# Ohio | Department of Medicaid

# 2019 Ohio Medicaid Managed Care Program CAHPS® Member Experience Survey Methodology Report

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# 1. Introduction

## Overview

The Ohio Department of Medicaid (ODM) requires a variety of quality assessment and improvement activities to ensure Medicaid managed care plan (MCP) members have timely access to high-quality health care services. These activities include annual surveys of member experience with care. Survey results provide important feedback on MCP performance which is used to identify opportunities for continuous improvement in the care and services provided to members. ODM requires the MCPs to contract with a National Committee for Quality Assurance (NCQA)-certified Healthcare Effectiveness Data and Information Set (HEDIS®) survey vendor to conduct annual Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Surveys. ODM contracted with IPRO to analyze the MCPs' 2019 survey data and report the results.

The standardized survey instruments selected for Ohio's Medicaid Managed Care Program were the CAHPS 5.0H Adult Medicaid Health Plan Survey and the CAHPS 5.0H Child Medicaid Health Plan Survey (with the chronic conditions measurement set). Five MCPs participated in the 2019 CAHPS Medicaid Health Plan Surveys, as listed in Table 1-1. Adult members and the parents or caretakers of child members from each MCP completed the surveys from February to May 2019.

Table 1-1: Participating MCPs

| MCP Name | MCP Abbreviation |
|----------|------------------|
| Buckeye Health Plan | Buckeye |
| CareSource | CareSource |
| Molina Healthcare of Ohio, Inc. | Molina |
| Paramount Advantage | Paramount |
| UnitedHealthcare Community Plan of Ohio, Inc. | UnitedHealthcare |

This *2019 Ohio Medicaid Managed Care Program CAHPS Member Experience Survey Methodology Report* is one of three separate reports created by IPRO to provide ODM with a comprehensive analysis of the 2019 Ohio Medicaid Managed Care Program CAHPS results.

- The *2019 Ohio Medicaid Managed Care Program CAHPS® Member Experience Survey Full Report* (**Full Report**) contains eight sections examining the results of the CAHPS Surveys: (1) the "Introduction" section provides an overview of the survey administration and response-rate information; (2) the "Demographics" section depicts the characteristics of survey respondents and member demographic characteristics; (3) the "Respondent/Non-Respondent Analysis" section compares the demographic characteristics of the CAHPS Survey respondents to the non- respondents; (4) the "Adult and General Child Results" section contains four subsections with CAHPS survey results for the adult and general child populations: National Comparisons, Statewide Comparisons, Priority Areas for Quality Improvement, and Cross-Tabulations; (5) the "Children with Chronic Conditions Results" section analyzes the CAHPS survey results for child members with and without a chronic condition to identify whether there are significant differences between the Children with Chronic Conditions (CCC) and non-CCC populations on the measures; (6) the "Summary of Results" section summarizes the results in the "Adult and General Child Results" and "Children with Chronic Conditions Results" sections; (7) the "Conclusions and Recommendations" section discusses conclusions drawn from the findings of the results, the cautions and limitations associated with interpreting the CAHPS Survey results, and recommendations; and (8) the "Reader's Guide" section provides additional information to aid in the interpretation of the results presented in the Full Report.
- The *2019 Ohio Medicaid Managed Care Program CAHPS® Member Experience Survey Executive Summary Report* (**Executive Summary Report**) contains four sections that provide a high-level overview of the major CAHPS results presented in the Full Report: (1) the "Introduction" section provides an overview of the survey administration and a summary of findings; (2) the "Adult and General Child Results" section analyzes the adult and general child CAHPS results; (3) the "Children with Chronic Conditions Results" section analyzes the CAHPS survey results for child

members with and without a chronic condition; and (4) the "Conclusions and Recommendations" section provides the conclusions, cautions and limitations, and recommendations based on the survey findings.

- The *2019 Ohio Medicaid Managed Care Program CAHPS Member Experience Survey Methodology Report* (**Methodology Report**) contains three sections that provide a detailed description of the methodology used to perform the CAHPS analyses: (1) the "Introduction" section provides an overview of the CAHPS Surveys and the survey administration; (2) the "Data Analysis" section describes the methodology used to calculate response rates, calculate demographic frequencies, perform the respondent/non-respondent analysis, perform the analyses within the "Adult and General Child Results" and "Children with Chronic Conditions Results" sections in the Full Report and Executive Summary Report; and (3) the "Reader's Guide" section provides additional information to aid in the interpretation of the results presented in all of Ohio's Medicaid Managed Care Program CAHPS reports. A copy of the standard NCQA version of the CAHPS 5.0H Adult Medicaid Health Plan Survey and the CAHPS 5.0H Child Medicaid Health Plan Survey (with the CCC measurement set) are included in this report as an appendix.

## Program Changes

In 2017, more Ohioans were able to access their benefits through one of the state's five Medicaid MCPs. Effective January 1, 2017, Ohio Medicaid transitioned the following recipient groups from fee-for-service to mandatory managed care: individuals enrolled in the Bureau of Children with Medical Handicaps (BCMH) program, children in the custody of Public Children's Services Agencies (PCSAs), children receiving federal adoption assistance, and individuals receiving services through the Breast and Cervical Cancer Project (BCCP). In addition, voluntary enrollment in a Medicaid MCP was extended to individuals on a developmental disabilities waiver. Also, effective February 2017, eligibility for respite services was expanded to cover child beneficiaries who receive long-term care and have behavioral health needs.

Ohio Medicaid made significant progress in 2017 to advance population health outcomes, beginning with implementation of the state's Comprehensive Primary Care (CPC) program. This program provides comprehensive services to members in a medical home setting to manage population health and encourage improvement in population health outcomes. MCPs work collaboratively with the CPC practices and provide ongoing support through CPC-MCP partnerships initiated by ODM. In 2017, 111 primary care practices and 1.1 million individuals were enrolled in the program, with monthly enrollment averaging 800,000 members.

Throughout 2017 and 2018, the MCP care management program continued to evolve in alignment with ODM's population health approach to managed care. Effective January 1, 2018, the MCPs extended the use of an ODM-approved and standardized pediatric or adult needs assessment tool to each member, within 90 days of enrollment. The MCPs use this information to risk-stratify members and identify any potential needs for care management.

In 2018, Ohio Medicaid transitioned the following recipient group from fee-for-service to mandatory managed care: individuals enrolled in the Medicaid Buy-In for Workers with Disabilities (MBIWD) program.

On January 1, 2018, Ohio Medicaid launched Behavioral Health Redesign, an initiative aimed at rebuilding Ohio's community behavioral health capacity. This included the addition of new services for people with high intensity service and support needs. Effective July 1, 2018, Ohio integrated behavioral health services into Managed Care.

In 2018, ODM began "Managed Care Day 1" to help minimize the amount of time an individual is on fee-for-service and maximize their managed care experience. Recipients are assigned to a managed care plan effective the first day of the month in which Medicaid eligibility is determined.

## Survey Instruments

The survey instruments selected were the CAHPS 5.0H Adult Medicaid Health Plan Survey and the CAHPS 5.0H Child Medicaid Health Plan Survey (with the CCC measurement set). These are the HEDIS versions required by NCQA for use during HEDIS reporting year 2019 which represents measurement year 2018. The CAHPS Surveys are a set of standardized surveys that assess patient perspectives on care. Originally, CAHPS was a five-year collaborative project sponsored by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). In 1997, NCQA, in conjunction with AHRQ, created the CAHPS 2.0H Survey measure as part of NCQA's

HEDIS. In 2002, AHRQ convened the CAHPS Instrument Panel to reevaluate and update the CAHPS Surveys and to improve the state-of-the-art methods for assessing members' experiences with care. This reevaluation and update process resulted in the development of the CAHPS 3.0H Surveys.[1] In 2006, the CAHPS Surveys were reevaluated again. The result was the development of the CAHPS 4.0 Surveys. The CAHPS 4.0H Adult Medicaid Health Plan Survey was released for use in 2007, and the CAHPS 4.0H Child Medicaid Health Plan Survey was released for use in 2009.[2,3] In 2012, AHRQ released the CAHPS 5.0 Medicaid Health Plan Surveys. Based on the CAHPS 5.0 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys in August 2012, which are referred to as the CAHPS 5.0H Adult and Child Medicaid Health Plan Surveys, respectively.[4] NCQA also includes CAHPS results as part of the scoring algorithm in its accreditation program for health plans.

The CAHPS Medicaid questionnaire set includes separate versions for the adult and child populations. The surveys assess topics such as quality of care, access to care, the communication skills of providers and administrative staff, and overall experience with health plans and providers. The CAHPS 5.0H Adult Medicaid Health Plan Survey includes 53 core questions that yield 14 measures. These measures include four global rating questions, five composite measures, two individual item measures, and three Medical Assistance with Smoking and Tobacco Use Cessation measures. The CAHPS 5.0H Child Medicaid Health Plan Survey (with the CCC measurement set) includes 83 core questions that yield 16 measures. These measures include four global rating questions, five composite measures, two individual item measures, and five CCC composite measures/items. The global ratings reflect overall experience with the health plan, health care, personal physicians, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., "getting needed care" or "getting care quickly"). The individual item measures are individual questions that look at a specific area of care (i.e., "health promotion and education" and "coordination of care"). The Medical Assistance with Smoking and Tobacco Use Cessation measures assess the various aspects of providing medical assistance with smoking and tobacco use cessation.

Table 1-2 lists the global ratings, composite measures, individual items, Medical Assistance with Smoking and Tobacco Use Cessation measures, CCC composite measures, and CCC items included in the CAHPS Medicaid Health Plan Surveys. Table 1-3 lists the items (i.e., questions) that comprise the composite measures and CCC composite measures.

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[1] National Committee for Quality Assurance. *HEDIS® 2003, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2002.

[2] National Committee for Quality Assurance. *HEDIS® 2007, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2006.

[3] National Committee for Quality Assurance. *HEDIS® 2009 Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2008.

