

2023 Child Statewide CAHPS®
Summary Report
Arizona Health Care Cost Containment System

March 2024



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1. Executive Summary

The State of Arizona required the administration of member experience surveys to Medicaid members enrolled in the Arizona Health Care Cost Containment System (AHCCCS). This survey, referred to as the Statewide CAHPS (Statewide) survey, consisted of members enrolled within the following AHCCCS programs:

- AHCCCS Complete Care (ACC)¹
- AHCCCS Complete Care (ACC) KidsCare
- AHCCCS Fee-for-Service (FFS)
- AHCCCS Fee-for-Service (FFS) KidsCare
- Arizona Long Term Care System, Developmental Disabilities (ALTCS-DD)
- Arizona Long Term Care System, Elderly and/or Physical Disabilities (ALTCS-EPD)
- Department of Child Safety Comprehensive Health Plan (DCS CHP)
- Department of Child Safety Comprehensive Health Plan (DCS CHP) KidsCare

AHCCCS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Statewide Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) Health Plan Survey, as well as the results for child members enrolled in the ACC, FFS, and DCS CHP programs.² The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and will aid in improving overall member experience.

The standardized survey instrument selected for the child population was the CAHPS 5.1 Child Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS[®]) (HEDIS[®]) supplemental item set and the Children with Chronic Conditions (CCC) measurement set.³ Parents/caretakers of child members completed the surveys from May to August 2023. Results presented in this report include four global ratings, four composite measures, one individual item measure, three CCC composite measures (CCC population only), and two CCC individual item measures (CCC population only). Table 1-1 provides a list of programs for which CAHPS results are presented.

Table 1-1—Arizona Medicaid Programs

Program Name	Program Abbreviation
Statewide Population	Statewide Population
AHCCCS Complete Care Program	ACC Program
Fee-For-Service	FFS
Department of Child Safety Comprehensive Health Plan	DCS CHP

¹ Program served by ACC and ACC-RBHA Contractors.

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

³ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

Performance Highlights

The following performance highlights summarize the results from the child CAHPS surveys.

NCQA Comparisons

For the general child and CCC populations, HSAG compared the scores for each measure to the National Committee for Quality Assurance's (NCQA's) 2022 Quality Compass[®] Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings).^{4,5} Based on this comparison, HSAG determined star ratings of one (★) to five (★★★★★) stars for each measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent). The detailed results of these analyses are found in the Results section beginning on page 19 and the CCC Results section beginning on page 32. Table 1-2 provides highlights of the NCQA comparisons findings for each population. The percentages presented in the table represent the top-box scores, while the stars represent the overall member experience ratings when the top-box scores were compared to NCQA Quality Compass data.

⁴ National Committee for Quality Assurance. *Quality Compass[®]: Benchmark and Compare Quality Data 2022*. Washington, DC: NCQA, September 2022.

⁵ The source for the benchmark and compare quality data used for this comparative analysis is Quality Compass[®] 2022 data and is used with the permission of NCQA. Quality Compass 2022 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass[®] is a registered trademark of NCQA. CAHPS[®] is a registered trademark of AHRQ.

Table 1-2 provides highlights of the NCQA Comparisons findings for the Statewide population, ACC Program, FFS, and DCS CHP general child populations.

Table 1-2—NCQA Comparisons: General Child Populations

Measure	Statewide Population	ACC Program	FFS	DCS CHP
Global Ratings				
<i>Rating of Health Plan</i>	★ 66.2%	★★★★ 73.8%	★ 51.7%	★ 61.8%
<i>Rating of All Health Care</i>	★ 63.9%	★★ 68.6%	★ 48.8% ⁺	★ 65.4%
<i>Rating of Personal Doctor</i>	★ 69.8%	★★ 75.7%	★ 63.3% ⁺	★★★★ 79.0%
<i>Rating of Specialist Seen Most Often</i>	★ 62.8% ⁺	★ 63.9% ⁺	★ 56.0% ⁺	★★★★★ 77.4%
Composite Measures				
<i>Getting Needed Care</i>	★ 77.3% ⁺	★★ 82.7% ⁺	★ 80.6% ⁺	★★ 82.7%
<i>Getting Care Quickly</i>	★★ 87.1% ⁺	★★ 86.6%	★ 79.8% ⁺	★★★★ 89.3%
<i>How Well Doctors Communicate</i>	★ 92.5%	★★ 94.3%	★ 90.3% ⁺	★★★★★ 98.0%
<i>Customer Service</i>	★★★★★ 92.4% ⁺	★★★★★ 92.7% ⁺	★ 77.3% ⁺	★ 82.0% ⁺
Individual Item Measure				
<i>Coordination of Care</i>	★ 70.7% ⁺	★ 79.6% ⁺	★★★★ 88.0% ⁺	★ 79.3%
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★ 50th-74th ★★ 25th-49th ★ Below 25th				

Table 1-3 provides highlights of the NCQA Comparisons findings for the Statewide population, ACC Program, FFS, and DCS CHP CCC populations.

Table 1-3—NCQA Comparisons: CCC Population

Measure	Statewide Population	ACC Program	FFS	DCS CHP
Global Ratings				
<i>Rating of Health Plan</i>	★ 54.8%	★ 59.9%	★ 49.4% ⁺	★ 52.8%
<i>Rating of All Health Care</i>	★ 55.5%	★ 57.4%	★ 56.3% ⁺	★ 55.4%
<i>Rating of Personal Doctor</i>	★ 62.1%	★ 67.1%	★ 67.9% ⁺	★★ 76.4%
<i>Rating of Specialist Seen Most Often</i>	★ 57.5% ⁺	★ 61.6% ⁺	★ 64.5% ⁺	★★★ 75.7%
Composite Measures				
<i>Getting Needed Care</i>	★ ⁺ 79.8% ⁺	★ 83.7%	★ 77.3% ⁺	★ 79.8%
<i>Getting Care Quickly</i>	★ ⁺ 86.6% ⁺	★★ ⁺ 89.7% ⁺	★ 85.9% ⁺	★★ 87.3%
<i>How Well Doctors Communicate</i>	★ 91.9%	★ 93.1%	★ 92.6% ⁺	★★★★★ 96.9%
<i>Customer Service</i>	NA 83.7% ⁺	NA 85.8% ⁺	NA 76.3% ⁺	NA 83.3% ⁺
Individual Item Measure				
<i>Coordination of Care</i>	★ 72.0% ⁺	★ 70.6% ⁺	★ 80.0% ⁺	★ 70.9%
CCC Composite Measures and Items				
<i>Access to Specialized Services</i>	★ 61.1% ⁺	★ 67.7% ⁺	★ 60.5% ⁺	★ 69.3% ⁺
<i>Family-Centered Care (FCC): Personal Doctor Who Knows Child</i>	★ 86.5%	★ 87.5%	★ 87.2% ⁺	★ 87.5%
<i>Coordination of Care for Children with Chronic Conditions</i>	★ 70.7% ⁺	★★ 75.1% ⁺	★★★★★ 84.3% ⁺	★ 73.5% ⁺
<i>Access to Prescription Medicines</i>	★ 86.4%	★★ 89.4%	★ 83.1% ⁺	★ 85.1%

Measure	Statewide Population	ACC Program	FFS	DCS CHP
<i>FCC: Getting Needed Information</i>	★★ 90.8%	★★ 91.1%	★ 87.1% ⁺	★★★ 92.9%
<p>+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. NA Indicates the 2022 NCQA benchmark for this measure is not available. Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th</p>				

Key Drivers of Member Experience Analysis

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

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

HSAG focused the key drivers of member experience analysis on three measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. HSAG refers to the individual items (i.e., questions) for which the odds ratio is statistically significantly greater than 1 as “key drivers” since these items are driving parents’/caretakers’ levels of experience with each of the three measures. The detailed results of this analysis are described in the Results section beginning on page 28.

Table 1-4 provides a summary of the survey items identified for each of the three measures as being key drivers of member experience (indicated by a ✓) for the general child Statewide population.

Table 1-4—Key Drivers of Member Experience: Statewide Population

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q6. Child received appointment for a checkup or routine care as soon as needed	Never/Sometimes/Usually vs. Always	✓	NS	NS
Q10. Ease of getting the care, tests, or treatment the child needed	Never/Sometimes/Usually vs. Always	✓	✓	NS
Q28. Child’s personal doctor listened carefully to the parent/caretaker	Never/Sometimes/Usually vs. Always	NS	NS	✓
Q35. Child’s personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	Never/Sometimes/Usually vs. Always	NS	NS	✓

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q48. Ease of filling out forms from the child’s health plan	Never/Sometimes/Usually vs. Always	NS	✓	NA
<p>NA Indicates that this question was not evaluated for this measure. NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents’ answers for those responses do not significantly affect their rating.</p>				

Recommendations

HSAG recommends AHCCCS leverage the CAHPS Health Plan Survey data and report findings to support the development of relevant major initiatives, quality improvement strategies and interventions, and performance monitoring and evaluation activities, in collaboration with its Contractors as applicable. HSAG observed that the scores for the general child and CCC populations were below the 2022 NCQA Medicaid national 50th percentiles across majority of measure domains for the Statewide population, ACC Program, FFS, and DCS CHP, which may reflect potential issues with the quality and timeliness of, and access to care for child members. AHCCCS may consider the following methods to best target interventions that may improve member experience:

- Conduct focus groups and interviews with parents/caretakers of child members to determine what specific issues are causing them to rate their member experiences so low.
- Evaluate the process of care delivery and identify any operational issues contributing to access to care barriers for members.
- Analyze CAHPS data to identify potential health disparities among key demographics. This type of information could inform initiatives aimed at identifying and addressing access to care barriers.
- Utilize the results from the key drivers of member experience analysis to prioritize areas for targeting quality improvement efforts in order to improve CAHPS ratings for the health plan, all health care, and personal doctor.
- Explore ways to direct parents/caretakers of child members to useful and reliable sources of information by expanding websites to include easily accessible health information and relevant tools for obtaining timely care, as well as links to related information.
- Enhance provider inclusion in addressing CAHPS survey results by:
 - Including information about the ratings from the CAHPS survey in provider communications during the year.
 - Including reminders about the importance of handling challenging patient encounters and emphasizing patient-centered communication. Patient-centered communication could have a positive impact on patient satisfaction, adherence to treatments, and self-management of conditions.
- Provide guidelines to doctors and other clinicians for how they can ensure they explain things in a way that is easy to understand and that they spend enough time with the member. This information

could also furnish advice concerning the importance of listening carefully to parents/caretakers of child members and how clinicians can show respect for what the parents/caretakers of child members have to say.

- Encourage providers to obtain feedback from patients on their recent office visit, such as a follow-up call or email, to gather more specific information concerning areas for improvement and implement strategies of quality improvement to address these concerns.

In these and other ways, CAHPS data are valuable resources for patient-centered approaches to population health management and improving health outcomes.

The following section presents the results for the general child and CCC populations. For the general child population, a total of 740 surveys were completed on behalf of child members.⁶ These completed surveys were used to calculate the 2023 General Child CAHPS results. Based on parents'/caretakers' responses to the CCC screener questions, there were 631 completed surveys for the CCC population.⁷ These completed surveys were used to calculate the 2023 CCC CAHPS results.

Survey Administration

Sample Selection

Child members eligible for surveying included those who were enrolled in a health plan/program at the time the sample was drawn and who were continuously enrolled for at least five of the six months of the measurement period (July 1 through December 31, 2022). In addition, child members had to be 17 years of age or younger (less than 18 years of age) as of December 31, 2022, to be included in the survey.

All child members included in the total eligible population within the sample frame file were given a chronic condition prescreen status code of 1 or 2. A prescreen code of 1 indicated that the child member did not have claims or encounters that suggested the child had a greater probability of having a chronic condition. A prescreen code of 2 (also known as a positive prescreen status code) indicated the child member did have claims or encounters that suggested the member had a greater probability of having a chronic condition.⁸

For the child population, a sample of 7,910 child members was selected from the total eligible population for the general child sample, which represents the general population of children. After selecting the general child sample, a sample up to 5,103 child members with a prescreen code of 2, which represents the population of children who are more likely to have a chronic condition (i.e., CCC supplemental sample), was selected. No more than one member per household was selected as part of the child survey samples.

⁶ The 740 completed surveys for the general child population were comprised of completed surveys from the general child statewide sample, ACC general oversample, FFS general oversample, and DCS CHP general child sample, which is aligned with the final disposition report.

⁷ The 631 completed surveys for the CCC population were comprised of completed surveys from the general child statewide sample, CCC statewide sample, ACC general oversample, ACC from statewide general sample, ACC CCC supplemental oversample, ACC from statewide CCC sample, FFS general oversample, FFS from statewide general sample, FFS CCC supplemental oversample, FFS from statewide CCC sample, DCS CHP sample, and DCS CHP CCC sample.

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

Survey Responses

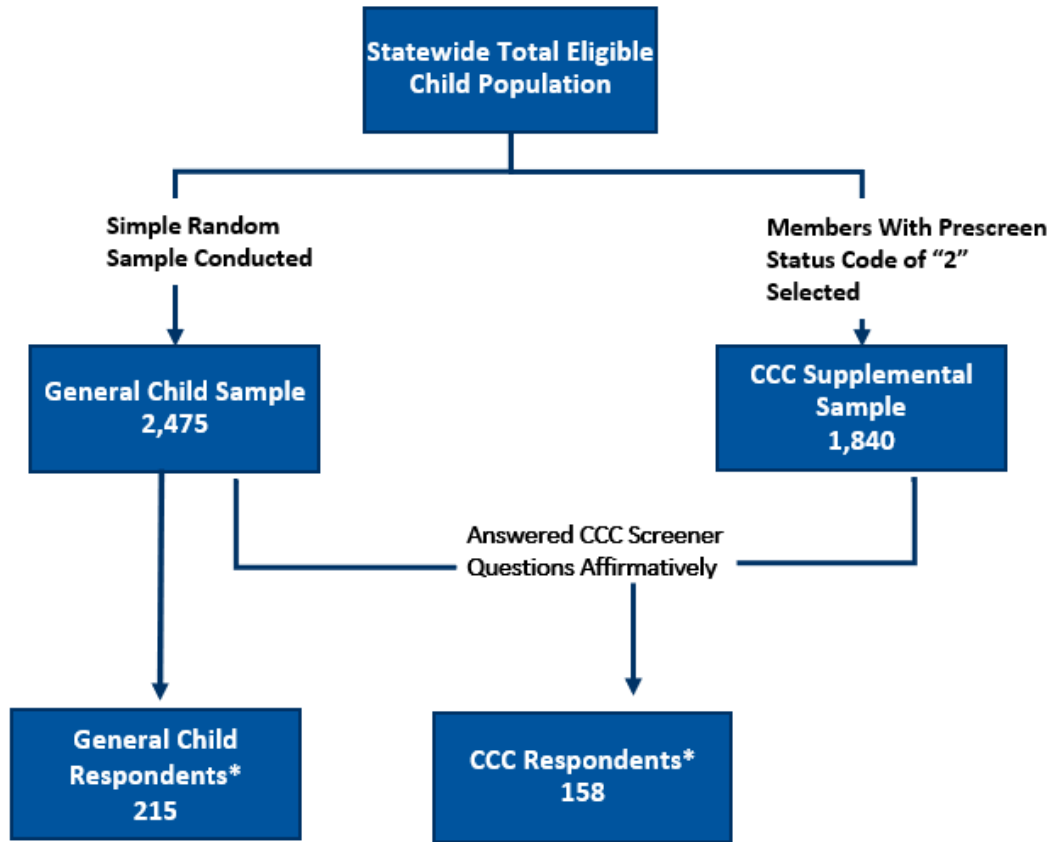
The survey process allowed parents/caretakers of child members two methods by which they could complete the surveys: mail or Internet. All sampled members were mailed an English or Spanish survey. A reminder postcard was sent to all non-respondents, followed by a second survey mailing and second reminder postcard, and third survey mailing. Additional information on the survey protocol is included in the Reader's Guide section beginning on page 50.

Children with chronic conditions were identified by a series of questions in the CAHPS 5.1 Child Medicaid Health Plan Survey (with the CCC measurement set). This series contains five sets of survey questions that focus on specific health care needs and conditions that constitute a CCC screener. 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. The general population of children (i.e., those in the general child sample) could have included children with chronic conditions if parents/caretakers answered the CCC survey screener questions affirmatively (i.e., a positive CCC screener). Therefore, the results of the CCC population are composed of child members within both the general child sample and the CCC supplemental sample whose parents/caretakers answered affirmatively to the CCC screener questions.

Figure 2-1 through Figure 2-4 depict the general child and CCC supplemental sample respondent distribution for the Statewide Population, ACC Program, FFS, and DCS CHP. Of the 631 CCC responses, 321 were derived from the CCC supplemental sample, and 310 were derived from the general child sample.

Statewide Population

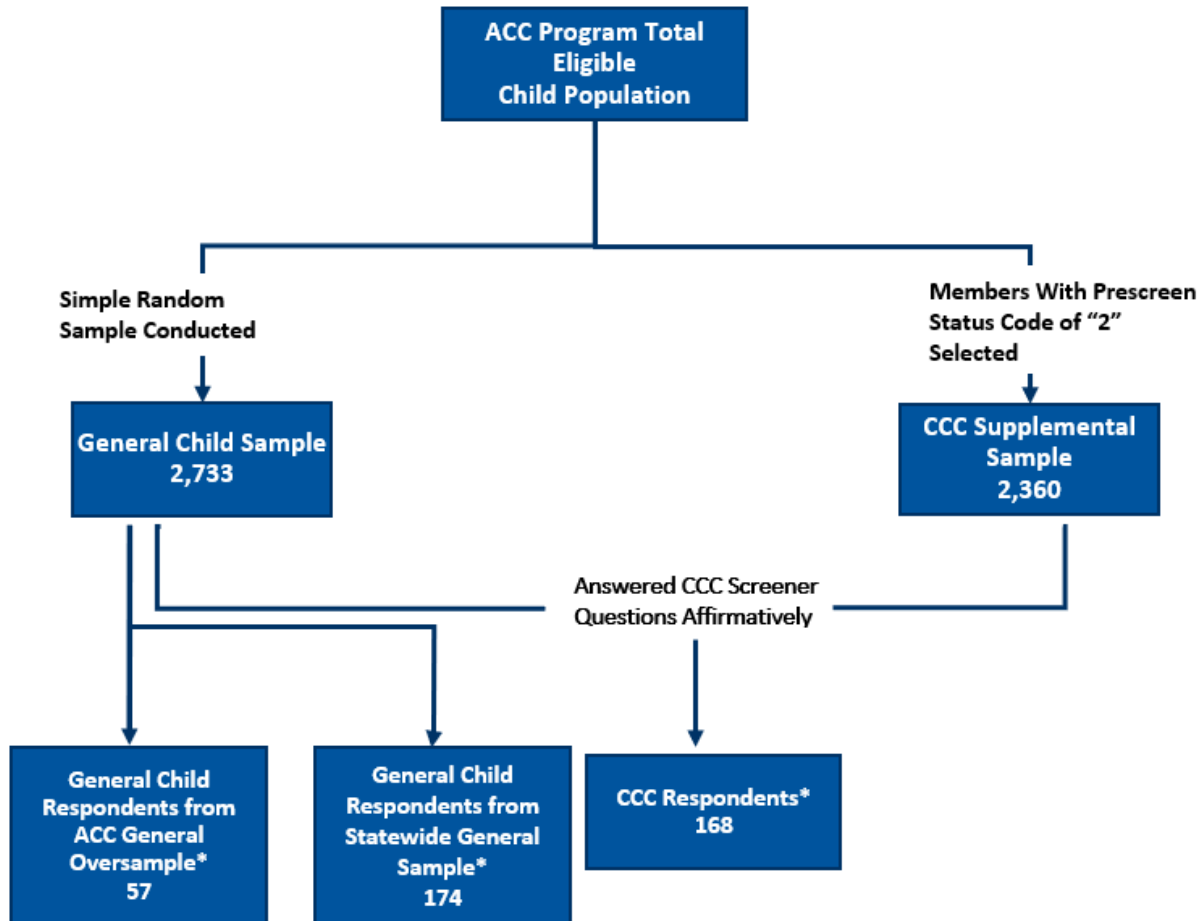
Figure 2-1—Statewide Population—Respondent Distribution



**General child and CCC respondents will not add up to the number of completed surveys (i.e., 402), as only members from the general sample and CCC supplemental sample who answered affirmatively to the CCC screener questions are included in the CCC results.*

