

Commonwealth of Virginia Department of Medical Assistance Services

**SFY 2023-2024
Virginia FAMIS Program
CAHPS® Survey Report**



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1. Standard Terms and Definitions

- **AHRQ**—Agency for Healthcare Research and Quality
- **CAHPS®**—Consumer Assessment of Healthcare Providers and Systems¹
- **CCC**—Children with Chronic Conditions
- **CHIP**—Children’s Health Insurance Program
- **CHIPRA**—Children’s Health Insurance Program Reauthorization Act
- **CMS**—Centers for Medicare & Medicaid Services
- **DMAS**—Department of Medical Assistance Services
- **FAMIS**—Family Access to Medical Insurance Security
- **FFS**—Fee-for-Service
- **HEDIS®**—Healthcare Effectiveness Data and Information Set²
- **NCQA**—National Committee for Quality Assurance
- **Global Ratings**—four measures that reflect overall experience with the health plan, health care, personal doctors, and specialists (also referred to as global measures).
- **Composite Measures**—four 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 Measure**—one individual survey question that looks at a specific area of care (i.e., “Coordination of Care”).
- **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”).
- **Top-Box Score**—method for evaluating performance for the FAMIS program using “top-box” (i.e., positive) responses to calculate scores for each general child and CCC CAHPS survey measure.
- **NCQA’s 2022 Quality Compass® Benchmark and Compare Quality Data³**—NCQA Quality Compass data used to compare calculated top-box scores for the FAMIS program to NCQA national averages and percentile distributions to derive overall member experience ratings (i.e., star ratings).

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

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

³ Quality Compass® is a registered trademark of NCQA.

2. Executive Summary

Introduction

Annually, the Virginia Department of Medical Assistance Services (DMAS) requires the administration of member experience surveys to Family Access to Medical Insurance Security (FAMIS) members receiving health care services through fee-for-service (FFS) or managed care. The member experience 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). 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 members' overall experience.

The standardized survey instrument selected was the CAHPS 5.1 Child Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set and the Children with Chronic Conditions (CCC) measurement set. 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/caretakers of child members from the FAMIS program completed the surveys from April to June 2023.

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.⁴ Based on NCQA's recommendations and HSAG's extensive experience evaluating CAHPS data, a number of analyses were performed to comprehensively assess member experience with the FAMIS program. The details of the CAHPS scoring methodology and analyses are described in the Reader's Guide section beginning on page 27.

Performance Highlights

The performance highlights are categorized into three areas of analysis:

- NCQA Comparisons
- Trend Analysis
- Key Drivers of Member Experience Analysis

⁴ National Committee for Quality Assurance. *HEDIS® Measurement Year 2022, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2022.

NCQA Comparisons and Trend Analysis

HSAG calculated top-box scores (i.e., rates of experience) for the measures. HSAG compared scores for each measure to NCQA's 2022 Quality Compass® Benchmark and Compare Quality Data.^{5,6,7} Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent). The detailed results of this analysis are described in the General Child Results section beginning on page 12 and the Children with Chronic Conditions section beginning on page 19.

In addition, a trend analysis was performed that compared the 2023 CAHPS results to their corresponding 2022 CAHPS results. The detailed results of this analysis are described in the Trend Analysis subsection of the General Child Results section beginning on page 13 and the Children with Chronic Conditions Results section beginning on page 21.

Table 2-1 provides highlights of the NCQA Comparisons and Trend Analysis for the FAMIS program's general child and CCC populations. The percentages presented above the stars represent the scores, while the stars represent overall member experience ratings when compared to NCQA Quality Compass Benchmark and Compare Quality Data.

⁵ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2022*. Washington, DC: NCQA, September 2022.

⁶ The source for the national data contained in this publication is Quality Compass® 2022 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2022 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.

⁷ Quality Compass 2023 data were not available at the time this report was prepared; therefore, 2022 data were used for comparison.

Table 2-1—NCQA Comparisons and Trend Analysis

Measure	General Child		CCC	
	NCQA Comparisons	Trend Analysis	NCQA Comparisons	Trend Analysis
Global Ratings				
<i>Rating of Health Plan</i>	72.7% ★★★	—	65.9% ★★	—
<i>Rating of All Health Care</i>	67.0%+ ★	—	56.4% ★	—
<i>Rating of Personal Doctor</i>	78.8% ★★★	—	74.8% ★★	—
<i>Rating of Specialist Seen Most Often</i>	73.9%+ ★★★	—	63.9%+ ★	—
Composite Measures				
<i>Getting Needed Care</i>	83.3%+ ★★	—	76.2% ★	—
<i>Getting Care Quickly</i>	90.7%+ ★★★★	—	87.7%+ ★★	—
<i>How Well Doctors Communicate</i>	93.7%+ ★★	—	92.2% ★	—
<i>Customer Service</i>	95.0%+ ★★★★★	▲	89.3%+ NA	—
Individual Item Measure				
<i>Coordination of Care</i>	61.5%+ ★	—	74.4%+ ★	—
CCC Composite Measures/CCC Items				
<i>Access to Specialized Services</i>	NA	NA	59.5%+ ★	—
<i>FCC: Personal Doctor Who Knows Child</i>	NA	NA	88.2% ★	—
<i>Coordination of Care for Children with Chronic Conditions</i>	NA	NA	74.0%+ ★	—
<i>FCC: Getting Needed Information</i>	NA	NA	86.6% ★	—
<i>Access to Prescription Medicines</i>	NA	NA	89.5% ★★	—
Star Assignments Based on Percentiles				
★★★★★ 90th or Above	★★★★ 75th-89th	★★★ 50th-74th	★★ 25th-49th	★ Below 25th
▲ Statistically significantly higher in 2023 than in 2022.				
▼ Statistically significantly lower in 2023 than in 2022.				
— Not statistically significantly different in 2023 than in 2022.				
NA Indicates that this measure is not applicable for the population or the benchmark was not available.				
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.				

Key Drivers of Member Experience Analysis

In order to determine potential items for quality improvement (QI) efforts, HSAG conducted a key drivers analysis. HSAG focused the key drivers of member experience analysis on three measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. HSAG evaluated these global ratings to determine if particular CAHPS items (i.e., questions) are strongly correlated with one or more of these measures. These individual CAHPS items, which HSAG refers to as “key drivers,” are driving respondents’ levels of experience with each of the three measures. The detailed results of this analysis are described in the General Child Results section beginning on page 18. Table 2-2 provides a summary of the survey items identified for each of the three measures as being key drivers of member experience (indicated by a ✓) for the FAMIS program’s general child population.

Table 2-2—Key Drivers of Member Experience: FAMIS Program

Key Drivers	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q10. Ease of getting the care, tests, or treatment the child needed		✓	
Q32. Child’s personal doctor spent enough time with the child	✓		
Q35. Child’s personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	✓		
Q41. Child received appointment with a specialist as soon as needed	✓		NA
Q45. Child’s health plan’s customer service gave the parent/caretaker the information or help needed	✓		NA
Q48. Ease of filling out forms from the child’s health plan	✓	✓	NA
NA Indicates that this question was not evaluated for this measure.			

3. Survey Administration and Response Rate

Survey Administration

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., enrolled in FFS or managed care) for at least five out of the six-month enrollment period (July 1, 2022, to December 31, 2022). In addition, child members had to be 17 years of age or younger as of December 31, 2022, to be included in the survey.

The standard NCQA HEDIS Specifications for Survey Measures require a sample size of 1,650 for the general population and a sample size of 1,840 for the CCC supplemental population.⁸ A random sample of 1,650 child members was selected for the general child sample, which represents the general population of children. Child members in the eligible population file were assigned 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.⁹ After selecting child members for the general child sample, a sample of 1,840 child members with a prescreen code of 2, which represents the population of children who are more likely to have a chronic condition (i.e., CCC supplemental sample), was selected.

The survey administration protocol employed was a mail-only methodology. All sampled members were mailed a cover letter and survey questionnaire. Non-respondents received a reminder postcard, followed by a second survey mailing and postcard reminder, and a third survey mailing. Additional information on the survey protocol is included in the Reader's Guide section beginning on page 32.

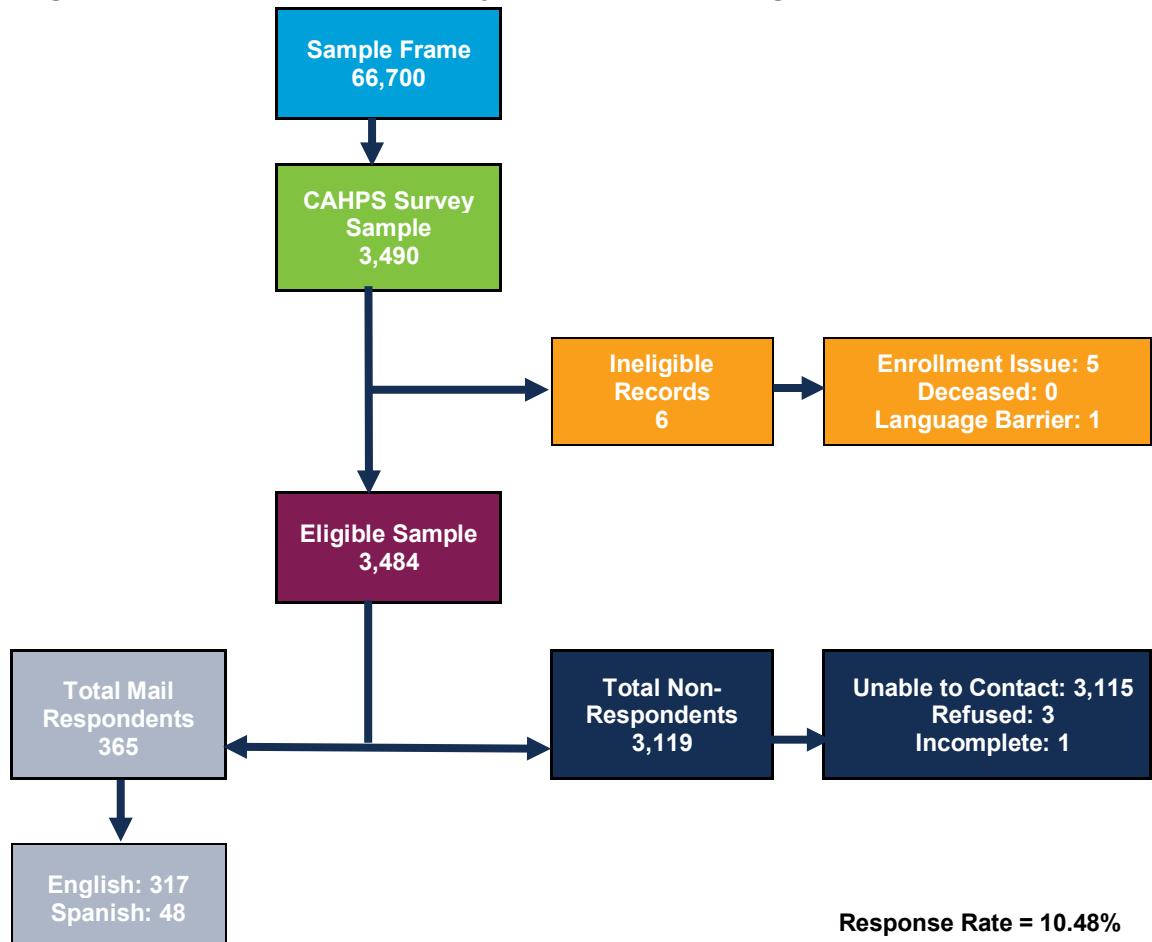
⁸ National Committee for Quality Assurance. *HEDIS® Measurement Year 2022, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2022.