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

## Table 1-2: CAHPS Medicaid Measures

| Global Ratings | Composite Measures | Individual Items | Medical Assistance With Smoking and Tobacco Use Cessation Measures[1] | CCC Composite Measures[2] | CCC Items[2] |
|---|---|---|---|---|---|
| Rating of Health Plan | Getting Needed Care | Health Promotion and Education | Advising Smokers and Tobacco Users to Quit | Access to Specialized Services | Access to Prescription Medicines |
| Rating of All Health Care | Getting Care Quickly | Coordination of Care | Discussing Cessation Medications | Family-Centered Care (FCC): Personal Doctor Who Knows Child | FCC: Getting Needed Information |
| Rating of Personal Doctor | How Well Doctors Communicate | | Discussing Cessation Strategies | Coordination of Care for Children with Chronic Conditions | |
| Rating of Specialist Seen Most Often | Customer Service | | | | |
| | Shared Decision Making | | | | |

[1]Please note, the Medical Assistance with Smoking and Tobacco Use Cessation measures are only present in the CAHPS 5.0H Adult Medicaid Health Plan Survey.
[2]Please note, the CCC composite measures/items are only present in the CAHPS 5.0H Child Medicaid Health Plan Survey (with the CCC measurement set).

Table 1-3: Items within Composite Measures

| Getting Needed Care | Getting Care Quickly | How Well Doctors Communicate | Customer Service | Shared Decision Making | Access to Specialized Services[1] | FCC: Personal Doctor Who Knows Child[1] | Coordination of Care for Children with Chronic Conditions[1] |
|---|---|---|---|---|---|---|---|
| Got Care Believed Necessary | Received Care as Soon as Wanted When Needed Right Away | Doctors Explained Things in Way They Could Understand | Obtained Help Needed from Customer Service | Doctor Talked About Reasons to Take a Medicine | Problem Obtaining Special Medical Equipment | Talked About How Child Feeling, Growing, or Behaving | Received Help in Contacting School or Daycare |
| Saw a Specialist | Received Appointment as Soon as Wanted When Care Not Needed Right Away | Doctors Listened Carefully | Health Plan Customer Service Treated with Courtesy and Respect | Doctor Talked About Reasons Not to Take a Medicine | Problem Obtaining Special Therapy | Understood How Health Conditions Affect Child's Life | Health Plan or Doctors Helped Coordinate Child's Care |
| | | Doctors Showed Respect | | Doctor Asked About Best Medicine Choice for You | Problem Obtaining Treatment or Counseling | Understood How Health Conditions Affect Family's Life | |
| | | Doctors Spent Enough Time with Patient | | | | | |

[1]Please note, the CCC composite measures are only present in the CAHPS 5.0H Child Medicaid Health Plan Survey (with the CCC measurement set).

## Sampling Procedures

### Sample Frame

HEDIS specifications require that the MCPs provide a list of all eligible members for the sampling frame. Following HEDIS requirements, the MCPs include members in the sample frame who met the following criteria:

- Were 18 years of age or older for adult members or 17 years of age or younger for child members as of December 31, 2018.
- Were currently enrolled in the MCP.
- Had been continuously enrolled for at least five of the last six months of 2018.

Table 1-4 provides a breakout of the sample frame sizes for each MCP.

Table 1-4: MCP Sample Frame Sizes

| MCP | Adult Sample Frame | Child Sample Frame |
|---|---|---|
| Buckeye | 131,471 | 123,543 |
| CareSource | 506,254 | 503,161 |
| Molina | 120,854 | 103,405 |
| Paramount | 103,360 | 80,920 |
| UnitedHealthcare | 153,865 | 110,198 |

## Sample Size

A systematic sample of adult and child members (i.e., general population of children) was selected from each participating MCP.[5] Table 1-5 provides a breakout of the sample sizes for each MCP for the adult and general child members.

Table 1-5: MCP Sample Sizes

| MCP | Adult Sample Size | General Child Sample Size |
|---|---|---|
| Buckeye | 2,700 | 3,300 |
| CareSource | 1,890 | 3,300 |
| Molina | 1,755 | 4,620 |
| Paramount | 1,890 | 1,650 |
| UnitedHealthcare | 1,890 | 2,310 |

Child members in the CAHPS child sample frame could have a chronic condition prescreen status code of 1 or 2. A prescreen code of 1 indicated that the member did not have claims or encounters that suggested that 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 that the member had claims or encounters that suggested that the member had a greater probability of having a chronic condition.[6] After selecting child members for the general child sample, a sample of child members with a prescreen code of 2 was selected from each MCP for the CCC supplemental sample, which represented the population of children who were more likely to have a chronic condition. This sample was drawn to ensure an adequate number of responses from children with chronic conditions. Please note, child members in both the general child sample and CCC supplemental sample received the same CAHPS 5.0H Child Medicaid Health Plan Survey (with the CCC measurement set) instrument. The CAHPS 5.0H Child Medicaid Health Plan Survey also includes several questions that constitute a CCC screener. This screener is used to identify children with chronic conditions from both the general child sample and CCC supplemental sample. Table 1-6 provides a breakout of the sample sizes for each MCP for the CCC supplemental sample.

Table 1-6: CCC Supplemental Sample Sizes

| MCP | CCC Supplemental Sample Size |
|---|---|
| Buckeye | 3,680 |
| CareSource | 1,840 |
| Molina | 1,840 |
| Paramount | 1,840 |
| UnitedHealthcare | 2,576 |

NCQA protocol permits oversampling in any increment.[7] MCPs were required by ODM to oversample the adult population by 30 percent. Table 1-7 provides a breakout of the oversample rates for each MCP for the adult and general child populations.

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[5] Each MCP contracted with its own vendor to administer the surveys.

[6] National Committee for Quality Assurance. *HEDIS 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA, 2018.

[7] The oversampling percentage varied for each MCP.

Table 1-7: MCP Oversampling Rates

| MCP | Adult Rate | General Child Rate |
|---|---|---|
| Buckeye | 100% | 100% |
| CareSource | 40% | 100% |
| Molina | 30% | 180% |
| Paramount | 40% | 0% |
| UnitedHealthcare | 40% | 40% |

## Sampling Scheme

Figure 1-1 and Figure 1-2 depict the overall sampling scheme and the pertinent populations in each of the reports. A systematic sample of at least 1,755 adult members was selected from each participating MCP.[8] Adult respondents from the sample comprise the adult respondent population included in Ohio's Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report. A systematic sample of at least 1,650 child members was selected from each participating MCP for the general child sample, and a sample of at least 1,840 child members with a prescreen code of 2 was selected from each MCP for the CCC supplemental sample.[9] The child results presented in the "Adult and General Child Results" section of the Ohio Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report are based on the responses of parents or caretakers of children from the general child sample (i.e., the general child population).

Figure 1-1: Adult and General Child Population
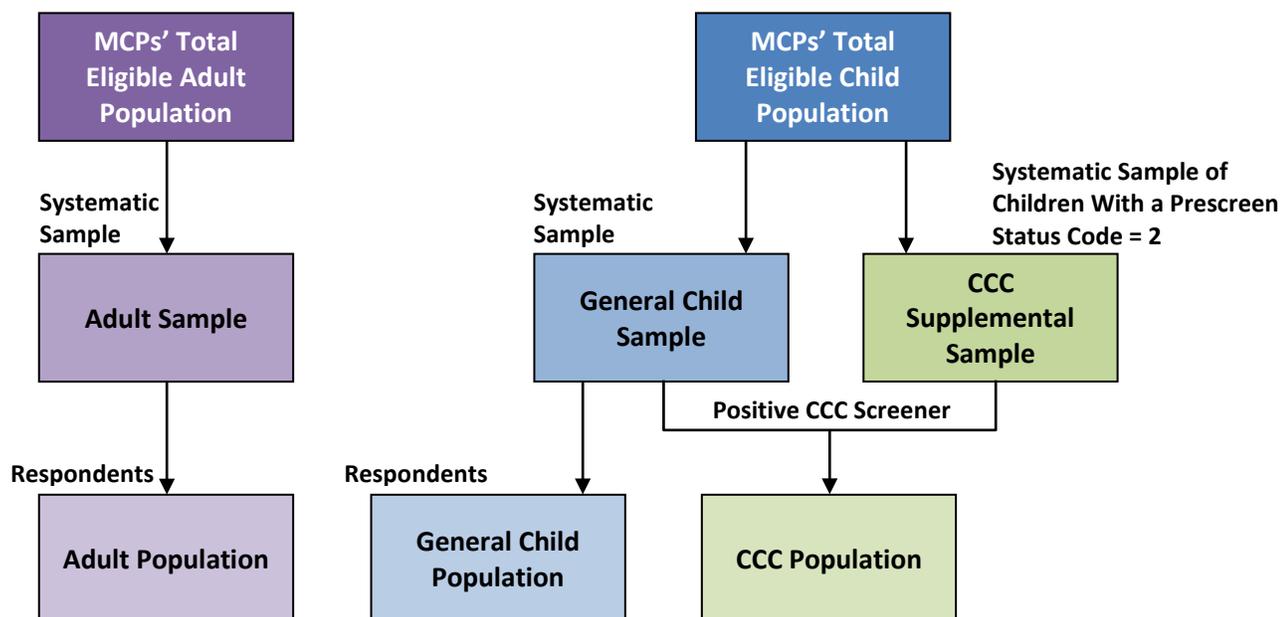


For the child population, at least 3,490 child members were selected from each participating MCP.[10] The CAHPS 5.0H Child Medicaid Health Plan Survey includes several questions that constitute a CCC screener. This screener is used to identify children with chronic conditions from both the general child sample and CCC supplemental sample. The results presented in the "Children with Chronic Conditions Results" section of the Ohio Medicaid Managed Care Program CAHPS

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[8] Some MCPs chose to oversample their adult population more than the required 30 percent mandated by ODM.
[9] Some MCPs chose to sample their general child population more than the required 1,650 members.
[10] Some MCPs chose to oversample the child population.

Full and Executive Summary Reports are based on the responses of parents or caretakers of children with (CCC population) and without (non-CCC population) chronic conditions.