ACC Program

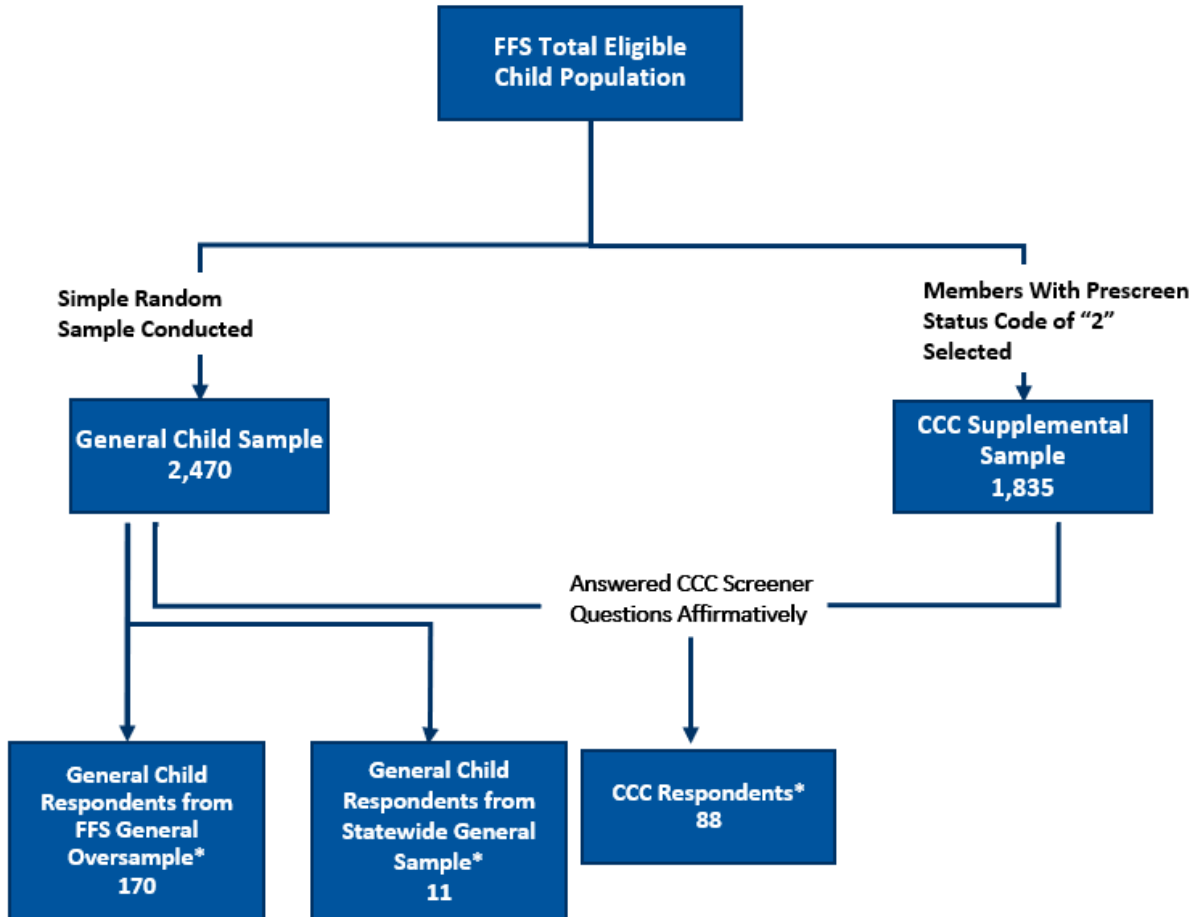
Figure 2-2—ACC Program—Respondent Distribution



**General child and CCC respondents will not add up to the number of completed surveys (i.e., 468), as only members from the general sample and CCC supplemental sample who answered affirmatively to the CCC screener questions are included in the CCC results.*

FFS

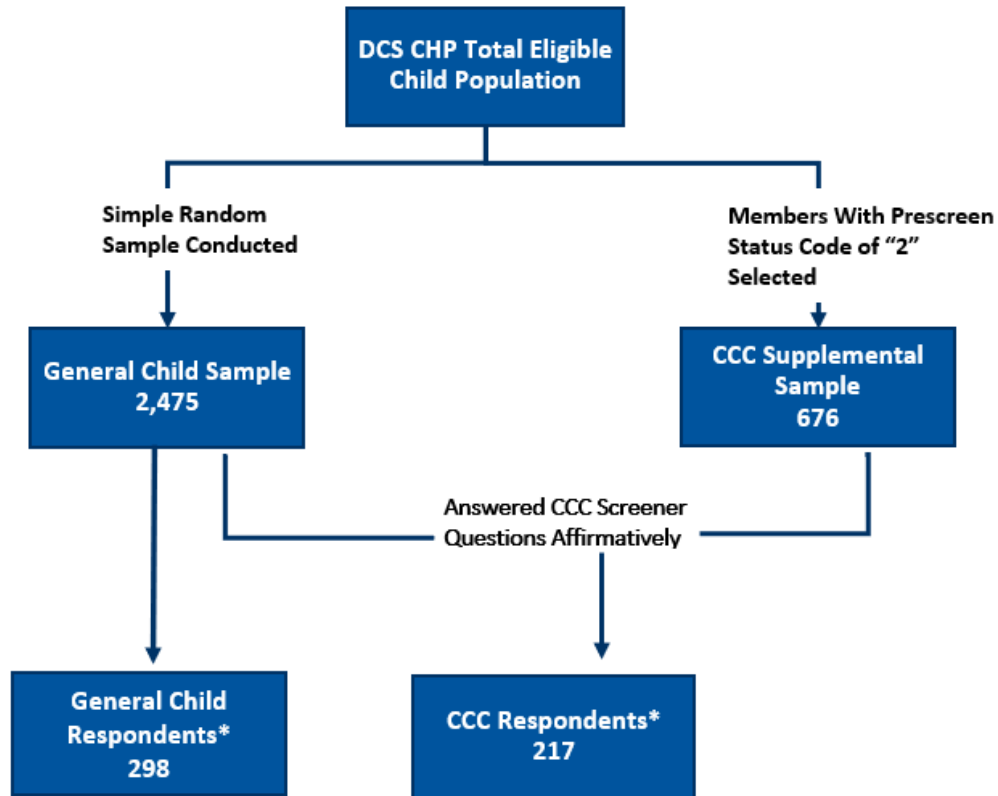
Figure 2-3—FFS—Respondent Distribution



**General child and CCC respondents will not add up to the number of completed surveys (i.e., 350), as only members from the general sample and CCC supplemental sample who answered affirmatively to the CCC screener questions are included in the CCC results.*

DCS CHP

Figure 2-4—DCS CHP—Respondent Distribution



**General child and CCC respondents will not add up to the number of completed surveys (i.e., 376), as only members from the general sample and CCC supplemental sample who answered affirmatively to the CCC screener questions are included in the CCC results.*

Table 2-1 shows the total number of members sampled, the number of surveys completed and the response rate for the general child and CCC supplemental samples. HSAG did not include the number of ineligible members since majority of results required suppression (i.e., results with fewer than 11 responses were suppressed).

Table 2-1—Total Number of Respondents and Response Rates⁹

Program/Population Name	Sample Size	Completed	Response Rate
Statewide Population	4,315	402	9.35%
General Child Statewide Sample	2,475	215	8.73%
CCC Statewide Sample	1,840	187	10.18%
ACC Program	5,093	468	9.22%
ACC General Oversample	627	57	9.11%
ACC from Statewide General Sample	2,106	174	8.30%
ACC CCC Supplemental Oversample	837	87	10.42%
ACC from Statewide CCC Sample	1,523	150	9.87%
FFS	4,305	350	8.14%
FFS General Oversample	2,333	170	7.30%
FFS from Statewide General Sample	137	S	S
FFS CCC Supplemental Oversample	1,750	163	9.32%
FFS from Statewide CCC Sample	85	S	S
DCS CHP	3,151	376	12.04%
General Sample	2,475	298	12.15%
CCC Sample	676	78	11.64%
<i>S Indicates results have been suppressed as results have fewer than 11 respondents.</i>			

⁹ Table 2-1 is reflective of respondents from each population who answered at least three of the following five questions within the survey: questions 3, 25, 40, 44, and 49. These surveys were assigned a disposition code of “completed”.

General Child Results

Child Demographics

Table 2-2 depicts the demographic characteristics of children for whom a parent/caretaker completed a survey for age, gender, race, ethnicity, general health status, and mental or emotional health status. For additional details and information regarding child and respondent demographics, please refer to the Reader’s Guide beginning on 51.

Table 2-2—Child Member Demographics

	Statewide Population	ACC Program	FFS	DCS CHP
Age				
0 to 3	15.5%	16.3%	10.1%	27.4%
4 to 7	15.5%	17.2%	20.8%	24.0%
8 to 12	28.2%	25.1%	28.7%	22.3%
13 to 18*	40.8%	41.4%	40.4%	26.4%
Gender				
Male	54.2%	48.9%	52.5%	47.1%
Female	45.8%	51.1%	47.5%	52.9%
Race				
Multi-Racial	6.8%	5.5%	S	14.5%
White	55.3%	58.3%	S	58.5%
Black	S	6.0%	S	7.6%
Asian	S	S	0.0%	S
Native Hawaiian or Other Pacific Islander	0.0%	0.0%	0.0%	0.0%
American Indian or Alaska Native	7.8%	S	91.1%	S
Other	22.8%	23.9%	S	13.1%
Ethnicity				
Hispanic	64.0%	67.8%	11.9%	44.9%
Non-Hispanic	36.0%	32.2%	88.1%	55.1%
General Health Status				
Excellent	43.2%	45.4%	42.7%	36.1%
Very Good	27.2%	27.9%	32.0%	39.2%
Good	24.4%	S	S	18.6%
Fair or Poor	5.2%	S	S	6.1%
Mental or Emotional Health Status				
Excellent	40.2%	42.9%	40.8%	20.3%
Very Good	22.0%	19.9%	27.9%	28.0%
Good	20.1%	21.6%	22.3%	28.0%

	Statewide Population	ACC Program	FFS	DCS CHP
Fair or Poor	17.8%	15.6%	8.9%	23.6%
<i>S Indicates results have been suppressed as results have fewer than 11 respondents. Some percentages may not total 100% due to rounding. *Children were eligible for inclusion in the survey if they were 17 years of age or younger (less than 18 years of age) as of December 31, 2022. Some children eligible for the CAHPS Survey turned 18 between January 1, 2023, and the time of survey administration.</i>				

Respondent Demographics

Table 2-3 depicts the self-reported demographic characteristics of parents/caretakers who completed a survey on behalf of child members for age, gender, education level, and relationship to the child.¹⁰ For additional details and information regarding child and respondent demographics, please refer to the Reader’s Guide beginning on 51.

Table 2-3—Respondent Demographics

	Statewide Population	ACC Program	FFS	DCS CHP
Respondent Age				
Under 24	13.7%	14.5%	20.1%	8.5%
25 to 34	17.0%	19.4%	16.8%	6.1%
35 to 44	34.9%	35.7%	21.8%	20.3%
45 to 54	21.7%	20.7%	15.1%	20.0%
55 to 64	7.5%	S	13.4%	25.4%
65 or Older	5.2%	S	12.8%	19.7%
Respondent Gender				
Male	10.4%	11.0%	10.1%	10.8%
Female	89.6%	89.0%	89.9%	89.2%
Respondent Education Level				
8th Grade or Less	9.6%	10.7%	S	S
Some High School	18.7%	21.3%	17.5%	S
High School Graduate	28.7%	26.2%	40.7%	19.0%
Some College	25.4%	24.4%	30.5%	36.1%
College Graduate	17.7%	17.3%	S	34.4%
Respondent Relationship to Child				
Mother or Father	92.7%	S	71.2%	5.1% ¹¹
Grandparent	S	S	17.8%	35.7%
Legal Guardian	S	S	S	27.4%

¹⁰ The respondent demographics are based on responses of parents/caretakers of general child members (i.e., respondents of child members selected as part of the general child population sample).

¹¹ The Mother or Father relationship could also include the Department of Child Safety case manager, foster mother, foster father, or kinship placement.

	Statewide Population	ACC Program	FFS	DCS CHP
Other*	S	0.0%	S	31.8%

*S Indicates results have been suppressed as results have fewer than 11 respondents.
Some percentages may not total 100% due to rounding.
The "Other" relationship to the child category includes responses of aunt or uncle, older brother or sister, other relative, and someone else.

Respondent Analysis

HSAG compared the demographic characteristics of child members whose parents/caretakers responded to the survey to the demographic characteristics of all child members in the sample frame for statistically significant differences.¹² The demographic characteristics evaluated as part of the respondent analysis included age, gender, race, and ethnicity. For additional details and information regarding this analysis, please refer to the Readers Guide beginning on page 51. Please note that variables from the sample frame were used as the data source for this analysis; therefore, these results will differ from those presented in the demographics subsection, which uses responses from the survey as the data source. Table 2-4 through Table 2-7 present the results of the respondent analysis for the general child Statewide population, ACC Program, FFS, and DCS CHP.

Table 2-4—Respondent Analysis: Age

	Statewide Population		ACC Program		FFS		DCS CHP	
	Respondents	Sample Frame	Respondents	Sample Frame	Respondents	Sample Frame	Respondents	Sample Frame
0 to 3	17.7%	19.6%	18.2%	20.6%	12.7%↓	19.6%	32.2%	29.3%
4 to 7	16.3%↓	22.7%	18.2%	22.6%	22.7%	22.1%	23.2%	21.4%
8 to 12	27.4%	28.4%	23.8%	28.0%	27.6%	28.5%	23.2%	21.2%
13 to 17	38.6%↑	29.2%	39.8%↑	28.8%	37.0%↑	29.8%	21.5%↓	28.1%

↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

¹² The demographic characteristics are presented for child members selected as part of the general child population sample.

Table 2-5—Respondent Analysis: Gender

	Statewide Population		ACC Program		FFS		DCS CHP	
	Respondents	Sample Frame	Respondents	Sample Frame	Respondents	Sample Frame	Respondents	Sample Frame
Male	54.4%	51.2%	48.9%	50.7%	51.4%	50.6%	47.3%	50.4%
Female	45.6%	48.8%	51.1%	49.3%	48.6%	49.4%	52.7%	49.6%

↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
 ↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
 Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

Table 2-6—Respondent Analysis: Race

	Statewide Population		ACC Program		FFS	
	Respondents	Sample Frame	Respondents	Sample Frame	Respondents	Sample Frame
White	74.5%	68.0%	77.8%	73.5%	0.0%	0.9%
Black	9.5%↓	15.1%	11.8%	16.8%	0.0%	0.3%
American Indian or Alaska Native	S	13.4%	S	5.9%	100.0%↑	98.7%
Other*	S	3.5%	S	3.8%	0.0%	0.1%

S Indicates results have been suppressed as results have fewer than 11 respondents.
 ↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
 ↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
 Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.
 *The “Other” Race category includes responses of Asian, Native Hawaiian or Other Pacific Islander, Other, and Multi-Racial.
 DCS CHP results are not included due to numerous values needing to be suppressed.

Table 2-7— Respondent Analysis: Ethnicity

	Statewide Population		ACC Program		FFS	
	Respondents	Sample Frame	Respondents	Sample Frame	Respondents	Sample Frame
Hispanic	81.4%↑	70.6%	79.5%↑	72.7%	S	18.6%
Non-Hispanic	18.6%↓	29.4%	20.5%↓	27.3%	S	81.4%

S Indicates results have been suppressed as results have fewer than 11 respondents.
 ↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
 ↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
 Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.
 DCS CHP results are not included due to numerous values needing to be suppressed.

NCQA Comparisons

In order to assess the overall performance of the general child population, HSAG compared the measures’ scores to NCQA’s Quality Compass Benchmark and Compare Quality Data.¹³ Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent). For additional details and information regarding these comparisons, please refer to the Reader’s Guide beginning on 53. The percentages presented in Table 2-8 and Table 2-9 represent the top-box scores, while the stars represent overall member experience ratings for each measure when the top-box scores were compared to NCQA’s Quality Compass data.

Table 2-8—NCQA Comparisons: Global Ratings

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Statewide Population	★ 66.2%	★ 63.9%	★ 69.8%	★ 62.8% ⁺
ACC Program	★★★ 73.8%	★★ 68.6%	★★ 75.7%	★ 63.9% ⁺
FFS	★ 51.7%	★ 48.8% ⁺	★ 63.3% ⁺	★ 56.0% ⁺
DCS CHP	★ 61.8%	★ 65.4%	★★★ 79.0%	★★★★★ 77.4%
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th				

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

Table 2-9—NCQA Comparisons: Composite Measures and Individual Item Measure

	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>	<i>Coordination of Care</i>
Statewide Population	★ 77.3% ⁺	★★ 87.1% ⁺	★ 92.5%	★★★★★ 92.4% ⁺	★ 70.7% ⁺
ACC Program	★★ 82.7% ⁺	★★ 86.6%	★★ 94.3%	★★★★★ 92.7% ⁺	★ 79.6% ⁺
FFS	★ 80.6% ⁺	★ 79.8% ⁺	★ 90.3% ⁺	★ 77.3% ⁺	★★★★★ 88.0% ⁺
DCS CHP	★★ 82.7%	★★★★ 89.3%	★★★★★ 98.0%	★ 82.0% ⁺	★ 79.3%

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
 Star Assignments Based on Percentiles:
 ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★★ 50th-74th ★★ 25th-49th ★ Below 25th

National Average Comparisons

For purposes of the National Average Comparisons analysis, HSAG calculated scores for each population and included the 2022 NCQA child Medicaid national averages for comparative purposes.^{14,15} For more detailed information regarding the calculation of these measures, please refer to the Reader’s Guide beginning on page 51. For additional details and information on the survey language and response options for the measures, please refer to the Reader’s Guide section beginning on page 44. CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

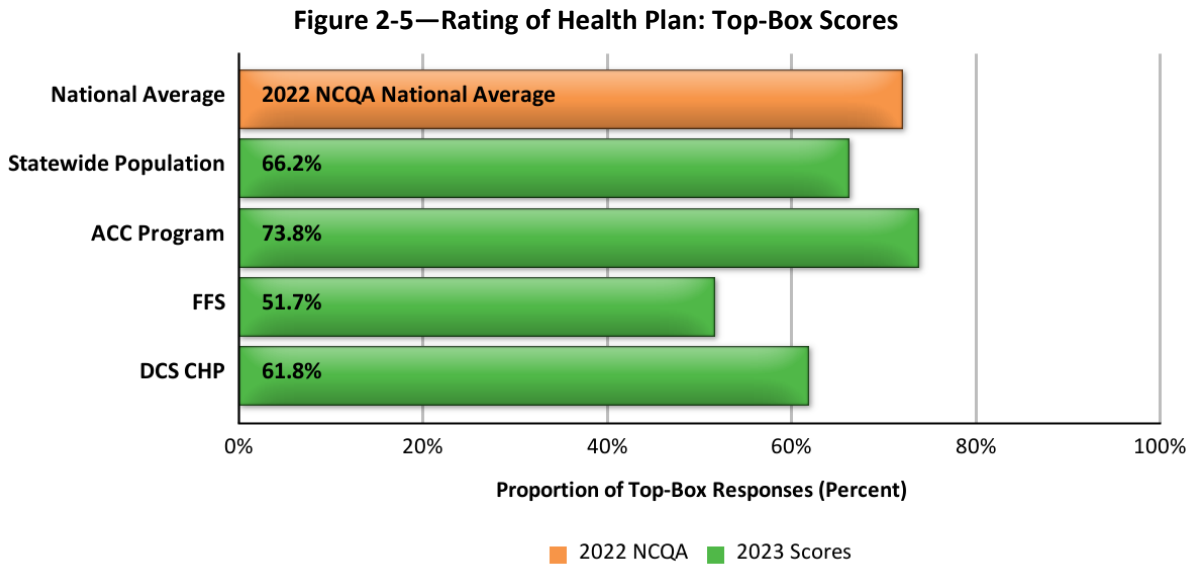
¹⁴ For the NCQA child Medicaid national averages, the data source contained in this publication is Quality Compass[®] 2022 data.

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

Global Ratings

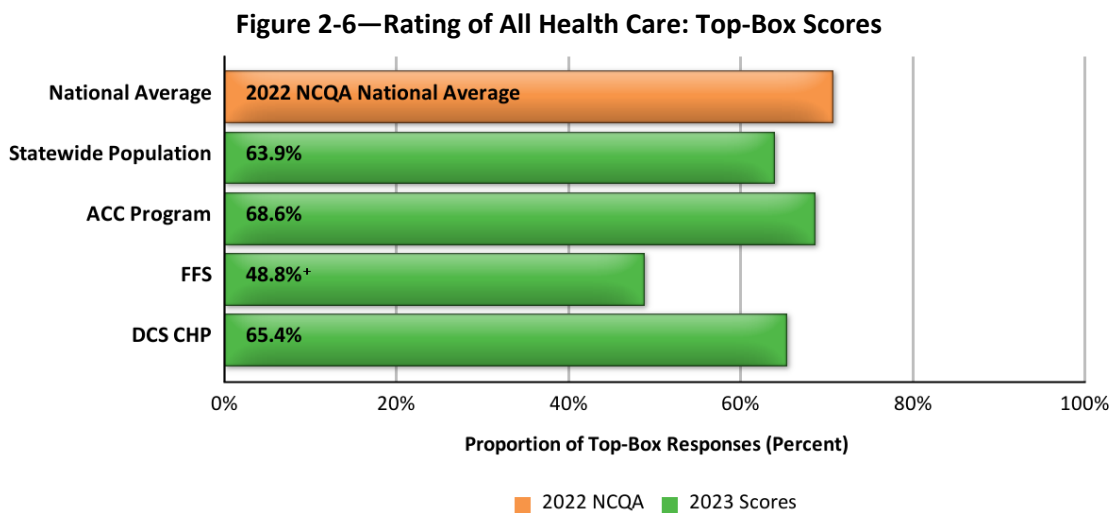
Rating of Health Plan

Figure 2-5 shows the *Rating of Health Plan* top-box scores and 2022 NCQA child Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP.



