2017 FAMIS Program Member Satisfaction Report

Virginia Department of Medical Assistance Services (DMAS)

January 2018

HSAG HEALTH SERVICES ADVISORY GROUP

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Standard Terms and Definitions

- **AHRQ**—Agency for Healthcare Research and Quality
- **CAHPS®**—Consumer Assessment of Healthcare Providers and Systems[1-1]
- **CATI**—Computer Assisted Telephone Interviewing
- **CHIP**—Children's Health Insurance Program
- **CHIPRA**—Children's Health Insurance Program Reauthorization Act
- **CMS**—Centers for Medicare & Medicaid Services
- **HEDIS®**—Healthcare Effectiveness Data and Information Set[1-2]
- **NCQA**—National Committee for Quality Assurance
- **Global Ratings**—four measures that reflect overall satisfaction with the health plan, health care, personal doctors, and specialists (also referred to as global measures).
- **Composite Measures**—five measures comprised of sets of questions grouped together to address different aspects of care (e.g., "Getting Needed Care" and "Getting Care Quickly").
- **Individual Item Measures**—two individual survey questions that look at a specific area of care (i.e., "Coordination of Care" and "Health Promotion and Education").
- **Children with Chronic Conditions Composites/Items**—five measures that assess various aspects of care relevant to the population of children with chronic conditions (e.g., "Access to Specialized Services" and "Family-Centered Care [FCC]: Personal Doctor Who Knows Child").
- **Three-Point Mean Score**—method for evaluating CAHPS survey measure performance using a three-point scale scoring approach to calculate three-point means for each global rating, four composite measures, and one individual item measure.
- **Top-Box Rate**—method for evaluating CAHPS survey measure performance using "top-level" (i.e., positive) responses to calculate rates for each measure.
- **2017 NCQA Benchmarks and Thresholds for Accreditation**—publicly available NCQA benchmarks and thresholds used to compare calculated three-point means to NCQA three-point mean percentile distributions and derive overall member satisfaction ratings (i.e., star ratings).
- **2016 NCQA National Average**—proprietary NCQA Quality Compass® data used to compare calculated top-box rates to NCQA national average data.[1-3]

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 Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).

2. Executive Summary

Introduction

Annually, the Virginia Department of Medical Assistance Services (DMAS) requires the administration of member satisfaction surveys to Family Access to Medical Insurance Security (FAMIS) members receiving health care services through Fee-for-Service (FFS) or managed care. The member satisfaction surveys were conducted per the Centers for Medicare & Medicaid Services' (CMS') Consumer Assessment of Healthcare Providers and Systems (CAHPS®) reporting requirements under the Children's Health Insurance Program Reauthorization Act (CHIPRA).[2-1] DMAS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the CAHPS Health Plan Survey. The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and that will aid in improving overall member satisfaction.

The standardized survey instrument selected was the CAHPS 5.0 Child Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set and the Children with Chronic Conditions (CCC) measurement set.[2-2,2-3] In accordance with CMS' CHIPRA reporting requirements, the CAHPS survey was administered to a statewide sample of FAMIS members, representative of the entire population of children covered by Virginia's Title XXI program (i.e., Children's Health Insurance Program [CHIP] members in FFS or managed care). The parents and caretakers of child members from the FAMIS program completed the surveys from March to June 2017.

The CAHPS scoring approach recommended by the National Committee for Quality Assurance (NCQA) in *HEDIS Specifications for Survey Measures, Volume 3* was used to produce the CAHPS survey results presented throughout this report for the FAMIS program.[2-4] 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 the FAMIS program. The details of the CAHPS scoring methodology and analyses are described in the Reader's Guide section beginning on page 6-1.

2-1 CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

2-2 HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

2-3 In following with NCQA *HEDIS® 2017, Volume 3: Specifications for Survey Measures*, the survey instrument administered to the FAMIS program is not referred to as the "CAHPS 5.0H" survey. However, the CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item set selected and administered to the FAMIS program includes the same survey questions as the CAHPS 5.0H version of the survey.

2-4 National Committee for Quality Assurance. *HEDIS® 2017, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2016.

Performance Highlights

General Child Performance Highlights

The General Child Results section of this report details the CAHPS results for the FAMIS program's general child population. The following is a summary of the Child CAHPS performance highlights for the FAMIS program. The performance highlights are categorized into four areas of analysis performed for the general child population:

- NCQA Comparisons
- Trend Analysis
- Rates and Proportions
- Key Drivers of Satisfaction

NCQA Comparisons

For the general child population, overall member satisfaction ratings for four global ratings (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often), four composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service), and one individual item measure (Coordination of Care) were compared to NCQA's 2017 HEDIS Benchmarks and Thresholds for Accreditation.[2-5,2-6,2-7] This comparison resulted in ratings of one (★) to five (★★★★★) stars on these CAHPS measures, where one star is the lowest possible rating and five stars is the highest possible rating.[2-8] The detailed results of this comparative analysis are described in the General Child Results section beginning on page 4-1.

[2-5] National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2017*, Washington, DC: NCQA, May 4, 2017.

[2-6] NCQA does not provide separate Benchmarks and Thresholds for Accreditation for the CHIP population; therefore, NCQA's benchmarks and thresholds for the child Medicaid population were used to derive the overall member satisfaction ratings. As such, caution should be exercised when interpreting the results of the NCQA Comparisons analysis.

[2-7] NCQA does not publish Benchmarks and Thresholds for Accreditation for the children with chronic conditions population; therefore, the NCQA Comparisons analysis was limited to the general child population (i.e., NCQA comparisons could not be performed for the population of children with chronic conditions).

[2-8] NCQA does not publish Benchmarks and Thresholds for Accreditation for the Shared Decision Making composite measure, and Health Promotion and Education individual item measure; therefore, overall member satisfaction ratings could not be derived for these CAHPS measures.

Table 2-1 presents the highlights from the NCQA comparisons for the FAMIS program.

Table 2-1—FAMIS Program: NCQA Comparisons Highlights

Star Rating	Measure
★+	Coordination of Care
★+	Customer Service
★★	Getting Needed Care
★★★	Getting Care Quickly
★★★★	Rating of Health Plan
★★★★	How Well Doctors Communicate
★★★★★	Rating of All Health Care
★★★★★	Rating of Personal Doctor
★★★★★+	Rating of Specialist Seen Most Often

Star Assignments Based on Percentiles

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

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

Trend Analysis

In order to evaluate trends in member satisfaction, HSAG compared the 2017 CAHPS scores to the corresponding 2016 scores. This trend analysis was performed on the four global ratings, five composite measures, and two individual item measures. The detailed results of the trend analysis are described in the General Child Results section beginning on page 4-3. The following is a summary of this analysis:

- The FAMIS Program scored statistically significantly higher in 2017 than in 2016 on one measure, Shared Decision Making.
- The FAMIS Program scored statistically significantly lower in 2017 than in 2016 on one measure, Customer Service.

Rates and Proportions

The top-box rates and proportions for the FAMIS program were compared to NCQA Child Medicaid Quality Compass® national average data.[2-9,2-10] These comparisons were performed on the four global ratings, five composite measures, and two individual item measures. The detailed results of these

[2-9] Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[2-10] NCQA Quality Compass national averages for the child Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the CHIP population.

analyses are described in the General Child Results section beginning on page 4-3. The following is the highlight of this comparison:

- The FAMIS 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 Shared Decision Making.

Key Drivers of Satisfaction

HSAG performed an analysis of key drivers for three measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor.[2-11] The analysis provides information on: (1) how well the FAMIS program is performing on the survey item (i.e., question), and (2) how important the item is to overall satisfaction. The detailed results of this analysis are described in the General Child Results section beginning on page 4-11. Table 2-2 lists those survey question items identified for each of the three measures as being key drivers of satisfaction for the FAMIS program.

Table 2-2—FAMIS Program: Key Drivers of Satisfaction

Rating of Health Plan
Respondents reported that when they talked about their child starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for their child.
Respondents reported that it was often not easy for their child to obtain appointments with specialists.
Respondents reported that their child's health plan's customer service did not always give them the information or help they needed.
Respondents reported that their child's health plan's customer service staff did not always treat them with courtesy and respect.
Respondents reported that forms from their child's health plan were often not easy to fill out.
Rating of All Health Care
Respondents reported that their child's health plan's customer service did not always give them the information or help they needed.
Respondents reported that their child's health plan's customer service staff did not always treat them with courtesy and respect.
Respondents reported that forms from their child's health plan were often not easy to fill out.
Respondents reported that their child's personal doctor did not talk with them about how their child is feeling, growing, or behaving.

[2-11] The Key Drivers of Satisfaction analysis was limited to the responses of parents/caretakers of child members selected for the general child population (i.e., responses from the general child sample).

Rating of Personal Doctor
Respondents reported that their child's personal doctor did not talk with them about how their child is feeling, growing, or behaving.
Respondents reported that when they talked about their child starting or stopping a prescription medicine, a doctor or other health provider did not talk about the reasons they might not want their child to take a medicine.
Respondents reported that their child's personal doctor did not always spend enough time with them.
Respondents reported that their child's personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.

Children with Chronic Conditions Performance Highlights

The Children with Chronic Conditions Results section of this report details the CAHPS results for the FAMIS program's population of children with chronic conditions. The following is a summary of the CCC CAHPS performance highlights. The detailed results of this analysis are described in the Children with Chronic Conditions Results section beginning on page 5-1.

Trend Analysis

In order to evaluate trends in member satisfaction, HSAG compared the 2017 CAHPS scores to the corresponding 2016 scores. This trend analysis was performed on the four global ratings, five composite measures, two individual item measures, and the five CCC composites and items. The detailed results of the trend analysis are described in the Children with Chronic Conditions Results section beginning on page 5-2. The FAMIS Program did not score statistically significantly higher or lower in 2017 than in 2016 on any measure.

Rates and Proportions

The rates and proportions for the FAMIS program's CCC population were compared to NCQA Child Medicaid CCC Quality Compass national average data. These comparisons were performed on the four global ratings, five composite measures, two individual item measures, and the five CCC composites and items. The detailed results of these analyses are described in the Children with Chronic Conditions Results section beginning on page 5-2. The following is the highlight of this comparison:

- The FAMIS program scored at or above the national average on 10 measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Care Quickly, How Well Doctors Communicate, Coordination of Care, Family-Centered Care (FCC): Personal Doctor Knows Child, FCC: Getting Needed Information, and Access to Prescription Medicines.

Survey Administration and Response Rates

Survey Administration

The FAMIS program's child members eligible for surveying included those who were enrolled in the FAMIS program at the time the sample was drawn and who were continuously enrolled in the FAMIS program (i.e., receiving health care services through FFS or managed care) for at least five of the last six months (July through December) of 2016. In addition, child members had to be 17 years of age or younger as of December 31, 2016 to be included in the survey.

The standard NCQA HEDIS Specifications for Survey Measures require a sample size of 3,490 members for the CAHPS 5.0 Child Medicaid Health Plan Survey (with the CCC measurement set).[3-1] A random sample of at least 1,650 child members 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 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.[3-2] After selecting child members for the CAHPS 5.0 general child sample, 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., children with chronic conditions supplemental sample), was selected.

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 FAMIS 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 non-customized Spanish cover letter on the back side informing parents/caretakers 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 survey included a non-customized English cover letter on the backside informing parents/caretakers that they could call the toll-free number 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

3-1 National Committee for Quality Assurance. *HEDIS® 2017, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2016.

