

# **2024 Child Statewide CAHPS® Summary Report**

*Arizona Health Care Cost Containment System*

*December 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 Consumer Assessment of Healthcare Providers and System (CAHPS®) (Statewide) survey, consisted of members enrolled within the following AHCCCS programs:<sup>1</sup>

- AHCCCS Complete Care (ACC)<sup>2</sup>
- ACC KidsCare
- AHCCCS Fee-for-Service (FFS) (i.e., American Indian Health Program [AIHP])
- AHCCCS 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)
- DCS CHP KidsCare

Table 1-1 provides a list of programs for which CAHPS results are presented.

**Table 1-1—CAHPS Arizona Medicaid Programs**

Program Name	Program Abbreviation
Statewide Population	Statewide Population
ACC Program	ACC Non-SMI-Designated
Arizona Department of Child Safety Comprehensive Health Plan	DCS CHP

- The Statewide population includes members enrolled within DCS CHP, ALTCS-DD, ALTCS-EPD, AIHP, and the seven ACC/ACC-Regional Behavioral Health Agreement (ACC-RBHA) health plans (see Table 1-2).
  - The DCS CHP program provides physical health, dental, and behavioral health services for children and youth in foster care throughout the State of Arizona.
  - The ALTCS-DD program provides long-term services and supports (LTSS) as well as integrated physical and behavioral health services to eligible members who have an intellectual/developmental disability (IDD) as outlined under Arizona State law.
  - The ALTCS-EPD program provides LTSS as well as integrated physical and behavioral health services to eligible members who are elderly and/or have a physical disability.
  - The AIHP program is referred to as the AHCCCS Acute FFS Program for American Indians and is administered by the State through the Division of FFS Management at AHCCCS. AIHP

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

<sup>2</sup> The ACC Program (i.e., non-serious Mental Illness (SMI) Designated) is served by ACC and ACC-RBHA Contractors.

provides medically necessary services for enrolled American Indian and Alaska Native members, including preventative and behavioral health care services.

- The ACC Program (i.e., ACC non-SMI-designated) provides integrated care addressing the physical and behavioral health needs for the majority of Medicaid (Title XIX) eligible children and adults as well as addressing the physical and behavioral health needs for the majority of Children’s Health Insurance Program (CHIP) KidsCare (Title XXI) eligible children (under age 19).<sup>3</sup>

Table 1-2 provides a list of the seven ACC/ACC-RBHA health plans.

**Table 1-2—ACC/ACC-RBHA Health Plans**

Contractor Name	Abbreviation
Arizona Complete Health – Complete Care Plan	AzCH-CCP ACC-RBHA
Banner-University Family Care	BUFC ACC
Care 1 <sup>st</sup> Health Plan	Care 1 <sup>st</sup> ACC-RBHA
Health Choice Arizona	HCA ACC
Mercy Care	Mercy Care ACC-RBHA
Molina Healthcare	Molina ACC
UnitedHealthcare Community Plan	UHCCP ACC

AHCCCS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Statewide Health Plan Survey, as well as the results for child members enrolled in the ACC non-SMI-designated and DCS CHP programs.

The goal of the CAHPS Health Plan Survey is to provide performance feedback that will aid in improving overall experiences of parents/caretakers of child members. 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<sup>®</sup>) supplemental item set and the Children with Chronic Conditions (CCC) measurement set.<sup>4</sup> The parents/caretakers of sampled child members completed the surveys from May to August 2024. 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). The results for ACC non-SMI-designated include respondents from the ACC/ACC-RBHA health plans from the Statewide sample and the ACC non-SMI-designated oversample.

<sup>3</sup> Seven ACC/ACC-RBHA Contractors are responsible for providing services under the ACC Program (see Table 1-2).

<sup>4</sup> HEDIS<sup>®</sup> 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.

### *National Comparisons and Trend Analysis*

HSAG calculated top-box scores (i.e., rates of experience) for the measures. HSAG compared the scores for each measure to the National Committee for Quality Assurance's (NCQA's) 2023 Quality Compass<sup>®</sup> Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings).<sup>5,6,7</sup> 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 percentages presented below the stars in Table 1-3 and Table 1-4 represent the top-box scores, while the stars represent the star ratings when the scores were compared to NCQA Quality Compass Benchmark and Compare Quality Data. For the detailed results of the national comparisons, please refer to the General Child Results section beginning on page 19 and the CCC Results section beginning on page 36.

In addition, HSAG performed a trend analysis that compared the 2024 results to their corresponding 2023 results. For the detailed results of the trend analysis, please refer to the General Child Results section beginning on page 20 and the CCC Results section beginning on page 37.

Table 1-3 provides highlights of the national comparisons and trend analysis findings for the Statewide population, ACC non-SMI-designated, and DCS CHP general child populations.

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<sup>5</sup> National Committee for Quality Assurance. *Quality Compass<sup>®</sup>: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.

<sup>6</sup> The source for the benchmark and compare quality data used for this comparative analysis is Quality Compass<sup>®</sup> 2023 data and is used with the permission of NCQA. Quality Compass 2023 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass<sup>®</sup> is a registered trademark of NCQA. CAHPS<sup>®</sup> is a registered trademark of AHRQ.

<sup>7</sup> Quality Compass 2024 data were not available at the time this report was prepared; therefore, 2023 data were used for comparison.

**Table 1-3— National Comparisons and Trend Analysis: General Child Populations**

Measure	Statewide Population		ACC Non-SMI-Designated		DCS CHP	
	National Comparison	Trend Results (2024 Compared to 2023)	National Comparison	Trend Results (2024 Compared to 2023)	National Comparison	Trend Results (2024 Compared to 2023)
<b>Global Ratings</b>						
<i>Rating of Health Plan</i>	★★★★ 73.6%	—	★★★★★ 77.1%	—	★★ 68.7%	—
<i>Rating of All Health Care</i>	★★★★ 70.3%	—	★★★★★ 71.7%	—	★★★★★ 73.8%	—
<i>Rating of Personal Doctor</i>	★★★★★ 80.0%	▲	★★★★ 77.6%	—	★★★★★ 79.9%	—
<i>Rating of Specialist Seen Most Often</i>	★★★★ 73.0% <sup>+</sup>	—	★★ 70.5% <sup>+</sup>	—	★ 66.2% <sup>+</sup>	—
<b>Composite Measures</b>						
<i>Getting Needed Care</i>	★★★★ 83.9%	—	★★★★ 85.6%	—	★★ 82.4%	—
<i>Getting Care Quickly</i>	★★★★ 88.4% <sup>+</sup>	—	★★★★★★ 91.4% <sup>+</sup>	—	★★★★★ 89.6%	—
<i>How Well Doctors Communicate</i>	★★★★ 94.2%	—	★★★★ 94.5%	—	★★★★ 94.3%	▼
<i>Customer Service</i>	★★★★★★ 91.8% <sup>+</sup>	—	★★★★★★ 93.6% <sup>+</sup>	—	★★★★★★ 93.3% <sup>+</sup>	▲
<b>Individual Item Measure</b>						
<i>Coordination of Care</i>	★★ 81.3% <sup>+</sup>	—	★★ 82.5% <sup>+</sup>	—	★★ 83.7%	—
<p>Star Assignments Based on Percentiles:            ★★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★ 50th-74th ★★★ 25th-49th ★ Below 25th            ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.            ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.            — Indicates the 2024 score is not statistically significantly higher or lower than the 2023 score.            + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.</p>						

Table 1-4 provides highlights of the national comparisons and trend analysis findings for the Statewide population, ACC non-SMI-designated, and DCS CHP CCC populations.

**Table 1-4—National Comparisons and Trend Analysis: CCC Population**

Measure	Statewide Population		ACC Non-SMI-Designated		DCS CHP	
	National Comparison	Trend Results (2024 Compared to 2023)	National Comparison	Trend Results (2024 Compared to 2023)	National Comparison	Trend Results (2024 Compared to 2023)
<b>Global Ratings</b>						
<i>Rating of Health Plan</i>	★★★★ 68.7%	▲	★★★★★ 73.4%	▲	★ 61.5%	—
<i>Rating of All Health Care</i>	★★★★ 69.0%	▲	★★★★★ 77.1%	▲	★★★★ 65.6%	—
<i>Rating of Personal Doctor</i>	★★★★★ 78.2%	▲	★★★★★ 78.3%	▲	★★★★ 75.4%	—
<i>Rating of Specialist Seen Most Often</i>	★★★★ 75.9% <sup>+</sup>	▲	★★★★★ 78.9% <sup>+</sup>	▲	★ 62.1% <sup>+</sup>	—
<b>Composite Measures</b>						
<i>Getting Needed Care</i>	★★ 83.4%	—	★★★★ 86.8% <sup>+</sup>	—	★ 79.3% <sup>+</sup>	—
<i>Getting Care Quickly</i>	★★ 89.5% <sup>+</sup>	—	★★★★★ 91.9% <sup>+</sup>	—	★ 85.3% <sup>+</sup>	—
<i>How Well Doctors Communicate</i>	★★★★ 95.0%	—	★★★★ 95.2% <sup>+</sup>	—	★★ 92.7%	—
<i>Customer Service</i>	★ 80.5% <sup>+</sup>	—	★ 81.0% <sup>+</sup>	—	★★★★★ 95.3% <sup>+</sup>	▲
<b>Individual Item Measure</b>						
<i>Coordination of Care</i>	★ 78.3% <sup>+</sup>	—	★★ 83.6% <sup>+</sup>	—	★ 77.0% <sup>+</sup>	—



Measure	Statewide Population		ACC Non-SMI-Designated		DCS CHP	
	National Comparison	Trend Results (2024 Compared to 2023)	National Comparison	Trend Results (2024 Compared to 2023)	National Comparison	Trend Results (2024 Compared to 2023)
<b>CCC Composite Measures and Items</b>						
<i>Access to Specialized Services</i>	★ 57.0% <sup>+</sup>	—	★ 62.5% <sup>+</sup>	—	★ 64.5% <sup>+</sup>	—
<i>Family-Centered Care (FCC): Personal Doctor Who Knows Child</i>	★ 88.0%	—	★ 88.0% <sup>+</sup>	—	★ 81.2%	—
<i>Coordination of Care for Children with Chronic Conditions</i>	★★ 77.6% <sup>+</sup>	—	★★★★★ 81.8% <sup>+</sup>	—	★ 74.2% <sup>+</sup>	—
<i>Access to Prescription Medicines</i>	★★★★★ 95.1%	▲	★★★★★ 99.1%	▲	★ 84.5%	—
<i>FCC: Getting Needed Information</i>	★★★ 92.3%	—	★★★★★ 96.2%	—	★ 87.7%	—
Star Assignments Based on Percentiles: ★★★★★ 90th or Above   ★★★★★ 75th-89th   ★★★ 50th-74th   ★★ 25th-49th   ★ Below 25th ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score. ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score. — Indicates the 2024 score is not statistically significantly higher or lower than the 2023 score. + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.						

### Key Drivers of Member Experience Analysis

In order to determine potential items for quality improvement (QI) efforts, HSAG conducted a key drivers analysis for the Statewide population. 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. For the detailed results of the key drivers of member experience analysis, please refer to the Key Drivers of Member Experience Analysis section on page 33.

Table 1-5 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 1-5—Key Drivers of Member Experience: Statewide Population—General Child Population**

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	✓	✓	✓
Q28. Child’s personal doctor listened carefully to the parent/caretaker	Never/Sometimes/Usually vs. Always	NS	NS	✓
Q29. Child’s personal doctor showed respect for what the parent/caretaker said	Never/Sometimes/Usually vs. Always	NS	✓	NS
Q31. Child’s personal doctor explained things in an understandable way for 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, improvements of those responses may not significantly affect the rating.

## Recommendations

HSAG recommends AHCCCS leverage the CAHPS Health Plan Survey data and report findings to support the development of relevant major initiatives, QI 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 2023 NCQA Medicaid national 50th percentiles for the following measures, *Coordination of Care* and *FCC: Personal Doctor Knows Child* for the Statewide population, ACC non-SMI designated population, and DCS CHP. The CCC population was below the 2023 NCQA Medicaid national 25th percentiles across a majority of the measure domains for DCS CHP. This may reflect potential issues with the quality and timeliness of, and access to care for child members. AHCCCS and its Contractors 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 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 QI 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 experience, 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 parents/caretakers on their child's recent office visit, such as a follow-up call or email, to gather more specific information concerning areas for improvement and implement QI strategies 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 presents the results for the general child and CCC populations. For the general child population, a total of 514 surveys were completed on behalf of child members.<sup>8</sup> These completed surveys were used to calculate the 2024 general child results. Based on parents'/caretakers' responses to the CCC screener questions, there were 457 completed surveys for the CCC population.<sup>9</sup> These completed surveys were used to calculate the 2024 CCC results.

HSAG calculated top-box scores for each measure for the national comparisons and trend analysis.<sup>10</sup> The 2023 NCQA general child Medicaid national averages and 2023 NCQA CCC Medicaid national averages are provided for comparative purposes for the general child and CCC populations, respectively.<sup>11,12,13</sup> For more detailed information on the calculation of top-box scores for the measures, please refer to page 61 of the Reader's Guide section. For more detailed information on the survey language and response options for the measures, please refer to page 54 of the Reader's Guide section.

For purposes of this report, results are reported 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. Scores with fewer than 100 respondents are denoted with a cross (+).

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- <sup>8</sup> The 514 completed surveys for the general child population were comprised of completed surveys from the general child statewide sample, ACC non-SMI-designated general oversample, and DCS CHP general child sample, which is aligned with the final disposition report.
- <sup>9</sup> The 457 completed surveys for the CCC population were comprised of completed surveys from the general child statewide sample, CCC statewide supplemental sample, ACC non-SMI-designated general oversample, ACC non-SMI-designated CCC supplemental sample, DCS CHP general child sample, and DCS CHP CCC supplemental sample.
- <sup>10</sup> HSAG followed *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures* for calculating top-box responses.
- <sup>11</sup> For the NCQA general child Medicaid and NCQA CCC Medicaid national averages, the source for data contained in this publication is Quality Compass® 2023 data. National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.
- <sup>12</sup> NCQA national averages for 2024 were not available at the time this report was prepared; therefore, 2023 NCQA national averages are presented in this section.
- <sup>13</sup> Quality Compass® 2023 data are used with the permission of NCQA. Quality Compass 2023 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of AHRQ.

## 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, 2023). In addition, child members had to be 17 years of age or younger (less than 18 years of age) as of December 31, 2023, 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.<sup>14</sup> A sample of 5,411 child members with a prescreen status code of 1 or 2 was selected for the general child sample, which represents the general population of children. After selecting the general child sample, a supplemental sample up to 2,668 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. This sample was drawn to ensure an adequate number of responses from children with chronic conditions. No more than one member per household was selected as part of the child survey samples.

### 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 child 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. For more detailed information on the survey protocol, please refer to page 59 of the Reader's Guide section.

Children with chronic conditions were identified by a series of questions in the survey instrument. 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

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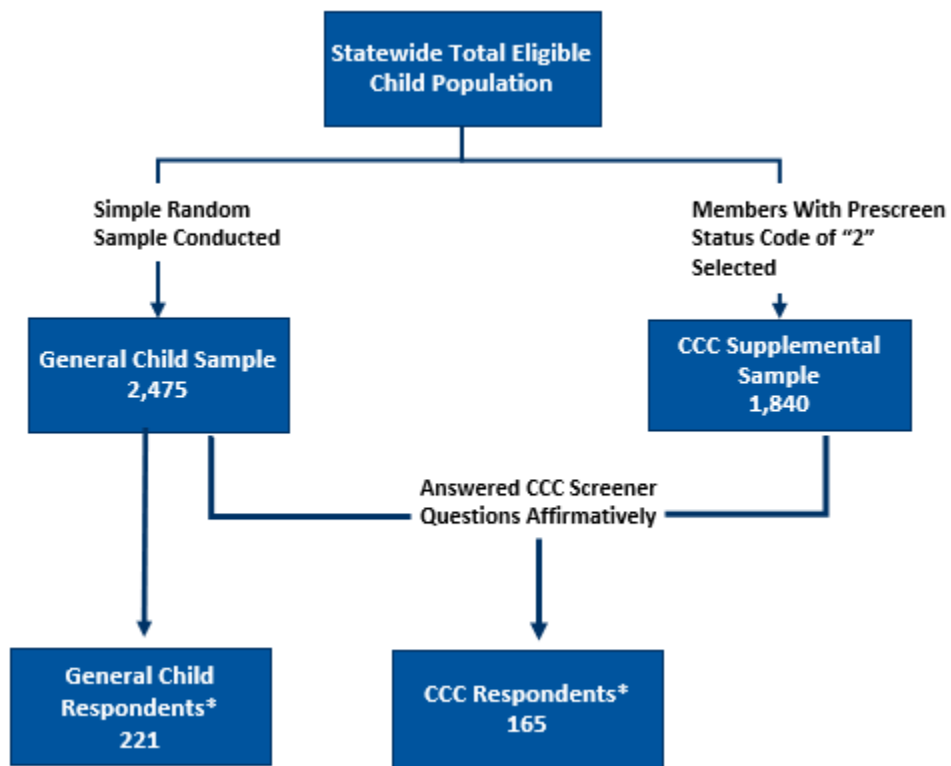
<sup>14</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2023.

the CCC supplemental sample whose parents/caretakers answered affirmatively to the CCC screener questions.

Figure 2-1 through Figure 2-3 depict the general child and CCC supplemental sample respondent distribution for the Statewide Population, ACC non-SMI-designated, and DCS CHP. Of the 457 CCC responses, 215 were derived from the CCC supplemental sample, and 242 were derived from the general child sample.

### Statewide Population

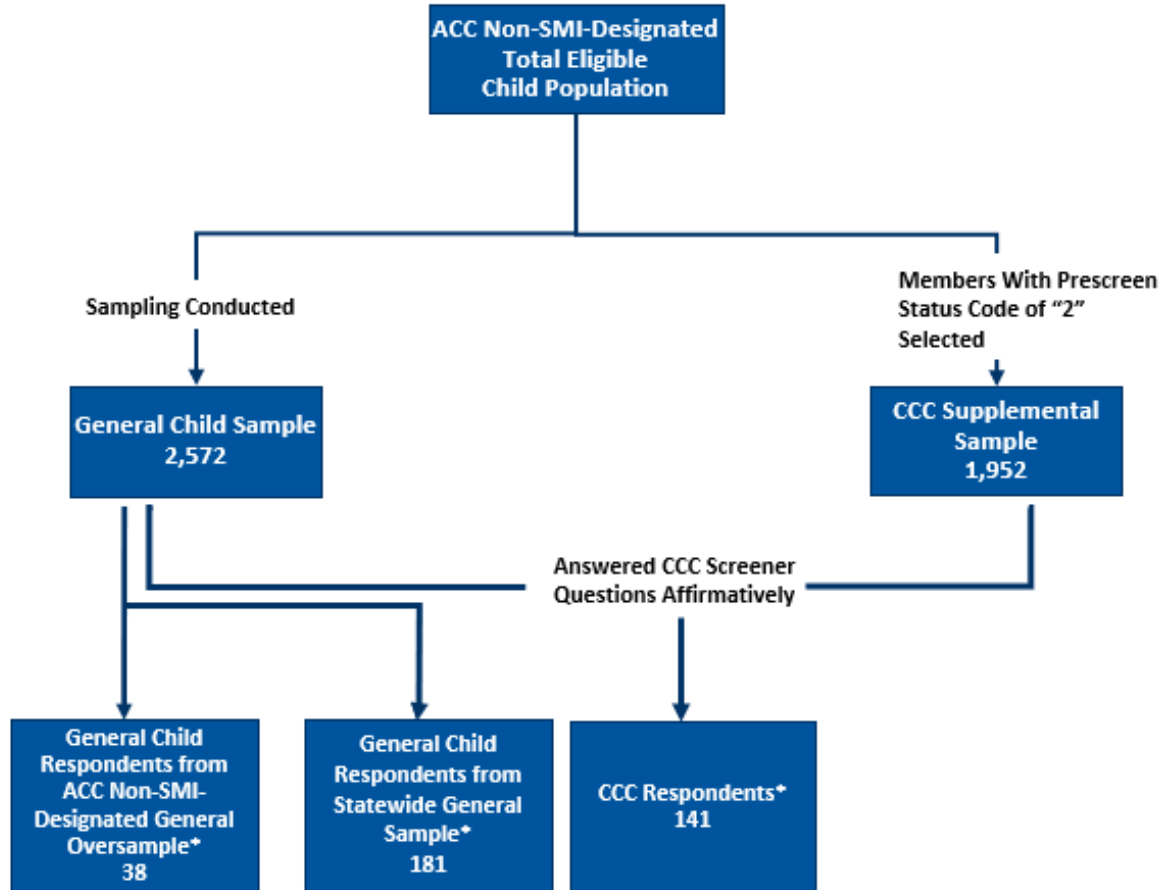
**Figure 2-1—Statewide Population—Respondent Distribution**



