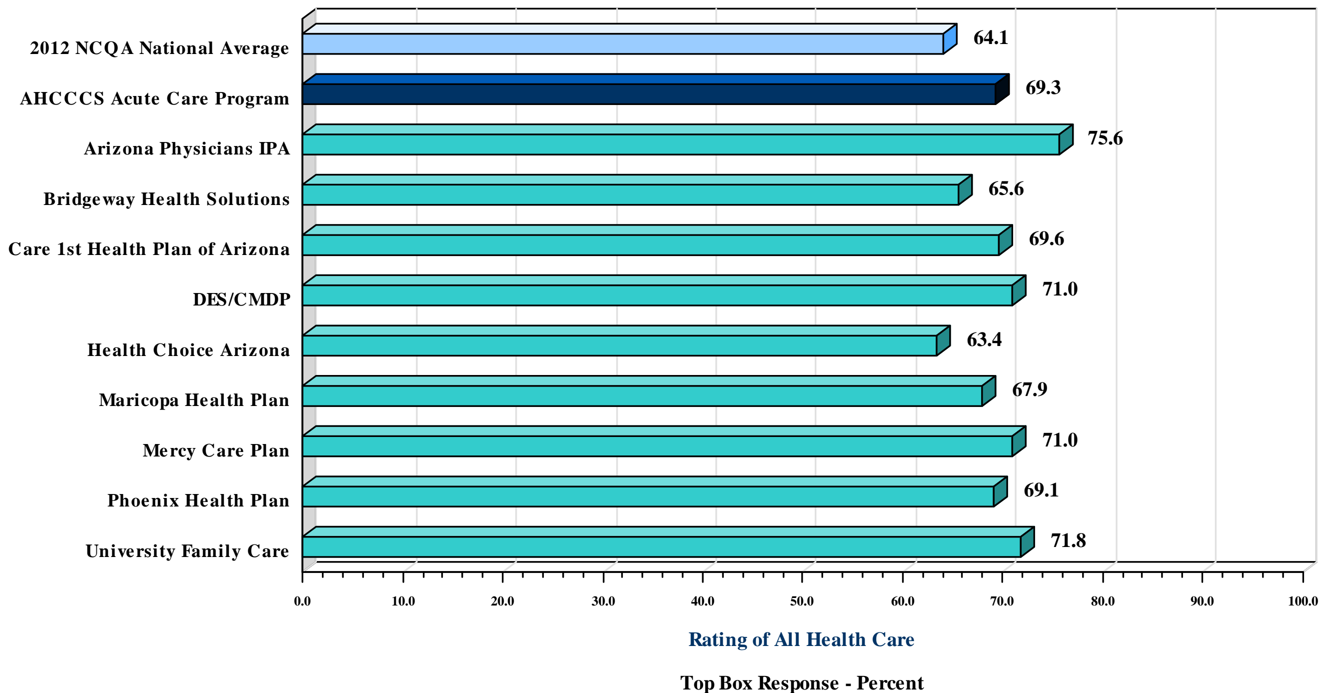
[4-6] For the NCQA national child Medicaid averages, the source for data contained in this publication is Quality Compass® 2012 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2012 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

[4-7] The AHCCCS Acute Care Program scores presented in this section are derived from the combined general child population results of the nine Contractors that participated in the CAHPS Child Medicaid Health Plan Surveys.

Rating of All Health Care

Parents/caretakers of child members were asked to rate all their child's health care on a scale of 0 to 10, with 0 being the "worst health care possible" and 10 being the "best health care possible." Top-level responses were defined as those responses with a rating of 9 or 10. Figure 4-2 shows the 2012 NCQA National Child Medicaid average and the 2013 Rating of All Health Care question summary rates for the Acute Care program and the nine participating Contractors.

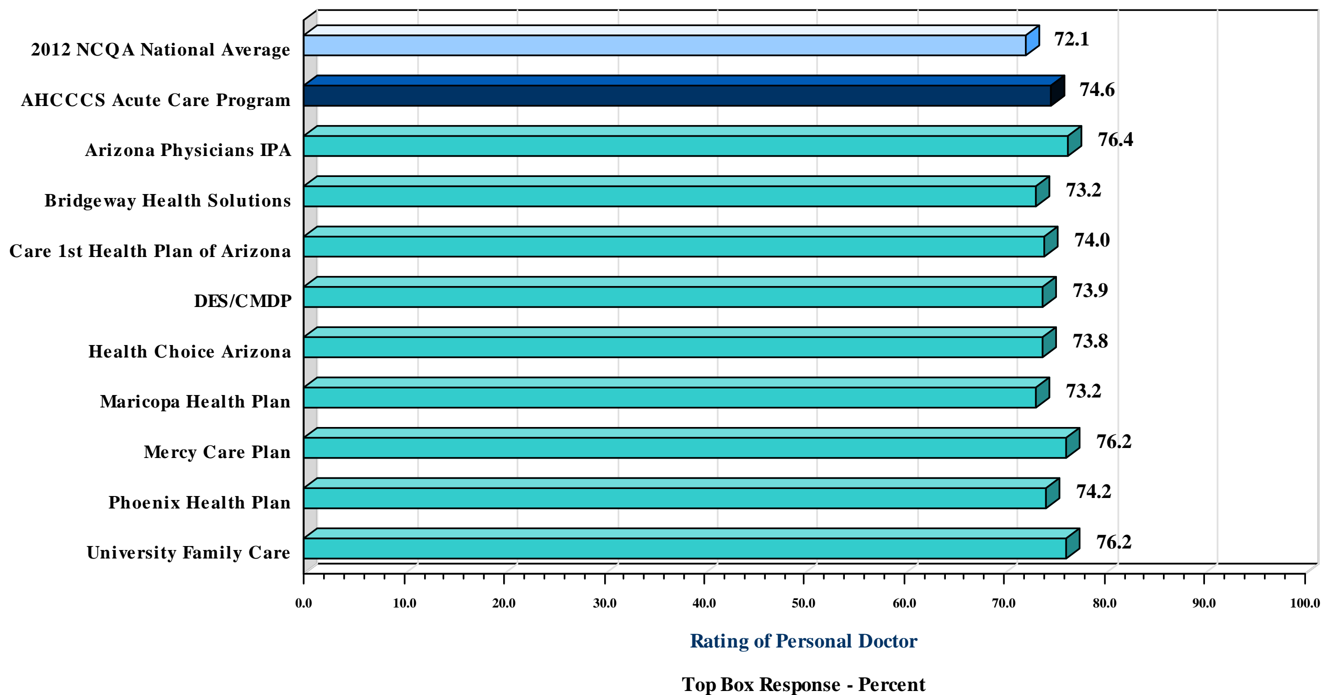
Figure 4-2—Rating of All Health Care



Rating of Personal Doctor

Parents/caretakers of child members were asked to rate their child's personal doctor on a scale of 0 to 10, with 0 being the "worst personal doctor possible" and 10 being the "best personal doctor possible." Top-level responses were defined as those responses with a rating of 9 or 10. Figure 4-3 shows the 2012 NCQA National Child Medicaid average and the 2013 Rating of Personal Doctor question summary rates for the Acute Care program and the nine participating Contractors.

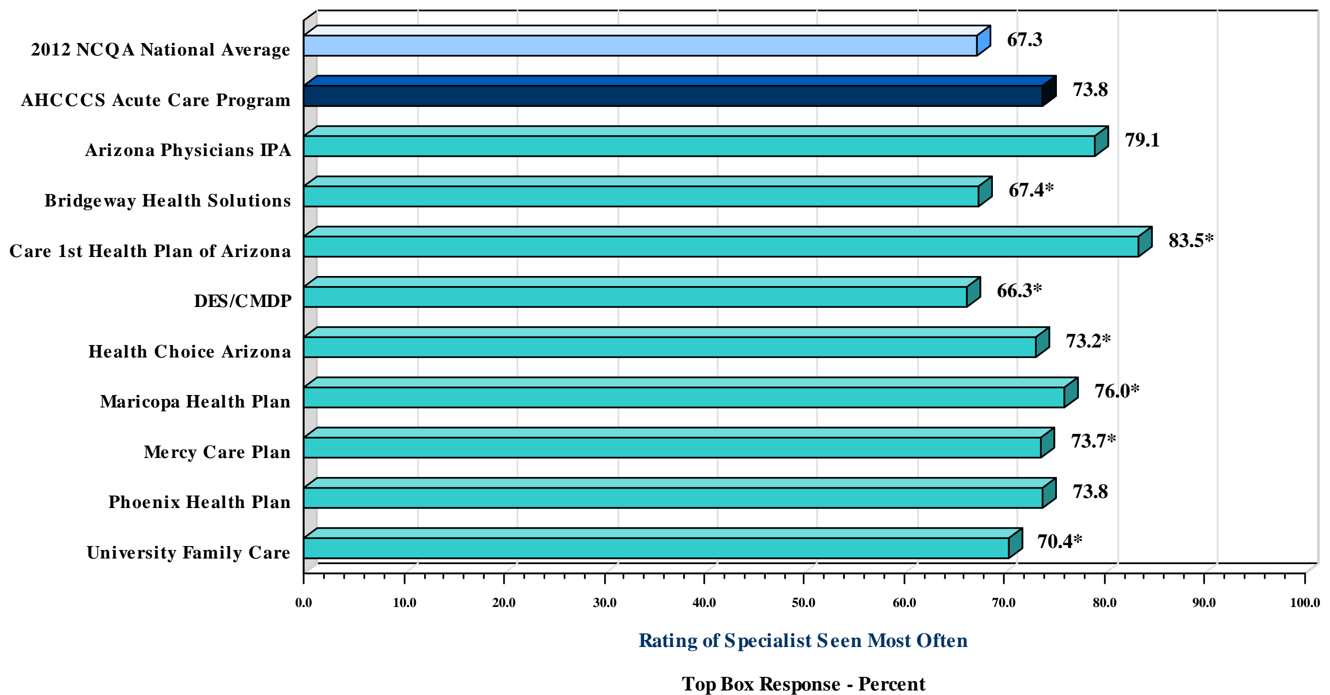
Figure 4-3—Rating of Personal Doctor



Rating of Specialist Seen Most Often

Parents/caretakers of child members were asked to rate the specialist their child saw most often on a scale of 0 to 10, with 0 being the "worst specialist possible" and 10 being the "best specialist possible." Top-level responses were defined as those responses with a rating of 9 or 10. Figure 4-4 shows the 2012 NCQA National Child Medicaid average and the 2013 Rating of Specialists Seen Most Often question summary rates for the Acute Care program and the nine participating Contractors.

Figure 4-4—Rating of Specialist Seen Most Often



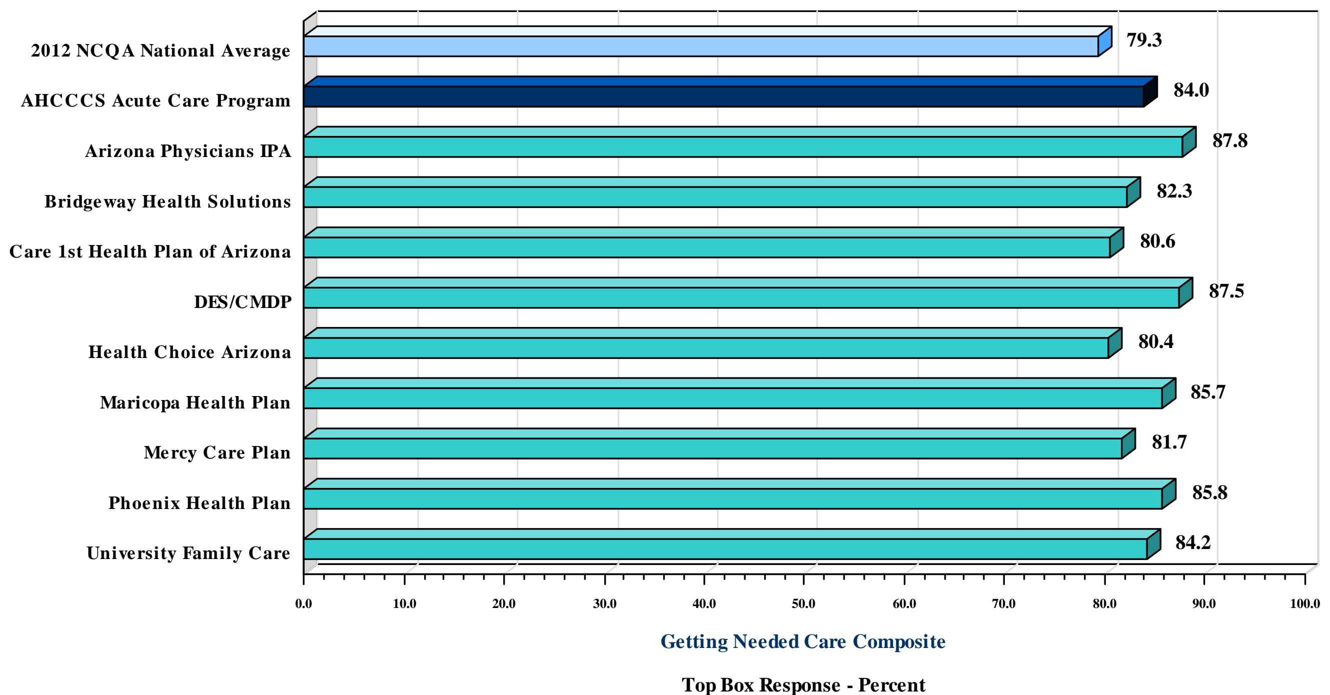
** If the Contractor had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.*

Composite Measures

Getting Needed Care

Parents/caretakers of child members were asked two questions to assess how often it was easy to get needed care for their child. For each of these questions (Questions 15 and 46), a top-level response was defined as a response of "Usually" or "Always." Figure 4-5 shows the 2012 NCQA National Child Medicaid average and the 2013 Getting Needed Care global proportions for the Acute Care program and the nine participating Contractors.[4-8]

Figure 4-5—Getting Needed Care

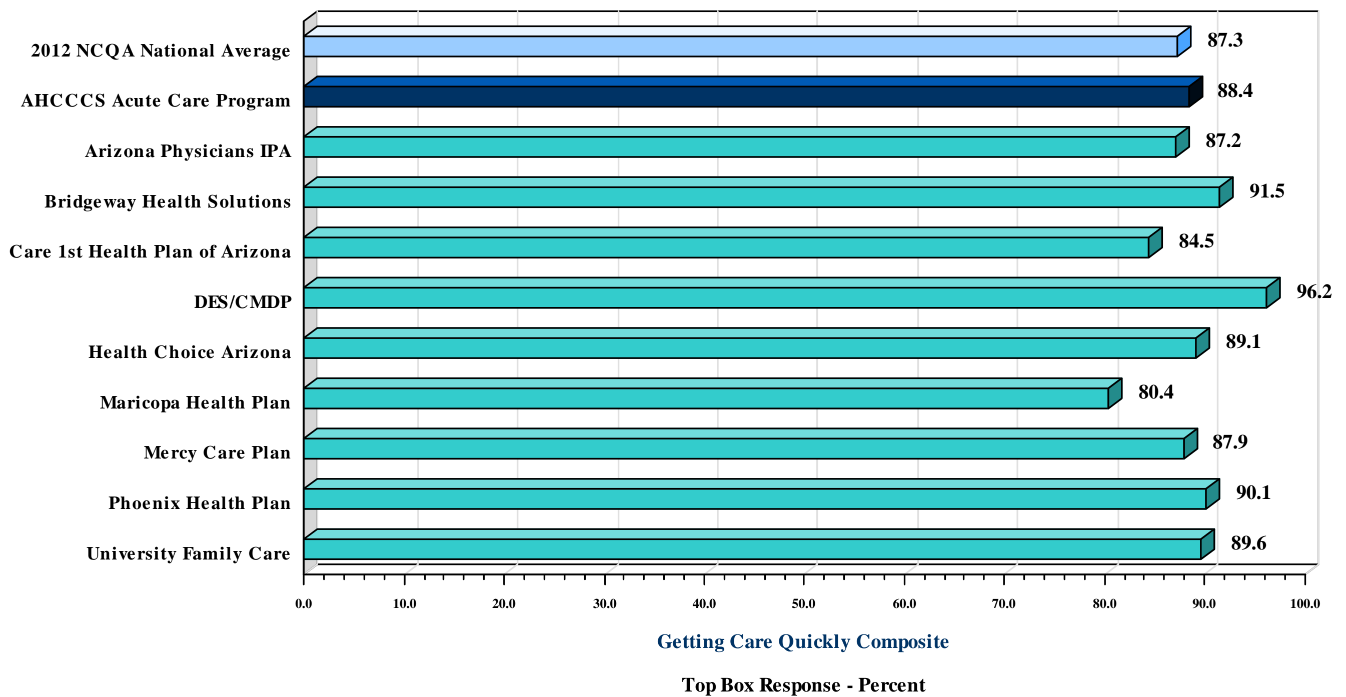


[4-8] Due to the changes to the Getting Needed Care composite measure, caution should be exercised when interpreting the comparisons to NCQA national averages. For detailed information on the changes to the composite measure, please refer to the Executive Summary Section of this report.

Getting Care Quickly

Parents/caretakers of child members were asked two questions to assess how often their child received care quickly. For each of these questions (Questions 4 and 6), a top-level response was defined as a response of “Usually” or “Always.” Figure 4-6 shows the 2012 NCQA National Child Medicaid average and the 2013 Getting Care Quickly global proportions for the Acute Care program and the nine participating Contractors.

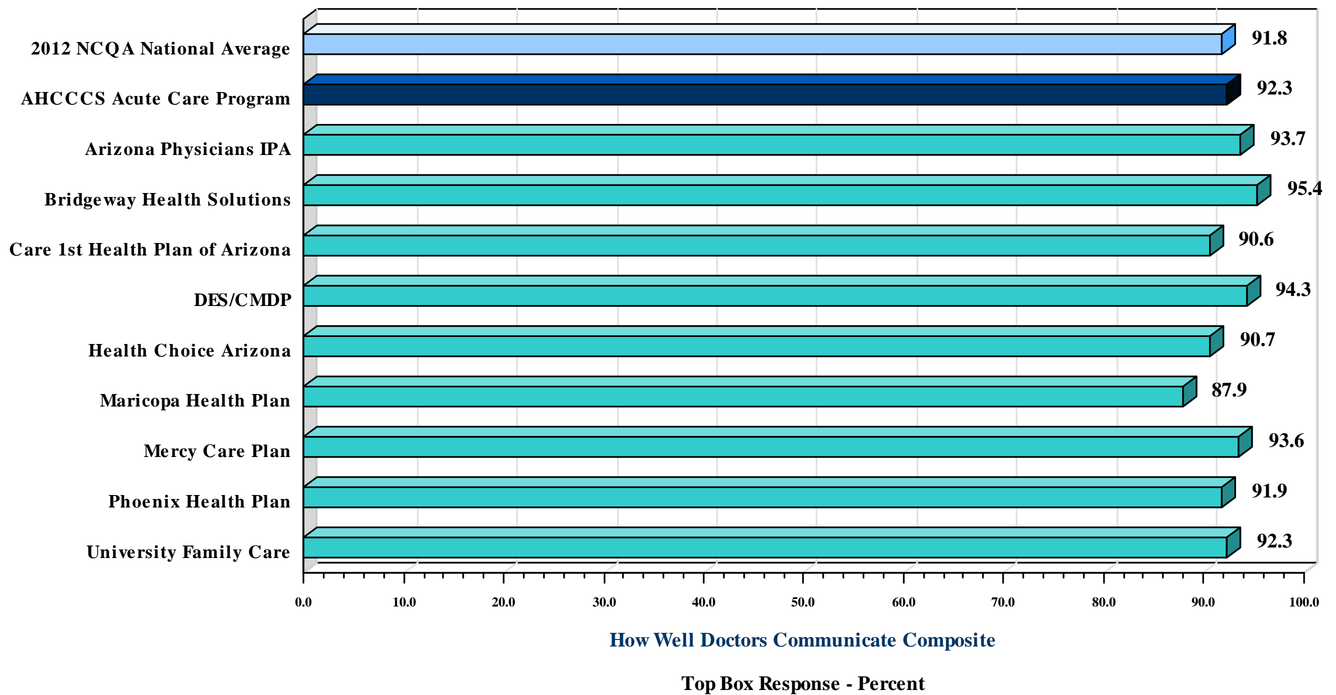
Figure 4-6—Getting Care Quickly



How Well Doctors Communicate

Parents/caretakers of child members were asked four questions to assess how often their child's doctors communicated well. For each of these questions (Questions 32, 33, 34, and 37), a top-level response was defined as a response of "Usually" or "Always." Figure 4-7 shows the NCQA National Child Medicaid average and the 2013 How Well Doctors Communicate global proportions for the Acute Care program and the nine participating Contractors.

