Oregon Health Plan Report of Results for

Fee-For-Service (Child Population)

2022 CAHPS® 5.1H Medicaid with CCC Measure Member Experience Survey

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INTRODUCTION

The Oregon Health Authority (OHA) contracts with managed care organizations, also known as Coordinated Care Organizations (CCOs), to provide health care services. Understanding the experience of people who are Oregon Health Plan (OHP) members is important to clinicians, policy makers, patients and consumers, quality monitors and regulators, provider organizations, health plans, community collaboratives, and those who are responsible for monitoring and evaluating the quality of and access to health care services.

Introduced by the Agency for Healthcare Research and Quality (AHRQ) in the mid-1990s, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program encompasses the full range of standardized surveys that ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers, such as accessibility of services and communication skills of providers.

OHA conducts annual CAHPS surveys asking members to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services. The survey results help inform decisions for those involved with providing care to OHP members and to improve the quality of health care services.

The survey measures member satisfaction with the experience of care and gives a general indication of how well the health plan meets members' expectations. Parents or caretakers of surveyed members are asked to rate various aspects of the health plan based on their experience with the plan during the previous 6 months.

WHAT'S NEW IN 2022

2022 SURVEY FIELDING UPDATES

SAMPLING METHODOLOGY

OHA included Native Hawaiian/Pacific Islander as an additional race/ethnicity oversample segment this year.

SURVEY INSTRUMENTS

NCQA did not make any substantive changes to the HEDIS/CAHPS survey instruments or survey administration protocols this year and therefore, no changes were made to the core HEDIS/CAHPS survey question items.

OHA revised survey items only for the Adult Medicaid version of the survey instrument to further understand the care experience with delayed dental care and the impact of the COVID-19 pandemic. Updates to the Race, Ethnicity, Language, and Disability (REALD) question sets were made for both survey instruments as well as the addition of questions related to access to interpreter services.

UPDATES TO THE 2022 OHA CAHPS SURVEY RESULTS REPORT

CSS has made several updates to the 2022 CAHPS Results Reports:

- At least 30 valid responses must be collected for a measure result to be reportable by OHA. If the number of valid responses is less than 30, "NR" (i.e., not reportable) is displayed throughout the report, indicating that the results are not reportable by OHA.
- The *Member Profile and Analysis of Plan Ratings by Member Segment* section has been updated for revised primary race survey item.
- The CSS *Key Driver Model* has been updated using CSS's Book-of-Business data collected over the past two years.
- An updated *Health Plan Quality Improvement Resource Guide* is included.

EXECUTIVE SUMMARY

CSS administered the Child Medicaid with CCC Measure version of the 2022 CAHPS Health Plan Survey for the Oregon Health Authority on behalf of Fee-For-Service, hereafter referred to as FFS between January 25 and May 2, 2022.

The final survey sample for FFS included 1,525 members (950 from the general population and 575 from the CCC population). During the survey fielding period, 156 general population sample members completed the survey. After final survey eligibility criteria were applied, the resulting NCQA response rate was 16.63 percent.

This Executive Summary focuses on key CAHPS performance metrics, including year-over-year changes in results and comparisons to relevant state Oregon Health Plan benchmarks. Also identified are top organizational priorities for quality improvement based on CSS's *Key Driver Analysis*.

The measures highlighted in this section are limited to the general child Medicaid population only. CCC measure results are reported in the sections that follow. They are based on 170 completed surveys from both the general and supplemental CCC samples that met NCQA's criteria for inclusion in the CCC measure set, based on survey responses.

RESULTS ON KEY SURVEY MEASURES

STATISTICALLY SIGNIFICANT IMPROVEMENTS OR DECLINES COMPARED TO 2021

Reportable Rate IMPROVED	Reportable Rate DECLINED
No statistically significant improvements	No statistically significant declines

STATISTICALLY SIGNIFICANT DIFFERENCES FROM STATE OREGON HEALTH PLAN

Reportable Rate ABOVE Benchmark	Reportable Rate BELOW Benchmark
2022 State OHP	
None	Rating of Health Plan (by 11.81 points)

TOP PRIORITIES FOR QUALITY IMPROVEMENT

CSS's *Key Driver Analysis* identifies the areas of health plan performance and aspects of member experience that shape members' overall assessment of their health plan. To the extent that these specific areas or experiences can be improved, the overall rating of the plan should reflect these gains. Up to five quality

improvement opportunities with the highest return on investment for FFS are identified below. Effective interventions in these areas have the greatest potential impact on the *Rating of Health Plan* score.

Top Priorities for Quality Improvement
1. Improving health plan provider network (highly-rated personal doctors)
2. Improving health plan provider network (highly-rated specialists)
3. Improving member access to care (ease of getting needed care, tests, or treatment)
4. Improving the ability of the health plan customer service to provide necessary information or help
5. Improving member access to care (getting an appointment for urgent care as soon as needed)

All results reported in this section are based on the rates of members answering *8*, *9* or *10* for the overall rating questions and *Usually* or *Always* for all other CAHPS measures.

The remainder of this report examines these and other findings in greater detail.

SURVEY RESULTS AT A GLANCE

An overview of summary measures is presented in Exhibit 1. This includes CAHPS ratings and composites and comparisons to the state Oregon Health Plan results, and prior year data (where available).

EXHIBIT 1. 2022 FFS CHILD MEDICAID OHA CAHPS SURVEY: RESULTS AT A GLANCE

CAHPS 5.0H Survey Measures		Global Proportions and Question Summary Rates					Valid Responses			2022 State OHP	
		2020		2021		2022	2020	2021	2022		
		Rate	Point Change	Rate	Point Change	Rate				Rate	Point Diff.
Overall Ratings (% 8, 9, or 10)	Q9. Rating of All Health Care	82.03%	[+1.14]	85.93%	[-2.76]	**83.17%**	128	135	**101**	82.52%	[+0.65]
	Q36. Rating of Personal Doctor	89.44%	[-0.80]	91.07%	[-2.44]	**88.64%**	142	168	**132**	87.62%	[+1.02]
	Q43. Rating of Specialist Seen Most Often	NR	[---]	86.44%	[+3.80]	**90.24%**	26	59	**41**	82.54%	[+7.70]
	Q49. Rating of Health Plan	71.43%	[-3.22]	71.35%	[-3.14]	**68.21%**	154	192	**151**	80.02%	[-11.81] ★
Getting Needed Care (% Always or Usually)	***Getting Needed Care Composite***	86.38%	[-9.91]	84.03%	[-7.56]	**76.47%**	78	99	**74**	80.24%	[-3.77]
	Q10. Easy to get needed care	90.63%	[-4.35]	87.41%	[-1.13]	**86.27%**	128	135	**102**	87.71%	[-1.44]
	Q41. Easy to see specialists	NR	[---]	80.65%	[-13.98]	**66.67%**	28	62	**45**	72.76%	[-6.10]
Getting Care Quickly (% Always or Usually)	***Getting Care Quickly Composite***	92.06%	[-1.56]	90.40%	[+0.10]	**90.50%**	80	87	**70**	85.98%	[+4.52]
	Q4. Got urgent care as soon as needed	90.00%	[+5.00]	93.02%	[+1.98]	**95.00%**	40	43	**40**	89.72%	[+5.28]
	Q6. Got routine care as soon as needed	94.12%	[-8.12] ★	87.79%	[-1.79]	**86.00%**	119	131	**100**	82.24%	[+3.76]
How Well Doctors Communicate* (% Always or Usually)	***How Well Doctors Communicate Composite***	96.09%	[+1.19]	96.10%	[+1.18]	**97.28%**	109	122	**92**	93.94%	[+3.34]
	Q27. Doctor explained things	97.22%	[-0.48]	95.90%	[+0.84]	**96.74%**	108	122	**92**	94.20%	[+2.54]
	Q28. Doctor listened carefully	97.25%	[+1.67]	96.69%	[+2.22]	**98.91%**	109	121	**92**	95.94%	[+2.98]
	Q29. Doctor showed respect	97.25%	[+1.67]	98.36%	[+0.55]	**98.91%**	109	122	**92**	96.60%	[+2.32]
	Q32. Doctor spent enough time	92.66%	[+1.90]	93.44%	[+1.12]	**94.57%**	109	122	**92**	89.04%	[+5.52]
Customer Service (% Always or Usually)	***Customer Service Composite***	NR	[---]	NR	[---]	**NR**	26	25	**28**	86.33%	[---]
	Q45. Provided needed information/help	NR	[---]	NR	[---]	**NR**	26	25	**28**	80.42%	[---]
	Q46. Treated with courtesy/respect	NR	[---]	NR	[---]	**NR**	26	25	**27**	92.25%	[---]
	Q35. Coordination of Care (% Always or Usually)	78.26%	[+8.53]	80.60%	[+6.20]	**86.79%**	46	67	**53**	82.91%	[+3.88]
Children with Chronic Conditions Measures	. Access to Prescription Medicines	82.58%	[+0.90]	78.85%	[+4.63]	**83.48%**	132	156	**115**	85.69%	[-2.21]
	. Access to Specialized Services	64.08%	[+1.92]	56.52%	[+9.48]	**66.00%**	57	74	**64**	66.77%	[-0.77]
	. Getting Needed Information	94.34%	[-2.79]	91.86%	[-0.31]	**91.55%**	159	172	**142**	89.35%	[+2.20]
	. Personal Doctor Who Knows Child	93.07%	[-7.08]	90.01%	[-4.02]	**85.99%**	139	170	**140**	88.05%	[-2.06]
	. Coordination of Care for Children With Chronic Conditions	76.52%	[-5.76]	73.20%	[-2.44]	**70.76%**	68	75	**72**	75.06%	[-4.30]

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Calculation and Reporting of Results

All rates were calculated by CSS following NCQA specifications.

The number of valid responses (n) collected for the past three consecutive years are reported. At least 30 valid responses must be collected for a measure result to be reportable by OHA. If n is less than 30, "NR" and "[...]" are displayed in a lighter color, indicating that the rate and point change results are not reportable by OHA.

Rate Comparisons and Statistical Significance Testing

Comparisons to prior-year and benchmark rates were calculated prior to rounding and rounded for display. Differences in rates were tested for statistical significance using a t-test for proportions at the 95% confidence level. Statistically significant differences between the current-year rate and the comparison rate are marked with a ★ symbol.

ABOUT THIS REPORT

The key features of this 2022 CAHPS report, prepared by CSS for FFS, are highlighted below.

- Except for the five measures designed for the population of children with chronic conditions (CCC), the results presented in this report pertain to the general Child Medicaid population only. CCC measure results are based on responses collected from both the general and supplemental CCC samples that met NCQA's criteria for inclusion in the CCC measure set.

- Survey results presented in this report were calculated following the NCQA guidelines published in *HEDIS* 2022*, Volume 3: Specifications for Survey Measures* unless otherwise noted. At least 30 valid responses must be collected for a measure result to be reportable by OHA. If the number of valid responses is less than 30, "NR" (i.e., not reportable) is displayed throughout the report, indicating that the results are not reportable by OHA.

- Throughout the report, the 2022 FFS survey results are compared to the 2022 State OHP. The 2022 State OHP is calculated by pooling Child Medicaid survey responses across CCOs surveyed by the Oregon Health Authority.

- *Executive Summary* provides a high-level overview of survey findings. This section highlights the areas where FFS performs significantly above or below the state Oregon Health Plan benchmarks. If prior-year survey results are available, any statistically significant improvements or declines on key survey measures are also noted. Top organizational priorities for quality improvement based on CSS's *Key Driver Analysis* are identified.

- *Summary of Survey Results* presents the 2022 FFS survey scores on key measures, including question summary rates, global proportions, and changes in rates and global proportion scores from the previous year (if applicable); and comparisons to relevant state Oregon Health Plan benchmarks. Statistically significant differences in scores are noted.

- *Detailed Performance Charts* are provided for the rating questions, composite measures, and individual survey items representing the various CAHPS domains of care. The 2022 FFS QSRs and global proportions are compared to the 2022 State OHP on all measures. Where available, a three-year trend in scores is also shown.

- *Member Profile and Analysis of Ratings by Member Segment* compares the 2022 FFS respondent profile to the relevant state Oregon Health Plan distribution(s) of demographic characteristics and utilization variables. Variation in *Rating of Health Plan* measure by member segment is examined.

- *Key Driver Analysis* identifies key member experience touch points that appear to drive the overall *Rating of Health Plan*. The CSS *Key Driver Model* quantifies the contribution of each key driver to the overall member assessment of the plan. The 2022 FFS results on each key driver are compared to the highest score among all the Child CCOs contributing to the 2022 State OHP, yielding a measure of available room for improvement in each area. The result is then weighted by the key driver's contribution to the overall *Rating of Health Plan* score. Opportunities for improvement are prioritized based on the expected improvement in the FFS *Rating of Health Plan* score due to improved performance on the key driver measure. A separate section of the report provides some helpful resources for health plan quality improvement.

- The *Appendix* includes:

  - Score calculation guidelines and methodology
  - A glossary of terms
  - A copy of the survey instrument
  - Detailed cross-tabulations of survey responses for every survey question, with additional tables summarizing performance on key survey measures

SURVEY METHODOLOGY

SURVEY PROTOCOL AND TIMELINE

CSS administered the Child Medicaid with CCC Measure version of the 2022 CAHPS Health Plan Survey for the Oregon Health Authority on behalf of FFS using a mixed methodology of internet, mail, and telephone. The Oregon Health Authority's mixed methodology consisted of the following milestones:

- A prenotification letter with an invitation to complete the survey online, which was mailed on January 25;
- An initial questionnaire with cover letter, which was mailed on February 1;
- A replacement questionnaire with cover letter, which was mailed on March 2;
- A telephone follow-up phase targeting non-respondents, with up to four telephone follow-up attempts spaced at different times of the day and on different days of the week, which started on March 22; and
- Close of data collection on May 2, 2022.

SURVEY MATERIALS

The survey instruments (both English and Spanish) used for FFS are provided in the Appendix. CSS designed the survey following instructions from OHA and the NCQA specifications detailed in *HEDIS 2022, Volume 3: Specifications for Survey Measures* and *Quality Assurance Plan for HEDIS 2022 Survey Measures*. The materials referred to Oregon Health Plan and included the Oregon Health Authority logo on all the mailing materials.

Each survey package included a postage-paid business reply envelope. Besides the core CAHPS questions, the survey included 25 additional questions added by OHA. These included questions on cultural competency, access to dental care, access to interpreter services, and REALD demographics. All mailings included a duplex English and Spanish cover letter. Members received either an English or Spanish survey based on language information provided by Oregon Health Authority. Members had the option to request the survey in the other language using a telephone request line.

The website URL and a personal web ID was listed in the prenotification letter and second survey package cover letter to complete the survey online.

SAMPLE SELECTION

CSS followed Oregon Health Authority's instructions to generate the survey sample for FFS. For the Child Medicaid with CCC Measure survey (general population), sample-eligible members were defined as plan members who were 17 years old or younger as of November 30, 2021; were currently enrolled; had been continuously enrolled for six months (with no more than one enrollment break of 45 days or less); and whose primary coverage was through Medicaid. Eligibility for the Children with Chronic Conditions (CCC population) sample was determined using a pre-screen status code, which identified children likely to have a chronic condition based on claim and encounter records.

Prior to sampling, CSS carefully inspected the member file(s) and noted any errors or irregularities found (such as incomplete contact information or subscriber numbers). Once the quality assurance process had been completed, CSS processed member addresses through the USPS National Change of Address (NCOA) service to ensure that the mailing addresses were up to date. The final sample was generated following the NCQA systematic sampling methodology, with no more than one member per household selected to receive the survey. The exception to this rule was any CCO that failed to meet the desired sample size in which case more than one member per household could be selected. CSS assigned each sampled member a unique identification number, which was used to track their progress throughout the data collection process.

The Oregon Health Authority chose to oversample for targeted race and ethnicity groups to ensure these groups were appropriately represented in the state sample. Data for those sample members only appear in the State OHP results and not the individual CCO results. Therefore, the final combined survey sample for FFS included 1,525 members (950 from the general population and 575 from the CCC population).

DATA CAPTURE

Returned mail questionnaires were recorded using either manual data entry or optical scanning. Responses recorded via manual data entry were keyed by two independent data entry operators, and any discrepancies between the two response records were flagged and reconciled by a supervisor. Individual responses on surveys recorded via optical scanning were sent to data entry operators if the scanning technology was unable to identify the specific response option selected with a predefined degree of certainty. Responses from online questionnaires were stored on CSS internal servers.

Computer Assisted Telephone Interviewing (CATI) technology was used to electronically capture survey responses obtained during telephone interviews. Members were able to complete the survey in either English or Spanish. CATI supervisors maintained quality control by monitoring the telephone interviews and response capture by interviewers in real time and auditing recorded interviews. At least 10 percent of the interviews were monitored by supervisors.

Due to the multiple outreach attempts, multiple survey responses could be received from the same sample member. In those cases, only one survey response (the most complete survey) was included in the final analysis dataset.