Figure 1-2: CCC and Non-CCC Populations
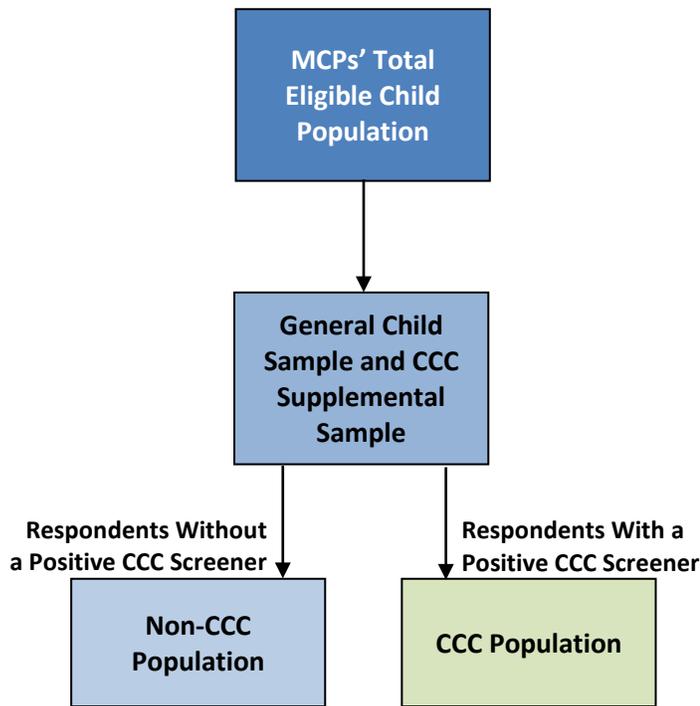


## Survey Protocol

The MCPs contracted with separate survey vendors to administer the CAHPS surveys. The survey administration protocol employed by the MCPs' vendors allowed for various methods by which members could complete the surveys. The first phase, or mail phase, consisted of a survey being mailed to all sampled members. All sampled members received an English and/or Spanish version of the survey. A second survey mailing was sent out to all non-respondents. For survey vendors that elected to use the standard Internet protocol, an option to complete the survey via the Internet was provided in the cover letter with the mail surveys. The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) for sampled members who had not mailed in a completed survey or completed a survey via the Internet. A series of at least three CATI calls was made to each non-respondent.[11] It has been shown that the addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a health plan's population.[12]

According to HEDIS specifications for the CAHPS Surveys, these surveys were completed using the time frames shown in Table 1-8.

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[11] National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2019 Survey Measures*. Washington, DC: NCQA, 2018.
[12] Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. "Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members." *Medical Care*. 2002. 40(3): 190-200.

Table 1-8: CAHPS Survey Mixed-Mode Methodology Time Frames[13]

| Basic Tasks for Conducting the Surveys | Time Frames |
|---|---|
| Send first questionnaire with cover letter to the adult member or parent/caretaker of child member. | 0 days |
| Send a postcard reminder to non-respondents four to 10 days after mailing the first questionnaire. | 4 – 10 days |
| Send a second questionnaire (and letter) to non-respondents approximately 35 days after mailing the first questionnaire. | 35 days |
| Send a second postcard reminder to non-respondents four to 10 days after mailing the second questionnaire. | 39 – 45 days |
| Initiate CATI interviews for non-respondents approximately 21 days after mailing the second questionnaire. | 56 days |
| Initiate systematic contact for all non-respondents such that at least three telephone calls are attempted at different times of the day, on different days of the week, and in different weeks. | 56 – 70 days |
| Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 14 days after initiation. | 70 days |

## 2. Data Analysis

Several different analyses were performed to generate the Ohio Medicaid Managed Care Program CAHPS 2019 Survey results. This section provides a detailed discussion of each of the analyses used to generate the Ohio Medicaid Managed Care Program CAHPS Member Experience Survey Reports.

### Response Rates

The administration of the CAHPS Surveys is comprehensive and is designed to achieve the highest possible response rate. A high response rate facilitates the generalization of the survey responses to an MCP's population. The response rate is the total number of completed surveys divided by all eligible members of the sample.[14] For both the adult and child surveys, a member's survey was assigned a disposition code of "completed" if at least three of the following five questions were completed: questions 3, 15, 24, 28, and 35 for adult Medicaid and questions 3, 30, 45, 49, and 54 for child Medicaid. Eligible members included the entire sample (including any oversample) minus ineligible members. Ineligible members of the sample met one or more of the following criteria: they were deceased, they were invalid (they did not meet criteria described on page 8 of this report), they were mentally or physically incapacitated, or they had a language barrier.[15]

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

### Demographics

Seven separate analyses were performed on a series of survey questions focusing on demographic items. These analyses examined the adult, general child, and CCC populations. Table 2-1 depicts the table numbers in the Full Report that correspond to the analyses performed on the adult and general child members and the source of the data (either the adult and child surveys or sample frame data) used in calculating the demographic frequencies. Additional analyses were performed on a series of survey questions focusing on demographic and health-related items in the "Children with Chronic Conditions Results" section of the Ohio Medicaid Managed Care Program CAHPS Member Experience Survey Full Report. These analyses examined child members with and without chronic conditions. Table 2-2 depicts the table

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[13] National Committee for Quality Assurance. *HEDIS 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA, 2018.

[14] National Committee for Quality Assurance. *HEDIS 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA, 2018.

[15] The mentally or physically incapacitated designation is not valid for the CAHPS 5.0H Child Medicaid Health Plan Survey. Children who are mentally or physically incapacitated are eligible for inclusion in the child results.

numbers in the "Children with Chronic Conditions Results" section of the Full Report that correspond to the analyses performed on the child members with and without chronic conditions and the source of the data (either the child survey or sample frame data) used in calculating the demographic frequencies.

Table 2-1: Adult and General Child Demographic Items Analyzed in Full Report[16]

| Demographic Category | Source of Adult Data (Adult Survey Question Number or Sample Frame) | Source of Child Data (Child Survey Question Number or Sample Frame) |
|---|---|---|
| **Table 2-1—Adult Member Profiles** | | |
| Age | Sample Frame | |
| Gender | Sample Frame | |
| Education | 49 | |
| Race | 51 | |
| Ethnicity | 50 | |
| Health Status | 36 | |
| **Table 2-2—General Child Profiles** | | |
| Age | | Sample Frame |
| Gender | | Sample Frame |
| Race | | 77 |
| Ethnicity | | 76 |
| Health Status | | 58 |
| **Table 2-3—General Child Respondent Profiles** | | |
| Age | | 78 |
| Gender | | 79 |
| Education | | 80 |
| Respondent Relationship to Child | | 81 |

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[16] Table references (i.e., Table 2-2—General Child Profiles) correspond to the table numbers in the Full Report that correspond to the analyses performed.

Table 2-2: Demographic Items Analyzed for the CCC Population[17]

| Demographic Category | Source of Child Data (Child Survey Question Number or Sample Frame) |
|---|---|
| **Table 2-4—CCC and Non-CCC Respondent Profiles** | |
| Age | 78 |
| Gender | 79 |
| Education | 80 |
| Respondent Relationship to Child | 81 |
| **Table 2-5—CCC and Non-CCC Child Member Profiles** | |
| Age | Sample Frame |
| Gender | Sample Frame |
| Race | 77 |
| Ethnicity | 76 |
| Health Status | 58 |
| **Table 2-6—Responses to CCC Screener Questions—Response of "Yes"** **Table 2-7—Distribution of Categories for CCC Population** | |
| Prescription Medicine | 60, 61, 62 |
| More Care | 63, 64, 65 |
| Functional Limitations | 66, 67, 68 |
| Special Therapy | 69, 70, 71 |
| Mental Health Services | 72, 73 |

## Respondent/Non-Respondent Analysis

An analysis of the demographic characteristics of the respondents and non-respondents to the Ohio CAHPS Surveys was conducted. This analysis examined the adult and general child populations. The demographic information analyzed was derived from sample frame data. Member age and gender were broken into categories and analyzed for statistically significant differences between the respondent and non-respondent populations. The respondent/non-respondent analysis was limited to adult and general child members.

### Confidence Interval Overlap Test

A 95% confidence interval overlap test was performed to determine whether the percentage of respondents was statistically significantly different from the percentage of non-respondents within a particular demographic category.[18] The binomial proportion method (SAS®, Version 9.4, Cary, NC) was used to calculate 95% confidence intervals for the Ohio Medicaid Managed Care Program and each MCP. If intervals for the plan and the Ohio Medicaid Managed Care program did not overlap, then the difference between the groups was considered to be statistically significant.

$$lower\ limit\ of\ interval = p - z_{1-\frac{\alpha}{2}} * \sqrt{\frac{p*(1-p)}{n}} - \frac{1}{2n}$$

$$upper\ limit\ of\ interval = p + z_{1-\frac{\alpha}{2}} * \sqrt{\frac{p*(1-p)}{n}} + \frac{1}{2n}$$

$p = proportion\ of\ respondents$
$n = denominator\ for\ proportion$
$\alpha = 0.05$
$z = critical\ z\text{-}score = 1.96$

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[17] Table references (i.e., Table 2-4—CCC and Non-CCC Respondent Profiles) correspond to the table numbers in the Full Report that correspond to the analyses performed.
[18] This methodology differs from the methodology used for previous years' reports.

The above formula calculates a confidence interval ranging around the score ($p$) by the z-score times the standard error of $p$. Since we are approximating a discrete distribution with a continuous distribution, we use a correction of $0.5/n$ in the formula.

## Assignment of Arrows

Arrows were assigned to each MCP's and Ohio's Medicaid Managed Care Program's (i.e., Ohio Medicaid's) respondent percentages to indicate whether there were statistically significant differences between the respondent percentages and the non-respondent percentages within a particular demographic category. An overlap in the confidence intervals between respondents and non-respondents is said to be statistically non-significant whereas a non-overlap in the confidence intervals between respondents and non-respondents is said to be statistically significant. MCP- and program-level percentages for the respondent population that were statistically significantly higher than the non-respondent population are noted with upward ($\uparrow$) arrows. MCP- and program-level percentages for the respondent population that were statistically significantly lower than the non-respondent population are noted with downward ($\downarrow$) arrows. MCP- and program-level percentages for the respondent population that were not statistically significantly different from the non-respondent population are not noted with arrows.

## National Comparisons Analysis

The National Comparisons analysis was conducted following NCQA protocol. The scores for specific survey measures were calculated and compared to NCQA's 2019 Quality Compass National Percentiles.[19] According to HEDIS specifications, results for the adult and child populations were reported separately, and no weighting or case-mix adjustment was performed on the results. However, all MCPs' CAHPS/HEDIS results were reported, regardless of the number of responses. Measures with fewer than 100 responses are noted with an asterisk. Adult and general child members in Ohio's Medicaid Managed Care Program were included in this analysis.