3-2 Ibid.

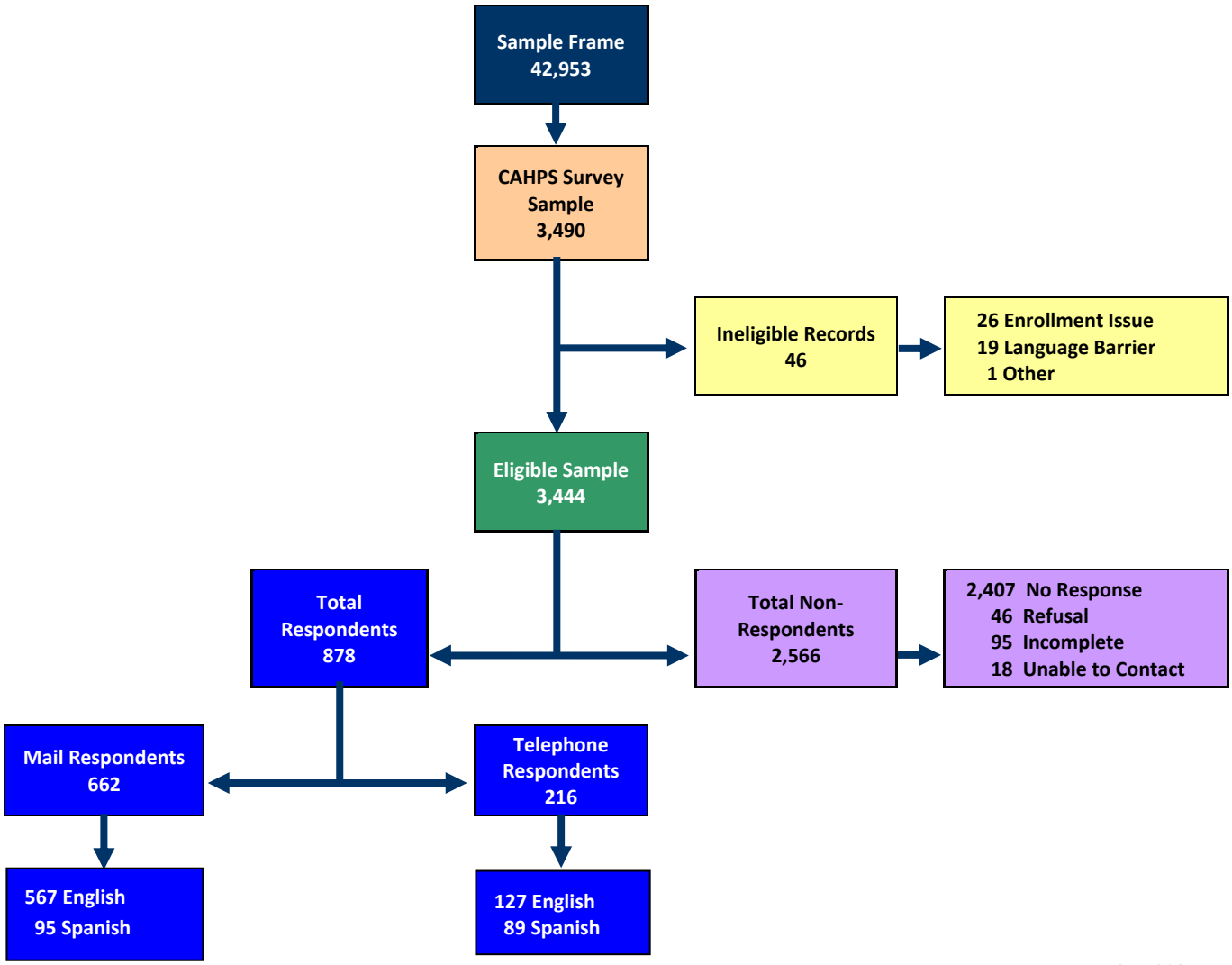
members who had not mailed in a completed survey. Up to six CATI calls were made to each non-respondent. Additional information on the survey protocol is included in the Reader's Guide section beginning on page 6-5.

Response Rates

The FAMIS program's CAHPS 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 three of the following five questions were answered: 3, 30, 45, 49, and 54. Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible population criteria), or had a language barrier.

A total of 878 completed surveys were returned on behalf of child members. Figure 3-1, on the following page, shows the distribution of survey dispositions and the response rate for the FAMIS program. The survey dispositions and response rate are based on the responses of parents/caretakers of children in the general child and CCC supplemental samples.

Figure 3-1—Distribution of Surveys for the FAMIS Program



The FAMIS program's response rate of 25.5 percent was greater than the national child Medicaid response rate reported by NCQA for 2017, which was 22.3 percent.[3-3]

[3-3] National Committee for Quality Assurance. *HEDIS 2018 Update Survey Vendor Training*. October 11, 2017.

Child and Respondent Demographics

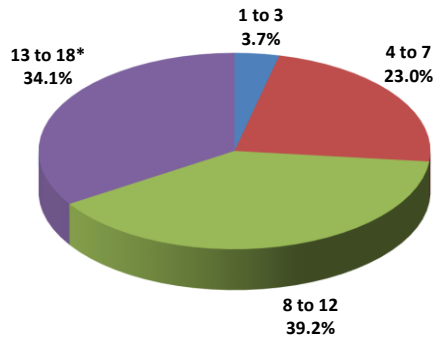
In general, the demographics of a response group may influence overall member satisfaction scores. For example, older and healthier respondents tend to report higher levels of member satisfaction; therefore, caution should be exercised when comparing populations that have statistically significantly different demographic properties.[3-4]

Figure 3-2, on the following page, provides an overview of the FAMIS program child member demographics based on completed surveys returned on behalf of child members. The child demographic data are based on the demographic characteristics of general child members for whom a parent/caretaker returned a completed survey.

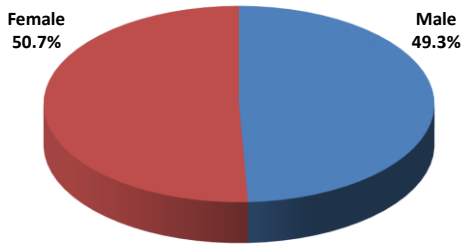
[3-4] Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: U.S. Department of Health and Human Services, July 2008.

Figure 3-2—FAMIS Program: Completed Survey Child Member Demographics

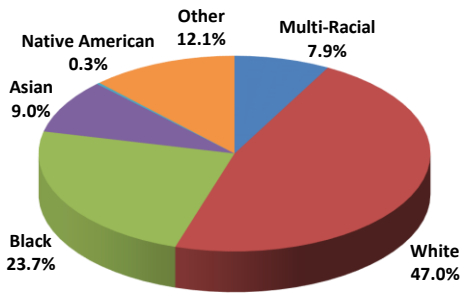
Age[3-5]



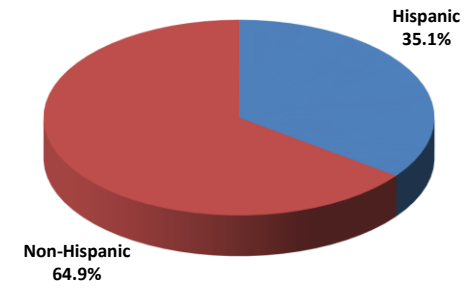
Gender



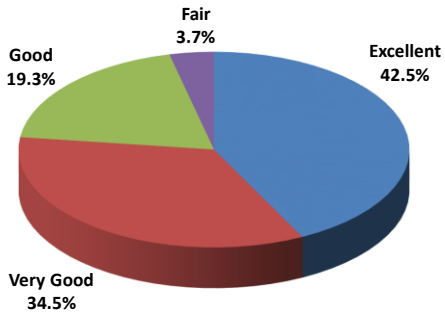
Race



Ethnicity



General Health Status[3-6]



Please note, percentages may not total 100.0% due to rounding.

**Children are eligible for inclusion in the Child CAHPS Survey results if they were 17 years of age or younger as of December 31, 2016. Some children eligible for the survey turned age 18 between January 1, 2017, and the time of survey administration.*

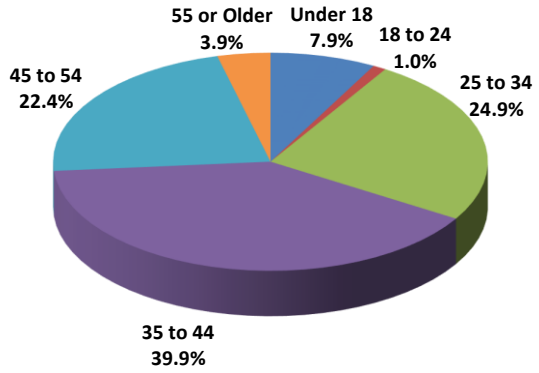
3-5 No parents/caretakers of general child members (i.e., child members selected as part of the general child population sample) responded that the age of their child member was "Less than 1."

3-6 No parents/caretakers of general child members (i.e., child members selected as part of the general child population sample) responded that their child member had a general health status of "Poor."

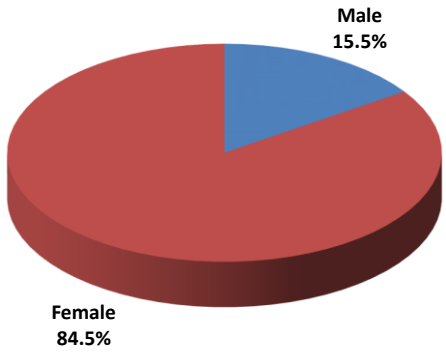
Figure 3-3 provides an overview of the FAMIS program respondent demographics. The respondent demographic data are based on the characteristics of parents/caretakers of general child members (i.e., child members selected as part of the general child population sample) who responded to the survey.

Figure 3-3—FAMIS Program: Respondent Demographics

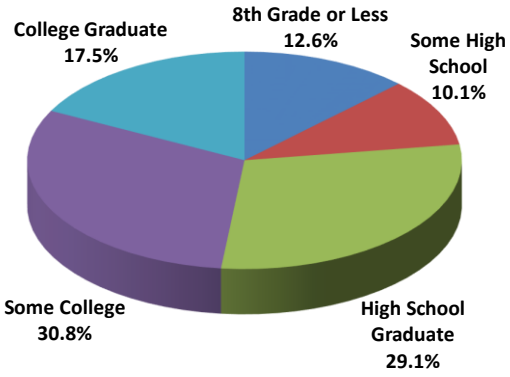
Respondent Age



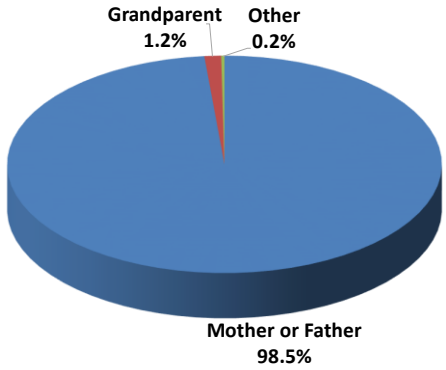
Respondent Gender



Respondent Education



Relationship to Child



Please note, percentages may not total 100.0% due to rounding.

4. General Child Results

The following presents the 2017 CAHPS results for the FAMIS program general child population. For the FAMIS program general child population, a total of 413 completed surveys were returned on behalf of child members. These completed surveys were used to calculate the 2017 General Child CAHPS results presented in this section.