*\*General child and CCC respondents will not add up to the number of completed surveys (i.e., 426), 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 Non-SMI-Designated**

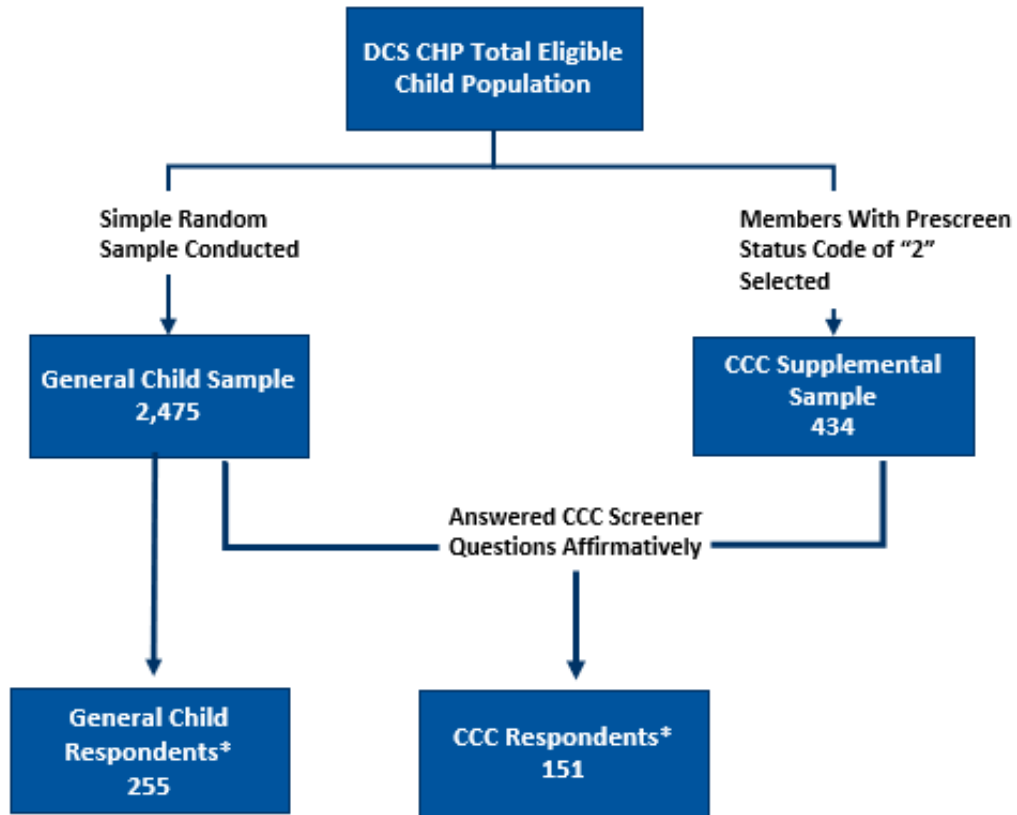
**Figure 2-2—ACC Non-SMI-Designated—Respondent Distribution**



*\*General child and CCC respondents will not add up to the number of completed surveys (i.e., 427), 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 2-3—DCS CHP—Respondent Distribution



*\*General child and CCC respondents will not add up to the number of completed surveys (i.e., 316), 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 a majority of the results required suppression (i.e., results with fewer than 11 responses were suppressed).

**Table 2-1—Total Number of Respondents and Response Rates<sup>15</sup>**

Program/Population Name	Sample Size	Completed	Response Rate
<b>Statewide Population</b>	<b>4,315</b>	<b>426</b>	<b>9.9%</b>
General Child Statewide Sample	2,475	221	8.9%
CCC Statewide Sample	1,840	205	11.2%
<b>ACC Non-SMI-Designated</b>	<b>4,524</b>	<b>427</b>	<b>9.5%</b>
ACC Non-SMI-Designated General Oversample	461	38	8.3%
ACC Non-SMI-Designated from Statewide General Sample	2,111	181	8.6%
ACC Non-SMI-Designated CCC Supplemental Oversample	394	51	12.9%
ACC Non-SMI-Designated from Statewide CCC Sample	1,558	157	10.1%
<b>DCS CHP</b>	<b>2,909</b>	<b>316</b>	<b>10.9%</b>
General Child Sample	2,475	255	10.4%
CCC Supplemental Sample	434	61	14.1%

<sup>15</sup> 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 as reported by the parents/caretakers who completed the survey. The demographic characteristics included age, gender, race, ethnicity, general health status, and mental or emotional health status.<sup>16</sup> For more detailed information on the child and respondent demographics, please refer to page 60 of the Reader’s Guide section.

**Table 2-2—Member Demographics—General Child Populations**

	Statewide Population	ACC Non-SMI-Designated	DCS CHP
<b>Age</b>			
0 to 3	8.6%	10.1%	31.0%
4 to 7	22.2%	22.6%	19.2%
8 to 12	30.3%	27.2%	24.3%
13 to 18*	38.9%	40.1%	25.5%
<b>Gender</b>			
Male	53.4%	56.2%	42.7%
Female	46.6%	43.8%	57.3%
<b>Race</b>			
Multiracial	9.7%	8.7%	8.4%
White	55.1%	58.7%	58.8%
Black	S	5.8%	11.6%
Asian	S	S	S
Native Hawaiian or other Pacific Islander	S	S	0.0%
American Indian or Alaska Native	8.3%	S	S
Other	18.1%	20.2%	15.6%
<b>Ethnicity</b>			
Hispanic	62.7%	66.5%	46.6%
Non-Hispanic	37.3%	33.5%	53.4%

<sup>16</sup> The child member demographics are based on responses of parents/caretakers of general child members (i.e., child members selected as part of the general child population samples).

	Statewide Population	ACC Non-SMI-Designated	DCS CHP
<b>General Health Status</b>			
Excellent	31.5%	36.4%	40.9%
Very Good	35.2%	35.9%	38.2%
Good	27.9%	22.6%	S
Fair or Poor	5.5%	5.1%	S
<b>Mental or Emotional Health Status</b>			
Excellent	38.5%	42.4%	28.6%
Very Good	28.4%	28.1%	25.1%
Good	20.2%	18.9%	25.5%
Fair or Poor	12.8%	10.6%	20.8%
<i>Some percentages may not total 100% due to rounding.            S Indicates results have been suppressed as results have fewer than 11 respondents.            *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, 2023. Some children eligible for the CAHPS Survey turned 18 between January 1, 2024, and the time of survey administration.</i>			

Table 2-3 shows the self-reported age, gender, education level, and relationship to the child demographic characteristics for parents/caretakers (i.e., respondents) who completed the survey on behalf of the child members.<sup>17</sup> For more detailed information on the respondent demographics, please refer to page 60 of the Reader’s Guide section.

**Table 2-3—Respondent Demographics—General Child Population**

	Statewide Population	ACC Non-SMI-Designated	DCS CHP
<b>Respondent Age</b>			
Under 24	12.3%	13.8%	12.6%
25 to 34	15.5%	16.1%	6.3%
35 to 44	30.9%	33.5%	15.4%
45 to 54	25.5%	23.9%	24.9%
55 to 64	6.8%	6.0%	21.3%
65 or Older	9.1%	6.9%	19.4%

<sup>17</sup> 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).

	Statewide Population	ACC Non-SMI-Designated	DCS CHP
<b>Respondent Gender</b>			
Male	11.8%	11.9%	11.1%
Female	88.2%	88.1%	88.9%
<b>Respondent Education Level</b>			
8th Grade or Less	8.3%	8.5%	S
Some High School	18.0%	19.2%	S
High School Graduate	26.3%	28.6%	25.1%
Some College	34.1%	29.6%	37.1%
College Graduate	13.4%	14.1%	31.9%
<b>Respondent Relationship to Child</b>			
Mother or Father	88.8%	90.1%	7.2%
Grandparent	S	S	32.2%
Legal Guardian	S	S	32.2%
Other*	S	S	28.4%
<i>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 category includes responses of aunt or uncle, older brother or sister, other relative, and someone else.</i>			

## 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.<sup>18</sup> The demographic characteristics evaluated as part of the respondent analysis included age, gender, race, and ethnicity. For additional information regarding this analysis, please refer to page 60 of the Readers Guide section. Table 2-4 through Table 2-7 present the results of the respondent analysis for the general child Statewide population, ACC non-SMI-designated, and DCS CHP. 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.

<sup>18</sup> The demographic characteristics are presented for child members selected as part of the general child population samples.

**Table 2-4—Respondent Analysis: Age—General Child Population**

	Statewide Population		ACC Non-SMI-Designated		DCS CHP	
	Respondents	Sample Frame	Respondents	Sample Frame	Respondents	Sample Frame
0 to 3	10.0%↓	17.9%	11.4%↓	18.7%	33.3%	30.8%
4 to 7	24.9%	22.9%	24.7%	22.8%	18.0%	20.8%
8 to 12	29.9%	29.3%	26.0%	29.0%	24.3%	20.7%
13 to 17	35.3%	29.9%	37.9%↑	29.5%	24.3%	27.7%

Some percentages may not total 100% due to rounding.

↑ 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 2-5—Respondent Analysis: Gender—General Child Population**

	Statewide Population		ACC Non-SMI-Designated		DCS CHP	
	Respondents	Sample Frame	Respondents	Sample Frame	Respondents	Sample Frame
Male	53.8%	51.2%	56.6%	50.6%	43.1%↓	49.3%
Female	46.2%	48.8%	43.4%	49.4%	56.9%↑	50.7%

Some percentages may not total 100% due to rounding.

↑ 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—General Child Population**

	Statewide Population		ACC Non-SMI-Designated		DCS CHP	
	Respondents	Sample Frame	Respondents	Sample Frame	Respondents	Sample Frame
White	68.9%	67.6%	78.6%	73.2%	S	58.7%
Black	9.8%↓	15.6%	11.1%↓	17.2%	S	23.8%
American Indian or Alaska Native	S	13.5%	S	5.9%	0.0%	S
Other	S	3.4%	S	3.7%	0.0%	S

S Indicates results have been suppressed as results have fewer than 11 respondents.

Some percentages may not total 100% due to rounding.

↑ 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 Multiracial.

**Table 2-7—Respondent Analysis: Ethnicity—General Child Population**

	Statewide Population		ACC Non-SMI-Designated		DCS CHP	
	Respondents	Sample Frame	Respondents	Sample Frame	Respondents	Sample Frame
Hispanic	76.9%	69.9%	76.8%	72.1%	S	77.4%
Non-Hispanic	23.1%	30.1%	23.2%	27.9%	S	22.6%

*S Indicates results have been suppressed as results have fewer than 11 respondents.  
Some percentages may not total 100% due to rounding.  
↑ 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.*

## National Comparisons

In order to assess the overall performance of the general child population, HSAG compared the top-box scores for each measure to NCQA’s 2023 Quality Compass Benchmark and Compare Quality Data.<sup>19,20,21,22</sup> Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent). Table 2-8 and Table 2-9 show the general child and CCC populations’ top-box scores and star ratings for each measure. For additional details and information regarding these comparisons, please refer to page 62 of the Reader’s Guide section.

<sup>19</sup> National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.

<sup>20</sup> Quality Compass® 2023 data are used with the permission of NCQA. Quality Compass 2023 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of AHRQ.

<sup>21</sup> NCQA’s Quality Compass benchmarks for the general child Medicaid population were used for comparative purposes, since NCQA does not publish separate benchmarking data for children and youth in out-of-home care; therefore, caution should be exercised when interpreting the DCS CHP and Statewide population results.

<sup>22</sup> Quality Compass 2024 data were not available at the time this report was prepared; therefore, 2023 data were used for comparison.

**Table 2-8—National Comparisons: Global Ratings—General Child Population**

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Statewide Population	★★★ 73.6%	★★★ 70.3%	★★★★ 80.0%	★★★ 73.0% <sup>+</sup>
ACC Non-SMI-Designated	★★★★ 77.1%	★★★★ 71.7%	★★★ 77.6%	★★ 70.5% <sup>+</sup>
DCS CHP	★★ 68.7%	★★★★ 73.8%	★★★★ 79.9%	★ 66.2% <sup>+</sup>

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

**Table 2-9—National Comparisons: Composite Measures and Individual Item Measure—General Child Population**

	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Coordination of Care
Statewide Population	★★★ 83.9%	★★★ 88.4% <sup>+</sup>	★★★ 94.2%	★★★★★ 91.8% <sup>+</sup>	★★ 81.3% <sup>+</sup>
ACC Non-SMI-Designated	★★★ 85.6%	★★★★★ 91.4% <sup>+</sup>	★★★ 94.5%	★★★★★ 93.6% <sup>+</sup>	★★ 82.5% <sup>+</sup>
DCS CHP	★★ 82.4%	★★★★ 89.6%	★★★ 94.3%	★★★★★ 93.3% <sup>+</sup>	★★ 83.7%

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

### Trend Analysis

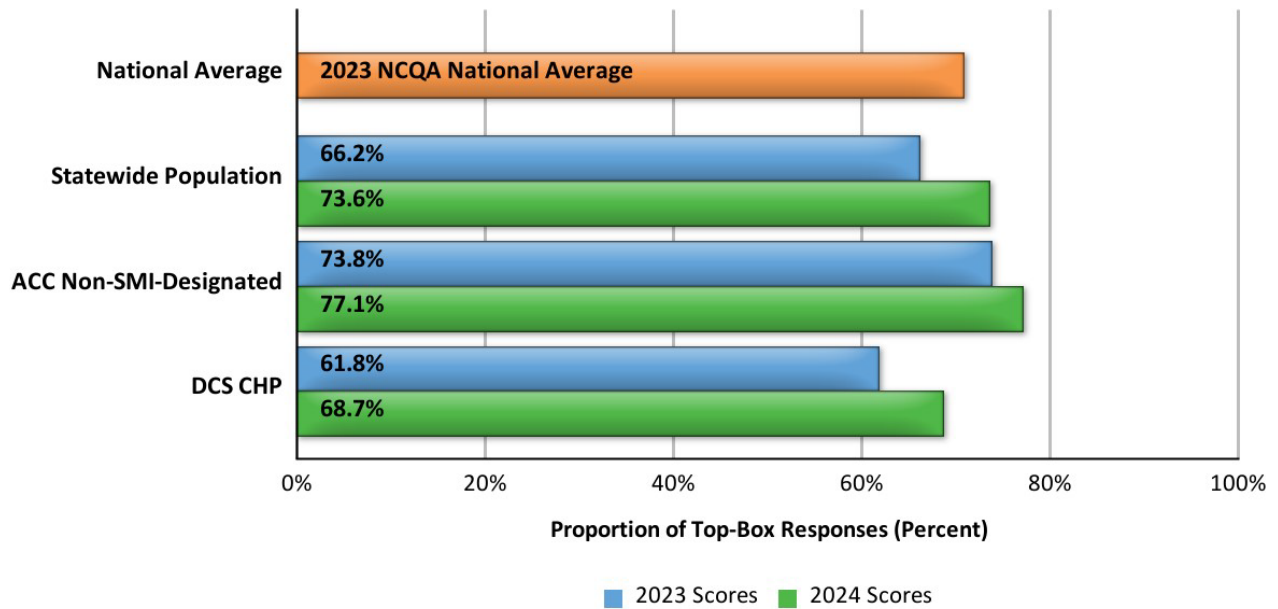
In order to evaluate trends in member experience, the 2024 scores were compared to the corresponding 2023 scores. Statistically significant differences are noted with directional triangles (▲ or ▼). Scores in 2024 that were not statistically significantly different from scores in 2023 are not noted with triangles. For more detailed information on the trend analysis, please refer to page 62 of the Reader’s Guide section.

## Global Ratings

### Rating of Health Plan

Figure 2-4 shows the top-box trend analysis results, including the 2023 NCQA general child Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *Rating of Health Plan* global rating.

**Figure 2-4—Trend Analysis: Rating of Health Plan—General Child Population**



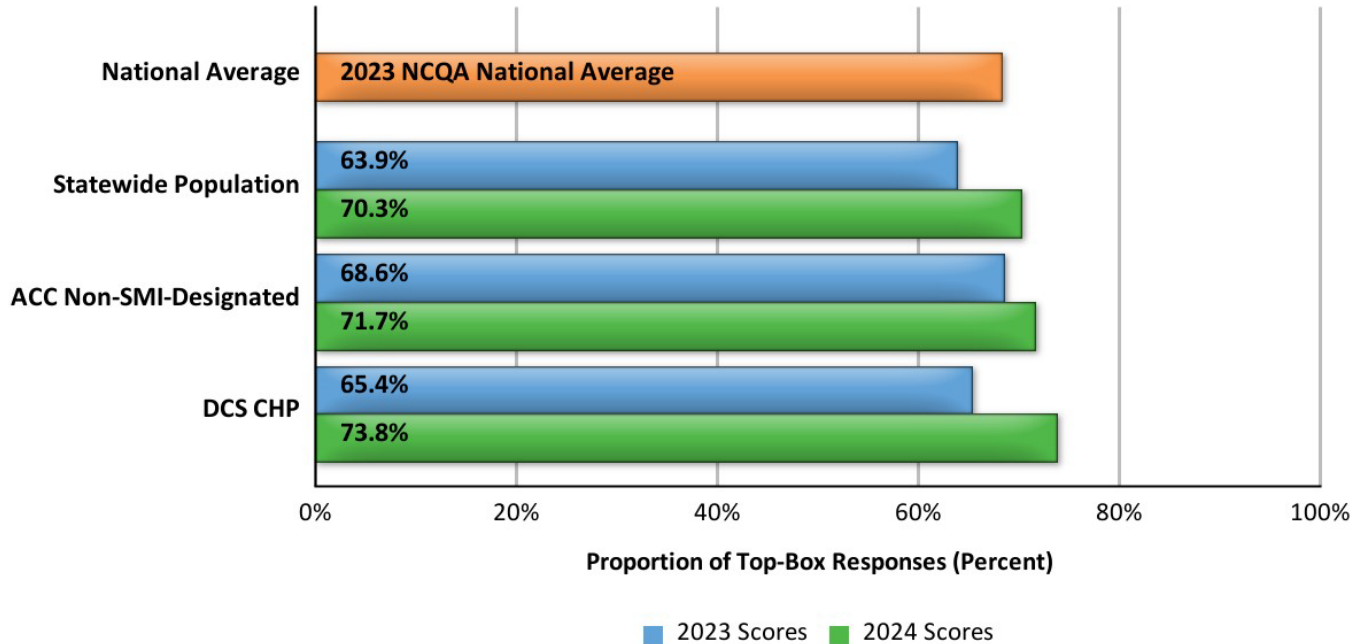
Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.



### Rating of All Health Care

Figure 2-5 shows the top-box trend analysis results, including the 2023 NCQA general child Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *Rating of All Health Care* global rating.

**Figure 2-5—Trend Analysis: Rating of All Health Care—General Child Population**

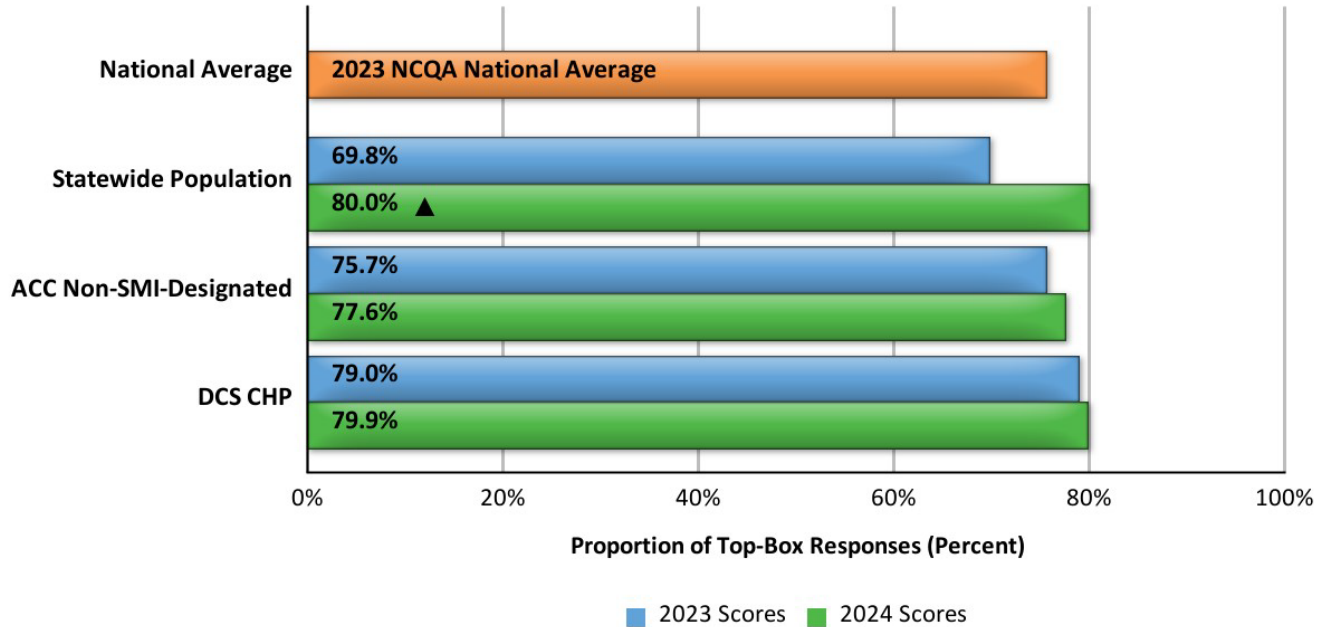


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.

