

**CAHPS[®] 2002:
Consumer Assessment of Health Plans Study**

**Client Satisfaction Survey of Children and
Children with Chronic Conditions**

September 2003



State of Colorado

Department of Health Care Policy and Financing
Medical Assistance Office
1570 Grant Street
Denver, Colorado 80203

**2002 Consumer Assessment of Health Plans Study (CAHPS®)
Survey of Colorado Children and Children with Chronic Conditions**

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Overview

The Consumer Assessment of Health Plans Study (CAHPS®) is a nationally recognized survey that measures client satisfaction within a given health plan and may be used to compare satisfaction across health plans.¹ The overarching goal of the CAHPS surveys is to effectively and efficiently obtain information that is not available from any other source—the person receiving care. This survey instrument can be used across a broad variety of health care systems to capture experiences from all health care consumers.

The CAHPS tool is the result of a five-year project sponsored by the Agency for Health Care Policy and Research, an agency of the U.S. Public Health Service. It was developed by a consortium including Harvard Medical School, RAND, and the Research Triangle Institute. The CAHPS instrument was revised in 1999 by the CAHPS consortium and by the National Committee for Quality Assurance (NCQA) to combine CAHPS and NCQA's Member Satisfaction Survey. The combined tool has resulted in a stronger instrument. It has also eliminated a duplication of effort since health plans no longer have to sponsor both surveys for different stakeholders.

Beginning in 2002, the child survey incorporated a measurement set to assess the experience of care for children with chronic conditions. The Children with Chronic Conditions (CCC) measurement set evaluates the quality of services provided to children with chronic conditions, such as asthma, diabetes, and developmental disabilities.

The Department of Health Care Policy and Financing (Department) requires Medicaid health plans to conduct client satisfaction surveys to ascertain differences between managed care clients, fee-for-service, and primary care clients. The intent of the requirement is to obtain measurement of client satisfaction, improvement of services based upon satisfaction levels, and the provision of informed choice to clients as they move into managed care programs. The CAHPS administration and survey results provide the Department such information.

¹ CAHPS is a registered trademark of the Agency for Healthcare Research and Quality.

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Executive Summary

As part of a comprehensive quality improvement effort in 2002, the Department required health plans to conduct the CAHPS 2.0H survey of Children and Children with Chronic Conditions (CCC).

The Children CAHPS survey included Medicaid clients age 12 and under as of December 31, 2001 that had been continuously enrolled. Parents or guardians of the children sampled were surveyed as to the health care provided the children during the period of January through April 2002. A separate survey of parental experiences with their child's care is optimal because children's health care frequently requires different provider networks, utilizes different referral patterns and addresses different consumer concerns (child growth and development).

Plan Participation

Colorado Access (Access), Community Health Plan of the Rockies (CHPR), Kaiser Permanente (Kaiser), Rocky Mountain HMO (Rocky), and United Healthcare of Colorado (United) each contracted with an NCQA approved survey vendor to administer surveys of their clients. Health Services Advisory Group, the Department's External Quality Review Organization, acted as an NCQA approved survey vendor to administer the surveys for the Primary Care Physician Program (PCPP) and for the unassigned fee-for-service (FFS) population.

Children with Chronic Conditions

Beginning in 2002, the child survey incorporated a measurement set to assess the experience of care for children with chronic conditions. The Children with Chronic Conditions (CCC) measurement set evaluates the quality of services provided to children with chronic conditions. Chronic conditions may include relatively common conditions like asthma, as well as rare conditions such as juvenile diabetes and autism.

The CAHPS 2.0H Child Survey uses a five-item survey-based screening tool to identify the population of children with chronic conditions. The tool, known as the *Children with Special Health Care Needs Screener* or *CSHCN Screener*, was developed through a national collaborative effort under the rubric of the Child and Adolescent Health Measurement Initiative (CAHMI), whose activities are coordinated by The Foundation for Accountability (FACCT). The five-item survey-based screening tool uses consequence-based criteria to screen for children with chronic conditions. To qualify on the screening tool, the following set of conditions must all be met:

- ◆ The child currently experiences a specific consequence such as dependency on prescription medicine, increased use or need for health and related services,

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limited functioning or an ongoing emotional or behavioral problem requiring treatment.

- ◆ The consequence is due to a medical, behavioral or other health condition.
- ◆ The duration or expected duration of the condition is 12 months or longer.

Identification of children with chronic conditions to whom the CCC applies uses a survey-based screening tool. The tool contains five items representing five different health consequences; four are three-part items; and one is a two-part item. A child member is identified as having a chronic condition if all parts of the item for at least one of the specific health consequences are answered “Yes.” On average, sixteen to twenty percent of the general populations of children are expected to meet the survey-based screening criteria^{2,3}. In addition, fifty-two percent of the cohort of children with diagnoses indicative of a probable health condition is expected to meet the survey-based screening criteria.

CAHPS 2.0H ratings and composites for the core questionnaire are reported separately for the general population of children and for the population of children with chronic conditions. In addition, six new composites are reported for the CCC measurement set. The composites summarize satisfaction with basic components of care essential for the successful treatment, management and support of children with chronic conditions:

- ◆ Access to Prescription Medicines
- ◆ Access to Specialized Services
- ◆ Family Centered Care: Personal Doctor or Nurse Who Knows Child
- ◆ Family Centered Care: Shared Decision Making
- ◆ Family Centered Care: Getting Needed Information, and
- ◆ Coordination of Care

Survey Methodology

The survey period for this questionnaire was January 1, 2002 through May 1, 2002. Surveys were administered by vendors or by the health plans according to the CAHPS 2.0H protocols using the following methodology:

1. Pre-notification letter mailed;
2. First wave of surveys mailed;

² Bethell CD, Read D, Stein REK, Blumberg SJ, Well N & Newacheck PW. Identifying children with special health care needs; development and evaluation of a short screening tool. *Ambulatory Pediatrics* (in review).

³ Bethell CD, Read, D, Neff J, Blumberg SJ, Stein REK, Sharp V & Newacheck PW. The children with special health care needs (CSHCN) screener: validation and comparison with other methods. *Ambulatory Pediatrics* (submitted).

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3. Reminder card mailed;
4. Second wave of surveys mailed;
5. Reminder card mailed;
6. Telephone follow-up and surveying of non-respondents.

The survey methodology was enhanced to identify a robust denominator of children with chronic conditions. From the general sample of children, a second sample was calculated using a “prescreen status”. For detailed information on prescreen status, refer to Appendix B. The total sample size goal was 2925 Medicaid children from each plan.

Sample A: Sample from General Population (Prescreen Status Codes of 1, 2 or 3)	Sample B: Sample from Children with Prescreen Status Code of 2	Total Sample Size For Each Health Plan (Sample A + Sample B)
1275	1650	2925

Response Rates

Several characteristics of the Medicaid population tend to result in lower response rates than are typically achieved in commercial populations. The most important is that the Medicaid population is relatively mobile and frequent moves result in inaccurate addresses. This mobility also results in incorrect telephone numbers while lower incomes often result in disconnected numbers. To account for these shortcomings, response rates are “adjusted” to account for ineligible and unreachable clients.

