



Commonwealth of Virginia Department of Medical Assistance Services

SFY 2024-2025
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 Systems¹⁻¹
- **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 Set¹⁻²
- **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 survey measure.
- **NCQA’s 2023 Quality Compass® Benchmark and Compare Quality Data**¹⁻³—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).

¹⁻¹ 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 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 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 March to June 2024.

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 survey results presented throughout this report for the FAMIS program.²⁻¹ Based on NCQA's recommendations and HSAG's extensive experience evaluating CAHPS data, several 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 5-1.

Performance Highlights

The performance highlights are categorized into three areas of analysis:

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

²⁻¹ National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2023.

National Comparisons and Trend Analysis

HSAG calculated top-box scores (i.e., rates of experience) for the measures. The general population consists of all children in the general child sample only (not the CCC supplemental sample). The CCC population consists of children in the general child sample and CCC supplemental sample whose parents/caretakers answered affirmatively to specific survey items (i.e., questions) that were used to determine which members had chronic conditions. HSAG compared scores for each measure to NCQA's 2023 Quality Compass® Benchmark and Compare Quality Data.^{2-2,2-3,2-4} 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 3-8 and the Children with Chronic Conditions section beginning on page 3-15.

In addition, a trend analysis was performed that compared the 2024 CAHPS results to their corresponding 2023 CAHPS results. The detailed results of this analysis are described in the Trend Analysis subsection of the General Child Results section beginning on page 3-9 and the Children with Chronic Conditions Results section beginning on page 3-16.

Table 2-1 provides highlights of the National 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.

²⁻² National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.

²⁻³ The source for the national data contained in this publication is Quality Compass® 2023 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2023 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.

²⁻⁴ Quality Compass 2024 data were not available at the time this report was prepared; therefore, 2023 data were used for comparison.

Table 2-1—National Comparisons and Trend Analysis

| Measure | General Child | | CCC | |
|--|----------------------|---------------------------------------|----------------------|---------------------------------------|
| | National Comparisons | Trend Results (2024 Compared to 2023) | National Comparisons | Trend Results (2024 Compared to 2023) |
| Global Ratings | | | | |
| <i>Rating of Health Plan</i> | 71.30% ★★ | — | 72.65% ★★★★ | — |
| <i>Rating of All Health Care</i> | 63.79%+ ★ | — | 57.29%+ ★ | — |
| <i>Rating of Personal Doctor</i> | 73.56%+ ★★ | — | 73.08% ★★ | — |
| <i>Rating of Specialist Seen Most Often</i> | 66.67%+ ★★ | — | 64.91%+ ★ | — |
| Composite Measures | | | | |
| <i>Getting Needed Care</i> | 81.21%+ ★★ | — | 80.35%+ ★ | — |
| <i>Getting Care Quickly</i> | 89.84%+ ★★★★ | — | 83.10%+ ★ | — |
| <i>How Well Doctors Communicate</i> | 96.62%+ ★★★★★ | — | 93.60%+ ★★★★ | — |
| <i>Customer Service</i> | 90.91%+ ★★★★ | — | 88.15%+ ★★ | — |
| Individual Item Measure | | | | |
| <i>Coordination of Care</i> | 74.07%+ ★ | — | 79.03%+ ★ | — |
| CCC Composite Measures/CCC Items | | | | |
| <i>Access to Specialized Services</i> | NA | NA | 70.36%+ ★★ | — |
| <i>Family-Centered Care (FCC): Personal Doctor Who Knows Child</i> | NA | NA | 88.52%+ ★ | — |
| <i>Coordination of Care for Children with Chronic Conditions</i> | NA | NA | 72.02%+ ★ | — |
| <i>FCC: Getting Needed Information</i> | NA | NA | 87.50%+ ★ | — |

| Measure | General Child | | CCC | |
|--|----------------------|---------------------------------------|----------------------|---------------------------------------|
| | National Comparisons | Trend Results (2024 Compared to 2023) | National Comparisons | Trend Results (2024 Compared to 2023) |
| Access to Prescription Medicines | NA | NA | 87.10%+ ★★ | — |
| <p><i>Star Assignments Based on Percentiles</i></p> <p>★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★ 50th-74th ★★ 25th-49th ★ Below 25th</p> <p>▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.</p> <p>▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.</p> <p>— Indicates the 2024 score is not statistically significantly different than the 2023 score.</p> <p>NA Indicates that this measure is not applicable for the population.</p> <p>+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.</p> | | | | |

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 the following three global ratings: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. HSAG evaluated these global ratings to determine if survey items (i.e., questions) are strongly correlated with one or more of these measures. These individual survey items, which HSAG refers to as “key drivers,” are driving parents’/caretakers’ 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 4-1. 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—General Child Population

| Survey Item | Key Drivers | | |
|--|------------------------------|----------------------------------|----------------------------------|
| | <i>Rating of Health Plan</i> | <i>Rating of All Health Care</i> | <i>Rating of Personal Doctor</i> |
| Q6. Child received appointment for a checkup or routine care as soon as needed | — | ✓ | — |
| Q33. Child’s personal doctor discussed how the child is feeling, growing, or behaving | ✓ | — | ✓ |
| 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 |

| Survey Item | Key Drivers | | |
|--|-----------------------|---------------------------|---------------------------|
| | Rating of Health Plan | Rating of All Health Care | Rating of Personal Doctor |
| Q48. Ease of filling out forms from the child's health plan | ✓ | — | NA |
| <p>✓ Indicates this question is a key driver for this measure.</p> <p>NA Indicates that this question was not evaluated for this measure.</p> <p>— Indicates the survey item is not strongly correlated with the measure or that the item did not perform poorly (i.e., not a key driver).</p> | | | |

3. Results

The following presents the results for the FAMIS Program.

HSAG calculated top-box scores for each measure for the national comparisons and trend analysis.³⁻¹ The 2023 NCQA general child Medicaid national averages and 2023 NCQA CCC Medicaid national averages are provided for comparative purposes, respectively.^{3-2,3-3,3-4} For more detailed information on the calculation of top-box scores for the measures, please refer to the Reader's Guide section beginning on page 5-10. For more detailed information on the survey language and response options for the measures, please refer to the Reader's Guide section beginning on page 5-2.

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 (+).

Survey Administration and Response Rates

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, 2023, to December 31, 2023).³⁻⁵ In addition, child members had to be 17 years of age or younger as of December 31, 2023, to be included in the survey.

For the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set, the standard NCQA HEDIS Specifications for Survey Measures require a sample

³⁻¹ HSAG followed *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures* for calculating top-box responses.

³⁻² For the NCQA general child Medicaid and NCQA CCC Medicaid national averages, the source for data contained in this publication is Quality Compass® 2023 data. National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.

³⁻³ Quality Compass 2024 data were not available at the time this report was prepared; therefore, 2023 data were used for comparison.

³⁻⁴ Quality Compass® 2023 data are used with the permission of NCQA. Quality Compass 2023 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of AHRQ.

³⁻⁵ To determine continuous enrollment for a Medicaid member for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

size of 1,650 for the general population and a sample size of 1,840 for the CCC supplemental population.³⁻⁶ 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.³⁻⁷ 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. For more detailed information on the survey protocol, please refer to the Reader's Guide section beginning on page 5-7.

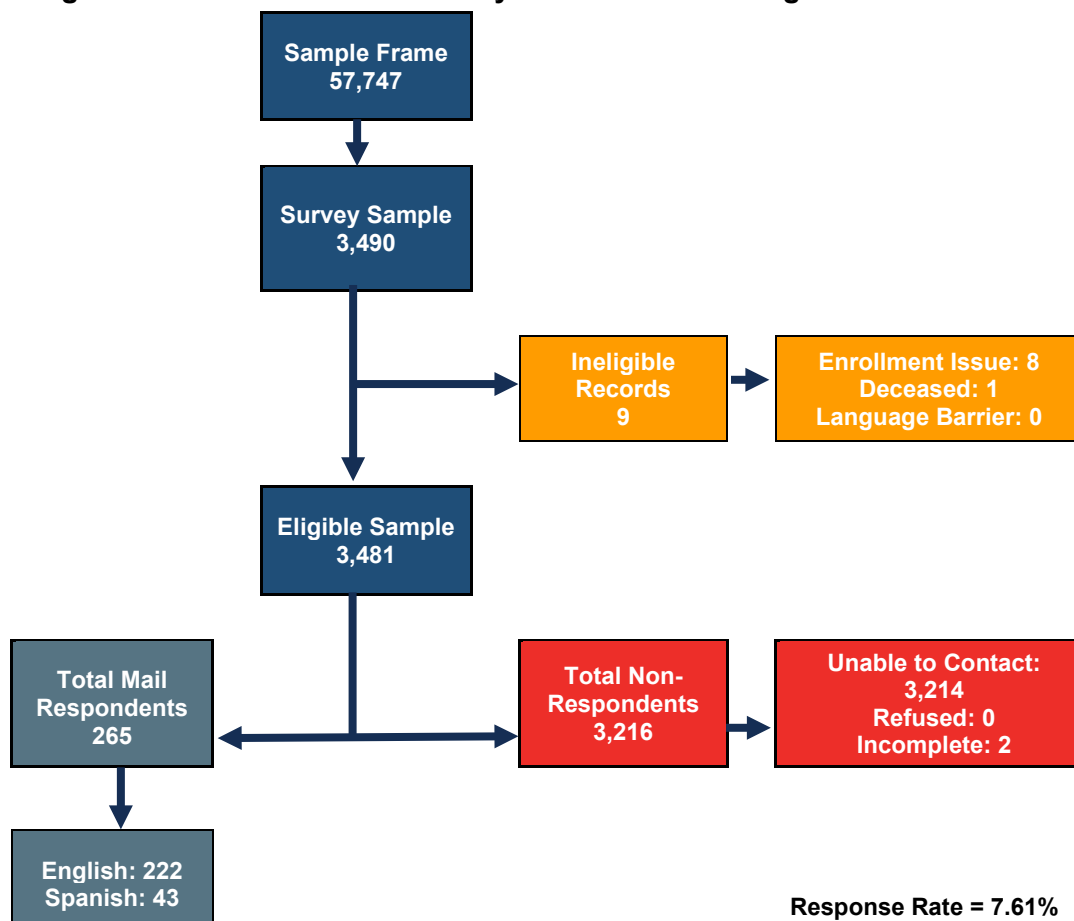
Response Rate

A total of 265 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.

³⁻⁶ National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2023.

³⁻⁷ Ibid.