⁹ *ibid.*

Response Rate

A total of 365 completed surveys were returned on behalf of child members. Figure 3-1 shows the distribution of survey dispositions and the response rate for the FAMIS program. The survey dispositions and response rate are based on responses of parents/caretakers of children in the general child and CCC supplemental samples.

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



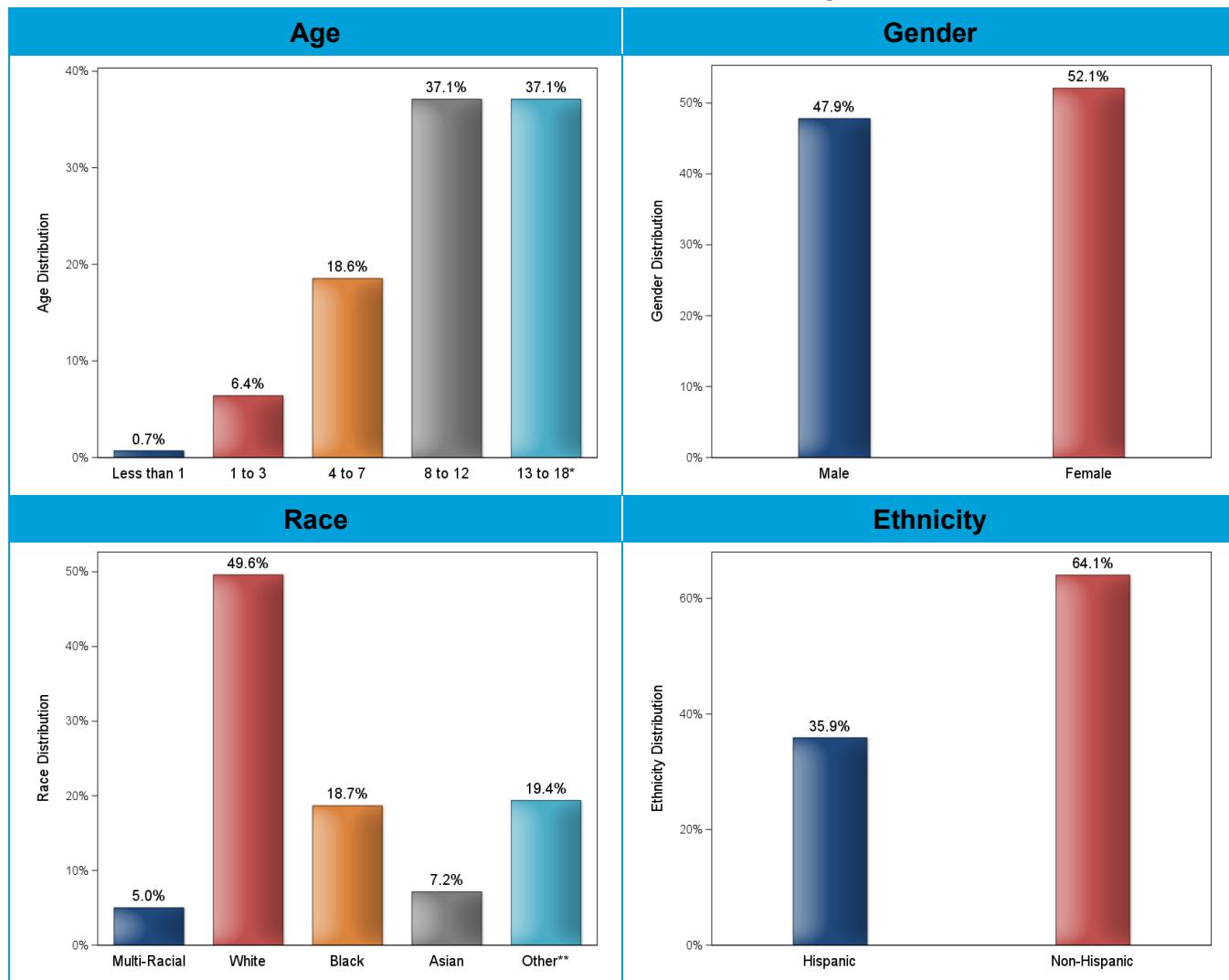
The FAMIS program's response rate of 10.48 percent was less than the national CCC Medicaid response rate reported by NCQA for 2022, which was 12.2 percent.¹⁰

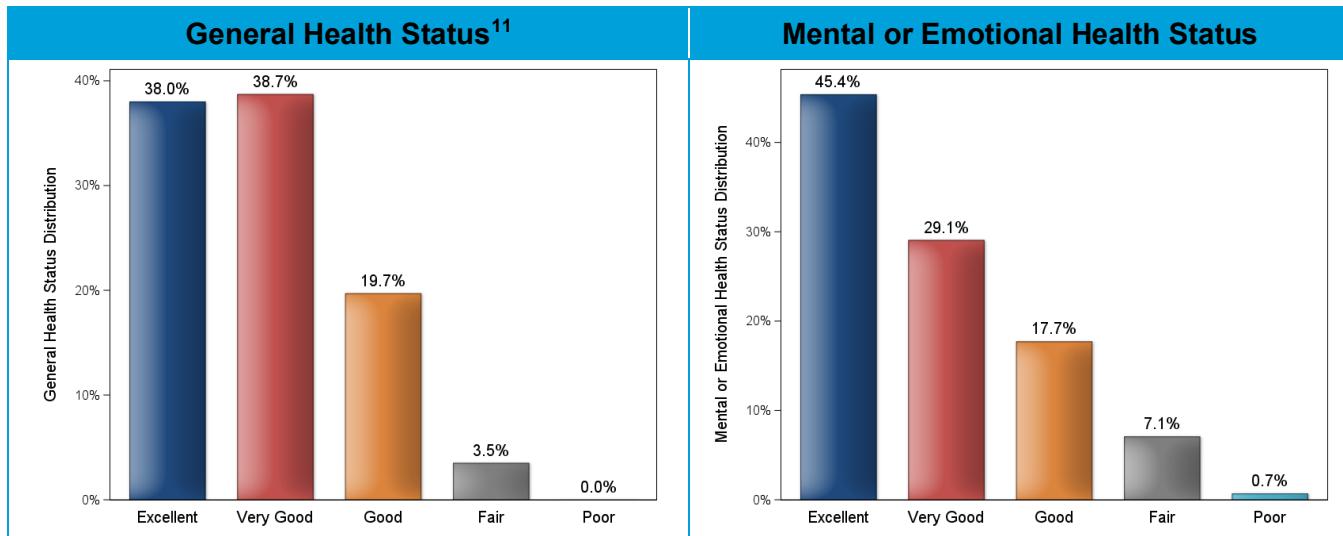
¹⁰ National Committee for Quality Assurance. *HEDIS® Survey Vendor Update Training*. October 5, 2022.

Child and Respondent Demographics

Table 3-1 provides an overview of the demographic characteristics of general child members for whom a parent/caretaker returned a completed survey.

Table 3-1—General Child Member Demographics





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

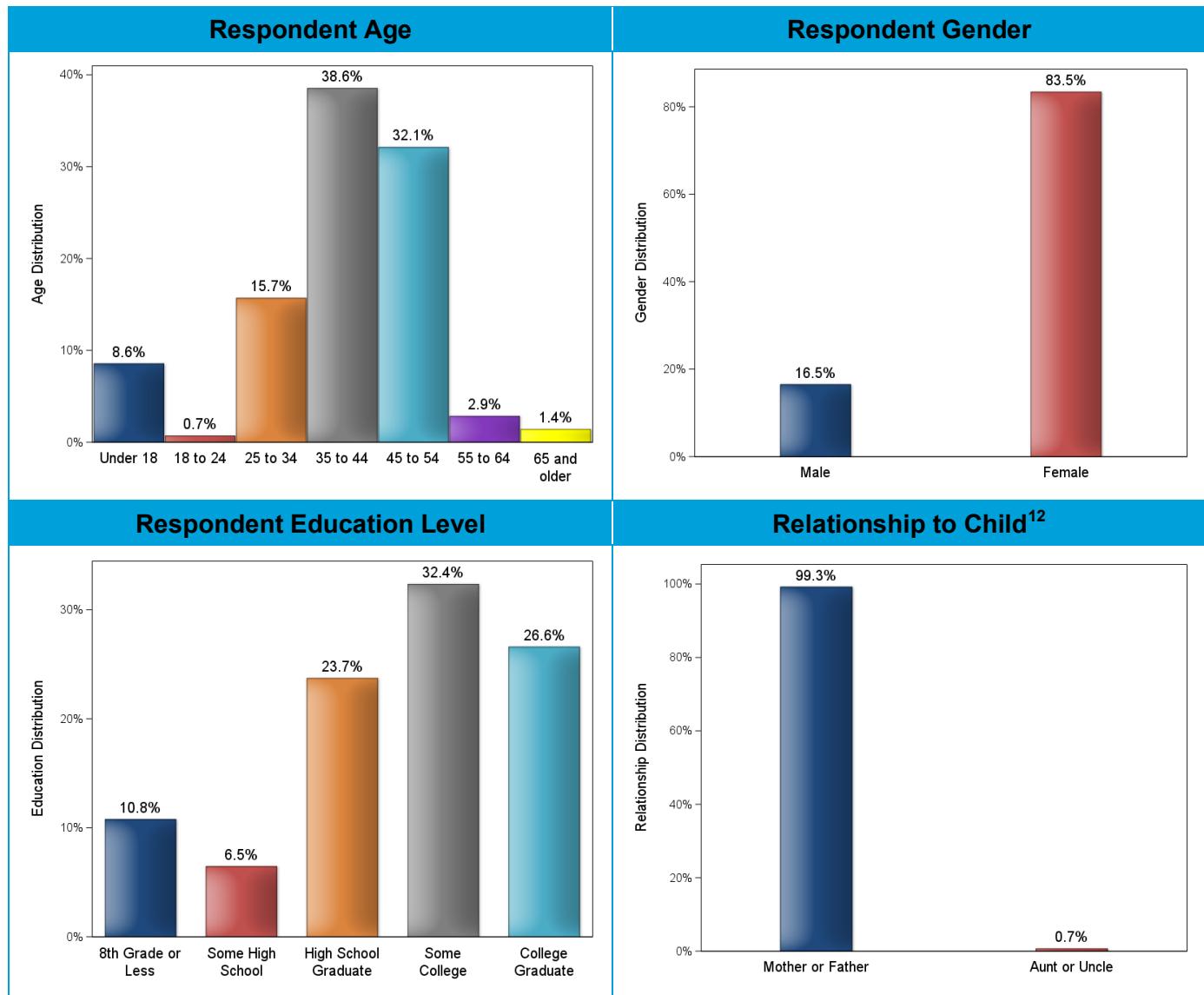
*Children are eligible for inclusion in the Child CAHPS Survey results if they were 17 years of age or younger as of December 31, 2022. Some children eligible for the survey turned age 18 between January 1, 2023, and the time of survey administration.