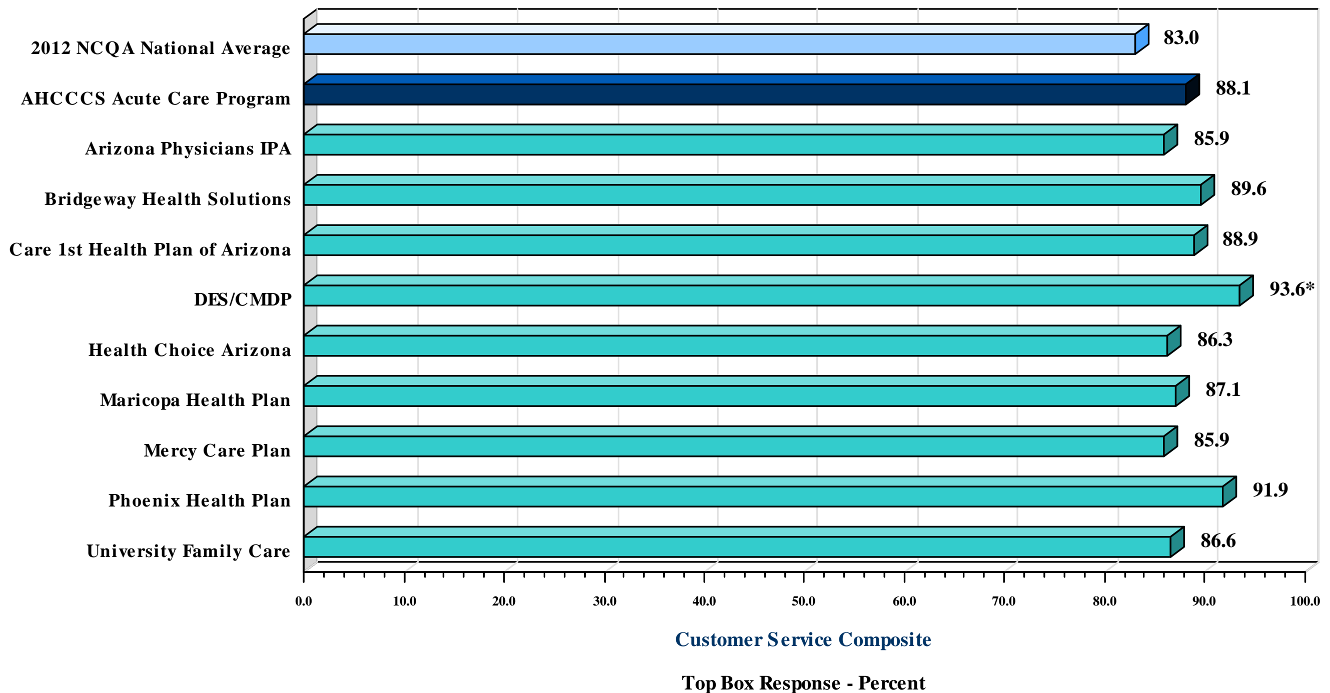
Figure 4-7—How Well Doctors Communicate



Customer Service

Parents/caretakers of child members were asked two questions to assess how they obtained needed help/information from customer service. For each of these questions (Questions 50 and 51), a top-level response was defined as a response of "Usually" or "Always." Figure 4-8 shows the NCQA National Child Medicaid average and the 2013 Customer Service global proportions for the Acute Care program and the nine participating Contractors.

Figure 4-8—Customer Service

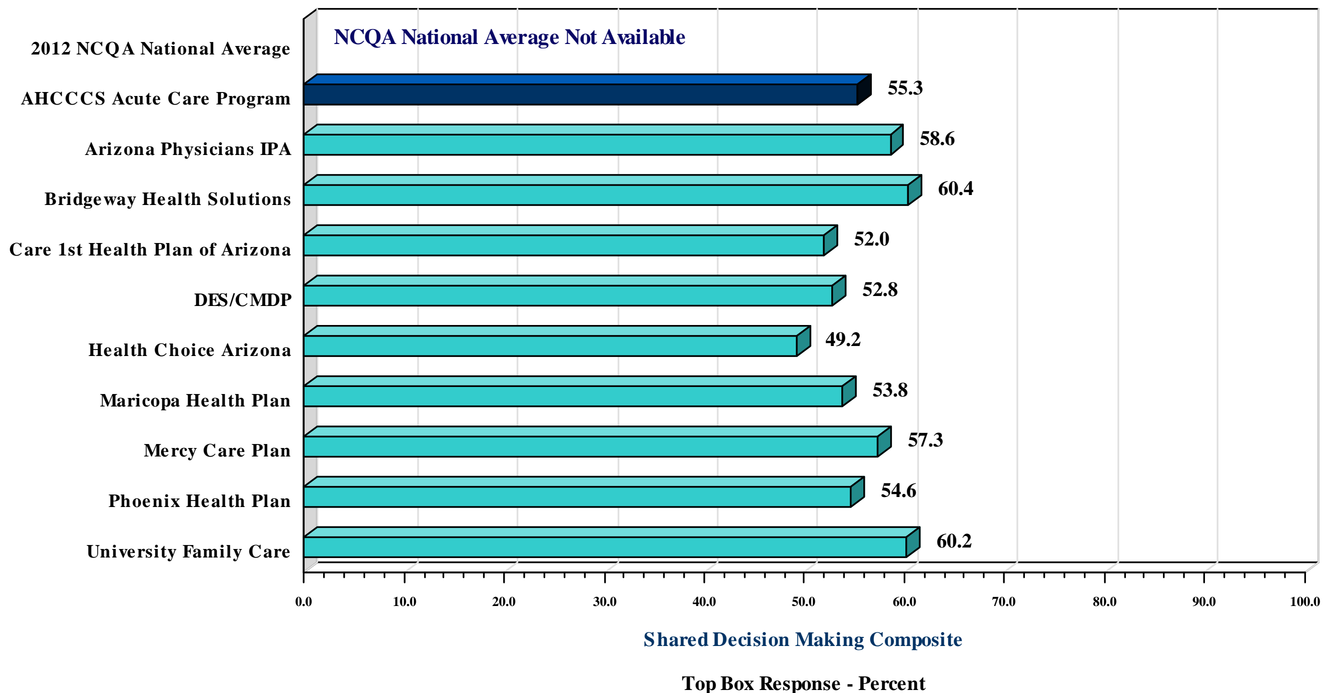


** If the Contractor had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.*

Shared Decision Making

Parents/caretakers of child members were asked three questions to assess if their child's doctors discussed starting or stopping medication with them. For each of these questions (Questions 10, 11, and 12), a top-level response was defined as a response of "A lot" or "Yes." Figure 4-9 shows the 2013 Shared Decision Making global proportions for the Acute Care program and the nine participating Contractors.[4-9]

Figure 4-9—Shared Decision Making



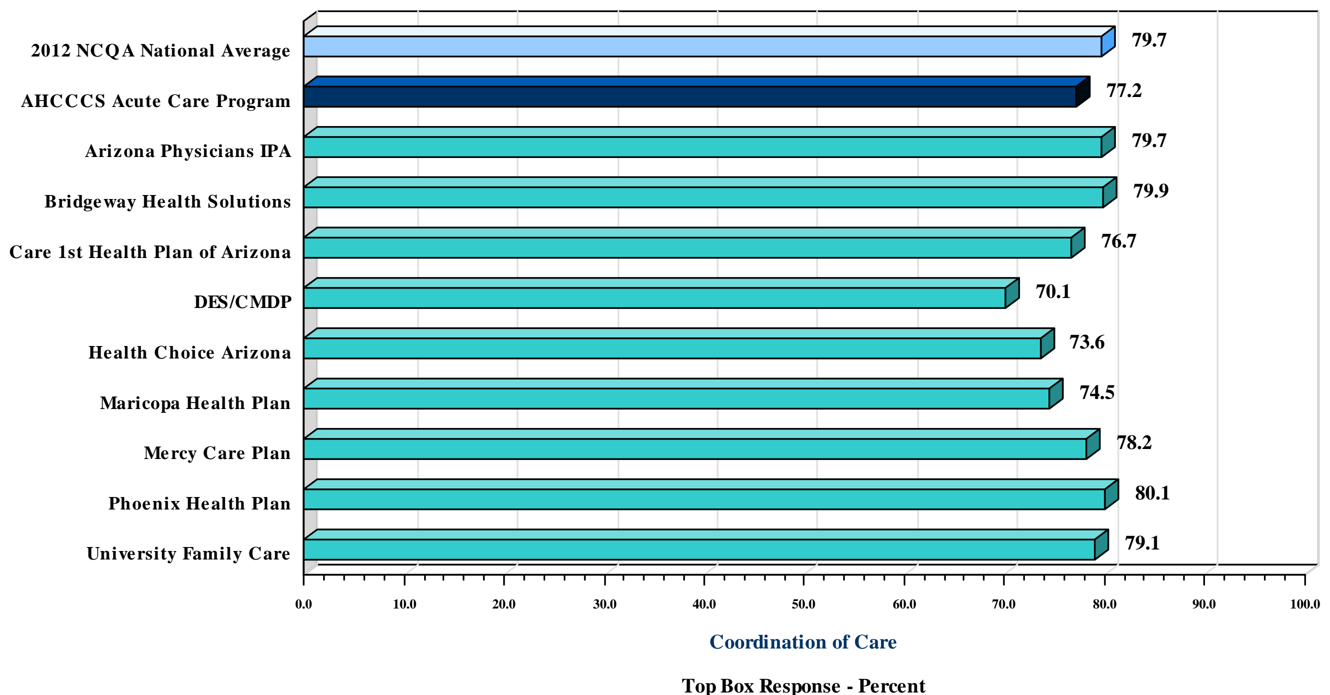
[4-9] Due to changes to the Shared Decision Making composite measure, comparisons to NCQA national averages could not be performed for 2013. For detailed information on the changes to the composite measure, please refer to the Executive Summary section of this report.

Individual Item Measures

Coordination of Care

Parents/caretakers of child members were asked a question to assess how often their child's personal doctor seemed informed and up-to-date about care their child had received from another doctor. For this question (Question 40), a top-level response was defined as a response of "Usually" or "Always." Figure 4-10 shows the 2012 NCQA National Child Medicaid average and the 2013 Coordination of Care question summary rates for the Acute Care program and the nine participating Contractors.

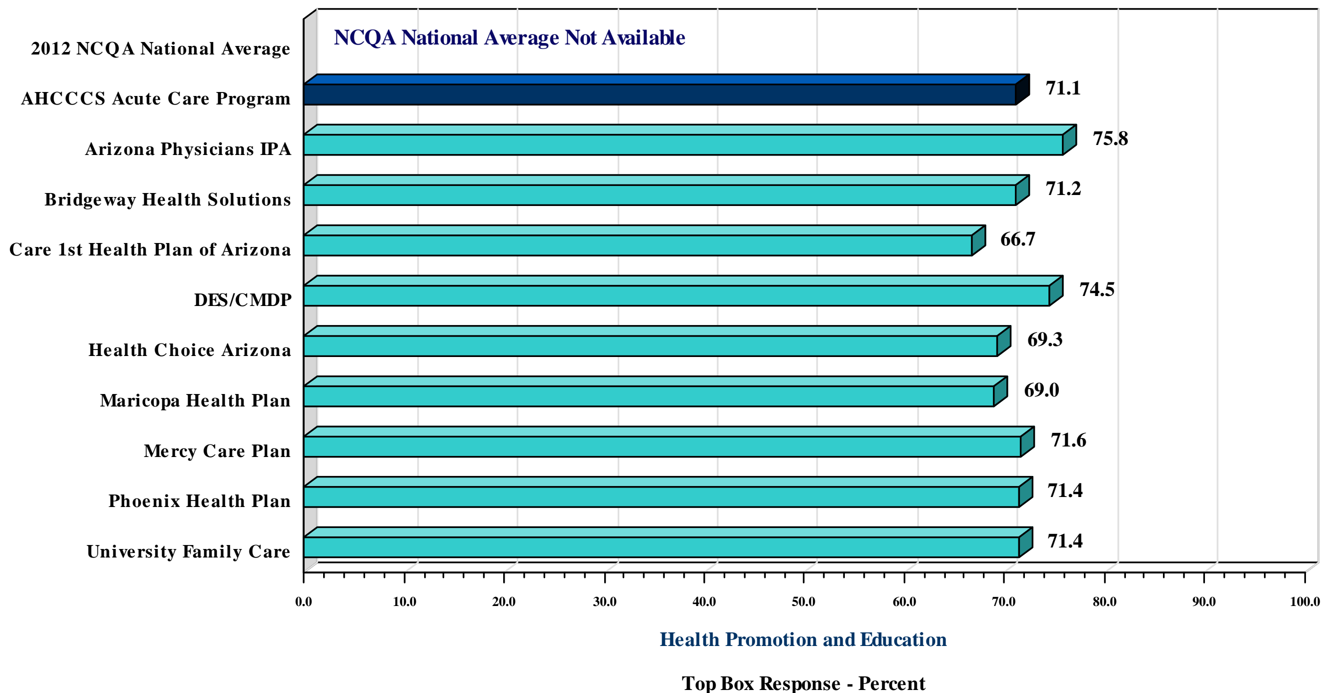
Figure 4-10—Coordination of Care



Health Promotion and Education

Parents/caretakers of child members were asked a question to assess if their child's doctor talked with them about specific things they could do to prevent illness in their child. For this question (Question 8), a top-level response was defined as a response of "Yes." Figure 4-11 shows the 2013 Health and Promotion and Education question summary rates for the Acute Care program and the nine participating Contractors.[4-10]

Figure 4-11—Health Promotion and Education



[4-10] Due to changes to the Health Promotion and Education individual item measure, comparisons to NCQA national averages could not be performed for 2013. For detailed information on changes to this individual measure, please refer to the Executive Summary section of this report.

Summary of Rates and Proportions

Evaluation of the rates and proportions for the Acute Care general child population revealed the following summary results.

- The Acute Care program scored at or above the national average on eight measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service. The Acute Care program scored below the national average on one measure, Coordination of Care.

- Arizona Physicians IPA scored at or above the national average on eight measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care, How Well Doctors Communicate, Customer Service, and Coordination of Care. Arizona Physicians IPA scored below the national average on one measure, Getting Care Quickly.

- Bridgeway Health Solutions scored at or above the national average on eight measures: Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Coordination of Care. Bridgeway Health Solutions scored below the national average on one measure, Rating of Health Plan.

- Care 1st Health Plan of Arizona scored at or above the national average on six measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care, and Customer Service. Care 1st Health Plan of Arizona scored below the national average on three measures: Getting Care Quickly, How Well Doctors Communicate, and Coordination of Care.

- DES/CMDP scored at or above the national average on six measures: Rating of All Health Care, Rating of Personal Doctor, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service. DES/CMDP scored below the national average on three measures: Rating of Health Plan, Rating of Specialist Seen Most Often, and Coordination of Care.

- Health Choice Arizona scored at or above the national average on six measures: Rating of Health Plan, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care, Getting Care Quickly, and Customer Service. Health Choice Arizona scored below the national average on three measures: Rating of All Health Care, How Well Doctors Communicate, and Coordination of Care.

- Maricopa Health Plan scored at or above the national average on six measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care, and Customer Service. Maricopa Health Plan scored below the national average on three measures: Getting Care Quickly, How Well Doctors Communicate, and Coordination of Care.

- Mercy Care Plan scored at or above the national average on eight measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service. Mercy Care Plan scored below the national average on one measure, Coordination of Care.

- Phoenix Health Plan scored at or above the national average on nine measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Coordination of Care. Phoenix Health Plan did not score below the national average on any of the measures.

- University Family Care scored at or above the national average on eight measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service. University Family Care scored below the national average on one measure, Coordination of Care.

General Child Plan Comparisons

In order to identify performance differences in member satisfaction between the nine participating Contractors, the general child CAHPS results for each were compared to the overall Acute Care program average for the general child population (i.e., Acute Care program average) to determine if there were any statistically significant differences.[4-11] Statistically significant differences are noted in the tables by arrows. A Contractor that performed statistically better than the Acute Care program average is denoted with an upward (↑) arrow. Conversely, a Contractor that performed statistically worse than the Acute Care program average is denoted with a downward (↓) arrow. A Contractor's score that is not statistically different than the Acute Care program average is denoted with a horizontal (↔) arrow.[4-12]

For purposes of this report, a Contractor's results are reported for a CAHPS measure even when the NCQA minimum reporting threshold of 100 respondents was not met. Therefore, caution should be exercised when interpreting results for those measures with fewer than 100 respondents. CAHPS scores with fewer than 100 respondents are denoted with an asterisk (*).

Table 4-3 through Table 4-5, on the following pages, show the results of the Acute Care general child plan comparisons analysis for the global ratings, composite measures, and individual items measures, respectively.

[4-11] Caution should be exercised when evaluating health plan comparisons, given that population and health plan differences may impact results.

[4-12] A global *F* test was calculated first, which determined whether the difference between Contractors was significant. If the *F* test demonstrated Contractor-level differences, then a *t*-test was performed for each Contractor. The *t*-test determined whether each Contractor's rate was significantly different from the aggregate rate.

Table 4-3
General Child Plan Comparisons: Global Ratings

Contractor Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Arizona Physicians IPA	74.4% ↑	75.6% ↑	76.4% ⇔	79.1% ⇔
Bridgeway Health Solutions	65.4% ↓	65.6% ⇔	73.2% ⇔	67.4%* ⇔
Care 1st Health Plan of Arizona	69.2% ⇔	69.6% ⇔	74.0% ⇔	83.5%* ⇔
DES/CMDP	63.0% ↓	71.0% ⇔	73.9% ⇔	66.3%* ⇔
Health Choice Arizona	68.2% ⇔	63.4% ↓	73.8% ⇔	73.2%* ⇔
Maricopa Health Plan	73.9% ⇔	67.9% ⇔	73.2% ⇔	76.0%* ⇔
Mercy Care Plan	73.8% ↑	71.0% ⇔	76.2% ⇔	73.7%* ⇔
Phoenix Health Plan	70.8% ⇔	69.1% ⇔	74.2% ⇔	73.8% ⇔
University Family Care	72.2% ⇔	71.8% ⇔	76.2% ⇔	70.4%* ⇔

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

Table 4-4
General Child Plan Comparisons: Composite Measures

Contractor Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
Arizona Physicians IPA	87.8% ⇔	87.2% ⇔	93.7% ⇔	85.9% ⇔	58.6% ⇔
Bridgeway Health Solutions	82.3% ⇔	91.5% ↑	95.4% ↑	89.6% ⇔	60.4% ⇔
Care 1st Health Plan of Arizona	80.6% ⇔	84.5% ↓	90.6% ⇔	88.9% ⇔	52.0% ⇔
DES/CMDP	87.5% ⇔	96.2% ↑	94.3% ⇔	93.6%* ↑	52.8% ⇔
Health Choice Arizona	80.4% ⇔	89.1% ⇔	90.7% ⇔	86.3% ⇔	49.2% ↓
Maricopa Health Plan	85.7% ⇔	80.4% ↓	87.9% ↓	87.1% ⇔	53.8% ⇔
Mercy Care Plan	81.7% ⇔	87.9% ⇔	93.6% ⇔	85.9% ⇔	57.3% ⇔
Phoenix Health Plan	85.8% ⇔	90.1% ⇔	91.9% ⇔	91.9% ↑	54.6% ⇔
University Family Care	84.2% ⇔	89.6% ⇔	92.3% ⇔	86.6% ⇔	60.2% ⇔

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

Table 4-5
General Child Plan Comparisons: Individual Item Measures

Contractor Name	Coordination of Care	Health Promotion and Education
Arizona Physicians IPA	79.7% ⇔	75.8% ⇔
Bridgeway Health Solutions	79.9% ⇔	71.2% ⇔
Care 1st Health Plan of Arizona	76.7% ⇔	66.7% ⇔
DES/CMDP	70.1% ⇔	74.5% ⇔
Health Choice Arizona	73.6% ⇔	69.3% ⇔
Maricopa Health Plan	74.5% ⇔	69.0% ⇔
Mercy Care Plan	78.2% ⇔	71.6% ⇔
Phoenix Health Plan	80.1% ⇔	71.4% ⇔
University Family Care	79.1% ⇔	71.4% ⇔

Summary of General Child Plan Comparisons Results

The plan comparisons for the general child population revealed the following summary results.

- Arizona Physicians IPA performed significantly better than the Acute Care program average on two measures: Rating of Health Plan and Rating of All Health Care.
- Bridgeway Health Solutions performed significantly better than the Acute Care program average on two measures: Getting Care Quickly and How Well Doctors Communicate. Bridgeway Health Solutions performed significantly worse than the Acute Care program average on one measure, Rating of Health Plan.
- Care 1st Health Plan of Arizona performed significantly worse than the Acute Care program average on one measure, Getting Care Quickly.
- DES/CMDP performed significantly better than the Acute Care program average on two measures: Getting Care Quickly and Customer Service. DES/CMDP performed significantly worse than the Acute Care program average on one measure, Rating of Health Plan.
- Health Choice Arizona performed significantly worse than the Acute Care program average on two measures: Rating of All Health Care and Shared Decision Making.
- Maricopa Health Plan performed significantly worse than the Acute Care program average on two measures: Getting Care Quickly and How Well Doctors Communicate.
- Mercy Care Plan performed significantly better than the Acute Care program average on one measure, Rating of Health Plan.
- Phoenix Health Plan performed significantly better than the Acute Care program average on one measure, Customer Service.
- University Family Care did not perform significantly better or worse than the Acute Care program average on any of the measures.

Chronic Conditions Classification

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

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

The survey responses for child members in 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, the Acute Care program had 3,130 completed CAHPS Child Medicaid Health Plan Surveys for the CCC population. These completed surveys were used to calculate the 2013 CCC CAHPS results presented in this section. It is important to note that 2013 is the first year the CAHPS Child Medicaid Health Plan Survey with the CCC measurement set was administered to the Acute Care child Medicaid population. The CCC CAHPS results presented in this section represent a **baseline** assessment of the parents'/caretakers' satisfaction with the care and services provided by the Acute Care program.

Rates and Proportions

For purposes of calculating the CCC 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.[5-1] The scoring of the global ratings, composite measures, individual item measures, and CCC composites and items involved assigning top-level responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-level responses was calculated in order to determine the question summary rates and global proportions. For additional details, please refer to the *NCQA HEDIS 2013 Specifications for Survey Measures*, *Volume 3*.

For purposes of this report, a Contractor's results are reported for a CAHPS measure even when the NCQA minimum reporting threshold of 100 respondents was not met. Therefore, caution should be exercised when interpreting results for those measures with less than 100 respondents. CAHPS scores with fewer than 100 respondents are denoted with an asterisk (*).