Rating of All Health Care

Figure 2-6 shows *Rating of All Health Care* top-box scores and 2022 NCQA child Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP.

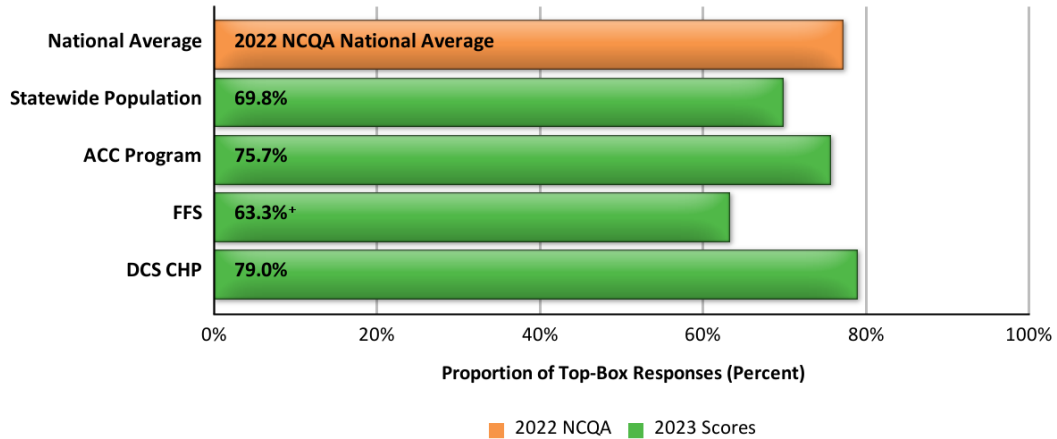


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Rating of Personal Doctor

Figure 2-7 shows *Rating of Personal Doctor* top-box scores and 2022 NCQA child Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP.

Figure 2-7—Rating of Personal Doctor: Top-Box Scores

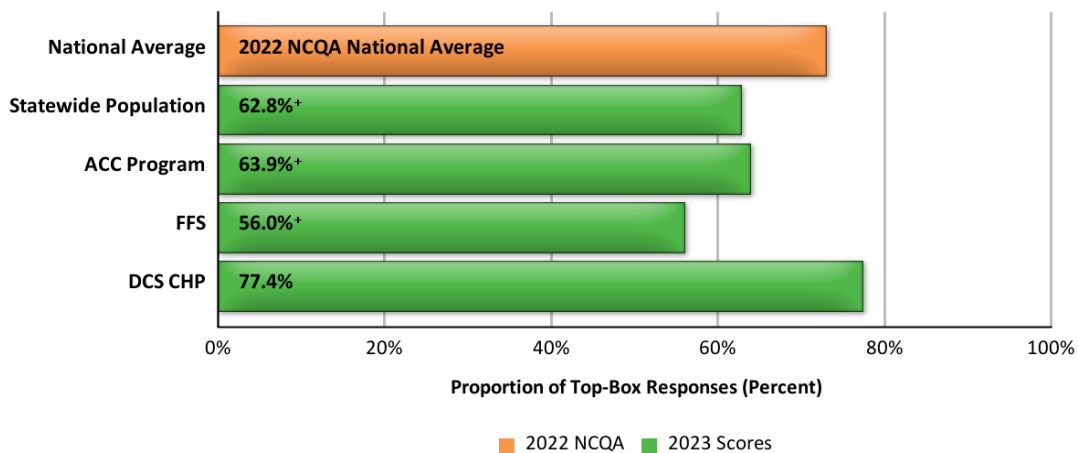


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Rating of Specialist Seen Most Often

Figure 2-8 shows the *Rating of Specialist Seen Most Often* top-box scores and 2022 NCQA child Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP.

Figure 2-8—Rating of Specialist Seen Most Often: Top-Box Scores

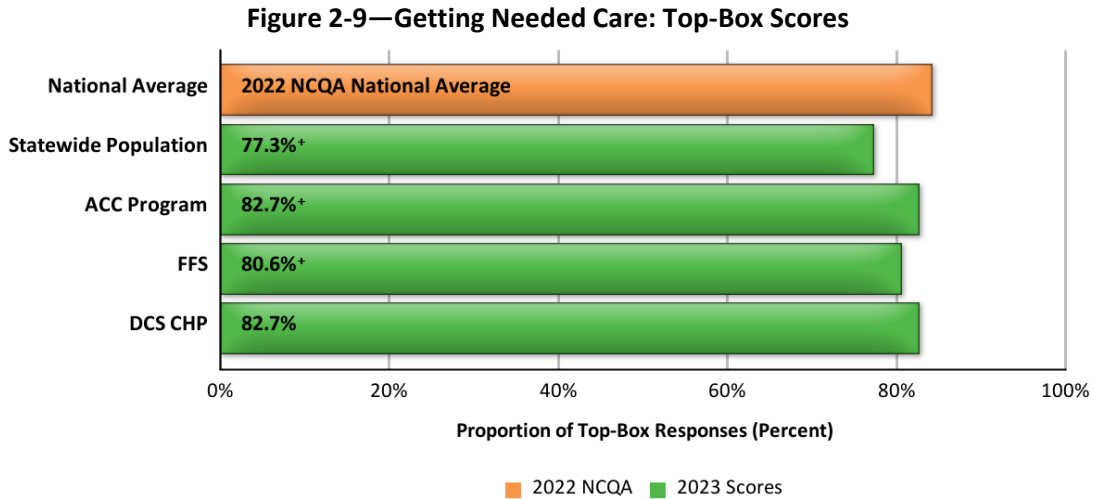


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite Measures and Individual Item Measure

Getting Needed Care

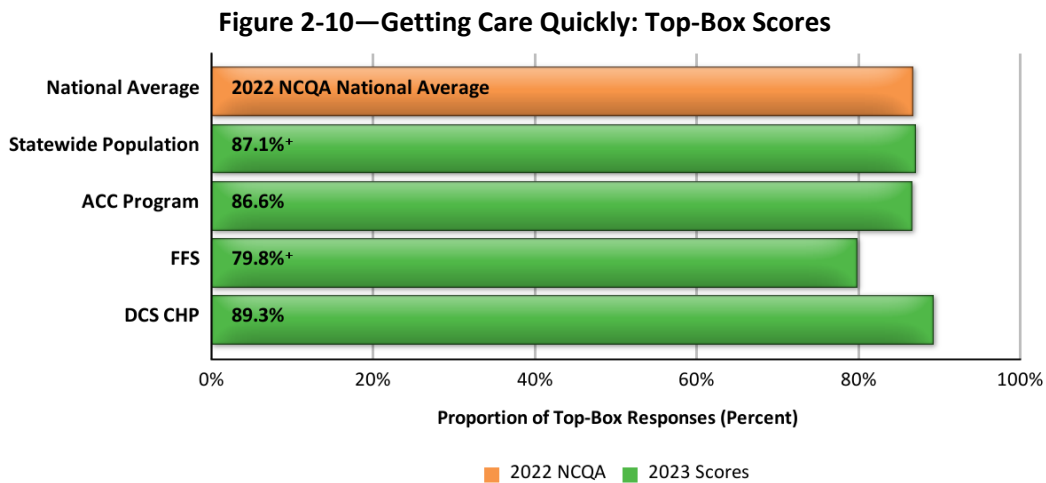
Figure 2-9 shows the *Getting Needed Care* top-box scores and 2022 NCQA child Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP.



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

Getting Care Quickly

Figure 2-10 shows the *Getting Care Quickly* top-box scores and 2022 NCQA child Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP.

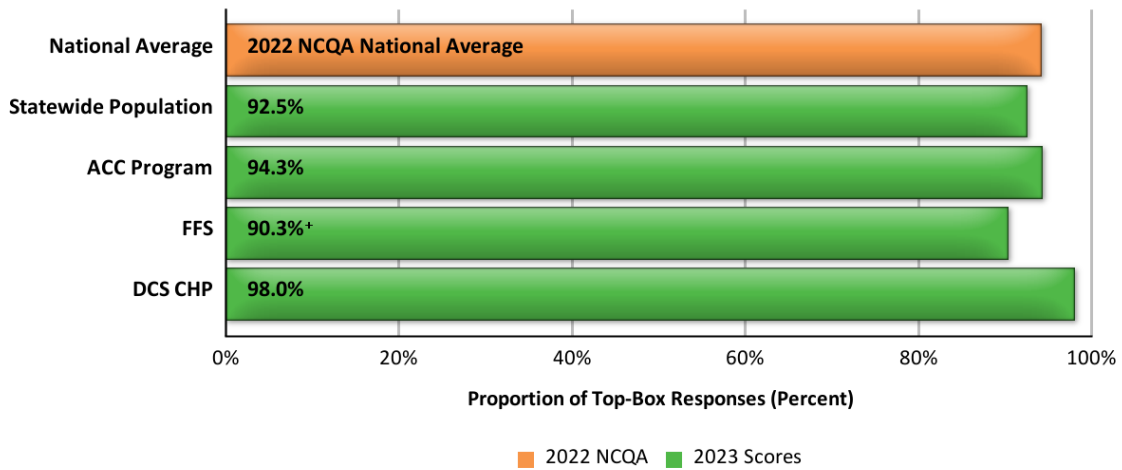


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

How Well Doctors Communicate

Figure 2-11 shows the *How Well Doctors Communicate* top-box scores and 2022 NCQA child Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP.

Figure 2-11—How Well Doctors Communicate: Top-Box Scores

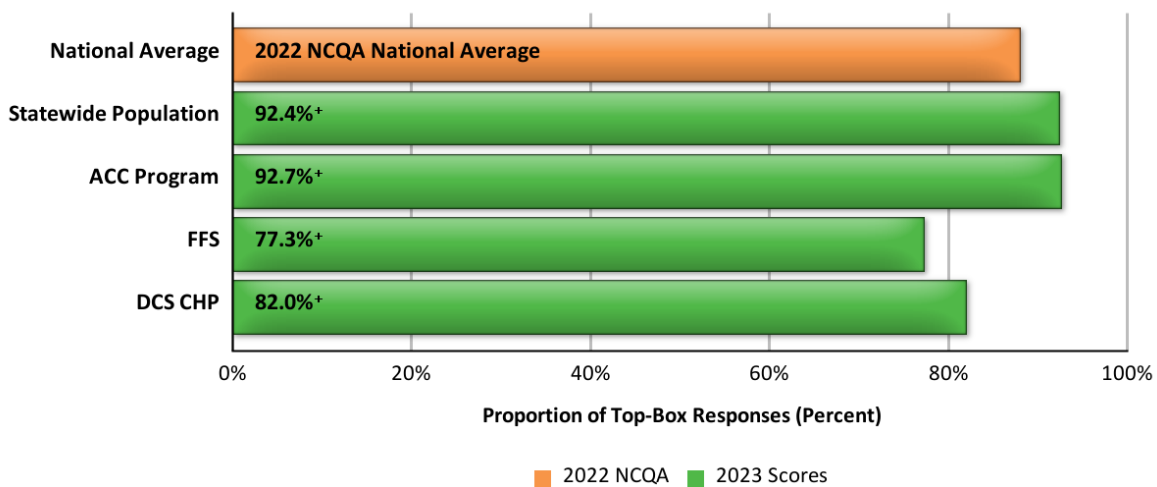


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Customer Service

Figure 2-12 shows the *Customer Service* top-box scores and 2022 NCQA child Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP.

Figure 2-12—Customer Service: Top-Box Scores

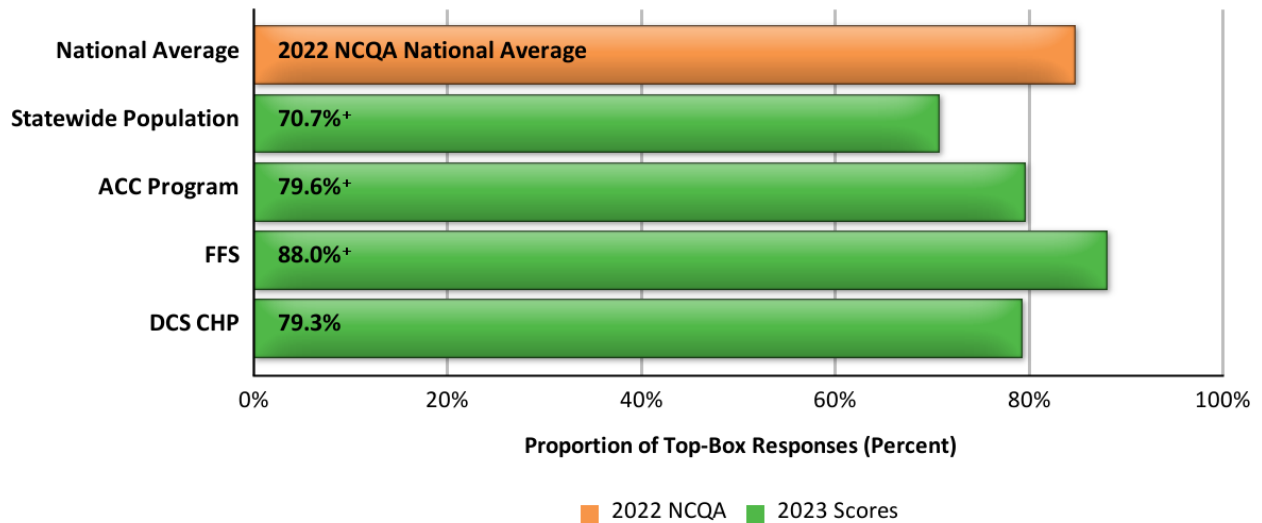


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Coordination of Care

Figure 2-13 shows the *Coordination of Care* top-box scores and 2022 NCQA child Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP.

Figure 2-13—Coordination of Care: Top-Box Scores



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

Supplemental Items

AHCCCS elected to add five supplemental questions to the child survey. Table 2-10 details the survey language and response options for each of the supplemental items. The number and percentage of responses were not included for the supplemental questions due to the low response rates. A brief summary describing the results is presented for each supplemental question.

Table 2-10—Supplemental Items

Question		Response Options
Q8a.	In the last 6 months, did your child have a health care visit by phone or video?	Yes No
Q8b.	What type of device was used for your child’s health care visit by phone or video? (Mark one or more.)	Personal computer with video Smartphone or tablet with video Telephone without video Telehealth Kiosk Other
Q8c.	How easy or difficult has it been to use technology during your child’s health care visit by phone or video?	Very easy Easy Difficult Very difficult
Q8d.	In the last 6 months, was the quality of care your child received during phone or video visits better or worse than the care your child received during in-person visits?	Much worse Slightly worse About the same Slightly better Much better
Q8e.	In the last 6 months, what were the reasons your child has <u>not</u> had a phone or video health care visit? (Mark one or more.)	I did not seek medical care for my child I was not aware that phone or video visits were available for my child I preferred to see my child’s provider in person My child’s provider did not offer phone or video visits I did not have the technology to access a phone or video visit for my child I had privacy concerns about having a phone or video visit for my child I or my child needed an interpreter and was not able to get one Other reason



Had Telehealth Visit

The majority of parents/caretakers of child members reported their child not having a health care visit by phone or video. [Statewide population, ACC Program, FFS, and DCS CHP]

Device Used for Telehealth Visit

The majority of parents/caretakers of child members reported using a smartphone or tablet with video for their child's health care visit by phone or video. [Statewide population, ACC Program, and DCS CHP]¹⁶

Ease of Using Technology During Telehealth Visit

The majority of parents/caretakers of child members reported it was very easy to use technology during their child's health care visit by phone or video. [ACC Program] Many parents/caretakers of child members reported it was easy to use technology during their child's health care visit by phone or video. [Statewide population and DCS CHP]¹⁷

Quality of Care Received During Telehealth Visit

The majority of parents/caretakers of child members reported the quality of care their child received during phone or video visits was about the same as the care their child received during in-person visits. [DCS CHP]. Many parents/caretakers of child members reported the quality of care their child received during phone or video visits was about the same as the care their child received during in-person visits. [Statewide population and ACC Program]¹⁸

Reasons Why Child Had Not Had A Telehealth Visit

The majority of parents/caretakers of child members reported their child has not had a phone or video health care visit due to their preference of seeing their child's provider in person. [Statewide population, ACC Program, FFS, and DCS CHP]

¹⁶ FFS results are not included due to a majority of the responses requiring suppression.

¹⁷ Ibid.

¹⁸ Ibid.

Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the following measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. Key drivers of member experience are defined as those items for which the odds ratio is statistically significantly greater than 1. For additional information on the statistical calculation, please refer to the Reader’s Guide section on page 54. Table 2-11 through Table 2-14 provide a summary of the survey items identified for each of the three measures as being key drivers of member experience (indicated by a ✓) for the general child Statewide population, ACC Program, FFS, and DCS CHP. Please refer to Appendix A. Additional Data for graphical displays of the key drivers of member experience results.

Statewide Population

Table 2-11—Key Drivers of Member Experience: Statewide Population

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q6. Child received appointment for a checkup or routine care as soon as needed	Never/Sometimes/Usually vs. Always	✓	NS	NS
Q10. Ease of getting the care, tests, or treatment the child needed	Never/Sometimes/Usually vs. Always	✓	✓	NS
Q28. Child’s personal doctor listened carefully to the parent/caretaker	Never/Sometimes/Usually vs. Always	NS	NS	✓
Q35. Child’s personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	Never/Sometimes/Usually vs. Always	NS	NS	✓
Q48. Ease of filling out forms from the child’s health plan	Never/Sometimes/Usually vs. Always	NS	✓	NA
<p>NA Indicates that this question was not evaluated for this measure. NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents’ answers for those responses do not significantly affect their rating.</p>				

ACC Program

Table 2-12—Key Drivers of Member Experience: ACC Program

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q6. Child received appointment for a checkup or routine care as soon as needed	Never/Sometimes/Usually vs. Always	✓	NS	NS
Q10. Ease of getting the care, tests, or treatment the child needed	Never/Sometimes/Usually vs. Always	✓	✓	NS
Q28. Child’s personal doctor listened carefully to the parent/caretaker	Never/Sometimes/Usually vs. Always	NS	NS	✓
Q35. Child’s personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	Never/Sometimes/Usually vs. Always	NS	NS	✓

NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents’ answers for those responses do not significantly affect their rating.

FFS

Table 2-13—Key Drivers of Member Experience: FFS

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q6. Child received appointment for a checkup or routine care as soon as needed	Never/Sometimes/Usually vs. Always	✓	NS	NS
Q32. Child’s personal doctor spent enough time with the child	Never/Sometimes/Usually vs. Always	NS	NS	✓

NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents’ answers for those responses do not significantly affect their rating.

DCS CHP

Table 2-14—Key Drivers of Member Experience: DCS CHP

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q10. Ease of getting the care, tests, or treatment the child needed	Never/Sometimes/Usually vs. Always	✓	✓	NS
Q29. Child’s personal doctor showed respect for what the parent/caretaker said	Never/Sometimes/Usually vs. Always	NS	NS	✓
Q35. Child’s personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	Never/Sometimes/Usually vs. Always	NS	NS	✓
Q45. Child’s health plan’s customer service gave the parent/caretaker the information or help needed	Never/Sometimes/Usually vs. Always	✓	NS	NA
<p>NA Indicates that this question was not evaluated for this measure. NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents’ answers for those responses do not significantly affect their rating.</p>				



CCC Results

Chronic Conditions Classification

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

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

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

NCQA Comparisons

In order to assess the overall performance of the CCC population, HSAG compared top-box scores for each measure to NCQA’s Quality Compass Benchmark and Compare Quality Data.¹⁹ Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent). For additional details and information regarding these comparisons, please refer to the Reader’s Guide beginning on 53. The percentages presented in Table 2-15 through Table 2-17 represent the top-box scores, while the stars represent overall member experience ratings for each measure when the top-box scores were compared to NCQA’s Quality Compass data.