MEMBER DISPOSITIONS AND RESPONSE RATE

During the survey fielding period, 156 general population sample members completed the survey. After final survey eligibility criteria were applied, the resulting response rate was 16.63 percent. Additional detail on sample member status at the end of data collection (dispositions) is provided in Exhibit 2.

EXHIBIT 2. 2022 FFS CHILD MEDICAID OHA CAHPS SURVEY: SAMPLE MEMBER DISPOSITIONS AND RESPONSE RATE

Disposition	Total		2022 State OHP
	Number	% Initial Sample	
Initial Sample	950	100.00%	---
Disposition			
Complete and Eligible - Mail	68	7.16%	6.72%
Complete and Eligible - Phone	60	6.32%	7.80%
Complete and Eligible - Internet	28	2.95%	2.34%
Complete and Eligible - Total	156	16.42%	16.86%
Does not meet Eligible Population criteria	11	1.16%	1.05%
Incomplete (but Eligible)	20	2.11%	2.55%
Ineligible	1	0.11%	0.67%
- Language barrier	1	0.11%	0.22%
- Mentally or physically incapacitated	0	0.00%	0.00%
- Deceased	0	0.00%	0.02%
Refusal	58	6.11%	4.28%
Nonresponse after maximum attempts	698	73.47%	74.49%
Added to Do Not Call (DNC) list	6	0.63%	0.53%
Response Rate*		**16.63%**	**17.08%**

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*Response rate = Complete and Eligible Surveys/[Complete and Eligible + Incomplete (but Eligible) + Refusal + Nonresponse after maximum attempts + Added to Do Not Call (DNC) List]

SATISFACTION WITH THE EXPERIENCE OF CARE

PATIENT EXPERIENCE OF CARE MEASURES

GLOBAL RATINGS

CAHPS Health Plan Survey (version 5.1H) includes four global rating questions that utilize the scale of *0* to *10*, representing the lowest and highest possible rating. Results are reported as the proportion of members selecting one of the top three ratings (*8*, *9*, or *10*).

- ***Rating of Personal Doctor*** (*0* = worst personal doctor possible; *10* = best personal doctor possible)
- ***Rating of Specialist Seen Most Often*** (*0* = worst specialist possible; *10* = best specialist possible)
- ***Rating of All Health Care*** (*0* = worst health care possible; *10* = best health care possible)
- ***Rating of Health Plan*** (*0* = worst health plan possible; *10* = best health plan possible)

CAHPS COMPOSITES

NCQA calculates results for several CAHPS composite measures. CAHPS composites combine results from related survey questions into a single measure to summarize health plan performance in the areas listed below. The following composites are reported for the general child Medicaid population:

- ***Getting Needed Care*** combines two survey questions that address member access to care. Both questions use a *Never*, *Sometimes*, *Usually*, or *Always* response scale, with *Always* being the most favorable response. Results are based on the proportion of members answering the following questions as *Usually* or *Always*.
  - *In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?*
  - *In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?*

- ***Getting Care Quickly*** combines responses to two survey questions that address timely availability of both urgent and check-up/routine care. The questions use a *Never*, *Sometimes*, *Usually*, or *Always* scale, with *Always* being the most favorable response. Results are based on the proportion of members selecting *Usually* or *Always* in response to the following questions:
  - *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?*
  - *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?*
- ***How Well Doctors Communicate*** combines responses to four survey questions that address physician communication. The questions use a *Never*, *Sometimes*, *Usually*, or *Always* scale, with *Always* being the most favorable response. Results are reported as the proportion of members answering the following questions as *Usually* or *Always*:
  - *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?*
  - *In the last 6 months, how often did your child's personal doctor listen carefully to you?*
  - *In the last 6 months, how often did your child's personal doctor show respect for what you had to say?*
  - *In the last 6 months, how often did your child's personal doctor spend enough time with your child?*
- ***Customer Service*** combines responses to two survey questions that ask about member experience with the health plan's customer service. The questions use a *Never*, *Sometimes*, *Usually*, or *Always* scale, with *Always* being the most favorable response. Results are reported as the proportion of members selecting *Usually* or *Always* in response to the following questions:
  - *In the last 6 months, how often did customer service staff at your child's health plan give you the information or help you needed?*
  - *In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?*
- ***Coordination of Care*** is based on a single survey question, which uses a *Never*, *Sometimes*, *Usually*, or *Always* scale (with *Always* being the most favorable response). Results are based on the proportion of members selecting *Usually* or *Always* in response to the question below:
  - *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?*

Additionally, NCQA calculates and reports the following measures for the CCC population:

- ***Access to Prescription Medicines*** is based on a single survey question, which uses a *Never*, *Sometimes*, *Usually*, or *Always* scale (with *Always* being the most favorable response). Results are based on the proportion of members selecting *Usually* or *Always* in response to the question below:
  - *In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?*
- ***Access to Specialized Services*** combines responses to three survey questions addressing the child's access to special equipment or devices, therapies, treatments, or counseling. The questions use a *Never*, *Sometimes*, *Usually*, or *Always* scale, with *Always* being the most favorable response. Results are reported as the proportion of members answering the following questions as *Usually* or *Always*:
  - *In the last 6 months, how often was it easy to get special medical equipment or devices for your child?*
  - *In the last 6 months, how often was it easy to get this therapy for your child?*
  - *In the last 6 months, how often was it easy to get this treatment or counseling for your child?*
- **Getting Needed Information** is based on a single survey question, which uses a Never, Sometimes, Usually, or Always scale (with Always being the most favorable response). Results are based on the proportion of members selecting Usually or Always in response to the question below:
  - *In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?*
- ***Personal Doctor Who Knows Child*** combines responses to three survey questions addressing the doctor's understanding of the child's health issues. The questions use a *Yes* or *No* scale. Results are reported as the proportion of members answering *Yes* to the following questions:
  - *In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?*
  - *Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?*
  - *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?*

- ***Coordination of Care for Children with Chronic Conditions*** combines responses to two survey items addressing care coordination needs related to the child's chronic condition. The questions use a *Yes* or *No* scale. Results are reported as the proportion of members answering *Yes* to the following questions:
  - *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?*
  - *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?*

CALCULATION AND REPORTING OF RESULTS

QUESTION SUMMARY RATES AND COMPOSITE GLOBAL PROPORTIONS

Question Summary Rates express the proportion of respondents selecting the desired response option(s) on a survey question. Examples include percent selecting *Usually* or *Always* or percent rating *9* or *10*.

Composite Global Proportions express the proportion of respondents selecting the desired response option(s) from a predefined set of two or more related questions on the survey. The proportions are calculated by first determining the relevant proportion on each survey question contributing to the composite and then averaging these proportions across all questions in the composite.

Throughout the report, all question summary rates and composite global proportions are rounded to two decimal places for display purposes (e.g., 0.23456 is displayed as 23.46%). However, all calculations involving rates and proportions, including statistical significance testing, are carried out prior to rounding. For more details on the calculations please refer to *HEDIS 2022, Volume 3: Specifications for Survey Measures* or consult Appendix A.

DENOMINATOR THRESHOLD

The denominator for an individual question is the total number of valid responses to that question. The denominator for a composite is the average number of responses across all questions in the composite (note: composite denominators are rounded for display purposes). At least 30 valid responses must be collected for a measure result to be reportable by OHA. If the rate denominator is less than 30, a measure result of "NR" (i.e., not reportable) is displayed throughout the report, indicating that the results are not reportable by OHA.

COMPARISONS TO BENCHMARKS AND PRIOR-YEAR RESULTS

Throughout the report, the 2022 FFS results are compared to the 2022 State OHP as well as to the highest and lowest performing CCO. The 2022 State OHP is calculated by pooling Child Medicaid survey responses across CCOs surveyed by the Oregon Health Authority.

If available, prior-year survey results are provided for comparison and year-to-year changes in results are tested for statistical significance. All the statistical tests are carried out at the 95% confidence level (i.e., there is a 95% probability that the observed difference is not due to chance).

CHILDREN WITH CHRONIC CONDITION (CCC) MEASURE RESULTS

The results for the CCC population presented in this report are based on survey responses. A response was included in the CCC results if the child's parent or caretaker responded "Yes" to all of the screener questions for any one of the following summary measures:

- *Use of or Need of Prescription Medicines*
- *Above-Average Use or Need for Medical, Mental Health, or Education Services*
- *Functional Limitations Compared with Others of Same Age*
- *Use of or Need for Specialized Therapies*
- *Treatment or Counseling for Emotional or Developmental Problems*

All state Oregon Health Plan benchmarks reported for these measures are limited to the CCC population.

Note that the general population data set and CCC population data set are not mutually exclusive groups. For example, if a child member is selected for the CAHPS child survey sample and is identified as having a chronic condition based on responses to the CCC survey-screening tool, the member is included in general population and CCC population results

SUMMARY OF SURVEY RESULTS

Exhibit 3 provides a high-level FFS performance overview on key survey measures. These include overall ratings, composite global proportions, and summary rates for additional measures. Where applicable, changes in scores over time and comparisons to benchmarks are reported and tested for statistical significance.

EXHIBIT 3. 2022 FFS CHILD MEDICAID OHA CAHPS SURVEY: PATIENT EXPERIENCE MEASURES

Survey Measures	Your Organization						2022 State OHP	
	2022		2021		2020			
	Rate	(n)	Rate	Point Change	Rate	Point Change	Rate	Point Diff.
Ratings								
Rating of Personal Doctor	**88.64%**	**(132)**	91.07%	[-2.44]	89.44%	[-0.80]	87.62%	[+1.02]
Rating of Specialist Seen Most Often	**90.24%**	**(41)**	86.44%	[+3.80]	NR	[---]	82.54%	[+7.70]
Rating of All Health Care	**83.17%**	**(101)**	85.93%	[-2.76]	82.03%	[+1.14]	82.52%	[+0.65]
Rating of Health Plan	**68.21%**	**(151)**	71.35%	[-3.14]	71.43%	[-3.22]	80.02%	[-11.81] ★
Composite Measures								
Getting Needed Care	**76.47%**	**(74)**	84.03%	[-7.56]	86.38%	[-9.91]	80.24%	[-3.77]
Getting Care Quickly	**90.50%**	**(70)**	90.40%	[+0.10]	92.06%	[-1.56]	85.98%	[+4.52]
How Well Doctors Communicate	**97.28%**	**(92)**	96.10%	[+1.18]	96.09%	[+1.19]	93.94%	[+3.34]
Customer Service	NR	**(28)**	NR	[---]	NR	[---]	86.33%	[---]
Additional Content Areas								
Coordination of Care	**86.79%**	**(53)**	80.60%	[+6.20]	78.26%	[+8.53]	82.91%	[+3.88]
Children with Chronic Conditions Measures								
Access to Prescription Medicines	**83.48%**	**(115)**	78.85%	[+4.63]	82.58%	[+0.90]	85.69%	[-2.21]
Access to Specialized Services	**66.00%**	**(64)**	56.52%	[+9.48]	64.08%	[+1.92]	66.77%	[-0.77]
Getting Needed Information	**91.55%**	**(142)**	91.86%	[-0.31]	94.34%	[-2.79]	89.35%	[+2.20]
Personal Doctor Who Knows Child	**85.99%**	**(140)**	90.01%	[-4.02]	93.07%	[-7.08]	88.05%	[-2.06]
Coordination of Care for Children With Chronic Conditions	**70.76%**	**(72)**	73.20%	[-2.44]	76.52%	[-5.76]	75.06%	[-4.30]

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Calculation and Reporting of Results

All rates were calculated by CSS following NCQA specifications. The number of valid responses collected this year for each measure (n, or measure denominator) is reported in parentheses.

At least 30 valid responses must be collected for a measure result to be reportable by OHA. If n is less than 30, "NR" and "[...]" are displayed in a lighter color, indicating that the rate and point change results are not reportable by OHA.

Rate Comparisons and Statistical Significance Testing

Comparisons to prior-year and benchmark rates were calculated prior to rounding and rounded for display. Differences in rates were tested for statistical significance using a t-test for proportions at the 95% confidence level. Statistically significant differences between the current-year rate and the comparison rate are marked with a ★ symbol.

DETAILED PERFORMANCE CHARTS

Detailed charts are provided for CAHPS composite global proportions and question summary rates. Except for the five CCC measures, the results displayed are for the general member sample only. CCC measure results are based on responses collected from both the general and supplemental CCC samples that met NCQA's criteria for inclusion in the CCC measure set. The charts have the following features:

TREND IN RESULTS

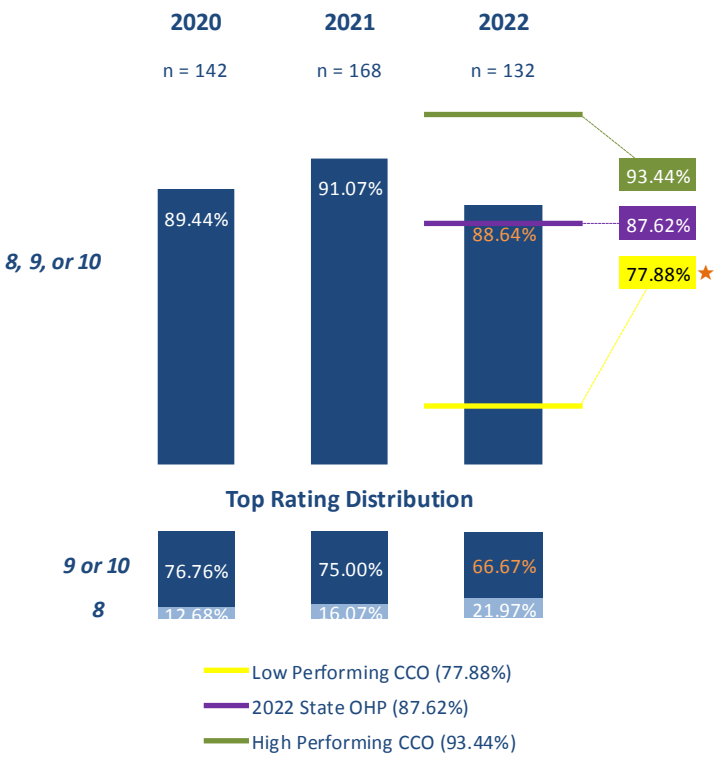
- Survey scores are trended over three consecutive years of data collection, if available. A result may not be available if the survey was not administered in a given year, if the measure is new, or if the measure is not deemed appropriate for trending. In such cases, "no data" appears in place of the score.
- Where appropriate, changes in the distribution of favorable ratings over time are shown in the *Top Rating Distribution* panel of the chart (i.e., percent responding *8* vs. percent responding *9* or *10*, or percent responding *Usually* vs. percent responding *Always*).
- The number of valid responses (*n*) appears above each bar. At least 30 valid responses must be collected for a measure result to be reportable by OHA. If n is less than 30, "NR" appears in place of n, indicating that the results are not reportable by OHA.
- Statistical comparisons are conducted between the current-year and each of the prior-year rates, if available. Differences in rates are tested for statistical significance at the 95% confidence level. Statistically significant differences are indicated with a ★ symbol next to the comparison score. For example, ★ appearing next to the 2021 rate denotes a statistically significant difference between the 2022 and 2021 rates.

COMPARISONS TO BENCHMARKS

- The horizontal lines displayed on the charts correspond to the 2022 State OHP as well as to the highest and lowest performing CCO. If the 2022 score is significantly different from any of these benchmark scores at the 95% confidence level, ★ appears next to the relevant score.

Rating of Personal Doctor

Percent Responding 8, 9, or 10



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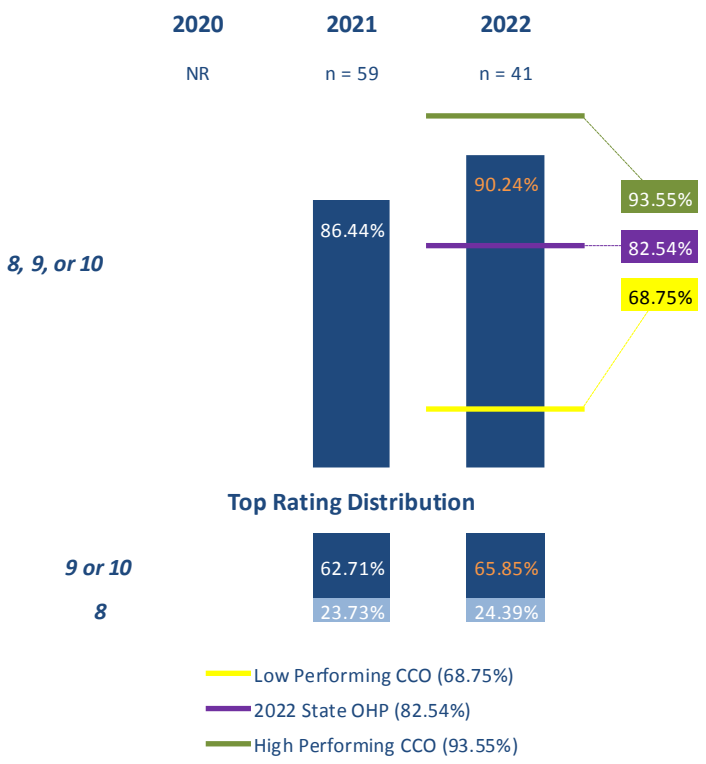
Tests of statistical significance were conducted for the following reportable rates: *(8 + 9 + 10)* and *(9 + 10)*. Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison rate (prior-year, or national rate) are marked with a ★ symbol next to the comparison rate.