In the general population of children, the adjusted response rates for PCPP, FFS, Rocky and Kaiser were higher than Total Colorado rates (Table 1). The PCPP had the highest adjusted response rate at 46.7% while United had the lowest adjusted response rate at 22.2%. Adjusted response rates were much higher for children with chronic conditions (Table 2) than for the general child population. Adjusted response rates ranged from 92.6% to 98.2% among all plans although sample sizes were considerably smaller for each plan than in the general child survey.

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Table 1: Response Rates for Children in the General Population to 2002 CAHPS

Response Rates for Children in the General Population						
Plan	Sample Size	Total Ineligible	Sample Size minus Ineligible	Total Completes	Raw Response Rate	Adjusted Response Rate
Access	1,403	321	1,082	267	19.0%	24.7%
CHPR	1,275	57	1,218	297	23.3%	24.4%
Kaiser	1,542	111	1,431	492	31.9%	34.4%
Rocky	1,403	247	1,156	372	26.5%	32.2%
United	1,594	405	1,189	264	16.6%	22.2%
PCPP	1,403	66	1,337	624	44.5%	46.7%
FFS	1,403	80	1,323	487	34.7%	36.8%
Total HMO	7,217	1,141	6,076	1,692	23.4%	27.8%
Total Colorado	10,023	1,287	8,736	2,803	28.0%	32.1%

Raw response Rate = Total Completes/Sample Size

Adjusted Response Rate = Total Completes/(Sample Size-Total Ineligible)

Table 2: Response Rates for Children with Chronic Conditions to CAHPS 2002

Response Rates for Children with Chronic Conditions						
Plan	Sample Size	Total Ineligible	Sample Size minus Ineligible	Total Completes	Raw Response Rate	Adjusted Response Rate
Access	290	6	284	263	90.7%	92.6%
CHPR	90	0	90	88	97.8%	97.8%
Kaiser	Did not participate due to small population					
Rocky	266	1	265	255	95.9%	96.2%
United	Did not participate due to small population					
PCPP	456	10	446	438	96.1%	98.2%
FFS	564	11	553	542	96.1%	98.0%
Total HMO	646	7	639	606	93.8%	94.8%
Total Colorado	1,666	28	1,638	1,586	95.2%	96.8%

Raw response Rate = Total Completes/Sample Size

Adjusted Response Rate = Total Completes/(Sample Size-Total Ineligible)

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Demographics

Characteristics of respondents to the child survey are noted in the table below. Differences characterize not only respondents but also those of the health plan.

Table 3: Demographics of Respondents for Children to CAHPS 2002

Demographics of Children Respondents							
	Access	CHPR	Kaiser	Rocky	United	PCPP	FFS
Sex							
Male	52.4%	48.4%	54.2%	43.3%	51.7%	48.0%	53.4%
Female	46.8%	51.0%	45.8%	56.5%	47.7%	51.1%	43.2%
Unknown	0.7%	0.6%	0.0%	0.3%	0.5%	0.9%	3.4%
Race							
White	50.9%	64.6%	55.6%	68.7%	46.5%	60.1%	61.6%
Black	14.9%	23.2%	14.5%	5.6%	20.8%	9.9%	11.0%
Asian	1.4%	2.6%	2.1%	0.8%	2.8%	2.6%	2.4%
Native Hawaiian or Other Pacific Islander	1.1%	1.6%	1.7%	0.3%	0.3%	0.8%	0.4%
Native American or Native Alaskan	5.0%	8.0%	3.5%	7.1%	5.6%	5.7%	5.0%
Unknown	26.7%	0.0%	22.6%	17.6%	24.0%	20.8%	19.6%
Hispanic Descent							
Hispanic or Latino	51.7%	37.2%	39.8%	35.5%	41.3%	42.8%	40.3%
Non-Hispanic or Latino	43.1%	59.2%	57.1%	61.8%	52.3%	53.1%	57.2%
Unknown	5.2%	3.5%	3.0%	2.7%	6.4%	4.0%	2.5%
Primary Language Spoken by Child							
English	77.5%	90.6%	85.4%	87.6%	Plan	92.1%	85.1%
Spanish	13.1%	3.8%	10.0%	5.4%	Did	3.8%	8.6%
Other	0.4%	0.9%	1.8%	0.5%	Not	3.3%	3.6%
Unknown	9.0%	4.7%	2.8%	6.5%	Report	0.7%	2.7%

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Table 4: Demographics of Respondents for Children with Chronic Conditions to CAHPS 2002

Demographics of Respondents for Children with Chronic Conditions							
	Access	CHPR	Kaiser	Rocky	United	PCPP	FFS
Sex							
Male	64.6%	50.0%	N/a	58.8%	N/a	60.7%	56.5%
Female	35.4%	50.0%	N/a	40.8%	N/a	38.8%	43.0%
Unknown	0.0%	0.0%	N/a	0.4%	N/a	0.5%	0.6%
Race							
White	53.7%	60.7%	N/a	70.7%	N/a	71.2%	71.2%
Black	17.8%	27.0%	N/a	5.2%	N/a	7.0%	11.8%
Asian	0.7%	2.2%	N/a	0.7%	N/a	1.3%	1.7%
Native Hawaiian or Other Pacific Islander	1.1%	1.1%	N/a	0.4%	N/a	0.4%	0.7%
Native American or Native Alaskan	6.4%	9.0%	N/a	8.1%	N/a	4.4%	4.1%
Unknown	20.3%	0.0%	N/a	14.8%	N/a	15.7%	10.4%
Hispanic Descent							
Hispanic or Latino	40.7%	30.7%	N/a	31.8%	N/a	30.4%	26.2%
Non-Hispanic or Latino	54.0%	65.9%	N/a	65.9%	N/a	66.9%	71.2%
Unknown	5.3%	3.4%	N/a	2.4%	N/a	2.7%	2.6%
Primary Language Spoken by Child							
English	84.8%	93.2%	N/a	91.4%	N/a	90.2%	87.5%
Spanish	6.8%	2.3%	N/a	2.0%	N/a	1.6%	3.5%
Other	1.9%	1.1%	N/a	0.0%	N/a	6.2%	7.6%
Unknown	6.5%	3.4%	N/a	6.7%	N/a	2.1%	1.5%

Interpreting Results

When evaluating survey results, it is important to remember that satisfaction surveys collect information related to people's experiences, opinions, and impressions. While these facets are important in health care's "big picture", individuals responding may or may not be qualified to report accurately as to the quality of care being delivered. A person may be very dissatisfied with a health plan that is providing excellent care or may be very satisfied with a health plan that is providing substandard care. Ongoing quality improvement efforts such as Health Plan Employer Data and Information Set (HEDIS) and focused studies are conducted to objectively evaluate the quality of care delivered Colorado Medicaid clients by health plans.

The CCC survey incorporates the same ratings and composites that are reported for the general population of children but results are reported separately for the population of

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children with chronic conditions. Results will help MCOs identify service delivery problems, initiate improvements and measure the effectiveness of these improvements

Six new composites are reported for children with chronic conditions, summarizing the following concepts of care that are particularly relevant for this population:

- ◆ Access to Prescription Medicines
- ◆ Access to Specialized Services
- ◆ Family Centered Care: Personal Doctor or Nurse Who Knows Child
- ◆ Family Centered Care: Shared Decision Making
- ◆ Family Centered Care: Getting Needed Information
- ◆ Coordination of Care

Medicaid Benchmarking

Benchmarking is the process of identifying, sharing, and using knowledge of best practices among organizations. Benchmarks allow the Department to understand the extent of effectiveness of care, access and availability of care, and use of services in a Medicaid population. For each reported measure is a rate from the National CAHPS Benchmarking Database (NCBD) from 2002.