### Top Box Score Calculations

Scores were calculated for each of the four global rating questions (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often) and one individual item measure (Coordination of Care) based on the percentage of respondents who chose the most positive score(s) for a given item (i.e., top box score).[20] For the global rating questions, top box scores included response values of 8, 9, and 10. For the individual item measure, top box scores included response values of "Usually" and "Always."

Scores were calculated for the composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making). Top box scores included response values of "Usually" and "Always."

The composite score was the average of the score for each question included in the composite measure. That is, each question contributed equally to the average, regardless of the number of respondents to the question.

$$Composite\ Measure = \frac{1}{n}\sum_{i=1}^{n}x_i$$

$i = 1,...,n$ questions in a composite
$x_i$ = score for question i (percentage of respondents who selected the top box score)

The "National Comparisons" section depicts results using a one-to-five-star rating system. For adult and general child members, star assignments were assigned based on a comparison of each measure's top box score to NCQA's 2019 Quality Compass National Percentile.[21]

Each year, NCQA releases the national benchmarks and thresholds for the HEDIS/CAHPS Survey results required for NCQA's accreditation of managed care organizations (MCOs) for the Medicaid population. NCQA requires MCOs to

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[19] Previous years' reports compared scores to NCQA Benchmarks and Thresholds for Accreditation.
[20] This methodology differs from the three-point/one-point mean scoring methodology used for previous years' reports.
[21] National Committee for Quality Assurance. *Quality Compass 2019*. Washington, DC: NCQA, 2019.

submit HEDIS and CAHPS data as part of the MCO accreditation process. Using these data submissions, NCQA recalculates the summary statistics annually for each HEDIS measure. These recalculated national results are compared to prior year's accreditation benchmarks and thresholds. If there is minimal change to the national performance, accreditation benchmarks and thresholds are held constant. If performance changes, NCQA considers updating the benchmarks and thresholds. In addition, should changes to the measures impact trending, NCQA will recalculate the benchmarks and thresholds and update as necessary to avoid penalizing the plans.

Table 2-3 shows the percentiles that were used to determine star ratings for each CAHPS measure.

Table 2-3: Star Ratings

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

Table 2-4 provides a crosswalk of the number of stars to the adult national Medicaid scores on the global ratings, composite measures, and individual item measure.

Table 2-4: Overall Adult Medicaid Member Ratings Crosswalk

| Measure | Number of Stars | | | | |
|---|---|---|---|---|---|
| | ★★★★★ | ★★★★ | ★★★ | ★★ | ★ |
| Rating of Health Plan | >=83.00 | 80.92 to <83.00 | 78.45 to <80.92 | 74.31 to <78.45 | <74.31 |
| Rating of All Health Care | >=81.29 | 78.11 to <81.29 | 75.43 to <78.11 | 72.83 to <75.43 | <72.83 |
| Rating of Personal Doctor | >=86.54 | 84.62 to <86.54 | 82.34 to <84.62 | 79.78 to <82.34 | <79.78 |
| Rating of Specialist Seen Most Often | >=86.67 | 85.22 to <86.67 | 82.62 to <85.22 | 79.40 to <82.62 | <79.40 |
| Getting Needed Care | >=86.84 | 85.47 to <86.84 | 83.06 to <85.47 | 80.53 to <83.06 | <80.53 |
| Getting Care Quickly | >=86.74 | 85.08 to <86.74 | 82.34 to <85.08 | 80.02 to <82.34 | <80.02 |
| How Well Doctors Communicate | >=94.73 | 93.39 to <94.73 | 92.04 to <93.39 | 90.83 to <92.04 | <90.83 |
| Customer Service | >=92.39 | 90.95 to <92.39 | 88.93 to <90.95 | 87.12 to <88.93 | <87.12 |
| Coordination of Care | >=88.89 | 86.36 to <88.39 | 84.15 to <86.36 | 81.46 to <84.15 | <81.46 |

Table 2-5 provides a crosswalk of the number of stars to the general child national Medicaid scores on the global ratings, composite measures, and individual item measure.

Table 2-5: Overall General Child Medicaid Member Ratings Crosswalk

| | Number of Stars | | | | |
|---|---|---|---|---|---|
| Measure | ★★★★★ | ★★★★ | ★★★ | ★★ | ★ |
| Rating of Health Plan | >=92.22 | 89.38 to <92.22 | 87.15 to <89.38 | 84.48 to <87.15 | <84.48 |
| Rating of All Health Care | >=92.46 | 88.24 to <92.46 | 75.43 to <88.24 | 85.76 to <75.43 | <85.76 |
| Rating of Personal Doctor | >=93.63 | 92.02 to <93.63 | 90.49 to <92.02 | 88.69 to <90.49 | <88.69 |
| Rating of Specialist Seen Most Often | >=91.78 | 89.00 to <91.78 | 87.29 to <89.00 | 85.83 to <87.29 | <85.83 |
| Getting Needed Care | >=86.84 | 85.47 to <86.84 | 83.06 to <85.47 | 80.53 to <83.06 | <80.53 |
| Getting Care Quickly | >=86.74 | 85.08 to <86.74 | 82.34 to <85.08 | 80.02 to <82.34 | <80.02 |
| How Well Doctors Communicate | >=96.57 | 95.70 to <96.57 | 94.13 to <95.7 | 92.44 to <94.13 | <92.44 |
| Customer Service | >=92.00 | 89.98 to <92.00 | 88.56 to <89.98 | 86.50 to <88.56 | <86.50 |
| Coordination of Care | >=89.33 | 87.18 to <89.33 | 84.06 to <87.18 | 81.11 to <84.06 | <81.11 |

## Statewide Comparisons Analysis

The "Statewide Comparisons Analysis" section presents results based on NCQA methodology. According to HEDIS specifications, results for the adult and child populations were reported separately, and no weighting or case-mix adjustment was performed on the results. However, all MCPs' CAHPS/HEDIS results were reported, regardless of the number of responses. Measures with fewer than 100 responses are noted with an asterisk. Adult and general child members in Ohio's Medicaid Managed Care Program were included in this analysis.

### Score Calculations

For each global rating, composite measure, composite item, individual item, and question within the four specific areas of interest (i.e., Satisfaction with Health Plan, Satisfaction with Health Care Providers, Access to Care, and Utilization of Services), a score was calculated based on the top box methodology described on page 15.[22]

### Response Category Percentages

Response category percentages were calculated for each measure. For the global ratings, responses were classified into three categories:

- Satisfied—8 to 10
- Neutral—5 to 7
- Dissatisfied—0 to 4

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

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

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

- Yes
- No

For questions within the four areas of interest, the response categories varied depending on the item.

For the global ratings, composite items, individual items, and questions within the four areas of interest, each of the response category percentages was calculated using the standard question summary rate formula. In other words,

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[22] This methodology differs from the methodology used for previous years' reports.

separate response category percentages (or question summary rates) were calculated for each of the response categories. Therefore, the total of these response category percentages was 100 percent.

$$Question\ Summary\ Rate\ (QSR) = \frac{\sum_{i=1}^{n} x_i}{n}$$

$i = 1,...,n$ members responding to question
$x_i = $ score of member on question (either 0 or 1)

For the composite measures, separate response category percentages (or global proportions) were calculated for each of the response categories. For each response category, a score was calculated. This step was repeated for each of the questions in the composite. The average proportion for each response category was determined across all questions in the composite. This average was the composite global proportion. Each question contributed equally to the average regardless of the number of respondents to the question. Therefore, the total of the response category percentages was 100 percent.

$$Composite\ Global\ Proportion\ (GP) = \frac{1}{m} \sum_{i=1}^{m} \left( \sum_{j=1}^{n_i} \frac{x_{ij}}{n_i} \right)$$

$i = 1,...,m$ questions in a composite
$j = 1,...,n_i$ members responding to question $i$
$x_{ij} = $ score of member $j$ on question $i$ (either 0 or 1)

For the Medical Assistance with Smoking and Tobacco Use Cessation measures, three rates were calculated:

- Advising Smokers and Tobacco Users to Quit
- Discussing Cessation Medications
- Discussing Cessation Strategies

Responses of "Sometimes," "Usually," and "Always" were used to determine if the member qualified for inclusion in the numerator. To be included in the denominator, members must have indicated that they were current smokers or tobacco users. NCQA's methodology of calculating a rolling average using the current and prior years' results was used. Separate response category percentages were calculated for each of the response categories.

$$Rate = \frac{\left( Year\ 1\ Numerator + Year\ 2\ Numerator \right)}{\left( Year\ 1\ Denominator + Year\ 2\ Denominator \right)}$$

## Comparative Hypothesis Tests
MCP-level scores were compared to the Ohio Medicaid scores to determine whether there were statistically significant differences between the scores for each MCP and the Ohio Medicaid scores. Top box scores were compared for statistically significant differences.

One type of hypothesis test was applied to the CAHPS Survey comparative results in the "Statewide Comparisons Analysis" section. A 95% confidence interval overlap test was performed to determine whether scores for each MCP were statistically significantly different from scores for the Ohio Medicaid Managed Care Program.[23] Additional information on the 95% confidence interval overlap test can be found on page 14.

## Trending Hypothesis Test
Scores in 2019 were compared to the scores in 2018 to determine whether there were statistically significant differences between scores in 2019 and 2018. For each MCP and the program, the 2019 scores were compared to the 2018 scores.

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[23] This methodology differs from the methodology used for previous years' reports.

One type of hypothesis test was applied to the CAHPS Survey trend results in the "Statewide Comparisons Analysis" section. A 95% confidence interval overlap test was performed to determine whether the MCP or program average score in 2019 was statistically significantly different from the MCP or program average score in 2018.[24]Additional information on the 95% confidence interval overlap test can be found on page 14.

 Additional information on the 95% confidence interval overlap test can be found on page 14.