Rating of Specialist Seen Most Often

Percent Responding 8, 9, or 10



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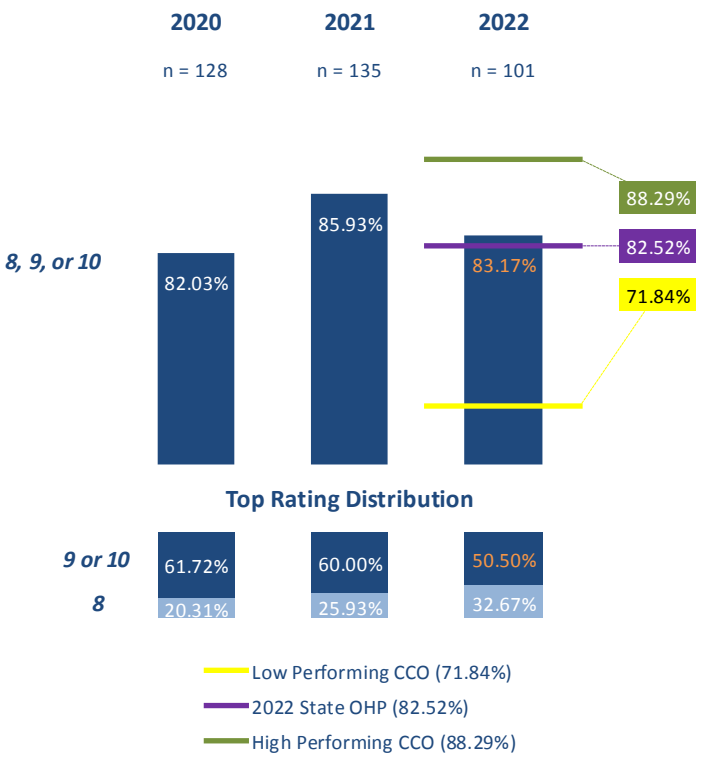
Rating of All Health Care

Percent Responding 8, 9, or 10



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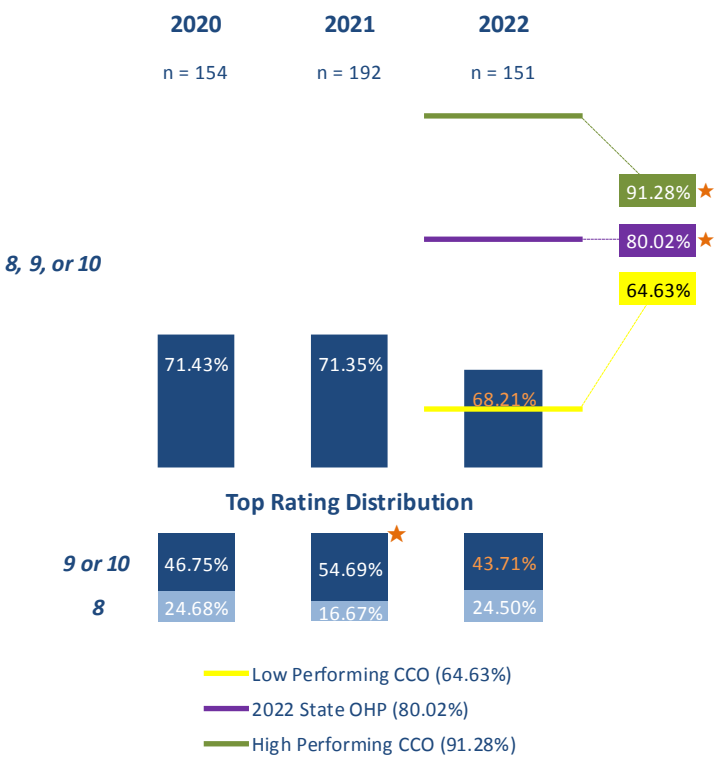
Rating of Health Plan

Percent Responding 8, 9, or 10



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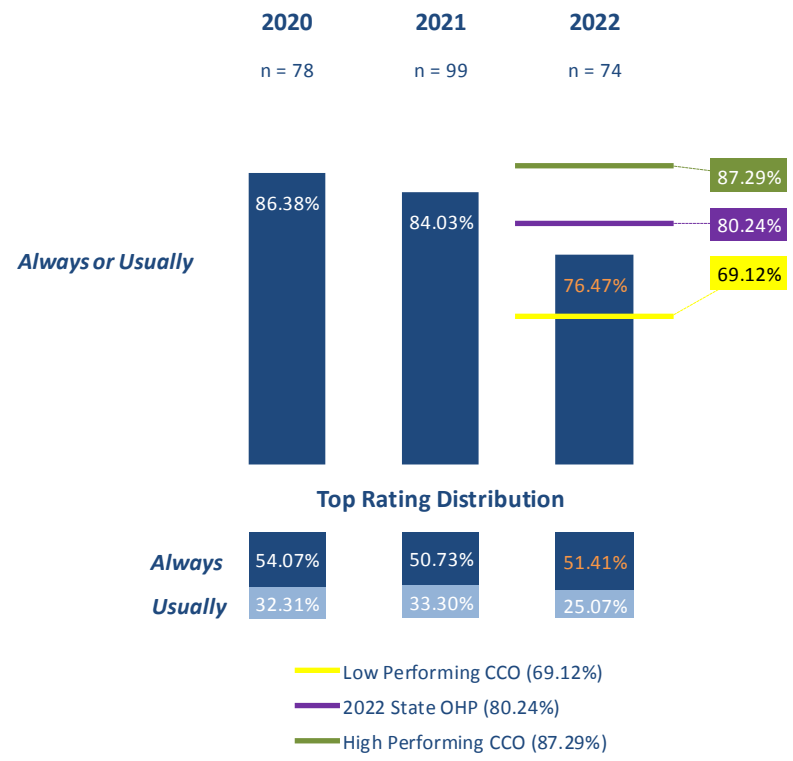
Getting Needed Care (Composite)

Percent Responding Always or Usually



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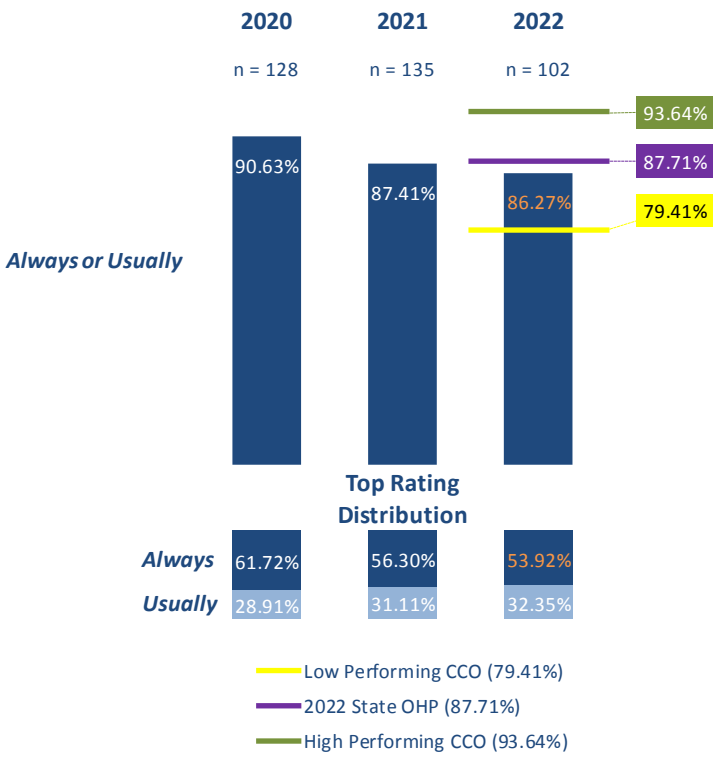
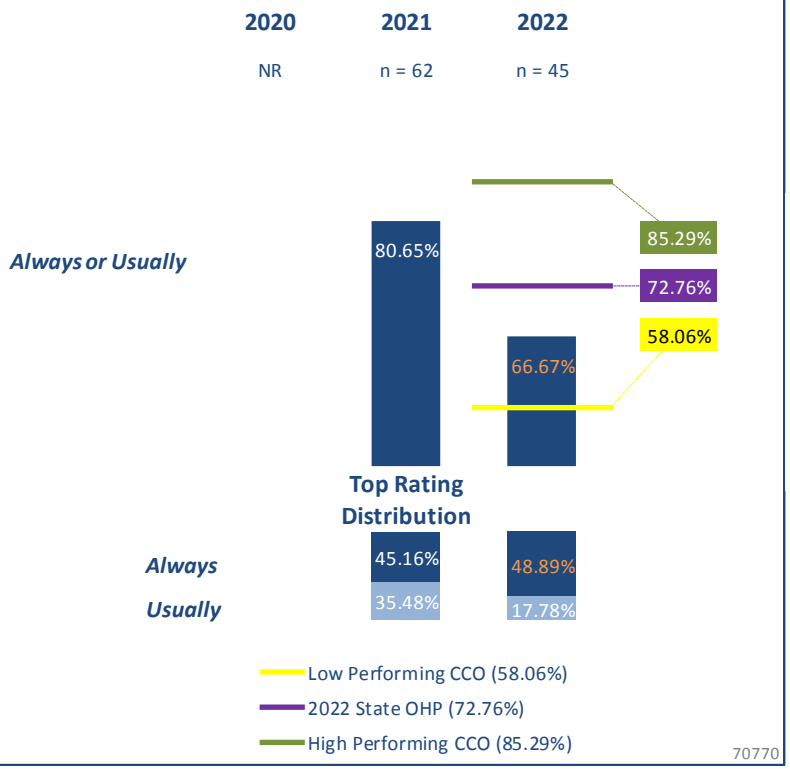
Getting Needed Care (Contributing Items)

Percent Responding Always or Usually

Q10. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?



Q41. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?



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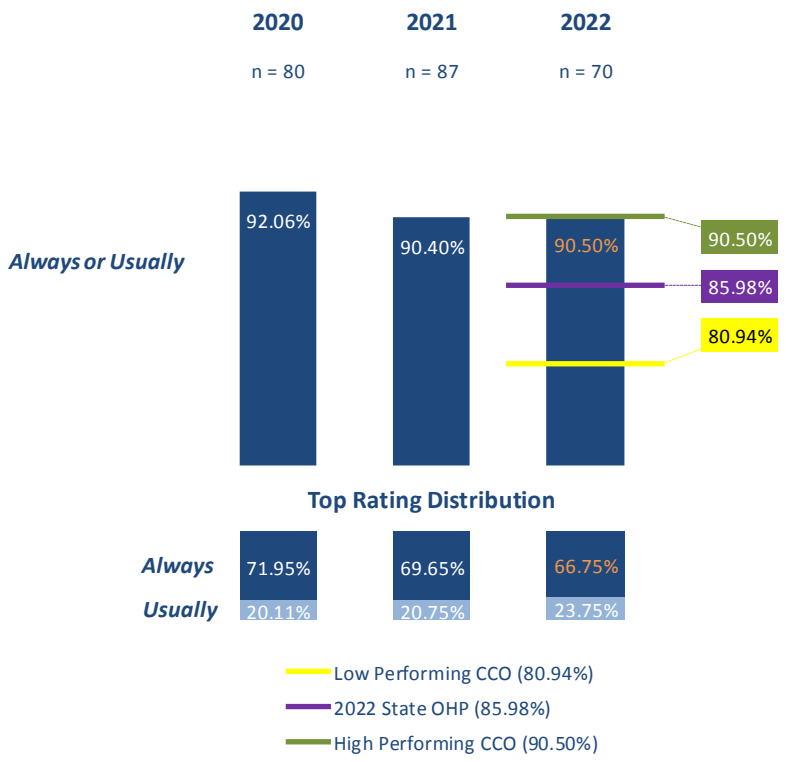
Getting Care Quickly (Composite)

Percent Responding Always or Usually



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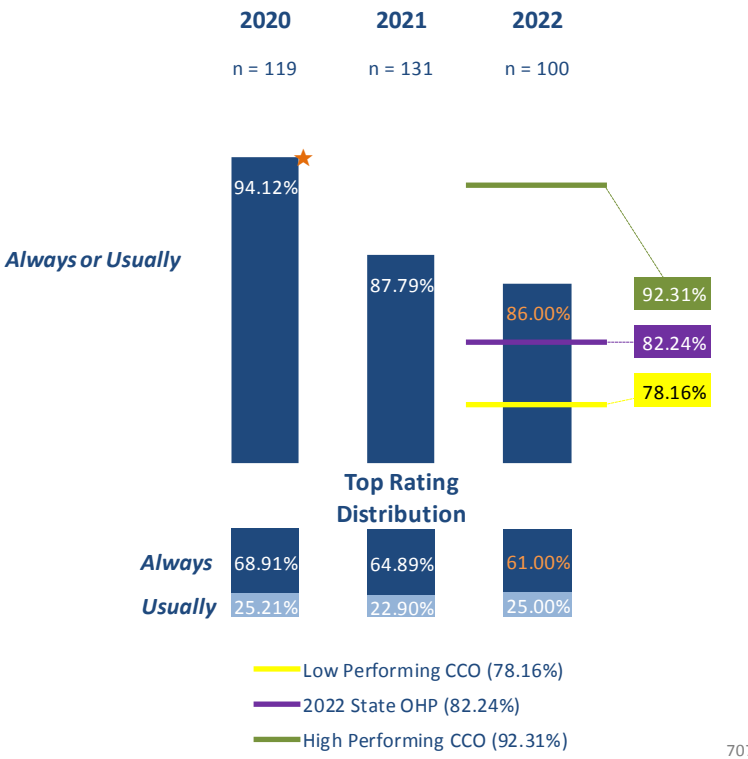
Getting Care Quickly (Contributing Items)

Percent Responding Always or Usually

Q4. 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?

Q6. 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?



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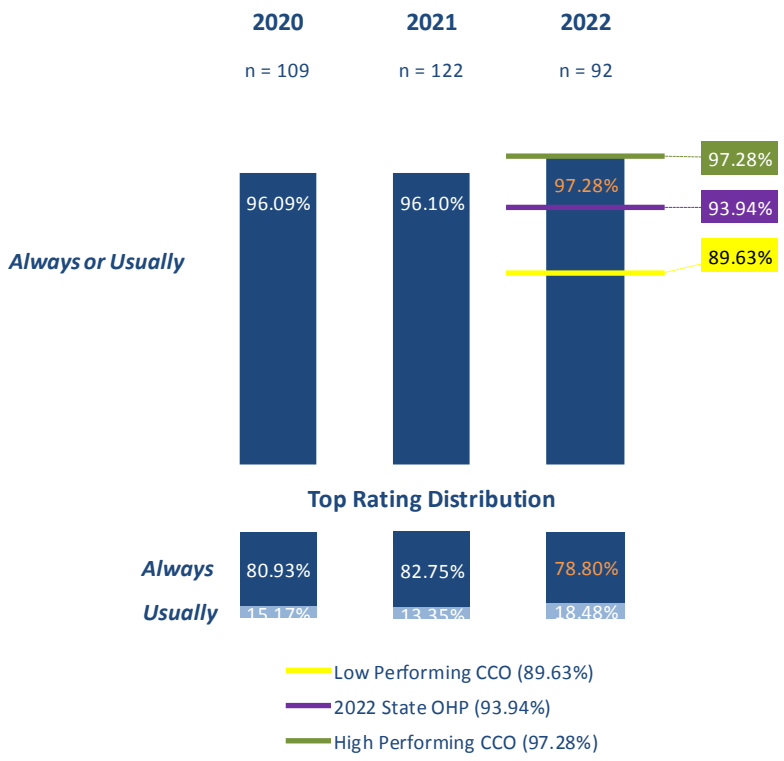
How Well Doctors Communicate (Composite)