NCBD is a database of CAHPS survey results from participating sponsors. The NCBD includes three types of data: survey response data, survey administration data, and health plan descriptive data. NCBD was created to facilitate comparisons of CAHPS survey results among various types of survey sponsors, including Medicaid agencies, public and private employers, and individual health plans. All sponsors of CAHPS surveys – including plans administering CAHPS 2.0H – that follow CAHPS specification are invited to participate in the NCBD. Survey sponsors include public and private purchasers (employers, state Medicaid agencies, coalitions) and individual health plans.

NCBD comparisons are intended to provide both purchasers and health plans with benchmarking information useful for evaluating and improving performance as measured by the CAHPS survey. The NCBD includes no data identifying individual respondents; the confidentiality of individual respondent information is maintained at all times.

While reported benchmarks may be used as point of reference against which Colorado Medicaid results may be measured, there is some difference between how Department rates were calculated and how national CAHPS benchmarks were calculated. The Department calculated the Total Colorado for the Overall ratings of Personal Doctor or Nurse, Specialist, Health Care, and Health Plan using a methodology different from that of NCBD. Total Colorado rates were calculated using the scores of 8, 9, and 10 whereas NCBD benchmarks are calculated using the scores of 9 & 10 only. Therefore, National benchmarks are not used as comparison for these particular measures.

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Results

As evident in the results, each health plan has its own strengths and weaknesses. The survey results can be used to identify opportunities for improvement within each plan and across all plans. A list of Summary Tables for each question or composite of the results from both the child and children with chronic conditions surveys is included in this report.

Tables 5 through 14 highlight results of the Children's survey. These results allow the Department to discern if children in Medicaid have access to available services or are getting the care needed to maintain a healthy status. Of the seven plans participating in the survey, each plan experienced, for differing questions, an inadequate number of children in the survey sample size to report a result. Additionally, as of the writing of this report, Community Health Plan of the Rockies (CHPR), Kaiser Permanente (Kaiser) and United HealthCare of Colorado (United) no longer participate in Colorado Medicaid.

One plan, Rocky, performed above average on nearly every question – ensuring that children enrolled in Rocky have access to available and needed services. The other plans performed inconsistently. Overall, Access and CHPR performed nearly consistently below average; thus, children enrolled in Access or CHPR may not have access to needed services. PCPP performed inconsistently with results ranging from above average to below average but did receive above average ratings on getting needed care and getting care quickly, thereby ensuring children enrolled in the PCPP have access to available and needed services. Kaiser and United had small child populations for this survey so several questions could not be scored appropriately.

As a state, Colorado excelled in several areas as demonstrated by rates above the national average. Yet some areas demonstrate room for improvement. As compared to the National CAHPS Benchmarking Database (NCBD) the following results were found:

- Colorado children are **GETTING NEEDED CARE**. The Colorado rate for the general child population was slightly above the national benchmark while the rate for CCC was below.
- Colorado children are **GETTING CARE QUICKLY**. Colorado rates were significantly above the national benchmark for both the general child population and CCC populations.
- Caregivers of Colorado children feel **DOCTOR COMMUNICATION** is effective. Colorado rates were significantly above the national benchmark for both the general child population and CCC populations.
- Caregivers of Colorado children are receiving adequate **CUSTOMER SERVICE**. The Colorado rate for the general child population was nearly identical to the

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national benchmark. The Colorado rate for CCC populations was significantly below.

- Caregivers of Colorado children are interacting with COURTEOUS & HELPFUL OFFICE STAFF. Colorado rates were significantly above the national benchmark for both the general child population and CCC populations.

Areas of deficit are being addressed in the 2003 State Quality Strategy and Work Plan under which all managed care organizations participate. Overall results are also incorporated into the annual MCO Site Review at which time managed care organizations must demonstrate compliance with Access to Services, under which several of the CAHPS questions relate. Both processes ensure that deficits identified by the survey are addressed by the plan and are integrated into its organizational plan.

Interpretation of Children with Chronic Condition (CCC) Screener Questions

As a group, children with chronic conditions are responsible for the majority of child healthcare costs, direct and indirect. It is estimated that 80 to 90 percent of the health care dollars spent on children are spent on children with chronic conditions^{4,5,6}. Health care needs of children with and without chronic conditions differ substantially, especially in terms of scope, intensity and type of services required and ongoing parent/child needs for health information, education, partnership with providers and coordination of care. High interest and expert consensus exist around the need for, and importance of, assessing the quality of care received by children with chronic conditions.

Table 14 highlights the results of the five CCC Screener Questions. Unfortunately, results of the survey do not allow the Department to discern if CCC have access to available services or are getting the care needed to maintain a healthy status. Sample size was not adequate for some plans, rendering results either not reportable or incalculable. Of the five MCOs in the survey, only two had a large enough sample to report results. And of those two, results were not reported consistently. This being the first year of use in the Department, its continued use may provide adequate, trended data to understand the needs of this population.

⁴ Institute of Medicine and National Research Council. *America's Children: Health Insurance and Access to Care*. Washington, DC: National Academy Press. 1998;120-121.

⁵ Lewit EM & Monheit AC. Expenditures on health care for children and pregnant women. *Future of Children*. David and Lucile Packard Foundation. 1992;2:95-114.

⁶ Neff J & Anderson G. Protecting children with chronic illness in a competitive marketplace. *Journal of the American Medical Association*. 1995;274:1866-1869.

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Summary of Results
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Parents or guardian of client surveyed, collected and reported in 2002

CAHPS Measure	Colorado Access	Community Health Plan of the Rockies	Kaiser Permanente	Rocky Mountain HMO	United HealthCare of Colorado	Colorado Medicaid HMO Average	Primary Care Physician Program	Unassigned Fee-For-Service	COLORADO MEDICAID AVERAGE
Overall Rating of Health Plan	Percent indicating a score of 8, 9, or 10 on a scale of 0 (worst) to 10 (best) when rating their health plan.								
General Children	71.1%	62.2%	82.1%	78.2%	76.2%	73.9%	75.1%	74.7%	74.2%
	*	*	***	***	***	**	***	***	
Children with Chronic Conditions	64.6%	56.0%	N/R	77.1%	N/R	65.9%	72.0%	67.7%	67.4%
	*	*	--	***	--	***	**	*	

Table 5: Overall Rating of Health Plan

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your child's health plan now?

Overall, 74.2% of respondents in the general child population rated their health plan an 8, 9, or 10 on a scale of 0 to 10. Parents or guardians of CCC rated their health plan an 8, 9, or 10 only 67.4% at the time.