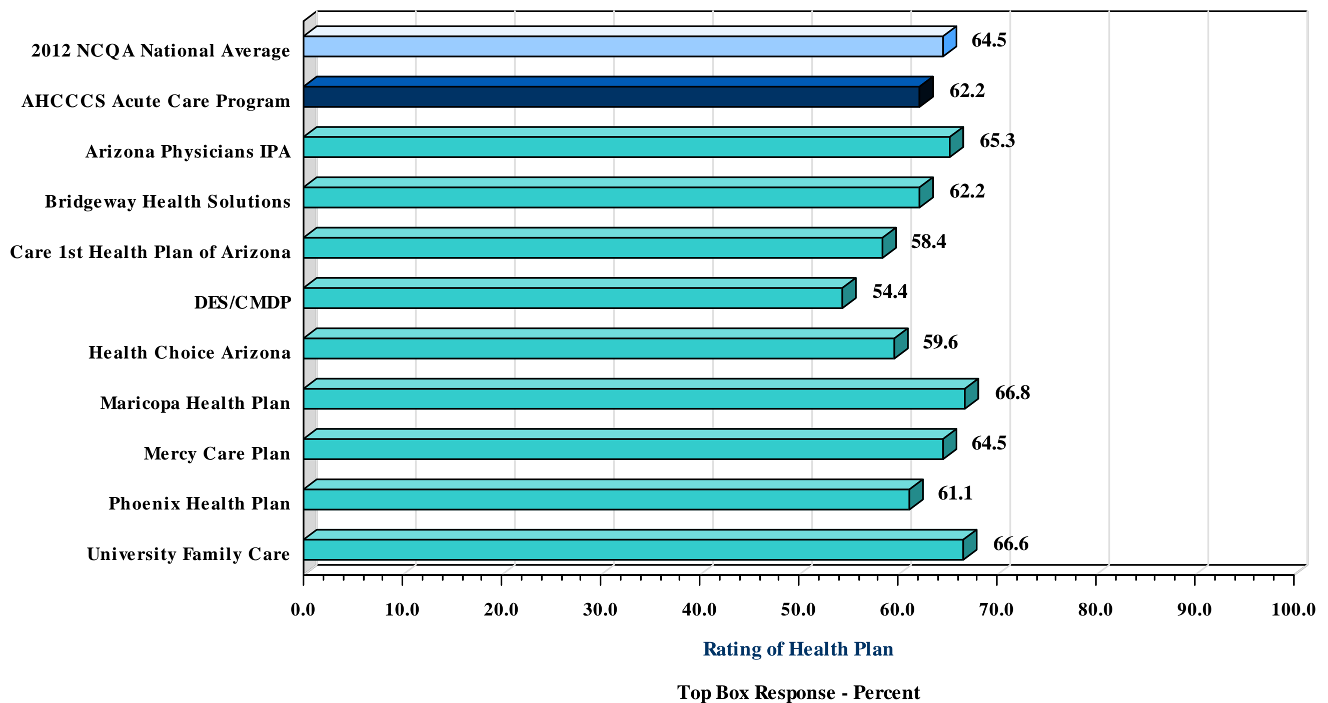
[5-1] National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2012.

Global Ratings

Rating of Health Plan

Parents/caretakers of child members were asked to rate their child's health plan on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible." Top-level responses were defined as those responses with a rating of 9 or 10. Figure 5-1 shows the 2012 NCQA National Child Medicaid average using responses of 9 or 10 for top-box scoring and the 2013 Rating of Health Plan question summary rates for the Acute Care program and the nine participating Contractors.[5-2]

Figure 5-1—Rating of Health Plan

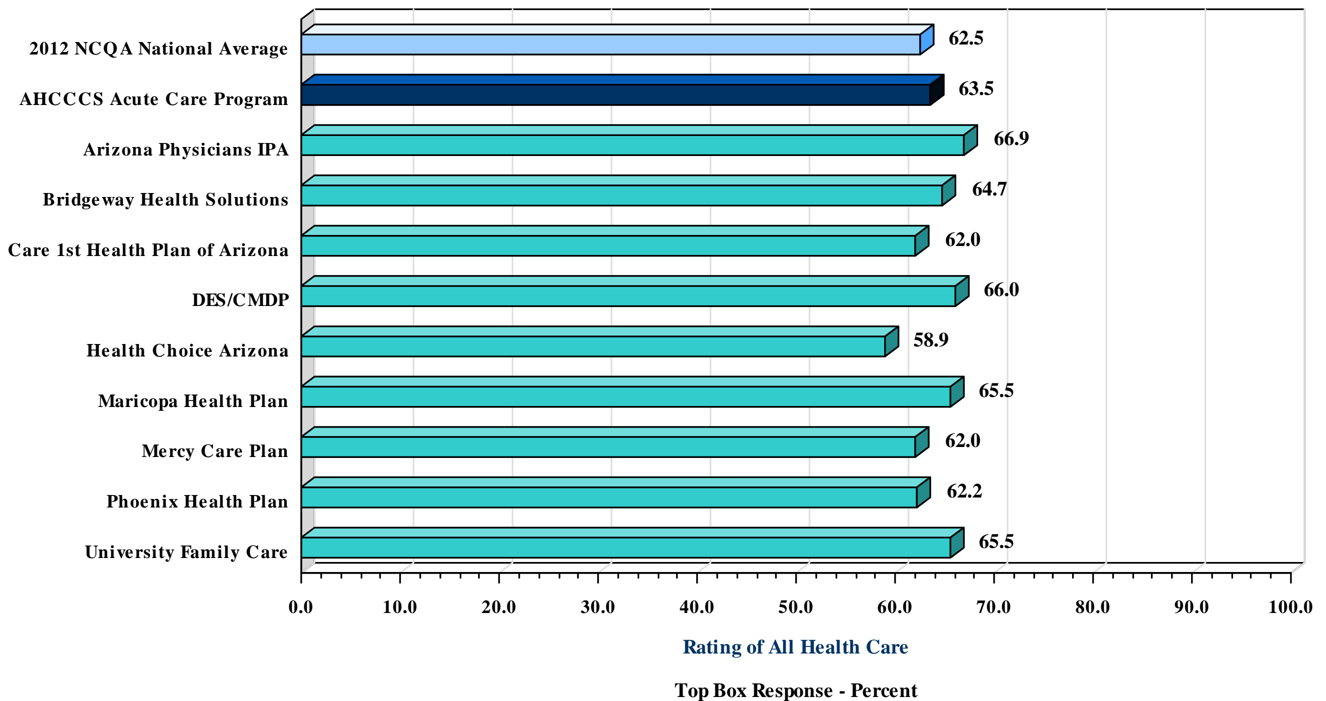


[5-2] The AHCCCS Acute Care Program scores presented in this section are derived from the combined CCC population results of the nine Contractors that participated in the CAHPS Child Medicaid Health Plan Surveys with the CCC measurement set.

Rating of All Health Care

Parents/caretakers of child members were asked to rate all their child's health care on a scale of 0 to 10, with 0 being the "worst health care possible" and 10 being the "best health care possible." Top-level responses were defined as those responses with a rating of 9 or 10. Figure 5-2 shows the 2012 NCQA National Child Medicaid average and the 2013 Rating of All Health Care question summary rates for the Acute Care program and the nine participating Contractors.

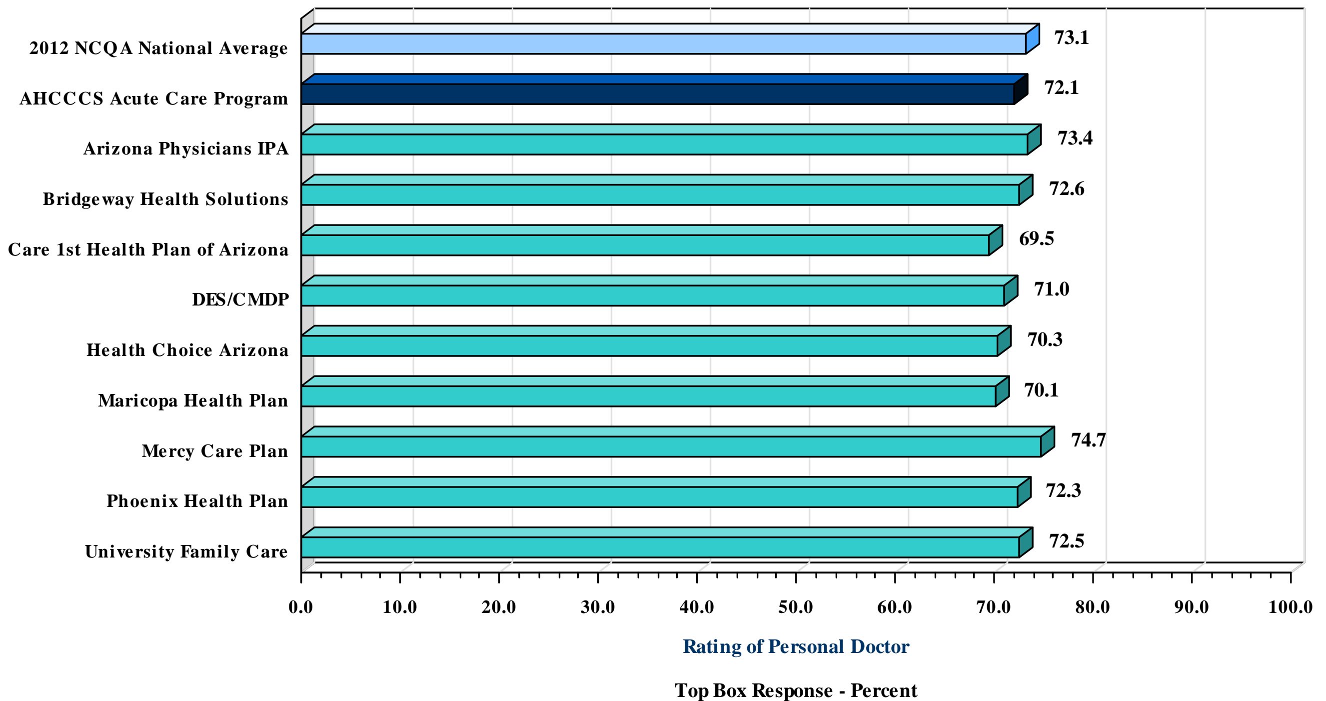
Figure 5-2—Rating of All Health Care



Rating of Personal Doctor

Parents/caretakers of child members were asked to rate their child's personal doctor on a scale of 0 to 10, with 0 being the "worst personal doctor possible" and 10 being the "best personal doctor possible." Top-level responses were defined as those responses with a rating of 9 or 10. Figure 5-3 shows the 2012 NCQA National Child Medicaid average and the 2013 Rating of Personal Doctor question summary rates for the Acute Care program and the nine participating Contractors.

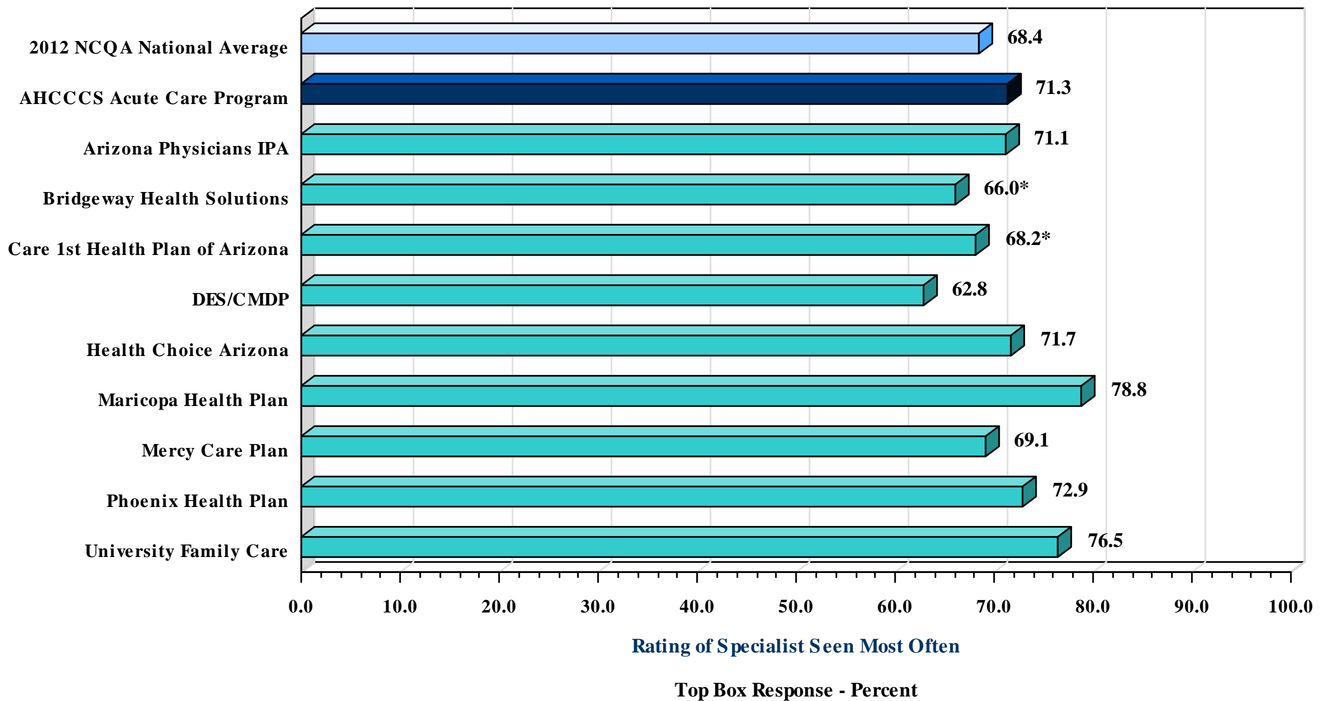
Figure 5-3—Rating of Personal Doctor



Rating of Specialist Seen Most Often

Parents/caretakers of child members were asked to rate the specialist their child saw most often on a scale of 0 to 10, with 0 being the "worst specialist possible" and 10 being the "best specialist possible." Top-level responses were defined as those responses with a rating of 9 or 10. Figure 5-4 shows the 2012 NCQA National Child Medicaid average and the 2013 Rating of Specialists Seen Most Often question summary rates for the Acute Care program and the nine participating Contractors.

Figure 5-4—Rating of Specialist Seen Most Often



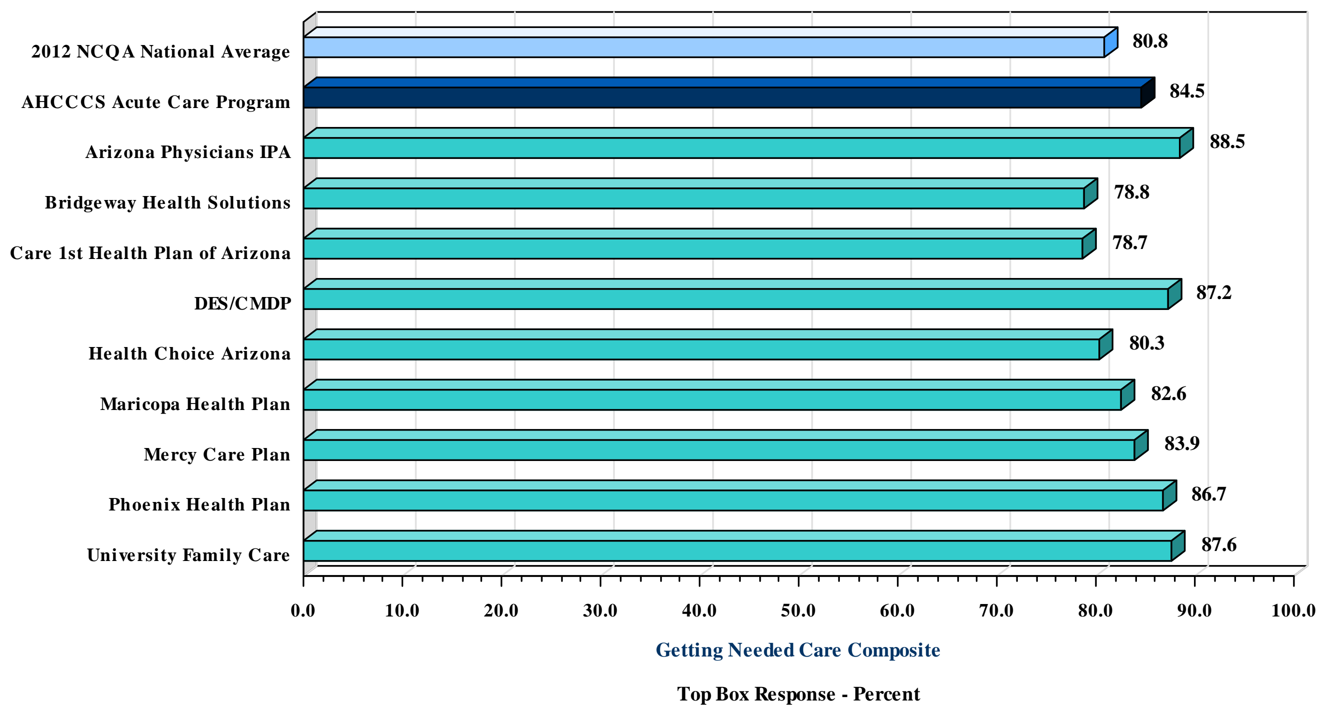
** If the Contractor had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.*

Composite Measures

Getting Needed Care

Parents/caretakers of child members were asked two questions to assess how often it was easy to get needed care for their child. For each of these questions (Questions 15 and 46), a top-level response was defined as a response of "Usually" or "Always." Figure 5-5 shows the 2012 NCQA National Child Medicaid average and the 2013 Getting Needed Care global proportions for the Acute Care program and the nine participating Contractors.[5-3]

Figure 5-5—Getting Needed Care

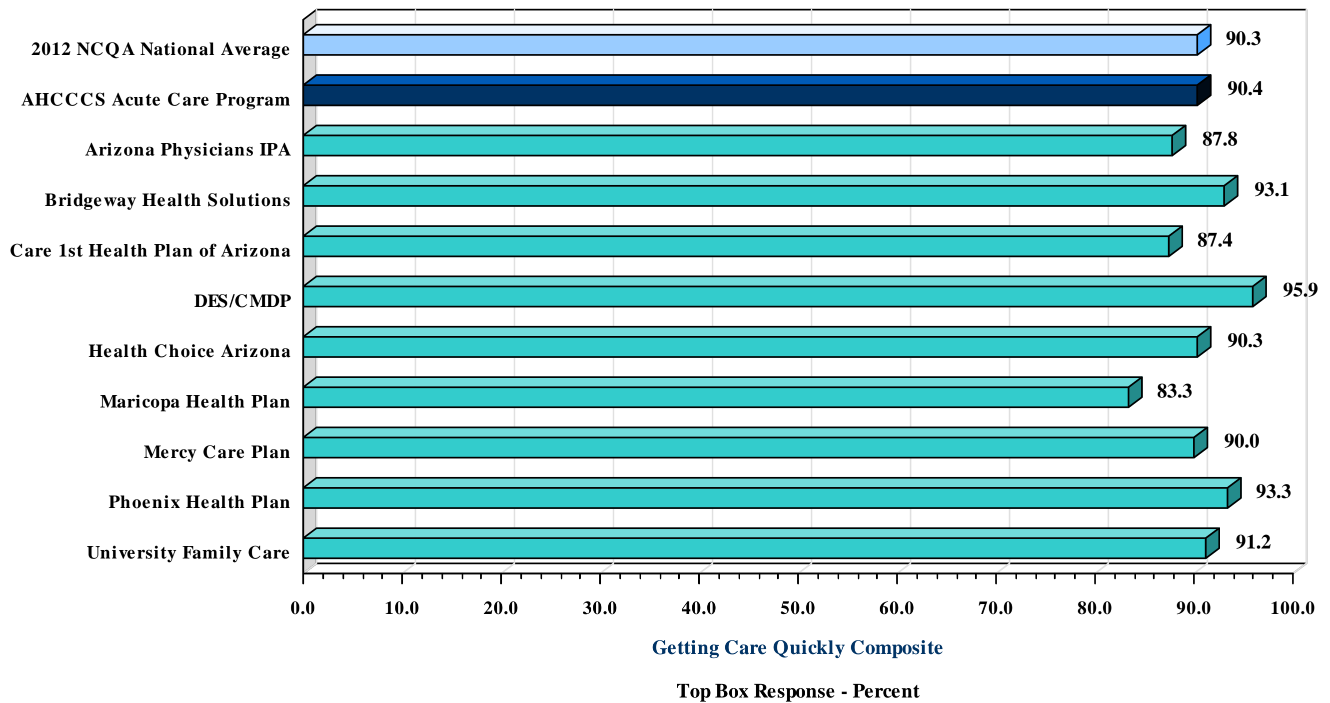


[5-3] Due to the changes to the Getting Needed Care composite measure, caution should be exercised when interpreting the comparisons to NCQA national averages. For detailed information on the changes to the composite measure, please refer to the Executive Summary Section of this report.

Getting Care Quickly

Parents/caretakers of child members were asked two questions to assess how often their child received care quickly. For each of these questions (Questions 4 and 6), a top-level response was defined as a response of “Usually” or “Always.” Figure 5-6 shows the 2012 NCQA National Child Medicaid average and the 2013 Getting Care Quickly global proportions for the Acute Care program and the nine participating Contractors.