Percent Responding Always or Usually



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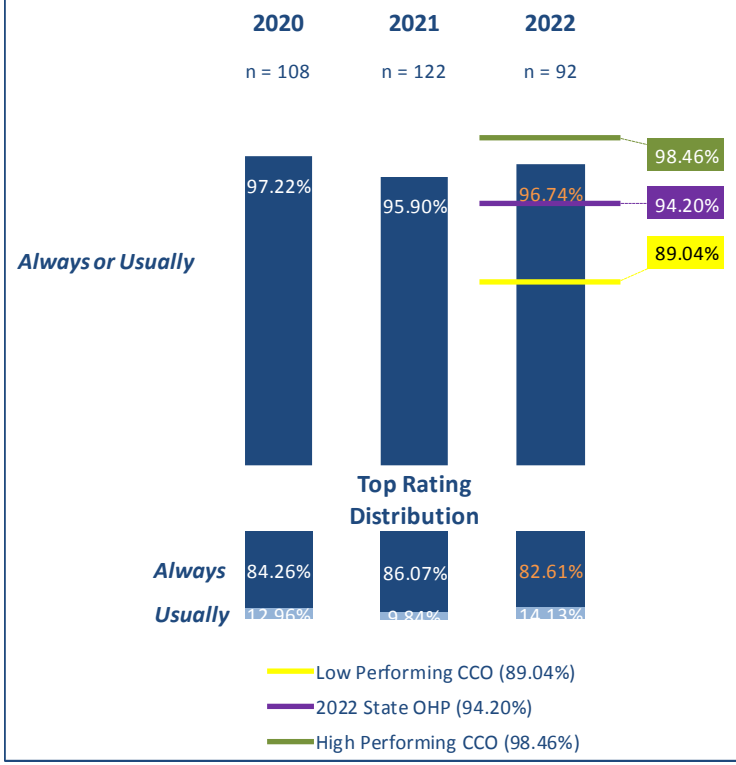
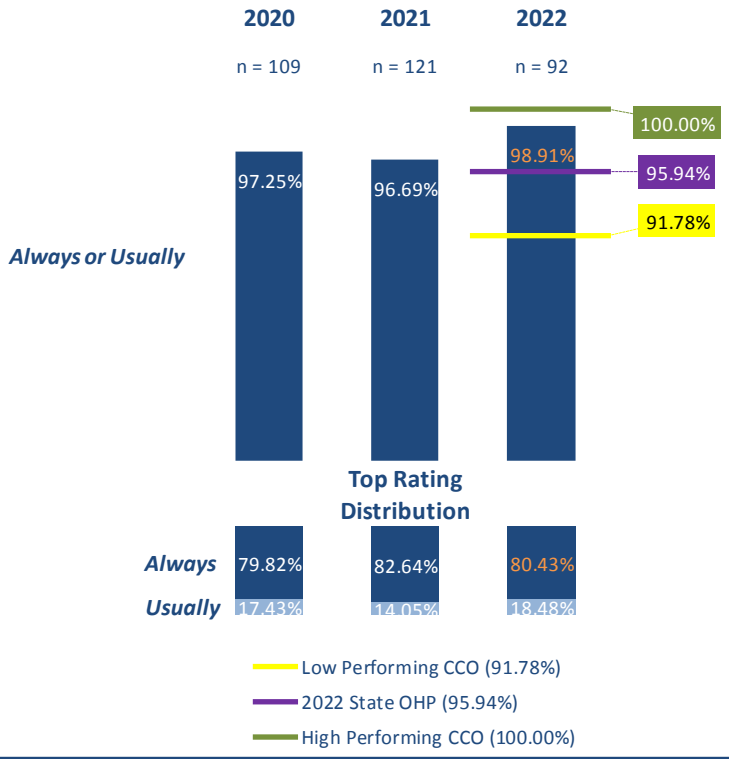
How Well Doctors Communicate (Contributing Items)

Percent Responding Always or Usually

Q27. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?



Q28. In the last 6 months, how often did your child's personal doctor listen carefully to you?



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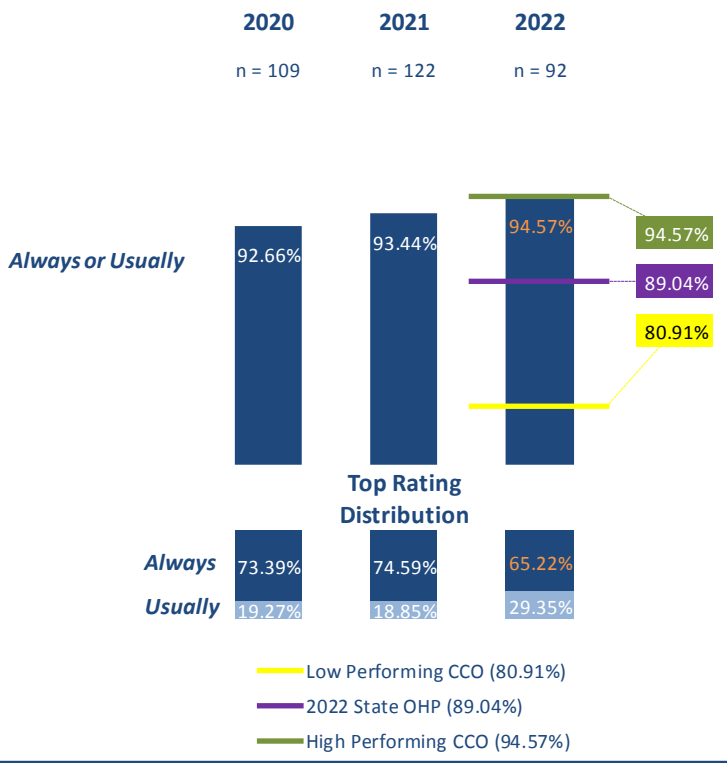
How Well Doctors Communicate (Contributing Items)

Percent Responding Always or Usually

Q29. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

Q32. In the last 6 months, how often did your child's personal doctor spend enough time with your child?



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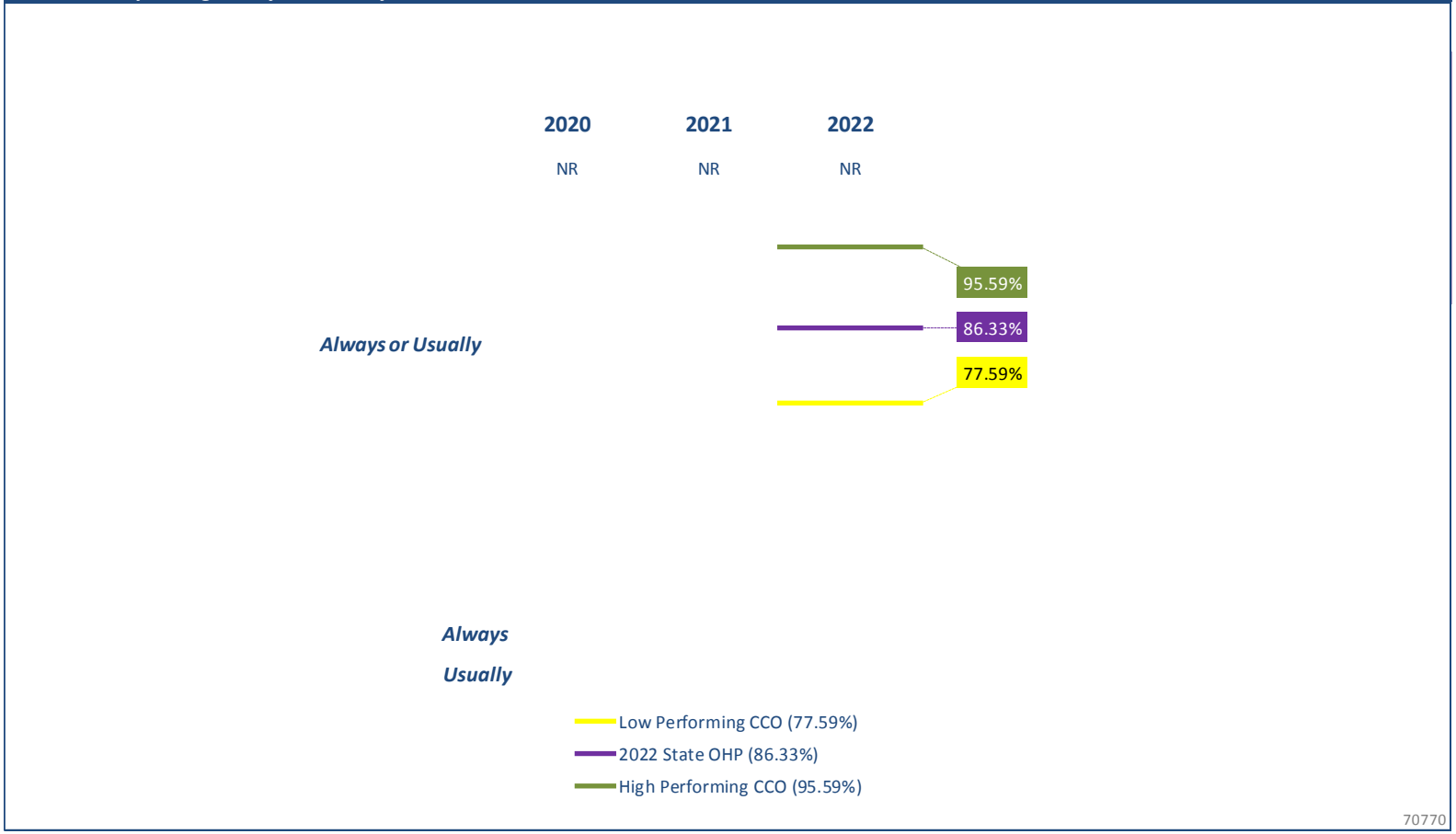
Customer Service (Composite)

Percent Responding Always or Usually



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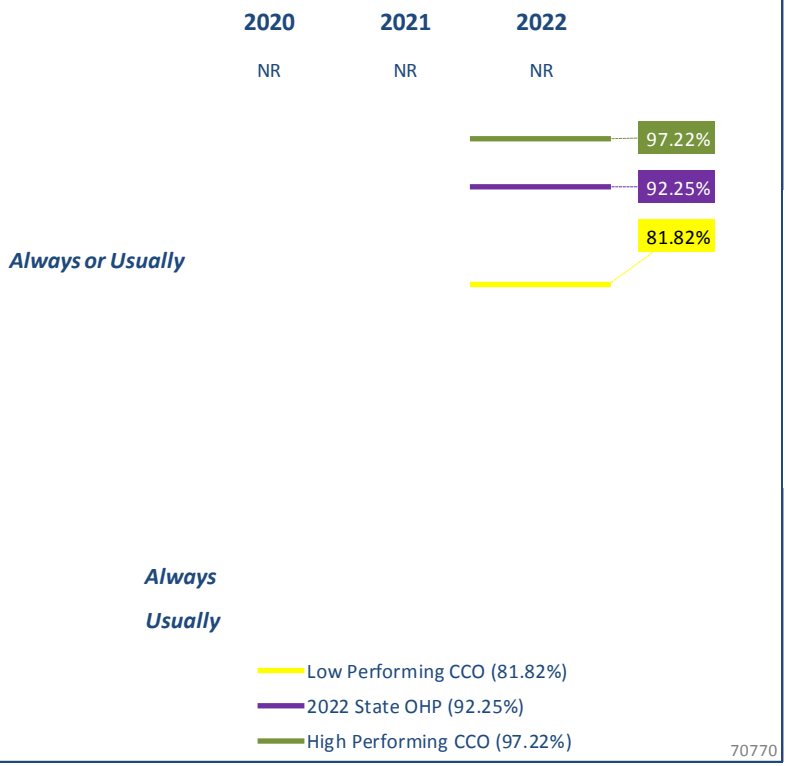
Customer Service (Contributing Items)

Percent Responding Always or Usually

Q45. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

Q46. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?



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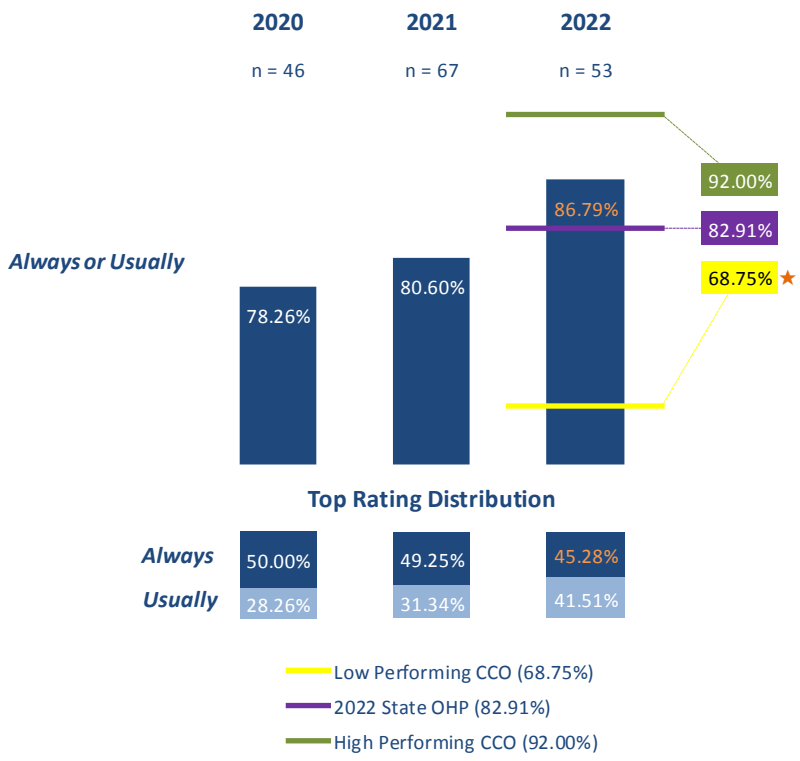
Coordination of Care (Single Item)

Percent Responding Always or Usually



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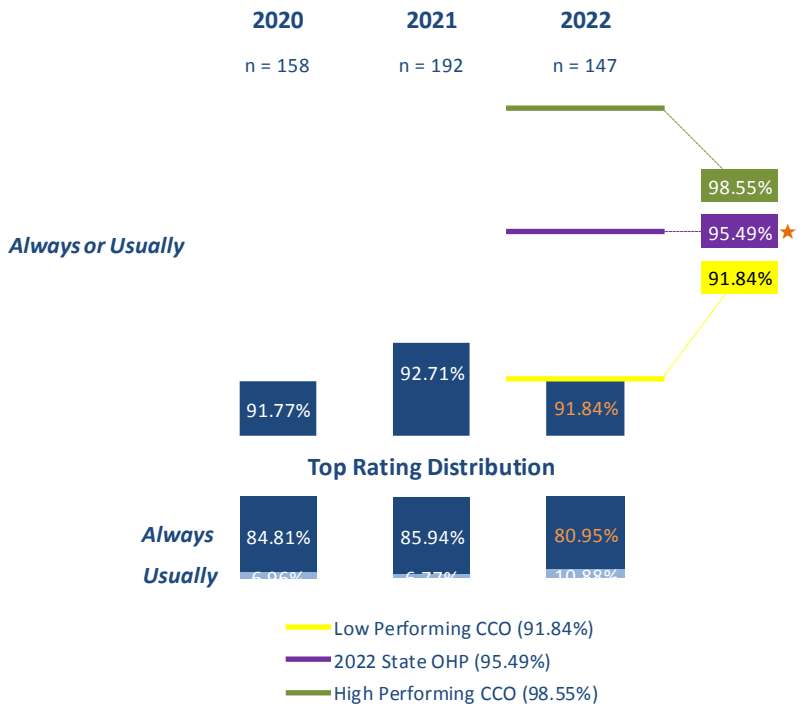
Forms from Plan Were Easy to Fill Out (Single Item)

Percent Responding Always or Usually

Q48. In the last 6 months, how often were the forms from your child's health plan easy to fill out? (Note: Respondents who did not have to fill out any forms from the health plan are counted as answering "Always".)