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



The FAMIS program’s response rate of 7.61 percent was less than the national CCC Medicaid response rate reported by NCQA for 2023, which was 12.2 percent.³⁻⁸

General Child Results

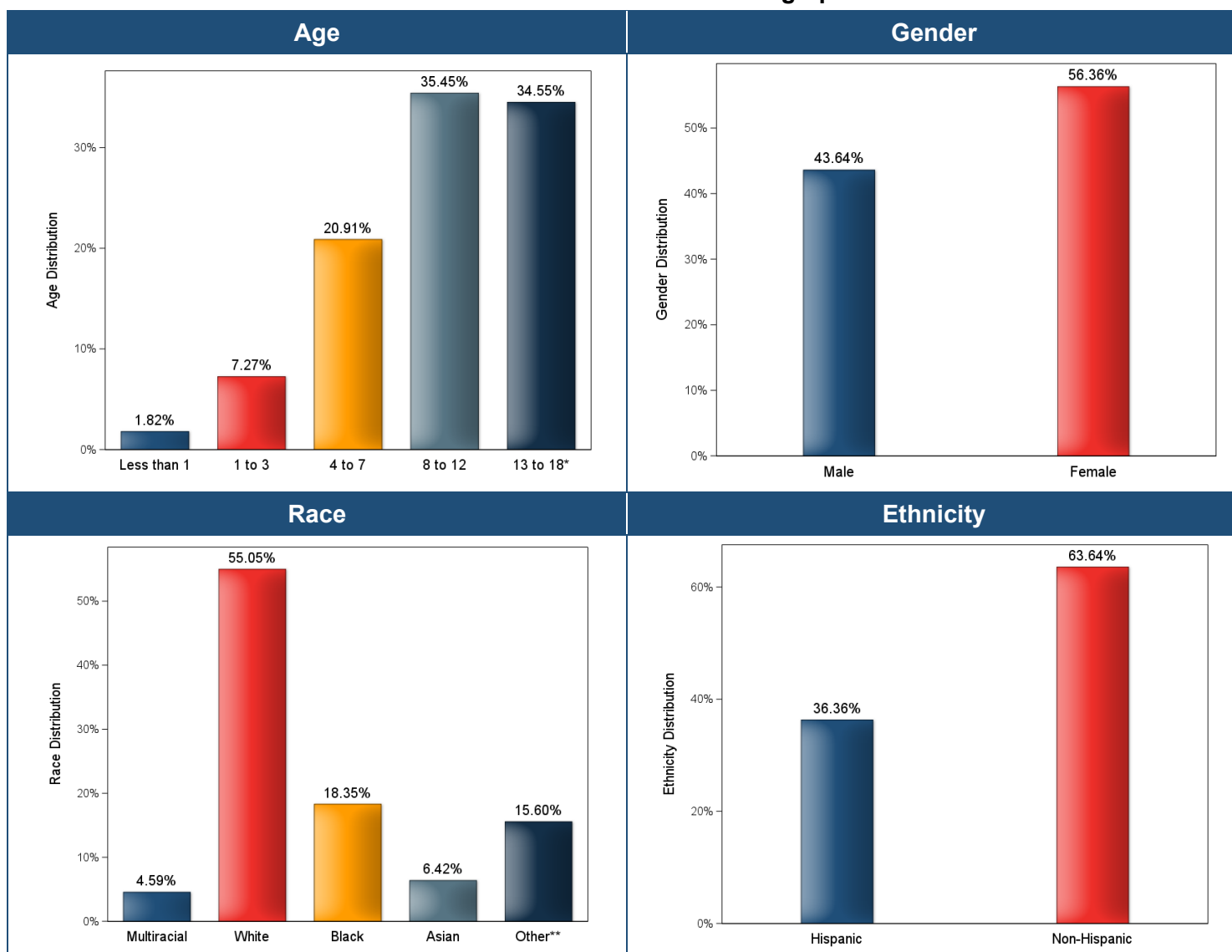
The following presents the 2024 CAHPS results for the FAMIS program’s general child population. For the FAMIS program general child population, a total of 111 completed surveys were returned on behalf of the general child members. These completed surveys were used to calculate the 2024 general child results presented in this section.

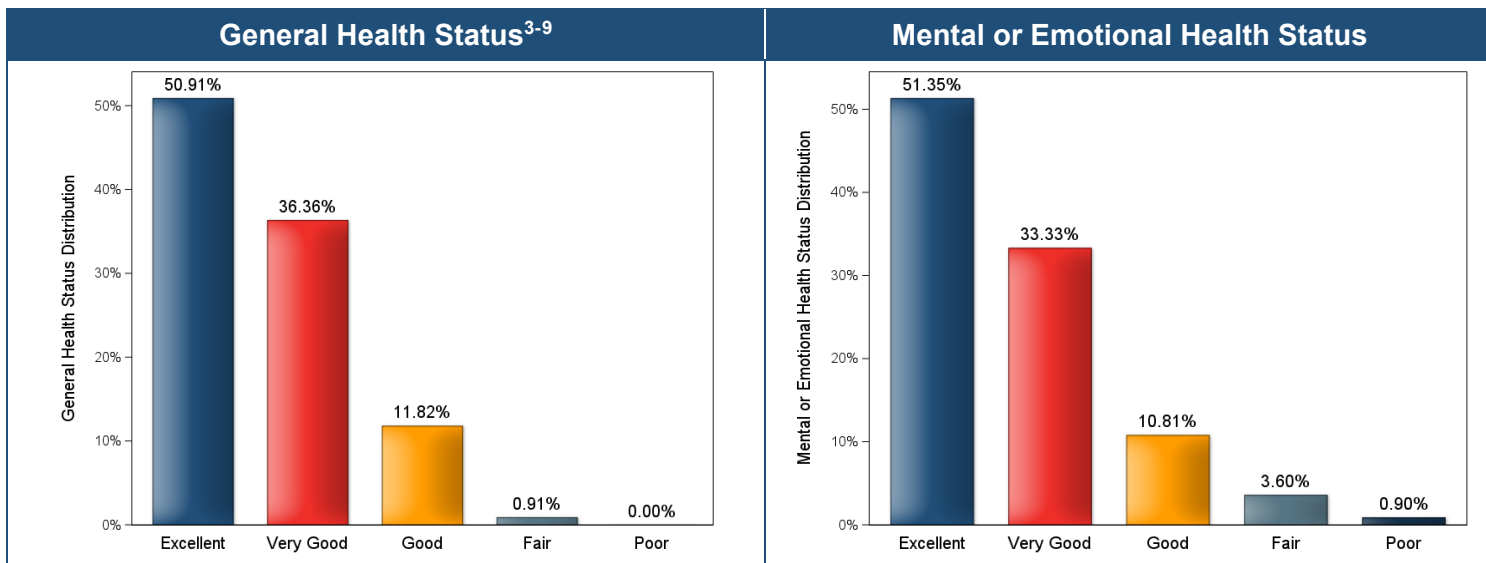
³⁻⁸ National Committee for Quality Assurance. *HEDIS® Survey Vendor Update Training*. October 12, 2023.

Child and Respondent Demographics

Table 3-1 shows the demographic characteristics of general child members as reported by the parents/ caretakers who completed the survey. The demographic characteristics for general child members included age, gender, race, ethnicity, general health status, and mental or emotional health status. For more detailed information on the child and respondent demographics, please refer to the Reader's Guide section beginning on page 5-9.

Table 3-1—General Child Member Demographics





Some percentages may not total 100% due to rounding.

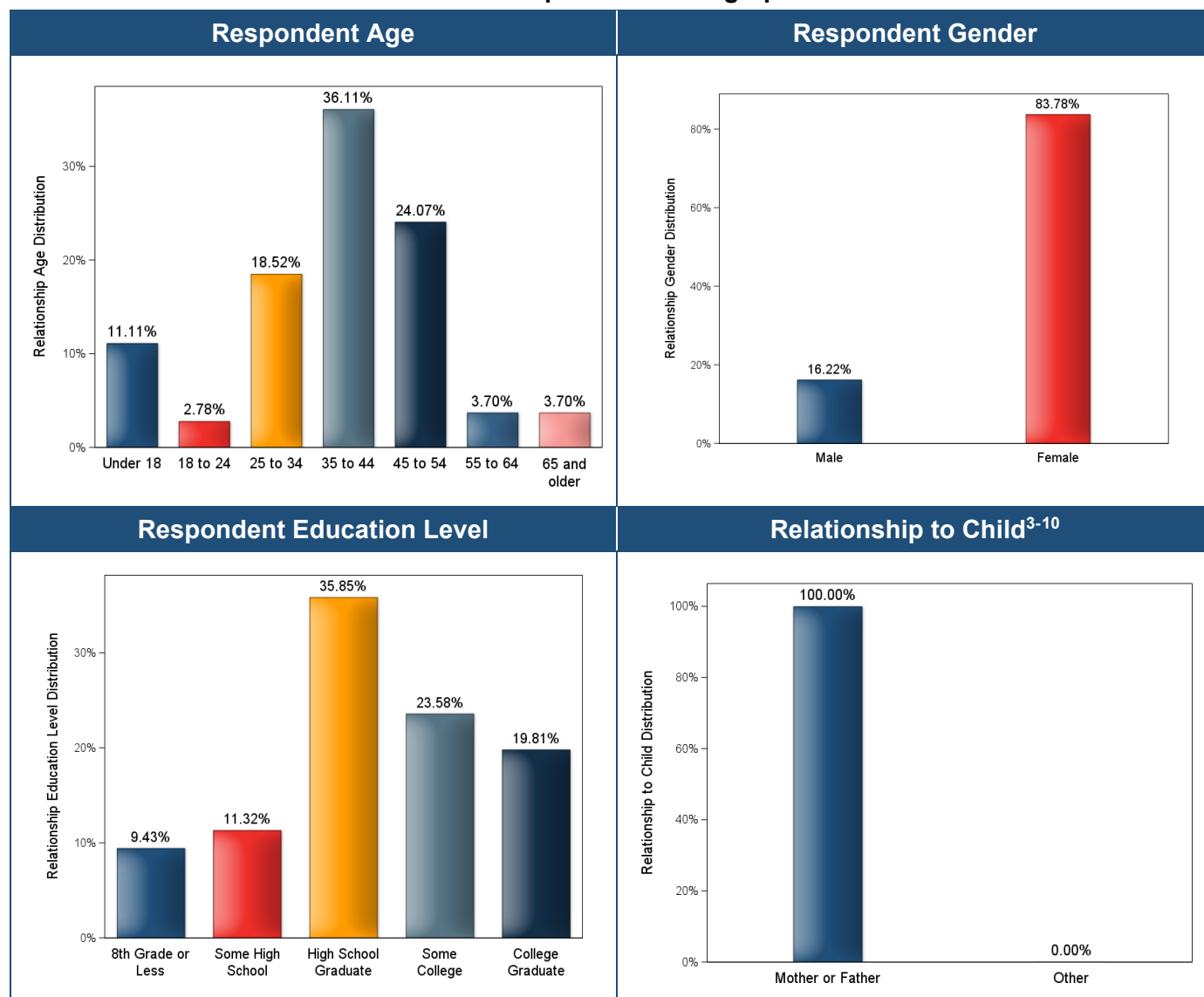
*Children are eligible for inclusion in CAHPS if they were 17 years of age or younger as of December 31, 2023. Some children eligible for the survey turned age 18 between January 1, 2024, and the time of survey administration.