### Rating of Personal Doctor

Figure 2-6 shows the top-box trend analysis results, including the 2023 NCQA general child Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *Rating of Personal Doctor* global rating.

**Figure 2-6—Trend Analysis: Rating of Personal Doctor—General Child Population**

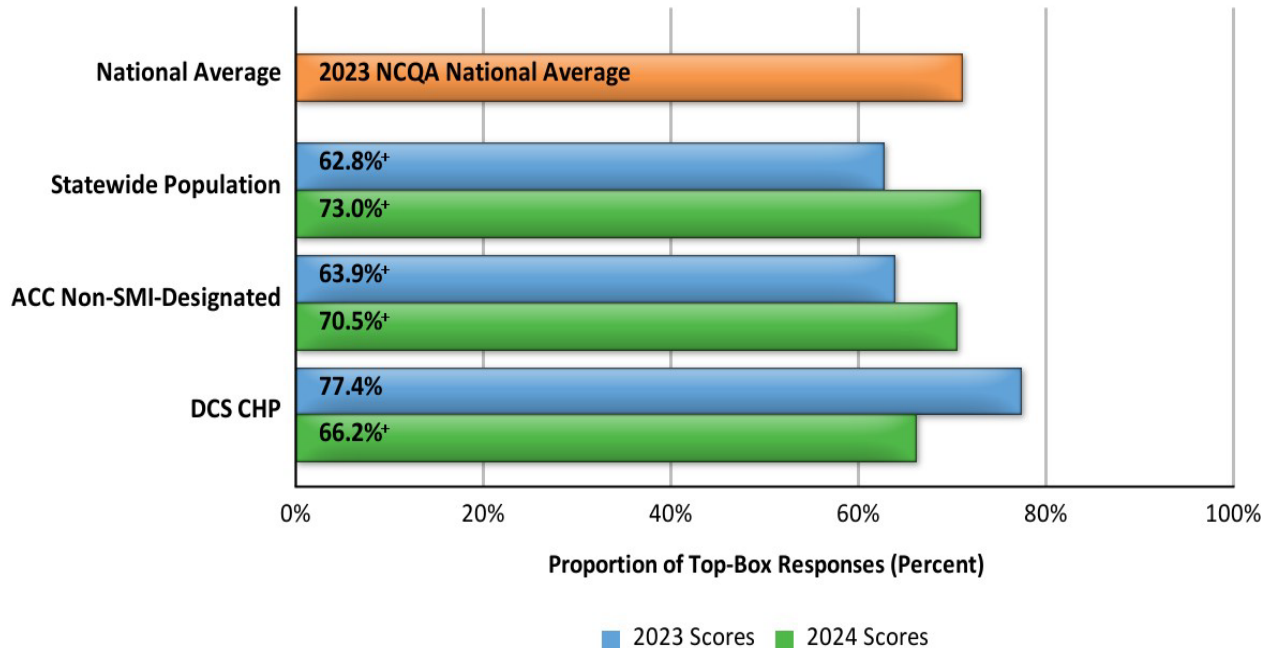


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.

### Rating of Specialist Seen Most Often

Figure 2-7 shows the top-box trend analysis results, including the 2023 NCQA general child Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *Rating of Specialist Seen Most Often* global rating.

**Figure 2-7—Trend Analysis: Rating of Specialist Seen Most Often—General Child Population**



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

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

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

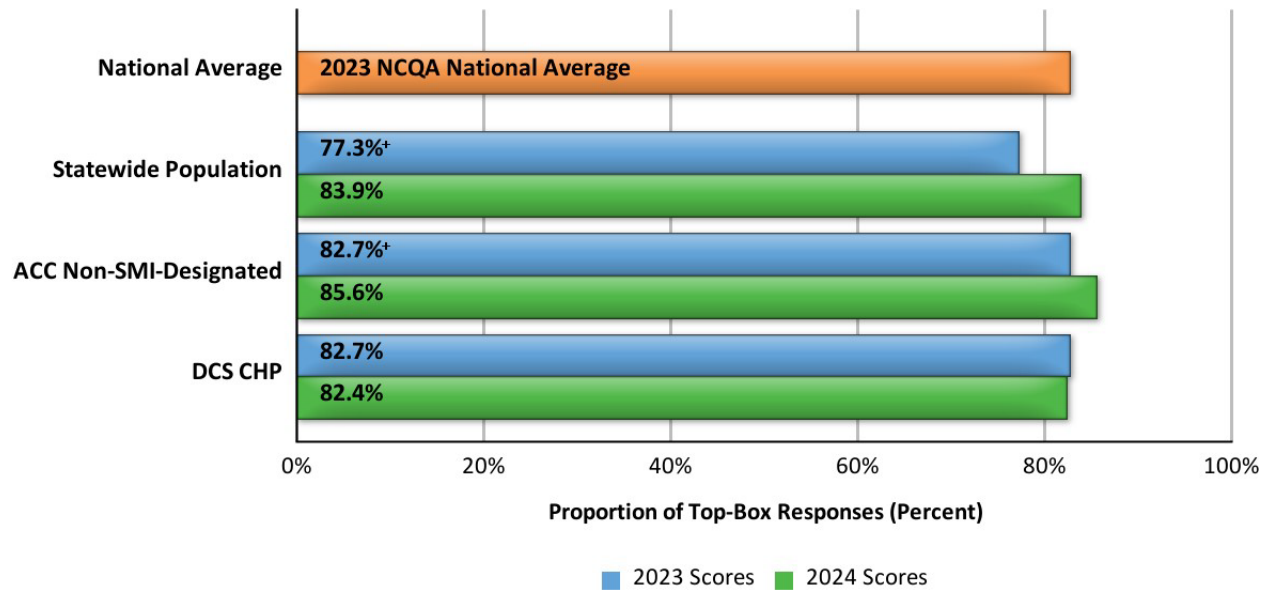
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

## Composite Measures and Individual Item Measure

### Getting Needed Care

Figure 2-8 shows the top-box trend analysis results, including the 2023 NCQA general child Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *Getting Needed Care* composite measure.

**Figure 2-8—Trend Analysis: Getting Needed Care—General Child Population**

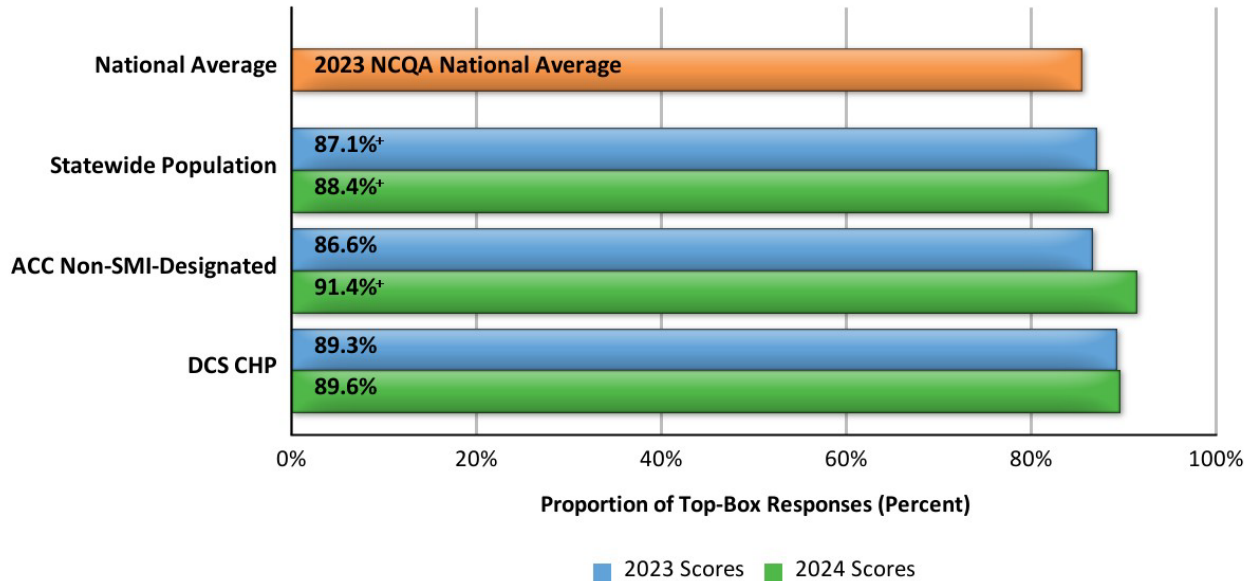


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

### Getting Care Quickly

Figure 2-9 shows the top-box trend analysis results, including the 2023 NCQA general child Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *Getting Care Quickly* composite measure.

**Figure 2-9—Trend Analysis: Getting Care Quickly—General Child Population**

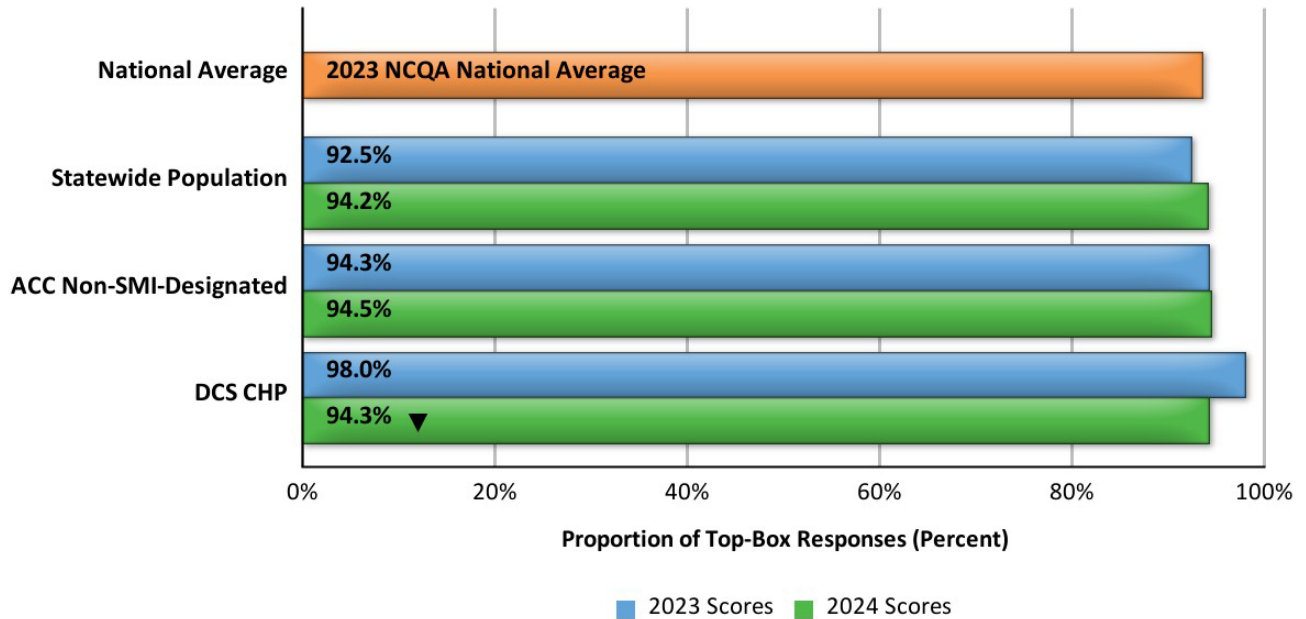


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

### How Well Doctors Communicate

Figure 2-10 shows the top-box trend analysis results, including the 2023 NCQA general child Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *How Well Doctors Communicate* composite measure.

**Figure 2-10—Trend Analysis: How Well Doctors Communicate—General Child Population**

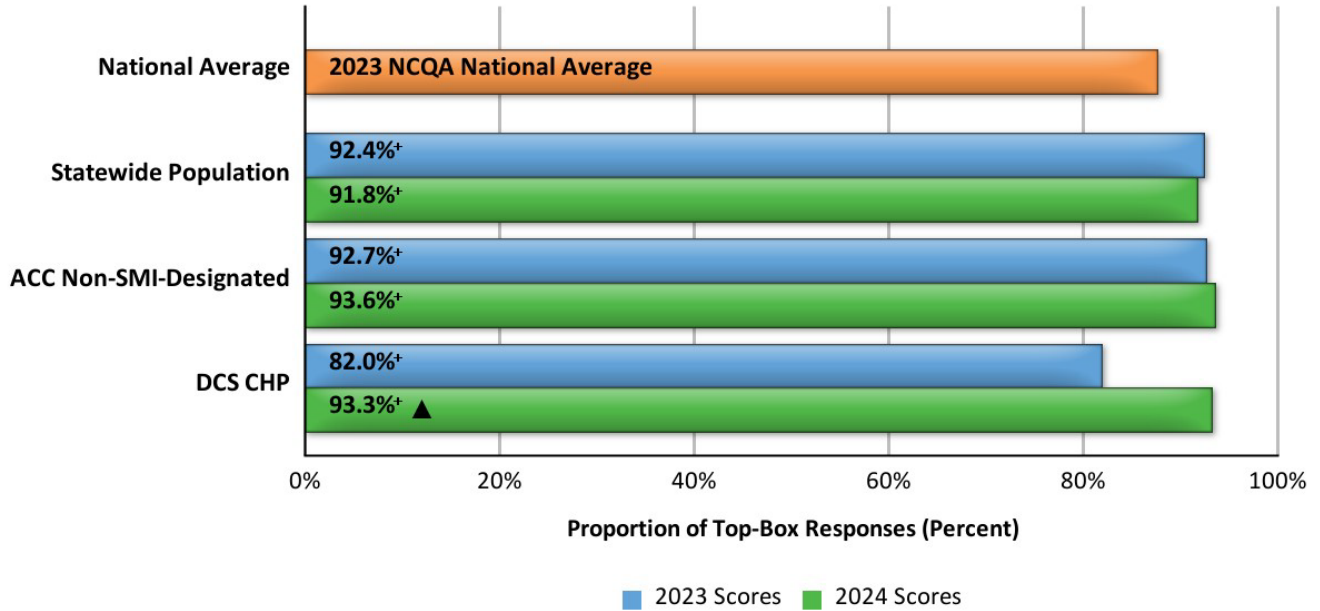


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.

### Customer Service

Figure 2-11 shows the top-box trend analysis results, including the 2023 NCQA general child Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *Customer Service* composite measure.

**Figure 2-11—Trend Analysis: Customer Service—General Child Population**

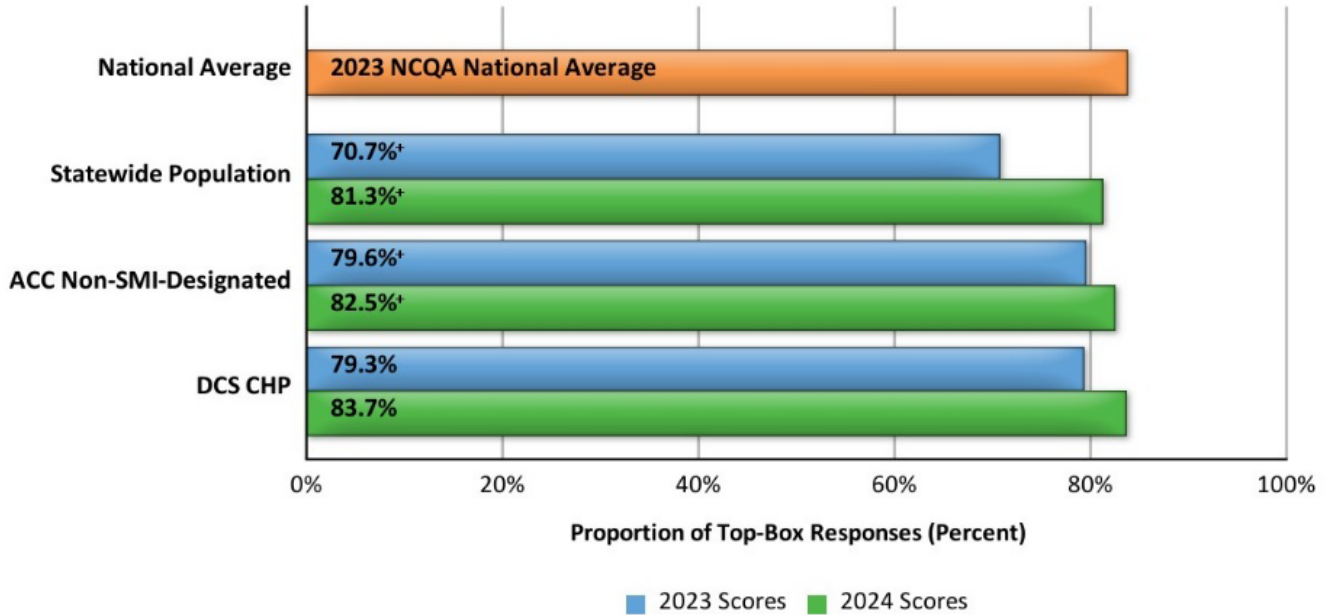


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

### Coordination of Care

Figure 2-12 shows the top-box trend analysis results, including the 2023 NCQA general child Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *Coordination of Care* individual item measure.

**Figure 2-12—Trend Analysis: Coordination of Care—General Child Population**



Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.  
 + 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. Table 2-11 through Table 2-14 show the number and percentage of responses for each supplemental item for the Statewide population, ACC non-SMI-designated, and DCS CHP. The number and percentage of responses were not included for question 80 due to the low number of responses. A brief summary describing the results is presented for this supplemental question.

**Table 2-10—Supplemental Items**

Question		Response Options
Q77.	In the last 6 months, how many days did you usually have to wait for an appointment for a <u>check-up or routine care</u> for your child?	Same day 1 day 2 to 3 days 4 to 7 days 8 to 14 days 15 to 30 days More than 30 days My child did not receive any health care in the last 6 months <sup>23</sup>
Q78.	Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did your child see his or her personal doctor <u>within 15 minutes</u> of your child’s appointment time?	Never Sometimes Usually Always My child did not receive any health care in the last 6 months <sup>24</sup>
Q79.	In the last 6 months, did your child need to visit a doctor’s office or clinic after regular office hours?	Yes No
Q80.	In the last 6 months, how often were you able to get the care your child needed from a doctor’s office or clinic <u>after</u> regular office hours?	Never Sometimes Usually Always
Q81.	In the last 6 months, how many days did you usually have to wait for an appointment when your child <u>needed care right away</u> ?	Same day 1 day 2 to 3 days 4 to 7 days More than 7 days My child did not receive any health care in the last 6 months <sup>25</sup>

<sup>23</sup> Respondents who answered, “My child did not receive any health care in the last 6 months” were excluded from the analysis.

<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

**Days Waited for Check-Up or Routine Care**

Parents/caretakers of child members were asked how many days they usually had to wait for an appointment for a check-up or routine care for their child (Question 77). Table 2-11 shows the results for this question for the general child populations.

**Table 2-11—Days Waited for Check-Up or Routine Care Appointment—General Child Population**

Response Options	Statewide Population		ACC Non-SMI-Designated		DCS CHP	
	N	%	N	%	N	%
Same day	33	17.3%	29	15.5%	58	25.6%
1 day	24	12.6%	24	12.8%	28	12.3%
2 to 3 days	43	22.5%	49	26.2%	47	20.7%
4 to 7 days	38	19.9%	35	18.7%	39	17.2%
8 to 14 days	22	11.5%	21	11.2%	27	11.9%
15 to 30 days	16	8.4%	15	8.0%	11	4.8%
More than 30 days	15	7.9%	14	7.5%	17	7.5%

*Some percentages may not total 100% due to rounding.  
Caution should be exercised when evaluating results with fewer than 100 respondents.*

**Appointment Wait Time**

Parents/caretakers of child members were asked how often their child saw their personal doctor within 15 minutes of their appointment time (Question 78). Table 2-12 shows the results for this question.