NCQA Comparisons

In order to assess the overall performance of the FAMIS program, each of the global ratings (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often), composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service), and individual item measure (Coordination of Care) 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 star is the lowest possible rating and five stars 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

For additional details on the calculation of three-point mean scores, please refer to the Reader's Guide section of this report beginning on page 6-9.

4-1 National Committee for Quality Assurance. *HEDIS® 2017, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2016.

4-2 National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2017*. Washington, DC: NCQA, May 4, 2017.

4-3 NCQA's Benchmarks and Thresholds for Accreditation for the child Medicaid population were used to derive the overall satisfaction ratings; therefore, caution should be exercised when interpreting these results.

Table 4-1 shows the FAMIS program's three-point mean scores and overall member satisfaction ratings on each of the four global ratings, four composite measures, and one individual item measure.

Table 4-1—FAMIS Program: NCQA Comparisons

Measure	Three-Point Mean	Star Rating
Global Ratings		
Rating of Health Plan	2.65	★★★★
Rating of All Health Care	2.65	★★★★★
Rating of Personal Doctor	2.71	★★★★★
Rating of Specialist Seen Most Often	2.71+	★★★★★+
Composite Measures		
Getting Needed Care	2.46	★★
Getting Care Quickly	2.62	★★★
How Well Doctors Communicate	2.72	★★★★
Customer Service	2.30+	★+
Individual Item Measure		
Coordination of Care	2.26+	★+

Star Assignments Based on Percentiles
★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th
Please note: CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.

Summary of NCQA Comparisons Results

The NCQA comparisons revealed the following summary results:

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

Trend Analysis

In order to evaluate trends in member satisfaction, HSAG compared the 2017 scores to the corresponding 2016 scores. Statistically significant differences are noted with directional triangles. Scores that were statistically significantly higher in 2017 than in 2016 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2017 than in 2016 are noted with black downward (▼) triangles. Scores in 2017 that were not statistically significantly different from scores in 2016 are not noted with triangles.

Rates and Proportions

For purposes of calculating the general child 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.[4-4] 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. A top-level or "top-box" response was defined as follows:

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

The 2017 CAHPS top-box scores were compared to the 2016 NCQA national child Medicaid averages.[4-5] For additional details, please refer to the *NCQA HEDIS 2017 Specifications for Survey Measures, Volume 3*.

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

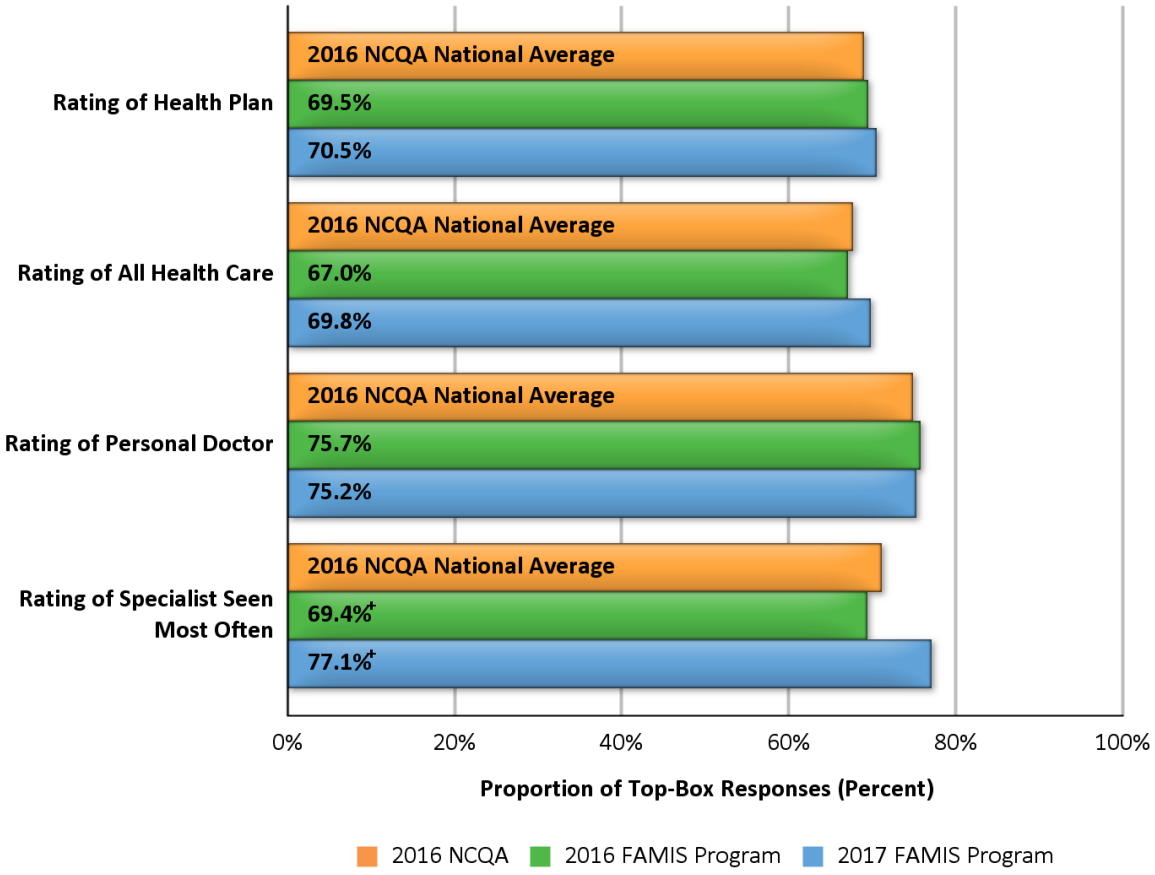
[4-4] National Committee for Quality Assurance. *HEDIS® 2017, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2016.

[4-5] NCQA national averages for 2017 were not available at the time this report was prepared; therefore, 2016 NCQA national averages are presented in this section.

Global Ratings

Figure 4-1 depicts the top-box question summary rates for each of the global ratings for the FAMIS program and the 2016 NCQA national child Medicaid averages using responses of 9 or 10 for top-box scoring.[4-6,4-7]

Figure 4-1—Global Ratings: Question Summary Rates



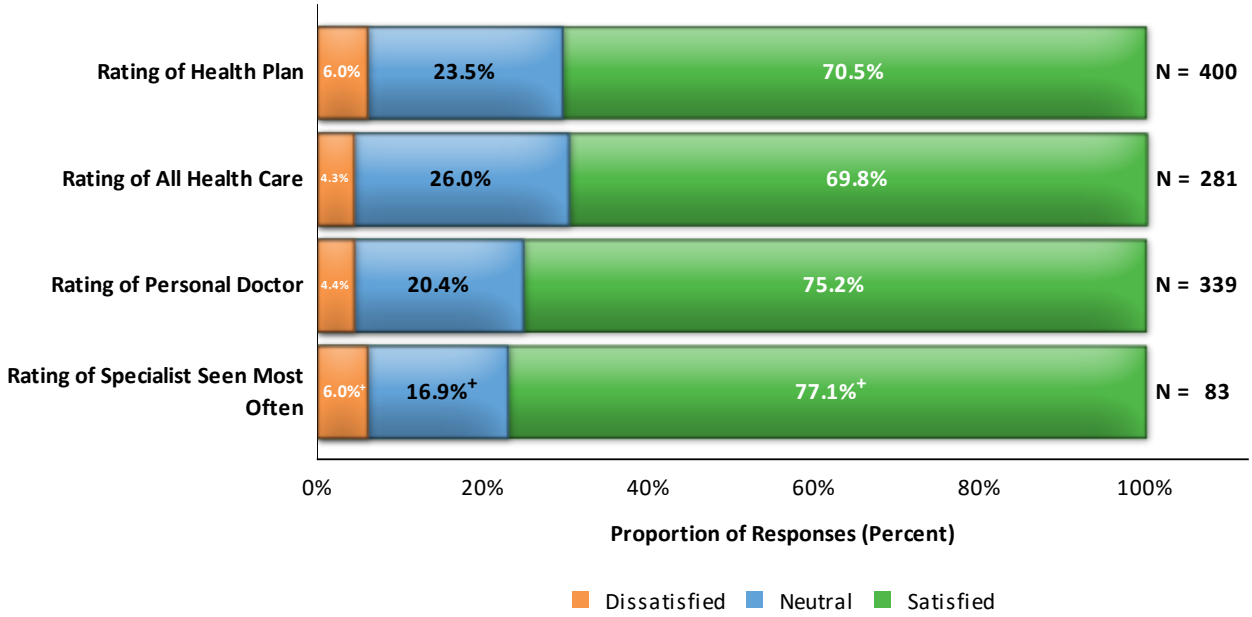
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

4-6 For the NCQA national child Medicaid averages, the source for data contained in this publication is Quality Compass® 2016 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2016 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 NCQA national averages for the child Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the CHIP population.

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

Figure 4-2—Global Ratings: Proportion of Responses

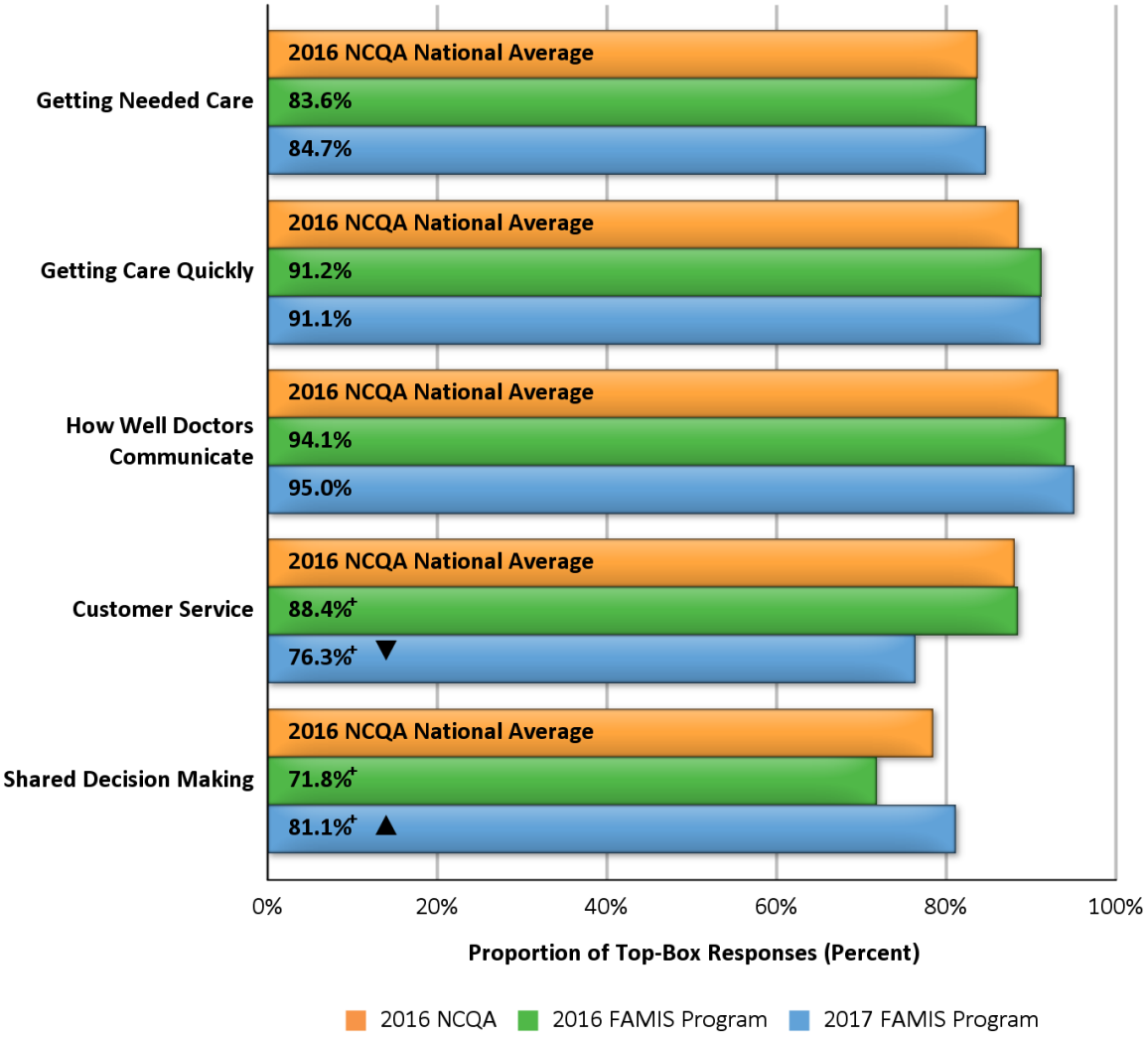


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite Measures

Figure 4-3 depicts the top-box global proportions for the FAMIS program and the 2016 NCQA national child Medicaid averages using responses of "Usually" or "Always" for top-box scoring of Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service, and responses of "Yes" for top-box scoring of Shared Decision Making.