Table 2-15—NCQA Comparisons: Global Ratings

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Statewide Population	★ 54.8%	★ 55.5%	★ 62.1%	★ 57.5% ⁺
ACC Program	★ 59.9%	★ 57.4%	★ 67.1%	★ 61.6% ⁺
FFS	★ 49.4% ⁺	★ 56.3% ⁺	★ 67.9% ⁺	★ 64.5% ⁺
DCS CHP	★ 52.8%	★ 55.4%	★★ 76.4%	★★★ 75.7%
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results. Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th				

¹⁹ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2022*. Washington, DC: NCQA, September 2022.

Table 2-16—NCQA Comparisons: Composite Measures and Individual Item Measure

	<i>Getting Needed Care</i>	<i>Getting Care Quickly</i>	<i>How Well Doctors Communicate</i>	<i>Customer Service</i>	<i>Coordination of Care</i>
Statewide Population	★ 79.8% ⁺	★ 86.6% ⁺	★ 91.9%	NA 83.7% ⁺	★ 72.0% ⁺
ACC Program	★ 83.7%	★★ 89.7% ⁺	★ 93.1%	NA 85.8% ⁺	★ 70.6% ⁺
FFS	★ 77.3% ⁺	★ 85.9% ⁺	★ 92.6% ⁺	NA 76.3% ⁺	★ 80.0% ⁺
DCS CHP	★ 79.8%	★★ 87.3%	★★★★★ 96.9%	NA 83.3% ⁺	★ 70.9%

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
 NA Indicates the 2022 NCQA benchmark for this measure is not available.
 Star Assignments Based on Percentiles:
 ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★★ 50th-74th ★★ 25th-49th ★ Below 25th

Table 2-17—NCQA Comparisons: CCC Composite Measures and Items

	<i>Access to Specialized Services</i>	<i>FCC: Personal Doctor Who Knows Child</i>	<i>Coordination of Care for Children with Chronic Conditions</i>	<i>Access to Prescription Medicines</i>	<i>FCC: Getting Needed Information</i>
Statewide Population	★ 61.1% ⁺	★ 86.5%	★ 70.7% ⁺	★ 86.4%	★★ 90.8%
ACC Program	★ 67.7% ⁺	★ 87.5%	★★ 75.1% ⁺	★★ 89.4%	★★ 91.1%
FFS	★ 60.5% ⁺	★ 87.2% ⁺	★★★★★ 84.3% ⁺	★ 83.1% ⁺	★ 87.1% ⁺
DCS CHP	★ 69.3% ⁺	★ 87.5%	★ 73.5% ⁺	★ 85.1%	★★★★ 92.9%

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
 Star Assignments Based on Percentiles:
 ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★★ 50th-74th ★★ 25th-49th ★ Below 25th

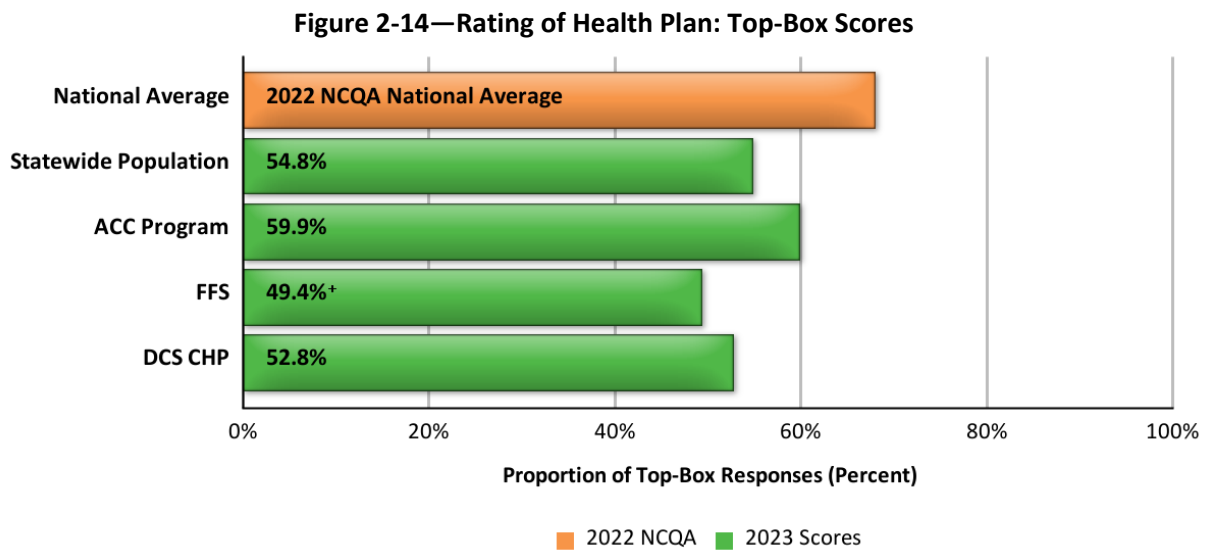
National Average Comparisons

For purposes of the National Average Comparisons analysis, HSAG calculated top-box scores for each measure for each population. The 2022 NCQA CCC Medicaid national averages are provided for comparative purposes.^{20,21} For more detailed information regarding the calculation of these measures, please refer to the Reader’s Guide beginning on page 51. For additional details and information on the survey language and response options for the measures, please refer to the Reader’s Guide section beginning on page 44.

Global Ratings

Rating of Health Plan

Figure 2-14 shows the *Rating of Health Plan* top-box scores and 2022 NCQA CCC Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP.



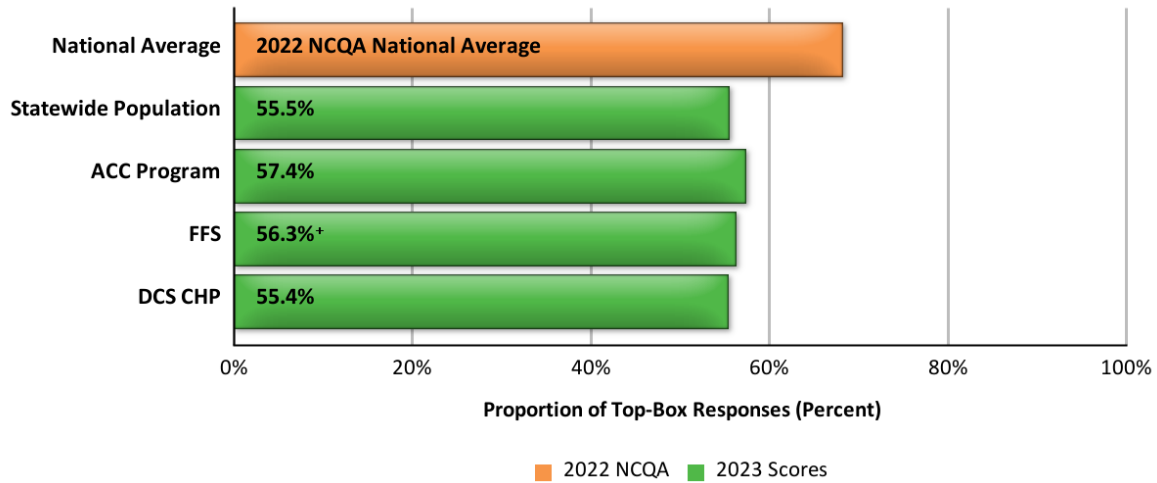
²⁰ For the NCQA CCC Medicaid national averages, the data source contained in this publication is Quality Compass[®] 2022 data.

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

Rating of All Health Care

Figure 2-15 shows the *Rating of All Health Care* top-box scores and 2022 NCQA CCC Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP. measure.

Figure 2-15—Rating of All Health Care: Top-Box Scores

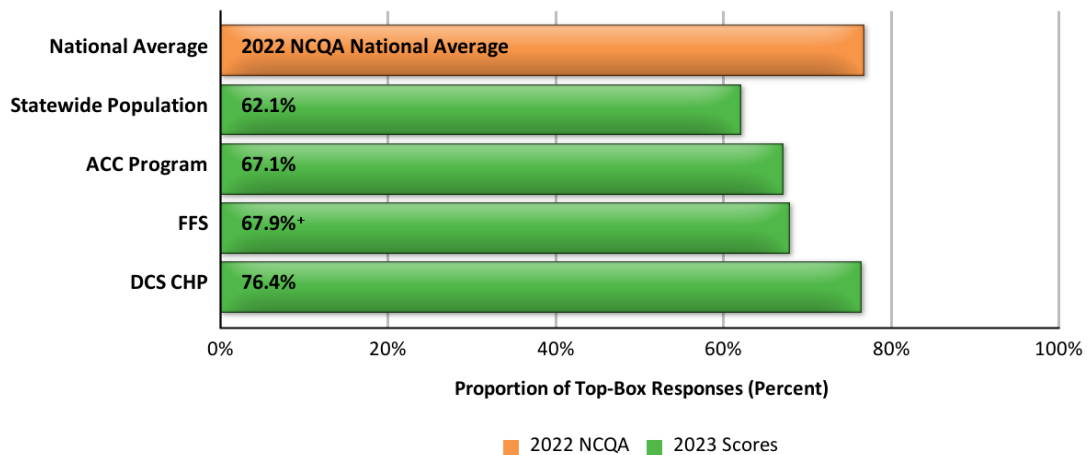


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Rating of Personal Doctor

Figure 2-16 shows the *Rating of Personal Doctor* top-box scores and 2022 NCQA CCC Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP. measure.

Figure 2-16—Rating of Personal Doctor: Top-Box Scores

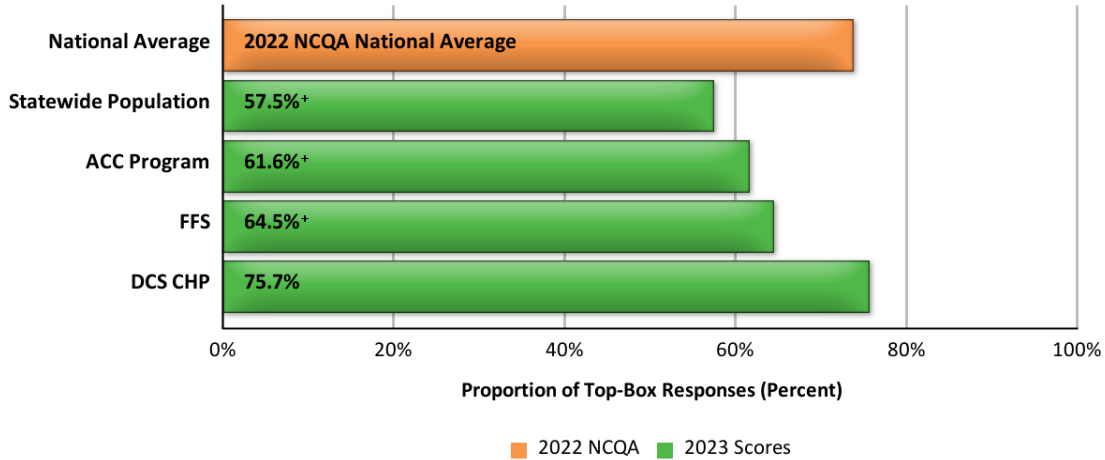


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Rating of Specialist Seen Most Often

Figure 2-17 shows the *Rating of Specialist Seen Most Often* top-box scores and 2022 NCQA CCC Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP. *Most Often* measure.

Figure 2-17—Rating of Specialist Seen Most Often: Top-Box Scores



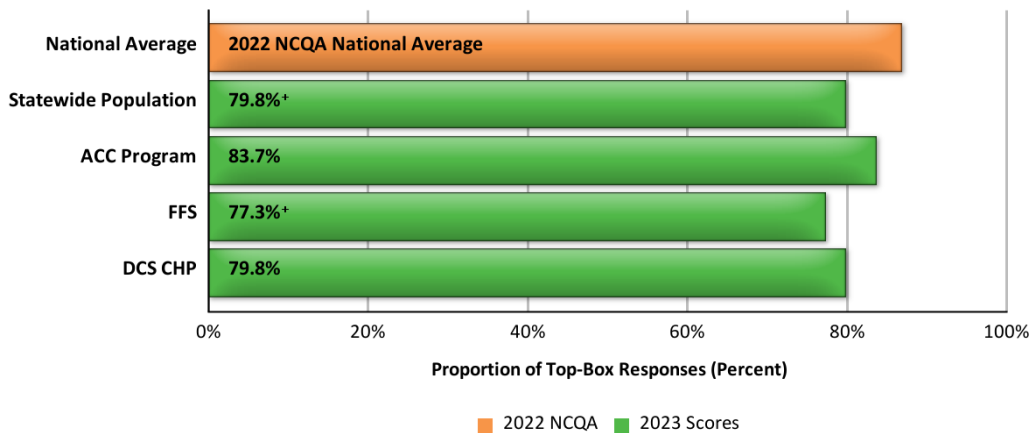
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite Measures and Individual Item Measure

Getting Needed Care

Figure 2-18 shows the *Getting Needed Care* top-box scores and 2022 NCQA CCC Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP.

Figure 2-18—Getting Needed Care: Top-Box Scores

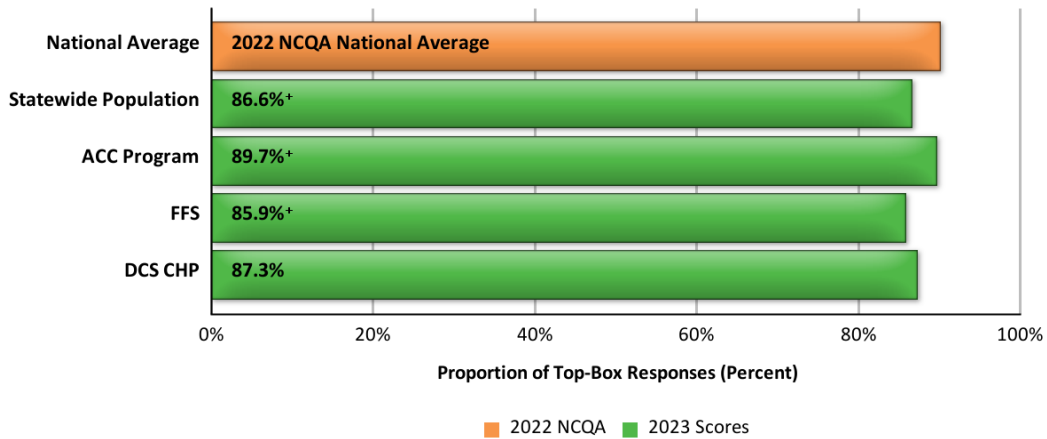


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Getting Care Quickly

Figure 2-19 shows the *Getting Care Quickly* top-box scores and 2022 NCQA CCC Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP.

Figure 2-19—Getting Care Quickly: Top-Box Scores

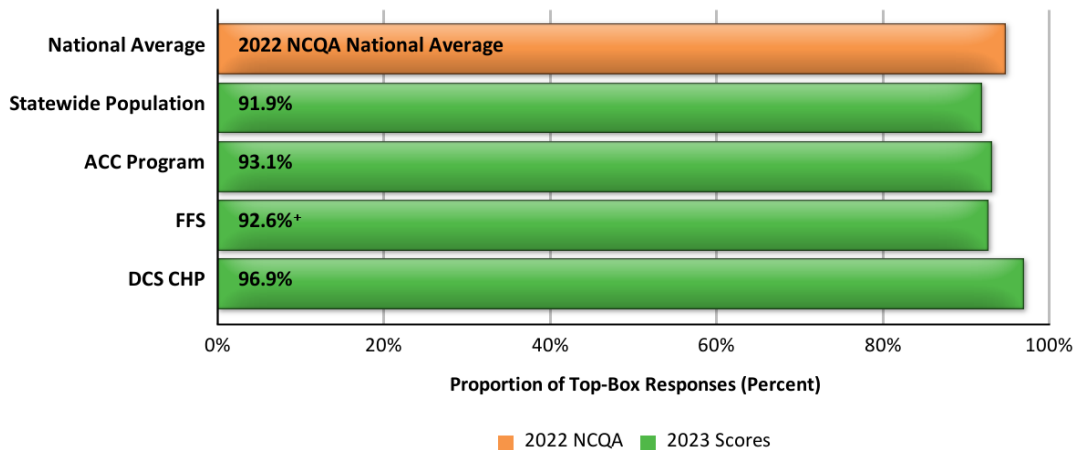


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

How Well Doctors Communicate

Figure 2-20 shows the *How Well Doctors Communicate* top-box scores and 2022 NCQA CCC Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP.

Figure 2-20—How Well Doctors Communicate: Top-Box Scores

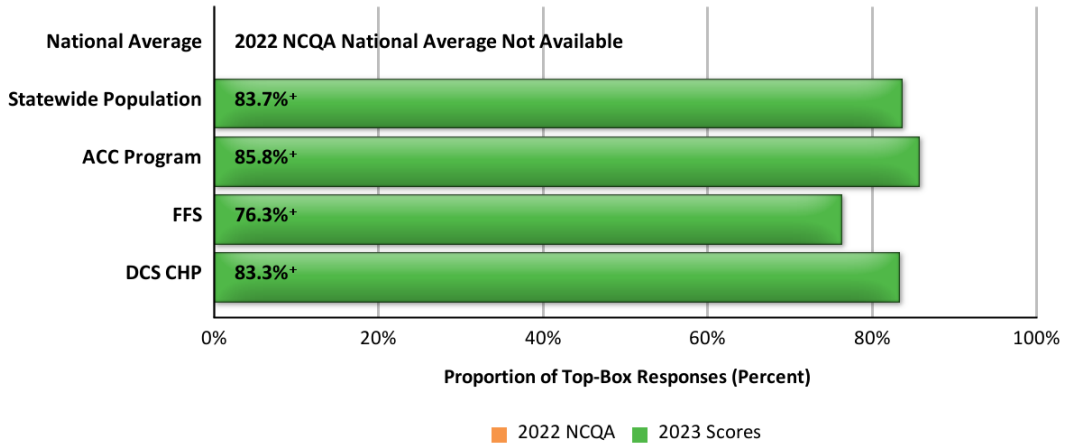


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Customer Service

Figure 2-21 shows the *Customer Service* top-box scores and 2022 NCQA CCC Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP.

Figure 2-21—Customer Service: Top-Box Scores

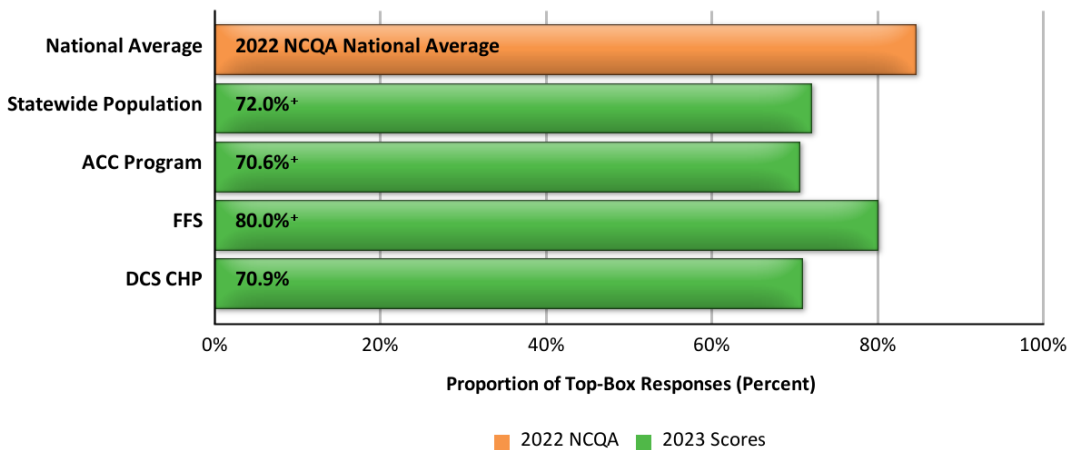


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Coordination of Care

Figure 2-22 shows the *Coordination of Care* top-box scores and 2022 NCQA CCC Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP.

Figure 2-22—Coordination of Care: Top-Box Scores



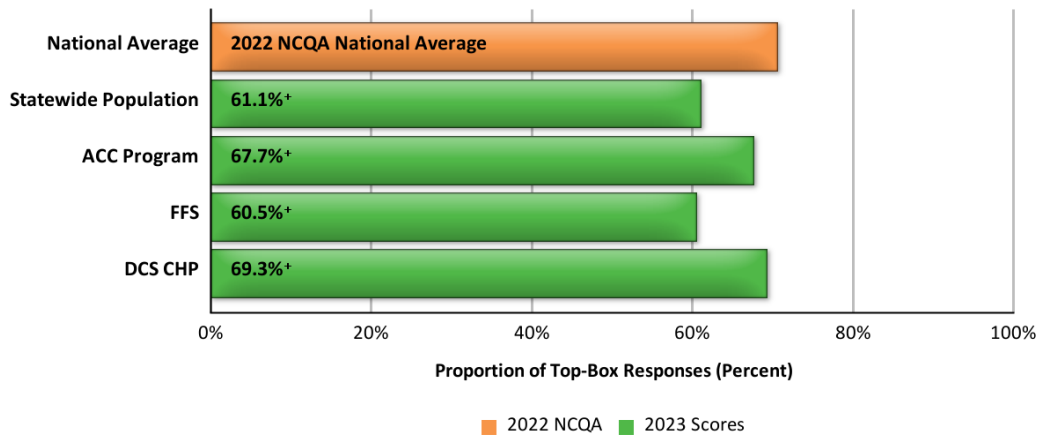
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

CCC Composite Measures and CCC Items

Access to Specialized Services

Figure 2-23 shows the *Access to Specialized Services* top-box scores and 2022 NCQA CCC Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP.