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

³⁻⁹ 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 shows the self-reported age, gender, education level, and relationship to the child for the parent/caretaker respondents who completed the survey.

Table 3-2—Respondent Demographics



Some percentages may not total 100% due to rounding.

³⁻¹⁰ 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,” “Aunt or Uncle,” “Grandparent,” “Legal Guardian,” “Someone else,” or “Other relative”.

Respondent Analysis

HSAG compared the demographic characteristics of child members whose parents/caretakers responded to the survey (i.e., respondent percentages) to the demographic characteristics of all child members in the sample frame (i.e., sample frame percentages) for statistically significant differences. The demographic characteristics evaluated as part of the respondent analysis included age, gender, and race. If the respondent population differs significantly from the actual population of the program, then caution should be exercised when extrapolating the results to the entire population. 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. For more detailed information on the respondent analysis, please refer to the Reader's Guide section beginning on page 5-9.

Table 3-3—Respondent Analysis: General Child Population

| | Respondents | Sample Frame |
|--|-------------|--------------|
| Age | | |
| Less than 1 | 2.70% — | 2.27% |
| 1 to 3 | 8.11%↓ | 13.62% |
| 4 to 7 | 22.52% — | 23.05% |
| 8 to 12 | 32.43% — | 29.87% |
| 13 to 17 | 34.23% — | 31.20% |
| Gender | | |
| Male | 42.34% — | 51.01% |
| Female | 57.66% — | 48.99% |
| Race | | |
| White | 69.72%↑ | 59.16% |
| Black | 19.27%↓ | 28.89% |
| Asian | 5.50% — | 5.98% |
| Other | 5.50% — | 5.98% |
| ↑ 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 Multiracial. Some percentages may not total 100% due to rounding. | | |

National Comparisons

In order to assess overall performance, HSAG compared scores for each measure to NCQA's 2023 Quality Compass Benchmark and Compare Quality Data.^{3-11,3-12,3-13} 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). Table 3-4 shows the FAMIS program's general child population scores and overall member experience ratings on each measure. For more detailed information on the national comparisons, please refer to the Reader's Guide section beginning on page 5-11.

Table 3-4—National Comparisons: General Child Population

| Measure | Score | Star Rating |
|---|---------------------|-------------|
| Global Ratings | | |
| <i>Rating of Health Plan</i> | 71.30% | ★★ |
| <i>Rating of All Health Care</i> | 63.79% ⁺ | ★ |
| <i>Rating of Personal Doctor</i> | 73.56% ⁺ | ★★ |
| <i>Rating of Specialist Seen Most Often</i> | 66.67% ⁺ | ★★ |
| Composite Measures | | |
| <i>Getting Needed Care</i> | 81.21% ⁺ | ★★ |
| <i>Getting Care Quickly</i> | 89.84% ⁺ | ★★★★ |
| <i>How Well Doctors Communicate</i> | 96.62% ⁺ | ★★★★★ |
| <i>Customer Service</i> | 90.91% ⁺ | ★★★★ |
| Individual Item Measure | | |
| <i>Coordination of Care</i> | 74.07% ⁺ | ★ |
| <i>Star Assignments Based on Percentiles</i> ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th ⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. | | |

³⁻¹¹ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.

³⁻¹² Quality Compass 2024 data were not available at the time this report was prepared; therefore, 2023 data were used for comparison.

³⁻¹³ NCQA's Quality Compass benchmarks for the general child Medicaid population were used for comparative purposes, since NCQA does not publish separate benchmarking data for CHIP; therefore, caution should be exercised when interpreting these results.

Trend Analysis and Proportion of Responses

Trend Analysis

In 2023, the FAMIS program had 142 completed surveys for the general child population. In 2024, the FAMIS program had 111 completed surveys for the general child population. These completed surveys were used to calculate the 2023 and 2024 general child CAHPS results presented in this section for trending purposes.

In order to evaluate trends in member experience, HSAG compared the 2024 scores to the corresponding 2023 scores.³⁻¹⁴ Statistically significant results are noted with directional triangles (▲ or ▼). Scores in 2024 that were not statistically significantly different from scores in 2023 are not noted with triangles. For more detailed information on the trend analysis, please refer the Reader's Guide section beginning on page 5-12.

Proportion of Responses

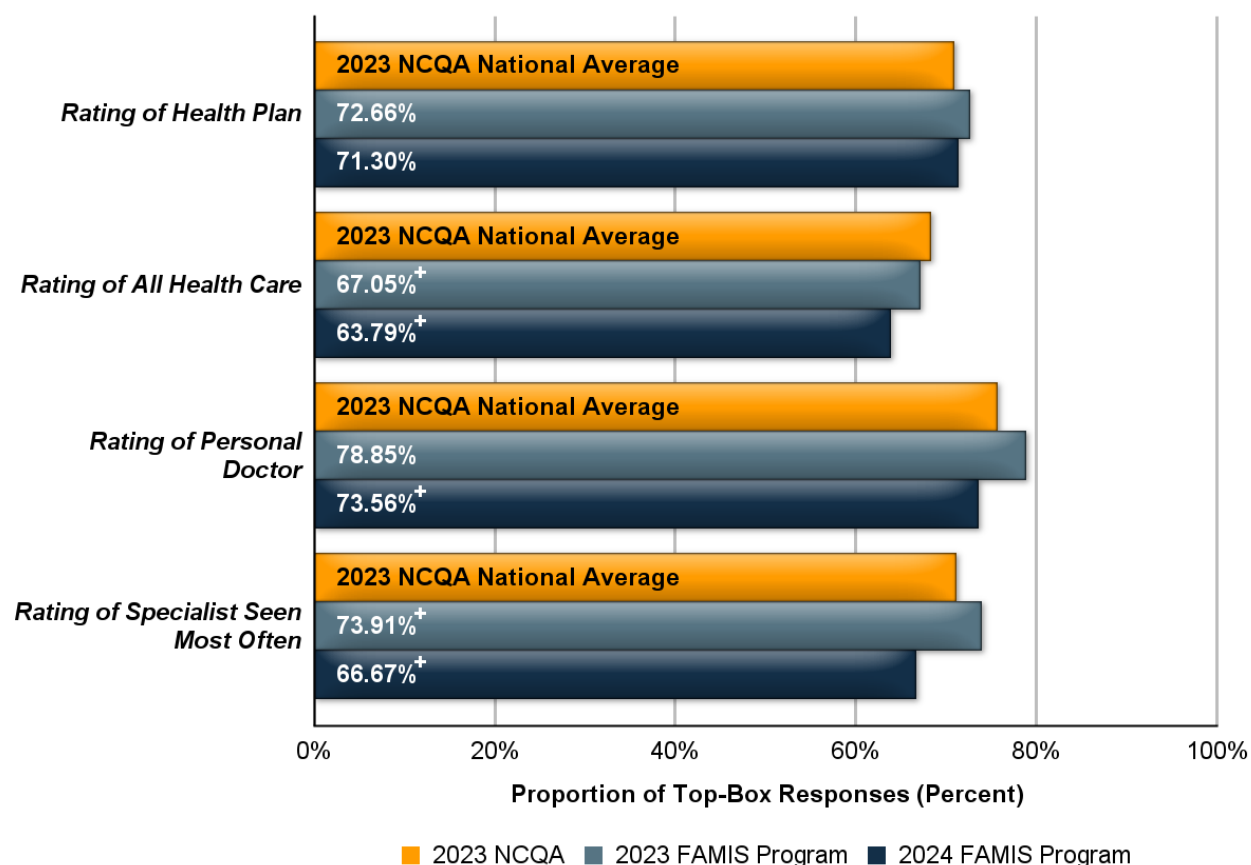
Responses were classified into categories (i.e., dissatisfied, neutral, and satisfied) and the proportion (or percentage) of responses for each response category was calculated for each measure. The scores and number of respondents (N) are presented in the figures for the FAMIS program. For more detailed information on the response categories for the measures, please refer to the Reader's Guide section beginning on page 5-9.

³⁻¹⁴ HSAG recalculated the 2023 top-box scores to report scores out to two decimal places. Therefore, the 2023 results in this report will not match previous reports.

Global Ratings

Figure 3-2 shows the top-box trend analysis results, including 2023 NCQA general child Medicaid national averages, for the global ratings.

Figure 3-2—Global Ratings: Trend Analysis—General Child Population



Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.

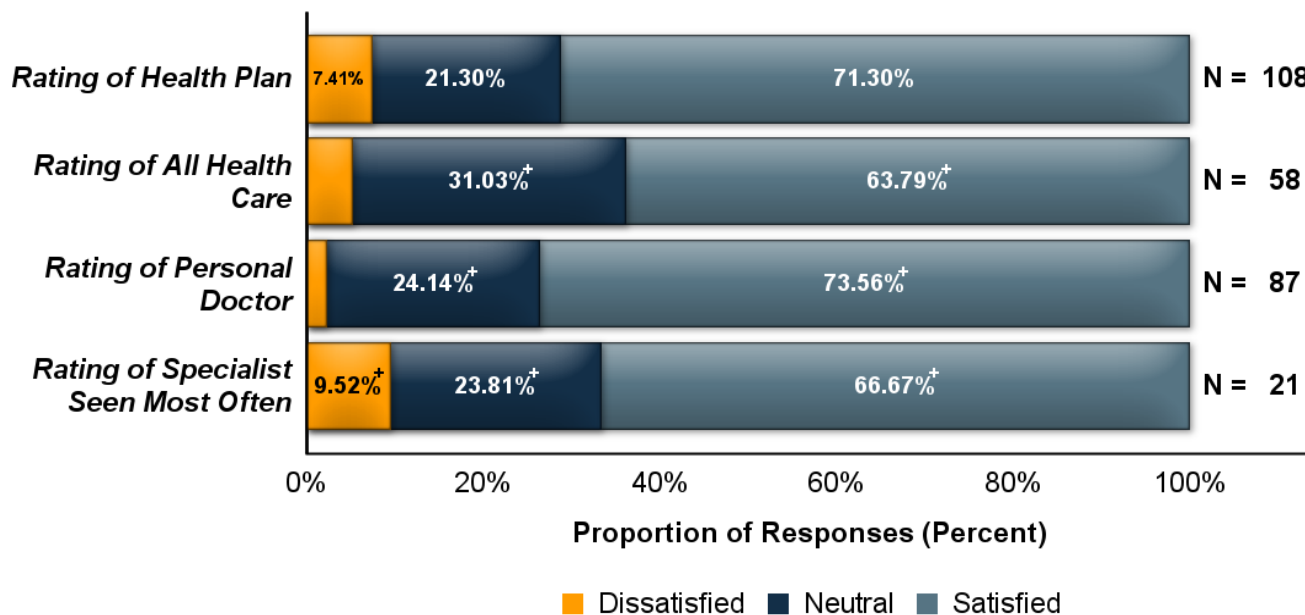
▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.