**The “Other” Race category includes responses of Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.

¹¹ No parents/caretakers of general child members (i.e., child members selected as part of the general child population sample) responded that their child had a general health status of “Poor.”

Table 3-2 provides an overview of the characteristics of parents/caretakers of general child members who responded to the survey.

Table 3-2—Respondent Demographics



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

¹² No parents/caretakers of general child members (i.e., child members selected as part of the general child population sample) responded that their relationship to the child was “Older brother or sister,” “Other relative,” “Grandparent”, “Legal Guardian,” or “Someone else.”

Respondent Analysis

HSAG compared the demographic characteristics of child members whose parents/caretakers responded to the survey to the demographic characteristics of all members in the sample frame for statistically significant differences. The demographic characteristics evaluated as part of the respondent analysis included age, gender, and race. Table 3-3 presents the results of the respondent analysis. Please note that variables from the sample frame were used as the data source for this analysis; therefore, these results will differ from those presented in the demographics subsection, which uses responses from the survey as the data source.

Table 3-3—Respondent Analysis Results

	Respondents	Sample Frame
Age		
Less than 1	1.4% —	2.0%
1 to 3	5.6%↓	12.7%
4 to 7	22.5% —	23.6%
8 to 12	34.5% —	30.0%
13 to 17	35.9% —	31.6%
Gender		
Male	45.1% —	50.9%
Female	54.9% —	49.1%
Race		
White	71.4%↑	60.4%
Black	20.0%↓	28.2%
Asian	4.3% —	6.2%
Other	4.3% —	5.2%

↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
 ↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
 — Indicates the respondent percentage is not significantly different than the sample frame percentage.
 The “Other” Race category includes Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, Other, and Multi-racial.
 Percentages may not total 100 percent due to rounding.

4. General Child Results

The following presents the 2023 CAHPS results for the FAMIS program general child population. For the FAMIS program general child population, a total of 142 completed surveys were returned on behalf of child members. These completed surveys were used to calculate the 2023 general child results presented in this section.

NCQA Comparisons

HSAG compared scores for each measure to NCQA's 2022 Quality Compass Benchmark and Compare Quality Data.^{13,14} Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent). Table 4-1 shows the FAMIS program's general child population scores and overall member experience ratings on each measure.

Table 4-1—NCQA Comparisons: General Child Population

Measure	Score	Star Rating
Global Ratings		
<i>Rating of Health Plan</i>	72.7%	★★★
<i>Rating of All Health Care</i>	67.0% ⁺	★
<i>Rating of Personal Doctor</i>	78.8%	★★★
<i>Rating of Specialist Seen Most Often</i>	73.9% ⁺	★★★
Composite Measures		
<i>Getting Needed Care</i>	83.3% ⁺	★★
<i>Getting Care Quickly</i>	90.7% ⁺	★★★★
<i>How Well Doctors Communicate</i>	93.7% ⁺	★★
<i>Customer Service</i>	95.0% ⁺	★★★★★

¹³ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2022*. Washington, DC: NCQA, September 2022.

¹⁴ Quality Compass 2023 data were not available at the time this report was prepared; therefore, 2022 data were used for comparison.

Measure	Score	Star Rating
Individual Item Measure		
Coordination of Care	61.5% ⁺	★
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.		

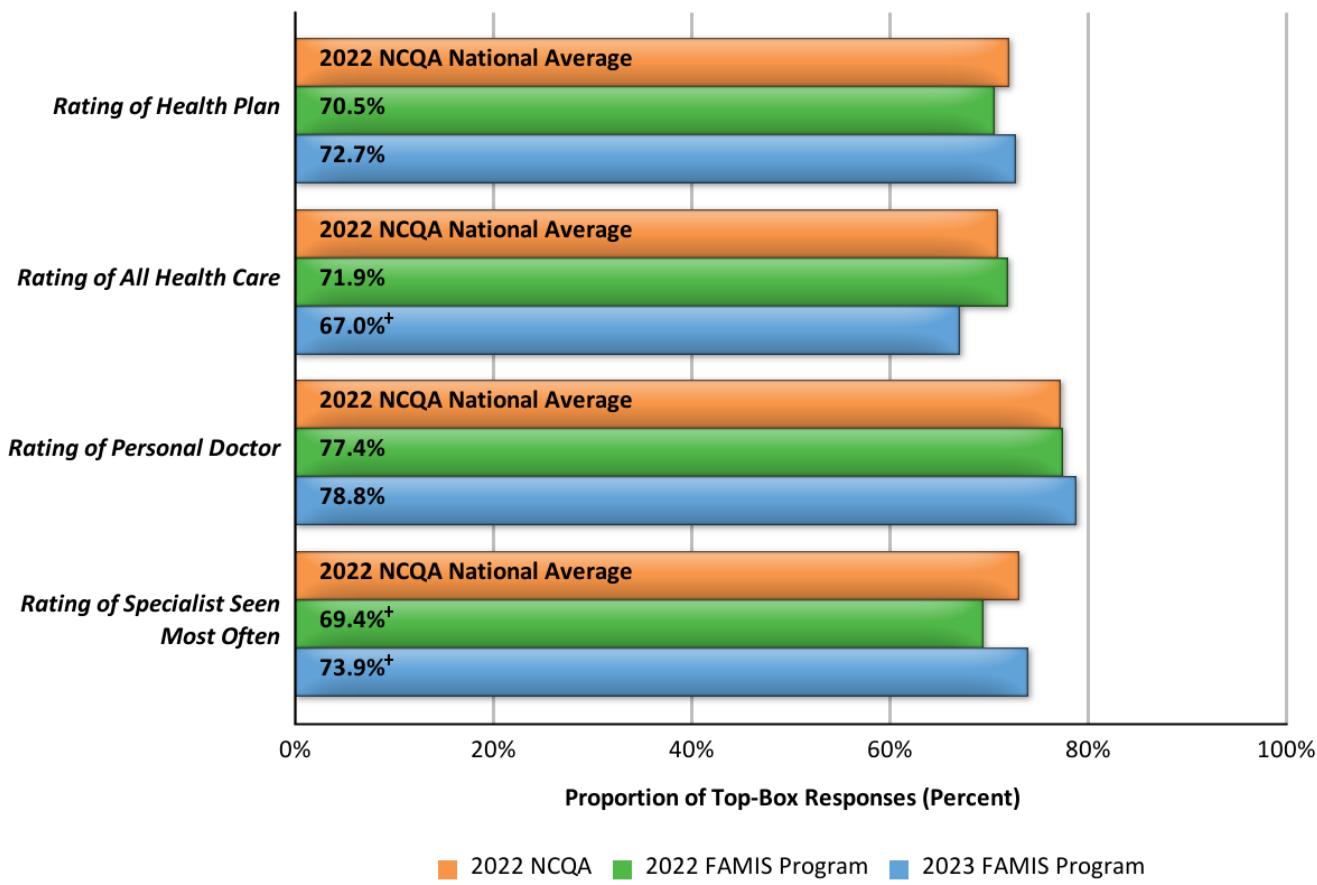
Trend Analysis and Proportion of Responses

In order to evaluate trends in member experience, HSAG compared the 2023 scores to the corresponding 2022 scores. Statistically significant results are noted with directional triangles. In addition, responses were classified into categories and the proportion (or percentage) of respondents that fell into each response category was calculated for each measure. For more detailed information regarding these analyses, please refer to the Reader's Guide section beginning on page 35. For additional information on the survey language and response options for the measures, please refer to the Reader's Guide beginning on page 29.

Global Ratings

Figure 4-1 depicts the top-box scores for the global ratings.

Figure 4-1—Global Ratings: Top-Box Scores



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.

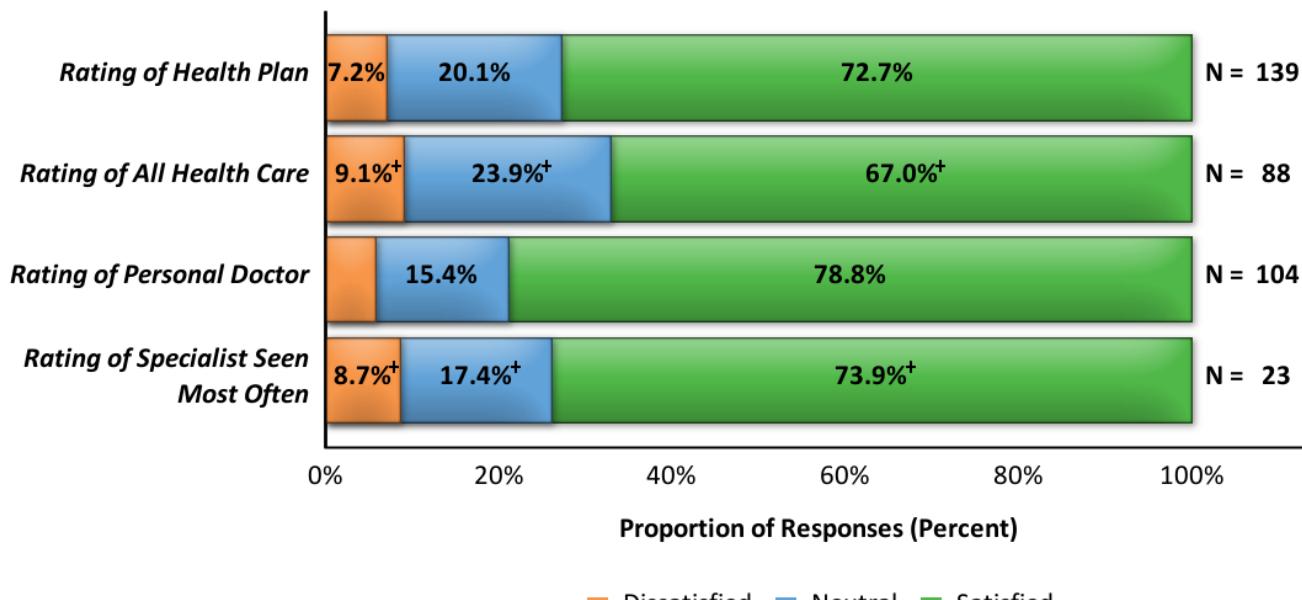
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.