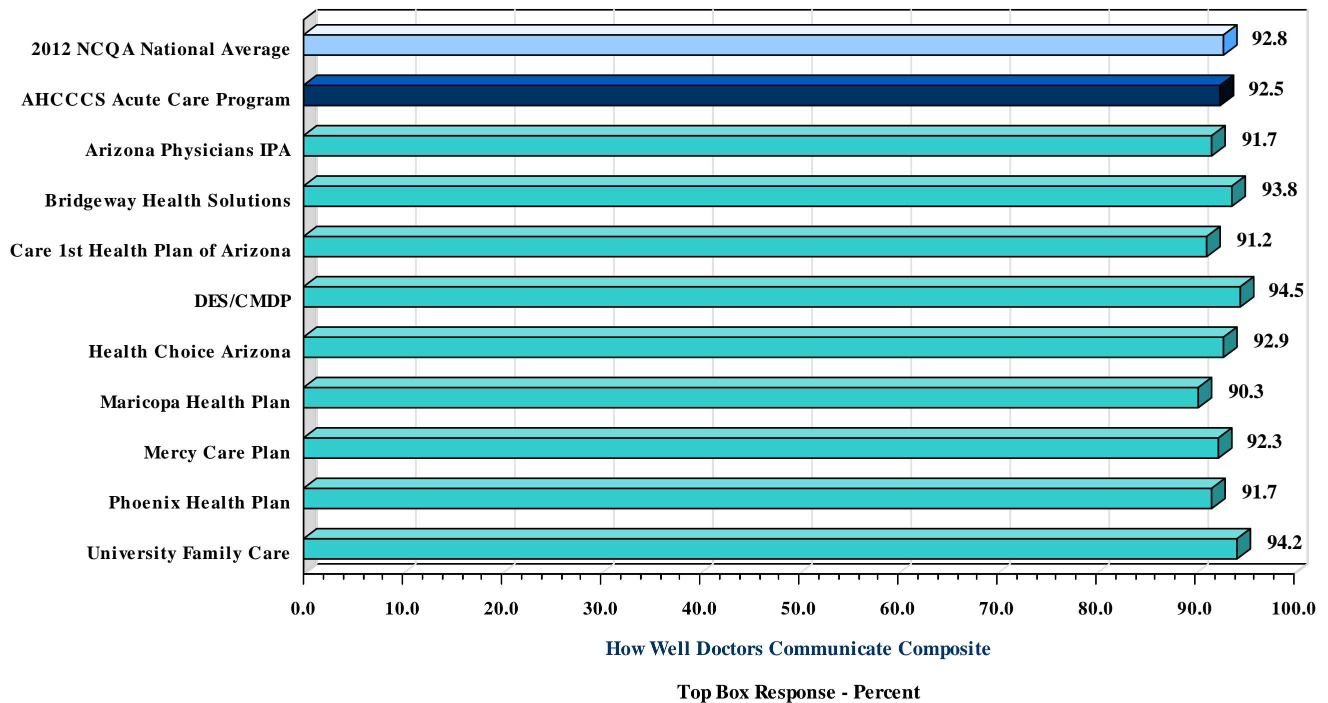
Figure 5-6—Getting Care Quickly



How Well Doctors Communicate

Parents/caretakers of child members were asked four questions to assess how often their child's doctors communicated well. For each of these questions (Questions 32, 33, 34 and 37), a top-level response was defined as a response of "Usually" or "Always." Figure 5-7 shows the NCQA National Child Medicaid average and the 2013 How Well Doctors Communicate global proportions for the Acute Care program and the nine participating Contractors.

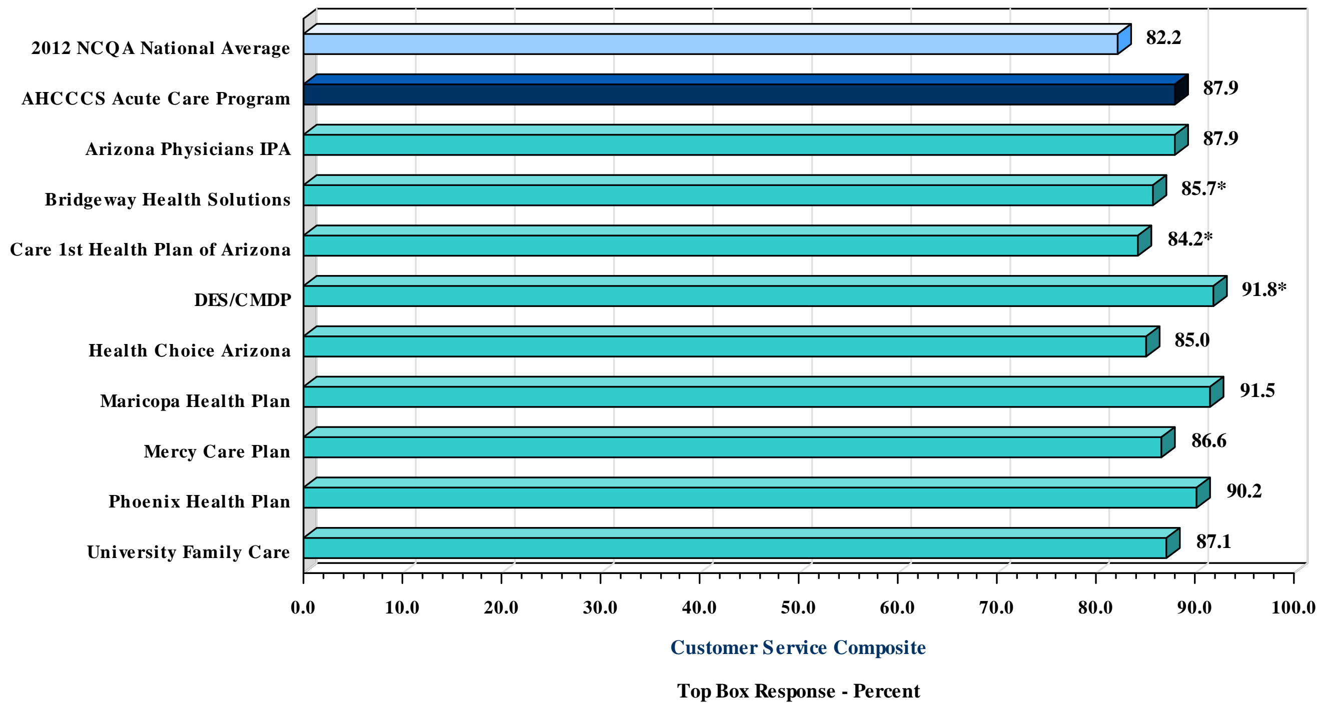
Figure 5-7—How Well Doctors Communicate



Customer Service

Parents/caretakers of child members were asked two questions to assess how they obtained needed help/information from customer service. For each of these questions (Questions 50 and 51), a top-level response was defined as a response of "Usually" or "Always." Figure 5-8 shows the 2012 NCQA National Child Medicaid average and the 2013 Customer Service global proportions for the Acute Care program and the nine participating Contractors.

Figure 5-8—Customer Service

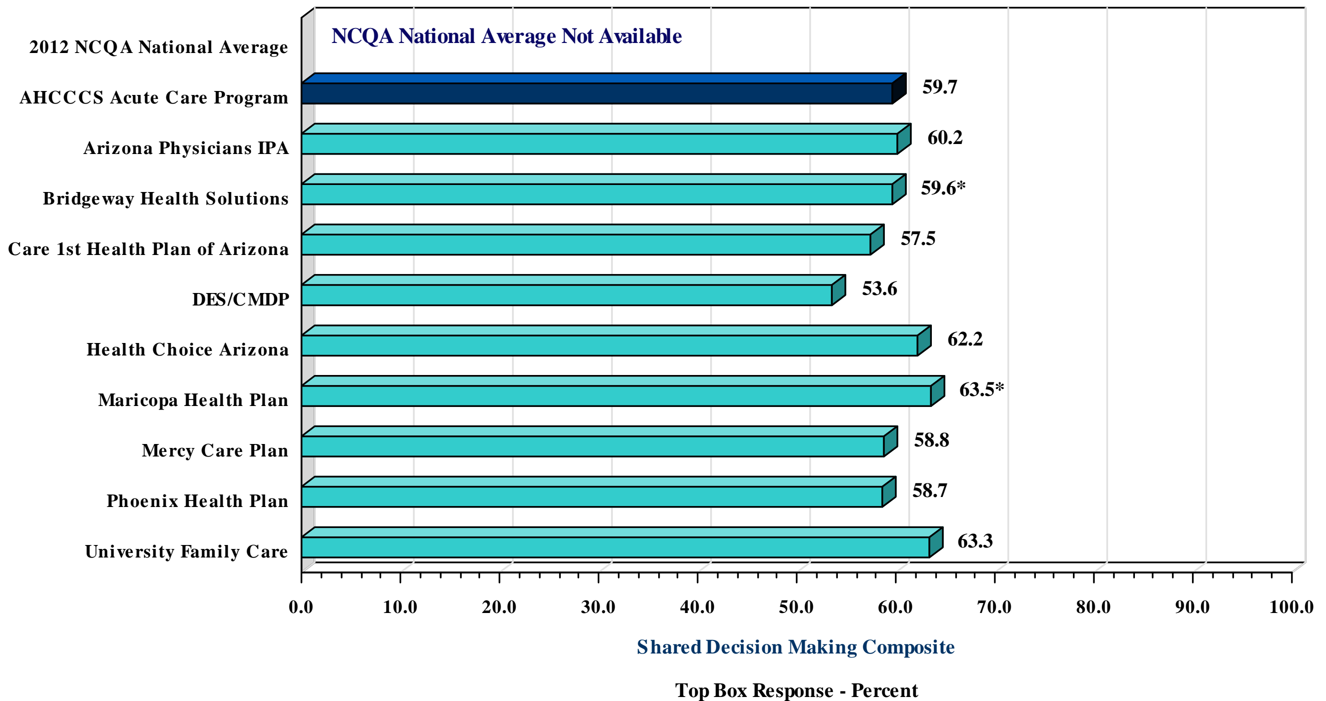


** If the Contractor had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.*

Shared Decision Making

Parents/caretakers of child members were asked three questions to assess if their child's doctors discussed starting or stopping medication with them. For each of these questions (Questions 10, 11, and 12), a top-level response was defined as a response of "A lot" or "Yes." Figure 5-9 shows the 2013 Shared Decision Making global proportions for the Acute Care program and the nine participating Contractors.[5-4]

Figure 5-9—Shared Decision Making



** If the Contractor had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.*

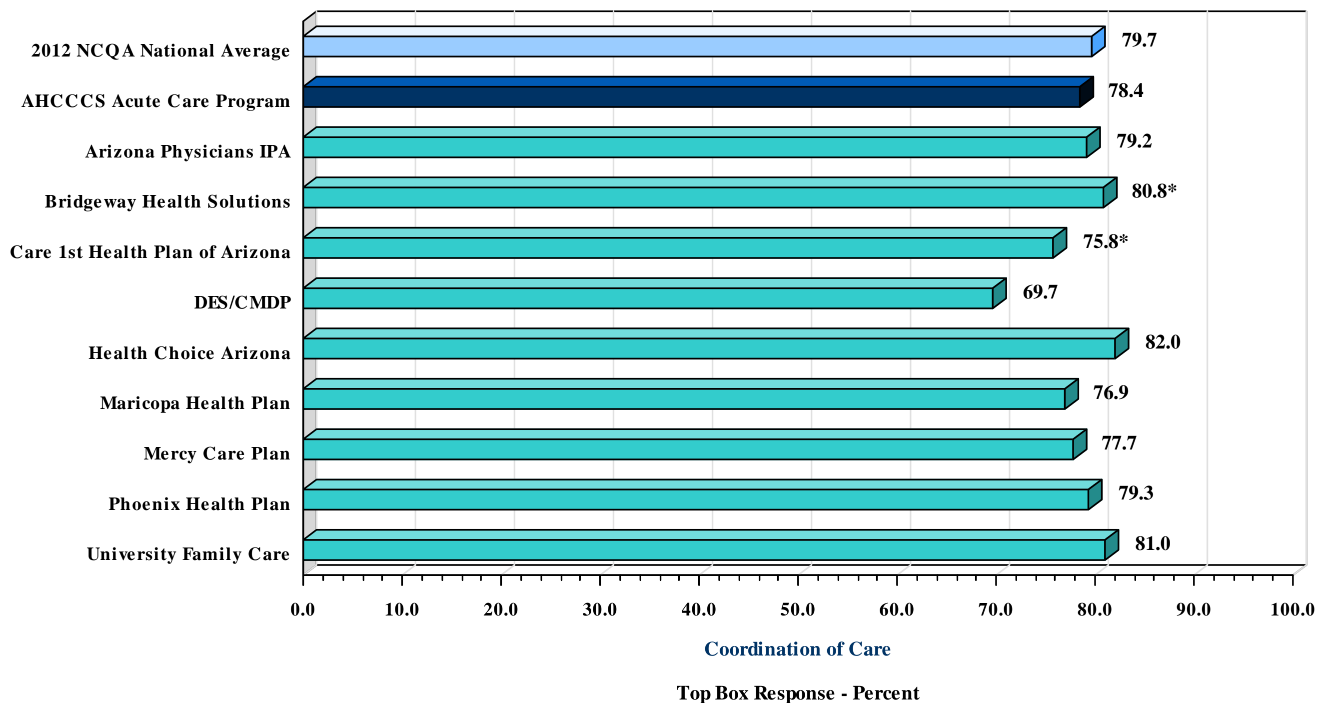
[5-4] Due to changes to the Shared Decision Making composite measure, comparisons to NCQA national averages could not be performed for 2013. For detailed information on the changes to the composite measure, please refer to the Executive Summary section of this report.

Individual Item Measures

Coordination of Care

Parents/caretakers of child members were asked a question to assess how often their child's personal doctor seemed informed and up-to-date about care their child had received from another doctor. For this question (Question 40), a top-level response was defined as a response of "Usually" or "Always." Figure 5-10 shows the 2012 NCQA National Child Medicaid average and the 2013 Coordination of Care question summary rates for the Acute Care program and the nine participating Contractors.

Figure 5-10—Coordination of Care

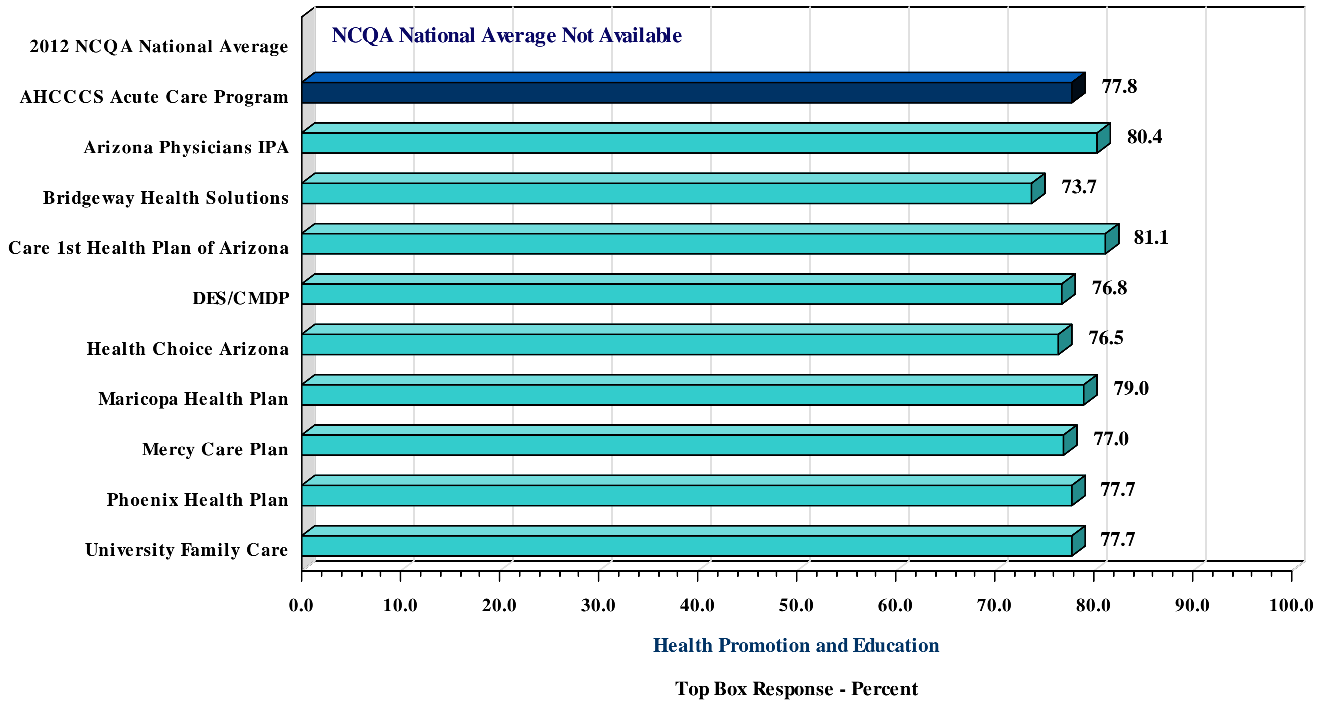


** If the Contractor had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.*

Health Promotion and Education

Parents/caretakers of child members were asked a question to assess if their child's doctor talked with them about specific things they could do to prevent illness in their child. For this question (Question 8), a top-level response was defined as a response of "Yes." Figure 5-11 shows the 2013 Health Promotion and Education question summary rates for the Acute Care program and the nine participating Contractors.[5-5]

Figure 5-11—Health Promotion and Education



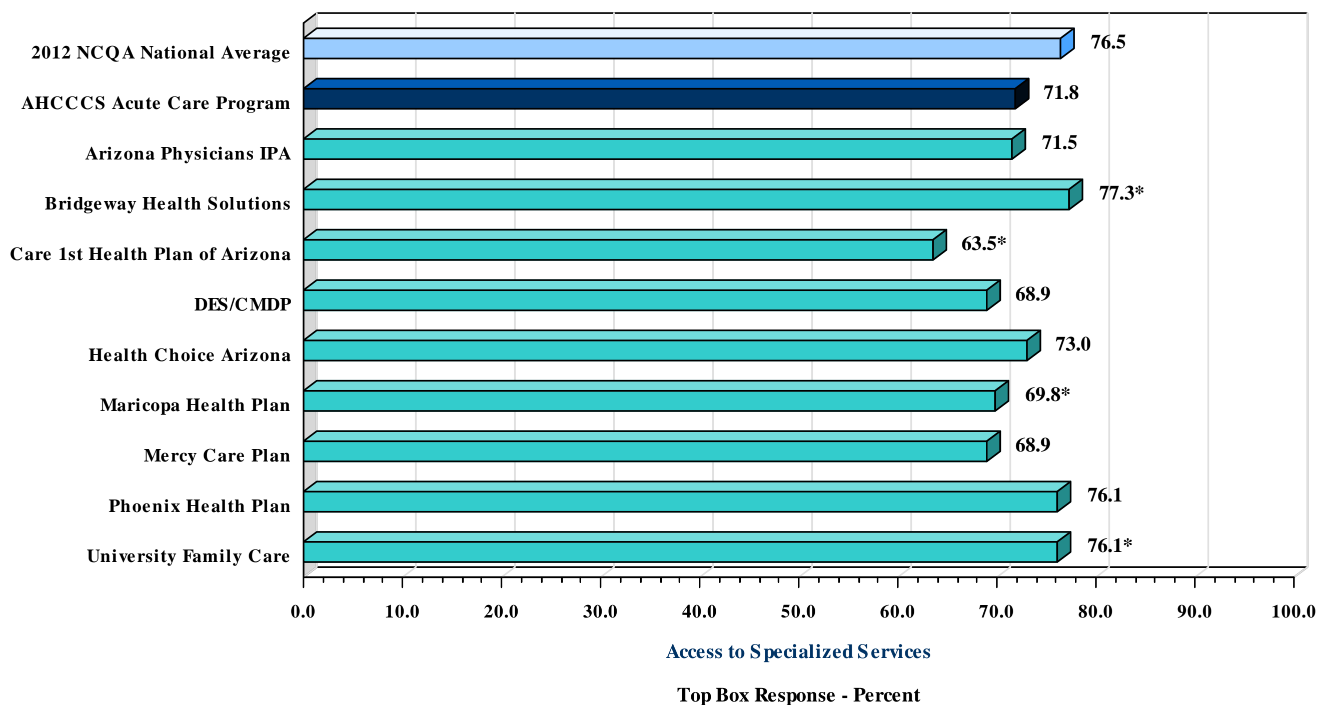
[5-5] Due to changes to the Health Promotion and Education individual item measure, comparisons to NCQA national averages could not be performed for 2013. For detailed information on changes to this individual measure, please refer to the Executive Summary section of this report.

CCC Composites and Items

Access to Specialized Services

Parents/caretakers of child members were asked three questions to assess how often it was easy for their child to obtain access to specialized services. For each of these questions (Questions 20, 23, and 26), a top-level response was defined as a response of "Usually" or "Always." Figure 5-12 shows the 2012 NCQA National Child Medicaid average and the 2013 Access to Specialized Services global proportions for the Acute Care program and the nine participating Contractors.

Figure 5-12—Access to Specialized Services

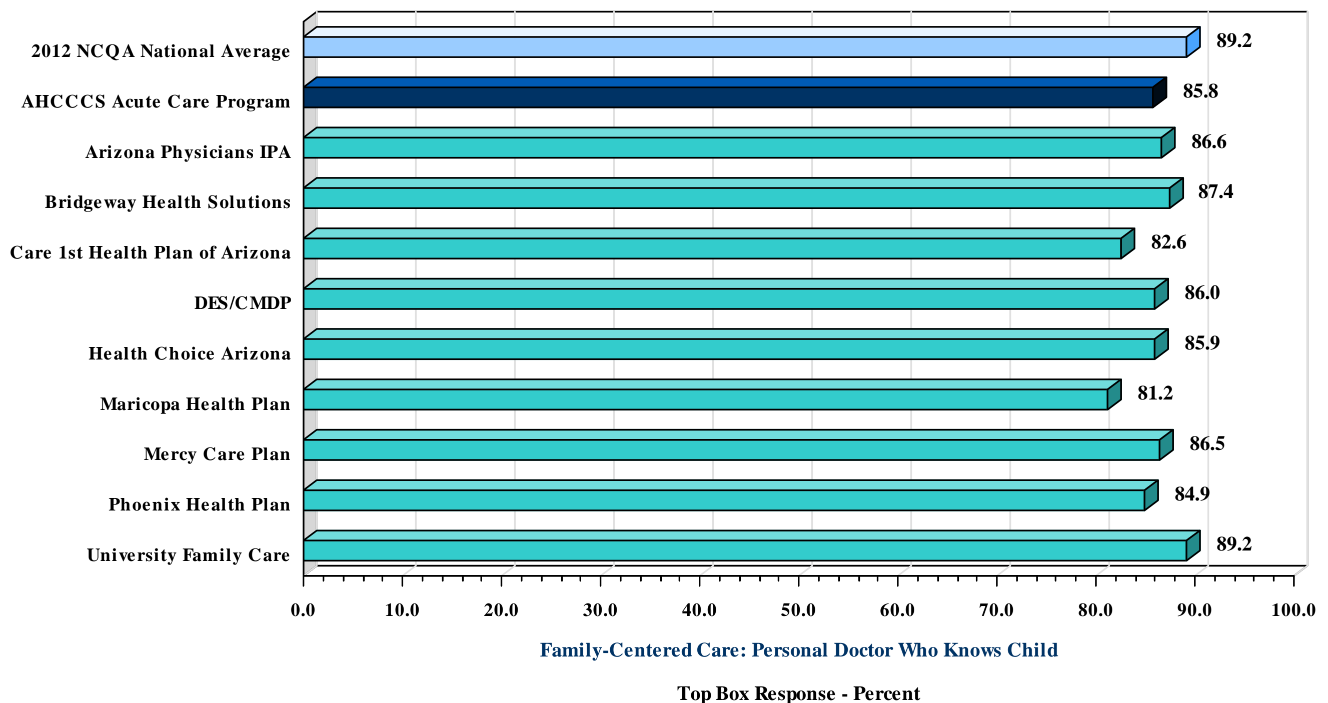


** If the Contractor had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.*

Family-Centered Care (FCC): Personal Doctor Who Knows Child

Parents/caretakers of child members were asked three questions to assess whether their child had a personal doctor who knew them. For each of these questions (Questions 38, 43, and 44), a top-level response was defined as a response of "Yes." Figure 5-13 shows the 2012 NCQA National Child Medicaid average and the 2013 FCC: Personal Doctor Who Knows Child global proportions for the Acute Care program and the nine participating Contractors.