**Table 2-12—Appointment Wait Time—General Child Population**

Response Options	Statewide Population		ACC Non-SMI-Designated		DCS CHP	
	N	%	N	%	N	%
Never	27	14.2%	27	14.6%	23	10.1%
Sometimes	54	28.4%	45	24.3%	44	19.3%
Usually	66	34.7%	66	35.7%	78	34.2%
Always	43	22.6%	47	25.4%	83	36.4%

*Some percentages may not total 100% due to rounding.  
Caution should be exercised when evaluating results with fewer than 100 respondents.*

**After Hours Visit to Doctors Office or Clinic**

Parents/caretakers of child members were asked if their child needed to visit a doctor’s office or clinic after regular office hours (Question 79). Table 2-13 shows the results for this question.

**Table 2-13—After Hours Visit to Doctor’s Office or Clinic—General Child Population**

Response Options	Statewide Population		ACC Non-SMI-Designated		DCS CHP	
	N	%	N	%	N	%
Yes	28	12.7%	25	11.5%	28	11.1%
No	192	87.3%	192	88.5%	224	88.9%

*Some percentages may not total 100% due to rounding.  
Caution should be exercised when evaluating results with fewer than 100 respondents.*

**Received Care During After Hours Visit to Doctors Office or Clinic**

The majority of parents/caretakers of child members reported they always were able to get the care their child needed from a doctor’s office or clinic after regular office hours. [DCS CHP]<sup>26,27</sup>

**Days Waited for Appointment When Care Was Needed Right Away**

Parents/caretakers of child members were asked how many days they usually had to wait for an appointment when their child needed care right away (Question 81). Table 2-14 shows the results for this question.

**Table 2-14—Days Waited for Appointment When Care Was Needed Right Away—General Child Population**

Response Options	Statewide Population		ACC Non-SMI-Designated		DCS CHP	
	N	%	N	%	N	%
Same day	75	44.4%	74	45.7%	115	54.5%
1 day	34	20.1%	33	20.4%	40	19.0%
2 to 3 days	30	17.8%	31	19.1%	30	14.2%
4 to 7 days	17	10.1%	13	8.0%	14	6.6%
More than 7 days	13	7.7%	11	6.8%	12	5.7%

*Some percentages may not total 100% due to rounding.  
Caution should be exercised when evaluating results with fewer than 100 respondents.*

<sup>26</sup> Statewide Population and ACC non-SMI-designated results are not included due to a majority of the responses requiring suppression.  
<sup>27</sup> Results are based on respondents that answered “Yes” to Question 79.

### 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 page 63 of the Reader’s Guide section. Table 2-15 through Table 2-17 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 non-SMI-designated, and DCS CHP. Please refer to Appendix A. Additional Data for graphical displays of the key drivers of member experience results.

#### Statewide Population

**Table 2-15—Key Drivers of Member Experience: Statewide Population—General Child Population**

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	✓	✓	✓
Q28. Child’s personal doctor listened carefully to the parent/caretaker	Never/Sometimes/Usually vs. Always	NS	NS	✓
Q29. Child’s personal doctor showed respect for what the parent/caretaker said	Never/Sometimes/Usually vs. Always	NS	✓	NS
Q31. Child’s personal doctor explained things in an understandable way for 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, improvements of those responses may not significantly affect the rating.

**ACC Non-SMI-Designated**

**Table 2-16—Key Drivers of Member Experience: ACC Non-SMI-Designated—General Child Population**

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	✓	✓
Q28. Child’s personal doctor listened carefully to the parent/caretaker	Never/Sometimes/Usually vs. Always	NS	NS	✓
Q46. Parent/caretaker was treated with courtesy and respect by the child’s health plan’s customer service staff	Never/Sometimes/Usually vs. Always	✓	NS	NA

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, improvements of those responses may not significantly affect the rating.

**DCS CHP**

**Table 2-17—Key Drivers of Member Experience: DCS CHP—General Child 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
Q10. Ease of getting the care, tests, or treatment the child 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	✓
Q33. Child’s personal doctor discussed how the child is feeling, growing, or behaving	Never/Sometimes/Usually vs. Always	NS	NS	✓
Q46. Parent/caretaker was treated with courtesy and respect by the child’s health plan’s customer service staff	Never/Sometimes/Usually vs. Always	✓	NS	NA

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, improvements of those responses may not significantly affect the rating.

## 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 whose parents/caretakers provided affirmative responses to all the questions in at least one of the following five categories were considered to have a chronic condition:

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

## National Comparisons

In order to assess the overall performance for the CCC population, HSAG compared top-box scores for each measure to NCQA’s 2023 Quality Compass Benchmark and Compare Quality Data.<sup>28,29,30,31</sup> 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). Table 2-18 through Table 2-20 show the CCC populations’ top-box scores and star ratings for each measure. For additional information regarding these comparisons, please refer to page 62 of the Reader’s Guide section.

**Table 2-18—National Comparisons: Global Ratings—CCC Population**

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Statewide Population	★★★ 68.7%	★★★ 69.0%	★★★★ 78.2%	★★★ 75.9% <sup>+</sup>
ACC Non-SMI-Designated	★★★★ 73.4%	★★★★★ 77.1%	★★★★ 78.3%	★★★★ 78.9% <sup>+</sup>
DCS CHP	★ 61.5%	★★★ 65.6%	★★★ 75.4%	★ 62.1% <sup>+</sup>
Star Assignments Based on Percentiles: ★★★★★ 90th or Above   ★★★★★ 75th-89th   ★★★ 50th-74th   ★★ 25th-49th   ★ Below 25th + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.				

<sup>28</sup> National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.

<sup>29</sup> Quality Compass® 2023 data are used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2023 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of AHRQ.

<sup>30</sup> NCQA’s Quality Compass benchmarks for the CCC Medicaid population were used for comparative purposes, since NCQA does not publish separate benchmarking data for children and youth in out-of-home care; therefore, caution should be exercised when interpreting the DCS CHP and Statewide population results.

<sup>31</sup> Quality Compass 2024 data were not available at the time this report was prepared; therefore, 2023 data were used for comparison.

**Table 2-19—National Comparisons: Composite Measures and Individual Item Measure—CCC Population**

	<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	★★ 83.4%	★★ 89.5% <sup>+</sup>	★★★ 95.0%	★ 80.5% <sup>+</sup>	★ 78.3% <sup>+</sup>
ACC Non-SMI-Designated	★★★ 86.8% <sup>+</sup>	★★★★ 91.9% <sup>+</sup>	★★★ 95.2% <sup>+</sup>	★ 81.0% <sup>+</sup>	★★ 83.6% <sup>+</sup>
DCS CHP	★ 79.3% <sup>+</sup>	★ 85.3% <sup>+</sup>	★★ 92.7%	★★★★★ 95.3% <sup>+</sup>	★ 77.0% <sup>+</sup>

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

**Table 2-20—National Comparisons: CCC Composite Measures and Items—CCC Population**

	<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	★ 57.0% <sup>+</sup>	★ 88.0%	★★ 77.6% <sup>+</sup>	★★★★★ 95.1%	★★★ 92.3%
ACC Non-SMI-Designated	★ 62.5% <sup>+</sup>	★ 88.0% <sup>+</sup>	★★★★★ 81.8% <sup>+</sup>	★★★★★ 99.1%	★★★★★ 96.2%
DCS CHP	★ 64.5% <sup>+</sup>	★ 81.2%	★ 74.2% <sup>+</sup>	★ 84.5%	★ 87.7%

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

## Trend Analysis

In order to evaluate trends in parent/caretaker experience, the 2024 top-box scores were compared to the corresponding 2023 top-box scores. Statistically significant differences are noted with directional triangles (▲ or ▼). Scores in 2024 that were not statistically significantly different from scores in 2023 are not noted with triangles. For more detailed information on the trend analysis, please refer to page 62 of the Reader’s Guide section.

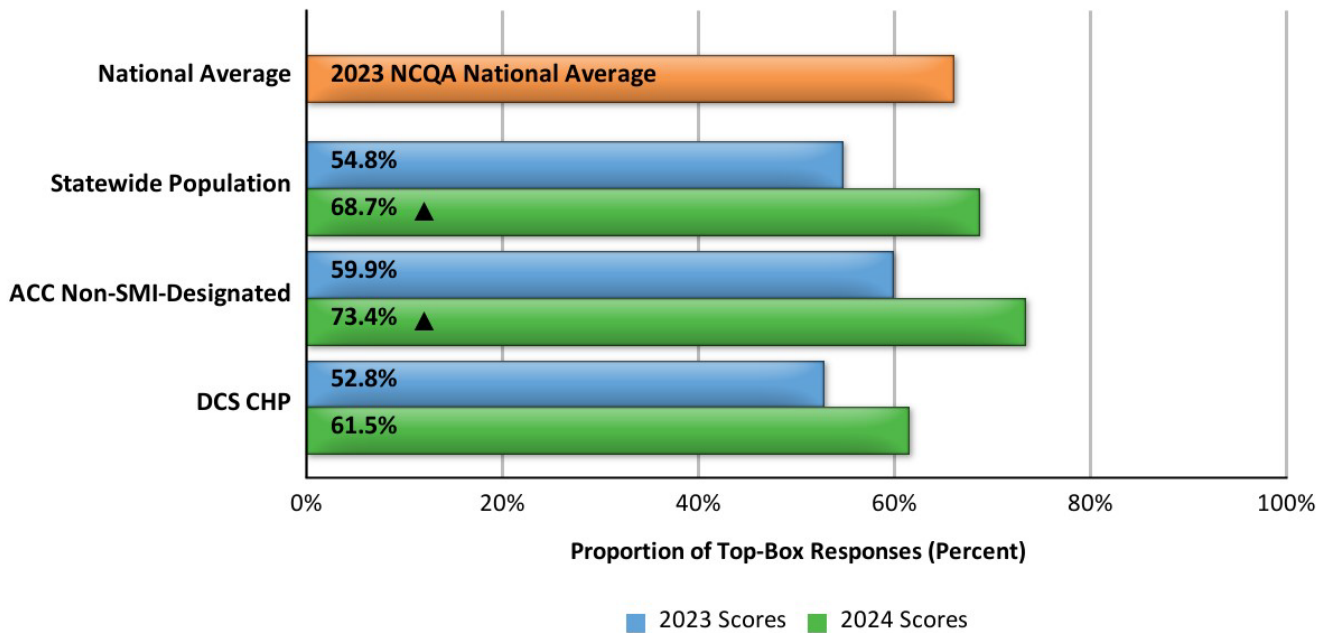


## Global Ratings

### Rating of Health Plan

Figure 2-13 shows the top-box trend analysis results, including the 2023 NCQA CCC Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *Rating of Health Plan* global rating.

**Figure 2-13—Trend Analysis: Rating of Health Plan—CCC Population**

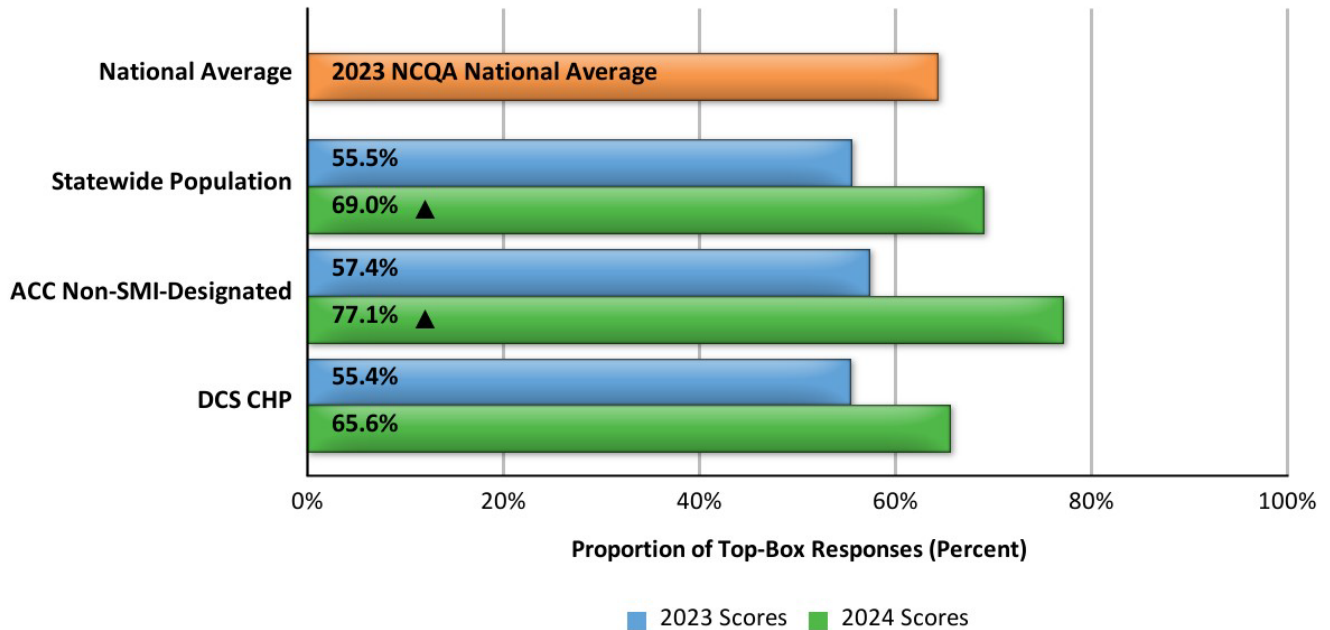


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.

### Rating of All Health Care

Figure 2-14 shows the top-box trend analysis results, including the 2023 NCQA CCC Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *Rating of All Health Care* global rating.

**Figure 2-14—Trend Analysis: Rating of All Health Care—CCC Population**

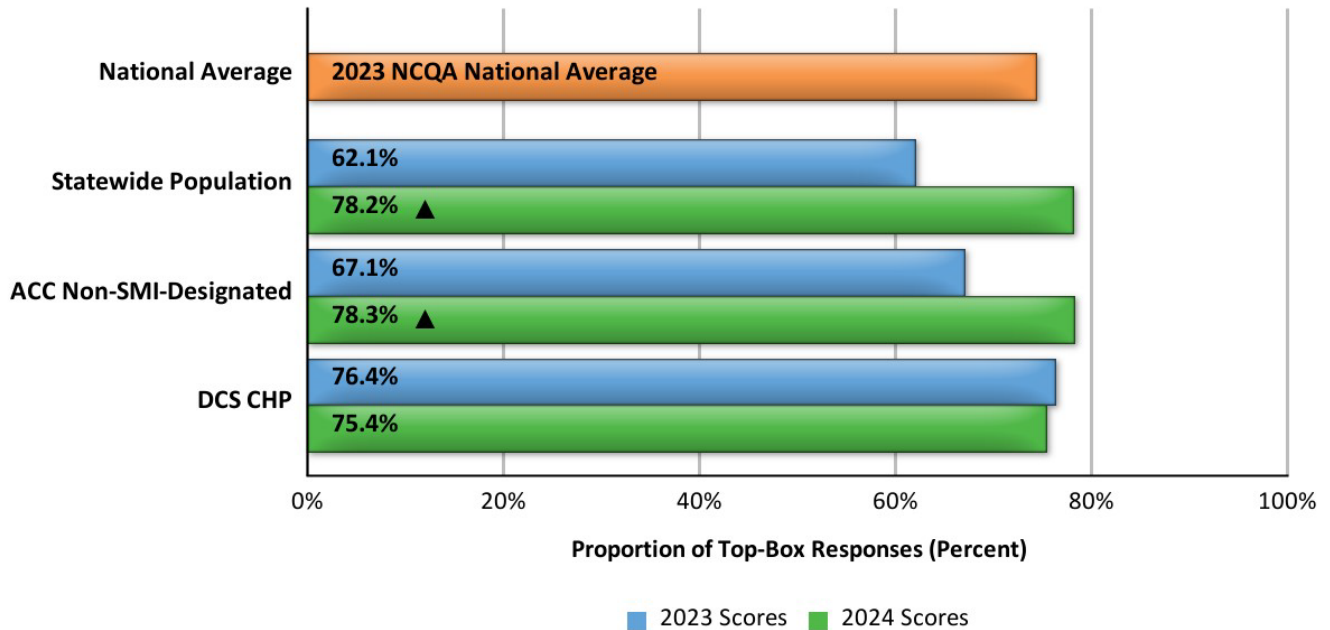


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.

### Rating of Personal Doctor

Figure 2-15 shows the top-box trend analysis results, including the 2023 NCQA CCC Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *Rating of Personal Doctor* global rating.

**Figure 2-15—Trend Analysis: Rating of Personal Doctor—CCC Population**

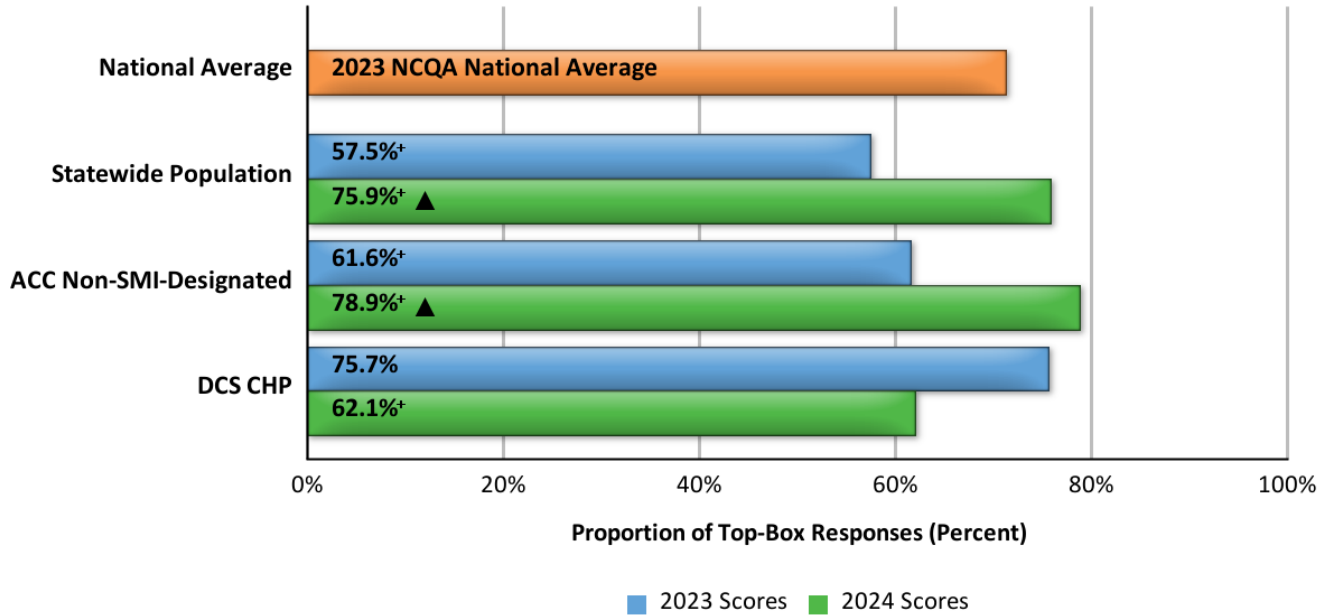


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.

### Rating of Specialist Seen Most Often

Figure 2-16 shows the top-box trend analysis results, including the 2023 NCQA CCC Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *Rating of Specialist Seen Most Often* global rating.

**Figure 2-16—Trend Analysis: Rating of Specialist Seen Most Often—CCC Population**



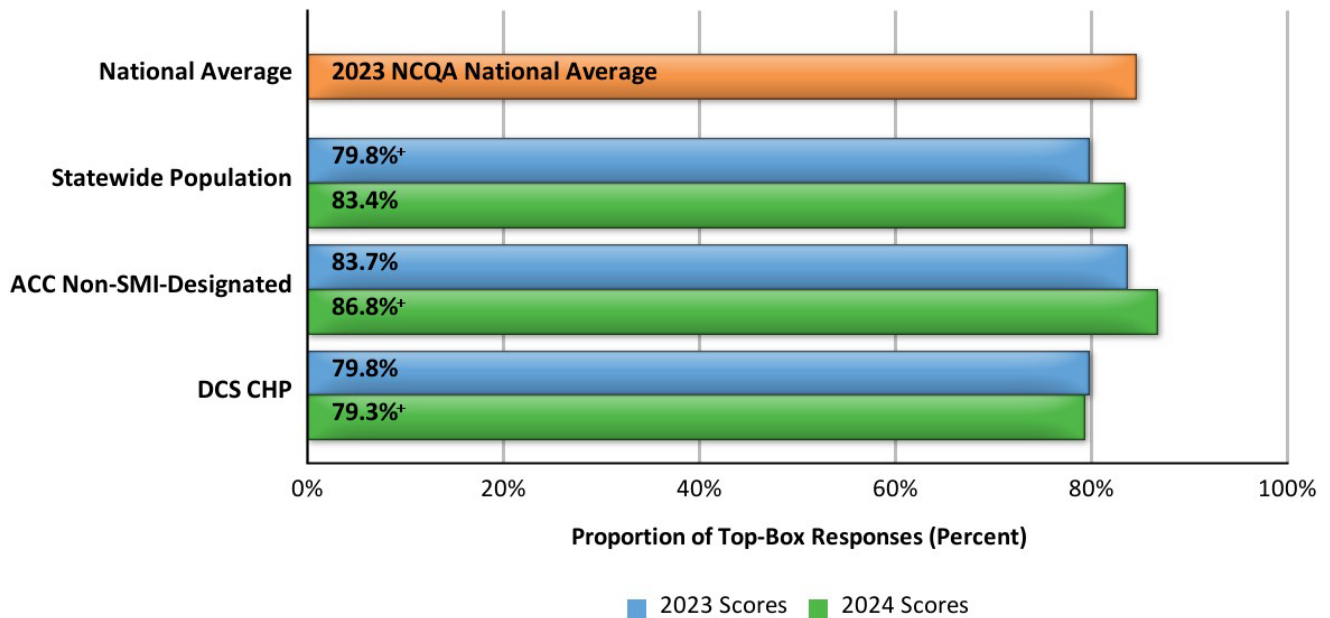
Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

## Composite Measures and Individual Item Measure

### Getting Needed Care

Figure 2-17 shows the top-box trend analysis results, including the 2023 NCQA CCC Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *Getting Needed Care* composite measure.