If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.

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

Figure 4-2 depicts the proportion of respondents who fell into each response category for each global rating.

Figure 4-2—Global Ratings: Proportion of Responses

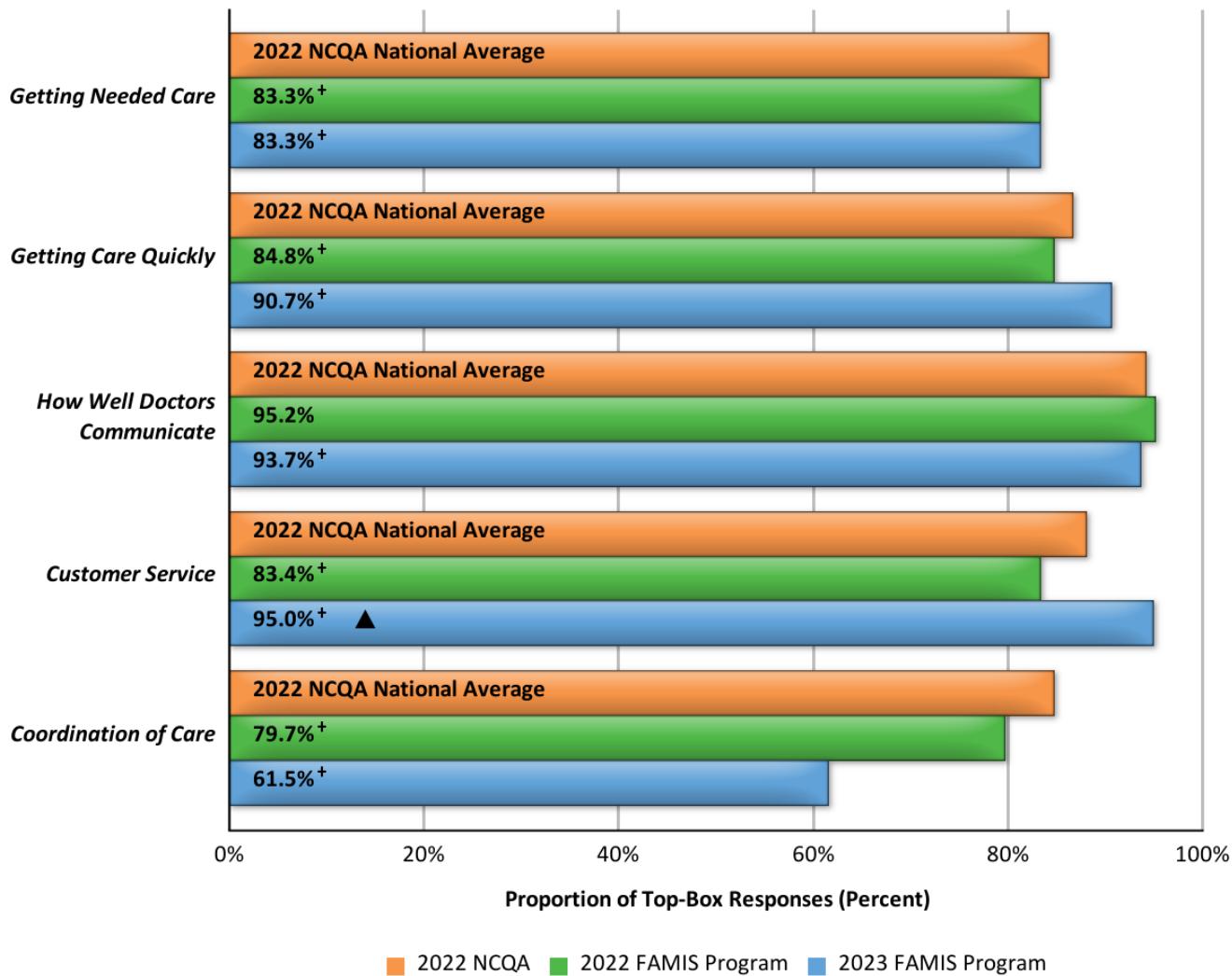


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite and Individual Item Measures

Figure 4-3 depicts the top-box scores for the composite and individual item measures.

Figure 4-3—Composite and Individual Item Measures: Top-Box Scores



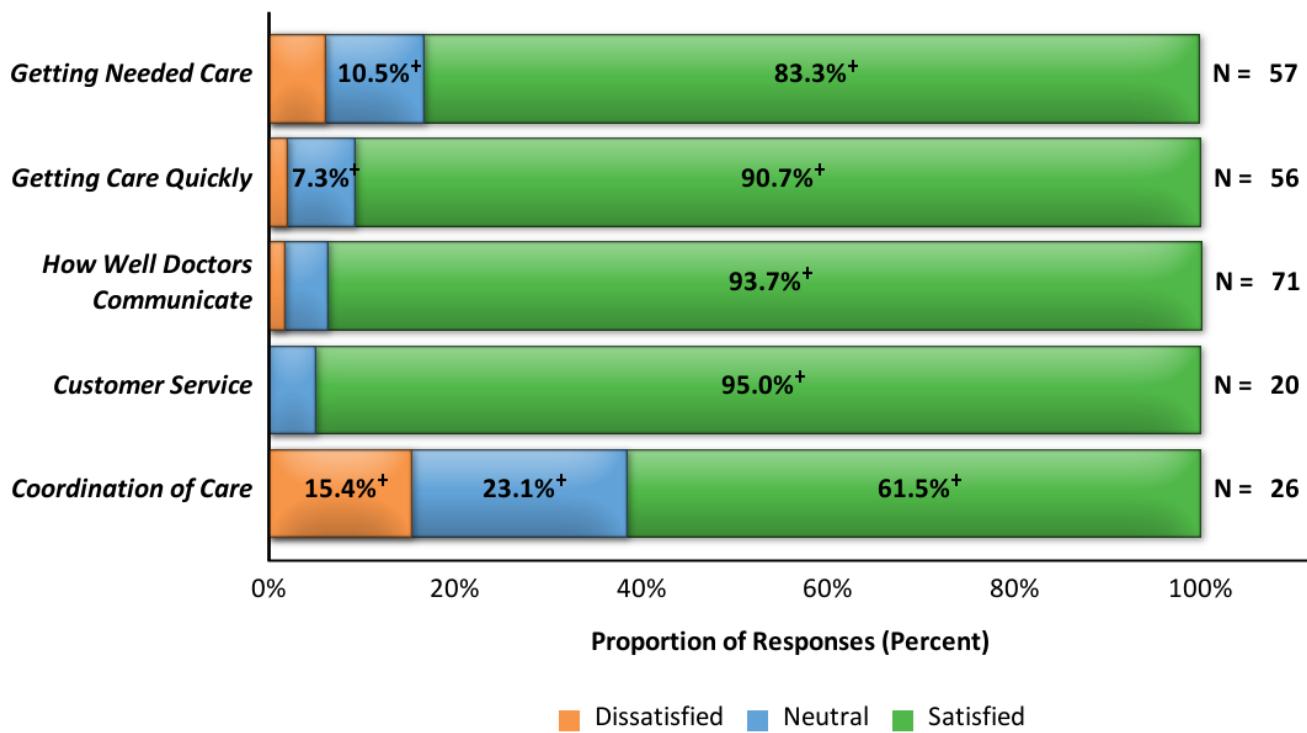
Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.

If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.

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

Figure 4-4 depicts the proportion of respondents who fell into each response category for the composite and individual item measures.

Figure 4-4—Composite and Individual Item Measures: Proportion of Responses



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

Key Drivers of Member Experience

HSAG focused the key drivers of member experience analysis on three measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. HSAG evaluated these global ratings to determine if particular CAHPS items (i.e., questions) are strongly correlated with one or more of these measures. These individual CAHPS items, which HSAG refers to as “key drivers,” are driving respondents’ levels of experience with each of the three measures. For additional information on the statistical calculation, please refer to the Reader’s Guide section on page 35. Table 4-2 provides a summary of the survey items identified for each of the three measures as being key drivers of member experience (indicated by a ✓) for the FAMIS program’s general child population.

Table 4-2—Key Drivers of Member Experience: FAMIS Program

Key Drivers	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q10. Ease of getting the care, tests, or treatment the child needed		✓	
Q32. Child’s personal doctor spent enough time with the child	✓		
Q35. Child’s personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	✓		
Q41. Child received appointment with a specialist as soon as needed	✓		NA
Q45. Child’s health plan’s customer service gave the parent/caretaker the information or help needed	✓		NA
Q48. Ease of filling out forms from the child’s health plan	✓	✓	NA
NA Indicates that this question was not evaluated for this measure.			

5. Children With Chronic Conditions Results

Chronic Conditions Classification

A series of questions included in the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and the CCC measurement set was used to identify children with chronic conditions (i.e., CCC screener questions). This series contains five sets of survey questions that focus on specific health care needs and conditions. Child members with affirmative responses to all the questions in at least one of the following five categories were considered to have a chronic condition:

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

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

Based on parents'/caretakers' responses to the CCC screener questions, the FAMIS program had 223 completed surveys for the CCC population. These completed surveys were used to calculate the 2023 CCC results presented in this section.

NCQA Comparisons

HSAG compared scores for each measure to NCQA's 2022 Quality Compass Benchmark and Compare Quality Data.^{15,16} Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent).

Table 5-1 shows the FAMIS program's CCC population scores and overall member experience ratings on each measure.

¹⁵ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2022*. Washington, DC: NCQA, September 2022.

¹⁶ Quality Compass 2023 data were not available at the time this report was prepared; therefore, 2022 data were used for comparison.

Table 5-1—NCQA Comparisons: CCC Population

Measure	Score	Star Rating		
Global Ratings				
Rating of Health Plan	65.9%	★★		
Rating of All Health Care	56.4%	★		
Rating of Personal Doctor	74.8%	★★		
Rating of Specialist Seen Most Often	63.9% ⁺	★		
Composite Measures				
Getting Needed Care	76.2%	★		
Getting Care Quickly	87.7% ⁺	★★		
How Well Doctors Communicate	92.2%	★		
Customer Service	89.3% ⁺	NA		
Individual Item Measure				
Coordination of Care	74.4% ⁺	★		
CCC Composite Measures/CCC Items				
Access to Specialized Services	59.5% ⁺	★		
FCC: Personal Doctor Who Knows Child	88.2%	★		
Coordination of Care for Children with Chronic Conditions	74.0% ⁺	★		
FCC: Getting Needed Information	86.6%	★		
Access to Prescription Medicines	89.5%	★★		
Star Assignments Based on Percentiles				
★★★★★ 90th or Above	★★★★ 75th-89th	★★★ 50th-74th	★★ 25th-49th	★ Below 25th
NA Indicates that this specific measure could not be compared to the 2022 NCQA national average since it was not available.				
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.				