## Assignment of Arrows

Arrows were assigned to each MCP's scores to indicate whether there were statistically significant differences between MCP-level scores and the Ohio Medicaid scores. The difference in MCP performance from the Ohio Medicaid average was considered statistically significant if a confidence interval overlap did not exist between an MCP's score and the Ohio Medicaid score. MCP-level scores that were statistically significantly higher than the Ohio Medicaid average are noted with upward (↑) arrows. MCP-level scores that were statistically significantly lower than the Ohio Medicaid average are noted with downward (↓) arrows. MCP-level scores that were not statistically significantly different from the Ohio Medicaid average are not noted with arrows.

## Assignment of Triangles

Directional triangles were assigned to each MCP's scores to indicate whether there were statistically significant differences between MCP-level scores in 2019 and MCP-level mean scores in 2018. Directional triangles were also assigned to the program's scores to indicate whether there were statistically significant differences between program-level scores in 2019 and program-level scores in 2018. The difference in performance from 2018 to 2019 was considered statistically significant if a confidence interval overlap did not exist between a score in 2018 and the score in 2019. Scores that were statistically significantly higher in 2019 than in 2018 are noted with upward (▲) triangles. Scores that were statistically significantly lower in 2019 than in 2018 are noted with downward (▼) triangles. Scores in 2019 that were not statistically significantly different from scores in 2018 are not noted with triangles.

# Priority Areas for Quality Improvement

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

- How well the health plan/program is performing on the survey item.
- How important that item is to overall member experience.

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

IPRO compared these global ratings to each question to generate the priority areas. Table 2-6 presents the individual survey questions evaluated for the three global ratings to determine priority areas.

Table 2-6: Correlation Matrix

| Adult Question Number | Child Question Number | Question Language |
|---|---|---|
| Q4 | Q4 | In the last 6 months, when you/your child needed care right away, how often did you/your child get care as soon you/he or she needed? |
| Q6 | Q6 | *Adult*: In the last 6 months, how often did you get an appointment for a check-up or routine care a doctor's office or clinic as soon as you needed? <br> *Child*: In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed? |

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[24] This methodology differs from the methodology used for previous years' reports.

| Adult Question Number | Child Question Number | Question Language |
|---|---|---|
| Q10 | Q11 | Did you and a doctor or other health provider talk about the reasons you might want to take a medicine/you might want your child to take a medicine? |
| Q11 | Q12 | Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine/you might not want your child to take a medicine? |
| Q12 | Q13 | When you talked about (your child) starting or stopping a prescription medicine, did a doctor other health provider ask you what you thought was best for you/your child? |
| Q14 | Q15 | In the last 6 months, how often was it easy to get the care, tests, or treatment you/your child needed? |
| Q17 | Q32 | In the last 6 months, how often did your/your child's personal doctor explain things (about your child's health) in a way that was easy to understand? |
| Q18 | Q33 | In the last 6 months, how often did your/your child's personal doctor listen carefully to you? |
| Q19 | Q34 | In the last 6 months, how often did your/your child's personal doctor show respect for what you had to say? |
| Q20 | Q37 | In the last 6 months, how often did your/your child's personal doctor spend enough time with you/your child? |
| Q25 | Q46 | In the last 6 months, how often did you get an appointment (for your child) to see a specialist as soon as you needed? |
| Q31 | Q50 | *Adult*: In the last 6 months, how often did your health plan's customer service give you the information or help you needed? Child: In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed? |
| Q32 | Q51 | *Adult*: In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? Child: In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect? |

## Problem Scores

The perceived performance on a composite item is measured by calculating a problem score, in which a negative experience with care is defined as a problem and assigned a "1," and a non-negative experience is assigned a "0." The higher the problem score, the more negative the member experience with the aspect of service measured by that question. The problem score can range from 0 to 1.

Table 2-7 depicts the problem score assignments for the different response categories.

Table 2-7: Problem Score Assignment

| Never/Sometimes/Usually/Always Format | | |
|---|---|---|
| **Response Category** | **Classification** | **Code** |
| Never | Problem | 1 |
| Sometimes | Problem | 1 |
| Usually | Not a problem | 0 |
| Always | Not a problem | 0 |
| No response | Not classified | Missing |
| **No/Yes Format** | | |
| **Response Category** | **Classification** | **Code** |
| No | Problem | 1 |

| Never/Sometimes/Usually/Always Format | | |
|---|---|---|
| Yes | Not a problem | 0 |
| No response | Not classified | Missing |

It should be noted that, since the priority areas analysis is based on data from individual health plans, the problem scores and correlations are not case-mix adjusted for differences among the populations.

A problem score above the median problem score is considered to be "high." A correlation above the median correlation is considered to be "high." Priority areas are those items for which the problem score and correlation are both at or above their respective medians. The median, rather than the mean, is used to ensure that extreme problem scores and correlations do not have disproportionate influence in prioritizing individual questions.

The problem score mean was the sum of the problem scores (0 or 1) divided by the total number of responses to the composite item questions.

$$Problem\ Score\ Mean = \sum_{i}^{n} \frac{x_i}{n}$$

$i = 1, ..., n$ members responding to composite items
$x_i$ = score of member on composite item (either 0 or 1)

## Correlation Analysis

The relationship between the composite item's problem score and the global rating's 10-point mean was calculated using a Pearson product moment correlation, which is defined as the covariance of the two scores divided by the product of their standard deviations.

$$\rho_{X,Y} = \frac{\text{cov}(X,Y)}{\sigma_X \sigma_Y}$$

The correlation can range from -1 to 1, with negative values indicating a negative relationship between the global rating and a particular composite item's problem score. 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 $r$ is used in the analysis, and the range for $r$ is 0 to 1. An $r$ of zero indicates no relationship between the response to a question and satisfaction. As $r$ increases, the importance of the question to the respondent's satisfaction increases.

## Priority Assignment

A priority matrix was used to identify priority levels of each composite item. Each global rating was assessed separately for the program and each MCP. Separate analyses were performed for the adult and child populations. To determine the priority level for each composite item, the following steps took place:

1. The median of the problem scores for all composite items was identified.
2. The median correlation among all composite items' correlations with the global rating was identified.
3. A matrix was developed with the correlation on the y-axis and the problem score on the x-axis. The medians (as described in steps 1 and 2) were used to divide the matrix into quadrants.
4. Composite items were placed within the priority matrix depending on how the composite items' problem scores and correlations compared to the medians.
5. Priority levels were assigned to the composite items based on the following:
   - Low priorities were those composite items for which both the problem score and correlation were below their respective medians.

- Moderate priorities were those composite items for which the problem score or correlation, but not both, was at or above its respective median.
- Top priorities were those composite items for which both the problem score and correlation were at or above their respective medians.

## CCC and Non-CCC Comparative Analysis

An analysis of the Ohio CAHPS results was conducted for the "CCC and Non-CCC Comparisons" section of the reports. This section presented results for child members whose parents or caretakers completed a survey from both the general child and CCC supplemental samples. For the "CCC and Non- CCC Comparisons" section, no threshold number of responses was required for the results to be reported.

### Chronic Conditions Classification

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

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

The survey responses for child members in the general child sample and the CCC supplemental sample were analyzed to determine which child members had chronic conditions (those in the CCC population) and which did not (those in the non-CCC population). Therefore, the general population of children (i.e., those in the general child sample) could have included children with chronic conditions based on the responses to the survey questions. For each category, except for the Mental Health Services category, there were three screener questions. The first question was a gate item for the second question and asked whether the child's use or need was due to a health condition. Respondents that selected "No" to the first question were instructed to skip subsequent questions in the category. The second question in each category was a gate item for the third question, which asked whether the condition has lasted or is expected to last at least 12 months. Respondents that selected "No" to the second question were instructed to skip the third question in the category. For the "Mental Health Services" category, there were only two screener questions. The first question was a gate item for the second question, which asked whether the condition has lasted or is expected to last at least 12 months. Respondents that selected "No" to the first question were instructed to skip the second question in this category. The CCC population included children in the general child sample and in the CCC supplemental sample with affirmative responses to all questions in any of the five categories.

### Score Calculations and Response Category Percentages

The calculations performed for the "CCC and Non-CCC Comparisons" section were similar to those performed for the statewide comparisons analysis. However, the groups being compared were not MCPs; they were the CCC and the non-CCC populations. As was done for the statewide comparisons analysis, a score and response category percentages were calculated for each measure. Additional information on the calculation of scores and response category percentages can be found beginning on page 17.[25]

Scores for the CCC population were compared to the scores for the non-CCC population to determine whether there were statistically significant differences between the results for each population. Top box scores were compared for statistically significant differences. A 95% confidence interval overlap test determined whether the CCC population's

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[25] This methodology differs from the three-point-one-point mean scoring methodology used for previous years' reports.

score was statistically significantly different from the non-CCC population's score.[26] Additional information on the 95% confidence interval overlap test can be found on page 14.

## Assignment of Arrows

Arrows were assigned to each population's scores to indicate whether there were statistically significant differences between the populations. The difference between the populations was considered statistically significant if a confidence interval overlap did not exist between a score from the CCC population and the score from the non-CCC population. Scores for one population that were statistically significantly higher than scores for the other population are noted with upward (↑) arrows. Scores for one population that were statistically significantly lower than scores for the other population are noted with downward (↓) arrows. Scores for one population that were not statistically significantly different from the other population are not noted with arrows.

## Assignment of Triangles

Directional triangles were assigned to each population's scores to indicate whether there were statistically significant differences between population-level scores in 2019 and population-level scores in 2018. The difference in performance from 2018 to 2019 was considered statistically significant if a confidence interval overlap did not exist between a score in 2018 and the score in 2017. Scores that were statistically significantly higher in 2019 than in 2018 are noted with upward (▲) triangles. Scores that were statistically significantly lower in 2019 than in 2018 are noted with downward (▼) triangles. Scores in 2019 that were not statistically significantly different from scores in 2018 are not noted with triangles.

# 3. Reader's Guide

## Understanding Statistical Significance

Statistical significance means the likelihood that a finding or result is caused by something other than chance. In the statistical significance testing performed for the Medicaid Managed Care Program CAHPS reports, if there is no confidence interval overlap between the scores compared, the result is considered statistically significant. Statistical tests enabled IPRO to determine if the results of the analyses were statistically significant. However, statistical significance does not necessarily equate to clinical significance, and vice versa. Statistical significance is influenced by the number of observations (i.e., the larger the number of observations, the more likely a statistically significant result will be found). Clinical significance depends on the magnitude of the effect being studied. While results may be statistically significant because the study was larger, small differences in rates may not be important from a clinical point of view.