**Figure 2-17—Trend Analysis: Getting Needed Care—CCC Population**

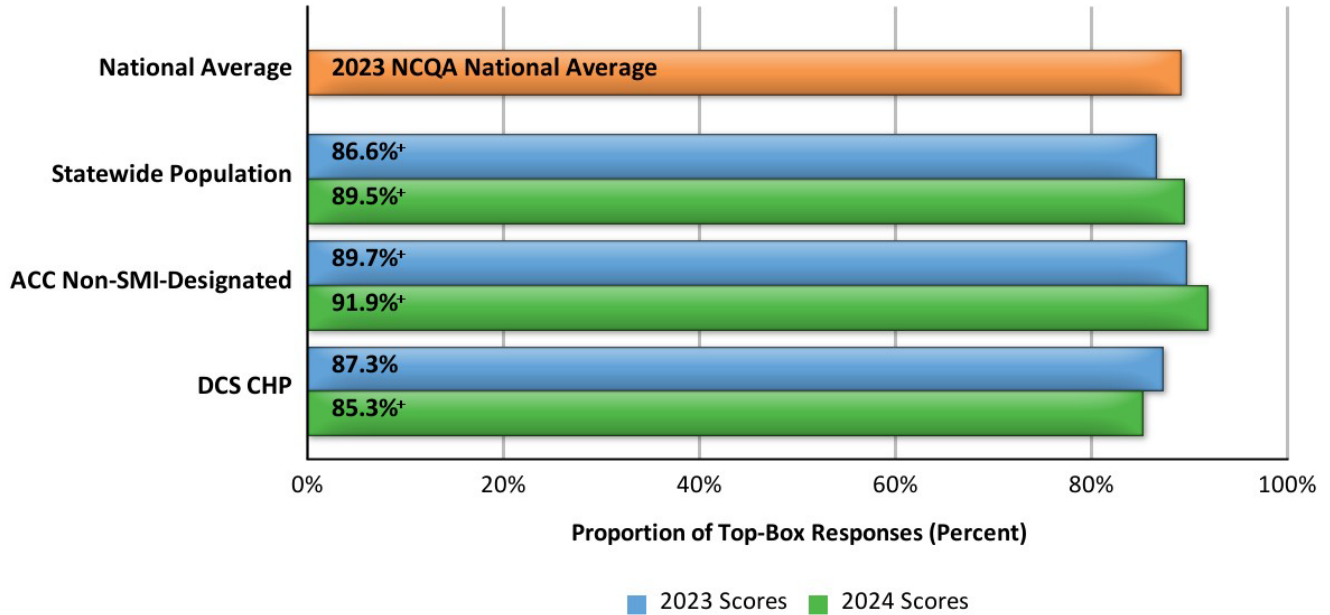


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

### Getting Care Quickly

Figure 2-18 shows the top-box trend analysis results, including the 2023 NCQA CCC Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *Getting Care Quickly* composite measure.

**Figure 2-18—Trend Analysis: Getting Care Quickly—CCC Population**



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

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

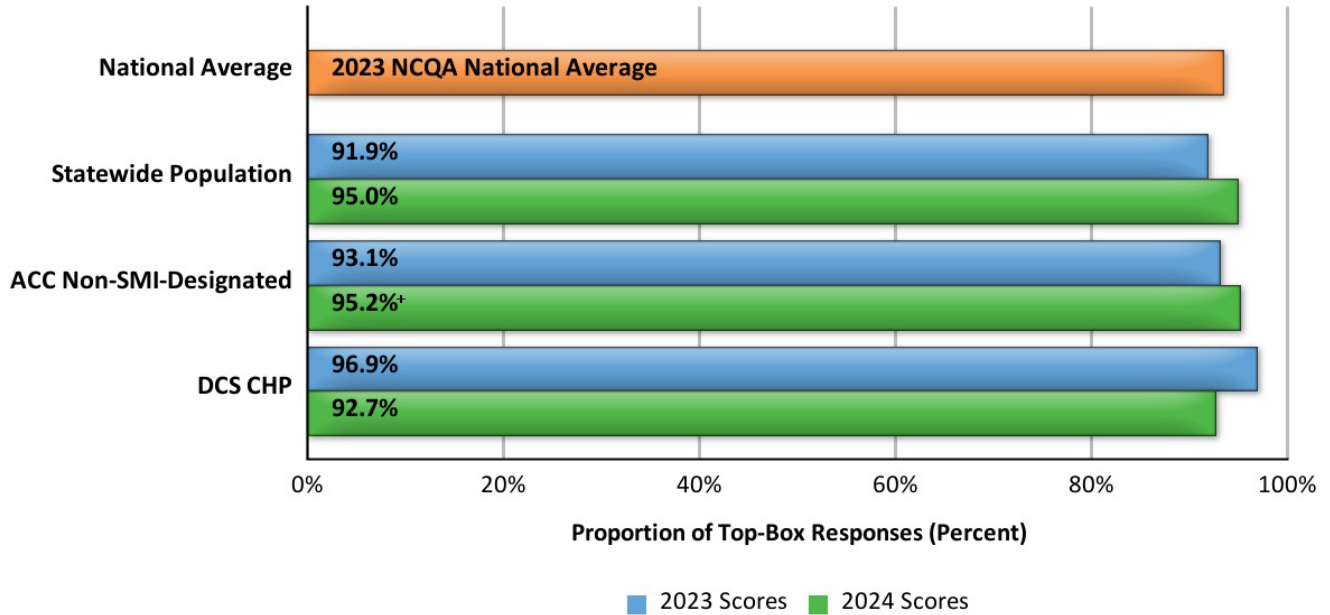
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.

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

### How Well Doctors Communicate

Figure 2-19 shows the top-box trend analysis results, including the 2023 NCQA CCC Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *How Well Doctors Communicate* composite measure.

**Figure 2-19—Trend Analysis: How Well Doctors Communicate—CCC Population**

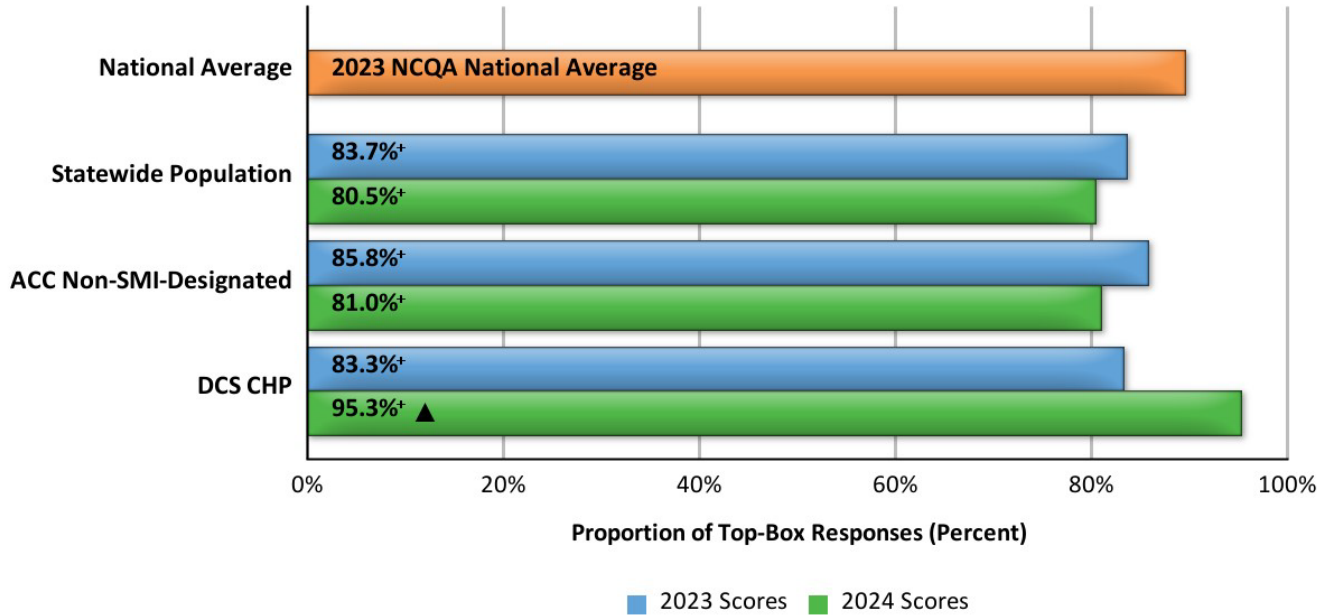


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

### Customer Service

Figure 2-20 shows the top-box trend analysis results, including the 2023 NCQA CCC Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *Customer Service* composite measure.

**Figure 2-20—Trend Analysis: Customer Service—CCC Population**



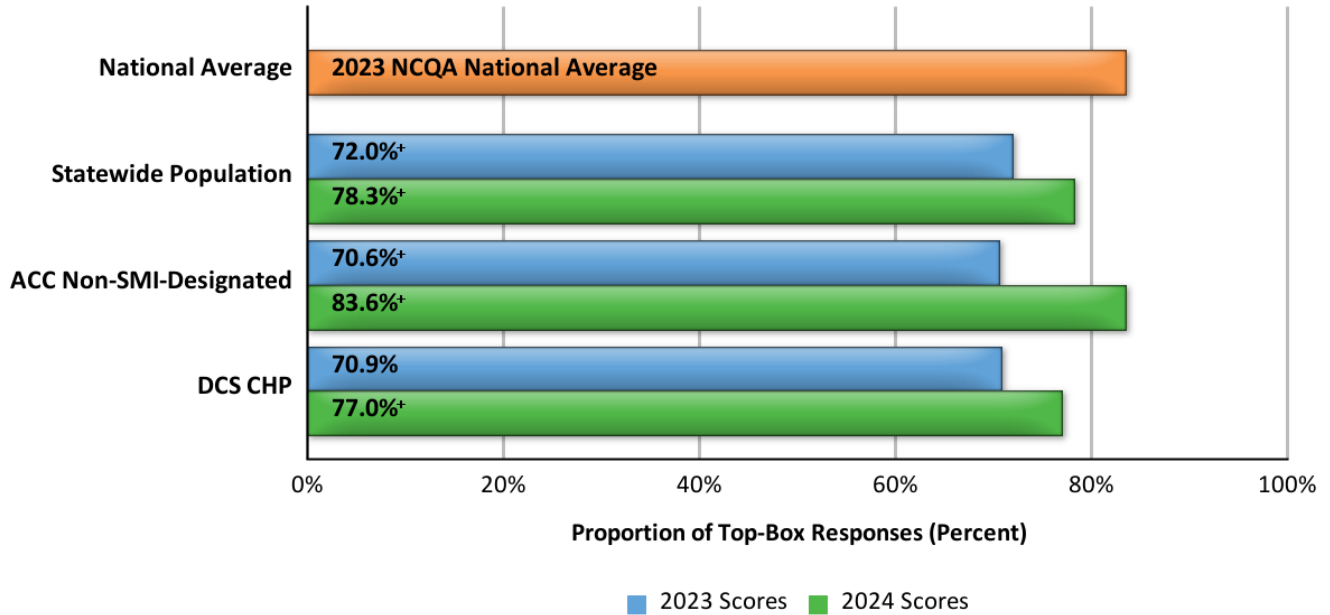
Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.



### Coordination of Care

Figure 2-21 shows the top-box trend analysis results, including the 2023 NCQA CCC Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *Coordination of Care* individual item measure.

**Figure 2-21—Trend Analysis: Coordination of Care—CCC Population**



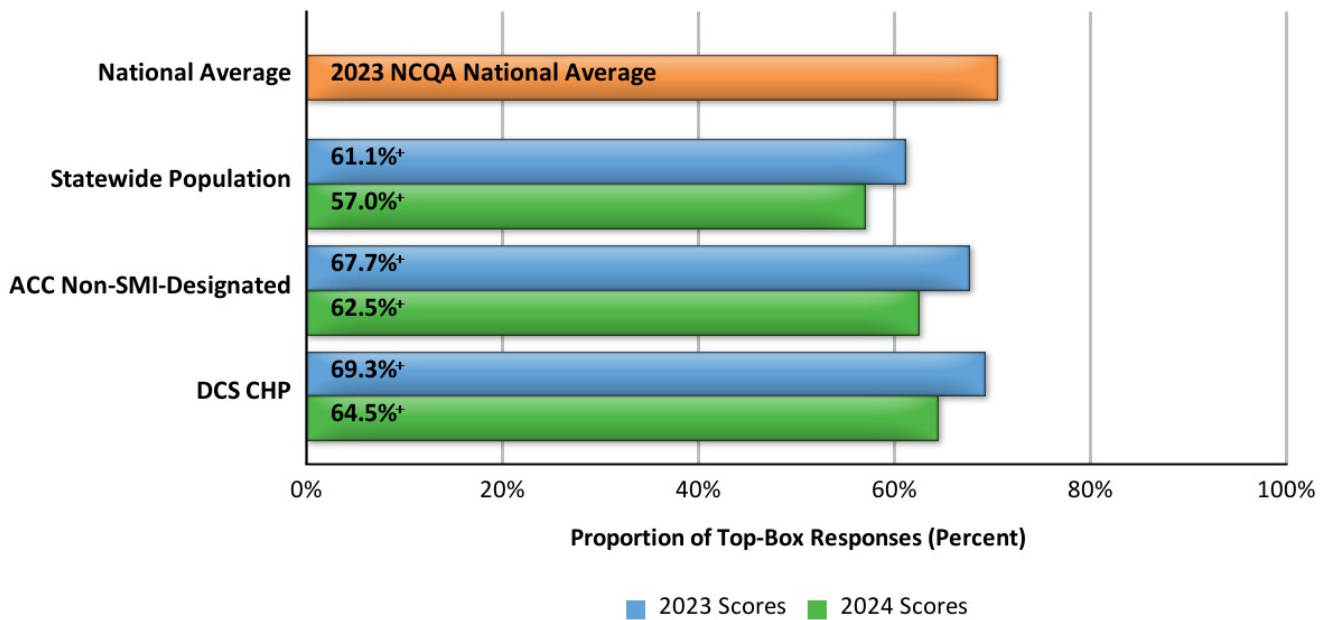
Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

## CCC Composite Measures and CCC Items

### Access to Specialized Services

Figure 2-22 shows the top-box trend analysis results, including the 2023 NCQA CCC Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *Access to Specialized Services* CCC composite measure.

**Figure 2-22—Trend Analysis: Access to Specialized Services—CCC Population**

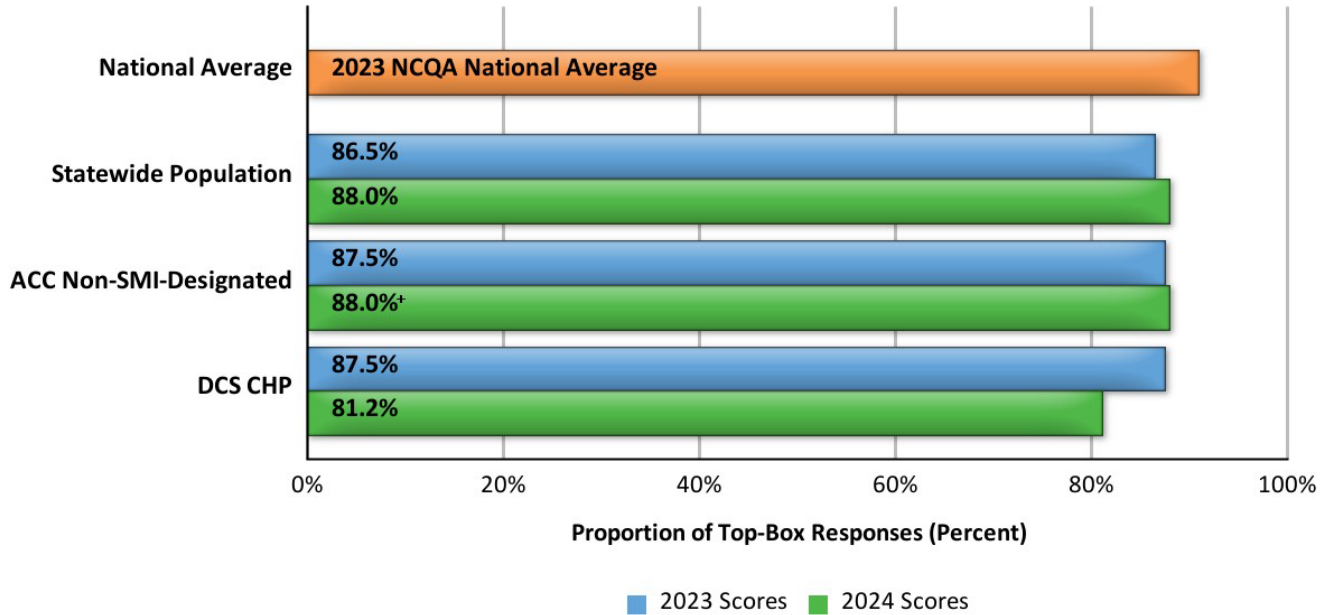


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

**FCC: Personal Doctor Who Knows Child**

Figure 2-23 shows the top-box trend analysis results, including the 2023 NCQA CCC Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *FCC: Personal Doctor Who Knows Child* CCC composite measure.

**Figure 2-23—Trend Analysis: FCC: Personal Doctor Who Knows Child—CCC Population**

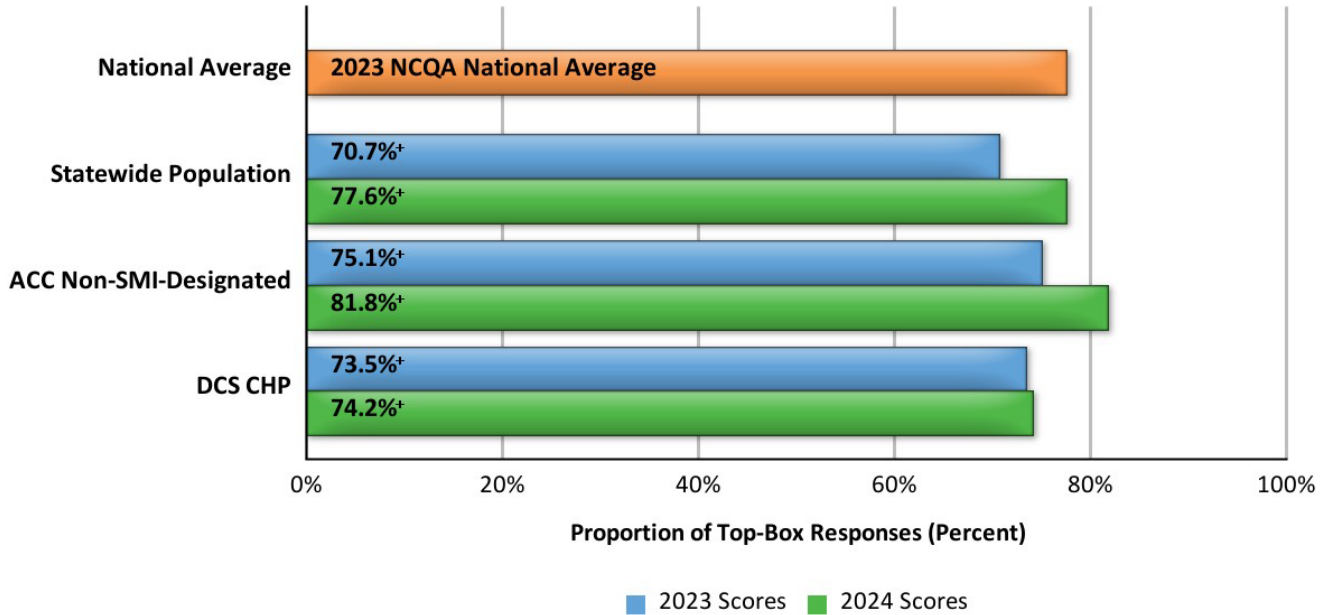


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

### Coordination of Care for Children with Chronic Conditions

Figure 2-24 shows the top-box trend analysis results, including the 2023 NCQA CCC Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *Coordination of Care for Children with Chronic Conditions* CCC composite measure.