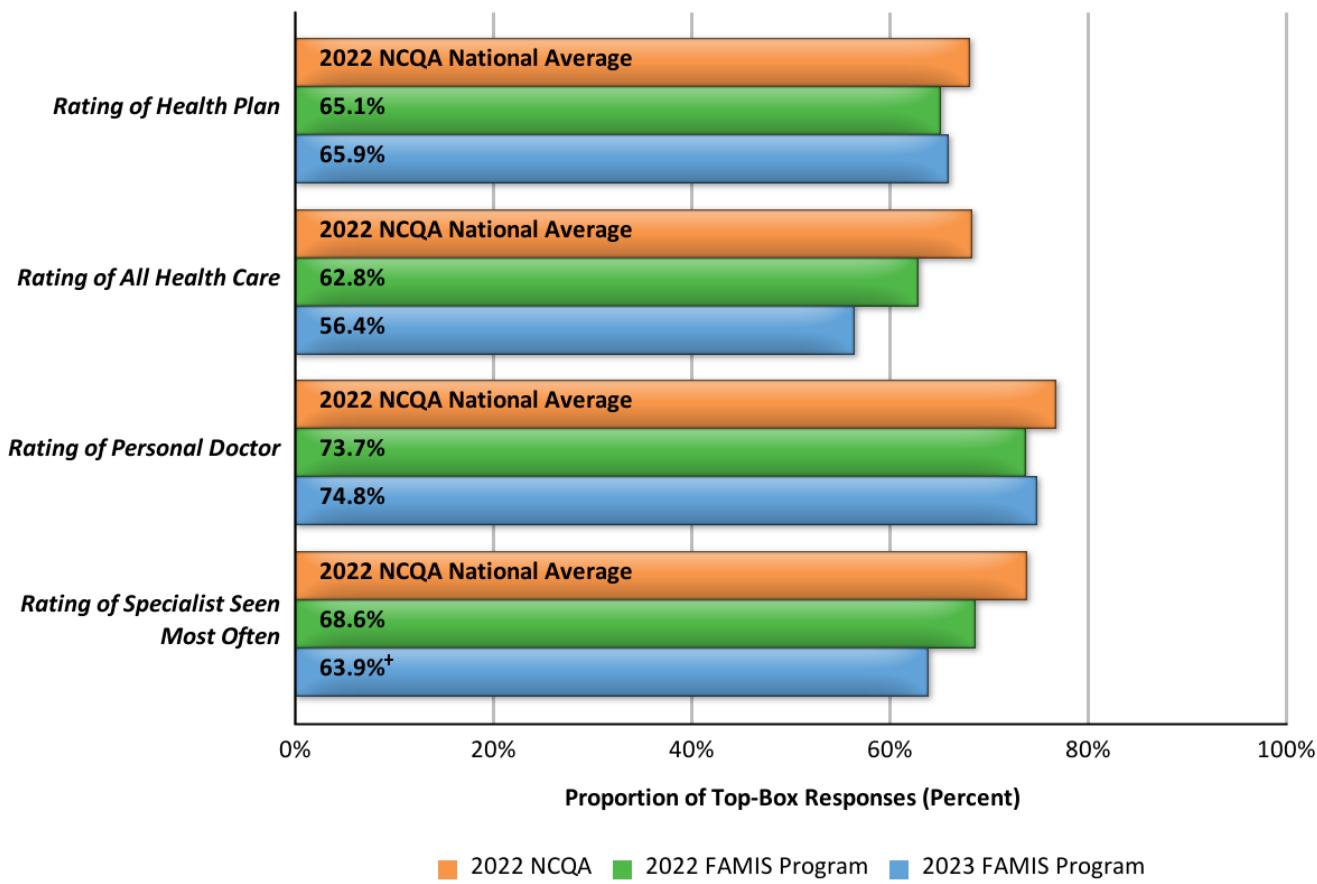
Trend Analysis and Proportion of Responses

In order to evaluate trends in member experience, HSAG compared the 2023 scores to the corresponding 2022 scores. Statistically significant results are noted with directional triangles. In addition, responses were classified into categories and the proportion (or percentage) of respondents that fell into each response category was calculated for each measure. For more detailed information regarding these analyses, please refer to the Reader's Guide section beginning on page 35. For additional information on the survey language and response options for the measures, please refer to the Reader's Guide beginning on page 29.

Global Ratings

Figure 5-1 depicts the top-box scores for the global ratings.

Figure 5-1—Global Ratings: Top-Box Scores



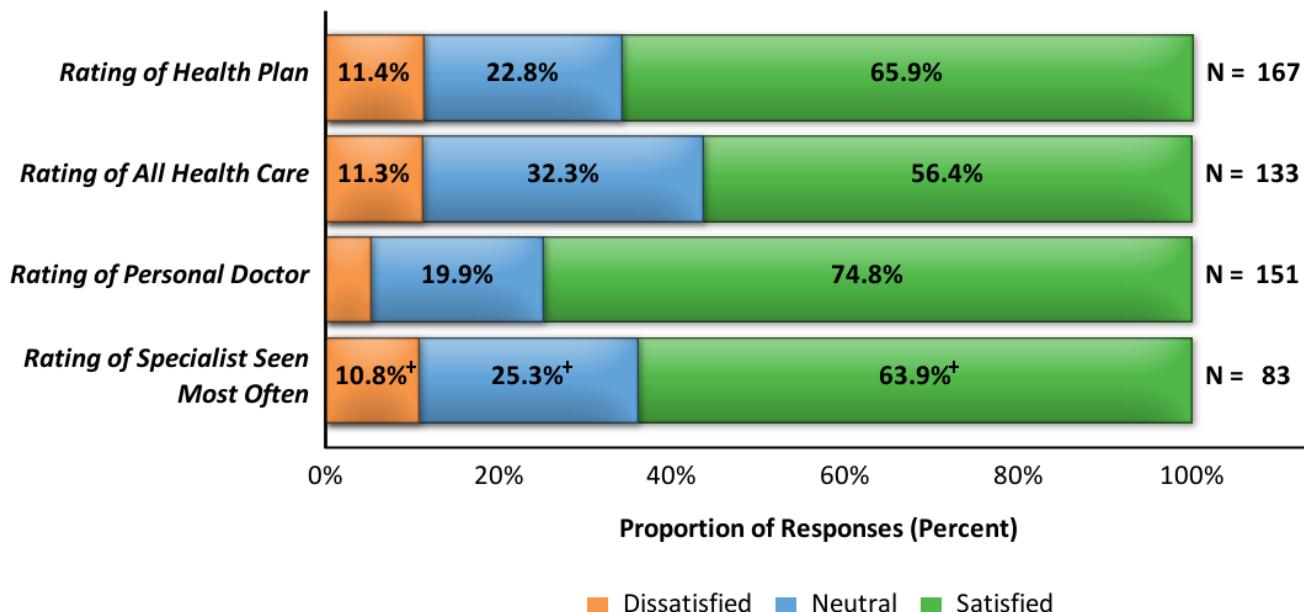
Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
 ▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.

If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.

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

Figure 5-2 depicts the proportion of respondents who fell into each response category for each global rating.

Figure 5-2—Global Ratings: Proportion of Responses

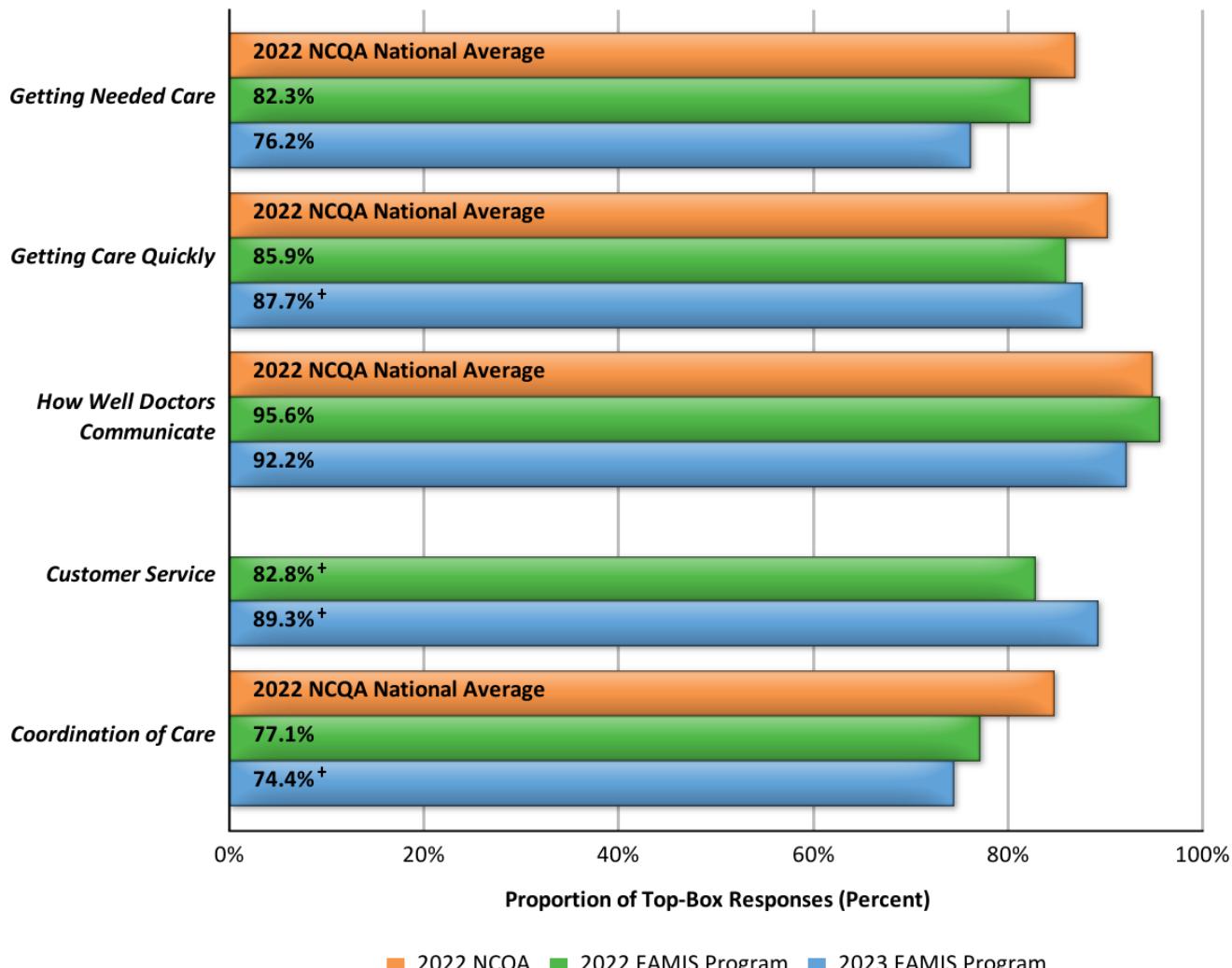


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite and Individual Item Measures

Figure 5-3 depicts the top-box scores for the composite and individual item measures.