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 3-3 shows the proportion of responses for each response category for the global ratings.

Figure 3-3—Global Ratings: Proportion of Responses—General Child Population

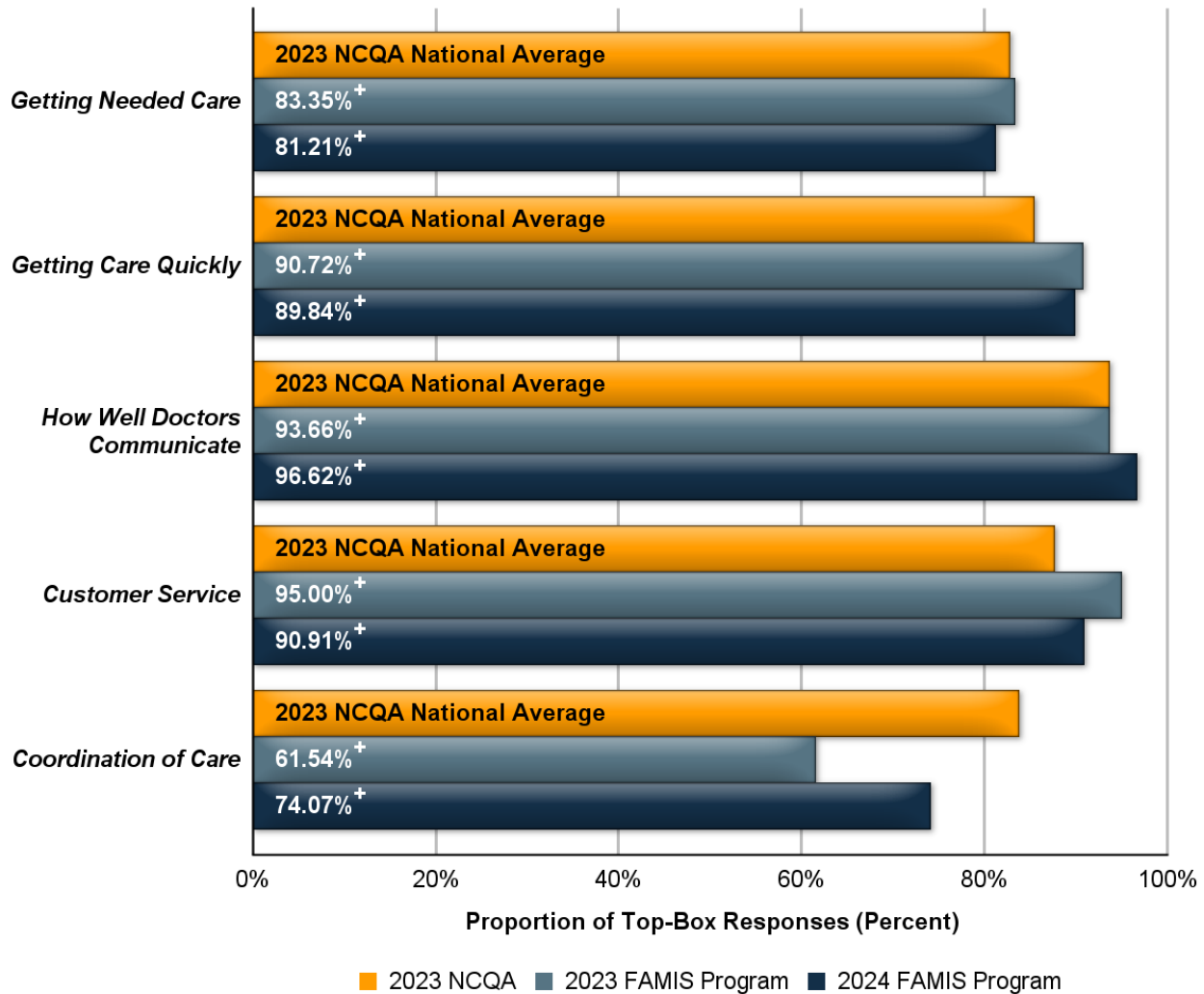


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite and Individual Item Measures

Figure 3-4 shows the top-box trend analysis results, including the 2023 NCQA general child Medicaid national averages, for the composite and individual item measures.

**Figure 3-4—Composite and Individual Item Measures: Trend Analysis—
General Child Population**



Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.

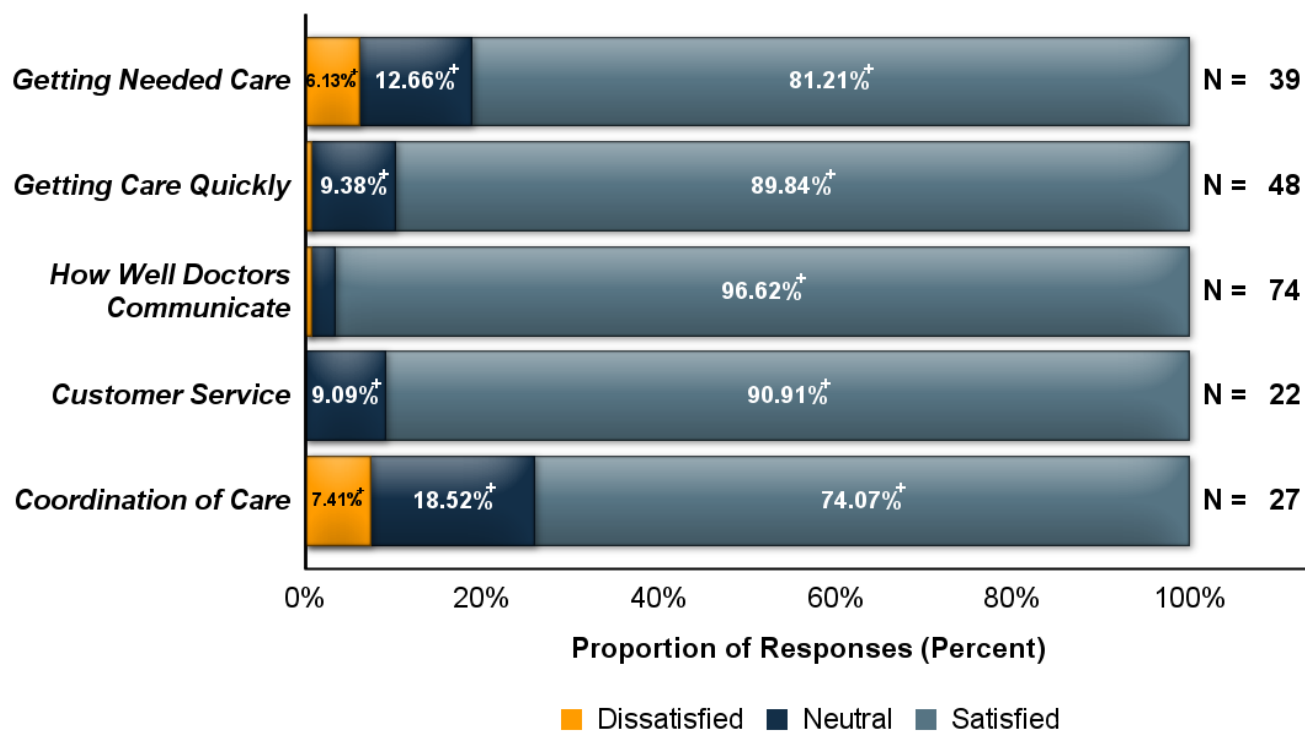
▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.

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 3-5 shows the proportion of responses for each response category for the composite and individual item measures.

**Figure 3-5—Composite and Individual Item Measures: Proportion of Responses—
General Child Population**



+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these 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 whose parents/caretakers provided affirmative responses to all the questions in at least one of the following five categories were considered to have a chronic condition:

- Child needed or used prescription medicine.
- Child needed or used more medical care, mental health services, or educational services than other children of the same age need or use.
- Child had limitations in the ability to do activities 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 (i.e., CCC population). Therefore, part of the general population of children (i.e., the general child sample) was identified as children with chronic conditions and part of the CCC supplemental sample was identified as children without chronic conditions based on the responses to the survey questions.

Based on parents'/caretakers' responses to the CCC screener questions, the FAMIS program had 120 completed surveys for the CCC population. These completed surveys were used to calculate the 2024 CCC results presented in this section.

National Comparisons

In order to assess overall performance, HSAG compared scores for each measure to NCQA's 2023 Quality Compass Benchmark and Compare Quality Data.^{3-15,3-16,3-17} 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). Table 3-5 shows the FAMIS program's CCC population scores and overall member experience ratings on each measure. For more detailed information on the national comparisons, please refer to the Reader's Guide section beginning on page 5-11.

Table 3-5—National Comparisons: CCC Population

| Measure | Score | Star Rating |
|--|---------------------|-------------|
| Global Ratings | | |
| <i>Rating of Health Plan</i> | 72.65% | ★★★★★ |
| <i>Rating of All Health Care</i> | 57.29% ⁺ | ★ |
| <i>Rating of Personal Doctor</i> | 73.08% | ★★ |
| <i>Rating of Specialist Seen Most Often</i> | 64.91% ⁺ | ★ |
| Composite Measures | | |
| <i>Getting Needed Care</i> | 80.35% ⁺ | ★ |
| <i>Getting Care Quickly</i> | 83.10% ⁺ | ★ |
| <i>How Well Doctors Communicate</i> | 93.60% ⁺ | ★★★★ |
| <i>Customer Service</i> | 88.15% ⁺ | ★★ |
| Individual Item Measure | | |
| <i>Coordination of Care</i> | 79.03% ⁺ | ★ |
| CCC Composite Measures/CCC Items | | |
| <i>Access to Specialized Services</i> | 70.36% ⁺ | ★★ |
| <i>FCC: Personal Doctor Who Knows Child</i> | 88.52% ⁺ | ★ |
| <i>Coordination of Care for Children with Chronic Conditions</i> | 72.02% ⁺ | ★ |

³⁻¹⁵ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.