*= Indicates health plan is below the Colorado Medicaid Average
 **= Indicates health plan is at the Colorado Medicaid Average
 ***= Indicates health plan is above the Colorado Medicaid Average

N/R= No rate reported by NCQA
 N/C= Rate not calculated
 DNP= Did not participate due to small population

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Parents or guardian of client surveyed, collected and reported in 2002

CAHPS Measure	Colorado Access	Community Health Plan of the Rockies	Kaiser Permanente	Rocky Mountain HMO	United HealthCare of Colorado	Colorado Medicaid HMO Average	Primary Care Physician Program	Unassigned Fee-For-Service	COLORADO MEDICAID AVERAGE
Overall Rating of Health Care	Percent indicating a score of 8, 9, or 10 on a scale of 0 (worst) to 10 (best) when rating their overall health care.								
General Children	74.1%	62.2%	82.7%	84.1%	80.4%	76.8%	80.3%	76.4%	77.2%
	*	*	***	***	***	***	*	**	
Children with Chronic Conditions	73.7%	66.2%	N/R	83.6%	N/R	74.5%	78.1%	77.1%	75.8%
	*	*	--	***	--	*	***	*	

Table 6: Overall Rating of Health Care

Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your child's health care?

Overall, 77.2% of respondents in the general child population rated their health plan an 8, 9, or 10 on a scale of 0 to 10. Parents or guardians of CCC rated their health plan an 8, 9, or 10 75.8% at the time.

*= Indicates health plan is below the Colorado Medicaid Average
 **= Indicates health plan is at the Colorado Medicaid Average
 ***= Indicates health plan is above the Colorado Medicaid Average

N/R= No rate reported by NCQA
 N/C= Rate not calculated
 DNP= Did not participate due to small population

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Parents or guardian of client surveyed, collected and reported in 2002

CAHPS Measure	Colorado Access	Community Health Plan of the Rockies	Kaiser Permanente	Rocky Mountain HMO	United HealthCare of Colorado	Colorado Medicaid HMO Average	Primary Care Physician Program	Unassigned Fee-For-Service	COLORADO MEDICAID AVERAGE
Overall Rating of Personal Doctor or Nurse	Percent indicating a score of 8, 9, or 10 on a scale of 0 (worst) to 10 (best) when rating their personal doctor or nurse.								
General Children	75.3%	60.2%	N/R	85.3%	79.4%	75.1%	82.8%	78.2%	76.9%
	*	*	--	***	***	*	***	***	
Children with Chronic Conditions	73.3%	56.9%	N/R	84.6%	N/R	71.6%	80.2%	81.5%	75.3%
	*	*	--	***	--	*	***	***	

Table 7: Overall Rating of Personal Doctor or Nurse

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your child's personal doctor or nurse now?

Overall, 76.9% of respondents in the general child population rated their personal doctor or nurse an 8, 9, or 10 on a scale of 0 to 10. 75.3% at the time, parents or guardians of CCC rated their personal doctor or nurse an 8, 9, or 10.

*= Indicates health plan is below the Colorado Medicaid Average
 **= Indicates health plan is at the Colorado Medicaid Average
 ***= Indicates health plan is above the Colorado Medicaid Average

N/R= No rate reported by NCQA
 N/C= Rate not calculated
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CAHPS Measure	Colorado Access	Community Health Plan of the Rockies	Kaiser Permanente	Rocky Mountain HMO	United HealthCare of Colorado	Colorado Medicaid HMO Average	Primary Care Physician Program	Unassigned Fee-For-Service	COLORADO MEDICAID AVERAGE
Overall Rating of Specialist	Percent indicating a score of 8, 9, or 10 on a scale of 0 (worst) to 10 (best) when rating their specialist providers.								
General Children	76.9%	N/R	N/R	83.6%	85.2%	81.9%	75.6%	75.0%	79.3%
	*	--	--	***	N/C	***	*	*	
Children with Chronic Conditions	75.6%	N/R	N/R	83.1%	N/R	79.3%	78.7%	79.8%	79.3%
	*	--	--	***	--	**	*	***	

Table 8: Overall Rating of Specialist Most Often Seen

Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate your child's specialist?

Overall, 79.3% of respondents in the general child population rated their child's specialist doctor an 8, 9, or 10 on a scale of 0 to 10. 79.3% at the time, parents or guardians of CCC rated their specialist doctor an 8, 9, or 10.

*= Indicates health plan is below the Colorado Medicaid Average
 **= Indicates health plan is at the Colorado Medicaid Average
 ***= Indicates health plan is above the Colorado Medicaid Average

N/R= No rate reported by NCQA
 N/C= Rate not calculated
 DNP= Did not participate due to small population

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Parents or guardian of client surveyed, collected and reported in 2002

CAHPS Measure	Colorado Access	Community Health Plan of the Rockies	Kaiser Permanente	Rocky Mountain HMO	United HealthCare of Colorado	Colorado Medicaid HMO Average	Primary Care Physician Program	Unassigned Fee-For-Service	COLORADO MEDICAID AVERAGE
Getting Needed Care	Percent indicating it was not a problem to obtain needed care.								
General Children	77.0%	N/R	88.0%	87.5%	79.0%	82.9%	83.4%	80.7%	82.6%
	*	--	***	***	N/C	***	***	*	
National CAHPS® Benchmark 2002									81%
Children with Chronic Conditions	73.3%	N/R	N/R	84.1%	N/R	78.7%	81.2%	75.8%	78.6%
	*	--	--	***	--	***	***	*	

Table 9: Getting Needed Care

Getting needed care for the respondent's child is a composite of questions regarding the ease of finding a doctor or nurse, obtaining a referral to a specialist, getting the care the respondent or a doctor believed necessary, and delays in health care while waiting for an approval.

- *With the choices your child's health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?*
- *How much of a problem, if any, was it to get a referral to a specialist that your child needed to see?*
- *How much of a problem, if any, was it to get the care for your child that you or a doctor believed necessary?*
- *How much of a problem, if any, were delays in your child's health care while you waited for approval by your child's health plan?*

Individual plan results varied and two plans results could not be included in the HMO average. Overall, 82.6% of respondents to the child survey stated that it was "not a problem" to obtain needed care for their children. This percent is lower than 2001 in which 84.6% of respondents felt it was "not a problem" to obtain needed care for their children. For respondents of CCC, three plan results were not reported. Results indicate Rocky and the PCPP had significantly higher percentages of getting needed care than Access and FFS plans. The Colorado rate for the general child population was slightly above the NCBD Benchmark while the Colorado rate for CCC was below the national benchmark.

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Summary of Results
2002 Consumer Assessment of Health Plans Study (CAHPS)
Survey of Colorado Children and Children with Chronic Conditions

Parents or guardian of client surveyed, collected and reported in 2002

CAHPS Measure	Colorado Access	Community Health Plan of the Rockies	Kaiser Permanente	Rocky Mountain HMO	United HealthCare of Colorado	Colorado Medicaid HMO Average	Primary Care Physician Program	Unassigned Fee-For-Service	COLORADO MEDICAID AVERAGE
Getting Care Quickly	Percent indicating they usually or always get care quickly.								
General Children	72.7%	74.5%	83.9%	86.3%	83.2%	80.1%	85.4%	82.2%	81.2%
	*	*	***	***	N/C	N/C	***	***	
National CAHPS® Benchmark 2002									56%
Children with Chronic Conditions	78.0%	76.2%	N/R	89.3%	N/R	81.1%	87.6%	85.3%	83.3%
	*	*	--	***	--	*	***	***	

Table 10: Getting Care Quickly

Getting care quickly is a composite of questions regarding receiving help or advice over the telephone, obtaining routine appointments, obtaining care for an illness or injury, and waiting time in an office or clinic.