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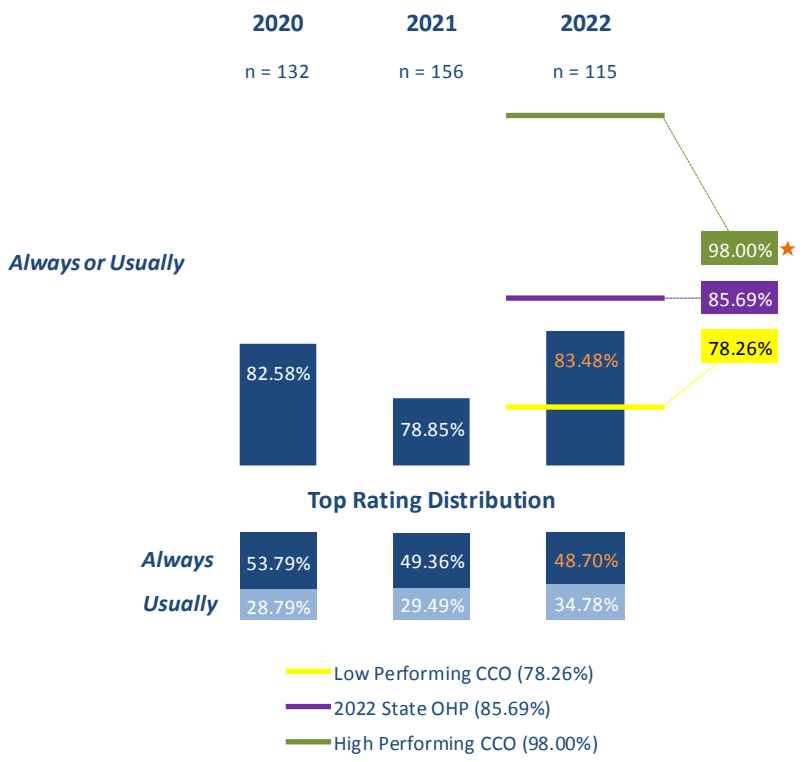
Access to Prescription Medicines (Single Item)

Percent Responding Always or Usually



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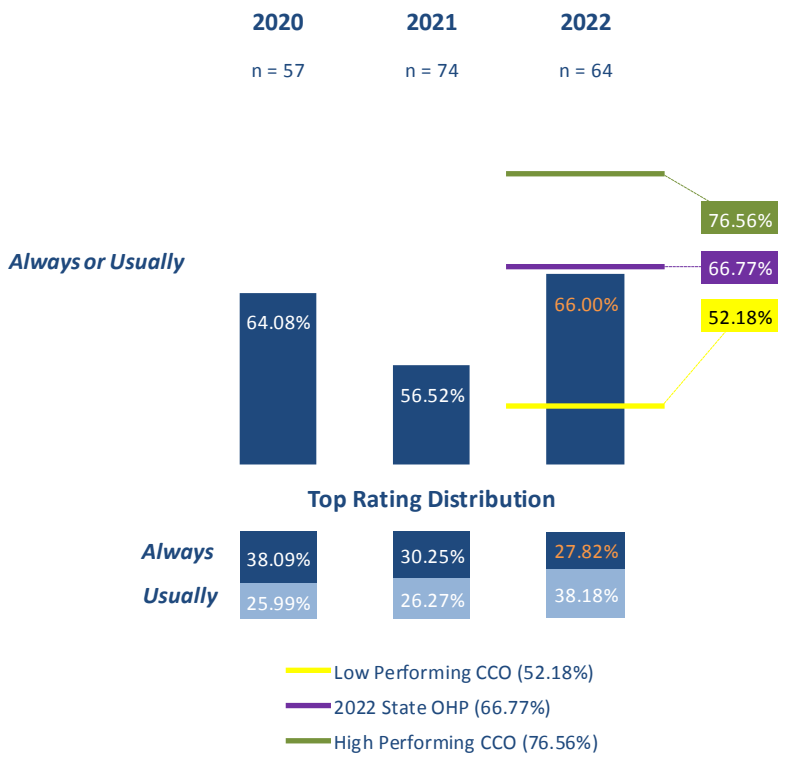
Access to Specialized Services (Composite)

Percent Responding Always or Usually



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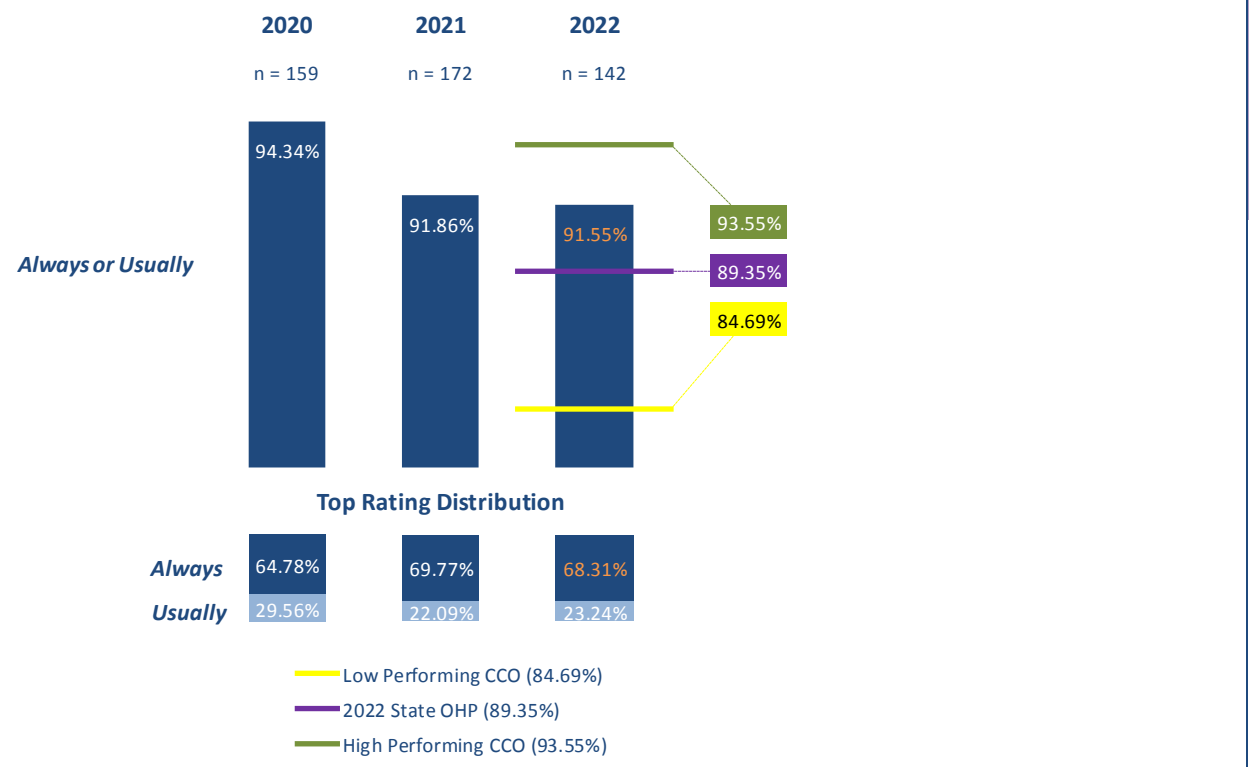
Getting Needed Information (Single Item)

Percent Responding Always or Usually



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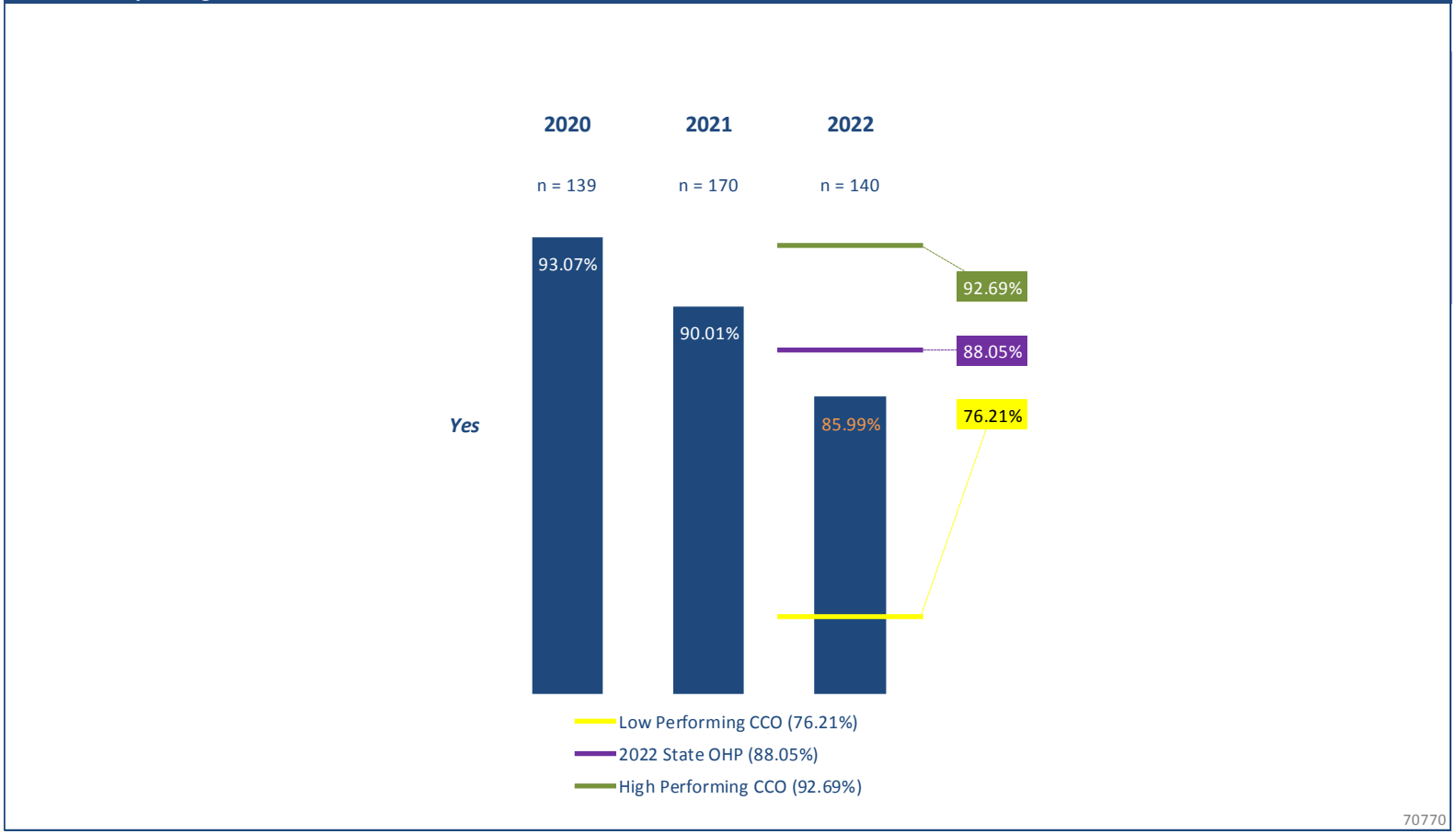
Personal Doctor Who Knows Child (Composite)

Percent Responding Yes

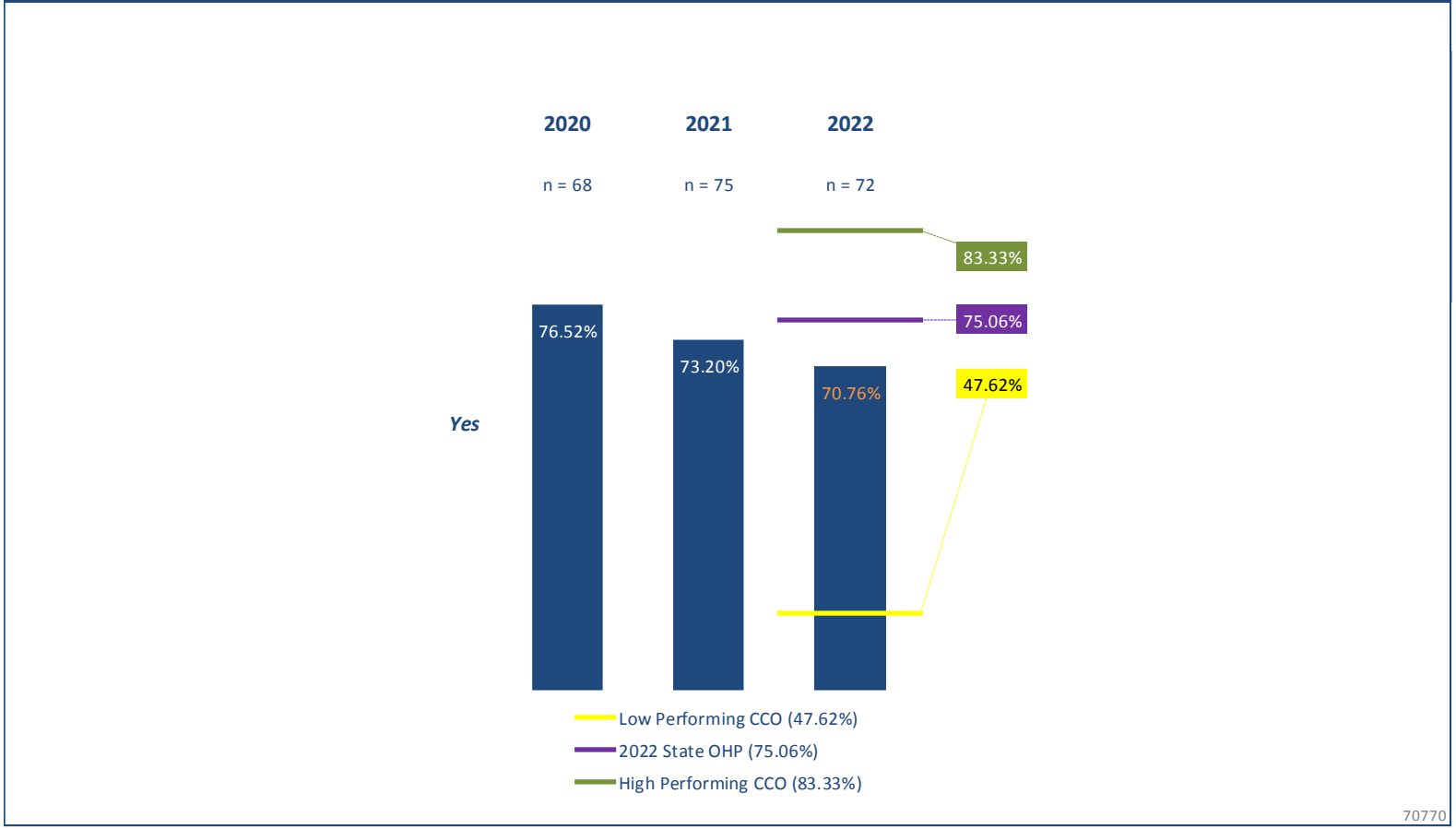


All rates were calculated by CSS following NCQA specifications. The denominator (n) represents the number of valid responses collected for the measure. At least 30 valid responses must be collected for a measure result to be reportable by OHA. If n is less than 30, "NR" appears in place of n, indicating that the results are not reportable by OHA. If survey data are not available or the measure is not trendable, "No data" appears in place of n.

Tests of statistical significance were conducted for the following reportable rates: *(8 + 9 + 10)* and *(9 + 10)*. Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison rate (prior-year, or national rate) are marked with a ★ symbol next to the comparison rate.

Coordination of Care for Children With Chronic Conditions (Composite)

Percent Responding Yes



All rates were calculated by CSS following NCQA specifications. The denominator (n) represents the number of valid responses collected for the measure. At least 30 valid responses must be collected for a measure result to be reportable by OHA. If n is less than 30, "NR" appears in place of n, indicating that the results are not reportable by OHA. If survey data are not available or the measure is not trendable, "No data" appears in place of n.

Tests of statistical significance were conducted for the following reportable rates: *(8 + 9 + 10)* and *(9 + 10)*. Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison rate (prior-year, or national rate) are marked with a ★ symbol next to the comparison rate.

MEMBER PROFILE AND ANALYSIS OF RATINGS BY MEMBER SEGMENT

This section of the report presents a detailed profile of the FFS membership. In addition to member demographics and health status, responses to survey items that assess utilization of healthcare services are included.

A CCO's membership mix is shaped by multiple factors, most of which are beyond the scope of this survey. These include benefit design, geography, availability of health plan choices, and member self-selection into products that best meet their needs. CSS's analysis of industry data suggests that there is considerable variation in member demographic makeup and utilization patterns across plans. To the extent that various member segments have distinct healthcare needs, utilization patterns, expectations, experiences, as well as attitudes and perceptions, their assessments of the *same* health plan will likely differ.

Certain member characteristics (e.g., health status) appear to be directly related to differences in healthcare needs and utilization levels. For example, some plans have predominantly healthy members, whose interactions with care providers and the plan tend to be limited. By contrast, other plans serve populations with higher rates of illness. These members tend to have more frequent encounters with the healthcare system and as a result may become more experienced users of health plans. The ways in which members use the plan, the frequency of their interactions with providers and staff, and their overall level of familiarity with how the plan works may affect ratings.

In addition to health care needs and utilization patterns, demographic characteristics have been shown to influence survey responses. For example, all else being equal, older respondents and members of certain ethnic groups (e.g., Hispanic or Latino respondents) tend to rate their health care providers and plans more positively. By contrast, more educated members rate more critically, regardless of age or ethnicity.

While the interplay between these membership variables (often referred to as the plan's "case mix") and health plan ratings is complex, health plan ratings clearly vary across demographic groups and user segments. Understanding the plan's case mix can help managers to gain insight into possible sources of this variation.

The charts on the following pages compare the FFS membership profile to the relevant state Oregon Health Plan benchmark distribution on demographic characteristics and utilization patterns. The pie chart in the upper half of each panel contrasts the distribution of the FFS membership on a given member attribute (e.g., gender, education level, number of doctor visits, etc.) with the 2022 state Oregon Health Plan distribution on the same attribute. The bar chart in the lower half of each panel shows how the overall rating of the plan varies by member segment.

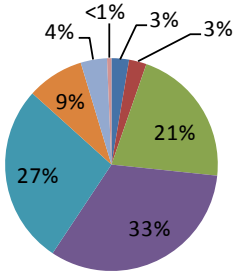
HEALTH STATUS AND DEMOGRAPHICS

The following characteristics are profiled in this section:

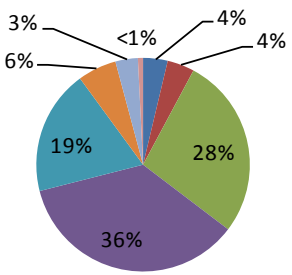
- Child's age
- Child's current gender identity
- Child's health status
- Child's mental or emotional health status
- Respondent's age
- Respondent's current gender identity
- Respondent's education level
- Respondent's relationship to the child
- Child's primary racial or ethnic identity

Q72. What is your age?