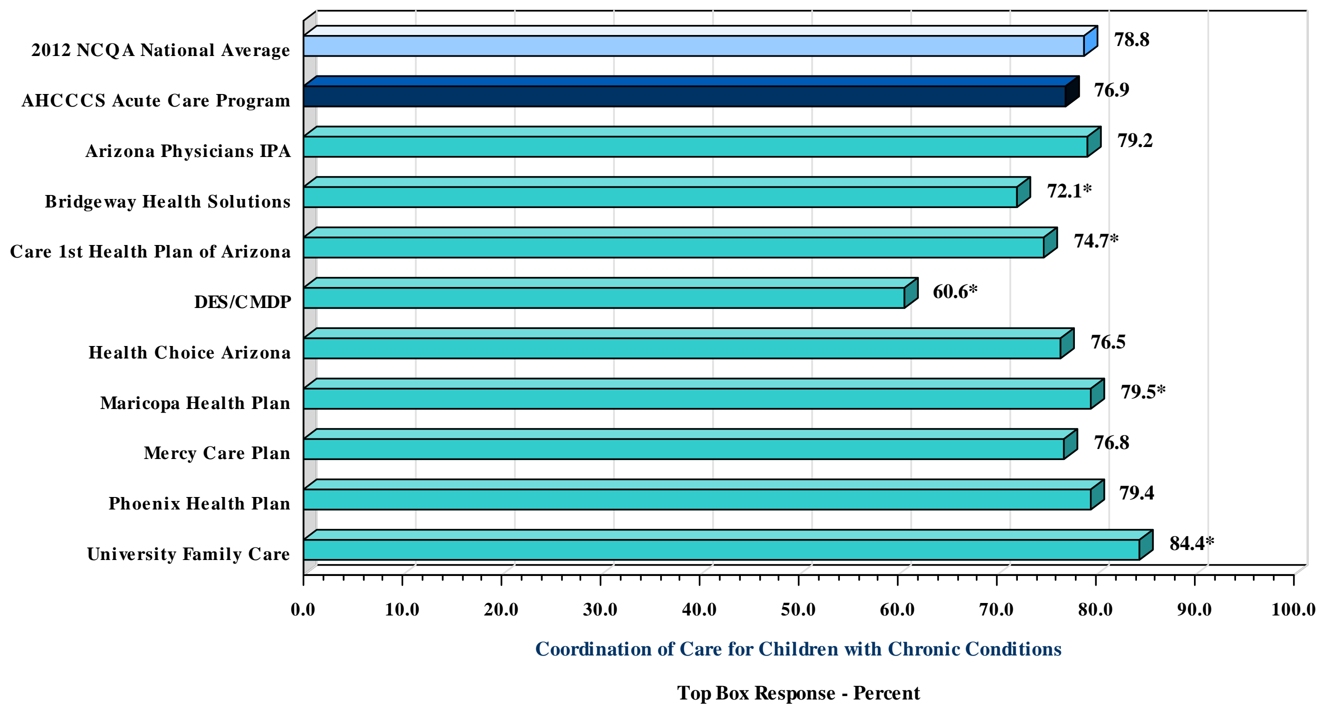
Figure 5-13—FCC: Personal Doctor Who Knows Child



Coordination of Care for Children with Chronic Conditions

Parents/caretakers of child members were asked two questions to assess whether they received help in coordinating their child's care. For each of these questions (Questions 18 and 29), a top-level response was defined as a response of "Yes." Figure 5-14 shows the 2012 NCQA National Child Medicaid average and the 2013 Coordination of Care for Children with Chronic Conditions global proportions for the Acute Care program and the nine participating Contractors.

Figure 5-14—Coordination of Care for Children with Chronic Conditions

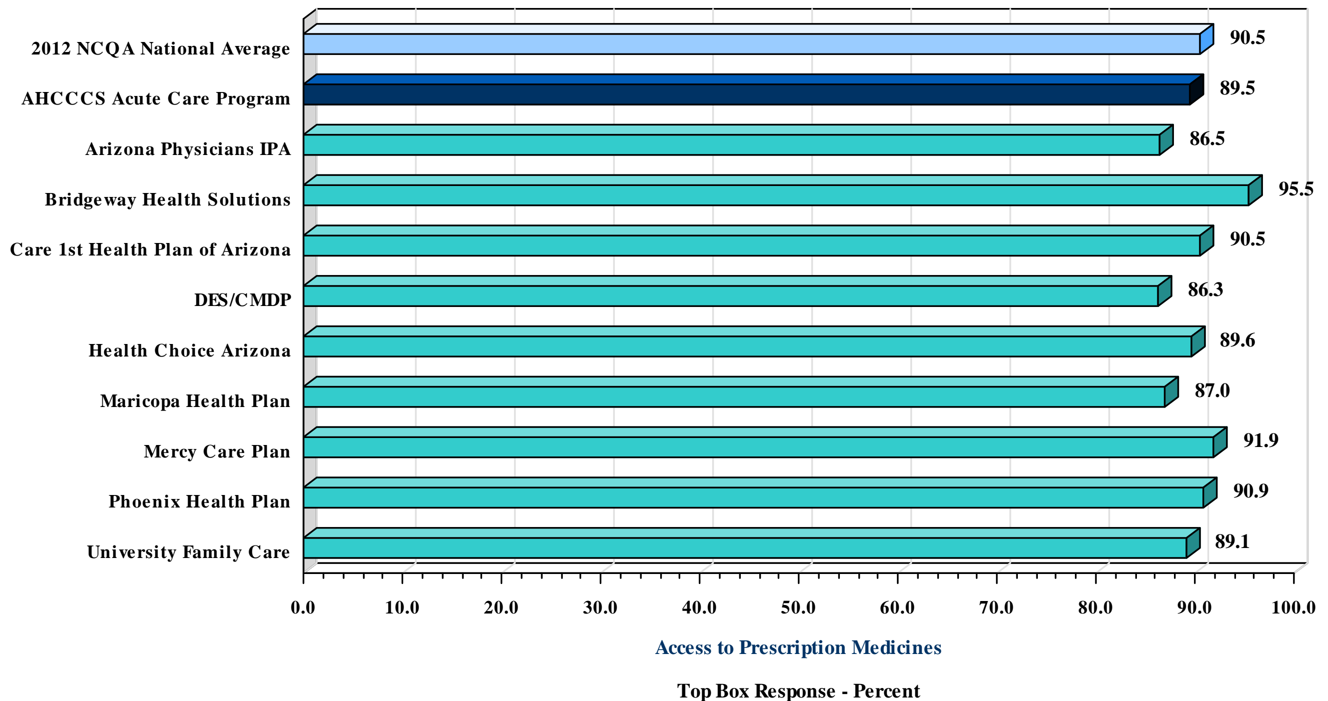


** If the Contractor had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.*

Access to Prescription Medicines

Parents/caretakers of child members were asked a question to assess how often it was easy to obtain prescription medicines for their child through their health plan. For this question (Question 56), a top-level response was defined as a response of "Usually" or "Always." Figure 5-15 shows the 2012 NCQA National Child Medicaid average and the 2013 Access to Prescription Medicines question summary rates for the Acute Care program and the nine participating Contractors.

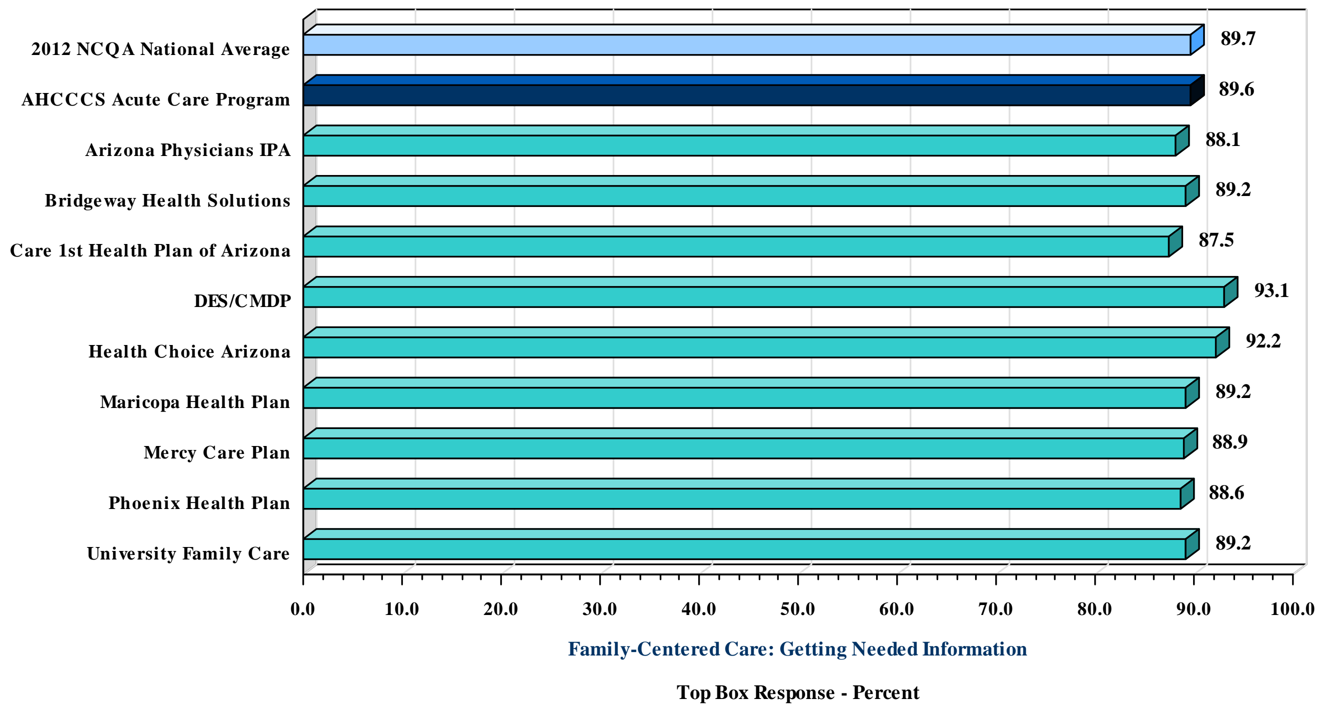
Figure 5-15—Access to Prescription Medicines



FCC: Getting Needed Information

Parents/caretakers of child members were asked a question to assess how often their questions were answered by doctors or other health providers. For this question (Question 9), a top-level response was defined as a response of "Usually" or "Always." Figure 5-16 shows the 2012 NCQA National Child Medicaid average and the 2013 FCC: Getting Needed Information question summary rates for the Acute Care program and the nine participating Contractors.

Figure 5-16—FCC: Getting Needed Information



Summary of CCC Rates and Proportions

Evaluation of the rates and proportions for the CCC population revealed the following summary results.

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

- Arizona Physicians IPA scored at or above the national average on seven measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care, Customer Service, and Coordination of Care for Children with Chronic Conditions. Arizona Physicians IPA scored below the national average on seven measures: Getting Care Quickly, How Well Doctors Communicate, Coordination of Care, Access to Specialized Services, FCC: Personal Doctor Who Knows Child, Access to Prescription Medicines, and FCC: Getting Needed Information.

- Bridgeway Health Solutions scored at or above the national average on seven measures: Rating of All Health Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Coordination of Care, Access to Specialized Services, and Access to Prescription Medicines. Bridgeway Health Solutions scored below the national average on seven measures: Rating of Health Plan, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care, FCC: Personal Doctor Who Knows Child, Coordination of Care for Children with Chronic Conditions, and FCC: Getting Needed Information.

- Care 1st Health Plan of Arizona scored at or above the national average on two measures: Customer Service and Access to Prescription Medicines. Care 1st Health Plan of Arizona scored below the national average on 12 measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Coordination of Care, Access to Specialized Services, FCC: Personal Doctor Who Knows Child, Coordination of Care for Children with Chronic Conditions, and FCC: Getting Needed Information.

- DES/CMDP scored at or above the national average on six measures: Rating of All Health Care, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and FCC: Getting Needed Information. DES/CMDP scored below the national average on eight measures: Rating of Health Plan, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Coordination of Care, Access to Specialized Services, FCC: Personal Doctor Who Knows Child, Coordination of Care for Children with Chronic Conditions, and Access to Prescription Medicines.

- Health Choice Arizona scored at or above the national average on six measures: Rating of Specialist Seen Most Often, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Coordination of Care, and FCC: Getting Needed Information. Health Choice Arizona scored below the national average on eight measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Getting Needed Care, Access to Specialized Services, FCC: Personal Doctor Who Knows Child, Coordination of Care for Children with Chronic Conditions, and Access to Prescription Medicines.

- Maricopa Health Plan 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, Getting Needed Care, Customer Service, and Coordination of Care for Children with Chronic Conditions. Maricopa Health Plan scored below the national average on eight measures: Rating of Personal Doctor, Getting Care Quickly, How Well Doctors Communicate, Coordination of Care, Access to Specialized Services, FCC: Personal Doctor Who Knows Child, Access to Prescription Medicines, and FCC: Getting Needed Information.

- Mercy Care Plan scored at or above the national average on six measures: Rating of Health Plan, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care, Customer Service, and Access to Prescription Medicines. Mercy Care Plan scored below the national average on eight measures: Rating of All Health Care, Getting Care Quickly, How Well Doctors Communicate, Coordination of Care, Access to Specialized Services, FCC: Personal Doctor Who Knows Child, Coordination of Care for Children with Chronic Conditions, and FCC: Getting Needed Information.

- Phoenix Health Plan scored at or above the national average on six measures: Rating of Specialist Seen Most Often, Getting Needed Care, Getting Care Quickly, Customer Service, Coordination of Care for Children with Chronic Conditions, and Access to Prescription Medicines. Phoenix Health Plan scored below the national average on eight measure: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, How Well Doctors Communicate, Coordination of Care, Access to Specialized Services, FCC: Personal Doctor Who Knows Child, and FCC: Getting Needed Information.

- University Family Care scored at or above the national average on 10 measures: Rating of Health Plan, Rating of All Health Care, Rating of Specialist Seen Most Often, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Coordination of Care, FCC: Personal Doctor Who Knows Child, and Coordination of Care for Children with Chronic Conditions. University Family Care scored below the national average on four measures: Rating of Personal Doctor, Access to Specialized Services, Access to Prescription Medicines, and FCC: Getting Needed Information.

CCC Plan Comparisons

In order to identify differences in member satisfaction between the nine participating Contractors, the CCC CAHPS results for each were compared to the overall Acute Care program average for the CCC population (i.e., Acute Care program CCC average) to determine if there were any statistically significant differences. Statistically significant differences are noted in the tables by arrows. A Contractor that performed statistically better than the Acute Care program CCC average is denoted with an upward (↑) arrow. Conversely, a Contractor that performed statistically worse than the Acute Care program CCC average is denoted with a downward (↓) arrow. A Contractor's score that is not statistically different than the Acute Care program CCC average score is denoted with a horizontal (↔) arrow.[5-6]

For purposes of this report, a Contractor's results are reported for a CAHPS measure even when the NCQA minimum reporting threshold of 100 respondents was not met. Therefore, caution should be exercised when interpreting results for those measures with fewer than 100 respondents. CAHPS scores with fewer than 100 respondents are denoted with an asterisk (*).

Table 5-3 through Table 5-6, on the following pages, show the results of the Acute Care CCC plan comparisons analysis for the global ratings, composite measures, individual items measures, and the CCC composite measures and items, respectively.

[5-6] A global *F* test was calculated first, which determined whether the difference between Contractors was significant. If the *F* test demonstrated Contractor-level differences, then a *t*-test was performed for each Contractor. The *t*-test determined whether each Contractor's rate was significantly different from the aggregate rate.

Table 5-3
CCC Plan Comparisons: Global Ratings

Contractor Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Arizona Physicians IPA	65.3% ⇔	66.9% ⇔	73.4% ⇔	71.1% ⇔
Bridgeway Health Solutions	62.2% ⇔	64.7% ⇔	72.6% ⇔	66.0%* ⇔
Care 1st Health Plan of Arizona	58.4% ⇔	62.0% ⇔	69.5% ⇔	68.2%* ⇔
DES/CMDP	54.4% ↓	66.0% ⇔	71.0% ⇔	62.8% ⇔
Health Choice Arizona	59.6% ⇔	58.9% ⇔	70.3% ⇔	71.7% ⇔
Maricopa Health Plan	66.8% ⇔	65.5% ⇔	70.1% ⇔	78.8% ⇔
Mercy Care Plan	64.5% ⇔	62.0% ⇔	74.7% ⇔	69.1% ⇔
Phoenix Health Plan	61.1% ⇔	62.2% ⇔	72.3% ⇔	72.9% ⇔
University Family Care	66.6% ⇔	65.5% ⇔	72.5% ⇔	76.5% ⇔

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

Table 5-4
CCC Plan Comparisons: Composite Measures

Contractor Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making
Arizona Physicians IPA	88.5% ↑	87.8% ⇔	91.7% ⇔	87.9% ⇔	60.2% ⇔
Bridgeway Health Solutions	78.8% ⇔	93.1% ⇔	93.8% ⇔	85.7%* ⇔	59.6%* ⇔
Care 1st Health Plan of Arizona	78.7% ⇔	87.4% ⇔	91.2% ⇔	84.2%* ⇔	57.5% ⇔
DES/CMDP	87.2% ⇔	95.9% ↑	94.5% ⇔	91.8%* ⇔	53.6% ⇔
Health Choice Arizona	80.3% ⇔	90.3% ⇔	92.9% ⇔	85.0% ⇔	62.2% ⇔
Maricopa Health Plan	82.6% ⇔	83.3% ↓	90.3% ⇔	91.5% ⇔	63.5%* ⇔
Mercy Care Plan	83.9% ⇔	90.0% ⇔	92.3% ⇔	86.6% ⇔	58.8% ⇔
Phoenix Health Plan	86.7% ⇔	93.3% ↑	91.7% ⇔	90.2% ⇔	58.7% ⇔
University Family Care	87.6% ⇔	91.2% ⇔	94.2% ⇔	87.1% ⇔	63.3% ⇔

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

Table 5-5
CCC Plan Comparisons: Individual Item Measures

Contractor Name	Coordination of Care	Health Promotion and Education
Arizona Physicians IPA	79.2% ⇔	80.4% ⇔
Bridgeway Health Solutions	80.8%* ⇔	73.7% ⇔
Care 1st Health Plan of Arizona	75.8%* ⇔	81.1% ⇔
DES/CMDP	69.7% ⇔	76.8% ⇔
Health Choice Arizona	82.0% ⇔	76.5% ⇔
Maricopa Health Plan	76.9% ⇔	79.0% ⇔
Mercy Care Plan	77.7% ⇔	77.0% ⇔
Phoenix Health Plan	79.3% ⇔	77.7% ⇔
University Family Care	81.0% ⇔	77.7% ⇔

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

Table 5-6
CCC Plan Comparisons: CCC Composites and Items

Contractor Name	Access to Specialized Services	FCC: Personal Doctor Who Knows Child	Coordination of Care for CCC	Access to Prescription Medicines	FCC: Getting Needed Information
Arizona Physicians IPA	71.5% ⇔	86.6% ⇔	79.2% ⇔	86.5% ⇔	88.1% ⇔
Bridgeway Health Solutions	77.3%* ⇔	87.4% ⇔	72.1%* ⇔	95.5% ↑	89.2% ⇔
Care 1st Health Plan of Arizona	63.5%* ⇔	82.6% ⇔	74.7%* ⇔	90.5% ⇔	87.5% ⇔
DES/CMDP	68.9% ⇔	86.0% ⇔	60.6%* ↓	86.3% ⇔	93.1% ⇔
Health Choice Arizona	73.0% ⇔	85.9% ⇔	76.5% ⇔	89.6% ⇔	92.2% ⇔
Maricopa Health Plan	69.8%* ⇔	81.2% ⇔	79.5%* ⇔	87.0% ⇔	89.2% ⇔
Mercy Care Plan	68.9% ⇔	86.5% ⇔	76.8% ⇔	91.9% ⇔	88.9% ⇔
Phoenix Health Plan	76.1% ⇔	84.9% ⇔	79.4% ⇔	90.9% ⇔	88.6% ⇔
University Family Care	76.1%* ⇔	89.2% ⇔	84.4%* ↑	89.1% ⇔	89.2% ⇔

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

Summary of CCC Comparisons Results

The plan comparisons for the CCC population revealed the following summary results.