³⁻¹⁶ Quality Compass 2024 data were not available at the time this report was prepared; therefore, 2023 data were used for comparison.

³⁻¹⁷ NCQA's Quality Compass benchmarks for the CCC Medicaid population were used for comparative purposes, since NCQA does not publish separate benchmarking data for CHIP; therefore, caution should be exercised when interpreting these results.

| Measure | Score | Star Rating |
|--|---------|-------------|
| FCC: Getting Needed Information | 87.50%+ | ★ |
| Access to Prescription Medicines | 87.10%+ | ★★ |
| Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. | | |

Trend Analysis and Proportion of Responses

Trend Analysis

In 2023, the FAMIS program had 169 completed surveys for the CCC population. In 2024, the FAMIS program had 120 completed surveys for the CCC population. These completed surveys were used to calculate the 2023 and 2024 general child CAHPS results presented in this section for trending purposes.

In order to evaluate trends in member experience, HSAG compared the 2024 scores to the corresponding 2023 scores.³⁻¹⁸ Statistically significant results are noted with directional triangles (▲ or ▼). Scores in 2024 that were not statistically significantly different from scores in 2023 are not noted with triangles. For more detailed information on the trend analysis, please refer the Reader's Guide section beginning on page 5-12.

Proportion of Responses

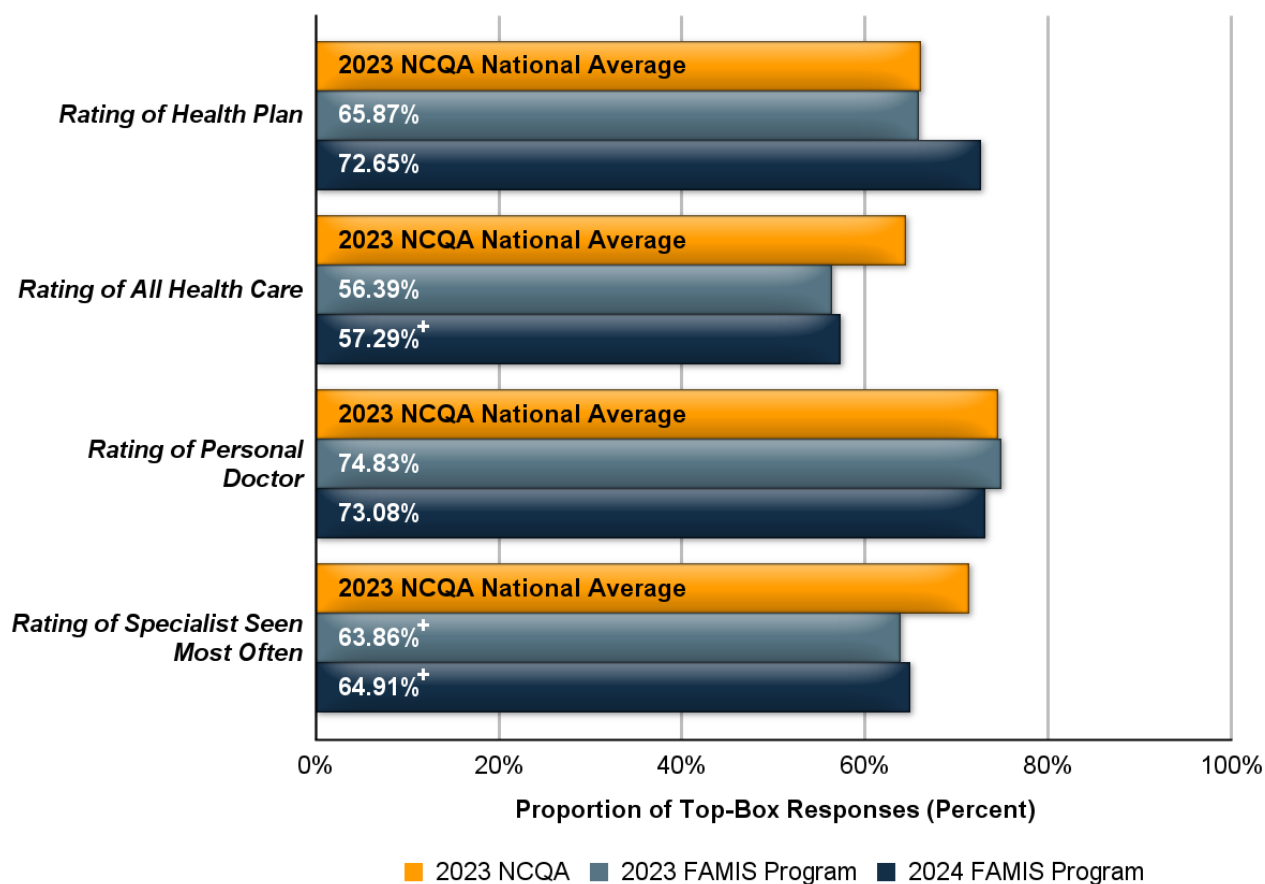
Responses were classified into categories (i.e., dissatisfied, neutral, and satisfied) and the proportion (or percentage) of respondents that fell into each response category was calculated for each measure. The scores and number of respondents (N) are presented in the figures for the FAMIS program. For more detailed information on the response categories for the measures, please refer to the Reader's Guide section beginning on page 5-9.

³⁻¹⁸ HSAG recalculated the 2023 top-box scores to report scores out to two decimal places. Therefore, the 2023 results in this report will not match previous reports.

Global Ratings

Figure 3-6 shows the top-box trend analysis results, including 2023 NCQA CCC Medicaid national averages, for the global ratings.

Figure 3-6—Global Ratings: Trend Analysis—CCC Population



Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.

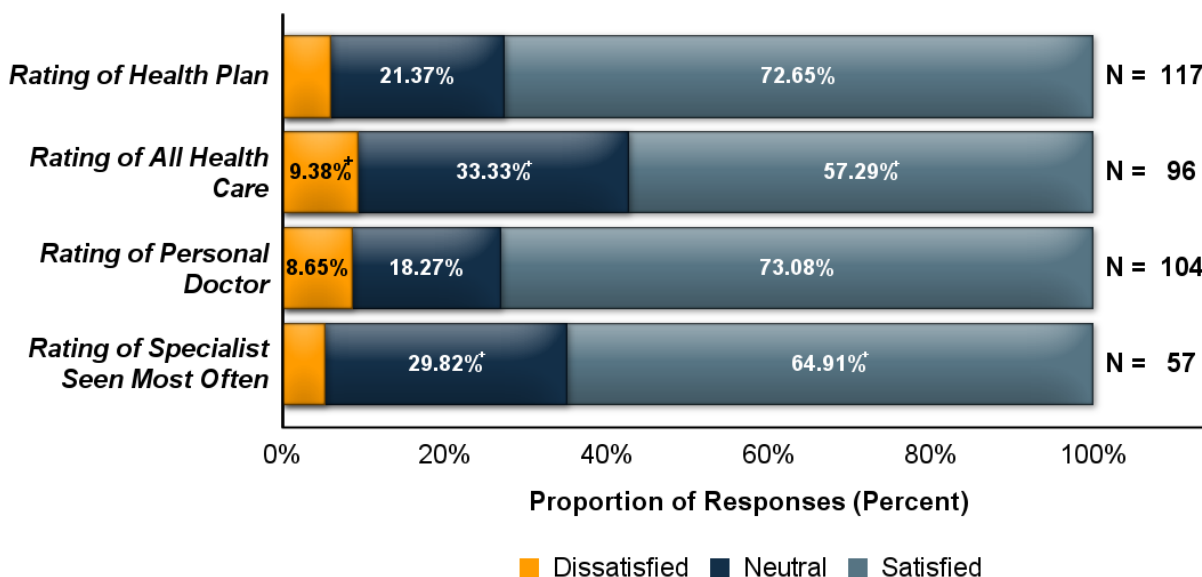
▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.

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 3-7 shows the proportion of responses for each response category for the global ratings.

Figure 3-7—Global Ratings: Proportion of Responses—CCC Population

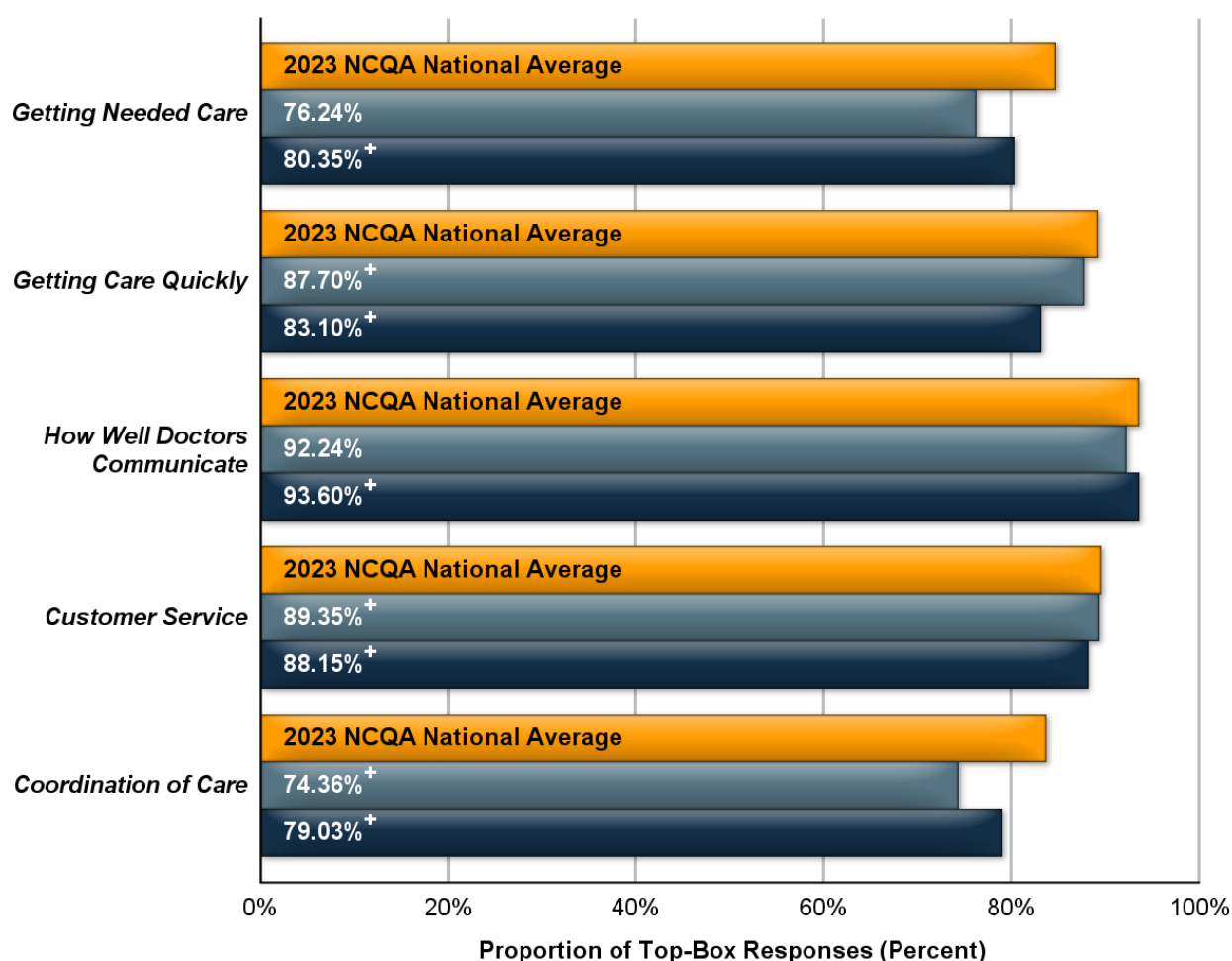


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite and Individual Item Measures

Figure 3-8 shows the top-box trend analysis results, including 2023 NCQA CCC Medicaid national averages, for the composite and individual item measures.