Your Organization

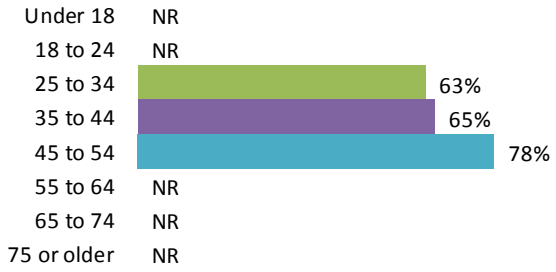


State OHP*



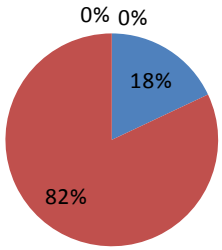
Under 18 | 18 to 24 | 25 to 34 | 35 to 44 | 45 to 54 | 55 to 64 | 65 to 74 | 75 or older

Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q72**

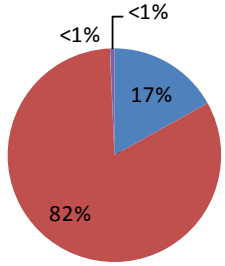


Q73. What is your current gender identity?

Your Organization

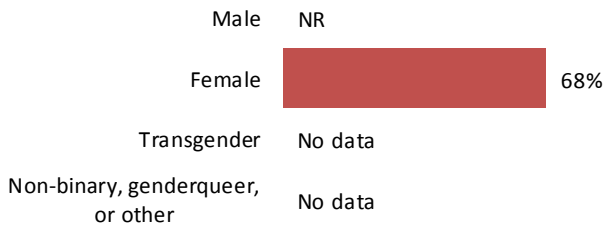


State OHP*



Male | Female | Transgender | Non-binary, genderqueer, or other

Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q73**



Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 70770

* Represents the combined distribution of responses to this question for all plans included in the 2022 State OHP.

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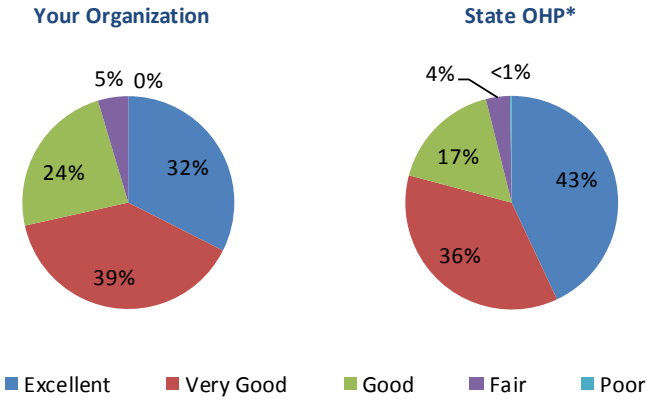
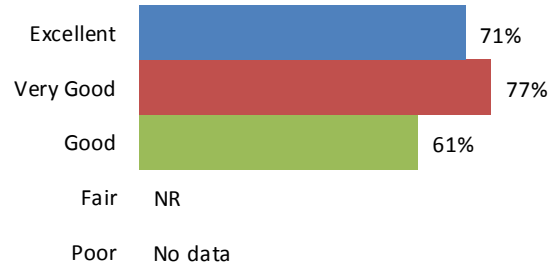
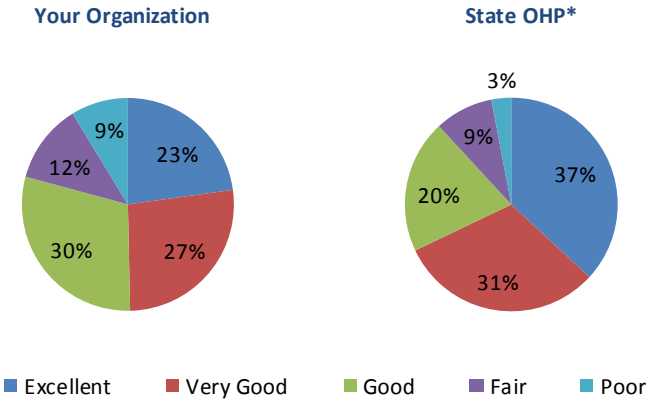
Q53. In general, how would you rate your child's overall health?



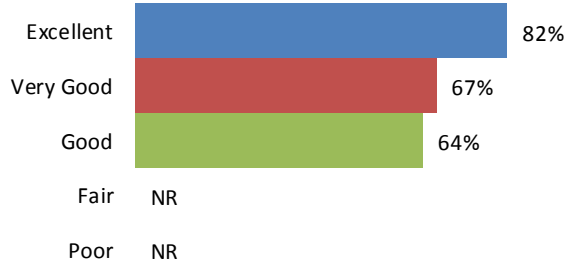
Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q53**



Q54. In general, how would you rate your child's overall mental or emotional health?



Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q54**



Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 70770

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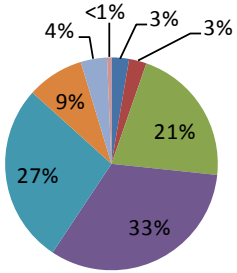
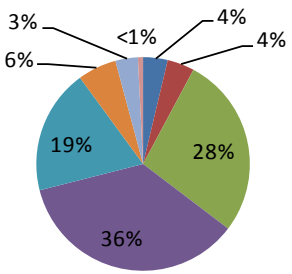
Q72. What is your age?

Your Organization



State OHP*

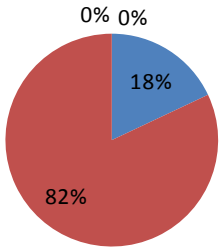


Under 18 | 18 to 24 | 25 to 34 | 35 to 44 | 45 to 54 | 55 to 64 | 65 to 74 | 75 or older

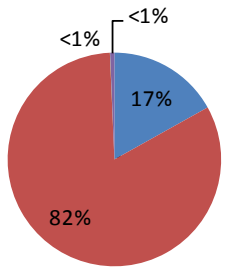
Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q72**

Q73. What is your current gender identity?

Your Organization

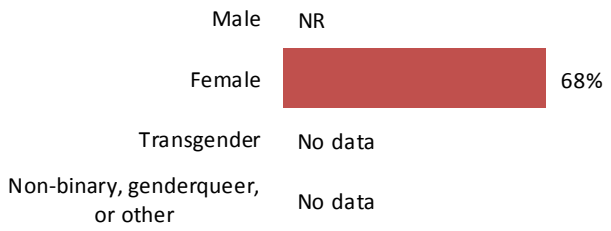


State OHP*



Male | Female | Transgender | Non-binary, genderqueer, or other

Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q73**



Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 70770

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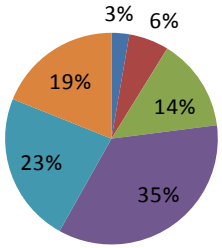
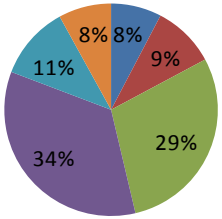
Q74. What is the highest grade or level of school that you have completed?

Your Organization

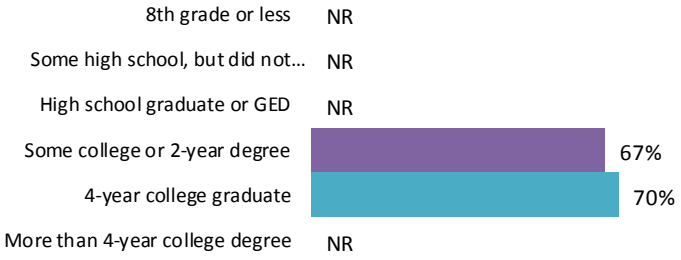


State OHP*



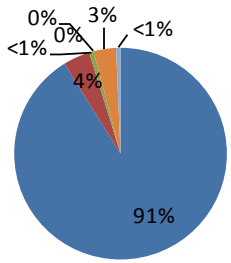
- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q74**

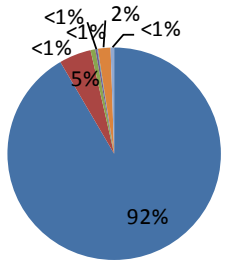


Q75. How are you related to the child?

Your Organization

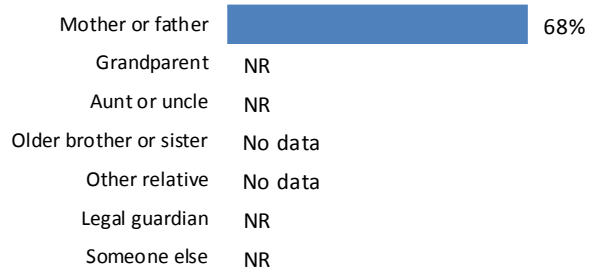


State OHP*



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

Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q75**



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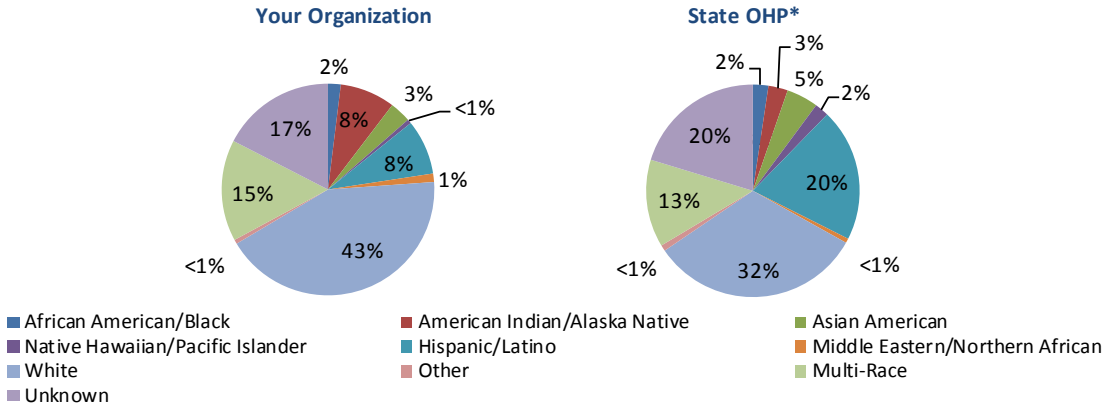
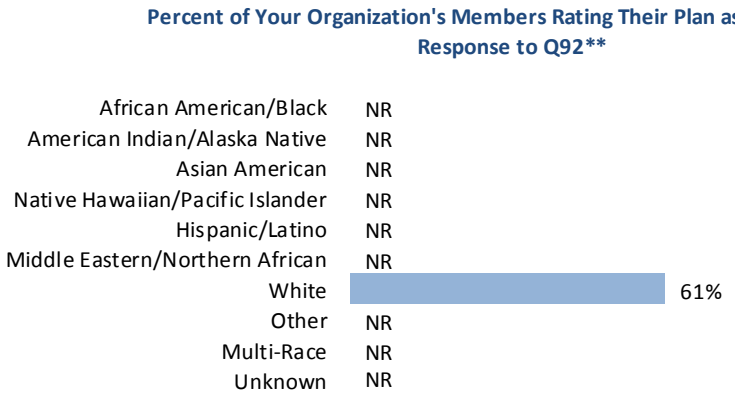
Q92. If you checked more than one category above, is there one you think of as your child's primary racial or ethnic identity?





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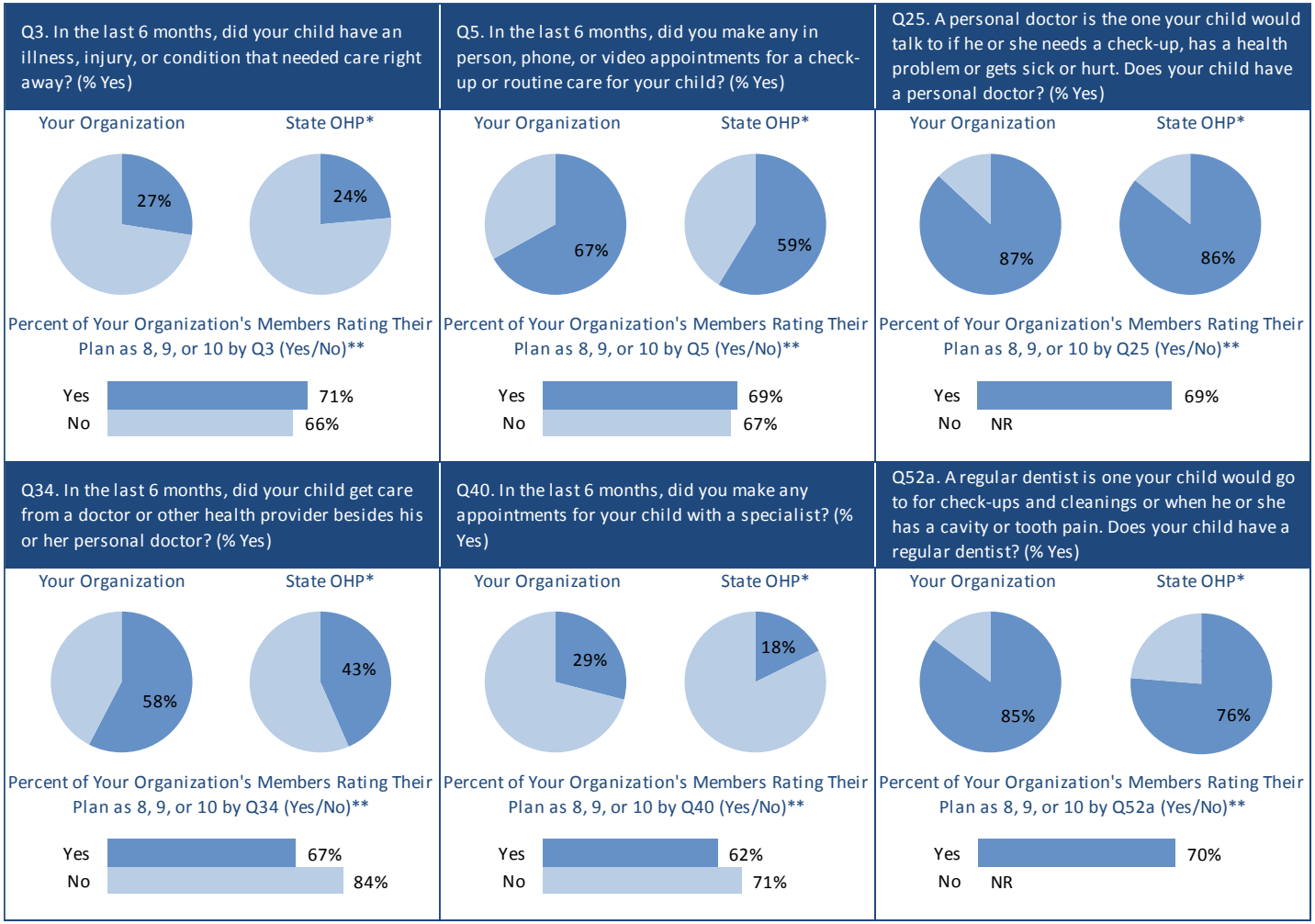
USE OF SERVICES

The following utilization measures are included in this section:

- Seeking urgent care
- Making appointments for routine care
- Having a personal doctor
- Receiving care from a provider other than personal doctor
- Making an appointment to see a specialist
- Having a regular dentist
- Number of visits to a doctor's office or clinic
- Number of specialists seen



Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 70770

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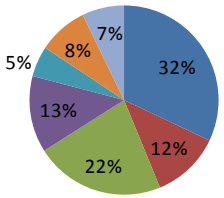
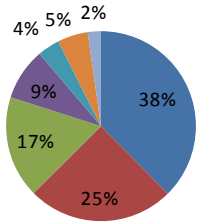
Q7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she get health care in person, by phone, or by video?

Your Organization

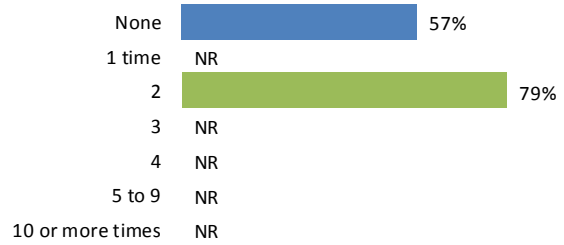


State OHP*



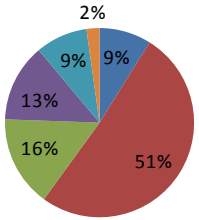
None | 1 time | 2 | 3 | 4 | 5 to 9 | 10 or more times

Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q7**

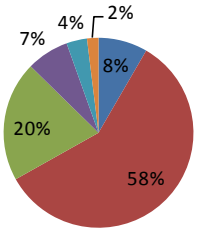


Q42. How many specialists has your child talked to in the last 6 months? (Note: the question applies only to those respondents who had appointments with specialists.)