Figure 2-23—Access to Specialized Services: Top-Box Scores

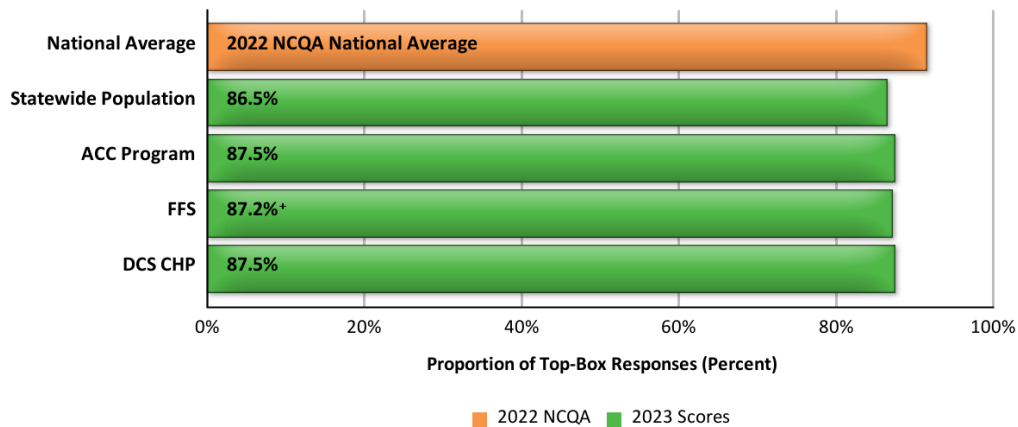


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

FCC: Personal Doctor Who Knows Child

Figure 2-24 shows the *FCC: Personal Doctor Who Knows Child* top-box scores and 2022 NCQA CCC Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP.

Figure 2-24—FCC: Personal Doctor Who Knows Child: Top-Box Scores

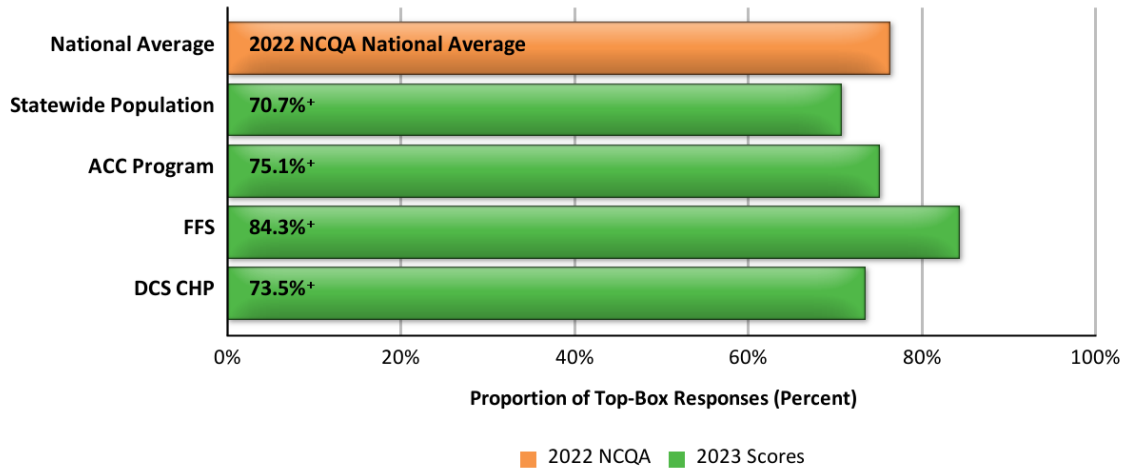


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Coordination of Care for Children with Chronic Conditions

Figure 2-25 shows the *Coordination of Care for Children with Chronic Conditions* top-box scores and 2022 NCQA CCC Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP.

Figure 2-25—Coordination of Care for Children with Chronic Conditions: Top-Box Scores

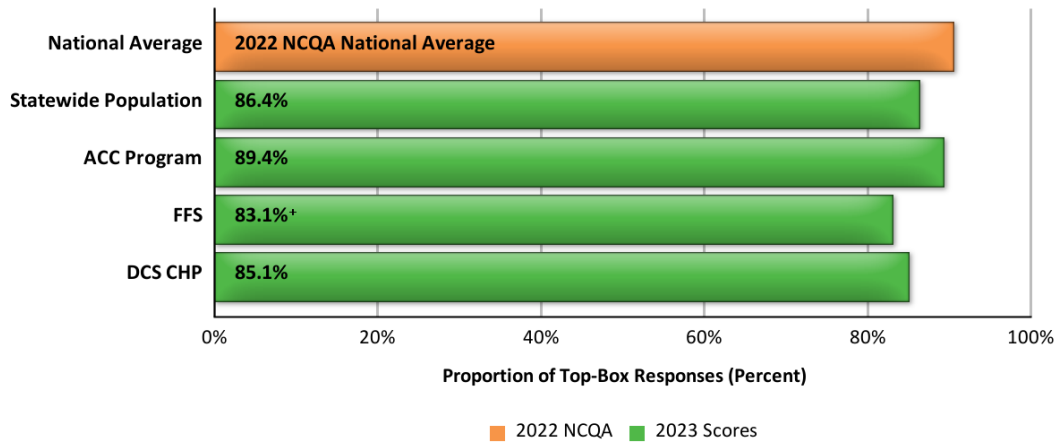


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Access to Prescription Medicines

Figure 2-26 shows the *Access to Prescription Medicines* top-box scores and 2022 NCQA CCC Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP.

Figure 2-26—Access to Prescription Medicines: Top-Box Scores

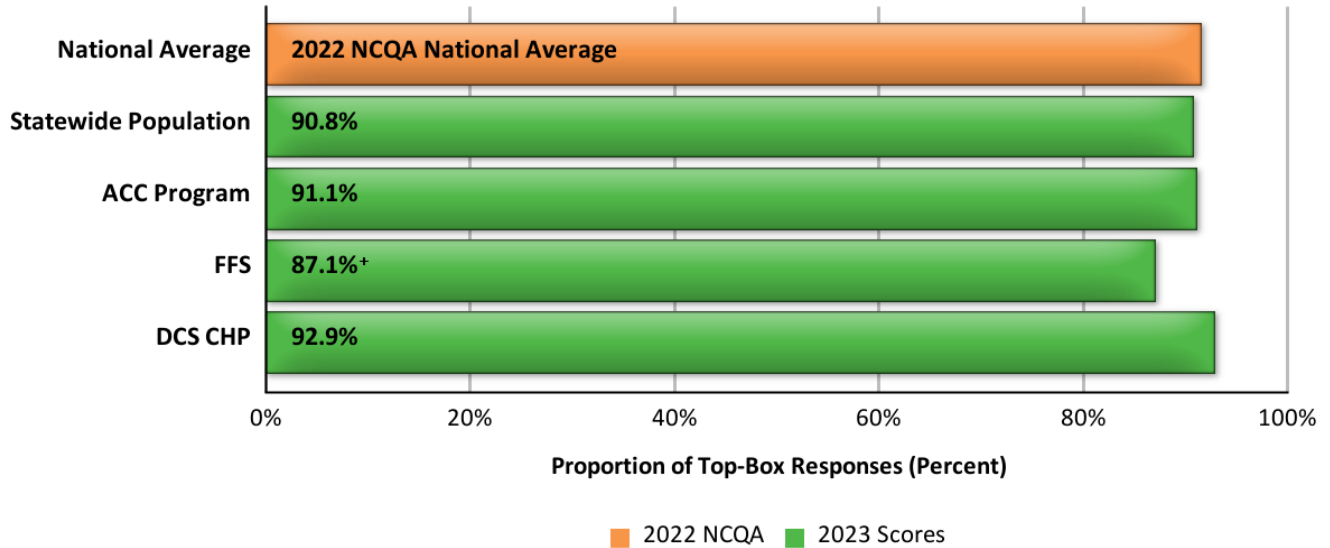


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

FCC: Getting Needed Information

Figure 2-27 shows the *FCC: Getting Needed Information* top-box scores and 2022 NCQA CCC Medicaid national averages for the Statewide population, ACC Program, FFS, and DCS CHP.

Figure 2-27—FCC: Getting Needed Information: Top-Box Scores



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

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

Survey Administration

Survey Overview

The survey instrument selected was the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set. The CAHPS 5.1 Health Plan Surveys are a set of standardized surveys that assess patient perspectives on care. Originally, CAHPS was a five-year collaborative project sponsored by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). The recent versions of the surveys (i.e., CAHPS 5.1 Health Plan Surveys) were released by AHRQ in October 2020. Based on the CAHPS 5.1 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys, which are referred to as the CAHPS 5.1H Health Plan Surveys.²²

The sampling and data collection procedures for the CAHPS 5.1 Health Plan Surveys are designed to capture accurate and complete information about consumer-reported experiences with health care. The sampling and data collection procedures promote both the standardized administration of survey instruments and the comparability of results.

CAHPS Performance Measures

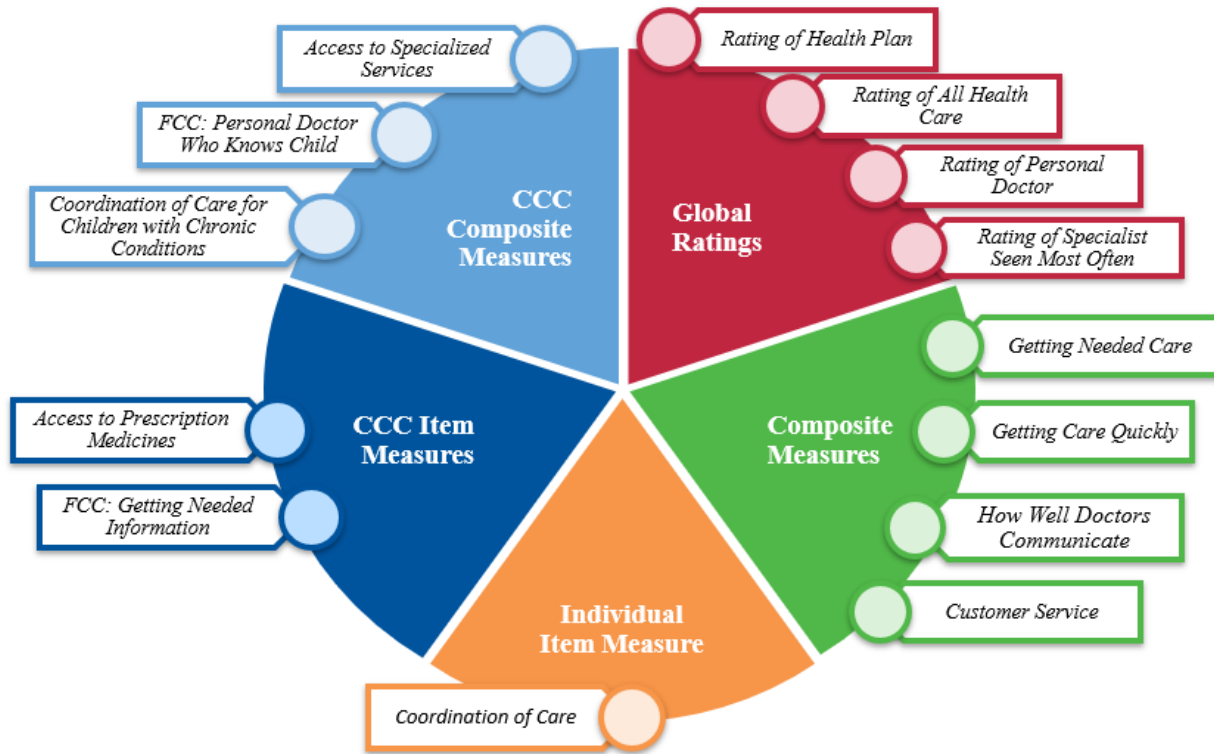
The CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set includes 76 core questions that yield 14 measures.²³ These measures include four global rating questions, four composite measures, one individual item measure, and five CCC composites/items (CCC population only). The global measures (also referred to as global ratings) reflect respondents' overall experience with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., *Getting Needed Care* or *Getting Care Quickly*). The individual item measure is an individual question

²² National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

²³ AHCCCS elected to add five supplemental questions to the child survey.

that looks at coordination of care. The CCC composites and items are sets of questions and individual questions that look at different aspects of care for the CCC population (e.g., *Access to Prescription Medicines* or *Access to Specialized Services*).²⁴ Figure 3-1 lists the measures included in the child survey.

Figure 3-1—CAHPS Measures: Child Survey



²⁴ The CCC composites and items are only calculated for the CCC population. They are not calculated for the general child population.

Table 3-1 presents the question language and response options for each measure from the child survey. Please note that the CAHPS survey has questions that are gate items that include skip-pattern instructions that instruct respondents to skip specific questions if they are not receiving certain services, which results in fewer responses. The measures that are affected by these gate items are noted below.

Table 3-1—Question Language and Response Options

Question Language	Response Options
Global Ratings	
<i>Rating of Health Plan</i>	
49. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child’s health plan?	0–10 Scale
<i>Rating of All Health Care</i> ²⁵	
9. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child’s health care in the last 6 months?	0–10 Scale
<i>Rating of Personal Doctor</i> ²⁶	
36. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child’s personal doctor?	0–10 Scale
<i>Rating of Specialist Seen Most Often</i> ²⁷	
43. We want to know your rating of the specialist your child talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	0–10 Scale

²⁵ For *Rating of All Health Care*, the gate question asks respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months. If a respondent answers “None” to this question, they are directed to skip the question that comprises the *Rating of All Health Care* measure.

²⁶ For *Rating of Personal Doctor*, the gate question asks respondents if their child has a personal doctor. If a respondent answers “No” to this question, they are directed to skip the questions that collectively comprise the *Rating of Personal Doctor* measure.

²⁷ For *Rating of Specialist Seen Most Often*, the gate question asks respondents if they made any appointments for their child with a specialist in the last six months. If a respondent answers “No” to this question, they are directed to skip the question that comprises the *Rating of Specialist Seen Most Often* measure.

Question Language	Response Options
Composite Measures	
Getting Needed Care²⁸	
10. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	Never, Sometimes, Usually, Always
41. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?	Never, Sometimes, Usually, Always
Getting Care Quickly²⁹	
4. In the last 6 months, when your child <u>needed care right away</u> , how often did your child get care as soon as he or she needed?	Never, Sometimes, Usually, Always
6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> for your child as soon as your child needed?	Never, Sometimes, Usually, Always
How Well Doctors Communicate³⁰	
27. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?	Never, Sometimes, Usually, Always
28. In the last 6 months, how often did your child's personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
29. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
32. In the last 6 months, how often did your child's personal doctor spend enough time with your child?	Never, Sometimes, Usually, Always
Customer Service³¹	
45. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?	Never, Sometimes, Usually, Always
46. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?	Never, Sometimes, Usually, Always

²⁸ For *Getting Need Care*, the gate questions ask respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months and did they make any appointments for their child with a specialist in the last six months. If a respondent answers “None” or “No” to these questions, they are directed to skip the questions that collectively comprise the *Getting Needed Care* measure.

²⁹ For *Getting Care Quickly*, the gate questions ask respondents if their child had an illness, injury, or condition that needed care right away and did they make any in person, phone, or video appointments for a check-up or routine care for their child. If a respondent answers “No” to these questions, they are directed to skip the questions that collectively comprise the *Getting Care Quickly* measure.

³⁰ For *How Well Doctors Communicate*, the gate question asks respondents if their child has a personal doctor. If a respondent answers “No” to this question, they are directed to skip the questions that collectively comprise the *How Well Doctors Communicate* measure.

³¹ For *Customer Service*, the gate question asks respondents if the received information or help from customer service at their child's health plan in the last six months. If a respondent answers “No” to this question, they are directed to skip the questions that collectively comprise the *Customer Service* measure.

Question Language	Response Options
Individual Item Measure	
<i>Coordination of Care</i> ³²	
35. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?	Never, Sometimes, Usually, Always
CCC Composites	
<i>Access to Specialized Services</i> ³³	
15. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?	Never, Sometimes, Usually, Always
18. In the last 6 months, how often was it easy to get this therapy for your child?	Never, Sometimes, Usually, Always
21. In the last 6 months, how often was it easy to get this treatment or counseling for your child?	Never, Sometimes, Usually, Always
<i>FCC: Personal Doctor Who Knows Child</i> ³⁴	
33. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?	Yes, No
38. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?	Yes, No
39. Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your <u>family's</u> day-to-day life?	Yes, No
<i>Coordination of Care for Children with Chronic Conditions</i> ³⁵	
13. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?	Yes, No
24. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?	Yes, No

³² For *Coordination of Care*, the gate question asks respondents if their child has a personal doctor. If a respondent answers "No" to this question, they are directed to skip the question that comprises the *Coordination of Care* measure.

³³ For *Access to Specialized Services*, the gate questions ask respondents if they got or tried to get any special medical equipment or devices for their child in the last six months, if they got or tried to get special therapy such as physical, occupational, or speech therapy for their child in the last six months, and if they got or tried to get treatment or counseling for their child for an emotional, developmental, or behavioral problem in the last six months. If a respondent answers "No" to these questions, they are directed to skip the questions that collectively comprise the *Access to Specialized Services* measure.

³⁴ For *FCC: Personal Doctor Who Knows Child*, the gate question asks respondents if their child has a personal doctor. If a respondent answers "No" to this question, they are directed to skip the questions that collectively comprise the *FCC: Personal Doctor Who Knows Child* measure.

³⁵ For *Coordination of Care for Children with Chronic Conditions*, the gate questions ask respondents if their child is enrolled in any kind of school or daycare and if their child received care from more than one kind of health care provider or used more than one kind of health care service in the last 6 months. If a respondent answers "No" to these questions, they are directed to skip the questions that collectively comprise the *Coordination of Care for Children with Chronic Conditions* measure.

Question Language	Response Options
CCC Items	
<i>Access to Prescription Medicines</i> ³⁶	
51. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?	Never, Sometimes, Usually, Always
<i>FCC: Getting Needed Information</i> ³⁷	
8. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?	Never, Sometimes, Usually, Always

How CAHPS Results Were Collected

The sampling procedures and survey protocol that HSAG adhered to are described below.

Sampling Procedures

AHCCCS provided HSAG with a list of eligible members in the sampling frame. HSAG reviewed the file records to check for any apparent problems with the files, such as missing address elements. HSAG sampled members who met the following criteria:

- Were 17 years of age or younger (less than 18 years of age) as of December 31, 2022.
- Were currently enrolled in a health plan/program (for any given business line).
- Had been continuously enrolled in the health plan/program during the measurement period (July 1 to December 31, 2022) with no more than one gap in enrollment of up to 45 days.³⁸

The standard sample size for the CAHPS 5.1 Child Medicaid Health Plan Survey is 1,650 members.³⁹ HSAG applied a 50 percent oversample; therefore, a total of 2,475 child members was selected for the Statewide sample.

³⁶ For *Access to Prescription Medicines*, the gate question asks respondents if they received or refilled any prescription medicines for their child in the last six months. If a respondent answers “No” to this question, they are directed to skip the question that comprises the *Access to Prescription Medicines* measure.

³⁷ For *FCC: Getting Needed Information*, the gate question asks respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months. If a respondent answers “None” to this question, they are directed to skip the question that comprises the *FCC: Getting Needed Information* measure.