## Understanding Correlation Analysis

Correlations are statistical representations that are used to help understand how two different pieces of information are related to one another, and how one piece of variable information may increase or decrease as a second piece of variable information increases or decreases. In general, correlations may be either positive or negative.

- In a positive correlation, scores on two different variables increase and decrease together.
- In a negative correlation, as scores for one variable increase, they decrease for the other variable.

Calculating correlation statistics yields a number called the coefficient of correlation. The coefficient may vary from 0.00 to +/-1.00. The strength of a correlation depends on its size, not its sign. For example, a correlation of -0.72 is stronger than a correlation of +0.53. As the correlation coefficient approaches 0.00, it can be inferred that there is no correlation between the two variables. The priority areas analysis was not focused on the direction of the correlation (positive or negative) but rather on the strength of the correlation; therefore, only the absolute values of the coefficients were used in the analysis, and the range is from 0.00 to 1.00.

It is important to understand that it is possible for two variables to be strongly related (i.e., correlated) but not have one variable cause another. The priority matrices identify the questions that have the greatest potential to effect change in the results of the global ratings. Nothing in these matrices is intended to indicate causation. For example, respondents

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[26] This methodology differs from the methodology used for previous years' reports.

may report a negative experience with ease of getting care, tests, or treatment and also a low overall rating of the health plan. This does not indicate that difficulty in getting care, tests, or treatment causes lower ratings of the health plan. The strength of the relationship between the two only helps to understand whether the difficulty of getting care, tests, or treatments should be a top priority or not.

## Understanding Sampling Error

The interpretation of CAHPS results requires an understanding of sampling error. Since it is not possible to survey an MCP's entire population, surveys draw a sample from the population and use statistical techniques to maximize the probability that the sample results apply to the entire population.

For results to be generalizable to the entire population, each person in the population must have the same chance of being selected to be in the study. For the CAHPS Surveys, this was done with a systematic sample that selects members from the entire MCP for inclusion. This means that no single group of members in the sample was over-represented relative to the entire population. For example, if a larger number of members between 45 to 54 years of age were surveyed, their views would have a disproportionate influence on the results compared with other age groups.

Since not every member in an MCP's total population was surveyed, the actual percentage of members who selected top box scores cannot be determined. Statistical techniques were used to ensure that, if a sample were drawn over and over, that 95% of the time the unknown actual percentage of members who selected top box scores would fall between two specific points in a range, called the confidence interval. The 95 percent confidence interval has a characteristic sampling error (sometimes called "margin of error"). For example, if the sampling error of a survey is ±10 percent with a confidence interval of 95 percent, this means if 100 samples were selected from the population of the same MCP, the results of these samples would be within plus or minus 10 percentage points of the results from a single sample in 95 of the 100 samples. The size of the sampling error shown in Figure 3-1 was based on the number of completed surveys. Figure 3-1 indicates that if 400 MCP members completed a survey, the margin of error would be ±4.9 percent. Note that the calculations used in the graph assume that the size of the eligible population was greater than 2,000, as is the case with most Medicaid MCPs. As the number of members completing a survey decreases, the sampling error increases. Lower response rates may bias results because the proportion of members responding to a survey may not reflect the randomness of the entire sample.

## Figure 3-1: Sampling Error and the Number of Completed Surveys
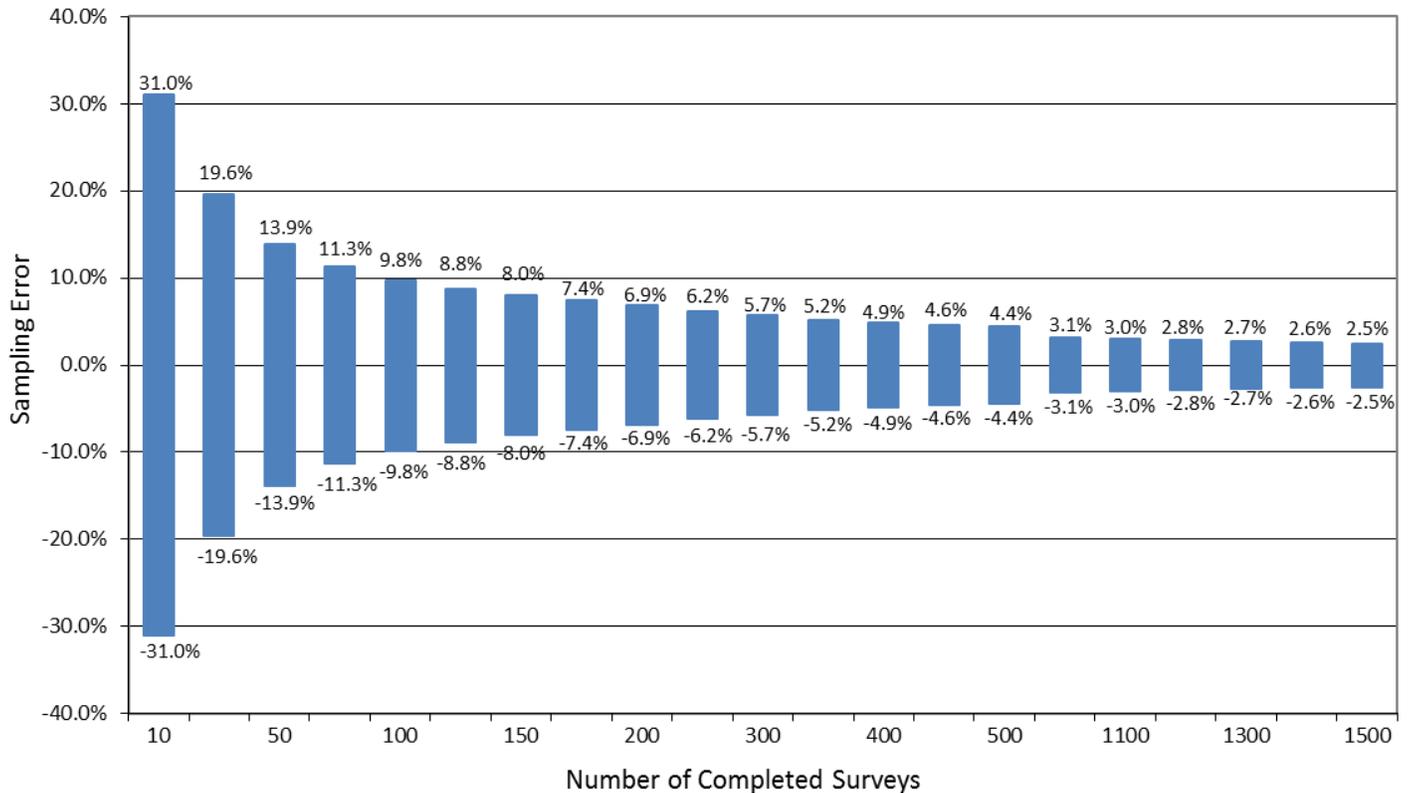


As Figure 3-1 demonstrates, sampling error declines as the number of completed surveys increases.[27] Consequently, when the number of completed surveys is very large and sampling error is very small, almost any difference is statistically significant; however, this does not indicate that such differences are important. Likewise, even if the difference between two measured rates is not statistically significant, it may be important from an MCP's perspective. The context in which the MCP data are being reviewed will influence the interpretation of results. Table 3-1 depicts the sampling errors for various numbers of responses.[28]

## Table 3-1: Sampling Error and the Number of Survey Responses

| Number of Responses | 100 | 150 | 200 | 250 | 300 | 350 | 400 | 500 |
|---|---|---|---|---|---|---|---|---|
| Approximate sampling error (%) | ±9.8 | ±8.0 | ±6.9 | ±6.2 | ±5.7 | ±5.2 | ±4.9 | ±4.4 |

It may be helpful to review how sampling error can impact the interpretation of MCP results. For example, assume that 150 state Medicaid program respondents were 80 percent satisfied with their personal doctor. The sampling error associated with this number is plus or minus 8 percent. Therefore, the true rate ranges between 72 percent and 88 percent. If 100 members of an MCP completed the survey and 85 percent of those completing the survey reported being satisfied with their personal doctor, it is tempting to view this difference of 5 percentage points between the two rates as important. However, the true rate of the MCP's respondents ranges between 75 percent and 95 percent, thereby overlapping the state Medicaid program average when sampling error is included. Whenever two measures fall within each other's sampling error, the difference may not be statistically significant. Lack of statistical significance is not the

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[27] Fink, A. *How to Sample in Surveys*. Thousand Oaks, CA: Sage Publications, Inc.; 1995.
[28] Ibid.

same as lack of importance. The significance of this 5 percentage-point difference is open to interpretation at both the individual MCP level and the state level.

After potential sampling error has been taken into consideration, it is recommended that MCP-level results calculated using NCQA methodology be compared to the 2019 program average (using NCQA methodology), NCQA's 2019 Quality Compass National Percentiles (for adult and general child results), and the 2019 NCQA national Medicaid averages.

## Limitations and Cautions

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

### Case-Mix Adjustment

The demographics of respondents may impact member experience; however, results in the reports were not case-mix adjusted to account for differences in respondent characteristics. Caution should be exercised when interpreting the CAHPS results. NCQA does not recommend case-mix adjusting Medicaid CAHPS results to account for these differences.[29]

### Non-Response Bias

The experiences of the survey respondent population may be different from those of non-respondents with respect to their health care services and may vary by MCP. Therefore, ODM and the MCPs should consider the potential for non-response bias when interpreting CAHPS results.

### Causal Inferences

Although the CAHPS reports examine whether members of various MCPs report differences in experience with various aspects of their health care experiences, these differences may not be attributed completely to the MCP. The analyses described in the CAHPS reports identify whether members in different MCPs provide different ratings of their MCPs. The surveys alone do not reveal why the differences exist.

### Survey Vendor Effects

The CAHPS surveys were administered by multiple survey vendors. NCQA developed its Survey Vendor Certification Program to ensure standardization of data collection and the comparability of results across health plans. However, due to the different processes employed by the survey vendors, there is still the small potential for vendor effects. Therefore, survey vendor effects should be considered when interpreting the CAHPS results.