Your Organization



State OHP*



None | 1 specialist | 2 | 3 | 4 | 5 or more specialists

Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q42**

None	NR
1 specialist	NR
2	NR
3	NR
4	NR
5 or more specialists	NR

Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 70770

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KEY DRIVER ANALYSIS

OBJECTIVES

CSS's *Key Driver Analysis (KDA)* highlights some of the key differences between high- and low-rated health plans at the industry level. The principal objectives of the KDA are:

- To isolate a set of plan attributes, or key drivers, that distinguish high-rated plans from low-rated plans
- To highlight industry best practices on the key driver measures
- To compare the current performance of FFS to industry best practices in these areas
- To estimate the impact of improving performance on these measures on the *Rating of Health Plan* measure

TECHNICAL APPROACH

INDUSTRY VIEW

Industry-level analysis, which uses health plans as units of analysis, has several important advantages compared to the alternative approach, which focuses on member experiences *within* a single plan. Certain plan attributes are strongly related to member satisfaction *at the industry level*. However, these relationships may be missed if we focus on only one plan at a time. For example, it has been shown that plans that are rated highly on measures of access and availability of care tend to have high overall ratings. Conversely, poor access scores are associated with low overall plan scores. This relationship is clear when ratings are compared *across* plans. However, *within* a specific plan, member experiences may not be sufficiently varied to reveal the underlying relationship. That is, if all members are equally dissatisfied with access to care, this measure will show a misleadingly low correlation with the overall rating of the plan. As a result, the plan may underestimate the key role of access to care as a driver of member satisfaction and miss a critical opportunity for improvement.

In addition, expressing every CAHPS survey variable as a plan-level rate yields a complete and rich information set on each plan. This effectively eliminates any "gaps" in respondent-level data from a single plan caused by survey skip patterns and allows every response to be used in the analysis.

Finally, in addition to the standard CAHPS performance measures, other sources of differences between health plans can be explored, increasing the explanatory power of the model and allowing for more precise estimation of the individual key driver effects. These include experience rates, which are based on responses to the CAHPS screener questions. Screeners establish whether a member had a particular type of experience or interaction with the plan (e.g.,

contacted customer service, submitted a claim, etc.). CSS's analysis shows that these experience indicators explain a significant portion of the plan's overall satisfaction score. Additional components of the overall score include utilization rates and demographic characteristics of the plan's membership, addressed in more detail in the *Member Profile and Analysis of Plan Ratings by Member Segment* section of this report. Clearly, from the plan's perspective, some of these factors are more actionable than others. However, to yield an accurate model of key drivers of member satisfaction, the analysis must consider all measurable influences on the overall rating of the plan.

The 2022 CSS *Key Driver Model* was developed using our 2021–2022 Book-of-Business plan-level dataset of Medicaid CAHPS survey results. The dataset comprised all Medicaid plans surveyed by CSS in 2021 and 2022, for a total of 297 observations. CSS performed regression analysis of health plan ratings to identify sources of variation in overall scores across the industry spectrum, using individual health plans as units of analysis. Regression analysis expresses mathematically the relationship between plan attributes (predictors) and the global *Rating of Health Plan* score, controlling for interdependencies among the predictors and other factors that may influence ratings (e.g., member demographics, utilization patterns, etc.). Predictors were chosen carefully to yield a model that is both meaningful and actionable from the health plan's point of view.

All of the plan variables, including potential drivers of member experience (i.e., variables that the plan may consider actionable) and control variables (member demographics, health status, utilization rates, product type, and year of data collection) were entered into the regression model, and the independent contribution of each variable was estimated. As in the past, CSS excluded *Rating of All Health Care* from the list of predictors, both because of its high correlation with *Rating of Health Plan* and the presence of other survey items that measure more specific aspects of member experience. If included, *Rating of all Health Care* would account for a large portion of the variance and confound coefficient estimates for the remaining variables in the model.

INDUSTRY KEY DRIVER MODEL

The table below lists five key drivers of Medicaid member experience in order of importance, from highest to lowest, based on their relative contribution to the *Rating of Health Plan* score. These variables have statistically significant coefficients in the regression model (*p*-value < 0.05). Performance on these variables, together with the control variables, explains 71 percent of the industry variation in Medicaid health plan ratings. Note that this ordering reflects *only* the strength of the overall relationship between each key driver and the health plan score at the industry level. It does not consider how FFS is currently performing on these measures. Improvement targets identified specifically for FFS, which consider both the strength of the key driver and the current level of performance in the area, are presented graphically in the next section.

Medicaid member ratings of the plan are strongly related to members' ability to get the care they need when they need it (Q10 and Q4). Being able to obtain needed information from customer service (Q45) and access to highly rated providers (Q36 and Q43) are all significant drivers of member experience.

Key Driver	Interpretation
Q36. Rating of Personal Doctor (percent *9* or *10*)	The higher the proportion of members rating their personal doctor as *9* or *10*, the higher the overall plan score
Q10. Ease of getting needed care, tests, or treatment (percent *Usually or Always*)	The higher the proportion of plan members reporting that the necessary care, tests, or treatment were easy to get, the higher the overall plan score
Q4. Got an appointment for urgent care as soon as needed (percent *Usually or Always*)	The higher the proportion of plan members reporting that they received urgently needed care as soon as needed, the higher the overall plan score
Q43. Rating of Specialist Seen Most Often (percent *9* or *10*)	The higher the proportion of members rating their specialist as *9* or *10*, the higher the overall plan score
Q45. Health plan customer service provided needed information or help (percent *Usually or Always*)	The higher the proportion of members who were able to get the information or help they needed from customer service, the higher the overall plan score

OPPORTUNITIES FOR PLAN QUALITY IMPROVEMENT

Specific improvement opportunities for FFS are presented in Exhibit 4. The ordering reflects both the strength of each key driver in the broad industry context and how FFS is currently performing on the measure.

The middle panel of the chart compares how FFS is performing compared to the *best practice* score on each key driver. CSS defined the best practice score as the highest score among all the Child CCOs contributing to the 2022 State OHP. Room for improvement, represented by the green arrows on the chart, is the difference between the current level of FFS performance and the best practice score.

The bar chart on the right displays the expected improvement in the overall *Rating of Health Plan* score FFS could achieve if it performed on par with the best practice plan on each of the key driver measures. Each bar represents room for improvement on the key driver weighted by its contribution to the *Rating of Health Plan* score.

EXHIBIT 4. 2022 FFS CHILD MEDICAID OHA CAHPS SURVEY : KEY AREAS AND PRIORITIES FOR IMPROVEMENT

Current Key Driver Performance		Room for Improvement on Key Driver	Overall Improvement Opportunity
	2022 Rate	Percentage Point Difference Between Current Key Driver Score and the **Best Practice Score***	Expected Percentage Point **Improvement** in **Rating of Health Plan** score (percent *9* or *10*) if Key Driver Performs at Best Practice Level
Q36. Rating of Personal Doctor (percent *9* or *10*)	**66.67%**	+15.30% → **81.97%**	**+6.85%**
Q43. Rating of Specialist Seen Most Often (percent *9* or *10*)	**65.85%**	+18.02% → **83.87%**	**+1.76%**
Q10. Ease of getting needed care, tests, or treatment (percent *Usually* or *Always*)	**86.27%**	+7.36% → **93.64%**	**+1.60%**
Q45. Customer service provided information or help (percent *Usually* or *Always*)	**NR**	NR	**NR**
Q4. Got an appointment for urgent care as soon as needed (percent *Usually* or *Always*)	**95.00%**	+2.06% → **97.06%**	**+0.23%**

*Highest score on the key driver measure among all the Child CCOs included in the 2022 State OHP. 70770

At least 30 valid responses must be collected for a measure result to be reportable by OHA. If n is less than 30, "NR" appears in place of the rate and point difference/improvement, indicating that the results are not reportable by OHA.

HEALTH PLAN QUALITY IMPROVEMENT RESOURCES FOR KEY DRIVERS

CSS's Industry *Key Driver Analysis* lists improvement opportunities and priorities for FFS. The following is a list of possible interventions and resources related to each of the key drivers. This section is included as a guide to assist plan managers in their quality improvement efforts. Some of these resources may be more applicable to your organization than others, especially because many of the cited interventions are intended to be implemented at the practice or provider level. For a useful introduction to quality improvement (QI), refer to the Agency for Health Care Research and Quality's (AHRQ) reference guide that includes descriptions of QI strategies in health delivery systems (www.ahrq.gov/sites/default/files/wysiwyg/cahps/quality-improvement/improvement-guide/4-approach-qi-process/cahps-section-4-ways-to-approach-qi-process.pdf).

IMPROVING MEMBER ACCESS TO CARE

Removing barriers to care is central to improving the health care experience of plan members. The following resources suggest ways to improve patient access to care, tests, and treatment.

- *Same-Day Appointment Scheduling* – The Agency for Healthcare Research and Quality (AHRQ) recommends a method of scheduling that leaves part of each physician's day open for same-day appointments, rather than a traditional scheduling model that books appointments weeks or months in advance. Because the method does not differentiate between urgent and routine care, patients with non-urgent concerns are able to schedule appointments sooner than under traditional scheduling methods. For more information, see www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/access/strategy6a-openaccess.html.

- *Implement Process Improvements to Streamline Patient Flow* – Delays experienced by patients while waiting for care, tests, or treatment can be minimized through a variety of mechanisms. For example, reallocating tasks such as physical exams and ordering x-rays to physician's assistants and nurse practitioners frees up physicians' time to attend to more pressing patient concerns. The exact form of these improvements will vary widely by practice. See www.ahrq.gov/research/findings/final-reports/ptflow/index.html for AHRQ's guide to plan and implement patient flow improvement strategies.

- *Patient-Centered Medical Homes (PCMH)* – This model increases patient access to physicians, reducing barriers to receiving care (www.ncbi.nlm.nih.gov/pmc/articles/PMC2869425/). There are many valuable sources of information on the medical home model of care and health equity. To start, see this Institute of Medicine report: nam.edu/wp-content/uploads/2015/06/PatientCenteredMedicalHome.pdf. Family Medicine for America's Health is a collaboration of family medicine organizations dedicated to improving health care by expanding and emphasizing primary care, particularly through the use of patient-centered medical homes. For AHRQ's resources detailing transitioning a practice to a patient-centered medical home model, see www.pcmh.ahrq.gov/.

- *Alternative Access Centers* – This brief (www.rwjf.org/content/dam/farm/reports/issue_briefs/2015/rwjf419415) from the Robert Wood Johnson Foundation highlights the growing capacity of retail clinics and telemedicine to meet patient medical needs, particularly in rural and underserved communities and for patients with acute but non-serious conditions who need care quickly. Providing patients with alternative venues to access health care, rather than the traditional doctor's office or hospital, lowers barriers to care (www.ncbi.nlm.nih.gov/pmc/articles/PMC4795318/).

- *Telehealth Solutions to Pandemic-Related Issues* – The COVID-19 Pandemic has accelerated the usage and acceptance of telehealth by providers and patients alike. This article (www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30362-4/fulltext) details opportunities to expand telehealth beyond the pandemic. Telehealth can also be implemented to solve deferral of care issues brought about by the pandemic (publichealth.jmir.org/2020/3/e21607?utm_source=TrendMD&utm_medium=cpc&utm_campaign=JMIR_TrendMD_1).

IMPROVING HEALTH PLAN PROVIDER NETWORK

These resources concentrate on improving the physician-patient relationship, with a focus on communication. Implementing the solutions proposed here may result in patients' increased rating of doctors.

- *Improve Physician Communication* – Much of patient dissatisfaction stems from a failure of effective physician communication (www.ncbi.nlm.nih.gov/pmc/articles/PMC3096184/). Seminars and workshops for physicians serve as a resource for physicians to learn and practice patient-centered communication techniques. For general recommendations related to physician communication, see www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for- improving/communication/strategy6gtraining.html.

- *Help Patients Communicate* – Patients who can effectively communicate their needs tend to have higher satisfaction with their care. AHRQ recommends four interventions that prepare patients to better communicate with their providers, including record sharing, writing down talking points prior to visits, and "coached care" programs. See www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/communication/strategy6i-shared-decisionmaking.html and www.ahrq.gov/cahps/quality-improvement/improvement-guide/6- strategies-for-improving/communication/strategy6htools.html. For a sample communication document that providers can distribute to patients before or during visits, see www.rwjf.org/content/dam/farm/toolkits/toolkits/2013/rwjf404048.

- *Build Physician-Patient Relationships* – An article published in the British Journal of General Practice found that patients seeing their preferred doctor rated their satisfaction with visits significantly higher than patients who did not have a doctor preference or those who would have preferred to see a different doctor. A study of English National Health Service data found that confidence and trust in a doctor is an important predictor of overall patient satisfaction (www.ncbi.nlm.nih.gov/pubmed/18416910/), while a Harvard study found that a positive physician-patient relationship correlates with better healthcare outcomes (www.ncbi.nlm.nih.gov/pmc/articles/PMC3981763/).

- *Improve Referral Communication* – The coordination of care between primary and specialist providers can be a challenge and may affect patient perceptions of their specialist care. Improving the coordination of care and case management can increase patient satisfaction with their specialist. For examples of interventions that improve care coordination efficiency and quality, see www.ahrq.gov/innovations/index.html.

IMPROVING CUSTOMER SERVICE AND HEALTH PLAN-RELATED INFORMATION

It is important that health plan information be provided to members and that the information addresses member concerns. As representatives of the plan, customer service staff must ensure that members have confidence and trust in their ability to address their concerns. The following resources contain recommendations for improving customer service.

- *Develop Customer Service Standards* – To improve customer service, the Agency for Healthcare Research and Quality suggests first articulating which aspects of customer service are most important to the plan. After developing these standards, monitor performance and promote accountability among staff. For more information, see www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/customer-service/strategy6q-custservice-standards.html.

- *Iterative Improvement for Member Services* – This RAND paper details a case study in which a health plan used additional surveys to supplement CAHPS results and thoroughly assess member dissatisfaction with customer service. Throughout the process, plan leadership continually examined and adjusted improvement goals. The intervention resulted in a reduction of wait time for customer service calls and increased member satisfaction with customer service, as measured on the CAHPS survey. See www.rand.org/pubs/working_papers/WR517.html.

- *Implement Service Recovery Procedures* – When customers have a complaint, service recovery programs support customer service personnel in identifying and remedying the problem. While complaints may be inevitable, proper handling of complaints can reassure patients and restore loyalty to the health plan. For more information, see www.ahrq.gov/cahps/quality-improvement/improvement-guide/6-strategies-for-improving/customer-service/strategy6p-service-recovery.html.

- *Make Plan Information Accessible to All Members* – A Health Research and Educational Trust study found that demographic characteristics, including education, age, gender, and income, significantly impacted use of an Internet-based decision tool. The tool provided cost information as well as a health and wellness assessment. The study suggests that effort beyond Internet-based tools is necessary to reach certain demographics. For further information, see www.ncbi.nlm.nih.gov/pmc/articles/PMC3447236/.

- *Increase Access to Trusted Health Information* – Many people look to their health plan for information not only on how the health plan works, but also on resources to help them improve their health, particularly when dealing with chronic illnesses. Improved access to trusted health information has been shown to lead to improved outcomes (www.ncbi.nlm.nih.gov/pmc/articles/PMC5818676/). The ONC Patient Engagement (PE) Playbook was created by the Office of the National Coordinator for Health Information Technology (ONC) to help healthcare professionals use health information technology (health IT) to provide better care to patients. The PE Playbook focuses specifically on electronic health record (EHR) patient portals, which allow both patients and healthcare teams, concurrent with patients' privacy preferences, to easily access patient health information — which may lead to increased benefits for healthcare, such as improved health outcomes and lower costs (www.healthit.gov/playbook/pe/).

- *Evaluate the Organization's Health Literacy Programs* – The CDC has developed guidance on evaluating an organization's health literacy program, including recommended sources of communication and health literacy measures. See www.cdc.gov/healthliteracy/researchevaluate/program-evaluation.html. The CDC's National Prevention Information Network also offers tools to create health materials in plain language to reduce health disparities (npin.cdc.gov/pages/health-communication-language-and-literacy).

- *Improve Patient Health Literacy* – This guide by the Office of Disease Prevention and Health Promotion outlines steps to improve health literacy, which may help patients to better absorb the information they obtain from written materials or the Internet. For detailed steps, see health.gov/our-work/national-health-initiatives/health-literacy/resources. AHRQ has also developed its own health literacy toolkit to support physicians: www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2.html.

APPENDIX

CALCULATION GUIDELINES FOR RATING AND COMPOSITE GLOBAL PROPORTIONS

NCQA's *HEDIS 2022, Volume 3: Specifications for Survey Measures* contains detailed guidelines for calculating survey results. These guidelines include:

- Criteria for including a survey in the results calculation. A questionnaire must have the final disposition code of *Complete and Valid Survey* to be included in the calculation of plan-level scores.
- Rules for handling appropriately answered questions (i.e., questions that comply with survey skip-pattern instructions).
- Rules for handling inappropriately answered questions (e.g., unanswered questions, multiple-mark questions, questions that should have been skipped, and questions within a skip pattern of an inappropriately answered or skipped gate item).
- Denominator reporting thresholds. Health plans must achieve a denominator of at least 100 responses to obtain a reportable result. If the denominator for a particular survey result calculation is less than 100, NCQA assigns a measure result of "NA".
- Rules for calculating denominators for questions and composites. The denominator for a question is equal to the total number of responses to that question. The denominator for a composite is the average number of responses across all questions in the composite.
- Rules for handling changes in submission entity (i.e., if a health plan changes how it reports CAHPS results from one year to the next.)

COMPOSITE GLOBAL PROPORTIONS

Global Proportions are *average* proportions of respondents who gave the plan a favorable rating on each question in a composite. The steps involved in calculating the composite global proportion are:

Step 1

For each question in a composite, determine the proportion of respondents selecting the reported response option(s).