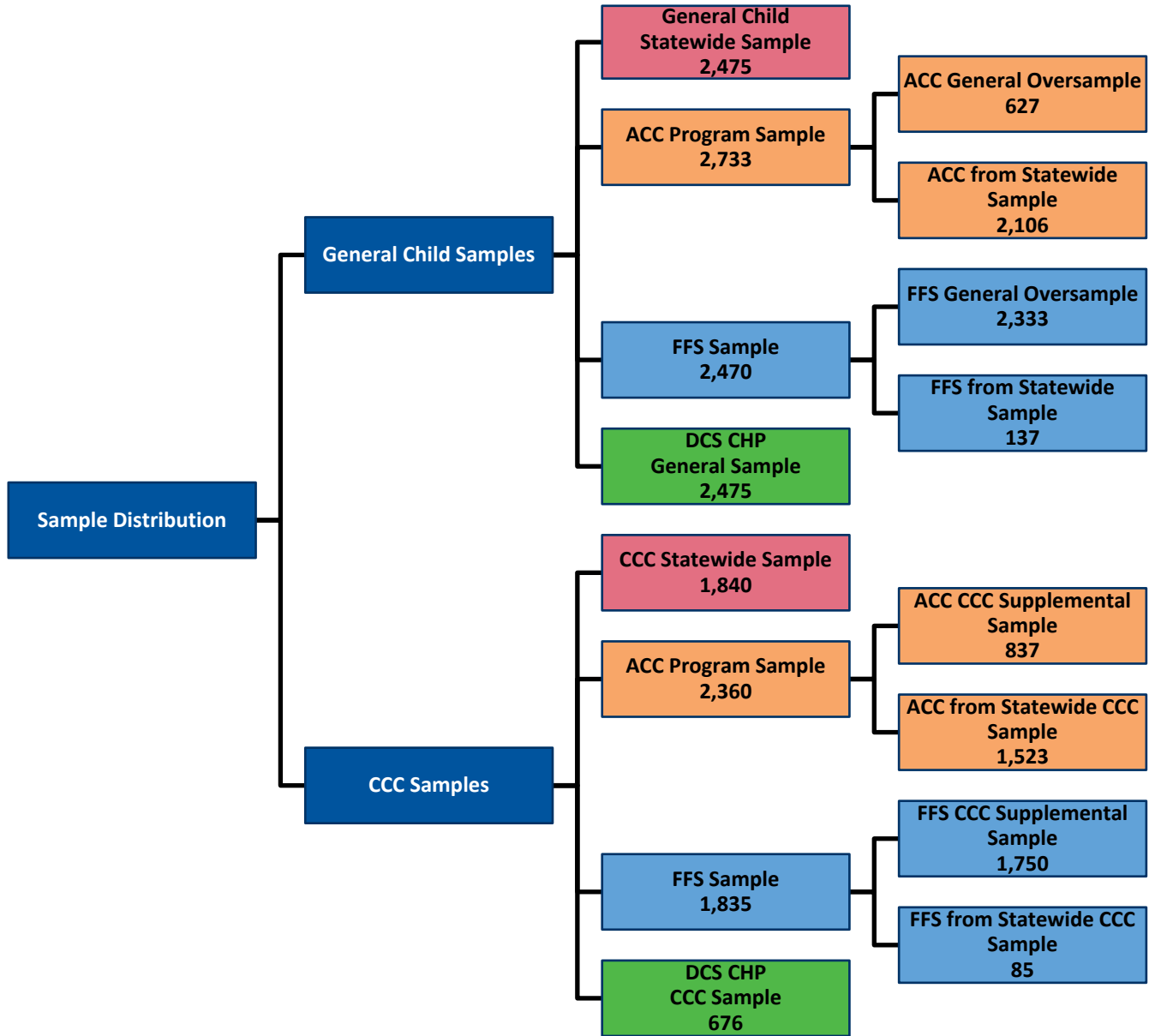
³⁸ To determine continuous enrollment, no more than one gap in the enrollment period of up to 45 days, or for a member for whom enrollment is verified monthly, up to a one-month gap in the enrollment period was allowed.

³⁹ National Committee for Quality Assurance. *HEDIS® Measurement Year 2022, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2022.

Figure 3-2 shows the total number of child members by sample (i.e., Statewide sample, ACC Oversample, ACC from Statewide Sample, FFS Oversample, FFS from Statewide sample, and DCS CHP sample) for analysis purposes.^{40,41,42}

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- ⁴⁰ The Statewide results presented in this report are derived from the combined results of the Department of Child Safety Comprehensive Health Plan, Department of Economic Security/Division of Developmental Disabilities, American Indian Health Program, and the seven ACC health plans.
- ⁴¹ The ACC Program results presented in this report are derived from the combined results of seven ACC health plans: Arizona Complete Health—Complete Care Plan, Banner—University Family Care, Care1st Health Plan, Health Choice Arizona, Molina Complete Care, Mercy Care, and UnitedHealthcare Community Plan. Members in an ACC could have been sampled as part of the Statewide sample or the ACC oversample.
- ⁴² The FFS results presented in this report are derived from the results of the American Indian Health Program. Members in FFS could have been sampled as part of the Statewide sample or the FFS oversample.

Figure 3-2—Sample Distribution



Survey Protocol

A cover letter was mailed to parents/caretakers of sampled child members that provided them two methods by which they could complete the survey in English or Spanish: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey through the survey website with a designated login. Members who were identified as Spanish speaking through administrative data were mailed a Spanish version of the cover letter and survey. Members who were not identified as Spanish speaking received an English version of the cover letter and survey. The English and Spanish versions of the survey included a toll-free number that parents/caretakers of child members could call to request a survey in another language (i.e., English or Spanish). The first survey mailing was followed by a reminder postcard. A second survey mailing was sent to all non-respondents, which was followed by a second reminder postcard. Finally, a third survey mailing was sent to all non-respondents. Table 3-2 shows timeline used in the survey administration.

Table 3-2—Survey Timeline

Task	Timeline
Send first questionnaires with cover letter to members.	0 days
Make website available to complete the survey online.	0 days
Send first postcard reminders to non-respondents.	7 days
Send second questionnaires with cover letters to non-respondents.	35 days
Send second postcard reminders to non-respondents.	43 days
Send third questionnaires with cover letters to non-respondents.	65 days
Close survey field.	100 days

Methodology

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of HEDIS Specifications for Survey Measures. Based on NCQA’s recommendations and HSAG’s extensive experience evaluating CAHPS data, a number of analyses were performed to comprehensively assess respondents’ experience. This section provides an overview of the analyses.

Response Rates

The response rate is defined as the total number of completed surveys divided by all eligible members of the sample.⁴³ A survey is assigned a disposition code of “completed” if at least three of the following

⁴³ National Committee for Quality Assurance. *HEDIS® Measurement Year 2022, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2022.

questions were answered within the survey: questions 3, 25, 40, 44, and 49.⁴⁴ Eligible members include the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: were deceased, were invalid (did not meet criteria described on page 47), or had a language barrier.

$$\text{Response Rate} = \frac{\text{Number of Completed Surveys}}{\text{Sample Size} - \text{Number of Ineligible Members}}$$

Child and Respondent Demographics

The demographics analysis evaluated demographic information of child members and respondents based on parents'/caretakers' responses to the survey. The demographic characteristics of children included age, gender, race, ethnicity, general health status, and mental or emotional health status. Self-reported respondent demographic information included age, gender, education level, and relationship to the child.

Respondent Analysis

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

Results

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

⁴⁴ Please refer to Appendix B of this report ("Survey Instrument") for a copy of the survey instrument to see the survey question language.

Global Ratings, Composite Measures, Individual Item Measure, and CCC Composite Measures and Items

HSAG assigned top-box responses a score of 1, with all other responses receiving a score of 0. A “top-box” response was defined as follows:

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

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

NCQA Comparisons

In order to perform the NCQA Comparisons, HSAG compared the top-box scores for the other measures to NCQA's Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings.⁴⁵ Ratings of one (★) to five (★★★★★) stars were determined for each measure using the percentile distributions shown in Table 3-3.

Table 3-3—Percentile Distributions

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

⁴⁵ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2022*. Washington, DC: NCQA, September 2022.

Key Drivers of Member Experience Analysis

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

Table 3-4 depicts the survey items (i.e., questions) that were analyzed for each measure in the key drivers of member experience analysis as indicated by a checkmark (✓), as well as each survey item's baseline response that was used in the statistical calculation for the Statewide population.

Table 3-4—Potential Key Drivers

Question Number	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
Q4. Child received care as soon as needed when care was needed right away	✓	✓	✓	Always
Q6. Child received appointment for a checkup or routine care as soon as needed	✓	✓	✓	Always
Q10. Ease of getting the care, tests, or treatment the child needed	✓	✓	✓	Always
Q27. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	✓	✓	✓	Always
Q28. Child's personal doctor listened carefully to the parent/caretaker	✓	✓	✓	Always
Q29. Child's personal doctor showed respect for what the parent/caretaker said	✓	✓	✓	Always
Q31. Child's personal doctor explained things in an understandable way for the child	✓	✓	✓	Always
Q32. Child's personal doctor spent enough time with the child	✓	✓	✓	Always
Q33. Child's personal doctor discussed how the child is feeling, growing, or behaving	✓	✓	✓	Always
Q35. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	✓	✓	✓	Always
Q41. Child received appointment with a specialist as soon as needed	✓	✓		Always

Question Number	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
Q45. Child's health plan's customer service gave the parent/caretaker the information or help needed	✓	✓		Always
Q46. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	✓	✓		Always
Q48. Ease of filling out forms from the child's health plan	✓	✓		Always

HSAG measured each global rating's performance by assigning the responses into a three-point scale as follows:

- 0 to 6 = 1 (Dissatisfied)
- 7 to 8 = 2 (Neutral)
- 9 to 10 = 3 (Satisfied)

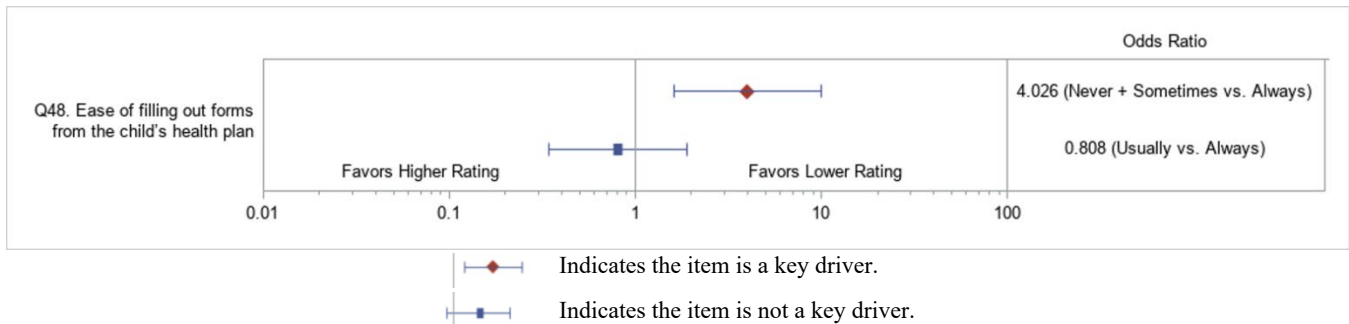
For each item evaluated, HSAG calculated the relationship between the item's response and performance on each of the three measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal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

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

After prioritizing items based on their correlation to each measure, HSAG estimated the odds ratio, which is used to quantify respondents' tendency to choose a lower rating over a higher rating based on their responses to the evaluated items. The odds ratio can range from 0 to infinity. Key drivers are those items for which the odds ratio is statistically significantly greater than 1. If a response to an item has an odds ratio value that is statistically significantly greater than 1, then a respondent who provides a response other than the baseline (i.e., "Always") is more likely to provide a lower rating on the measure than respondents who provide the baseline response. As the odds ratio value increases, the tendency for a respondent who provides a non-baseline response to choose a lower rating increases.

In Figure 3-3, the results indicate that respondents who answered "Never" or "Sometimes," to Question 48 are 4.026 times more likely to provide a lower rating for their child's health plan than respondents who answered "Usually" or "Always." The items identified as key drivers are indicated with a red diamond. Please refer to Appendix A. Additional Data for the figures showing the detailed results of the key drivers of member experience analysis.

Figure 3-3—Key Drivers of Member Experience: Rating of Health Plan



Limitations and Cautions

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

Population Considerations

It is important to note that the Statewide population is primarily made up of child ACC members. Therefore, caution should be exercised when interpreting the Statewide population results compared to the ACC Program, given the Statewide population is derived from AHCCCS' ACC population as opposed to an equal distribution of ACC, FFS, and DCS CHP child members. Also, FFS (also known as American Indian Health Program [AIHP]) has more members who report being of the American Indian and Alaska Native race compared to the other populations. Therefore, caution should be exercised when interpreting the FFS race results compared to the Statewide population and ACC Program, given that FFS primarily serves individuals in the American Indian Health Program. DCS CHP has more members who are between the ages of 0 and 3 years of age compared to the Statewide population. Therefore, caution should be exercised when interpreting or generalizing DCS CHP's age demographic results in comparisons to the Statewide population, which includes more members between the ages of 13 to 17 years of age.⁴⁶

Baseline Results

It is important to note that in 2023, the sampling approach selected by AHCCCS differs from how sampling was performed in 2021. Therefore, 2023 results presented in this report represent a baseline assessment for this sampling approach for the Statewide population, ACC Program, FFS, and DCS CHP.

⁴⁶ DCS CHP race and ethnicity results were removed from the respondent analysis results due to having fewer than 11 respondents for each of the race and ethnicity categories and cannot be evaluated as part of the population considerations.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to health care services. According to research, late respondents (i.e., respondents who submitted a survey later than the first mailing/round) could potentially be non-respondents if the survey had ended earlier.⁴⁷ Similarly, respondents who submitted a survey by web could potentially be non-respondents if the survey mode was mail only. To identify potential non-response bias, HSAG compared the top-box scores from late respondents to early respondents (i.e., respondents who submitted a survey during the first mailing/round) for each measure. The 2023 results indicate that late DCS CHP general child respondents are statistically significantly more likely to provide a higher top-box response for the *Customer Service* and *How Well Doctors Communicate* measures. These results indicate that the top-box ratings for the *Customer Service* and *How Well Doctors Communicate* measures could potentially be lower if the survey administration timeframe was reduced, turning late-respondents into non-respondents. AHCCCS should consider that potential non-response bias may exist when interpreting CAHPS results as well as when selecting the survey protocol and survey administration timeframe.

Causal Inferences

Although this report examines whether respondents report different experiences with various aspects of health care, these differences may not be completely attributable to the AHCCCS plans and programs. The survey by itself does not necessarily reveal the exact cause of these differences. As such, caution should be exercised when interpreting these results.

National Data for Comparisons

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

⁴⁷ Korkeila, K., et al. "Non-response and related factors in a nation-wide health survey." *European journal of epidemiology* 17.11 (2001): 991-999.

Key Drivers of Member Experience Analysis

Figure A-1 through Figure A-12 depict the results of the key driver of member experience analysis for the general child Statewide population, ACC Program, FFS, and DCS CHP. The items identified as key drivers are indicated with a red diamond.

Statewide Population

Figure A-1—Statewide Population—Key Drivers of Member Experience: Rating of Health Plan

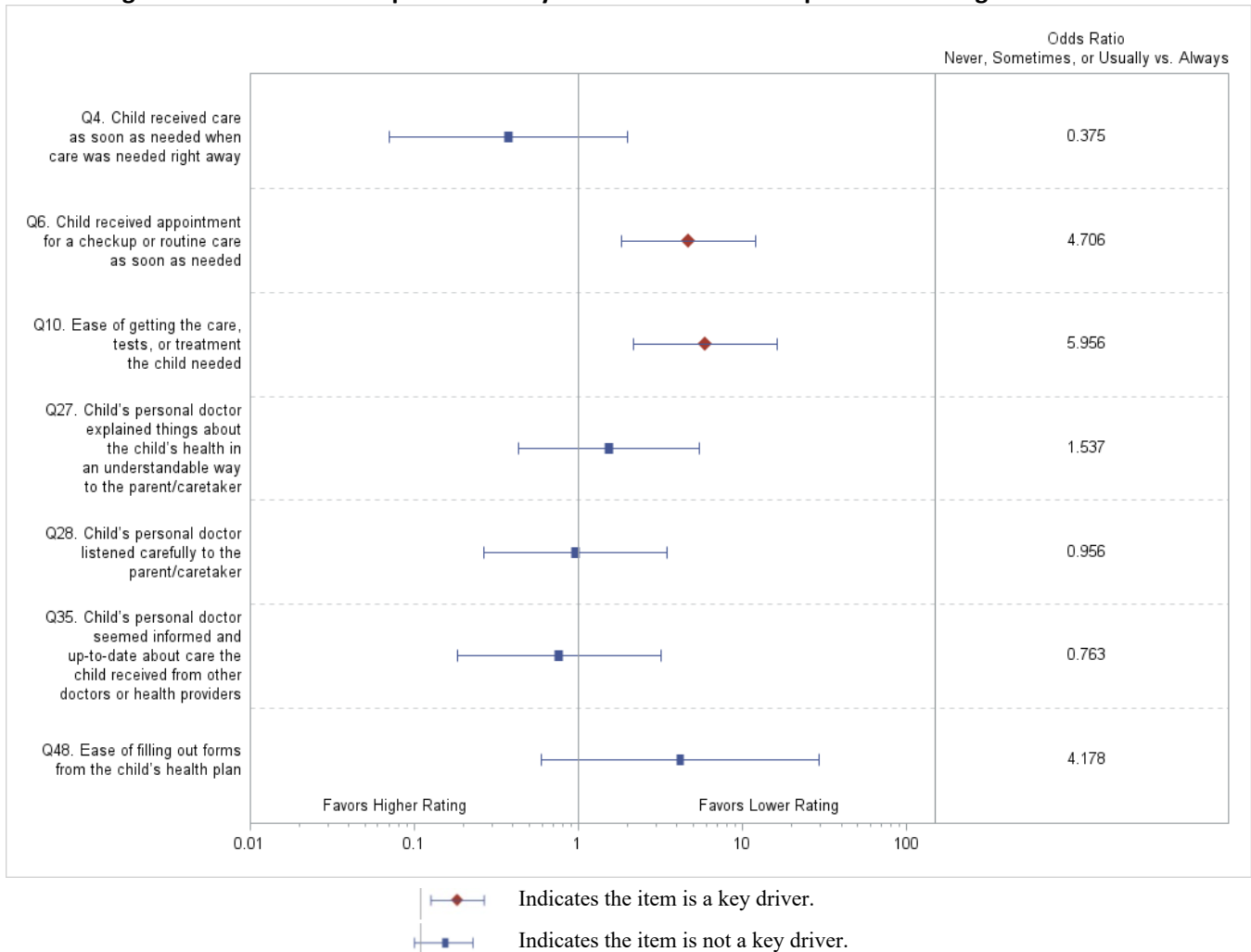


Figure A-2—Statewide Population—Key Drivers of Member Experience: Rating of All Health Care