Figure 3-8—Composite and Individual Item Measures: Trend Analysis—CCC Population



■ 2023 NCQA ■ 2023 FAMIS Program ■ 2024 FAMIS Program

Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.

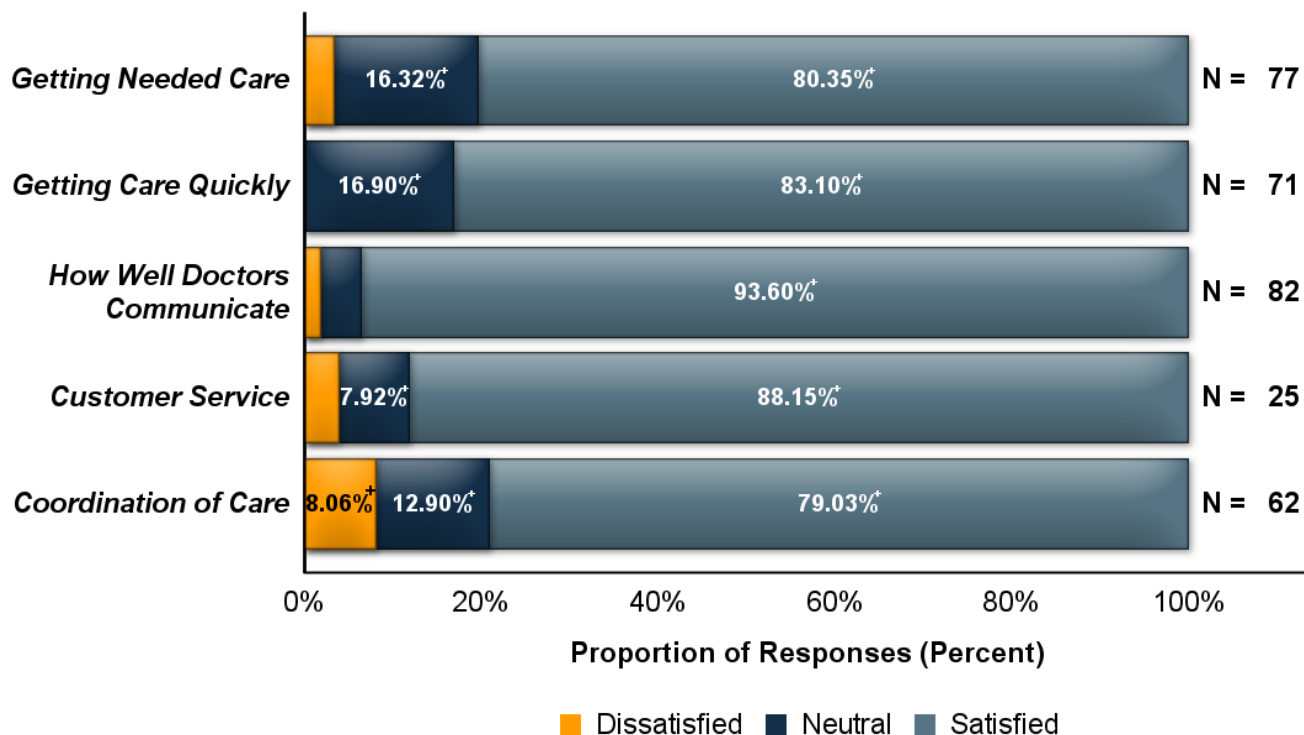
▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.

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 3-9 shows the proportion of responses for each response category for the composite and individual item measures.

**Figure 3-9—Composite and Individual Item Measures: Proportion of Responses—
CCC Population**

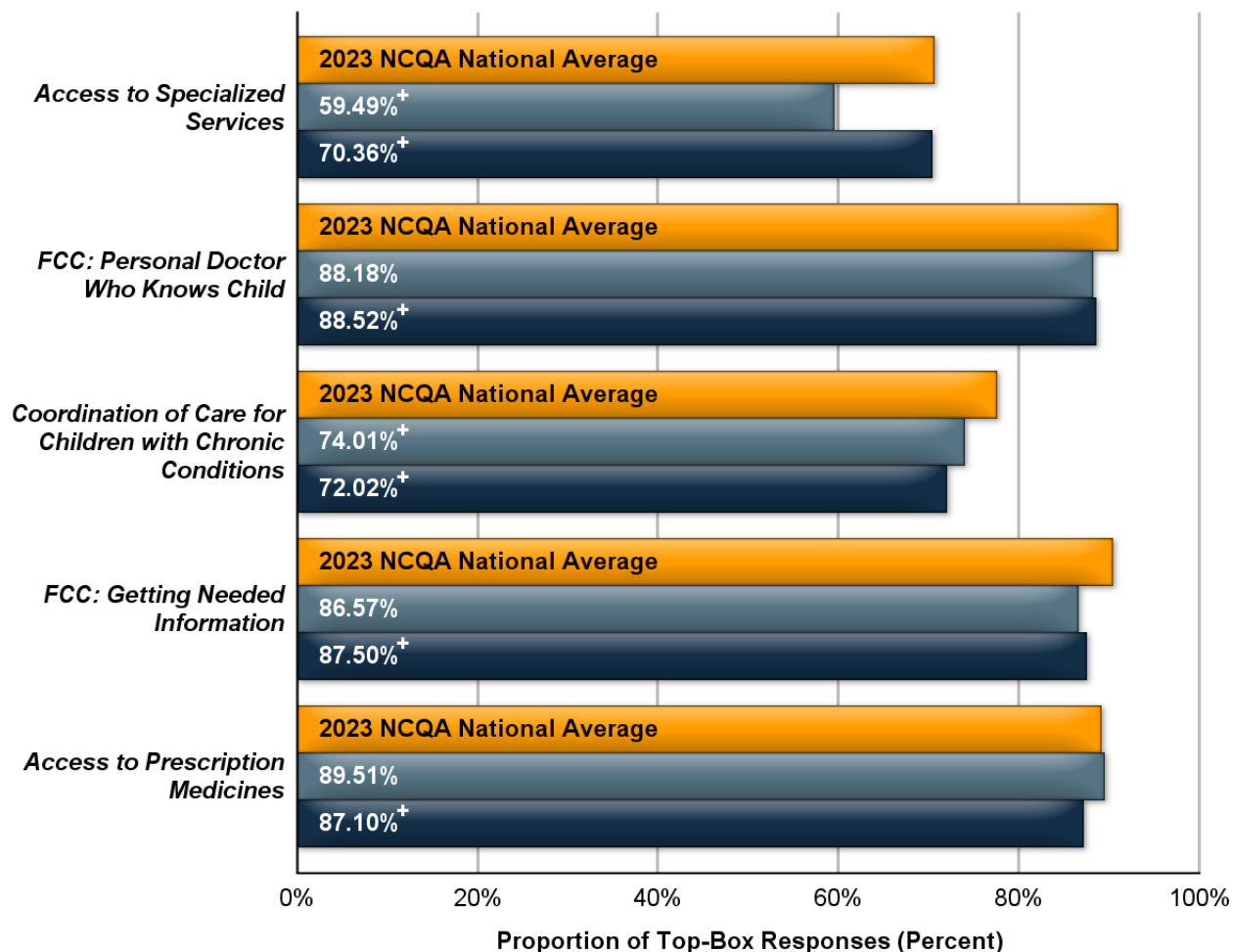


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

CCC Composites and Items

Figure 3-10 shows the top-box trend analysis results, including 2023 NCQA CCC Medicaid national averages, for the CCC composite and item measures.

Figure 3-10—CCC Composites and Items: Trend Analysis—CCC Population



■ 2023 NCQA ■ 2023 FAMIS Program ■ 2024 FAMIS Program

Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.

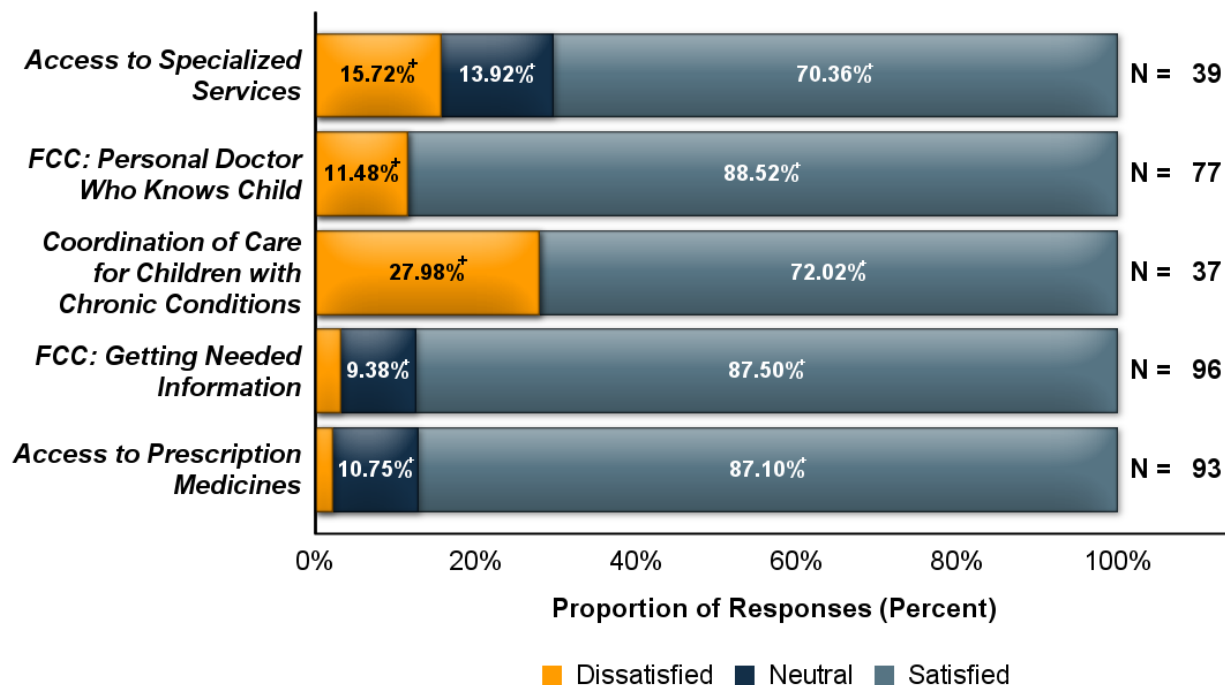
▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.