Figure 5-3—Composite and Individual Item Measures: Top-Box Scores¹⁷



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
 ▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.

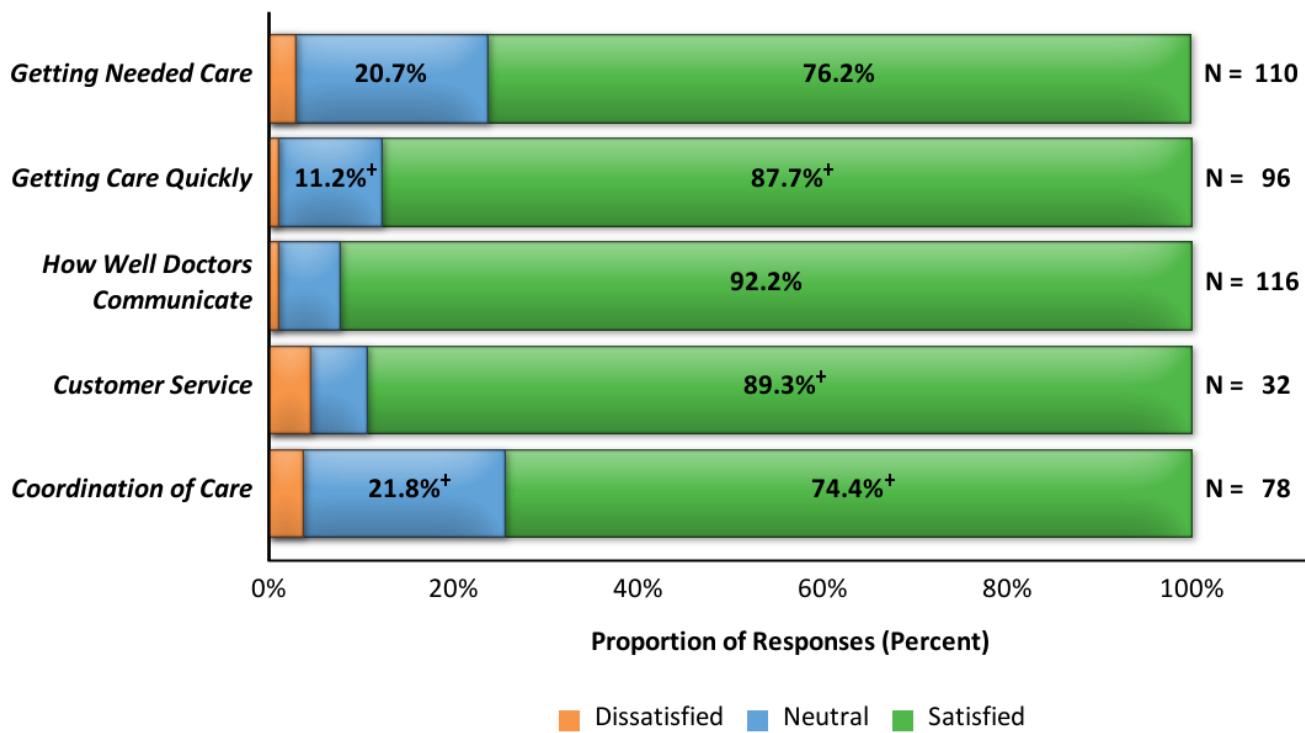
If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.

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

¹⁷ The 2022 NCQA national average for Customer Service measure was not available; therefore, no orange bar is presented in the figure.

Figure 5-4 depicts the proportion of respondents who fell into each response category for the composite and individual item measures.

Figure 5-4—Composite and Individual Item Measures: Proportion of Responses

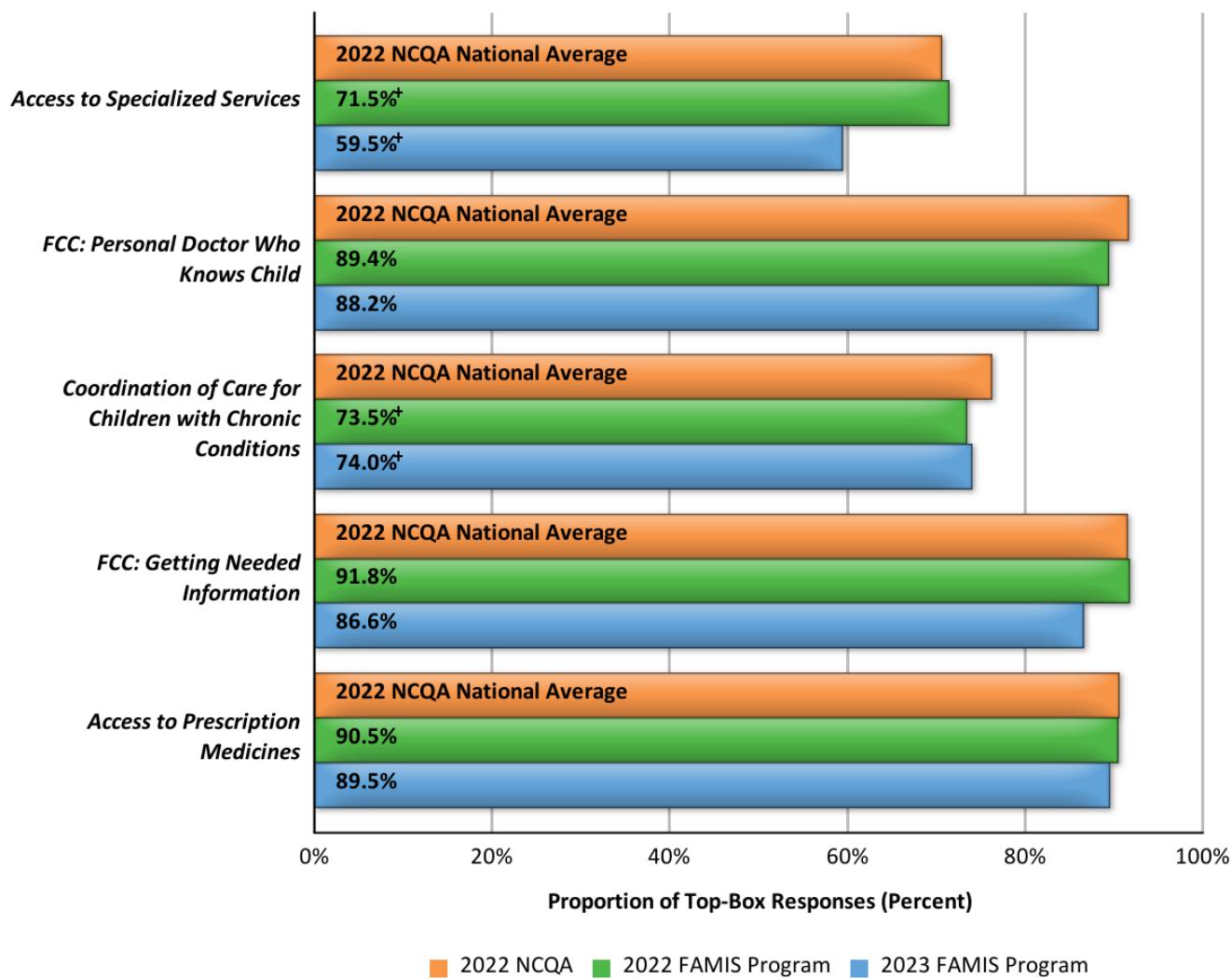


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

CCC Composites and Items

Figure 5-5 depicts the top-box scores for the CCC composites and items.

Figure 5-5—CCC Composites and Items: Top-Box Scores



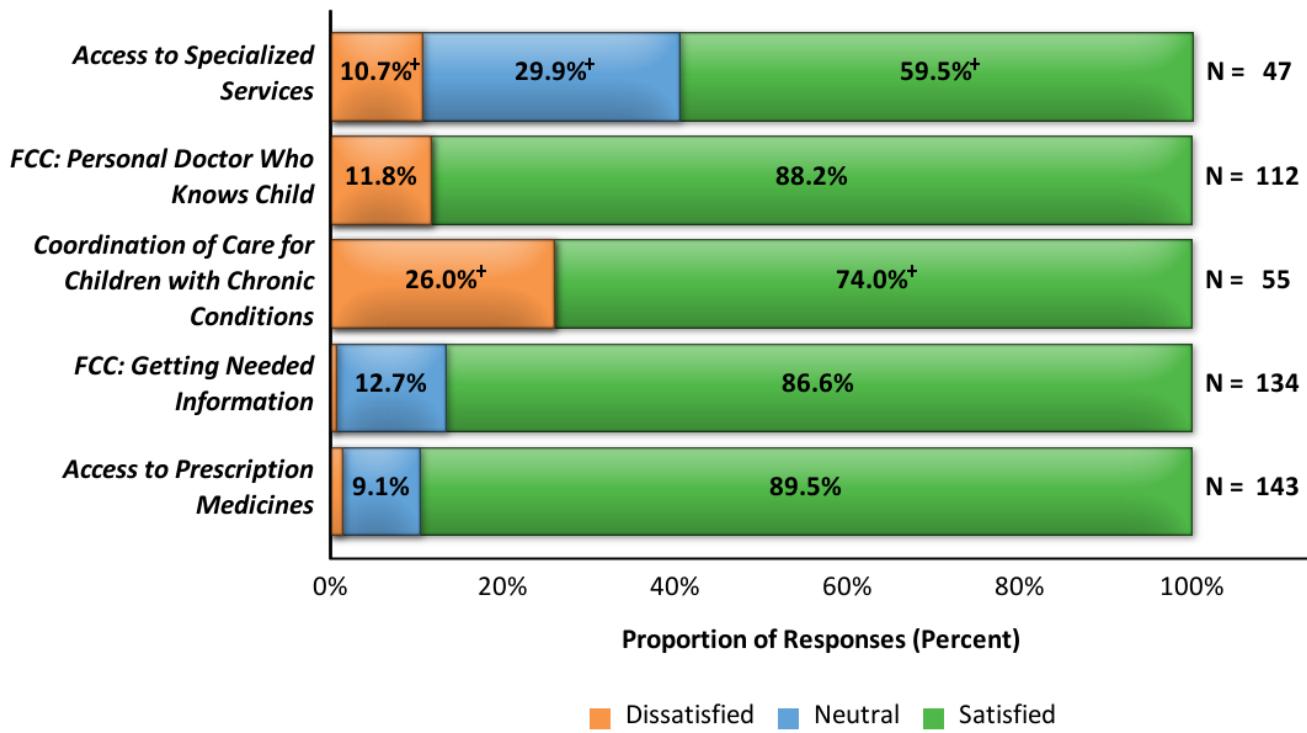
Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
 ▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.

If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.

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

Figure 5-6 depicts the proportion of respondents who fell into each response category for each CCC composite and item measure.