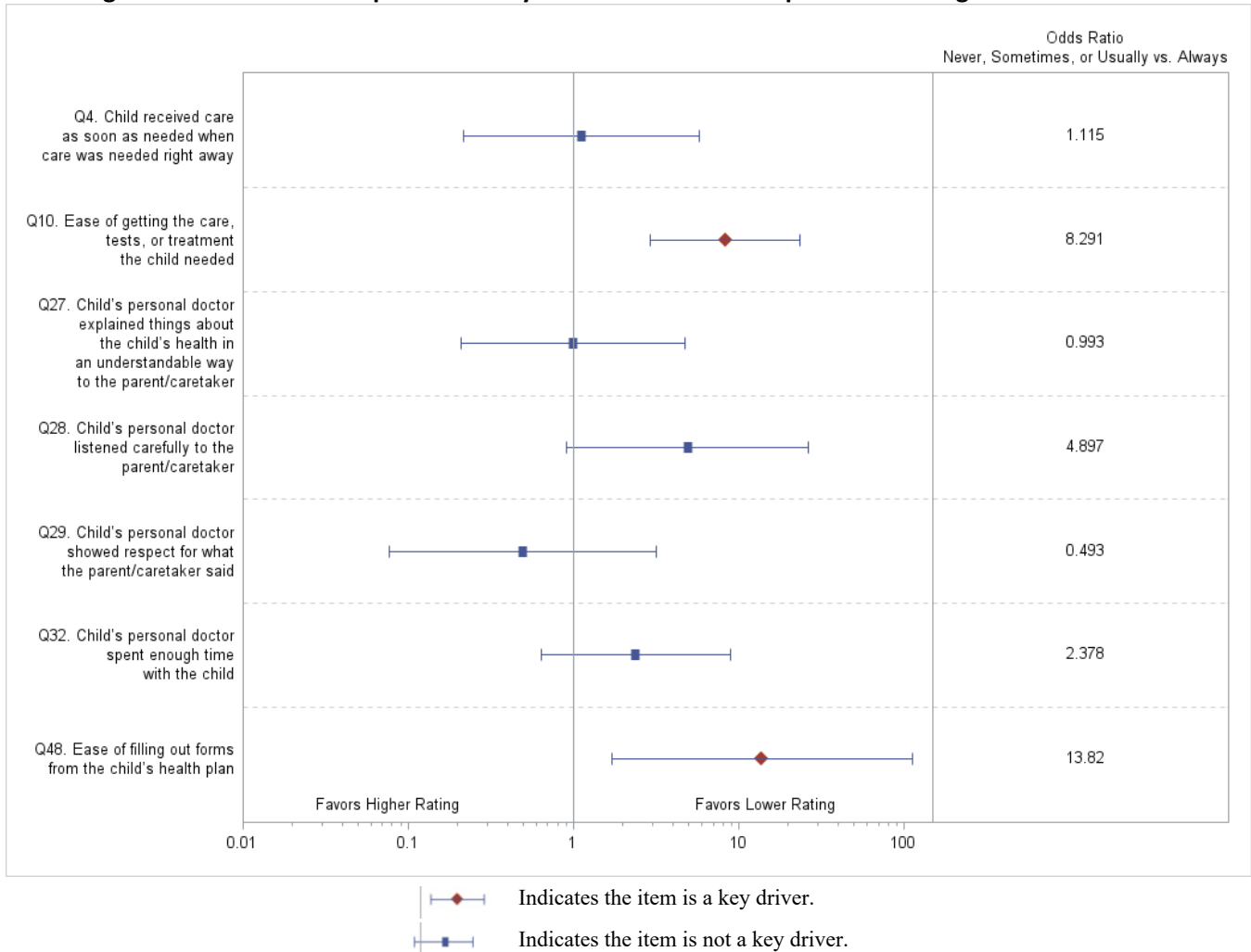
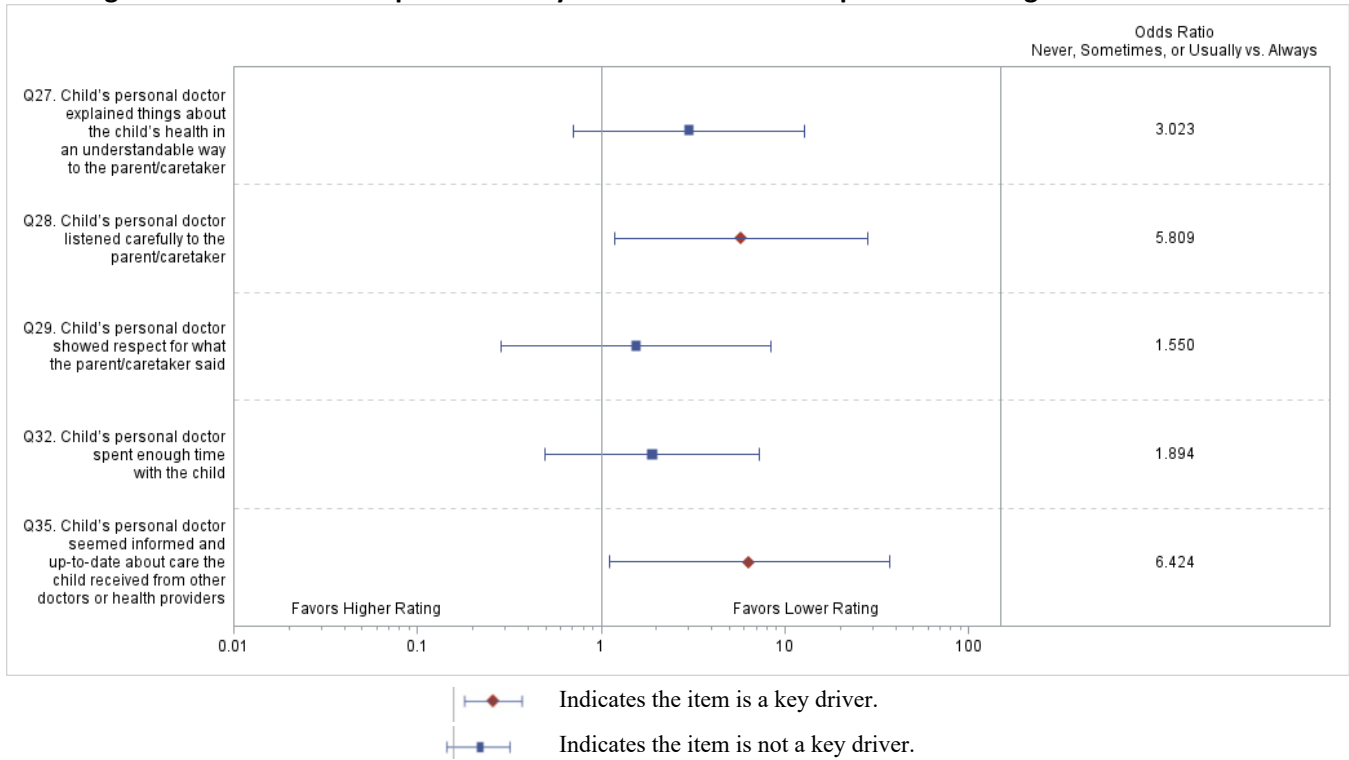
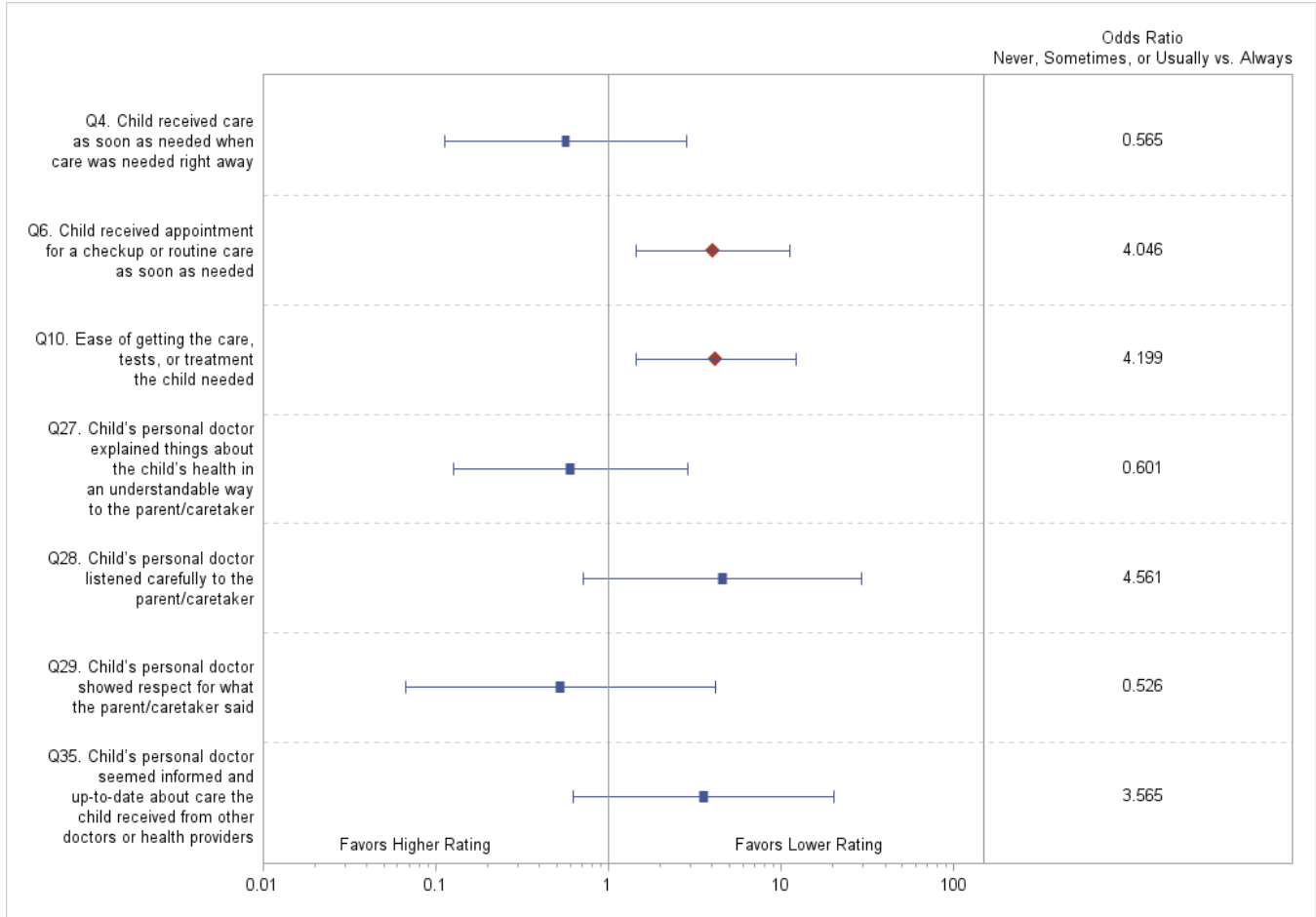


Figure A-3—Statewide Population—Key Drivers of Member Experience: Rating of Personal Doctor



ACC Program

Figure A-4—ACC Program—Key Drivers of Member Experience: Rating of Health Plan



Indicates the item is a key driver.
 Indicates the item is not a key driver.

Figure A-5—ACC Program—Key Drivers of Member Experience: Rating of All Health Care

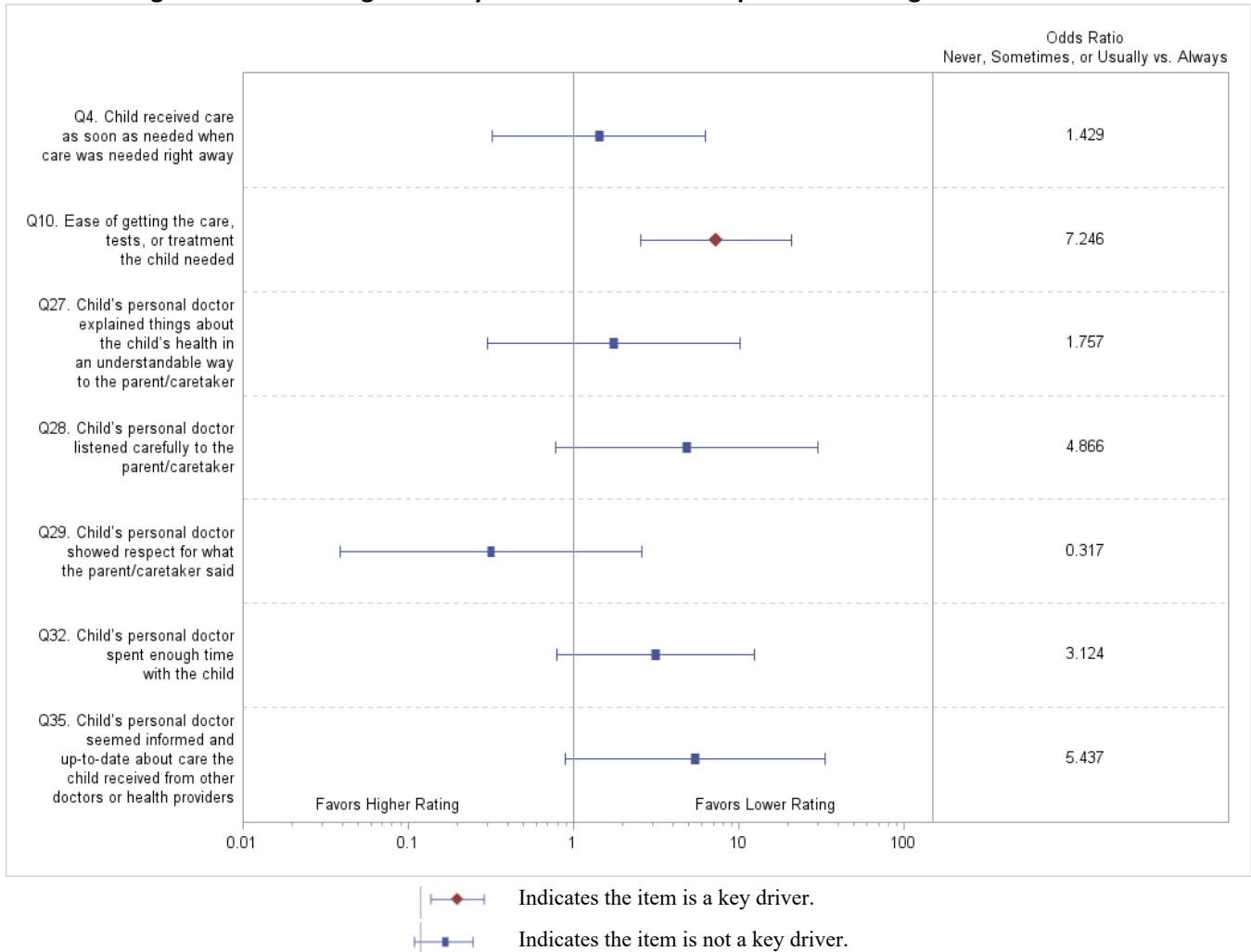
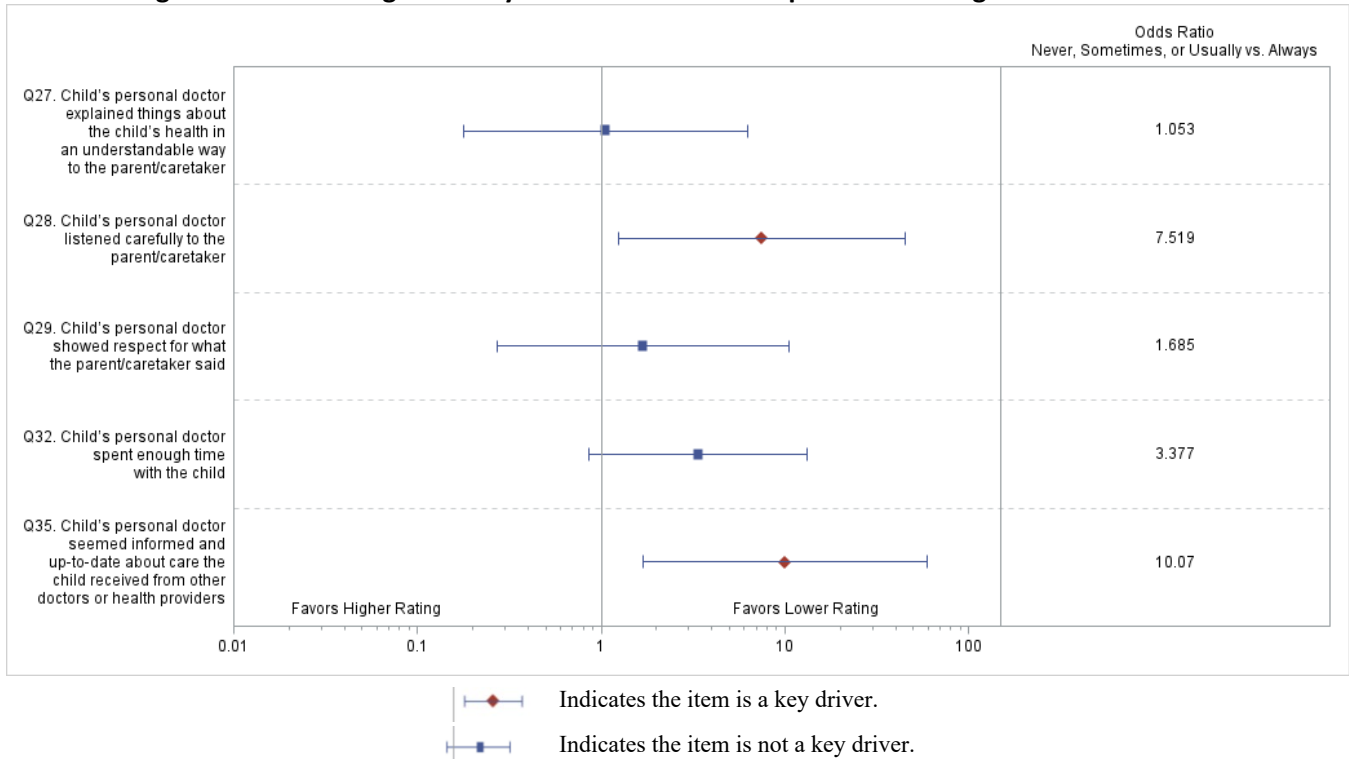
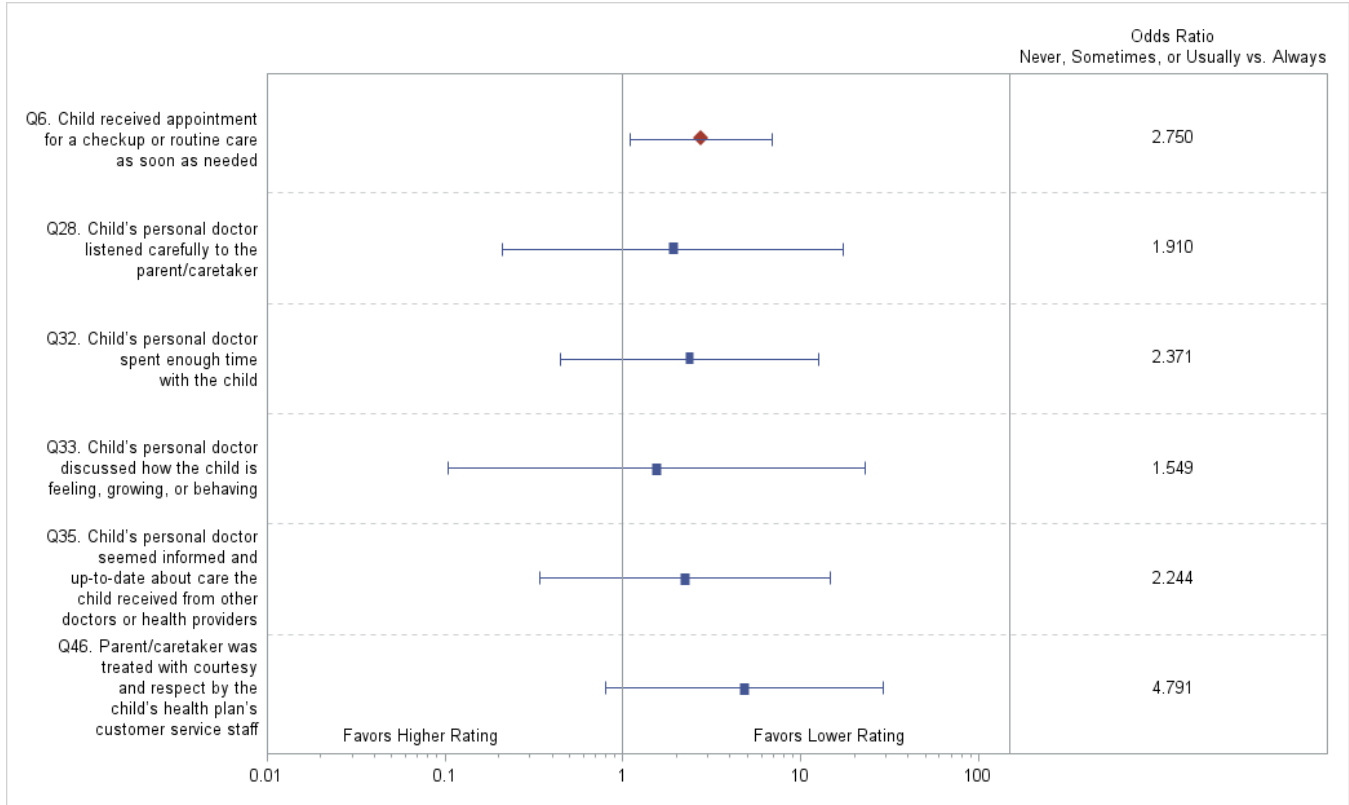


Figure A-6—ACC Program—Key Drivers of Member Experience: Rating of Personal Doctor