- *When you called during regular office hours, how often did you get the help or advice you needed for your child?*
- *How often did your child get an appointment for regular or routine health care as soon as you wanted?*
- *When your child needed care right away for an illness or injury, how often did your child get care as soon as you wanted?*
- *How often did your child wait in the doctor's office or clinic more than 15 minutes past your appointment time to see the person your child went to see?*

Approximately 81% of all respondents reported they could “usually” or “always” get care quickly for their child. The Rocky and FFS results were significantly above average while Access and CHPR were below average. Colorado rates were significantly above the NCBD Benchmark for both the general child population and CCC populations.

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Summary of Results
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How Well Doctor's Communicate	Percent indicating their doctor usually or always communicated well with them.								
General Children	88.0%	80.1%	94.5%	93.7%	89.5%	89.2%	90.3%	90.6%	89.5%
	*	*	***	***	N/C	*	***	***	
National CAHPS® Benchmark 2002									68%
Children with Chronic Conditions	89.6%	79.0%	N/R	91.8%	N/R	86.8%	92.2%	93.2%	89.2%
	***	*	--	***	--	*	***	***	

Table 11: Doctor Communication

How well doctors communicate is a composed of questions regarding how well providers listen to and explain things regarding the respondent's child, whether they show respect for respondent's input regarding their child, and whether they spend enough time with the respondent's child.

- *How often did your child's doctors or other health providers listen carefully to you?*
- *How often did your child's doctors or other health providers explain things in a way you could understand?*
- *How often did your child's doctors or other health providers show respect for what you had to say?*
- *How often did doctors or other health providers spend enough time with your child?*

Overall, 89.5% of Colorado Medicaid child survey respondents reporting that doctors communicated well with them. The rate was nearly identical for the CCC population. For general children, Rocky, Kaiser, PCPP and FFS had significantly higher percentages than the total Colorado Medicaid rate. For CCC, all plans except one exceed the Colorado rate. For both the general child population and CCC populations, Colorado rates were significantly above the NCBD Benchmark.

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Customer Service	Percent indicating it was not a problem to obtain customer service from their health plan.								
General Children	67.8%	N/R	83.6%	67.2%	65.8%	71.1%	65.5%	57.2%	67.8%
	**	--	***	*	N/C	***	*	*	
National CAHPS® Benchmark 2002									67%
Children with Chronic Conditions	57.3%	N/R	N/R	60.5%	N/R	58.9%	50.9%	42.7%	52.8%
	***	--	--	***	--	***	*	*	

Table 12: Customer Service

The customer service composite measure is made up of questions related with whether respondents can find and understand written materials, obtain help from customer service, and problems with their child’s health plan paperwork.

- *How much of a problem, if any, was it to find or understand information in the written materials?*
- *How much of a problem, if any, was it to get the help you needed when you called your child’s health plan’s customer service?*
- *How much of a problem, if any, did you have with paperwork for your child’s health plan?*

Nearly 68% of respondents stated that it was “not a problem” to interact with their child’s health plan’s customer service. This is improved over last year in which 64.3% of respondents felt it was not a problem to interact with customer services. Individual plan results varied and two plans results could not be included in the HMO average. Notwithstanding, HMOs did significantly better than the PCPP and FFS plans. The Colorado rate for the general child population nearly identical to the NCBD Benchmark while the Colorado rate for CCC was significantly below the national benchmark.

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Summary of Results
2002 Consumer Assessment of Health Plans Study (CAHPS)
Survey of Colorado Children and Children with Chronic Conditions

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CAHPS Measure	Colorado Access	Community Health Plan of the Rockies	Kaiser Permanente	Rocky Mountain HMO	United HealthCare of Colorado	Colorado Medicaid HMO Average	Primary Care Physician Program	Unassigned Fee-For-Service	COLORADO MEDICAID AVERAGE
Courteous and Helpful Office Staff	Percent indicating office staff was usually or always courteous and helpful to them.								
General Children	83.2%	81.8%	94.4%	93.8%	86.0%	87.8%	92.1%	92.3%	89.1%
	*	*	***	***	N/C	*	***	***	
National CAHPS® Benchmark 2002									72%
Children with Chronic Conditions	90.2%	79.5%	N/R	94.6%	N/R	88.1%	93.6%	92.5%	90.1%
	***	*	--	***	--	*	***	***	

Table 13: Courteous and Helpful Office Staff

Questions regarding whether office staff at the respondent’s child’s doctor’s office or clinic treated respondents with courtesy and respect and whether they were as helpful as respondents thought they should be made up the courteous and helpful office staff composite measure.

- *How often did office staff at a your child’s doctor’s office or clinic treat you with courtesy and respect?*
- *How often were office staff at your child’s doctor’s office or clinic as helpful as you thought they should be?*

Overall, 89.1% of Colorado Medicaid child survey respondents reporting that office staff was “usually” or “always” courteous and helpful. The rate was higher for CCC population in which 90.1% of respondents reported office staff was courteous and helpful. For general children, Rocky, Kaiser and PCPP had significantly higher percentages than the total Colorado Medicaid rate. For CCC, all plans except one exceed the Colorado rate. For both the general child population and CCC populations, Colorado rates were significantly above the NCBD Benchmark.

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Summary of Results
2002 Consumer Assessment of Health Plans Study (CAHPS)
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Parents or guardian of client surveyed, collected and reported in 2002

CAHPS Measure	Colorado Access	Community Health Plan of the Rockies	Kaiser Permanente	Rocky Mountain HMO	United HealthCare of Colorado	Colorado Medicaid HMO Average	Primary Care Physician Program	Unassigned Fee-For-Service	COLORADO MEDICAID AVERAGE
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The following five measures specifically relate to Children with Chronic Conditions although all children were asked the same questions.

1. Access to Prescription Medications	Percent indicating it was not a problem to obtain prescription medications.								
General Children	N/R	N/R	100.0%	N/R	N/R	N/R	N/R	88.5%	N/R
	--	--	N/C	--	--	--	--	N/C	
Children with Chronic Conditions	79.3%	N/R	N/R	83.6%	N/R	N/R	N/R	86.9%	N/R
	N/C	--	--	N/C	--	--	--	N/C	

2. Access to Specialized Services	Percent indicating it was not a problem to get specialized services.								
General Children	N/R	N/R	74.5%	N/R	N/R	N/R	81.1%	73.2%	N/R
	--	--	N/C	--	--	--	N/C	N/C	
Children with Chronic Conditions	62.7%	N/R	N/R	69.8%	N/R	66.3%	81.4%	76.8%	72.7%
	N/C	--	--	N/C	--	N/C	N/C	N/C	

3. Family Centered Care: Personal Doctor or Nurse Who Knows Child	Percent indicating their personal doctor or nurse knows the child and understand the impact of his or her condition(s).								
General Children	87.2%	N/R	87.5%	89.1%	N/R	87.9%	86.5%	86.4%	87.3%
	*	--	N/C	***	--	***	*	*	
Children with Chronic Conditions	89.7%	N/R	N/R	89.0%	N/R	89.4%	86.3%	90.5%	88.9%
	***	--	--	***	--	***	*	***	

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Summary of Results
2002 Consumer Assessment of Health Plans Study (CAHPS)
Survey of Colorado Children and Children with Chronic Conditions