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[29] 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.

# Appendix A: Survey Instruments

The survey instruments selected for the 2019 Adult and Child Medicaid Managed Care Program Consumer Experience Survey were the CAHPS 5.0H Adult Medicaid Health Plan Survey and the CAHPS 5.0H Child Medicaid Health Plan Survey (with the CCC measurement set). This section provides a copy of the standard NCQA HEDIS version of these surveys. The survey instruments do not include the ODM supplemental questions or any plan-specific supplemental questions.

# CAHPS Health Plan Survey 5.0H
# Adult Questionnaire
# (Medicaid)

# CAHPS® 5.0H Adult Questionnaire (Medicaid)
## *SURVEY INSTRUCTIONS*

- Answer each question by marking the box to the left of your answer.

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

  ☑ Yes    ➔**If Yes, Go to Question 1**

  ☐ No

{This box should be placed on the Cover Page}

1. **Our records show that you are now in {INSERT HEALTH PLAN NAME/ STATE MEDICAID PROGRAM NAME}. Is that right?**
   <sup>1</sup>☐ Yes ➔ **If Yes, Go to Question 3**
   <sup>2</sup>☐ No

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

   _____

## YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

3. **In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?**
   <sup>1</sup>☐ Yes
   <sup>2</sup>☐ No ➔ **If No, Go to Question 5**

4. **In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you needed?**
   <sup>1</sup>☐ Never
   <sup>2</sup>☐ Sometimes
   <sup>3</sup>☐ Usually
   <sup>4</sup>☐ Always

5. **In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> at a doctor's office or clinic?**
   <sup>1</sup>☐ Yes
   <sup>2</sup>☐ No ➔ **If No, Go to Question 7**

6. **In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> at a doctor's office or clinic as soon as you needed?**
   <sup>1</sup>☐ Never
   <sup>2</sup>☐ Sometimes
   <sup>3</sup>☐ Usually
   <sup>4</sup>☐ Always

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

- $^0$ ☐ None ➔ **If None, Go to Question 15**
- $^1$ ☐ 1 time
- $^2$ ☐ 2
- $^3$ ☐ 3
- $^4$ ☐ 4
- $^5$ ☐ 5 to 9
- $^6$ ☐ 10 or more times

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

- $^1$ ☐ Yes
- $^2$ ☐ No

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

- $^1$ ☐ Yes
- $^2$ ☐ No ➔ **If No, Go to Question 13**

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

- $^1$ ☐ Yes
- $^2$ ☐ No

11. Did you and a doctor or other health provider talk about the reasons you might **not** want to take a medicine?

- $^1$ ☐ Yes
- $^2$ ☐ No

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

- $^1$ ☐ Yes
- $^2$ ☐ No

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

- $^{00}$ ☐ 0 Worst health care possible
- $^{01}$ ☐ 1
- $^{02}$ ☐ 2
- $^{03}$ ☐ 3
- $^{04}$ ☐ 4
- $^{05}$ ☐ 5
- $^{06}$ ☐ 6
- $^{07}$ ☐ 7
- $^{08}$ ☐ 8
- $^{09}$ ☐ 9
- $^{10}$ ☐ 10 Best health care possible

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

- $^1$ ☐ Never
- $^2$ ☐ Sometimes
- $^3$ ☐ Usually
- $^4$ ☐ Always

## YOUR PERSONAL DOCTOR

15. **A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?**
    - 1 ☐ Yes
    - 2 ☐ No ➔ **If No, Go to Question 24**

16. **In the last 6 months, how many times did you visit your personal doctor to get care for yourself?**
    - 0 ☐ None ➔ **If None, Go to Question 23**
    - 1 ☐ 1 time
    - 2 ☐ 2
    - 3 ☐ 3
    - 4 ☐ 4
    - 5 ☐ 5 to 9
    - 6 ☐ 10 or more times

17. **In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?**
    - 1 ☐ Never
    - 2 ☐ Sometimes
    - 3 ☐ Usually
    - 4 ☐ Always

18. **In the last 6 months, how often did your personal doctor listen carefully to you?**
    - 1 ☐ Never
    - 2 ☐ Sometimes
    - 3 ☐ Usually
    - 4 ☐ Always

19. **In the last 6 months, how often did your personal doctor show respect for what you had to say?**
    - 1 ☐ Never
    - 2 ☐ Sometimes
    - 3 ☐ Usually
    - 4 ☐ Always

20. **In the last 6 months, how often did your personal doctor spend enough time with you?**
    - 1 ☐ Never
    - 2 ☐ Sometimes
    - 3 ☐ Usually
    - 4 ☐ Always

21. **In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?**
    - 1 ☐ Yes
    - 2 ☐ No ➔ **If No, Go to Question 23**

22. **In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?**
    - 1 ☐ Never
    - 2 ☐ Sometimes
    - 3 ☐ Usually
    - 4 ☐ Always

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

00 ☐ 0 Worst personal doctor possible

01 ☐ 1

02 ☐ 2

03 ☐ 3

04 ☐ 4

05 ☐ 5

06 ☐ 6

07 ☐ 7

08 ☐ 8

09 ☐ 9

10 ☐ 10 Best personal doctor possible

## GETTING HEALTH CARE FROM SPECIALISTS

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

**24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments to see a specialist?**

1 ☐ Yes

2 ☐ No ➔ **If No, Go to Question 28**

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

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

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

0 ☐ None ➔ **If None, Go to Question 28**

1 ☐ 1 specialist

2 ☐ 2

3 ☐ 3

4 ☐ 4

5 ☐ 5 or more specialists

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

00 ☐ 0　Worst specialist possible

01 ☐ 1

02 ☐ 2

03 ☐ 3

04 ☐ 4

05 ☐ 5

06 ☐ 6

07 ☐ 7

08 ☐ 8

09 ☐ 9

10 ☐ 10 Best specialist possible

## YOUR HEALTH PLAN

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

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

1 ☐ Yes

2 ☐ No ➜ **If No, Go to Question 30**

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

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

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

1 ☐ Yes

2 ☐ No ➜ **If No, Go to Question 33**

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

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

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

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

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

¹☐ Yes

²☐ No ➔ **If No, Go to Question 35**

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

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

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

00☐ 0    Worst health plan possible

01☐ 1

02☐ 2

03☐ 3

04☐ 4

05☐ 5

06☐ 6

07☐ 7

08☐ 8

09☐ 9

10☐ 10    Best health plan possible

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**ABOUT YOU**

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

¹☐ Excellent

²☐ Very Good

³☐ Good

⁴☐ Fair

⁵☐ Poor

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

¹☐ Excellent

²☐ Very Good

³☐ Good

⁴☐ Fair

⁵☐ Poor

**38. Have you had either a flu shot or flu spray in the nose since July 1, 2018?**

¹☐ Yes

²☐ No

³☐ Don't know

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

¹☐ Every day

²☐ Some days

³☐ Not at all ➔ **If Not at all, Go to Question 43**

⁴☐ Don't know ➔ **If Don't know, Go to Question 43**

40. **In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?**
   1□ Never
   2□ Sometimes
   3□ Usually
   4□ Always

41. **In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.**
   1□ Never
   2□ Sometimes
   3□ Usually
   4□ Always

42. **In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.**
   1□ Never
   2□ Sometimes
   3□ Usually
   4□ Always

43. **In the last 6 months, did you get health care 3 or more times for the same condition or problem?**
   1□ Yes
   2□ No ➔ **If No, Go to Question 45**

44. **Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.**
   1□ Yes
   2□ No

45. **Do you now need or take medicine prescribed by a doctor? Do not include birth control.**
   1□ Yes
   2□ No ➔ **If No, Go to Question 47**

46. **Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.**
   1□ Yes
   2□ No

47. **What is your age?**
   1□ 18 to 24
   2□ 25 to 34
   3□ 35 to 44
   4□ 45 to 54
   5□ 55 to 64
   6□ 65 to 74
   7□ 75 or older

48. **Are you male or female?**
   1□ Male
   2□ Female

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

1 ☐ 8th grade or less

2 ☐ Some high school, but did not graduate

3 ☐ High school graduate or GED

4 ☐ Some college or 2-year degree

5 ☐ 4-year college graduate

6 ☐ More than 4-year college degree

**50. Are you of Hispanic or Latino origin or descent?**

1 ☐ Yes, Hispanic or Latino

2 ☐ No, Not Hispanic or Latino

**51. What is your race? Mark one or more.**

a ☐ White

b ☐ Black or African-American

c ☐ Asian

d ☐ Native Hawaiian or other Pacific Islander

e ☐ American Indian or Alaska Native

f ☐ Other

**52. Did someone help you complete this survey?**

1 ☐ Yes ➜ **If Yes, Go to Question 53**

2 ☐ No ➜ **Thank you. Please return the completed survey in the postage-paid envelope.**

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

a ☐ Read the questions to me

b ☐ Wrote down the answers I gave

c ☐ Answered the questions for me

d ☐ Translated the questions into my language

e ☐ Helped in some other way

*THANK YOU*

*Please return the completed survey in the postage-paid envelope.*

# CAHPS Health Plan Survey 5.0H
# Child Questionnaire
# (With CCC Measure)

# CAHPS® 5.0H Child Questionnaire (With CCC Measure)
## *SURVEY INSTRUCTIONS*

- Answer each question by marking the box to the left of your answer.