Figure 4-3—Composite Measures: Global Proportions

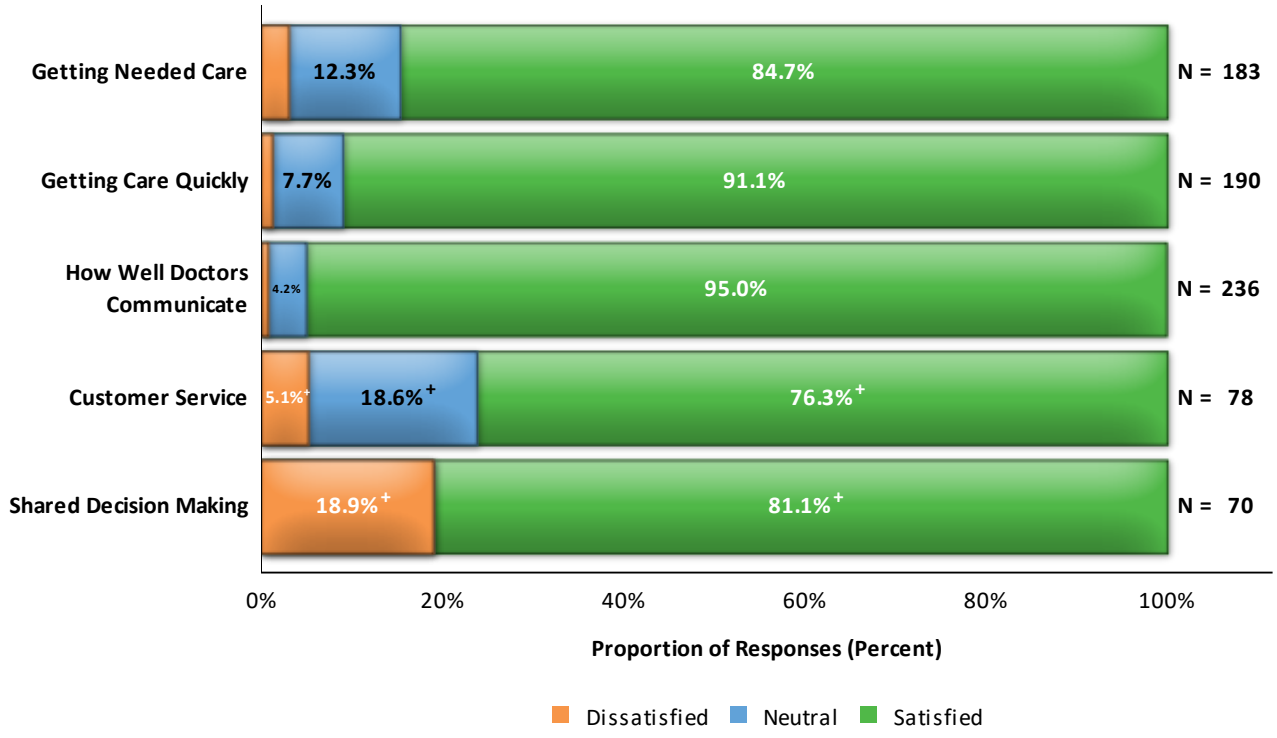


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Statistical Significance Note: ▲ *indicates the 2017 score is statistically significantly higher than the 2016 score*
▼ *indicates the 2017 score is statistically significantly lower than the 2016 score*

For Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service, responses were classified into one of three response categories as follows: "Never (Dissatisfied)," "Sometimes (Neutral)," and "Usually/Always (Satisfied)." For Shared Decision Making, responses were classified into one of two response categories as follows: "No (Dissatisfied)" and "Yes (Satisfied)." Figure 4-4 depicts the proportion of respondents who fell into each response category for each composite measure for the FAMIS program.

Figure 4-4—Composite Measures: Proportion of Responses

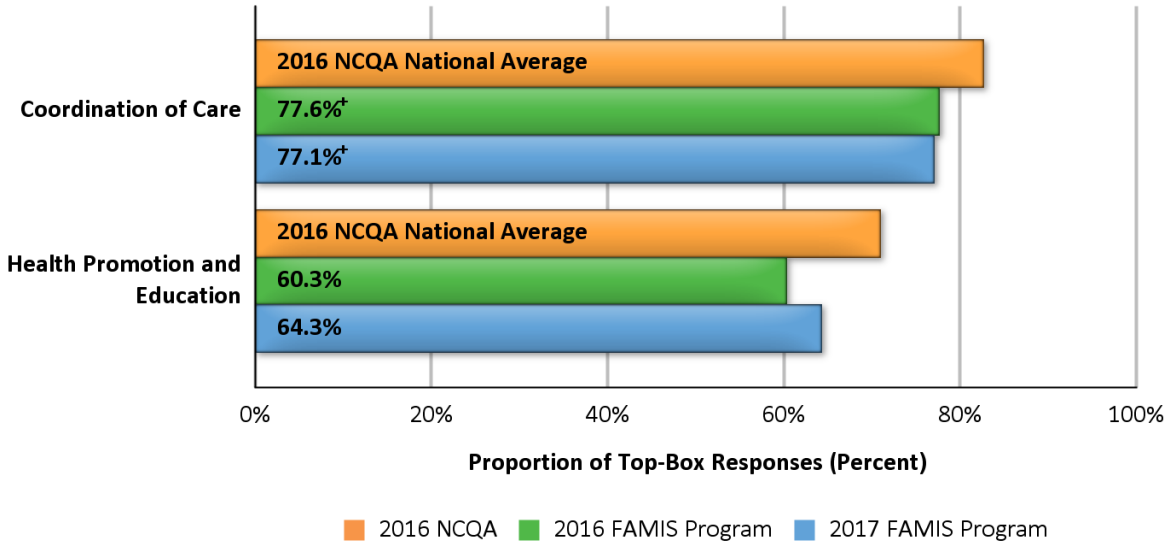


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Individual Item Measures

Figure 4-5 depicts the top-box question summary rates for the FAMIS program and the 2016 NCQA national child Medicaid averages using responses of "Usually" or "Always" for top-box scoring of Coordination of Care, and responses of "Yes" for top-box scoring of Health Promotion and Education.

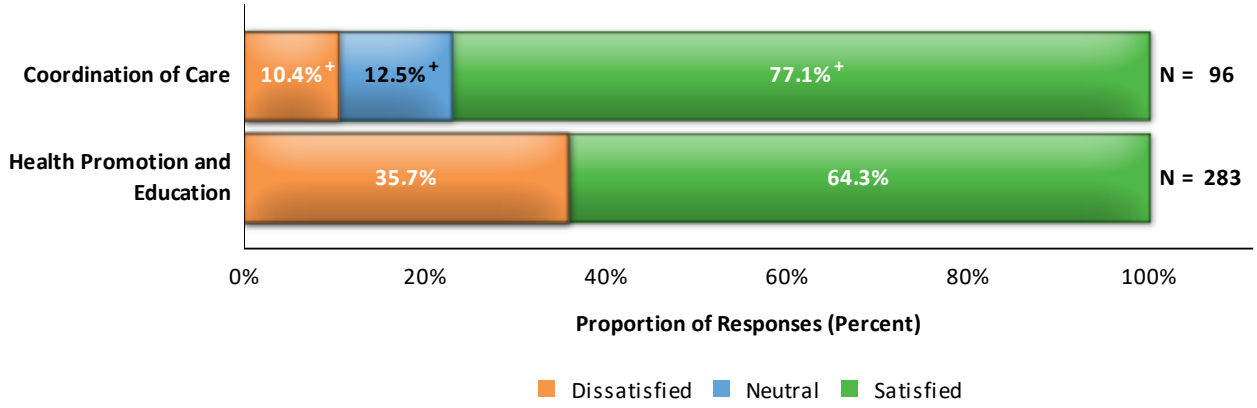
Figure 4-5—Individual Item Measures: Question Summary Rates



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

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

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



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

Summary of Rates and Proportions

Evaluation of the FAMIS program's rates and proportions for the general child population revealed the following summary results:

- The FAMIS Program scored statistically significantly higher in 2017 than in 2016 on one measure, Shared Decision Making.
- The FAMIS Program scored statistically significantly lower in 2017 than in 2016 on one measure, Customer Service.
- The FAMIS 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 Shared Decision Making.
- The FAMIS program scored below the national average on three measures: Customer Service, Coordination of Care, and Health Promotion and Education.

Key Drivers of Satisfaction

HSAG performed an analysis of key drivers for three measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor.[4-8] The analysis provides information on: (1) how well the FAMIS program is performing on the survey item (i.e., question), and (2) how important the item is to overall satisfaction.

Key drivers of satisfaction are defined as those items that (1) have a problem score that is greater than or equal to the program's median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program's median correlation for all items examined. For additional information on the assignment of problem scores, please refer to the Reader's Guide section. Table 4-2 lists those items identified for each of the three measures as being key drivers of satisfaction for the FAMIS program.

Table 4-2—FAMIS Program: Key Drivers of Satisfaction

Rating of Health Plan
Respondents reported that when they talked about their child starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for their child.
Respondents reported that it was often not easy for their child to obtain appointments with specialists.
Respondents reported that their child's health plan's customer service did not always give them the information or help they needed.
Respondents reported that their child's health plan's customer service staff did not always treat them with courtesy and respect.
Respondents reported that forms from their child's health plan were often not easy to fill out.
Rating of All Health Care
Respondents reported that their child's health plan's customer service did not always give them the information or help they needed.
Respondents reported that their child's health plan's customer service staff did not always treat them with courtesy and respect.
Respondents reported that forms from their child's health plan were often not easy to fill out.
Respondents reported that their child's personal doctor did not talk with them about how their child is feeling, growing, or behaving.
Rating of Personal Doctor
Respondents reported that their child's personal doctor did not talk with them about how their child is feeling, growing, or behaving.
Respondents reported that when they talked about their child starting or stopping a prescription medicine, a doctor or other health provider did not talk about the reasons they might not want their child to take a medicine.
Respondents reported that their child's personal doctor did not always spend enough time with them.
Respondents reported that their child's personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.