Parents or guardian of client surveyed, collected and reported in 2002

CAHPS Measure	Colorado Access	Community Health Plan of the Rockies	Kaiser Permanente	Rocky Mountain HMO	United HealthCare of Colorado	Colorado Medicaid HMO Average	Primary Care Physician Program	Unassigned Fee-For-Service	COLORADO MEDICAID AVERAGE
4. Family Centered Care: Shared Decision Making									
Percent indicating they usually or always had input when making decisions about their care.									
General Children	76.5%	N/R	77.8%	84.0%	N/R	79.4%	81.3%	79.6%	79.8%
	*	--	N/C	***	--	*	***	*	
Children with Chronic Conditions	83.7%	N/R	N/R	85.7%	N/R	84.7%	83.7%	83.0%	84.0%
	N/C	--	--	N/C	--	N/C	N/C	N/C	
5. Family Centered Care: Getting Needed Information									
Percent indicating they usually or always got information about their child's care.									
General Children	74.3%	62.4%	88.2%	91.1%	N/R	79.0%	85.1%	87.9%	81.5%
	*	*	N/C	***	--	*	***	***	
Children with Chronic Conditions	84.5%	72.2%	N/R	90.1%	N/R	82.2%	86.6%	86.8%	84.0%
	***	*	--	***	--	*	***	***	
6. Coordination of Care									
Percent indicating they received assistance with coordination of care.									
General Children	N/R	N/R	66.5%	N/R	N/R	N/R	70.6%	75.4%	N/R
	--	--	N/C	--	--	--	N/C	N/C	
Children with Chronic Conditions	75.4%	N/R	N/R	80.8%	N/R	78.1%	75.9%	75.1%	76.8%
	N/C	--	--	N/C	--	N/C	N/C	N/C	

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Summary of Results
2002 Consumer Assessment of Health Plans Study (CAHPS®)
Survey of Children and Children with Chronic Conditions

Table 14: Children with Chronic Conditions Screener Questions

The Children with Chronic Conditions (CCC) measurement set evaluates the quality of services provided to children with chronic conditions. The composites summarize satisfaction with basic components of care essential for the successful treatment, management and support of children with chronic conditions.

The results of the survey does not allow the Department to discern if CCC have access to available services or are getting the care needed to maintain a healthy status. Sample size was not adequate for some plans, rendering results either not reportable or incalculable. Of the five MCOs in the survey, only two had large enough sample sizes to report results, albeit not consistently. This being the first year of use in the Department, its continued use may provide adequate, trended data to understand the needs of this population.

★= Indicates health plan is below the Colorado Medicaid Average
★★= Indicates health plan is at the Colorado Medicaid Average
★★★= Indicates health plan is above the Colorado Medicaid Average

N/R= No rate reported by NCQA
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**2002 Consumer Assessment of Health Plans Study (CAHPS®)
Survey of Children and Children with Chronic Conditions**

Appendix A: Data File

CAHPS® 2.0H Child Survey: *Sample Frame Data File Generation*

The MCO uses transaction data or other administrative databases to assign a prescreen status code to each child member in the sample frame data file. The MCO searches claims and encounters for the measurement year and the year prior to the measurement year. MCOs that outsource the generation of the CAHPS® 2.0H Child Survey sample to the survey vendor must provide claims and encounter data to enable the vendor to generate a prescreen status code for each member. The prescreen status code is assigned as follows:

Prescreen Status Code:

1 = No claims or encounters during the measurement year or the year prior to the measurement year.

2 = The member has claims or encounters that meet one or more of the following criteria:

- ◆ At least one diagnosis listed in Table S–3 in any setting (outpatient visits, emergency room visits, inpatient discharges or partial hospitalizations) during the measurement year or the year prior to the measurement year. The diagnosis need not be the principal diagnosis.
- ◆ At least two diagnoses listed in Table S–4 during the measurement year or the year prior to the measurement year in any outpatient setting (outpatient or emergency room visits). The diagnosis need not be the principal diagnosis.
- ◆ At least one diagnosis listed in Table S–4 during the measurement year or the year prior to the measurement year associated with any inpatient discharge.

3 = The member has claims or encounters, **none** of which meet the criteria listed for prescreen status code 2.

The prescreen status codes triage members into three mutually exclusive groups.

Members with a prescreen status code of 1 have no claims or encounters and do not meet the criteria for having a probable chronic condition.

Members with a prescreen status code of 2 have claims and encounters and one or more of the encounters meet the criteria for a probable chronic condition.

Members with a prescreen status code of 3 have claims and encounters, however none of the claims or encounters meet the criteria for having a probable chronic condition.

The prescreen status code identifies the population of children that have a higher probability of having a chronic condition. The certified survey vendor uses the prescreen status code to generate the sample for the CAHPS® 2.0H Child Survey.

**2002 Consumer Assessment of Health Plans Study (CAHPS®)
Survey of Children and Children with Chronic Conditions**

Appendix B: Prescreen Status Codes

Table S-3: Codes to Assign the Prescreen Status Code

Description	ICD-9-CM Codes
Infectious Disease	010-018, 030, 040.2, 042, 046, 079.5, 135, 136.3
Malignancies	140-208, 230-239
Neurofibromatosis	237.7-237.9
Thyroid Disorders	240-246.9
Diabetes	250
Other Endocrine Disorders	252, 253, 255
Nutritional Deficiencies	260-263, 268.0-268.1
Metabolic Disorders	270-273, 275, 279
Cystic Fibrosis	277
Blood Disorders	281-284, 286, 288
Psychoses	290-299
Neuroses, Alcohol/Drugs, Depression, Eating Disorders	300-311
Developmental Delay (speech, reading, coordination)	315
Mental Retardation	317-318.2
Central Nervous System Diseases, Hereditary and Degenerative	330, 331.3-331.4, 333.5, 333.7, 334-335
Central Nervous System Diseases, Other	340-341, 344, 352.6, 356
Cerebral Palsy	343
Epilepsy	345
Muscular Dystrophy	359
Eye Disorders	365.14, 369
Hearing Loss	389
Heart Disease	393-398, 424.1, 424.3, 425, 446
Other Respiratory Diseases	496, 516
Ulcer	531-534
Noninfectious Enteritis and Colitis	555-556

**2002 Consumer Assessment of Health Plans Study (CAHPS®)
Survey of Children and Children with Chronic Conditions**

Colitis	
Other Digestive Diseases	571, 577.1, 579.0–579.1
Nephritis, Nephrosis	581–583, 585–586, 588.0–588.1
Skin Diseases	695.4
Arthropathies	710, 714
Connective Tissue Diseases or Disorders	720, 728
Osteopathies	730.1, 732
Spina Bifida	741
Congenital Anomalies (except spina bifida)	742, 745–749, 750.3, 751.2, 751.61, 751.62, 752.7, 753, 754.3, 755.2–755.3, 755.55, 756, 758, 759.5, 759.7–759.8, 760.71
Prematurity	765
Perinatal Diseases	770.7, 771.1–771.2
Severe Injury	854, 952.1, 994.1

Table S–4: Codes to Assign the Prescreen Status Code

Description	ICD–9–CM Codes
Conduct Disorder	312
Emotional Disturbance	313
ADHD	314
Asthma	493
Failure to Thrive	783.0, 783.4

**2002 Consumer Assessment of Health Plans Study (CAHPS®)
Survey of Children and Children with Chronic Conditions**

Appendix C: CAHPS® 2.0H Child Questionnaire (Medicaid)

Begins on next page.