- Arizona Physicians IPA performed significantly better than the Acute Care program CCC average on one measure, Getting Needed Care.
- Bridgeway Health Solutions performed significantly better than the Acute Care program CCC average on one measure, Access to Prescription Medicines.
- Care 1st Health Plan of Arizona did not perform significantly better or worse than the Acute Care program CCC average on any of the measures.
- DES/CMDP performed significantly better than the Acute Care program CCC average on one measure, Getting Care Quickly. DES/CMDP performed significantly worse than the Acute Care program CCC average on two measures: Rating of Health Plan and Coordination of Care for Children with Chronic Conditions.
- Health Choice Arizona did not perform significantly better or worse than the Acute Care program CCC average on any of the measures.
- Maricopa Health Plan performed significantly worse than the Acute Care program CCC average on one measure, Getting Care Quickly.
- Mercy Care Plan did not perform significantly better or worse than the Acute Care program CCC average on any of the measures.
- Phoenix Health Plan performed significantly better than the Acute Care program CCC average on one measure, Getting Care Quickly.
- University Family Care performed significantly better than the Acute Care program CCC average on one measure, Coordination of Care for Children with Chronic Conditions.

Recommendations for Quality Improvement

This section presents Adult and Child Medicaid CAHPS recommendations for the Acute Care program. The Recommendations presented in this section should be viewed as potential suggestions for QI. Additional sources of QI information, such as other HEDIS results, should be incorporated into a comprehensive QI plan. A number of 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 6-25.

Priority Assignments

This section defines QI priority assignments for each global rating and composite measure. The priority assignments are grouped into four main categories for QI: top, high, moderate, and low priority. The priority assignments are based on the results of the NCQA comparisons.[6-1,6-2]

Table 6-1 shows how the priority assignments are determined for Acute Care on each CAHPS measure.

Table 6-1
Derivation of Priority Assignments on Each CAHPS Measure

NCQA Comparisons (Star Ratings)	Priority Assignment
★	Top
★★	High
★★★	Moderate
★★★★	Low
★★★★★	Low

[6-1] Due to the transition from the CAHPS 4.0 to 5.0 Adult and Child Medicaid Health Plan Surveys, comparisons to national data could not be performed for the Shared Decision Making composite measure and Health Promotion and Education individual item measure; therefore, priority assignments cannot be derived for these measures.

[6-2] NCQA does not provide benchmarks for the Coordination of Care individual item measure; therefore, priority assignments cannot be derived for this measure.

Table 6-2 shows the priority assignments for the Acute Care program adult population.

Table 6-2
Acute Care Program Priority Assignments
Adult Medicaid

Measure	NCQA Comparisons (Star Ratings)	Priority Assignment
Rating of Health Plan	★★★	Moderate
Rating of All Health Care	★★★	Moderate
Rating of Personal Doctor	★★	High
Rating of Specialist Seen Most Often	★★★	Moderate
Getting Needed Care	★★★	Moderate
Getting Care Quickly	★★	High
How Well Doctors Communicate	★★★	Moderate
Customer Service	★★★★	Low

Table 6-3 shows the priority assignments for the Acute Care program general child population.

Table 6-3
Acute Care Program Priority Assignments
Child Medicaid

Measure	NCQA Comparisons (Star Ratings)	Priority Assignment
Rating of Health Plan	★★★★	Low
Rating of All Health Care	★★★★★	Low
Rating of Personal Doctor	★★★★	Low
Rating of Specialist Seen Most Often	★★★★	Low
Getting Needed Care	★★★	Moderate
Getting Care Quickly	★★	High
How Well Doctors Communicate	★★	High
Customer Service	★★★★	Low

Global Ratings

Rating of Health Plan

Table 6-4 and Table 6-5 show the priority assignments for the overall Rating of Health Plan measure for the adult and child populations, respectively.

Table 6-4
Rating of Health Plan
Acute Care Adult Priority Assignments

Contractor Name	NCQA Comparisons (Star Ratings)	Priority Assignment
Arizona Physicians IPA	★★★★★	Low
Bridgeway Health Solutions	★	Top
Care 1st Health Plan of Arizona	★★	High
Health Choice Arizona	★	Top
Maricopa Health Plan	★★	High
Mercy Care Plan	★★★	Moderate
Phoenix Health Plan	★★	High
University Family Care	★★★★	Low

Table 6-5
Rating of Health Plan
Acute Care Child Priority Assignments

Contractor Name	NCQA Comparisons (Star Ratings)	Priority Assignment
Arizona Physicians IPA	★★★★★	Low
Bridgeway Health Solutions	★★	High
Care 1st Health Plan of Arizona	★★★★	Low
DES/CMDP	★	Top
Health Choice Arizona	★★★	Moderate
Maricopa Health Plan	★★★★	Low
Mercy Care Plan	★★★★★	Low
Phoenix Health Plan	★★★★	Low
University Family Care	★★★★	Low

In order to improve the overall Rating of Health Plan, QI activities should target alternatives to one-on-one visits, health plan operations, online patient portals, and promoting QI initiatives.

Alternatives to One-on-One Visits

To achieve improved quality, timeliness, and access to care, health plans should engage in efforts that assist providers in examining and improving their systems' abilities' to manage patient demand. As an example, health plans can test alternatives to traditional one-on-one visits, such as telephone consultations, telemedicine, or group visits for certain types of health care services and appointments to increase physician availability. Additionally, for patients who need a follow-up appointment, a system could be developed and tested where a nurse or physician assistant contacts the patient by phone two weeks prior to when the follow-up visit would have occurred to determine whether the patient's current status and condition warrants an in-person visit, and if so, schedule the appointment at that time. Otherwise, an additional status follow-up contact could be made by phone in lieu of an in-person office visit. By finding alternatives to traditional one-on-one, in-office visits, health plans can assist in improving physician availability and ensuring patients receive immediate medical care and services.

Health Plan Operations

It is important for health plans to view their organization as a collection of microsystems (such as providers, administrators, and other staff that provide services to members) that provide the health plan's health care "products." Health care microsystems include: a team of health providers, patient/population to whom care is provided, environment that provides information to providers and patients, support staff, equipment, and office environment. The goal of the microsystems approach is to focus on small, replicable, functional service systems that enable health plan staff to provide high-quality, patient-centered care. The first step to this approach is to define a measurable collection of activities. Once the microsystems are identified, new processes that improve care should be tested and implemented. Effective processes can then be rolled out throughout the health plan.

Online Patient Portal

A secure online patient portal allows members easy access to a wide array of health plan and health care information and services that are particular to their needs and interests. To help increase members' satisfaction with their health plan, health plans should consider establishing an online patient portal or integrating online tools and services into their current Web-based systems that focus on patient-centered care. Online health information and services that can be made available to members include: health plan benefits and coverage forms, online medical records, electronic communication with providers, and educational health information and resources on various medical conditions. Access to online interactive tools, such as health discussion boards allow questions to be answered by trained clinicians. Online health risk assessments can provide members instant feedback and education on the medical condition(s) specific to their health care needs. In addition, an online patient portal can be an effective means of promoting health awareness and education. Health plans should periodically review health information content for accuracy and request member and/or physician feedback to ensure relevancy of online services and tools provided.

Promote Quality Improvement Initiatives

Implementation of organization-wide QI initiatives are most successful when health plan staff at every level are involved; therefore, creating an environment that promotes QI in all aspects of care can encourage organization-wide participation in QI efforts. Methods for achieving this can include aligning QI goals to the mission and goals of the health plan organization, establishing plan-level performance measures, clearly defining and communicating collected measures to providers and staff, and offering provider-level support and assistance in implementing QI initiatives. Furthermore, by monitoring and reporting the progress of QI efforts internally, health plans can assess whether QI initiatives have been effective in improving the quality of care delivered to members.

Specific QI initiatives aimed at engaging employees can include quarterly employee forums, an annual all-staff assembly, topic-specific improvement teams, leadership development courses, and employee awards. As an example, improvement teams can be implemented to focus on specific topics such as service quality; rewards and recognition; and patient, physician, and employee satisfaction.

Rating of All Health Care

Table 6-6 and Table 6-7 show the priority assignments for the Rating of All Health Care measure for the adult and child populations, respectively.

Table 6-6
Rating of All Health Care
Acute Care Adult Priority Assignments

Contractor Name	NCQA Comparisons (Star Ratings)	Priority Assignment
Arizona Physicians IPA	★★★★★	Low
Bridgeway Health Solutions	★★	High
Care 1st Health Plan of Arizona	★★★	Moderate
Health Choice Arizona	★★★	Moderate
Maricopa Health Plan	★★★	Moderate
Mercy Care Plan	★★★	Moderate
Phoenix Health Plan	★	Top
University Family Care	★★★★★	Low

Table 6-7
Rating of All Health Care
Acute Care Child Priority Assignments

Contractor Name	NCQA Comparisons (Star Ratings)	Priority Assignment
Arizona Physicians IPA	★★★★★	Low
Bridgeway Health Solutions	★★★★★	Low
Care 1st Health Plan of Arizona	★★★★★	Low
DES/CMDP	★★★★★	Low
Health Choice Arizona	★★★	Moderate
Maricopa Health Plan	★★★★★	Low
Mercy Care Plan	★★★★★	Low
Phoenix Health Plan	★★★★★	Low
University Family Care	★★★★★	Low

In order to improve the Rating of All Health Care measure, QI activities should target client perception of access to care and patient and family engagement advisory councils.

Access to Care

Health plans should identify potential barriers for patients receiving appropriate access to care. Access to care issues include obtaining the care that the patient 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 patient might encounter while seeking care. 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 patients. With proactive policies and scripts in place, the late patient can be notified the provider has moved onto the next patient and will work the late patient into the rotation as time permits. This type of structure allows the late patient 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.

Patient and Family Engagement Advisory Councils

Since both patients and families have the direct experience of an illness or health care system, their perspectives can provide significant insight when performing an evaluation of health care processes. Therefore, health plans should consider creating opportunities and functional roles that include the patients and families who represent the populations they serve. Patient and family members could serve as advisory council members providing new perspectives and serving as a resource to health care processes. Patient interviews on services received and family inclusion in care planning can be an effective strategy for involving members in the design of care and obtaining their input and feedback on how to improve the delivery of care. Further, involvement in advisory councils can provide a structure and process for ongoing dialogue and creative problem-solving between the health plan and its members. The councils' roles within a health plan organization can vary and responsibilities may include input into or involvement in: program development, implementation, and evaluation; marketing of health care services; and design of new materials or tools that support the provider-patient relationship.

Rating of Personal Doctor

Table 6-8 and Table 6-9 show the priority assignments for the Rating of Personal Doctor measure for the adult and child populations, respectively.

Table 6-8
Rating of Personal Doctor
Acute Care Adult Priority Assignments

Contractor Name	NCQA Comparisons (Star Ratings)	Priority Assignment
Arizona Physicians IPA	★★★★	Low
Bridgeway Health Solutions	★★★★	Low
Care 1st Health Plan of Arizona	★★	High
Health Choice Arizona	★	Top
Maricopa Health Plan	★★	High
Mercy Care Plan	★★	High
Phoenix Health Plan	★	Top
University Family Care	★★★	Moderate

Table 6-9
Rating of Personal Doctor
Acute Care Child Priority Assignments

Contractor Name	NCQA Comparisons (Star Ratings)	Priority Assignment
Arizona Physicians IPA	★★★★★	Low
Bridgeway Health Solutions	★★★★	Low
Care 1st Health Plan of Arizona	★★★★	Low
DES/CMDP	★★★★	Low
Health Choice Arizona	★★★★	Low
Maricopa Health Plan	★★★★	Low
Mercy Care Plan	★★★★★	Low
Phoenix Health Plan	★★★★	Low
University Family Care	★★★★★	Low

In order to improve the Rating of Personal Doctor measure, QI activities should target maintaining truth in scheduling, patient-direct feedback, physician-patient communication, and improving shared decision making.

Maintain Truth in Scheduling

Health plans can request that all providers monitor appointment scheduling to ensure that scheduling templates accurately reflect the amount of time it takes to provide patient care during a scheduled office visit. Health plans could provide assistance or instructions to those physicians unfamiliar with this type of assessment. Patient dissatisfaction can often be the result of prolonged wait times and delays in receiving care at the scheduled appointment time. One method for evaluating appropriate scheduling of various appointment types is to measure the amount of time it

takes to complete the scheduled visit. This type of monitoring will allow providers to identify if adequate time is being scheduled for each appointment type and if appropriate changes can be made to scheduling templates to ensure patients are receiving prompt, adequate care. Patient wait times for routine appointments should also be recorded and monitored to ensure that scheduling can be optimized to minimize these wait times. Additionally, by measuring the amount of time it takes to provide care, both health plans and physician offices' can identify where streamlining opportunities exist. If providers are finding bottlenecks within their patient flow processes, they may consider implementing daily staff huddles to improve communication or working in teams with cross-functionalities to increase staff responsibility and availability.

Direct Patient Feedback

Health plans can explore additional methods for obtaining direct patient feedback to improve patient satisfaction, such as comment cards. Comment cards have been utilized and found to be a simple method for engaging patients 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 patients following their visit. Comment cards can be provided to patients with their office visit discharge paperwork or via postal mail or e-mail. Asking patients to describe what they liked most about the care they 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 patient 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-Patient Communication

Health plans should encourage physician-patient communication to improve patient satisfaction and outcomes. Indicators of good physician-patient communication include providing clear explanations, listening carefully, and being understanding of patients' perspectives. Health plans can also create specialized workshops focused on enhancing physicians' communication skills, relationship building, and the importance of physician-patient communication. Training sessions can include topics such as improving listening techniques, patient-centered interviewing skills, collaborative communication which involves allowing the patient to discuss and share in the decision making process, 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-patient communication. Examples of effective tools include visual medication schedules and the "Teach Back" method, which has patients communicate back the information the physician has provided.

Improving Shared Decision Making

Health plans should encourage skills training in shared decision making for all physicians. Implementing an environment of shared decision making and physician-patient collaboration requires physician recognition that patients have the ability to make choices that affect their health care. Therefore, one key to a successful shared decision making model is ensuring that physicians are properly trained. Training should focus on providing physicians with the skills necessary to facilitate the shared decision making process; ensuring that physicians understand the importance of taking each patient's values into consideration; and understanding patients' preferences and needs. Effective and efficient training methods include seminars and workshops.

Rating of Specialist Seen Most Often

Table 6-10 and Table 6-11 show the priority assignments for the Rating of Specialist Seen Most Often measure for the adult and child populations, respectively.

Table 6-10
Rating of Specialist Seen Most Often
Acute Care Adult Priority Assignments

Contractor Name	NCQA Comparisons (Star Ratings)	Priority Assignment
Arizona Physicians IPA	★★★★★	Low
Bridgeway Health Solutions	★★★	Moderate
Care 1st Health Plan of Arizona	★	Top
Health Choice Arizona	★	Top
Maricopa Health Plan	★★★	Moderate
Mercy Care Plan	★★★	Moderate
Phoenix Health Plan	★★★★	Low
University Family Care	★★★★★	Low

Table 6-11
Rating of Specialist Seen Most Often
Acute Care Child Priority Assignments

Contractor Name	NCQA Comparisons (Star Ratings)	Priority Assignment
Arizona Physicians IPA	★★★★★	Low
Bridgeway Health Solutions	★*	Top
Care 1st Health Plan of Arizona	★★★★★*	Low
DES/CMDP	★★*	High
Health Choice Arizona	★★★★*	Low
Maricopa Health Plan	★★★★*	Low
Mercy Care Plan	★★★★*	Low
Phoenix Health Plan	★★★★★	Low
University Family Care	★★★*	Moderate

In order to improve the overall performance on the Rating of Specialist Seen Most Often global rating, QI activities should target planned visit management, skills training, and telemedicine.

Planned Visit Management

Health plans should work with providers to encourage the implementation of systems that enhance the efficiency and effectiveness of specialist care. For example, by identifying patients with chronic conditions that have routine appointments, a reminder system could be implemented to ensure that these patients are receiving the appropriate attention at the appropriate time. This triggering system could be used by staff to prompt general follow-up contact or specific interaction with patients to ensure they have necessary tests completed before an appointment or various other prescribed reasons. For example, after a planned visit, follow-up contact with patients could be scheduled within the reminder system to ensure patients understood all information provided to them and/or to address any questions they may have.

Skills Training for Specialists

Health plans can create specialized workshops or seminars that focus on training specialists in the skills they need to effectively communicate with patients to improve physician-patient communication. Training seminars can include sessions for improving communication skills with different cultures and handling challenging patient encounters. In addition, workshops can use case studies to illustrate the importance of communicating with patients and offer insight into specialists' roles as both managers of care and educators of patients. According to a 2009 review of more than 100 studies published in the journal *Medical Care*, patients' adherence to recommended treatments and management of chronic conditions is 12 percent higher when providers receive training in communication skills. By establishing skills training for specialists, health plans can not only improve the quality of care delivered to its members but also their potential health outcomes.

Telemedicine

Health plans may want to explore the option of telemedicine with their provider networks to address issues with provider access in certain geographic areas. Telemedicine models allow for the use of electronic communication and information technologies to provide specialty services to patients in varying locations. Telemedicine such as live, interactive videoconferencing allows providers to offer care from a remote location. Physician specialists located in urban settings can diagnose and treat patients in communities where there is a shortage of specialists. Telemedicine consultation models allow for the local provider to both present the patient at the beginning of the consult and to participate in a case conference with the specialist at the end of the teleconference visit. Furthermore, the local provider is more involved in the consultation process and more informed about the care the patient is receiving.

Composite Measures

Getting Needed Care

Table 6-12 and Table 6-13 show the priority assignments for the Getting Needed Care measure for the adult and child populations, respectively.

Table 6-12
Getting Needed Care
Acute Care Adult Priority Assignments

Contractor Name	NCQA Comparisons (Star Ratings)	Priority Assignment
Arizona Physicians IPA	★★★★	Low
Bridgeway Health Solutions	★★★	Moderate
Care 1st Health Plan of Arizona	★★	High
Health Choice Arizona	★★★	Moderate
Maricopa Health Plan	★★★★	Low
Mercy Care Plan	★★★	Moderate
Phoenix Health Plan	★★	High
University Family Care	★★★★	Low

Table 6-13
Getting Needed Care
Acute Care Child Priority Assignments

Contractor Name	NCQA Comparisons (Star Ratings)	Priority Assignment
Arizona Physicians IPA	★★★★★	Low
Bridgeway Health Solutions	★★★	Moderate
Care 1st Health Plan of Arizona	★★★	Moderate
DES/CMDP	★★★★★	Low
Health Choice Arizona	★★★	Moderate
Maricopa Health Plan	★★★★	Low
Mercy Care Plan	★★★	Moderate
Phoenix Health Plan	★★★	Moderate
University Family Care	★★★★	Low

In order to improve members' satisfaction under the Getting Needed Care measure, QI activities should target appropriate health care providers, providing interactive workshops, "max-packing," language concordance programs, and streamlining the referral process.

Appropriate Health Care Providers

Health plans should ensure that patients are receiving care from physicians most appropriate to treat their condition. Tracking patients to ascertain they are receiving effective, necessary care from those appropriate health care providers is imperative to assessing quality of care. Health plans should actively attempt to match patients with appropriate health care providers and engage providers in their efforts to ensure appointments are scheduled for patients to receive care in a timely manner. These efforts can lead to improvements in quality, timeliness, and patients' overall access to care.

Interactive Workshops

Health plans should engage in promoting health education, health literacy, and preventive health care amongst their membership. Increasing patients' health literacy and general understanding of their health care needs can result in improved health. Health plans can develop community-based interactive workshops and educational materials to provide information on general health or specific needs. Free workshops can vary by topic (e.g., women's health, specific chronic conditions) to address and inform the needs of different populations. Access to health assessments also can assist health plans in promoting patient health awareness and preventive health care efforts.

"Max-Packing"

Health plans can assist providers in implementing strategies within their system that allow for as many of the patient's needs to be met during one office visit when feasible; a process call "max packing." "Max-packing" is a model designed to maximize each patient's office visit, which in many cases eliminates the need for extra appointments. Max-packing strategies could include using a checklist of preventive care services to anticipate the patient's future medical needs and guide the process of taking care of those needs during a scheduled visit, whenever possible. Processes also could be implemented wherein staff review the current day's appointment schedule for any future appointments a patient may have. For example, if a patient is scheduled for their annual physical in the fall and a subsequent appointment for a flu vaccination, the current office visit could be used to accomplish both eliminating the need for a future appointment. Health plans should encourage the care of a patient's future needs during a visit and determine if, and when, future follow-up is necessary.

Language Concordance Programs

Health plans should make an effort to match patients with physicians who speak their preferred language. Offering incentives for physicians to become fluent in another language, in addition to recruiting bilingual physicians, is important since such physicians typically are not readily available. Matching patients to physicians who speak their language can significantly improve the health care experience and quality of care for patients. Patients who can communicate with their physician are more informed about their health issues and are able to make deliberate choices about an appropriate course of action. By increasing the availability of language-concordant physicians, patients with limited English proficiency can schedule more frequent visits with their physicians and are better able to manage health conditions.

Referral Process

Streamlining the referral process allows health plan 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 patient 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. This may be determined by referral frequency. 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, patients, and providers) in a timely manner.

Getting Care Quickly

Table 6-14 and Table 6-15 show the priority assignments for the Getting Care Quickly measure for the adult and child populations, respectively.

Table 6-14
Getting Care Quickly
Acute Care Adult Priority Assignments

Contractor Name	NCQA Comparisons (Star Ratings)	Priority Assignment
Arizona Physicians IPA	★★★	Moderate
Bridgeway Health Solutions	★★★	Moderate
Care 1st Health Plan of Arizona	★★	High
Health Choice Arizona	★★	High
Maricopa Health Plan	★★	High
Mercy Care Plan	★	Top
Phoenix Health Plan	★★	High
University Family Care	★★	High

Table 6-15
Getting Care Quickly
Acute Care Child Priority Assignments

Contractor Name	NCQA Comparisons (Star Ratings)	Priority Assignment
Arizona Physicians IPA	★★	High
Bridgeway Health Solutions	★★★	Moderate
Care 1st Health Plan of Arizona	★	Top
DES/CMDP	★★★★★	Low
Health Choice Arizona	★★	High
Maricopa Health Plan	★	Top
Mercy Care Plan	★★	High
Phoenix Health Plan	★★★	Moderate
University Family Care	★★★	Moderate

In order to improve members' satisfaction under the Getting Care Quickly measure, QI activities should target decreasing no-show appointments, electronic communication, nurse advice help lines, open access scheduling, and patient flow.