Step 2

Calculate the average proportion across all the questions in the composite. These are the composite global proportions. Note: all questions in a composite are weighted equally, regardless of how many members respond.

Example:

Response option	Q4	Q6	Global Proportion
Never or *Sometimes*	1 / 5 = 0.20	1 / 4 = 0.25	(0.20 + 0.25) / 2 = 0.2250
Usually	2 / 5 = 0.40	1 / 4 = 0.25	(0.40 + 0.25) / 2 = 0.3250
Always	2 / 5 = 0.40	2 / 4 = 0.50	(0.40 + 0.50) / 2 = 0.4500
Usually or Always	4 / 5 = 0.80	3 / 4 = 0.75	(0.80 + 0.75) / 2 = 0.7750

Therefore, 80.00 percent and 75.00 percent of members respectively provided favorable responses to the *Getting Care Quickly* questions Q4 and Q6. Averaging these two proportions yields the global proportion score of 77.50 percent for the *Getting Care Quickly* composite.

GLOSSARY OF TERMS

Attributes	Areas of health plan performance and member experience assessed with the CAHPS survey
Benchmark	A reference score (e.g., the State Oregon Health Plan, the CSS Average, the highest or lowest performing CCO, or the CCO's own prior-year rate) against which performance on the measure is assessed. See *Comparisons to Benchmarks and Prior-Year Results*.
CAHPS Surveys	Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a series of surveys designed to collect consumer feedback on their health care experiences. The CAHPS 5.1H Health Plan Survey asks members to report on their experiences with access to appointments and care through their health plan, communication with doctors available through the plan, and customer service. The Commercial plan version asks about member experiences in the previous twelve months, whereas the Medicaid version refers to the previous six months. The Medicaid version is available for adults and children; the Commercial version is for adults only. The Adult survey is intended for respondents who are 18 and older; the Child survey asks parents or guardians about the experiences of children 17 and younger. Health plans report survey results as part of HEDIS data collection. NCQA uses survey results to create national benchmarks for care and to report health plan performance to consumers. Health plans might also collect CAHPS survey data for internal quality improvement purposes.
Composite Measures	Composite measures combine results from related survey questions into a single score to summarize health plan performance in a specific area of care or service. The set of applicable composites varies slightly by survey version.
Confidence Level	A confidence level is associated with tests of statistical significance of observed differences in survey scores. It is expressed as a percentage and represents how often the observed difference (e.g., between the plan's current-year rate and the relevant benchmark rate) is real and not simply due to chance. A 95% confidence level associated with a statistical test means that if repeated samples were surveyed, in 95 out of 100 samples the observed measure score would be truly different from the comparison score.
Correlation	A degree of association between two variables, or attributes, typically measured by the *Pearson correlation coefficient*. The coefficient value of 1 indicates a strong positive relationship; -1 indicates a strong negative relationship; zero indicates no relationship at all.
Denominator (*n*, or Usable Responses)	Number of valid (appropriately answered) responses available to calculate a measure result. Examples of inappropriately answered questions include ambiguously marked answers, multiple marks when a single answer choice is expected, and responses that violate survey skip patterns. The denominator for an individual question is the total number of valid responses to that question. The denominator for a composite is the average number of responses across all questions in the composite. If the denominator is less than 30 responses, a measure result of "NR" was assigned.
Disposition	The final status given to a member record in the survey sample at the end of the study (e.g., completed survey, refusal, non-response, etc.)

Eligible Population	Members who are eligible to participate in the survey based on the following NCQA criteria: - Current enrollment (as of the date the sample frame is generated). Some members may no longer be enrolled by the time they complete the survey. They become ineligible and will be excluded from survey results based on their responses to the first two questions on the survey, which confirm membership. - Continuous enrollment (twelve months for Commercial and six months for Medicaid, with no more than one enrollment break of 45 days or less); - Member age (18 years old or older for the Adult survey and 17 years old or younger for the Child survey as of December 31 of the measurement year); - Primary coverage (through Medicaid or a commercial product line for Medicaid and Commercial surveys, respectively).
Global proportions	Applies to composite measures. The proportion of respondents selecting the favorable response(s) (e.g., *Usually or Always*) averaged across the questions that make up the composite.
HEDIS	The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of performance measures in the managed care industry, developed and maintained by NCQA. HEDIS was designed to allow consumers to compare health plan performance to other plans and to national or regional benchmarks as well as to track year-to-year performance. HEDIS is one component of NCQA's accreditation process, although some plans submit HEDIS data without seeking accreditation. CAHPS measures are a subset of HEDIS.
Key Drivers	Key Drivers are plan attributes that have been shown to be closely related to members' overall assessment of the plan. Performance on these attributes predicts how the plan is rated overall and, viewed from the industry perspective, helps to distinguish high-rated plans from poorly performing plans.
NCQA	The National Committee for Quality Assurance (NCQA) is an independent non-profit organization that works to improve health care quality through the administration of evidence-based standards, measures, programs, and accreditation. NCQA manages voluntary accreditation programs for individual physicians, health plans, and medical groups. Health plans seek accreditation and measure performance through the administration and submission of the Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.
Question Summary Rate	Question Summary Rates express the proportion of respondents selecting the response option(s) of interest (typically representing the most favorable outcome(s) from a given question on the survey). Many survey items use a *Never*, *Sometimes*, *Usually*, or *Always* response scale, with *Always* being the most favorable outcome. Results are typically reported as the proportion of members selecting *Usually* or *Always*.

Response Rate	Survey response rate is calculated by NCQA using the following formula: $\text{Response Rate} = \frac{\text{Complete and Eligible Surveys}}{\text{[Complete and Eligible + Incomplete (but Eligible) + Refusal + Nonresponse after maximum attempts + Added to Do Not Call (DNC) List]}}$
Sample size	OHA's methodology used a sample size of 1,125 for Adult Medicaid samples, 925 for Child Medicaid samples, and 575 for Child Medicaid with Chronic Conditions samples.
Statistically Significant Difference	When survey results are calculated based on sample data and compared to a benchmark score (e.g., the NCQA National Average rate, the CSS Book-of-Business average, or the plan's own prior-year rate), the question is whether the observed difference is real or due to chance. A difference is said to be statistically significant at a given confidence level (e.g., 95%) if it has a 95% chance of being true.
Trending	Comparison of survey results over time
Usable Responses (*n*)	See *Denominator*
Valid Response	Any acceptable response to a survey question (i.e., falling within a predefined set) that follows the NCQA skip pattern rules and data cleaning guidelines.

SURVEY INSTRUMENT

Oregon Health Authority

2022

0HP7E

Survey Instructions

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

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

☑ 1 Yes → ***If Yes, Go to Question 1***
☐ 2 No

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 you get. 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 1-833-257-1377. For the hearing or speech impaired, call 711 to use the Telecommunications Relay Service (TRS).

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

1. Our records show that your child is now in Oregon Health Plan. Is that right?
   ☐ 1 Yes → ***If Yes, Go to Question 3***
   ☐ 2 No

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

   _____

Your Child's Health Care in the Last 6 Months

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

3. In the last 6 months, did your child have an illness, injury, or condition that <u>needed care right away</u>?
   ☐ 1 Yes
   ☐ 2 No → ***If 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?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 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?

- ☐ 1 Yes
- ☐ 2 No → ***If 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?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 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?

- ☐ 0 None → ***If None, Go to Question 11***
- ☐ 1 1 time
- ☐ 2 2
- ☐ 3 3
- ☐ 4 4
- ☐ 5 5 to 9
- ☐ 6 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?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 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?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worst health care possible — Best health care possible

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

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

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

- ☐ 1 Yes
- ☐ 2 No → ***If 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?

- ☐ 1 Yes
- ☐ 2 No → ***If 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?
    - ☐ 1 Yes
    - ☐ 2 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?
    - ☐ 1 Yes
    - ☐ 2 No → ***If 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?
    - ☐ 1 Never
    - ☐ 2 Sometimes
    - ☐ 3 Usually
    - ☐ 4 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?
    - ☐ 1 Yes
    - ☐ 2 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?
    - ☐ 1 Yes
    - ☐ 2 No → ***If No, Go to Question 20***

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

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

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?
    - ☐ 1 Yes
    - ☐ 2 No → ***If 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?
    - ☐ 1 Never
    - ☐ 2 Sometimes
    - ☐ 3 Usually
    - ☐ 4 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?
    - ☐ 1 Yes
    - ☐ 2 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?
    - ☐ 1 Yes
    - ☐ 2 No → ***If 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?

- ☐ 1 Yes
- ☐ 2 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?

- ☐ 1 Yes
- ☐ 2 No → ***If 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?

- ☐ 0 None → ***If None, Go to Question 36***
- ☐ 1 1 time
- ☐ 2 2
- ☐ 3 3
- ☐ 4 4
- ☐ 5 5 to 9
- ☐ 6 10 or more times

26a. In the last 6 months, how often did you have a hard time speaking with or understanding your child's personal doctor because you spoke different languages?

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

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?

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

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

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

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

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

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

- ☐ 1 Yes
- ☐ 2 No → ***If 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 <u>your child</u> to understand?

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

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

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

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

- ☐ 1 Yes
- ☐ 2 No

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

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 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?

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

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

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worst personal doctor possible — Best personal doctor possible

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

- ☐ 1 Yes
- ☐ 2 No → ***If 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?

- ☐ 1 Yes
- ☐ 2 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?

- ☐ 1 Yes
- ☐ 2 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?

- ☐ 1 Yes
- ☐ 2 No → ***If 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?

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

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

- ☐ 0 None → ***If None, Go to Question 44***
- ☐ 1 1 specialist
- ☐ 2 2
- ☐ 3 3
- ☐ 4 4
- ☐ 5 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?

- ☐ 1 Yes
- ☐ 2 No → ***If 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?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 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?

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

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

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 49***

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

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

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?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 52a***

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

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

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

- ☐ 1 Yes
- ☐ 2 No

Access to Dental Care

52a. A regular dentist is one your child would go to for check-ups and cleanings or when he or she has a cavity or tooth pain. Does your child have a regular dentist?

- ☐ 1 Yes
- ☐ 2 No

52b. In the last 6 months, did your child go to a dentist's office or clinic for care?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 52d***

52c. In the last 6 months, how often did the dentists or dental staff explain what they were doing while treating your child?

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

52d. In the last 6 months, if your child needed to see a dentist right away because of a dental emergency, how often did he or she get to see a dentist as soon as you wanted?

- ☐ 1 Never
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always
- ☐ 5 My child did not have a dental emergency in the last 6 months

52e. Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist for your child?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Extremely difficult										Extremely easy

About Your Child and You

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

- ☐ 1 Excellent
- ☐ 2 Very Good
- ☐ 3 Good
- ☐ 4 Fair
- ☐ 5 Poor

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

- ☐ 1 Excellent
- ☐ 2 Very Good
- ☐ 3 Good
- ☐ 4 Fair
- ☐ 5 Poor

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

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 58***

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

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 58***

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

- ☐ 1 Yes
- ☐ 2 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?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 61***

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

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 61***

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

- ☐ 1 Yes
- ☐ 2 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?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 64***

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

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 64***

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

- ☐ 1 Yes
- ☐ 2 No

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

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 67***

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

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 67***

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

- ☐ 1 Yes
- ☐ 2 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?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 69***

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

- ☐ 1 Yes
- ☐ 2 No

69. What is <u>your child's</u> age?

- ☐ 00 Less than 1 year old

_____ YEARS OLD *(write in)*

70. What was your child's biological sex at birth?

- ☐ 1 Male
- ☐ 2 Female

71. What is your child's current gender identity?

- ☐ 1 Male
- ☐ 2 Female
- ☐ 3 Transgender
- ☐ 4 Non-binary, genderqueer, or other

72. What is <u>your</u> age?

- ☐ 0 Under 18
- ☐ 1 18 to 24
- ☐ 2 25 to 34
- ☐ 3 35 to 44
- ☐ 4 45 to 54
- ☐ 5 55 to 64
- ☐ 6 65 to 74
- ☐ 7 75 or older

73. What is your current gender identity?

- ☐ 1 Male
- ☐ 2 Female
- ☐ 3 Transgender
- ☐ 4 Non-binary, genderqueer, or other

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

- ☐ 1 8th grade or less
- ☐ 2 Some high school, but did not graduate
- ☐ 3 High school graduate or GED
- ☐ 4 Some college or 2-year degree
- ☐ 5 4-year college graduate
- ☐ 6 More than 4-year college degree

75. How are you related to the child?

- ☐ 1 Mother or father
- ☐ 2 Grandparent
- ☐ 3 Aunt or uncle
- ☐ 4 Older brother or sister
- ☐ 5 Other relative
- ☐ 6 Legal guardian
- ☐ 7 Someone else

76. How well does your child speak English?

- ☐ 1 Very well
- ☐ 2 Well
- ☐ 3 Not well
- ☐ 4 Not at all

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

- ☐ 1 English
- ☐ 2 Spanish
- ☐ 3 Other *(Please print)*

_____

78. Do you prefer to use an interpreter when talking about your child's medical or health information?

- ☐ 1 Yes
- ☐ 2 No → ***If No, Go to Question 81***

79. If you needed an interpreter to talk about your child's medical or health information, how often did you get an interpreter as soon as you needed?

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

80. We want to know your rating of the interpreter you worked with most often when talking about your child's medical or health information in the last 6 months. Using any number from 0 to 10, where 0 is the worst interpreter possible and 10 is the best interpreter possible, what number would you use to rate that interpreter?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worst interpreter possible — Best interpreter possible

81. Is your child deaf or does your child have serious difficulty hearing?

- ☐ 1 Yes
- ☐ 2 No

82. Is your child blind or does your child have serious difficulty seeing, even when wearing glasses?

- ☐ 1 Yes
- ☐ 2 No

If your child is under age 5, go to Question 90.

83. Does your child have serious difficulty walking or climbing stairs?

- ☐ 1 Yes
- ☐ 2 No

84. Because of a physical, mental, or emotional condition, does your child have serious difficulty concentrating, remembering or making decisions?

- ☐ 1 Yes
- ☐ 2 No

85. Does your child have difficulty dressing or bathing?

- ☐ 1 Yes
- ☐ 2 No

86. Does your child have serious difficulty learning how to do things most people your child's age can learn?

- ☐ 1 Yes
- ☐ 2 No

87. Using your child's usual (customary) language, does your child have serious difficulty communicating (for example understanding or being understood by others)?

- ☐ 1 Yes
- ☐ 2 No

If your child is under age 15, go to Question 90.

88. Because of a physical, mental, or emotional condition, does your child have serious difficulty doing errands alone such as visiting a doctor's office or shopping?

- ☐ 1 Yes
- ☐ 2 No

89. Does your child have serious difficulty with the following: mood, intense feelings, controlling their behavior, or experiencing delusions or hallucinations?

- ☐ 1 Yes
- ☐ 2 No

Race and Ethnicity

90. How do you identify your child's race, ethnicity, tribal affiliation, country of origin, or ancestry? *(Please print)*

_____

91. Which of the following describes your child's racial or ethnic identity? Please check ALL that apply.

Hispanic and Latino/a/x
- ☐ A Central American
- ☐ B Mexican
- ☐ C South American
- ☐ D Other Hispanic or Latino/a/x

Native Hawaiian and Pacific Islander
- ☐ E CHamoru (Chamorro)
- ☐ F Marshallese
- ☐ G Communities of the Micronesian Region
- ☐ H Native Hawiian
- ☐ I Samoan
- ☐ J Other Pacific Islander

White
- ☐ K Eastern European
- ☐ L Slavic
- ☐ M Western European
- ☐ N Other White

American Indian and Alaska Native
- ☐ O American Indian
- ☐ P Alaska Native
- ☐ Q Canadian Inuit, Metis, or First Nation
- ☐ R Indigenous Mexican, Central American, or South American

Black and African American
- ☐ S African American
- ☐ T Afro-Caribbean
- ☐ U Ethiopian
- ☐ V Somali
- ☐ W Other African (Black)
- ☐ X Other Black

Middle Eastern/North African
- ☐ Y Middle Eastern
- ☐ Z North African

Asian
- ☐ AA Asian Indian
- ☐ AB Cambodian
- ☐ AC Chinese
- ☐ AD Communities of Myanmar
- ☐ AE Fillipino/a
- ☐ AF Hmong
- ☐ AG Japanese
- ☐ AH Korean
- ☐ AI Loatian
- ☐ AJ South Asian
- ☐ AK Vietnamese
- ☐ AL Other Asian

Other Categories
- ☐ AM Other *(Please print)*

_____

92. If you checked more than one category above, is there one you think of as your child's primary racial or ethnic identity?

- ☐ 1 Yes. Please circle your child's primary racial or ethnic identity above.
- ☐ 2 My child does not have just one primary racial or ethnic identity.
- ☐ 3 No. My child identifies as Biracial or Multiracial.
- ☐ 4 N/A. I only checked one category above.

Thank You

Please return the completed survey in the postage-paid envelope to:

Center for the Study of Services
PO Box 10820
Herndon, VA 20172

Please do not include any other correspondence.