**Figure 2-24—Trend Analysis: Coordination of Care for Children with Chronic Conditions—CCC Population**

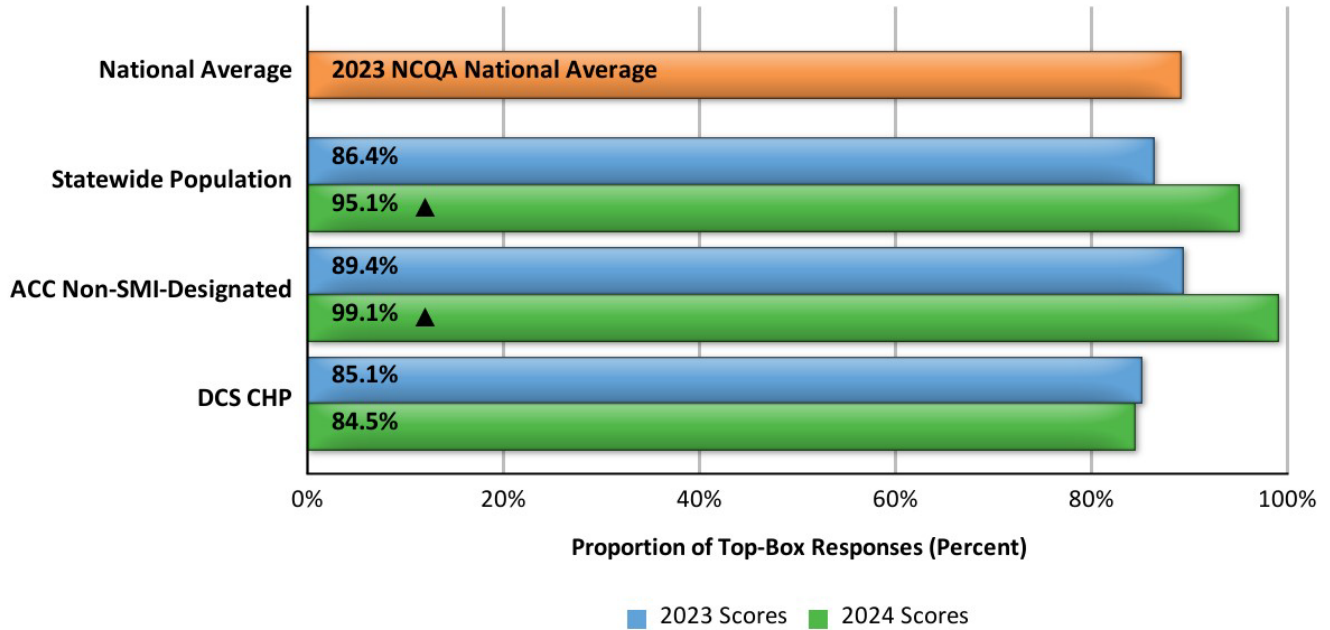


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

### Access to Prescription Medicines

Figure 2-25 shows the top-box trend analysis results, including the 2023 NCQA CCC Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *Access to Prescription Medicines* CCC item measure.

**Figure 2-25—Trend Analysis: Access to Prescription Medicines—CCC Population**

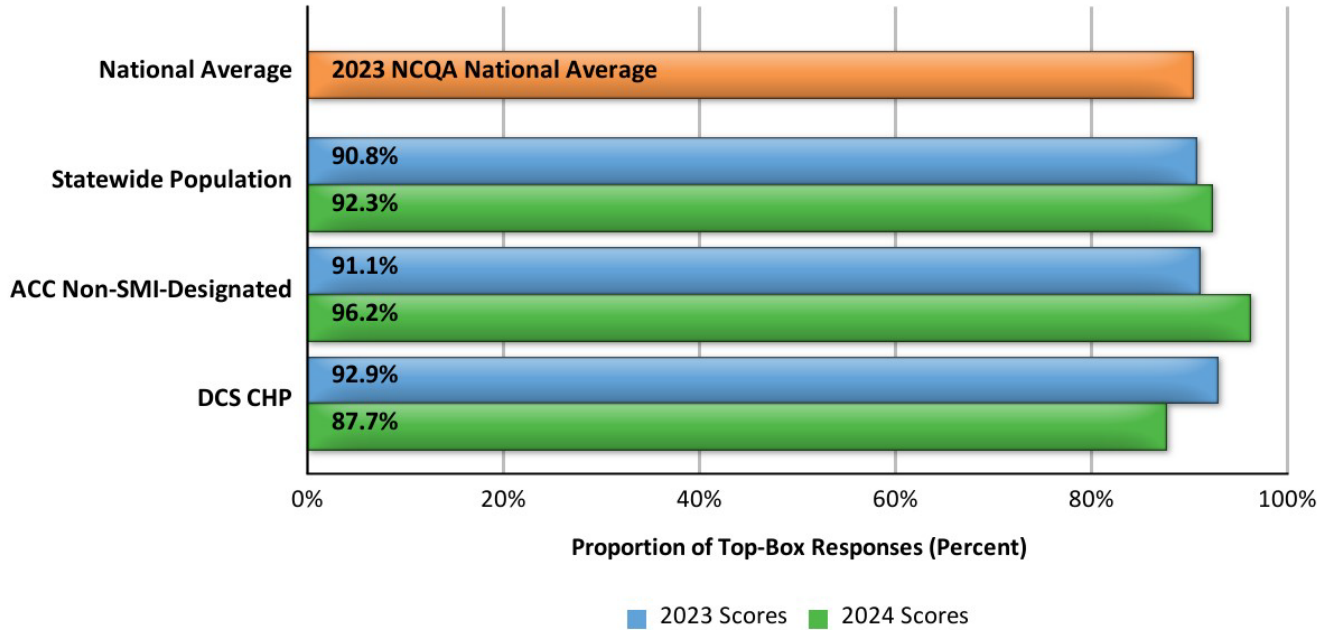


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.

**FCC: Getting Needed Information**

Figure 2-26 shows the top-box trend analysis results, including the 2023 NCQA CCC Medicaid national average, for the Statewide population, ACC non-SMI-designated, and DCS CHP for the *FCC: Getting Needed Information* CCC item measure.

**Figure 2-26—Trend Analysis: FCC: Getting Needed Information—CCC Population**



Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.

## 3. Reader's Guide

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

### Survey Administration

#### Survey Overview

The survey instrument selected was the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set. The CAHPS 5.1 Health Plan Surveys are a set of standardized surveys that assess patient perspectives on care. Originally, CAHPS was a five-year collaborative project sponsored by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). Based on the CAHPS 5.1 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys, which are referred to as the CAHPS 5.1H Health Plan Surveys.<sup>32</sup>

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

### CAHPS Performance Measures

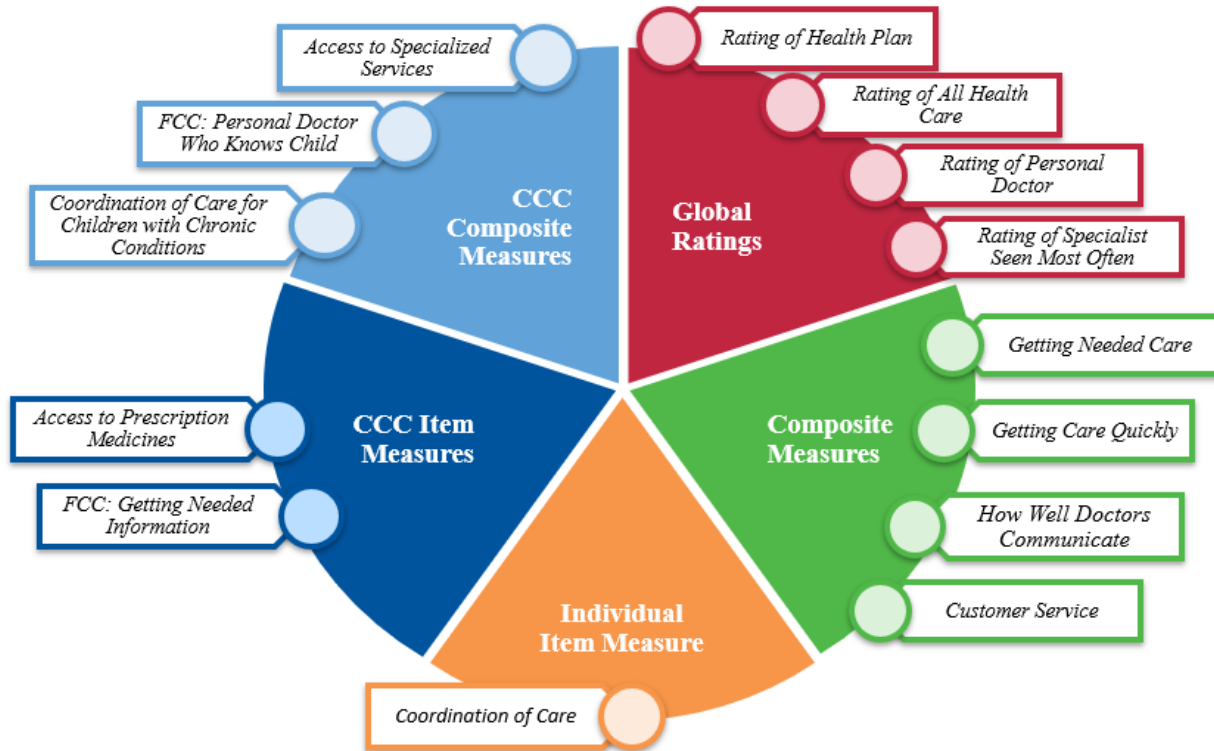
The CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set includes 76 core questions that yield 14 measures of member experience.<sup>33</sup> These measures include four global rating questions, four composite measures, one individual item measure, and five CCC composites/items (CCC population only). The global measures (also referred to as global ratings) reflect parents'/caretakers' overall experience with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., *Getting Needed Care* or *Getting Care Quickly*). The individual item measure is an individual question that looks at coordination of care. The CCC composites and items are sets of

<sup>32</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

<sup>33</sup> AHCCCS elected to add five supplemental questions to the child survey.

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*).<sup>34</sup> Figure 3-1 lists the measures included in the child survey.

**Figure 3-1—CAHPS Measures: Child Survey**



<sup>34</sup> 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. The CAHPS survey includes gate items 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 within footnotes in Table 3-1.

**Table 3-1—Question Language and Response Options**

Question Language	Response Options
<b>Global Ratings</b>	
<b><i>Rating of Health Plan</i></b>	
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
<b><i>Rating of All Health Care</i><sup>35</sup></b>	
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
<b><i>Rating of Personal Doctor</i><sup>36</sup></b>	
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
<b><i>Rating of Specialist Seen Most Often</i><sup>37</sup></b>	
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

<sup>35</sup> For *Rating of All Health Care*, the gate question asks respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months. If respondents answer “None” to this question, they are directed to skip the question that comprises the *Rating of All Health Care* measure.

<sup>36</sup> For *Rating of Personal Doctor*, the gate question asks respondents if their child has a personal doctor. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Rating of Personal Doctor* measure.

<sup>37</sup> For *Rating of Specialist Seen Most Often*, the gate question asks respondents if they made any appointments for their child with a specialist in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Rating of Specialist Seen Most Often* measure.

Question Language	Response Options
<b>Composite Measures</b>	
<b>Getting Needed Care<sup>38</sup></b>	
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
<b>Getting Care Quickly<sup>39</sup></b>	
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
<b>How Well Doctors Communicate<sup>40</sup></b>	
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
<b>Customer Service<sup>41</sup></b>	
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

<sup>38</sup> For *Getting Need Care*, the gate questions ask respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months and did they make any appointments for their child with a specialist in the last six months. If respondents answer “None” or “No” to these questions, they are directed to skip the questions that collectively comprise the *Getting Needed Care* measure.

<sup>39</sup> For *Getting Care Quickly*, the gate questions ask respondents if their child had an illness, injury, or condition that needed care right away and did they make any in person, phone, or video appointments for a check-up or routine care for their child. If respondents answer “No” to these questions, they are directed to skip the questions that collectively comprise the *Getting Care Quickly* measure.

<sup>40</sup> For *How Well Doctors Communicate*, the gate question asks respondents if their child has a personal doctor. If respondents answer “No” to this question, they are directed to skip the questions that collectively comprise the *How Well Doctors Communicate* measure.

<sup>41</sup> For *Customer Service*, the gate question asks respondents if they received information or help from customer service at their child's health plan in the last six months. If respondents answer “No” to this question, they are directed to skip the questions that collectively comprise the *Customer Service* measure.

Question Language	Response Options
<b>Individual Item Measure</b>	
<i>Coordination of Care</i> <sup>42</sup>	
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
<b>CCC Composite Measures</b>	
<i>Access to Specialized Services</i> <sup>43</sup>	
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> <sup>44</sup>	
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> <sup>45</sup>	
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

<sup>42</sup> For *Coordination of Care*, the gate question asks respondents if their child has a personal doctor. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Coordination of Care* measure.

<sup>43</sup> For *Access to Specialized Services*, the gate questions ask respondents if they got or tried to get any special medical equipment or devices for their child; if they got or tried to get special therapy such as physical, occupational, or speech therapy for their child; and if they got or tried to get treatment or counseling for their child for an emotional, developmental, or behavioral problem in the last six months. If respondents answer "No" to these questions, they are directed to skip the questions that collectively comprise the *Access to Specialized Services* measure.

<sup>44</sup> For *FCC: Personal Doctor Who Knows Child*, the gate question asks respondents if their child has a personal doctor. If respondents answer "No" to this question, they are directed to skip the questions that collectively comprise the *FCC: Personal Doctor Who Knows Child* measure.

<sup>45</sup> For *Coordination of Care for Children with Chronic Conditions*, the gate questions ask respondents if their child is enrolled in any kind of school or daycare, if they needed their child's doctors or other health providers to contact a school or daycare center about their child's health or health care, and if their child received care from more than one kind of health care provider or used more than one kind of health care service in the last 6 months. If respondents answer "No" to these questions, they are directed to skip the questions that collectively comprise the *Coordination of Care for Children with Chronic Conditions* measure.

Question Language	Response Options
<b>CCC Item Measures</b>	
<i>Access to Prescription Medicines</i> <sup>46</sup>	
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> <sup>47</sup>	
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 as of December 31, 2023.
- Were currently enrolled in a health plan/program (for any given business line).
- Were continuously enrolled in the health plan/program during the measurement period (July 1 to December 31, 2023) with no more than one gap in enrollment of up to 45 days.<sup>48</sup>

The standard sample size for the CAHPS 5.1 Child Medicaid Health Plan Survey is 1,650 members.<sup>49</sup> HSAG applied a 50 percent oversample; therefore, a total of 2,475 child members were selected for the Statewide sample.

<sup>46</sup> For *Access to Prescription Medicines*, the gate question asks respondents if they received or refilled any prescription medicines for their child in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Access to Prescription Medicines*.

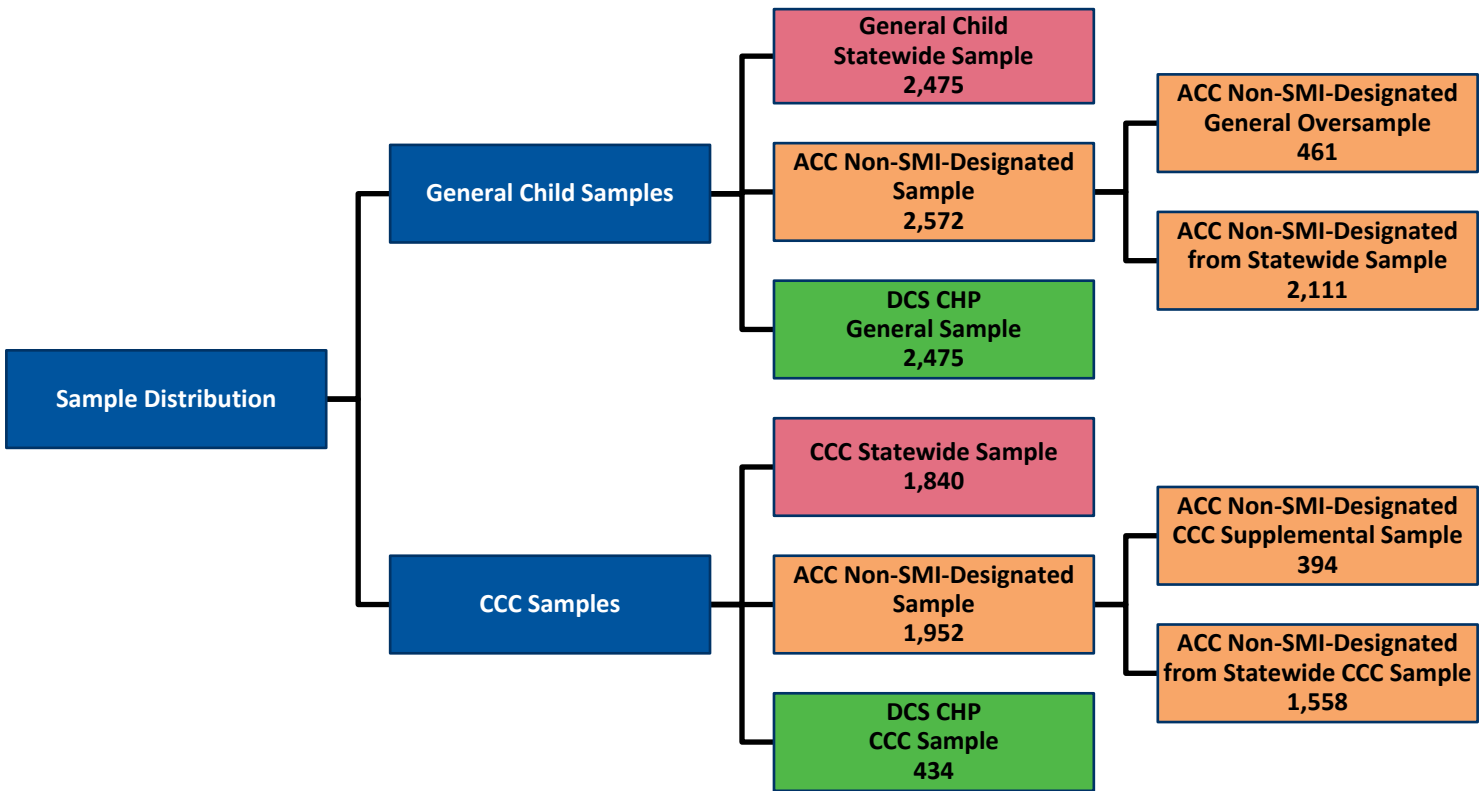
<sup>47</sup> For *FCC: Getting Needed Information*, the gate question asks respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months. If respondents answer “None” to this question, they are directed to skip the question that comprises the *FCC: Getting Needed Information* measure.

<sup>48</sup> 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.

<sup>49</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2023.

Figure 3-2 shows the total number of child members by sample (i.e., Statewide sample, ACC non-SMI-designated oversample, ACC non-SMI-designated from Statewide Sample, and DCS CHP sample) for analysis purposes.<sup>50,51</sup>

**Figure 3-2—Sample Distribution**



<sup>50</sup> The Statewide results presented in this report are derived from the combined results of the DCS CHP, ALTCS-DD, ALTCS-EPD, AIHP, and the seven ACC/ACC-RBHA health plans.

<sup>51</sup> The ACC non-SMI-designated results presented in this report are derived from the combined results of seven ACC/ACC-RBHA health plans: AzCH-CCP ACC-RBHA, BUFC ACC, Care 1<sup>st</sup> ACC-RBHA, HCA ACC, Molina ACC, Mercy Care ACC-RBHA, and UHCCP ACC. Members in an ACC could have been sampled as part of the Statewide sample or the ACC non-SMI-designated oversample.

## Survey Protocol

The survey process allowed two methods by which a survey could be completed 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, with an English backside, and survey. Members who were not identified as Spanish speaking received an English version of the cover letter, with a Spanish backside, 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 the timeline used in the survey administration.

**Table 3-2—Survey Timeline**

Task	Timeline
Send first questionnaires with cover letter to parents/caretakers of child 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.	42 days
Send third questionnaires with cover letters to non-respondents.	63 days
Close survey field.	91 days

## Methodology

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of HEDIS Specifications for Survey Measures. This section provides an overview of the analyses.

## Response Rates

NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.<sup>52</sup> A survey is assigned a disposition code of “completed” if parents/caretakers of child members answered at least three of the following five questions: 3, 25, 40, 44, and 49.<sup>53</sup> Eligible members include the entire sample (including any oversample) minus ineligible members. Ineligible

<sup>52</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2023.