Figure 5-6—CCC Composites and Items: Proportion of Responses



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

6. Reader's Guide

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

Survey Administration

Survey Overview

The survey instrument selected was the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and the CCC measurement set. The CAHPS 5.1 Health Plan Surveys are a set of standardized surveys that assess patient perspectives on care. The sampling and data collection procedures for the CAHPS 5.1 Health Plan Surveys are designed to capture accurate and complete information about consumer-reported experiences with health care. The sampling and data collection procedures promote both the standardized administration of survey instruments and the comparability of the resulting data.

The CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set includes 76 core questions that yield 14 measures of experience. These measures include four global rating questions, four composite measures, one individual item measure, and five CCC composite measures/items. The global measures (also referred to as global ratings) reflect members' overall experience 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 measure is an individual question that looks at a specific area of care (i.e., *Coordination of Care*). The CCC composite measures and items are sets of questions and individual questions that look at different aspects of care and health care needs for the CCC population (e.g., *Access to Prescription Medicines* or *Coordination of Care for Children with Chronic Conditions*).

Figure 6-1 shows the measures included in the survey.

Figure 6-1—CAHPS Measures

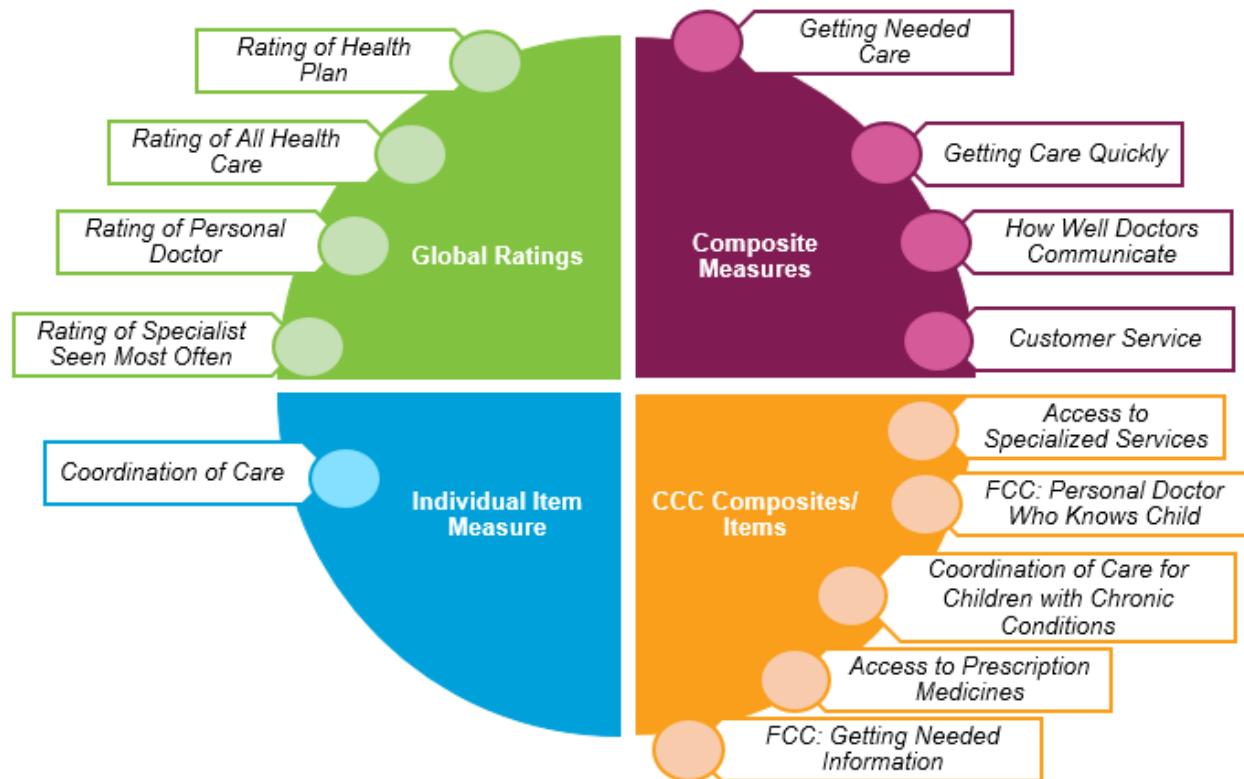


Table 6-1 presents the question language and response options for each measure.

Table 6-1—Question Language and Response Options

Question Language		Response Options
Global Ratings		
Rating of Health Plan		
Q49.	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		
Q9.	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		
Q36.	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		
Q43.	We want to know your rating of the specialist your child talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	0-10 Scale
Composite Measures		
Getting Needed Care		
Q10.	In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	Never, Sometimes, Usually, Always
Q41.	In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?	Never, Sometimes, Usually, Always
Getting Care Quickly		
Q4.	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
Q6.	In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> for your child as soon as your child needed?	Never, Sometimes, Usually, Always

Question Language		Response Options
How Well Doctors Communicate		
Q27.	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
Q28.	In the last 6 months, how often did your child's personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
Q29.	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
Q32.	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		
Q45.	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
Q46.	In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?	Never, Sometimes, Usually, Always
Individual Item Measure		
Coordination of Care		
Q35.	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
CCC Composite and Items		
Access to Specialized Services		
Q15.	In the last 6 months, how often was it easy to get special medical equipment or devices for your child?	Never, Sometimes, Usually, Always
Q18.	In the last 6 months, how often was it easy to get this therapy for your child?	Never, Sometimes, Usually, Always
Q21.	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		
Q33.	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
Q38.	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
Q39.	Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your <u>family's</u> day-to-day life?	Yes, No

Question Language		Response Options
Coordination of Care for Children with Chronic Conditions		
Q13.	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
Q24.	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		
Q51.	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		
Q8.	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

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., enrolled in FFS or managed care) for at least five out of six months of the enrollment period (July 1, 2022, to December 31, 2022), with no more than one gap in enrollment of up to 45 days. In addition, child members had to be 17 years of age or younger as of December 31, 2022, to be included in the survey.

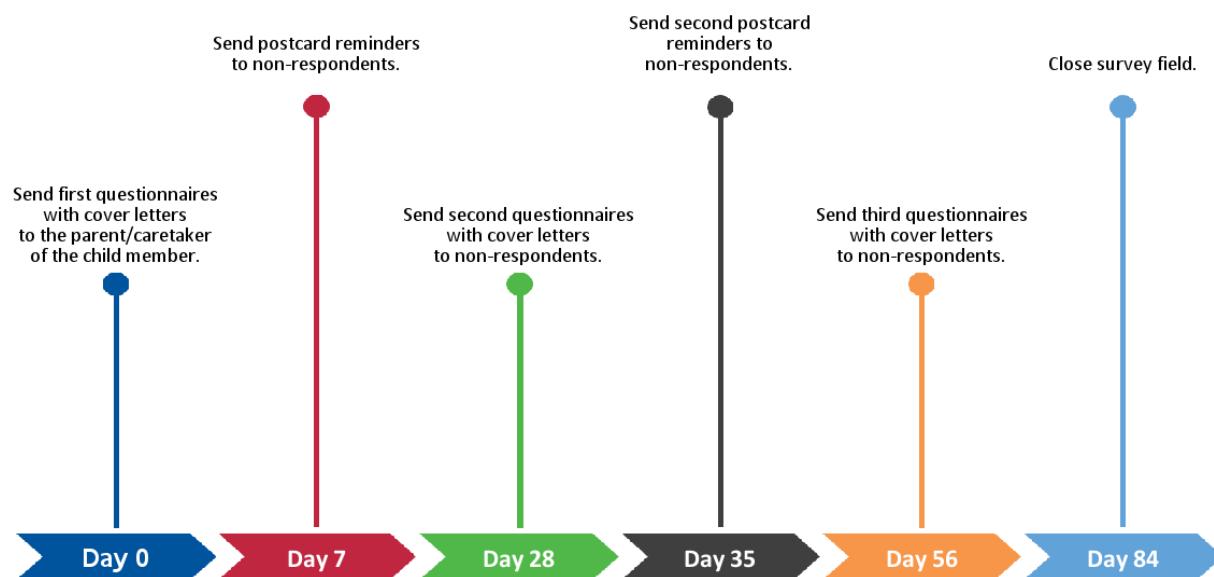
For the CAHPS 5.1 Child Medicaid Health Plan Survey (with the CCC measurement set), the standard NCQA specifications require a sample size of 1,650 for the general population and a sample size of 1,840 for the CCC supplemental population. First, HSAG selected a sample of 1,650 child members for the general child sample, which represents the general population of children. After selecting child members for the general child sample, HSAG selected a sample of eligible child members with a prescreen code of 2 (i.e., 1,840 child members), which represents the population of children who were more likely to have a chronic condition (i.e., CCC supplemental sample).

HSAG inspected the file records to check for any apparent problems with the files, such as missing address elements. The records from the sample were passed through the United States Postal Service's National Change of Address (NCOA) system to obtain new addresses for members who had moved (if they had given the Postal Service a new address).

Survey Protocol

The survey administration protocol employed was a mail-only methodology. All parents/caretakers of sampled members were mailed a survey. For the FAMIS program, members who were identified as Spanish speaking through administrative data were mailed a Spanish version of the survey. The cover letter provided with the Spanish version of the survey included a customized English cover letter on the backside informing parents/caretakers that they could call the toll-free number to request a survey in English. Members who 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 customized Spanish cover letter on the backside informing parents/caretakers that they could call the toll-free number to request a Spanish version of the CAHPS questionnaire. A reminder postcard was sent to all non-respondents, followed by a second survey mailing, second reminder postcard, and third survey mailing. Parents/caretakers of sampled FAMIS members completed the surveys from April 2023 to June 2023. Figure 6-2 presents the actual tasks and timeline used in the administration of the survey.

Figure 6-2—Survey Timeline



Methodology

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of HEDIS Specifications for Survey Measures to generate the results for the FAMIS program's general child and CCC populations. Based on NCQA's recommendations and HSAG's extensive experience evaluating CAHPS data, HSAG performed a number of analyses to comprehensively assess members' experience with the FAMIS program. This section provides an overview of the analyses.

Response Rates

NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.¹⁸ As specified by NCQA, a survey was assigned a disposition code of "completed" if the parents/caretakers of sampled members answered at least three of the following five questions: questions 3, 25, 40, 44, and 49. Eligible members included 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 31 of this report), or had a language barrier. The following formula was used to calculate the response rate.

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

Child and Respondent Demographics

The demographic analysis evaluated child and self-reported demographic information from survey respondents. The demographic characteristics of child members included age, gender, race, ethnicity, general health status, and mental or emotional health status. Self-reported respondent demographic information included age, gender, education level, and relationship to the child.

In general, the demographics of a response group may influence members' overall experience scores. For example, parents/caretakers of older and healthier child members tend to report higher levels of member experience; therefore, it is important to evaluate all results in the context of the actual respondent population.¹⁹ If the respondent population differs significantly from the actual population of the program, then caution must be exercised when extrapolating the results to the entire population.