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 3-11 shows the proportion of responses for each response category for the CCC composite and item measures.

Figure 3-11—CCC Composites and Items: Proportion of Responses—CCC Population



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

4. Key Drivers of Members 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 more detailed information on the key drivers of member experience analysis, please refer to the Reader’s Guide section beginning on page 5-12. Table 4-1 provides the survey items identified for each of the three measures as being key drivers of member experience for the FAMIS program’s general child population (indicated by a ✓).

Table 4-1—Key Drivers of Member Experience: FAMIS Program—General Child Population

| Key Drivers | <i>Rating of Health Plan</i> | <i>Rating of All Health Care</i> | <i>Rating of Personal Doctor</i> |
|--|------------------------------|----------------------------------|----------------------------------|
| Q6. Child received appointment for a checkup or routine care as soon as needed | — | ✓ | — |
| Q33. Child’s personal doctor discussed how the child is feeling, growing, or behaving | ✓ | — | ✓ |
| 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. — Indicates the survey item is not strongly correlated with the measure or that the item did not perform poorly (i.e., not a key driver). | | | |

5. 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. Originally, CAHPS was a five-year collaborative project sponsored by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). Based on the CAHPS 5.1 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys, which are referred to as the CAHPS 5.1H Health Plan Surveys.⁵⁻¹

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.

CAHPS Performance Measures

The CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental set and CCC measurement set includes 76 questions that yield 14 measures of member experience. These measures include four global rating questions, four composite measures, one individual item measure, and five CCC composites/items. The global measures (also referred to as global ratings) reflect overall member 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 coordination of care. The CCC composite and item measures 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 Specialized Services* and *FCC: Personal Doctor Who Knows Child*). Figure 5-1 shows the measures included in the survey.

⁵⁻¹ National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

Figure 5-1—CAHPS Measures

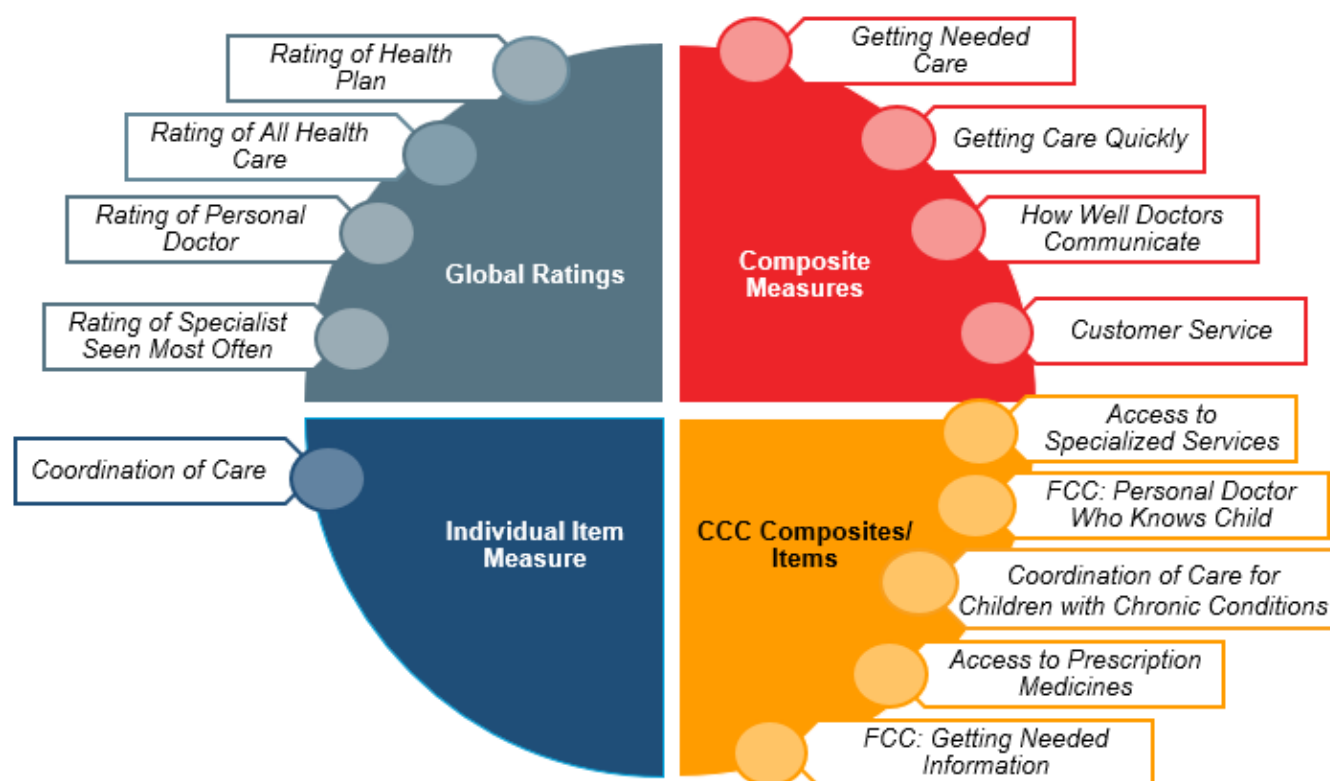


Table 5-1 presents the survey language and response options for each measure. The CAHPS survey includes gate items that instruct parent/caretaker respondents to skip specific questions if their child is not receiving certain services, which results in fewer responses. The measures that are affected by these gate items are noted below.

Table 5-1—Question Language and Response Options

| Question Language | | Response Options |
|------------------------------|---|------------------|
| Global Ratings | | |
| <i>Rating of Health Plan</i> | | |
| 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 |

| Question Language | | Response Options |
|---|--|-----------------------------------|
| Rating of All Health Care⁵⁻² | | |
| 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 Doctor⁵⁻³ | | |
| 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 Often⁵⁻⁴ | | |
| 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 Care⁵⁻⁵ | | |
| 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 |

- ⁵⁻² For *Rating of All Health Care*, the gate question asks respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months. If respondents answer "None" to this question, they are directed to skip the question that comprises the *Rating of All Health Care* measure.
- ⁵⁻³ For *Rating of Personal Doctor*, the gate question asks respondents if their child has a personal doctor. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Rating of Personal Doctor* measure.
- ⁵⁻⁴ For *Rating of Specialist Seen Most Often*, the gate question asks respondents if they made any appointments for their child with a specialist in the last six months. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Rating of Specialist Seen Most Often* measure.
- ⁵⁻⁵ For *Getting Need Care*, the gate questions ask respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months and did they make any appointments for their child with a specialist in the last six months. If respondents answer "None" or "No" to these questions, they are directed to skip the questions that collectively comprise the *Getting Needed Care* measure.

| Question Language | | Response Options |
|---|---|---|
| Getting Care Quickly⁵⁻⁶ | | |
| 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 |
| How Well Doctors Communicate⁵⁻⁷ | | |
| 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 Service⁵⁻⁸ | | |
| 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 |

⁵⁻⁶ For *Getting Care Quickly*, the gate questions ask respondents if their child had an illness, injury, or condition that needed care right away and did they make any in person, phone, or video appointments for a check-up or routine care for their child. If respondents answer "No" to these questions, they are directed to skip the questions that collectively comprise the *Getting Care Quickly* measure.

⁵⁻⁷ For *How Well Doctors Communicate*, the gate question asks respondents if their child has a personal doctor. If respondents answer "No" to this question, they are directed to skip the questions that collectively comprise the *How Well Doctors Communicate* measure.

⁵⁻⁸ For *Customer Service*, the gate question asks respondents if they received information or help from customer service at their child's health plan in the last six months. If respondents answer "No" to this question, they are directed to skip the questions that collectively comprise the *Customer Service* measure.

| Question Language | | Response Options |
|--|---|-----------------------------------|
| Individual Item Measure | | |
| Coordination of Care⁵⁻⁹ | | |
| 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 Measures and CCC Items | | |
| Access to Specialized Services⁵⁻¹⁰ | | |
| 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 Child⁵⁻¹¹ | | |
| 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 |

⁵⁻⁹ For *Coordination of Care*, the gate question asks respondents if their child has a personal doctor. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Coordination of Care* measure.

⁵⁻¹⁰ For *Access to Specialized Services*, the gate questions ask respondents if they got or tried to get any special medical equipment or devices for their child; if they got or tried to get special therapy such as physical, occupational, or speech therapy for their child; and if they got or tried to get treatment or counseling for their child for an emotional, developmental, or behavioral problem in the last six months. If respondents answer "No" to these questions, they are directed to skip the questions that collectively comprise the *Access to Specialized Services* measure.

⁵⁻¹¹ For *FCC: Personal Doctor Who Knows Child*, the gate question asks respondents if their child has a personal doctor. If respondents answer "No" to this question, they are directed to skip the questions that collectively comprise the *FCC: Personal Doctor Who Knows Child* measure.

| Question Language | | Response Options |
|---|---|-----------------------------------|
| Coordination of Care for Children with Chronic Conditions⁵⁻¹² | | |
| 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 Medicines⁵⁻¹³ | | |
| 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 Information⁵⁻¹⁴ | | |
| 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 |

How CAHPS Results Were Collected

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, 2023, to

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- ⁵⁻¹² For *Coordination of Care for Children with Chronic Conditions*, the gate questions ask respondents if their child is enrolled in any kind of school or daycare, if they needed their child's doctors or other health providers to contact a school or daycare center about their child's health or health care, and if their child received care from more than one kind of health care provider or used more than one kind of health care service in the last 6 months. If respondents answer "No" to these questions, they are directed to skip the questions that collectively comprise the *Coordination of Care for Children with Chronic Conditions* measure.
- ⁵⁻¹³ For *Access to Prescription Medicines*, the gate question asks respondents if they received or refilled any prescription medicines for their child in the last six months. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Access to Prescription Medicines* measure.
- ⁵⁻¹⁴ For *FCC: Getting Needed Information*, the gate question asks respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months. If respondents answer "None" to this question, they are directed to skip the question that comprises the *FCC: Getting Needed Information* measure.