Decrease No-Show Appointments

Studies have indicated that reducing the demand for unnecessary appointments and increasing availability of physicians can result in decreased no-shows and improve members' perceptions of timely access to care. Health plans can assist providers in examining patterns related to no-show appointments in order to determine the factors contributing to patient no-shows. For example, it might be determined that only a small percentage of the physicians' patient population accounts for no-shows. Thus, further analysis could be conducted on this targeted patient population to determine if there are specific contributing factors (e.g., lack of transportation). Additionally, an analysis of the specific types of appointments that are resulting in no-shows could be conducted. Some findings have shown that follow-up visits account for a large percentage of no-shows. Thus, the health plan can assist providers in re-examining their return visit patterns and eliminate unnecessary follow-up appointments or find alternative methods to conduct follow-up care (e.g., telephone and/or e-mail follow-up). Additionally, follow-up appointments could be conducted by another health care professional such as nurse practitioners or physician assistants.

Electronic Communication

Health plans should encourage the use of electronic communication where appropriate. Electronic forms of communication between patients and providers can help alleviate the demand for in-person visits and provide prompt care to patients that may not require an appointment with a physician. Electronic communication can also be used when scheduling appointments, requesting referrals, providing prescription refills, answering patient questions, educating patients on health topics, and disseminating lab results. An online patient portal can aid in the use of electronic communication and provide a safe, secure location where patients and providers can communicate. It should be noted that Health Insurance Portability and Accountability Act (HIPAA) regulations must be carefully reviewed when implementing this form of communication.

Nurse Advice Help Line

Health plans can establish a nurse advice help line to direct members to the most appropriate level of care for their health problem. Members unsure if their health problem requires immediate care or a physician visit can be directed to the help line where nurses can assess their situation and provide advice for receiving care and/or offer steps they can take to manage symptoms of minor conditions. Additionally, a 24-hour help line can improve members' perceptions of getting care quickly by providing quick, easy access to the resources and expertise of clinical staff.

Open Access Scheduling

Health plans should encourage providers to explore open access scheduling. An open access scheduling model can be used to match the demand for appointments with physician supply. This type of scheduling model allows for appointment flexibility and for patients to receive same-day appointments. Instead of booking appointments weeks or months in advance, an open access scheduling model includes leaving part of a physician's schedule open for same-day appointments. Open access scheduling has been shown to have the following benefits: 1) reduces delays in patient care; 2) increases continuity of care; and 3) decreases wait times and number of no-shows resulting in cost savings.

Patient Flow Analysis

Health plans should request that all providers monitor patient flow. The health plans could provide instructions and/or assistance to those providers that are unfamiliar with this type of evaluation. Dissatisfaction with timely care is often a result of bottlenecks and redundancies in the administrative and clinical patient flow processes (e.g., diagnostic tests, test results, treatments, hospital admission, and specialty services). To address these problems, it is necessary to identify these issues and determine the optimal resolution. One method that can be used to identify these problems is to conduct a patient flow analysis. A patient flow analysis involves tracking a patient's experience throughout a visit or clinical service (i.e., the time it takes to complete various parts of the visit/service). Examples of steps that are tracked include wait time at check-in, time to complete check-in, wait time in waiting room, wait time in exam room, and time with provider. This type of analysis can help providers identify "problem" areas, including steps that can be eliminated or steps that can be performed more efficiently.

How Well Doctors Communicate

Table 6-16 and Table 6-17 show the priority assignments for the How Well Doctors Communicate measure for the adult and child populations, respectively.

Table 6-16
How Well Doctors Communicate
Acute Care Adult Priority Assignments

Contractor Name	NCQA Comparisons (Star Ratings)	Priority Assignment
Arizona Physicians IPA	★★★★	Low
Bridgeway Health Solutions	★★★★	Low
Care 1st Health Plan of Arizona	★★★	Moderate
Health Choice Arizona	★★	High
Maricopa Health Plan	★★	High
Mercy Care Plan	★★	High
Phoenix Health Plan	★★	High
University Family Care	★★★★	Low

Table 6-17
How Well Doctors Communicate
Acute Care Child Priority Assignments

Contractor Name	NCQA Comparisons (Star Ratings)	Priority Assignment
Arizona Physicians IPA	★★★	Moderate
Bridgeway Health Solutions	★★★	Moderate
Care 1st Health Plan of Arizona	★	Top
DES/CMDP	★★★★	Low
Health Choice Arizona	★	Top
Maricopa Health Plan	★	Top
Mercy Care Plan	★★★	Moderate
Phoenix Health Plan	★★	High
University Family Care	★★★	Moderate

In order to improve members' satisfaction under the How Well Doctors Communicate measure, QI activities should focus on communication tools, improving health literacy, and language barriers.

Communication Tools for Patients

Health plans can encourage patients to take a more active role in the management of their health care by providing them with the necessary tools to effectively communicate with physicians. This can include items such as "visit preparation" handouts, sample symptom logs, and health care goals and action planning forms that facilitate physician-patient communication. Furthermore, educational literature and information on medical conditions specific to their needs can encourage patients to communicate with their physicians any questions, concerns, or expectations they may have regarding their health care and/or treatment options.

Improve Health Literacy

Often health information is presented to patients in a manner that is too complex and technical, which can result in patient inadherence and poor health outcomes. To address this issue, health plans should consider revising existing and creating new print materials that are easy to understand based on patients' needs and preferences. Materials such as patient consent forms and disease education materials on various conditions can be revised and developed in new formats to aid patients' understanding of the health information that is being presented. Further, providing training for health care workers on how to use these materials with their patients and ask questions to gauge patient understanding can help improve patients' level of satisfaction with provider communication.

Additionally, health literacy coaching can be implemented to ease the inclusion of health literacy into physician practice. Health plans can offer a full-day workshop where physicians have the opportunity to participate in simulation training resembling the clinical setting. Workshops also provide an opportunity for health plans to introduce physicians to the *AHRQ Health Literacy Universal Precautions Toolkit*, which can serve as a reference for devising health literacy plans.

Language Barriers

Health plans can consider hiring interpreters that serve as full-time time staff members at provider offices with a high volume of non-English speaking patients to ensure accurate communication amongst patients and physicians. Offering an in-office, interpretation service promotes the development of relationships between the patient and family members with their physician. With an interpreter present to translate, the physician will have a more clear understanding of how to best address the appropriate health issues and the patient will feel more at ease. Having an interpreter on site is also more time efficient for both the patient and physician, allowing the physician to stay on schedule.

Customer Service

Table 6-18 and Table 6-19 show the priority assignments for the Customer Service measure for the adult and child populations, respectively.

Table 6-18
Customer Service
Acute Care Adult Priority Assignments

Contractor Name	NCQA Comparisons (Star Ratings)	Priority Assignment
Arizona Physicians IPA	★★★★	Low
Bridgeway Health Solutions	★★★	Moderate
Care 1st Health Plan of Arizona	★★★★	Low
Health Choice Arizona	★★★	Moderate
Maricopa Health Plan	★★★★★	Low
Mercy Care Plan	★★★★	Low
Phoenix Health Plan	★★★★★	Low
University Family Care	★★★★★	Low

Table 6-19
Customer Service
Acute Care Child Priority Assignments

Contractor Name	NCQA Comparisons (Star Ratings)	Priority Assignment
Arizona Physicians IPA	★★★★	Low
Bridgeway Health Solutions	★★★★	Low
Care 1st Health Plan of Arizona	★★★★	Low
DES/CMDP	★★★★★*	Low
Health Choice Arizona	★★★	Moderate
Maricopa Health Plan	★★★★	Low
Mercy Care Plan	★★★★	Low
Phoenix Health Plan	★★★★★	Low
University Family Care	★★★★	Low

In order to improve members' satisfaction under the Customer Service measure, QI activities should focus on evaluating call centers, customer service training programs, and performance measures.

Call Centers

An evaluation of current health plan call center hours and practices can be conducted to determine if the hours and resources meet members' needs. If it is determined that the call center is not meeting members' needs, an after-hours customer service center can be implemented to assist members after normal business hours and/or on weekends. Additionally, asking members to complete a short survey at the end of each call can assist in determining if members are getting the help they need and identify potential areas for customer service improvement.

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 patient 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 patient interactions 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.

Customer Service Performance Measures

Setting plan-level customer service standards can assist in addressing areas of concern and serve as domains for which health plans can evaluate and modify internal customer service performance measures, such as call center representatives' call abandonment rates (i.e., average rate of disconnects), the amount of time it takes to resolve a member's inquiry about prior authorizations, and the number of member complaints. Collected measures should be communicated with providers and staff members. Additionally, by tracking and reporting progress internally and modifying measures as needed, customer service performance is more likely to improve.

Accountability and Improvement of Care

Although the administration of the CAHPS survey takes place at the Contractor level, the accountability for the performance lies at both the Contractor and provider network level. Table 6-20 provides a summary of the responsible parties for various aspects of care.[6-3]

Table 6-20—Accountability for Areas of Care

Domain	Composite	Who Is Accountable?	
		Contractor	Provider Network
Access	Getting Needed Care	✓	✓
	Getting Care Quickly		✓
Interpersonal Care	How Well Doctors Communicate		✓
	Shared Decision Making		✓
Plan Administrative Services	Customer Service	✓	
Personal Doctor			✓
Specialist			✓
All Health Care		✓	✓
Health Plan		✓	

Although performance on some of the global ratings and composite measures may be driven by the actions of the provider network, the Contractor can still play a major role in influencing the performance of provider groups through intervention and incentive programs.

Those measures identified for the Acute Care Contractors that exhibited low performance suggest that additional analysis may be required to identify what is truly causing low performance in these areas. Methods that could be used include:

- Conducting a correlation analysis to assess if specific issues are related to overall ratings (i.e., those question items or composites that are predictors of rating scores).
- Drawing on the analysis of population sub-groups (e.g., health status, race, age) to determine if there are client groups that tend to have lower levels of satisfaction (see Tab and Banner Book).
- Using other indicators to supplement CAHPS data such as member complaints/grievances, feedback from staff, and other survey data.
- Conducting focus groups and interviews to determine what specific issues are causing low satisfaction ratings.

After identification of the specific problem(s), then necessary QI activities could be developed. However, the methodology for QI activity development should follow a cyclical process (e.g., Plan-Do-Study-Act [PDSA]) that allows for testing and analysis of interventions in order to assure that the desired results are achieved.

[6-3] Edgman-Levitan S, Shaller D, McInnes K, et al. *The CAHPS® Improvement Guide: Practical Strategies for Improving the Patient Care Experience.* Department of Health Care Policy Harvard Medical School, October 2003.

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.

AHRQ Health Care Innovations Exchange Web site. *Expanding Interpreter Role to Include Advocacy and Care Coordination Improves Efficiency and Leads to High Patient and Provider Satisfaction*. Available at: http://www.innovations.ahrq.gov/content.aspx?id=2726. Accessed on: November 20, 2013.

AHRQ Health Care Innovations Exchange Web site. *Interactive Workshops Enhance Access to Health Education and Screenings, Improve Outcomes for Low-Income and Minority Women*. Available at: http://www.innovations.ahrq.gov/content.aspx?id=2605. Accessed on: November 20, 2013.

AHRQ Health Care Innovations Exchange Web site. *Online Tools and Services Activate Plan Enrollees and Engage Them in Their Care, Enhance Efficiency, and Improve Satisfaction and Retention*. Available at: http://www.innovations.ahrq.gov/content.aspx?id=2133. Accessed on: November 20, 2013.

AHRQ Health Care Innovations Exchange Web site. *Physician Incentives, Targeted Recruitment, and Patient Matching Enhance Access to Language-Concordant Physicians for Patients With Limited English Proficiency.* Available at: http://www.innovations.ahrq.gov/content.aspx?id=2792. Accessed on: November 20, 2013.

AHRQ Health Care Innovations Exchange Web site. *Program Makes Staff More Sensitive to Health Literacy and Promotes Access to Understandable Health Information.* Available at: http://www.innovations.ahrq.gov/content.aspx?id=1855. Accessed on: November 20, 2013.

AHRQ Health Care Innovations Exchange Web site. *Program to Engage Employees in Quality Improvements Increases Patient and Employee Satisfaction and Reduces Staff Turnover.* Available at: http://www.innovations.ahrq.gov/content.aspx?id=2907. Accessed on: November 20, 2013.

American Academy of Pediatrics Web site. *Quality Improvement: Open Access Scheduling*. Available at: http://www.aap.org/en-us/professional-resources/practice-support/quality-improvement/Pages/Quality-Improvement-Open-Access-Scheduling.aspx. Accessed on: November 20, 2013.

Backer LA. Strategies for better patient flow and cycle time. *Family Practice Management*. 2002; 9(6): 45-50. Available at: http://www.aafp.org/fpm/20020600/45stra.html. Accessed on: November 20, 2013.

Barrier PA, Li JT, Jensen NM. Two Words to Improve Physician-Patient Communication: What Else? *Mayo Clinic Proceedings*. 2003; 78: 211-214. Available at: http://download.journals.elsevierhealth.com/pdfs/journals/0025-6196/PIIS0025619611625524.pdf. Accessed on: November 20, 2013.

Berwick DM. A user's manual for the IOM's 'Quality Chasm' report. *Health Affairs*. 2002; 21(3): 80-90.

Bonomi AE, Wagner EH, Glasgow RE, et al. Assessment of chronic illness care (ACIC): a practical tool to measure quality improvement. *Health Services Research*. 2002; 37(3): 791-820.

Camp R, Tweet AG. Benchmarking applied to health care. *Joint Commission Journal on Quality Improvement*. 1994; 20: 229-238.

Edgman-Levitan S, Shaller D, McInnes K, et al. *The CAHPS® Improvement Guide: Practical Strategies for Improving the Patient Care Experience.* Department of Health Care Policy Harvard Medical School, October 2003.

Flores G. Language barriers to health care in the United States. *The New England Journal of Medicine*. 2006; 355(3): 229-31.

Fong Ha J, Longnecker N. Doctor-patient communication: a review. *The Ochsner Journal*. 2010; 10(1): 38-43. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3096184/pdf/i1524-5012-10-1-38.pdf. Accessed on: November 20, 2013.

Fottler MD, Ford RC, Heaton CP. *Achieving Service Excellence: Strategies for Healthcare (Second Edition)*. Chicago, IL: Health Administration Press; 2010.

Fraenkel L, McGraw S. What are the Essential Elements to Enable Patient Participation in Decision Making? *Society of General Internal Medicine*. 2007; 22: 614-619.

Garwick AW, Kohrman C, Wolman C, et al. Families' recommendations for improving services for children with chronic conditions. *Archives of Pediatric and Adolescent Medicine*. 1998; 152(5): 440-8.

Gerteis M, Edgman-Levitan S, Daley J. *Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care*. San Francisco, CA: Jossey-Bass; 1993.

Grumbach K, Selby JV, Damberg C, et al. Resolving the gatekeeper conundrum: what patients value in primary care and referrals to specialists. *Journal of the American Medical Association*. 1999; 282(3): 261-6.

Houck S. *What Works: Effective Tools & Case Studies to Improve Clinical Office Practice*. Boulder, CO: HealthPress Publishing; 2004.

Institute for Healthcare Improvement Web site. *Decrease Demand for Appointments*. Available at: http://www.ihi.org/knowledge/Pages/Changes/DecreaseDemandfor Appointments.aspx. Accessed on: November 20, 2013.

Institute for Healthcare Improvement Web site. *Office Visit Cycle Time*. Available at: http://www.ihi.org/knowledge/Pages/Measures/OfficeVisitCycleTime.aspx. Accessed on: November 20, 2013.

Institute for Healthcare Improvement Web site. *Reduce Scheduling Complexity: Maintain Truth in Scheduling*. Available at: http://www.ihi.org/knowledge/Pages/Changes/ReduceSchedulingComplexity.aspx. Accessed on: November 20, 2013.

Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press; 2001.

Keating NL, Green DC, Kao AC, et al. How are patients' specific ambulatory care experiences related to trust, satisfaction, and considering changing physicians? *Journal of General Internal Medicine*. 2002; 17(1): 29-39.

Korsch BM, Harding C. *The Intelligent Patient's Guide to the Doctor-Patient Relationship: Learning How to Talk So Your Doctor Will Listen*. New York, NY: Oxford University Press; 1998.

Landro L. The Talking Cure for Health Care. *The Wall Street Journal*. 2013. Available at: http://online.wsj.com/article/SB10001424127887323628804578346223960774296.html. Accessed on: November 20, 2013.

Langley GJ, Nolan KM, Norman CL, et al. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*. San Francisco, CA: Jossey-Bass; 1996.

Leebov W, Scott G. *Service Quality Improvement: The Customer Satisfaction Strategy for Health Care*. Chicago, IL: American Hospital Publishing, Inc.; 1994.

Leebov W, Scott G, Olson L. *Achieving Impressive Customer Service: 7 Strategies for the Health Care Manager*. San Francisco, CA: Jossey-Bass; 1998.

Maly RC, Bourque LB, Engelhardt RF. A randomized controlled trial of facilitating information given to patients with chronic medical conditions: Effects on outcomes of care. *Journal of Family Practice*. 1999; 48(5): 356-63.

Molnar C. Addressing challenges, creating opportunities: fostering consumer participation in Medicaid and Children's Health Insurance managed care programs. *Journal of Ambulatory Care Management*. 2001; 24(3): 61-7.

Murray M. Reducing waits and delays in the referral process. *Family Practice Management*. 2002; 9(3): 39-42. Available at: http://www.aafp.org/fpm/2002/0300/p39.html. Accessed on: November 20, 2013.

Murray M, Berwick DM. Advanced access: reducing waiting and delays in primary care. *Journal of the American Medical Association*. 2003; 289(8): 1035-40.

Nelson AM, Brown SW. *Improving Patient Satisfaction Now: How to Earn Patient and Payer Loyalty*. New York, NY: Aspen Publishers, Inc.; 1997.

Plott B. 5 Tips for Improving Communication with Your Patients. *Medical CME Conferences: Continuing Medical Education for Primary Care Physicians*. Available at: http://www.medicalcmeconferences.com/5-tips-for-improving-communication-with-your-patients/. Accessed on: November 20, 2013.

Quigley D, Wiseman S, Farley D. Improving Performance For Health Plan Customer Service: A Case Study of a Successful CAHPS Quality Improvement Intervention. Rand Health Working Paper; 2007. Available at: http://www.rand.org/pubs/working_papers/WR517. Accessed on: November 20, 2013.

Reinertsen JL, Bisognano M, Pugh MD. *Seven Leadership Leverage Points for Organization-Level Improvement in Health Care* (*Second Edition*). Cambridge, MA: Institute for Healthcare Improvement; 2008.

Schaefer J, Miller D, Goldstein M, et al. *Partnering in Self-Management Support: A Toolkit for Clinicians*. Cambridge, MA: Institute for Healthcare Improvement; 2009. Available at: http://www.improvingchroniccare.org/downloads/selfmanagement_support_toolkit_for_clinicians_2012_update.pdf. Accessed on: November 20, 2013.

Spicer J. Making patient care easier under multiple managed care plans. *Family Practice Management*. 1998; 5(2): 38-42, 45-8, 53.

Stevenson A, Barry C, Britten N, et al. Doctor-patient communication about drugs: the evidence for shared decision making. *Social Science & Medicine*. 2000; 50: 829-840.

Wasson JH, Godfrey MM, Nelson EC, et al. Microsystems in health care: Part 4. Planning patient-centered care. *Joint Commission Journal on Quality and Safety*. 2003; 29(5): 227-237. Available at: http://howsyourhealth.com/html/CARE.pdf. Accessed on: November 20, 2013.

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 instruments selected were the CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set and 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 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.[7-1] In 2002, AHRQ convened the CAHPS Instrument Panel to re-evaluate and update the CAHPS Health Plan Surveys and to improve the state-of-the-art methods for assessing members' experiences with care.[7-2] The result of this re-evaluation and update process was the development of the CAHPS 3.0H Health Plan Surveys. The goal of the CAHPS 3.0H Health Plan Surveys was to effectively and efficiently obtain information from the person receiving care. In 2006, AHRQ released the CAHPS 4.0 Health Plan Surveys. Based on the CAHPS 4.0 versions, NCQA introduced new HEDIS versions of the Adult Health Plan Survey in 2007 and the Child Health Plan Survey in 2009, which are referred to as the CAHPS 4.0H Health Plan Surveys.[7-3,7-4] In 2012, AHRQ released the CAHPS 5.0 Health Plan Surveys. Based on the CAHPS 5.0 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys in August 2012, which are referred to as the CAHPS 5.0H Health Plan Surveys.[7-5]

The sampling and data collection procedures for the CAHPS 5.0 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.

[7-1] National Committee for Quality Assurance. *HEDIS® 2002*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2001.
[7-2] National Committee for Quality Assurance. *HEDIS® 2003*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2002.
[7-3] National Committee for Quality Assurance. *HEDIS® 2007*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2006.
[7-4] National Committee for Quality Assurance. *HEDIS® 2009*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2008.
[7-5] National Committee for Quality Assurance. *HEDIS® 2013*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2012.

The CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 57 core questions that yield 11 measures of satisfaction. 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 (included in the CAHPS Child Survey only). 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").

Table 7-1 lists the global ratings, composite measures, individual item measures, and CCC composites/items included in the CAHPS 5.0 Adult and Child Medicaid Health Plan Surveys.