<sup>53</sup> Please refer to Appendix B of this report (“Survey Instrument”) for a copy of the survey instrument to see the survey question language.

members of the sample met one or more of the following criteria: were deceased, did not meet criteria described on page 57, or the parent/caretaker had a language barrier (the survey was made available in English and Spanish).

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

### Child and Respondent Demographics

The demographics analysis evaluated demographic information of general child members and respondents based on parents'/caretakers' responses to the survey. Table 3-3 shows the survey question numbers that are associated with the respective demographic categories that were analyzed.

**Table 3-3—Child and Respondent Demographic Items Analyzed**

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

### Respondent Analysis

HSAG performed a *t* test to determine whether the demographic characteristics of general child members whose parents'/caretakers' responded to the survey (i.e., respondent percentages) were statistically significantly different from the demographic characteristics of all child members in the sample frame (i.e., sample frame percentages). Please note that variables from the sample frame were used as the data source for this analysis; therefore, these results will differ from those presented in the demographics section, which uses responses from the survey as the data source. A difference was considered statistically significant if the two-sided *p* value of the *t* test is less than 0.05. The two-sided *p* value of the *t* test is the probability of observing 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 black arrows (↑ or ↓) in the table. Caution should be exercised when extrapolating the results to the entire



population if the respondent population differs significantly from the actual population of child members.

## Scoring Calculations

### Top-Box Scores

HSAG calculated top-box scores for each measure for the general child and CCC populations following NCQA HEDIS Specifications for Survey Measures.<sup>54</sup> For purposes of calculating the top-box results, top-box responses were assigned a score value of one, and all other responses were assigned a score value of zero. A “top-box” response was defined as follows:

- “9” or “10” for the global ratings.
- “Usually” or “Always” for the *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service* composite measures; *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 the individual item, top-box scores were defined as the proportion of responses with a score value of one over all responses. For the composite measures, 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 2023 Specifications for Survey Measures, Volume 3*.

Although NCQA requires a minimum of at least 100 respondents on each item in order to obtain a reportable survey result, HSAG presented results with fewer than 100 respondents. Therefore, caution should be exercised when interpreting results for those measures with fewer than 100 respondents. Scores with fewer than 100 respondents are denoted with a cross (+).

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<sup>54</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2023.



## National Comparisons

HSAG compared the resulting top-box scores to NCQA's 2023 Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings.<sup>55</sup> Ratings of one (★) to five (★★★★★) stars were determined for each measure using the percentile distributions shown in Table 3-4.

**Table 3-4—Star Rating Percentile Distributions**

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

## Trend Analysis

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

<sup>55</sup> National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.

### 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 3-5 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, ACC non-SMI-designated, and DCS CHP.

**Table 3-5—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
Q45. Child's health plan's customer service gave the parent/caretaker the information or help needed	✓	✓		Always

Question Number	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
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)

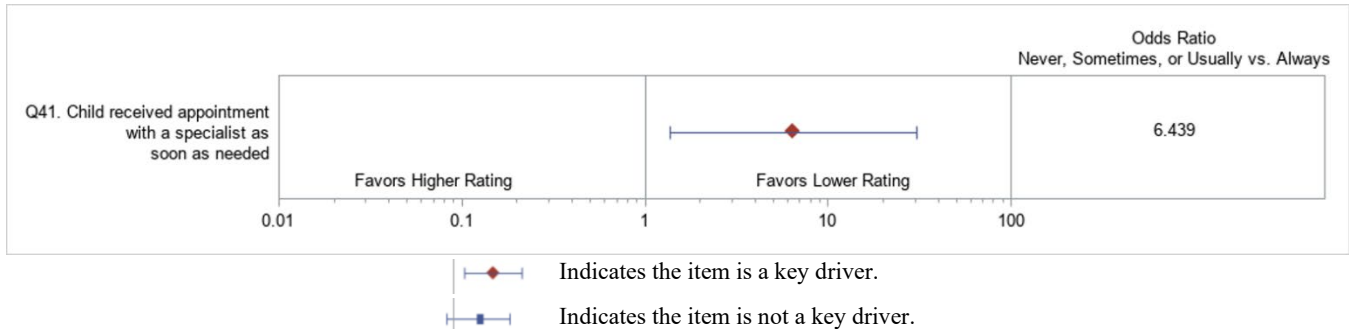
For each item evaluated, HSAG calculated the relationship between the item's response and performance on each of the three measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal 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," "Sometimes," or "Usually" to Question 41 are 6.439 times more likely to provide a lower rating for their child's health plan than respondents who answered "Always." 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 non-SMI-designated members. Therefore, caution should be exercised when interpreting the Statewide population results compared to the ACC non-SMI-designated, given the Statewide population is derived from AHCCCS' ACC non-SMI-designated as opposed to an equal distribution of ACC non-SMI-designated and DCS CHP child members. DCS CHP has more members who are between the ages of 0 and 3 years of age compared to the Statewide population and ACC non-SMI-designated. Therefore, caution should be exercised when interpreting or generalizing DCS CHP's age demographic results in comparisons to the Statewide population and ACC non-SMI-designated, which includes more members between the ages of 13 to 17 years of age.<sup>56</sup>

### 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. 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

<sup>56</sup> 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.

first mailing/round) for each measure. Table 3-6 through presents the results of the non-response bias analysis. AHCCCS should consider that potential non-response bias may exist when interpreting CAHPS results.

**Table 3-6—Non-Response Bias Analysis**

Measure	2023		2024	
	General Child	CCC	General Child	CCC
<b>Statewide Population</b>				
<i>Rating of All Health Care</i>	—	—	↑	—
<i>Rating of Personal Doctor</i>	—	↓	—	—
<b>ACC-Non-SMI-Designated</b>				
<i>Rating of All Health Care</i>	—	—	↑	—
<i>How Well Doctors Communicate</i>	—	↓	—	—
<b>DCS CHP</b>				
<i>Rating of All Health Care</i>	—	—	—	↓
<i>How Well Doctors Communicate</i>	↓	↓	—	—
<i>Customer Service</i>	↓	↓	—	—
<i>Getting Needed Information</i>	—	—	—	↓
↑ Indicates that early respondents are statistically significantly more likely to provide a higher response for the measure (i.e., potential non-response bias). ↓ Indicates that early respondents are statistically significantly more likely to provide a lower response for the measure (i.e., potential non-response bias). — Indicates that early respondents are not statistically significantly more likely to provide a higher or lower response for the measure.				

### 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.

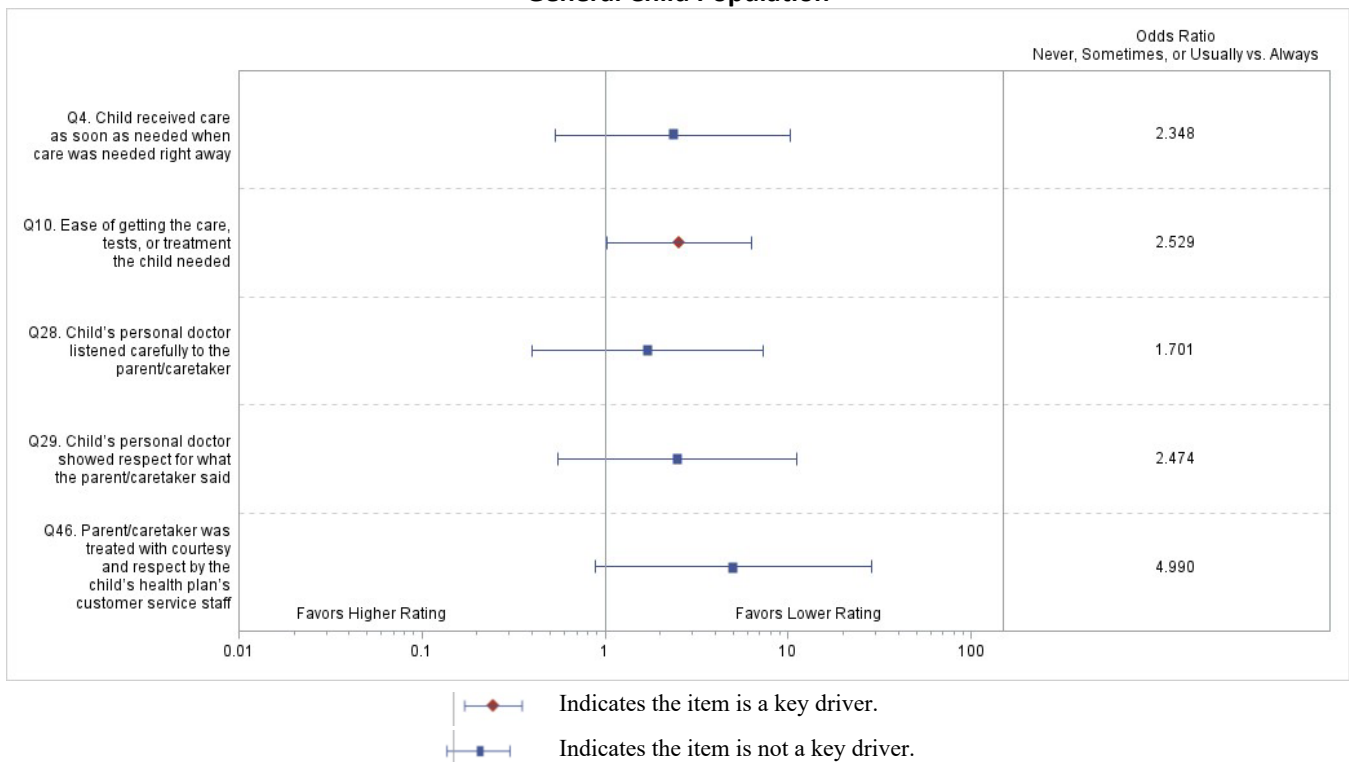
### National Data for Comparisons

Since NCQA does not publish separate benchmarking data for children and youth in out-of-home care, data for the general child and CCC Medicaid populations from NCQA’s Quality Compass benchmarks are used for comparison in this report. Therefore, caution should be exercised when interpreting the DCS CHP and Statewide population results.

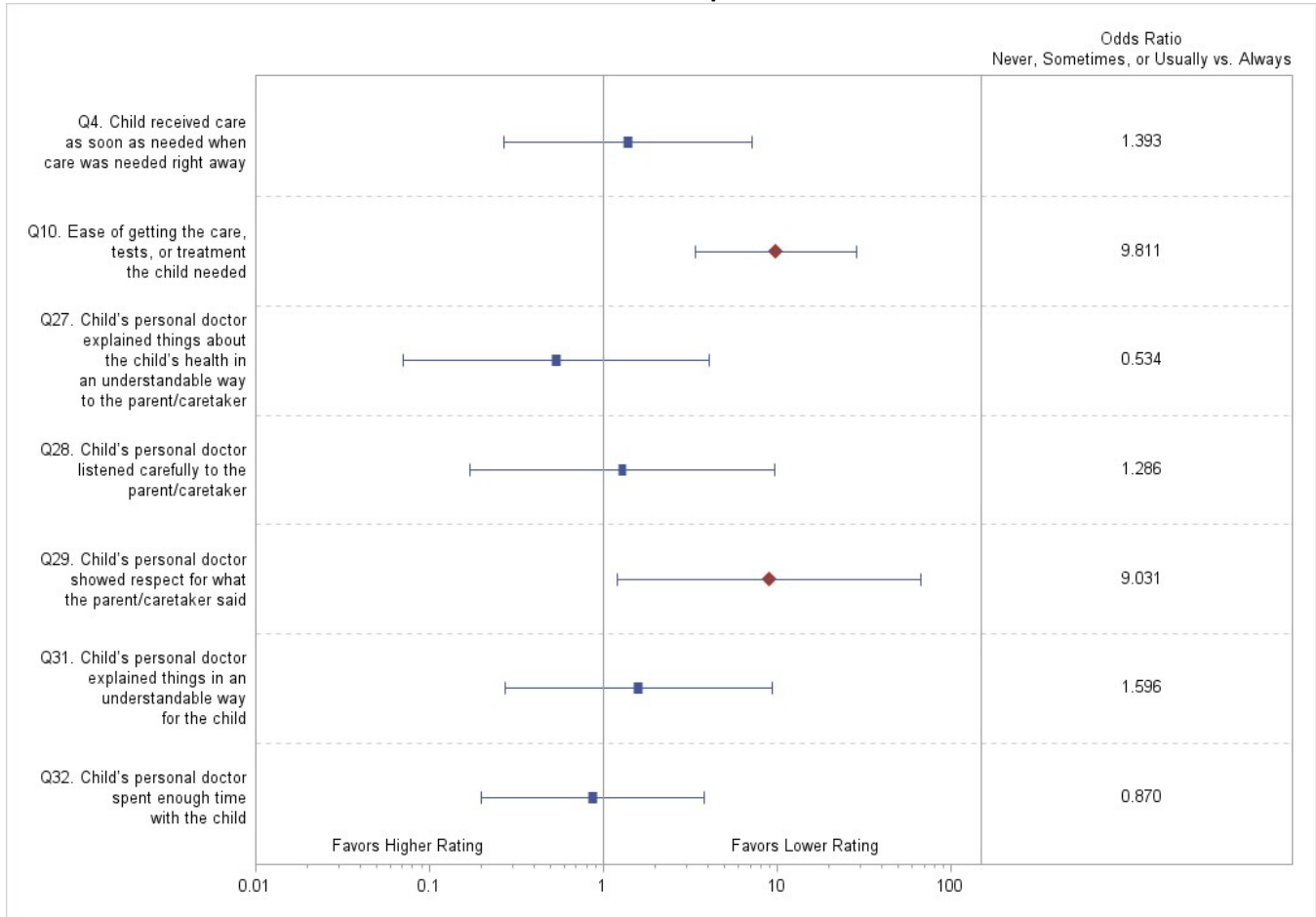
### Key Drivers of Member Experience Analysis

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 non-SMI-designated, and DCS CHP. The items identified as key drivers are indicated with a red diamond.

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

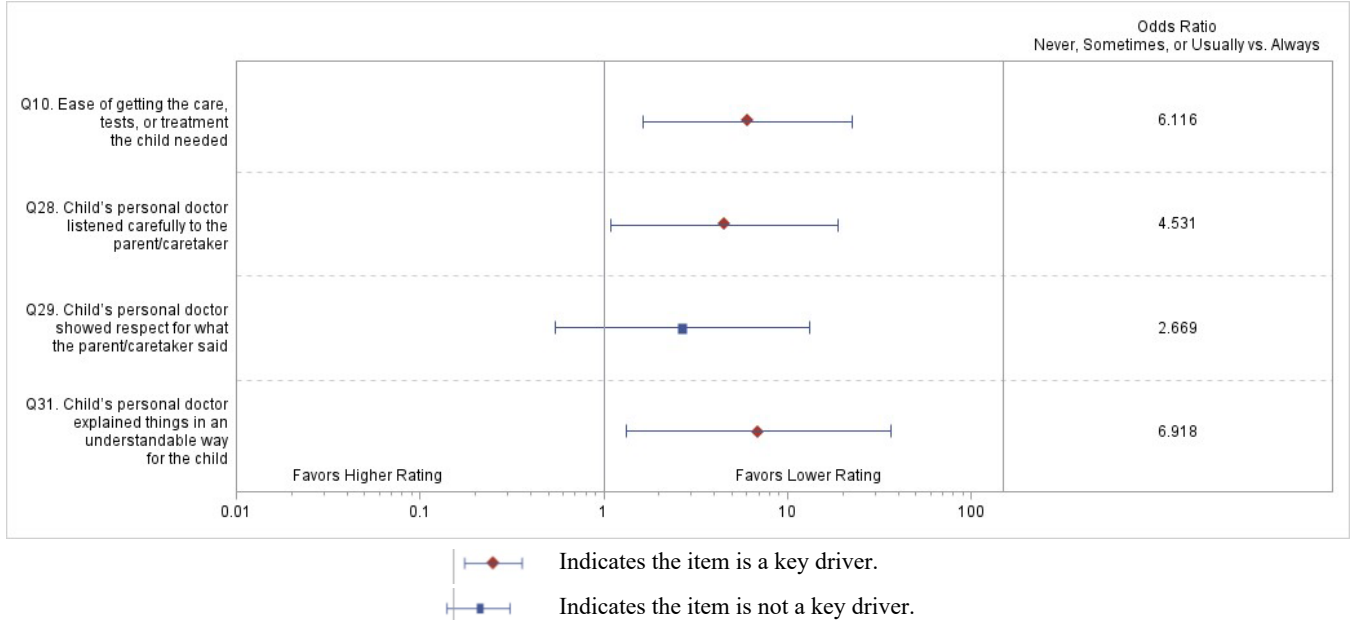


**Figure A-2—Statewide Population—Key Drivers of Member Experience: Rating of All Health Care—  
General Child Population**



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

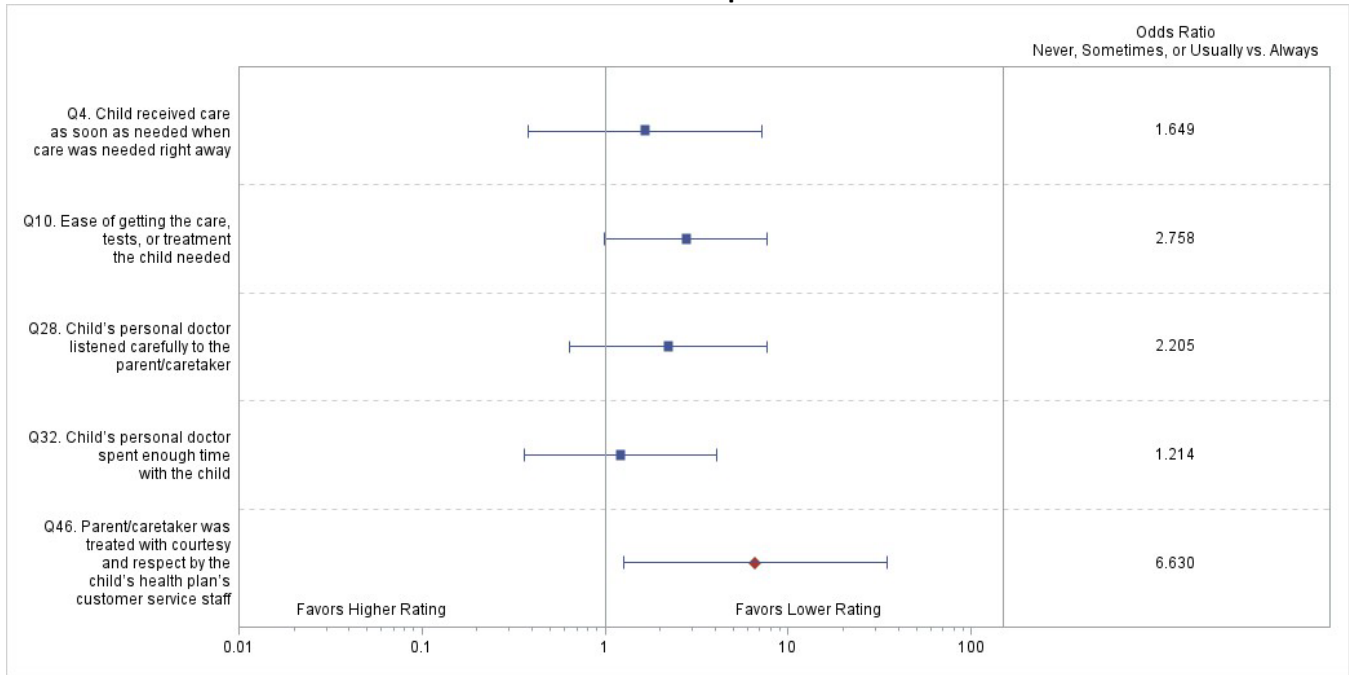
**Figure A-3—Statewide Population—Key Drivers of Member Experience: Rating of Personal Doctor—  
General Child Population**