December 31, 2023), with no more than one gap in enrollment of up to 45 days.⁵⁻¹⁵ In addition, child members had to be 17 years of age or younger as of December 31, 2023, 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 1,840 eligible child members with a prescreen code of 2, 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).

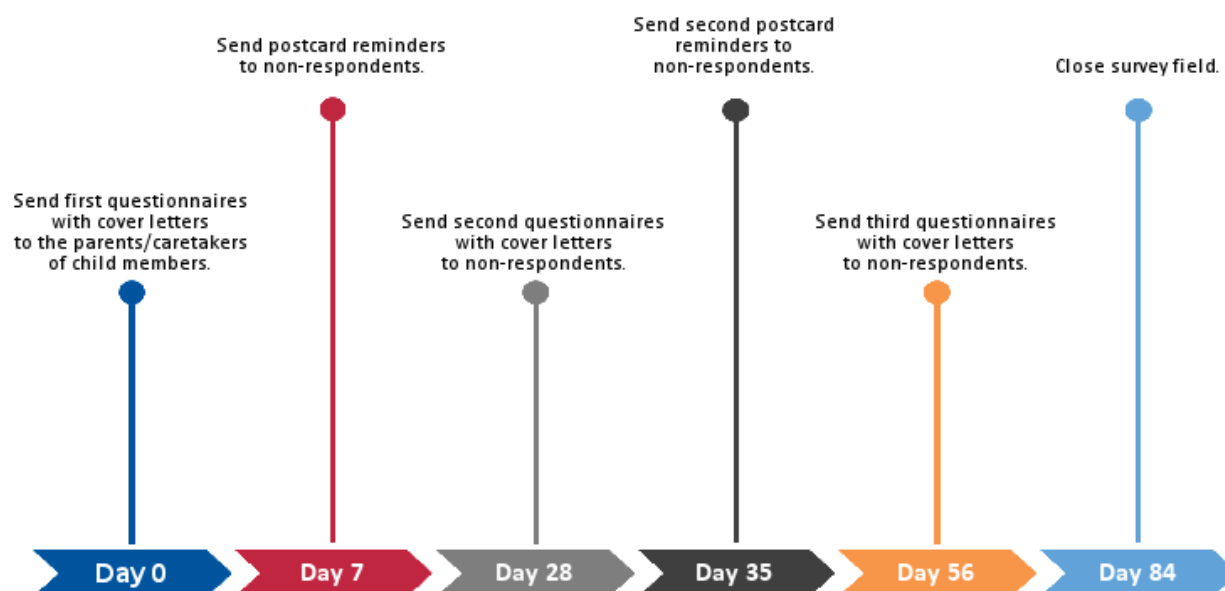
Survey Protocol

The survey administration protocol employed was a mail-only methodology. All parents/caretakers of sampled members were mailed a survey. 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 to June 2024.

Figure 5-2 presents the timeline used in the survey administration.

⁵⁻¹⁵ To determine continuous enrollment for a Medicaid member for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

Figure 5-2—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. 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.⁵⁻¹⁶ As specified by NCQA, a survey was assigned a disposition code of "completed" if the parents/caretakers of sampled eligible members answered at least three of the following five questions: questions 3, 25, 40, 44, and 49.⁵⁻¹⁷ Eligible members included the entire sample minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were deceased, did not meet criteria described on page 5-6 of this report, or had a language barrier (the survey was made available in both English and Spanish). The following formula was used to calculate the response rate.

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

⁵⁻¹⁶ National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2023.

⁵⁻¹⁷ Please refer to Appendix A of this report ("Survey Instrument") for a copy of the survey instrument to see the survey question language.

Child and Respondent Demographics

The demographic analysis evaluated demographic information of general child members and respondents based on parents'/caretakers' responses to the survey. Table 5-2 shows the survey question numbers that are associated with the respective demographic categories that were analyzed.

Table 5-2—Child and Respondent Demographic Items Analyzed

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

Respondent Analysis

HSAG evaluated the demographic characteristics 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). 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 child member demographics section, which uses responses from the survey as the data source. A difference was considered statistically significant if the two-sided *p* value of the *t* test is less than 0.05. The two-sided *p* value of the *t* test is the probability of observing by chance a test statistic at least as extreme as the one actually observed by chance. Respondent percentages within a particular demographic category that were statistically significantly higher or lower than the sample frame percentages are noted with black arrows (↑ or ↓) in the 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.

Scoring Calculations

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.⁵⁻¹⁸ 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 for the global ratings, composite measures, and individual item measure was defined as follows:

- “9” or “10” for the global ratings.
- “Usually” or “Always” for the composite and individual item measures.

A “top-box” response for the CCC composite and item measures was defined as follows:

- “Usually” or “Always” for the *Access to Specialized Services*, *Access to Prescription Medicines*, and *FCC: Getting Needed Information* measures.
- “Yes” for the *FCC: Personal Doctor Who Knows Child* and *Coordination of Care for Children with Chronic Conditions* 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 item, 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 2023 Specifications for Survey Measures, Volume 3*.

Additionally, responses were 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

⁵⁻¹⁸ National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2023.

- 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 (+).

National 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.⁵⁻¹⁹ The top-box scores for the general child population were compared to the national general child Medicaid benchmarks and the top-box scores for the CCC population were compared to the national CCC child Medicaid benchmarks. Ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure using the percentile distributions shown in Table 5-3.

Table 5-3—Star Rating Percentile Distributions

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

⁵⁻¹⁹ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.

Trend Analysis

A trend analysis was performed that compared the 2024 general child and CCC scores to their corresponding 2023 scores to determine whether there were statistically significant differences. A *t* test was performed to determine whether results in 2024 were statistically significantly different from results in 2023. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Scores that were statistically significantly higher in 2024 than in 2023 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2024 than in 2023 are noted with black downward (▼) triangles. Scores in 2024 that were not statistically significantly different from scores in 2023 are not noted with triangles.

Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the general child population 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 (i.e., question).
- How **important** that item is to respondents' overall experience.

Table 5-4 depicts the survey items that were analyzed for each measure in the key drivers of member experience analysis (indicated by a checkmark ✓).

Table 5-4—Potential Key Drivers

| Survey Item | 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 | ✓ | ✓ | ✓ |

| Survey Item | Rating of Health Plan | Rating of All Health Care | Rating of Personal Doctor |
|--|-----------------------|---------------------------|---------------------------|
| 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 5-5 depicts the problem score assignments for the different response categories.

Table 5-5—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 report are subject to some limitations in the survey design, analysis, and interpretation. These limitations discussed below should be considered carefully when interpreting or generalizing the findings.

Comparisons to National Benchmarks

Caution should be exercised when interpreting the results of the National Comparisons analysis (i.e., overall member experience ratings). NCQA Quality Compass benchmarks for the general child and CCC Medicaid populations are used for comparative purposes, since NCQA does not publish separate benchmarking data for the CHIP population.

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. To identify potential non-response bias, HSAG compared the top-box scores from late respondents (i.e., respondents who submitted a survey after the first mailing/round) to early respondents (i.e., respondents who submitted a survey during the first mailing/round) for each measure. Table 5-6 presents the results of the non-response bias analysis. DMAS should consider that potential non-response bias may exist when interpreting CAHPS results.

Table 5-6—Non-Response Bias Analysis

| Measure | 2023 | | 2024 | |
|--|---------------|-----|---------------|-----|
| | General Child | CCC | General Child | CCC |
| <i>Rating of All Health Care</i> | ↓ | — | — | — |
| <i>Coordination of Care</i> | — | ↑ | — | — |
| <i>Customer Service</i> | — | ↓ | ↑ | — |
| ↑ Indicates that early respondents are statistically significantly more likely to provide a higher response for the measure (i.e., potential non-response bias). ↓ Indicates that early respondents are statistically significantly more likely to provide a lower response for the measure (i.e., potential non-response bias). — Indicates that early respondents are not statistically significantly more likely to provide a higher or lower response for the measure. | | | | |

Appendix A. 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
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 letter. 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

7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she get health care in person, by phone, or by video?

☐ None → **Go to Question 11**
☐ 1 time
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more times

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

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

| | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Health Care | | | | | Health Care | | | | | |
| Possible | | | | | Possible | | | | | |

10. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
11. Is your child now enrolled in any kind of school or daycare?
- ☐ Yes
☐ No → **Go to Question 14**

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

☐ Yes

☐ No → **Go to Question 14**

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

☐ Yes

☐ No

SPECIALIZED SERVICES

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

☐ Yes

☐ No → **Go to Question 17**

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

☐ Never

☐ Sometimes

☐ Usually

☐ Always

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

☐ Yes

☐ No

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

☐ Yes

☐ No → **Go to Question 20**

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

☐ Never

☐ Sometimes

☐ Usually

☐ Always

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

☐ Yes

☐ No

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

☐ Yes

☐ No → **Go to Question 23**

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

☐ Never

☐ Sometimes

☐ Usually

☐ Always

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

☐ Yes

☐ No

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

☐ Yes

☐ No → **Go to Question 25**

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

☐ Yes

☐ No

YOUR CHILD'S PERSONAL DOCTOR

25. A personal doctor is the one your child would talk to if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?
- ☐ Yes
☐ No → *Go to Question 40*
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?

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

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?

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
0 1 2 3 4 5 6 7 8 9 10
Worst Best
Specialist Specialist
Possible Possible

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

- 46. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?**
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
- 47. In the last 6 months, did your child's health plan give you any forms to fill out?**
- ☐ Yes
☐ No ➔ *Go to Question 49*
- 48. In the last 6 months, how often were the forms from your child's health plan easy to fill out?**
- ☐ Never
☐ Sometimes
☐ Usually
☐ Always
- 49. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?**
- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
- Worst Health Plan Possible Best Health Plan Possible

PRESCRIPTION MEDICINES

- 50. In the last 6 months, did you get or refill any prescription medicines for your child?**
- ☐ Yes
- ☐ No ➔ *Go to Question 53*
- 51. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?**
- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

- 52. 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

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