[4-8] The Key Drivers of Satisfaction analysis was limited to the responses of parents/caretakers of child members selected from the general child population (i.e., responses from the general child sample).

5. Children with Chronic Conditions Results

Chronic Conditions Classification

A series of questions included in the CAHPS 5.0 Child Medicaid Health Plan Survey with the CCC measurement set was used to identify children with chronic conditions (i.e., children with chronic conditions 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 children with chronic conditions 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 children with chronic conditions screener questions, the FAMIS program had 313 completed CAHPS Child Medicaid Health Plan Surveys for the population of children with chronic conditions. These completed surveys were used to calculate the 2017 Children with Chronic Conditions CAHPS results presented in this section.

Trend Analysis

In order to evaluate trends in member satisfaction, HSAG compared the 2017 scores to the corresponding 2016 scores. Statistically significant differences are noted with directional triangles. Scores that were statistically significantly higher in 2017 than in 2016 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2017 than in 2016 are noted with black downward (▼) triangles. Scores in 2017 that were not statistically significantly different from scores in 2016 are not noted with triangles.

Rates and Proportions

For purposes of calculating the Children with Chronic Conditions results, question summary rates were calculated for each global rating, individual item measure, and CCC item, and global proportions were calculated for each composite measure and CCC composite measure. Both the question summary rates and global proportions were calculated in accordance with NCQA HEDIS Specifications for Survey Measures.[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. A top-level or "top-box" response was defined as follows:

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

The 2017 CAHPS top-box scores were compared to the 2016 NCQA national CCC Medicaid averages. For additional details, please refer to the *NCQA HEDIS 2017 Specifications for Survey Measures, Volume 3*.

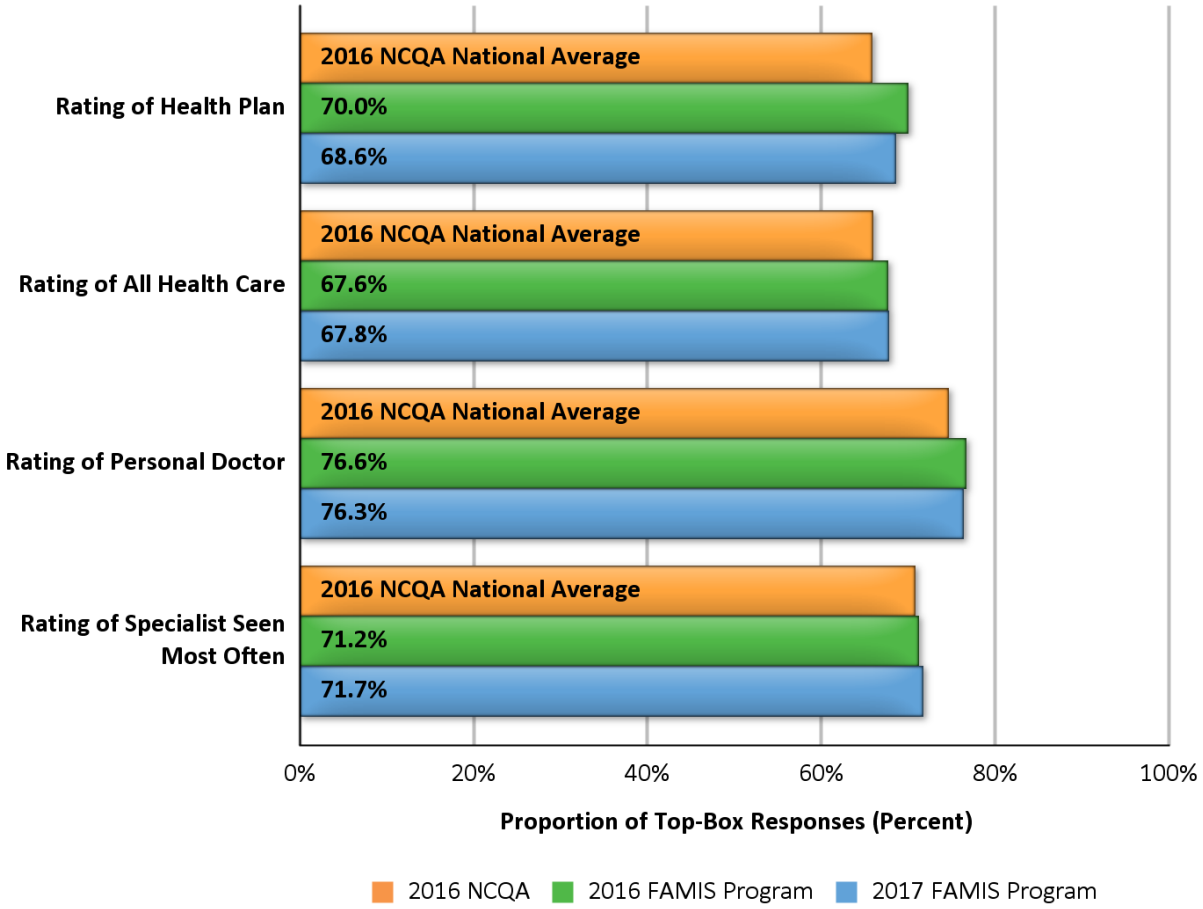
For purposes of this report, results are reported for a CAHPS measure even when the NCQA minimum reporting threshold of 100 respondents was not met. Therefore, caution should be exercised when interpreting results for those measures with fewer than 100 respondents. CAHPS scores with fewer than 100 respondents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

[5-1] National Committee for Quality Assurance. *HEDIS® 2017, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2016.

Global Ratings

Figure 5-1 depicts the top-box question summary rates for each of the global ratings for the FAMIS program and the 2016 NCQA national CCC Medicaid averages using responses of 9 or 10 for top-box scoring.[5-2,5-3,5-4]

Figure 5-1—Global Ratings: Question Summary Rates



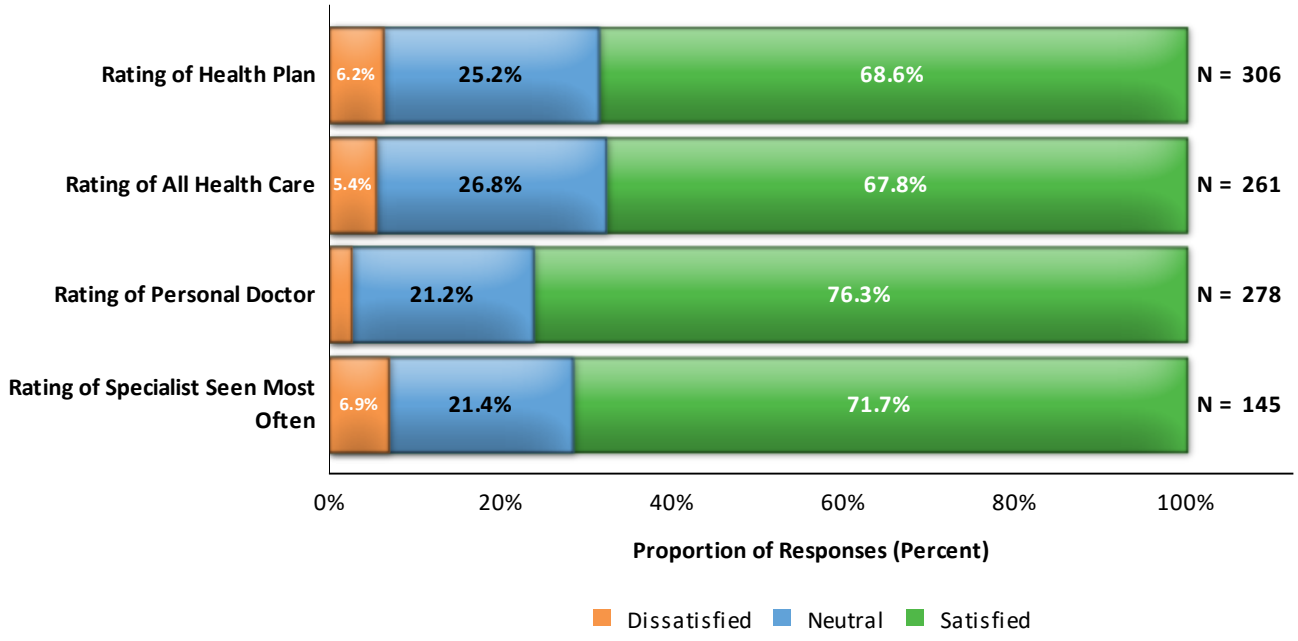
5-2 NCQA national averages for 2017 were not available at the time this report was prepared; therefore, 2016 NCQA national averages are presented in this section.

5-3 NCQA national averages for the CCC Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the CHIP population.

5-4 For the NCQA national CCC Medicaid averages, the source for data contained in this publication is Quality Compass® 2016 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2016 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

For each global rating question, responses were classified into one of three response categories: "0 to 6 (Dissatisfied)," "7 to 8 (Neutral)," and "9 to 10 (Satisfied)." Figure 5-2 depicts the proportion of respondents who fell into each response category for each global rating for the FAMIS program.

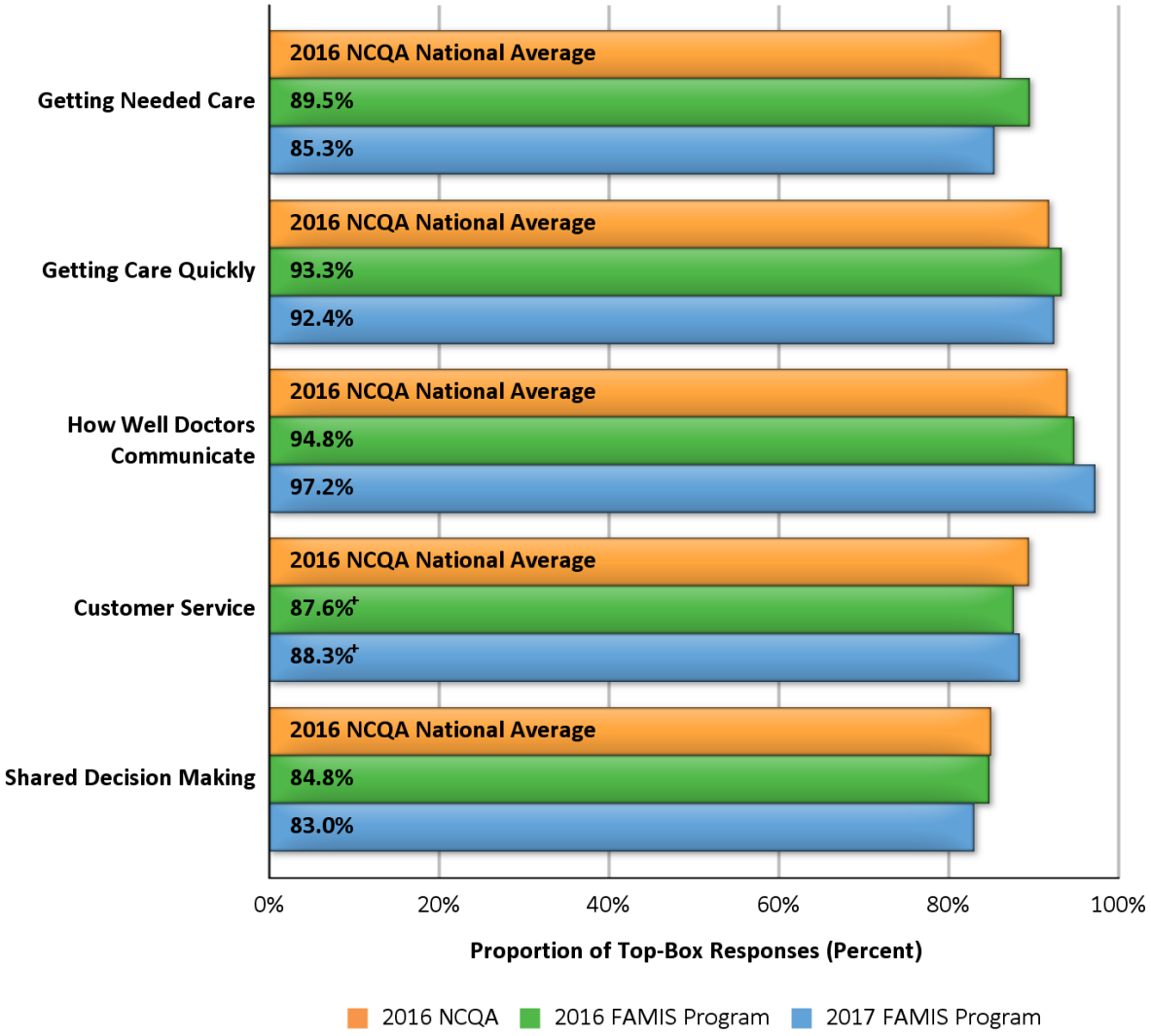
Figure 5-2—Global Ratings: Proportion of Responses