FFS

Figure A-7—FFS—Key Drivers of Member Experience: Rating of Health Plan





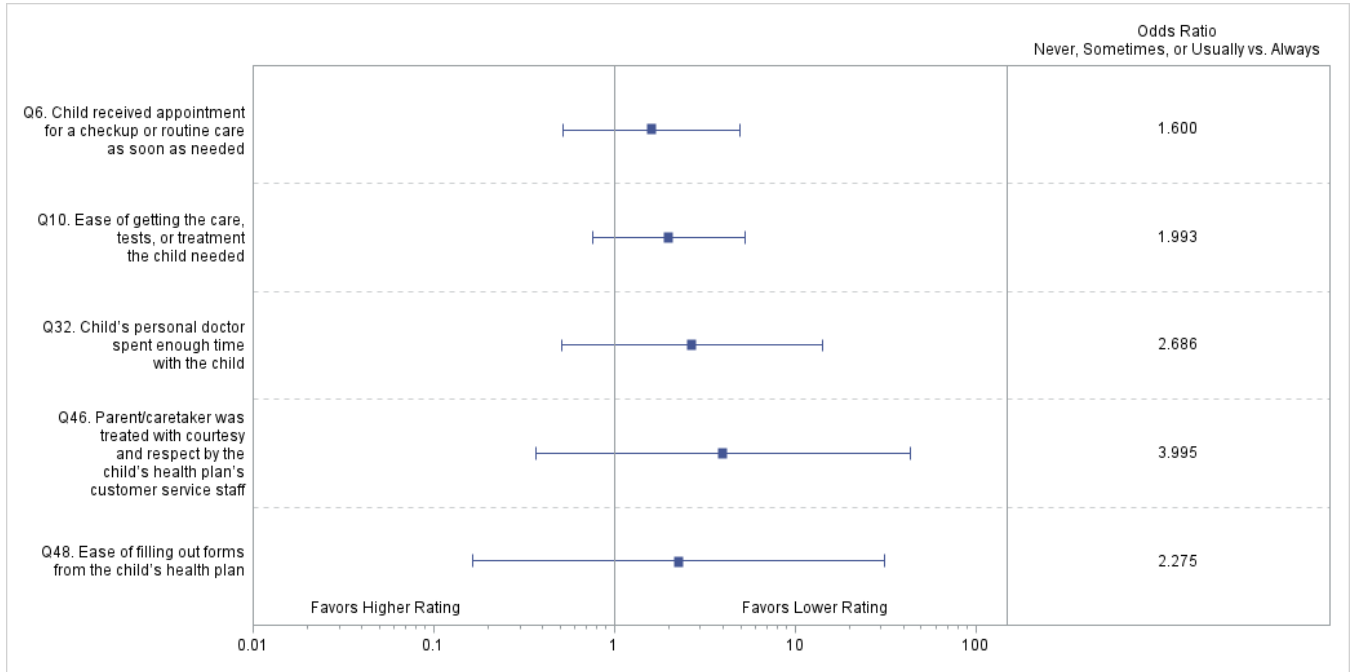
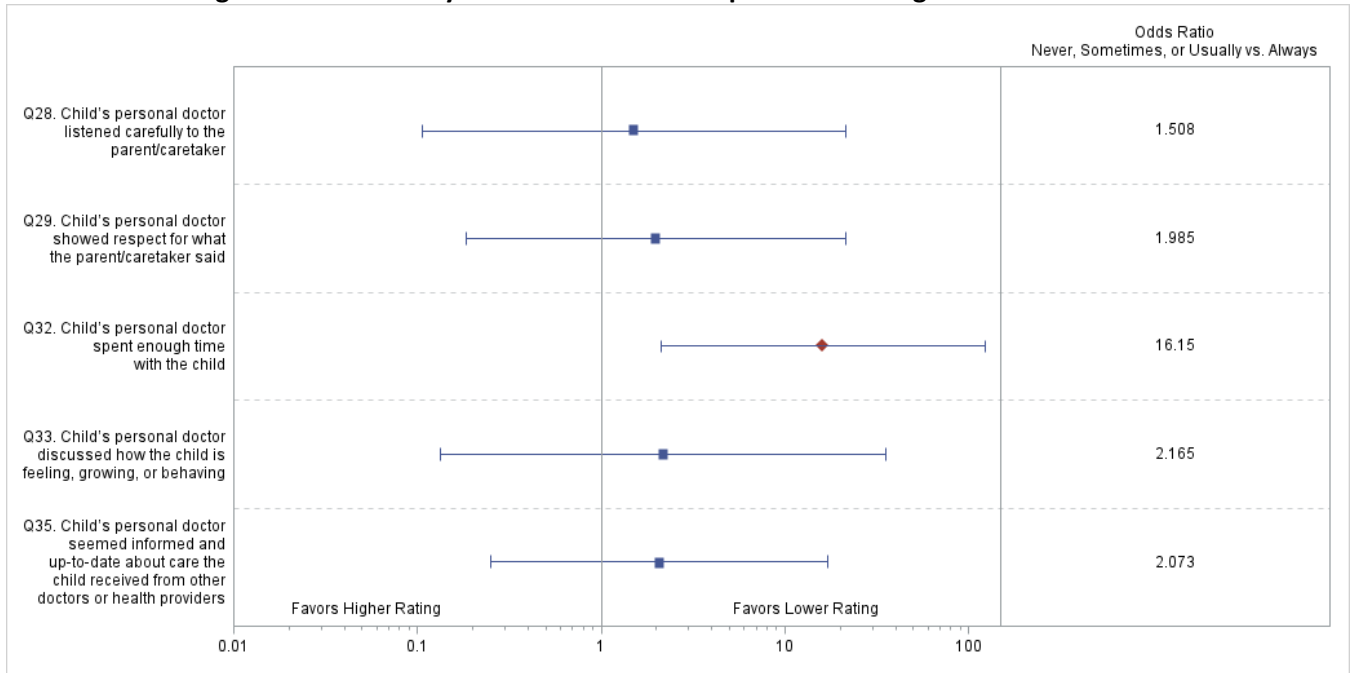
 Indicates the item is a key driver.
 Indicates the item is not a key driver.

Figure A-8—FFS—Key Drivers of Member Experience: Rating of All Health Care



Indicates the item is a key driver.
 Indicates the item is not a key driver.

Figure A-9—FFS—Key Drivers of Member Experience: Rating of Personal Doctor



Indicates the item is a key driver.
 Indicates the item is not a key driver.

DCS CHP

Figure A-10—DCS CHP—Key Drivers of Member Experience: Rating of Health Plan

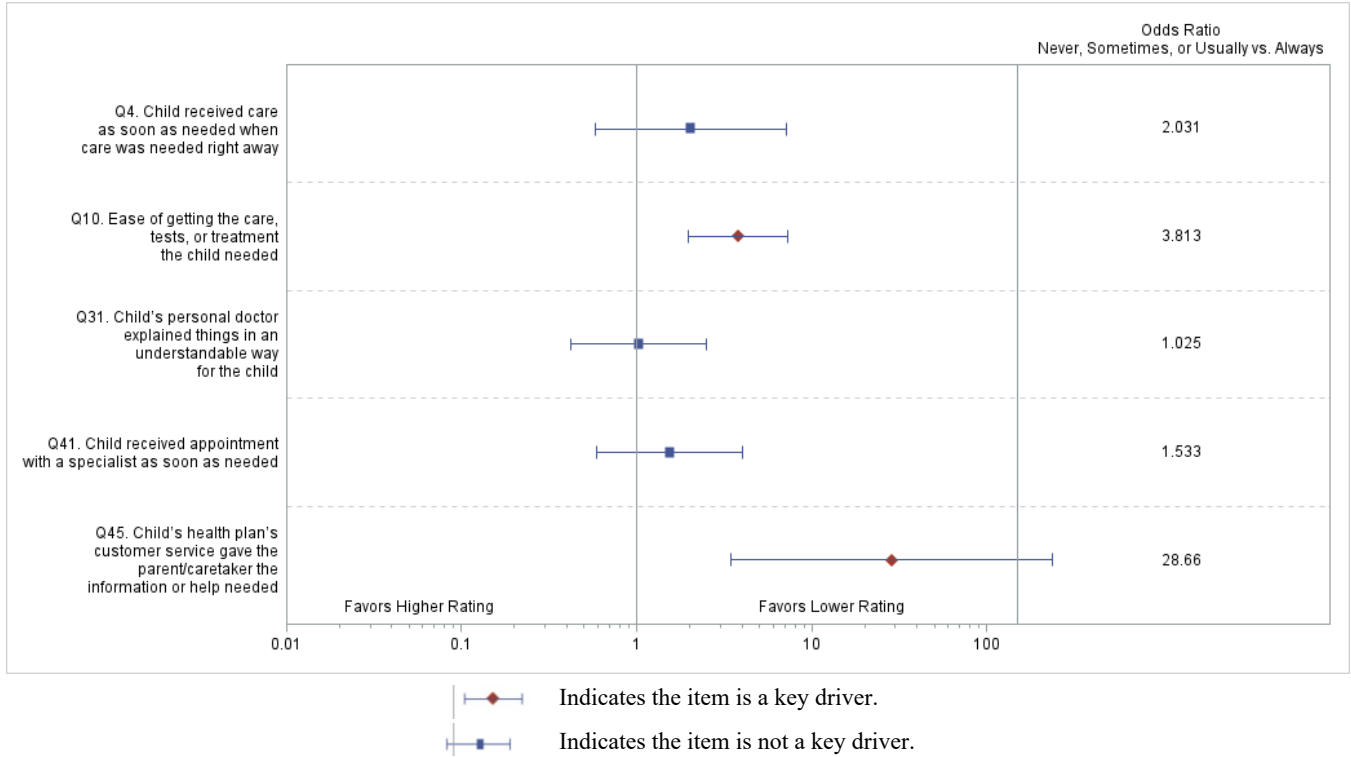


Figure A-11—DCS CHP—Key Drivers of Member Experience: Rating of All Health Care

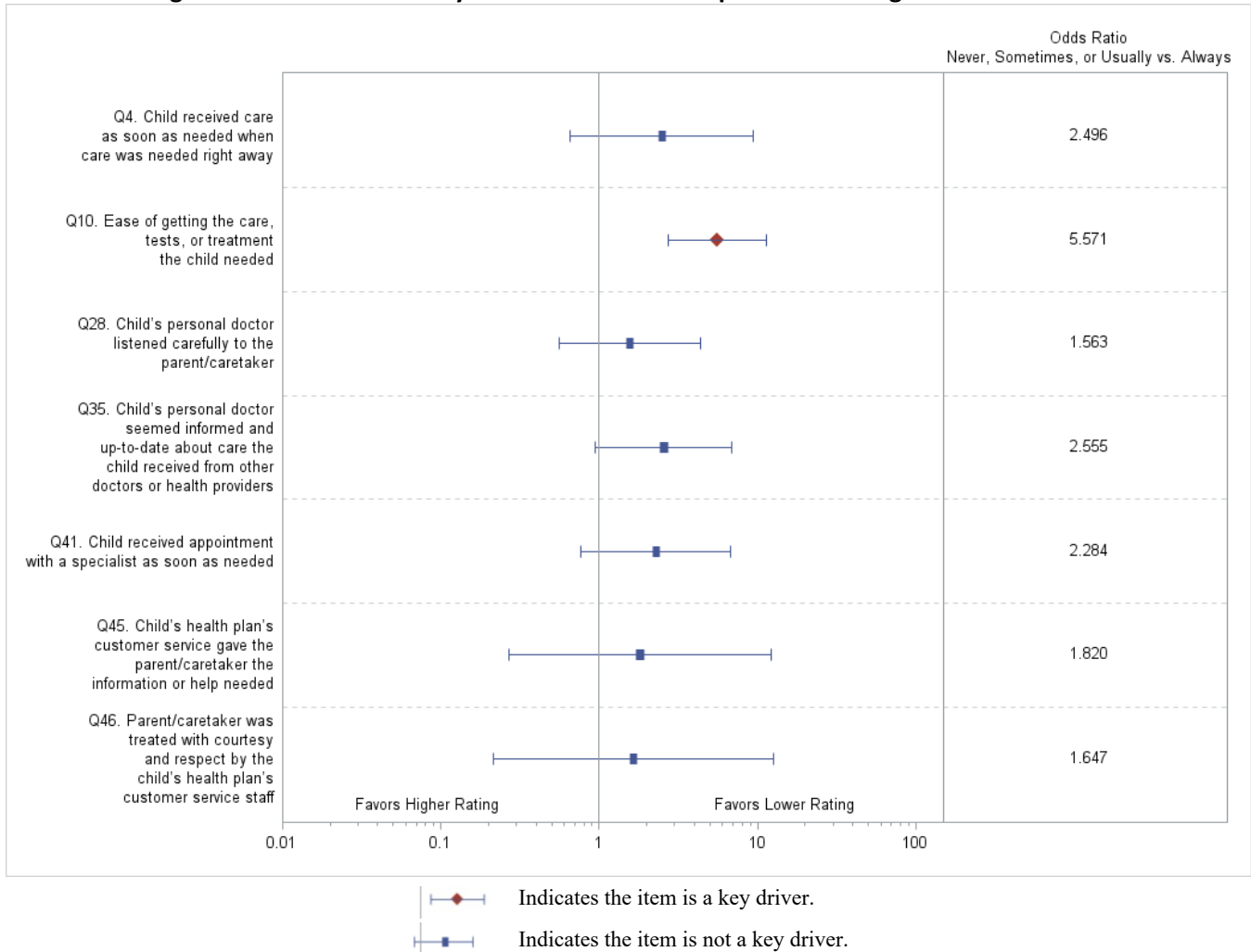
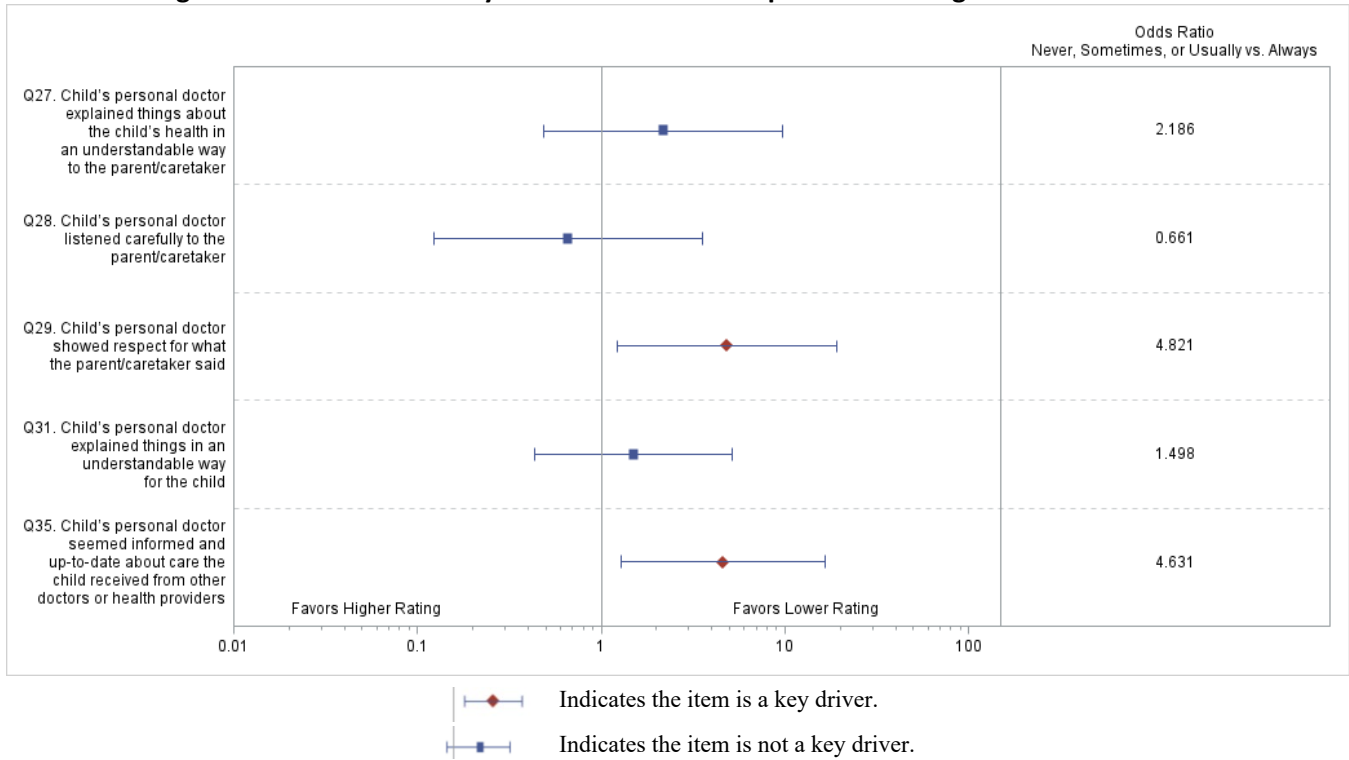


Figure A-12—DCS CHP—Key Drivers of Member Experience: Rating of Personal Doctor



Appendix B. Survey Instrument

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

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

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

If you want to know more about this study, please call 1-888-248-3344.

SURVEY INSTRUCTIONS

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

Correct Mark 

Incorrect Marks



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

- Yes → *Go to Question 1*
- No



START HERE



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

1. Our records show that your child is now in [HEALTH PLAN NAME/STATE MEDICAID PROGRAM NAME]. Is that right?

- Yes → *Go to Question 3*
- No

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

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

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

- 3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away?
 - Yes
 - No → *Go to Question 5*

- 4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
 - Never
 - Sometimes
 - Usually
 - Always

- 5. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care for your child?
 - Yes
 - No → *Go to Question 7*

- 6. In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?
 - Never
 - Sometimes
 - Usually
 - Always

- 7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she get health care in person, by phone, or by video?
 - None → *Go to Question 11*
 - 1 time
 - 2
 - 3
 - 4
 - 5 to 9
 - 10 or more times

- 8. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?
 - Never
 - Sometimes
 - Usually
 - Always

- 8a. In the last 6 months, did your child have a health care visit by phone or video?
 - Yes
 - No → *Go to Question 8e*

- 8b. What type of device was used for your child's health care visit by phone or video? (Mark one or more.)
 - Personal computer with video
 - Smartphone or tablet with video
 - Telephone without video
 - Telehealth Kiosk
 - Other (*Please print*)

- 8c. How easy or difficult has it been to use technology during your child's health care visit by phone or video?
 - Very easy
 - Easy
 - Difficult
 - Very difficult



18. In the last 6 months, how often was it easy to get this therapy for your child?
- Never
 - Sometimes
 - Usually
 - Always
19. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?
- Yes
 - No
20. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?
- Yes
 - No → *Go to Question 23*
21. In the last 6 months, how often was it easy to get this treatment or counseling for your child?
- Never
 - Sometimes
 - Usually
 - Always
22. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?
- Yes
 - No
23. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?
- Yes
 - No → *Go to Question 25*
24. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?
- Yes
 - No

YOUR CHILD'S PERSONAL DOCTOR

25. A personal doctor is the one your child would talk to if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?
- Yes
 - No → *Go to Question 40*
26. In the last 6 months, how many times did your child have an in person, phone, or video visit with his or her personal doctor?
- None → *Go to Question 36*
 - 1 time
 - 2
 - 3
 - 4
 - 5 to 9
 - 10 or more times
27. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?
- Never
 - Sometimes
 - Usually
 - Always
28. In the last 6 months, how often did your child's personal doctor listen carefully to you?
- Never
 - Sometimes
 - Usually
 - Always
29. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?
- Never
 - Sometimes
 - Usually
 - Always
30. Is your child able to talk with doctors about his or her health care?
- Yes
 - No → *Go to Question 32*

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → *Go to Question 36*

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

- Never
- Sometimes
- Usually
- Always

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

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

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

- Yes
- No → *Go to Question 40*

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

- Yes
- No

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

- Yes
- No

GETTING HEALTH CARE FROM SPECIALISTS

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

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

- Yes
- No → *Go to Question 44*

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

- Never
- Sometimes
- Usually
- Always

ABOUT YOUR CHILD AND YOU

- 53. In general, how would you rate your child's overall health?
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor
- 54. In general, how would you rate your child's overall mental or emotional health?
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor
- 55. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?
 - Yes
 - No → *Go to Question 58*
- 56. Is this because of any medical, behavioral, or other health condition?
 - Yes
 - No → *Go to Question 58*
- 57. Is this a condition that has lasted or is expected to last for at least 12 months?
 - Yes
 - No
- 58. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?
 - Yes
 - No → *Go to Question 61*
- 59. Is this because of any medical, behavioral, or other health condition?
 - Yes
 - No → *Go to Question 61*

- 60. Is this a condition that has lasted or is expected to last for at least 12 months?
 - Yes
 - No
- 61. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?
 - Yes
 - No → *Go to Question 64*
- 62. Is this because of any medical, behavioral, or other health condition?
 - Yes
 - No → *Go to Question 64*
- 63. Is this a condition that has lasted or is expected to last for at least 12 months?
 - Yes
 - No
- 64. Does your child need or get special therapy such as physical, occupational, or speech therapy?
 - Yes
 - No → *Go to Question 67*
- 65. Is this because of any medical, behavioral, or other health condition?
 - Yes
 - No → *Go to Question 67*
- 66. Is this a condition that has lasted or is expected to last for at least 12 months?
 - Yes
 - No
- 67. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?
 - Yes
 - No → *Go to Question 69*
- 68. Has this problem lasted or is it expected to last for at least 12 months?
 - Yes
 - No



69. What is your child's age?

Less than 1 year old

YEARS OLD (write in)

70. Is your child male or female?

Male

Female

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

Yes, Hispanic or Latino

No, not Hispanic or Latino

72. What is your child's race? Mark one or more.

White

Black or African-American

Asian

Native Hawaiian or other Pacific Islander

American Indian or Alaska Native

Other

73. What is your age?

Under 18

18 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 to 74

75 or older

74. Are you male or female?

Male

Female

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

8th grade or less

Some high school, but did not graduate

High school graduate or GED

Some college or 2-year degree

4-year college graduate

More than 4-year college degree

76. How are you related to the child?

Mother or father

Grandparent

Aunt or uncle

Older brother or sister

Other relative

Legal guardian

Someone else

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

**DataStat,
3975 Research Park Drive,
Ann Arbor, MI 48108**