¹⁸ National Committee for Quality Assurance. *HEDIS® Measurement Year 2022, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2022.

¹⁹ 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.

Respondent Analysis

HSAG evaluated the demographic characteristics of child members (i.e., age, gender, and race) as part of the respondent analysis. HSAG performed a *t* test to determine whether the demographic characteristics of child members whose parents/caretakers responded to the survey (i.e., respondent percentages) were statistically significantly different from the demographic characteristics of all child members in the sample frame (i.e., sample frame percentages). A difference was considered statistically significant if the two-sided *p* value of the *t* test is less than 0.05. The two-sided *p* value of the *t* test is the probability of observing by chance a test statistic at least as extreme as the one actually observed. Respondent percentages within a particular demographic category that were statistically significantly higher or lower than the sample frame percentages are noted with black arrows in the tables. Given that the demographics of a response group can influence overall experience scores, it is important to evaluate all results in the context of the actual respondent population. If the respondent population differs significantly from the actual population of the program, then caution must be exercised when extrapolating the survey results to the entire population.

General Child and Children With Chronic Conditions Results

For purposes of calculating the general child and CCC results, HSAG calculated top-box scores for each measure following NCQA HEDIS Specifications for Survey Measures.²⁰ The scoring of each measure involved assigning top-box responses a score of one, with all other responses receiving a score of zero. A “top-box” response was defined as follows:

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

After applying this scoring methodology, the proportion (i.e., percentage) of top-box responses was calculated in order to determine the top-box scores. For the global ratings and individual items, top-box scores were defined as the proportion of responses with a score value of one over all responses. For the composite measures, a separate top-box score was calculated for each question within the composite measure. The final composite measure score was determined by calculating the average score across all questions within the composite measure (i.e., mean of the composite items’ top-box scores). For additional detail, please refer to the *NCQA HEDIS Measurement Year 2022 Specifications for Survey Measures, Volume 3*.

²⁰ National Committee for Quality Assurance. *HEDIS® Measurement Year 2022, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2022.

For the general child and CCC populations, responses were also classified into categories and the proportion (or percentage) of respondents that fell into each response category was calculated for each 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 response of “Usually/Always,” responses were classified into three categories:

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

For measures with a top-box response of “Yes,” responses were classified into two categories:

- Satisfied—Yes
- Dissatisfied—No

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

Trend Analysis

HSAG performed a *t* test to determine whether results in 2023 were statistically significantly different from results in 2022. 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 by chance a test statistic at least as extreme as the one actually observed.

Scores that were statistically significantly higher in 2023 than in 2022 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2023 than in 2022 are noted with black downward (▼) triangles. Scores in 2023 that were not statistically significantly different from scores in 2022 are not noted with triangles.

NCQA Comparisons

For the general child and CCC populations, HSAG compared each measure’s top-box scores to NCQA Quality Compass Benchmark and Compare Quality Data to derive the overall member experience

ratings (i.e., star ratings) for each measure.²¹ Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure using the percentile distributions shown in Table 6-2.

Table 6-2—Star Ratings

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

Key Drivers of Member Experience Analysis

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

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

Table 6-3 depicts the survey items (i.e., questions) that were analyzed for each measure in the key drivers of member experience analysis as indicated by a checkmark (✓).

²¹ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2022*. Washington, DC: NCQA, September 2022.

Table 6-3—Key Drivers Matrix

Question Number	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q4. Child received care as soon as needed when care was needed right away	✓	✓	✓
Q6. Child received appointment for a checkup or routine care as soon as needed	✓	✓	✓
Q10. Ease of getting the care, tests, or treatment the child needed	✓	✓	✓
Q27. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	✓	✓	✓
Q28. Child's personal doctor listened carefully to the parent/caretaker	✓	✓	✓
Q29. Child's personal doctor showed respect for what the parent/caretaker said	✓	✓	✓
Q31. Child's personal doctor explained things in an understandable way for the child	✓	✓	✓
Q32. Child's personal doctor spent enough time with the child	✓	✓	✓
Q33. Child's personal doctor discussed how the child is feeling, growing, or behaving	✓	✓	✓
Q35. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	✓	✓	✓
Q41. Child received appointment with a specialist as soon as needed	✓	✓	NA
Q45. Child's health plan's customer service gave the parent/caretaker the information or help needed	✓	✓	NA
Q46. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	✓	✓	NA
Q48. Ease of filling out forms from the child's health plan	✓	✓	NA
NA Indicates that this question was not evaluated for this measure.			

HSAG measured each survey item's performance by calculating a problem score, in which a negative experience with care was defined as a problem and assigned a "1," and a positive experience with care (i.e., non-negative) was assigned a "0." The higher the problem score, the lower the respondent's experience with the aspect of service measured by that question. The problem score could range from 0 to 1. Table 6-4 depicts the problem score assignments for the different response categories.

Table 6-4—Assignment of Problem Scores

Response Category	Classification	Code
Never	Problem	1
Sometimes	Problem	1
Usually	Not a problem	0
Always	Not a problem	0
No	Problem	1
Yes	Not a problem	0
No Answer	Not classified	Missing

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

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

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. Key drivers of member experience are defined as those items that:

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

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.

Benchmarks

NCQA does not publish separate Quality Compass benchmarks for the CHIP population; therefore, NCQA's benchmarks for the Medicaid population were used to derive the overall member experience ratings. Given the potential differences in the demographic make-up of and services received from the FAMIS program compared to the Medicaid population, caution should be exercised when interpreting the results of the NCQA Comparisons analysis (i.e., star ratings) and comparisons of the top-box scores to NCQA Medicaid national benchmarks.

Causal Inferences

Although this report examines whether parents/caretakers report different experiences in various aspects of the child member's health care, 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. As such, caution should be exercised when interpreting these results.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their child's health care services. According to research, late respondents (i.e., respondents who submitted a survey later than the first mailing/round) could potentially be non-respondents if the survey had ended earlier.²² To identify potential non-response bias, HSAG compared the top-box scores from late respondents to early respondents (i.e., respondents who submitted a survey during the first mailing/round) for each measure. Results indicate that later respondents are statistically significantly more likely to provide a higher top-box response for the *Rating of All Health Care* measure. DMAS should consider that potential non-response bias may exist when interpreting CAHPS results.

²² Korkeila, K, Suominen S, Ahvenainen J, et al. "Non-response and related factors in a nation-wide health survey." European Journal of Epidemiology 17.11 (2001): 991-999.



7. Survey Instrument

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



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

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

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

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 

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

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

Yes
 No → **Go to Question 5**

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

Never
 Sometimes
 Usually
 Always

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

Yes
 No → **Go to Question 7**

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

Never
 Sometimes
 Usually
 Always

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

Yes

No → **Go to Question 14**

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

Yes

No

SPECIALIZED SERVICES

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

Yes

No → **Go to Question 17**

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

Never

Sometimes

Usually

Always

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

Yes

No

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

Yes

No → **Go to Question 20**

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

Never
 Sometimes
 Usually
 Always

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

Yes
 No

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

Yes
 No → **Go to Question 23**

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

Never
 Sometimes
 Usually
 Always

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

Yes
 No

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

Yes
 No → **Go to Question 25**

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

Yes
 No

YOUR CHILD'S PERSONAL DOCTOR

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

Yes

No → **Go to Question 40**

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

None → **Go to Question 36**

1 time

2

3

4

5 to 9

10 or more times

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

Never

Sometimes

Usually

Always

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

Never

Sometimes

Usually

Always

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

Never

Sometimes

Usually

Always

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

Yes
 No → **Go to Question 32**

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

Never
 Sometimes
 Usually
 Always

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

Never
 Sometimes
 Usually
 Always

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

Yes
 No

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

Yes
 No → **Go to Question 36**

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

Never
 Sometimes
 Usually
 Always

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

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

- Yes
- No → **Go to Question 40**

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

- Yes
- No

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

- Yes
- No

GETTING HEALTH CARE FROM SPECIALISTS

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

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

- Yes
- No → **Go to Question 44**

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

- Never
- Sometimes
- Usually
- Always

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

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

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

A horizontal scale consisting of ten open circles numbered 0 through 10. Below the scale, the words "Worst", "Specialist", and "Possible" are aligned with the numbers 0, 5, and 10 respectively.

YOUR CHILD'S HEALTH PLAN

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

- 44. 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 47**

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

- Never
- Sometimes
- Usually
- Always

ABOUT YOUR CHILD AND YOU

- 53. In general, how would you rate your child's overall health?**

 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

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

 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

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

 - Yes
 - No → **Go to Question 58**

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

 - Yes
 - No → **Go to Question 58**

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

 - Yes
 - No

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

 - Yes
 - No → **Go to Question 61**

- ◆ _____ ◆
59. Is this because of any medical, behavioral, or other health condition?
- Yes
 No → **Go to Question 61**
60. Is this a condition that has lasted or is expected to last for at least 12 months?
- Yes
 No
61. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?
- Yes
 No → **Go to Question 64**
62. Is this because of any medical, behavioral, or other health condition?
- Yes
 No → **Go to Question 64**
63. Is this a condition that has lasted or is expected to last for at least 12 months?
- Yes
 No
64. Does your child need or get special therapy such as physical, occupational, or speech therapy?
- Yes
 No → **Go to Question 67**
65. Is this because of any medical, behavioral, or other health condition?
- Yes
 No → **Go to Question 67**
66. Is this a condition that has lasted or is expected to last for at least 12 months?
- Yes
 No
67. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?
- Yes
 No → **Go to Question 69**
68. Has this problem lasted or is it expected to last for at least 12 months?
- Yes
 No
69. What is your child's age?
- Less than 1 year old
 YEARS OLD (write in)
70. Is your child male or female?
- Male
 Female
71. Is your child of Hispanic or Latino origin or descent?
- Yes, Hispanic or Latino
 No, not Hispanic or Latino
72. What is your child's race? Mark one or more.
- White
 Black or African-American
 Asian
 Native Hawaiian or other Pacific Islander
 American Indian or Alaska Native
 Other
73. What is your age?
- Under 18
 18 to 24
 25 to 34
 35 to 44
 45 to 54
 55 to 64
 65 to 74
 75 or older
74. Are you male or female?
- Male
 Female

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

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

76. How are you related to the child?

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

ADDITIONAL QUESTIONS

77. In the last 6 months, did you have any questions or concerns about your child's health or health care?

 - Yes
 - No → **Go to Question 80**

78. In the last 6 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns?

 - Never
 - Sometimes
 - Usually
 - Always
 - My child did not receive any health care in the last 6 months

79. In the last 6 months, how often did you get the specific information you needed from your child's doctors or other health providers?

 - Never
 - Sometimes
 - Usually
 - Always
 - My child did not receive any health care in the last 6 months

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

 - Same day
 - 1 day
 - 2 to 3 days
 - 4 to 7 days
 - More than 7 days
 - My child did not receive any health care in the last 6 months

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

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

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

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