Composite Measures

Figure 5-3 depicts the top-box global proportions for the FAMIS program and the 2016 NCQA national CCC Medicaid averages using responses of "Usually" or "Always" for top-box scoring of Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service, and responses of "Yes" for top-box scoring of Shared Decision Making.

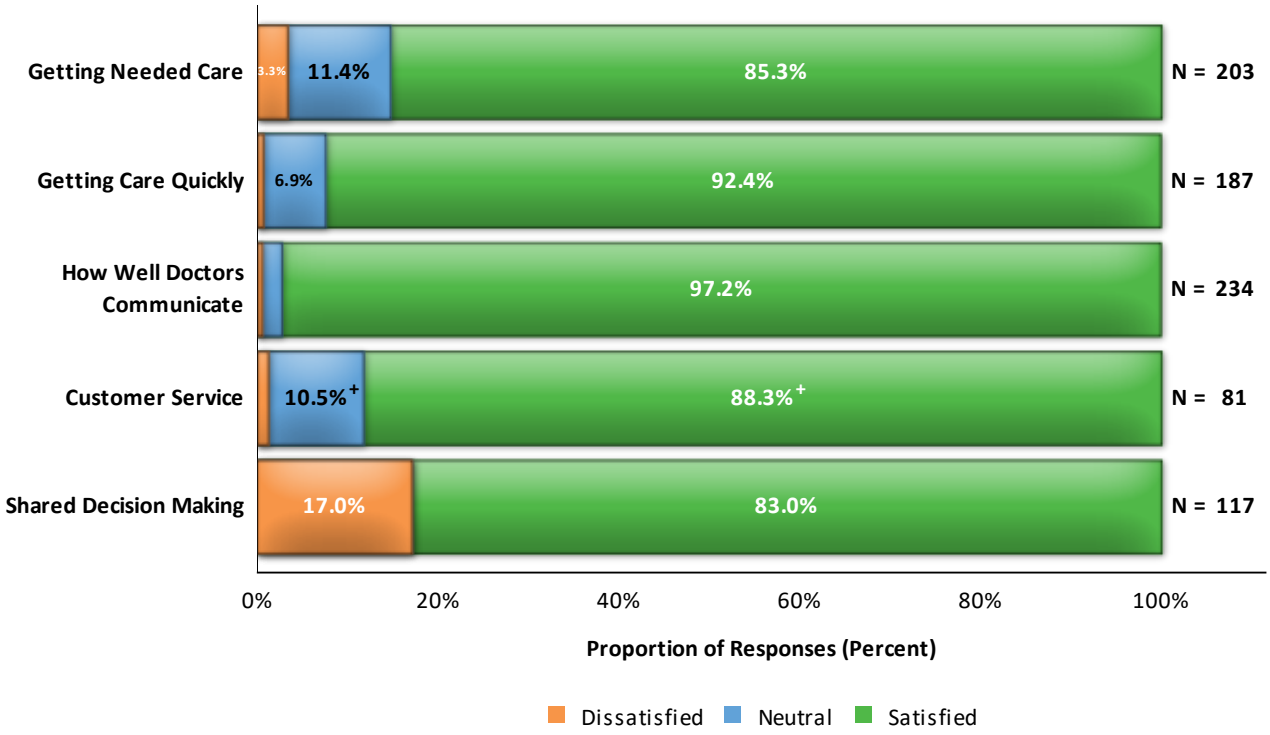
Figure 5-3—Composite Measures: Global Proportions



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

For Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service, responses were classified into one of three response categories as follows: "Never (Dissatisfied)," "Sometimes (Neutral)," and "Usually/Always (Satisfied)." For Shared Decision Making, responses were classified into one of two response categories as follows: "No (Dissatisfied)" and "Yes (Satisfied)." Figure 5-4 depicts the proportion of respondents who fell into each response category for each composite measure for the FAMIS program.

Figure 5-4—Composite Measures: Proportion of Responses

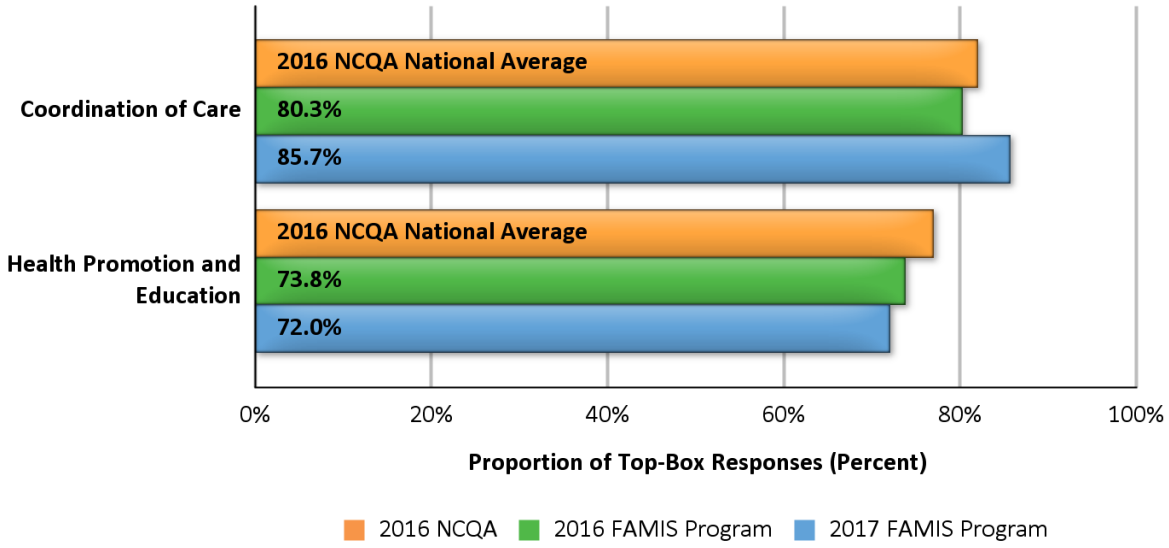


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Individual Item Measures

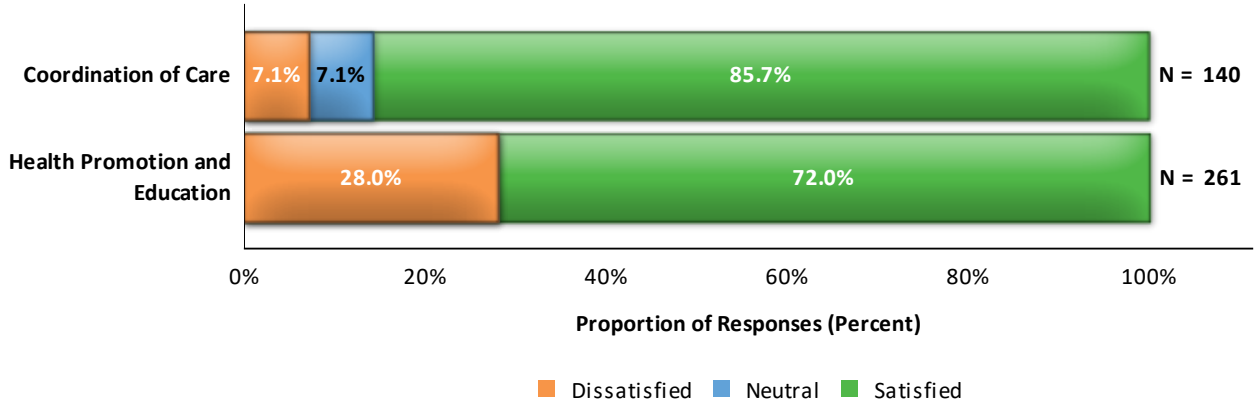
Figure 5-5 depicts the top-box question summary rates for the FAMIS program and the 2016 NCQA national CCC Medicaid averages using responses of "Usually" or "Always" for top-box scoring of Coordination of Care, and responses of "Yes" for top-box scoring of Health Promotion and Education.

Figure 5-5—Individual Item Measures: Question Summary Rates



For Coordination of Care, responses were classified into one of three response categories: "Never (Dissatisfied)," "Sometimes (Neutral)," and "Usually/Always (Satisfied)." For Health Promotion and Education, responses were classified into one of two response categories: "No (Dissatisfied)" or "Yes (Satisfied)." Figure 5-6 depicts the proportion of respondents who fell into each response category for each individual item measure for the FAMIS program.