CAHPS® 2.0H Child Questionnaire (MEDICAID)

SURVEY INSTRUCTIONS

- ◆ Answer all the questions by checking 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 → ***Go to Question 1***

No

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

If you want to know more about this survey, please call XXXX.

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

1. Our records show that your child is now in {Health Plan Name/State Medicaid Program Name}. Is that right?
 Yes → Go to Question 3
 No → Go to Question 2
2. What is the name of your child's health plan? (please print)

YOUR CHILD'S PERSONAL DOCTOR OR NURSE

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

3. A personal doctor or nurse is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.
When your child joined this health plan or at any time since then, did he or she get a new personal doctor or nurse?
 Yes → Go to Question 4
 No → Go to Question 5
4. With the choices your child's health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?
 A big problem
 A small problem
 Not a problem
5. Do you have one person you think of as your child's personal doctor or nurse? If your child has more than one personal doctor or nurse, choose the person your child sees most often.
 Yes → Go to Question 6
 No → Go to Question 12

6. In the last 6 months (not counting times your child went to an emergency room), how many times did your child go to his or her personal doctor or nurse's office or clinic?

- None → Go to Question 8
- 1 → Go to Question 7
- 2 → Go to Question 7
- 3 → Go to Question 7
- 4 → Go to Question 7
- 5 to 9 → Go to Question 7
- 10 or more → Go to Question 7

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

- Yes
- No

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

- Yes → Go to Question 9
- No → Go to Question 11

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

- Yes
- No

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

- Yes
- No

11. We want to know your rating of your child's personal doctor or nurse. If your child has more than one personal doctor or nurse, choose the person your child sees most often.

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your child's personal doctor or nurse now?

- 0 Worst personal doctor or nurse possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best personal doctor or nurse possible

Option: Insert additional questions about personal doctor or nurse here.

GETTING HEALTH CARE FROM A SPECIALIST

When you answer the next questions, do not include dental visits.

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

In the last 6 months, did you or a doctor think your child needed to see a specialist?

- Yes → Go to Question 13
- No → Go to Question 14

13. In the last 6 months, how much of a problem, if any, was it to get a referral to a specialist that your child needed to see?

- A big problem
- A small problem
- Not a problem

14. In the last 6 months, did your child see a specialist?

- Yes → Go to Question 15
- No → Go to Question 17

15. We want to know your rating of the specialist your child saw most often in the last 6 months, including a personal doctor if he or she was a specialist.

Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate your child's specialist?

- 0 Worst specialist possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best specialist possible

16. In the last 6 months, was the specialist your child saw most often the same doctor as your child's personal doctor?

- Yes
- No

Option: Insert additional questions about specialist care here.

CALLING DOCTORS' OFFICES

17. In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for your child?

- Yes → Go to Question 18
- No → Go to Question 19

18. In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?

- Never
- Sometimes
- Usually
- Always

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

19. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse or anyone else your child would see for health care.

In the last 6 months, did you make any appointments for your child with a doctor or other health provider for regular or routine health care?

- Yes → Go to Question 20
 No → Go to Question 22

20. In the last 6 months, how often did your child get an appointment for regular or routine health care as soon as you wanted?

- Never
 Sometimes
 Usually
 Always

21. In the last 6 months, how many days did your child usually have to wait between making an appointment for regular or routine care and actually seeing a provider?

- Same day
 1 day
 2-3 days
 4-7 days
 8-14 days
 15-30 days
 31 days or longer

22. In the last 6 months, did your child have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?

- Yes → Go to Question 23
 No → Go to Question 25

23. In the last 6 months, when your child needed care right away for an illness or injury, how often did your child get care as soon as you wanted?

- Never
 Sometimes
 Usually
 Always

24. In the last 6 months, how long did your child usually have to wait between trying to get care and actually seeing a provider for an illness or injury?
- Same day
 - 1 day
 - 2 days
 - 3 days
 - 4-7 days
 - 8-14 days
 - 15 days or longer
25. In the last 6 months, how many times did your child go to an emergency room?
- None
- _____ Number of times (*Write in*)
26. In the last 6 months (not counting times your child went to an emergency room), how many times did your child go to a doctor's office or clinic?
- None → Go to Question 50
 - 1 → Go to Question 27
 - 2 → Go to Question 27
 - 3 → Go to Question 27
 - 4 → Go to Question 27
 - 5 to 9 → Go to Question 27
 - 10 or more → Go to Question 27

27. In the last 6 months, how much of a problem, if any, was it to get care for your child that you or a doctor believed necessary?
- A big problem
 - A small problem
 - Not a problem
28. In the last 6 months, how much of a problem, if any, were delays in your child's health care while you waited for approval from your child's health plan?
- A big problem
 - A small problem
 - Not a problem
29. In the last 6 months, how often did your child wait in the doctor's office or clinic more than 15 minutes past the appointment time to see the person your child went to see?
- Never
 - Sometimes
 - Usually
 - Always
 - I don't know
30. In the last 6 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?
- Never
 - Sometimes
 - Usually
 - Always
 - I don't know

31. In the last 6 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always
- I don't know

32. In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?

- Never
- Sometimes
- Usually
- Always
- I don't know

33. In the last 6 months, how often did you have a hard time speaking with or understanding your child's doctors or other health providers because they spoke different languages?

- Never
- Sometimes
- Usually
- Always
- I don't know

34. In the last 6 months, how often did your child's doctors or other health providers explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always
- I don't know

35. In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always
- I don't know

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

- Yes → Go to Question 37
- No → Go to Question 39

37. In the last 6 months, how often did your child have a hard time speaking with or understanding doctors or other health providers because they spoke different languages?

- Never
- Sometimes
- Usually
- Always
- I don't know

38. In the last 6 months, how often did doctors or other health providers explain things in a way your child could understand?

- Never
- Sometimes
- Usually
- Always
- I don't know

39. In the last 6 months, how often did doctors or other health providers spend enough time with your child?

- Never
- Sometimes
- Usually
- Always
- I don't know

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

- Yes → Go to Question 41
- No → Go to Question 44

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

We want to know how you, your child's doctors and other health providers make decisions about your child's health care.

44. In the last 6 months, were any decisions made about your child's health care?

- Yes → Go to Question 45
- No → Go to Question 49

45. When decisions were made in the last 6 months, how often did your child's doctors or other health providers offer you choices about your child's health care?

- Never
- Sometimes
- Usually
- Always

46. When decisions were made in the last 6 months, how often did your child's doctors or other health providers discuss with you the good and bad things about each of the different choices for your child's health care?

- Never
- Sometimes
- Usually
- Always

47. When decisions were made in the last 6 months, how often did your child's doctors or other health providers ask you to tell them what choices you prefer?

- Never
- Sometimes
- Usually
- Always

48. When decisions were made in the last 6 months, how often did your child's doctors or other health providers involve you as much as you wanted?

- Never
- Sometimes
- Usually
- Always

49. We want to know your rating of all your child's health care in the last 6 months from all doctors and other health providers.
Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your child's health care?