Table 7-1
CAHPS Measures

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

Sampling Procedures

The members eligible for sampling included those who were Acute Care members at the time the sample was drawn and who were continuously enrolled for at least five of the last six months (July through December) of 2012. The adult members eligible for sampling included those who were 18 years of age or older (as of December 31, 2012). The child members eligible for sampling included those who were 17 years of age or younger (as of December 31, 2012).[7-6]

For the CAHPS 5.0 Adult Medicaid Health Plan Survey, the standard NCQA specifications for survey measures require a sample size of 1,350 members. For the Acute Care adult Medicaid population, a 30 percent oversample was performed, and a random sample of 1,755 adult members was selected from each participating Contractor's eligible adult Medicaid population.

[7-6] As previously noted, the age criteria for DES/CMDP child members eligible for inclusion in the CAHPS Child Medicaid Health Plan Survey was modified to include members up to 21 years of age as of December 31, 2012. Please note, this deviates from standard NCQA HEDIS specifications, which define eligible child members as 18 years of age or younger as of December 31 of the measurement year.

For the CAHPS 5.0 Child Medicaid Health Plan Survey with 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). From each participating Contractor's eligible child Medicaid population, a random 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, and a random sample of up to 1,840 child members with a prescreen code of 2, which represents the population of children who are more likely to have a chronic condition (i.e., CCC supplemental sample), was selected. However, five Contractors did not meet the CCC supplemental sample; therefore, less than 3,490 child members were selected.

Survey Protocol

The CAHPS 5.0 Health Plan Survey process allows for two methods by which members can complete a survey. The first, or mail phase, consisted of a survey being mailed to all sampled members. For the Acute Care program, 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 members that they could call the toll-free number to request a Spanish version of the CAHPS questionnaire. The cover letter provided with the Spanish version of the CAHPS questionnaire included a text box with a toll-free number that members could call to request a survey in another language (i.e., English). A reminder postcard was sent to all non-respondents, followed by a second survey mailing and reminder postcard. The second phase, or telephone phase, consisted of CATI of sampled members who had not mailed in a completed survey. A series of up to six CATI calls was made to each non-respondent. It has been shown that the addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a program's population.[7-7]

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

- Adult members who were 18 or older as of December 31, 2012.
- Child members who were 17 years of age or younger as of December 31, 2012.[7-8]
- Were currently enrolled in the Acute Care program.
- Had been continuously enrolled for at least five of the last six months of 2012.
- Had Medicaid as a payer.

HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. A random sample of records from each population was passed through the United States Postal Service's National Change of Address (NCOA) system to obtain new

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

[7-8] The age criteria for DES/CMDP child members eligible for inclusion in the CAHPS Child Medicaid Health Plan Survey was modified to include members up to 21 years of age as of December 31, 2012.

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. Following NCQA requirements, the survey samples were random samples with no more than one member being selected per household.

The specifications also require that the name of the plan appear in the questionnaires, letters, and postcards; that the letters and cards bear the signature of a high-ranking plan or state official; and that the questionnaire packages include a postage-paid reply envelope addressed to the organization conducting the surveys. HSAG followed these specifications.

Table 7-2 shows the CAHPS timeline used in the administration of the Acute Care program's CAHPS 5.0 Adult and Child Medicaid Health Plan Surveys. The timeline is based on NCQA HEDIS Specifications for Survey Measures.[7-9]

Table 7-2
CAHPS 5.0 Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to the member or parent/caretaker of the child member.	0 days
Send a postcard reminder to non-respondents four to 10 days after mailing the first questionnaire.	4 – 10 days
Send a second questionnaire (and letter) to non-respondents approximately 35 days after mailing the first questionnaire.	35 days
Send a second postcard reminder to non-respondents four to 10 days after mailing the second questionnaire.	39 – 45 days
Initiate CATI interviews for non-respondents approximately 21 days after mailing the second questionnaire.	56 days
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.	56 – 70 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 14 days after initiation.	70 days

[7-9] National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2012.

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 Acute Care. This section provides an overview of each analysis.

Response Rates

The administration of the CAHPS 5.0 Adult and Child Medicaid Health Plan Surveys are comprehensive and designed to achieve the highest possible response rate. NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.[7-10] A survey is assigned a disposition code of "completed" if at least one question is answered within the survey. Eligible members include the entire random sample (including any oversample) minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were deceased, were invalid (did not meet criteria described on page 7-3), had a language barrier, or were mentally or physically incapacitated (adult population only).

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

Member and Respondent Demographics

The demographic analysis evaluated self-reported and child 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 health plan, then caution must be exercised when extrapolating the CAHPS results to the entire population.

[7-10] National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2012.

NCQA Comparisons

An analysis of the Acute Care program's CAHPS 5.0 Adult and Child Medicaid Health Plan Survey results was conducted using NCQA HEDIS Specifications for Survey Measures.[7-11] Per these specifications, no weighting or case-mix adjustment is performed on the results. NCQA also requires a minimum of 100 responses on each item in order to report the item as a valid CAHPS Survey result; however, for purposes of this report, results are reported for a CAHPS measure even when the NCQA minimum reporting threshold of 100 respondents was not met. Therefore, caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

In order to perform the NCQA comparisons, a three-point mean score was determined for each CAHPS measure. The resulting three-point mean scores were compared to published NCQA Benchmarks and Thresholds to derive the overall member satisfaction ratings (i.e., star ratings) for each CAHPS measure, except for the Shared Decision Making composite, and Coordination of Care and Health Promotion and Education individual item measures. NCQA does not publish benchmarks and thresholds for these measures; therefore, star ratings could not be assigned. For detailed information on the derivation of three-point mean scores, please refer to *NCQA HEDIS 2013 Specifications for Survey Measures, Volume 3*.

Ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure using the following percentile distributions:

★★★★★	indicates a score at or above the 90th percentile
★★★★	indicates a score at or between the 75th and 89th percentiles
★★★	indicates a score at or between the 50th and 74th percentiles
★★	indicates a score at or between the 25th and 49th percentiles
★	indicates a score below the 25th percentile

[7-11] National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2012.

Table 7-3 and Table 7-4 show the adult and child Medicaid benchmarks and thresholds used to derive the overall member satisfaction ratings on each CAHPS measure, respectively.[7-12]

Table 7-3
Overall Adult Medicaid Member Satisfaction Ratings Crosswalk

Measure	90th Percentile	75th Percentile	50th Percentile	25th Percentile
Rating of Health Plan	2.54	2.46	2.40	2.32
Rating of All Health Care	2.41	2.37	2.31	2.25
Rating of Personal Doctor	2.57	2.51	2.46	2.42
Rating of Specialist Seen most Often	2.56	2.52	2.47	2.43
Getting Needed Care	2.43	2.35	2.28	2.18
Getting Care Quickly	2.48	2.44	2.40	2.33
How Well Doctors Communicate	2.64	2.58	2.54	2.48
Customer Service	2.55	2.47	2.42	2.34

Table 7-4
Overall Child Medicaid Member Satisfaction Ratings Crosswalk

Measure	90th Percentile	75th Percentile	50th Percentile	25th Percentile
Rating of Health Plan	2.67	2.62	2.57	2.51
Rating of All Health Care	2.59	2.57	2.52	2.49
Rating of Personal Doctor	2.69	2.65	2.62	2.58
Rating of Specialist Seen most Often	2.66	2.62	2.59	2.53
Getting Needed Care	2.50	2.45	2.36	2.29
Getting Care Quickly	2.69	2.66	2.61	2.54
How Well Doctors Communicate	2.75	2.72	2.68	2.63
Customer Service	2.58	2.51	2.46	2.40

Rates and Proportions

Rates and proportions were presented that compared member satisfaction performance between the Acute Care program and the 2012 NCQA Adult and Child Medicaid Averages, as applicable. For purposes of this analysis, 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.[7-13] The scoring of the global ratings, composite measures, individual item measures, and CCC composites and items involved assigning top-level responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-level responses was calculated in order to determine the question summary rates and global proportions. For additional detail, please refer to the *NCQA HEDIS 2013 Specifications for Survey Measures, Volume 3*.

[7-12] National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2013.* Washington, DC: NCQA, July 24, 2013.
[7-13] National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2012.

Plan Comparisons

Comparisons were performed to identify member satisfaction differences that were statistically different between the Acute Care Contractors. Two types of hypothesis tests were applied to the Acute Care comparative results. First, a global *F* test was calculated, which determined whether the difference between the Contractors' scores was significant.

The weighted score was:

$$\hat{\mu} = \left(\sum_p \hat{\mu}_p / \hat{V}_p\right) \Big/ \left(\sum_p 1/\hat{V}_p\right)$$

The *F* statistic was determined using the formula below:

$$F = \left(1/(P-1)\right)\sum_p \left(\hat{\mu}_p - \hat{\mu}\right)^2 / \hat{V}_p$$

The *F* statistic, as calculated above, had an *F* distribution with ($P-1$, q) degrees of freedom, where q was equal to n/P (i.e., the average number of respondents in a plan). Due to these qualities, this *F* test produced *p*-values that were slightly larger than they should have been; therefore, finding significant differences between Contractors was less likely. An alpha-level of 0.05 was used. If the *F* test demonstrated Contractor-level differences (i.e., $p < 0.05$), then a *t*-test was performed for each Contractor.

The *t*-test determined whether each Contractor's score was significantly different from the overall results of the other participating Contractors. The equation for the differences was as follows:

$$\Delta_p = \hat{\mu}_p - (1/P)\sum_{p'} \hat{\mu}_{p'} = \left((P-1)/P\right)\hat{\mu}_p - \sum_{p'}^{*} (1/P)\hat{\mu}_{p'}$$

In this equation, Σ^* was the sum of all Contractors except Contractor *p*.

The variance of Δ_p was:

$$\hat{V}\left(\Delta_p\right) = \left[(P-1)/P\right]^2 \hat{V}_p + 1/P^2 \sum_{p'} \hat{V}_p$$

The t statistic was $\Delta_p / \hat{V}\left(\Delta_p\right)^{1/2}$ and had a *t* distribution with $(n_p - 1)$ degrees of freedom. This statistic also produced *p*-values that were slightly larger than they should have been; therefore, finding significant differences between a Contractor *p* and the results of all other Acute Care Contractors was less likely.

Limitations and Cautions

The findings presented in this CAHPS 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.

Case-Mix Adjustment

As described in the demographics subsection, the demographics of a response group may impact member satisfaction. Therefore, differences in the demographics of the response group may impact CAHPS results. NCQA does not recommend case-mix adjusting CAHPS results to account for these differences.[7-14]

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 and may vary by Contractor. 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 the Acute Care Contractors. The survey by itself does not necessarily reveal the exact cause of these differences.

Baseline Results

It is important to note that in 2013, the Acute Care adult and child Medicaid populations were surveyed for the first time. The 2013 CAHPS results presented in the report represent a **baseline** assessment of members' and parents'/caretakers' satisfaction with the Acute Care program Contractors; therefore, caution should be exercised when interpreting results.

DES/CMDP

DES/CMDP contracts with AHCCCS to provide health care services to Arizona's children in foster care. As previously noted, the demographics of a response group may impact member satisfaction. As such, the potential differences in the demographics of this response group should be considering when interpreting the CAHPS results.

[7-14] Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008.* Rockville, MD: U.S. Department of Health and Human Services, July 2008.

8. Survey Instrument

The survey instrument selected for the 2013 Acute Care Adult Medicaid Member Satisfaction Survey was the CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set. The survey instrument selected for the 2013 Acute Care Child Medicaid Member Satisfaction Survey was the CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set. This section provides copies of the survey instruments.

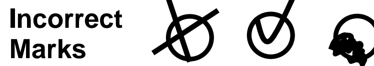
Your privacy is protected. All information that would let someone identify you or your family will be kept private. DataStat will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned the 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 ⬇

1. Our records show that you are now in [HEALTH PLAN NAME]. Is that right?

○ Yes ➔ ***Go to Question 3***
○ No

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

____

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you 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 you needed care right away, how often did you get care as soon as you needed?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?

- ○ Yes
- ○ No ➔ ***Go to Question 7***

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

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

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

- ○ Yes
- ○ No

9. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?

- ○ Yes
- ○ No ➔ ***Go to Question 13***

10. When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine?

- ○ Not at all
- ○ A little
- ○ Some
- ○ A lot

11. When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want to take a medicine?

- ○ Not at all
- ○ A little
- ○ Some
- ○ A lot

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

- ○ Yes
- ○ No

13. 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 health care in the last 6 months?

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

14. **In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?**

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

14a. **In the last 6 months, when a doctor or other health provider ordered a blood test, x-ray, or other test for you, how often did someone follow up to give you those results?**

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

14b. **In the last 6 months, did a doctor or other health provider talk with you about specific goals for your health?**

- ○ Yes
- ○ No

14c. **In the last 6 months, did a doctor or other health provider ask you if there are things that make it hard for you to take care of your health?**

- ○ Yes
- ○ No

14d. **In the last 6 months, did a doctor or other health provider ask you if there was a period of time when you felt sad, empty or depressed?**

- ○ Yes
- ○ No

YOUR PERSONAL DOCTOR

15. **A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?**

- ○ Yes
- ○ No ➔ ***Go to Question 24***

16. **In the last 6 months, how many times did you visit your personal doctor to get care for yourself?**

- ○ None ➔ ***Go to Question 23***
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

17. **In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?**

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

18. **In the last 6 months, how often did your personal doctor listen carefully to you?**

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

19. **In the last 6 months, how often did your personal doctor show respect for what you had to say?**

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

20. **In the last 6 months, how often did your personal doctor spend enough time with you?**

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

21. **In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?**

- ○ Yes
- ○ No ➔ ***Go to Question 23***

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

23. **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 personal doctor?**

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

GETTING HEALTH CARE FROM SPECIALISTS

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

24. **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 to see a specialist?

- ○ Yes
- ○ No ➔ ***Go to Question 28***

25. **In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?**

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

26. **How many specialists have you seen in the last 6 months?**

- ○ None ➔ ***Go to Question 28***
- ○ 1 specialist
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more specialists

27. **We want to know your rating of the specialist you 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

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

28. **In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?**

- ○ Yes
- ○ No ➔ ***Go to Question 30***

29. **In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?**

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

30. **In the last 6 months, did you get information or help from your health plan's customer service?**

- ○ Yes
- ○ No ➔ ***Go to Question 33***

31. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

33. In the last 6 months, did your health plan give you any forms to fill out?

- ○ Yes
- ○ No ➔ ***Go to Question 35***

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

35. 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 health plan?

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

ABOUT YOU

36. In general, how would you rate your overall health?

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

37. In general, how would you rate your overall <u>mental or emotional</u> health?

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

38. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- ○ Every day
- ○ Some days
- ○ Not at all ➔ ***Go to Question 42***
- ○ Don't know ➔ ***Go to Question 42***

39. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

40. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

41. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

42. Do you take aspirin daily or every other day?

- ○ Yes
- ○ No
- ○ Don't know

43. Do you have a health problem or take medication that makes taking aspirin unsafe for you?

- ○ Yes
- ○ No
- ○ Don't know

44. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?

- ○ Yes
- ○ No

45. Are you aware that you have any of the following conditions? Mark one or more.

- ○ High cholesterol
- ○ High blood pressure
- ○ Parent or sibling with heart attack before the age of 60

46. Has a doctor ever told you that you have any of the following conditions? Mark one or more.

- ○ A heart attack
- ○ Angina or coronary heart disease
- ○ A stroke
- ○ Any kind of diabetes or high blood sugar

47. In the last 6 months, did you get health care 3 or more times for the same condition or problem?

- ○ Yes
- ○ No ➔ ***Go to Question 49***

48. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

- ○ Yes
- ○ No

49. Do you now need or take medicine prescribed by a doctor? Do not include birth control.

- ○ Yes
- ○ No ➔ ***Go to Question 51***

50. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.

- ○ Yes
- ○ No

51. What is your age?

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

52. Are you male or female?

- ○ Male
- ○ Female

53. 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

54. Are you of Hispanic or Latino origin or descent?

- ○ Yes, Hispanic or Latino
- ○ No, Not Hispanic or Latino

55. What is your race? Mark one or more.

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

56. Did someone help you complete this survey?

- ○ Yes ➔ ***Go to Question 57***
- ○ No ➔ ***Thank you. Please return the completed survey in the postage-paid envelope.***

57. 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

Your privacy is protected. All information that would let someone identify you or your family will be kept private. DataStat will not share your personal information with anyone without your OK.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned the 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 <u>completely</u>. Use only <u>black or blue ink</u> or <u>dark pencil</u> 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. **When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want your child to take a medicine?**

    ○ Not at all
    ○ A little
    ○ Some
    ○ A lot

12. **When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want your child to take a medicine?**

    ○ Not at all
    ○ A little
    ○ Some
    ○ A lot

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?**

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

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Yes
○ No ➔ ***Go to Question 19***

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

○ Yes
○ No ➔ ***Go to Question 19***

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

○ Yes
○ No

SPECIALIZED SERVICES

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

○ Yes
○ No ➔ ***Go to Question 22***

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Yes
○ No

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

○ Yes
○ No ➔ ***Go to Question 25***

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Yes
○ No

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

○ Yes
○ No ➔ ***Go to Question 28***

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

○ Never
○ Sometimes
○ Usually
○ Always

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No ➔ ***Go to Question 30***

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

- ○ Yes
- ○ No

29a. How satisfied are you with the help you got to coordinate your child's care in the last 6 months?

- ○ Very dissatisfied
- ○ Dissatisfied
- ○ Neither dissatisfied nor satisfied
- ○ Satisfied
- ○ Very satisfied

YOUR CHILD'S PERSONAL DOCTOR

30. A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- ○ Yes
- ○ No ➔ ***Go to Question 45***

31. In the last 6 months, how many times did your child visit his or her personal doctor for care?

- ○ None ➔ ***Go to Question 41***
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

- ○ Yes
- ○ No ➔ ***Go to Question 37***

36. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for <u>your child</u> 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 ➔ ***Go to Question 41***

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 Personal Doctor Possible — Best Personal Doctor Possible

41a. Some doctor's offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders about your child's care between visits with your child's personal doctor?

- ○ Yes
- ○ No

41b. In the last 6 months, did your child's doctor or other health provider ask you if there are things that make it hard for you to take care of your child's health?

- ○ Yes
- ○ No

41c. In the last 6 months, did a doctor or other health provider talk with you about specific goals for your child's health?

- ○ Yes
- ○ No

42. Does your child have any medical, behavioral, or other health conditions that have lasted for more than <u>3 months</u>?

- ○ Yes
- ○ No ➔ ***Go to Question 45***

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 <u>family's</u> day-to-day life?

- ○ Yes
- ○ No

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do <u>not</u> 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

YOUR CHILD'S HEALTH PLAN

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

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

- ○ Yes
- ○ No ➔ ***Go to Question 52***

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

- ○ Yes
- ○ No ➔ ***Go to Question 54***

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

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

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

Worst Health Plan Possible — Best Health Plan Possible

PRESCRIPTION MEDICINES

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

- ○ Yes
- ○ No ➔ ***Go to Question 58***

56. **In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?**

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

57. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

- ○ Yes
- ○ No

ABOUT YOUR CHILD AND YOU

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

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

59. In general, how would you rate your child's overall mental or emotional health?

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

60. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

- ○ Yes
- ○ No ➔ ***Go to Question 63***

61. Is this because of any medical, behavioral, or other health condition?

- ○ Yes
- ○ No ➔ ***Go to Question 63***

62. Is this a condition that has lasted or is expected to last for at least 12 months?

- ○ Yes
- ○ No

63. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

- ○ Yes
- ○ No ➔ ***Go to Question 66***

64. Is this because of any medical, behavioral, or other health condition?

- ○ Yes
- ○ No ➔ ***Go to Question 66***

65. Is this a condition that has lasted or is expected to last for at least 12 months?

- ○ Yes
- ○ No

66. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

- ○ Yes
- ○ No ➔ ***Go to Question 69***

67. Is this because of any medical, behavioral, or other health condition?

- ○ Yes
- ○ No ➔ ***Go to Question 69***

68. Is this a condition that has lasted or is expected to last for at least 12 months?

- ○ Yes
- ○ No

69. Does your child need or get special therapy such as physical, occupational, or speech therapy?

- ○ Yes
- ○ No ➔ ***Go to Question 72***

70. Is this because of any medical, behavioral, or other health condition?

- ○ Yes
- ○ No ➔ ***Go to Question 72***

71. Is this a condition that has lasted or is expected to last for at least 12 months?

- ○ Yes
- ○ No

72. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?

- ○ Yes
- ○ No ➔ ***Go to Question 74***

73. Has this problem lasted or is it expected to last for at least 12 months?

- ○ Yes
- ○ No

74. What is your child's age?

- ○ Less than 1 year old
- ☐☐ YEARS OLD (write in)

75. Is your child male or female?

- ○ Male
- ○ Female

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

- ○ Yes, Hispanic or Latino
- ○ No, Not Hispanic or Latino

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

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

78. What is your age?

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

79. Are you male or female?

- ○ Male
- ○ Female

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

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

81. How are you related to the child?

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

82. Did someone help you complete this survey?

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

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

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

THANK YOU

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

9. CD

The accompanying CD includes all of the information from the Executive Summary, Survey Administration, Adult Results, General Child Results, CCC Results, Recommendations, Reader's Guide, and Survey Instrument sections of this report. The CD also contains electronic copies of comprehensive cross-tabulations (Tab and Banner Book) on each survey question for the Acute Care program and Contractors.

CD Contents

- Acute Care Program Adult and Child Medicaid CAHPS Report
- Acute Care Adult Medicaid Program Cross-tabulations (Tab and Banner Books)
- Acute Care Adult Medicaid Contractor-Specific Cross-tabulations (Tab and Banner Books)
- Acute Care Child Medicaid Program Cross-tabulations (Tab and Banner Books)
- Acute Care Child Medicaid Contractor-Specific Cross-tabulations (Tab and Banner Books)

Please note, the CD contents are in the form of an Adobe Acrobat portable document format (PDF) file. Internal PDF bookmarks can be used to navigate from section-to-section within the PDF file.