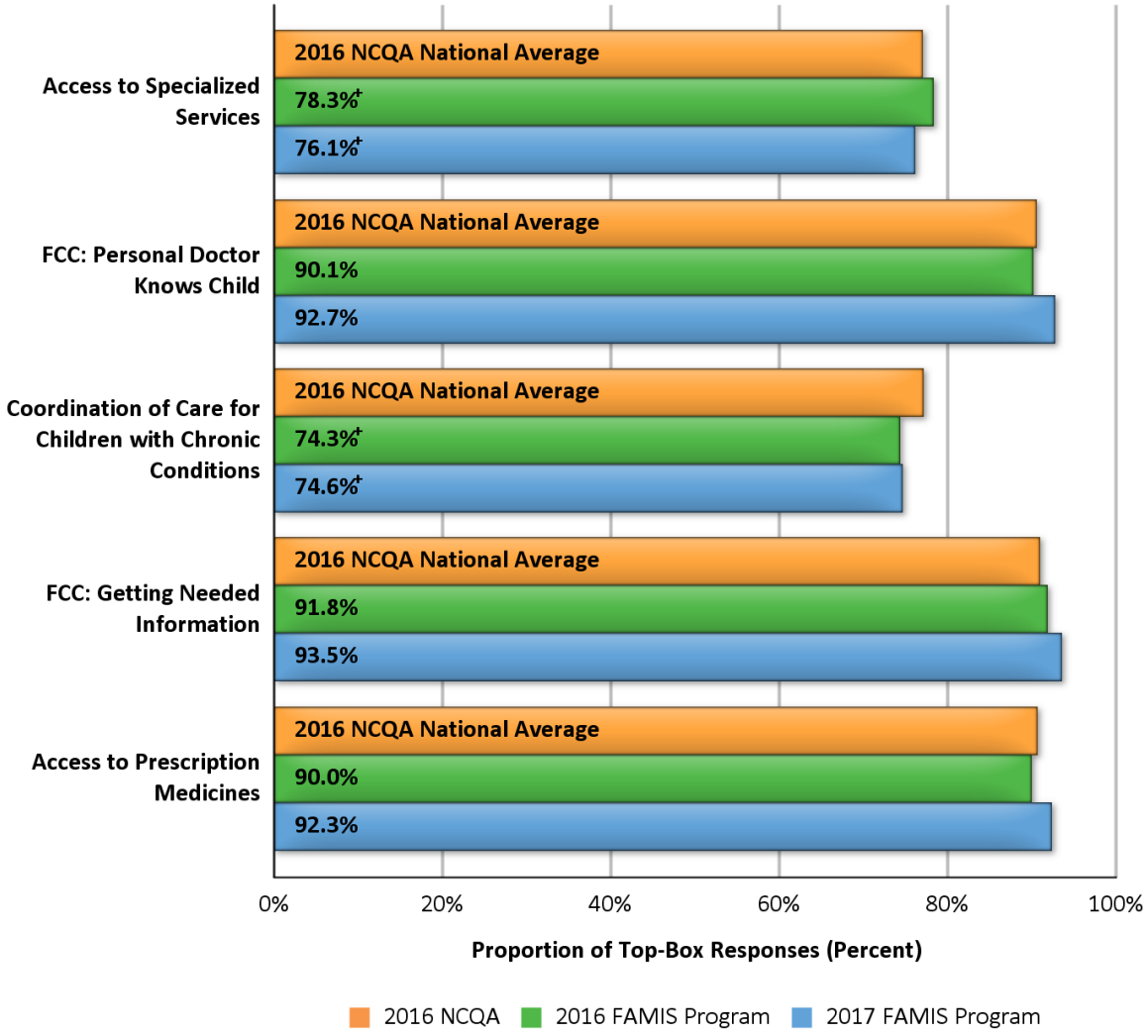
Figure 5-6—Individual Item Measures: Proportion of Responses



Children with Chronic Conditions Composites and Items

Figure 5-7 depicts the top-box global proportions and question summary rates for the FAMIS program and the 2016 NCQA national CCC Medicaid averages using responses of "Usually" or "Always" for top-box scoring of Access to Specialized Services, Access to Prescription Medicines, and FCC: Getting Needed Information, and responses of "Yes" for top-box scoring of FCC: Personal Doctor Who Knows Child and Coordination of Care for Children with Chronic Conditions.

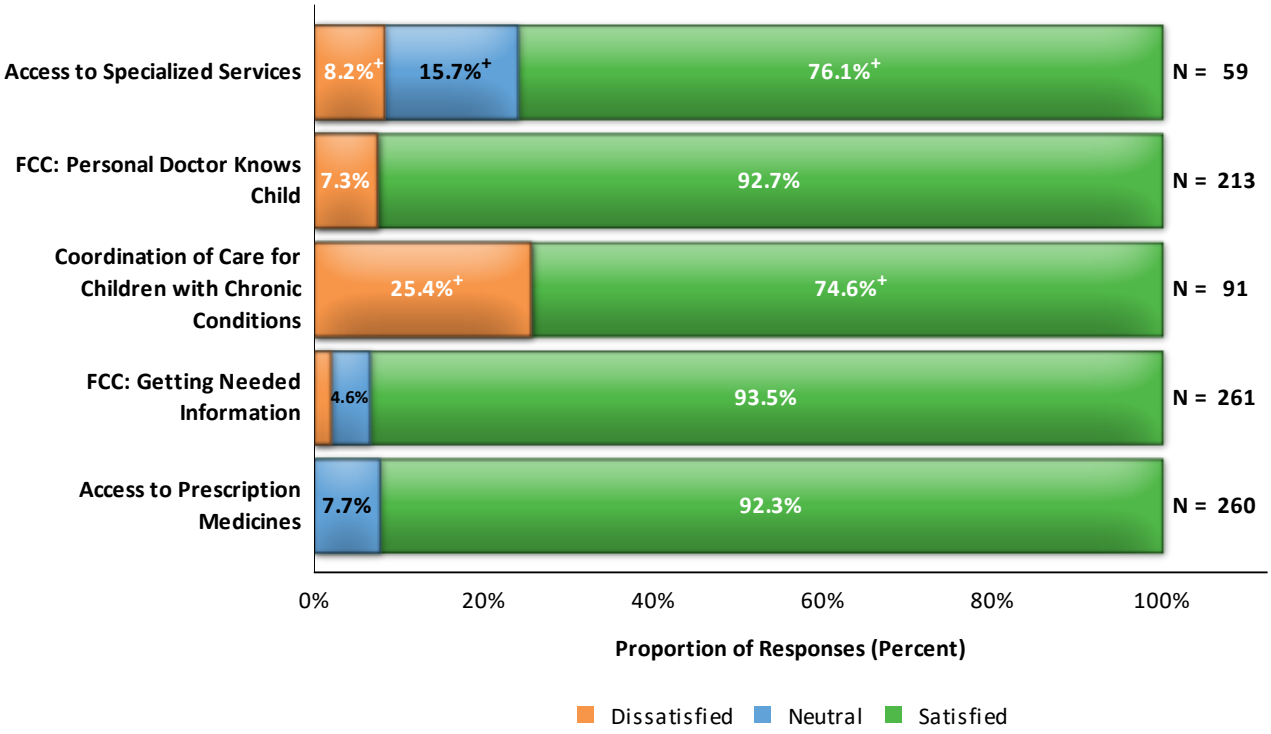
Figure 5-7—Children with Chronic Conditions Composites and Items: Global Proportions/Question Summary Rates



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

For Access to Specialized Services, Access to Prescription Medicines, and FCC: Getting Needed Information, responses were classified into one of three response categories as follows: "Never (Dissatisfied)," "Sometimes (Neutral)," and "Usually/Always (Satisfied)." For FCC: Personal Doctor Who Knows Child and Coordination of Care for Children with Chronic Conditions, responses were classified into one of two response categories: "No (Dissatisfied)" and "Yes (Satisfied)." Figure 5-8 depicts the proportion of respondents who fell into each response category for each Children with Chronic Conditions composite and item measure for the FAMIS program.

Figure 5-8—Children with Chronic Conditions Composites and Items: Proportion of Responses



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

Summary of Children with Chronic Conditions Rates and Proportions

Evaluation of the FAMIS program's rates and proportions for the population of children with chronic conditions revealed the following summary results:

- The FAMIS Program did not score statistically significantly higher or lower in 2017 than in 2016 on any of the measures.
- The FAMIS program scored at or above the national average on 10 measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Care Quickly, How Well Doctors Communicate, Coordination of Care, FCC: Personal Doctor Knows Child, FCC: Getting Needed Information, and Access to Prescription Medicines.
- The FAMIS program scored below the national average on six measures: Getting Needed Care, Customer Service, Shared Decision Making, Health Promotion and Education, Access to Specialized Services, and Coordination of Care for Children with Chronic Conditions.

6. Reader's Guide

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

Survey Administration

Survey Overview

The survey instrument selected was the CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and the CCC measurement set. The CAHPS 5.0 Health Plan Surveys are a set of standardized surveys that assess patient perspectives on care. 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.

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

Table 6-1 lists the global ratings, composite measures, individual item measures, and CCC composite measures and items included in the CAHPS 5.0 Child Medicaid Health Plan Survey administered to the FAMIS program.

Table 6-1—CAHPS Measures

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

Table 6-2 lists the items (i.e., questions) that comprise each of the CAHPS measures.

Table 6-2—CAHPS Measures

Global Ratings		Response Categories
Rating of Health Plan		
Q54	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?	0-10 Scale
Rating of All Health Care		
Q14	Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?	0-10 Scale
Rating of Personal Doctor		
Q41	Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?	0-10 Scale
Rating of Specialist Seen Most Often		
Q48	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?	0-10 Scale
Composite Measures		**Response Categories**
Getting Needed Care		
Q15	In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	Never, Sometimes, Usually, Always
Q46	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
Getting Care Quickly		
Q4	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
Q6	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
How Well Doctors Communicate		
Q32	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
Q33	In the last 6 months, how often did your child's personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
Q34	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
Q37	In the last 6 months, how often did your child's personal doctor spend enough time with your child?	Never, Sometimes, Usually, Always

Customer Service		
Q50	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
Q51	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
Shared Decision Making		
Q11	Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?	Yes, No
Q12	Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?	Yes, No
Q13	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
Individual Item Measures		**Response Categories**
Coordination of Care		
Q40	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
Health Promotion and Education		
Q8	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
Children with Chronic Conditions Composite and Items		**Response Categories**
Access to Specialized Services		
Q20	In the last 6 months, how often was it easy to get special medical equipment or devices for your child?	Never, Sometimes, Usually, Always
Q23	In the last 6 months, how often was it easy to get this therapy for your child?	Never, Sometimes, Usually, Always
Q26	In the last 6 months, how often was it easy to get this treatment or counseling for your child?	Never, Sometimes, Usually, Always
FCC: Personal Doctor Who Knows Child		
Q38	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
Q43	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
Q44	Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life?	Yes, No
Coordination of Care for Children with Chronic Conditions		
Q18	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
Q29	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

Access to Prescription Medicines		
Q56	In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?	Never, Sometimes, Usually, Always
FCC: Getting Needed Information		
Q9	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

Sampling Procedures

The members eligible for sampling included those who were FAMIS program 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 2016. The members eligible for sampling included those who were 17 years of age or younger (as of December 31, 2016).

For the CAHPS 5.0 Child Medicaid Health Plan Survey (with the CCC measurement set), the standard NCQA specifications for survey measures require a sample size of 1,650 for the general population and 1,840 for the children with chronic conditions supplemental population (for a total 3,490 child members). First, 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 child members for the CAHPS 5.0 general child sample, a random sample of 1,840 child members with a prescreen code of 2, which represents the population of children who are more likely to have a chronic condition (i.e., children with chronic conditions supplemental sample), was 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. 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 text 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.[6-1]

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

- Were 17 years of age or younger as of December 31, 2016.
- Were currently enrolled in the FAMIS program.
- Had been continuously enrolled for at least five of the last six months of 2016.
- Had CHIP as a payer or purchaser.

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 addresses for members who had moved (if they had given the Postal Service a new address). Prior to initiating CATI, HSAG employed the Telematch telephone number verification service to locate and/or update telephone numbers for all non-respondents. The survey samples were random samples with no more than one member being selected per household.

NCQA specifications require that the name of the program appear in the questionnaires, letters, and postcards; that the letters 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.

[6-1] 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.