- 0 Worst health care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health care possible

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

- Yes → Go to Question 51
- No → Go to Question 53

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

- Yes → Go to Question 52
- No → Go to Question 53

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

- Yes
- No

53. An interpreter is someone who repeats or signs what one person says in a language used by another person.

In the last 6 months, did you need an interpreter to help you speak with your child's doctors or other health providers?

- Yes → Go to Question 54
- No → Go to Question 55

54. In the last 6 months, when you needed an interpreter to help you speak with your child's doctors or other health providers, how often did you get one?

- Never
- Sometimes
- Usually
- Always

55. In the last 6 months, did your child need an interpreter to help him or her speak with doctors or other health providers?

- Yes → Go to Question 56
- No → Go to Question 57

56. In the last 6 months, when your child needed an interpreter to help him or her speak with doctors or other health providers, how often did he or she get one?

- Never
- Sometimes
- Usually
- Sometimes

57. Is your child 2 years old or younger?

- Yes → Go to Question 58
- No → Go to Question 61

58. Reminders from the office or clinic, or from the health plan can come to you by mail, by telephone, or in-person during a visit.

After your child was born, did you get any reminders to bring him or her in for a check-up to see how he or she was doing or for shots or drops?

- Yes
- No

59. Since your child was born, has he or she gone to a doctor or other health provider for a check-up to see how he or she was doing or for shots or drops?

- Yes → Go to Question 60
- No → Go to Question 61

60. Did you get an appointment for your child's first visit to a doctor or other health provider for a check-up, or for shots or drops, as soon as you wanted?

- Yes
- No

Option: Insert additional questions about general health care here.

GETTING NEEDED CARE

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

- Yes → Go to Question 62
 No → Go to Question 64

62. In the last 6 months, how much of a problem, if any, was it to get special medical equipment for your child?

- A big problem → Go to Question 63
 A small problem → Go to Question 63
 Not a problem → Go to Question 64

63. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

- Yes
 No

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

- Yes → Go to Question 65
 No → Go to Question 67

65. In the last 6 months, how much of a problem, if any, was it to get special therapy for your child?

- A big problem → Go to Question 66
 A small problem → Go to Question 66
 Not a problem → Go to Question 67

66. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

- Yes
 No

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

- Yes → Go to Question 68
 No → Go to Question 70

68. In the last 6 months, how much of a problem, if any, was it to get this treatment or counseling for your child?

- A big problem → Go to Question 69
 A small problem → Go to Question 69
 Not a problem → Go to Question 70

69. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

- Yes
 No

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

Yes → Go to Question 71

No → Go to Question 72

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

Yes

No

YOUR CHILD'S HEALTH PLAN

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

72. Some states pay health plans to care for people covered by {Medicaid/State name for Medicaid}. With these health plans, you may have to choose your child's doctor from the health plan list or take your child to a clinic or health care center on the plan list.

Is your child covered by a health plan like this?

Yes → Go to Question 73

No → Go to Question 78

73. Is this the health plan you use for all or most of your child's health care?

Yes

No

74. How many months or years in a row has your child been in this plan?

Less than 6 months

6 up to 12 months

12 up to 24 months

2 up to 5 years

5 up to 10 years

10 or more years

75. Did you choose your child's health plan or were you told which plan your child was in?

I chose my child's plan.

I was told which plan my child was in.

76. You can get information about your child's plan services in writing, by telephone, or in-person.

Did you get any information about your child's health plan before you signed him or her up for it?

Yes → Go to Question 77

No → Go to Question 78

77. How much of the information you were given before you signed your child up for the plan was correct?

All of it

Most of it

Some of it

None of it

78. In the last 6 months, did you look for any information in written materials from your child's health plan?

Yes → Go to Question 79

No → Go to Question 80

79. In the last 6 months, how much of a problem, if any, was it to find or understand information in the written materials?

A big problem

A small problem

Not a problem

80. In the last 6 months, did you call the health plan's customer service to get information or help for your child?

Yes → Go to Question 81

No → Go to Question 82

81. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?

A big problem

A small problem

Not a problem

82. In the last 6 months, have you called or written to your child's health plan with a complaint or problem?

Yes → Go to Question 83

No → Go to Question 85

83. How long did it take for your child's health plan to resolve your complaint?

Same day → Go to Question 84

1 week → Go to Question 84

2 weeks → Go to Question 84

3 weeks → Go to Question 84

4 or more weeks → Go to Question 84

I am still waiting for it to be settled. → Go to Question 85

84. Was your complaint or problem settled to your satisfaction?

Yes

No

85. Paperwork means things like getting your child's ID card, having your child's records changed, processing forms, or other paperwork related to getting care for your child.

In the last 6 months, did you have any experiences with paperwork for your child's health plan?

Yes → Go to Question 86

No → Go to Question 87

86. In the last 6 months, how much of a problem, if any, did you have with paperwork for your child's health plan?

- A big problem
- A small problem
- Not a problem

87. We want to know your rating of all your experience with your child's health plan.

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your child's health plan now?

- 0 Worst health plan possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health plan possible

Option: Insert additional questions about the health plan here.

PRESCRIPTION MEDICATIONS

88. In the last 6 months, did your child get a prescription for medicine or did you refill a prescription for your child?

- Yes → Go to Question 89
- No → Go to Question 91

89. In the last 6 months, how much of a problem, if any, was it to get your child's prescription medicine?

- A big problem → Go to Question 90
- A small problem → Go to Question 90
- Not a problem → Go to Question 91

90. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

- Yes
- No

ABOUT YOUR CHILD AND YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor

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

- Yes → Go to Question 92a
- No → Go to Question 93

92a. Is this because of any medical, behavioral or other health condition?

- Yes → Go to Question 92b
- No → Go to Question 93

92b. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

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

- Yes → Go to Question 93a
- No → Go to Question 94

93a. Is this because of any medical, behavioral or other health condition?

- Yes → Go to Question 93b
- No → Go to Question 94

93b. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

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

- Yes → Go to Question 94a
- No → Go to Question 95

94a. Is this because of any medical, behavioral or other health condition?

- Yes → Go to Question 94b
- No → Go to Question 95

94b. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

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

- Yes → Go to Question 95a
- No → Go to Question 96

95a. Is this because of any medical, behavioral or other health condition?

- Yes → **Go to Question 95b**
 No → **Go to Question 96**

95b. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
 No

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

- Yes → **Go to Question 96a**
 No → **Go to Question 97**

96a. Has this problem lasted or is it expected to last for at least 12 months?

- Yes
 No

97. What is your child's age now?

- Less than one year old
_____ YEARS OLD (*Write in*)

98. Is your child male or female?

- Male
 Female

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

- Hispanic or Latino
 Not Hispanic or Latino

100. What is your child's race? Please mark one or more.

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

101. What is your age now?

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

102. Are you male or female?

- Male
 Female

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

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

104. What language do you mainly speak at home?

- English
 - Spanish
 - Some other language (please print)
-

105. What language does your child mainly speak at home?

- English
 - Spanish
 - Some other language (please print)
-

106. How are you related to the child?

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

107. Are you listed as the child's payee or guardian on Medicaid records?

- Yes
- No

Option: Insert other child specific, member specific or other general questions here.

THANK YOU

Please return the completed survey in the postage paid envelope