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

  ☑ Yes → **If Yes, Go to Question 1**

  ☐ No

{This box should be placed on the Cover Page}

**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 {INSERT STATE MEDICAID PROGRAM NAME}. Is that right?**
   1☐ Yes ➡ **If Yes, Go to Question 3**
   2☐ No

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

   _____

## YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

**These questions ask about your child's health care. Do <u>not</u> include care your child got when he or she stayed overnight in a hospital. Do <u>not</u> include the times your child went for dental care visits.**

3. **In the last 6 months, did your child have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?**
   1☐ Yes
   2☐ No ➡ **If No, Go to Question 5**

4. **In the last 6 months, when your child <u>needed care right away</u>, how often did your child get care as soon as he or she needed?**
   1☐ Never
   2☐ Sometimes
   3☐ Usually
   4☐ Always

5. **In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> for your child at a doctor's office or clinic?**
   1☐ Yes
   2☐ No ➡ **If No, Go to Question 7**

6. **In the last 6 months, when you made an appointment for a <u>check-up or routine care</u> for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?**
   - 1☐ Never
   - 2☐ Sometimes
   - 3☐ Usually
   - 4☐ Always

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

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

9. **In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?**
   - 1☐ Never
   - 2☐ Sometimes
   - 3☐ Usually
   - 4☐ Always

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

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

12. **Did you and a doctor or other health provider talk about the reasons you might <u>not</u> want your child to take a medicine?**
    - 1☐ Yes
    - 2☐ No

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

   1 ☐ Yes

   2 ☐ No

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

   00 ☐ 0　Worst health care possible

   01 ☐ 1

   02 ☐ 2

   03 ☐ 3

   04 ☐ 4

   05 ☐ 5

   06 ☐ 6

   07 ☐ 7

   08 ☐ 8

   09 ☐ 9

   10 ☐ 10　Best health care possible

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

   1 ☐ Never

   2 ☐ Sometimes

   3 ☐ Usually

   4 ☐ Always

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

   1 ☐ Yes

   2 ☐ No ➔ **If No, Go to Question 19**

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

   1 ☐ Yes

   2 ☐ No ➔ **If No, Go to Question 19**

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

   1 ☐ Yes

   2 ☐ No

## SPECIALIZED SERVICES

19. **Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?**
    - 1 ☐ Yes
    - 2 ☐ No  ➔ **If No, Go to Question 22**

20. **In the last 6 months, how often was it easy to get special medical equipment or devices for your child?**
    - 1 ☐ Never
    - 2 ☐ Sometimes
    - 3 ☐ Usually
    - 4 ☐ Always

21. **Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?**
    - 1 ☐ Yes
    - 2 ☐ No

22. **In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?**
    - 1 ☐ Yes
    - 2 ☐ No ➔ **If No, Go to Question 25**

23. **In the last 6 months, how often was it easy to get this therapy for your child?**
    - 1 ☐ Never
    - 2 ☐ Sometimes
    - 3 ☐ Usually
    - 4 ☐ Always

24. **Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?**
    - 1 ☐ Yes
    - 2 ☐ No

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

26. **In the last 6 months, how often was it easy to get this treatment or counseling for your child?**
    - 1 ☐ Never
    - 2 ☐ Sometimes
    - 3 ☐ Usually
    - 4 ☐ Always

27. **Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?**
    - 1 ☐ Yes
    - 2 ☐ No

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

   <sup>1</sup>☐ Yes

   <sup>2</sup>☐ No ➔ **If No, Go to Question 30**

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

   <sup>1</sup>☐ Yes

   <sup>2</sup>☐ No

## YOUR CHILD'S PERSONAL DOCTOR

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

   <sup>1</sup>☐ Yes

   <sup>2</sup>☐ No ➔ **If No, Go to Question 45**

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

   <sup>0</sup>☐ None ➔ **If None, Go to Question 41**

   <sup>1</sup>☐ 1 time

   <sup>2</sup>☐ 2

   <sup>3</sup>☐ 3

   <sup>4</sup>☐ 4

   <sup>5</sup>☐ 5 to 9

   <sup>6</sup>☐ 10 or more times

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

   <sup>1</sup>☐ Never

   <sup>2</sup>☐ Sometimes

   <sup>3</sup>☐ Usually

   <sup>4</sup>☐ Always

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

   <sup>1</sup>☐ Never

   <sup>2</sup>☐ Sometimes

   <sup>3</sup>☐ Usually

   <sup>4</sup>☐ Always

34. **In the last 6 months, how often did your child's personal doctor show respect for what you had to say?**
   1☐ Never
   2☐ Sometimes
   3☐ Usually
   4☐ Always

35. **Is your child able to talk with doctors about his or her health care?**
   1☐ Yes
   2☐ No ➔ **If No, Go to Question 37**

36. **In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for <u>your child</u> to understand?**
   1☐ Never
   2☐ Sometimes
   3☐ Usually
   4☐ Always

37. **In the last 6 months, how often did your child's personal doctor spend enough time with your child?**
   1☐ Never
   2☐ Sometimes
   3☐ Usually
   4☐ Always

38. **In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?**
   1☐ Yes
   2☐ No

39. **In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?**
   1☐ Yes
   2☐ No ➔ **If No, Go to Question 41**

40. **In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?**
   1☐ Never
   2☐ Sometimes
   3☐ Usually
   4☐ Always

41. **Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?**
   00☐ 0  Worst personal doctor possible
   01☐ 1
   02☐ 2
   03☐ 3
   04☐ 4
   05☐ 5
   06☐ 6
   07☐ 7
   08☐ 8
   09☐ 9
   10☐ 10 Best personal doctor possible

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

   <sup>1</sup>☐ Yes

   <sup>2</sup>☐ No ➔**If No, Go to Question 45**

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

   <sup>1</sup>☐ Yes

   <sup>2</sup>☐ No

44. **Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your <u>family's</u> day-to-day life?**

   <sup>1</sup>☐ Yes

   <sup>2</sup>☐ No

## GETTING HEALTH CARE FROM SPECIALISTS

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

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

   <sup>1</sup>☐ Yes

   <sup>2</sup>☐ No ➔**If No, Go to Question 49**

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

   <sup>1</sup>☐ Never

   <sup>2</sup>☐ Sometimes

   <sup>3</sup>☐ Usually

   <sup>4</sup>☐ Always

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

   <sup>0</sup>☐ None ➔**If None, Go to Question 49**

   <sup>1</sup>☐ 1 specialist

   <sup>2</sup>☐ 2

   <sup>3</sup>☐ 3

   <sup>4</sup>☐ 4

   <sup>5</sup>☐ 5 or more specialists

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

00 ☐ 0   Worst specialist possible

01 ☐ 1

02 ☐ 2

03 ☐ 3

04 ☐ 4

05 ☐ 5

06 ☐ 6

07 ☐ 7

08 ☐ 8

09 ☐ 9

10 ☐ 10   Best specialist possible

## YOUR CHILD'S HEALTH PLAN

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

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

1 ☐ Yes

2 ☐ No ➔ **If No, Go to Question 52**

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

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

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

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

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

1 ☐ Yes

2 ☐ No ➔ **If No, Go to Question 54**

53. **In the last 6 months, how often were the forms from your child's health plan easy to fill out?**
   1☐ Never
   2☐ Sometimes
   3☐ Usually
   4☐ Always

54. **Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?**
   00☐ 0   Worst health plan possible
   01☐ 1
   02☐ 2
   03☐ 3
   04☐ 4
   05☐ 5
   06☐ 6
   07☐ 7
   08☐ 8
   09☐ 9
   10☐ 10   Best health plan possible

## PRESCRIPTION MEDICINES

55. **In the last 6 months, did you get or refill any prescription medicines for your child?**
   1☐ Yes
   2☐ No ➔ **If No, Go to Question 58**

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

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

## ABOUT YOUR CHILD AND YOU

**58. In general, how would you rate your child's overall health?**
1☐ Excellent
2☐ Very Good
3☐ Good
4☐ Fair
5☐ Poor

**59. In general, how would you rate your child's overall <u>mental or emotional</u> health?**
1☐ Excellent
2☐ Very Good
3☐ Good
4☐ Fair
5☐ Poor

**60. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?**
1☐ Yes
2☐ No ➔**If No, Go to Question 63**

**61. Is this because of any medical, behavioral, or other health condition?**
1☐ Yes
2☐ No ➔**If No, Go to Question 63**

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

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

**64. Is this because of any medical, behavioral, or other health condition?**
1☐ Yes
2☐ No ➔**If No, Go to Question 66**

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

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

**67. Is this because of any medical, behavioral, or other health condition?**
1☐ Yes
2☐ No ➔**If No, Go to Question 69**

**68. Is this a condition that has lasted or is expected to last for at least 12 months?**
1☐ Yes
2☐ No

69. **Does your child need or get special therapy such as physical, occupational, or speech therapy?**
   1☐ Yes
   2☐ No ➜**If No, Go to Question 72**

70. **Is this because of any medical, behavioral, or other health condition?**
   1☐ Yes
   2☐ No ➜**If No, Go to Question 72**

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

72. **Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?**
   1☐ Yes
   2☐ No ➜ **If No, Go to Question 74**

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

74. **What is your child's age?**
   00☐ Less than 1 year old
   _____ YEARS OLD *(write in)*

75. **Is your child male or female?**
   1☐ Male
   2☐ Female

76. **Is your child of Hispanic or Latino origin or descent?**
   1☐ Yes, Hispanic or Latino
   2☐ No, not Hispanic or Latino

77. **What is your child's race? Mark one or more.**
   a☐ White
   b☐ Black or African-American
   c☐ Asian
   d☐ Native Hawaiian or other Pacific Islander
   e☐ American Indian or Alaska Native
   f ☐ Other

78. **What is your age?**
   0☐ Under 18
   1☐ 18 to 24
   2☐ 25 to 34
   3☐ 35 to 44
   4☐ 45 to 54
   5☐ 55 to 64
   6☐ 65 to 74
   7☐ 75 or older

79. **Are you male or female?**
   1☐ Male
   2☐ Female

80. **What is the highest grade or level of school that you have completed?**
   1 ☐ 8th grade or less
   2 ☐ Some high school, but did not graduate
   3 ☐ High school graduate or GED
   4 ☐ Some college or 2-year degree
   5 ☐ 4-year college graduate
   6 ☐ More than 4-year college degree

81. **How are you related to the child?**
   1 ☐ Mother or father
   2 ☐ Grandparent
   3 ☐ Aunt or uncle
   4 ☐ Older brother or sister
   5 ☐ Other relative
   6 ☐ Legal guardian
   7 ☐ Someone else

82. **Did someone help you complete this survey?**
   1 ☐ Yes ➔ **If Yes, Go to Question 83**
   2 ☐ No ➔ **Thank you. Please return the completed survey in the postage-paid envelope.**

83. **How did that person help you? Mark one or more.**
   a ☐ Read the questions to me
   b ☐ Wrote down the answers I gave
   c ☐ Answered the questions for me
   d ☐ Translated the questions into my language
   e ☐ Helped in some other way

*THANK YOU*

*Please return the completed survey in the postage-paid envelope.*