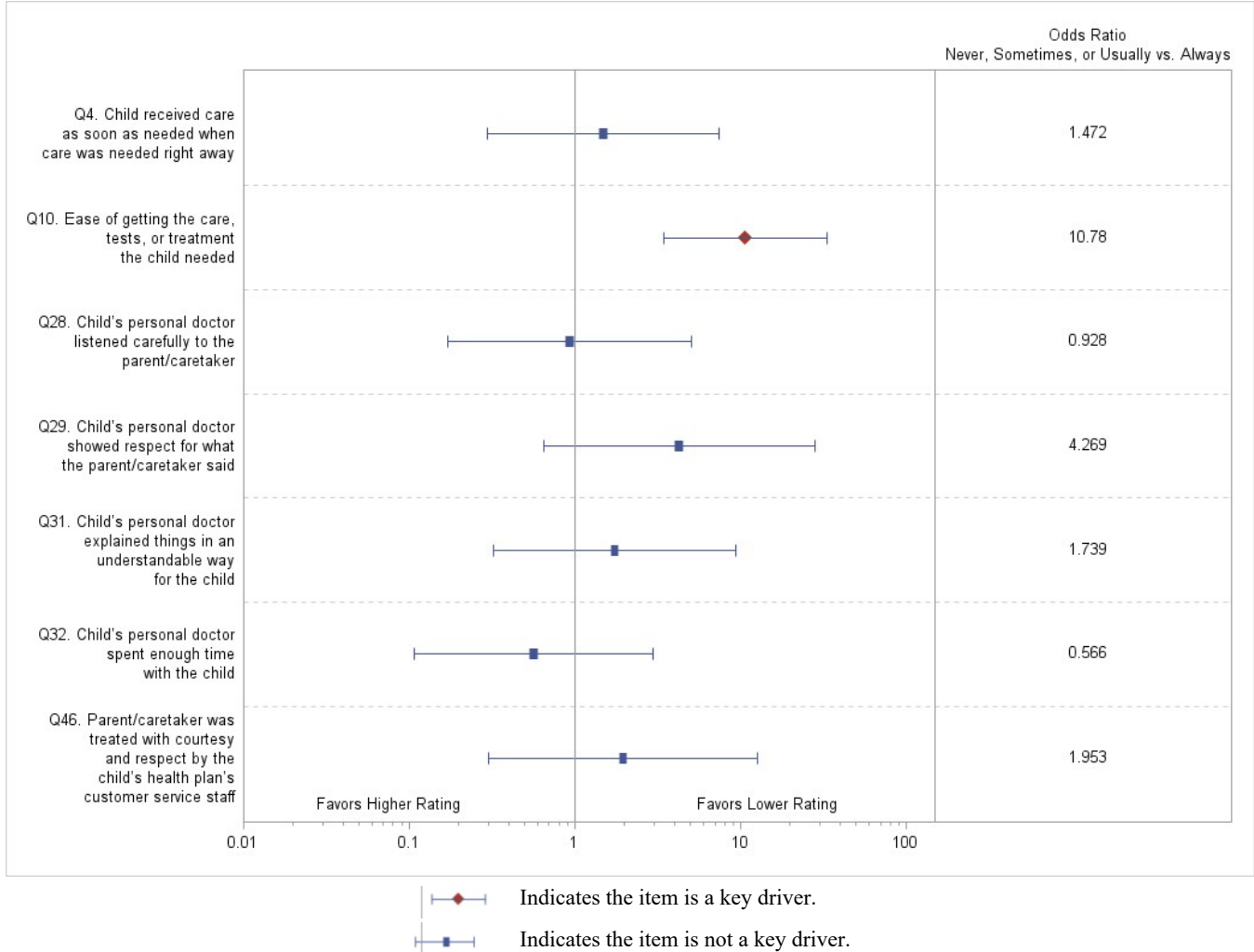
**ACC Non-SMI-Designated**

**Figure A-4—ACC Non-SMI-Designated—Key Drivers of Member Experience: Rating of Health Plan—  
General Child Population**

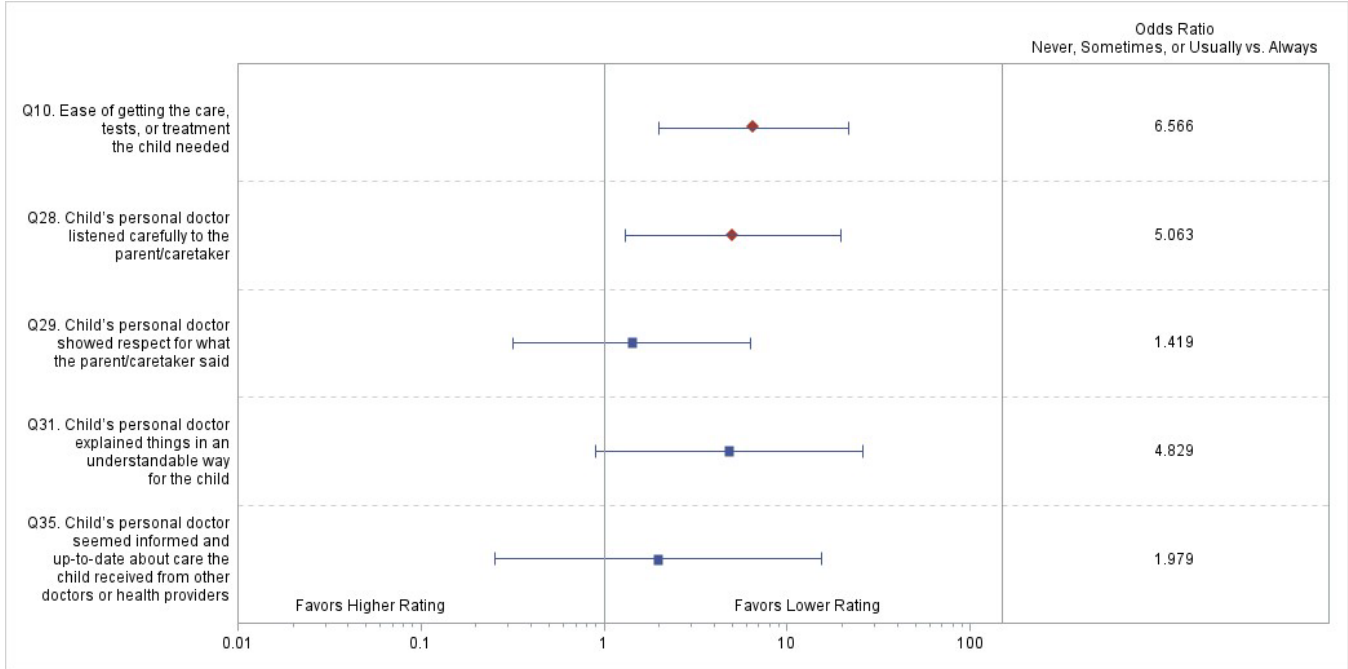


 Indicates the item is a key driver.  
 Indicates the item is not a key driver.

**Figure A-5—ACC Non-SMI-Designated—Key Drivers of Member Experience: Rating of All Health Care—General Child Population**



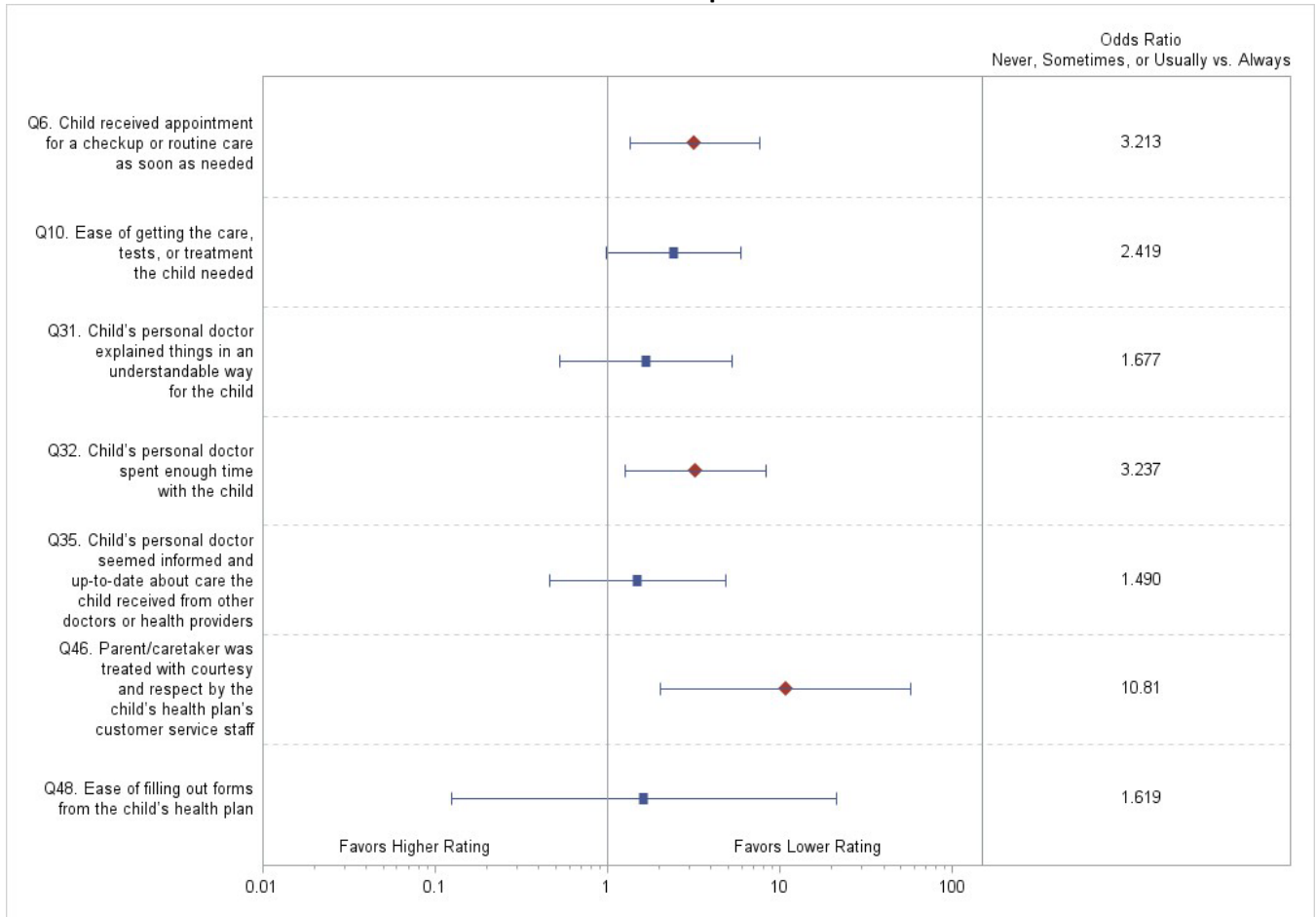
**Figure A-6—ACC Non-SMI-Designated—Key Drivers of Member Experience: Rating of Personal Doctor—  
General Child Population**



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

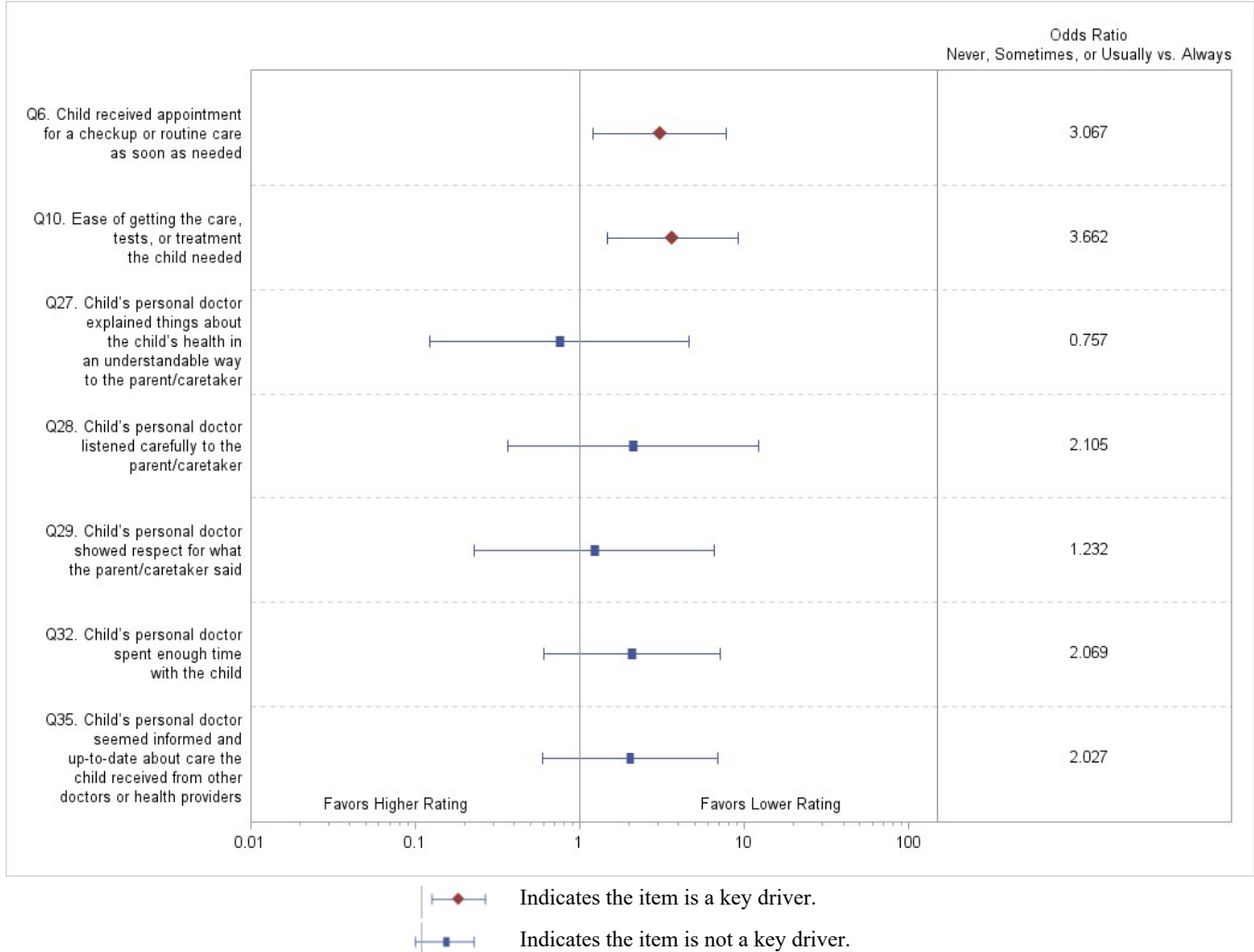
DCS CHP

**Figure A-7—DCS CHP—Key Drivers of Member Experience: Rating of Health Plan—  
General Child Population**

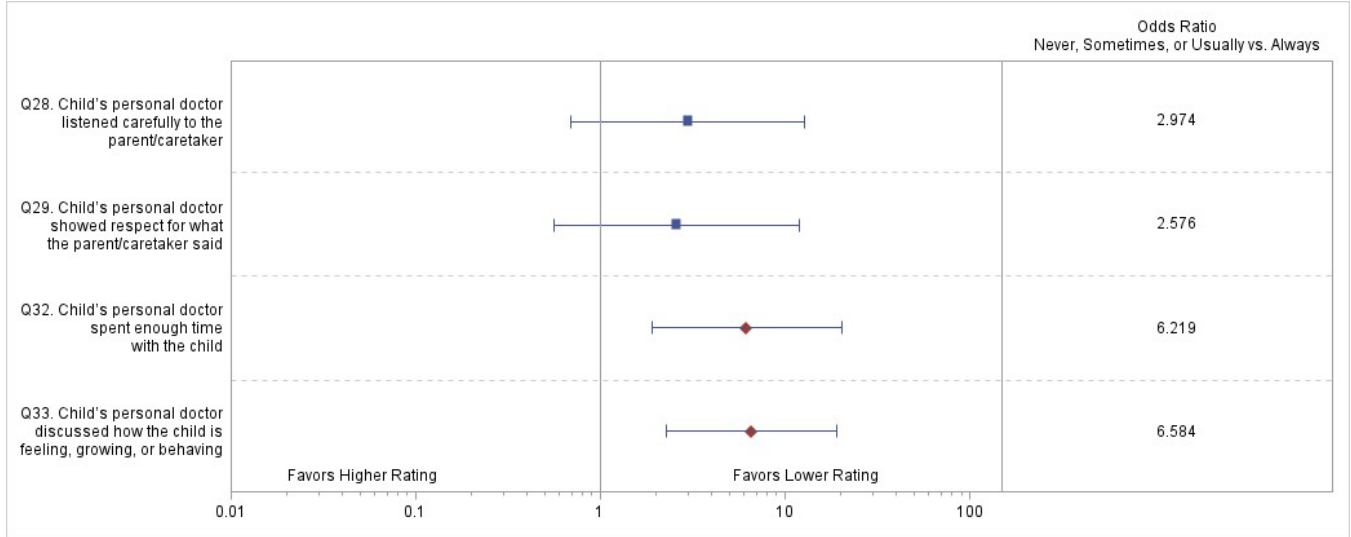




Indicates the item is a key driver.  
 Indicates the item is not a key driver.

**Figure A-8—DCS CHP—Key Drivers of Member Experience: Rating of All Health Care—  
General Child Population**



**Figure A-9—DCS CHP—Key Drivers of Member Experience: Rating of Personal Doctor—  
General Child Population**



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

## 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 named in the letter that was sent with this survey. 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
  
9. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?
 

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10
Worst					Best					
Health Care					Health Care					
Possible					Possible					
  
10. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
  - Never
  - Sometimes
  - Usually
  - Always
  
11. Is your child now enrolled in any kind of school or daycare?
  - Yes
  - No → *Go to Question 14*
  
12. In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?
  - Yes
  - No → *Go to Question 14*



13. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?
- Yes
  - No

### SPECIALIZED SERVICES

14. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?
- Yes
  - No → *Go to Question 17*
15. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?
- Never
  - Sometimes
  - Usually
  - Always
16. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?
- Yes
  - No
17. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?
- Yes
  - No → *Go to Question 20*
18. In the last 6 months, how often was it easy to get this therapy for your child?
- Never
  - Sometimes
  - Usually
  - Always

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

### YOUR CHILD'S PERSONAL DOCTOR

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



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

- None → **Go to Question 36**
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **Go to Question 32**

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → **Go to Question 36**

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

- Never
- Sometimes
- Usually
- Always

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

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

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

- Yes
- No → **Go to Question 40**



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

- Yes
 No

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

- Yes
 No

GETTING HEALTH CARE FROM SPECIALISTS

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

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

- Yes
 No -> Go to Question 44

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

- Never
 Sometimes
 Usually
 Always

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

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

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

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

YOUR CHILD'S HEALTH PLAN

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

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

- Yes
 No -> Go to Question 47

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

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

- Yes
 No -> Go to Question 49



48. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

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

- 
- 0 1 2 3 4 5 6 7 8 9 10
- Worst Health Plan Possible Best Health Plan Possible

### PRESCRIPTION MEDICINES

50. In the last 6 months, did you get or refill any prescription medicines for your child?

- Yes
- No → *Go to Question 53*

51. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?

- Never
- Sometimes
- Usually
- Always

52. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

- Yes
- No

### ABOUT YOUR CHILD AND YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No → *Go to Question 58*

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

- Yes
- No → *Go to Question 58*

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

- Yes
- No

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

- Yes
- No → *Go to Question 61*

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

- Yes
- No → *Go to Question 61*

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

- Yes
- No

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

- Yes
- No → *Go to Question 64*



62. Is this because of any medical, behavioral, or other health condition?
- Yes  
 No → **Go to Question 64**
63. Is this a condition that has lasted or is expected to last for at least 12 months?
- Yes  
 No
64. Does your child need or get special therapy such as physical, occupational, or speech therapy?
- Yes  
 No → **Go to Question 67**
65. Is this because of any medical, behavioral, or other health condition?
- Yes  
 No → **Go to Question 67**
66. Is this a condition that has lasted or is expected to last for at least 12 months?
- Yes  
 No
67. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?
- Yes  
 No → **Go to Question 69**
68. Has this problem lasted or is it expected to last for at least 12 months?
- Yes  
 No
69. What is your child's age?
- Less than 1 year old
- YEARS OLD (write in)
70. Is your child male or female?
- Male  
 Female

71. Is your child of Hispanic or Latino origin or descent?
- Yes, Hispanic or Latino  
 No, not Hispanic or Latino
72. What is your child's race? Mark one or more.
- White  
 Black or African-American  
 Asian  
 Native Hawaiian or other Pacific Islander  
 American Indian or Alaska Native  
 Other
73. What is your age?
- Under 18  
 18 to 24  
 25 to 34  
 35 to 44  
 45 to 54  
 55 to 64  
 65 to 74  
 75 or older
74. Are you male or female?
- Male  
 Female
75. What is the highest grade or level of school that you have completed?
- 8th grade or less  
 Some high school, but did not graduate  
 High school graduate or GED  
 Some college or 2-year degree  
 4-year college graduate  
 More than 4-year college degree
76. How are you related to the child?
- Mother or father  
 Grandparent  
 Aunt or uncle  
 Older brother or sister  
 Other relative  
 Legal guardian  
 Someone else

## ADDITIONAL QUESTIONS

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

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

78. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did your child see his or her personal doctor within 15 minutes of your child's appointment time?

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

79. In the last 6 months, did your child need to visit a doctor's office or clinic after regular office hours?

- Yes
- No → **Go to Question 81**

80. In the last 6 months, how often were you able to get the care your child needed from a doctor's office or clinic after regular office hours?

- Never
- Sometimes
- Usually
- Always

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

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

**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**