Table 6-3 shows the CAHPS timeline used in the administration of the FAMIS program's CAHPS 5.0 Child Medicaid Health Plan Survey. The timeline is based on NCQA HEDIS Specifications for Survey Measures.[6-2]

Table 6-3—CAHPS 5.0 Survey

Task	Timeline
Send first questionnaire with cover letter to the 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

6-2 National Committee for Quality Assurance. *HEDIS® 2017, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2016.

Methodology

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of HEDIS Specifications for Survey Measures to generate the 2017 Child Medicaid CAHPS Survey results for the FAMIS program's general child and children with chronic conditions populations. 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. Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

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 the FAMIS program. This section provides an overview of each analysis.

Response Rates

The administration of the CAHPS 5.0 Child Medicaid Health Plan Survey is comprehensive and is 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.[6-3] A survey is assigned a disposition code of "completed" if at least three of the following five questions were answered: 3, 30, 45, 49, and 54. Eligible members include the entire sample minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were deceased, were invalid (did not meet criteria described on page 6-6), or had a language barrier.

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

Child and Respondent Demographics

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

[6-3] National Committee for Quality Assurance. *HEDIS® 2017, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2016.

NCQA Comparisons

For the general child population, HSAG performed an NCQA comparisons analysis. In order to perform the NCQA comparisons, three-point mean scores were calculated for each of the four global rating questions (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often), four composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service), and one individual item measure (Coordination of Care). Scoring was based on a three-point scale and involved assigning a numeric value to each response category.

For the global ratings, response values of 0 through 6 are given a score of 1, response values of 7 and 8 are given a score of 2, and response values of 9 and 10 are given a score of 3. For the composite measures and individual item measure, responses of "Always" are given a score of 3, responses of "Usually" are given a score of 2, and responses of "Sometimes" or "Never" are given a score of 1. Table 6-4 illustrates how the three-point mean score values are determined.

Table 6-4—Three-Point Mean Score Values

Response Category	Score Value
Global Ratings: 0-10 Response Format	
0 – 6	1
7 – 8	2
9 – 10	3
Composite Measures/Individual Item Measure: Never/Sometimes/Usually/Always Format	
Never	1
Sometimes	1
Usually	2
Always	3

The three-point global rating and individual item means are the sum of the response scores (1, 2, or 3) divided by the total number of responses to the question. The three-point composite mean is the average of the mean scores (i.e., a mean of the means) for each question included in the composite measure. That is, each question contributes equally to the average, regardless of the number of respondents to the question.

The resulting three-point mean scores were compared to published NCQA Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings (i.e., star ratings) for each of the four global ratings, four composite measures, and one individual item measure. Based on this comparison, 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

NCQA does not publish Benchmarks and Thresholds for Accreditation for the Shared Decision Making composite, and Health Promotion and Education individual item measure; therefore, star ratings could not be assigned. Additionally, NCQA does not publish Benchmarks and Thresholds for Accreditation for the CCC population or CAHPS survey measures captured through this measurement set; therefore, the NCQA comparisons analysis is limited to the general child population (i.e., NCQA comparisons cannot be performed for the CCC population).

For detailed information on the derivation of three-point mean scores, please refer to *NCQA HEDIS 2017 Specifications for Survey Measures, Volume 3*.

Table 6-5 shows the benchmarks and thresholds used to derive the overall member satisfaction ratings on each CAHPS measure for the general child population.[6-4]

Table 6-5—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	2.56	2.51	2.46	2.37
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	2.63	2.58	2.53	2.50
Coordination of Care	2.52	2.48	2.42	2.36

General Child and Children with Chronic Conditions Results

For both the general child and CCC populations, rates and proportions were presented that compared member satisfaction performance between the FAMIS program and the 2016 NCQA national child Medicaid average. For purposes of these analyses, question summary rates were calculated for each global rating, individual item measure, and CCC composite item measure, and global proportions were calculated for each composite measure and CCC composite measure. Both the question summary rates and global proportions were calculated in accordance with NCQA HEDIS Specifications for Survey Measures.[6-5]

The scoring of the global ratings, composite measures, individual item measures, and CCC composite measures and items involved assigning top-level responses a score of one, with all other responses receiving a score of zero.

A "top-box" response for the core CAHPS survey global ratings, composite measures, individual items, and CCC composite measures and items was defined as follows:

- "9" or "10" for the global ratings;

[6-4] National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2017.* Washington, DC: NCQA, May 4, 2017.

[6-5] National Committee for Quality Assurance. *HEDIS® 2017, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2016.

- "Usually" or "Always" for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Coordination of Care measures/items;
- "Yes" for the Shared Decision Making, and Health Promotion and Education measures/items.

A "top-box" response for the CAHPS CCC composite measures and items was defined as follows:

- "Usually" or "Always" for the Access to Specialized Services, Access to Prescription Medicines, and FCC: Getting Needed Information CCC composite measures/items;
- "Yes" for the FCC: Personal Doctor Who Knows Child, and Coordination of Care for Children with Chronic Conditions CCC composite measures/items.

After applying this scoring methodology, the percentage of top-level responses was calculated in order to determine the question summary rates and global proportions. In order to allow for comparisons of the FAMIS program CAHPS results to national averages, the available NCQA national average Quality Compass data was presented for each CAHPS measure. For additional detail, please refer to the *NCQA HEDIS 2017 Specifications for Survey Measures, Volume 3*.

Trend Analysis

A trend analysis was performed for the general child and CCC populations that compared their 2017 CAHPS scores to their corresponding 2016 scores to determine whether there were statistically significant differences. A *t* test was performed to determine whether results in 2017 were statistically significantly different from results in 2016. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than or equal to 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Scores that were statistically significantly higher in 2017 than in 2016 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2017 than in 2016 are noted with black downward (▼) triangles. Scores in 2017 that were not statistically significantly different from scores in 2016 are not noted with triangles.

Proportion of Responses

For the general child and CCC populations, the proportion of responses for each CAHPS measure was also calculated. For each CAHPS measure, responses were classified into categories and the proportion (or percentage) of respondents that fell into each response category was calculated. The following provides a description of the classification of responses for each CAHPS measure.

For the global ratings, responses were classified into three categories:

- Satisfied—9 to 10
- Neutral—7 to 8
- Dissatisfied—0 to 6

For measures with a top-box score of "Usually/Always," responses were classified into three categories:

- Satisfied—Usually/Always
- Neutral—Sometimes
- Dissatisfied—Never

For measures with a top-box score of "Yes," responses were classified into two categories:

- Satisfied—Yes
- Dissatisfied—No

Key Drivers of Satisfaction Analysis

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

- How ***well*** the program is performing on the survey item (i.e., question).
- How ***important*** that item is to overall satisfaction.

The key drivers analysis focused on the following three global ratings: 1) Rating of Health Plan, 2) Rating of All Health Care, and 3) Rating of Personal Doctor.

This analysis was used to determine which particular CAHPS items (i.e., questions) strongly correlated with members' satisfaction on each of these measures (which HSAG refers to as "key drivers"). Given that these individual items may be driving members' level of satisfaction with Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor, these results could be used to determine whether or not potential QI activities could improve member satisfaction on each of the key drivers identified.

For purposes of the key drivers of satisfaction analysis, how well the program is performing on a survey question is measured by calculating a *problem score*, in which a negative experience with care is defined as a problem and assigned a "1," and a *non-negative* (i.e., positive) experience is assigned a "0." The higher the problem score, the lower the member satisfaction with the aspect of service measured by that question. The problem score can range from 0 to 1.

For each item evaluated, the relationship between the item's problem score and performance on the measure is calculated using a Pearson product moment correlation, which is defined as the covariance of the two scores divided by the product of their standard deviations. Items are then prioritized based on their overall problem score and their correlation to the measure evaluated. A problem score at or above the median problem score is considered to be "high." A correlation at or above the median correlation is considered to be "high." Key drivers are those items for which the problem score and correlation are both above their respective medians. The median, rather than the mean, is used to ensure that extreme

problem scores and correlations do not have disproportionate influence in prioritizing individual questions.

Correlation

The relationship between the problem score of a question and the overall satisfaction with the program is calculated using the Pearson product moment correlation, represented by *r*. The formula to compute this correlation is:

$$r = \frac{\sum\left(z_x z_y\right)}{N}$$

where z_x is the variable *X* converted into *z* scores, z_y is the variable *Y* converted into *z* scores, and *N* is the number of scores. This conversion modifies the distributions of both variables so that they conform to the standard normal distribution and can be compared. The formula for a *z* score is:

$$z = \frac{X - \mu}{\sigma}$$

where the mean, μ, is subtracted from each score, *X*, and then divided by the standard deviation, σ.

The correlation can range from -1 to 1, with negative values indicating an inverse (i.e., a negative) relationship between overall satisfaction and a particular survey item. However, the correlation analysis conducted for the FAMIS program is not focused on the direction of the correlation but rather the degree of correlation. Therefore, the absolute value of *r* is used in the analysis, and the range for *r* is from 0 to 1. An *r* of zero indicates no relationship between the response to a question and a member's overall satisfaction with the program. As *r* increases, the importance of the question to the respondent's overall program satisfaction increases.

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.

Non-Response Bias

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

Causal Inferences

Although this report examines whether members report differences in satisfaction with various aspects of their health care experiences, these differences may not be completely attributable to the FAMIS program. The survey by itself does not necessarily reveal the exact cause of these differences.

7. Survey Instrument

The survey instrument selected for the 2017 FAMIS Program 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 a copy of the survey instrument.

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

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

If you want to know more about this study, please call 1-800-837-3142.

SURVEY INSTRUCTIONS

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

  Correct Mark ● **Incorrect Marks** 

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

  ● **Yes** ➔ ***Go to Question 1***
  ○ **No**

START HERE

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

1. **Our records show that your child is now in the Family Access to Medical Insurance Security (FAMIS) Program. Is that right?**

   ○ Yes ➔ ***Go to Question 3***
   ○ No

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

   _____

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your child's health care. Do <u>not</u> include care your child got when he or she stayed overnight in a hospital. Do <u>not</u> 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 <u>needed care right away</u> in a clinic, emergency room, or doctor's office?

- ○ Yes
- ○ No ➔ ***Go to Question 5***

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

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

5. In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> 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 <u>check-up or routine care</u> 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, <u>not</u> counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?

- ○ None ➔ ***Go to Question 16***
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

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

- ○ Yes
- ○ No

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

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

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

- ○ Yes
- ○ No ➔ ***Go to Question 14***

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

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

○	○	○	○	○	○	○	○	○	○	○
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

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

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

- ○ 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 family's day-to-day life?

- ○ Yes
- ○ No

GETTING HEALTH CARE FROM SPECIALISTS

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

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

In the last 6 months, did you make any appointments for your child to see a specialist?

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

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

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

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

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

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

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

Worst Specialist Possible — Best Specialist Possible

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 <u>your child's</u> 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 <u>your</u> 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 ➔ ***Go to Question 84***

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

ADDITIONAL QUESTIONS

84. 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 doctors or other health providers?

- ○ Yes ➔ ***Go to Question 85***
- ○ No ➔ ***Thank you. Please return the completed survey in the postage-paid envelope.***

85. In the last 6 months, who helped to coordinate your child's care?

- ○ Someone from your child's health plan
- ○ Someone from your child's doctor's office or clinic
- ○ Someone from another organization
- ○ A friend or family member
- ○ You
- ○ My child did not receive health care in the last 6 months

86. 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
- ○ I did not receive help to coordinate my child's care in the last 6 months
- ○ I did not need help to coordinate my child's care in the last 6 months

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